



**Federal Aviation  
Administration**

## **FAA Aerospace Medical Certification Services Airman Satisfaction Survey**

**Comparison of 2014 and 2016 Results  
for Airman Overall**

**April 2017**

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

And

Cherokee CRC, LLC.  
Oklahoma City, Oklahoma

## Explanation of Report Content

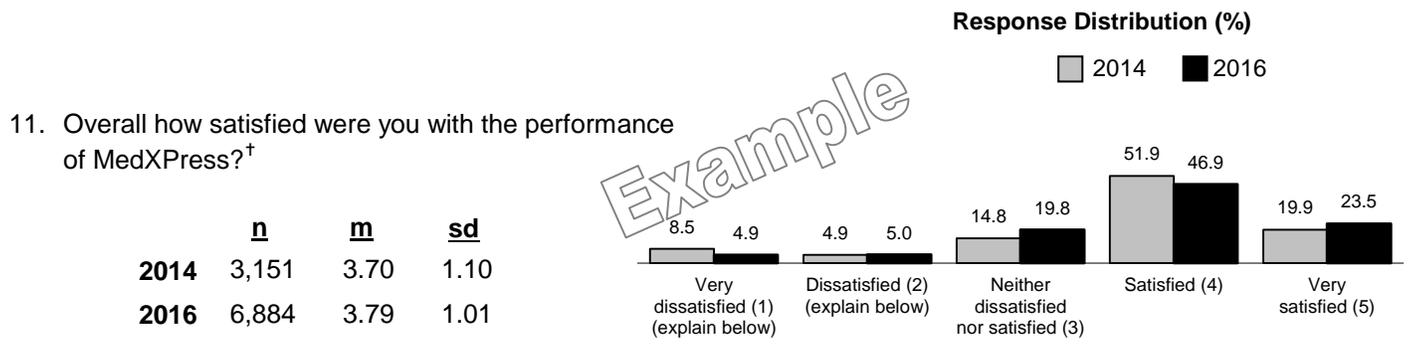
The Federal Aviation Administration’s (FAA) Civil Aerospace Medical Institute has surveyed airmen four times since 2006, in 2008, 2012, 2014 and most recently in 2016. The survey examined satisfaction with Aerospace Medical Certification Services provided by Aviation Medical Examiners (AME), FAA Regional Flight Surgeons (RFS), and the FAA Aerospace Medical Certification Division (AMCD) in Oklahoma City. The goal of each survey has been 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. Airmen participation in the survey has always been voluntary.

An invitation to complete the 2016 survey was distributed via email to a sample of airmen who recently sought medical certification from an AME (N=14,039). Airmen were offered the option to either complete the survey online via the Internet using a computer or mobile device, or to request a paper survey to complete and return via US Postal mail. Invitees were informed that completion of the survey, or any part of the survey, was voluntary.

Overall 8,283 invitees responded to the survey. Of those, 506 opted out and 7,777 (55.4%) provided responses to the 2016 survey. This report provides an item-by-item comparison of the 2014 (3,703; 36.6%) and the 2016 survey results for airmen who met the criteria for inclusion (i.e., recently sought Class I, Class II, or Class III medical certification from an AME).

Additional results are included in the report appendices. Appendix A contains a listing of the 2016 survey items. Appendix B documents the differences in item and response option wording for 2014 and 2016 survey items. Note: the symbol ( † ) at the end of an item signifies results are for slightly different, but comparable items from the two surveys. The symbol ( ▲ ) indicates 2016 new item. Responses to the open-ended text items and additional feedback are provided in Appendix C.

### Example of Report Format



### Definitions of Descriptive Statistics

Sample of Airmen (N). The number of airmen who had the opportunity to complete the survey.

Number of Respondents (n). The number of airmen who provided a valid response.

Mean (m). The arithmetic average, calculated as the sum of response values for an item divided by the number of respondents who answered that item. 'Do not remember' and 'N/A' responses are excluded from calculations.

Standard Deviation (sd). The measure of dispersion, or spread, of values around the mean. Smaller standard deviation values indicate higher levels of agreement among respondents. 'Do not remember' and 'N/A' responses are excluded from calculations.

Frequency Count (n\*). The number of times a response option is selected. The frequency count for 'mark all that apply' items may sum to greater than the number of respondents (n).

Percent (%) of Respondents. The percent is calculated by dividing the Frequency Count (n\*) by the Number of Respondents (n) and multiplying by 100.

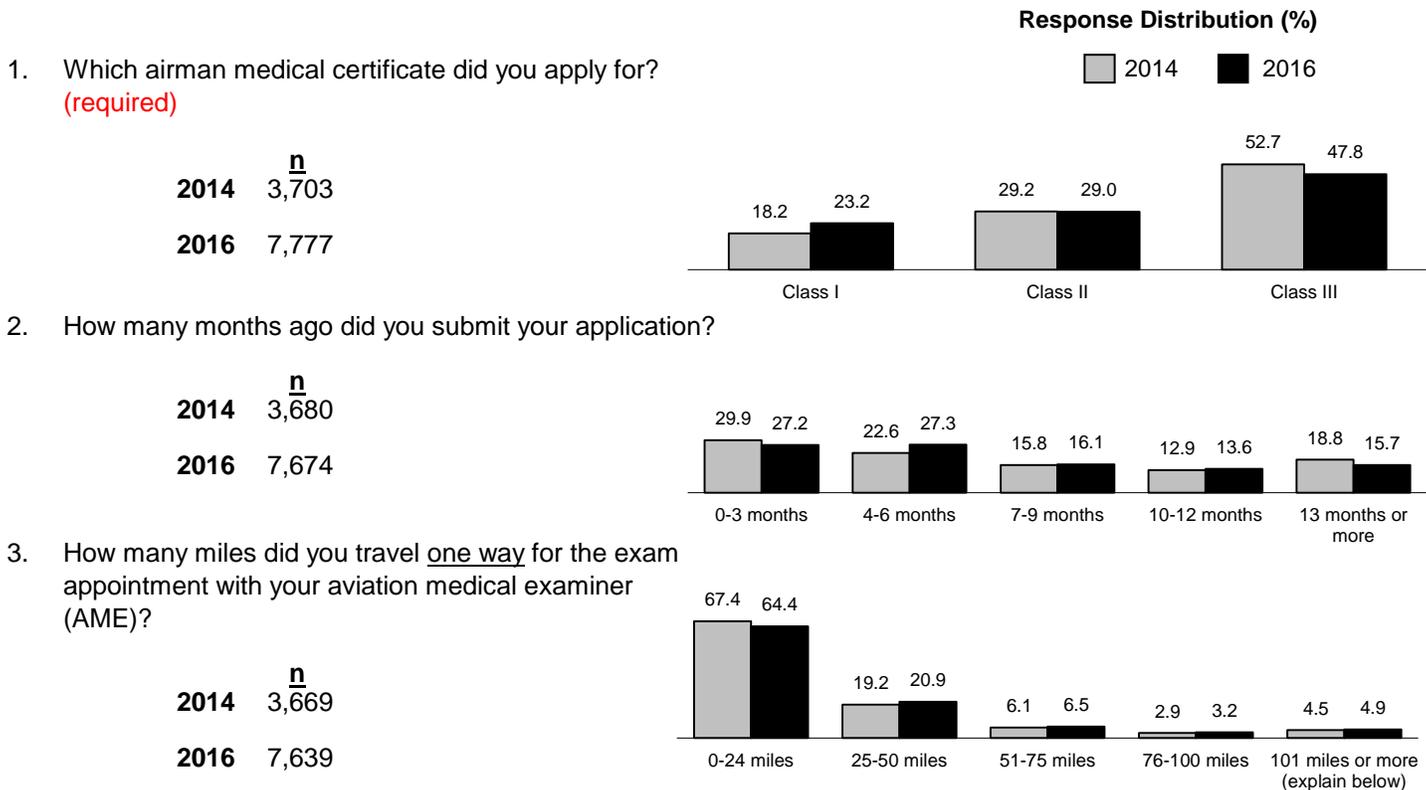
Response Distribution (%). The proportion, or percentage, of respondents that selected a given response across all item response options.

# FAA Aerospace Medical Certification Services Airman Satisfaction Survey - 2016 Overall

Responses to some items are required to skip items not relevant to the airmen's experiences. The labels on the 5-point interval scales start low (e.g., very dissatisfied, not at all, far below expectations) with a value of "1" and go high (e.g., very satisfied, great extent, far above expectations) with a value of "5". 'Do not remember' and 'N/A' are not assigned a value and are excluded from the calculation of *Mean (m)* and *Standard Deviation (sd)*.

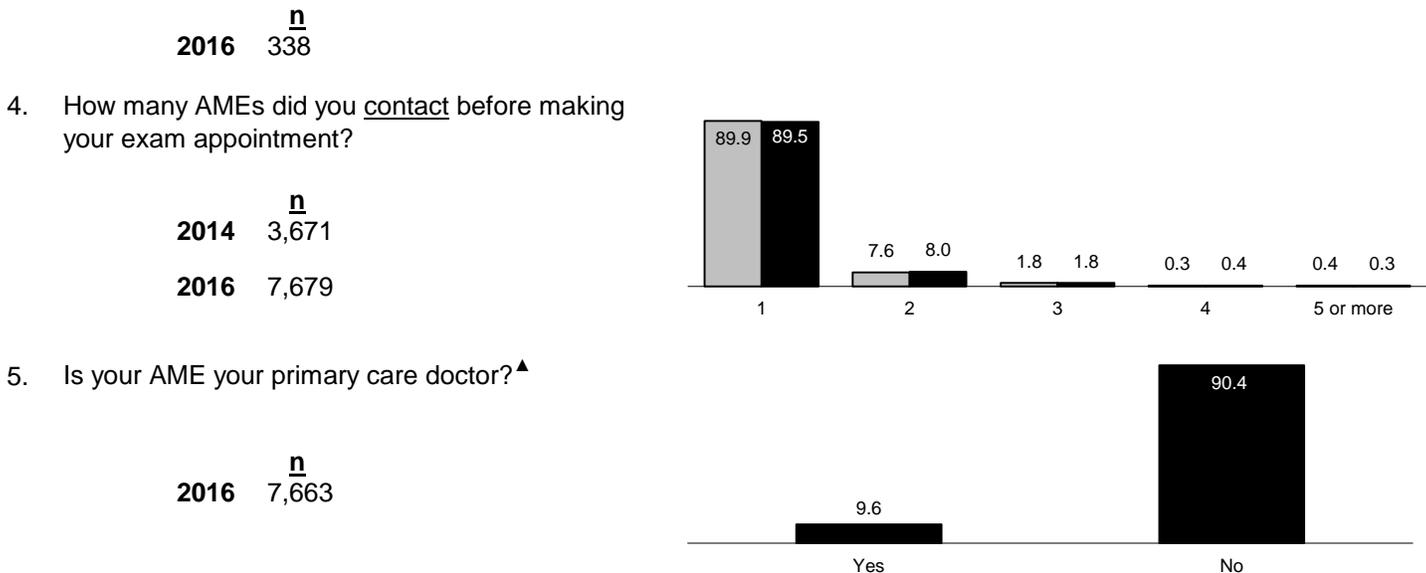
## AME SERVICES

Based on your most recent application for airman medical certification:



Results for *Item 3a* include only respondents who indicated '101 miles or more' on *Item 3* and provided a written response.

3a. Responses to '101 miles or more' traveled one way for exam appointment.  
(See Appendix C for a list of reasons)



▲ New item in 2016 - no 2014 comparison. † 2016 wording revision for comparable items.

FAA Aerospace Medical Certification Services Airman Satisfaction Survey - 2016 Overall

Based on your most recent application for airman medical certification:

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

2014	<u>n</u>		2014	2016	Change
<u>n*</u>	<u>n*</u>		%	%	%
295	711	Referred by flight instructor or school	8.0	9.3	1.27
44	118	Referred by airline or AME employed by airline	1.2	1.5	0.35
707	1,893	Referred by pilot	19.2	24.7	5.51
253	518	Referred by doctor or previous AME	6.9	6.8	-0.11
1,980	3,620	Performed my previous medical certification exam(s)	53.8	47.3	-6.50
215	373	Is my primary care doctor	5.8	4.9	-0.97
105	189	Makes quick certification decisions	2.9	2.5	-0.38
394	1,005	Licensed to perform needed service (Class I exam, special issuance, etc.)	10.7	13.1	2.42
193	500	Handles complex cases	5.2	6.5	1.29
973	2,136	Nearest location	26.4	27.9	1.47
306	646	Earliest available appointment	8.3	8.4	0.12
185	367	Low cost	5.0	4.8	-0.23
204	432	Other reason(s) (explain below)	5.5	5.6	0.10

*n\* may sum to greater than the number of respondents to the item (n) due to multiple responses. The % of Respondents is based on the number of respondents to the item (n).*

Results for *Item 6a* include only respondents who indicated 'Other reason' on *Item 6* and provided a written response.

6a. Responses to 'Other reason' for AME selected.

(See Appendix C for a list of reasons)

2016 n  
429

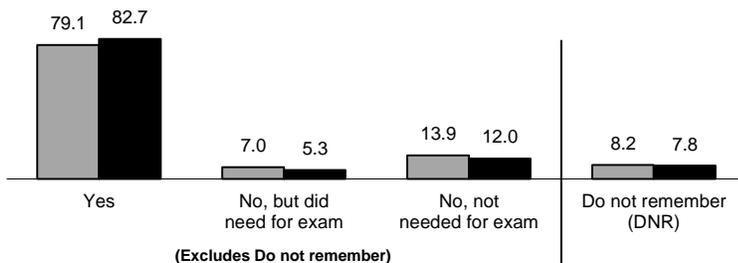
7. Did the AME's office tell you to bring the following to your exam appointment?

Response Distribution (%)

2014 2016

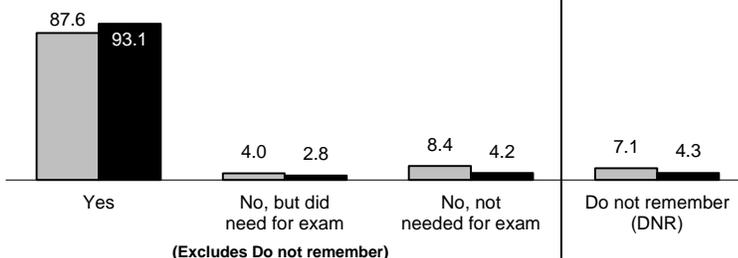
**valid photo ID**

2014 n 3,488  
Excludes DNR 3,202  
2016 7,131  
Excludes DNR 6,574



**MedXPress confirmation number**

2014 n 3,548  
Excludes DNR 3,297  
2016 7,255  
Excludes DNR 6,944



# FAA Aerospace Medical Certification Services Airman Satisfaction Survey - 2016 Overall

Based on your most recent application for airman medical certification:

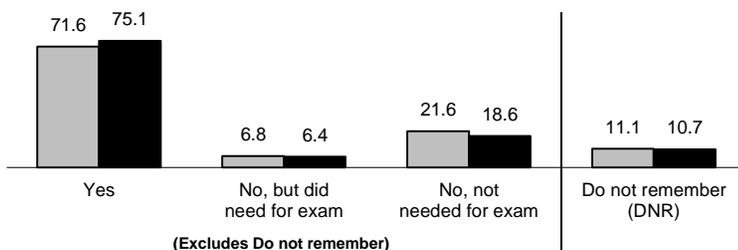
7. Did the AME's office tell you to bring the following to your exam appointment?

Response Distribution (%)

2014 2016

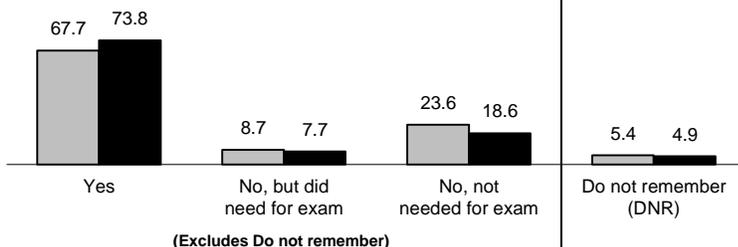
## printout of completed Summary Sheet from MedXPress

	<u>n</u>
<b>2014</b>	3,461
<i>Excludes DNR</i>	3,077
<b>2016</b>	7,055
<i>Excludes DNR</i>	6,302



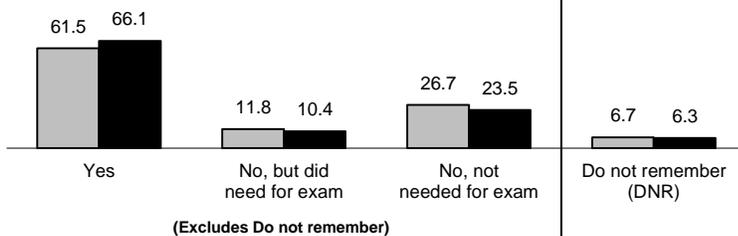
## list of your medications

	<u>n</u>
<b>2014</b>	3,512
<i>Excludes DNR</i>	3,323
<b>2016</b>	7,139
<i>Excludes DNR</i>	6,788



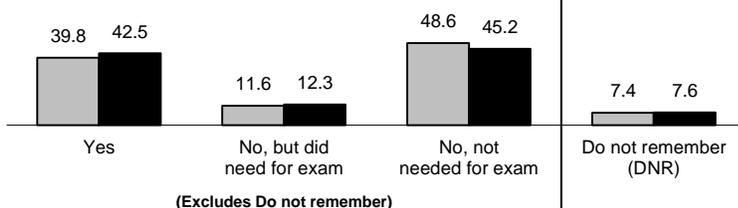
## medical history details (e.g., dates of hospitalizations and medical exams)

	<u>n</u>
<b>2014</b>	3,469
<i>Excludes DNR</i>	3,237
<b>2016</b>	7,067
<i>Excludes DNR</i>	6,619



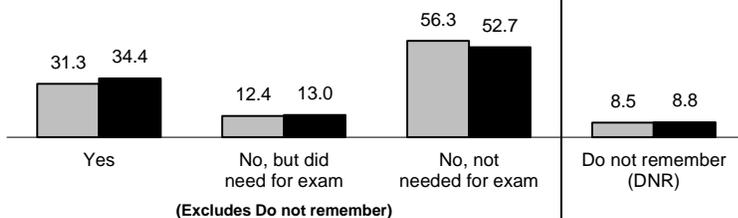
## current medical tests/lab results

	<u>n</u>
<b>2014</b>	3,445
<i>Excludes DNR</i>	3,191
<b>2016</b>	6,996
<i>Excludes DNR</i>	6,464



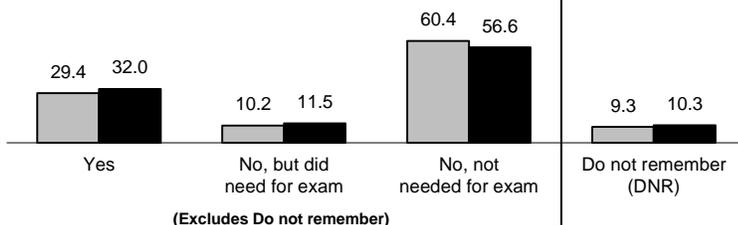
## past medical tests/lab results

	<u>n</u>
<b>2014</b>	3,396
<i>Excludes DNR</i>	3,107
<b>2016</b>	6,926
<i>Excludes DNR</i>	6,317



## special issuance paperwork

	<u>n</u>
<b>2014</b>	3,375
<i>Excludes DNR</i>	3,061
<b>2016</b>	6,872
<i>Excludes DNR</i>	6,165



FAA Aerospace Medical Certification Services Airman Satisfaction Survey - 2016 Overall

Based on your most recent application for airman medical certification:

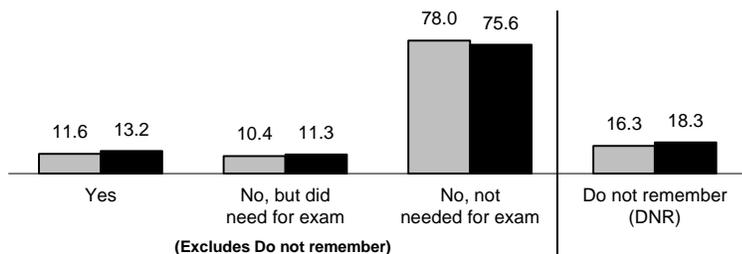
7. Did the AME's office tell you to bring the following to your exam appointment?

Response Distribution (%)

2014 2016

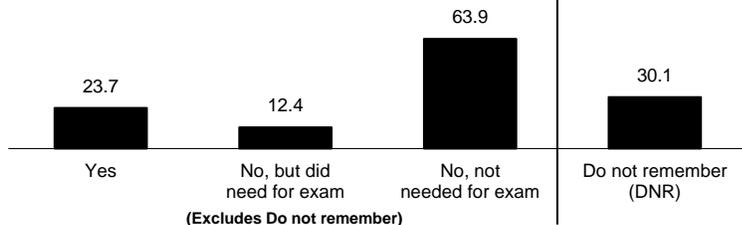
**SODA (statement of demonstrated ability) paperwork**

	<b>n</b>
<b>2014</b>	3,288
Excludes DNR	2,751
<b>2016</b>	6,724
Excludes DNR	5,497



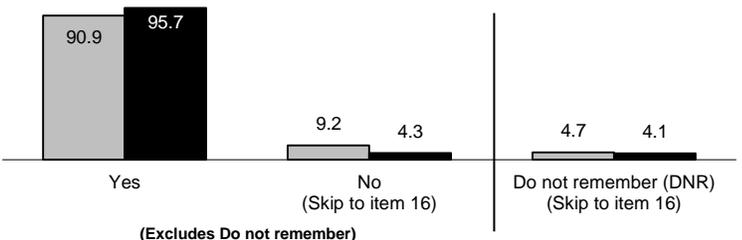
**Conditions AMEs Can Issue (CACI) paperwork<sup>▲</sup>**

	<b>n</b>
<b>2016</b>	6,665
Excludes DNR	4,661



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

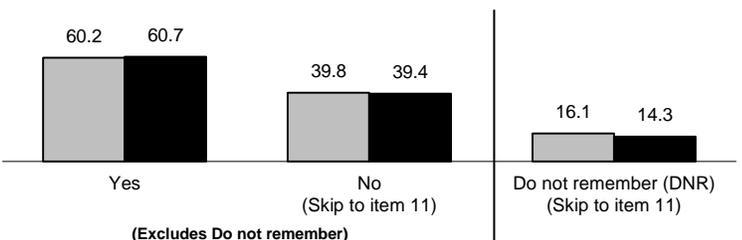
	<b>n</b>
<b>2014</b>	3,657
Excludes DNR	3,485
<b>2016</b>	7,556
Excludes DNR	7,243



Results for Item 9 through Item 15 include only respondents who indicated 'Yes' on Item 8.

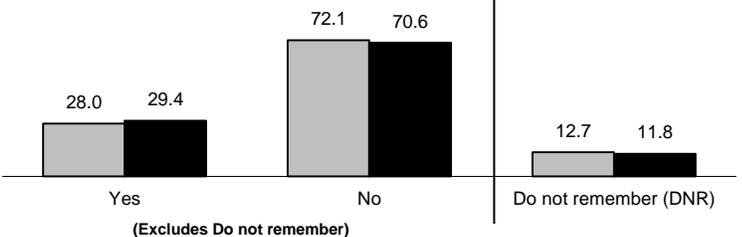
9. Did your AME's office ask you to provide your MedXPress Summary Sheet before your exam appointment? (required)

	<b>n</b>
<b>2014</b>	3,137
Excludes DNR	2,632
<b>2016</b>	6,915
Excludes DNR	5,926



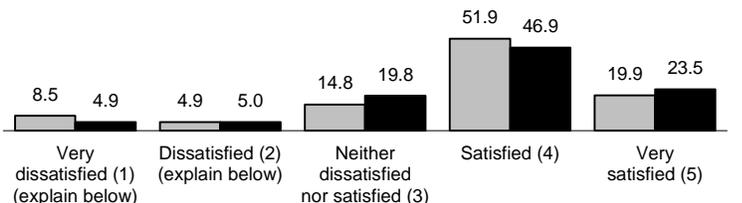
10. Based on their receipt of your MedXPress Summary Sheet, did your AME's office ask you to bring additional documentation to your exam appointment?

	<b>n</b>
<b>2014</b>	1,581
Excludes DNR	1,381
<b>2016</b>	3,511
Excludes DNR	3,096



11. Overall how satisfied were you with the performance of MedXPress?<sup>†</sup>

	<b>n</b>	<b>m</b>	<b>sd</b>
<b>2014</b>	3,151	3.70	1.10
<b>2016</b>	6,884	3.79	1.01



▲ New item in 2016 - no 2014 comparison. † 2016 wording revision for comparable items.

# FAA Aerospace Medical Certification Services Airman Satisfaction Survey - 2016 Overall

Results for *Item 11a* include only respondents who indicated 'Very dissatisfied' or 'Dissatisfied' on *Item 11* and provided a written response.

## 11a. Responses to dissatisfaction with the performance of MedXPress. <sup>▲</sup>

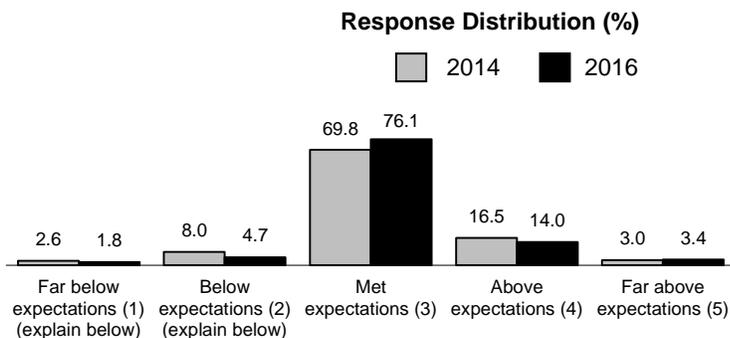
(See Appendix C for a list of reasons)

n  
**2016** 509

### Based on your most recent application for airman medical certification:

#### 12. How did MedXPress perform compared to your expectations?<sup>†</sup>

	<u>n</u>	<u>m</u>	<u>sd</u>
<b>2014</b>	3,143	3.09	0.68
<b>2016</b>	6,810	3.12	0.62



Results for *Item 12a* include only respondents who indicated 'Far below or Below expectations' on *Item 12* and provided a written response.

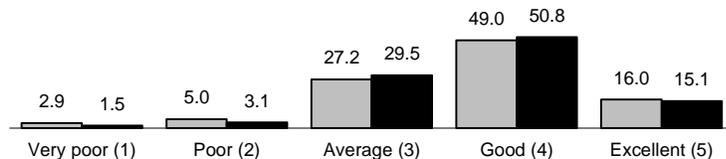
## 12a. Responses to why MedXPress performed below your expectations. <sup>▲</sup>

(See Appendix C for a list of reasons)

n  
**2016** 342

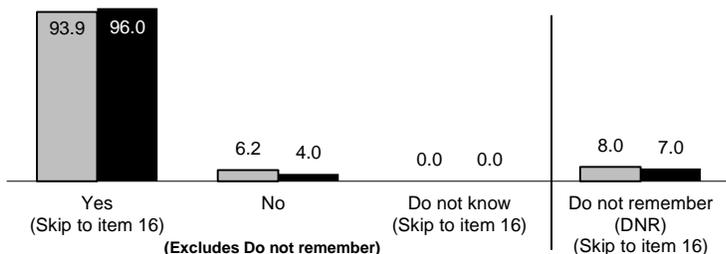
#### 13. Overall how would you rate the performance of MedXPress?

	<u>n</u>	<u>m</u>	<u>sd</u>
<b>2014</b>	3,148	3.70	0.90
<b>2016</b>	6,834	3.75	0.80



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

	<u>n</u>
<b>2014</b>	3,157
<i>Excludes DNR</i>	1,935
<b>2016</b>	6,872
<i>Excludes DNR</i>	4,440

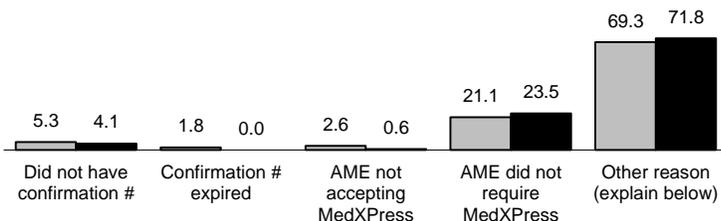


Results for *Item 15* include only respondents who indicated 'No' on *Item 14*.

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

n  
**2014** 114

**2016** 170



# FAA Aerospace Medical Certification Services Airman Satisfaction Survey - 2016 Overall

Results for *Item 15a* include only respondents who indicated 'Other reason' on *Item 15* and provided a written response.

15a. Responses to 'Other reason' the AME did not access MedXPress online form.

(See Appendix C for a list of reasons)

2016  $\frac{n}{102}$

Based on your most recent application for airman medical certification:

16a. During your exam appointment, who reviewed your medical history with you? (required) [mark all that apply]

2014  $\frac{n}{3,617}$   
2016 7,466

2014	2016		2014	2016	Change
$\frac{n^*}{n^*}$	$\frac{n^*}{n^*}$		$\frac{\%}{\%}$	$\frac{\%}{\%}$	$\frac{\%}{\%}$
138	222	No one	3.8	3.0	-0.85
3,089	6,533	AME	85.4	87.5	2.10
37	83	Another Physician (not the AME)	1.0	1.1	0.09
210	492	Physician's Assistant	5.8	6.6	0.78
358	666	Nurse	9.9	8.9	-0.98
81	136	Other office personnel	2.2	1.8	-0.42
85	157	Do not remember	2.4	2.1	-0.25

*n\** may sum to greater than the number of respondents to the item (*n*) due to multiple responses. The % of Respondents is based on the number of respondents to the item (*n*).

16b. During your exam appointment, who performed your physical exam? (required) [mark all that apply]

2014  $\frac{n}{3,606}$   
2016 7,466

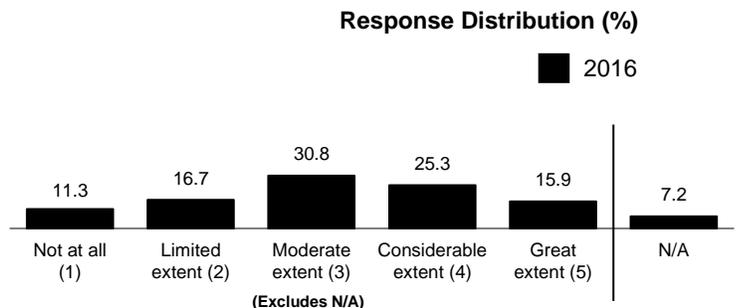
2014	2016		2014	2016	Change
$\frac{n^*}{n^*}$	$\frac{n^*}{n^*}$		$\frac{\%}{\%}$	$\frac{\%}{\%}$	$\frac{\%}{\%}$
19	32	No one	0.5	0.4	-0.10
3,476	7,134	AME	96.4	95.6	-0.84
26	81	Another Physician (not the AME)	0.7	1.1	0.36
159	343	Physician's Assistant	4.4	4.6	0.18
295	599	Nurse	8.2	8.0	-0.16
53	96	Other office personnel	1.5	1.3	-0.18
16	50	Do not remember	0.4	0.7	0.23

*n\** may sum to greater than the number of respondents to the item (*n*) due to multiple responses. The % of Respondents is based on the number of respondents to the item (*n*).

17. To what extent did your AME discuss the following during your exam appointment?

Obtain a comprehensive history<sup>▲</sup>

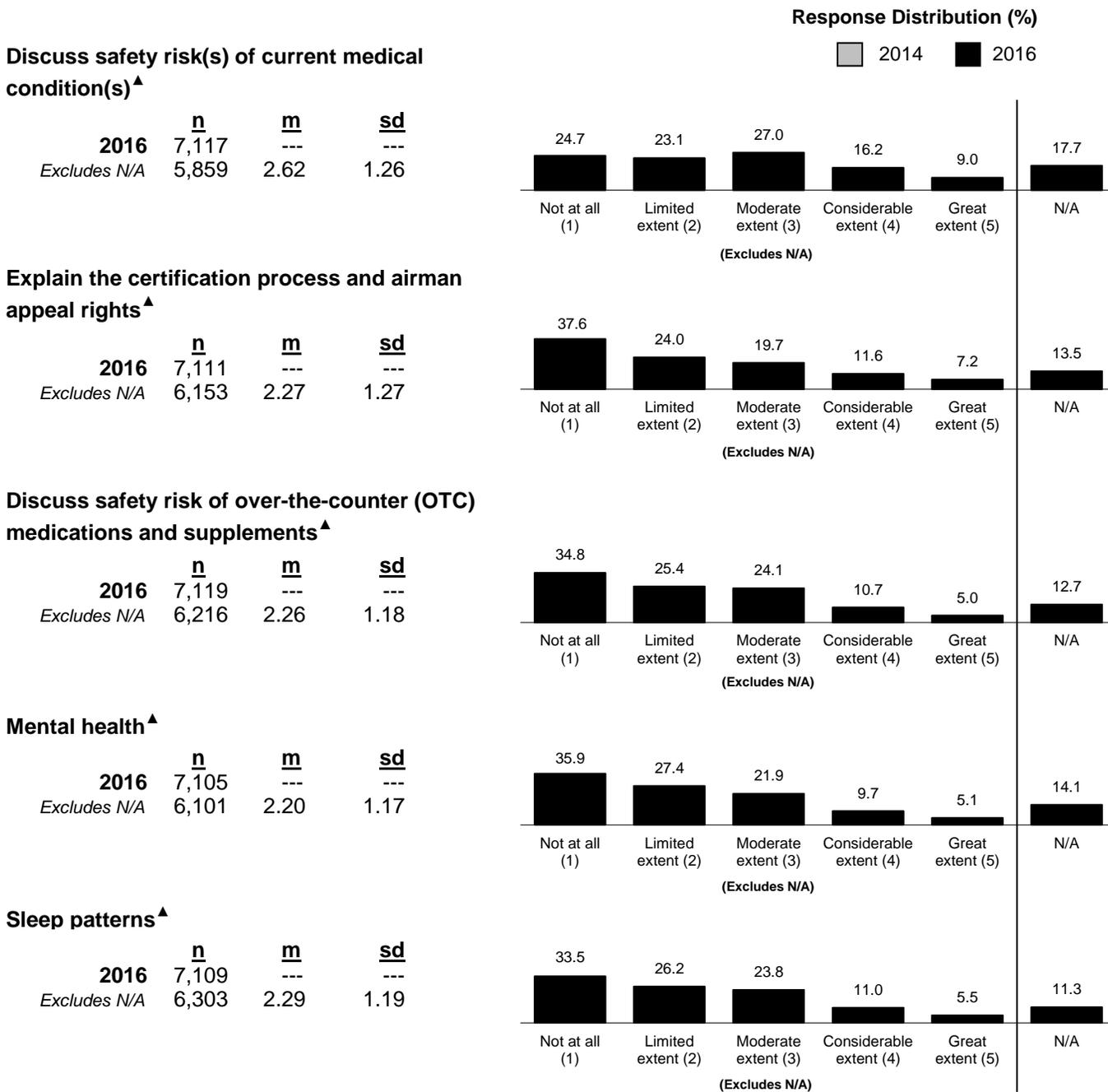
2016  $\frac{n}{7,110}$   $\frac{m}{---$   $\frac{sd}{---$   
Excludes N/A 6,600 3.18 1.21



FAA Aerospace Medical Certification Services Airman Satisfaction Survey - 2016 Overall

Based on your most recent application for airman medical certification:

17. To what extent did your AME discuss the following during your exam appointment?

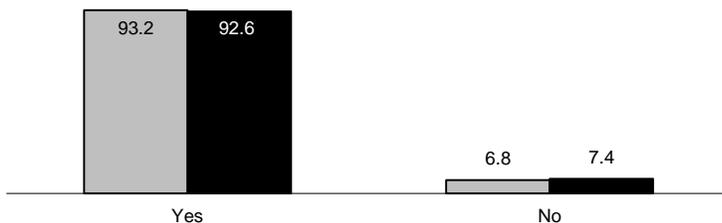


Results for *Item 18* include only respondents who indicated that an 'AME' performed their physical exam on *Item 16b*.

18. Did your AME...?

**perform a thorough medical exam**

<b>2014</b>	<u>n</u> 3,434
<b>2016</b>	6,991



▲ New item in 2016 - no 2014 comparison. † 2016 wording revision for comparable items.

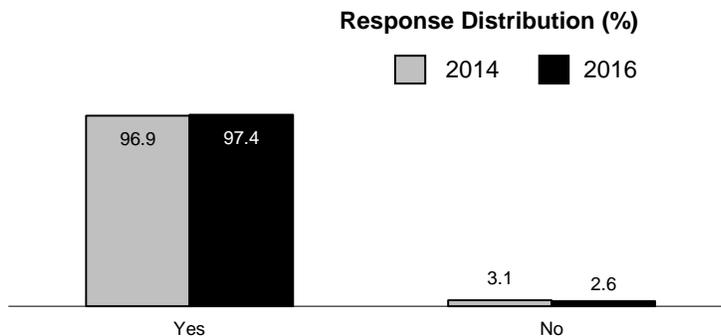
FAA Aerospace Medical Certification Services Airman Satisfaction Survey - 2016 Overall

Based on your most recent application for airman medical certification:

18. Did your AME...?

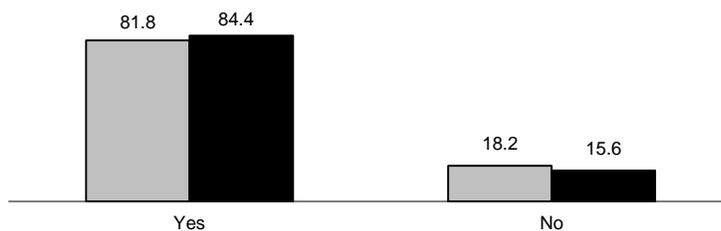
**examine your eyes and ears with a medical device**

	<u>n</u>
2014	3,439
2016	6,998



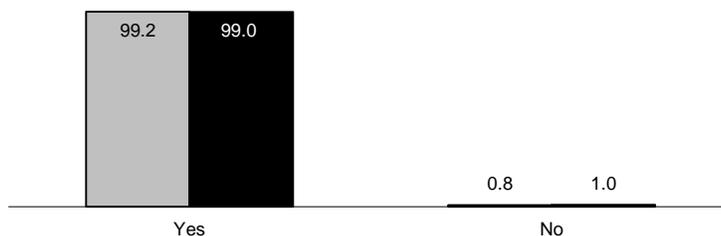
**have you remove or undo articles of clothing for the exam**

	<u>n</u>
2014	3,432
2016	6,989



**listen to your heart and lungs**

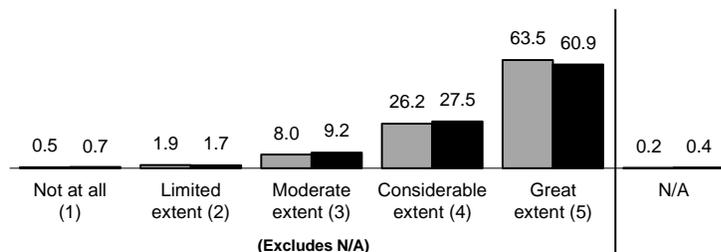
	<u>n</u>
2014	3,439
2016	6,997



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

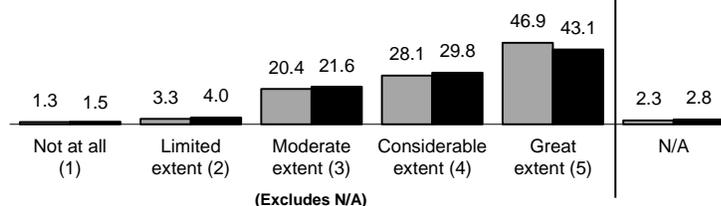
**provide a professional setting for the medical exam, including cleanliness and appearance**

	<u>n</u>	<u>m</u>	<u>sd</u>
2014	3,606	---	---
Excludes N/A	3,599	4.50	0.76
2016	7,297	---	---
Excludes N/A	7,271	4.46	0.79



**charge appropriately for services**

	<u>n</u>	<u>m</u>	<u>sd</u>
2014	3,597	---	---
Excludes N/A	3,513	4.16	0.95
2016	7,278	---	---
Excludes N/A	7,072	4.09	0.97



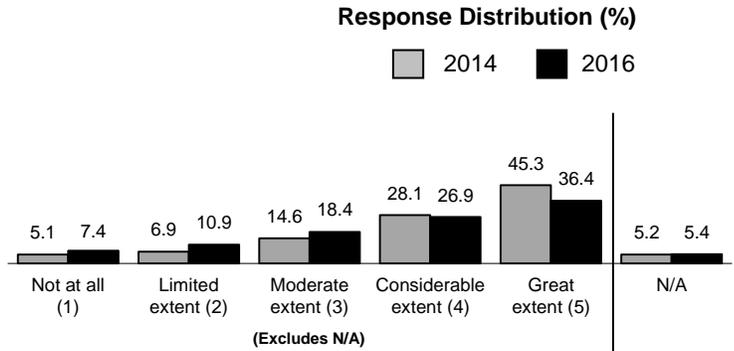
# FAA Aerospace Medical Certification Services Airman Satisfaction Survey - 2016 Overall

Based on your most recent application for airman medical certification:

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

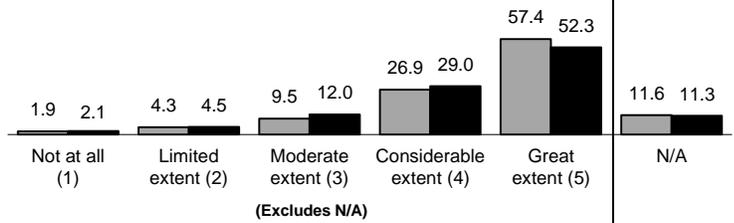
**clearly explain your responsibilities in the medical certification process**

	<u>n</u>	<u>m</u>	<u>sd</u>
<b>2014</b>	3,602	---	---
<i>Excludes N/A</i>	3,414	4.02	1.16
<b>2016</b>	7,281	---	---
<i>Excludes N/A</i>	6,889	3.74	1.26



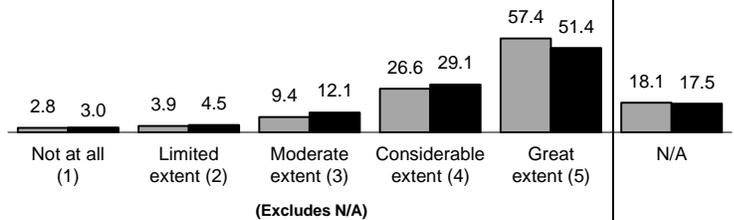
**provide you with all the information you requested**

	<u>n</u>	<u>m</u>	<u>sd</u>
<b>2014</b>	3,602	---	---
<i>Excludes N/A</i>	3,184	4.33	0.95
<b>2016</b>	7,274	---	---
<i>Excludes N/A</i>	6,456	4.25	0.98



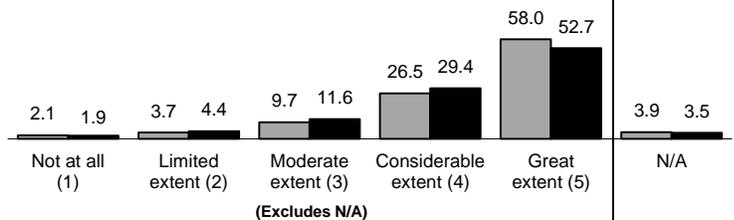
**provide information you requested in a timely manner**

	<u>n</u>	<u>m</u>	<u>sd</u>
<b>2014</b>	3,597	---	---
<i>Excludes N/A</i>	2,947	4.32	0.99
<b>2016</b>	7,271	---	---
<i>Excludes N/A</i>	6,000	4.21	1.02



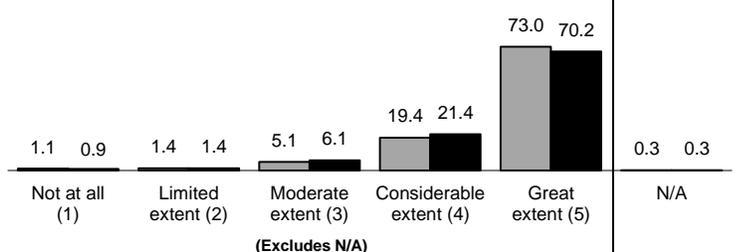
**provide you with accurate information**

	<u>n</u>	<u>m</u>	<u>sd</u>
<b>2014</b>	3,602	---	---
<i>Excludes N/A</i>	3,462	4.35	0.95
<b>2016</b>	7,270	---	---
<i>Excludes N/A</i>	7,015	4.27	0.96



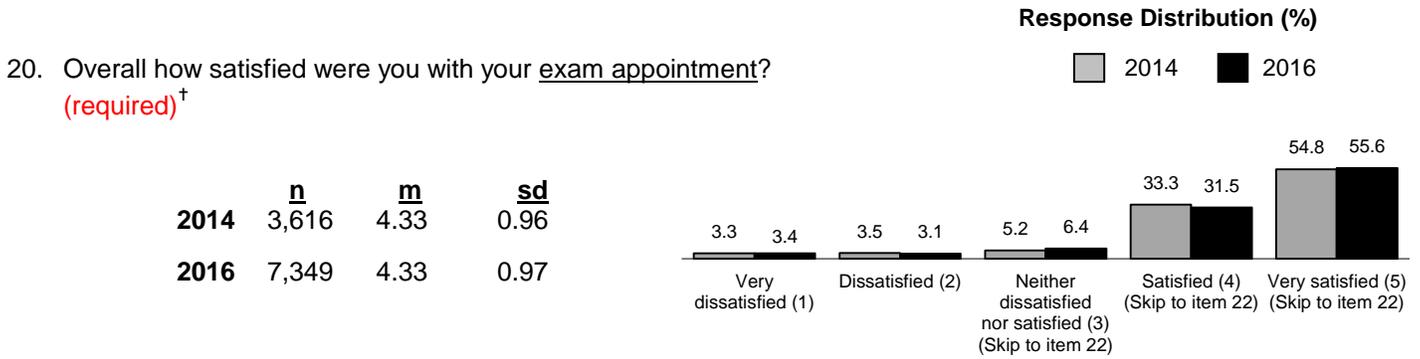
**treat you with courtesy and respect**

	<u>n</u>	<u>m</u>	<u>sd</u>
<b>2014</b>	3,599	---	---
<i>Excludes N/A</i>	3,590	4.62	0.74
<b>2016</b>	7,284	---	---
<i>Excludes N/A</i>	7,264	4.59	0.75



# FAA Aerospace Medical Certification Services Airman Satisfaction Survey - 2016 Overall

Based on your most recent application for airman medical certification:



Results for *Item 21* include only respondents who indicated 'Very dissatisfied' or 'Dissatisfied' on *Item 20*.

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

	<u>n</u>				
2014	216				
2016	393				
2014	2016		2014	2016	Change
<u>n*</u>	<u>n*</u>		<u>%</u>	<u>%</u>	<u>%</u>
122	221	AME did not issue my certificate during the exam appointment	56.5	56.2	-0.25
38	62	The exam was not thorough	17.6	15.8	-1.81
19	24	Not examined in a professional environment	8.8	6.1	-2.69
2	4	AME conducted the exam at a different location than listed in the FAA directory	0.9	1.0	0.09
8	6	I had to remove articles of clothing	3.7	1.5	-2.17
37	67	Not treated with courtesy and respect	17.1	17.1	-0.08
117	217	Other reason(s) (explain below)	54.2	55.2	1.05

*n\** may sum to greater than the number of respondents to the item (*n*) due to multiple responses. The % of Respondents is based on the number of respondents to the item (*n*).

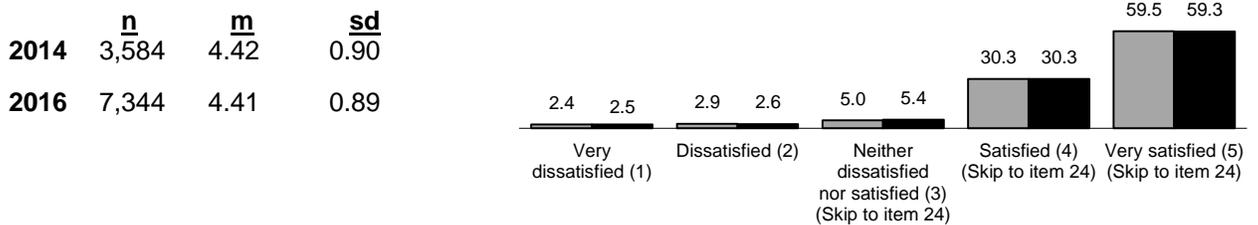
Results for *Item 21a* include only respondents who indicated 'Other reason' on *Item 21* and provided a written response.

21a. Responses to 'Other reason' for dissatisfaction with the exam appointment.

(See Appendix C for a list of reasons)

	<u>n</u>
2016	212

22. Overall how satisfied were you with the quality of service provided by your AME? (required)<sup>†</sup>



# FAA Aerospace Medical Certification Services Airman Satisfaction Survey - 2016 Overall

Results for *Item 23* include only respondents who indicated 'Very dissatisfied' or 'Dissatisfied' on *Item 22*.

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

		<u>n</u>			
2014		170			
2016		302			
2014	2016		2014	2016	Change
<u>n*</u>	<u>n*</u>		<u>%</u>	<u>%</u>	<u>%</u>
89	144	AME did not issue my certificate during the exam appointment	52.4	47.7	-4.67
36	60	AME lacked knowledge of current airman medical certification standards	21.2	19.9	-1.31
37	71	Not informed of required documentation to bring to the exam	21.8	23.5	1.75
83	131	Not informed of additional documentation that the FAA would require to issue my certificate	48.8	43.4	-5.44
54	93	Not informed of status of application	31.8	30.8	-0.97
73	121	Other reason(s) (explain below)	42.9	40.1	-2.87

*n\** may sum to greater than the number of respondents to the item (*n*) due to multiple responses. The % of Respondents is based on the number of respondents to the item (*n*).

Results for *Item 23a* include only respondents who indicated 'Other reason' on *Item 23* and provided a written response.

23a. Responses to 'Other reason' for dissatisfaction with the quality of AME services.

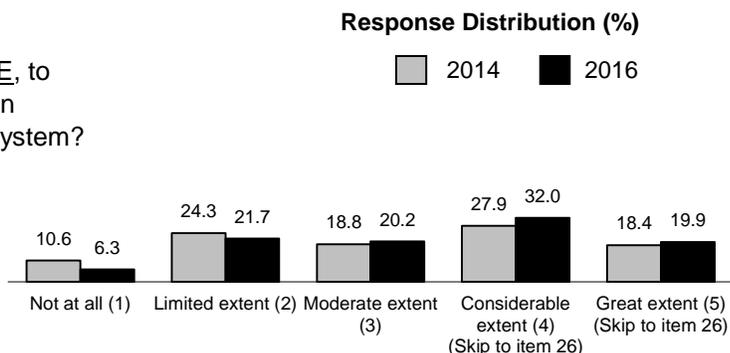
(See Appendix C for a list of reasons)

2016 n  
114

Based on your most recent application for airman medical certification:

24. 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? (required)

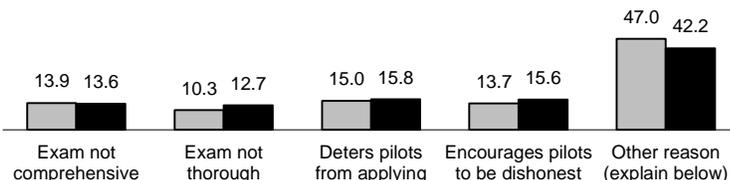
	<u>n</u>	<u>m</u>	<u>sd</u>
2014	3,603	3.19	1.28
2016	7,337	3.37	1.20



Results for *Item 25* include only respondents who indicated 'Not at all', 'Limited extent', or 'Moderate extent' on *Item 24*.

25. What is the main reason for responding either 'Not at all', 'Limited extent', or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures safety of the National Airspace System?†

	<u>n</u>
2014	1,909
2016	3,402



Results for *Item 25a* include only respondents who indicated 'Other reason' on *Item 25* and provided a written response.

25a. Responses to 'Other reason' for responding either 'Not at all', 'Limited extent', or 'Moderate extent'.

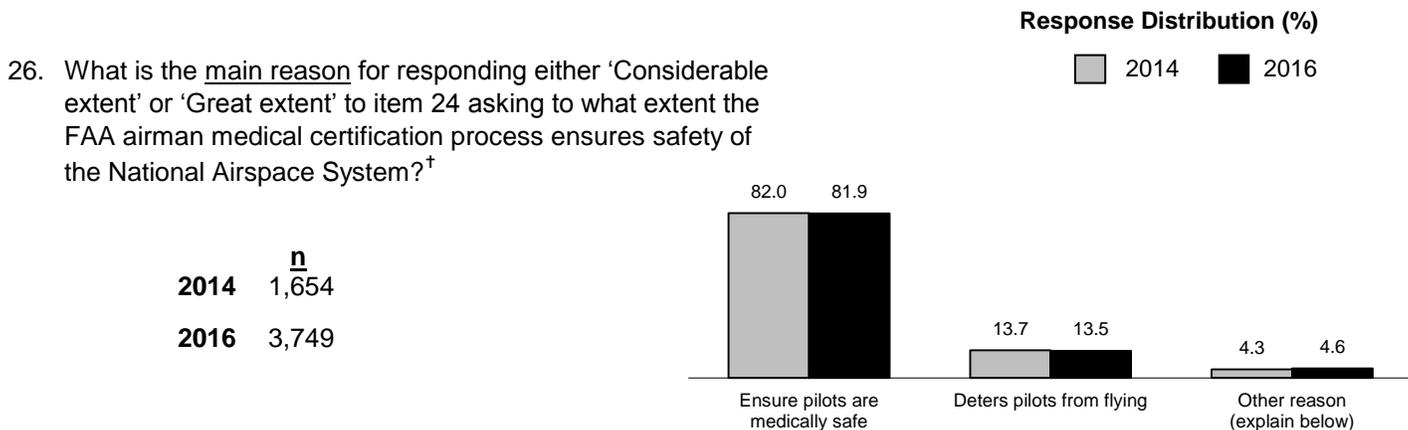
(See Appendix C for a list of reasons)

2016 n  
1,411

# FAA Aerospace Medical Certification Services Airman Satisfaction Survey - 2016 Overall

Results for *Item 26* include only respondents who indicated 'Considerable extent' or 'Great extent' on *Item 24*.

## Based on your most recent application for airman medical certification:



Results for *Item 26a* include only respondents who indicated 'Other reason' on *Item 26* and provided a written response.

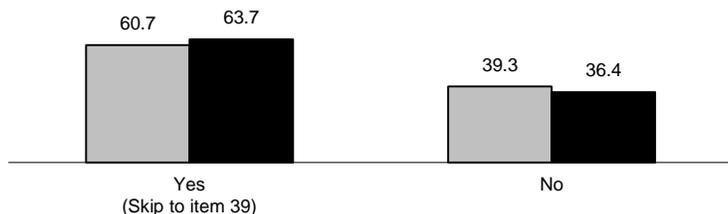
26a. Responses to 'Other reason' for responding either 'Considerable extent' or 'Great extent'.  
(See Appendix C for a list of reasons)

2016 n  
171

27. Was your medical certificate issued on the same day as your exam appointment? (required)

2014 n  
3,606

2016 n  
7,317

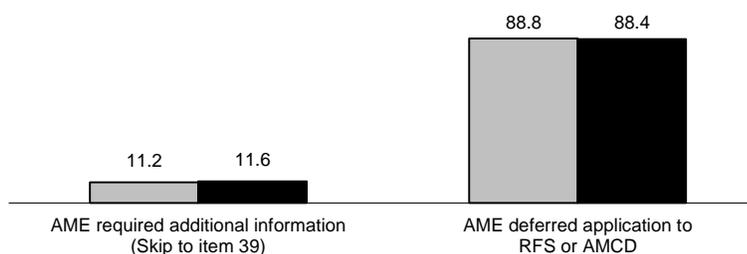


Results for *Item 28* through *Item 38* include only respondents who indicated 'No' on *Item 27*.

28. Which of the following best describes the processing of your application for a medical certification? (required)

2014 n  
1,414

2016 n  
2,646

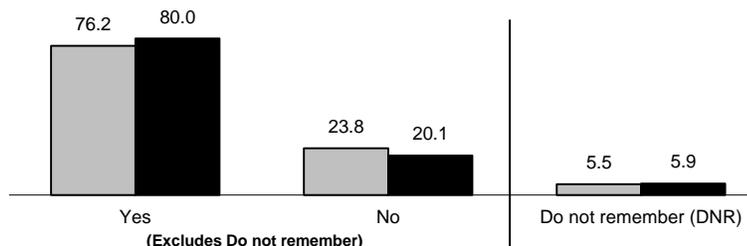


Results for *Item 29* through *Item 38* include only respondents who indicated 'The AME deferred my application to the RFS or to the AMCD in Oklahoma City for review' on *Item 28*.

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

2014 n  
1,245  
Excludes DNR 1,176

2016 n  
2,326  
Excludes DNR 2,190



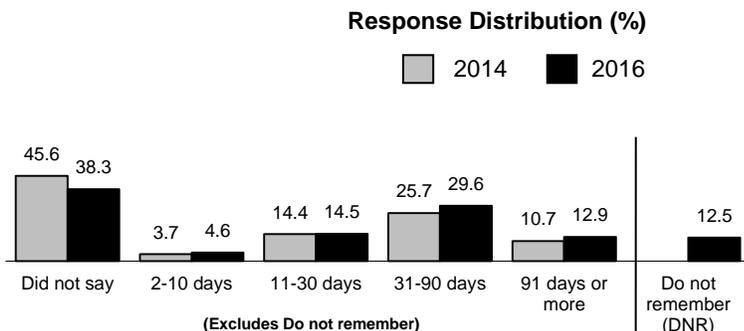
▲ New item in 2016 - no 2014 comparison. † 2016 wording revision for comparable items.

# FAA Aerospace Medical Certification Services Airman Satisfaction Survey - 2016 Overall

Based on your most recent application for airman medical certification:

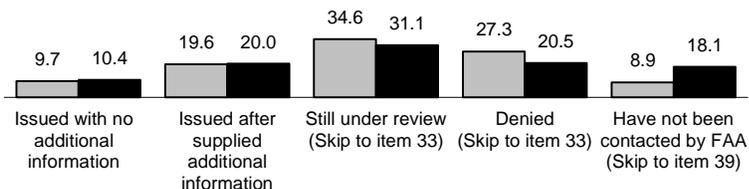
30. How long did the AME tell you it would take to receive a decision regarding your medical certification?<sup>†</sup>

	<u>n</u>
<b>2014</b>	---
Excludes DNR	1,247
<b>2016</b>	2,331
Excludes DNR	2,040



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

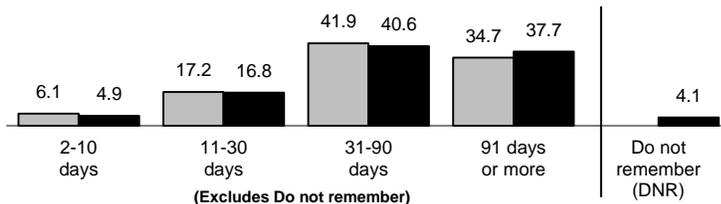
	<u>n</u>
<b>2014</b>	1,250
<b>2016</b>	2,337



Results for *Item 32* include only respondents who indicated 'No additional information was requested from me before being issued my certificate' or 'I had to supply additional information, and then was issued my certificate' on *Item 31*.

32. How long did it actually take to receive a decision on your medical certification?<sup>†</sup>

	<u>n</u>
<b>2014</b>	---
Excludes DNR	360
<b>2016</b>	702
Excludes DNR	673



## FAA AIRMAN MEDICAL CERTIFICATION SERVICES

Results for *Item 33* through *Item 38* exclude those respondents who indicated 'I have not been contacted by the FAA' on *Item 31*.

33. 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]

### Regional Medical Division/Regional Flight Surgeon (RFS) Office

		<u>n</u>				
<b>2014</b>	<b>2016</b>	513				
		851				
<b>2014</b>	<b>2016</b>		<b>2014</b>	<b>2016</b>	<b>Change</b>	
<u>n</u> *	<u>n</u> *		<u>%</u>	<u>%</u>	<u>%</u>	
362	615	No contact	70.6	72.3	1.70	
82	129	Phone	16.0	15.2	-0.82	
16	34	E-mail	3.1	4.0	0.88	
83	121	Postal mail	16.2	14.2	-1.96	

*n*\* may sum to greater than the number of respondents to the item (*n*) due to multiple responses. The % of Respondents is based on the number of respondents to the item (*n*).

## FAA Aerospace Medical Certification Services Airman Satisfaction Survey - 2016 Overall

33. 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]*

### Aerospace Medical Certification Division (AMCD) – Oklahoma City

		<u>n</u>				
	<b>2014</b>	722				
	<b>2016</b>	1,119				
<b>2014</b>	<b>2016</b>			<b>2014</b>	<b>2016</b>	<b>Change</b>
<u>n*</u>	<u>n*</u>			<u>%</u>	<u>%</u>	<u>%</u>
160	256	No contact		22.2	22.9	0.72
186	301	Phone		25.8	26.9	1.14
18	43	E-mail		2.5	3.8	1.35
442	678	Postal mail		61.2	60.6	-0.63

*n\* may sum to greater than the number of respondents to the item (n) due to multiple responses. The % of Respondents is based on the number of respondents to the item (n).*

### Office of Aerospace Medicine (OAM) – Washington, DC

		<u>n</u>				
	<b>2014</b>	419				
	<b>2016</b>	762				
<b>2014</b>	<b>2016</b>			<b>2014</b>	<b>2016</b>	<b>Change</b>
<u>n*</u>	<u>n*</u>			<u>%</u>	<u>%</u>	<u>%</u>
374	691	No contact		89.3	90.7	1.42
22	20	Phone		5.3	2.6	-2.63
0	9	E-mail		0.0	1.2	1.18
28	62	Postal mail		6.7	8.1	1.46

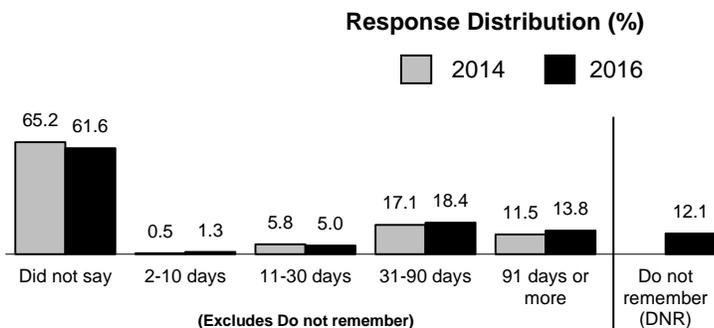
*n\* may sum to greater than the number of respondents to the item (n) due to multiple responses. The % of Respondents is based on the number of respondents to the item (n).*

Results for *Item 34* through *Item 38* includes only respondents who indicated that they had contact with at least one of the FAA offices on *Item 33*.

### Based on your most recent application for airman medical certification:

34. What was the longest time that the FAA medical representative(s) told you it would take to receive a decision on your medical certificate?<sup>†</sup>

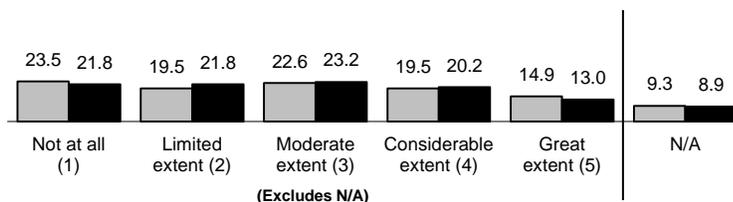
		<u>n</u>
	<b>2014</b>	---
<i>Excludes DNR</i>		626
	<b>2016</b>	942
<i>Excludes DNR</i>		828



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

#### clearly explain your responsibilities in the medical certification process

		<u>n</u>	<u>m</u>	<u>sd</u>
	<b>2014</b>	615	---	---
<i>Excludes N/A</i>		558	2.83	1.38
	<b>2016</b>	927	---	---
<i>Excludes N/A</i>		845	2.81	1.33



FAA Aerospace Medical Certification Services Airman Satisfaction Survey - 2016 Overall

Based on your most recent application for airman medical certification:

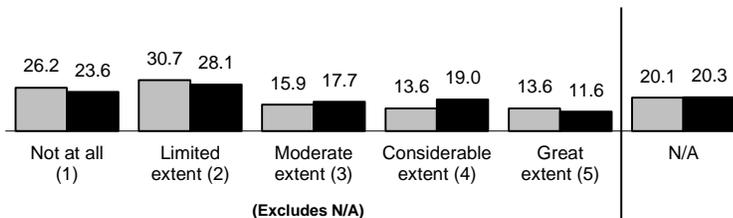
Response Distribution (%)

2014 2016

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

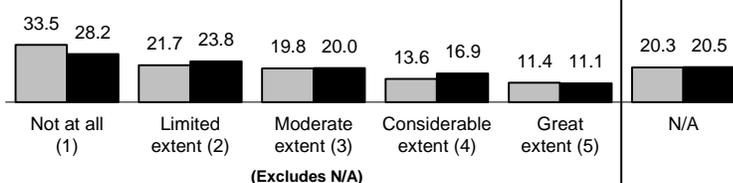
provide you with all the information you requested

	<u>n</u>	<u>m</u>	<u>sd</u>
<b>2014</b>	607	---	---
<i>Excludes N/A</i>	485	2.58	1.36
<b>2016</b>	916	---	---
<i>Excludes N/A</i>	730	2.67	1.33



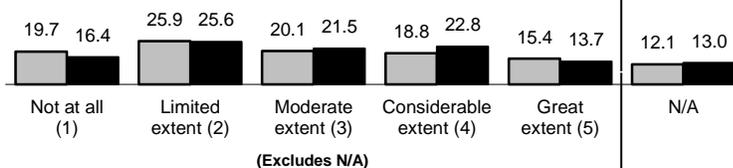
provide information you requested in a timely manner

	<u>n</u>	<u>m</u>	<u>sd</u>
<b>2014</b>	607	---	---
<i>Excludes N/A</i>	484	2.48	1.37
<b>2016</b>	918	---	---
<i>Excludes N/A</i>	730	2.59	1.35



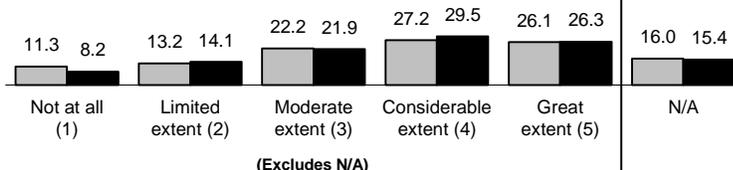
provide you with accurate information

	<u>n</u>	<u>m</u>	<u>sd</u>
<b>2014</b>	605	---	---
<i>Excludes N/A</i>	532	2.84	1.35
<b>2016</b>	924	---	---
<i>Excludes N/A</i>	804	2.92	1.30



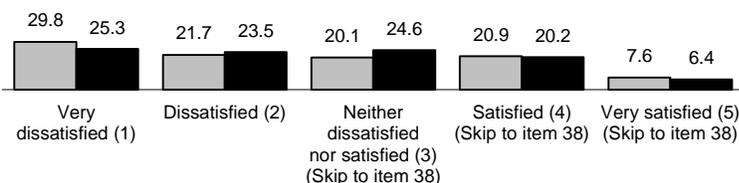
treat you with courtesy and respect

	<u>n</u>	<u>m</u>	<u>sd</u>
<b>2014</b>	612	---	---
<i>Excludes N/A</i>	514	3.44	1.31
<b>2016</b>	922	---	---
<i>Excludes N/A</i>	780	3.52	1.25



36. Overall how satisfied were you with the quality of services provided by the FAA medical representative(s)? (required)<sup>†</sup>

	<u>n</u>	<u>m</u>	<u>sd</u>
<b>2014</b>	632	2.55	1.31
<b>2016</b>	955	2.59	1.24



▲ New item in 2016 - no 2014 comparison. † 2016 wording revision for comparable items.

# FAA Aerospace Medical Certification Services Airman Satisfaction Survey - 2016 Overall

Results for *Item 37* include only respondents who indicated 'Very dissatisfied' or 'Dissatisfied' on *Item 36*.

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

		<u>n</u>			
2014	2016		2014	2016	Change
<u>n*</u>	<u>n*</u>		<u>%</u>	<u>%</u>	<u>%</u>
118	149	Denied my medical certificate	36.5	32.0	-4.49
42	51	Not treated with courtesy and respect	13.0	11.0	-2.03
128	159	Not adequately informed of requirements for additional documentation	39.6	34.2	-5.44
108	138	Failed to explain requirements for additional documentation	33.4	29.7	-3.76
118	164	Not informed of status of application	36.5	35.3	-1.26
183	236	Poor communication on where application was in the review process	56.7	50.8	-5.91
180	255	Took too long to complete the review	55.7	54.8	-0.89
141	172	Other reason(s) (explain below)	43.7	37.0	-6.66

*n\** may sum to greater than the number of respondents to the item (*n*) due to multiple responses. The % of Respondents is based on the number of respondents to the item (*n*).

Results for *Item 37a* include only respondents who indicated 'Other reason' on *Item 37* and provided a written response.

37a. Responses to 'Other reason' for dissatisfaction with the quality of services provided by the FAA medical representative(s). (See Appendix C for a list of reasons)

2016 n  
170

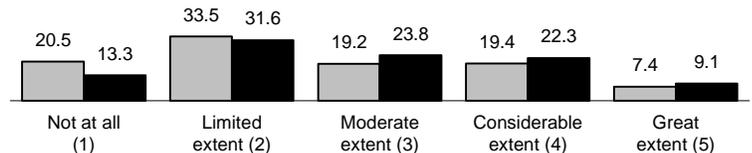
## Based on your most recent application for airman medical certification:

38. 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?

Response Distribution (%)

2014 2016

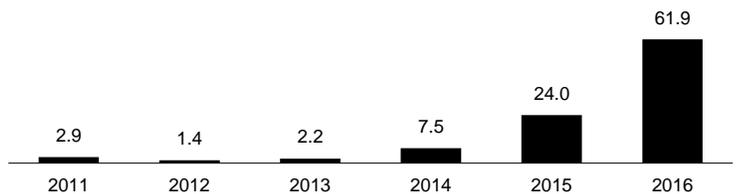
	<u>n</u>	<u>m</u>	<u>sd</u>
2014	624	2.60	1.22
2016	947	2.82	1.18



## DEMOGRAPHICS

39. What year was your current airman medical certification?<sup>†</sup>

2016 n  
6,801



# FAA Aerospace Medical Certification Services Airman Satisfaction Survey - 2016 Overall

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

		<u>n</u>				
2014		3,562			2014	2016
		<u>n</u>			<u>%</u>	<u>%</u>
2016		7,191				
2014	2016	<u>n*</u>	<u>n*</u>		<u>%</u>	<u>%</u>
27	43			Student	0.8	0.6
4	21			Sport	0.1	0.3
6	13			Recreational	0.2	0.2
1,411	2,986			Private	39.6	41.5
1,647	3,088			Commercial	46.2	42.9
1,159	2,374			Airline Transport	32.5	33.0

*n\* may sum to greater than the number of respondents to the item (n) due to multiple responses. The % of Respondents is based on the number of respondents to the item (n).*

41. Which rating(s) do you currently hold? *[mark all that apply]*<sup>†</sup>

		<u>n</u>				
2014		3,552			2014	2016
		<u>n*</u>			<u>%</u>	<u>%</u>
2016		7,058				
2014	2016	<u>n*</u>	<u>n*</u>		<u>%</u>	<u>%</u>
673	1,331			Do not hold any rating	19.0	18.9
2,552	5,082			Instrument Flight Rules (IFR)	71.9	72.0
1,007	1,971			Certified Flight Instructor (CFI)	28.4	27.9
783	1,689			Other rating(s) (explain below)	22.0	23.9

*n\* may sum to greater than the number of respondents to the item (n) due to multiple responses. The % of Respondents is based on the number of respondents to the item (n).*

Results for *Item 41a* include only respondents who indicated 'Other rating' on *Item 41* and provided a written response.

41a. Responses to 'Other rating(s)' currently held. <sup>▲</sup>

(See Appendix C for a list of other ratings)

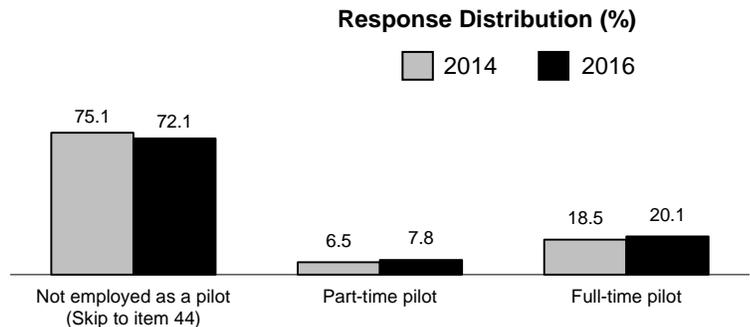
2016 n  
1,628

## Based on your most recent application for airman medical certification:

42. Are you currently employed as a pilot? (required)

2014 n  
3,593

2016 n  
7,269



# FAA Aerospace Medical Certification Services Airman Satisfaction Survey - 2016 Overall

Results for *Item 43* include only respondents who indicated 'Full-time pilot' or 'Part-time pilot' on *Item 42*.

43. Is your employment as a pilot with a certificated operator conducting flights under the following? *[mark all that apply]*

		<u>n</u>		
2014	2016	884	2014	2016
<u>n*</u>	<u>n*</u>		<u>%</u>	<u>%</u>
50	123	<b>Part 61</b> (Sport pilot)	5.7	6.2
353	808	<b>Part 91</b> (Corporate)	39.9	40.4
248	596	<b>Part 121</b> (Flag, domestic, supplemental operations)	28.1	29.8
5	24	<b>Part 125</b> (Aircraft with 20 or more seats and cargo payload of 6,000 pounds or more when common carriage is not involved)	0.6	1.2
0	6	<b>Part 129</b> (Foreign air carrier & foreign operator of US-registered aircraft used in common carriage)	0.0	0.3
20	53	<b>Part 133</b> (Rotorcraft external loads)	2.3	2.7
168	397	<b>Part 135</b> (Commuter/On-demand operations)	19.0	19.9
31	93	<b>Part 137</b> (Agricultural operations)	3.5	4.7
58	154	<b>Part 141</b> (Pilot schools)	6.6	7.7
28	34	<b>Part 142</b> (Training centers)	3.2	1.7
126	241	<b>Other Part or Operation</b> (explain below)	14.3	12.1

*n\** may sum to greater than the number of respondents to the item (*n*) due to multiple responses. The % of Respondents is based on the number of respondents to the item (*n*).

Results for *Item 43a* include only respondents who indicated 'Other Part or Operation' on *Item 43* and provided a written response.

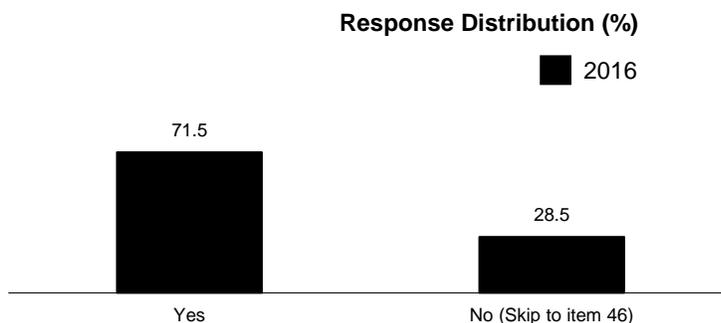
43a. Responses for 'Other Part or Operation' regarding certificated operator.

(See Appendix C for a list of other parts or operations)

2016 n  
237

44. Are you aware of the new Third Class Medical Reform under the FAA Extension, Safety, and Security Act of 2016? *(required)* <sup>▲</sup>

2016 n  
7,265



Results for *Item 45* include only respondents who indicated 'Yes' on *Item 44*.

45. Do you plan to take advantage of the new Third Class Medical Reform under the FAA Extension, Safety, and Security Act of 2016? <sup>▲</sup>

2016 n  
5,047



## FAA Aerospace Medical Certification Services Airman Satisfaction Survey - 2016 Overall

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

		<u>n</u>		
2014		3,590	2014	2016
		7,261	<u>n*</u>	<u>n*</u>
2014	2016		<u>%</u>	<u>%</u>
44	108	<b>Alaskan Region (AAL)</b>	1.2	1.5
199	380	<b>Central Region (ACE)</b>	5.5	5.2
421	857	<b>Eastern Region (AEA)</b>	11.7	11.8
578	1,130	<b>Great Lakes Region (AGL)</b>	16.1	15.6
121	270	<b>New England Region (ANE)</b>	3.4	3.7
438	910	<b>Northwest Mountain Region (ANM)</b>	12.2	12.5
710	1,508	<b>Southern Region (ASO)</b>	19.8	20.8
529	1,114	<b>Southwest Region (ASW)</b>	14.7	15.3
550	984	<b>Western-Pacific Region (AWP)</b>	15.3	13.6

*n\* may sum to greater than the number of respondents to the item (n) due to multiple responses. The % of Respondents is based on the number of respondents to the item (n).*

### COMMENTS

Item 47 provided airmen the opportunity to comment or offer helpful suggestions for improving Aerospace Medical Certification Services (AMCS). Airmen were informed that identifying information such as names would be removed and that comments were subject to the Freedom of Information Act (FOIA). Airmen were asked to categorize their input as recommendation, compliment, complaint, or general comment.

47. Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? [[mark all that apply](#)] (See Appendix C for additional feedback)

		<u>n</u>		
2014		3,557	2014	2016
		7,130	<u>n*</u>	<u>n*</u>
2014	2016		<u>%</u>	<u>%</u>
702	1,025	Recommendation for improvement	19.7	14.4
214	396	Compliment	6.0	5.6
417	712	Complaint	11.7	10.0
613	808	General Comment	17.2	11.3
1,854	4,524	Nothing more to add	52.1	63.5

*n\* may sum to greater than the number of respondents to the item (n) due to multiple responses. The % of Respondents is based on the number of respondents to the item (n).*

## **Appendix A:**

### **Airman 2016 Feedback Survey**

## Airman 2016 Feedback Survey

This survey has been formatted to minimize your effort and maximize the value of your feedback to the Federal Aviation Administration. It covers Airman Medical Certification Services (AMCS) and support provided to Airman by:

- Your Aviation Medical Examiner (AME)
- Your Regional Flight Surgeon (RFS) Office
- The Aerospace Medical Certification Division (AMCD) in Oklahoma City

You will also evaluate your use of MedXPress (OMB control No. 2120-0707).

Your thoroughness and honesty in completing the survey are appreciated and will help us improve medical certification services for all airman applicants.

**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
- 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. Is your AME your primary care doctor?**

- Yes
- No

**Based on your most recent application for airman medical certification:**

**6. 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) *(explain below)*

Other reason(s) for selecting your AME: \_\_\_\_\_

**7. 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"/>
Conditions AMEs Can Issue (CACI) paperwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- Yes
- No *(skip to item 16, on page 4)*
- Do not remember *(skip to item 16, on page 4)*

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

- Yes
- No *(skip to item 11, on the next page)*
- Do not remember *(skip to item 11, on the next page)*

**10. 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

**Based on your most recent application for airman medical certification:**

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

- Very dissatisfied (*explain below*)
- Dissatisfied (*explain below*)
- Neither dissatisfied nor satisfied
- Satisfied
- Very satisfied

Please explain why you were dissatisfied with the performance of MedXPress: \_\_\_\_\_

---

**12. How did MedXPress perform compared to your expectations?**

- Far below expectations (*explain below*)
- Below expectations (*explain below*)
- Met expectations
- Above expectations
- Far above expectations

Please explain why MedXPress performed below your expectations: \_\_\_\_\_

---

**13. Overall how would you rate the performance of MedXPress?**

- Very poor
- Poor
- Average
- Good
- Excellent

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

- Yes (*skip to item 16, on the next page*)
- No
- Do not know (*skip to item 16, on the next page*)
- Do not remember (*skip to item 16, on the next page*)

**15. 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 (*explain below*)

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

---

**Based on your most recent application for airman medical certification:**

**16. During your exam appointment, who...? (response required) [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 17 only if you indicated on item 16 that an 'AME' reviewed your medical history with you or performed your physical exam.**

**17. To what extent did your AME discuss the following during your exam appointment?**

	Not at all	Limited extent	Moderate extent	Considerable extent	Great extent	N/A
Obtain a comprehensive history .....	<input type="radio"/>					
Discuss safety risk(s) of current medical condition(s) ...	<input type="radio"/>					
Explain the certification process and airman appeal rights .....	<input type="radio"/>					
Discuss safety risk of over-the-counter (OTC) medications and supplements .....	<input type="radio"/>					
Mental health .....	<input type="radio"/>					
Sleep patterns .....	<input type="radio"/>					

**Note: Answer item 18 only if you indicated on item 16 that an 'AME' performed your physical exam.**

**18. 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"/>

**19. 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"/>					
charge appropriately for services .....	<input type="radio"/>					
clearly explain your responsibilities in the medical certification process .....	<input type="radio"/>					
provide you with all the information you requested ....	<input type="radio"/>					
provide information you requested in a timely manner.....	<input type="radio"/>					
provide you with accurate information.....	<input type="radio"/>					
treat you with courtesy and respect.....	<input type="radio"/>					

Based on your most recent application for airman medical certification:

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

- Very dissatisfied
- Dissatisfied
- Neither dissatisfied nor satisfied (skip to item 22)
- Satisfied (skip to item 22)
- Very satisfied (skip to item 22)

Note: Answer item 21 only if you answered 'Very dissatisfied' or 'Dissatisfied' on item 20.

21. 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) (explain below)

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

---

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

- Very dissatisfied
- Dissatisfied
- Neither dissatisfied nor satisfied (skip to item 24)
- Satisfied (skip to item 24)
- Very satisfied (skip to item 24)

Note: Answer item 23 only if you answered 'Very dissatisfied' or 'Dissatisfied' on item 22.

23. 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) (explain below)

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

---

24. 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 26, on the next page)
- Great extent (skip to item 26, on the next page)

Based on your most recent application for airman medical certification:

Note: Answer item 25 only if you answered 'Not at all', 'Limited extent', or 'Moderate extent' on item 24.

25. What is the main reason for responding either 'Not at all', 'Limited extent', or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures safety of the National Airspace System?

- 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 (*explain below*)

Main reason for response: \_\_\_\_\_

---

Note: Answer item 26 only if you answered 'Considerable extent' or 'Great extent' on item 24.

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

- Ensures pilots are medically safe to fly
- Deters pilots from flying, if not medically qualified
- Other reason (*explain below*)

Main reason for response: \_\_\_\_\_

---

27. Was your medical certificate issued on the same day as your exam appointment? (*response required*)

- Yes (*skip to item 39, on page 9*)
- No

28. 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 39, on page 9*)
- The AME deferred my application for review to the Regional Flight Surgeon (RFS) or to the Aerospace Medical Certification Division (AMCD) in Oklahoma City

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

- Yes
- No
- Do not remember

30. 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
- Do not remember

**Based on your most recent application for airman medical certification:**

**31. 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 33)*
- I was denied a medical certificate *(skip to item 33)*
- I have not been contacted by the FAA *(skip to item 39, on the next page)*

**32. 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
- Do not remember

**Items in this section (33 through 38) ask about your experiences with FAA medical representatives during your most recent application for airman medical certification.**

**33. 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: Answer items 34 through 38 only if you did not answer ‘No contact’ for all three FAA offices on item 33.**

**34. 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
- Do not remember

**35. 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"/>					
provide you with all the information you requested .....	<input type="radio"/>					
provide information you requested in a timely manner.....	<input type="radio"/>					
provide you with accurate information.....	<input type="radio"/>					
treat you with courtesy and respect.....	<input type="radio"/>					

Based on your most recent application for airman medical certification:

36. Overall how satisfied were you with the quality of services provided by the FAA medical representative(s)?  
(response required)
- Very dissatisfied
  - Dissatisfied
  - Neither dissatisfied nor satisfied (skip to item 38)
  - Satisfied (skip to item 38)
  - Very satisfied (skip to item 38)

Note: Answer item 37 only if you answered 'Very dissatisfied' or 'Dissatisfied' on item 36.

37. 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) (explain below)

Other reason(s) you were dissatisfied with quality of services provided by the FAA medical representative(s): \_\_\_\_\_

---

38. 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
- 

Items in this section (39 through 45) ask about your current airman medical certification, pilot certificate(s), ratings, and employment.

39. What year was your current airman medical certification?
- 2011
  - 2012
  - 2013
  - 2014
  - 2015
  - 2016

40. Which pilot certificate(s) do you currently hold? [mark all that apply]
- Student
  - Sport
  - Recreational
  - Private
  - Commercial
  - Airline Transport

41. 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 rating(s) (explain below)

Other rating(s) you currently hold: \_\_\_\_\_

---

**Based on your most recent application for airman medical certification:**

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

- Not employed as a pilot (*skip to item 44*)
- Part-time pilot
- Full-time pilot

**43. 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 (*explain below*)

Other Part or Operation employing you as a pilot: \_\_\_\_\_

---

**44. Are you aware of the new Third Class Medical Reform under the FAA Extension, Safety, and Security Act of 2016? (response required)**

- Yes
- No (*skip to item 46*)

**45. Do you plan to take advantage of the new Third Class Medical Reform under the FAA Extension, Safety, and Security Act of 2016?**

- Yes
- No

**46. 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*)

**47. 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: This survey is hosted by a contractor, Cherokee CRC, LLC. The contractor will deliver a data file to the FAA for analysis. That data file will not contain any personally identifying information. 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):

## **Appendix B:**

### **2014 and 2016 Comparable Survey Items Differences in the Wording and Response Options**

This appendix presents 2014 and 2016 Airman Feedback Survey item and response option wording for items that were revised for 2016, but are still considered to be comparable between the two surveys for reporting. Differences are noted by **bold** text in the item and response option wording.

Year	Item	Item Wording	Response Option Wording
2016	7	Did the AME's office tell you to bring the following to your exam appointment?	(1) valid photo ID (2) MedXPress Confirmation number (3) printout of completed Summary Sheet from MedXPress (4) list of your medications (5) medical history details (6) current medical tests/lab results (7) past medical tests/lab results (8) Special issuance papaerwork (9) SODA (statement of demonstrated ability) paperwork <b>(10) Conditions AMEs Can Issue (CACI) paperwork</b>
2014	6	<i>No change</i>	(1) valid photo ID (2) MedXPress Confirmation number (3) printout of completed Summary Sheet from MedXPress (4) list of your medications (5) medical history details (6) current medical tests/lab results (7) past medical tests/lab results (8) Special issuance papaerwork (9) SODA (statement of demonstrated ability) paperwork
2016	11	Overall how satisfied were you with the performance of MedXPress?	(1) Very dissatisfied ( <b>explain below</b> ) (2) Dissatisfied ( <b>explain below</b> ) (3) <b>Neither dissatisfied nor satisfied</b> (4) Satisfied (5) Very satisfied
2014	10	<i>No change</i>	(1) Very dissatisfied (2) Dissatisfied (3) Neither (4) Satisfied (5) Very satisfied
2016	12	How did MedXPress perform compared to your expectations?	(1) Far below expectations ( <b>explain below</b> ) (2) Below expectations ( <b>explain below</b> ) (3) Met expectations (4) Above expectations (5) Far above expectations
2014	11	<i>No change</i>	(1) Far below expectations (2) Below expectations (3) Met expectations (4) Above expectations (5) Far above expectations
2016	20	Overall how satisfied were you with your exam appointment? ( <b>required</b> )	(1) Very dissatisfied (2) Dissatisfied (3) <b>Neither dissatisfied nor satisfied</b> (4) Satisfied (5) Very satisfied

Year	Item	Item Wording	Response Option Wording
2014	18	<i>No change</i>	(1) Very dissatisfied (2) Dissatisfied (3) Neither (4) Satisfied (5) Very satisfied
2016	22	Overall how satisfied were you with the quality of service provided by your AME? <b>(required)</b>	(1) Very dissatisfied (2) Dissatisfied (3) <b>Neither dissatisfied nor satisfied</b> (4) Satisfied (5) Very satisfied
2014	20	<i>No change</i>	(1) Very dissatisfied (2) Dissatisfied (3) Neither (4) Satisfied (5) Very satisfied
2016	25	What is the main reason for responding either 'Not at all', 'Limited extent', or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures safety of the <b>National Airspace System</b> ?	(1) Exam is not comprehensive enough to adequately screen pilots (2) Not all AMEs perform thorough exams (3) Deters pilots from applying for medical certification (4) Encourages pilots to be dishonest on application for medical certification (5) Other reason (explain below) <input type="checkbox"/>
2014	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?	<i>No change</i>
2016	26	What is the main reason for responding either 'Considerable extent' or 'Great extent' to item 24 asking to what extent the FAA airman medical certification process ensures safety of the <b>National Airspace System</b> ?	(1) Ensures pilots are medically safe to (2) Deters pilots from flying, if not medically qualified (3) Other reason (explain below)
2014	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?	<i>No change</i>
2016	30	How long did the AME tell you it would take to receive a decision regarding your medical certification?	(1) Did not say (2) 2-10 days (3) 11-30 days (4) 31-90 days (5) 91 days or more <b>(6) Do not remember</b>
2014	28	<i>No change</i>	(1) Did not say (2) 2-10 days (3) 11-30 days (4) 31-90 days (5) 91 days or more
2016	32	How long did it actually take to receive a decision on your medical certification?	(1) 2-10 days (2) 11-30 days (3) 31-90 days (4) 91 days or more <b>(5) Do not remember</b>

Year	Item	Item Wording	Response Option Wording
2014	30	<i>No change</i>	(1) 2-10 days (2) 11-30 days (3) 31-90 days (4) 91 days or more
2016	34	What was the longest time that the FAA medical representative(s) told you it would take to receive a decision on your medical certificate?	(1) Did not say (2) 2-10 days (3) 11-30 days (4) 31-90 days <b>(5) Do not remember</b>
2014	32	<i>No change</i>	(1) Did not say (2) 2-10 days (3) 11-30 days (4) 31-90 days
2016	36	Overall how satisfied were you with the quality of services provided by the FAA medical representative(s)? <i>(required)</i>	(1) Very dissatisfied (2) Dissatisfied (3) <b>Neither dissatisfied nor satisfied</b> (4) Satisfied (5) Very satisfied
2014	34	<i>No change</i>	(1) Very dissatisfied (2) Dissatisfied (3) Neither (4) Satisfied (5) Very satisfied
2016	39	What year was your current airman medical certification?	(1) 2011 (2) 2012 (3) 2013 (4) 2014 <b>(5) 2015</b> <b>(6) 2016</b>
2014	37	<i>No change</i>	(1) 2011 (2) 2012 (3) 2013 (4) 2014
2016	41	Which rating(s) do you currently hold? <a href="#">[mark all that apply]</a>	(1) Do not hold any rating (2) Instrument Flight Rules (IFR) (3) Certified Flight Instructor (CFI) (4) <b>Other rating(s) (explain below)</b>
2014	39	<i>No change</i>	(1) Do not hold any rating (2) Instrumental Flight Rules (IFR) (3) Certified Flight Instructor (CFI) (4) Other

## **Appendix C:**

### **Responses to Text-Entry Items and Additional Feedback**

The Airman Medical Certification Services 2016 Feedback Survey contained twelve items formatted for text-entry. The items typically asked respondents to explain or provide a reason for their response to an item. The reasons given by pilots for each item are provided in this appendix: item 3a (Table 1), item 6a (Table 2), item 11a (Table 3), item 12a (Table 4), item 15a (Table 5), item 21a (Table 6), item 23a (Table 7), item 25a (Table 8), item 26a (Table 9), item 37a (Table 10), item 41a (Table 11), and item 43a (Table 12).

The survey also asked respondents to indicate what type of additional feedback regarding airman medical certification services they had, if any (item 47). The types of feedback provided included: Recommendation for Improvement (Table 13), Compliment (Table 14), Complaint (Table 15), or General Comment (Table 16).

Responses are verbatim with the exception of removing personally identifying information and expletives. No grammar, spelling, or punctuation corrections have been made. One table (Table 12) contains a *Count* column showing the number of AMEs who made each comment because some pilots made identical comments.

For all tables, each new comment is denoted by an asterisk (\*) in the far left column.

Table 1. Reasons provided by respondents who indicated '101 miles or more' on Item 3 and provided a response (n=338).

<b>3a. How many miles did you travel <u>one way</u> for the exam appointment with your aviation medical examiner (AME)?</b> <i>101 miles or more (explain below)</i>	
<b>Reason(s) for traveling 101 miles or more <u>one way</u> for appointment:</b>	
*	30 yrs with same DR. - He knows me best!
*	600 miles to Boise, ID to see AME I know and have seen before
*	After a bad experience with a Dr. in Rhode Island I have been flying to Florida to see my original Dr. from my college days who I trust.
*	After a Kidney transplant Dr. [Name] went out of his way to help me through the re-instatement processso I have stayed with him
*	Airmen medical 2nd Class
*	All other AME couldn't get me in to do the physical within the time frame I wanted.
*	AME does "special issuance" exams.
*	ame dr. [Name] is special issuance ame for me
*	AME has represented me for over 20 years
*	AME I've worked with
*	AME is 120 miles from my home. There may be one closer, but I have dealt with her before and prefer an AME who is familiar.
*	AME is a HIMS.
*	AME is a renowned expert in aviation medicine and issuing medical certificates.
*	AME is an acquaintance, haven't had good experiences with AMEs in my area
*	AME is personal friend and went for a visit. Paid him for Class III
*	AME is someone I have been seeing near my home town
*	AME is very familiar with my special issuance.
*	AME was at MedCtr where I had extensive history
*	AME was recommended to me
*	AME's are scarce in KCRP, t need a SI

**3a. How many miles did you travel one way for the exam appointment with your aviation medical examiner (AME)?**  
*101 miles or more (explain below)*

**Reason(s) for traveling 101 miles or more one way for appointment:**

*	As a requirement of my employment, I am required to obtain my 2nd class medical certificate from Dr [Name] in Austin every 3rd year.
*	At my domicile ORD
*	At the time, was living within 5 miles. But I have gone over 350 miles to see the examiner. Iowa does not have many AMEs, especially ones who can do class 1. I also happen to like my AME, and would like to stay with him for as long as possible. Including traveling to see him
*	availability of AME and need to expedite
*	Availability of examiner
*	Because it is an AME that my wife uses
*	because of my medical history my local AME suggested to use the aviation department of the [Clinic] in Rochester, MN.
*	Because only 3 FAA certified psychologist were available between Oregon and Washington, according to the FAA NW regional office
*	Been with AME for 10 years
*	Best appointment schedule for my personal convenience and travel expectations.
*	Cheap, referdex by a friend by
*	Choice
*	Chose an AME that was not nearby
*	Chose an examiner that i felt had experience with my type of case
*	Cleveland, MS to Southaven, MS. Enrolled in school in Cleveland, have used same ME since I lived in Southaven, saw no reason to change.
*	close to my doctor office
*	Closest AME offering 1st class medical, preferred AME
*	Closest available AME
*	Closest examiner never answered the phone
*	closest FAA examiner
*	Closest Hims AME
*	Closest HIMS AME
*	Closest I am aware of
*	Closest known doctor
*	Closest Special AME .
*	Closet AME
*	closet one
*	combine with cdl physical
*	Comfortable with the AME and visiting the area anyways

**3a. How many miles did you travel one way for the exam appointment with your aviation medical examiner (AME)?**  
*101 miles or more (explain below)*

**Reason(s) for traveling 101 miles or more one way for appointment:**

*	Commute
*	Company directed HIMS AME
*	Complex medical history after surgery.
*	Continuity of service. Did not want to explain anything to a new AME.
*	couldn't get a 'soon' appointment any closer
*	Currently working in Saudi Arabia, attended TCE recurrent course at FlightSafety Lafayette, LA; so scheduled exam while there, with AME had used years prior.
*	Customer loyalty
*	Did it while doing other work at [Clinic]
*	Distance between home and college
*	Doctor knows me and my asthma and allergy condition. Also my allergist is very close so make one trip take care of both.
*	Dr [Name] in Fargo. Was told he was a specialist in aviation medical.
*	Dr [Name] is the best AME physician in the region. Local AME has a very poor reputation with flight physical process and overall administration.
*	Dr operates in another state where I commute to monthly and used to reside in
*	Dr. [Name] id the closest [Clinic] affiliated AME to me.
*	Dr. [Name] passed away. Dr. [Name] will not schedule me. Next closest doctor for first class is in St. Louis.
*	due to only have one FAA medical doctor available near my home
*	Due to seeking a SI for SSRI I had to go to my "working" AME in ATL.
*	Easier to go to the same DOC consistently, someone you trust.
*	Elected to keep AME I have used for many years when applying for a special issuance. I have moved to a new state.
*	Evaluation completed at [Clinic], Rochester MN. The clinic is my routine health care provider.
*	examiner knowledge
*	existing relationship with AME
*	expert in eye care, pilot, known to work with applicants to make sure SI paperwork is correct
*	Flagstaff to Phoenix
*	Flew into LAX from HNL
*	Flew to msp to take my phy with my usual dr
*	Flexible appointment scheduling and familiarity with my examiner
*	For special issuance help of DME
*	From one AME to another and still the Same BS as if all the FAA was doing is playing Games to mentally Dissolve my want to get the certificate back it was easier to go from a Novice to CFI in RotorCraft GyroPlanes / Helicopters than Go thru this BS
*	Going to same AME as I always have for SI
*	Had difficulty with Special Issuance so traveled to consulting physician

**3a. How many miles did you travel one way for the exam appointment with your aviation medical examiner (AME)?**  
*101 miles or more (explain below)*

**Reason(s) for traveling 101 miles or more one way for appointment:**

*	HAD TO DRIVE TO NJ FROM RI
*	Had to fly
*	Had to see company medical examiner
*	Have always used him, and know he is "by the book" I recently moved, and the local AME where I moved to didn't return my calls.
*	Have been using AME for almost 20 years
*	Have been with that AME for 18 years
*	Have moved since original medical, wanted to stick with same AME
*	Have seen him for over 16 years and nows all my medical history
*	Have used this kAME for over 25 years and have moved in the meantime.
*	He was my old AME. I relocated but still go to him.
*	HIMS
*	HIMS AME
*	HIMS AME
*	HIMS AME
*	HIMS certified AME
*	HIMS company doctor location as instructed by EAP
*	HIMS examiner
*	HIMS sponsor not available in my area
*	Hims. AME
*	HIMS/IMS AME - Dr [Name] was my choice for HIMS/IMS AME, and he is in San Antonio. I live in El Paso.
*	History with that AME
*	I am based in Chicago for [Company Name].
*	I am coming off medical leave and wanted an AME who exclusively dealt with FAA physicals.
*	I am currently based in the Hawkes Bay in NZ my AME is in Auckland
*	I am going through the HIMS program. The nearest HIMS certified AME was 300 miles away.
*	I applied for a special issuance medical and had been in touch with a senior AME for years prior to applying. I traveled to see him.
*	I grew up in that area and I always visit friends and family when I get my medical.
*	I had a reason to be in Dallas and a flying buddy recommending his doctor.
*	I had moved out of chicago, but i wanted to continue to go the same AME.
*	I had moved. Like my AME
*	I had my regular AME visit then was directed to drive to take a hims eval that was completely ignored by you. Then you sent me a letter saying I need to go take another program evaluation because [Name] didn't agree with my hims evaluator.

<b>3a. How many miles did you travel <u>one way</u> for the exam appointment with your aviation medical examiner (AME)?</b> <i>101 miles or more (explain below)</i>	
<b>Reason(s) for traveling 101 miles or more <u>one way</u> for appointment:</b>	
*	I had to drive from Detroit to Chicago and back. To see an FAA approved psychiatrist
*	I had to go to a specialist because of a problem with my medical application
*	I have a special issuance and have developed a streamlined process with the Atlanta office. I live work and go to school in North Dakota
*	I have a special issuance and relocated out of state. For continuity of application, I return to the AME who has been handling my special issuance since day one.
*	I have been using an AME in Colorado for years and could not get an appointment in Montana with my schedule so I went back to my old AME 1100 miles away.
*	I have gone to this AME for over 20 yrs
*	I have had all my Certificates issued over the past 10 years +, from Dr [Name]. Also, I live in a somewhat remote area and my family doctor is in the same city as Dr. [Name].
*	I have many AMEs near me but I'm loyal to my original AME, so I drive to him.
*	I have moved - using the same AME for over 25 years.
*	I have seen the same AME for years and I trust him
*	I have taken my medical with the same doctor for more than 15 years. He lives in another city.
*	I have to go to a specialized medical examiner over in the Detroit area
*	I have to take an alternate version of the color vision test and this doctor offered the test.
*	I have to travel to my AME
*	I have used these particular AME's for years and they are familiar with my medical history.
*	I have used this AME since 2003 when he helped me thru the waiver process to be able to continue flying.
*	I have used this set of AMEs for many years and choose to stay with them. it is also close to where I end trips for [Company Name].
*	I just moved from west Texas to central Texas and trust the AME that has been doing mine for a long time. Didn't know of one in this area.
*	I leave in Arizona currently. Airplane hangered in same state as medical examiner.
*	I like my doctor
*	I like my. AME
*	I like the [Clinic]
*	I live in a remote town in the jungles of Peru and need to travel to the capital city of Lima to renew my medical every 6 months.
*	I live in a very rural area
*	I live in Alaska.
*	I live in different city than my airline domicile and AME.
*	I live in FL but am "based" in Mem TN. My current AME is in Mem.
*	I live in New York and my AME lives in Florida
*	I live in NY. My aeromedical examiner is located in Atlanta.

<b>3a. How many miles did you travel <u>one way</u> for the exam appointment with your aviation medical examiner (AME)?</b> <i>101 miles or more (explain below)</i>	
<b>Reason(s) for traveling 101 miles or more <u>one way</u> for appointment:</b>	
*	I live in rural Alaska. My AME is 150 miles away
*	I live in San Francisco but I use a AME in Fresno, CA. I was also in Fresno for other reasons.
*	I live in southern Indiana, but I still go to an AME in northern Illinois.
*	I live in the mountains. I had to drive 4 hours to get to my doctors office.
*	I live in Tyler, Texas and the trip to Dallas was nearest examiner for 1st class certificate.
*	I live outside the country
*	I live that far
*	I lived in Hobbs, NM. Lubbock, TX was the closest place to get the examination.
*	I move throughout the year, and needed to see a specific doctor to apply for a special issuance
*	I moved and still wanted to use last examiner till I found one closer
*	I moved away from the AME's area, but wanted to stay with him.
*	I moved from area. I visit my parents (87/88yrs old) when I do my physical
*	I moved to another city but wanted to keep seeing the same AME.
*	I moved to another location, but retained my AME because of his knowledge of my case
*	I needed assistance with a special issuance, this AME was one of the few that could handle this situation.
*	I no longer live in the same area as AME and want to continue the relationship
*	I only go to my HIMS AME
*	I only go to the best that I know & have felt with my [Company Name] for almost 40 years who knows me very well, medically speaking!
*	I picked the doctor not the location. How far I travelled was not an issue for me.
*	I traveled to the same examiner I used before in a location I previously lived.
*	I trust my AME and when I relocated I wanted to retain him. Unfortunately he announced to me that he is retiring next summer so I will be looking for a new AME in my area prior to my next physical
*	I use to live in Spruce Creek so my husband and I fly over together to get our first class medicals at same time, have lunch
*	I used to live in Long Beach, CA. We now live in a remote area, and have no AME. We heard about this one, so went to see him.
*	I usually see this examiner every other year when I got back to my aviation college for homecoming week.
*	I utilized a specific examiner with expertise regarding special issuance involving cardiac conditions.
*	I wanted the best AME I could find. My previous experience with 2 Of the 3 left a lot to be desired. I want knowledge AME's.
*	I wanted the best chance with the best Aeromed Doctor
*	I was in Sydney Australia and my examiner is in Clearwater FL
*	I was living in Japan at the time.
*	I was living in Salt Lake City my AME is based in Phoenix. He recommended taking the tests in south and North Carolina as this was more cost effective

3a. How many miles did you travel <u>one way</u> for the exam appointment with your aviation medical examiner (AME)? 101 miles or more (explain below)	
Reason(s) for traveling 101 miles or more <u>one way</u> for appointment:	
*	I was not happy with the examiner closest to me so I decided to use an examiner the was recommended and used by many pilots employed by my airline.
*	I was working in a remote location
*	I went to see a physician recommended by my cardiologist
*	I work for NASA and our AME is in Houston. I live in DC. He does the FAA exam and my annual physical.
*	I work overseas
*	I'm in the HIMS program and needed a special Doc to handle my case
*	In area
*	Interstate in Australia
*	It is 209 miles one way to the nearest Flight Dr.
*	Kept same AME after transfer to another base.
*	Kept same AME since college so I flew out of state for the exam.
*	Lack of AME's in my town. Local AME has [reductation] for failing exams
*	Lack of AME's in my town. Local AME has reputation for failing exams
*	Like my AME. Late in career and moved 2000 miles away. Would rather travel to AME than change.
*	Like the doctor
*	Live 160 miles NW of MSP. Based out of MSP for work, and commute by driving.
*	live 250 miles from the city
*	Live a portion of the year in the Bahamas.
*	live out of state, jumpseat to see him.
*	Local AME RETIRED
*	Located remotely and local examiner quit
*	location
*	Long story - it started with doctor I take he moved, used a friends doctor in Little Rock, next year, she had died, used another doctor I heard about in Little Rock, called for the next medical and he had not been to a to renew license so I went to Dallas because they could work me in and my son was going for his also, so we rode together. Have had a hard time finding a reliable doc.
*	mailed to Oklahoma concerning yearly exam and waiver
*	Medical examiner had a good reputation for being thorough and understanding the FAA medical process
*	Met father how is a pilot also at ORD because our AME is there
*	Moved -- wanted to see same AME that I had seen for the last 25 years in previous residence
*	Moved away from examiner but continued relationship
*	moved but stayed with long term AE
*	Moved to Ok. and wanted to use the same doctor that accomplished all my examines

3a. How many miles did you travel <u>one way</u> for the exam appointment with your aviation medical examiner (AME)? 101 miles or more (explain below)	
Reason(s) for traveling 101 miles or more <u>one way</u> for appointment:	
*	Moved to out of state and didn't want to change AME's
*	Must see a HIMS examiner
*	My airline HIMS assigned AME is more than 101 miles from my home.
*	My AME also is a cardiologist from whom I receive a annual precautionary checkup. Since I have moved, I still do my annual checkup with the doctor most knowledgeable with me.
*	My AME is aiding me in applying for a special issuance with coordination from my employer's EAP/HIMS program.
*	My AME is also my primary physician and is located in Oklahoma City, 245 miles from my home.
*	My AME is in another city
*	My AME is in Phoenix, AZ and I live in Seattle, WA
*	My ame is in STL and I recently moved to Florida
*	My AME is in Utah, and I am currently living in Texas. The paperwork and all of the hoops to jump through aren't worth the hassle of changing for fear of my medical certificate being revoked.
*	My AME lives 1000 miles away and all paperwork I needed was also near him.
*	My AME lives in another state.
*	MY AME lives in El Paso, Texas and I recently moved to Gordon, Texas.
*	My AME moved from Peoria, My home base to Madison Wisconsin.
*	my ame that i have used all these years is not in same place i now work
*	My choice. I have kept my same AME for over 30 years.
*	My closest major city is Albuquerque where I shop so I made my appointment there.
*	My company headquarters in Centennial Colorado required annual in-house training and they setup my appointment for the time I was there for the annual training.
*	My doctor is in AZ and I live in AK
*	My examiner is in another state. Instead of going through the hassle and fees for a new examiner, decided to travel to the AME I know.
*	MY EXAMINER RETIRED, NEED A NEW ONE
*	My FAA Physican is located in Phoenix, AZ. I have property there, so the trip in no problem.
*	My first appointment was 65 miles away but then after a year the FAA asked me to travel to a different dr more than 100 miles away.
*	My home Airport(s) are CMA & OXR, I stay in Oak Park, CA when I have pilot related activities. I selected the Doctors nears Oak Park as my choice.
*	My local AME stopped performing examinations. I used this particular AME on my last application and I liked him. So, I used him again.
*	My prior examiner retired
*	nearest AME
*	Nearest AME available

3a. How many miles did you travel <u>one way</u> for the exam appointment with your aviation medical examiner (AME)? 101 miles or more (explain below)	
Reason(s) for traveling 101 miles or more <u>one way</u> for appointment:	
*	Nearest AME I found in Alaska.
*	Nearest AME is 110 miles and Cog Screen Test is 400 miles.
*	Nearest AME no longer offering exams.
*	Nearest Examiner (130 miles)
*	Nearest examiner is 100+ miles away
*	Needed an AME who had experience in submitting a special issuance.
*	Needed Cogscreen AE
*	Needed examiner familiar with Special Issuance
*	Needed HIMS AME
*	Needed to stay "in network"
*	No Airman doctors in Laredo, TX!
*	No AME in my town
*	No AME in our medium sized town; there were 2 in the 90s. Now nearest are 70-140 miles away.
*	No AME near Spruce Pine NC
*	No AME's in rural area where I live and I use [Clinic] in Dallas
*	No AME's where I live and I like the AME that I see,
*	No availability for immediate appointment locally
*	No available examiners in my home town with availability.
*	No examiners near me to issue 1st class medicals. One is in my town but only available a few days per month, when I'm working.
*	no local AME
*	None available in my location, closest is 160 miles away.
*	none closer than 100 miles from my location
*	Not available in my town
*	only 1 AME in Mexico
*	Only AME with HIMS specialty in my area.
*	Only one available in home town--so went to second hometown where other medical facilities that we use are available.
*	Only one dr closer and he's pretty much retired so not only is it hard to get in he's given other pilots too hard of a time during their medicals and said they had to get their ears cleaned or other things so he could charge more. My most expensive medical was \$700 plus dollars by another dr in soldotna who's now retired.
*	Performed during annual physical at [Clinic].
*	Personal convenience, tie in with my travel schedule.
*	Physical address in Anchorage. Travel to Fairbanks Alaska to see long time AME.
*	Physician is experienced in preparing paperwork for special issuance certifications

**3a. How many miles did you travel one way for the exam appointment with your aviation medical examiner (AME)?**  
*101 miles or more (explain below)*

**Reason(s) for traveling 101 miles or more one way for appointment:**

*	Preferred AME
*	Previous AME after moving, could not find an available one in my new town.
*	previous AME passed away
*	Price of local doctors...Cheaper to drive that to save \$300
*	Quality of the Physician
*	Recommendation
*	Recommended AME by a friend.
*	Recommended AME that specializes in SI. Also is a pilot, fellow CAF member and vintage aircraft lover. I fly to his office.
*	Recommended to see this particular AME due to an item on my medical application.
*	Relocated for work... returned to previous AME.
*	Relocated to another state for work but returned to close on the house and used my regular doctor one last time.
*	Request for a special issuance and went to a DME far from where I live.
*	Required HMS AME and the AME out of the [Clinic] was recommended
*	required spec issue
*	Required to be under the guidance of Dr. [Name] in order to get my medical certificate returned to me. No one closer.
*	Same AME for the past 20 years
*	special authorization
*	Special issuance
*	Special Issuance AME location
*	special issuance through HIMS Physician who knows what he is doing
*	Special issuance. Not my regular AME.
*	Special issue medica
*	Speciality AME
*	stay with same doctor
*	That was where an FAA medical examiner existed
*	that's where my AME is located
*	That's where my doctor is
*	That's the nearest AME
*	The AME is a customer. I do airman medical when I'm in vicinity
*	The Canadian AME can renew both my FAA and Canadian certificates.
*	The nearest AME is in San Antonio, Texas which is 150 miles from where I live, which is, Del Rio, TX.
*	The Nearest Medical Examiner is more than 75 miles, I personally prefer one that is ~120 miles
*	The price of exam I felt was too high

<b>3a. How many miles did you travel <u>one way</u> for the exam appointment with your aviation medical examiner (AME)?</b> <i>101 miles or more (explain below)</i>	
<b>Reason(s) for traveling 101 miles or more <u>one way</u> for appointment:</b>	
*	There are good AMEs closer - I have used this one for many years and like him - plus he is already aware of my health, etc.
*	There is no AME in my area. Also I had to see an AME for HIMS program.
*	There was no examiner in Corpus Christi
*	This is the medical examiner I have used for years and we recently moved that far away
*	To continue to use a trusted and thorough AME
*	To find a knowledgeable AME
*	To maintain consistency in my exams
*	To reach a medical examiner with experience dealing with my condition.
*	To use the same AME who I saw during my initial process to have my medical reinstated.
*	to visit my original AME from 5 years ago
*	Too expensive in my area
*	Too hard to get appointments in this area (New England). I combined it with a scheduled vacation, burning a day of our lake vacation to accomplish.
*	Travel to preferred medical practitioner
*	Traveled 400 miles because my AME is one I've used for many years, and he knows my medical history well.
*	Traveled from Florida to Peoria IL. because of medical condition
*	Traveling MD, opportunity to use my existing AME in Lexington KY. I do have an AME selected in AZ as well.
*	Travelled from Houston, Texas to Kerrville, Texas because I have a ranch in Kerr County, Texas
*	Travelled to my hometown
*	Travelled to the AME who had all of my medical records and was in position to issue, special issuance certificates.
*	under review by ok city
*	use AME in the city I work, not the city I live in
*	Used AME from town where used to live
*	Used the same Dr. most of my career as a pilot. No local Dr, available at reasonable price.
*	using Dr. [Name] as he understands the FAA SRRI policy where local AME did not
*	Utilized a familiar AME who assists with an SI.
*	Very few around, one of the closest.
*	Wanted to use a specialist for my case at the [Clinic]
*	Was in a different city fir training
*	Was in the area visiting anyways and like this AME
*	Was informed that only the location I went to could help me get my FAA med cert
*	Was on extended vacation and decided I wanted to fly.
*	Was out of state on a trip when my medical was due

<b>3a. How many miles did you travel <u>one way</u> for the exam appointment with your aviation medical examiner (AME)?</b> <i>101 miles or more (explain below)</i>	
<b>Reason(s) for traveling 101 miles or more <u>one way</u> for appointment:</b>	
*	was recommended
*	Was required by company to use AME HIMS AME in Chicago
*	Was required to have a HIMS AME for an issue that was 4 years in the past and is currently a non-issue as stated in numerous letters from physicians, but your office still thinks it's a current issue and won't budge, had to drive 365 miles one way, to meet this requirement, not require a Cogscreen AE, for this non-issue and must drive 600+ miles for this to be completed, even though with the initial AASI, it stated it wasn't required for my current situation, they now want another one.
*	Was scheduled through my job, and ALL of the work related exams were located in one place. Coincided with other work related functions
*	We have a vacation home in Florida so I scheduled my appointment to coincide with a visit there.
*	Well respected AME in MI. and I live in AZ.
*	Went to [Clinic]
*	Went to [Clinic] for problem of a deferred medical due to misdiagnosis by FAA from CT scan in conflict with MRI.
*	where I went last year
*	Work with my regular AME after moving
*	Worked with out of state specialist because of difficult medical due to prescription medication I had taken. Made it easier to go to him for my actual exam.
*	Working Overseas
*	Years ago, I moved away from my AME that knows me best and I still go to him.
*	Yuma az has limited options

Table 2. Reasons provided by respondents who indicated 'Other reason' on Item 6 and provided a response (n=429).

<b>6a. What was the basis for selecting your AME? Other reason(s) (explain below)</b>	
<b>Other reason(s) for selecting your AME:</b>	
*	\$100 for 3rd class
*	20 year relationship with this AME
*	30 miles from home.
*	3rd AME contacted; two others retired
*	A colleague of a physician I employ
*	A previous AME completely dorked up a Special Issuance renewal and this AME knows the process well.
*	Acquaintance, negative past experiences with local AMEs
*	Advertisement
*	Advertisement in flying publication
*	After several calls he was the first one that could make time for me.

**6a. What was the basis for selecting your AME? Other reason(s) (explain below)**

**Other reason(s) for selecting your AME:**

*	After talking to him, at an aviation meeting, I determine he was very competent. I do not want a person who is it for the money as I have had many times in the past.
*	Air Force Flight Surgeon
*	all others I used died or been forced to retire
*	also a pilot
*	Also CFII
*	Also does medical certification for a number of our other Part 135 pilots.
*	Also gives Canadian Aviation Medical's
*	AME could only give 2nd/3rd but wanted a 1st.
*	AME for twenty plus years
*	AME is a cardiologist and I have had atrial fibrillation
*	AME is a new practitioner at my family Dr's office. When I called to get copy of med records office manager told me of new guy.
*	AME is as well EASA AME
*	AME is identified as pilot himself.
*	AME is member of my health group and recommended by pilot
*	AME not afraid of the FAA
*	AME passed away and got referral from another pilot for new AME
*	AME used by my employer
*	AME was at convenient location.
*	AME was my flight surgeon in the military.
*	Appointments are not required.
*	Approved by employer
*	Assistance in performing request for special issuances as well as well as airman medical certification.
*	Assists my primary doctor with FAA approved meds. FAA meds have shown me lesser side effects, too..
*	At the military facility that I use.
*	AWG contracted.
*	Because of a rare illness, it was necessary to speak the the doctor a couple of time before having an examination.
*	Been going to him for 35 years
*	Been my AME for about 40 yrs...also only one within area
*	Been using him about 25 years
*	Been using him for about 10 years
*	been with him over 25 years
*	Brief and thorough.

**6a. What was the basis for selecting your AME? Other reason(s) (explain below)**

**Other reason(s) for selecting your AME:**

*	Can perform both Canadian and FAA medicals.
*	Can't remember - it was about 20 years ago that I started using him.
*	Chosen by my employer
*	Client of my business.
*	Close by airport
*	closest
*	Closest after my regular AME was unavailable due to medical reasons.
*	closest AME that can certify Class I in NZ
*	Co-located in the facility with my pcm.
*	Colleague
*	Colleague
*	Company Approved AME
*	Company designated AME for HIMS and EAP
*	Company has a dedicated flight surgeon with AME qualifications.
*	Company required AME
*	Continuity of treatment/reporting.
*	Contracted through work place.
*	Convenient Saturday appointments through local flying club.
*	Convenience. My primary care Dr. referred me to [Clinic] AME at the time I was at [Clinic] for my annual physical.
*	Could also provide DOT drivers exam commercial driver.
*	Could get FAA and DOT Medical at the same location.
*	Covered by insurance
*	Current AME is daughter of past AME who retired.
*	current AME retired so I needed a new AME
*	Desire to honor an elder ame by patronizing of a very good man striving to provide a service and remain useful!
*	Did not like the way I was treated by my former AME's staff and decided to switch
*	Didn't like previous doctor's admin staff - rude and discourteous
*	Discount card in mail.
*	Dose DOT exam at the same time
*	Dr [Name] is a phenomenal AME, flexible appointments, easy to contact, well regarded as one of the best in the NW OK region.
*	Dr [Name] was my Flight Surgeon in the Navy. When we both got out of the Navy O continued to use him as my Flight Surgeon.
*	Dr is an area rep for the FAA and experienced.

<b>6a. What was the basis for selecting your AME? Other reason(s) (explain below)</b>	
<b>Other reason(s) for selecting your AME:</b>	
*	Dr. [Name] has done my flight physicals over the years and is efficient and thoroughly
*	Dr. [Name] in Milwaukee is grossly overcharging for his services. So I changed to a new AME, who is wonderful.
*	Dr. [Name] is known for her comprehensive honest exams. Has helped facilitate my previous cases.
*	Dr. [Name] known him for 15 years.
*	Easy online scheduling
*	Employer uses this AME
*	examiner is coworker and personal friend
*	examiters mailing advertisement
*	excellence of his previous work
*	Excellent Doctor.
*	Excellent physician with outstanding reputation.
*	Excellent reputation - outstanding customer service
*	Extremely competent, knowledgeable, and personable
*	Extremely knowledgeable, have been with him almost 20 years
*	extremely professional and very enthusiastic about the importance of safety in aviation
*	Eye specialist (Ophthalmologist)
*	FAA recommended to resolve misdiagnosis.
*	FAA search
*	Family referral
*	Fellow CFI and Flying Club Member
*	fellow physician familiar to me-has done 10 biennial exams for me
*	First several I tried to contact didn't take new patients or were booked out months. Seems like very few AMEs in my area.
*	Formal military, both of us.
*	Former A.M.E. office
*	Former Army Flight Surgeon which helps with continuity between the FAA and Army National Guard Exams.
*	Found his information online & made the appt. My previous AME did not do that anymore.
*	Found on AOPA
*	Found online via AOPA
*	Friend
*	Friend and member of the same pilots assn (WNCPA)
*	Friend and pilot
*	From AOPA list, nearest and my primary care physician knowledge
*	General surgeon who has performed other medical services for me.

**6a. What was the basis for selecting your AME? Other reason(s) (explain below)**

**Other reason(s) for selecting your AME:**

*	Goes the extra mile, treats me like a human.
*	gone to dr for many years
*	Good friends wife and very easy to talk to. She has been doing m medicalfor at least 3 years so i like we have a history of my issues
*	good office hours and easy scheduling
*	Good reviews (e.g. Yelp)
*	google search and available locally
*	Great individual. Very knowledgeable, experienced, and relaxed. Visit was easy and highly recommended.
*	had been my Urologist for 15 years as well as AME for past couple exams
*	Had previous experience with the special issuance process.
*	Has an office at my home airport
*	Has been my AME for over 30 years
*	Has completed every exam since I began flying.
*	Has experience with VA disability
*	Have gone to him previously
*	have used for a decade
*	Have used this AME for many years.
*	Have used this office for over 25 years and get good results with issues concerning Oklahoma City. They always know who and how to make contact
*	He actually returned my call
*	He has been my AME since 1985 when I got my student license
*	he holds a pilot certificate, is a nice guy, and is knowledgable
*	He is a cardiac surgeon and who can be more qualified to address a condition that is prevalent among pilot disqualification. I have had previous AME's who could not read bloodpressure
*	He is a conscious physician.
*	He is a fellow Pilot, colleague, and a family friend.
*	He is a friend of mine
*	He is a pilot
*	He is a pilot
*	He is a provider in my HMO and close to where I live.
*	He is a retired Air Force Colonel and a USAF Academy Classmate
*	He is an active pilot
*	He is an Advocate for me as a pilot. He is an active pilot.
*	He is completely professional and by the book, but also friendly.

**6a. What was the basis for selecting your AME? Other reason(s) (explain below)**

**Other reason(s) for selecting your AME:**

*	He is one of only two AME's in the area and I have used him before.
*	He is pleasant, professional, and he himself is a rated pilot
*	He is the HIMS certified medical sponsor recommended by my company [Company Name].
*	he is the most knowledgable AME I have ever met ( out of 5). Great guy, and highly recommended by EAA chapter.
*	He offered one of the authorized alternate color vision tests.
*	He really cares fo pilots
*	He remembers my special issuance condition and receives copies of medical decisions from regional office.
*	He sent out an ad postcard, saying,incorrectly, that it would be quick
*	he used to be my primary Dr
*	He used to fly airplanes
*	He was able to schedule my appointment the soonest.
*	He was himself a pilot (so I felt he would not overlook the pilot's perspective of the process).
*	He was located across the street from the V.A. which I visit twice a year.
*	He was my AME for years when I was a commercial pilot.
*	He was my primary care doctor before I moved away.
*	He was part of the health care provider group that I have insurance with.
*	He was the [Company Name] Flight Examiner. I worked for [Company Name] (non-pilot occupation).
*	He was the flight surgeon assigned to the squadron I support.
*	He's a pilot as well
*	He's an excellent doc. former military.
*	He's competent and good to work with.
*	He's located at the [Clinic] where most of my other physician's are located.
*	He's our only one in town.
*	HIMMS
*	Hims ame
*	HIMS AME
*	HIMS qualified
*	HIMS qualified
*	HIMS qualified
*	His name is Dr. [Name] and this is a novelty on a med certificate. Dr. [Name] is new, inept, rude and a mockery to competent AMEs
*	History with this AME, liked him when I moved to the area 20 years ago
*	I actually used that particular office many times before but this was my first time with this particular dr.
*	I am a [Clinic] patient. All of my records are accessible to the AME.

6a. What was the basis for selecting your AME? Other reason(s) (explain below)	
Other reason(s) for selecting your AME:	
*	I am a DOT employee and the CAMI is right next to my building. Because I need the medical for my job they do it for free.
*	I am a paramedic and he works as an ER Doc in the local hospital, we work together and talk flying regularly
*	I am also an AME so we "trade" services.
*	I am an AME he is the only other one in my town Gnv FL
*	I am in the military. He was referred to me by the Naval Medicine Officer.
*	I am with my AME for years
*	i asked on the phone if i could also have similar medical certification papers filled out for my u.s.c.g. 100 ton masters near coastal merchant mariner license renewal which i had to captain boats since 1989. dr. [Name] office staff stated they would call me back and they did with dr. [Name] authorization and no further monetary charge was mentioned, so i simply scheduled an appointment. after passing the exam, dr. [Name] told me to leave the u.s.c.g. paperwork with his staff and return the following week to pick up both my, now, 3rd class medical certification and captains license medical certification. the certifications were not completed after two weeks and by my 4th phone call the staff stated my airman medical had been sent to the f.a.a. with no explanation why.
*	I decided to go with closest to Bloomington-Indianapolis
*	I did not like the treatment from my previous FAA doctor.
*	I had attended a number of Dr. [Name] WINGS seminars and was greatly impressed with Dr. [Name] When my previous AME, Dr. [Name], discontinued flight physicals I chose Dr. [Name].
*	I had had a more thorough annual medical exam with my primary care Dr. at the [Clinic] in Eau Claire, WI which included some 25 blood test, all of which came back with the qualification that all systems were NORMAL. It also included a hearing exam on a range of frequencies at age 72 which your FAA exam did not necessitate, and I have yet to have my eye exam as part of this primary care annual. I told the AME the next week that I had this annual physical and why, rather than duplicate the process, not utilize this annual physical as at least part of the necessary FAA exam and they were silent on the issue as if more interested in collecting the \$250 fee rather than the overall cost contain on health care system by having to essentially duplicate the exam process. It appears that this [Clinic] is much more qualified and equipped with resources than was the small Dr. office providing the "FAA exam," as for one there were no blood exams, no hearing test and the Clinic seems in a better position to evaluate the recent hernia surgery the FAA Dr. was not a party too, and which is holding up the certification process, considering also that the other medical issues involved in the certification process now have to anyway be evaluated by the Clinic and Primary Care Dr. anyway. It seems as though the FAA examiner should have cooperated with the Clinic and primary care dr. so as not to have to duplicate the process and thus costs to the taxpayer. It is on them, not on me. Further, the annual physical is covered by Medicare and thus the AME added additional costs to the Federal System (Social Security) by duplicating essentially the same, less thorough, exam that was performed the week prior by the [Clinic].
*	I had previously had exams by this AME when I lived in that area
*	I had previously met him pilot-to-pilot before.
*	I had the option of traveling to Phoenix or Flagstaff, and I much prefer the weather of the later, especially in the summer.
*	I have been going to this AME for 20 years
*	I have been using him for a few years now.
*	I have known him for many years.
*	I have used him for the past 10 years. Basically because of his location and his familiarity of my medical health.
*	I know him and trust him
*	I like the way he sounded.

**6a. What was the basis for selecting your AME? Other reason(s) (explain below)**

**Other reason(s) for selecting your AME:**

*	I like to be current
*	I live on Guam, I don't have any choices.
*	I moved to Las Cruces 29 years ago and have had the same AME but have no recollection of how I first found him.
*	I need a HIMS AME
*	I received a postcard from the doctor.
*	I take a low dosage of Prozac
*	I trust his medical judgment.
*	I wanted new PCP in his system and he was CME
*	I was looking for a new primary care doctor and wanted to get flight medical
*	I was very dissatisfied with my previous AME and went back to a prior AME
*	I went to the AME my department has a contract with to perform our medicals.
*	I work for the FAA
*	I've been going to Dr. [Name] in Austintown, Ohio for 20+ years.
*	I've used him in the past as AME and also as primary care
*	in addition, performs a very thorough sports physical
*	In same office as other doctors had access to medical records
*	in the Tuscaloosa Alabama area, we have very limited resources for this service. i could not find a local person so ask pilots at the FBO for a reputable AME. Most all i spoke with had the same issue.
*	Information about others was outdated
*	Inly location within reasonable distance
*	internet search
*	internet search
*	Is a pilot so understands a pilots needs
*	Is also a multi-engine pilot so understands pilots
*	is at the [Clinic] where I go for most medical services
*	Is employed by [Clinic] where I get all my medical checks and has access to all my records
*	Is examiner utilized by our agency for flight physicals.
*	Is the AME provided at my place of work [Company Name].
*	Is the recommended AME for our company.
*	It is a requirement of my employment to see Dr [Name] in Austin (every 3rd year). In addition I am required to have a heart stress test at the Austin Heart Hospital in conjunction with my visit to Dr [Name] (every 3rd year).
*	It is who my employer sent me to.
*	Johns Hopkins med school grad
*	knew him personally due to visiting him has an occupational medicine dr through my job

6a. What was the basis for selecting your AME? Other reason(s) (explain below)	
Other reason(s) for selecting your AME:	
*	Know from acquaintance at local airport
*	Know him from the airport, to be a fair and honest doctor
*	Known for over 25 years; is an active pilot and his only medical activity is AME.
*	Known in past as pilot and friend
*	last medical exam, before this exam, was given by an ame that didn't know medical limits for second class medical
*	Liked what I read about him online
*	Listed as In-Service Primary Care Doctor and AME by Insurance Provider
*	Local AME
*	Located at my home airport
*	located at my primary airport
*	located online
*	Located online and proximity to work
*	Location
*	long term relationship
*	Long term relationship dealing with my "Special Issuance" condition
*	Long time association with this AME.
*	look in register of AME
*	Looked on FAA website to get one that was in my area
*	Lost my previous AME to retirement. Found this AME to be closest to my location.
*	mail advertisement
*	Many years of using this AME. Have never been disappointed.
*	Marketing postcard recieved from AME provider.
*	MD is a pilot.
*	Medical colleague
*	member of my flying club; know him to be thorough and knowledgeable
*	members of Civil Air Patrol.
*	Military doctor.
*	Most AME's are chosen because they will take your money and let you pass. My AME does a real exam and I am at an age where a real exam is more important to me than every other AME I've ever used who just takes your money and lets you pass.
*	my AME is also my eye doctor and it allows me schedule both appointments on the same day
*	My AME is also my Ophthalmologist.
*	My ame retired and i picked dr. [Name] because he is also a pilot
*	My AME retired and my current AME shares a hangar with me
*	My AME that I previously used died.

<b>6a. What was the basis for selecting your AME? Other reason(s) (explain below)</b>	
<b>Other reason(s) for selecting your AME:</b>	
*	My Case is complex and he has the needed experience.....
*	My employer uses this vendor.
*	My FAA DR sadly passed away and this one was closest
*	My family doctor was AME, quit when went electronic, next retired. Called 2, they didn't do but one day a month, friend referred third.
*	My normal AME retired and this AME was in the same office. No reason to go back to him since I am sure I can find a closer one
*	My other MD quit doing AME physicals
*	My previous AME for 46 years old passed away. His name was Dr. [Name].
*	My previous AME retired without letting anyone know. Use your online database to find a replacement AME.
*	My records were at his office. Previous doctor retired
*	My son was buying a plane that was complex he had high performance but did not have time for getting checked out.
*	My son was having problems with his medical and had an appointment already, he called them and they said they would work me in if I came up with him.
*	NASA Flight Surgeon
*	Nearest location and very good doctor.
*	Nearest location while working out on the road
*	Needed a HIMS AME
*	Needed a new AME because mine retired met him by chance at BDL airport on the way to work
*	Needed to be in network
*	Nellis AFB, NV (I'm retired Navy)
*	Nice office atmosphere & personnel.
*	No AME in my immediate or nearby area- used to live in Boise and have family there
*	Not that many to choose from in my area
*	Obtained through the FAA website
*	Of the two prior AME's; Dr. [Name], my primary care Doctor, retired as an AME, and Dr. [Name] passed away
*	Office hours were aligned with my schedule
*	On list provided by FAA CAMI. Thank you. Dr. [Name] is terrific.
*	One of two used by ATC facility
*	Online presence. Two other were not available.
*	Online reservation system
*	Online reviews
*	Online Scheduling
*	Only AME in area

**6a. What was the basis for selecting your AME? Other reason(s) (explain below)**

**Other reason(s) for selecting your AME:**

*	Only AME in town
*	Only doctor in area.
*	Only examiner in the area.
*	only one
*	Only one in the area answering their phone.
*	only one in the area that I could get
*	only one that is available in the region
*	Only two were available in the area and the closest had poor online reviews.
*	Originally chosen because he would be convenient to work
*	originally he was my primary care physician
*	Originally my AME was the closest, he's a bit further away now that I moved but I don
*	other ame have quit giving exams
*	Part of my physician's network
*	Part of the Medical Asso that I use so has access to records
*	Part of the medical group associated with my primary physician
*	Past experience
*	Perfoms my DOT physicals also.
*	performed my lasic procedure in 2010
*	Performs third Class medicals for my wife and we are impressed with his knowledge of the FAA requirements and very professional way he conducts the exam.
*	Personable and efficient
*	Personal acquaintance, familiarity and expertise with Special Issuance Process
*	personal acquaintance
*	personal acquaintance
*	PERSONAL AQUAINTENCE
*	Personal contact and his wide experience
*	Personal friend
*	Personal research showed him to be the best in his field.
*	personally knew the AME
*	phone directory
*	Phone interview with AME revealed past experience with helping cardiac patients obtain medicals from FAA
*	pilot
*	PPO
*	Preferred AME used by Northrop Grumman and under contract for direct billing.

**6a. What was the basis for selecting your AME? Other reason(s) (explain below)**

**Other reason(s) for selecting your AME:**

*	President of local glider club. Choosing him was a huge mistake.
*	Pretty much the only option in this area. I actually think he is incompetent and doesn't do a good job. If I didn't divulge I had a CPAP machine which caused him to do extra work, He barely did a physical.
*	Previous AME deceased from health issues, current AME took over former AE clients
*	Previous AME may be retiring
*	Previous AME no longer in the business
*	Previous AME retired. Referred by another physician who shares space. Other AMEs have told us the re-cert process for them wasn't worth it, so they're no longer AMEs.
*	Previous AME's retired or moved away
*	Previous doctor retired
*	Previous examiner retired he took the account
*	Previous primary care doctor
*	previously issued certificates for a number of years
*	Previously my primary care doctor
*	Professional, friendly, knowledgeable
*	Provided a first class medical
*	Provided thru work, NASA, I was on Airworthiness Review Board. Would fly on aircraft sometimes to evaluate mods.
*	Qualified to do a class A Cdot medical as well as the class 3 Med exam
*	quick appointment
*	readlyavaible
*	Reccomendation from a relative
*	received direct mail from MD
*	Received post card from AME
*	recently moved to area and was first person available that I found
*	Recommended by AOPA
*	Recommended by AOPA medical services
*	Recommended when doing an AME search on FAA website
*	referral from friend
*	Referred by Aircraft Maintenance Facility
*	Referred by AOPA
*	Referred by Boeing Flight Test Engineers
*	referred by company flight test department (OEM aircraft manufacturer)
*	Referred by employer
*	Referred by employer

6a. What was the basis for selecting your AME? Other reason(s) (explain below)	
Other reason(s) for selecting your AME:	
*	referred by family member
*	referred by FBO
*	Referred by my employer
*	Referred by personal PAC to PAC's former colleague who had been AME at [Clinic] but who had moved to new clinic
*	Referred initially to AME by a pilot friend. Liked the AME so I requested and he agreed to be primary care provider also.
*	Referred to me as a transgender-friendly practice where I would not face discrimination.
*	renew application as per FAA
*	Repeat customer. Have been seeing same AME for 3-5 years now. He is easy to get a hold of, generally has an open schedule, and accommodates when necessary. And low cost.
*	Reputed to be most competent and strictest among the physicians in the area.ost competent
*	Required by company
*	Required by FAA
*	Required by FAA
*	Requires a HIMS AME
*	researched available AMEs and their reputations
*	Respectful and carrying.
*	same doctor 38 years. don't remember original referral
*	same doctor for 40 years
*	Same office as Primary Care.
*	Same practice as AME who did my last medical
*	Same practice as my primary care doctor
*	Scheduling is very flexible
*	Searched online FAA. There are not many examiners close so waited for an appointment that aligned with my schedule.
*	sent me advertisement
*	Served me well in the past.
*	Served together in military.
*	Smaller town no waiting.
*	Specialist in Aero-Mwdicine
*	Specialty is Cardiology so I got 2 for 1: AME and my Cardiologist
*	Specific knowledge and experience
*	started using the AME on friends recommendation and continued to do so. Previously Class II
*	Suggested needed test for continued special issuance, and help in sending in updated results for an appeal.
*	Takes time for you, staff is friendly and knowledgable, knows what she is doing and gave me an appointment within a week to be able to participate in an interview.

6a. What was the basis for selecting your AME? Other reason(s) (explain below)	
Other reason(s) for selecting your AME:	
*	The AME conducts FAA Safety seminar. Selected AME based on meeting him at a seminar.
*	The AME has a reputation for taking the time to investigate complex cases and is fair and honest in his diagnosos
*	The AME I used offered to perform the exam for free to prevent a conflict of interest with his government position.
*	The best AME that i have ever met! Willing to go the extra mile!
*	The closer AME was booked for months
*	The company I work for uses her services because of proximity to our location and she is one of only three within 45miles of my home
*	The company I work for uses this particular AME quite often.
*	the only AME i have used!!
*	The only one around
*	The only one in Oakland is awful, filthy office, rude to staff, requires cash payment...
*	the only one within reasdonable driving distance.
*	the sent a notice card out
*	The two previous AMEs that I went to for Class III did a very poor exam, One AME doesn't know how to take blood pressure.
*	There aren't many options, even in a place like New York City, and this one was in a convenient location and affordable. The previous AME charged much too much.
*	There is only one AME within 200 miles of where I live.
*	This AME always goes out of his way to accommodate my changing work schedule.
*	This AME has a professional working relationship with the Regional Flight Surgeon
*	Took over after prior AME passed away
*	U.S. Army Flight Surgeon
*	Unrelated association
*	US Army flight surgeon licensed as AME at the MTF where my PMC is.
*	Used AME previously In my employment
*	Used by my employer.
*	Used him many times before. A freind recommnded him years ago.
*	Used this AME because I had to go to him for HIMS
*	Used this AME office and AME for almost all of my medicals love the service
*	used this: <a href="https://www.faa.gov/pilots/amelocator/">https://www.faa.gov/pilots/amelocator/</a>
*	Very competent doctor
*	Was a speaker for South County (CA) Airman's Asscn & my AME was ill & kept cancelling.
*	Was directed by office of aerospace medican
*	was going to be in area for vacation. impressed enough to return again
*	Was in need of a Primary Care Doctor, and he could satisfy both needs.

<b>6a. What was the basis for selecting your AME? Other reason(s) (explain below)</b>	
<b>Other reason(s) for selecting your AME:</b>	
*	was previously my primary care doctor
*	Was ready to look int why after 7 years my 5 year special issuance had not been reevaluated. I did not have to ask for this service.
*	Was the only one that called back promptly, after I left them a message.
*	We were in the Air Guard together. He has been my flight surgeon for 20 years
*	Web
*	Web search
*	website ...
*	Went to a safety seminar he spoke at.
*	When the first Dr. was unable to accomodate me in a reasonable time, they recommended the second doctor.
*	will work you in with your schedule.
*	Willing to help me do what was necessary to try for special issuance.
*	Works out of small local airport that I wanted to support with my business
*	works with my primary care Doctor and Cardiologist

Table 3. Responses provided by respondents who indicated 'Very Dissatisfied' or 'Dissatisfied' on Item 11 and provided a response (n=509).

<b>11a. Overall how satisfied were you with the performance of MedXPress?</b>	
<i>'Very Dissatisfied' or 'Dissatisfied' (explain below)</i>	
<b>Please explain your dissatisfaction with the performance of MedXPress:</b>	
*	8 mon.
*	9 months and still waiting! Thinking of getting out of aviation all together because of you and your lack of time efficiency.
*	Aero Medical Dept requested I see a HMS specialist. I have not flown now for almost 2 years. There is nothing wrong with me yet I am still waiting your approval to return to work. My latest paperwork has been filed with Oaklahoma over 2 months ago and yet I still patiently wait for their responce. I have jumped through every hoop they have requested of me. There is nothing honorable about the way the Aero medical division of the FAA operates. If your HMS specialist believes that I am fit for duty, than one would think that you would accept his recomendation.
*	After 40 years of flying this was the first time I used MedXPress. It was a pain in the back side, confusing and less interaction with AME
*	After entering all Doctors you have seen for the previous 3 years it should retain this information so you don't have to reenter on subsequent applications.
*	After my exam and submission, I learned that a gfr under 30 was disqualifying. Mine was 20 before o even knew I had kidney disease. I doubt that I would drop dead at the controls of an aircraft or a car for that matter. As I understand it, I will get weaker until I have to go on dialysis. I've been living with this for 4yrs, and feel that when I'm too weak to fly,I will not be able to get to the airport!

**11a. Overall how satisfied were you with the performance of MedXPress?**

*'Very Dissatisfied' or 'Dissatisfied' (explain below)*

**Please explain your dissatisfaction with the performance of MedXPress:**

*	After submitting the completed requested special issuance under Title 14 on June 13th is was October the 11th that I received a request to provide additional information for consideration. Currently I am in the process of completing these reports as requested. My concern,not dissatisfaction,is the amount of time it took to get a reply . my other concern was that it is sometimes difficult to get the necessary appointments within the 60 day time period due to examiners schedules and insurance requirements. I do understand that these evaluations do take time and I am will to comply with your request. I am looking forward to getting my Class III certificate. Thank you in advance, [Name]
*	All fields should automatically fill in
*	Allow past medical history, meds, and other info for each airman application. Changes can be made as needed.
*	Almost nothing changes from year to year. Would be nice to be able to print off last submission, for a reference
*	Always must call for password & won't accept my medications at all.
*	always questions about Doctor/hospital visits that need to be worded by the AME. Not obvious to the applicant.
*	AME knows me and saw me, people only looking at reports judge me unfit to fly. People who know me fly with me.
*	AME requests bringing completed MedXPress to exam. No chance to discuss questions on form with AME before submitting form.
*	AME was indifferent to the importance of my cardiologist's narrative on present cardiac health. My renewal of special issuance hung in balance.
*	Applications ask for doctor/hospital visits for past 5 years. Why can't this info be stored in application history to save time and prevent omissions?
*	Applied aug 22. Still no Med certificate
*	As i had no working computer at the time, i had to use the Doctor computer.had a very diffical time. the offic staf help me it took 3 hours to complet.
*	As I recall I had trouble accessing the program and returning to it when needed.
*	As you get older, one's history of medical conditions and services gets bigger. For someone my age, the list is long. To see it would suggest that I need to make an appointment in a gurney. I sure hope the agency understands this dilema.
*	Asking for every visit to a medical professional in not necessary and time consuming to get all the data
*	Asks for only civvlian time. Medical procedures back to 1953.
*	At almost three months into the process and I still don't know what information is needed for my condition, frustrated.
*	at times it is difficult or impossible to get on the site and my ame has also experienced these difficulties.
*	B/c I was not given warning I had to fill it out at doctor office and was difficult without preparation. Otherwise Good system!
*	Because each year it never except my password. It's a pain to get it started
*	Because they you one number then disqualify you for a nother
*	Becouse he defered my application to the FAA because my blood sugar was a little high 124
*	Can't remember login info. Can't remember what was on last application. It should have previous info stored.
*	Can't remember user names and passwords. Too complicated.
*	Can't use a computer

**11a. Overall how satisfied were you with the performance of MedXPress?**

*'Very Dissatisfied' or 'Dissatisfied' (explain below)*

**Please explain your dissatisfaction with the performance of MedXPress:**

*	Cannot carry over info from previous form. With a SI there is a significant amount of history that needs to be repeated from the last exam. It would save time and avoid inadvertant mistakes/omissions which then involve a lot of time and hassle.
*	Cannot even RETRIEVE online garbage - new system is grossly unfair and sucks.
*	Cannot use a computer
*	Clunky software took too long
*	cold not get the log in to work, nurse had to do it for me
*	Compared to previously filling out paper form in AME's office, no chance to ask/confirm proper way to document previous surgery/hospital visits.
*	Complicated, plus we have a Mac computer and it would NOT work, so I had to go purchase a laptop to complete the MedXPress, plus my AME was/is very short tempered if it is not done right. Lots of stress!!!!
*	Complicated. Not friendly when only using every two years.
*	Computer timed out
*	could not advance due to incomplete information, did not tell me specifically what was wrong. Finally deleted all information on page and entered same information again to continue.
*	could not edit some errors in med history and had to have office staff do corrections at appointment with ame
*	could not even log in, had to have office personal log in and help me fill out form. web site is very confusing.
*	Could not remember how to get started; unnecessary extra step now required before visiting AME
*	Could not use my proper login, as system locked my files. Had to create a new login to release my NAME and issue a medical number.
*	Crapy interface. Not very user friendly. Has poorly worded questions and no live chat to provide clarification.
*	data re-entry, should "remember" medical history, etc.
*	Data which was input was LOST several times !!
*	Did not clearly understand one of the questions
*	did not explain exact info needed from other doc / hospital records
*	Did not explain/describe conditions that require Special Issuance
*	Did not inform me of all of the additioal documentation the FAA would ask for in obtaining my certification.
*	Did not know that CPAP and sleep study documentation were going to be required and the age of the sleep study was an issue
*	did not provide help or guidance to get my physical approved
*	did not qualify for re-certification because of medication currently prescribed
*	Did not receive 3rd class medical from AME with next years date as I have always received in past which was later replaced by one from OK City. He faxed all paper work to Ok City & said I would hear by 9/30/16 exp date. Nothing yet ?.
*	Didn't let me know that they did not accept insurance until after the exam and time to pay.
*	difficult for me to negotiate on smart phone (i took considerable time in ame office waiting room, very difficult)
*	Difficult to get past certain areas. Heard other pilots say the same.

**11a. Overall how satisfied were you with the performance of MedXPress?**

*'Very Dissatisfied' or 'Dissatisfied' (explain below)*

**Please explain your dissatisfaction with the performance of MedXPress:**

*	difficult to retain app had to start over
*	difficult to use
*	Difficulties signing on. Seems every time I have to get my new medical I have password problem signing on. Several tea I had to go to the examiner's office and have them sign me on.
*	Does not allow for special conditions.
*	Does not give a slow typist enough time to complete applicaation
*	Does not retrieve history from priot submissions-must re-enter all medications and doctor visits. Very tedious.
*	Does nt inform if any medial (past medical) paperwork will be required in the visit.
*	Does what is says on the box.
*	Doesn't fill-in past data.
*	Doesn't take in to account, individual health. It is all about numbers.
*	doesnt seem very user friendly from what I cen rememeber when I was adding medical visits
*	Dr lied and said I had a felony DMV total [Profanity]
*	Dr was very through
*	Dr. told me he would call and send my paper work to the Kansas City office and that I should receive my new medical in the mail in a few weeks. It has been four months and I am still fighting to get my medical back.
*	each time you have to relist the Dr's visits for the last three years. Once reported why do we have to reenter the same info?
*	Ease of use
*	Easier than anticipated to navigate
*	Easy
*	Easy and fast to use
*	Easy to complete ahead of the exam
*	Easy to complete and thorough
*	Easy to complete electronically. Hoping the baseline records continue for next physical
*	Easy to fill out and all completed before my exam.
*	easy to use
*	easy to use form , thorough
*	Easy to use, made appointment easy
*	easy to use; streamlined process
*	Easy to use.
*	Easy to use. User friendly
*	Easy way to get organized before the appointment.
*	Entering doctor visits on each application for last three years is very cumbersome. Adding only new Dr visits since last application would simplify greatly as previous visits are already reported and entered in the system.

<b>11a. Overall how satisfied were you with the performance of MedXPress?</b> <i>'Very Dissatisfied' or 'Dissatisfied' (explain below)</i>	
<b>Please explain your dissatisfaction with the performance of MedXPress:</b>	
*	Even if i have reported a doctors office visit i have to report it again the following several years. It is preserved in electronic format after i submit my application.
*	Every 6 months, I have to re-input the same medical visits from up to 3 years back.
*	Every time I have to fill out the the 3 years of doctor visits. This takes an enormous amount of time. Also the form will not save new address info so I have to remember to update that each time.
*	Exam was quick, professional and painless
*	Examining Physician cannot make a decision regarding type 2 diabetes medicine.
*	Excess regulation: I'd prefer to simply show up, fill in the form and undergo the examination.
*	Excessive data
*	Fast
*	Fast easy and streamlines the process
*	Fields for Medicine dosages don't align with actual prescription. Limit of 20 entries for Dr / Hospital visits insufficient for cancer survivors.
*	filling in the form is cumbersome. it should allow for multiple recurring visits to a health profession (i.e. chiropractor) and not have to list each individual appointment/date. it should remember and post any health professional visits in years prior to the one being applied for so we don't have to do it again and again and again.... AME could make it a lot simpler.
*	Filling out form with AME can be helpful to properly document medical conditions that may be relevant.
*	Filling out previous doctor appointments is very annoying. A running list of recent appointments should be kept in your profile from year to year. Trying to remember specific dates for going to the doctors office and for what reason is hard to keep track of for the previous 4 years. From application to application a record should be kept so you only need to add the most recent years doctors office visits.
*	Finally a modern system
*	first FAA Class 3 since retiring as an airline pilot 10 years ago. new system is grossly complicated and AME (Dr. [Name]) was incompetent and incapable of navigating his new role.
*	For some reason, which no one seems to be able to reconstruct, I only got Class III certification even though I applied for Class II
*	Form is a bit difficult to work with. Not the easiest to enter multiple doctors visits or medications.
*	Found it to be difficult
*	Generally satisfied but as always the application is tricky to figure out and some explanations are vague. I also would have liked places to add explanatory notes to certain items.
*	getting established was a big problem with the computer
*	Good idea but, entering info was very tedious, too much infor required, used to be easier filling out by hand on paper!
*	Got kicked off website 7X
*	Had a hard time getting into the computer system
*	Had problem with entering information and getting error msg when information was entered per format. In trying to correct information or go back, information entered would be lost and the whole page of medical history would have to be re-entered.

11a. Overall how satisfied were you with the performance of MedXPress? <i>'Very Dissatisfied' or 'Dissatisfied' (explain below)</i>	
Please explain your dissatisfaction with the performance of MedXPress:	
*	Had to call help desk because program keep saying it would not accept address format. Program should be adjusted to accept punctuation or a note should be included to not include punctuation.
*	had to print out med,hospital and reports requested. Med.x, twice caused me to have to start over after I was almost done as it returned me at beginning of list
*	Had to provide a physchitric evaluation which I did so over a month ago UPS overnight as eequested, still have not heard back from anyone , AME has not heard back from anyone especially with many phone calls to OKC.
*	Had to re register. My confirmation number was lost, wasted 2 hours in there
*	Hard to save and keep prior information entered. I'm afraid it will get lost and I'll have to re-enter.
*	Have always had irregular heartbeat, which is not on FAA's 'verboden list.' Examiner freaked out over what my cardiologist considers nothing to be concerned about.
*	Have been out of flying for several years and finding it is a very unclear process and few answers. Very frustrated by all the extra surprise costs in addition to the exam to get the medical.
*	Have to re-enter lots of information that is redundant - should only have to report medical care provider visits since last Class I
*	Have to type past Doctor visits each time you fill out form.
*	Having to list medical visits previously reported is redundant every 6 months.
*	Having to re-enter all medical appointments for last 3 yrs, should be in database, only add new since last exam.
*	He deferred me to the FAA, but said he would help me through the process. He has been singularly unhelpful since then, only stating that it was out of his hands. He wasn't interested in looking at the documents which I gathered to send to the FAA.
*	He had bad eye testing equipment, produced false negatives. Had to retake exam but then passed.
*	I always worry that I might inadvertently answer something differently this time from last time and get into a hassle with the FAA.
*	I am dissatisfied with the whole ame process.
*	I am making application for special issuance. The time it takes to receive an answer or requests for additional information is excessive.
*	I am not comfortable answering medical questions on line
*	I am not computer convergent nor do I have a computer.
*	I am not computer friendly.
*	I am not good with computers
*	I am reasonably articulate. I should be able to explain to the AME any medical issues.
*	I am still waiting fter 5 minths for my special issuance certificate. it is rediculous and inreasoinal. Calling the hot ,ine is a farce. They tell you nothuing ither than yes they did get the paperwork
*	I am still waiting to find out why I didnt get medical issued. Takes way too long and have trouble getting information.
*	I believe it is wrong to require the completion prior to the actual exam
*	I DID NOT GET MY MED.
*	I did not remember the process from my last physical and had to fill out on my laptop just before appt. Medx was fine
*	I DO NOT LIKE THE MEDXPRESS SYSTEM.

11a. Overall how satisfied were you with the performance of MedXPress? <i>'Very Dissatisfied' or 'Dissatisfied' (explain below)</i>	
Please explain your dissatisfaction with the performance of MedXPress:	
*	I do not own a computer, which makes it difficult to obtain the necessary documentation sometimes.
*	i don't feel the information is passed along with the request for a special issuance to the reviewing process completion. A question on the medxpress asks if it is required for your employment and answering yes doesn't help to prevent delays in approval. I start in August with cardiac testing and it is currently the 24th of October and still i am told my request is under review.
*	I don't have a computer - it's a pain in the - - -
*	I don't like filling out an application for an application. In other words, it's better to fill everything out at the Doctors office.
*	I don't like his practice.... it's assembly line type.
*	I don't like that I cannot select, or state, that my felony conviction of 18 years ago is "previously reported".
*	I dont do well with internet issues
*	I entered extensive Medical History but AME logged on and found it blank; OKC confirmed it was a known computer glitch; AME had to hand re-enter all from my printed copy; UGH!!!
*	I entered info & saved - and then all info was lost. Fortunately I had done screen captures so could enter again easily. The system is cumbersome - seems the designers never tried to use it for themselves
*	I expected an answer from my examination on the day that I was examined, but was told I would be notified soon as to the results. I have never been contacted by anyone about it . I have contacted my doctors office and asked why then I also contacted the agency in Oklahoma City to the FAA and they said it was being reviewed and they would be getting in touch with me. I am still waiting for reply and I would very much like to hear something as far as the result of my examination . My doctor said that I was in great shape and able to fly but that you would probably review my case since I use a CPAP. I have had no results in my reply and I am getting impatient please let me know what is going on. In that regard I I am dissatisfied with the process.
*	I experienced much confusion regarding my "sleep apnea" condition.
*	I failed my medical, my AME told me just to send any info I had to FFA. It took 15 weeks until ffa determined I can't pass. If I would have been told what paperwork was required and which meds were not acceptable, I could have adjusted them and passed. This whole process is disheartening.
*	I felt the process was a little complicated
*	I forgot my password and had to call the 1-800 number. Upon speaking with the representative he reset my password and I could still not get logged in. After multiple phone calls and attempted log ins i was finally able to complete the form. I've been flying for many years and prefer the old way of completing the form by hand.
*	I forgot to put one med in after I submitted so I had to have the AME add it for me. Need to have a way to go back in to add information.
*	I found the directions on saving the completed application form to be confusing, as I couldn't call-up the original application when I went to retake the exam after I failed it the first time.
*	I had a AAA , two years ago,( I'm healthy and capable) I sent in a cti , and coplete eye exam from a specialist , Now they want me to go through a barrage of expensive pathology reports , Specialized stress test , ECG , Based on their special critera. Give me a break , I'm flying a Cesna , Not a capsule to Mars
*	I had been diagnosed with diabetes previously and the Dr was made aware of this and he was not prepared to submit or know how to submit my previous labs so that my medical could be approved

11a. Overall how satisfied were you with the performance of MedXPress? <i>'Very Dissatisfied' or 'Dissatisfied' (explain below)</i>	
Please explain your dissatisfaction with the performance of MedXPress:	
*	I had been taking one medication, Vesicare, for years which was allowed by the FAA. This time, MexXPress did not flag it but my application was rejected by the FAA after submittal. They said they recently discovered an unwelcome side effect for that medication. Why did MedXPress pick that up?
*	I HAVE BEEN WAITING ALMOST 3 MONTHS FOR REVEIW RESULTS AND AFTER CALLING THEY HAVE YET TO REVEIW
*	I have been waiting for over a month for my medical to be issued
*	I have had medical issues in the past. Due to the general questions presented in MedX were not adequately addressed.
*	I have held a class 2-3 for over 30 years , I'm hold a private airplane and rotorcraft license I'm 62yo male apply for my medical and was told my a-1c level was at 7.0 I'm in excellent health , run 12 miles a week , we submitted a letter from our primary doctor , who explained that my medication and exercise allow me to fiction normally , I have never had a medical complicate since learn of my diabetic conviction over 5 years
*	I have many items to list in some categories, this is very awkward and time consuming process
*	I have no confirmation of med certification
*	I have not held a First Class medical for nearly 15 years. I knew in advance getting all the paper work together would take some time.
*	I have not received my medical
*	I have to continually look up all my past appointments from years ago even though all of those appointments have already been provided on previous exams. Why can't we just concentrate on what is new siince the past exam. If it's the same Med Doc then we should be able to skip over all the old stuff.
*	I have to list all my medical history every time I apply and the majority has not changed since last exam.
*	I have used it several times and it is not friendly
*	i knew i would have additional documentation required because of atrial fibrillation but i ended up doing it twice and still do not have final results
*	I like it very much and the saving function, however I would repeatedly time out while looking up details and have to start section over again..... I wish there was a "save and return later" function that would resume where last left off.
*	I like using a computer for medical history
*	I made an error & became frustrated because I was unable to correct it. Spent a lot of wasted time trying to figure out how to fix the incorrect date. Later the AME explained only he could correct the incorrect date. Nothing on the MexXPress told me this.
*	I mentioned to my AME that I had sleep apnea. He said that I would need an SI and we sent in all the paperwork. When I called the FAA about the SI, the individual said that the paperwork should have come back to me 9 months ago.
*	I needed special Issuance review from the AMCD in Oklahoma City and the local Medical Examiner had to forward my paperwork to them for review. They requested a blood Glucose test that I submitted the day after I received the request and then I waited and waited and waited. 7 months after the original submission I received my special issuance.
*	I pass my class 3 med ,but at this point I feel I'am getting the running a round
*	I posted by exam but was denied a card because of my medication 'Zoloff'
*	I prefered the AOPA system, though this is close, it is not as user friendly.
*	I put down one pesription and im still waiting for my medical i need to get back flying

**11a. Overall how satisfied were you with the performance of MedXPress?**

*'Very Dissatisfied' or 'Dissatisfied' (explain below)*

**Please explain your dissatisfaction with the performance of MedXPress:**

*	I put on the application that I was taking a small dose of a medicine for only 6 weeks. I was denied my medical and have been trying to get it back for all most 2 years. The process could not be any more difficult, time consuming, expensive, elusive and complicated. All this being said once the issue was brought to my attention I immediatley went off the medication. This led to the unnecessary process I just outlined. I have been flying for 30 years and never had any kind of a problem, accident or incident. I can't describe how dishartning the process has been. I hope this is helpful.
*	I refused a breathalyzer 3 years prior due to constitutional beliefs, charge was dropped, he never asked me about it, wound up costing me my medical and certificate.
*	I see the AME every year for a class II medical and you want all doctor visits for the last 3 years - there should be a way for you to keep the last two years on file for those of us that need to do this more than every three years. I feel it is just a set up if I forget an appointment one year and put it on the form the next year - if already reported should not have to repeat - or the question should ask list of Dr. visits since last medical issue!
*	I spent a great deal of time completing it and doctor's office never asked for it,or my number. They FORCED me to use someother tablet enabled Patient History form which was a NIGHTMARE to operate. It also did not ask many of same questions as FAA system. The office staff did not want to hear about me completing the previous online patient history.
*	i still do not know if i am qualified or not, i have not recieved a response and have been grounded for the past 3 months!
*	I submitted on my online application that I had a concussion a year ago because of an skying accident. I wen to the exam and passed all the physical exam. My application was rejected
*	I think it is a great tool however I feel that I should be able to view past applications to help de-duplicate work while filling out a new one.
*	I think it is difficult to get the nuance of individual health situation into MedXPress as currently constituted.
*	I think MedXPress would have been great, however, I was not aware that I needed to fill it out, bring a summary or my confirmation number to the exam. When they wanted this information at the office, I attempted to do the application on my phone (when I asked, they didn't have a computer that I could use) and was kicked out multiple times while trying to type everything in. If I had known ahead of time, I would have completed the application online and been able to print out a summary (I don't currently have a summary from my application). Now that I know, I will be sure to do this ahead of time as I had a lot of trouble using the site on my phone. I think it would work really well using a computer instead so will be sure to do that next time.
*	I think that the FAA should give the pilot a choice of paper without using a computer
*	I thought that would help the AME and me but they didn't care about using it.
*	I took time to carefully enter all meds and health care visits 2 months before the exam... only to find that it all disappeared and I had to do all of that work again!!!
*	I was not able to print out my form. There was something wrong with the site.
*	i was taking zolft, for past 2.5 years, unaware it was illegal. i stopped taking it at he request. held my medical for 2 months, said would return it then. ended up turning me in to the FAA after 1 wk.. took me almost a yr to get it back.
*	I was unable to access on my I-pad at home & had to do at local library. Could not print report there as report would be public.
*	I wish the form retained my 3 year medical visit history so I do not have to re-create it each time.
*	I wish there was a way to recall past applications in order to ease the completion process.
*	I would like MedXPress to remember my medical history from pior applications. Seems ridiculous to have to re-enter medical exam dates over and over again.

11a. Overall how satisfied were you with the performance of MedXPress? <i>'Very Dissatisfied' or 'Dissatisfied' (explain below)</i>	
Please explain your dissatisfaction with the performance of MedXPress:	
*	I would save application for later completion but upon return to the web site, my previously entered data was gone. Happened more than once
*	I'm actually satisfied but wanted to comment that I wish it would carry over my previous years info so all I needed to do was update the current years info.
*	I'm entering the same info year after year
*	If I am not qualified medically by the FAA and the FAA flight surgeon doesn't know why and the FAA employee who answers the phone from doctors doesn't know why, that is a big problem.
*	IF I HAD KNOWN ABOUT MEDICATIONS REQUIREMENTS I WOULD HAVE HAD MY DR TAKE ME OFF OF THEM !
*	If it can remember my name and address etc it should remember my doctor visits. It's a pain in the [Profanity] to have to put in the 3 years worth when I've only typically gone to the Dr once since the last listing. Dr visits should be recalled automatically at the beginning of the application and then you can add additional visits.
*	If there were questions about perscribed medications that needed to have more information provided by my careing physician, it would have been more expiditious to inform me of that prior to the AME exam.
*	If you forget your password it's a lengthy and unpleasant experience to get a new one - Also it should keep a tally of your last visits like flight times and current meds
*	if you make a mistake, it can't be fixed
*	I have been cleared by Dr. [Name] for 14 yrs, he retired and I was forced to send my request to another ME and was rejected even though my heart doctor gave me a clean bill of health without any restrictions.
*	Immediatly denied an airmans medical certificate without followup. Examiner denied because of use of antidepressants and heart sten 6 urs ago. I am in betyer jealth than amy applicant on my age bracket Very active farmer, heat, sweat, active beyond my age. Denied only by rubber stamp method. I am as able bodied as I was 20 yrs ago.
*	in the past, i had always filled out the old form upon arrival for physical. I was not aware of needing to go online to fill out medxpress in advance so I had to reschedule
*	In the visits to doctors in the previous 2 years. It prints out in non chronological order
*	Inability to pull up previous exam applications
*	Info from previous applications not shown
*	Information from last application shouldn't need to be re-entered each time when very little changes. Waste of time. Editing the last application to show new things would be a lot quicker.
*	Information was clear and easy to enter
*	Instructions Incomplete; did NOT say med visits limited to 20. When I try to enter ALL my visits, it cuts me off. It says to allow aggregation but does not provide fields for a date range. Why does it force me to enter 3 years worth of data when I entered 2.5 years of data just 6t months ago. Why don't you retain that?/// PRNC box mentioned in Instructions does NOT exits. Error message "address not in correct format" does not tell you WHAT the CORRECT format is. !!!! Example: Does not allow "St" for Street. !!! Took almost one hour to complete when I only had ONE med visit in last 6 months !!!!
*	Instructions should state what the applicant needs before the applicant begins to fill form. I had to start again three times and the for did not save previously entered medical history.
*	Instructions were not clear enough. e.g provide healt care provider visits for last 3 years. I had 20. AME says I only need to list each provider 1 time, cut it down to 3

11a. Overall how satisfied were you with the performance of MedXPress? <i>'Very Dissatisfied' or 'Dissatisfied' (explain below)</i>	
Please explain your dissatisfaction with the performance of MedXPress:	
*	is beyond me !! Are you so short-staffed that you can't give the courtesy of a timing update --either via phone or e-mail ? Anything is better than being totally ignored !!!
*	It a pain in the [Profanity]
*	It becomes difficult when you have reported something and it ask you to go back to it again and again
*	It can be hard to navigate - does not always accept info you try to enter
*	It complicates the process, removes flexibility for ame, no immediate recourse before entering having to deal with OK. faa
*	It hard to remember password and how to find MedXPress
*	It has a major problem in when it asks if you have had health care in the past 3 years, you must say yes EVEN THOUGH YOU HAVE ALREADY DISCLOSED THE NAMES AND EVENTS. NOW YOU MUST REPEAT THE INFO YOU HAVE ALREADY PUT IN. It is a waste of time and actually influence one to lie. Also, the questions of have you EVER had an issue of named problem causes this to happen. Very big issue that needs to be corrected.
*	It has been a year. I have jumped through all the hoops,spent\$, all the paper work-3-4 doctors,submitted all-no decision for me yet!
*	It has been over three months since the exam was forwarded to OKC. So far, no response from OKC. This service is less than bad. I an EKG, and blood work included, just as requested by OKC. I have been getting medicals for over fifty years and this is the worst!!!!!!!
*	It is a typical dysfunctional federal form to fill out and it is prone to errors which cannot be corrected. It is a pain in the [Profanity] to use.
*	It is clunky and acquard when attempting to make corrections to typos.
*	It is cumbersome to use and navigation thru the website is not intuitive. Though I did use it last March, so could be rusty.
*	It is easy and simple
*	It is one more password you need, and sometimes its not where you left it !
*	It is stupid to make me write down I went to the doctor for required blood tests or for a cold... flat out moronic
*	It keep timing out as I looked up some information
*	It keeps everything organized before going in.
*	it requires lots of data, like Dr. Addresses, that are repeats of previous years that could have been retained to make data entry simpler. Also the app shuts down periodically, loosing the last data and requiring a re-start.
*	it seems to be overkill. use the pilots cert number for everythi9ng
*	It should already populate with all the previous medical visits entered from previous years
*	It should not ask for med history, meds taking every time. just update it if need to.
*	It simplified things
*	It takes so long to fill it out every year.
*	It takes vast amounts of time!
*	It took a lot longer to fill out than I had planned to use for the process.

**11a. Overall how satisfied were you with the performance of MedXPress?***'Very Dissatisfied' or 'Dissatisfied' (explain below)***Please explain your dissatisfaction with the performance of MedXPress:**

*	It tookTWO HOURS first time I used it. Second time ONE AND ONE HALF HOURS! And the question were confusing with my complicatedplicatedlicated history. Kept getting red letter rejections and how it finally accepted my answers I do not know.Like many government documents and programs it is very difficult to use much like trying to fit a square (truthful) peg in to a round government hole!
*	It was easy to use and effective
*	it was no problem to fill out
*	It was not clear as to what I was to do
*	It was to particular with the format and phrasing of requested information.
*	It was too "Black or WHITE", there is no place to explain or ask about things, you had to answer blindly not knowing if you needed to report things that were not significant, even before consulting with the Flight Dr. I personally lost my medical for things that were existing and previously reported, but this time it was treated as something new, and no place to explain.
*	It's a real pain to repeatedly record past / all medical history. You should have the info from last medical. Online is a real pain to fill out.
*	It's an additional step in a process that is already cumbersome and was better served by the paper based process.
*	It's an archaic form, times out too quickly, and doesn't save your information until the end of the process. It's ridiculous that you can't easily fill the form out in one sitting.
*	It's need to show COMPLETE application from previous year, so all we have to do is just update it, NOT COMPLETELY REDO IT!
*	It's not a good user interface - i.e. not up to current design standards. I recommend you get some help from the USDS (United States Digital Service), they're a great team.
*	It's ridiculous that you have to know what is going to happen when you fill it out before you fill it out. If you want a streamlined process, you have to get all this stuff done beforehand so it's all "perfect" for the FAA. But you don't know that until you fill it out, and then you're told what you "should have done" by everyone who knows the game and how to work the system. Get rid of the game and make things straightforward.
*	Its a pain in the [Profanity]
*	Its a waste of time, the AME has my records for the last 10 yrs
*	Just another stupid [Profanity] website and program that was not as good as previous method
*	just more account and password [Profanity]
*	Just the extra time to fill out on a computer
*	Just unneeded paperwork and time
*	kept asking for more test results
*	Kludgy website - you have to 2nd guess how it will work (but better than eAPIS!). Getting details from recent medical visits can be really tedious - don't know whether to summarize multiple visits for same event or not, and then it cuts you off unexpectedly after so many entries. I would want someone filling in a form to know of its limitations, especially if access to the web page is time-limited, and the importance of the subject is so high.
*	Lacking instruction on how much medical information I was to include, for example explain a single issue or to list all of the appointments associated with this issue
*	Limited space to answer medical history and/or health professional questions

11a. Overall how satisfied were you with the performance of MedXPress? <i>'Very Dissatisfied' or 'Dissatisfied' (explain below)</i>	
Please explain your dissatisfaction with the performance of MedXPress:	
*	Looking for reissuance did not find out what was needed to have done before exam
*	Made process quicker. Easy form to complete
*	Makes you repeat information that should already be in the system. Certificate good for 2 years, good back 3 years, etc.
*	Many areas have to be retyped, in other words, the application only keeps some information from 6 months prior. Very frustrating when one tries to type the different meds, dosages, etc. using an iPhone or other smart device. Most of us don't have access to desktop or even laptop computers when on the road..
*	Med Express does not "remember" previous Doctor Visits from the previous application. That data has to be reentered for 3 year history
*	Med express needs to retain past history and update with new application (past dates, Md's other history)
*	Med Xpress does not allow the AME any flexibility on the evaluation of the applicant's medical condition. I passed the physical but was referred to special issue for a condition that treatment had completed four months prior and presented no physical impairments.
*	Medexpress should report on data provided in previous medexpress applications. This would save time and reduce errors.
*	Medical entry screens too tedious for history input
*	Medical history (visits to physicians 3 years prior) is not archived and needs to be filled out for all applications. This is a lengthy and tiresome process!
*	Medical records for ATC and pilot license did not transfer between each other's office. I was already issued special issuance for work as ATC, but had to resubmit all medical paperwork for pilot license that was already submitted for ATC.
*	MedXPress did not advise me that my medical information would expire in 60 days. I lost it before I printed a copy.
*	MedXpress did not inform me of what additional records and paperwork would be required based on my special issuance
*	MedXPress does not retain prior information which needs to be re-entered at each re-application period.
*	MedXpress is functional and simple. Reasonable questions and easily used.
*	MedXPress not user friendly. Very cumbersome to use
*	MedXPress should remember my previously entered medical visits so I don't have to keep entering the same thing every year
*	MedXPress should save all past doctor visit information from last form. Only latest updates should be needed.
*	MedXPress would not take the address of my primary care physician. I phoned tech support and he stated they were having problems. He said my AME could fill it in. My AME charged me \$25.00 extra because he had to fill in the address. I was not happy.
*	More "paperwork" that shouldn't be deemed by the FAA to be necessary. Any paperwork should be provided and completed by the qualified AME.
*	more and more tests required. More info required. Still don't have final disposition of exam.
*	More work for me.
*	Much easier to do old fashion way. Your computer system not always up to date. Does not have enough Perugia latitude to cover things! Times out too fast!
*	My dissatisfaction is that after 7 months I still do not have a third-class airman's medical certificate - that does not necessarily mean is at fault: It is just part of a very lengthy process for me.
*	my last two flight meds were a disaster.i have had to submit the same papers multiple times. its horrible

**11a. Overall how satisfied were you with the performance of MedXPress?**

*'Very Dissatisfied' or 'Dissatisfied' (explain below)*

**Please explain your dissatisfaction with the performance of MedXPress:**

*	My medical expires for any class after 12 calendar months. It is unnecessary to have to report the past 3 years of doctors visits when the last time it was renewed was a year earlier
*	navigastion is confusing in some areas - impossible to correct a mistake
*	Navigation of the website is sometimes difficult, I do not go there often enough to be completely comfortable with the interface.
*	Need to keep info from last MedXpress. Hads to look up Doctor apts again
*	Never met the man before and in 3 minutes he says he can't pass me because of sugar in my urin
*	nice process which makes it easier
*	No ability to change form AFTER submit. I made a mistake on the form, had to waste doctor time in the office while the AME made the correction on his log in. Need the ability for the user to edit after submission; review at AME then lock it from further edits by patient when AME is working the form.
*	No ability to save data for future medical applications.
*	No hassles, very easy to navigate
*	No history retained - pain in [Profanity] to redo each time
*	No indication of time period to be covered, i.e. have you ever had xxxxx ended up covering entire medical history causing problems later.
*	No one knew how to address my questions to seek my medical.
*	NO OUTSIDE HELP WHEN FILLING IN DATA.. VERY POOR WAY OF DOING IT! WHAT IS WRONG WITH THE OLD WAY?
*	no problems with entering data. No problems with AME accessing data
*	No provision, for the AME and Applicant's signatures on the Form 8500 following examination.
*	No way to ask questions during process
*	Non user friendly. No ability to save or reference data from previous years, specifically regarding dates of previous medical appointments in past 5 years. All data needs to be referenced and reentered each year needlessly
*	Not able to discuss with Dr before as to how to fill out.
*	Not clear on how to deal with previous reports or conditions. Requires reporting of visits to physicians which do not affect aviation medical qualifications. Too intrusive.
*	Not easy to preserve full copy of completed for for use next time. Often, it is difficult to recall exact info on past services.
*	Not easy to see previous applications
*	not easy to use on a mobile device
*	Not enough space for explanation of medical conditions;I recalled immediately after I hit the submit button that I made a mistake in the Q/A section but could not change it;told my AME and she corrected it but I would have liked to do it myself!
*	Not enough spaces to list all Dr visits.
*	Not user friendly
*	Not user friendly i.e. Previously reported no changes needs to be retyped every time. Same with Dr visits. Also not Apple friendly.
*	Not user friendly. I am a MD and use EMR

<b>11a. Overall how satisfied were you with the performance of MedXPress?</b> <i>'Very Dissatisfied' or 'Dissatisfied' (explain below)</i>	
<b>Please explain your dissatisfaction with the performance of MedXPress:</b>	
*	Not very happy. Granted I need a special issuance but it has been almost three months since my initial AME appointment and nothing!
*	not very self explanatory on some items
*	Not very user friendly if unfamiliar with the program
*	On time and efficient.
*	On time, thorough examination, caring physician, and fellow pilot
*	once you submit information there is no way to make a change
*	One of the least user friendly websites I've ever used. I entered "Jr" in my last name block, then saw the separate box for a suffix--it wouldn't accept my last name because of the "Jr", but also wouldn't let me change it--I finally found an account entry that let me change it. When I explained my section 18 reasons, it wouldn't accept them--instead directing me to redo the info in different boxes.
*	One of the questions on the electronic form asks for dates you were seen by a medical professional in the last 2 years. Many of these appointments were already documented in the previous applications. Also, many of the appointments were to see the same physician for the same condition and many times just for a follow up. The electronic form does not make a contingency for previously reported visits each occurrence requires duplication of info. this form to short for a full explanation. Multiple visits for same reason should be condensed to one entry.
*	Online forms are becoming painful to use. Perhaps it makes government easier but it gobbles up time of the governed. Sometimes it is slow and the timeouts are too short forcing hapless airman to enter things multiple times. Nothing typed should ever be lost due to having to go rummage in the medical files to find the name of the new drug, recently prescribed.
*	Over 3 hrs to complete . Computer thinks I take too long, and drops me out.
*	over booked & over whelmed
*	Pain in the [Profanity]
*	Paperwork was submitted 2 months ago and still have no response
*	Part 61 is very nebulous in what constitutes necessity to inform FAA about relating to medical issues. MedXPress could, and should, explain that certain steps need to be taken prior to FAA medical renewal that would have eliminated the 3-4 month loss of my flying privileges. I could have been working on these requirements in advance had I known.
*	Poor performance of website / password reset issues over a 2 day period. Helpdesk could not fix the issue.
*	Poor technology, and the decision that once an application is started you will revoke a medical if the process is not completed. This decision is made without consideration of the pilot's situation or any communications from local doctors.
*	Previous answers to questions (e.g. previously reported flight time)/ previous application not available for review.
*	Previous applications should be made available for review when completing the most current one. If nothing has changed, you should just be able to click a box and certify that nothing has changed.
*	Previous submitted flight hours; medications; history not included.
*	Previously reported information from applications in prior years triggered additional questions by FAA which were not useful or necessary according to both my AME and primary care doctor
*	Print out states all fields mandatory but online form does not require all fields to be completed per * marks notation
*	Processing my FAA Medical Application is very, very slow with little communication from the FAA.

**11a. Overall how satisfied were you with the performance of MedXPress?**

*'Very Dissatisfied' or 'Dissatisfied' (explain below)*

**Please explain your dissatisfaction with the performance of MedXPress:**

*	Question 19 is confusing. List all, list new, what if you have seen the same dr twice for follow up since last felt exam, list most recent or all. Could be worded better. Who can remember dates of being seen by a dr 30 months ago? I like the previously reported portion of certain questions in questionnaire.
*	Question about previous misdemeanor unclear
*	Questions that would easily disqualify a person for a medical without going through OK City
*	quick
*	QUICK AND EASY
*	Quick and easy. Good to do beforehand.
*	Quick and simple to use.
*	Quick process, helped the examination process as well.
*	Redundant questions about my current condition
*	Required too many "saves" to prevent loss of data/answers
*	Return communication from OK was not received by AME until contacted again
*	Ridiculously detailed in all aspects... dates, places, minor complaints etc. and consumes extended amounts of time to research!
*	Rigid program - takes longer than do to in person.
*	Saved time and effort...was easy to fill out...and made the process shorter
*	Saves time
*	Seemed not interested. Said to come back with records. When I came back he had already sent the form in and as a result it was rejected
*	Separate login/pw. Use FAA iacra login. Stupid questions. Simply ask about changes. Why reinvent the wheel every medical.
*	Serves no purpose for me, just one more bureaucratic hurdle
*	Several errors (programming and logical) in the online system. I reported them to try and help others and received a call-back from OKC. That person was rude and condescending. Not at all pleased with this system.
*	should be able to access past year's data so I do not have to retype the same data over each year especially routine med appointments - that section is especially cumbersome and tedious to complete
*	Should only have to list visits to Health Professionals since the last Airman Medical Certification, not the last three years. Too much redundancy and typing.
*	Sight was down for over 1/2 hr. could not proceed the old fashioned way. Power goes out, or internet is down you are screwed. Needs to be a hard copy backup method in place.
*	Simple and easy
*	simple and eazy
*	SINCE I HAD STENTS INSTALL 8 YEARS AGO AND NOW I AM 81 I THINK VERY LITTLE OF YOUR SYSTEM
*	site crashed and would no work...useless!
*	Slow process, unnesecary papers, too many misunderstandings

11a. Overall how satisfied were you with the performance of MedXPress? <i>'Very Dissatisfied' or 'Dissatisfied' (explain below)</i>	
Please explain your dissatisfaction with the performance of MedXPress:	
*	Software glitches required repeating steps several times
*	Software should remember mess and previous visits to Health care providers
*	Some instructions unclear, need AME's guidance to fill in correctly
*	Some questions needed to be stated more clearly, and the form could be more user-friendly.
*	Special issuance was granted in October, but back-dated to August.
*	Still don't have medical certificate
*	still have not heard anything on my medical certificate status. I have called twice and I am told it is still in the process. This has been since July 2016
*	Still waiting for a response in regard of my airman medical certificate.
*	still waiting for medical certificate
*	Submitted my medical in May 2016-Still waiting.
*	Surgical history, meds, hospitalization history - it's not clear that you don't have to repeat them all each time, until the AME told me that I could write "Previously Reported, No Change" ... it would be nice if the form pulled up all that info for me.
*	System did not retain past information. taking time to re-enter information previously entered in past. should only need new information .
*	System should remember Doctors etc. for the last Three years having to reenter each year is cumbersome and time consuming.
*	System was easy to use.
*	Takes longer to do and often cuts out, requiring repeat entry etc. It's awful!
*	Takes more time to get ready for exam which for a third class tells you that I am alive
*	Takes to long on computer
*	Takes too long, too complicated, can't change the form once you put an item on the form, it use to take 10 minutes in the Dr office now an hour or more if you make a computer mistake. Had to submit my form twice because OKC didn't get the form the first time
*	technical difficulties with the site
*	The AME did not look over my documents till the examine(AME had my info for over a week ), then I was told that she is defering it to the FAA! The AME did my previous medical.
*	The AME failed to mention that she would have to defer the request, but not until the appointment where she could still collect her fee.
*	the computer can lock up and lose work, have to start over, could be more streamlined. don't see much advantage over paper system.
*	The current system is not tied to any of my previous information. I've used the system multiple times and did not realize this so I have no record of items I previously submitted. This could cause someone to under-report assuming that medical visits were disclosed on a previous submission.
*	The data entry process is straightforward however no feedback is provided on additional information required
*	The decision in my case could have easily been favorably made by calling my primary physician who prescribes my medications. Very impersonal process.

11a. Overall how satisfied were you with the performance of MedXPress? <i>'Very Dissatisfied' or 'Dissatisfied' (explain below)</i>	
Please explain your dissatisfaction with the performance of MedXPress:	
*	The doctor wasn't able to see everything on MedXPress so I had to go on my primary health site with my phone
*	The entire process was cumbersome. It looked like a gov bureaucrat designed it. It should be based on logical progression.
*	The exam was completed quickly and competently.
*	The form dropped two doctors names and addresses as well as two medications and when I noticed, it would not let me re add that information. Also, there was no way for me to amend the application to add the lost information after it was sent. I am not good with computers but this system should be easier to correct and amend. The result seemed to be that my examiner thought I was hiding things. I clearly had my cardiologist listed but othe data I had included two years before had been dropped.
*	The form should propogate most recent info including doctor visits and meds from most recent application so you don't have to repeatedly fill in that info each time.
*	The inability to modify / edit this form once it's submitted -- before I'm able to consult with the AME -- is a major shortcoming compared to the prior manual system.
*	The length of time to process
*	The MD requires I fill one out. However, it did nothing to help get my medical. I responded no change as I had been using a CPAP machine for 15 years with no changes since I started. After a month of waiting you decided you needed the records that lead to my using the CPAP. I doubt if these still exist. You also asked for a report from an MD reporting on my use this year. I have not seen an MD in 15 years this is handled by a PA that is legal in the state of Washington. This delayed my medical for a month or more. I reported I am taking no medication. After my ablation the Cardiologist said "You do not need to take any of that crap. You are cured." I had taken beta blockers, Ca channel blockers and Magnesium for 10 years to block SVT. This was cursed with the ablation along with the Atrial Flutter. Who knows better what I take. In fact the cardiologist stated nothing was necessary in his report. You insisted a letter from my personal MD also. This delay the issuance another month to 6 weeks. Could you be less scientific and less efficient. My heart has been normal for 6 months I am still waiting for my medical certificate.
*	The MedXPress ask have you every had a DWI, you can recieve a DWI for many different things and recieving and being convicted of a DWI are very different. I was not convicted of a DWI and sent records to prove and still cannot get my 3rd class medical.
*	The MedXPress asks for the last 3 years of Dr. visits. For those of us that need annual physicals it is repeating the previous 2 years. On a first flight physical, it is reasonable. Not for people who have one every year..
*	The MedXPress forces me to be too much at risk before I have an opportunity to talk to the examiner
*	The MedXpress form did not allow enough room (characters to fully detail reasons for Doctor's visits
*	The MedXPress times out before you can complete it.
*	the MedXPress website is confusing and disorganized
*	The old system was just fine. The nes system is another layer I just don't need as a private pilot.
*	The only reason I select this is as follows... I t is my opinion that the software should retain historical data that is requirerd each year. Other than that, I like the program and convienience.
*	The process was not clear, the exam was for a class III for limited VFR flying almost all by my self.
*	THE PROGRAM DID NOT WORK WELL. hAD TO CALL THE MAIN OFFICE FOR HELP THEY WERE NOT HELPFUL. tRIED AGAIN LATER AND GOT THROUGH
*	The program does not allow me to access info previously reported.

11a. Overall how satisfied were you with the performance of MedXPress? <i>'Very Dissatisfied' or 'Dissatisfied' (explain below)</i>	
Please explain your dissatisfaction with the performance of MedXPress:	
*	the site can be hard to get into
*	The software could include previous medical history and medications so as to not to have to retype everything
*	The system did not provide for description of medical conditions
*	The system should keep my history of medical visits for the last 3 years. Every time I apply I have to retype all of these, not just the new ones. This can take an hour or more to retype each time. The system keeps all my other previous information, why not the medical visits?
*	The system should track my medical visits and surgeries from previous years so I don't have to complete the same information each year.
*	the website is cumbersome and difficult to navigate. information from previous applications is not saved which means having to re-enter ALL THE [Profanity] DATA I provided one year ago. It may save FAA time and my AME time but the on-line process is VERY time consuming. I LIKE the on-line process but it needs IMPROVEMENT
*	The website was problematic. In some cases it did not let me enter certain information that needed to be entered.
*	The whole system is a joke...took 6 months to get a response for a special issuance. No one to talk to except a receptionist who told me its in que for review and would advise with a fax of the results. Never received any communication or fax. There is not a Dr in the world that would let his professional career be put on hold every 6 mo because of the incompetence and inefficiency of a system. After I received the waiver I had 2 weeks before the whole process was started over. The system is bad as the VA medical.
*	There are some quirky entries that will fail because of input format, but it doesn't tell you why the input failed. Leaves you struggling and experimenting. Don't remember what they are, but the AME's are familiar with them.
*	There is no explanation or procedure for medxpress for those needing a special issuance. no instructions from AME either.
*	There is no way to put previously noted for doctor visits more than 12 months ago
*	There needs to be a back up if the system goes down!
*	There needs to be a better way of filling out the form. I would think it should auto populate the previous years into instead of requiring the user to add the same info every time, this includes previous doctors appointments
*	There should be language stating you will need additional information from your regular physician should you answer yes to certain questions. Also, asking if someone has ever been diagnosed with certain or prescribed medications is an overkill. Some of it may not be relevant anymore and will only contribute to delay the process.
*	There was insufficient space for listing all medications and the instructions were difficult to understand.
*	There was no feedback. No acknowledgement that you even received it. No estimate of how long it would take.
*	They did not ask me to bring in previous medical records before the exam. Upon getting there they asked for the records. I did not have them so the examiner told me to come back on a different date.
*	This form is too complex and you provide no access to previous forms which would help us fill out our medical history.
*	this is the first medxpress experience for me and this is the current status of my airman privileges.
*	This just adds another step to an already lengthy process.
*	This system forces you to always re-enter ALL information. Much of this info is required on a repeated basis and there is no reason for it not be retained on future applications. This would make future applications seamless and much simpler, and also eliminate the possibility of accidentally forgetting previously entered information on future applications

**11a. Overall how satisfied were you with the performance of MedXPress?**

*'Very Dissatisfied' or 'Dissatisfied' (explain below)*

**Please explain your dissatisfaction with the performance of MedXPress:**

*	This was a new process of which I was not advised. My doctor was very unprofessional and did not tell me what I needed before my appointment.
*	This was my second time using the site and it did not use any previous information I provided on the first application.
*	To Burdensome
*	To long
*	Too combersome
*	Too complex
*	Too complex and will not allow you to put a complete list of medicatipons into the sytem without much key work.
*	Too complicated for a Class III medical
*	too cumbersome, not as user friendly as to could be!
*	Too cumbersome, require too much information
*	Too hard to remember login information for a service I use once every two years.
*	Too laborious to enter data - \Can't attach list of Dr visits and Meds
*	Too long and complicated.
*	Too long of passwords reset trouble, timely & confused.
*	Too long of wait (9 months) to get medical or hear from FAA after addressing and fixing one disqualifying medication
*	Too many ambiguous questions
*	Too many questions not pertenant to current health. too easy to inadvertently scroll up
*	Too much computer stuff
*	Too much computer work! If the FAA wants the resultes - let the Dr send them in. He is making the money. I want to call office, get exam, & go home. I don't want to fool around with all this paper garbage.
*	Too much trouble - do not own a compuer. The previous method was much more satisfactory.
*	too much work
*	Took 10 months to get my physical approved!
*	took 4 months to recieve a reply
*	Took too long or return
*	Took too much time on computer.
*	twice a year the same info to get an appointment with a doctor that keeps my records that the FAA lost once already
*	typical gov. form
*	Typing out medical history every year seems to be a waste of time. Current technology should allow FAA to archive this info with only updates as needed.
*	Unable to save 3 year medical history from previous online form. Required to type information every 6 months
*	Unfamiliar with the computer process. Three years since the last exam.
*	Unfortunately filled it out at last minute and believe it may have been filled out wrong

**11a. Overall how satisfied were you with the performance of MedXPress?**

*'Very Dissatisfied' or 'Dissatisfied' (explain below)*

**Please explain your dissatisfaction with the performance of MedXPress:**

*	Unknown to me, at that time in Dr's office, had a temperature of 102.9 degrees. Should have sent me home. He didn't cash my payment check, until end of six months
*	unreasonable restrictions placed on me for taking pristiq...medical was denied. Discontinued medication. Now waiting to get reviewed again. I think its unreasonable to deny based solely on the drug.
*	Used a previous primary physicians information not my current physician.
*	Usually a problem with password
*	Very condesending holier than thou attitude, typical of all physicians
*	Very courteous punctual helpful and professional
*	Very cumbersome for a female, to spell out all the typical screenings (but inconsequential) recommended by other providers within the three year period
*	Very difficult to get a number to present it to AME, not user friendly
*	Very easy to follow & keeps track of your previous exam information
*	Very easy to prodide the requested/required information.
*	Very handy
*	wanted medical history I could not supply
*	Was diagnosed with prostate cancer in December, I met all the CACI requirements for issuance of a medical certificate, AME incorrectly deferred my application because he didn't understand CACI. I've been waiting 3+ weeks for a decision from OKC.
*	Was efficient
*	Was hard to set up/ use and added more steps with no benefit as compared to previous medical certs
*	was not able to update it
*	Was not user friendly and didn't seem to speed the process up at all.
*	Was timed out several times while filling out and required repetitious medical appointment information
*	Was unaware that one of the meds I was taking disqualified me until the exam process was over and I lost my pilot license!
*	Waste of time
*	waste of time. nothing i could fill out at AME office
*	Wasted effort and more govmt BS
*	we should be able to retrieve our previous MedXPress application and only have to populate it with any changes that had occured since then instead of needing to start all over again - it's easy to forget from one year to the next what was previously reported and we all want that to be consistant from one year to the next.
*	Web site did not recognize my account. AOPA had to get involved.
*	website was working poorly and intermittently. With all the nice websites now days, medxpress goes back to paleo.
*	When additional eye exams and written documation was submitted, it took too long to get a very elementary issue resolved and my medical certification issued.
*	Why can't it remember my flight time totals from my previous exam?

11a. Overall how satisfied were you with the performance of MedXPress? <i>'Very Dissatisfied' or 'Dissatisfied' (explain below)</i>	
Please explain your dissatisfaction with the performance of MedXPress:	
*	Why can't the three years of previous doctors appointments be automatically uploaded? It is painful to do that every six months for 3 years.
*	Why do we have to list the past 3 years of doctors we see when we do this every year? Why can't the system retain the info?
*	Why do we list past Doctor visits for last 3 years. Why not just ones from last medical. Can't the government computers collate previous data ?
*	Why doesn't the form carry forward medical events that don't change i.e. reasons and dates of parents and siblings deaths.
*	Why should I have to get a number from the FAA when the doctor can send in my results without it. It is the age of IT and the FAA is behind.
*	WILL NOT ACCURATELY KEEP TRACK OF MEDICATION LIST FROM PREVIOUS EXAM
*	Worked OK
*	Worthless , should auto populate all fields except accumulative flight time
*	Would be way easier if all explanation fields were carried over from prior years, also seems silly to report same info as reported prior year.
*	Would like it to retain and fill with past information. What is the benefit to an automated form if it doesn't you always have to fill everything in each time.
*	Would not accept the name of medicine from list provided.
*	Would not function well through a google browser and was unable to fill in all info adequately
*	Would not take address because of punctuation, had to call for advise. Plus doctor visit for insect bite or infected toenail doesn't affect flight .
*	Wouldn't allow me to see "previously recorded" to confirm current/past things listed
*	Years ago, you could fill out the form, NOT sign it, go to your doc; if you passed, you signed the form. If you didn't pass, you didn't sign the form. Nowadays, with that [Profanity] MedXpress, you HAVE to sign before you can print it out. I lose control over my own situation.
*	you cancelled me before we could reapply. You terminated me
*	You cannot get clarification or get questions answered by the ME prior to submitting the MedXPress form.
*	You fill out all this information and then the AME asks you all the same questions again
*	Your office kept asking for further information of which I thought I had already provided. This caused an enormous delay

Table 4. Reasons provided by respondents who indicated 'Far below expectations' or 'Below expectations' on Item 12 and provided a response (n=342).

12a. How did MedXPress perform compared to your expectations? <i>'Far below expectations' or 'Below expectations' (explain below)</i>	
Please explain why MedXPress performed below your expectations:	
*	8 mon.
*	9 months, the worst of government comes home to me!

12a. How did MedXPress perform compared to your expectations? 'Far below expectations' or 'Below expectations' (explain below)	
Please explain why MedXPress performed below your expectations:	
*	a pilots expectations to the usual medical certification is not compromised in this fashion
*	Again the absence of feedback on additional information or flagged medications is lethal
*	again, it's too long, too cumbersome
*	Again, submitted in June . I was contacted by the faa requesting more information, which I sent out in late September early October.
*	again,,,complicated, not intuitive
*	All of the screens are not present in order. first you list all of the conditions and answers, then you are required to go back and explain each item.
*	Almost 8 months since I submitted
*	Already explained
*	Always must call for password & won't accept my medications at all.
*	AME requests bringing completed MedXPress to exam. No chance to discuss questions on form with AME before submitting form.
*	An easier interface would be nice
*	application sat on a desk before being flagged for over two months
*	As above.
*	As in my earlier comment, MedXPress is not up to current standards, recommend getting help from the US Digital Service
*	As previously reported- page seemed to time out which forced me to hurry my inputs
*	As stated prior the system does not allow the AME to preform as a Doctor to evaluate the applicant's condition.
*	Bad conection
*	Based on experience with other software, expected it to be faster and more intuitive.
*	Because it gives you a lot of runaround and frustration to complete a form! I had to call FAA for help.
*	Because it was not complete with prior information given by me.
*	Below expectation because there are currently no provisions to edit after I submit to FAA and before I arrive at AME office. Otherwise it was okay.
*	CAMI is a failed government entity
*	can be confusing as to how to answer.
*	can't carry over the last exam. It's also a very cumbersome process to add meds and visits. I should also be able to view/print a summary of the form at ANY time while filling it out or after it's completed.
*	can't it 'remember' all the stuff I put in last year, populate those same boxes, and just let me modify last year's application?
*	Can't remember password
*	Cannot get response to any questions
*	cannot use a computer
*	cant ask a computer questions

**12a. How did MedXPress perform compared to your expectations? 'Far below expectations' or 'Below expectations' (explain below)**

**Please explain why MedXPress performed below your expectations:**

*	complex application first time
*	Complex for non computer frienly people.
*	complex not very explanatory
*	Complicated.
*	Confusing
*	Could not be issued by the attending AME
*	could not change meds or dr. visits after finishing MedXpress
*	Could not complete/edit. had to wait approximately 90 day to complete.
*	Could not figure out how to print a copy of theedex Express form. Had to ask AME for a copy.
*	could not get the site to work properly
*	counted my medical history against me with re-certification
*	Data previously input into MedXPress should autopopulate on future applications if needed.
*	Dates of appointments entered were not printed in date sequence.
*	Did not explain/describe conditions that require Special Issuance
*	Did not inquire about total flight experience, i.e., 3700 hours military experience
*	Did not let me view past application
*	did not mention need for records for sleep apnea
*	did not offer guidance for obtaining previous medical information on record at the FAA
*	Did not retain previous information from prior year.
*	Did not show previous Data
*	Did not tell me certain types of doctors visits wer not need and same for outdated sirgical proceduftres. Kep rejecting data I typed.
*	Did not want to participate, but cannot get medical without it
*	Did nothing to prepare me or the Dr for the appointment
*	difficult to complete
*	Difficult to list the medications that I been using
*	Difficult to manage and access
*	Difficult to use and slow
*	diffiult to operate through the questions easy to obtain wrong responce
*	disorganized, confusing, froze up
*	Do not own a computer FAA thinks every one should bea computer whiz.
*	Does it really make any difference? Are you going to change the paperwork hoops?
*	Does not "remember" Doctor Visits from the previous application. All data gas to be reentered

**12a. How did MedXPress perform compared to your expectations? 'Far below expectations' or 'Below expectations' (explain below)**

**Please explain why MedXPress performed below your expectations:**

*	Does not retain information (Doctors/Medications) from previous applications. Makes you type it all over again.
*	Doesn't fill-in past data.
*	Doesn't store history of doctor/hospital visits.
*	don't know what happened to the previously reported button for previously reported no change conditions
*	Dr. was not A medical director
*	Entirely too much elapsed time for relatively minor clarifications of treatment and heart state
*	Expected it to improve/streamline the process, it did not
*	FAA knows who I am, my information is in a database. Many of the fields should have been pre-populated with information FAA already has (name, address, etc) PLUS medical information previously submitted.
*	Far to complicated
*	Feel the wording of questions can be confusing
*	Fitness was prejudged.
*	For some reason, which no one seems to be able to reconstruct, I only got Class III certification even though I applied for Class II
*	Government oversight increasing my workload to decrease theirs.
*	Had to re-enter previously submitted information.
*	Hard to use
*	have to enter all the medical visits in last 3 years again and again. All the PT sessions for a minor outpatient surgery add up.
*	Have to type past Doctor visits each time you fill out form.
*	Having to re-enter all medical appointments for last 3 yrs, should be in database, only add new since last exam.
*	He flunked my color-blind test! He took it days later (without temperature) successfully passing it (on my I-Phone)
*	Historical data was not provided to assist in completing the application. Why is this such a difficult thing to do?
*	Ho history retained- pain in ass to redo each time. used to retain history until last year
*	However, I wish that it would save the information from the previous year. That way you do not have to fill out a new one, especially if nothing has changed.
*	I always hope it will retain my last 3 years of Doctor visits
*	I always seem to have difficulties signing on with password problems or something else several times I have had to go the the medical examiner's office and have them sign me on so I could gain access.
*	I believe I should have been directed to take medical history, lab works, etc to the examination
*	I believe it's redundant and unnecessary to list something that is already reported no matter whether a physical or civil issue.
*	i could have managed much better with a full screen computer, i phone was very difficult
*	I couldn't print the form.
*	I d not see the necessity to electronically fill out medical care if anyway I'm required to visit AME

**12a. How did MedXPress perform compared to your expectations? 'Far below expectations' or 'Below expectations' (explain below)**

**Please explain why MedXPress performed below your expectations:**

*	I did not know I was required to complete it ahead of time. I did not have enough time and the site crashed lost all my data total [Profanity].
*	I didn't expect much because most things like this are made up by people not in real world situations.
*	I do a medical every 6 months and it does retain any info on doctors or medications. I have to type each one in every time. Visits to doctors are there for 3 years yet i have to keep putting in the same info.
*	I do not know when to expect receipt of my medical certificate.
*	I don't know why MedXPress can't pre-fill out most of the form since I have used it before - including previously reported conditions.
*	I dont like online forms
*	I either overlooked the request for further documentation or wasn't aware of the request up front
*	I expect it to follow the application through to completion and certification, not only data collection.
*	I expected the base purpose for the date i entered to be available to the doctor. that wasn't the case.
*	I expected the program to operate as a log that I could update between visits to my AME.
*	I find the repetitive nature of requests for past hospitalizations/surgeries etc just that. Too repetitive. Are you trying to check memory or trying to trick the applicant into making a mistake?
*	I got a deferred because this was the first one with diabetes meds. I could have brought 2 years of A1C results showing it was under control, but the form did not mention it. Now I'm waiting MONTHS to hear from OKC.
*	I had all the proper paper work from my doctors sent to Ame.
*	I had forgotten one medical incident on my MedXPress form until 24 hours after I originally submitted it --- and well before my AME appointment --- and I was unable to log on and correct it. This was trivial in the prior system and impossible in this one. I don't understand why.
*	I had never used MedXPress for certification before; and I did not know what to expect - but once the form was filled out and completed and filed; and I wanted to revisit it I did not have access any longer. If I had been using this form all along there would be much useful information in the forms for filing the next application. It is over twenty years since I have held a medical certificate and it is very difficult/impossible to remember all the information that I have entered on those forms. An applicant should have easy and simple access to all his previous airman's medical applications. From this perspective, I can now see that I should have archived all those forms from the very first medical back in the early 1960's: As usual, hindsight is clearer than foresight.
*	i had no a priori expectations, but the system became inflexible
*	I had to call foe help several times
*	I have always been 100% honest. My primary care doctor advised Metforin because Crestor slightly raised my blood sugar. My flight surgeon is retiring, said he had to defer it. Then he said "There'es no changes, you're in good shape. You should receive a letter from the FAA in 8-10 days". So it's been 8 weeks, no letter, sitting in Limbo. My primary care doc tells me I'm in fine shape. I swim over 100 miles a year, walk 1,000+ miles/year, feel fine. Just a little confused by the bureaucracy.
*	I have been taking the same medication for year, but it doesn't record this. Also it doesn't keep track of past medical visits in the last 3 years. I have to keep digging up dates of my latest doctors visits.
*	I have not received any feedback;
*	I have some issues that required communication direct with FAA which is next to impossible and Medx press doesn't allow or account for

12a. How did MedXpress perform compared to your expectations? 'Far below expectations' or 'Below expectations' (explain below)	
Please explain why MedXpress performed below your expectations:	
*	I have someone else fill it out for me.
*	I have to fill out the application on-line, then go to the test at the doctors. Then my printer won't print the stupid thing.
*	I kept giving the correct answer but was rejected. Finally, I made up an answer and it was accepted. Ridiculous.
*	I needed more space to explain details/facts concerning recent hospitalization and health condition that led to hospital admission.
*	I see no advantage for the pilot. This may be of some advantage for the FAA aero med. dept.
*	I sent my info to AOPA and they told me I should not have any trouble
*	I should be able to access passed forms to reference the data tha has to be reported year over year. AddionAlly any item that has been previously reported w/ no changes should be up loaded into the new form.
*	I still do not have my medial because during this process of trying to get everything that the Dr needed my wife was diagnosed with breast cancer so I have been dealing with this and I have not had the time to go back to the Dr for my medical
*	I submitted it on August 3 and still have not recieved my medical ceretificate!
*	I think the old method of doing it all in the AME's facility worked well.
*	I think the whole exam should be done by a designated local ame.
*	I want it to remember the answers to my application from last year and populate those fields (all my medical issues as "already reported".
*	I was not able to print out the questions and my answers.
*	I was rejected based on weight and size of my neck.
*	I was unable to review prior applications
*	I was unsure how to go back and correct an entry. seemed a little awkward.
*	I will not be satisfied with the way things are done with this process until I am given an answer as to the results of my examination. I am ready to hit the skies.
*	I would expect MedXpress to facilitate the process, not create more complications
*	I would expect to have access to my past applications while completing the new application. Using past applications would improve accuracy of past medical visits on the new application.
*	I would prefer to fill out the form in person
*	I would save application for later completion but upon return to the web site, my previously entered data was gone. Happened more than once
*	I'm old school, it takes me a long time to do computer stuff. I like paper better.
*	If I had known more about FAA guidelines I would have rescheduled to a later date so to resolve an issue that came up during the exam and now is subject to review at FAA
*	IF I had to spend the time and money to meet this critera , I couldn't afford to fly!
*	if you do an exam every 6 mos should open and do it if nothing new
*	impossible to correct an improper key stroke
*	In the area that required explanation felt awkward.

12a. How did MedXPress perform compared to your expectations? 'Far below expectations' or 'Below expectations' (explain below)	
Please explain why MedXPress performed below your expectations:	
*	Inability to back-up, not very flexible for taking responses
*	Inability to correct errors after submitting
*	Incomplete line by line instructions
*	Instructions not clear, answer questions since last physical or for last 50 years
*	It adds an additional, unnecessary step to the certification process without adding any tangible benefit.
*	It apparently does not remember previously reported/entered healthcare appointments.
*	It did not provide sufficient space to explain and detail responses to conditions. For example, more space is needed for Medical Appointments; space is provided for only 20, A supplemental listing was required which then had to be separately sent which was then scanned. This is all delay in the application review.
*	It does not allow me to hold the data. The AOPA system was MUCH better. Data from prior years and visits is all there and I only had to update a few things and print. That was MUCH better
*	It does not remember my past medication inputs
*	It has been over a month and I still have no medical
*	It helped somewhat by saving some previously entered data for you, but failed by having a one size fits all method of recording other data. The 2 year list of visits to physicians in a simplistic format required a lot of unnecessary typing to convey the information.
*	It is 10 weeks since my medical examination and I am still waiting for the medical certificate
*	It is a typical example of the forms used by the federal govt which are prone to errors that cannot be changed and not user friendly.
*	It is complicated and some inquiries are unclear
*	It is just an extra step that could be handled in the office
*	it is not an agile system - seems like I have to enter, re-enter, resave information
*	It is often cumbersome compared to doing physicals before MedXPress. Feels like you transferred paper work burdens via computer to pilots. Something increasingly common in the industry.
*	it is too impersonal, I spent very, very much money and time to reestablish my medical with no information upfront. I basically had to guess.
*	It is very rudimentary and cumbersome. I believe I had to reenter all my previous data. Printed form was poor.
*	It just takes too long.
*	It keeps asking me each year to put my whole history in and I have done it several times now and that is a waste of my time. Show me my past history so I can add what is new.
*	It needs to list me. issues that require additional medical records from primary doctor. i.e. lab work, Dr. evaluation, etc.
*	It provided no value
*	It seems like an unnecessary waste of time
*	It should auto-fill "all" information that is obviously unchanged from the previous application.
*	It should have explained more detail when asking sensitive questions. I had a minor concussion due to a skiing accident (felt).
*	It should hold a record of your medical history so you don't have to enter the same info every time you apply.

12a. How did MedXPress perform compared to your expectations? 'Far below expectations' or 'Below expectations' (explain below)	
Please explain why MedXPress performed below your expectations:	
*	It should hold basic data so I do not have to retype this every year.
*	It should keep a record of your last entries so you can just update them - flight times, current meds, etc...
*	It should keep on record the names and address of previous doctors I have visited.
*	It should save data in medical history between completion attempts.
*	It took way too long to get a simple issue resolved.
*	It was a little misleading based on feedback from my examiner
*	It was not the easiest site to get through
*	It was of no value. You paid no attention to the results.
*	It would be nice if the system would remember all my previous doctor/hospital visits for prior 5 years, so that you do not have to reenter them every year. That along with previously listed medications, would improve the system
*	It would not let me amend after it dropped information I had listed. I submitted the app before I saw it lost my info and would not let me add or amend.
*	Its a confidential system, I'd like to see things like previous Doctors appointments and previously reported items saved from exam to exam
*	Just more abuse of government
*	Just more paper work,
*	just think its better for me face to face, not using a computer.
*	Less interaction with AME
*	Limiting in reasons for RX's
*	Lost all the entries that took me 2 hours to input.
*	Lousy interface. Poorly worded questions. No live chat to provide clarification.
*	May have permanently lost my license due to ignorance that the medication I was on automatically disqualified me
*	MdeXPress did not tell me what medical records would need to be provided.
*	Medical Examiner office did not plan to use it, hence it was useless to the entire intended evaluation and licensing process
*	Medical history from prior year should be carried forward for updating.
*	medx is probably ok, its when ok-city gets your submitted papers in ther hands, it a becomes a failed and dishonest system
*	MedXPress can be simplified by having an option for "Previously Reported" instead of listing old items a-new.
*	MedXpress did not have the ability to help in a special issuance medical. It did not allow for communication with the people making the decision to issue the special issuance. It did not speed the process!
*	MedXPress does not improve the FAA processing service time.
*	MedXPress does not provide enough space for explanations. For example, the space provided to explain hospitalization is sometimes just not enough.
*	MedXPress does not remember 8500-8 item 19: Visits to Health Professionals Within the Last 3 Years. Even though I get a medical exam every 6 months, so each visit has to be entered again on 5 8500-8s.
*	MedXPress has greatly improved over the last few years, but it still needs improvement.

**12a. How did MedXPress perform compared to your expectations? 'Far below expectations' or 'Below expectations' (explain below)**

**Please explain why MedXPress performed below your expectations:**

*	MedXPress only functions well for normal medical evaluations.
*	MedXPress should retain past history so I do not need to re-enter it at each re-application
*	MedXPress should save all previous doctor visit data for the previous three years and drop off visits greater than 3yrs automatically.
*	MedXpress was not explained well enough and was not updatable
*	More efficient with old system, still have not received medical since this doctor does not know my health history.
*	More rouble than value, could have been more efficent
*	Most questions are excellent,, just need to clarify DWI ,, remember you are not quilty till convicted,, and it is UNJUST to treat individuals otherwise
*	mountains over molehills
*	Must re-enter all meds and doctor visits.
*	My AME thinks I am qualified. He examined me, I passed with high regard. FAA says not qualified with no chance of a followup exam.
*	My class medical is still not approved.
*	My special condition was not conceded
*	Need to keep last form info
*	needed to look up in book to determine what to do next.
*	Needs to keep track of previously entered doctor appointments enter in prior 3years. Hard to keep track of a doctor visit for 3 years for
*	Never excepts password
*	No advantage whatsoever to the airman
*	No auto loading of previous three years of doctor visits.
*	No certificate was issued following successfully meeting/exceeding Class 2 requirements. Creates legal liabilities.
*	No expectations.
*	no follow up
*	No instructions for special issuance
*	No one knew how to handle my "sleep apnea" diagnosis with a 1st class certificate.
*	No opportunity to make corrections in concert with AME.
*	No results yet
*	Not a good system
*	Not able to review first with AME.
*	Not an intuitive workflow/data entry
*	Not easy to do.
*	Not easy to use on demand

**12a. How did MedXPress perform compared to your expectations? 'Far below expectations' or 'Below expectations' (explain below)**

**Please explain why MedXPress performed below your expectations:**

*	Not enough entry lines for documenting past medical history
*	not enough space for explanation, keep timing out
*	not friendly . was my first time and they treated me as though I had always used the system
*	not intuitive, clunky, Doctors office struggled with instruction. Training resources are poor.
*	not user friendly--make a mistake and you start over or it lost previous inputs
*	nothing in MedXpress about medications extended testing upto \$10,000
*	Often not clear. Have to re-enter information that has previoully been entered.
*	on MedXPress, web site is not user friendly. poorly designed.
*	Once I entered information, I wanted to go back and add more, but was not allowed.
*	One Dr delayed test info,and no letter, resulting in very late mailing my complete package. Not flying lack of current MED
*	Online detailed forms time out causing you to log back in and reenter data. Painful waste of time. Tired of this. Get some HMI experts and have them go over the Human Interface. Value thrpe time of We thePeople more than bureaucratic expediency in the design of this tool..
*	Outdated, slow and cumbersome platform.
*	overkill not needed
*	Overly complex. Nobody could explain why my files were locked. After medical, nobody could explain why my test results were locked either.
*	Pain in the [Profanity]
*	Parts were ambiguous + difficult to navigate
*	Past answers to medical questions are not stored.
*	Poor technology, outdated web site, operators within the FAA that make arbitrary decisions to withdraw pilot's clearance because a med express has been started but not completed.
*	Previous doctors vists alway have to be repopulated every time you use MedXPress
*	Previously reported elements are redundant! Its a database - you should simply note the information. Requiring the same information to be reported/listed is completely unnecessary.
*	Previously submitted information should default to new application and not require reentry
*	Print out & was personal information was filled in
*	probably not the website's fault. I was using an unfamiliar windows computer instead of a mac.
*	Process is time consuming in it's present form.
*	process kept dragging on and on
*	process take longer that completing the paper form.
*	Process too long for simple evaluation
*	Program should remember past data entered on things like perscriptions.
*	Questions not all clear.

12a. How did MedXPress perform compared to your expectations? 'Far below expectations' or 'Below expectations' (explain below)	
Please explain why MedXPress performed below your expectations:	
*	re entering a lot of previously entered and reported data.
*	Read a compute
*	reasons given on prior response
*	Requires a different password & username than IACRA. It would be nice if they could be the same.
*	Requires another obscure password and weird architecture with no purpose. Wastes my time and tax dollars
*	Return communication from OK was not received by AME until contacted again
*	seems to be slow a quirky to work with.
*	Should be able to do MedXPress at home . I couldn't log in at home.
*	Should have allowed for special conditions.
*	Should reflect previously reported data
*	Shouldnt have to fill in "previously reported"The system should just store that. It may be quicker for AME's and the FAA, but what about the pilots?!?
*	Slow, it keeps kicking you out of the system and you have to restart and log back in
*	Some of the question could be a little clearer.
*	Sti I no medical HUGE time delay
*	Still no medical
*	Still waiting for medical
*	t was slow and tedious.
*	Takes longer to do and often cuts out, requiring repeat entry etc. It's awful!
*	technical difficulties with the site, then form printed blank, several frustrations
*	The AME cannot make much of a decision for the applicant without going through a long drawn out affair with OK City
*	The AME wants it filled out beforehand so he can pump out as many medicals in an hour to make money. But if you don't have it all perfect, it screws you over and you don't have a medical.
*	The average person is asked medical questions that he must respond to, without being able to consult with the ME or family Dr. So it's easy to put a wrong answer even if everything was totally truthful and above board. The ME required a 100% COMPLETED form before he sees you,The average Joe dosen't know the right way to answer some of these medical questions.
*	The computer is not my forte
*	The process doesn't expedite the approval when required for employment is checked.
*	The process is too impersonal.
*	THE PROGRAM HAS PROBLMES SOME OF THE TIME
*	The room allowed for explanations was very limited
*	The system should keep my history of medical visits for the last 3 years. Every time I apply I have to retype all of these, not just the new ones. This can take an hour or more to retype each time. The system keeps all my other previous information, why not the medical visits?

12a. How did MedXPress perform compared to your expectations? 'Far below expectations' or 'Below expectations' (explain below)	
Please explain why MedXPress performed below your expectations:	
*	The things already listed should not be required again
*	The thought is good--the response is extremely slow--not sure if that is the fault of MedXPress or just the staff (or lack of) behind it.
*	There is an awful lot of repetitive typing needed. We all see the same doictors. why not put the doctores in memory so when we type in Drs name his adress and other info fills the remaindert in. Then we would only have to fill out the date and reason.
*	There is just no room for discussion when filling this out. So things I wanted to discuss with AME before submitting. You do not make it clear
*	There is no comon sense used once you are kicked out it's over.
*	There is no need for MedXpress. It serves no purpose.
*	There is no reference to previous flight time or previous issues
*	There is no where for me to access my account and see how the process is proceeding.
*	There was no purpose or substance supporting the request.
*	There were technical problems with the software
*	They ask for health info that does not apply to my health today.
*	this form should come up with previous medical history already filled in, so all I need to do is fill in the history since then.
*	This is taking way too long! My Cardiologist went way above the FAA requirements in terms of post treatment testing. He wrote a thorough summary, but somehow my paperwork seem to sit on some desk in Oklahoma City and I hear nothing. While the Medxpress website worked fine for me as far as getting an appointment is concerned. The overall process of this special issuance seems way too lengthy, and I was not informed ahead of time what to expect in terms of wait time, nor was I informed midstream on process time frame.
*	Time consuming
*	TIME CONSUMING-- YOU SHOULD WAIT THE NIGHT BEFORE THE EXAM-- YOU NEED TO MUCH DATA!
*	Time was limited on entering information and one time I was nearly finished , saved the information and then it was lost.
*	To Burdensome
*	to heard to use
*	To lobg
*	to Me it was just like FAA was in 2004
*	To my recollection, there was no carry-over of medical history infor from my previous application. This feature would be very helpful.
*	Too detailed
*	Too long to return results
*	Too many questions
*	Too much computer work! If the FAA wants the resultes - let the Dr send them in. He is making the money. I want to call office, get exam, & go home. I don't want to fool around with all this paper garbage.
*	Too much PMHx that you already know
*	too tedious

12a. How did MedXPress perform compared to your expectations? 'Far below expectations' or 'Below expectations' (explain below)	
Please explain why MedXPress performed below your expectations:	
*	Took 10 months to get approved!
*	Took some getting used to, for entering info. Some tricky choices needed to enter data.
*	Took too long
*	Took very long to get through technically.
*	trouble finding and getting through the process
*	Unable to correct a change after submitting which confused the doctor.
*	unable to fully answer summary of my current condition
*	Use to be able to fill it out, instead of going online
*	Used inaccurate information to make medical determination.
*	Used only a few times and work just fine until the examination
*	Very confusing medication entry. Took special help from my AME to break the code on finding the precise med entry
*	Very frustrating and hard to deal with
*	Very impersonal process, which inserted a complex process to a simple problem.
*	Very non user friendly, well below similar online forms used for other govt. agencies and commercial websites
*	Very redundant to reenter the same information year after year. The health questions should be based on the last year, or since the last exam so no conflict of information happens. I'm just glad I don't have much medical problems to put down.
*	very time consuming to complete
*	Want MEDEX to retain my previous application information
*	wanted unnecessary documentation
*	Was better if you could review your last years dr visits so you dont have to keep re submitting the same information
*	Was confusing to answer question and navigation
*	Was denied!
*	Was not able to get my certificate unless I supplied 10 year old medical records. Did not know this ahead of time.
*	Waste of time
*	website not responsive. helpdesk could not help.
*	went online and filled out medxpress. Gave to AME. AME says he cannot issue medical has to go to OKC. 4 months go be before hearing anything from OKC only to find out more testing required. Also told medical will be dated at time of AME exam. If I ever get the medical, more than half the tiem between medicals will be used up. This is a 3rd class medical and FAA cannot seem to take the recomendation of my cardiologist.
*	When I complete mess press and I make a simple error such as flt time my AME must write an explanation.
*	When I did not complete it in one sitting, I had difficulty re-entering.
*	While MedXPress appears to make the AME office visit more efficient it apparently creates additional reporting from doctors for medical conditions that are not relevant to holding a medical certificate
*	Works like a government provided program, vs an Amazon or Google ordering app

<b>12a. How did MedXPress perform compared to your expectations? 'Far below expectations' or 'Below expectations' (explain below)</b>	
<b>Please explain why MedXPress performed below your expectations:</b>	
*	Would have appreciated anything that could have been automatically filled in from last prior application being there, subject to me making changes
*	Would like to see MedExpress default prior submission data to allow updating rather than starting with an empty sheet
*	You need to have another entry stating "Didn't have any expectations"

Table 5. Reasons provided by respondents who indicated 'Other reason' on Item 15 and provided a response (n=102).

<b>15a. What was the <u>main reason</u> the AME <u>did not access</u> your MedXPress form online <u>during</u> the exam appointment? Other reason (explain below)</b>	
<b>Main reason the AME <u>did not access</u> your MedXPress form online <u>during</u> the exam appointment:</b>	
*	AME could not access, the service was down
*	AME had a print out of the MedXPress form
*	AME had printout of MedXPress form.
*	AME worked from the printed form and did not access a computer screen during the review
*	Apparently I needed the completed glaucoma form too
*	Applying for Special Issuance so other items needed to be addressed
*	Brought a printout with me
*	Computer glitch in OKC blanked out all of my entries; luckily I brought with me a printed copy
*	Conducted a routine physical exam. Medical history and information germane to the special issuance were "going to be reviewed by doctors at FAA medical branch at OKC"
*	did not access
*	Did not request.
*	Did not require it, just conformation.
*	Didn't have a computer capable in the exam room
*	didnt look online for my medexpress as i had it with me
*	Done prior to exam
*	either the FAA computer system was down, or his computer was experiencing problems - either way, he could not access the system and I had to come back two days later to completed the process
*	had a copy
*	Had already printed off relevant info
*	had form printed out prior to exam
*	Had it printed in front of him and he's very familiar with my case.
*	had it with me aheadt and submitted yo his office pror to exm
*	Had my number

**15a. What was the main reason the AME did not access your MedXPress form online during the exam appointment?**

*Other reason (explain below)*

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

*	hard copy printout
*	He accessed it before my exam
*	He accessed it BEFORE the exam appointment
*	He already had a copy.
*	He did access it, look at the previous question, he did it BEFORE the exam
*	He did it after the exam
*	He did so @ the end of the exam not during.
*	He had a hard copy printout
*	He had a print out of the form.
*	he had a printout
*	He had it before the exam
*	He just asked for my conf. number. I have no way of knowing if the AME used MedXPress during my physical exam.
*	He provided written direction to his MED asst. to be inputted.
*	He referred to it after the exam
*	he uses a contractor to do that
*	He was going to refer me to another AME for extensive testing \$10,000
*	His office took my form with my conformation # and sent it in before my exam was completed.
*	I believe his staff may have done it and that information was in the background. Not told to me.
*	I brought a printed copy
*	I brought a printed copy of it with me
*	I brought a printed copy of the application.
*	I brought a printout of MedXPress.
*	I brought in MedXPress form already filled out.
*	I brought it with me
*	I brought the form with me.
*	I can only say , I guess my flying days are over , The red tap just takes the fun out of flying .. You would think I had a heart transplant !
*	i completed and printed the form immediately before the exam at a flight school next door
*	I did it with my computer to get my confirmation number to give it to my AME to confirm.
*	I did not use MedXPress until after my appointment.
*	I don't think he has stayed up to date on the process. Very paper oriented and that has been a problem.
*	I dropped off a copy at his office several days before the appointment
*	I fax'd a copy to him before the appointment.

**15a. What was the main reason the AME did not access your MedXPress form online during the exam appointment?**

*Other reason (explain below)*

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

*	I filled out the medxpress form online and gave a copy of it to my AME
*	I gave him a print out of the MedXpress
*	I had a copy for him
*	I had accessed beforehand
*	I had forwarded it to his office prior to my exam date.
*	I had it with me from online
*	I had my hard copy for my application.
*	I had printed out copy
*	I had the MedXPress info with me
*	I had the paper copy of my medxpress form.
*	I had the printed version and just gave it to the doc.
*	I had to bring printed computer application to exam
*	I has furnished a printed copy.
*	I provided the number 2 days before the exam so that they can download the information.
*	I provided the paperwork.
*	I was told to print and bring it with me.
*	if he did I was unaware that he did....
*	it was asready accessed
*	It was never looked at in my presence
*	It wasn't necessary, as I handed him a printed out copy.
*	Last year she made me go home and print it out for her. This year I was prepared and broughtit with me.
*	May have before talking with me, but there was no computer in the exam room.
*	My AME needed more reports/clearance from physicians that had treated me prior to my medical before submitting my application to Oklahoma.
*	no computer access
*	no computer in exam rom
*	No computer in room
*	No internet access.
*	No on-line computer at location.
*	No problem with the medxpress form
*	Performed by sect. Doctor did not use computers.
*	Question does not present representative choices- ame did not open
*	Receptionist accepted confirmation number only. Dr. may have checked or verified MedXPress after I left the office.

<b>15a. What was the <u>main reason</u> the AME <u>did not access</u> your MedXPress form online <u>during</u> the exam appointment?</b> <i>Other reason (explain below)</i>	
<b>Main reason the AME <u>did not access</u> your MedXPress form online <u>during</u> the exam appointment:</b>	
*	Referred to printed copy
*	Required to bring two printed copies
*	She consulted it before the exam not during it
*	She had it in printed form and the room I was in did not appear to have internet access.
*	She may have it on her flu but I was unaware of it
*	She required us to bring a printout of the completed application, which she referenced and kept. Also compared it to my application from previous years to check accuracy.
*	Stopped exam because he claimed he was not aware of my sleep apnea, even though information was submitted multiple times. And he did sign off on medical previously.
*	The AME Dr. [Name] was new and not properly trained (or competent) to perform a Class 3 pilot physical. I base this rebuke on 30 + years of FAA Class 1 physicals that were consistently "routine" and witho
*	The AME had pulled the application prior to my arrival
*	The check-in staff handled the paperwork
*	The MedXPress computer was down
*	the process requirwes several various exams at diferent locations in the doctors office and away from the computer
*	They were still compiling my records
*	very disorganized seemed like he couldn't be bothered with exam
*	was requesting special issuance certificate
*	Weasel wording, DURING...his office had it printed before I walked into exam room.

Table 6. Reasons provided by respondents who indicated 'Other reason' on Item 21 and provided a response (n=212).

<b>21a. Why were you dissatisfied with the <u>exam appointment</u>?</b> <i>Other reason(s) (explain below)</i>	
<b>Other reason(s) you were dissatisfied with the <u>exam appointment</u>:</b>	
*	"Cash Only" transaction caused concerns.
*	Abrupt change in exam time the day before
*	Advice given in regards to providing additional records was incorrect.
*	All records required to maintain my special issuance were provided to AME but were never forwarded to the Medical Certification Division and as a result , my medical has been denied. Have followed up several times with the AME, and was assured the problem would be resolved. The last communication was more than 18 months after the initial exam. There has been no resolution and I have given up trying .
*	AME called FAA for clarification of issuing certificate based on medical history on MED Exam
*	AME claimed last AME should not have issued medical certificate without a special waver.

<b>21a. Why were you dissatisfied with the <u>exam appointment</u>? Other reason(s) (explain below)</b>	
<b>Other reason(s) you were dissatisfied with the <u>exam appointment</u>:</b>	
*	AME concluded exam by implying I had passed but he was unable to issue certificate due a flagged medication. Had I been aware of the flagged medication I could have provided the required medical information from my my doctor and a psychiatrist. In response to a letter received later to be informed by the AME it was "To late."
*	AME did not have authority to make decision to issue certification due to a short term prescription of a medication. I'm not so much disappointed with the AME, but am disappointed that the MedExpress system did not flag the medication as problematic. Had I been provided that information, I could have taken steps to address the issue in advance and would not have been put in a position to be denied the certification.
*	AME did not have current understanding of FAA guidelines. Also, he did not explain the reason for deferring my medical.
*	AME did not perform requiered tests. AME lied on report. AME gave a phoney reason for rejecting me.
*	AME did not review and notice that one of the current type II diabetes meds is on the disapproved list by FAA.
*	AME didn't seem to want to help with tests I knew I had to take
*	AME displayed a strong contempt for retired military, even though I have over 16,000 hours with no accidents or incidents.
*	AME gave me inaccurate information about why he had to defer my medical and about the CAMI review process
*	AME had little to no knowledge of aviation outside of the medical standards.
*	AME has same drop foot condition. Gave check story he had with FAA examiner. Daunting experience. Shook me up.
*	AME indicated the certificate would have to be a special issuance, and that it was 'very routine', and would take 'a few days'. I have since learned that the FAA process is backed up for three months. The AME is of no help with this; his assistant only gave me the FAA telephone number for me to call myself. They are no help, either.
*	AME inferred that I would pass the review, then talked to the Oklahoma Guru and failed me even though my heart specialist at Mayo said I was ok to fly.
*	AME refused to issue certificate because he "thought" I might have issues with sleep apnea even though I have no symptoms other than a "large neck". He insisted I undergo a sleep study to prove I don not have sleep apnea before he will issue certificate.
*	AME required tests that he would not order, resulting in 2 additional medical appointments and assoc expenses and travel
*	AME said he would help me through my issues when my medical was due all he did was turn me over to his office manager. All she told me that FAA would consult in 2 weeks with info to re-apply.
*	AME said I had sugar in my urine and he couldn't issue my certificate. Said I had to get an A1c test done and send it to Oklahoma for review. I've been waiting 4 months and no answer from anybody about my cert when I call. I've had a special issuance for 12 years and this is the first time I've been refused renewal and it was by a NEW AME.
*	AME seemed confused by CACI, would not listen to my explanation, needlessly deferred my application when CACI allowed him to issue, created needless workload for OKC staff, I had to devote considerable time and expense, still not resolved.
*	AME seemed disconnected. I brought my complete medical history to discuss. He did not ask not want to discuss. Equipment is outdated.
*	AME seemed irritated taking my case, sent incomplete documentation
*	AME stated that your office may ask me a few questions, about a medication, that I take. Your office requested a repeat test, that I had already taken about a year earlier.
*	AME very hostile would not provide info or explain
*	AME waited weeks before sending documentation I brought him to the FAA prolonging the amount of time my medical was deferred.

<b>21a. Why were you dissatisfied with the <u>exam appointment</u>? Other reason(s) (explain below)</b>	
<b>Other reason(s) you were dissatisfied with the <u>exam appointment</u>:</b>	
*	AME was befuddled when he learned I was using a CPAP. He spent almost an hour looking up how to deal with the issue. Obviously, not well informed, and I feel added unneeded complication to the process.
*	AME was capricious and vindictive in his report due to a personality conflict between us. Inaccurate information in his report
*	AME was recovering from a stroke and lacked complete muscle control. He walked with a cane which was fine but when examining my left ear he rammed the light inside my ear causing considerable discomfort which lingered for several months but is gradually improving. From our conversation I realized that he wasn't particularly interested in patient health or aviation safety but rather in making money as he spoke about wanting to become certified to issue 1st class medical certificates and be able to see fewer patients. He was looking forward to getting his own medical certificate reinstated which didn't seem like a good idea to me. od
*	AME was very disrespectful, his exam room was dirty and cluttered, he also complained about the change in regulations for third class medicals. I got the feeling from his attitude from the moment we met he had an ax to grind.
*	AME with no explanation, indicated my records had to be sent to Oklahoma City and to wait for a letter from the FAA (never came).
*	AME would not take action on any outstanding issues. Constantly, avoided me and never returned calls. Never provided updates to ongoing issues. In a nutshell, this guys was a real quack, only interested in collecting the fees.
*	AME's nurse connected ECG electrodes wrong and I didn't find out until OKC sent a letter. Had to reschedule another ECG.
*	Appeals process and needed documentation was not explained
*	Ask for more than any other doc I have been to in 20 yrs.
*	Asked for additional information several times. I was asked for a great deal of information that was not provided in time that i did not have control of providing
*	Asked for things the FAA did not even ask for and then failed to submit them in a timely manner
*	Asked to see my drivers license.
*	based strictly on the fact i take Zocor for high cholestreol he mad me go to my gp and then to a cardiologist . 2 month delay
*	Basically said to wait until the law changes, did not review my past experience of 20 years in the Navy flying, more concerned that I didn't fly anything for the past 10 years.
*	Because he did not take my medical history in to account.
*	because i didn't have a "primary doctor" he did not help me with the sleep apnea "criteria" that the FAA has mandated
*	Because I was talking medication for arithima the flight surgeon requested information from my carodogolist and the carodiologist sent him back on another person he then gave this information to the FFA who in turn requested all sort of test. At this point I just gave up and went "light sport" now I am waiting for new rules to come out before I presue getting back my Class 111 rating.
*	Because of the pre-internet filing, he had no input as to my answers, was very cold, and said it was my fault if I answered some things wrong, and based on those answers, deferred my medical certificate
*	Being denied a Class III physical so I can fly again because I am compliant with my CPAP and mood stabilizer medication is pretty stupid. Why don't you think about changing the regs so that an old guy like me who's been licensed (SEL only) for over 30 years can enjoy flying again. You're penalizing me and others like me who are otherwise completely healthy because we didn't lie on the application and we do everything our Primary Care Docs tells us to do. But you'll let me get a "Recreational license"?! What sense does any of this make?
*	Blood pressure readings were within FAA guidelines (155/95), but refused to grant certificate. Very rude staff
*	Called OK city(FAA Aero-med) before issue. Afraid to make mistake. Charged me for her time.

<b>21a. Why were you dissatisfied with the <u>exam appointment</u>? Other reason(s) (explain below)</b>	
<b>Other reason(s) you were dissatisfied with the <u>exam appointment</u>:</b>	
*	cardiac follow up was totally unnecessary. Two years past since i had virus that caused me chest discomfort. all probable test done and nothing found except a virus issue. second issue of microscopic blood in urine was found. I did follow up on the issue and found to be stone in bladder. that is taken care of now.i question why either of these issues stopped me of having my medical reissued at time of the visit.
*	Charged 700 dollars for in house lab that did nothing really and I could have done that thru my insurance for nothing. Ripoff
*	Clinical; limited responses to questions; seemed [surley]; left feeling disappointed w/no advice
*	Complete copy of AME exam not submitted at my request. I, myself am a [cardiac] surgeon.
*	contacted the faa while I was there to talk about my heart murrmer
*	Could not or did not explain the requirements for my doctors and the letters that they should provide.
*	Couldn't get appt early enough for lenghty FAA process
*	Deameanor
*	Did not explain the new sleep apnea program till exam was over. Judged me on weight alone which I found out later was against all protocols. Said he had no choice which I found or later was not true
*	did not feel he was on my side-i had to fight another"official". He took the info and turned me over to the feds to get "LOST"
*	Did not follow regs regarding high blood pressure/rather after 3 days diferal to FAA for handling - causing huge delay in process.
*	Did not issue cert. based on info. that was previously known - gave cert. prior.
*	Did not like a medication my doctor prescribed. Rather than check with said Dr.; grounded me from flying solo and wanted me to jump through a bunch of hoops with Oak City.
*	Did not pass physical.
*	Did not properly resubmit my A1C requirements resulting in non-issue of certificate
*	Did not send all or appropriate information to FAA in timely manner or at all
*	Did not send provided special issuance documentation, later said it was lost
*	Did not show up for the exam on time
*	Didn't get any professional info req'd.
*	Didn't give certificate and didn't explain why
*	Didn't tell me I needed a report to submit, didn't know if I needed it (I did) even though he's the "expert", and the FAA decision matrix also says nothing of the report being needed
*	doubted some of my answers requiring unnecessary med tests which are expensive
*	Dr was short on time due to a funeral he had to attend. I was not given enough time considering the complexity of my case. I would have gladly rescheduled if I knew he was going to be short.
*	Examiner did not know of or did not see the check box that stated that no testing for sleep disorders was required so I was forced into the risk category despite having no symptoms

<b>21a. Why were you dissatisfied with the <u>exam appointment</u>? Other reason(s) (explain below)</b>	
<b>Other reason(s) you were dissatisfied with the <u>exam appointment</u>:</b>	
*	Examiner was nasty, rude and accusatory. He threatened me when I wanted to leave before the exam was completed because he was afraid ( his words) he would be gigged by FAA if he did not complete the exam. He accused me of fraud and threatened to report me to FAA and FBI for falsifying records. The next few minutes were more than mildly contentious until I stood up to him and told him to back-off and get away from the door. Once I very assertively pointed out how his operation was SERIOUSLY FLAWED he calmed down. I would NEVER go back to him and have suggested other pilots avoid him if possible..
*	Explained that further testing due to prescribed medications may cost \$10,000
*	Eye chart in very dark location.
*	eye exam did not allow for tri focals and rushed thru it. Had just had a complete eye exam.
*	FAA continues to refuse approval on different grounds each time; it's harassment.
*	faa has not responded in months of waiting and calling with nothing but that it is in the works. this has keep me grounded and out of work. I have seen specialist and all have said I am good to go. but the faa still sits on the I dont know and I am out of work waiting to go back to work. this has been the most frustrating thing in my 25 plus years in aviation.
*	FAA Survey "that would not affect my medical today" was a scam. I do not fly because I do not want the FAA to force me to monitor use of a CPAP or other device. If I had to do it over again I would say NO to very FAA survey and I would still be flying. I quit because of this.
*	failed to explain consequences of being denied and submitted without my approval
*	Faulty equipment was used, had to hold the eye exam in my hands because the stand was broken office staff was using the wrong manual for machine I was tested on
*	Felt interrogated, like he was doing me a favor, questioned medications prescribed by other doctors
*	felt that my denial was absolute without any options. I want to fly again.
*	first time for a special issuance and was not really helpful as result have had to resubmit paperwork
*	Five months after he issued the Medical Certificate, received a letter from FAA stating I had Ninety days to get necessary paperwork back to them or my Medical would be suspended. Only problem was I received at letter dated Aug 14, 2016 on November 16,2016; I called the FAA in OKC to get an extension, it was refused. My AME didn't get the letter until after I received mine. Still waiting for an answer from FAA, I faxed all necessary paperwork. Not very efficient.
*	got deferred to see another doctor
*	Got my SODA number wrong, resulting in a night restriction which took months to straighten out
*	Had a chemical use history in which AME not current with standards
*	Had incorrect information that he could issue my 3rd Class cert while I was taking prescription SSRI medication.
*	Harped on me about blood pressure being somewhat high and wanted me on a prescription and pushed it.
*	he had to defer my issuance to the Regional AME, only explaining that it would take 2 to 4 weeks to hear back from Regional to discuss the next step. Flying is a big part of my job and I have been in total limbo waiting for a response from Regional and I have no idea what my recourse is. I don't even know if I'll have a job!
*	He looked at all my medical information and told me I had a 100% chance of passing the medical.
*	He refused to take my blood pressure after his helper had taken and listed a result very unusual for me. He would not discuss the need to retest.
*	He seemed surprised that I would be upset that he took my job away, acting as if he were only doing what was necessary. I have been treated more caring by police when they were arresting me.

<b>21a. Why were you dissatisfied with the <u>exam appointment</u>? Other reason(s) (explain below)</b>	
<b>Other reason(s) you were dissatisfied with the <u>exam appointment</u>:</b>	
*	he turned me in to FAA. I had no warning. I stopped taking zoloft.
*	he wanted to have more tests due to installation of a pace maker because of a slow heart rate when sleeping, I thought his request for a stress test would be harmful to my health.
*	He was trying to trick me in general conversation. He was trying to outsmart me rather than discuss any issues that were of concern.
*	Hearing test was whispered at distance of 10 ft with one ear closed at a time in a very noisy room. Not according to regulation
*	Heart condition misdyagnosed. After thorough exams with cardiologist disqualification was not actionable. Sent latest results FAA
*	I am in medical practice myself and can tell quality from assembly line, If anything came up I knew I was on my own; gathering information, advocating for my certification, etc
*	I am now having to jump through hoops for what is a common condition of aging, when I had already had an eye exam and had passed it successfully
*	I am SI applicant. Did not forward my application to the FAA from the end of July till the end of. September.
*	I believe she disregarded past exam results, both ame and otherwise, consequently requiring me to see a specialist that concluded the concern was ill-founded.
*	I brought the medical records I was told would be needed by [Company Name]. My AME said they weren't appropriate and would not take the time to look at what I brought. I had to then mail the records separately. He told me to not leave my specialists office until they write the letter appropriately. My physicians don't work that way. I have them exactly what needed to be wrote from the [Company Name] consultant and that's what they followed.
*	I did not receive my medical certificate
*	I didn't know I needed a Dr. sign off om my blood pressure medication or that I needed an EKG.
*	I didn't need a third class but was just trying to see if I would pass before going to training for career. Signed me in anyway for 3rd class.
*	I disclosed I occasionally when I want to take Escitalopram for grief management after the loss of my son and wife, it just helps some at different times of the year. My family doctor [Name] prescribed it at my request. He was available to certify I had no mental problem that impaired me.
*	I do not believe that a deferral to Oklahoma City was necessary or required, and it has caused unnecessary confusion and difficulty.
*	I felt like reading a dip stick for urin is subjective. He should have ordered a blood test if he was concerned.
*	I felt that I was medically fit to pass my physical.
*	i had a cold, he did not issue my medical base on limited info.
*	I had expected the AME to issue my certification due written report from my physician that my A1C was less than 9 and under 140 doe row past 3 months which I thought was the requirement with DM II
*	I had kidney stones removed and was told the AME could re-certify me, but when I completed the exam the FAA refused to accept exam

<b>21a. Why were you dissatisfied with the <u>exam appointment</u>? Other reason(s) (explain below)</b>	
<b>Other reason(s) you were dissatisfied with the <u>exam appointment</u>:</b>	
*	I had no knowledge that the start of a MedExpress entry would commit me to do one of two things - a)spend thousands of dollars for tests being required by the FAA given my medical background, or b)have my medical revoked by the FAA based on the arbitrary rule that once the process was started it must be taken to conclusion. This was never discussed with me, and had I known this was the case I would not have started the process until I was in a position of wanting to pay for my expensive (excessive?) tests. I have now had my medical withdrawn by the FAA and am not able to take advantage of recent rule changes introduced by the Pilot's bill of rights 2.0 unless I decide to spend thousands of dollars and go through the bureacracy of the FAA
*	I had to return to complete part of the exam and was charged a 2nd time for the visit even though the eye exam which was conducted lasted 2 minutes. If I did not need the certificate that day, I would of never agreed and left to find another doctor.
*	I have my disorder (PTS) under complete control for 10 years with no accidents but was denied a card
*	I knew leaving the exam that my current Class III would expire before I could gather the required information, that i did not know about until my exam, and that it would be months before I would hear of my status from FAA Medical Services.
*	I presented a Letter Of Evidence that I had been told by FAA personell would exempt me from the color vision portion of the medical examination, but my AME did not accept it.
*	I received a DUI, my first and only and very regrettably..ive spent considerable amounts of money, energy and time to qualify for a PPL.. I understand its not the AME's fault for my lapse in judgement, however to deny me my certification and ability to renew my licence was very dissapointing meaning I cannot fly nor enjoy the benefits of GA.
*	I see her annually due to special issuance. I bring all paperwork and explain that I only need a full exam every two years and that she only needs to review the items I am submitting to OKC ( Bloodwork, cadiologist letter, stress test report and readings). I'm told to just take the test if I wanted them to complete my medical. I dont think they completed the exam but issued the medical anyway and the put down the wrong expiration date. I told them I come in on the first day of the month to extend to end of that month, the lengthy process I'm required to do every year. They did not care and put down July 1st as expiration date when that was examination date. They told me the FAA requires eye exam without required eye glasses which maybe you do but not sure what that logic would be. The place is not lit well and the readinging card is worn which makes it difficult to read.I have no issues for over 8 years and spend a lot of money and time to comply with all regs. The AME should be respectful of guidelines and work with me. I'll probably go elsewhere. I show AME where to sign and then take my package and send directly to OKC but at least I walk out with a current medical certificate. Sorry, but this is agonizing to go through annually when I go through all of the required testing before even getting to AME.
*	I supplied recent medaical information to be forwarded to the Medical Certification Board and it was not done!
*	I tested sugar in urine and low blood oxygen (both first instances). AME and nurse told me of results but did not help me plot a credible "get better" plan
*	I was after a special issuance for Type 1 Diabetes that I had been issued in the past. He wrote over the documents that I had recieved from my primary doctor and charged me an additional \$200.00 when I brought the paper work back to him for review before I sent it to the FAA. My past doctors never did that in the past. Not a supportive atmoshpere.
*	I was quoted a price of \$115 and because I had a couple issues that he had to do extra paperwork on, without any warning charged me \$195. This was completely unprofessional and I will never return to his office.
*	I was taking two drugs that they should of told me before the exam automatically disqualified me
*	I was the only patient in the building and waited 45 minutes after assistant did the basic testing to see Dr [Name]
*	I was told i was not qualified for one reason, upon going home and reading the FAA AME guide found out that my response did in fact NOT disqualify me. Ive contacted the FAA via email and have gotten no response to anyone. There is no direct line to find out the status of my application!
*	I was told that this AME had experience with difficult cases similar to mine. The AME did not follow up with any advice or help when the medical was denied, nor did he assist in starting the appeals process.

<b>21a. Why were you dissatisfied with the <u>exam appointment</u>? Other reason(s) (explain below)</b>	
<b>Other reason(s) you were dissatisfied with the <u>exam appointment</u>:</b>	
*	In spite of (subjectively) excellent health I was surprised by demands for extensive outside testing of little apparent value.
*	Indication I needed a cardiologist but now AME has retired
*	informed my application was complete and I would not need further evaluations. This was false and I am currently unable to fly because of this.
*	Issued Certificate not following FAA protocol for special issuance, i've had to negotiate the process with FAA instructions to submit proper documents and test results. Very Frustrating
*	It was assumed that I should not fly, though, feeling well and stable
*	Less than helpful when I contacted him re c.a.c.i. process. He told me that I had to contact the regional office of Oak City and let him know what was required.
*	Made up issues, sent for consults which all overruled his findings, I think he just wanted me to return several times to make money
*	Medical was deferred to Nasha NH.
*	My AME did not follow through with requirements for special issuance and was impossible to reach by phone or email for months.
*	my blood pressure was high but within parameters he insisted I get cardio workup that cost me 2000.00 usd
*	My ekg from last exam was not available from the FAA six months prior. So I had to pay for an ekg again.
*	My HIMS AME does not appear to be following written protocol concerning SSRI decision path 1. It appears that the AME and FAA make up their own rules.
*	My medical certificate was not issued by the AME because he said that I needed to provide documentation from an issue on my previous medical. I was issued a "clean" medical without any conditions or requirements for follow up treatment/evaluation. I called the FAA Surgeon Office immediately after leaving the AME office and that office issued my medical via fax the next morning.
*	My previous ME treated my physical as a complete physical. Current ME treats flight physical as just the minimum required by the FAA. I now have to get two physicals, a flight physical and my normal physical.
*	My temperature, flu or who knows, I should have been sent home. I could not leave, my documents in their possession.
*	Needed more information on the results and the exam.
*	Neither the AME or his staff advised me that I was being denied a certificate. I had to contact OKC to obtain the information and when I did contact the AME to challenge his decision, his staff totally had my records confused with another individual and shared information with me that I should not have been privy too. Totally unprofessional.
*	New Employee (physicians Assistant) did not request the AIC reading from the blood test laboratory
*	no directions on what to do next
*	no explanation given as to protocol/process of my efforts as it relates to the Aeromedical Branches' re-issuance of my class 2
*	No help in directing me with options and directions to obtain the certificate
*	No information provided on how I could come into compliance with standards. Just told, "I have to defer your application" and walked out.
*	Not AME's problem. Inordinate time taken to receive a response to specialist review of medical documentation.
*	Not given definitive answers
*	Not smart about special cases

<b>21a. Why were you dissatisfied with the <u>exam appointment</u>? Other reason(s) (explain below)</b>	
<b>Other reason(s) you were dissatisfied with the <u>exam appointment</u>:</b>	
*	Not sure if proper attention was given to me as a patient. Believe he had to many things going on around him at same time.
*	not very prepared and treated the who exam as a paperwork issue with no concern about my health
*	Nurse buzzed through eye exam; giving odd instructions. When I misunderstood directions she wouldn't let me do it again. Dr. Did not allow me to get back up records from home proving I was eligible; he just denied me immediately resulting in dealing with the FAA red tape.
*	Office was messy and not clean. Doctor was unrevealing as to the results of my exam. Instrument for the eye exam functioned poorly.
*	Online application sucks.
*	Passed heart dr test as requested, then wanted dr.film when and where stint was placed in heart five years prior. Only wanted certificate to take my grand kids flying one last time. I have over 1200 hr in a total of three type plane, 182, and most in 210
*	Performed exam, knowing that I did not have required information to pass exam
*	Performed tests not required by FAR Regs-Blood Sugar A1C
*	Poor explanations
*	Poor job explaining the waiver process
*	Processtoo log before recieving certification
*	respectively, if a pilot is told by their exam doctor to return the following week to pick up their medical certification papers as promised and that doctors staff,office,operation,etc delays that pilot over the phone, then denies certification...
*	Said he found something in my eye. Went to my eye doctor who couldn't find anything wrong
*	Seemed to treat a "special issuance" as someone else's responsibility. You're on your own.
*	Since my last medical exam, and had a kidney stone. The AME was unfamiliar with the CACI worksheet. So instead of asking me to provide lab and reports from my Urologist, he simply sent my case to the Medical Review branch at FAA Headquarters. Due the their backlog and mail only communications (as opposed to email or a phone call), my medical went from a ONE day event to a 5 MONTH delay. Dr. [Name] in Albany is semiretired, and I found him uninformed and lazy. I strongly recommend that he be removed from all AME duties.
*	Special Issuance last year. Exam not required this year...only paperwork requierd. He did a full exam anyway, even tho not required.
*	Special issuance medical testing is over the top. I've been clean over 5 years from drugs and I am undergoing my extensive drug tests than people on probation. This is my second year of going through this with no failed tests or drug screens. While it costs normal applicants \$100 to get a medical, mine has cost nearly 10,000 dollars, and testing and ame visits amounts to another \$2,000 each year, coming out of my pocket entirely as she does not accept insurance.
*	stress test where treadmill was increased in speed and steep angle. I am 70 years old.
*	Supplementary information I provided was not reviewed by AME. Due to out-of-date tests, my medical had to be deferred.
*	Takes too long for FAA to review material for special issuance. It is a disgrace!
*	Talked more about his personal life than my medical certification needs. Staff gave me an unsigned copy of my medical and I had to go back for a signed copy.
*	The ame acted like he has never seen a provisional class 3 and told me very unprofessionally that he would just send in the information and let the FAA decide what to do with it
*	The AME and office was very confused about my being an airline pilot or not. I am not. They also thought I had not had a FAA medical since 1988 which is incorrect. It took a couple of weeks to get my certificate.

<b>21a. Why were you dissatisfied with the <u>exam appointment</u>? Other reason(s) (explain below)</b>	
<b>Other reason(s) you were dissatisfied with the <u>exam appointment</u>:</b>	
*	The AME could have approved my medical but deferred to FAA. They did not respond for 3 months. I have gone to another AME who tells me he can get my medical approved but since my first AME was not willing to give it i now have to jump through all sorts of hoops
*	The AME did not submit important letter fro my psychologists for 4 whole weeks when he said he would after telling me it would take 4 weeks for the FAA exam and paperwork to be processed. When I addressed this to him, he did NOT recall me ever asking him to send the letters to the FAA with his exam. Very unsettling
*	The AME differed the decision for the certificate to the FAA. I submitted the required paper work and the FAA grounded me. I don't say that was unfair. I would like to know what, if anything, I can do to change this decision.
*	The AME has a parrot in the office. He often has it on his shoulder. Sometimes he will put a peanut on his tongue and let the parrot take it. There is parrot feathers around the office. If I did this in my dental office I would be closed down by our board. This fellow was a corpsman in Vietnam and clearly has had a hard time. For that reason as a Vietnam Vet I go to him. I did an anesthesiology residency and would not fly if I had a condition that made me unsafe. I stopped flying when I discovered the Atrial flutter. Neither the FAA or the AME discovered this. There is no reason I have had to wait 6 month for a medical certificate. The Cardiologist agreed that I was cured. My regular MD agreed that I was cured and safe. 3 months later my record had not got to an FAA MD. This is inexcusable.
*	The AME lashed out at me for having 1 appointment for both FAA and DOT physicals even though I paid cash up front. He evidently wanted 2 office call charges and he punished me giving me bogus results / requirements on both physicals.
*	The AME rambles on and on about subject not relevant to me. I and many others dread going to him because of his rambling and non related discussions that we have NO interest in. Plus we are charged extra for the amount of time spent in his office which is due to his lengthy discussions that (again) have no bearing to our interests. He causes me (and others) a considerable amount of stress prior to meeting with him in his make shift office. My blood pressure routinely runs (with my family doctor) at or around 126 to 132 over 76, but with my AME the bottom number will hit it at 82 to 86!!!
*	The AME was doubtful as to the success of applying for a special issuance and seemed indifferent to my obtaining a medical.
*	The AME was fine, however I was denied a certification based on the fact that I take LexaPro for anxiety (not depression) and the FAA deems me a suicide risk. I find this absolutely ridiculous when I hold a "Q" level DOE Security Clearance for purpose of dealing with national security matters involving our naiton's nuclear enrichment program.
*	The class III medical exam is a waste of time and money. So glad Congress passed legislation reforming this process and eliminating this unecessary cost.
*	The EKG was faulty which made me have to go to a cardiologist. The EKG from the cardiologist was PERFECT! This process made me temporarily lose my 1st class medical which caused me GREAT stress.
*	The examiner discussed my physical condition with me completely ignoring the facts that i have no current problems from surgery or that i am currently on no medicines for my previous problems. I have been in limbo since being denied the certificate except costly appointments with specialists to redundantly produce paperwork already proven. The examiner is smarter than several specialists.
*	the examiner was very late and staff not very helpful
*	the lack of information given prior to opening the medXpress format that does not allow for the Doctor to evaluate your present condition.
*	The questions on the Medical have NEVER been explained to me, I am currently un licensed as a result.
*	the submitted incorrect information to FAA
*	This doctor was awesome and took his job seriously, has close ties to the FAA and I think it was good that I went to him.
*	Though I made it clear I was applying for a special medical consideration, no assistance nor direction was provided.

<b>21a. Why were you dissatisfied with the <u>exam appointment</u>? Other reason(s) (explain below)</b>	
<b>Other reason(s) you were dissatisfied with the <u>exam appointment</u>:</b>	
*	Too expensive, limited dates available because of his schedule.
*	too many to list
*	Took 1 month to write explanation letter to send to federal air surgeon.
*	Took 10 months to get approved!
*	Type II diabetic
*	Very difficult to get an appointment.
*	Violations of patient privacy, yelled at me about medical stuff in front of other patients, never washed hands after handling a parrot.
*	Was given incorrect advice regarding allowed/disallowed medications
*	Was not able to get medical because of reporting sleep apnea.
*	Was not made aware of requirement for blood test results until exam was over and I could not produce them in two weeks thereby losing my medical certificate and I am still waiting for the FAA to review.
*	Was required to get pasi history for years back. some ductors gone.
*	wasted \$125 due to medication I was taking. Had he told me at the beginning I would not be able to get a medical while taking SSRI's I would not have done the exam and gone to a HIS AME.
*	We have an issue with this alleged type 2 diabetes B.S.
*	When I asked the AME what I needed to do after the exam he did not really know what I needed to do.
*	When I called his office to make the appointment, I inquired about the cost and whether that could be qualified by the fact that I was having actually a more thorough annual physical by my primary care provider and why could this not be used to facilitate the FAA exam, His office staff were silent on the issue, as if being more interested in collecting the fee, at least this was the impression I received from their silence on the issue. I found out some weeks later from a pilot friend that his FAA examiner, in another city, complements his AME/FAA exam with the annual physical, in this case performed by the same Dr., all for one cost. I will add that your survey itself appears deficient as it does not allow for additional information or comments necessary to the explanation of each question above.
*	When you take your car in and pay for a 20 point service and all you get is an oil change.
*	will not discuss,but should not be an ame

Table 7. Reasons provided by respondents who indicated 'Other reason' on Item 23 and provided a response (n=114).

<b>23a. Why were you dissatisfied with the <u>quality of AME services</u>? Other reason(s) (explain below)</b>	
<b>Other reason(s) you were dissatisfied with the <u>quality of AME services</u>:</b>	
*	(1)AME was not present durring the entirety of the test to ensure proper use of the medical equipment and quality service to the patient. (2)Examinations performed by the staff other than the AME were hurried and in some cases inconclusive some resulting in the need for a referral from a specialist.
*	3rd party took away my medical
*	Acted as though I was untrustworthy

<b>23a. Why were you dissatisfied with the <u>quality of AME services</u>? Other reason(s) (explain below)</b>	
<b>Other reason(s) you were dissatisfied with the <u>quality of AME services</u>:</b>	
*	after bringing requested information to AME information was sent to FAA instead of issuing The Third Class Medical Certificate to me, the AME forwarded my lab and other analysis documents for review, whereas those documents substantiated that my health status meets the required standards. I am without a medical certificate and the FAA "operatives" keep demanding more tests which were not indicated to be needed. Since I use a CPAP device and my Sleep Disorder Medical provider no longer is in practice, necessitated me to visit "for the first time ever" a new Sleep Disorder Medical, and that provider, interpreted my use of a Diuretic as a result of Congestive Heart Failure, which is causing me to have stress tests done, which will probably prove adequate for a 74 year old male. Additionally FAA operatives have requested a family health history. Finally, all of this was not necessary as my AME had all of the information he needed, "in a timely manner" to be able to determine that my health was adequate for him to issue the Third Class Medical Certificate to me, and yes I am very disappointed with the process, and dissatisfied in the manner in which my case is being handled.
*	After the exam, the AME said he would debrief me, He did not and went to another appointment
*	Again, Dr &/or staff did not send me home, about one mile +/-.
*	AME determined that because I had non-invasive procedure to remove a kidney stone in 2008 he would have to defer my Certificate, telling me that all that would be required is that the FAA would demand that I provide a letter from my primary care physician stating that I had no kidney stones at the current time, and the Certificate would be issued.
*	ame advised via phone that FAA demands cardio tests due high blood pressure... my pressure was high but within parameters
*	AME afraid to make medical decisions
*	AME appeared to "borrow" an office
*	AME did not accept LOE, and did not perform drug test
*	AME did not grant me my medical even though it was within guidelines (155/95). Very rude staff
*	AME did not respond to requests about status of special issuance items.
*	AME did not seem very interested in aviation safety and the patient - This is just the opposite of all the other AMEs that I have known over the last 40 years.
*	AME gave me a phony story about how effective the CAMI review process is--when it's a complete farce and disgrace.
*	AME has been sitting on my paperwork for 3 weeks with explanation.
*	AME KNEW BEFORE HAND OF MY MEDICATIONS BUT, STILL HAD ME COME IN FOR THE \$125.00 EXAM - BAD !!!!!
*	AME lied on report. AME used phoney reason for rejection
*	AME or his staff misplaced or misfiled my the paperwork that I dropped off to them several weeks before appointment. Claimed I never dropped them off (I did). Luckily I had copies with me and presented those to them. Weeks later they returned the "lost" paperwork.
*	AME provided inaccurate information, did not read email communications and made gross, inaccurate assumptions as a result.
*	AME recommended different medications from primary phys, which then cost \$2000 in tests and time by AME to obtain SEL license.
*	AME said I had supplied "Too much" information, it was an overkill on my part.
*	AME seemed angry when I did not have Med records, sarcastically informed me he was not clairvoyant
*	AME seemed completely disconnected. Brought entire medical history to discuss and notes from doctors as required by FAA. He did not want to discuss nor seemed interested. Office is outdated. Staff is great.

<b>23a. Why were you dissatisfied with the <u>quality of AME services</u>? Other reason(s) (explain below)</b>	
<b>Other reason(s) you were dissatisfied with the <u>quality of AME services</u>:</b>	
*	AME took my BP with a regular sized cuff - didn't measure my arm size 15". BP reading was higher than normal due to this fundamental error. AME took weight reading while clothed (with shoes) even though all said clothing articles were previously removed for the exam. "Put your clothes on and hop on the scale..."
*	AME was mad and lashed out at me for having both a FAA and DOT physicals in one call. His receptionist scheduled it and I paid cash for both before being seen. The AME was mad, complained to staff in the hallway and then to me! he retaliated with bogus claims / requirements due to me not having separate office calls
*	AME was not clear about the results of my exam.
*	AOPA advised that my AME could re-certify me after knowing kidney stone treatment. Not true.
*	Appeared that he dismissed me and was only interested in getting me out of the office after referring my medical to OK City
*	Asked and paid for help reviewing paper work concerning special issuance but not receiving it.
*	Asked to see my private documents.
*	bad/old equipment, too small of a room
*	Because the FAA required him to have me fill out a survey that was intended to uncover the possibility of sleep apnea. It was the FAA that caused me to stop flying because of this Trojan Horse approach. Why not be honest? The FAA is sneaky. I don't trust the way you conduct your business.
*	Believe original AME report to FAA was pejorative.
*	Best to hear it by my voice
*	Clinical; limited responses to questions; seemed [surley]; left feeling disappointed w/no advice
*	Could have sent information that would have obtained my medical
*	Could not provide name of professional for alcohol evaluation.
*	Did not even try to interest in case
*	Did not follow regs regarding high blood pressure/rather after 3 days deferral to FAA for handling - causing huge delay in process. Even after explaining the reg still deferral, had I been working - could have caused me to lose my job - unreasonable.
*	Did not participate in further diagnosis of long term or short term med issues for better clarification
*	Did not pass.
*	Differed my medical for something but then also related it to sleep apnea and then I had to be out of work because I had to do testing for sleep apnea when I had no signs of fatigue
*	Dr. indicated he could wait 2 weeks to file and I could submit more info. However he filed to FAA next day!! I was later denied a medical.
*	Dumbest unprofessional happening.
*	Examiner did not know of or did not see the check box that stated that no testing for sleep disorders was required so I was forced into the risk category despite having no symptoms
*	Examiner had an attitude problem.
*	Examiner seemed determined to find a problem that didn't exist.
*	Eye exam did not have enough lighting to read bottom lines for 20/20 reading.
*	faa okc did not receive all of the PSA nfo he said he had sent

<b>23a. Why were you dissatisfied with the <u>quality of AME services</u>? Other reason(s) (explain below)</b>	
<b>Other reason(s) you were dissatisfied with the <u>quality of AME services</u>:</b>	
*	Failed to help when I hit road block with faa over apnea records
*	Failed to submit information in a timely manner
*	Further info was provided later by me for issuance, but AME went totally silent despite numerous emails and calls to his office. I have never seen anything like it.
*	given no paperwork by AME, emailed 2 weeks later, Very arrogant and capricious attitude from Him. Stated that I failed eye exam but would not tell me what portion I failed and when his report was completed stated that I had 20/30 vision in right eye when in fact it was in my left eye. Had an eye exam device that was in poor repair. AME was angry at me for being late which was a result of not knowing my way in area and suggested that I had cognitive issues because I was late and did not have med express completed. He never told me that med express was required and I thought that I could still use paper form at visit. I was not aware of the use of Med Express until this appointment. AME also attempted to state that I was obese due to being 5'10" and 201 pounds but I am muscular in build. I had to have my doctor dispute that issue and He also gave me an unnecessary lecture about using Q tips in my ears. His conduct in preparing his report was both vindictive and unprofessional and shows in the report. was
*	He knew I would be turned down due to meds I am taking. but still completed exam and charged for it
*	He unnecessarily required me to incur considerable expenses, travel and time off work for additional tests
*	He was unable to talk with the faa regarding thyroid levels. My personal DR has said all is normal and has been for the past 6 years
*	He would not "evaluate " me help me with the sleep apnea "criteria" the FAA has mandated
*	Heart doctor was not thorough enough
*	His attitude was that I was fight a losing battle and most likely be denied a medical. I was denied for coronary heart disease found in later tests. He and the FAA gave no direction to what I needed to do to get a medical. I assume some bypass or stent surgery which my doctor said I do not need at this time.
*	his staff didn't seem to know the process, was told the person who normally handles airmen was out that day
*	Hospital stay required additional info not listed.
*	I did not receive certification at all
*	I felt as though AME was inconsiderate and lacked respect. Gave off the vibe of wishing he were elsewhere.
*	I felt as though she had little commitment in working with pilots to secure their ticket
*	I needed help in preparing for special issuance and now it has been a long drawn out unproductive encounter
*	I prefer to not elaborate
*	I use a CPAP. I got the impression that the AME was working against me, not with me.
*	I was appealing a past revoke of my medical. I should have been told EXACTLY what documents would be required and what medications would not be allowed.
*	I work in cardiology and this AME was unable to interpret an ECG properly.
*	I've been a pilot since I was 20 yrs old. We all should be working to keep me flying.
*	ignored follow up requests. difficult to get information.
*	Im in the HIMS program. All communication is done through office manager who doesn't do her job or treat me with any respect
*	IMproper expectations set regarding time to obtain a special issuance.

<b>23a. Why were you dissatisfied with the <u>quality of AME services</u>? Other reason(s) (explain below)</b>	
<b>Other reason(s) you were dissatisfied with the <u>quality of AME services</u>:</b>	
*	It is 10 weeks and I am still waiting for the certificate. AME suggested 4 to 6 weeks. FAA will not provide a date when my application will be assessed.
*	Just going through the motions. A waste of time for him and I.
*	Lack of support in discussing my issuance with the FAA medical branch
*	Medical certificate only good for 10 months because of delays
*	My communication with both AME and nurse was distant and impersonal, for no reason. Because I did not have a personal care physician of record at the time of the exam, I requested that the AME be my personal physician of record. He accepted, prescribed some blood sugar prescriptions on a 90 day program, but never met with me after that time.
*	my exam was conducted on August 26,2016. At the time I had a 3rd class cert issued under a special issuance letter that required me to present current cardiac stress test data (I had a single stent) implanted in 2012 and current and sleep apnea machine recordings. All this data met the defined protocols of my issuing letter and was given to Dr [Name] at the time of my visit.
*	needed more information on the exam and the results.
*	never discussed issues he may have had with me or my physician
*	Not all information was sent and then the whole thing was a screw up mess with the FAA & I lost thousands of dollars of flight time.
*	Not helpful with getting pre required exam results for assi.
*	Not really interested in my problem
*	obvious to me this AME had an axe to grind !
*	Only minimal exam completed. Should check for skin cancer, hernia, etc. Current FAA physical is a screening, not a physical.
*	Openly discussing sensitive medical history and status in front of other patients waiting to be seen.
*	overall attitude. Rushed in and rushed out with little actual examination or caring. Matter of fact attitude.
*	Please see earlier detailed narrative.
*	Rude
*	See letter even went to FISDO to resolve.
*	should have no valid reason for deferring my medical
*	Since my last medical exam, and had a kidney stone. The AME was unfamiliar with the CACI worksheet. So instead of asking me to provide lab and reports from my Urologist, he simply sent my case to the Medical Review branch at FAA Headquarters. Due to their backlog and mail only communications (as opposed to email or a phone call), my medical went from a ONE day event to a 5 MONTH delay. Dr. [Name] in Albany is semiretired, and I found him uninformed and lazy. I strongly recommend that he be removed from all AME duties.
*	Submitted an incomplete packet, which has cost me at least 8 weeks now
*	submitted wrong information to FAA
*	Talked more about himself than about my medical conditions.
*	The additional cost, for a less thorough exam, and the failure to consider the annual physical by primary care - [Clinic]
*	The AME did not seem like he wanted to deal with my special issuance medical. He seemed to be unhappy the whole time while I was there, and I don't think he liked me at all. although I did get my medical from him I just felt unwelcomed when he was examining me.

<b>23a. Why were you dissatisfied with the <u>quality of AME services</u>? Other reason(s) (explain below)</b>	
<b>Other reason(s) you were dissatisfied with the <u>quality of AME services</u>:</b>	
*	The AME did not send in required medical tests I had done which I understood he had access to and was sending to FAA along with my 8500 application.
*	The AME told me she was derfering because, their was no letter from my respiratory therapist! I showed her the letter & she said it was not up to date ! Letter date 8/30/16
*	The AME was more than 30 minutes late to the appointment and was discourteous throughout. I learned later that his protocol for taking blood pressure did not align with best practice (ex: my feet were forced to dangle in the air rather than be planted), which I feel contributed to my elevated reading. AME did not offer any option for addressing reading without deferral (ex: re-testing over next seven days) and instead deferred without even reviewing my medical history, which had no evidence of hypertension
*	The ame was very disrespectful and swore at me
*	the examination was a joke (as in hardly consisted of anything other than collecting payment and giving me the certificate. it was easy to pass, but I am not sure that is the objective.
*	the office help did not seem to know what they were doing.
*	The physician was very arrogan. Would not listen to me, until I told him he needs to listen to me. Not friendly. In and out and gone. Not very helpful! Probably won't be going back.
*	They had no idea how to handle my situation once I told them I was taking the medication
*	took my blood pressure with an OLD cuff and the reading was incorrect. I take mine every morning and this was Wrong!! I asked him to take it again and he refused and said I challenged him.....
*	unsure of what further type of questions your survey will have on here but, so far, i find this more complex and interesting than the medxpress material. my previous personally typed answers on this survey may be clearly or sufficiently comprehended yet, the ame's quality was this...upon driving back up to his office and finally speaking with him at the end of his day at 5 pm about why my medical was sent,he stated he 'wasn't comfortable with my former medical certificate information compared with the medxpress information from online,the dates didn't match'. i said i would have brought the previous flight physical paperwork to his office if they called me. is that professional? dr. [Name] stating he doesn't perform 2nd class medicals after i had been doing 2nd class medicals for 20 years and which i naturally selected on the medxpress application, created this mild argument between us from the start of the exam. therefore,i agreed the 3rd class to be fine.
*	Urine specimen cups were contaminated requiring retesting at the AME office, and independent testing at another clinic at additional, and unnecessary, cost and inconvenience.
*	Waited for FAA Aero Med to OK
*	Was on vacation or N/Availabe for lots of time in JUN-JUL-AUG 2016. Troublesome for me.
*	Was told what to bring but AME did not forward to FAA
*	Would not look at the records I brought. He was too busy to take the time. He would rather send it in and let Oklahoma City handle it.

Table 8. Reasons provided by respondents who indicated 'Other reason' on Item 25 and provided a response (n=1411).

25a. What is the <u>main reason</u> for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System? <i>Other reason (explain below)</i>	
Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':	
*	"Ensure the safety of the National Airspace System" requires more than just a healthy pilot.
*	"one size fits all", "lowest common denominator" approach. An MD is not necessary for this inflexible, no judgement approach
*	(Present and former) career/professional pilots are more aware of their abilities and need less surveillance than recreational only flyers.
*	1) The AME cannot diagnose poor judgement; 2) the incidence of health related accidents in aviation is extremely low; 3) the FAA medical is only a snapshot of someone's health and in my opinion does nothing to predict an aviation accident due to a catastrophic loss of cognitive function.
*	3rd class medical has limited utility in preventing accidents. I have a special issuance, so in my case it ensures that appropriate measures are taken to ensure my continued health. But also in my case, I do more than the FAA requires to ensure that is true ..for my own reasons, not related to my flying.
*	3rd class medical offers no real safety advantage --hence 3d Class Medical Reform law enacted
*	3rd class medical will go away with in a year.
*	3rd class physical for Private Pilot privileges probably does not add greatly to national airspace safety
*	3rd class screening has been shown to have no influence on safety of flight
*	98% of NAS traffic is multi-crew., If one guy falls over dead, so what? When has that ever caused an accident?
*	a 20 minute shap shot isn't very predictive. Hurray for medical reform!
*	A 3rd Class exam in my view is not even necessary, it is very basic in nature and should be. Should be no more complicated than getting and renewing a driver's license.
*	A class 3 medical as I have in my opinion should be an equivalent to litght sport., or you shouldrequire light sport to have a class 3 medical!
*	A family doctor can and should be allowed to perform the physical with the same if not better degree of safety concerns
*	A limited, infrequent exam will not catch most situations the way a thorough self-assessment prior to flight can. All pilots I know are the best medical screeners for themselves and will not fly if not in flying health that day.
*	A little about myself and one of many problems with the FAA medical system. My whole life all I have wanted is to fly a plane. I only fly a max of 4-5 hours a month. Over the years growing up. I developed a few medical conditions. Which are all under controll and serve no problem or concern to my day to day life. One problem I will talk about with the FAA medical system is that I have to use a CPAP which requires a minimum number of hour of sleep ( the current reason why I don't have my class 3 right now. I am 2% under the minimum amount ). So the question is with someone that does not use a CPAP. How do you know he/she is getting the required amount of sleep needed to fly safely???? This is only one of many problems I have seen in the short time as a pilot the the FAA medical system.
*	A medical appointment with clean bill of health is important of course, but there are so many other factors that contribute to safety in the NAS.
*	A medical condition that was dealt with and no longer an issue that occured over 10 years ago is not a factor in my ability to pilot an aircraft. The AME discussed this issue and agreed that it was not a problem. He said if it were up to him, he would issue the medical certificate with no further information.
*	a medical does not ensure safety. What insures safety is the competence of the pilot and his skill level.

**25a. What is the main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System?**  
*Other reason (explain below)*

**Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':**

*	A medical exam checks the conditions of the pilot to fly for the day of the exam only.
*	A medical exam is a small portion of the overall safety of the NAS. There are a myriad of ways for unsafe acts to occur, that a medical will not detect, deter or defeat.
*	A medical exam is not relevant to flying. The risk is no greater than driving a car
*	a medical is only part of what ensures safety of the Airspace System!!
*	A medical qualification has nothing to do with the SYSTEM. Pilot training does and ATC training does!
*	A more through exam would not make the skies safer. The main problem is pilot decision making.
*	A number condition may or will not be detected by a standard 3rd Class, it is up to the pilot to determine before the flight if he/she is ready to fly.
*	A physical exam and history once per year cannot predict a medical event that would jepodize the safety of a flight
*	A pilot has the responsibility for the safety of himself and his passengers and knows when he is not in the proper medical condition to be pilot in command of anaircraft.
*	A pilot medical exam is only part of airspace safety. Safety involves the air traffic control system, weather briefings, weather, mechanics, pilot currency and experience. Having pilots think about their health and condition, skill and knowledge has a greater and more effective impact on airspace safety then an exam.
*	A pilot must self-certify every time he/she flies, so one exam is really just a snapshot in time. It is crucial that pilots be honest, educated and responsible when it comes their health.
*	a pilot sole responsibility is to certify himself each and ever time he fly"s that he is healthy enough to do so .So should we have a exam every time we fly the exam is invaliad .i could become sick the day after takeing a exam and be paper legal
*	A pilots medical condition can change quite quickly and not at the 6month,12 month or 3 year increments that a screening exam provide. A pilots ability to safely conduct airman duties has been and always will be a funtion of that pilots personal evaluation of their own rediness to conduct those operations. FAA regulations have always mandated that a pilot is responsible for their own fitness before flying. Therefore, a perfect flight physical evaluation one day does not guarantee that this pilot will always be competant medically for the full duration of whatever certificate they hold. Training in the requirements of persnna evaluation would be far more productive..
*	A primary care doctor has a better chance of determining pilot health overall.
*	A regular physical by your doctor should suffice. The AME offers nothing additional.
*	a single point in time exam accomplishes nothing.
*	A snapshot medical exam does not provide a true evaluation a persons physical capacity to operate an aircraft safely.
*	A Third Class medical adds no value to a private pilot, only more FAA bureaucracy and additional fees for AMEs.
*	A typical annual exam is all that's needed....Conducted by licensed physician. Way too much red tape.
*	A yearly exam at your regular Dr. is more detailed and accurate.
*	a yearly physical exam does not ensure one's continued health through the year
*	accidents resulting from medical issues are not a significant issue.
*	actual Medical reasons are extremely small percentage of accidents and there is no good way to measure judgement in a medical exam which is a larger reason for accidents.

25a. What is the <u>main reason</u> for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System? <i>Other reason (explain below)</i>	
Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':	
*	adverse medical conditions only contribute to a small portion of the accidents in the system. There are bigger issues to tackle, training, technology, etc
*	After an exam the airman must self evaluate before each flight, but the FAA keeps the information on how to make the decision secret. We are not given hardly any information about how the possible disqualifications should be evaluated. Just stop flying and hire professional experts to "try to get back on flight status." It won't happen most of the time.
*	After I leave the doctors office it's up to me to insure the safety of the aviation system and my physical condition before each flight.
*	After injury and extensive required successful testing, medical still denied until 5 years pass from date of injury
*	AFTER NOT RECIEVING A MEDICAL CERTIFICATE VIA E-MAIL, AFTER 2 WEEKS , I HAD TO INIATIAE CALLS FOR FEEDBACK.
*	After the experience with this AME ,I have little faith in the system being fair and there should be a recourse to complain against AME s that conduct themselves in this manner. I feel that his misconduct has changed my attitude towards the integrity of the system.
*	Airman only see their AME, in my case, once a year. The actual airman must be in tune with his medical condition every time he acts as PIC.
*	Airmen's health is only one limited aspect of safety in the National Airspace System.
*	Airspace risks are based on immediate issues, which the pilots are still in the position of evaluating themselves before and during every flight. The certification process does not affect the real time decision making.
*	Airspace safety can be ensured for 3rd class without AME examination
*	Ale is ok but your Oklahoma City office is extremely slow and unresponsive
*	All 4 reasons are valid plus pilots are generally VERY responsible and are self certifying every day other than the exam. Transports are typ multi-crew. Recreational GA has extreme flexibility to NOT fly when not well. It's a solution in search of a problem. We are not astornauts.
*	All of the above ---+ statistics don't prove that the medical certification helps ensure pilot safety , especially for Pvt pilots .
*	All of the above and the current system has primarily taught us how to jump through hoops. My general practitioner and I know more about my physical/mental health and whether or not I have a problem that may impair my ability to safely pilot an aircraft. In addition, each pilot decides, on a given day, whether or not he/she is fit enough to safely pilot the plane.
*	All of the above reasons could be factors. There is no way to determine how effective the exam is. How many medical conditions does the exam catch. Most are probably caught by the pilot's PCP
*	all of the above, plus limits the pilot from obtaining medical care or change in medical care that may benefit the pilot and therefore the safety of others, i do not want to risk any change in my medications., need problems found or addressed, any concerns discussed or mentioned. This for fear of requiring additional information, loss of medical certificate, delay in receiving medical certificate.
*	All of the above.
*	All of the above.
*	All of the above. Also, medical reasons are not the only thing that dompromises safety of the NAS.

**25a. What is the main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System?**  
*Other reason (explain below)*

**Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':**

*	ALL OF THE ABOVE. It's a joke! Exam is 2 seconds. And when the AME meets with me in person, his opinions aren't good enough - my reports have to be reviewed by people that have never met with me and give me no option to do so. As for honesty, all pilots I know are aware of what boxes to never check. I was honest and it's created a living [Profanity] of years of trying to get my medical back. The FAA wants this test and that test, blah blah blah, but they don't care how much it costs you. Everything about this system is jeopardy and I hate it.
*	All of the above. It's a shakedown. Nothing more. It illustrates the worst of FAA bureaucracy.
*	All of the above. [Name] (the late) has said that 'little of what Government's do deals with substance.' The FAA may be different as their primary concern has to be with the safety of air travel in general where other federal agencies do not have this life/death factor to be concerned with in making policy, specifically vs. generally. As the record will validate in this Veterans case (Vietnam, two tours off the draft, 69-72, honorably) his dealings over the years with various federal agencies has proven substantially [] that little of what they do deals with substance. They are more concerned with furthering their own growth industries/bureaucracies, paychecks and eventually pension and unions, or growth industries funded by taxpayers thru a third party pay system which essentially is unaccountable to legitimate auditing standards. The FAA may be an exception, to a certain degree, but I have not seen the numbers, and safety, like security, are convenient reasons for avoiding accountability ... of substance, the same substance or standard these same federal bureaucracies expect from the private sector. As Will Rogers once said: 'Who is going to police the police?' Therefore, for all the reasons stated above, as allowed, after select questions, this medical exam was probably performed by an AME based on no medical history other than what I provided to him, and the few select tests given by his staff. Further, it would appear that my primary care facility is better equipped, both physically and as a matter of record, to evaluate this VETS overall mental and physical qualifications for commercial pilotage based (1) on the pattern - record before them, and (2) the more extensive testing and qualification process utilized by them as available thru their extensive resources in comparison to that of a small time lone practitioner with no medical history to rely on and the need to generate profits in order to pay the rent. As stated above, VET finds this survey proc
*	All of the above. The medical certification process is adversarial, shifting the focus from flight safety to getting the "right" answers.
*	All the above
*	All the above accidents are rarely caused by medical issues.
*	All the above apply, however the results of the exam determines pass or fail with little regard to details, period of a condition, or ability of applicant to perform. Process causes excessive justification in some cases.
*	All you can do is make your best effort to determine pilots health. The process is not a crystal ball.
*	allowing pilots to fly with only a drivers license
*	although exam can expose possible health issues for pilot, does not guarantee pilot will not have future problems
*	AME carried out what was required, but the FAA requirements don't necessarily ensure safety.
*	AME defers to FAA for complex issues and FAA does not thoroughly vet pilot situations with pilot doctors.
*	AME didn't do anything my physician hadn't already done.
*	AME didn't know the new rules and options for the aging pilot population
*	AME doesn't know history of the patient like a family doctor does.
*	AME either was not permitted to issue certificate due to Medical History or disinclined to do so , based on Medical History alone. Not enough info given to me and no exam after reading Medical History.
*	AME exam not to same complexity as personal phys.

25a. What is the <u>main reason</u> for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System? <i>Other reason (explain below)</i>	
Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':	
*	AME exam only valid at the time of the exam. It considers history but provides no or little safety to NAS in the future following exam.
*	AME finds I am vvery fit all my Dr"s find I am healthy and yet FAAcontinues to ask for duplicate tests letter affter letter of requestsfor more info
*	AME has very little involvement with mental health which is likely the largest risk factor. Any physical exam is cursory at best without detailed testing which would be prohibitive in cost and time. Removal from flight status is still voluntary in between exams and health status can change rather rapidly for anyone.
*	AME lost my paper work and did not know he could issue medical if I had no changes since one year ago. I still don't have medical.
*	AME not as familiar about my overall health as my primary care physician
*	AME not authorized to respond appropriately when needed without pilots being dishonest.
*	AME once very 1-3 years could be difficult to uncover significant flight safety concerns
*	AME seemingly didn't know his extent of approval for issuing Certifiacte
*	AME should have issue medical upon examination; failed to explain process, required documentation, basically walked away from case
*	AME visit is 1 hour out of thousands each year, Every other hour we self certify. AME exam can find glaring deficiencies and / or chronic conditions, which is helpful, but from a safety of flight perspective it has relatively little day to day impact.
*	AME was unable to explain FFA medical policies on my specific case. I am considering third class to work with my medical dictor
*	AME would not listen to me, put me and you through a lot of unnecessary red tape. Other people would probably hide info as a result.
*	AME's are not allowed to "pass" someone after they have failed. (for fear of their jobs) This is why the exam is an utter failure!
*	AME's are a monitoring source for the FAA. They may catch errors in the paperwork or notice problems a individual has mental or physical problems that need reporting I do not consider having an annual examination performed by an AME ensures safety of the NAS. □
*	AME's are not the only entity to ensure medical safety in the NAS
*	AME'S ARE TRUMPED BY OKC CITY RELATIVE TO THE INDIVIDUALS ABILITY TO POSESS THE SORT MEDICAL
*	AME's lack of attention to detail, not reading reports and email communication, and disregard for truthful and acurate information caused me to loose confidence in him as an AME and in the FAA medical certification process.
*	An airmen can appear to be healthy and qualified at the time of the exam and have something occur subsequently that only the airmen could evaluate his fitness to fly
*	An AME has personal contact withj the airman. Someone in OK is only able to look at the paperwork. That makes it easy for them to deny a medical, especially a special issuance medical. You don't know me, all you can go by is a set of numbers that someone else has put in a manual for you to judge us by. Like I Said "You don't know me".
*	An aviation medical is unnecessary for the types of flying I do and will be phased out by the pilot's bill of rights legislation.

**25a. What is the main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System?**  
*Other reason (explain below)*

**Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':**

*	An EKG may very well detect obvious cardiovascular issues, but it is not a complete picture of a pilot's heart health. And I base that on hearing of pilots dropping dead at our company and at [Company Name] on and off duty due to heart health. Not pairing over-60 pilots together may help, but our most recent pilot who died of a sudden heart attack was in his late fifties and could have been legally paired with me.
*	An exam every 3-5 years isn't adequate to address safety of flight medical issues.
*	An exam every 6 months for first class is excessive, yearly would be enough.
*	An exam only ensures a healthy pilot on the day of the exam. It is time prove that pilots are their own best medical determining factor each flight
*	An exam only helps assure health on that day. I think pilot education is more effective.
*	An extenxive exam of this nature is not necessary for the type of flying I do. It is overkill.
*	An identical vision exam form to one submitted in 2004 resulted in impending loss of my license. In my case your system is not working.
*	Any class of the exams can only cover what is seen at the time combined with the pilot's history. The exams are comprehensive enough. No one can predict an occurrence in the future. The exams only offer a snap shot at that given time.
*	Any Dr might pronounce a person healthy as a horse ant the guy drop dead the next day. I had an FMCSA exam in March and the Dr nearly denied my medical due to an indication of high blood pressure. I begged the Dr to change the BP cuff and check my BP again before denying my medical. He complied and my BP was normal.
*	Any exam, no matter how detailed, represents at a snapshot of a patient's health. The system largely relies on pilots' judgement to self-examine their fitness to fly on any given day.
*	any medical emergency could happen in the air regardless of physical examination
*	Any medical exam of airmen contributes moderately because facets of private flying that do not require a medical exam have no more pilot medical deficiency accidetsns per hour flown than those operations that require a med certivafate.
*	Any medical exam only indicates a patient's health on that particular day. An honest self assessment of health, wellness and level of rest or fatigue, over the counter drug use and general well being by the pilot on a daily basis ensures safety.
*	Anything can happen to a pilot after the exam. Exam is only good for that moment in time
*	Arbitrary factors for determination of "illnesses", such as sleep apnea. Based upon a reaction to pilots who were tired due to being overworked by their employer, than susceptible to that illness. Rules like that should be applied to those holding a ATP certificate rather than your standard Private Pilot. Knee jerk reactions do not enhance safety, they remove the pilots who fly for the joy of it, and diminish the group as a whole.
*	As a former AME and AF flight surgeon myself, I know that the FAA exam is easy to cheat on. People usually know what will disqualify them and will either self ground themselves or cheat on their history/exam, depending on their willingness to participate. Sorry, but that's how I see it.
*	As a ga pilot I feel medical is low on the list of safety issues in the air
*	As a GA pilot, who only needs a Third Class Medical, I don't have the same pressures to pilot and aircraft as a commercial pilot.
*	as a healthy individual, the medical exam dose little to enhance my safety
*	As a long time airman I feel I am the best judge of my health when exercising my privileges of a Class 3 Medical.

**25a. What is the main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System?**  
*Other reason (explain below)*

**Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':**

*	AS a physician and previous USAF Flight Surgeon, I understand that the physical exam is a snapshot in time and simply can't cover all contingencies
*	As a physician myself, I think some of the criteria are excessive and some may be inadequate
*	As a pilot we can remove ourselves when temporary illness occurs. The examiner only gets to see cronic problems and its up to the pilot to assure the safety in all the rest of the certificates effective time.
*	As a retired Int. Airline Captain quite sometime ago, the plane I fly does not use the airway system, as no electrical...J-3 piper cub, but if I had to I remain current enough to do so
*	As far as 3rd Class medical, it doesn't measure mostly likely medical issues impacting safety in the NAS. I think medical standards should be kept for active, commercial pilots, but pilots involved in recreational activities should be governed by minimal, driver's license standards. As an example, I have a Special Issuance medical and the condition has only cost me money to re-certify annually. It has never helped me, nor improved safety in the NAS.
*	As with an annual aircraft inspection, the AME can only assess the patients "airworthiness" at the time of the exam, not afterward.
*	As with most similar regulatory efforts, it just keeps honest people honest. Dishonest people will do what they do.
*	Ask for exams and test that are outdated, have proceedures and rules that are paper pushing and do not help the flying public
*	AT Class III Level, I believe pilot self certification is just as effective.
*	At least for class 3 which I usually get if you can get a drivers license you should qualify for a class 3 at least.
*	At the money of exam the process ensures safety but the rest of the period is a guess.
*	at the three level or non commercial level most people make sure they are physically fit to fly.
*	Automobile drivers licence should be enough to determine physical status
*	Avaition safety is more dependent upon the integrity of the pilot than the AME
*	Aviation Safety is an extremely complex matrix, physicals just a small part of that.
*	bad pilots still have the ability to pass their medical exam
*	bad question
*	Baring major medical conditions, fitness for flight is a decision responsible pilots must make before each flight. As such, by definition widely spaced physical exams are of limited effectiveness.
*	Based on recent legislation, the 3rd class certificate will actually be a bigger on the ground hassle than a reasonable physical exam as it was in the past. All fo this is a distraction from flying safely and does encourage pilots to use separate GP and AME in order to circumvent the system
*	Bases all approval on one moment in time process instead of a doctor that you have worked with your whole life and has your history and knows you well
*	because aircraft accidents and incidents are caused by MANY things OTHER THAN medical issues
*	Because I have been a professional pilot since 16 year old & would not fly if something was wrong.
*	because it is overly aggressive in screening health issues when according to statistics very few accidents have to do with medical issues

25a. What is the <u>main reason</u> for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System? <i>Other reason (explain below)</i>	
Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':	
*	Because it really is up to the honesty of the pilot that determines how medically safe they are to fly, doesn't seem like the examine will uncover anything short of a blatant tumor or a heart stopping
*	because medical problems are not the main cause of accidents.
*	Because of a prostatectomy and treatment for cancer I was denied the medical certificate by the regional flight surgeon. Proof submitted by my primary care physician that I am otherwise in perfect health made no difference. I chose not to pursue this for financial reasons.
*	Because pilots need to self certify their health before a flight and not rely on a distant medical exam for any given flight.
*	Because the aviation Community is basically a healthy community
*	Believe it's a challenge for the FAA to keep up with the pace of change in the medical community regarding diagnosis, prognosis, and risk factors associated with many disqualifying conditions; and subsequently, to enact meaningful change..
*	Besides encouraging pilots to minimize supplied information, she would not listen when I tried to explain I was no longer taken a minimal dose of Bupropion and immediately denied my medical. I have been over a year trying to get it reinstated.
*	Between exams the pilot determines his own condition to fly.
*	Bigger threats to aviation safety have nothing to do with medical certifications. But rather, faulty aeronautical decision making and risk management by pilots contributes to safety or lack thereof..
*	Buracracy .... careless...I'm writing more 4 months for certificat
*	bureaucratic nightmare to obtain a 3rd class medical after holding a 1st class for 40 years
*	Bureaucratic process
*	Bureaucratic waste of time and money.
*	by nature, there is NO garuntee of a 100% flawless human 100% while flying or reqd flight crewmember
*	By requiring a yearly nuclear stress test that insurance companies, and doctors feel are excessive, you make pilots unsafe! I am able to get this testing authorized every 2 to 3 years. Meaning I do not fly for 2-3 years. I go back, get a Biannual and some basic flight instruction and could start flying again. After more then 16 years after having heart stents, with all the stress tests, and doctor reports saying I am in good health, I feel requiring the testing each year for a private pilot is excessive.
*	can not 100% catch every medical problem
*	Can not insure or predict / guarantee human body is safe for next flight or inflight!
*	Can only certify airman's health on day of exam. The rest of the year it is up to the airman to self certify health is good enough to fly.
*	Cannot possibly identify developing serious health problems always. For example strokes and heart attacks
*	Cannot predict catastrophic events such as MI or stroke
*	Cert. medical standards are not in parallel to best medical practices.
*	Certification mill
*	Certification of airmen does not seem to be based on comprehensive personal health of pilot. AME knows very little of your health in the 5 minute exam and I know some have passed with same malady that failed others

**25a. What is the main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System?**  
*Other reason (explain below)*

<b>Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':</b>	
*	Certification process does not take into consideration individual functioning in light of individual's personal medical history and functional level. If an individual is functioning well due to excellent health care and diet and exercise despite a medical condition, the individual is still treated like they are debilitated like a person who is not vigilant for personal health. As a result, I am currently unnecessary monitored and penalized due to an arthritis disability that does not affect my piloting abilities. I have to have a YEARLY exam and present documentation from my ophthalmologist and rheumatologist despite my condition being stable. This is unnecessary and a burden as I have to start gathering the information from these physicians 3 months in advance of my exam. The first time this was sprung on me I did not have the extra examinations and paperwork required as I had never had it required before. This held up my certification and I was unable to work for 2 weeks.
*	Certification standards don't necessarily keep up with medical advances. Can sometimes be too conservative.
*	Chance of accident from medical condition close to zero. Focus more on weather related accidents and do away with medical exams for 3rd class.
*	Checking and disqualifies pilots for conditions that are irrelevant.
*	Checks heart, eyes, ears, write check, class III issued. That is pretty much it. Exam is not comprehensive enough to adequately screen pilots
*	Class 3 exam does little to discover problems that a normal person would realize on their own, so the exam is a waste of time.
*	Class 3 not comprehensive nor necessary for private GA in small aircraft
*	Class 3 requirements are more of a paperwork hassle than a screening of medical threats to aviation safety.
*	Class III exam would not find any problems
*	Class III is not necessary for GA operations
*	Class III medical is irrelevant. Pilots know when they are unable to perform pilot duties.
*	Class III pilots with serious health conditions would be screened out, as they would with a drivers license. Since so few accidents result from health conditions, the Class III medical examination is not critical to the safety of the airspace system.
*	Class III should only require limited examination.
*	colon cancer.
*	Commerical pilots pay AMEs and will not use AMEs that put their livelihood at risk...consequently, AMEs have a built-in conflict between their individual patient's needs and the needs of the public
*	Communication with FAA is very slow and cumbersome.
*	comprehensive exams and paperwork do not assure safety, Pilots do. It's a hassle
*	computer crap is unnessecary. typical government waste of time and resources
*	Conditions change daily. I may be physically fit today and not tomorrow. As far as to the physical wellness of a pilot, I think it is much more than "limited extent". However, "safety of the NAS" to me, involves much more than just the physical condition of the PIC.
*	Conditions that compromise safety largely require pilot self reporting and honesty, that may be counter to the pilot's ability to continue flying.
*	Confused about how & when I will get medical
*	Conscientious pilots will be envolved with and understand their health far beyond this exam, and for the other pilots the exam won't change much

**25a. What is the main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System?**  
*Other reason (explain below)*

<b>Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':</b>	
*	Consistency from one examiner to another is not valid.
*	correlation between medical examination and pilot incapacitation accidents limited
*	Cost and complexity of process inappropriate for private pilots. Potential of failure has a chilling effect on pilots.
*	Could be heart conditions not found with the basic physical given but may be enough vs. cost of extensive heart check. Exam is not comprehensive enough to adequately screen pilots
*	Covers a basic risk assessment of general health.
*	Creates disincentive to see appropriate medical care out of fear creating complications with FAA medical certification.
*	Cumbersome, expensive process with inappropriate and delayed responses to medical conditions
*	Current system assumes I don't have sufficient judgment to determine my fitness to fly.
*	Current test are neither comprehensive enough nor provide sufficient data to the physician to suspect other underlying conditions that may affect a pilot's ability to perform in the cockpit
*	Data doesn't support the additional medical certification would impact safety of system - mostly a hinderance to flying.
*	Day to day safety is determined by pilots self evaluation
*	Dealing with 3rd class medical suspension with [Company Name]
*	depends on the honesty of the applicant
*	Detects and address only chronic conditions and current situation. Health is dynamic and the responsibility is still the pilots.
*	Deters pilots from applying for medical certification and encourages pilots to be dishonest on application for medical certification
*	Deters pilots from applying for medical certification and encourages pilots to be dishonest on application for medical certification
*	Deters pilots from seeking medical and mental help when it may be needed.
*	Deters pilots from seeking medical care for conditions that may affect flight status
*	Did not release my certificate after i provided all documentation asked for
*	Differences between AME's (Gen Practice guys that also do AME work, or those that are really full time AMEs) leave pilots not always understanding what is important in the exam.
*	Difficult to determine if the medical health of pilot actually delivers a safe airspace
*	Dishonesty is encouraged to avoid costly special issuance medicals. Also, many individuals fly with no medical at all, or ignore disqualifying conditions that arise between examinations
*	Do have sleep apnea. I told the doc. I have used cpap for 14 years no problems. Dr. Was ok with it but FAA doesn't have a clue how per my sleep dr.
*	Do not believe medical problems are an important risk factor for general aviation.
*	Do not know why there is a medical for class II or III
*	Do not see the correlation between the Second/Third Class medical certification process adding any more than a moderate increase in safety to the overall system. That could be better achieved through continued training and currency of pilots.
*	Do not test for drugs or other prohibited medications.

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*Other reason (explain below)*

<b>Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':</b>	
*	doctor did not appear to want to be involved with myself.
*	Doctors can't accurately predict the future
*	Does not add to the other medical exams I have on a yearly basis.
*	Does not address unusual circumstances, just falls back on "policy" without inquiry or help.
*	Does not allow for individual differences in severity of medical condition.
*	Does not change Pilot judgement and errors
*	Does not help with special issuance problems too well.
*	Does not insure status of health at time of flight. No documentation that medical certification prevents accidents.
*	Does not leave consideration by a responsible pilot & add to evaluation for individual circumstances of health evaluation.
*	Does not screen pilots mentally
*	does nothing to prevent the submission of false information on the application
*	Doesn't allow for pilots to be totally honest. Mental health issues are disqualifying, so will not be reported even if they can be treated effectively
*	Doesn't provide any new information on your health status. You already know going in
*	Doesn't realistically address flight safety
*	Don't believe that all pilots are screened well enough based on conversation.
*	Don't believe there is a significant correlation between medical certificate examinations and National Airspace safety for GA operations
*	don't think you can check for every contingency
*	don't understand the question
*	Don't see what question has to do with airspace
*	drivers license should be sufficient for class III
*	Due to a horrible behavior of one pilot a lot of us are failed. you are killing general aviation. Reference Airbus pilot in Germany
*	Due to an apparent lack of expertise, the process has grounded me for a total of 6 months and counting for a NORMAL Glaucoma evaluation which my AME isn't allowed to OK; and CAMI takes forever to have someone explain to them because they can't tell it's NORMAL. I am no longer VFR or IFR current due to this enforced lay off. This does not increase the safety of the system.
*	Duplicates the information I get from my regular physician and other practitioners. Given guidance my regular doctors and I can assess my fitness for flight.
*	During my private and commercial flying career for 50 years I've never known any pilot who was found to have a grounding medical issue during an FAA medical exam. I don't see the value of these exams except for pilots who fly for hire, i.e., commercial flying.
*	Ecclesiastes 9:11

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*Other reason (explain below)*

**Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':**

*	Encourages living healthy but is only accurate on the day of the exam. New procedure for 2016 will improve assuring healthy pilots.
*	encourages pilots to not ever go to the doctor, if you do not go you are in no way sick and have to deal with the FAA process
*	Ensuring National Airspace safety requires much more than a routine physical exam. Safe piloting is more important.
*	Ensuring Safety is very comprehensive, a pilots health on any given day is susceptible, pilots responsibility to be 'fit to fly'
*	Ensuring the safety of the Nation Airspace System encompasses a very wide range of circumstances, situations and subjects. The medical certification is a very limited and, I believe, to be quite insignificant portion of Ensuring the Safety of the National Airspace System.
*	Entire process is over kill. Looking forward new process as passed in congress
*	even after considerable examinations, I know of people who die suddenly of a heart attack.
*	Even perfectly healthy people can have a sudden health emergency. Also a pilot who loses his medical for whatever reason can not fly anymore but can drive a class A motor home down a busy freeway with people all around does not make sense to me. I know people who have lost there medical because of some bogus reason. It also makes people scarred of losing there medical to get the help/treatment they need.
*	even with medical certification many medical problems still need the pilots discretion for go - no go decisions
*	Every day that I flew I "self assessed" my medical fitness to fly. I feel that my interrest and cardiologist are qualified to determine my fitness to exercise my airman privileges, especially THIRD CLASS.
*	Every disqualify illness that I've had was discovered by my personal physicians and not by AME. For 364 days a year I self certify and for 30 minutes the AME sees me and does a cursory exam. It takes me 2 months and several Dr. visits to gather all the documentation requested by the FAA.
*	Every pilot, every time he gets behind the controls of an airplane, makes a decision about his mental and physical ability to safely perform pilot duties based on his own knowledge of his own physical and mental condidtion, at the time of the flight. No one else makes that decision for him.
*	Every time a pilot flies, s/he performs a self-evaluation as to whether or not we feel fit to fly the mission. A piece of paper cannot do this for us.
*	Exam by AME is a snapshot in time. Pilots mostly self certify for every flight.
*	Exam does not adequately screen issues that can be problems in the cockpit and is too harsh on other physical issues.
*	exam does not consider actual impacts of medical health on ability to safely operate aircraft at 3rd class level.
*	exam doesn't uncover any medical condition that a responsible adult won't already know about and be managing
*	Exam has very small impact on flight safety
*	Exam is a minor part of ensuring the safety of the NAS. Even with the current highly comprehensive exam, there's no way to catch all possible pilot health issues. To some extent, I think the bar is set too high for the exam, and precludes pilots from seeking medical help out of fear that it could be used to deny their medical.
*	Exam is accurate on the day performed .
*	Exam is arbitrary and general in nature concerning medications without known effects throught comprehensive testing

**25a. What is the main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System?**  
*Other reason (explain below)*

<b>Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':</b>	
*	Exam is costly compared to a normal physical and does not really do more. It would be nice to be able to submit results from other routine exams like eye exams that are way more thorough than the AME exam and less clunky. Don't believe there is a real problem from the standpoint of normal private pilot operations.
*	Exam is just a snap shot of the person on that DAQ - the best of the time it's based on the honesty of the pilot to self regulate on a day to day basis.
*	Exam is limited to identifying medical conditions which make up only a small portion of overall safety of flight factors.
*	Exam is NOT comprehensive, not all AMEs perform good exams (mine excepted), pilots do lie, especially for 2nd & 3rd class
*	Exam is not necessary
*	Exam is not necessary to ensure safety
*	exam is of little benefit regarding safety in my opinion (and my AME for that matter)
*	Exam is only a snapshot in time and can only uncover the obvious and info that is reported.
*	Exam is only a snapshot in time.
*	Exam is only good for the day of the exam. Pilot in command is responsible for his and his aircraft's safety.
*	Exam is only good for that day. A medical condition may occur unexpectedly next day.
*	Exam is only one of many factors in flying safely.
*	Exam is over rated as to its need to be conducted so frequently. Causes stress and concern to the applicant,
*	Exam is overkill for class 3
*	Exam is quick snapshot in time and can focus on items that would not seem to introduce undue risk into the NAS
*	Exam is superfluous!
*	Exam limits passing pilots w/non safety issue "malady" while passing clearly unfit physically people. Encourages pilots to be dishonest on application for medical certification.
*	Exam limits passing pilots with non safety issue 'malady' while passing clearly unfit physically people. [It] encourages pilots to be dishonest on application for medical certification
*	Exam mostly not related to safety
*	Exam no different than drivers licence
*	exam not needed for majority of pilot applicants
*	Exam only reflects a point in time. All subsequent flights are essentially self-certified by the pilot on a daily basis.
*	Exam only shows your abilities on the day of the exam. I know I would never fly when not well. The whole third class medical seem superfluous.
*	Exam plenty comprehensive & thorough. At 67 yrs having flown for 36 yrs I feel I could be trusted a bit more. Cheaters will find a way around the system regardless.
*	Exam produces only historical information, which I already am aware of, it provides no predictive information.
*	Exam really only good at time of exam, although trends can be detected. Still up to the individual airman to establish healthy enough to fly.
*	Exam reveals current health, does predict the future.

<b>25a. What is the <u>main reason</u> for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System?</b> <i>Other reason (explain below)</i>	
<b>Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':</b>	
*	Exam, while sufficient, only catches glaring, obvious issues, and pilots have much flexibility in timing their exam for a "good day".
*	Examinations have proven to be incomplete and do not adequately judge my abilities to pilot an aircraft. Most AMEs that I have encountered operate on a cash only basis and are in the certification process as a caseh or revenue stream only.
*	Examining pilots does nothing for the NAS nor its safety. Examining PILOTS hopefully keeps unhealthy pilots from penetrating the NAS.
*	Exams do nothing to insure aircraft will be operated safely
*	Excess alcohol, reckless, sleep deprived, poor weather judgement etc. are more common reasons for unsafe operation.
*	Extend is poor wording for these questions, hard to understand what it means.
*	Extremely costly and time consuming for an extremely rare occurrence of accidents caused by a medical problem. Should be eliminated as a requirement.
*	FAA /"government" trying to take more control of processes where they have no business. Work for the people, do what the people want. Not what is "thought"good for the people.
*	FAA Airmen Medical is great system for pilot awareness. Many pilots know their limits and do not have intentions to harm or kill because they are not medically safe. It is education during lflight review and FAA Wings programs that I beleive are more effective on the importance of self maintenance and grounding if needed ... a professional review by a medical doctor for our own health is crucial t awareness of how we are doing at that MOMENT only.
*	FAA certification process depends on pilot knowledge and self-compliance
*	FAA does not keep up with modern medical treatments
*	FAA exam is never a comprehensive physical
*	FAA has made certain, fixable medical conditions cause for Deferement or Denial of medical certificate.
*	FAA is not here to ensure safety of National Airspace System. I think by now everyone realizes that. Most pilots have very little respect for the FAA in general because we've seen how they can be bribed or "lobbied" against making decisions they initially supported and/or which are highly recommended by the NTSB.. Transponder exemption for cargo airplanes many years ago, now part 117 crew rest exemption for cargo airplanes, lithium battery ban on passenger airplanes but no such ban on cargo airplanes, etc. etc. etc. We respect the NTSB. FAA - not so much. In this case I'm sure the survey is a way to see how FAA can win some funding from the AMEs, the government, the pilots or all of the above. Sorry to be so negative but sadly FAA has taught us not to trust them. Over and over again.
*	FAA IS OFF ON TANGENTS THAT DON'T ALLOW OUTSIDE OF "NORM". DOESN'T EVEN FOLLOW DOT RECOMMENDATIONS
*	FAA is practicing medicine and NOT lisining to my local specialist MD
*	FAA is useing pilot population as experimental subjects for their own ends, they are not concerned about the health of pilots
*	FAA med screening is good for checking physical health, but not mental health or ability. Mainly an IQ test to limit some of the questionable people flying.
*	FAA medical certification is just one tiny, tiny part in the safety for the National Airspace System. There are many more much more important issues that go well above medical certification ... things like aircraft maintenance certification, flight training and check-rides, flight procedures, anti-terrorism procedures, etc. etc. etc. Let's not get all tied up in medical certification being the only factor. In reality is is just a speck in ensuring the safety of the National Airspace System. Any suggestion otherwise seems a bit arrogant and narrow minded.

**25a. What is the main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System?**  
*Other reason (explain below)*

<b>Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':</b>	
*	FAA medical certification, like all government programs, is concerned with putting money in the hands of government/allies
*	FAA Medical directions to the AME are often unreasonable and demand medical test that show a clear lack of understanding of the Airmens health issues or lack of them.
*	FAA Medical offices do not review airman history, they only take a one shot look at the information and deny based on normes not the advice of treating physicians
*	FAA needs to work with pilots better in terms of information flow and quality. Improve trust to keep pilots screened and not unnecessarily grounded for long periods of time.
*	Faa overrode my examiner's expertise and questioned examiner's ability. My medical has been held-up
*	FAA Physical is a snapshot of health on a particular day.
*	FAA places way too much emphasis on sleep studies, when there have never been an accident related to sleepy pilots.
*	FAA requirements exceed reasonable requirements for obtaining medical without providing additional safety to the airspace system
*	FAA requires more information than AME can process.
*	FAA standards are arbitrary and don't give AMEs adequate discretion
*	Faa take to long to review my medical when we have had a successful surgery
*	FAA tries to micro manage AMEs to an excessive extent. FAA does not give AMEs enough input on special issuance
*	Faa's over complication of procedures to get a medical ...
*	FAA's treatment of transgender individuals is unnecessary and burdensome, and provides no value to the safety of our airspace. My gender identity has no effect on my ability to safely pilot an airplane, and having to go through a separate psychological evaluation during a deferred medical is ridiculous.
*	factors limiting a pilots capability to fly may depend on fatigue, temporary medications for colds, etc.
*	Failed to follow through
*	Fails to emphasize the need for self-evaluation/certification. The AME-pilot partnership needs to be continuous and collaborative.
*	Fails to encourage overall health maintenance over meeting checkbox requirements
*	Failure to match class of medical exam to needs of pilot.
*	Far to involved for a 3rd class certificate. Special issuance should be based of facts and not a doctors opinion.
*	Feel these exams don't ensure safe flight.
*	Few medical conditions contribute to accidents

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*Other reason (explain below)*

**Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':**

*	First, like any regulation, it is effective for those that follow the rules and not prevent individuals whose medical would otherwise have been revoked, from flying. I respect the honor system that is in place for GA pilots, and believe that MY SME uses good unbiased judgement to honestly approve or deny a medial based on his experience, both as a GA pilot and a medical professional. I regularly read accident reports and, although it is not scientifically based, the majority of accidents and incidents are not the result of a medical event. I believe the AME DOES play a critical role in screening pilots and are likely instrumental in preventing pilots with critical medical conditions from flying. However, I have type II diabetes, in good health, and fly for pleasure. I believe I should see an AME annually, provide a medical summary of bloodwork and Dr. summary (if AME is not my PCP), to establish my ability to safely operate my aircraft. But I believe that the proof of my medical should be no more strict than LSA pilots.
*	For 24 months the pilot makes the decision if he's OK that day and statistics prove it works
*	for 3rd class medical I don't believe and AME is needed and the pilot can self cert the best every time he flies
*	For a class three cert if I am fit enough to run three miles and drive a car I can fly an aeroplane!!
*	For many "conditions" there is no clear reason why self-determined fitness to fly is not valid. None of the issues I have a special issuance for limit my safety and awareness of my fitness to conduct a specific flight.
*	For my class III certificate, my medical conditions pertaining to sleep apnea have been treated with a CPAP and have demonstrated strict compliance with CPAP. I feel my apnea is managed and shouldn't require continued proof of use of the CPAP. It is extremely costly. I don't believe it should be required annually once a proven history of continued compliance has been demonstrated
*	For my visit only the process seemed more interested in lecturing me on why I should not be granted a medical.
*	For myself, I receive annual physicals from the Air Force and seek physicians care regularly. Therefore, it was overkill for me
*	For private pilots, studies have shown that the certification process makes no impact on aviation safety.
*	For the 3rd class, a comprehensive exam is not really needed. The 3rd class medical reform addresses this. First class is a different story.
*	For the type of aircraft I fly a medical certificate should not be required.
*	GA pilots, 3rd class medical certificate, do not need a specific medical exam by an AM in my opinion and also AOPA opinion.
*	Generally speaking, the FAA airman medical certification process at the third class level is not very beneficial to the airmen or overall safety.. obtaining a state issued drivers license should be adequate.
*	Get basicly the same exam from my primary care physician yearly.
*	Geting a 1st Class Medical is just one small portion of the "Nationl Airspace System", therefore, in my thought process, it is a "limited extent".
*	gives a one day snapshot.
*	good judgement is the main tool for ensuring safety
*	Good knowledge given and shared but no guarantee you're going to be heathly tomorrow or in 6 months.
*	Good pilots evaluate their own medical condition before each flight. Class III not extensive.
*	Good pilots know their limitations more than any Dr. The AME process might deter some 'pilots' who would try to beat the system, but that is all.
*	Gov needs to get up to speed with the modern world.Technology moves faster than the FAA can adapt.

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*Other reason (explain below)*

**Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':**

*	gut feeling
*	Had I lied a lot I probably would of gotten my medical. I told the truth accoring to the med-heads and it cost me. Encourages pilots to be dishonet on applicaiton for medical certification.
*	Had I not volunteered that I sleep with CPAP at night, I believe I would have walked out with my medical certification. As it was I have been deferred twice
*	Had past medical issues (5 years ago) and the entire process is very lengthly to get a calss III medical now. Lots of extra hoops that I wish my AME could resolve in-house vs. being sent to FAA HQ for evalaution.
*	Had short discussion about pilot responsibility and national security.
*	Had to have additional blood test to gain 'aic' reading to comply with FAA request (additional 90 days) No flying without current med.
*	Has limited bearing on ability to fly a private aircraft. Waste of time and money for class III
*	Has no effect
*	Has not shown to be effective or non effective. For someone in part 91, waste of time and a lot of money on expensive test.
*	Has nothing to do with the AME. The FAA's timeliness was horrendous. Took over 4 weeks to get an inconclusive response. If flying was my job I would have lost my job. How is a pilot safer by not flying for months waiting for a ridiculous review from the FAA that could be resolved with one phone call?
*	has some basis for the health of the pilot, but conditions change rapidly when it comes to your health
*	Has to many minor conditions that keeps airmen from getting there medical.
*	has two many limiting factors for pilots
*	have always been honest but that seems to lead to questioning and "we'll have to talk to Oklahoma City", like FAA is protecting themselves more than the public
*	Have enough sense not to fly if feeling il.
*	Have kidney stone that is lower pole and no change in 6 years but must be evaluated by okc ame not trusted to read reports i provide
*	Have not seen any statistics that show having a regular class III medical exam improves the safety of the NAS.
*	Having held USCG Master of Oceans (35 years), DOT licensed semi-truck driver and pilot, I now am being told that since I am borderline too heavy I may have to undergo a sleep study to "prove" I don't have sleep apnea. What a crock! I sleep through the night but for one visit to the bathroom about 3-4 hours then another 3-4 hours and up for the day. I am throughly disappointed that those of you in a position of denial of a pilots certificate are allowed to do this. My personal experience is that if I am not feeling up to flight or distracted or tired I don't drive or get in an aircraft. I have witnessed quite the opposite from others that are upset when they are called out on their choices.
*	He couldn't care less just wanted the money
*	He couldn't issue certificate due to what I considered resolved health issues in spite of my being in excellent health.. Referred to FAA.
*	He is only verifying the condition of a pilot at that moment in time. The pilot could still have a heart attack or something even being healthy. If a pilot has diabetes he must prove its controlled, if he has sleep apnea he should use his night gear other then that if he is healthy according to his primary physician then he's as safe as your ever going to know.

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*Other reason (explain below)*

<b>Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':</b>	
*	He said he approved me to fly without reservation and the FAA Medical Department in Washington over ruled him. Idiots !
*	He wants to encourage me not to follow primary care physician's instruction.
*	He was professional but it felt like i was going thru a rush job. Didn't take time to properly explain special issuance process. I'm now 4 months into the process of waiting for a medical decision for a III class medical.
*	Health condition is variable and changes over time. The ME is a quick "photo snap" of health and may not be relevant to condition at time of flight.
*	Health conditions can change anytime but gives a good test for that time.
*	Health conditions can change the day after and exam. There is no guarentee that a pilot certified as healthy will stay that way. Also, it doesn't include clinicals. It is little more than a health histoary .
*	Health conditions have very limited impact on safety...exam cannot uncover many issues
*	health does not appear to be a factor in aircraft accidents
*	health of non commercial pilots is very minor factor in aviation safety
*	helps the pilot to know his present medical condition and if he needs to make any adjustments to his flying.
*	High burden for non flight safety medical issues, (nodule on lung, stable Crohn's disease, Prodxaxa use)
*	Historical records show medical causes was the lowest category of accidents
*	Honest pilots go through the process for a medical, dishonest pilots fly without a medical already.
*	How many accidents are caused by medical reasons compared to proficient training?
*	How many pilots actually have problems flying airplanes due to health problems. The FAA is to strict
*	I am 71 years old and it takes me 14 minutes at level 4 elevation to reach 151 heartbeats a minute. Does that sound like I have a heart problem? My heart could not pump blood through a completely blocked artery. Stent installed and the body works as advertised.
*	I am a career ATP pilot. The FAA just rejected my medical having obviously not even bothered to read my submission. I was rejected on the basic of taking a drug that I am not. I clearly stated multiple times in my report that I take NO medication at all. The FAA has also taken 3 months to hear my case and because of their stuff up it will probably be many more months before I can get in the cockpit again, if at all.
*	I am a physician. AME's require more authority. The guys in Oaklahoma City never examined me.
*	I am a private pilot with a 3rd class certification and do not fly enough hours and in enough complex airspace to significantly affect safety in the NAS
*	I am a safer pilot with manageable medical issues. I was honest on my medical exam and my class III has been denied ever since. Complete waste of dozens of peoples time and money.
*	I am afraid to respond due to the uncertainty of options available to pilots deemed unfit for generic reasons such as arthritis
*	I am also a physician - The airman med exam can only pick up some risk conditions - not all.
*	I am an ATP. I have been a pilot, AOPA and EAA Member for years. Medicals are helpful, but I will only fly if I feel safe! The F AA can not be there. To make that determination!!!

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*Other reason (explain below)*

<b>Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':</b>	
*	I am applying for a 3rd class Medical. Under the changed rules this medical will no longer be needed. I underwent my exam August 22, 2016 and still have NOT received my 3rd class Medical. It is well known skills diminish when pilots don't fly. The FAA medical staff has sat on my application for almost 3 months. It is not the AME's who are the problem, it is the FAA who is the problem in my opinion!
*	I am applying for a 3rd. class S.I. This process has dragged on for 5 mo. When you send in requested info, it takes over a month to hear back usually requesting something else. Some expensive tests , under the circumstance, cannot be covered by my insurance so I have to pay out of my pocket. If I cannot afford it, I would be denied. The S.I process could be speeded up. They sometime asked for info that I have provided. I also feel that 3rd class has a lower priority than 1st. or 2nd.
*	I am aware of an airman ([Name], [Location]), that has not reported his Psych eval to the FAA, this individual continues to fly and has committed numerous violations with his, at the time, 3 yr old son on board. The mother and grandmother have sent numerous emails to the Alaska regional flight surgeon office over 10 months ago, yet that office has not acted on a single issue. The father and mother are recently divorced, he was required to attend a LEAP program (anger management), yet he has failed to do so. He was required to have the Psych eval, which didn't turn out the way he wanted, so he hasn't reported it, this has been reported to the Alaska regional office, yet the office fails to act, and he continues to fly with the 3 year old sitting on a lap of another adult which is completey agains all regulations. Yet you continue to run me through the ropes for an incident that was years ago that I reported, and is currently a non issue, as stated by numerous treating physicians, and you continue to have me do extra exams, which is a burden, both financially and taking time off to comute the ove 600 miles to meet your requirements. My first certificate took about 18 months to get apporved, now I am in the waiting procees again for this one. I flew in the \$30 million aircraft in the military for almost 24 years, yet I am unable to take a , \$15K plane around the pattern, why would anyone reports anything to the FAA with expected results like this?
*	I am healthy despite some past problems. I do not have a medical because FAA gives me false DX's such as MI (never had) and hypothyroidism (never had)
*	I am in good health and there is no benifit to this additional exam
*	I am in good health, so perhaps my experience is somewhat unique... As a former Naval Officer, I do not think the exam is comprehensive enough to adequately screen pilots. In my case, the exam was limited to a rudimentary eye exam, blood pressure check, visual inspection of nose and throat and listening to my heart and lungs. I provided a urine sample, but it was not clear what was done with it.
*	I am more careful to not fly if I am not medically fit. I require special issuance and have been waiting 3 months now with no certificate although stress test and everything was great.
*	I am not flying for hire, as long as we receive a yearly physical there is no reason to make Airmen go through this process. The Pilot in comand is responsible to determin his or her physical, and mental capabilites before each flight. Not to mention the cost of the exam. I have been taking the same medication and dose, for my thyrohid, for 20+ years hasn't been a problem up till this last exam WHY?
*	I am not sure as to how relevant this question is - what might be better is how does the medical certification process ensure the health of pilots
*	I am not sure of the value of medical screening via AME for pilots like me. I like the new legislation that has rules in progress.
*	I am not sure that what my private MD does would not be as good as the AME I am for medical reform and I think it will work
*	I am not sure what conditions would make a person unsafe.
*	I am taking 10mg of Lexapro and have been under continual care of Psychiatrist for 15 yrs. He is highly supportive of me getting a 3rd class medical. The extreme cost, ridiculous requirements and spending over a year and I still don't know if I will get the medical is absurd.

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*Other reason (explain below)*

<b>Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':</b>	
*	I am the best one to determine my fitness to fly on any given day. An exam only evaluates my fitness on the day of the exam.
*	I am unclear how these examinations increase air safety.
*	I am working on 2nd physical in two years with added " more data requested" to complete. Awaiting new appointment to collect this data.
*	I am in Good Health or my age
*	I applied for a special issuance medical. I had triple bypass surgery. I had all the test the FAA REQUESTED LETTERS FROM TWO CARDIOLOGY
*	I applied for my medical in August 2016 I have all my medical issues under control with the physician I see. I drive limo 5 days a week and the bureau of the FAA keeps dragging their feet reviewing.
*	I believe a lot of FAA requirements, in reference to medical issues, to be over-reaching. Questions go beyond trying to decide if someone is medically qualified or not to fly.
*	I believe currency is more important.
*	I believe most pilots are healthy and responsible while flying. Medical doesn't really seem necessary.
*	I believe most pilots are inherently safe and would not fly if they did not feel medically fit. However, I do believe though it is beneficial to be able to discuss conditions or various medications with an AME.
*	I believe self-certification of whether I am fit to fly is more impactful.
*	I believe some people will be dishonest while it might deter a few people from applying. The exam itself is not super comprehensive but it should catch some issues.
*	I believe that the requirements for 3rd class medical certification are too strict.
*	I believe that there are conditions that do not contribute to compromised safety in many cases, but may be disqualifying.
*	I believe the FAA requires me to do much more to prove my ability to fly, when some pilots in bad apparent health are required to do much less.
*	I believe the medical exam process is not really a good predictor of pilot performance or health.
*	I believe the medical exam should be the same for everyone. We all, generally operate in the same airspace so why are there different criteria for one plane on a PRM approach, and the other guy a different requirement
*	I believe the premise of the question is suspect.
*	I believe there are more medical conditions that disqualify people from flying than there needs to be and don't see it as stopping safety issues.
*	I believe there are too many safety issues that will not be discovered by an AME. Resources required to comply exceed benefits.
*	I believe there are very few medically related accidents.
*	I can drive a car without a comprehensive medical exam, which is much more likely to cause harm for a private pilot, passengers and others.
*	I cannot speak for other pilots but I am not going to pilot my aircraft if I feel I am not physically up to the task, The current process adds considerable cost and time to stay current with the medical.

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*Other reason (explain below)*

**Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':**

*	I certify myself every time I fly; If I feel safe I fly, If not I don't. Don't ypu think I know if I'm qualified to fly .. I've flown for 60 years
*	I choose my cardiologist as my AME since if I was unsafe I would self ground myself. I value my life. I do know of other pilots that could not pass a flight physical, do not have a current medical, and still fly. Consequently, we are doing flight physicals for those that can pass and letting the others fly with no physical.
*	I chose limited extent because I think the FAA's medical rules are outdated and overreaching in several regards not because of my most recent visit with my AME who is excellent
*	I decide before each flight whether or not I'm medically fit for the flight.
*	I disagree w/the "considerable or great extent" answers.
*	I do all I can to maintain my health as best I can with my primary health provider. An AME exam doesn't make me any healthier or better to preform the duties as a pilot.
*	I do believe the class 1 and 2 medical is important for the safety of the Nas, but I don't believe the class 3 medical is needed
*	I do not believe in this process - I believe the FAA medical certification process is far too onerous and discourages perfectly capable pilots from flying.
*	i do not believe that a medical exam is necessary for part 91 use
*	I do not feel it is needed for a pilots license
*	I do not think a 3rd class medical is nessary for safe flying.
*	I do not think you can predict someone's health. We do not have problems on the highways with sudden heart attacks. .
*	I do not understand the signifigance of the simple exam as it relates to the level of flying I do
*	I don't believe it can predict medical episodes but is a valuable tool to reinforce healthy choices for pilots.
*	I don't believe medical factors significantly contribute to "safety of the National Airspace System", and the medical exam process has limited ability to catch issues that might cause a pilot to be dibilitated in flight. The expense and frequency of medical exams are too much for the degree of risk.
*	I don't believe that all of the hoops that the FAA makes one jump through for medical certification makes the system safer. I do agree that the FAA is getting better with allowing people to obtain a medical certificate with issues that they previously would have delayed or denied, but still the FAA is too strict for certain medical conditions that don't affect safety of flight. This especially applies when the certificate holder will only be flying in a multi crew environment,
*	I don't believe that formal medical exams does anything to significantly improve safety or cause less incapacitation accidents.
*	i don't feel qualified to judge the effects of the med. cert. process on the safety of the NAS.
*	I don't feel that a medical exam every 6 months makes me, or anyone else, a safer pilot. The exam should be every year at the most.
*	I don't feel we need such a thorough exam to excercise my rights as pilot in command.
*	I don't have any medical issues, but can see how easy it would be to lie about them if you did. There is no connection between other medical appointments and this one due to privacy policies. There is no accountability, where as in the military system all of your records are linked and your primary care doctor is a flight doc.
*	I don't know that the test has real value for private pilots. The requirements for a driver's license might be just as valuable.

**25a. What is the main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System?**  
*Other reason (explain below)*

<b>Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':</b>	
*	I don't need a physician to tell me if I am fit to fly. I consult the medical profession to look for any hidden problems, and based on their finding and my analysis I know whether I am fit or not to act as PIC.
*	I don't see a correlation between the process and ensuring "Safety"
*	I don't see how a medical exam has anything to do with the national airspace system
*	i don't think anyone goes to an AME to find out if they are healthy, it is only to obtain the certificate. Overall, I think the FAA medical process concentrates on minor issues like ultra restrictive approved drugs, etc but not on the big picture. Such as bladder urgency drugs where only one is approved (because they "might" make the pilot drowsy which is ridiculous since the FDA does not list that as a side affect for 1% or more of the population!!!) and then only if after two weeks it is proven not to raise the pilot's blood pressure. Fortunately it did not make my BP go up and it actually worked better that what I had been taking for 7 years (without drowsiness!). Turn around time to review even the simpliest of medical items stinks (60 days).
*	I don't think my most recent experience ensures the safety of the NAS. Little connection between my experience and ther whole thing!.
*	I don't think pilot medical exams do anything for general aviation safety
*	I don't think that any "medical certification process" can guaranty 100% perfection! Do you?
*	I don't think the med exam has any relevance to airworthness
*	I don't think there are that many people in poor health who are pilots. And medical issues among pilots are not that common.
*	I dont' feel an exam is necessary for 3rd class as clearly evidenced by the success of the sport pilot program with no medical exam
*	I ensure my medical fitness with other professionals and my own judgement. The AME exam adds no value.
*	I feel like medical issue account (and would account for, if unchecked) aircraft incidents
*	I feel most pilots I know would protect their health sufficiently to protect flight safety and self ground if necessary. The extensive paper work process does not necessarily ensure safe flight conditions.
*	I feel safety of NAS is not influenced by medical conditions of non-professional pilots as much as other things.
*	I feel the process discourages pilots from seeking medical help either from the AME or their primary care physician. I can attest that I have not sought medical help when I probably should have because I didn't want to have to put it on the application and discuss it with the AME at my next exam.
*	I felt I was medically fit to be issued the class two medical certificate.
*	I find no evidence that flying as a private pilot requires different levels of "medical capability" than driving an automobile.
*	I fly on a Special Issuance Medical and have all of the testing and lab results prior to the Exam. The exam seems redundant
*	I get more info about checking my health re flying and my responsibilities in a biannual flight review
*	I guess that it would identify pilots with obvious medical issues.
*	I had 5 MD'a saying I was healthy enough to fly but an FAA. "DO" said no to my Special Issuance"
*	I had additional medical requirements required by the FAA main office. Apparently the AME did not forward this paperwork which I gave to the AME.
*	I had an event experiencing short term vertigo I reported this on my medical application. After nany tests,delars, and costs, concluded I may have had a stroke. Conclusion was not definitive, therfore denied renewel.

**25a. What is the main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System?**  
*Other reason (explain below)*

**Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':**

*	I had to submit for a special issuance for FEV1/FCV = 0.604 when FEV1 = 114% and FCV=126%, and now have to wait to fly. Yet I am in excellent health overall (how many 70-year-olds can do 50 pushups and walk 4-6 miles/day?).
*	I happen to believe that Sleep Apnea is being over diagnosed as autism was a few years back. Frankly, after using the machine for over a month, I so't feel any different - that is to say I fee great, just like I did before using the machine. This is not the AME's fault, however.
*	I have a medical condition that my primary care physician treats. The AME step adds nothing to that.
*	I have been an aviator for 55 years much of which was spent as a professional aviator, USAF and airlines. Aviation physicals have little to do with actual flying safety in my estimation.
*	I have know pilots who lie on their application. Going to their GP will be a much safer process where their doctor will know the facts.
*	I have no evidence that the cost and effort of certification process actually adds safety to our airspace
*	I have no knowledge as to what medical conditions might (or do) make flight absolutely unsafe.
*	I have no medical issues, hence taking medical would disclose to safety of flight issues
*	I have not got my cert yet.
*	I have not yet received the results of my medical exam, so I don't have the information on which to form an opinion.
*	I have taken exams in many countries and with the US Govt. I do not see a safety correlation with physical exams effectively stopping sudden death while flying or other physical incopasitations. I am more concerned with general appreasals by the examiner as to cognitive abilities which my examiner obtained in an excellent interview. The most comprehensive exam I ever had was at the [Country] military aviation center. However ever though a brief exam was also given to all pilots before each day of flying I did not consider many fit to fly. Although young they were not capable of climbing on top of the helicopter to preflight the most important areas and constant smoking greatly affected their judgement at even moderate altitudes. Safety comes from a excellent AME and a safety oriented pilot. The AME interview in my opinion is critical and a pilot that believes in my favorite way of ending mail and conversations "Fly Safe " The physical exam is a minor part. I walk an average of 8 miles a day with many extreme hikes. That is not important. Mental health and awairness is.
*	I have to request a special issuance for a DWI - the amount of effort and time the FAA puts into this in order for me to get a medical returned is not necessary. 30 + years of flying and being drug and alcohol tested should speak for my reputation. If it were recurring I would say that you may want to investigate the airman more thoroughly. It is ridiculous that I can not go fly an airplane but I am allowed to exercise the privileges of my Inspection Authorization Certificate. To me personally it is insulting to think I would ever get near an airplane after drinking. I believe the majority of my fellow airmen would have the same opinion.
*	I hear some pilots express lack of belief that many of the restrictions are necessary and thus encourages pilots to be dishonest
*	I just do not think there are many accidents or incidents caused by medical issues.
*	I just don't have enough information regarding whether or not medical certification has a real impact on the safety of National Airspace.
*	i just feel this way
*	I keep continual control of my physical condition from a medical standpoint regardless of FAA medical or not. It's a duplicate effort
*	I know my ability to fly or drive and can self evaluate my condition from my family doctor

**25a. What is the main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System?**  
*Other reason (explain below)*

<b>Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':</b>	
*	I know my health way better then any dr ever will. They treat everyone the same and don't take into consideration people may have differences based on the complexity of our individual bodies and they always jump to pushing prescriptions.
*	I know pilots who are too old to fly, they should have more frequent checks...things can change quickly in old people.
*	I lost my license because I had an episode of syncope. All tests regarding this experience were normal. The doctor thought I would pass since I had a thorough workup, which was normal. Instead, my license was cancelled and I received no response to my appeal.
*	I make at least two visits to my personal physician every year. More if I need them. I visit an AME once every two years. The AME is an FAA requirement, however, I personally invest much more time and effort into maintaining my personal health.
*	I may pass the medical, but conditions change and I am ultimately responsible for my airmanship. The medical is only one piece of what is needed.
*	I my case I had a brain injury. I'm fine now and can not get a re evaluation till 2020. This is not fair at all Dr. say i'm fine and hospital say and my ME says i'm good to fly with.
*	I no longer trust the FAA and its true intentions. You encourage pilots to lie as a result.
*	I once went to an AME who barely touched me or asked me any questions. My current AME is very thorough. But..I know of AME's who just go thru the motions.
*	I openly admitted that I was taking a medication called "Contrave". It is an FDA weight loss drug. Because no one knew what it was, the FAA medical Dr put me on a 1 year medical. I had to get letter from prescribing physician to explain what it was and it had no adverse side affects. It was a real hassle. I finally get it all taken care of but being honest cost me time and almost my medical.
*	I passed my Class III FAA medical with flying colors, no limitations. One week later (with no prior warning or feeling) I was diagnosed with Ischemic heart disease (aortic stenosis due to Agent Orange) requiring immediate emergency open heart surgery to replace the aortic valve. I have no sign of the problem but it was there.
*	I provide information from my doctors, they tell me I am well, I met all the standards outlined for class III, 4 months later, no medical
*	I provided all info requested and then had to have my personal doc. had to submitt his OK.
*	I question relevance of certain conditions and their reflection on the ability to fly.
*	I regularly see specialists for my medical treatment, AME is a once each 2 years review. Much of his decision is based on their treatments as it is all presented to the AME. An event can happ;en anytime and compromise my health, beyond his administration.
*	I see my own Doctor for my care
*	I self assess constantly so it does not impact my situation. I fly safe regardless of whether some requires my compliance or not. I cannot speak for anyone else.
*	I self-certify every time I fly. If I don't feel well, I don't fly. Simple as that !!
*	I started to say "not at all" but anytime "two" people look for problems it's better than one person. That's why I have a physical every year.
*	I stay in excellent and monitored health with an annual stress test and blood work and I know if I am fit to fly
*	i still don't have my cert., the entire process needs to be overhauled. everytime you speak to someone new you must start over.

**25a. What is the main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System?**  
*Other reason (explain below)*

<b>Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':</b>	
*	I still have not received my response on whether my medical has been restored. I had cancer treatments and the doctor told me my medical would be approved by Oklahoma City.
*	I take care of my health and see my gp regularly. I don't smoke or drink and don't fly when not fit. Safety is my responsibility and I know the rules.
*	I take drugs for OCD and Sleep and am more healthy mentally than I was before I took them, but now I can not get a medical cert. because of the drugs and before the drugs I could.
*	I think a comprehensive letter from an applicant's primary care physician would far better satisfy the need to ensure a pilot is healthy enough to fly.
*	i think airspace safety is more about character of the pilot rather than physical health of the pilot.
*	I think healthy, capable pilots make for safer skies.
*	I think I might have been a way for the AME to show rejection of the Law change
*	I think it is based on the examiner so question is too generic
*	I think lack of pilot judgement is the cause of the majority of accidents...example flying when not feeling well with the flu or a bad cold. A two year physical doesn't solve that.
*	I think most responsible pilots will self certify and stand down if they know they have a disabling condition. Those pilots who are dishonest are still going to cheat the system regardless of an AME exam. And overall medical certification may stop a perfectly qualified pilot from flying safely and miss a pilot who has an unknown catastrophic illness in flight.
*	I think pilots assess themselves ongoing between exams better. Limited evaluation and 2 years between, mostly unnecessary.
*	I think pilots that are medically unfit to fly would choose not to fly and thus medical exams are not necessary
*	I think some of the things that I have to get a detailed history on are not needed. For example, I passed a kidney stone in 2004, but am currently expected to get a full explanation from a physician stating I am okay to fly. Also, I have Crohn's disease and I have to get a full write up from my doctor every year to get my med certificate updated. Why? how could that affect my flying? Obviously, if I am not feeling well, just the same as if I had the flu, I would not fly.
*	I think that the 6 mo. required for a 1st class medical is too often. Annually or even every 24 mo. should be enough.
*	I think that very few accidents are caused by underlying medical issues. Drugs that affect judgement are probably a much more significant factor and these would not be detected.
*	I think the 3rd class medical can be too restrictive in many instances.
*	I think the airman is more in tune with his/her own health and is capable of decisions affecting safe airmanship.
*	I think the AME does a great job, the problem is the Administrators at the FAA won't accept their medical advice. The Doctors do their job, you need to get the "paper pushers" to leave them alone
*	I think the difficulty in obtaining medical certification makes some pilots ignore potentially serious health conditions because they are afraid of losing their certification.
*	I think the medical exam requirement should be removed for GA pilots
*	I think the overall safety of the National Airspace System is minimally affected by the medical certification process in general for Class III pilots.
*	I think they are too strict for certain jobs

**25a. What is the main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System?**  
*Other reason (explain below)*

**Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':**

*	I thought it was just another step to insure safety of the NAS. I doubt it would stop people from being dishonest
*	I thought this was covered in removing the need for the 3rd class medical.
*	I use my primary physician for my medical conditions (every 6 months) because I take responsibility for my health and will not pilot and aircraft if I am not fit to do so. I think someone could cheat the system if they wanted. The medical certification process is just a hassle for the honest people and I believe most of us are honest and the few who are not can cheat the system.
*	I view it differently than the optiond offered. The Doctor MAY observe something so a visit to any doctor could help to a limited extent.
*	I was a "weekend warrior," but great advocate for GA in my public position taking kids with disabilities flying, giving hangar tours and volunteering at my airports good neighbor day events. The FAA needs to change it's process to discern hobby pilots from career people. It's comical, which is why AOPA & EAA have fought so hard for 3rd class reform. I can count on one hand how many GA accidents have happened because of pilots not meeting ATP requirements.
*	I was an airline Capt. For 33 years and the AMEs I used for my first class medicals really cared about my health and helped me with a health plan for future medicals. The AME I used for the third class, using MedXPress could have cared less if I got a medical or not. However, he sure was fast to cash the check.
*	I was being given tests for stent placement. The extent that I was required to go through another invasive procedure was a great risk to my personal health and safety for no real beneficial reason. There are tests available now that can complete the same thing and give you more information at little or no risk to the applicant. I wish the FAA would come up to speed in their medical community. There are guys that can be injected into the bloodstream and monitored that will give better details than a heart catherization without having to put the patient to sleep go through the expense and the stress of a medical procedure. These times of insurance being harder and harder to get and co-pays going higher and higher it's becoming less possible to remain a pilot if you have even the simplest of medical conditions. A heart stent is a minor procedure anymore these days but the FAA still treats it as if it was a major procedure. The average citizen walking down the street could have a far greater blockage in their heart than I do but the fact that I had mine discovered and had to get a stent placed demands that I now go through an extensive annual treatment that's going to cost me tens of thousands of dollars.
*	I was denied my certification based on a TIA despite my neurologist's and primary physician's signed release stating no problems
*	I was eventually denied renewal of my Special Issuance based on Ischemia. My cardiologist, my AME, and an AME Cardiologist all told me my health was great, I just couldn't pass the stress test. I am sixty-seven years old, I run, work out, and maintain excellent health, yet I am denied my physical. At the same time I see MANY pilots who are "walking heart attacks" who get their physical renewed every year. What was especially frustrating was the FAA did not respond AT ALL to my Appeal for about eight months despite repeated correspondence. I have been in aviation all my life. Besides being a pilot, I am also an A&P and a partner in a large chain of Certified Repair Stations. Other than ATC, I have lost all respect for the FAA as an administrative agency over the years. The FAA decisions are arbitrary, inconsistent, and very frequently punitive to the Airman who tries to live by the rules. If I had never admitted to the FAA my heart condition I would still be flying.
*	I was failed for being a type 2 diabetic. My medication was not approved by FAA and is not relevant even when I had letters form my personal doctor saying my condition was managed and under control.
*	I was told by my AME to bring a letter from personal phsician stating that I had my type 2 diabetes under control with no ill effects and not on insulin, He did not have the authrity to issue my certificate after passing all aspects of the physical and that it had to be sent to Okla. city. It has been 3 moonths and still havent heard anything.
*	I was turned down becuse of a liver transplant.
*	I would prefer my primary care physician who is familiar with my health to be involved in some manner

**25a. What is the main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System?**  
*Other reason (explain below)*

<b>Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':</b>	
*	I,m allowed to do almost everything else in life without the need for a reoccurring medical exam.
*	I'm a healthy, active recently retired fighter pilot with 3700+ hours in military fighter/civilian aircraft and was diagnosed with OSA. I, with a class III medical, am not a risk to falling asleep in flight or on the ground yet my costs for recertification are triple and I've been waiting three months for adjudication on my medical. Penalizing recreational flyers with the same criteria for Class I/II ATP licenses is just plain wrong and not "keeping the skies" safe.
*	I'm a realist. Some medical issues are spontaneous. An examine will reduce the risk of major problems, but never eliminate them. Just my opinion.
*	I'm a Type Two Diabetic. I go through more steps and pain to hold onto a medical and fly a Cessna C172 then some ATP Pilot flying a 767 whom has had a tripple bypass. Your system is broke.
*	I'm an Ag pilot and I don't ever fly with other people with me. I just think that having to take a medical every year is not needed. I could see every two years.
*	I'm in good health & it just feels like a hoop to jump through.
*	I'm in good health and furnished through medical history and documentation. The issues delaying my medical certificate should not be a concern for a third class medical.
*	I'm in great health and I don't need to spend almost \$200/year to fly jump plane 10 times/yr. there should be a better alternative, especially if I go to my regular doctor every year and get an outstanding check up
*	I'm just now being denied a medical certificate for a simple heart procedure done 3 1/2 years ago.
*	I'm not certain that a sudden event, such as a cardiac incident, can be determined by a medicalt examination/certification.
*	I'm not convinced that medical problems are even a small let alone large factor in general safety of the NAS.
*	I'm not convinced that medical screening significantly reduces sudden pilot incapacitations & actually increases aviation safety
*	I'm not convinced that the exam identifies the potential for the human body to fail at the worst possible time (in flight)
*	I'm not convinced the Airman Medical Certificate process has any positive effect on safety, nor am I convinced that if we dropped the program altogether there would be any adverse effets.
*	I'm ok with having to prove that I'm healthy but my primary physician could do the same job (and in a professional environment, not in one of their bedrooms)
*	I'm sure it keeps people with disabilities from flying. And a lot who don't.
*	I've been flying for 70 years and neither I nor any other pilot friends have gone flying if either tired or not feeling well.
*	I've been getting medical exams for over 50 years and if i wanted to hide something is would be easy. The system rely s on the integrity of each person.
*	I've had over 30 annual exams and don't see where they made a difference.
*	I've taken many Class III exams over the years, and view it akin to a check-up, similar to a commercial driver's exam. Its not an extensive process.
*	If a pilot can fly a "sport class" without medical certification what is the difference from that to single engine land/sea?
*	If flying passengers, then medical process is great. But if flying recreationally, what is the point? I don't need a medical to drive a car, so why should I need one to fly my own Cessna 182?
*	If I can legally drive a car safely, I can legally and safely fly a plane with IIIrd class cert.

**25a. What is the main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System?**  
*Other reason (explain below)*

<b>Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':</b>	
*	If I can pass a "D.O.T." CDL driver physical I should be able to have a Class II Airman's medical.
*	If i take my pilot privileges seriously, as i do. Then i take all safety issues in the same manner. Public Safety and the safety of my passenger and my self are number one is number one priority.
*	If the exam could be done by the primary care physician and fill out the paperwork properly for the FAA it would be more accurate. The AME doesn't know the patient at all. I feel he is just collecting the money for the exam at a high price!
*	If there is a problem with a medical its impossible to speak to anyone who makes decisions
*	If you can drive a car you should be able to fly an airplane
*	III Class medical exams are expensive, time consuming and do not predict how safe a pilot will be. Even pilots with I class have died in the cockpit. General Aviation III Class pilots should self certify regardless of existing/previous conditions.
*	Im in good health. Exam was thorough and straight forward.
*	Impossible to find information about specific conditions and what the requirements for certification. The only source of this information is outside groups, like AOPA.
*	Impossible to have a perfect system but most of us feel [UNINTELLIGIBLE] going thru the process, the cost and dealing with some of the doctors, but I have to say, every doctor I've had has been professional.
*	impossible to screen for catastrophic health events
*	In 2009 I had a heart attack 2 months after my physical.
*	In a professional environment, most aircraft require two pilots making the airspace system unaffected by a medical emergency
*	in appropriate prior declerations required
*	In most cases pilots are aware of their physical fitness and with our health records on file for all doctors to view I see no difference between driving a car or plane
*	In my 40 + years as a professional aviator I was accountable for my health and passengers.
*	In my case inaccurate data was submitted causing a delay in obtaining a certificate which I still have not received. The FAA would like more information which I will supply early next month.
*	In my case, I get at least two physicals per year from my own doctor. And I get an annual eye exam. So I am already getting more of a health evaluation than the AME can offer.
*	In my opinion the accidents are rarely the result of a medical issue
*	In my opinion, the entire process only keeps many guys from flying, yet does really very little to improve safety in the sky.
*	in my over 50 years of flying - I have never had to display my medical unless it was for type rating or 135 operations. Never ramp checked while on a domestic pleasure flight
*	In my view pilot training has far more impact on safety than medical exams.
*	In October 2015 I provided medical records related to the FAA, which lead to a misdiagnosis that took until August 2016 to resolve.
*	In some ways, it's too extensive
*	In the absence of verifiable symptoms I was denied based on a hunch rather than hard medical fact and was told I could get the certificate if I would undergo a sleep study at my own expense to prove the AME wrong.
*	In the end it is the pilots onesty that counts

**25a. What is the main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System?**  
*Other reason (explain below)*

<b>Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':</b>	
*	Incapacitations are exceedingly rare.
*	Inconsistent standards, e.g. FAA Air Traffic Controllers vs. Contract Air Traffic Controllers.
*	Inconsistencies between those involved (FAA, AMEs, etc), encourages pilots to be dishonest, it is entirely too restrictive.
*	Inconsistent and special issuances are too rigid. There is no leeway for case by case basis decisions.
*	Inconsistent exams level across all applicants
*	incredibly clumsy and time consuming to no purpose. driver's license should be sufficient.
*	individuals are treated as guilty even when court records are provided showing not guilty
*	Info sent to OKC but response very slow...not acceptable .....35 days for OKC to respond after receiving packet. I lost my position flying but physical was eventually approved.
*	Information of past medical history can not be verified by anybody
*	Instances of pilot incapacitation due to illness are extremely rare and those that do occur were not prevented by medical certification so no increase in safety.
*	Insures nothing-only proves that on 1 day every 2 years you are still breathing, can still hear and are not blind. For the other 729 days it is the pilot who insures he is SAFE.
*	Is a medical really necessary
*	is great at limiting pilots from flying, but no strong link between the exam and flying accidents. pilots are self limiting and do not fly if not safe
*	Is not able to evaluate quality of airman's judgement, nor mental fitness of applicants.
*	Is not necessary to ensure safety
*	Is only a snapshot in time. Not necessarily relevant to every flight in the next two years.
*	It appears to be unnecessary for a third Class medical card.
*	It both encourages pilots to lie and causes undue complications for pilots who are upfront. Screening quality varies. Essentially "all of the above"
*	It cannot predict future health
*	It denies pilots like myself who are probably far more qualified medically than most that are certified
*	It deters pilots from flying. It's expensive. Time consuming. Unnecessary. It is just one more obstacle. My father-in-law who flew for 55 years and the safest, best pilot I knew was scared he might fail, so he continued to fly without a medical and without insurance. He never felt the enjoyment as much after that. Sad and unnecessary. An AME is always going to argue that you need an exam; it's like asking a barber if I need a haircut.
*	It doesn't ensure anything
*	it doesn't reprocess conditions frequently enough but categorizes certain conditions into too large an area and disqualifies an airman
*	It examines only one day in a year.

**25a. What is the main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System?**  
*Other reason (explain below)*

**Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':**

*	It has been over 6 months and I still do not have a medical certificate. FAA required a complete stress test even though my cardiologist stopped doing those for me almost 10 years ago. Even with the current stress test on file with FAA since Aug 11, 2016 no word from FAA as to status, concerns, more paperwork required etc. Just nothing. I have been cleared for canoe and kayak racing at the national level for almost 15 years by my cardiologist but I can not get a third class medical?
*	It has nothing to do with safety.
*	It is 1 day a year. self certify the other 364. Pilot/medical safety really falls on teh pilot for every flight.
*	It is a check of pilots health, but always seems to be a barrier to employment instead of a way to keep pilots flying.
*	It is a good look on one day, but things change over time, but good a system as any.
*	It is a overall wellness check, dont need to be anything more
*	It is a pointless exercise for pilots who currently get excellent medical treatment. I don't think it improves safety and is outdated
*	IT is a power grabbing system, it does not prevent accidents
*	It is a required process. My answer most suited my response.
*	it is a waist of time and money, the pilot is the only one that know wheather he is phisaculy able to fly or not.
*	It is bureaucratic square filling that has little effect on vast majority of pilots who generally have healthy lifestyles anyway. Secondary reason is item #1 above about encouraging dishonesty.
*	It is impossible to be able to cover all medical conditions and predict to future
*	It is impossible to capture the rare and rapid onset of a debilitating event (stroke, heart attack) with an exam every two years.
*	It is just a point in time
*	It is limited in its ability to predict a future medical problem.
*	it is merely a snapshot.
*	It is my responsibility day to day to make sure I'm capable to fly. I only fly for personal recreation so there is never any need for me to have to fly if I don't need to.
*	It is necessary and valuable for commercial and airline operations. It provides little to no added safety to private operations and is likely to discourage people from seeking treatment for some conditions. It can therefore make safety WORSE instead of better.
*	It is not any shortcoming of the AME , but the threat of being denied " if you do not furnish all the medical reports 60 days from the date of the letter" . Why the rush in denying someone?
*	It is not necessary for stress test every year for third class
*	It is not needed for class III personal pleasure flying
*	It is of limited value to determine fitness for flight.
*	It is one of the many items that assure safety in conjunction with ongoing training, self assessment, ATC support, maintenance, etc.
*	It is only a small part of overall safety. Working conditions, airline schedules are far more important!
*	It is only a small part of the airspace safety system
*	It is only good at the time of exam. Pilots must ascertain their fitness to fly before each flight.

**25a. What is the main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System?**  
*Other reason (explain below)*

<b>Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':</b>	
*	It is overkill for 'not for hire' operations.
*	It is still up to the individual to determine as to his condition to fly or not. A physical can not insure condition of pilot.
*	It is virtually impossible to evaluate cardiovascular health appropriately with a single blood pressure reading in a doctors office. Also, one person's hypertension can be another person's hypotension.
*	It only tells the medical condition of the applicant at the time of the exam.
*	It screens for medical condition but not legal immigration status or security issues
*	It seemed as though it would be very easy for a pilot to be dishonest while the exam in no way encouraged it.
*	It seems arbitrary
*	It seems foolish to require all airmen to keep a physical copy of their license and medical on their person in this digital age. It seems ridiculous to make the medical invalid if it is cut off on the dotted line where it just shows "conditions of issue". Likewise, it is silly to not be able to obtain waivers of a day or two on a medical certificate that has just expired.
*	It seems if we are inteligent enough to get a pilot's license we would be inteligent enough to know if we have a prior condition that would preclude flying.
*	It seems like just a snapshot of how I am that day, while waiting for the Big C to display in stage 3 or 4.
*	It seems that some pilots are flying today with heath problems where other are denieid and do not seem to have a chance to find a way to correct or still have the opportunity to fly with restrictions.
*	It seems to focus on medical conditions that seem to have a poor connection to flight safety. BP I get, Heart health I get, but prostate cancer?
*	It seems to me the process denies a lot of privatre pilots from flying for less than serious reasons
*	IT SHOULD NOT TAKE 6 MONTHS TO REVEIW MY CONDITIONS COMPLETELY DIS SATISFIED MISSED ALOT OF FLYING
*	It take 10 month to respond , because you did not aske for docounemt that you need in first time
*	It unfairly denies medical certificates to airmen fully capable of operating private aircraft based soley on an AME and Oklahoma City rejection. In other words, those two entities ruin personal freedoms of individuals without an actual flight check.
*	It was a simple process that 3 class wont have to do again. that why it is gone
*	It was a third class medical. It has been shown that it is not required for general aviation.
*	It was mostly a rehash of what we've discussed in previous visits, discussed with my personal physician, and included a fair amount of what I need to do to expedite the renewal of my Special Issuance.
*	It will keep obviously unhealthy people from flying. What happens in 9 months, who knows.
*	it's a joke in my opinion , and is a waste of money and time.
*	It's a joke, I your the type of person that has the intelligence & income to fly, then you are also more likely then not to have a primary physician. What perpose does it serve for a third class medical. I can get into a 26,000 GVW truck or 50 + motor home towing a trailer down the freeway at 80 mph with no experience and do far more personal injury to others. Current medical laws are just another knee jerk response that puts ALL pilots in the same box. If your flying heavy iron, or passengers for hire and require a First or second Class Medical, then I agree. Most GA pilot's fly 1 or 2 hours at a time at best. We have hundreds of millions of people drive are freeways daily under the influence of alcohol or drugs, killing thousands every year, and there no medical required, at all. Please feel free to contact me, as I would love to understand this better.

**25a. What is the main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System?**  
*Other reason (explain below)*

**Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':**

*	It's a solution for a non problem, the exam will not prevent an airplane crash or a medical problem as PIC.
*	It's about time the medical reform act was passed into law. Research shows that airplanes are not falling from the sky due to medical conditions.
*	It's better than doing nothing.
*	It's commonly known that your "flight doc" keeps you employed. Most everyone has a regular doc they can confide in. [additionally it] encourages pilots to be dishonest on application for medical certification
*	It's just a point in time, tomorrow you could be sick.
*	It's just a snapshot.
*	It's just another hurdle to flying. I don't believe that most health issues affect the incidence of aviation safety.
*	It's my livelihood on the line every time I see the AME
*	It's really up to the Pilot to determine whether he is able to fly each flight. Based on his knowledge of his medical condition.
*	It's redundant
*	items are not pertinent
*	Its a cost for information that could be provided by documentation from primary care physician.
*	Its hard to predict the future no matter what
*	its like forecasting rain
*	Its superficial and easily manipulated. Completeness and honesty is penalized whereas minimizing or outright misdirection is rewarded. That said for a Class III it might in fact be overdone (more extensive than is necessary).
*	Its too subjective and broad question
*	Ive taken a low dose of flouxetine for 15 years, never considering it was a problem for FAA certification. Been flying experimental aircraft for 25 years and employ 48 people with minimal stress. Stop taking the medication per handbook and was reevaluated to show no changes to weight/mental state and resubmitted. Then was asked to go through a more intense examination. I fully understand the questioning but this goes too far based on the those I know that have thier licenses and the medications they are prescribed.
*	just a snap shot in time.
*	Just another hoop of regulation
*	Just because I'm healthy in September, doesn't mean I'll still be healthy in October
*	Just is a snapshot in time. Then for 2 years it's up to the individual to determine whether they are fit to fly. Glad we are finally getting rid of 3rd class medical
*	just not based on risk assessment... my AME had nose in manuels most of my exam
*	Kind like a car inspection, anything can change no - notice.
*	lack of complete medical history and limited knowledge of your overall health.
*	Lack of conclusive evidence that medical evaluation can accurately predict future medical episode
*	lack of historical evidence that medical certification has prevented any air disaster
*	Lack of reasonable acceptance for use of pain medication that does not interfere with safety of PIC

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*Other reason (explain below)*

<b>Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':</b>	
*	Let AME perform thorough exams and have authorization for certification. Because AME examine the pilot in person and review medical history. SO AMEs know what they are doing. But your FAA medical certification department didn't respect the AMEs decision. Ask more question and detail from pilot submit the medical history and without knowing exactly condition and deny the pilot medical certificate.
*	Like in cars, medical emergencies are almost non-existent. Most pilot incapacitations have proven to be not predictable.
*	limited amount of data to support that exam improves safety, reduces risk, or causes a better outcome
*	Limited patient/Dr. contact
*	Limited value to desired goal
*	Lipitor was mistakenly listed as a drug and i am currently involved for 4 months and on going to get Oak City to resolve this! every correspondence cycle takes 2 months and adds new questions. how does this enhance air safety? . I've held medicals for close to 40 years and this is a first. Makes you want to be dishonest with the questions.
*	little evidence that screening increases safety. The moment I leave the exam I can have a heart attack or stroke without the examiner catching it
*	Little/no correlation between exam and ENSURING safety.
*	Limited need for my (VFR) flight.
*	look at statistics for primary impacts on safety
*	majority of medical exams are for general aviation pilots who mostly fly low performance aircraft at lower altitudes and VFR.
*	Majority of unsafety in the sky stem from bad pilot decisions and other factors not related to medical conditions
*	Makes no sense that I need a medical certificate to fly a 2200 lb Cessna when the sport pilots use their driver license to show medical eligibility
*	Many conditions examined do not affect flight safety
*	Many conditions that lead to FAA issuance issues have nothing to do with the safety of any given flight. There should be no FAA 3rd class medical. Flights not for hire should not require any FAA medical oversight.
*	many conditions that may impair pilot in the air do not appear detectable with the current process (impending heart attacks, strokes , etc)
*	Many conditions that can adversely impact a flight are not detectable in any periodic exam, including this format.
*	many factors are involved in insuring safety in the national airspace system. medical is only one and not likely the greatest one of impact. the medical process can only influence its part. the safety picture is much larger than just medical factors.
*	Many factors determine the safety of the NAS. Pilot's medical condition is not the biggest driver; areas covered by certification process are seldom mentioned as causes or contributors to aircraft accidents.. The
*	Many factors, besides medical conditions, influence the safety of the National Airspace System.
*	Many incapacitating health incidents cannot be predicted.
*	Many issues that would crop up during a flight may not be known or have advance signs or symptoms. The process is flawed.
*	many other factors ensure the safety of the National Airspace System than just medical exams.
*	many pilots fly safely WO licenses

**25a. What is the main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System?**  
*Other reason (explain below)*

**Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':**

*	many request are overkill not affecting safety. Every year my report by vascular Doctor states "no reason for Mr [Name] to see me again except to satisfy the FAA requirement" Does not affect safety
*	Med Certification evaluates and promotes the pilots health by mandating an evaluation by a physician periodically based on class
*	medical alone does not ensure safety
*	Medical causes of accidents are minimal (2-4%) compared to other well known causes.
*	Medical certificaion exam process is burdensome for private pilots who primarily fly for recreation. Med cert is appropriate for Class 1 & ATP pilots who have several hundred souls on board.
*	Medical Certificate is required for UAS visual observer position however only eye exam is needed. Do not need a full blown Class II to watch an airplane fly around traffic pattern. FAA should come up with a new standard, perhaps class III or special UAS or visual observer exam and only check relavant things.
*	Medical certification has a limited place in General Aviation. The absolute power of the FAA to ground a pilot with limited recourse is terrifying and results in a combative and reluctant participant.
*	Medical certification is like relying on a crystal ball to predict future events for human behavior. If you are fit to drive a car, you can fly a modern aircraft.
*	Medical certification is only one piece of National Airspace System safety.
*	Medical certification is the SMALLEST of element related to flight safety, The PILOT is the most SIGNIFICANT.
*	Medical certification regs need to be able to be evaluated for application by AME, rather than given yes or no by administrator
*	Medical certification relies heavily on established medical practices that may or may not apply to aviation. I know that a standard has to be set, yet some of the 'flags' that show up aren't safety related, yet other conditions don't throw up a flag for the aviator.
*	Medical cetrification is only one of many factors in safety.
*	medical condition is not as important as currency as a pilot , at the age of 55 and older we need annual flight reviews.
*	Medical condition not a highly relivent safety factor in private recreational flying.
*	Medical conditions (besides self policing and making use of IMSAFE) rarely are the cause of incidents or accidents, with some core exceptions. My AME is great and extremely thorough, but the SI process does deter pilots with certain medical conditions from flying, even though such conditions would not pose a threat to Aviation Safety. Since the risk to aviation safety is low, the AME process is only filtering out marginal cases, while making it more difficult to most pilots who would otherwise use IMSAFE methodologies.
*	Medical conditions are ALL dynamic and change too rapidly. Never static. The exams are not valuable.
*	Medical conditions are limited impact on safety. check Sport Pilot results.
*	medical conditions are not a factor in a large percentage of aviation accidents
*	Medical conditions seldom (almost never) cause accidents. I know because I perform autopsies, many times on pilots.
*	Medical conditions very with time but this exam only represents history and cuttrrent status with little visibility into future.
*	Medical Exam and Certification is only a small part of the National Airspace System
*	medical exam does not address possibility of potential mental issues that some pilots might have

**25a. What is the main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System?**  
*Other reason (explain below)*

<b>Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':</b>	
*	Medical exam has limited impact -weather, pilot attitude, proficiency, training, and pilot self certification prior to flight are keys to safety
*	Medical exam has little to do with what creates the most safety risks in the system
*	Medical exam is a minimal part of safety in the national airspace system. That is why we should be flying on our drivers license
*	Medical exam is a snap shot in time, health is dynamic and ever changing
*	Medical exam is just one small part of aircraft safety
*	Medical exam is only part of safety. Pilot skill and training and judgement are also a large part
*	Medical exam is unnecessary. Pilots can self-report and are already legally obligated to do so. Waste of time and money
*	Medical exam only means the appicant is physically fit to fly at that time, not that they are skilled to do so.
*	Medical exam seems largely unnecessary.
*	Medical Exam should be dependant on type of flying done by individual.. Should not be required for small aircraft involved in pleasure flying.
*	Medical exam should be fot basic health for operating aircraft, not an instrument of social control. Criminal records should not be part of medical.. Add an annual affidavit if you need thar information.
*	Medical exams can do little to predict airman incapacitation. Airmen are best qualified to determine their fitness for flight and none that I know of are willing to risk injury or death of themselves or others if they do not feel they are fit for flight .
*	medical exams do not catch medical emergencies in flight. they are a waste of resources.
*	Medical exams make pilot pay more attention to their health but the exam ittself doesn't help a lot
*	Medical exams should be completed by primary care doctors that are more familiar with the patient and medicals should be good for longer periods
*	Medical fitness is not theonly factor in aviation safety
*	Medical for private pilots are largely unnecessary and burdensome.
*	Medical incapacitation can be so sudden and unpredictable, and so statistically rare, that the whole process is of dubious value. The only useful result of these exams is eyesight status.
*	Medical incapacitation is a vanishingly small root cause and I don't think that's because medical screenings are catching and preventing them.
*	Medical is completely unnecessary/no data to support the need for one, incapacitation is a rare occurrence
*	Medical is just a snap shot of your present health on that day. Exam is comprehensive enouhg and does look at all aspects of health. I think some pilots are fearful to report some issues that are minor in fear of loosing medical. Many pilots are very capable pilots even if they have some minor issue that might today keep them out of the air. They drive fine and that is way more dangerouse than flying
*	Medical is only one part of safety and medical exams do very little to unmask anyones health condition
*	Medical issue minimal risk in the grand scheme of things.
*	Medical issues are not a prime contributor to most aircraft accidents and safety risks.
*	Medical issues are rarely the cause of aviation accidents.

**25a. What is the main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System?**  
*Other reason (explain below)*

**Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':**

*	Medical issues aren't the largest issues of safety in the National airspace system- proficiency and competency in piloting is.
*	Medical issues can arise at any time.
*	Medical issues rarely cause for accident, hence sport pilot
*	Medical matters seldom are the cause of incidents or accidents. Safety is improved by additional training, things like WINGS and other.
*	medical not issued
*	Medical problems are a minor factor in unsafe conditions.
*	Medical problems are extremely low on the list of safety issues in aviation.
*	Medical problems are not the main reason for accidents; and they add to the expense of recreational flying
*	Medical problems are so far down the list of accident causes. Just not a worthwhile investment of resources.
*	medical problems during certificate period not reported or corrected
*	medical problems not big cause of aviation accidents. Possible to have medical condition that has no impact on flying but still be grounded and have medical condition not disqualifying but is dangerous.
*	Medical process is unduely restrictive and prevents people who are - for all practical intents and purposes - fit and healthy from applying and/or flying. The process is important, but the requiriements should be less restrictive. Pilot competency (non AME related), proper evaluation mental health, and major medical conditions (heart disease, etc.) should be major factors. AME's are only qualified to address the latter part of that equation.
*	medical requirements cause pilots to not seek medical treatment since they have to report all medical visits.
*	Medical safety is a small part of the overall safety of the airspace. Minus mental disorders.
*	Medical safty applies the day you fly, not how you felt 6 months ago.
*	Medical science is limited.
*	Medical screening does not ensure safety
*	Medical screening overwhelmingly unnecessary; if it were actually needed, hopelessly inadequate.
*	Medical Standards are standard, wavers to standards take away from safety.
*	Medical status is not a critical factor regarding the safety of the National Airspace System
*	Medical,certification not necessary for private pilots.
*	medicals not issued on basis of clinical experience but on administrative procedures
*	Medication for Depression should not be a problem.
*	Mental stability is not evaluated
*	Minimal benifet for time and expense.
*	Miscalculated steps I would need to be granted a special issuance.
*	Moderately comprehensive exam yields moderate saftey

**25a. What is the main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System?**  
*Other reason (explain below)*

**Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':**

*	Money making scam for #1: The FAS #2: The AME, you only need a drivers license to operate an ultra lite , the FAA form 8700 stole all the questions from that joke, and adopted it as their own, Ofcourse, for a hefty fee! The hefty fee funds the graft, greed and corruption rife within the FAA and thenDOT in general.
*	More interested in a paycheck than facts
*	most accidents are not due to pilot medical problem
*	Most commercial pilots aren't going to fly if they are not fit to fly. A medical every 6 months is too onerous in the current day. No other profession is as regulated, not even doctors have a physical by another physician every 6 months.
*	most events causing safety concerns cannot be forseen
*	Most of life is on the honor system, it's basically up to the pilot to determine if he's fit to fly at any given time. Doctor's evaluation is only an overall view of the pilots' general health at that present time.
*	most of the process is not necessary
*	Most of what is screened in process should already be known by applicant; therefore process doesn't change much.
*	Most people are healthy, so it's just a hassle for them; in other words: are there studies that show how many accidents are prevented by this process?
*	most people are intelligent enough to self certiry, same as I do before I drive. people who are unsafe/unfit will ignore the rules anyway as seen on the highways daily.
*	Most people don't want to endanger themselves by flying in an unhealthy condition. I don't need a medical certificate to help me to know if I am healthy enough to fly. A drivers license should be a sufficient certification of my health if my certification are current.
*	Most people maintain their heath to live, FAA medical is just a have to do, just look at other transportation modes where medical s are not required, they have the same in service medical issues as aviation, drug screening is another thing!
*	Most pilots are honest and if there are problems they get checked out
*	Most pilots before every flight decide whether they are safe to fly, most pilots would do the right thing regardless of the government.
*	most pilots do self - medical
*	Most pilots know what state of health they are in and would not fly if they were a risk to themselves or others
*	Most pilots know when it's safe to fly and when it's not safe to fly physically
*	Most pilots take great care of their health and have their own doctor to do this.
*	Most pilots that I know have a family doctor who is familiar with them more so than the AME. Therefore any issues have already been addressed by that family doctor.
*	most pilots try th be in good health at all times I feel we are in better condition than most people our ages
*	Most unsafe aviation events are not medically related; creates an unnecessary impediment to the pilot.
*	much more extensive than that to drive an suv on our highway system in vehicles that are much larger and more dangerous
*	Much of safety depends on 'honor' system by pilots both reporting conditions and self monitoring between AME visits.
*	Multiple studies show no tie between exam results and aviation accidents.

25a. What is the <u>main reason</u> for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System? <i>Other reason (explain below)</i>	
Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':	
*	MY A.M.E. DOES A GOOD JOB, IT'S THE AEROSPACE MEDICAL CERTIFICATION DIVISION OKC, MKC THAT IS LACKING JOB PERFORMANCE
*	My AME submitted a complete package to OKC for a special issuance. OKC sends form letters requesting the same info we sent. FAA could have looked at the info provided rather than send a cover your [Profanity] letter because time was running out on processing my app. Then they want you to start all over again. My AME is great. FAA not so much.
*	My answer is based on the fact that I applied for Special Issuance Class III. My answer in that case is Deters pilots from applying for medical certification.
*	my answer was regards to the FAA process is to slow and overly inaccurate
*	My application was for a "special issuance." The AME is not allowed to approve this data, but only goes through it to make sure it includes the needed items. Since I completed a whole series of exams, involving multiple specialists, my medical qualification was well known to myself and could have been by the AME if he were allowed to verify that by reading the documents provided.
*	my are did a great job. But it's all about pilot honesty. A pilot should know if he shouldn't fly.
*	My belief is that pilots have the responsibility to self assess their medical before every flight and do that. Maybe an AME is needed for commercial pilots flying paying passengers but it is not needed for standard GA operations not part of a commercial operation.
*	My cardiologist and PCP wrote on my medical report that I am healthy enough to safely fly an airplane. However I failed the medical certification process based on the need for a prostate exam, a psychological exam, a blood sugar exam, a kidney function exam and a full field visual exam even though I pass the vision test perfectly. They just wanted to drum me out. I am a retired flight instructor teaching part time and a CFI, MEI and CFII. I walk 3.5 miles a day in 1 hour, do concrete work. climb ladders and work on the roofs of my rentals and can drive a 7 passenger van loaded with little kids but can't fly an airplane. [Profanity] government bureaucrats is all it is about. I have never been treated for any of the medical conditions they requested except for a stent. I was the only flight instructor so the owner closed the flight school and I had to tell 8 students to go to the nearest airport 50 miles away.
*	My Cardiologist says I did great on stress test, AME says no problem yet FAA denies my application 3 months later because my heart rate did not get up high enough.
*	My condition has NO bearing on my flight prep., skills, judgement, etc. It seems like a waste of time. I think flight instructors should be the main screeners for good judgement, in all aspects of flight safety, unless the pilot has a condition that is extremely incompatible with flying. Not diabetes!
*	My condition is sleep apnea (very successfully treated) The special issuance is unnecessary when treatment is documented. I am sure that the horrendous process and indefensible delays of that process drive MANY pilots to avoid diagnosis. The net result is a diminution of safety which is counter to your prime function.
*	My doctor says criteria for granting or declining to grant medical are not sound medically
*	My exam results were dependent upon the timely performance of my cardiologist, not my AME. The AME did his part, the cardiologist did not.
*	My exam was for class III I will not take risk, I solo 1 Oct 42, rather be here wishing I was up there, than up there wishing I was here
*	my exam was held up for over a month because I honestly answered the question about "have you ever been arrested for an alcohol related thing". It was drinking under age over 30 years ago. No driving just a couple of college kids drinking beer 30 years ago. How is that relevant to safe flying?

**25a. What is the main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System?**  
*Other reason (explain below)*

**Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':**

*	My experience is that most pilots have a family doctor that is not an AME. They only see the AME to get their certificate.
*	My experience tells me that pilots are smart enough to be cognizant of their health, particularly as it relates to flying safely.
*	My family dr who i visit yearly is very thorough so the ame exam just is unnessesary.
*	My family physician knows my health better.
*	My flying is recreational. After 35 years with the airlines, I don't think I should have to take III class med.
*	My opinion is that the medical exam process originally helped with safety, but it has now grown to be a "trivial pursuit" game to see whether or not the applicant "meets specs", rather than seeing whether the applicant is a safety risk. My opinion is that the process has gotten too bureaucratic and has gotten out of hand, and has lost the spirit of "is the pilot safe". Instead it is "do we meet the letter of the law. Those two things are VERY different.
*	My paper work took 2 year to find out I was ok to fly.
*	My personal M.D. & ophthamologist duplicate all that my AME does = waste of time & money.
*	My personal physician monitors my health and has been doing so for 35 years.
*	My personal provider is way better knowledgable/able to judge whether I am qualified.
*	My personnel doctors have a better knowladge of health, Thry feel that the test required by the FAA are not nessery and place me at risk.
*	My primary care doctor does a much better annual physical which includes lab tests. I give all this info to my AME. There is no need to duplicate the process.e
*	My primary physicians and cardiologists are board certified in their specialties and I have more frequent contact with them for medical purposes than my AME.
*	My Professional licensed AME certified me clearly healthy, yet some idiot non-medical FAA person in Oklahoma insists that I have a substance abuse problem.
*	my regular doctor could have given the exam and note it in my log book
*	My Special Issuance
*	Nearly impossible for Doc to predict sudden/subtle issues. Self-certification prior to each flight is the only way this really works.
*	Need to self certify before every flight
*	neurosurgeon cleared me 6 months before okc cleared with no updates along the way.
*	New proposed rules for 3rd class medical make much more sense.
*	No accidents or incidents based on medical conditions
*	No alternatives for non - approved medications, or explanation of how to obtain approval.
*	No blood work done.
*	No certificate was issued to to AME referring decision to FAA, because of recent shoulder replacement procedure
*	No correlation between exam and safety
*	No correlation between requiring 9 minutes on Standard Bruce Protocol Stress Test and flying an aircraft, which I did 10 minutes at age 68.. Flying an aircraft in no more physically stressing than operating a game boy.

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*Other reason (explain below)*

<b>Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':</b>	
*	No evidence that a medical exam provides any assurance of pilot physical incapacity.
*	no exam can accurately predict likelihood of catastrophic physical event
*	no exam can guarantee continued health
*	no exam can guarantee results
*	No exam can insure complete safety, only honest self evaluation of current condition can work
*	No exam can predict sudden incapacitation which seems to be the fundamental reason for the certification process.
*	No exam is needed beyond eye and hearing tests to fully ensure the safety of our highways and airspace. Pilots and drivers self certify every day.
*	No interest to investigate issue with specialist he recommended
*	No one can insure 100%.
*	No one is a mind-reader. If someone chooses to hide a condition/lie the AME is unlikely to detect that. At the same time, the system should NOT be so onerous that it harms the 99.999% for the .001% outliers who aren't responsible human beings.
*	No physical exam needed for my flying activities. A waste of time and resources.
*	NO PROBLEM WITH AME... PROBLEM IS FAA'S SLOWNESS IN REVIEW AND APPROVAL
*	No psych eval
*	No real evidence this has an impact, our own doctors know us better, few pilots I know fly when feeling at risk; we crash for other reasons.
*	No room for extenuating circumstances
*	No significant difference between a pilot license and drivers license for GA
*	no system is practical. everybody is scared to be honest
*	Normal exam on that day only- does not cover all other days. Not all AEMs perform thorough exams.
*	NOT A COST EFFECTIVE WAY TO FIND SAFETY OF FLIGHT PROBLEMS AND FOCUSES ON NO-SAFETY RELATED ISSUES.
*	not all AME's the same. pilots sometimes deceive AME's. No system is foolproof. Improves safety but dos not 'ensure' safety. Flight is ALWAYS a risky endeavor.
*	Not all medical conditions (eg. Dysthymia, Sleep Apnea, are a predictor of poor piloting. Each case is unique and should be treated as such.
*	Not all pilots are honest in their paperwork due to past medical history that has no bearing on the pilots current medical status
*	Not all pilots fly over populated areas or with passengers. We are old pilots in old planes.
*	Not all pilots need a medical
*	not always necessary
*	Not as thorough as overseas medicals or take into account current doctor patient issues.
*	Not clear why certification not issued by AME. Review and reponse by FAA takes way too long. Because of Backlog?
*	Not comprehensive exam to identify serious medical conditions. The word "adequately" is ambiguous.

**25a. What is the main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System?**  
*Other reason (explain below)*

**Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':**

*	Not enough AME continuity, no continuing pilot education as to "what makes me healthy to fly today" considerations.
*	Not my primary physician, can't get 20 years of med history in 30 minute appointment
*	Not necessary
*	Not necessary. Look a Sport Pilot history. What's their accident rate due to medical problems.
*	Not needed or necessary for a Class III. Private Pilot S.E.L. S.E.S.
*	Not nessessary - self appraisal for flying.
*	Not only are pilots going to be dishonest about conditions, my health can change a lot over the course of two years. I "self" evaluate before every flight. I think the Pilot Bill of Rights II is a great direction.
*	Not really necessary for Class III
*	Not relevant to general aviation.
*	Not specifically addressed with AME
*	not sure medical exam for class 3 pilots ensures much safety
*	not sure of difference between subjective answer choices
*	Not sure that the process accurately identifies all pilots who should not be flying.
*	Not sure the exam is necessary to provide safety of the National Airspace System
*	not take into consideration improvements in physical abilities.If you have ever had in FAR's is wrong
*	Nothing added above what my primary would do
*	nothing can "ensure" the safety of the NAS. safety is something we all strive for. the question is too absolute. my AME "contributes" to the safety of the NAS
*	Nothing good or bad about exam. Just an exam.
*	Objective and measurable data does not indicated that it improves safety
*	Of the 30+ exams I've had to take during my career, none were necessary. They didn't make me healthier. They just cost me a lot of money.
*	OK that day, but self certification is necessary. i.e. Do I feel like flying today?
*	Okay for sight & sound, but doesn't test for alertness, mental quickness, sleep disorders.
*	OKC failed to pick up heart problems shown on the EKG from 2014
*	Once or twice a year visits to an AME are not enough to truly evaluate someone. Ones, wife/husband, close friends, etc., would have a better grasp on Ones mental health.
*	Once the info is gathered by the airman and the AME has done his job. The approval is not fast enough (I have [UNINTELLIGIBLE]).
*	One arbitrary exam does not provide an accurate determination of one's health.
*	ONE COULD DROP DEAD AFTER LEAVING THE OFFICE WITH A SATISFACTORY EXAM.
*	One examination by a doctor every one or two years cannot possibly ensure safety of the NAS. The pilot is responsible for ensuring his/her fitness to fly before every flight.

**25a. What is the main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System?**  
*Other reason (explain below)*

**Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':**

*	One size fits all approach for certain issues/conditions. Medications that could benefit some airmen have a blanket ban because of potential problems or misues. Could be considered on a case by case basis instead.
*	Onerous requirements for medical conditions that are not life threatening in flight. Very few accidents due to known pilot health issues.
*	ones medical condition today has little reflection on their condition tomorrow
*	only applies till you leave the office
*	Only ensures airman is fit at the time of the exam
*	Only establishes fitness to fly at that particular time. Requires self certification every day thereafter. Better to work closely with a personal physician.
*	only evaluates pilot at one point in time pilot must self regulate until the next exam
*	Only proves a pilot is medically fit on the day the exam was performed. There is no more danger in flying light aircraft than driving a car.
*	only proves you were reasonably healthy on the date of exam.
*	Only shows that you are healthy on that given day.
*	Only the pilot really knows his fitness to fly...Stress , divorce ,financial etc etc . A course on self examination of lifes factors would do more to ensure self awareness of ones fitness to fly.
*	Opinion that exams not really needed for non-commercial pilots in reasonably good health flying their own personal aircraft.
*	OSA witch hunt for asymptomatic individuals; this is ATROCIOUS. As a physician and pilot for a half century, I find this ABSURD AND OVERBEARING.
*	Other than eye exam and blood pressure, it really doesn't check fitness to fly.
*	Other than morbidity or an obvious physical impairment, I do not believe that an AME exam should be necessary for a Class III or II license unless carrying passengers for hire.
*	out dated policies, requirements. overly cautious, the process does not trust pilots,
*	Over emphasis on non issues
*	Over reach for a Third Class medical review of pilot that has sleep apnea and has been using the cpap faithfully for years and has been receiving continuous annual physicals from the general Practitioner fro the same years of cpap use. recurring sleep studies are not needed!
*	Over reaction to medications by taking medical certificate without discussing options
*	Overall health of the pilot population has very little impact on the safety of the national airspace system.
*	Overall, the FAA has over reached it's charter of ensuring safety. These FAA exams for a Class III are overly burdensome with limited value.
*	Overly cautious, to the extent that an ASYMPTOMATIC 30 year pilot still has no final response from the FAA after 4 months!!
*	Overly cautious: Example - I snore, so my doctor suggested a CPAP machine to use while sleeping. AME wanted a letter from prescribing doctor explaining this. Encourages pilots to be dishonest on appication or medical certification.
*	overreact to some conditions, unnecessarily prevent pilots from earning a living
*	passed physical but am waiting 6 mo. because of follow up from Oklahoma

**25a. What is the main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System?**  
*Other reason (explain below)*

<b>Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':</b>	
*	passing a flite med doesnt convince most people your in perfect health
*	Passing the exam doesn't mean the the next day you are still ok to fly. Our medical conditions change.
*	past history is no indication of futuer events
*	people drive with medical conditions and typically don't cause safety issues
*	people make mistakes in there personal lives, witch dose not make them unsafe pilots, yes we need to be responsible, but we are human!
*	people making discisions at faa don't have a clue they have assdent do the work and don't look at the whole picture.
*	people's health changes and you can not always cover everything that might come up in a exam
*	Periodic medical certification is a coarse filter for determining medical fitness for flight.
*	Personal health can be volitale
*	Personal safety behavior.
*	Physical exam only covers the pilots general health condition on that specific day. Pilots self certify every time they fly. The exam itself provides virtually no safety improvements to aviation in general.
*	Physical incapacitation in flight is a vanishingly rare cause of accident even though pilots may be untruthful with their AME's.
*	PIC's responsibility to ensure his or her health is acceptable before each flight. Third Class Medical performed every two years.
*	pilot ability is more a factor
*	Pilot applicant may not be compelled to divulge sensitive information about themselves.
*	Pilot error, not medical conditions tend to limit safety in our NAS
*	Pilot health can vary from time of exam.
*	Pilot health is constantly changing between exams therefore the exam only insures proper health that day and in the real world the pilots are the only ones that can make the desicion daily to the extent his health influences safety.
*	Pilot is responsible for safety
*	Pilot is ultimately responsible to self assess
*	Pilot medical issues do not impact air safety.
*	pilot must self certify every time you enter cockpit
*	pilot only qualified at time of exam
*	Pilot population is over sampled. Exceed exams don't insure safety
*	Pilot responsibility to be certain health meets standards between exams to perform pilot duties.
*	Pilot training and good maintenance procedures plus the air traffic control system are greater factors contributing to overall safety.
*	Pilot's have been trained throughout their training process to self diagnose and evaluate their fitness to fly.
*	Pilot's health on day of medical has little bearing on subsequent health when flight is actually made.

**25a. What is the main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System?**  
*Other reason (explain below)*

<b>Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':</b>	
*	Piloting is changing with new technology, the medical exam needs to reflect the current and future and to better correlate with reducing risk.
*	Pilots age 20-45 feel the epitome of good health-many do not have annual physical exams-above this age pilots have personal physicians.and annual wellness exams.
*	Pilots are capable of self determining if they are fit to fly
*	Pilots are not suppose to fly if they have a problem. i.e. A cold. Honest pilots are self limiting without an FAA exam.
*	Pilots are reluctant to disclose conditions that might lead to disqualification due to extensive delays and scrutinization to requalify.
*	Pilots are responsible people who know if they are fit for flight. a medcal is not needed for that.
*	Pilots are the last one to make decision on whether fit to fly whether they have a medical or not.
*	Pilots are the main reason for ensuring safety and determining when they are medically fit to fly.
*	Pilots are unsure what to share and what not to share with medical examiner
*	pilots as a whole are responsible and are no more, possibly less, likely to over look conditions thare are detremental to their acctivity
*	Pilots can drink, have lack of sleep, or be a smoker and still fly having past the medical
*	Pilots family physcian could do the same job with even better history and confidence in any potential problems.
*	pilots generally wil not fly if they feel unsafe
*	Pilots have to self certify prior to each flight also between exams.
*	pilots in general are self policeing. a much more comprehensive exam would be needed to find serious health issues.
*	Pilots know if they are safe to fly for General Aviation. Commercial flying is different and requires independent verification.
*	Pilots know when they should not fly. I get a physical every year. class three seem to be a waste of time and money for me.
*	Pilots may not adequately seek medical care for a condition based on fear of losing medical certification
*	Pilots must assess their own health and fitness to fly before each flight. The exam is only once per year.
*	Pilots need more information to remain knowledgeable and legal with perscriptions, AME could not provide it. Then pilot is captured into very, very expensive "special issuance" process with no guidance on how to proceed.
*	Pilots primary dr and treatments are not tied into nor visible to AME, all based on honesty of pilot.
*	Pilots self asses for every flight
*	Pilots self certify for every flight anyway
*	Pilots self certify prior to every flight.
*	Pilots self-certify every day except for their exam day.
*	Pilots self-certify every time they fly. An AME's review of cursory eyesight, hearing, heart and lungs every two years adds little value beyond what a pilot's primary care manager already provides.
*	Pilots should be more aware of their own medical status

**25a. What is the main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System?**  
*Other reason (explain below)*

**Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':**

*	Pilots should not be dishonest, but I do not believe the exam insures a pilot will not be incapacitated and I think it encourages pilots to not seek treatment due to possible adverse effects on their flying.
*	Pilots still die or have medical issues in the cockpit
*	Pilots will not fly when ill anyway. Seeing the "flight doc" seldom provides new info to the pilot.
*	Pilots will self regulate. If their physical condition degrades to an unsafe level they will ground themselves
*	Pilots will still be pretty much on their own when they decide to perform PIC duties, won't they?
*	pilots with 3ed class medicals can be examined then they have to determine there fitness to fly everyday and not see an AME for two years
*	Pilots with a current driver's license should be able to self-certify in lieu of a third class medical certificate.
*	Pilots with specific knowledge of medical risks can self-certify
*	Pilots withhold information out of fear of extreme FAA oversight and overkill. FAA review panels for special issuance take too long to review then are too overcautious and make process too difficult.
*	Poblem was metastatic colon cancer. Personal physician, oncologist, and surgeon all stated my cancer was no reason to deny a medical certificate, but that is exactly what the FAA did. When I told my oncologist of the FAA findings he said their denial was total nonsense. Furthur I told the oncologist that the Faa was concerned about a stroke as a result of the cancer, to which he again said this was nonsense.
*	Point in time.
*	poor predictive power
*	Primary care doctor would probably be better positioned to determine fitness for flying
*	primary care physician has more historical knowledge of pilot's health
*	PRIMARY CARE PHYSICIAN IS A BETTER RESOURCE.
*	Primary care physicians and specialists are more appropriate.
*	Primary physician gives me the same basic exam yearly
*	Primary physician runs blood work and cancer screening tests that AME does not perform.
*	Private pilots should not be required to get a medical certificate.
*	Private should be the same as sport pilot.
*	Process does not affect aviation safety, drivers don't need a physical and a SUV can do more damage then most GA airplanes
*	Process doesn't create any new, threatening information about a pilot's medical condition
*	process is a data point in time
*	program is not of a design that is like to result in a significantly higher level of safety
*	Proper training and self awareness are needed to ensure safety.
*	Provides an environment in which a airman may avoid getting proper medical care for fear of being declined for corrected condition
*	Pursuit of irrelevant criteria

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*Other reason (explain below)*

<b>Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':</b>	
*	question is not parsed for each pilot type ie performing ATP, Commercial, or simple personal and/or family friend flying...
*	Rarely really needed (like driver's license), espically for casual personal flying.
*	Really no phys exam (by girl) went & brought up ancient events never saw computer or updated by AME?? Crazy deal.
*	Reasonable to be concerned about conditions that can result in sudden incapacitation. SIs are required, however, for conditions that pose no such risk.
*	reasons for disqualifying pilots are not reasonable
*	Recent change to Eliminate Class 3 via driver license validates the limited value of med. cert. process
*	redundant and unnecessary
*	Referencing other airline pilots I know, not all are healthy physically or mentally.
*	referral of issue to regional office has been ignored to date
*	Regarding III Class applications: Almost all Pilots concientiously "self certify" every time they fly. Only the irresponsible few do not, and they are the ones that lie on the application. The amount of safety provided by medical certification is therefore minimal.
*	Regardless of medical, people are still stupid and do stupid things, before after or during flights. They dont think about what it means to actually hold a medical and what it entails, or how you have an impact in safety in the skies because of it.
*	Regardless of whether a FAA or regular doctor examines you, most will not fly if they are not feeling well.
*	Regaurding my Diagnosed Sleep Apnea I do not and have not had a problem with falling asleep.
*	rejected certificate issue without just cause which has kept me from piloting although private doctors say I am completely fit to do so.
*	Report to FAA from person's primary physician for routine physical and eye exam would be more than adequate.
*	Required several expensive tests for conditions which are fully controled by my personal doctor.
*	Requirements to recieve annual Halter monitor test for condition WPW for a class 3 medical are too stringent!
*	Requires one to be healthy on exam day, some standards outdated, Good Primary Care Coverage provides a better picture
*	Reset discriminates people who are on certain drugs. How about people who are going untreated!
*	restrictions and requirements may be too stringent thus prohibiting otherwise qualified pilots from doing a job which they are entirely capable of. Especially considering nearly all part 121 and 135 operations have multiple pilots and or crews.
*	Restricts pilots who fly strictly for fun, by imposing unrealistic requirements
*	Results only valid day of exam
*	Routine medical exams are poor at predicting future health problems
*	Rules are too complex to understand. People are afraid to talk about anything that may (or may not) have an impact because it can cause them to lose their medical.
*	Safety in flying is the pilot's responsibility. If an irresponsible pilot has a medical condiition, an FAA medical will NOT increase safety. The pilot has to seek medical advice prior to flying...the same is true if an instrument pilot is non-current for approaches, etc.
*	Safety in the air has a lot to do with pilot behavior, not medical fitness

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*Other reason (explain below)*

**Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':**

*	Safety is an illusion
*	Safety is an individual responsibility of the pilot.
*	Safety is by and large related to factors not under the purview of a medical exam at the cl III level.
*	Safety is dependent upon many more factors than health
*	Safety is the responsibility of the pilot. The AME can only certify safe to fly on the day of exam.
*	safety is up to the pilot applicant. I know more about me and my good health than you ever will.
*	Safety nor consistency had nothing to do with the retaliation that the AME threw at me. An honest physical is fine. Thew AME's anger was very un-professional and may cause me unnecessary test costs and did make me pay for an additional DOT physical (that I passed with out any restrictions / conditions )
*	Safety of airspace should be looked at in the legal setting and not the medical setting. I'm 35 years old and have seen to many older pilot unable to get medicals when I feel they would still be very safe to fly. I have now left the aviation industry because I'm scared the same will happen to be 20 years down the road.
*	Safety of flight medical issues cannot be predicted with a once a year simple exam.
*	Safety of NAS is the primary responsibility of the Pilot In Command by self-assessing his/her ability to safely command an aircraft.
*	Safety of the system requires far more than a medical evaluation.
*	safety rests with the pilot's constant evaluation of health and well being as relates to each flight, FAA medical exam fills a square
*	Saftey only for health issues are limited compared to all other saftey issues!
*	SCAM to bilk private piolots as well as commercial pilots of \$10,000 upwards over 6 months becuae of prescribed medications from doctors
*	Screens for reasonable health
*	Seemed to be a basic exam, and I am not sure how many health issues would seriously be found
*	Seems like most accidents caused by a medical issue are hard to predict. They are random. I might be completely off base since I don't have all the facts. In fact, it might deter some pilots, but I might be worried about what was deterring those pilots in the first place. I do think the test can be overly cumbersome for some issues. The pendulum might have swung too far on sleep apnea for example. (A condition I don't have, but have heard a few stories about the hoops that have to be jumped through)
*	Seems like overkill for the average pilot.
*	Seems like the ame is not able to contact a representative of the Oklahoma medical branch
*	Seems to be a disconnect between attending physicians and the certification requirements
*	Seems to be designed to give cover to to FAA that they are doing something to protect the public. Not really proactive regarding health and health maintenance. Eyewash.
*	Seems to be run by lawyers asking what if? FAA demanded stress test. I'm not applying for Navy Seal training. You fly airplanes sitting down, dontch know?
*	Seems to me that safety of NAS is not very dependent on pilot health as determined by exam

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*Other reason (explain below)*

<b>Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':</b>	
*	Self certification and personal minimums provide are more relevant for 3rd class pilots.
*	Self certification is sufficient the remaining 729 days of the medical certificate.
*	Self certification is sufficient. Even first class medical holders are not immune to catastrophic health issues and in general Aviation the need for recurring exams is not justified
*	Self certification most important to safety.
*	Self monitoring on a daily basis and education of the risks posed by health / medication issues would be more effective than sporadic medical exams.
*	Self-grounded during my medical crisis. System not "real time". Certification only confirms my recovery, clumsily, without efficiency.
*	Serious Medical Conditions cannot always be predicted by an exams.
*	Short of finding an existing condition, there is no ability to predict a future medical emergency.
*	Shortly after my last exam I had a heart that would not have been found with out extensive testing.
*	Sick pilot's can fly fine, healthy pilots can drop dead. Your time is up when it's up, no medical exam can predict that.
*	Simply not need for a private pilot.
*	Since I am a diabetic, I monitor myself very closely. My AME did a great job but I monitor myself and use my Endocrinologist and eye doc.
*	Snapshot look at a person can't tell much about future performance.
*	Snapshot only. 730 days until the next one.
*	So few incidents and accidents are medically related that it is an insignificant factor
*	So, I had surgical procedure done. I'm probably healthier now than before and yet the federal government in their wisdom denies my medical.
*	Some conditions are better being pilot monitored rather than FAA monitored
*	Some conditions just cannot be anticipated or prevented.
*	Some conditions might not be detected.
*	Some examiners are unreasonable and seem to be on a "witch hunt" to ground pilots
*	some med's should be aloud
*	some medical conditions just happen with no warning
*	Some medical issues that could cause incapacitation can't be predicted or screened for with 100% accuracy. We do the best we can.
*	Some of the conditions set forth by the Airmen Certification process, are not clearly related, or tangentially related, to the safety of the National Airspace System
*	Some of the rationale for special issuance or denial is beyond reasonableness and common sense.
*	Some of the requirements to provide documentation for previously reported conditions are not necessary and produce added costly medical expense

**25a. What is the main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System?**  
*Other reason (explain below)*

**Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':**

*	Some pilots are discouraged from taking medications they should take because of the problems encountered with renewing their medical.
*	Some pilots who should not be in the air don't get an exam, they just fly. Ask the Alaska pilots!
*	Some things slip through the cracks I think.
*	Sometime it picks up unknown health issues.
*	Special Issuance process is dominated by physicians who have not examined you.
*	Special issuance's have cost me thousands of dollars and time and have not ensured safety of the Airspace system.
*	Sport Pilot shows that we don't really gain anything from the 2 year exams.....
*	Sport pilots are not required and their accident rate is not negatively impacted by no medicals.
*	Sport pilots do not need a medical (of any kind) and share the same airspace.
*	sport pilots have flown safely with no FAA medical exam, only a state issued driver's license
*	statistical relationship between health problems and accidents/incidents is insignificant and a waste of time and money (both personal and federal)
*	Statistics
*	Statistics show that the medical problems are a very low percentage of the aviation accidents...
*	Statistics with the Light Sport category show no value of the medical improving accident rates
*	stil waiting for response from faa
*	Such an exam might catch catastrophic medical issues in some pilots that may have some probability of occurring in flight.
*	System Safety is NOT based on a pilot medical. We're pretty healthy, but some of us still do dumb stuff, causing accidents.
*	System safety is reflected more upon pilot actions than their health on the day of their medical exam.
*	takes forever to get process completed.
*	Tequire too many expensive test for special issue certificates
*	Test frequency & cost to pilot may not be needed for sufficient safety & oversight
*	Thanks heaven for the pilots bill of rights!!!
*	that day is the only day it matters. I make the determination every other day. I am very safe and have not flown when I determined I was not fit.
*	the "type" of examination that the AME gives for the 3rd class medical is VERY basic, if we are left to "self evaluate" for the next 2-3 years then why can't we "self evaluate" any other time? If i don't feel well or am tired or feel unhealthy in ANY way, why in the world would I want to go flying and increase the risk of having an accident?
*	The 3rd class exam will seldom detect catastrophic medical issues. Random breathalyzers for alcohol would be more effective. Look at all the idiots and illegals driving cars uneventfully. The crashes are all drug, alcohol or texting. Outlaw texting on take off and short final!
*	The 3rd Class medical is not predictive. My primary care physician is much more in tune with my overall health.
*	The Ability to fly an aircraft Privately should be mad by the BFR examiner

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*Other reason (explain below)*

<b>Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':</b>	
*	the actual exam itself,his college med student began asking the right things about the completed medxpress application but i,being familiar with flight physicals,told his student all his questioning for physical ailments was answered "no" on the medxpress app.i found if an ame does a 1st and a 3rd class medical they perform a 2nd class medical as well.and i wasn't tested for reflex response on my elbows or knees or peripheral vision or sound test.
*	The additional testing I was asked to do (and passed) would probably not be passed by 50% of the pilots out there
*	The airman is responsible for determining whether he is fit to fly on a daily basis. The AME checks to see whether--in their learned opinion--the airman has any medical problems that could cause an inability to safely fly during the period between exams.
*	The Airman Medical certification is a farce, it has never protected anybody by uncovering a medical condition hazardous to the Airman, while simultaneously preventing hundreds of Airman from flying by grounding them for farcial reasons which then costs the Airman thousands of dollars to undo an unreasonable grounding.
*	The airman medical exam process is flawed for multiple reasons that have been discussed openly in the media and the aviation community. It considers irrelevant conditions, discourages pilots from obtaining proper preventative care, and is generally ineffective in screening out pilots with hazardous health conditions.
*	The AME axam is a single snapshot. The other 720+ days of the medical certicfcate duration the pilot self-evaluates fitness to fly.
*	The AME did not do a thorough physical exam. After a cursory review of my medical history, he immediately said he could not issue a medical certificate and I would be contacted by the FAA who would want further information. He did not ask for any clarifying explanations regarding my medical history. He gave me a copy of a page of the Guide for Medical Examiners and told me I could review any of my conditions online or even print the entire guide if I desired. He did not explain why any of my conditions would be disqualifying.
*	The AME doesn't always know what surprises the FAA will come up with when reviewing the applicaiton. Another issue that came up was the recent diagnosis of CLL. It is Stage 0, I take no medications and it does not affect my life, yet the FAA decided to impose an expiration date on my medical because of the CLL.
*	The AME has limited control over the safety of National Airspace
*	The AME is not given the authority by FAA to deem patient fit to aviate. The FAA does not seem to value the AME decision, therefore the FAA, from a desk in OK rejects an AME decision.
*	The AME is not my primary Doctor, so he does not have all my medical records and is relying on me to provide all the information he needs to complete the exam. Just like this form, the limited space for comments does not allow me to look at the whole comment at one time, so I am not able to fully check to see if I am providing complete thoughts, nor check the spelling
*	The AME is not responsible to make sure the pilot performs in a safe manor
*	The AME is ultimately hindered by the FAA in any special issuance cases.
*	The AMEs do a great job. it is the rules they work under that need to be updated. If there is a rejected application, the airman sits for a long time until the slow wheels of the FAA decide to re-evaluate the case. There needs to be more trust from the FAA that a person's PCP is doing their job.

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*Other reason (explain below)*

**Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':**

*	The AMEs do a very brief focused exam as required by FARs. I have been told by others do not admit to any problems. There are pilots who just ignore the whole process, if they own a plane. You pay no attention to the information provided you by specialists. the Cardiologist I saw declared me healthy and ready to fly after a 90 waiting period after my ablation. He told me I was safe after 14 days provided I used an anticoagulant. After 60 days he took me off the anticoagulant. You reviewing Dr. is not a cardiologist nor has he examined me. Nor does it appear they your staff or MDs pay much attention to the specialists who are much more qualified to make decisions as to my health. They have treated me, monitored me and certified that the SVT and Atrial flutter are problems of the past and do not affect me now.
*	The applicant is not allowed to personally have contact with the medical doctors at Oklahoma City who make the final decisions for a medical certificate based primarily on the wording of Parts 67 of the FARs and not on the patient's individual condition.
*	The application process and any questions grievances or concerns an airman may have about his/her application is a joke! Doctor Frasier you have still failed to answer my written letter as to why you are asking me to go take another hims evaluation when you ignored the first one took!? I was given a list of three doctors in New England to see and then you tell me the one I pick is not qualified. Then advise me to go out and take another one. Then you send me a survey asking how you did handling my case. While I am waiting for a response to my written corrispondance to you? Sir, my opinion of the way this has been handled is [Profanity].. Again this process is a joke!!
*	The application process is flawed to the extent that routine doctor visits (i.e. Common Colds) are required to be throughly detailed. The application for 2nd and 1st class still reach back 3 years even though you've seen the AME every year or every 6 months.
*	The aviation medical exam is a snapshot, while a regular relationship with one's primary care physician gives a more accurate and long-term perspective.
*	The brief encounter with an AME does little to identify medical risks that may lead to unsafe practices in aviation
*	The C-pap machine has become a tether around my neck. I can't go camping, hunting, or anything where I don't have an electrical outlet near my head. My quality of life has suffered. Treating my "sleep-apnea" should be my choice. I've never fallen asleep in a cockpit, but my sleep has now suffered. You try sleeping with a four foot tube pulling on your head!
*	The certification process does not always predict risk correctly.
*	The class II and III are just about as worthless as this survey. Class I should be more comprehensive.
*	The costs of the exam vs the safety to aviation is questionable.
*	The current system is overkill and adds financial and time burdens on airmen. I personally have not pursued some medical treatments that I could probably benefit from from a fear that I would either lose my certification or be subjected to great financial burden of added paperwork and doctors visits. I can't wait till the new law is enacted by FAA!
*	The day after the exam I am self-certifying.
*	The elapsed time to become medically certified impacts flight proficiency. To maintain proficiency is expensive.
*	The evaluation seems limited relative to civilian examinations. Of course, you get what you pay for. The price for the examination is really low relative to a regular doctor's appointment.
*	The exam addresses medical conditions which are not necessary for a GA Class III classification.
*	The exam and process has no relevancy as to weather a person can safely operate a plane. It especially is not relevant once the person leaves the office. The FAA need to to look at more progress I've data that actually it's relevant in today's aviation world and how people performance in the cockpit. Not rely on 1960s guess work because it has always been that way or because it is to hard to Change.

**25a. What is the main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System?**  
*Other reason (explain below)*

<b>Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':</b>	
*	the exam applies to that day. If you get sick next week , then your doctor knows buy not the ame
*	The exam can't predict the health of the applicant after the exam.
*	The exam covers current conditions, cannot forecast one's health tomorrow
*	The exam day happens as a point in time and not representative of year-round health.
*	The exam does not deter one from flying when he should not. Not much emphasis on pilots mental state. Smacks of being a beurocratic hurdle rather than health evaluation.
*	The exam encourages me to maintain my health but is also only a snapshot of my longterm health
*	The exam is a one day look at a pilot's health, the other 364 days are up to the pilot's discretion.
*	The exam is a snapshot in time!
*	The exam is good for determining immediate health of Pilot. It is limited on determining days or weeks down the road.
*	The exam is just a snapshot in time of current medical condition. It does not and can not evaluate and certify medical condition during the certification time period. The pilot (myself) should and does do a full assessment of all medical factors and risks prior to each flight. The exam process just takes time and costs more money. I also of heard of other pilots avoiding routine medical check ups to avoid having to report all of these.
*	The exam is little more than what is done by non AME doctors during regular visits.
*	The exam is not an accurate predictor
*	The exam is not necessary! Most pilots do not fly to commit suicide.
*	The exam is only 1hr for which someone else is determining if my medical health is good enough to fly. The remaining 364 days of the year I make that decision. The value added by the FAA requiring 3 rd class medicals is very low.
*	The exam is only a point in time exam. life happens. medical conditions could arise following exam.
*	The exam is only a snapshot of your health at that time. Pilots certify themselves throughout the time until their next exam.
*	The exam is only as good as the information the airman provides and the examiner has access to
*	The exam is overly rigorous for a Class 3 medical. And the if the medical review is forwarded up to the Medical Review Branch of the FAA, than it is caught in a antiquated process, which results in a huge backlog, unnecessary delays and unnecessary hardship to the pilots subject to the process. I state the system is aniquated, becuae it doesn't use email or phone calls to communicate with pilots or any relevant doctors/labs. I was an Inspector Genera for the Army, and if I relied on snail mail to research my cases, I would have been 5% as productive. Your reviewers should be able to telephone pilots or doctor's offices and receive necessary supporting evidence by e-mail. To continue to conduct medical reviews as the FAA does is an inefficient waste of reviewers time, and unreasonable hardship to pilots who need a medical to earn a living.
*	The exam is such a small snapshot in time, it has limited relavance for the remainder of the legal period.
*	the exam is unnecessary. no pilot will fly if he is unsafe to do so.
*	The exam isn't complicated. The family physician should be able to do the job easily.
*	The exam isn't going to catch all health issues. I know a young pilot with a 1st class medical who died in his sleep. I know people who can't get medicals who are fine. It's a poor indicator. More effort should be spent on good education
*	The exam might discover previously unknown ailments.
*	The exam only goes so far. It is still up to the airman to know himself and not fly when medically unqualified

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*Other reason (explain below)*

**Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':**

*	The exam only shows that the pilot meets standards on that day - the rest of the time, pilots self certify. Pilto incapacitation is a very tiny portion of mishap causes, and no different for sport pilots, who have no medical.
*	The exam places unreasonable health requirements.
*	the exam should focus on kondiktions health conditions that relate to flying
*	The exam showed that I was healthy THAT DAY. Anything can happen over the next 2 years, and the burden falls to me as the pilot to ensure that I'm safe to fly.
*	The examination is a picture at a point in time. Pilots are required to self certify their health condition each time the pilot flies.
*	The examiner is only responsible to make sure I'm medically fit. He does not control what a PIC does (actions) before, during, a flight in the national airspace system. poorly written question
*	The exams disqualify pilots for the wrong reasons and do not disqualify pilots for reasons that may be valid. It is a pointless exercise and waste of time and money - just so the FAA can cover it's rear. These exams should not go beyond commercial pilots.
*	The exams do provide for safety check of pilots.
*	The FAA airman certification process fosters a culture of pilots avoiding seeking early preventive measures available in our healthcare system. The airman knows that seeking preventive healthcare may result in additional burdens of reporting information back to the FAA, and delays or loss of current certification while the FAA assesses the potential significance of new information. This is a negative factor in optimizing the short and long term health of our pilots as well as reducing the continued service of pilots in their peak professional years.
*	The FAA airman medical certifications process uses outdated information for a lot of their determinations discouraging many pilots from even becoming certified.
*	The FAA certification process should take place at the local level. AME's should be able to make determinations.
*	The FAA goes by rules and numbers that do not take into consideration individual abilities
*	The FAA MCP has too many pitfalls in it for pilots to not get certified due to bureaucracy and slow response time.
*	The FAA medical exam is only valid for a particular point in time. Responsible pilots self screen prior to every flight and do not fly if they are not feeling will. Besides in 50+ years of flying I have never heard of an accident whose primary cause was due to medical incapacitation.
*	The FAA operates in a ridiculously outdated and antiquated fashion. The slightest issue will deny or reject your application while the FAA drags their feet with non motivated employees like every other Government office. This leaves a pilot and their family without income for indefinite periods of time. This is unacceptable given modern medicine practices and doctors that ensure our health conditions. But, time after time the FAA refuses to listen to certified professionals and takes their sweet time to "review" the pilots information.
*	The FAA over regulates almost everything...For Class 3 a 5 year renewal rate is more appropriate for pilots with no health problem history.
*	The FAA process is a "snap shot", one day event of the pilot's medical condition.
*	The FAA processes are difficult to comply with, even with the best of intentions. It also promises dire consequences for inaccurate responses.
*	The FAA should allow the American to make value judgement as to ability to safely fly

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**Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':**

*	The FAA shows a lack of trust in the AME's. The request documentation lacks validity in that the FAA fails to act upon the information supplied in a timely manner, and then request retesting with no medical justification. It would be nice to see the FAA working with the aviation community to enhance safety rather than its own paranoia.
*	The FAA's process is out of step with current medical technology.
*	The fitness of an Airman to operate his airplane in the prevailing conditions on any given day is impossible for the FAA to determine.
*	The fundamental concept of the 3rd class medical is flawed. Subjecting the non-commercial pilot community to a medical screening process has no meaningful impact on public safety. It's just theater, based on a poor understanding of risk.
*	The lack of help to properly proceed with special issuance process and awareness of difficulties associated with FAA AME Branch
*	The main reason has nothing to do with the AME involved but with the process afterwards since I require a special issuance.
*	The majority of the medical work was required by my special issuance
*	The medical certification for for most pilots, not commercial is only a small portion of the safety aspect of flying.
*	The medical certification is a good process, but does not / cannot be a guarantee medical issues will not happen prior to the next exam.
*	The medical condition of a pilot is only one of many considerations that ensures the safety of the National Airspace System
*	The medical exam cannot guarantee that a pilot of any age will not succumb to illness or sudden incapacitation in flight.
*	The medical exam ensures that ON THE DAY of the exam, the pilot is medically safe. It does not precisely predict any future fitness.
*	The medical exam is a "right now" item to catch major things. In the end we as pilots still need to self certify the other 364 days a year.
*	The medical exam is just a snapshot of your health at that current time. It could be much more effective if we as airmen were able to self certify our health on a continual basis with our general practitioners. Having the added AME medical exam only adds to the high costs of aviation, with no proven increase on safety.
*	The medical exam is only current the day of exam. After that day it relies on the pilot to make a self assessment of his/her ability to safely operate the aircraft on a daily basis. So no increase in safety.
*	The medical exam is valid, in reality, only for the day it is conducted. After that, the pilot self-clears until the next examination.
*	The medical exam only screens certain issues. As pilots, we "self certify" our being healthy enough to fly, every time we step or decided to not step, to our aircraft. I am an advocate of the medical reform, for private pilots. As a commercial pilot, I plan to continue obtaining a Class II medical, even though I don't exercise my commercial privileges.
*	The medical exam requirements does not let or allow for a true medical picture of applicant's medical condition
*	the medical has nothing to do with Air Safety
*	The medical issues examined for will not predict whether a pilot has a health issue that will endanger a flight
*	The medical process is a snapshot on one day - it is up to the pilots to self monitor and self regulate how health issues effect their flying.
*	The medical process should only focus on medical issues. Examples medical issues in my opinior should be only physical health and mental health,

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*Other reason (explain below)*

<b>Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':</b>	
*	The medical exam only determines a pilot's condition at the time of the exam. For the rest of the duration of the certificate the pilot determines his or her medical fitness
*	The new class 3 regs are a great improvement
*	the new laws for private pilot medicals are more realistic and will not adversely affect the system
*	The only thing that would "ensure(s) safety of the National Airspace System" would be the ability to predict the future occurrence of sudden incapacitation, which is impossible
*	The only time I had a significant issue that would have inhibited my flying, I discovered the problem myself and self-grounded (cancer). Now that it is five years post treatment for cancer and I still have to renew every year when I was the one who originally self-grounded and I can assure you I would notice the return of cancer long before it started impacting my flying.
*	The OSA flowchart is inflexible and ridiculous. The fact that the AME can not make assessments based on physical attributes or prior level of pressure. Safety is not enhanced by requiring anyone who has previously had a sleep study be lumped into the ridiculous flowchart. After two sleep studies and \$1000, I was diagnosed as not requiring treatment. I am looking forward to the 3rd class reform bill being enacted so I don't have to deal with this nonsense.
*	The physical has little to do with safety. I wouldn't be flying if not healthy and wouldn't endanger anyone
*	The physical health of a pilot is probably one of the lesser factors contributing to safety in aviation. Training, proficiency, attitude, skill level and common sense far outweigh physical health. To fly when ill or with a precluding medical condition is stupid.
*	The pilot has sufficient cause to know his own condition.
*	The pilot is responsible for determining his or her airworthiness which can vary over time. The AME has no control over that.
*	The pilot is still the final determiner of fitness to fly. The AME is only doing a snapshot at the time of the exam. History is covered well and aids in overall quality of the exam.
*	The pilot is the primary safety instrument not a medical exam.
*	The pilot knows a lot more about his ability to operate an airplane safely than a AME. It should be the honor system like his log book.
*	The pilot knows when he/she has a disqualifying condition. Encourages either flying without a medical, or covering up condition. Failing a medical for any reason requires very drawn out and costly actions on the part of the pilot to regain medical.
*	The pilot must also make honest self assessments on health before each flight... This responsibility should not be 100% deferred to the AME.
*	The pilot should know when not to fly because of medical reason.
*	The Pilot's self evaluation of his or her medical condition at the time of flight is far more important than an annual check for insidious conditions
*	The political bias that exists within the agency impairs its function to make proper determinations.
*	The premise is flawed. The medical process far exceeds that required to ensure safety of the NAS. Non-commercial aviators should not require the current medical certification burden.
*	The problem is not with the AME but with the Special Issuance Process in OKC!
*	The process can over do it and have too much red tape as seen from fellow pilots experiences

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*Other reason (explain below)*

**Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':**

*	The process does not definitively assess the true medical condition of the airman. There are more relevant factors than can be determined by a questionnaire and a fifteen minute examination.
*	The process does not see pilots as individuals or look at them subjectively, FAA admin doctors examine by paper while ignoring AME and Specialist recommendations.
*	The process has no incentive for pilots to seek medical input that could be life saving. In fact, it puts pilots in fear of losing licensing and livelihood that may cause them to avoid medical treatment for an issue that could become serious, or delay surgery or other treatment because it may result in an unnecessary sit-out.
*	The process is to cover the FAA backside and does not list what paperwork you really want or need - i was told and reviewed the regulations for what was needed for a special issuance in my case after that was sent in I received a list of more items wanted by the FAA - these were basic items if you need them for all cases then state that right away instead of creating delays and back and forth correspondence that is not needed and a waste of time.
*	The process is totally out of date, it does not allow for the electronic transmission of medical test results and the delays are obscene.
*	The process only looks for ways to eliminate pilots immediately instead of issuing a temporary certificate to cover the time it takes for MedExpress to review and resolve a minor non-conformity issue.
*	The question said "ensures" safety. The pilot self appraisal every time they fly does more for that than just seeing how a pilot is on one particular day
*	The reasons for not getting the certificate will all be approved through special issuance. None of the process stops me from sudden incapacitation from acute illness or self medication. None of the process ensures I won't develop an incapacitating condition and fly with passengers before my next physical. In fact, none of the process ensures I won't have an incapacitating physical condition before my special issuance is approved. It just means that during the hour I was in the office had no disqualifying condition detectable by that doctor.
*	The request for a follow-up stress test from the FAA review board made it too expensive for me to jump through all the hoops to get my medical renewed. I just spent the last week elk hunting in steep terrain, hiking alone for 6-8 miles per day, and consider myself to be in far better shape than most of the active pilots that I know, despite having double bypass surgery 6 years ago. For the FAA to expect me to pay out of pocket for an expensive stress test is ridiculous in my opinion. So I am extremely frustrated by the entire episode and am simply going to give up on renewing my flying career.
*	The required extra paperwork makes it very costly and unreasonable. I'm 74 yr's old
*	The results are only valid for the day of the exam.
*	The review process by the medical branch in OKC was very dissatisfying. I was asked to provide information that had been previously reported. The extra requests took an additional 3 1/2 months to complete. Antiquated data exchange methods are rampant.
*	The risk of an adverse event in the National Airspace System is very small compared to any risk detected by the AME unless the risk is actually overwhelming
*	The safety of the National Airspace System has many other factors for safety than just the medical condition of pilots. I am a trained air safety officer.
*	The scope of the exam required is unlikely to identify conditions which are most likely to cause a safety issue. The exam is largely qualitative in nature and is based on Q&A. It is too easy for a pilot to provide evasive answers to questions or for the examiner to overlook a problem area. Any medical examination that does not include lab testing and quantitative exams is not worth the time or money.

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*Other reason (explain below)*

**Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':**

*	The Screw ups by the AME & the agonizing slowness of the FAA which now says my tests are too old will cost me about 10 000 dollars & there is now reason for me to not believe that the FAA will move as slowly or even slower on the next round.
*	The sleep apnea issue is a huge waste of time and money for many pilots and doesnt seem to be a major cause in accidents.
*	the sluggish way in which the FAA responds to issues requiring resolution of previous medical issues effecting certification
*	The Special Issuance process for patients taking medicine for Depression is very poor. The required tests are ridiculously over the top and incredibly expensive. The extent of testing should be dtermined on a case by case bases.
*	the standards they must test for and record need to be updated to reflect latest medical guidelines
*	The system doesn't have good standards. Pilots that are safe to fly can't and pilots who shouldn't because of health reasons can
*	The system focuses on identifying certain issues to use as determining factors for certification and not the overall health of the individual. Some individuals are in very poor general health but can legally pass the medical certification. Some individuals have had certain health issues but have overcome the issue and are in very good general health.
*	The system is heavily based on self-reporting. The exam will only catch a limited number of unreported conditions.
*	The system is rife with delays and obstacles for those who have provided information requested. Still waiting on a decision 6 weeks later.
*	The system works for those without medical issues who reasily don't need a medical. For those with surgical/medical issues, it is incomprehensible to understand how certified doctors who are above reproach cannot be "trusted" to provide suitable information that need not be re-reviewed by a doctor in OKC who has never seen the patient! Utterly ridiculous!
*	The things checked have not caused accidents in the GA environment as far as I'm concerned. I am thankful for the new change
*	the third class medical and the process to obtain a special issuance are cumbersome, complicated, time consuming, expensive and in my case, demonstrably unnecessary
*	The third class medical is a cursory examination that may or may not uncover a serious underlying debilitating condition
*	The third class medical is not needed, It is outdated.
*	The time and expense for Class III exams is high. I fly a limited amount of hours for recreation.
*	The time lapse for special issuance paper work is inordantly lomg( over two weeks to get the information into the computer)
*	THE TIME, MONEY, AND HASSLE OF EXAMS IS OUT OF PROPORTION TO THE BENEFIT OF SCREENING OUT PILOTS AT RISK
*	The truly medically impaired pilots find out via other avenues prior to the airman medical.
*	The typical private pilot self certifies everytime they fly. A 15 minute appointment every two years is not the answer.
*	The unrealistic evaluation of critical health evaluations is extremely burdonsome, slow and unreaistic.
*	The vast majority of pilots are very honest. I feel that the percentage of FAA airmen medical certification contributes to "unsafe skys" is very small when looking at the overall or all the possibilities of contributing factors.
*	The vast majority of pilots know their physical limitations and don't fly medically unsafe. This is a small part of overall safety.
*	The whole medical thing is no longer needed. Every pilot medical certifys himself before every flight. NO different than driving a car. Even more conscios if you are driving your airplane. Having a medical exam does nothing to change that.Your primary care physician knows WAY better if you are capable of flying an airplane.

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*Other reason (explain below)*

<b>Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':</b>	
*	The yearly physical I would get covered the same functions as the FAA physical
*	their measurement of health at one point of time has little relevance to pilot safety. The pilot must have ongoing good judgment of his ability to fly the airplane. No one can do that for him!!
*	there are many more safety issues in the National Airspace system than medical certification
*	There are many other elements to ensuring a safe airspace system that are not within the control of an AME
*	There are many variables that go into making the NAS safe, medical certification being just one.
*	There are no studies that confirm that the Medical Certification process ensures safety
*	There are pilots lying to get by but i tell the truth and am doing well and here i am over a year after my first exam and still no cert.
*	There are requirements put in place to make sure a pilot goes through the outpatient or inpatient treatment as required. I find a lot of pilots in the program who are just there to do what is required and haven't taken it to heart. I really don't think there is anything that can be done about this though. My decision to be honest with my self and make lasting changes really didn't come from the HIMS program it came from a support structure outside of HIMS. I have dealt with two AME's now and both seem to be capricious in nature and don't really help at all.
*	There are so many factors involved to acheive safety in the airspace, medical is only one of them. Much safety could be attributed to the safety attitude of the pilot, which is not assessed.
*	There are so many other factors that effect the airspace system other than the medical process.
*	There are some conditions listed that really don't seem directly relevant to flight safety
*	There are statistics showing medical conditions are the cause of accidents on a large scale. Most accidents are pilot error. The exam is simply a snapshot in time. I also only fly for recreation. I do not haul passengers for pay.
*	There are to many unknowns to a persons actual physical health
*	There are too many factors other than the airman medical certification process that affect the safety of our national airspace system such as training
*	There are very few AMEs in my region and they are all older and towards the end of their medical career.
*	There are very many factors other than Airman Health that imact the safety of the National Airspace System.
*	There have been multiple crashes with a pic becoming disables in flight due to an unfound health condition.
*	there have been reports of pilots becoming incapacitated medically in flight; good ame screening may prevent this in the future.
*	There is a hugh disparity from one examiner to another in terms of what they look for in the exams
*	There is a wide disparity among AMEs. Some are pilot advocates trying their best to get/keep pilots flying;; some are trying to protect their positions as AME's by not "rocking the boat" with the FAA at the risk of the pilot, others fall somewhere in between. All of he above reasons are accurate: there is every reason for pilots to hide medical visits from the FAA due to over reaction. Not all AME's are thorough, some are overboard: no standardization. Finally, there is NO comprehensive physical or cognitive exam.
*	There is more to aviation safety then medicine.
*	There is much more involved with aviation safety than a can be determined with a doctor's visit.

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<b>Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':</b>	
*	There is no compelling safety need for Class 3 medicals, many copotent pilots are not flying becasue of medical issues that donot make them unsafe to fly, or if it does they shouldn't be driving RVs on public roads either. I am currently an airline pilot and entrusted with public safety and a medical exam is entirly appropriate.
*	there is no correlation between health and safety in airspace. Safety in airspace in my humble opinion is attitude and pilot training
*	There is no data that suggests that an FAA medical exam actually prevents problems. Recreational pilots haven't needed an exam and there is no significant difference in medical problems in flight with them compared to those who get an exam.
*	There is no demonstrated safety benefit to airman medical exam. More so, since I see my PCP yearly and ultimately I am responsible for grounding myself if I know I am unable to meet the requirements for medical certification.
*	There is no evidence that the airman medical certification process for a class III medical enhances the saftey of the National Airspace System.
*	there is no evidence to support this process enhancing NAA safety - that's why the PBR2 law is eliminating it
*	There is no evidence/data to support the premise that an annual exam by an AME does anything to promote aviation safety.
*	There is no proof that physicals reduce accidents.
*	There is no proof this process ensures safety in aviation. Does not stop carelessness. Does not question competency. Not a diagnosis for a mental condition. The purpose of public safety is obscured and unsubstantiated.
*	There is no real need for Third Class Medical Airman to go thru the process with an AME
*	There is not recognition of pilots who maintain physical health through exercise and personal discipline. That should be recognized as part of the exam process.
*	There is very little risk to the National Airspace System, given the type and location of my flying, in mostly Day VFR conditions
*	These exams for class 3 are silly - I self certify before every flight and I also see my primary care a lot more often for exams than this requirement. Getting a class 3 medical is just a formality in my opinion which isn't needed as long as I'm doing proper medical care through normal means.
*	They are doing their job as required by the FAA
*	They do there job, but the AMCD in Oklahoma require extensive, prohibitive guidelines that could be eliminated if you trusted the AME
*	Things happen later. Self certify!
*	Things like A1C histories are now in people's healthcare phone apps. I could have pulled 3 years of tests and moved on. Again, medex is a GREAT thing but can be made better.
*	Third class medical exam is not necessary
*	Third Class medical is way too onerous for private pilots and does very little to ensure safety of the NAS. Having the same criteria for ATP's as for PP makes no sense.
*	Third class medicals should not be required.
*	Third Class serves no purpose at all.
*	Third class should be abolished

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*Other reason (explain below)*

**Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':**

*	This is kind of a two part answer to this question. I do think that it encourages pilots to be dishonest on the application for medical certification. I know several pilots that self evaluate and fly when they feel healthy etc...When I question them about this they say they don't have money or the time it takes to follow all the rules to get their medical nor do they want the risk of not passing and losing their sole source of income. I think this provided an environment in a lot of pilots to turn each other in for the sake of safety and this is not the environment (in my opinion) that provided safety. I have flown with pilots that I truly felt they were always looking for a reason to get me into trouble. I am an honest person and have always followed the rules extensively and at times I have felt I would not be able to get my medical. I have 6 kids and need to be able to provide for my family so I know the stress of having a medical condition and not wanting to tell my AME. I always have though and have been able to get a medical but I do have to spend nearly 3-4 times more time getting all my paperwork together and all the tests from other doctors etc...is very burdensome. I take my health seriously and wish the FAA would trust me enough to know when I am not safe to fly. I don't want to have to get a medical. I don't really have the money to do it or could spend that money on my family instead. I think there are many pilots that are not knowledgeable nor understand what healthy is and I think the FAA could/should spend more time educating pilots in this area instead of just regulating or being the bad guy so to speak and taking their livelihood away. I understand there are conditions where a pilot could be a danger to passengers flying with a heart condition or with a condition that might incapacitate a pilot suddenly. These conditions could be screened of course but the way it is set up currently is wrong. If a pilot always flies in a crew environment the med
*	This is only one aspect of being a safe and effective pilot.
*	This question seems to be targeted to provide a basis to counter the Pilot's Bill of Rights II. Historical statistics from Glider and LTA pilots over numerous years have demonstrated there is little benefit of formal medical exams versus self regulation.
*	This screening process ensures healthy pilots and does a great job but the NAS safety issues are not currently associated with medical issues in my opinion.
*	This testing could be done by the family doctor who is sworn to uphold honesty in medical practice.
*	This was one day out of all the time between required exams that someone other than I determined if I was fit to fly.
*	This exam is only a snapshot. Pilots must self certify on every other day. Pilots best know if they are fit to fly
*	Three people, have the exact same problem. Person 1 has a medical but fails. He can never fly again. Person 2 has the same problem and has a medical but opts not to take a renewal physical. He can fly as Sport Pilot. Person 3 has never had a medical and has the same problem as the other two and opts not to take a physical. He can fly as a sport pilot. This loophole needs to be corrected.
*	Thyroid cancer (which I don't have) cannot suddenly incapacitate an airman. Yet my medical was greatly delayed while considering the (eventually ruled out) possibility of a future thyroid cancer.
*	To much CYA by OKC. Long response times
*	TO properly evaluate a person's health a level of familiarity with the individual's medical history is mandated. Most examiners dare not familiar with the airman or their medical history and thus cannot make a properly considered judgement.
*	to restrictive,
*	Today's exam doesn't guarantee future wellness of any one person, therefore, why should I spend money for an AME when I need to do a self exam every time I fly.
*	too big a hurry to make a buck - not able to make a decision on anything other than no issues at all - has to be submitted to OKC
*	Too comprehensive for the class I applied for

**25a. What is the main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System?**  
*Other reason (explain below)*

<b>Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':</b>	
*	Too easy to be dishonest as long as you are consistent. If someone wants a medical certificates and are not obviously sick at their appointment they will probably get one.
*	Too extensive for 3ed class..just not necessary.
*	Too invasive for a govt agency
*	Too involved for class of medical requested.
*	Too many irrelevant disqualifying conditions. The special issuance process is cumbersome.
*	Too many possible health issues to adequetly screen pilots
*	Too many things happen at random during lifetime medically
*	Too much red tape for sleep apnea. AME did not understand the rules for a mid-term sleep apnea update. I had to push hard to get him to call Oklahoma to clarify the rules. It is not easy to sit in the AMEs office and diplomatically but firmly tell him what the rules are. I see little or no value in the mid-term update for sleep apnea - my respnsibility. But, if you are going to require it PLEASE make sure your AME's at least read the rules.....I did and it was clear to me....then I called Oklahoma to confirm my understanding, and I checked with the AOPA on the rules - I got it.....the AME did not. Very uncomfortable.
*	training, technology, GPS, real time weather, quality maintenance, aircraft reliability play a greater roll
*	Transferring the responsibility of the safety of our National aerospace system to some one who sees a pilot once a year on average doesn't in my opinion does not increase the safety of the system. We have to teach pilots about flying when they aren't up to the task.
*	turned down.always felt fine. on another day probably would have passed. elevated sugar
*	Two pilots in commercial aircraft exam should be once a year. Every 6 months is too much
*	Typical government think. Over-regulation. Waste of time and money. The process forces me to pay for this government oversight function. If the FAA were paying the bills for all of the required testing, I can assure you that the process would be entirely different.
*	Unable to forecast accurately future medical conditions which might occur
*	unable to input information from other expert doctors
*	Unable to see inside someone's mind and predict poor judgement or pilot error.
*	Unduley burdens pilots with an expensive process that is unnecessary for the type of recreational flying I do.
*	Unknown if it greatly ensures safety. Don't know if pilots are dishonest or deters pilots. Poorly worded question.
*	Unknown to me the connection between the NAS and FAA airman medical certification process.
*	Unless the pilot dies or is incapacitated in flight, the overall health of the individual has little effect for the safety of the flight.
*	Unless you do a cat scan or other similar tests it is hard to rule out hidden problems.,
*	Unlikely to deter medical emergencies
*	Unnecesarrily complex and cumbersome. Family physican could perform the same and FAA could review.
*	Unnecessary
*	Unnecessary and expensive tests required before AME exam for my special issue medical
*	Unnecessary for 3rd class medical, self certification adequate

25a. What is the <u>main reason</u> for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System? <i>Other reason (explain below)</i>	
Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':	
*	Unnecessary for the type of flying I do.
*	Unnecessary paperwork
*	Unresizable requests for minutes which takes at least 1 month to complete the circuit (request by FAA and answer)
*	Used out of date information not provided by current AME
*	Useless like the ELTs. Airline pilots with fresh First Class physicals have died at the controls
*	varied performance of AMEs and I don't consider medical conditions to be a major cause of incidents/accidents in the NAS
*	Very complex and unnecessary requirements for 3rd class.
*	very cursory exam. doesn't really determine the exact health of the applicant. Waste of time and money,. My doctor told me I could walk out the front door of his office and have a heart attack right after my exam and he would not see any problems with me during the exam.
*	Very few accidents are medical related
*	Very few accidents due to medical issues
*	very few accidents related to medical problems of pilots
*	Very few incidents are caused by medical issues.
*	Very limited exam and does not insure that a pilot will self certify he is in good condition to perform pilot functions at a later date.
*	very small of GA airplane accidents occur because of medical incapacity
*	Vision test doesn't work with reading glasses. [it] deters pilots from applying for medical certification and encourages pilots to be dishonest on application for medical certification
*	Waiting for over a year for the FAA to make a determination of wavier. Has not even set a standard from which to know how information submitted will be viewed.
*	Was denied and appealed but FAA asked for information on medical history from 15 years in the past. My doctor tells me that i am fully capable to fly but the FAA process makes it very difficult so i gave up trying for now.
*	Was diagnosed with MS 30 years ago, no issues in the last 15 years, lost my medical in 2015. I'm fit to fly.
*	Waste of my time. I can drive a car at 70MPH right next to someone
*	waste of time
*	Waste of time
*	We do not fly if we are sick or not feeling well. This is much more effective that a physical every two years.
*	We have already demonstrated that most of safety comes from pilots self assessing.
*	We self certify all but the day of the exam. Why not self certify all the time?
*	we self certify every time we fly. the medical is just a hoop we have to jump through to be legal
*	Weather, aircraft performance, clarity of radio transmissions and other factors also affect the safety of the National Airspace System.
*	When a pilot is ready to fly he evaluates himself, if there is a problem he doesn't go. I am speaking for a third class med. First and second class should stay as they are.

**25a. What is the main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System?**  
*Other reason (explain below)*

**Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':**

*	When FFA requires me to have \$10,000 of testing to prove medical wellness at each renewal when personal doctors certify that I am healthy is unjust.
*	When the pilot leaves their appointment they must go back to self certification. After all we know better than anyone else how we feel and our condition on a daily basis.
*	Whether or not a pilot can operate safely does not depend on his/her medical condition. Especially for a class III. Pilots are to a very great extent responsible and able to make their own judgements on whether they are fit and capable of operating their aircraft. Certainly true for me and every other pilot I know.
*	While I passed the medical exam, now 3 months later, I still do not have my airman medical certificate from the FAA
*	While i sleep like a log and am always rested, forced to wear a CPAP by the system. Over prescription by the regulations.
*	Who knows when we are going to die or be impaired.
*	With a reactive process in place, it is hard for pilots to know the outcomes of listing things before hand.
*	With a special issuance the AME really only validated the data provided by others.
*	With basically healthy people, exam does not pick up conditions that I don't know about based on annual physicals and blood work with primary care physician.
*	With the track record of glider and LSA pilots, it proves that there's very little, if any, demand for non-commercial medical exams. Inhofe is right; screw the [Profanity] 3rd class medical. Let people fly.
*	without a stress test, only very compromised individuals are identified as risks.
*	written response was very derogatory and demeaning. It almost made me feel like I was a criminal trying to get away with something.
*	Yearly physicals are known not to impact future health issues
*	You are thought by many, doctors included who think you are behind the times. You have the power to affect people's lives you don't even know. You are a government agency that is not trusted by many. Look to the debockles at the IRS for example.
*	You asked if the medical exam ensures safety. There are larger issues than a medical exam that are needed to ensure safety.
*	You assume that I believe the "medial" is necessary in the first place. If I believe it's a needless burden, then how well it was performed would not affect my opinion as to the safety of the air system.
*	you can be healthy one day and have a stroke the next (example). Exam does not guarantee that you will be healthy for a full year.
*	You can't make aerospace completely safe just by an exam...too many human factors beyond medical in flying or controlling aircraft. Impossibility to mitigate the entire human element in life!
*	You could have an exam one day and die the next. I have read of airline pilots that died at the controls and they have to get a physical every 6 months ! I agree that pilots for hire should be checked but it doesn't guarantee you are good to go so "Limited extent" is how I feel about the medical certification process. For personal flying the process is not needed .
*	You the ,FAA does not understand natural health and you are bullheaded about it
*	Your medical condition is only what it is at the time of the exam. Pilots with high experience and age know when they can fly safely.

<b>25a. What is the <u>main reason</u> for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System? Other reason (explain below)</b>	
<b>Main reason for responding either 'Not at all,' 'Limited extent,' or 'Moderate extent':</b>	
*	Your process is too difficult, and keeps a lot of pilots that are in perfect health from flying. In 2012 I had a kidney stone and passed it with Lipatrispy, I have had no issues since that time but your process to prove that I am stone free is so expensive and time consuming that I sold my 182 Cessna. I re Pete I have had no issues since 2012, it has gotten to the point that the AME's are so put out with your system that if anyone has any kind of an issue they just throw their hands up and you get very little help
*	Your question is too general; as ATP's have more responsibility while flying commercial airliners, therefore the health status of an ATP can be much more critical to other humans, whereas private pilots have a limited exposure to affecting other humans, as in my case, I rarely fly with other passengers which are not pilots themselves or at least have an ability to control the aircraft in the event of a health issue with the pilot. The other reason I cite as the importance of strict medical requirements, is that most private aircraft accidents occur due to "pilot error", which can occur to any pilot perfectly healthy or not. I would rather bet on an older experienced pilot, rather than a young less experienced pilot which are "more prone to make a pilot error"

Table 9. Reasons provided by respondents who indicated 'Other reason' on Item 26 and provided a response (n=171).

<b>26a. What is the <u>main reason</u> for responding either 'Considerable extent' or 'Great extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System? Other reason (explain below)</b>	
<b>Main reason for responding either 'Considerable extent' or 'Great extent':</b>	
*	A combination of both A & B above
*	A physical cannot account for EVERY possibility that might involve safety. However, the physical helps to determine the medical factors that may.
*	A piece of paper with "Medical Certificate" stamped on it, does nothing to prevent a pilot from flying if he or she is medically disqualified after issuance. The system requires the pilot to function on an honor system by "self certification"
*	Accountability- individuals aren't always the best judge in all situations. I year check up is a good thing regardless. [It also] ensures pilots are medically safe to fly and deters pilots from flying, if not medically qualified.
*	addressed my unique health issues, forwarded this information to the Civil Aerospace Medical Institute in Oklahoma City, OK to evaluate my unique special issuance request
*	Air traffic control and maintenance requirements (especially electronics) also ensure safety.
*	AME did not have authority / discretion to issue Class 2 medical certificate based on Melanoma surgery -- referred to CAMI (waste of time and money obtaining MRI brain scan)
*	AME report is not final report in my case - Okla. City has final approval
*	AME was fine. FAA review team not fair. Review of conditions should be by a specialist in areas of concern. not just a MD.
*	Annual, cardiac exam helped discover requirement for angiogram which led to CABG.
*	As a 45 year old with a first DUI, I understand and support the strict process to ensure safety. I would hope that the process takes into account that a vehicular DUI must not translate into a blanket condemnation of the airmans inability to operate an aircraft safely

**26a. What is the main reason for responding either 'Considerable extent' or 'Great extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System? Other reason (explain below)**

**Main reason for responding either 'Considerable extent' or 'Great extent':**

*	As a precious response states, I am more than tested for drugs despite being sober 5+ years. The testing is expensive to me and unnecessary due to the fact I have proven myself over the past 2 years, with no end in sight: the testing must be done immediately, including I'm working. This limits my job applications extensively, as I must be in the state 4 times a year just to see her.
*	As a retired Army Aviator, the FAA medical is not nearly as thorough. Otherwise, I would have selected "great extent"
*	At most times FAA very process after any issue... Is very slow, paperwork intensive and needs to be streamlined
*	Before the new passage of self certification my pilots a medical exam was necessary to keep pilot safe however with the new lock change I believe there'll still be the same level level of safety in the GA community but it will also ensure those who need the class 1 or 2 are fit to fly
*	Being over ridiculous regarding qualifications
*	Besides ensuring medical safety, serves as education for maintaining health.
*	Both answers above; ensures pilot are fir to fly and deters those who are not.
*	Both deters if not qualified, ensures safe to fly, also provides thorough physical exam, follow-up to medical advise, strict adherence to FAA guidelines.
*	Both of the above
*	Both reasons, deters pilots from flying, if not medically qualified and ensures that pilots are medically safe to fly.
*	Both: Deters pilots from flying, if not medically qualified and ensures pilots are medically safe to fly
*	Brings to the forefront in your mind the requirements for safe flight. Especially as I get older (current age 63; very good health)
*	Can not foresee all future medical events
*	Can prevent some from flying that really should be able to fly.
*	Certification standards seem sensible at first look, but many factors will not be caught by an exam, and depend on every pilot to self-certify before each flight, no matter what sort of aircraft they fly. The process should be a bit less beauracatic, and recognize the system's implicit trust in each pilot.
*	Certifies the quality of health of the pilot and answers health questions that the pilot may or may not have had regarding his performance or safety risks
*	Comprehensive exam. AME did not have any history on me as it was a first time visit. He was fair and most of all correct- I AM OK to fly.
*	Concern, curious & caring
*	Did a comprehensive eval of cardio, mental and overall medical condition to include prescription drugs and flight currency.
*	Discriminates harshly ageist people with history of heart issues!
*	Does both: deters pilots from flying, if not medically qualified and ensures pilots are medically safe to fly.
*	During a previous visit, my AME determined that I had an abnormal sound coming from my heart and encouraged me to see a heart specialist. Three different specialists listened to my heart without confirmation, however a stress test revealed hypertrophic cardiomyopathy. As the result of my AME, I learned of my heart issue and elected to have it repaired. As a result of this repair work, I have been denied a medical certificate, in spite of the fact that my AME, several specialists, and my regular doctor all conclude that I'm in very good health as a result of the elective surgery.
*	Educational with respect to responsibilities Duty and Authority of certificate holders thank you

**26a. What is the main reason for responding either 'Considerable extent' or 'Great extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System? *Other reason (explain below)***

**Main reason for responding either 'Considerable extent' or 'Great extent':**

*	Ensured my OSA and special issuance was adequately addressed.
*	Ensures pilots are periodically taking an evaluation of themselves in preparing for a medical examination
*	Ensures that pilots are medically safe to fly with stipulation to the airman that he/she must abstain from such activity whenever an adverse health condition should exist/occur
*	Examiner took the time to answer and all questions I asked
*	Exams seem a little more frequent and invasive than necessary, The FAA should relax the standards as healthy pilots get too much grief.
*	eyes on the patient to compare electronic med express with the real time physical appearance and examination
*	faa has aloud drug abusers to fly using the sport pilot certificate. not very smart...
*	FAA machine has taken too long to address my request and does NOT keep me in the loop. No medical or denial even now! And I go through considerable personal expense to be a fair weather, day VFR flyer (3rd Class request).
*	FAA required to authorize a special issuance for some conditions that don't warrant their time consuming investigation. Anyone not meeting the certificate requirements are grounded pending a lengthy review.
*	Fails people who should be able to fly to cover their [Profanity]! So only supermen are able to fly - that should make the skys safe
*	Flight Surgeon for the Air Force it a profession
*	Flying is an ongoing education. DOE needs to understand medical complications that may jeopardize safety. [Additionally, it] ensures pilots are medically safe to fly
*	Flying small private planes really doesn't require a medical exam. I think it's a big waste of time and money.
*	For me personally, my medical examination is extensive.
*	For persons on a special issuance, imperative (as long as needed); As well as those who need to be deterred from flying until a special issuance is made.
*	Generally does what is needed, but many gray areas (generally ensures pilots are safe to fly)
*	Gives AME's a chance to spend time with pilots to cover general and important health issues and explain risks of certain conditions as people age.
*	gives feedback to airmen on their condition, whether they are safe to fly. Does not ensure complete safety.
*	Grounds pilots for taking the wrong meds. No sleep is Ok. Sleeping a full night with medication is not.
*	Helps pilots understand the risk of certain medical conditions
*	Helps remind pilots about Safety accountability when not talking with AME but flying.
*	HIMS program
*	how is a pilot's emotional/mental condition reviewed?

**26a. What is the main reason for responding either 'Considerable extent' or 'Great extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System? Other reason (explain below)**

**Main reason for responding either 'Considerable extent' or 'Great extent':**

*	How many times is it required for the FAA to ask the same questions, require the same exams. Drag their feet and even when I asked to talk to a supervisor (NO) one ever called me back. I spent the whole summer and fall and still do not have an answer the AME told me to wait till Feb. to call them again ( WHY ) I carried a #1 class med for 30 plus years now I just want a #3 so I can fly One of my several aircraft. I can see why I know so many pilots that move to LSA or just fly without a medical at all. It is Winter now here in Minnesota so my birds are in storage, so now I wait for Spring. I have lost every bit of respect for the FAA medical process that we are required to go through just to receive a #3 class medical. I hope that this will not effect the outcome of my Medical sense I only have been waiting sense MAY.
*	I am an over 6,000 hour of flying pilot, IFR and I had heart surgery in 2011 and I am now in 100% health. I should be given a medical certificate without the remarkable hoops I am being asked to jump through. This should be an easier process to get back into flying.
*	I believe any pilot flying IFR should be required to maintain a medical no matter the pilot certification.
*	I believe it is a combination of both, however it can be frustrating when you have no medical changes and have to submit the same paperwork year after year.
*	I believe it is a good system, but nothing is perfect.
*	I believe it is necessary to have a safe National Airspace, however to take 7 months to make a decision for special issuance when there is no evidence of a health issue creates a severe hardship and cost to a pilot.
*	I believe med cert is very important in single pilot operations of a commercial nature in aircraft over 18000lbs.
*	I believe that although most AME's are thorough with your exams, they can also be limited based on the information the pilot/examinee provides to them for the exam.
*	I believe that the entire medical certification process for Class III pilots is overblown. The FAA does not agree and continues to fight reasonable changes. The system is already safe without AME involvement for Class III pilots so these exams get us over the FAA's internal hurdles.
*	I believe the FAA is too restrictive. Yes there are medically safe pilots but maybe a few didn't make the cut without significant effort and medical testing.
*	I believe the system works very well however the whole process takes a long time. Still do not have my SI yet. I believe the cog test is not an indication as to my ability to be a 777 CA. However overall you guys do a great job.
*	I disagree with the generic approach to qualifying a pilots medical condition. Many good pilots sitting on the sidelines.
*	I do not think medical certification plays a significant role in safety for part 91 operations. However the AME did a good job - one that I believe was not necessary.
*	I feel that I am safe to fly,you(FAA) do not believe that I would be safe.
*	I feel that in instances where a pilot IS NOT required a medical certificate per the FAR ( LTA/Glider) and the pilot had a Special Issuance, the FAA applies "other" regulatory guidance to prevent a pilot from flying LTA/Gliders considering the FAR giving the pilot flying LTA/Gliders the ability to "self-certify" his medical condition.
*	I feel that is as good as the system can be. No system is going to be 100% unless you invent a time machine
*	I have been trying to get my medical for the past five years from a plane accident I passed both flight physical and all other doctors exam.
*	I have retained a kidney stone (small) that hasn't moved in six years, though I require special issuance each year because of it.
*	I my case, he deferred to FAA medical headquarters

**26a. What is the main reason for responding either 'Considerable extent' or 'Great extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System? Other reason (explain below)**

**Main reason for responding either 'Considerable extent' or 'Great extent':**

*	I suspect the mechanism is multi-faceted. Pilots self-select out rather than face a physician. AME's gently talk people out of trying to get a certificate in some cases. But, given how privileged pilots are, it is impressive how few medically induced crashes there are compare to automobile crashes.
*	I think because you are registered and over time they have a history of you.
*	I think it does a reasonably good job of making sure airman are medically qualified, but there is also reasons for pilots to believe that AME's are not looking out for the pilots best interest. Which is not how a patient doctor relationship should be. And therefore makes pilots highly suspicious of questions the AME asks. In other words there is a disincentive for a trusting honest dialog.
*	I think the AME that did my exam did a fine job. I am only a 3rd class, so my having a medical hardly matters as it goes away later this year. The way the question was asked ,it seems to be more about the AME that performed the medical. I think he does a great job and will help keep the system safe.
*	I truley believe ffa overdoes the requirements.
*	I would have marked that it did greater, but I believe that by making SSRI's a disqualifying offense, many pilots do not disclose their depression or that they take medication to their physicians/AME's.
*	identifies health risk factors in the flying enviornment
*	If for some reason a pilot has a problem, I believe the FAA is going to make certain that a pilot is fit and safe for duty in regards to the flying public.
*	If the certification needs to be referred to the FAA, in my case it has taken over a month to even look at the paperwork (not yet looked at).
*	In general it 's a good idea, especially for transport pilots, but a 3rd class physical essentially makes sure you are breathing at that date and time, t
*	In theory, at least, the exam may identify potential health hazards that might induce/increase unecessary risk while operating in the NAS.
*	It does both options, Ensures pilots are medically safe to fly, and deters pilots from flying. However, in the Case of a 3rd class medical I believe there should be greater consideration to the standards. First and Second should remain their high standards, but no need to crush the dreams of those who wish to fly with a 3rd class in my opinion.
*	It ensures that at that moment in time a pilot meets the standards and there are no outward appearences of issues, but that can all change a short time down the road.
*	It insures pilots meet the standards set by the FAA
*	It is a one sided deal, not fair to individuals with moderate med conditions requesting class III med
*	It is an adversarial process in which the examiner gropes to uncover an Airman's possible disqualification instead of just stating the fact. It creates mistrust.
*	It is my opinion that a few pilots will fly when unfit. There is no system that can overcome the type A personality.
*	It not only ensures pilots are medically safe to fly, but educates the pilot and reiterates the importance of self-evaluations prior to each flight.
*	It puts us through a process that keeps us honest about our health and well being, and helps us to think to evaluate ourselves between visits.
*	It relies on the honesty of the airman to a great extent.

**26a. What is the main reason for responding either 'Considerable extent' or 'Great extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System? Other reason (explain below)**

**Main reason for responding either 'Considerable extent' or 'Great extent':**

*	It seems the examiner is somewhat guided by the FAA to link certain possible medical traits with other exams. Overweight =s sleep Aeneas so we will need to consider a sleep study. It seems that obtaining certification is becoming more of a 'our chart indicates this as an ideal' process rather than a 'you appear fit, and take care of yourself' review. This is the reason why I left the previous examiner and came to this new one as the last one was for all intent and purpose a complete [Profanity]
*	It seems to me that the AME was in a better position to determine my qualifications to fly than CAMI and the AME and CAMI both seem to be protecting themselves from making a decision by asking for further testing and someone else to make the decision. I guess that's typical for gov't actions but of course shouldn't be.
*	It's based on personal accuracy, which the AME has no control.
*	It's comprehensive
*	It's so easy to lose your medical so hard to get it back, and hard to get good guidance to get it back
*	Lengthy bureaucratic process deters pilots from flying even if medically qualified
*	Like all regulations they do not absolutely 100% effective
*	Makes a pilot spend time focused on his/her health. Med reform should do it better although I'd prefer a 4yr cycle
*	Makes it incredibly difficult to get cleared as medically qualified when theres a prior history of brain trauma
*	makes it very difficult for Pilots to fly if fthey have any conditions or take medicatiosn the FAA has concerns about.
*	Medical info was reported on my exam that was inaccurate. I never had a stint or pacemaker as reported.
*	Medical is only a small fraction of root cause in mishaps
*	Mix of ensuring pilots are medically safe to fly as well as deterring pilots from flying if not medically qualified. I believe there should be extensive growth in programs aimed at rehabilitating pilots into being medically fit to fly.
*	My AME, Dr. [Name], knows that pilots like things explained professionally and competently. Dr. [Name] does both of those.
*	My do said I was good for Class III but you won't more this cost more
*	My medical was denied based on medical conditions. Aside from the obvious disappointment, I fully respect their decision and appreciate the concern for safety first.
*	My most recent certification requirements appear to be excessively stringent and burdensome. However, for the first time around, it is understandable
*	My primary care physician (not an AME) seems like she'd be in a better position to judge my airworthiness. She knows EVERYTHING about my health history...
*	My team of physicians were extra cautious before letting me return to fly but my medical was deferred for a decision even though he said nothing was disqualifying.
*	NOT " GREAT EXTENT" BECAUSE SOME THINGS CAN'T BE DISCOVERED BY EXAM BUT MOST ARE.
*	Not only does it hope to catch possible flight safety risks due to health, but it also challenges aviators to try to stay in shape.
*	Now, It's all about LIABILITY and everyone associated with the FAA is watching their own back first before helping someone
*	observes an individual and not just a medical report
*	overall a good program, but mental health issues that might affect flying need more emphasis
*	Physical and psychologic characteristics of applicant

<b>26a. What is the <u>main reason</u> for responding either 'Considerable extent' or 'Great extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System? <i>Other reason (explain below)</i></b>	
<b>Main reason for responding either 'Considerable extent' or 'Great extent':</b>	
*	physical exam and history have certain limitations. not foolproof.
*	Physical health is important but so is mental state, which is not tested by AME's. CFI's would be a good resource in this regard.
*	Pilots are not doctors and e need to be in good condition to safely pilot a plane.
*	Presently lost medical and spending a great deal of time and money to recover III medical
*	Prior to each flight each airman has to evaluate his condition before even contemplating a flight. AMEs can only do a "snapshot" of the Airman's flight fitness. We must evaluate ourselves continuously.
*	Process does not respond well to test results that are satisfactory but not in a certain format or wording that primary physicians happen to use, causing unnecessary delays.
*	Provided explanation about prescription that was not allowed by FAA
*	Provides a screening layer to help identify airmen who may have a disqualifying medical condition.
*	Provides expert decision on conditions the pilot may second guess or overlook. Ensures pilots are medically safe to fly.
*	Provides reoccurring opportunity for AME to check/confirm that airman meet basic medical standards
*	refused because I use Gabapentin. said it would make me sleepy but it does not
*	Reminds us of the responsibility that each of us has for the fafety of every flight----it is OUR conditions for flight.
*	Safety and ensures pilots are medically safe to fly
*	Safety is good but the FAA can go overboard at times
*	Safety stars with the pilot each and every flight. [Also, it] deters pilots from flying if not medically qualified
*	Second class medical exam is more than adequate statistically to ensure safe pilots
*	Seems as though the FAA doesn't want to foster interest in aviation. If someone has no history of black out of problems operating a vehicle and can provide proof of control they should be granted a special issuance on the spot but require follow up to ensure they meet guidelines
*	Some medications, to treat ailments such as Diabetes type I, do not have as severe side effects as other medications yet Diabetes Type I is unfairly restrictive to pilots
*	Still relies on pilots honesty and forthrightness. I find most upfront, but not all.
*	System is fabulous but you cannot screen all out so considerable not great nor can you get great
*	Taking the human out of the pre-exam paperwork and process prevented proper evaluation of my medications.
*	The AMC process is a considerable stopgap for most conditions, but does not always ensure airmen of the unexpected (i.e. food poisoning, flu, stroke, heart attack, death).
*	The answer are both: Deters & Ensures. The AME has a responsibility as well as the pilot.
*	The Pilot is the final decision maker as to his or her fitness to fly on a daily basis.
*	The process forces a pilot to consider wellbeing as a central component of qualification for a flight
*	The process is overly restictive, and does not rely on the doctors' judgement who are actually examming the pilot.
*	The program ensures that ALL airman are medically quailified to perform flight duties

<b>26a. What is the <u>main reason</u> for responding either 'Considerable extent' or 'Great extent' to item 24 asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System? Other reason (explain below)</b>	
<b>Main reason for responding either 'Considerable extent' or 'Great extent':</b>	
*	The system ignores the possibility of exploring various ways to mitigate risk.
*	The system works but it is also overly burdensome on the pilots who are required to obtain approval through Oklahoma City. In my case, I self-reported an issue nearly 7 years ago and I am still made to follow this extremely taxing reporting process.
*	there are a multitude of other factors that affect the national airspace system - not just medical
*	There are other things, ie. currency and or factory flight training, which I consider of Great importance.
*	There are too many variables that would preclude one from a 100% assurance.
*	There is no way to protect the airways from a pilot who dies in flight completely. A much more rigorous exam would be necessary and that still would not stop all deaths in flight.
*	There will always be exceptions or outliers that slip through, despite thorough efforts off the FAA and AME network.
*	To me, its like driving a car. Hopefully, a pilot, as well as a car driver has smarts to understand the rules of the road.
*	to strict for private pilots that are moderately healthy but got to jump through all these hoops to fly
*	To the extent many are very capable of being safe, but can't fly because the FAA will not re-issue their medical even if their own doctor says their fit & healthy.
*	Too much focus seems to be on some extraneous issues that don't really affect physical performance
*	treats PTSD incorrectly
*	Very thorough in answering questions I asked,, Especially regarding a fellow pilot
*	very thorough in giving advise to my health issues and to be sure to take proper procedures as i have been.
*	Very thorough in history gathering and meds. Ensures pilots are medically safe to fly.
*	We cannot assume that any Medical care and or exams can stop debilitating conditions from arising during flight from a so called healthy individual
*	We covered an extensive review into my abilities - as a Capt from age 25 to 65 Safety for people who trust me.
*	We discussed sleep apnea (& use of CPAP), diabetes (my control thereof), and general physical tone.
*	Well qualified, understands what is required of pilots because he is a pilot
*	With a third class medical, I have witnessed people with disqualifying conditions, work very hard prior to physical to make sure they pass. Further, there is no guarantee that some medical condition will occur during the two year certification and be kept confidential because they know they would be immediately disqualified and enter medical clearance [Profanity]. I guess it is a catch 22 situation. people are going to try and keep from identifying a problem because the FAA has little or no latitude to approve without comprehensive medical work-up. Nature of the beast I guess.
*	with all the specialized tests i had to do prior to actual medical found the ultimate medical redundant
*	Without legal or work-related issues prompting me to do so, I voluntarily self-reported that I had become an alcoholic and needed assistance to conquer this problem. The HIMS program and the FAA medical certification process were integral to my recovery. I have been free of alcohol for 9 months and look forward to returning to work a better man. I have seen this program assist many other pilots with this problem, helping to ensure the safety of our National Airspace System.
*	Would say great, but not everyone is required to have an EKG.

Table 10. Reasons provided by respondents who indicated 'Other reason' on Item 37 and provided a response (n=170).

37a. Why were you dissatisfied with the <u>quality of services</u> provided by the <u>FAA medical representative(s)</u> ? <i>Other reason(s) (explain below)</i>	
<b>Other reason(s) you were dissatisfied with the <u>quality of services</u> provided by the <u>FAA medical representative(s)</u>:</b>	
*	(FYI: I am a former Hosp Administrator) The Idiots (yes idiots) in OKC: 1 asked me for information they already had twice 2. asked for irrelevant info (madwe my dr laugh) 3. and after I finally proved that I beat cancer started from scratch on a non-existent heart disease issue. All issues should have tackled simultaneously. I buy and sell airplanes and am considering a lawsuit for gross negligence.
*	#1 - I received 2 seperate letters, dated a week apart, signed by the same person, requesting apparently identical medical exam information; #2 - the information was submitted in early Nov, and as of Dec 19, I have not even received acknowledgement that they received my information.
*	10 weeks since additional information sent. No reply. No status.
*	90 days before initial review, had to call to have a letter requesting additional info emailed to me. More test performed now five months have past. Why can't the regional office take some of the work load?
*	A general lack of concern and knowledge about the importance of the medical and what was required to continue the process
*	Advised to reapply in one year. I did and was denied again. I sensed I would never get a positive decision and stopped trying. Thier is no risk to to deny.
*	After almost 6 months I still have not recieved it and for the first month it was apparently lost at your facility and after that has been in review ever since.
*	AfTer providing even more than was requested pertaining to my sleep disorder I was deferred a 2nd time for a minor baqck surgery over 2 years back that hadn't been required in the initial deferral
*	After taking the FAA's denial reason back to my doctor he iformed me FAA didn't know what they were talking about. A it was substauated by three other heart doctors who couldn't understand how FAA was reading the same test and coming up with their opiinion. Letters are curently being forward to the FAA. Here goes another 90 or mor days.
*	Again I feel certificate denied on very little testing of medications being taken and just lumped in with medications that deny a certificate
*	ALL I have received was a form letter saying the information was received from Examiner and would be reviewed. That took about 4 months. NO FURTHER INFORMATION provided since on status
*	All of the above plus not provided with adauate time to comply. Completely disgusted with the criteria for passing CogscreenAE really offended and that my condition is considered associated with mental dysfunction discriminatory.
*	all of the above. i have been grounded for 5 months with little to no explanation. Little information is being given to me regarding my medical. After 19 years of flying, i am very disappointed with the way my application is being handled. I have recently been diagnosed with asthma. The Asthma is comletely controlled and I feel great. I received a letter with one sentence stating i cant fly because of a medication, with no further reason, explanation, or alternative.
*	All they would tell me was it was being reviewed nothing else.
*	Almost 12 months in review - more exams than one basically healthy individual should have to put up with & no positive response.
*	Application still has not been reviewed. FAA received my last request on May 9, 2016 per the US Postal service. Have called the FAA once a month and was told "it's in the system" for review. Could not get any other info. Representative's of no help. If a corporation was run in this manor it would fail in a week.
*	Applicstion still pending with faa medical paperwork accepted in august 2016 still no review

**37a. Why were you dissatisfied with the quality of services provided by the FAA medical representative(s)? *Other reason(s) (explain below)***

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

*	Applying for an S.I is stressful and slow. I am in good health but have been fighting misdiagnosis by the local hospital- an Afib, with no documentation as to where it came from, I have had a 14 day cardionet moniter a Holter, a neuclear stress test and a treadmill stress test with EKG. The FAA has the results of thoes tests plus letters from my cardiologist-- no indication of AFIB at any time. The hospital said I had a TIA which is nonsense. The whole report was laughable. A respected neurologist agreed. I had a reaction from pain medication. The FAA has the letters from this neurologist. I have been off all pain med. for over a year after back surgery.
*	asked for test results that had already been provided and many more tests that my private doctors felt unnecessary.
*	Asking for information that was over 10 years old that would be very expensive to answer and that were not current to my health condition.
*	Asking for non pertinent information.
*	By fulfilling and completing and passing all requested documentation and examinations and evaluations, the FAA still will not commit to issuing my medical certificate.
*	CAMI performance was an absolute travesty--and I happen to LIKE the FAA, which you truly disgrace with your malfeasance.
*	CAMI twiced asked for additional information 1 month apart. Could easily have asked for additional information the first time. Took almost three months to ask for additional information. After 4 months still have no certificate. CAMI decided that a Medicial Flight Test was required for pheriiphal vision loss even though the test results were the same for the 8 previous years that they issued a CLass II Medicate certificate.
*	Contact from FAA was slow and, I'm convinced, would have not existed had not my AME requested the Regional Office to pull my application for review
*	Could not get human on phone for over 30 days.
*	Dealing with the FAA, entire FAA, is like the old Nazi Gestapo. The FAA does what they want, when they want and how they want. They are not using any common sense and they have "The Power" to do what ever they feel like!
*	declaired cancer free by [Clinic] but was told that it problemly come back so cert. was denied despite the fact I have been cancer free for 1and 1/2 years.
*	Demanded another test within 90 days after '2 months of full therapy.' Told them therapy was taperd, and 90 days would elapse BEFORE I reached full therapy. The they told me application was denied because I did not provide retest withing the specified 90 days. Morons.
*	Demonstrated a complete lack of concern for the cost of compliance. Required unnecessary procedures according to my AME
*	Denial could have been done initially (medication) additional tests were asked for required large expenses and then not considered in decision
*	Denial was not relevant.
*	Denied because I was taking med Ropinirole & Gabapentin, witch I quit taking in July & since my doctor sent a notice that I was off this med for 4 months, I still don"t have my certification or know position. ff the medication for 4 month, Since all this time contacting Okla. calling
*	Deputy [Name] wrongly displayed my private medical information in a conference in violation of my expected Dr-paient confidentiality
*	did not feel the woman i talked with cared about what I wanted to know. My phone call was bothering her.

37a. Why were you dissatisfied with the <u>quality of services</u> provided by the <u>FAA medical representative(s)</u> ? <i>Other reason(s) (explain below)</i>	
<b>Other reason(s) you were dissatisfied with the <u>quality of services</u> provided by the <u>FAA medical representative(s)</u>:</b>	
*	Due to an apparent lack of expertise, the process has grounded me for a total of 6 months and counting for a NORMAL Glaucoma evaluation which my AME isn't allowed to OK; and CAMI takes forever to have someone explain to them because they can't tell it's NORMAL. I am no longer VFR or IFR current due to this enforced lay off. This does not increase the safety of the system
*	Each request was an average of 90 days. Recertification workup was accomplished prior to application, but 90 days to get a letter to request certain records. A phone call could have resolved these requests.
*	even though FAA has been provided with certification, written documentation, CD;s from doctors as to perfect health, approval is dragging along and one waits for decisions simply because it is a class II
*	FAA representatives will not answer questions or explain their requests personally, only by mail, which adds a great deal of time to the process.
*	Failed to answer questions. Repeatably supplied with answers to questions that I did not ask and were not helpful.
*	First of all, meeting only once a month to go over a limited number of cases is unacceptable. It seems that the pilots status is not important nor time sensitive. It seems that they don't care whether they approve anybody or not. It took them four months to make a decision on my case. My stroke was 2011...I have give OKC ample reason to approve my medical certificate. Now, 6 years later, I am still denied my certficate. My primary care physician, my rheumatologist, and my neurologists think I am safe and good to go...but that's not good enough for OKC..They think they know better than any one else. Either that, or they are cowards. When I ask several questions two years ago, I got NO response. It's like they do not care. As you can tell, I am angry...for good reason.
*	For all of the reasons listed above. FAA oversight of pilots attempting to return to work after proven sobriety is far too extensive. FAA cogscreen program is stupid and makes no sense other than to create empires with neuropsychologists.
*	Gave me the impression they didn't want to issue anything
*	Had the attitude that they really don't care if they got to my case this year or next year or ever.
*	I did everything they ask past every test and they just asked for more with idea of running me out of money horrible system horrible people
*	I had a pacemaker installed in December of 2014. The day prior to having the pacemaker installed, i received a letter from the FAA statying that after reviewing the extensive tests they had required, I was cleared to continue holding my FIRST CLASS medical. My cardiologist has written several letters provided to the FAA stating that I should be cleared to hold a third class medical. The speciall issuance procedures I am now forced to go through as a result of having had the pacemaker installed are way way too lengthy, too costly and shoudl not be required at all. I beleive this may the result of having "clerks" in OKC not forwarding medical papers to "doctors" until certain "checklists" have been completed. This prevents AME's and specialists from being able to contact directly those doctors reviewing the special issuance documentation. I am in good health. I jog/run several miles a week. Have no serious medical issues. Take no medication except 81 MG aspirin. I have an electrical problem with my heart that the pacemaker addresses completely. An annual visit to my cardilogist should be all that is required to get a simple THIRD Class medical. And the process should never take mpore than one full month. The FAA is wasting tax payer dollars. Not making the system any safer and preventing people like myself from flying.
*	I had my prostrate removed in 2006 and show a psa of <.01 percent have no prostrate so can not have prostrate cancer/ but was denied
*	I had to submit the same forms more than once.
*	I HAVE A LETTER STATING AME CAN ISSUE MEDICAL UNTIL 2019 WITHOUT DEFERRING BUT HE DEFERRED AND PREVIOUS TEST RESULTS THAT LEAD TO ISSUING MEDICAL WERE IGNORED AND SIX MONTHS HAVE PASSED SINCE SENDING INFORMATION TO THEM ON YET ANOTHER STRESS TEST WITH NO ISSUANCE BEING MADE YET

**37a. Why were you dissatisfied with the quality of services provided by the FAA medical representative(s)? *Other reason(s) (explain below)***

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

*	I have been flying about 50 hrs. a year, I passed all my flight reviews with my flight instructor and my flight physical The FAA still wants me to take for the 3rd time, cognitive testing .
*	I have been medically grounded for nearly a year. I submit test data through my AME to FAA Oklahoma City, then wait for two or three months. After the waiting period, I will receive a letter in the mail asking for more testing from FAA Oklahoma City. I repeat the process, submit test data, then wait two or three months. I receive another letter from FAA, asking for test data that was completed 6 months prior, and was lost, mislabeled, or mishandled at the FAA records section in Oklahoma City. Wait another 2 or 3 months, and receive another letter from FAA medical. I am in the process now of scheduling the next two required tests, and will submit those, and wait. Interestingly, I am reading the book "1776" by David McCullough. Correspondence between the Colonies and Great Britain was faster in the late 1700s, than the process between a grounded airman and FAA medical in Oklahoma city.
*	I have called 5 or 6 times. One told me that I had to have an MD certify my CPAP use. I do not see an MD about this. I see a PA. He told me I would have find an MD who would confirm the PA's report on my usage. 5 other times I was told it was waiting to be reviewed that was the answer I got for 10 weeks
*	I have provided the information requested and it has been over 30 days and no response. Yet when I am asked for information, I am given dead lines within which I am to respond, while the FAA does not provide any idea when they will respond to my submissions
*	I provided the requested medical reports from two doctors and yet I never heard back. Then they wanted additional information which I obtained, and I never heard back. I called and asked what was the hold up, someone told me they found the file, and they would red flag it to get an approval ASAP as I had already waiting too long. I think that was maybe a year ago and I have yet to this day gotten any reply from anyone. I finally gave up because by this time I would need another AME exam and would need to start all over again. I have never gotten a reply after the first year when my license was approved, but then after one year to renew for the second year they wanted all this medical information and when I complied no one replied to me that I was legal to fly the second year.
*	I requested a dialogue on my medical history to determine whether or not the standard requirements for additional information were appropriate. FAA simply reiterated the same questionable demands for inappropriate information
*	I still do not have a medical certificate!!
*	I submitted requested information on 5 occasions and each time was denied. Along with each rejection I was given a list of additional information to provide, along with the statement that providing the information was no commitment that I would be granted a medical certificate. I spent over \$10,000 out of my pocket on requested testing because these tests were considered duplicitous and elective by my medical insurance company. Each time I submitted the requested test results, they asked for more, or indicated that my medical providers did not provide what they "specifically" requested. Several doctors who have personally evaluated me and monitored my tests have concluded that I am very healthy and definitely fit to have an airman's certificate. Yet doctors in Oklahoma who know me only as a name and number have cost me thousands of dollars and kept my plane grounded. It makes no sense to have a system with local medical doctors as part of the evaluation procedure if their input is less important than some government appointee who is basing their decision on the "best" written information available to them. I know other pilots with current medical certificates who have had various heart procedures and they all agree that I'm much healthier and at less risk than they are. And yet someone who has never even met me has had a hugely negative impact on my life. THE REASON FOR HAVING LOCAL EVALUATION IS TO PREVENT PROBLEMS LIKE MINE. YET GOVERNMENT AGENCIES CONTINUE TO MAKE OUR LIVES WORSE! NOT BETTER! And yes, I'm bitter and feel that the system has been very unfair to me. I'm not a doctor but I know my own body and I prefer to be alive over risking my life in my plane. If I felt that my heart in any way was a potential risk of sudden death, I would sell my plane and never attempt to fly again. However I got the elective surgery BECAUSE I recognized that it would afford me a higher quality of life in the future. BUT your FAA medical representatives in Oklahoma have mad

**37a. Why were you dissatisfied with the quality of services provided by the FAA medical representative(s)? *Other reason(s) (explain below)***

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

*	I tried calling but the person who answered the phone said there wasn't anyone to talk to, and that I would just have to follow the steps listed in the letter I received from Aerospace Medical. I got the impression that they don't want to help, they only want to flex their muscles. Why was I not able to talk with someone who could tell me anything other than "you'll just have to follow the steps in the letter".
*	I was asked to provide original cardiac testing documents that were in the possession of the office that requested that I provide them to that office. This is the kind of stuff that really does not make sense.
*	I was asked to submit additional information from my doctor to the FAA. I sent the information in at the end of August 2016. It is now end of October 2016 and still no decision has been provided. I call every week to Oklahoma and every week they say it is still under review. Terrible service.
*	I was denied medical in July 2016, and it was 3 months before I heard further. I was asked for further Dr's input, which I provided immediately, and sent by registered mail, and even as of today 12-22-16 there has been no further contact from the FAA, so it's already been 6 months. I own my own airplane, and can't fly it.
*	I was in Oklahoma City attending the National Guard Aviation Safety and Standards Conference and tried to talk to a person face to face at your facility there. I was denied access, even with my military ID card and in uniform. None of the medical examiners or their office would speak with me and when I call the 405-954-4821 phone number, no one has any idea how long it will take. This has resulted in me not getting interviews for positions. The process takes entirely too long and there is no way for a person to find out how much longer it will take.
*	I was just a #. Tried to call several times and could not get past the operator. Could not talk to anyone about my case. When you did call you only left the FAA number and could not find out what the call was about. Operator knew nothing about a call. Very bad. You need to try calling and see how you like being a # with not getting any info.
*	I was requested to do a neuropsychological evaluation 4 months after I sent in my application. Why did this take so long for them to tell me that this was going to be needed? Why is this information not presented immediately to save time and correspondence lags??
*	I was required to submit redundant information on more than one occasion. It appears that the FAA lost the material I originally submitted. They also failed to inform me the first time of test results they were wanting to review. I also submitted information on computer discs that were apparently unreadable by the FAA and yet they did not request a replacement. I did not learn of this until I called and spoke to a representative. The process has been going on for more than 13 months.
*	I was told that my application was waiting to be processed but when I could receive any determination or request for more information was "undetermined"
*	I would supply what they asked for and then 4 months later they would ask me for something else.
*	I'm still waiting approval after over 4 months since initial submission.
*	If the Aeromedical Branch wants zero alcohol persons with pilot ratings it would be a simple matter to randomly test those persons to assure compliance. Instead, a lengthy and vague process ensues (full of subjectivity) without any sort of clear resolve offered.
*	In months, I have not spoken to a medical rep from OK City. I have only spoken to a phone answerer.

**37a. Why were you dissatisfied with the quality of services provided by the FAA medical representative(s)? *Other reason(s) (explain below)***

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

*	<p>In 1990 I was convicted of a non-flying drug offense, 'conspiracy' for which the judge suspended my license for one year in 1994. The FAA required me to provide ALL my health records, even those that have no bearing on the kidney stone, then ordered me to seek the services of an HIMS AME. I drove 250 miles to the nearest HIMS AME and paid \$500.00 for services that I do not need. I have never been a drug user, and don't even use 'legal drugs.' This is borne out by a Probation Officer's letter dated August 16, 2016. The HIMS AME, Dr. [Name] of [City, State] performed a second examination and has informed me that he submitted his HIMS letter of recommendation, but the FAA medical office in Oklahoma City claims that it has no such letter. My Certificate has been denied due to miscommunication between the Oklahoma office of the FAA and the HIMS AME Doctor. Thus far I have driven over 400 miles, spent two complete days and \$700.00 in a futile effort to obtain medical clearance to fly an airplane, not because I'm unhealthy, but because I was unfortunate to be targeted by a DEA/FBI Sting Operation nearly thirty years ago. A federal judge's order is being unfairly subverted by medical requirements.</p>
*	<p>It appears that the AME was quick to defer the review of my medical records to the FAA Oklahoma office. I feel that the AME could speed up the review process since she is local, and also familiar with local hospitals and specialist.</p>
*	<p>It has been nearly 8 months since my medical packet, reviewed and assembled by Aviation Medical Advisory Service was forwarded from OKC to the Federal Aviation Air Surgeon. Completely unacceptable time frame. Once the packet leaves OKC to the Federal Air Surgeon in DCA there is no way to check on its progress. For all I know, my application has fallen off some Bureaucrats desk into the file shredder.</p>
*	<p>It has been over 2yrs since applied still cannot gety anything but a run around. If I was an airline pilot maybe with airline &amp; union to help I may have been treated fairly. All FAA medical does with me is ask for more &amp; more info including past history, first I was asked for a stress test, I called and asked if they would like the results from a nuclear stress test I had recently I was told no so I did the regular one and sent results another 90+ days they said it wasn't enough. I contacted AOPA their agent contacted FAA med they said a Nuclear stress test would be real good (at this time it has been a year since the first nuclear stress test so I had to have another one &amp; this cost a lot out of my pocket) another 90+ days I'm then told by mail it isn't enough and they want original disc from the hospital. I got &amp; sent that and again after another 90+ days they tell me it isn't enough al it had was an X-ray ( someone must have lost it because it was reviewed in my presence so that was [Profanity] there was a lot more on that disc) all this time my cardiologist &amp; other doctors are wondering what is wrong since they all seem to think there is no reason I should be having all this trouble. with the FAA med dept. Dealing with the FAA medical has been such a nightmare I can only tell others to avoid you, it is no wonder I have the lowest opinion of the FAA medical department</p>
*	<p>It has taken forever. I am not any closer to getting my ticket. And now I don't have anything to fly. I am disgusted by the continued extent of information being requested as a result of my sexual orientation and gender identification, most of which, even if I could afford, I have not been able to locate medical expertise to provide. When I can sit down for a couple of days, I have been compiling notes on these issues and will complete my writing and submit to the FAA. It will totally scientifically undermine all of the reasoning behind this unnecessary endless request of information. As well, since the time of my physical and ever since, if the current record of refusal were not available, I could pass any 3rd class and most likely 2nd with ease. But now, the mountain of bureaucratic obstacles has been built and I question the feasibility and practicality of being able to resolve this with more than adequate information, scientific and otherwise, that there is no valid medical reasoning to denying my ticket.</p>
*	<p>Made false assumptions and accusations of substance abuse (alcohol).</p>
*	<p>Med exam in April 2016. Complied with request from FAA for add'l info, mailed packet May 22,2016. FAA notified me that they had not received info. Aug. 2016 FAA asked for more info allowing 90 days response. FAA required unusual and bizzare medical/psychological info that was unrelated to airman's pjysical and mental capacities. FAA required pstchological exam perfformed by an aerospace experienced pro. Such a pro/tests are not available in KC. Again there are no reasonable facts or explanation for FAA requests.</p>
*	<p>Mistakes resulting in huge delays and great inconveniences</p>

**37a. Why were you dissatisfied with the quality of services provided by the FAA medical representative(s)? *Other reason(s) (explain below)***

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

*	My AME thought everything was fine. I was contacted by regional flight surgeon who has asked for more testing, more info, then more testing, then more info, and after 10 months I still have no answer. My vision has been stable since 1988 and I have been flying for 30 years without incident or change, and now I am still waiting to be denied so I can appeal. Ridiculous and inexcusable.
*	my application is still awaiting review. It is now into the second month following release documentation by my orthopedist.
*	My application was sent by the AME as a special issuance. I recived a letter requesting more information within 60 days of the date on the letter. The letter had a date of October 6 it was recived on the 19th.
*	My documents required review in DC, however they sat in Oklahoma for months with no plans to be forwarded. My AME had to push very hard just to have the folks do their job, Once it got to DC, it sat. I have been working towards a medical cert for over 2 years. All of the doctors, experts and flight instructors are baffled that I am not cleared.
*	My medical application was forwarded to the flight surgeon for review and special issuance apparently they failed to communicate with the AME to find out if additional documentation was sent as well they denied my third class medical and said I would need to request a special issuance , which is what I thought the AME had forwarded my request for medical on to the flight surgeon in the first place. It's as if he/she took one look at my history and and rubber stamped it without even checking to see if additional documentation had been provided. They did not bother to contact me via phoned. In my opinion they don't care how hard I have worked to meet FAA requirements as far as maintaining control of my blood sugar and their lack of interest and rush to judgement left me dejected and frustrated it also hurt my flight school financially because until the issue is resolved I will not put more money towards a license I will never get. They should check with with a person's CFI to see how they handle themselves in an aircraft, do they appear healthy and alert, are they save, do they make good judge,nets with respect to safety. But no they don't care they have a stack of papers on their desk that has to be processed before the end of the day.
*	My primary care physician did not know what to provide to the AME and basically had me act as the go between.
*	No defined schedule, no clear requirements for first submittal, can't check status on the web site, The overall need for special issuance for my circumstance should be handled by my AME/Cardiologist.
*	no detailed explanation why I was denied or what exact regulation I did not meet.
*	No flexibility on proof of sobiety see attached.
*	No objective medical standard for the denial was presented, and the process is not in compliance with the APA
*	Nobody can give you any accurate time estimate. You call for an update in OK city and it's a canned answer from the soul-sucked drones that answer the phone. And then they take your phone number and say they'll 'let them know you've been calling'. BS! In 5 years, I've never been called and not one person ever did anything helpful. Call enough times and you're in the 'interested airman' status? WTF is that?? How does that show things are happening faster because of that? And when it is approved, do they call you? NO! They mail it and you get it 3 weeks later when you could've had it faxed and been flying again. This all boils down to COMMUNICATION. It's horrible.
*	Not accepting a test - then requiring same test - taking too much time allowing required completed test to expire.
*	Not allowed any representation with a medical doctor in Oklahoma City that denied my medical certificate request based entirely on the Part 67 reading of the FARs and ignoring test results,report of my AME, and letters of three highly qualified doctors who specialize in my condition who stated that I was perfectly healthy. A form letter was sent to me giving no information other than numbers in the FAA manual. I have no idea why the decision was made given the information that was included in my packet of medical papers. I do not feel I was treated as an individual instead of a number in the book.
*	Not given detailed reasons for the denial of my application for medical certification.
*	OK CITY WOULD NOT SPEAK WITH MY CARDIOLOGIST WHO CALLED TWICE.

**37a. Why were you dissatisfied with the quality of services provided by the FAA medical representative(s)? *Other reason(s) (explain below)***

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

*	OKC requested information from the doctors and hospitals involvecd, OKC also requested addissional tests, the two test costed in excess of \$4,000 dollars. My cardialagis stated that these tests had no valve to determine my present condition and at my age there was some risk.
*	On Aug 12, I was denied a 2nd class medical after my AME called OKC for guidance. He said that OKC would contact me for further information/documents. After waiting two months, I called OKC; after 8 attempts someone finally answered, informed me that OKC was very busy, and that they would contact me when it was my turn. On Oct 22, I received a letter from OKC requesting specific medical records. I mailed those records to OKC on Oct 26. By Nov 20, I had not been contacted by the FAA, so attempted to call OKC. I made 14 attempts on Nov 20, and 12 attempts on Nov 21; on the 13th attempt, by selected a different extension, and someone answered. She was polite, she confirmed that the office had the records, and told me to wait for further notification. It is now almost December - my ATP and my CFI are worthless without a medical. That is why I am dissatisfied.
*	One one occasion my medical info was lost by you. On one occasion I was grounded for diabetes which I never had a hint of. On three occasions it took you 3 weeks to acknowledge that you received a FAX from me. For month after month on telephone calls I only get. "You application is being processed."
*	Only communication through mail. Takes months to get a response and when I did it was usually wrong information. For example I was granted my physical then subsuquently denied after the fact. I never received my certificate by mail, however I did receive a letter stating I must return the certificate I didn't have. I get the feeling I am being jerked around and there's nobody interested in communicating with me directly via modern technology like email or a telephone call. Flying is my life blood and passion. I have 2000 hours of fighter time with zero flying incidents. HIMS intervention required due to refusal to submit to an alcohol test in 2014. Now I take a breathe test twice a day every day for a year. Very intrusive for a third class medical. I'm doing it but it's overkill and overregulated. I'm not a commercial pilot nor do I want to be. I just would like to share my passion for aviation to others....something that's in the interest of the FAA. Stop being the death of aviation and start being an advocate. I am the last guy to cause you problems!
*	or AME, reevaluate your outside consultants, pretend that someone is intrested in the pilot and there to help and there may be more compliance from the pilots making the whole system safer. Unfortunately I suspect this will seal my flying fate, maybe it will do some good!
*	Originally submitted package via AME in March 2016. I submitted all Additional documents FAA requested to Oklahoma City in July. I called FAA in Oct and was told my records were forwarded to DC on 2 Sept. It is now 30 Nov and I have heard nothing on the status of my application. My GI Bill is nearing its end and I still have not been updated on my application.
*	OUT OF 8 PHONE REPRESENTATIVE'S, ALL VERY CONSIDERATE, I NEVER GOT THE SAME ANSWER TO ANY QUESTION I ASKED
*	Package was mailed to the FAA with complete documentation. Important medical documentation was lost or misplaced in OKC and I had to resubmit. I've heard nothing since my submission of the lost medical information.
*	Received a letter of denial without referring to or commenting upon the information that I did provide. Letter came not from a medical person but a [Profanity] lawyer.
*	Received a notice placing a hold on my review until further documentation could be received, some of which was submitted to the AME and never forwarded. I was instructed that I had 60 days to submit 20 years of medical documentation of medical history. I asked for clarification and was told by phone that I only needed to submit the documentation for the last eight years. I informed the representative that I had not been treated for this condition in that time. I was then instructed to submit a letter from the last treating physician stating I was released from care. My previous physician has not responded within the time granted for submission. I was told I would be denied medical certification and must now appeal to the NTSB for reconsideration. The representative informed me this was a long and arduous process!

37a. Why were you dissatisfied with the <u>quality of services</u> provided by the <u>FAA medical representative(s)</u> ? <i>Other reason(s) (explain below)</i>	
<b>Other reason(s) you were dissatisfied with the <u>quality of services</u> provided by the <u>FAA medical representative(s)</u>:</b>	
*	Recent addition of sleep apnea study requirements have created significant delays and additional expense for my application. If my cardiologist and primary physician consider the study unnecessary, there is no reason a bureaucratic government body should require it.
*	Ref: PI# [Number] APP ID# [Number] Letter dated June 18, 2015 Courtney D. Scott, D.O., M. P. H., Manager Aerospace Medical Certification Division. However, exceptional courtesy and respect from Alaska Regional Flight Surgeon-Had 10-16 in person discussion with Dr. [Name] about my application for 3rd Class Med Cert.
*	Rep was courteous but response time is UNACCEPTABLE to review the application.....35 days AFTER they received packet the physical was issued. Lost my flying position due to time.
*	Repeated asked to submit the same medical forms and tests multiple times. Sent at least 3 of the same forms in this process.
*	Repeatedly asking for more tests that my doctor says are not necessary and no information given to me when I call in except that it is still in review, very poor communication and not hearing anything for months on end as to status
*	Request for review made in June 2016 ( I believe do not have date in front of me) and have received no reply. I am not very optimistic that I will receive favorable response or any guidance as to direction for positive outcome. Initial reply was somewhat abrupt.
*	requested extensive reports on sleep apnea on yearly basis
*	Requested info which was supplied by AME and myself, sat on it for over 3 months then stated it was outdated and asked for it again. I believe this happened twice. Each time I had to get updated medical info and statements from doctors. Finally gave up.
*	Requested information not pertinent to issue at hand thus impossible to provide.
*	Required a \$3600 comprehensive neuropsychological evaluation because I had a short term memory incident once.
*	Required additional testing description too vague. Needed to repeat testing (cardiac stress test) several times because inadequate description of requirements. My cardiologist finally gave up trying to do the required testing after repeated explanations and testing.
*	Required documentation that's almost impossible to obtain. Requesting everything on compact disc (CDs). Some med facilities do not have ability to put records on CDs (my cardiologist).
*	Required numerous items to be sent to Oklahoma City, and would be wonderful if medical paperwork/data could be sent electronically.
*	Required retesting with no explanation. Sent my application to an outside consultant. Long delays.
*	Required several expensive tests for conditions which are fully controled by my personal doctor.
*	required several medical tests that would have cost me an extreme amount of money & based upon the new medical requirements were I can self approve myself for flight. I thought the requests were overboard and driconian.
*	Rigid, not flexible response. Handled as a cagtegrory rather than an individual. No condieration of alturnative mitigation approaches
*	Scam to collect \$10,000 further testing because of precscribed medication from doctors
*	Special issuance has for heart attack in 2007. In December 2015 I had a heart catheterization as a precaution. It showed very good heart function. I thought that should be sufficient and submitted it in leiu of the treadmill test. FAA still requested thallium treadmill which was not covered by insurance because of the catheterization. I am not currently flying and elected to defer submittal until 2017 application.
*	started in April,still under review

**37a. Why were you dissatisfied with the quality of services provided by the FAA medical representative(s)? *Other reason(s) (explain below)***

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

*	Still have not received my certificate. I'm told it's still waiting to be reviewed. Personnel answering phones are very polite and respectful
*	Still waiting for a review to be completed 6 months later
*	Submitted application for Special Issuance. Was in time for March board. I had to contact third party ([Name]) to get information, FAA wanted more information but never contacted me. Finally received a letter from Washington on November 7th asking for repeat tests because they were completed to meet the March board. Now scrambling to get test scheduled during holidays. Found out that my package was not reviewed in March and was told it was to be reviewed in May. Had my AME track status and he found that the FAA wanted a physical, which was sent in July. First update was the letter i received in Nov. Need a more efficient and timely means of communication from FAA. I expected notification within 6 weeks from when the board met. Have been in limbo for over 8 months.
*	they denied my medical based of things my doctor tried in hopes of helping with migraine headaches but were not actually conditions I have (sleep apnea). I appealed the decision and explained that I didn't have that condition but was still denied a third class medical.
*	The additional information requested was submitted with application, but was required to resubmit.
*	The correspondence demanded unreasonably expensive studies, was dismissive and threatening, ensuring no further application.
*	The FSDO on my letter was over 450 miles away. The nearest is 4 miles away. This caused a considerable delay in arrainging a Medical a Flight Testto obtain a SODA.
*	the girls who answered the phone at both New Hamshire and Oak City were excelent and as helpfull as could be. But I never talked to a DR. reviewing the case. Even the letters were not signed and no way to contact them to find out what they wanted and the written request/denial was not complete.
*	The length of time from November 2015 to a response in April then I had great doctor references and some FAA consultant turned me down. This is nuts that I was not approved and I am appealing to the NTSB. You are cratering the general aviation business.
*	The letters that came back asking for more information were unclear to say the least. Very hard to interpret what was needed and what the concerns were. Had to consult my AME several times to figure out what was needed and why.
*	The people who have been processing my case seem to be incompetent bureaucrats, not rational doctors. I still do not understand what info they have asked for.
*	The positive comments and ecouragement about my application, including the additional data I had to provide, gave me a hopeful attitude after the submission of the documents. This contributed to the letdown I experienced when I received the rejection letter.
*	The process and time to get a case reviewed is way to long!
*	The process requires me to produce extensive testing documentation that costs money and takes time for appointments. I am on no restrictions for driving or performing my job. Almost a year went by after being cleared of any medical condition for work and applying for my certificate. Still i was denied. The FAA will have to take doctors recommendations or open a medical facility. The AME should be able to do the assesment and then issue a cert. but preferred to defer. No liability incurred.

**37a. Why were you dissatisfied with the quality of services provided by the FAA medical representative(s)? *Other reason(s) (explain below)***

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

*	The reason i am dissatisfied with FAA is i have had my medical certificate for 15 years. After diagnosed with Multiple Sclerosis, I was able to obtain my medical certificate through Dr. [Name] each year without difficulty. Since, I have had nothing but trouble receiving my certificate. My health conditions had not changed over the years until last year. I was constantly having to send additional information, tests, letters from my doctors etc. I would do everything required and wait for a long time for a response. By the time i would get a response back, it would be renewal time again or they would deny me and want additional information. Each of my treating specialist whom I have been an established patient for 10 years or more, have sent their professional opinion based on the facts of my medical condition that they have no reservations for me to fly. i understand the importance of safety and i respect that, however i am confident two of the top specialist in their profession and both doctors have written letters to the FAA stating they have no reservations based on their professional medical opinions of my flying capability. I would welcome an appointment with whomever is reviewing my medical information. Thank You, [Name] [Phone Number].
*	The records I sent in were not reviewed by a medical doctor. A disc requested does not exist and a generic letter was sent denying my application .
*	The representative who contacted me was seeking additional information for review and decision on my certification. I took a medical leave of absence for tonsil cancer which is in complete remission after some very effective treatments. The FAA was asking me to go to a cardiologist to investigate a slightly low heart rate which as been noted on my EKG's for the past 20 years. I am a runner and have always been very fit....thus the slightly low heartrate. My AME was mystified by this unnecessary request as was my cardiologists who put me through a 2-dimensional ECHOcardiogram tp satisfy the FAA certification office. I am unemployed until I get recertified to these medical expenses are no small matter to me.
*	The requirements described were onerous, burdensome, and bore no meaningful correlation to the issue
*	The threat of denial " if you do not provide the necessary test results 60 days from the date of this letter". I am an active general surgeon. We never threaten or scare our patients.
*	There needs to be a better effort to set timeline expectations for medical certification
*	they are penalizing me for a prior condition which doesnt exist, insisting I spend \$10k plus out of pocket to PROVE it doesnt exist, I could have lied and never listed it and been better off.
*	They brushed me off - waited long time for answer.
*	they only look at paper work and not the individual to see that i have had no problems since 2001 i had no major complications. I requested a cathadar just to check. and have had no problems since 2001. So why would i be denied?
*	they required extensive documentation from my Doctors which was Provided,including , diagnosis, treatment,prognosis,CAT scans and finally , a high altitude breathing test that was volunteered by me. FAA then wanted an MRI of my brain. This was an expensive and unecessary test. My cognitive and physical ability to operate an air craft could be easily verified by a CFI.
*	This has been an ongoing dog-and-pony show with the FAA, denying or unending delays in decisions until the period of the current medical examination ends and then I have to start all over again, apparently in the hope that I'll just give up and go away. I will not.
*	This has taken far to long. It took over 3 months for OKC to request additional information(EKG tracings during stress test). The local New England office(Nashua) has been as helpfull as possible by telling me what OKC says is my "status". They currently do not have a Regional Flight Surgeon, so every thing must go through OKC and their process is slow and secretive.It has been over 4 months since my initial application and all I know is that " my application is still in process". Whatever that means?
*	This is the second time I've applied for a SI for my 1st class medical. The package on the first try was "lost." I've been waiting for over 3 years to get this SI.
*	Told me to read the mailed report, Was unwilling to tell me over the phone exactly what I needed to do. Very bad experience

**37a. Why were you dissatisfied with the quality of services provided by the FAA medical representative(s)? *Other reason(s) (explain below)***

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

*	Told the whole process would have to be restarted including getting all new letters from treating physicians, repeat stress test, repeat lab work; all of which were less than three months old when submitted to the AME.
*	too complex for the consultants assigned.
*	Too many inconsistencies with how the FAA treats SSRI medication. The process is entirely too restrictive for SSRI medication for anxiety. For low dosage, well maintained usage, there is no reason that a pilot should go through this much scrutiny. I am now 18 months into the process with no end in sight. This is totally unacceptable in my opinion.
*	Took over 2 months to get a response. I will get the documentatiion needed for approval. I did not want to be denied until I got the needed sleep study report. Initially, I was not at the level of usage they wanted because of family reasons. I worked long hours and I am a single parent. Now I am retired and my kids don't live at home. I am now and have been for the last month and a half exceed the levels they desire. Now I have to appeal the denial instead of updating the information.
*	Took so long that the medical tests and the remaining life on my pacemaker all became invalid but were valid when submitted months earlier.
*	Took them over 3 months to inform me of a previously not explained requirement regarding the eye exam following cataract surgery
*	Try to explain a number of health issues over the last 6 months...every communication is doctor to doctor...and med forms...primary doctor noted dizziness...FAA now says Meneires.....AME and ENT suggest not....tried to explain Synus issues 2 tooth implants....Now FAA thinks reissue if symptom free for a year.....ENT sent VNG and MRI testing ...so still under review
*	Typical government red tape, the whole process is a waste..thank god for the 3rd class medical reform
*	Unique circomstances. FAA issued it's edict without further inquiry, same old my way or the highway.
*	Up front I must say I have my union contract medical office representing my case with the FAA. It has been six months since I had a medical packet submitted to the FAA for review with very little action. I was declared cancer free after a long treatment ordeal and now I am very frustrated with the long time it is taking the FAA to act on my case. After many-many weeks of waiting for some word or action I get the word through my union doctor to go ahead and get a Flight Physical which I did two months ago. Only after my representative did some pushing did the FAA come back finally said oh, by the way we need another scan and then we will send it off to an outside consultant and that will be a minimum of an other 30 day wait. So I am beyond frustrated waiting for something happen and not knowing which way my future will go.
*	Very difficult to get an appointment with a HIMS AME as I was required. I was given 60 days to have my appointment, but could not get an appointment in that time frame as there is only one within a five hour drive of me in South Dakota. The HIMS AME also told me he wouldn't be able to get the paperwork submitted in that type of time frame. It's a very difficult process with the HIMS AME's in the Midwest. There has to be an easier process or approach to accomplish the psychological evaluation I was told to get as a result of two DWI's when I submitted all the paperwork with referrals from Air Force commanders and psychologists stating that I was sober and fit for my med certificate. Very disappointed in the whole process with HIMS AME's when I gave all of the other required documents as soon as I was asked to and went above and beyond to prove that.
*	Want more info on possible sleep apnea and testing during deferral
*	Was pigeon holed without, in my view, consideration of the individual circumstances. X means Y and that is that. Whereas there are grades of X that should be considered.
*	Was told 2 years ago to re apply in 2 years or go to HIMS program. Chose to wait 2 years , no further dui issues or alcohol issues as proved by blood and liver test and psychiatric evaluation. After 2 years pass physical for second and told to go into HIMS program. FAA medical should have just stated at beginning no medical ever w/o HIMS program! All correspondence is very vague. In short a lot of time, money and expense for no answers. Should be straight forward , these are requirements if u meet these, this is what u qualify for.

37a. Why were you dissatisfied with the <u>quality of services</u> provided by the <u>FAA medical representative(s)</u> ? <i>Other reason(s) (explain below)</i>	
Other reason(s) you were dissatisfied with the <u>quality of services</u> provided by the <u>FAA medical representative(s)</u> :	
*	was told to get a stress test with no additional information of where to get one, etc.
*	WAY WAY WAY to much delay in helping me through this
*	when asked if I could get another extention to get a medical procedure completed he was very rude and curt and refused to answer any of my questions of who to contact to get the nessary time to get the procedure complete. He just stated ,Thats my problem", and hung up..
*	When I first contacted FFA, was told I would be granted 30 day extension to provide request medical info they needed to evaluate my request for certification. Then, a few days later I received a registered letter stating that I had not responded in a timely manner and if I did not have all the requested info in by the original date, that I would be denied. I phoned again and this time was told not to worry if my time ran out on the original application, just submit the info when I got it , refer to my application number and my case would be reopened and reviewed at that time.
*	Your system is HORRIBLE. No communication. Takes MONTHS to get an answer.

Table 11. Reasons provided by respondents who indicated 'Other rating' on Item 41 and provided a response (n=1628).

41a. Which rating(s) do you <u>currently hold</u> ? <i>Other rating(s) (explain below)</i>	
Other rating(s) you currently hold:	
*	[License Number] CFI also expired.
*	11 Type Ratings attached to my ATP.
*	2 type ratings HS-125 CE-500
*	21 years USAF pilot during which I was an IP for all phases of undergraduate pilot training. In my civilian pilot flying I hold no instrument or instructor rating.
*	3rd class pilot
*	3rd class singal engine land
*	525s
*	6 ATP's
*	7 large aircraft type ratings
*	737 type
*	737 Type
*	737 TYPE RATING
*	737, 727 757 767 dc6 dc7 cva340 cva440 bae425 sel aml
*	737, 757/767 Type Ratings
*	737,757,767,777
*	777, 767, 757, DC-10, DC-9 (717) Flt Dispatch, Flt Engineer
*	8 type ratings (14 variants)
*	A & P Rating , 9 Type Ratings

**41a. Which rating(s) do you currently hold? Other rating(s) (explain below)**

**Other rating(s) you currently hold:**

*	A & P
*	A & P mechanic, Inspector Authorization
*	a t p mechanic
*	A-S degree in Flight training and Navigation from Glendale City College
*	A&E
*	A&p
*	A&P IA SK58 CE500
*	A&P IFRI
*	A&P Machanic
*	A&P Mechanic
*	A&P Mechanic, Multi-engine land
*	A&P, AGI.
*	A&P, ATP Multi engine, Com/Inst, CFII, AGII
*	A&P, Flight Engineer, ATP
*	A&P/IA
*	A+P
*	Adv grd instructor
*	Advance Ground Instructor; Flight Engineer Turbo Jet
*	Advanced & Instrument Ground Instructor
*	Advanced and Instrument ground instructor
*	advanced ground instructor
*	Advanced ground instructor
*	Advanced Ground Instructor
*	Advanced Ground Instructor
*	Advanced Ground Instructor - Instrument
*	Advanced Ground Instructor AGI

**41a. Which rating(s) do you currently hold? Other rating(s) (explain below)**

**Other rating(s) you currently hold:**

*	Advanced Ground Instructor, Airplane Multi-Engine Land
*	Advanced Ground Instructor, UAS Pilot
*	Advanced Instrument Ground Instructor
*	Aerobatics, spinning, low level, formation
*	AGI
*	AGI IGI GOLD SEAL
*	AGI, IGI
*	AGI, IGI, CE500, G1159, DA50, MU-300, BE-400
*	AGI, IGI, MEL
*	Air Traffic Control
*	Air Traffic Control Specialist
*	Air traffic controller
*	Air Traffic Controller
*	air transport
*	Aircraft & Powerplant license
*	Aircraft dispatcher
*	Aircraft Dispatcher, Advanced Ground Instructor
*	Aircraft single engine land and sea.
*	Airframe & powerplant mechanic
*	Airframe and powerplant mechanic
*	Airframe and Powerplant mechanic
*	Airframe and Powerplant Mechanics license
*	Airframe/Power plant Mech.
*	AIRFRAME/Powerplant/Multi-eng Sea
*	Airline Transport Pilot

41a. Which rating(s) do you <u>currently</u> hold? Other rating(s) (explain below)	
Other rating(s) you currently hold:	
*	Airline Transport Pilot
*	Airline Transport Pilot
*	airline transport pilot, Airplane multiengine land rotorcraft helicopter Commercial privileges, airplane single engine land & sea
*	Airline Transport Pilot: Airplane Multiengine Land; LR-45; LR-60
*	Airline Transport Rating + 13 Type Ratings
*	Airline transport rating, flight engineer turbo jet rating
*	Airline type ratings in Douglass DC-8, Boeing 727 and 747
*	Airman single engine land and sea
*	Airplane MEL CESOO, IAJET, LRJET, Helicopter
*	Airplane Multi Engine Land
*	Airplane Multi Engine Land, Airplane Single Engine Land, CE-500
*	Airplane MULTI ENGINE LAND; DA 50; HS 125; LR JET; SINGLE LAND AND SEA
*	Airplane Multi-Engine Land; CL-65 SIC Type Rating; Advanced Ground Instructor
*	Airplane Multiengine Land, Rotorcraft-Helicopter, B757, B767, BE-400, MU-300
*	airplane multiengine land,B-737,DC-9,L-382, airplane single engine land
*	Airplane SEL, MEL, CE-500, B-727, B-747, Airplane SE, ME, IA
*	Airplane SEL,MEL, Rotorcraft-Helicopter, Instrument Airplane ans Helicopter, BH-214(VFR only)
*	Airplane SEL/MEL; CFII
*	Airplane single & Multi Eng. Land & Sea, Instrument Airplane.
*	Airplane single & multi engine land and sea, rotorcraft helicopter, glider
*	Airplane single & multi engine land, rotocraft-helicopter
*	airplane single and multi-engine land
*	Airplane single engine land
*	Airplane Single Engine Land
*	airplane single engine land : rotorcraft helicopter
*	Airplane single engine land & sea, airplane multi-engine land, Instrument; Glider.
*	Airplane single engine land, Rotorcraft, Instrument in both
*	airplane singleand multi engine land instrument airplane CE500 CE525
*	Airplane SMEL
*	Airplane- single engine land, multi land, single engine sea, multi engine sea
*	Airplane-Multi Engine Land
*	Airplane, Multi-engine land, single engine sea. Private pilot - glider, aero tow only.
*	Although I passed the IFR examine, but ran out of money to do the actual IFR flying to get the IFR rating!

41a. Which rating(s) do you <u>currently</u> hold? Other rating(s) (explain below)	
Other rating(s) you currently hold:	
*	AMEL
*	AMEL ASEL ATP Commercial
*	AMEL ASES
*	AMEL, AMES, Type Rating in Various A/C (Citation; Sabreliner; NA B-25).
*	AMEL, ASEL (Commercial privileges), B737, L382
*	AMEL, ATC Specialist
*	AMEL, ATP
*	AMEL, CFII
*	AMEL, COMM, ATP, COMM GLIDER, ASES, FLT EGR
*	AMEL, IGI, AGI, B757/767, DC9, CE500
*	AMEL,G1159,G-IV, G-V,LR-JET
*	ap flt eng
*	Army flight instructor contractor
*	ASE, AME, G
*	ASEL (COM), Glider (COM), AMEL (ATP), AGI, A&P (Mechanic)
*	ASEL & AMEL
*	ASEL & Glider Aero Tow Only
*	ASEL AMEL
*	ASEL AMEL ASES CE-500
*	ASEL AMEL Glider
*	asel and rotorcraft
*	ASEL Class Rating
*	asel, amel
*	ASEL, AMEL, ASES
*	ASEL, AMEL, ASES, AMES, GLIDER, RH, RG, LTAFB
*	ASEL, AMEL, ASES, DC-3, ND262, SD330/360, DHC-8
*	ASEL, AMEL, ASES, Helicopter, Glider, Balloon, 13 type ratings

**41a. Which rating(s) do you currently hold? Other rating(s) (explain below)**

**Other rating(s) you currently hold:**

*	ASEL, AMEL, B-727, 757, 767 & DC-3
*	ASEL, AMEL, Private certificate, successful annual training at flight safety for last seven years.
*	ASEL, AMEL,A320,CE500,CV240,CV340,CV440,CV-A340,CV-A440, Glider.
*	ASEL, ASES, LR-JET, C500, B300
*	ASEL, ROTORCRAFT HELICOPTER, TYPE RATED IN SK-61, SK-64
*	ASEL,ASES,AMEL
*	ases
*	ASES AMES
*	ASES commercial and CFI
*	ASES-private. ASEL - commercial certificate
*	ASES, ASEL commercial
*	ASES, Private MEL, Commercial
*	ASES, Type ratings in HS-125,LR-45, LR-Jet
*	ASES; AMEL; Rotary Wing-Helicopter
*	ASMEL
*	ASMEL
*	Asmel commercial instrument ground instructor ai
*	ASMEL Commercial, Advanced Ground School Instructor, Commercial Drone Pilot
*	ASMEL, A320, B727, B747, B757, B767, CL-65, DC-8, Com'I & CFI Helicopter, Com'I & CFI ASEL SEA
*	ASMEL, Helicopter, Glider, Advanced & Instrument Ground Instructor
*	ASS, Glider
*	ATC
*	ATC Flight Engineer (Turbojet) CFII Ground Instructor (Basic/Advanced/Instrument)
*	ATC control tower operator
*	ATCS
*	ATCS







41a. Which rating(s) do you <u>currently</u> hold? Other rating(s) (explain below)	
Other rating(s) you currently hold:	
*	ATP
*	ATP FLIGHT ENG.
*	ATP Three jet types
*	ATP (ASEL, AMEL), Flight Engineer-Turbojet, AGII, Type Ratings (CE0500, CE-650, B757/767, MD-11)
*	ATP (SEL, MEL, Heli unrestricted), CFI/MEI (Airplane and Helo), CFLL (airplane & helo), AGI, A&P
*	ATP & Multi-eng.
*	ATP AIRPLANE AND ROTORCRAFT, SEVERAL TYPE RATINGS
*	ATP AMEL / COM ASEL, HELICOPTER, GLIDER, LTA / CFII MEI / ADVANCED & INSTRUMENT GROUND / REMOTE PILOT
*	ATP AMEL DC-2,DC3,DC-3TP,L-188,LP2V,SD3,COM, PREV ASEL&SEA, ROTORCRAFT-HELICOPTER
*	ATP AMEL EMB 170/190 SF340
*	ATP AMEL LR-JET B-727 B-747 DC-8 DC-10 MD-11 Comm privileges ASEL&S Glider
*	ATP and Aand P
*	ATP and cpl single
*	ATP b737 a320 crj200 sd3 do328
*	ATP B737 B727 DC9 LR JET DA20
*	ATP CFI, CFII, MEI RWI,
*	ATP Commercial FE
*	ATP COMMERCIAL FLIGHT ENGINEER
*	ATP commercial helo, single and multi-engine land and sea
*	ATP DC-9, 747-400
*	ATP E-110, DC-3, A310, 757, 767, 737
*	ATP FE
*	ATP fixed wing/Helicopter
*	ATP Flight engineer
*	ATP G159, B727, DC-9, B757, B767, MD-11
*	ATP ground instructor
*	ATP helicopter; AW139 type
*	ATP in C525; C450; VFR in Glider and Rotary

41a. Which rating(s) do you <u>currently</u> hold? Other rating(s) (explain below)	
Other rating(s) you currently hold:	
*	ATP Learjet, Comm SA227.
*	ATP LR Jet CL-600. Commrcial pilot ASELS. AMELS
*	ATP medical leave of absence CABG
*	ATP MEL
*	ATP MEL, ATP-Rotor, CFII MEI ASEL or Rotocraft
*	ATP Mel, com Mel, roterwing com, roterwing inst
*	ATP MEL. Comm single engine
*	ATP MES, ATP MEL, commercial ASMEL, Commercial Rotorcraft
*	ATP Multi engine
*	ATP multi engine, ATP rotary wing
*	ATP multi engine, private single engine
*	ATP multi-engine land, A320, B-747-400, B-777
*	ATP Multiengine Land, Commercial Single Engine Land, Type Ratings
*	ATP multiple type ratings.
*	ATP SE LAND AND SEA, COMMERCIAL MULTI ENGINE LAND AND SEA
*	ATP SEL, Commercial MEL and SES, CFII
*	ATP SEL. MEL, B767/757/777, A310, L188, LR-Jet
*	ATP SMELS, Comm'l Glider, CFI, CFII, MEI, AGI, IGI
*	ATP takes the place of an instrument rating. Also Com Multiengine Land
*	ATP various
*	ATP with 5 types
*	ATP- Multi-engine land, Commercial-Single engine land
*	ATP-CFI-I MEL-FE
*	ATP-H
*	ATP-SMEL; Ground Inst; Multiple Type Ratings
*	ATP,
*	ATP, Comercial Glider, Various Type Ratings
*	ATP, Commercial Pilot Single engine land. Several type ratings in transport category aircraft.
*	ATP, Naval Aviator
*	ATP, 121 Dispatcher
*	ATP, 747-400 type, flight engineer turbojet
*	ATP, AMEL, B-747, DC-8, DC-10, MD-11, COMMERCIAL PRIVILEGES, ASEL
*	ATP, AMEL, CE-500, CE-560XL; EMB-145

41a. Which rating(s) do you <u>currently</u> hold? Other rating(s) (explain below)	
Other rating(s) you currently hold:	
*	ATP, AMEL, CE-500, DC-3S, BU-2000, Comm, ASEL&S, AMES, Heli, Inst. Heli, Glider, CFI, ASME, Heli, Inst. Airplane & Heli
*	ATP, ASEL
*	ATP, ASMEL, SES, Rotor HELO, CFI single and multi eng, CFII, B-737, LR JET, DC-3 (comm priv), CE-500
*	ATP, B737
*	ATP, C500,B727,B767
*	ATP, CFI
*	ATP, CFII
*	ATP, CFII, MEI, A320, DO328 Jet type ratings
*	ATP, Com'l
*	atP, commercial, glider
*	ATP, Commercial, Instrument Instructor with military
*	ATP, Commercial, Multi
*	ATP, Commercial, Multi-engine
*	ATP, Commercial
*	ATP, DC-3 type rating
*	ATP, EA 500 type rating, amphibian
*	atp, FE
*	ATP, FE
*	ATP, FE, CFIAISME & Glider
*	ATP, FE, SE land, multi
*	ATP, flight Engineer
*	ATP, Glider
*	ATP, Ground Instructor, Remote Pilot
*	ATP, multi engine
*	ATP, Multi-engine
*	ATP, Multi-engine Land, Ground Instructor
*	ATP, multiengine
*	ATP, Multiengine
*	ATP, Private Pilot Glider, MD11 Type Rating
*	ATP, SE SEA, DC3, LRJet, L1040, NA265

41a. Which rating(s) do you <u>currently</u> hold? Other rating(s) (explain below)	
Other rating(s) you currently hold:	
*	ATP, SE,ME Land & Sea. CFIIME
*	ATP, seaplane, twin engine, LR type
*	ATP, Single/Multi/Rotary/CFI
*	ATP, various type ratings
*	ATP,A&P,Flight Engineer
*	ATP,Commercial, Inst, multi engine FE recip and turbine, A & P IA
*	ATP,FE Turbo jet
*	ATP; Rotorcraft Helicopter
*	ATP., Glider
*	ATP/Type on B727,DC9, Glider Pvt.
*	ATPL CL-65 A-320
*	ATPs in multiple commercial and corporate aircraft
*	Atr 42, b777, flight engineer
*	ATR 42/72; EMB 145
*	ATR- Single and Multi engine Land- A-320: B-737; B-757; B-767- Comercial Privileges; single engine land
*	ATR-not in use.
*	authorizd experimntal aircraft
*	Authorized Experimental Aircraft
*	B 767/757, B727,B737,A320,A330,Fk28
*	B-707, B-720, B-737, BE-300 Type Ratings
*	B-707; B-720; L-382; L-1049
*	B-727,A-300,B-777
*	B-737 B-757 B-767
*	B-737, B-747-400, L-39, L-29
*	B-737, CE 525, IA-JET
*	B-737,B-727,B-757,B-767,DC10,B-777,B-400
*	B-747, B-757, B-767, A-320!type ratings
*	B1900 Type rating
*	B707, B747, A310
*	B727 learjet C580 C500 C650 C750
*	B727, BA-11, CV-340, CV440, DC9, F-27, LB34, Sea plane
*	B727ATP B757ATP B767ATP
*	B737

**41a. Which rating(s) do you currently hold? Other rating(s) (explain below)**

**Other rating(s) you currently hold:**

*	B737
*	B737 B727 B757/767 N265 FE
*	B737 PIC
*	B737 type B747 type ground instructor
*	B737, B727, B757, B767, FK28, CVA 340, CVA440
*	B737, B747 (SIC), CE-560XL
*	B737, DC9, IA1125, G-100
*	B737, MEL ,SEL
*	B747,B767/757, A320/319, HS126, LRjet
*	B757/767 Type Rating
*	B757/767..HS 125..N 265
*	B767 SA227
*	b767/b757/b707/be400/dc-9
*	B777, B727, A310, LR Jet, NA265, CE500
*	B777, B767, B737, A320, DC#
*	B777, B767, B757, B727 ,B737
*	Ballon
*	Basic Ground Instructor
*	BE-200; BE-300; BE-400; BE-1900; MU-300; RA-390S
*	Be30 C525 C500
*	Be40, LRjet, CE560XL
*	BGI, AGI, IGI
*	Boeing 727,757, 767, 777 DC-9, MD-88 comm single engine sea. TCE examiner DC-9
*	Boeing737, LRjet
*	C500 C525 C560XL C650 C680 DA10 DA50 IAJet LR45
*	C500, C560 Encore single pilot pilot exemption, L39, Helicopter
*	C525 single pilot type
*	CAA ATPL (H)
*	Ce 500 type
*	CE 500, DA 10, DA50, and DA900 type ratings
*	CE 500, MEL, Glider (Pvt), Seaplane SES
*	CE 500, SA 227
*	ce-500

41a. Which rating(s) do you <u>currently</u> hold? Other rating(s) (explain below)	
Other rating(s) you currently hold:	
*	CE-500
*	CE-500 CE525S
*	CE-500 type
*	CE-500 Type rating
*	CE-500 Type Rating
*	CE-500 Type Rating
*	Ce-525S
*	CE-560 SIC type rating
*	CE500
*	CE500 & CE560XL Type Ratings
*	CE500 SIC Only
*	CE500 type
*	CE500 Type
*	CE500 Type Rating
*	CE500 Type Rating
*	CE500 Type Rating
*	CE500, DA10, CE560XL, G100, G200, IA-1125, RA3905
*	Ce500, let jet, lj45
*	CE500S, CE525S
*	CE510S
*	CE525-S
*	CE525S
*	CE560, B737, A320
*	Ce560xl, g200,g100,hs125,iajet
*	CEII MEI DTP
*	Certified Ground Instructor: Advanced, Instrument
*	Certified Tower Operator (CTO) Air Traffic Controller
*	Certified Tower Operator
*	Cessna Citation type rating

**41a. Which rating(s) do you currently hold? Other rating(s) (explain below)**

**Other rating(s) you currently hold:**

*	CFI - Advanced ground instructor.
*	CFI A & I SEL & MEL
*	CFI-I and MEI
*	CFI-I MEI CE500
*	CFI-I, MEI
*	CFI-I, MEI, COMMERCIAL ASEL / ROTORCRAFT-HELICOPTER, ATP AMEL
*	CFI-I, MEI, DISPATCHER
*	CFI-Instrument
*	CFI-Instrument, CFI-Multi-engine, Commercial ASEL.
*	CFI-not current, C500, DA50, DC9, B737, B757, B767, B777
*	Cfi, MEI, CFII , Jet types
*	cfiaim, agi, igi
*	CFIG
*	CFIG, Type Ratings, and FETJ
*	Cfii
*	CFII Airframe and Powerplant Mechanic
*	CFII - MEI - Flight Engineer - ASEL - B727 - CE500 - MD11 - sUAS

**41a. Which rating(s) do you currently hold? Other rating(s) (explain below)**

**Other rating(s) you currently hold:**

*	CFII - Multi-engine - AP &AIA. School of hard knocks - been flying 60 yrs.
*	CFII & MEI
*	CFII and MEI
*	CFII CFI MEL ATP
*	CFII ME B1900, B727, B757,B767,B777, DC-10
*	CFII MEI
*	CFII MEI
*	Cfii mei gold seal
*	cfii meii
*	CFII MEL, SEL
*	CFII-ASMEL Rotorcraft Helicopter, Control Tower Operator Certificate, BAIGI (Ground Instructor)
*	CFII-MEL N265 CE500 CE650
*	CFII, AGI, IGI
*	CFII, AGI, IGI, CFIMEI
*	CFII, ASEL, AMEL, ASES
*	CFII, ASES, GLIDER
*	CFII, CFGI, ATP
*	CFII, CFIME, CFGI, Typed, B-737, CE-500
*	CFII, IGI, AGI
*	CFII, MEI
*	CFII, MEI, A&P
*	CFII, MEI, AGI, IGI
*	CFII, MEI, ATP, FE,A& P,
*	CFII, MEI, C-525
*	CFII, MEI, CFGI
*	Cfii, mei, cfih, cfih

**41a. Which rating(s) do you currently hold? Other rating(s) (explain below)**

**Other rating(s) you currently hold:**

*	CFII, MEI, Ground Instructor
*	CFII, MEII, DPE, ASEL ASES AMEL AMES
*	CFII, MEL, C1-65 type rating
*	CFII, Multi-Engine Commercial.
*	CFII, Sea Plane
*	CFII,CFIME
*	CFII,MEI
*	CFII,MEI,SES,MES Type CV340,440 B737
*	CFII/MEI, FE
*	CFII/SMEL, Glider (Comm. Priviledges)
*	CGI, FE, A&P
*	citation 500 rating second in command
*	Citation 500 Type rating SIC
*	Civil Ari Patrol Mission Pilor, CounterDrug, and Transport Pilot
*	CL-65 Type rating
*	CL65
*	CL65 Type Rating
*	CL65, Dc-9, A320, EMB-120
*	CMEL, CSES
*	CMSEL Type Ratings LR JET, DA 10,20,50, CE 650,750
*	com
*	com helo/fixed-gluder
*	com multi instr land
*	Comercial Multi-engine rotorcraft
*	comercial glider and private pilot single engine land
*	Comercial, ATP
*	Comercial rotary wing
*	COMM MULTI
*	Comm Rotorcraft
*	Comm. Glider CFIG
*	Comm. Helicopter Multi. Eng.
*	comm.-sel
*	commercial

**41a. Which rating(s) do you currently hold? Other rating(s) (explain below)**

**Other rating(s) you currently hold:**

*	commercial
*	Commercial --SES
*	Commercial and multi engine
*	Commercial ASEL AMEL Glider
*	Commercial glider
*	Commercial glider
*	Commercial Glider
*	Commercial Glider
*	Commercial Glider multiple type ratings
*	Commercial Glider Pilot
*	Commercial Glider with private pilot SEL
*	Commercial glider, DC-3, Multi-engine land and sea
*	commercial gliders
*	Commercial heli; pvt fixed wing
*	commercial helicopter
*	Commercial Helicopter Advanced Ground Instructor
*	Commercial Helicopter Pilot
*	Commercial helicopter, instrument helicopter
*	commercial Hot Air Balloon / lighter than air balloon with airborne heater
*	commercial instrument flight instructor
*	Commercial MEL
*	Commercial Multi
*	Commercial Multi Engine Land
*	Commercial Pilot / Instrument Certificate #[Number] / Ground Instructor ( Advanced & Instrument) Certificate #[Number].

41a. Which rating(s) do you <u>currently</u> hold? Other rating(s) (explain below)	
Other rating(s) you currently hold:	
*	Commercial pilot ASEL & MEL Rotorcraft helicopter
*	commercial pilot fixed and rotary wing
*	commercial rotor single engine land
*	Commercial rotorcraft/instrument, commercial SEL
*	Commercial Rotorwing and multi-engine
*	commercial seaplane, repairmans certificate
*	Commercial SEL
*	Commercial single and multi,ATP multiengine land,CFII,MEI.
*	Commercial Single Engine Airplane and Commercial Rotorcraft
*	Commercial- had class II medical for years and was a spray pilot
*	Commercial, ATP, Flight Engineer
*	Commercial, flight engineer
*	Commercial, multi engine, SISEAPLANE
*	commercial, multi-engine
*	commercial, multi-engine, flight engineer
*	Commercial, Single Engine Land and Sea
*	commercial,single engine seaplanea and multi- engine
*	Commercial/ATP
*	Commercial/instrument helicopter
*	Commercila airplahe,helicopter, seaplane
*	Commerecial Pilot ASEL, Glider Private Pilot ASES
*	Complex
*	Complex aircraft endorsement
*	Complex and High Power
*	Complex high performance
*	Complex high performance piston single
*	Complex single engine (T-28C TROJAN) Helicopter, Mult-Engine Land (Twin Commander 500S)
*	Complex, high performance
*	Complex, high performance, EA50S
*	Complex, Single engine
*	Control tower operator
*	Control tower operator
*	Control Tower Operator

41a. Which rating(s) do you <u>currently</u> hold? Other rating(s) (explain below)	
Other rating(s) you currently hold:	
*	Control Tower Operator
*	Control Tower Operator
*	Control Tower Operator
*	Control Tower Operator, Ground Instructor
*	conventional gear (tail dragger) endorsement
*	CTO with facility rating
*	CTO, MEI
*	CV-A340, CV-A440, FK-100, B-757, B-767, FE turbo jet, Ground Instructor Advanced Instrument
*	CV240/340/440, CVA340/440, DC9, F27, B727/737/757/767, BE300 FLT ENG TURBO JET
*	D.P.E.
*	D328jet and ERJ-170 type ratings
*	DA-50, Learjet type ratings. Private privileges rotorcraft.
*	DA10 C500
*	DC-3
*	dc-3 dc-6 dc-7 dc-8 b-737 b-747
*	DC-3 Type Rating Commercial Glider
*	DC-3, HS125, B-727
*	DC-9 B720 707
*	DC3
*	DC3 Learjet B727 B737 B777 FE
*	DC9, A320, B757/767, A330 MEL SEL SES
*	Designated F.A.A. Pilot Examiner
*	Designated Pilot Examiner
*	dhc8 type
*	Dispatcher
*	Dispatcher and flight engineer
*	Dispatcher, A&P, AGI, IGI
*	Dispatcher, ATP, CFII, Ground Instructor, Flight Engineer
*	Dispatcher, Multi engine, A & P, Advanced and Inst, FE turbo prop
*	DPE, ACR
*	drone part 107
*	DU-3 Type
*	EMB 110, EMB 120, SD360, BAE 3100, MD-11, B-747-400, FE TURBOPROPELLER POWERED

41a. Which rating(s) do you <u>currently</u> hold? Other rating(s) (explain below)	
Other rating(s) you currently hold:	
*	EMB-145, ATR-42/72
*	EMB-500 type
*	EMB110
*	EMB110, DC3, B737
*	Experimental aircraft T-33 and F-86
*	expired CFIMEII
*	f e
*	F.E/ATP - L1329-G1159-thru 550/DA20-DA50-900 CF500/IAI-Jet, Hold FAA 135 Check Airman 12-16
*	F/E Recip, Turbo prop, Turbojet
*	F/E Recir and turbo jet and many type ratings.
*	F/E, A&P, 11 Type Ratings
*	FAA certified Line check Airman-727-200, Air Transport Ratings, Cessna Citation, Lear jet, Captain-727-200, Flight Engineer-Jet
*	FAA DPE
*	FAA esignated TCE for Part 142 school
*	Falcon 20 type, DC3 type
*	Fe
*	FE
*	FE
*	FE CFII MEI
*	FE A300, B747, Lear Jet, Hawker Jet, Falcon 50, 200,20
*	FE ATP
*	FE B727, B737, helicopter instr.
*	FE Dispatcher A&P IA
*	FE Turbo ie T/ turb op nop, type ratings DA-10, B737, B 757/767
*	fixed wing and rotorcraft
*	Flight engineer
*	Flight eng
*	flight Eng.
*	Flight Engeneer ATP
*	flight engineer

**41a. Which rating(s) do you currently hold? Other rating(s) (explain below)**

**Other rating(s) you currently hold:**

*	flight Engineer
*	flight engineer - turbojet
*	Flight engineer and a\$P
*	Flight Engineer Certification
*	Flight Engineer Turbojet
*	Flight Engineer Turbojet
*	Flight Engineer TurboJet
*	Flight Engineer Turbojet Instrument Rotorcraft ATP LR-JET B757 B767
*	Flight Engineer Turbojet; CFII SMEL
*	Flight engineer turboprop, flight engineer turbojet
*	Flight Engineer-B707-B720-B727-B757-B767-LJ-Citation-Convair 240/340/440

41a. Which rating(s) do you <u>currently</u> hold? Other rating(s) (explain below)	
Other rating(s) you currently hold:	
*	flight engineer,
*	Flight Engineer,
*	Flight Engineer, Commercial Privileges - Rotorcraft - Helicopter, Instrument Helicopter
*	Flight Engineer, Flight Navigator
*	Flight Engineer, A&P
*	Flight Engineer, A&P Mechanic, Ground Instructor Advance and Instrument
*	Flight Engineer, A&P
*	Flight Engineer, A&P
*	Flight engineer, ATC Tower Operator, Aircraft types: A300, B727, B737, B747, B757/767, CE 500, DC9, LRJET
*	Flight engineer, ATP A 310, B-757, B767, DC-9, EMB145
*	Flight Engineer, B-737, B-757, B-767, EMB-110, EMB-120
*	Flight Engineer, DPE, ground instructor--but was put out of work by CAMI's complete incompetence for 1.5 YEARS now.
*	flight engineer, glider, tow
*	Flight Engineer, Mechanic
*	flight engineer, multi engine, several type rating in large aircraft
*	Flight Engineer, Rotorcraft, Single Engine Seaplane
*	Flight Engineer, Turbojet
*	Flight Engineer, Turbojet; Control Tower Operator; Ground Instructor, Basic; DC-9; IA-Jet; LTA Hot Air Balloon; Airplane Single Engine Sea
*	Flight engineer, type rating in DC-3, DC-9, 757, 767
*	Flight engineer.
*	Flight engineer.
*	Flight GNGR Piston and Turbine
*	Flight instructor Land & Sea Seaplane rating.
*	Flight Navigator
*	Flight Navigator, Turbojet Flight Engineer
*	Flight Navigator. Flight Engineer. Glider. Multi Engine and Single Engine Land. B-747 757 767
*	floats
*	Floats & MEL
*	Flt Eng
*	Flt Engineer
*	Flt Engineer
*	FLT Engineer
*	Flt engineer, commercial pilot

**41a. Which rating(s) do you currently hold? Other rating(s) (explain below)**

**Other rating(s) you currently hold:**

*	Flt engineer, ground instructor, remote pilot, ASES, B747, DC8, L382, IA-JET, CE500, AMEL
*	foreign based pilot
*	Four type ratings C525, HS125, EA50, GIV. Also CFII MEI AGI. CFG
*	four type ratings, plus A&P and Ground Instructor
*	G-159 / G-1150 / LR-35 / CE-550 / HS-125 / CFII
*	G100 IA1125 DC9
*	G1159,GIV,GV,GVI,DA50,N265
*	G159, L188, B727, A320, DC10, A330, C560XL
*	GA Pilot
*	glider
*	Glider , tail wheel endorsement
*	glider (cfi) multi engine, seaplane
*	Glider & Sea Plane

**41a. Which rating(s) do you currently hold? Other rating(s) (explain below)**

**Other rating(s) you currently hold:**

*	Glider 9 Type Ratings Remote Pilot
*	Glider based on a foreign certificate.
*	Glider Commercial
*	Glider private.
*	Glider rating
*	Glider Rating, C-46 Type rating
*	glider, aero tow only
*	Glider, ASEL, AMEL
*	Glider, Balloon, Seaplane, Dispatcher, CFI
*	Glider, MEL, LR Jet SIC
*	Glider, MEL, SES.
*	Glider, Multi
*	Glider, Multi engine,single engine sea.
*	Glider, multi-engine land & sea.
*	Glider, Sea Plane SE
*	Glider, SEL and MEL
*	glider, single engine sea
*	glider, single engine seaplane, mutliengine land
*	Glider. Seaplane. Designated Pilot Examiner.
*	glider/ complex aircraft/tailwheel endorsements
*	ground inst
*	ground instr for both plus multi rated
*	ground instructor

41a. Which rating(s) do you <u>currently</u> hold? Other rating(s) (explain below)	
Other rating(s) you currently hold:	
*	Ground instructor , various type ratings
*	Ground Instructor (Advanced/Instrument), Mechanic, Airframe and Powerplant
*	ground instructor a&i, 9 separate type ratings in business jets.
*	Ground Instructor advanced
*	ground instructor flight engineer
*	ground Instructor ratings
*	Ground instructor, 4 type rating
*	Ground instructor, A&P, IA
*	Ground Instructor, Advanced
*	Ground Instructor, advanced and instrument, airframe and powerplant mechanic, various jet type ratings
*	ground instructor, aircraft mechanic, inspection authorization, FAR 135 certificate
*	Ground Instructor, Airframe and Powerplant Mechanic, Designated Pilot Examiner
*	Ground Instructor, C-525 type rating
*	Ground Instructor, Flight Engineer
*	Ground Instructor; Flight Engineer Turbojet
*	Ground instructor. CFII
*	Ground Instrument Instructor
*	Ground instrument instructor; Advanced Ground Instructor; balloon pilot; glider instructor; B-737 type rating
*	have a commercial but only use it as a privet and fly just for fun
*	Helicopter
*	Helicopter (PVT)
*	Helicopter and Airplane CFI and CFII, Ground instructor. Airframe and powerplant mechanic
*	Helicopter multi engine
*	helicopter multi engine land
*	Helicopter, Helicopter Inst., Seaplane single engine and multi-engine.
*	Helicopter, Multi-engine, Seaplane.
*	Helo, fixed multi eng. com/ATP
*	High performance
*	High performance

**41a. Which rating(s) do you currently hold? Other rating(s) (explain below)**

**Other rating(s) you currently hold:**

*	High performance
*	High performance aircraft
*	High Performance and Retractable Gear
*	High performance and tailwheel
*	High Performance, Complex
*	High Performance, Complex
*	High Performance, Retractable Gear
*	high performance, Tail dragger
*	HP complex retractable
*	HS125, BE300,CE525 SIC
*	I am not a pilot. I am crew member in the back of the plane operating electronic equipment but DoD requirements mandate a class II.
*	I hold a private pilot certificate, not IFR nor CFI
*	I hold everything
*	IA JET, G-159, LR JET, HS125, CE500, BE300,BE1900
*	IFR, ATP B727, FE, 737, A320
*	IGI, FE
*	IGI,AGI, Dispatcher
*	Inspection Authorization
*	Instructor Instrument
*	Instrument Ground Instructor
*	Instrument & Multi ENGINE CFI
*	instrument airplane and helicopter; ground instruction; CFI (expired)
*	Instrument Flight Instructor
*	Instrument flight instructor, and ground instructor ratings
*	Instrument flight instructor, DC-9,B757,B747-400
*	Instrument ground instructor
*	Instrument Ground Instructor
*	Instrument Ground Instructor
*	Instrument Ground Instructor. Advanced Ground Instructor.
*	Instrument Insrtuctor, Ground Instructor
*	Instrument Instructor
*	instrument instructor, several type ratings
*	Jet plane Multi Engine and not current CFI AMI FEJ Flight Engineer Turbo Jet

41a. Which rating(s) do you <u>currently</u> hold? Other rating(s) (explain below)	
Other rating(s) you currently hold:	
*	jet type ratings
*	Jet type ratings
*	L-18 type
*	L-188, B-737, DC-10, A-320
*	L-188, DC-9, B-747, A-320, Multi-engine
*	I-39 type rating
*	L382 & B737
*	Land & sea; multi-engine
*	land & sea
*	Land and Sea
*	land and sea heilo atp plus 70 type rating
*	Lear Jet
*	Licensed USA Private Rotorcraft and current Canadian Licensed Multi-Engine Fixed Wing Private.
*	light sport
*	Lighter Than Air
*	Lighter than air with airbourne heater
*	limited comm.
*	LOA for NH-F-5, NH-CF-5, * NH-T-38 Jet Aircraft, and CE-525S
*	LR JET & Citation Type Ratings
*	LR JET B737 DC9
*	LR JET, G1159, CE500, CE525S
*	LR-Jet
*	LR-JET CE-500
*	LR-JET L-1011 B-727 CV-340 L-382
*	LR-JET type rating
*	LR45, CEL50, CE500, BE300
*	LTA
*	LTA-HAB
*	M E L
*	M.E. IFR
*	MD-11, CL-65
*	me
*	me

**41a. Which rating(s) do you currently hold? Other rating(s) (explain below)**

**Other rating(s) you currently hold:**

*	ME
*	ME
*	ME ATPL
*	ME land
*	ME Land
*	ME, Glider, CFIG
*	MEA
*	MEA, SEA
*	Mechanic
*	Mechanic
*	Mechanic
*	Mechanic #[Number]
*	Mechanic: Airframe and Powerplant
*	MEI
*	MEI ATP Comm Glider FE
*	MEI CFII
*	MEI, ATP
*	MEI, CFI-I
*	MEI, CFII
*	MEI, CFII, CE-525 type rating
*	MEI, CFII, Seaplane
*	MEI.
*	MEI, CFII, Type Ratings
*	MEII,
*	MEII, CFIG, ASES/L
*	MEII, SES
*	MeI

**41a. Which rating(s) do you currently hold? Other rating(s) (explain below)**

**Other rating(s) you currently hold:**

*	MEL
*	MEL (multi-engine land)
*	MEL & type ratings
*	MEL and B727 Type
*	MEL and Commercial Helicopter
*	MEL and numerous type ratings
*	MEL SES
*	MEL SES glider senior parachute rigger
*	MEL, A-320, B757, B767, LR-JET
*	MEL, B190
*	MEL, GLI, SSEL,
*	MEL, SA-227, DHC-8, B-737, A-320, Glider
*	MEL, SEL-TAIL DRAGGER, COMM-SOARING
*	MEL, SEL, airplane, Rotocraft helicopter, CFI Expired
*	Mel, sel, ifr
*	MEL, SEL, SES
*	MEL, SES
*	MEL, SES
*	MEL, SES, CE-500, DA-20
*	MEL, SES, Helicopter
*	MEL, SES, Rotocraft-Helicopter
*	MEL/SEL
*	mes,ses,glider,mel,sel
*	Military Instructor Pilot
*	mistake
*	MSEL
*	Muli engine, CFII, Flt Engineer

**41a. Which rating(s) do you currently hold? Other rating(s) (explain below)**

**Other rating(s) you currently hold:**

*	Multi-eng, LTA
*	multy engine inst.
*	Mult Engine
*	Mult Engine
*	multi
*	multi -engine
*	Multi / fixed wing
*	Multi and jet type ratings
*	multi emgine
*	Multi eng
*	Multi Eng
*	Multi eng /sic Saab 340 b
*	Multi Eng Instructor
*	multi eng land
*	Multi eng single eng sea
*	multi eng.
*	Multi Eng. Land
*	Multi Eng. land B727, B727, B757, B767, B777, CV240, CV340, CV440, CV880, CV990, DC9, L382, L1011 Airplane single eng. land
*	MULTI ENG. TYPE RATINGS
*	multi engene
*	multi engine



**41a. Which rating(s) do you currently hold? Other rating(s) (explain below)**

**Other rating(s) you currently hold:**

*	Multi Engine
*	Multi Engine - Land
*	MULTI ENGINE - SEA PLANE -
*	Multi engine - single engine land/single engine sea
*	Multi Engine / C510 Type Rating
*	multi engine and seaplane
*	multi engine and singel engine floatplane
*	Multi Engine ATP
*	MULTI ENGINE ATP, FLIGHT ENGINEER B-727
*	Multi engine CLT
*	multi engine commercial, single engine commercial, AGI
*	multi engine fating
*	Multi engine Instrument
*	multi engine land
*	multi engine land airplane
*	multi engine land, CE-500, commercial privileges airplane single engine land and sea
*	multi engine rated
*	multi engine type ratings
*	multi engine visual flight rules
*	multi engine- commercial-ATP

**41a. Which rating(s) do you currently hold? Other rating(s) (explain below)**

**Other rating(s) you currently hold:**

*	Multi Engine, CE500, HS125 and CL600 type ratings
*	Multi engine, cfii
*	Multi engine, cfll
*	Multi engine, floatplane
*	Multi Engine, MEI CFII
*	Multi engine, sea plane
*	multi engine, seaplane
*	Multi Engine, Seaplane
*	Multi Engine, Tail Wheel sign off
*	Multi engine, UAS
*	Multi engine, various type ratings
*	Multi Engine.
*	Multi inst, multi instrument ground instructor.
*	Multi land
*	multi land - helicopter- single engine sea
*	Multi land, single land, single sea (private privileges)
*	Multi ngine
*	Multi Plus 4 type ratings.
*	multi- engine, CE-525S
*	multi-engine

**41a. Which rating(s) do you currently hold? Other rating(s) (explain below)**

**Other rating(s) you currently hold:**

*	Multi-engine
*	Multi-engine and AMEI
*	Multi-engine and Glider, Mechanic w/Inspection Authorization
*	multi-engine and single engine seaplane
*	Multi-engine Fixed Wing and Rotary Wing
*	Multi-Engine IFR, Type Rating EMB-505
*	Multi-engine Instructor
*	Multi-engine Instructor, Advanced Ground Instructor
*	Multi-engine land
*	Multi-engine Land
*	Multi-engine Land, LR-Jet, DA-20
*	Multi-engine, A&P Mechanic
*	Multi-Engine, Commercial
*	Multi-Engine, Glider, Instrument Instructor

**41a. Which rating(s) do you currently hold? Other rating(s) (explain below)**

**Other rating(s) you currently hold:**

*	Multi-Engine, Ground Instructor
*	Multi-engine, Ground Instructor - expired.
*	multi-engine, helicopter, glider
*	Multi-engine, MEI
*	Multi-Engine, Multi-Engine instructor, Instrument Instructor.
*	MULTI-ENGINE, SES, 8 AIRCRAFT TYPE RATINGS
*	Multi-engine, single engine land
*	multi-engine, single engine sea
*	multi-engine, tail dragger, antique
*	Multi-engine, type rated in Boeing 707 and Boeing 720
*	Multi-engine, type rating
*	multi-engine, glider, helicopter, rapairman
*	Multi, ATP
*	Multi, Seaplane
*	multi, SIC type ratings
*	Multi. Eng Sea & Land, Typed HU16C
*	Multi. sea
*	Multienge, Single Engine Sea, Glider
*	multiengine
*	Multiengine and seaplanes
*	Multiengine flight engine
*	Multiengine Instructor, Instrument Instructor, ATP
*	multiengine land
*	Multiengine Land

41a. Which rating(s) do you <u>currently</u> hold? Other rating(s) (explain below)	
Other rating(s) you currently hold:	
*	multiengine land, BE-400,CE-500,DA-10,G-100,IA-1125,MU-300,N-265,
*	multiengine, CE-500, single engine sea
*	Multiengine, CRJ2! Type Rating
*	Multiengine, Type: 767, A-320, Commercial, Flight Engineer
*	Multiple aircraft
*	Multiple aircraft type ratings
*	Multiple transport aircraft type ratings
*	Multiple type ratings
*	Multiple type ratings
*	Multiple Type Ratings
*	Multiple type ratings.
*	Muti Engine and ATP
*	Mutli/CLT
*	My last Type 11 Medical was in 1998 when I was flying Corporate (typed in the BE-400 and the MU-300)
*	N265 B757 B767 B747
*	N265, SA227, DC-3/-3S, CV240/340/440, L188 type
*	NA 265, HS25,CL600, CL 604, DA50/900
*	need to get proficiency flight to be current
*	NIGHT RATINGS
*	Numerous type ratings
*	Numerous type ratings; GI; CRC
*	Only flying light sport aircraft awaiting medical certification.
*	Part 107 SuAV
*	part 107 uas operator
*	Passed commercial exam, preparing for commercial check ride
*	please look at my ticket [Number] I also hold an a&p rating
*	Plot single engine land commercial instrument, multi engine commerical instrument, Rotorcraft helicopter, commercial instrument
*	Plus multi engine add on
*	PPL Single Engine Land
*	PPSEL
*	presently uncertified.
*	Priv. Land and Sea
*	private

**41a. Which rating(s) do you currently hold? Other rating(s) (explain below)**

**Other rating(s) you currently hold:**

*	private
*	Private (Fixed Wing) Comm. (Rotary Wing) & A&P
*	Private and multi-engine
*	Private and multi.
*	Private Class 111
*	private land and sea- commercial
*	Private multi engine land
*	private pilot
*	Private Pilot - VFR
*	Private pilot & Air Traffic Controller
*	private pilot glider rating
*	Private pilot rotor and fixed
*	Private pilot single engine
*	Private pilot single engine land rotorcraft helicopter

**41a. Which rating(s) do you currently hold? Other rating(s) (explain below)**

**Other rating(s) you currently hold:**

*	Private Pilot VFR
*	Private Pilot, Airplane Single Engine Land; Glider
*	Private Pilot, Single Engine Land
*	Private Pilot, Single Engine Land
*	Private pilot, single engine land only
*	private piolet, single engine land
*	Private SEL
*	Private SEL
*	Private Single Engine Land
*	private VFR
*	private vfr and twin
*	private-single engine
*	private, commercial
*	private, SEL & SES
*	Private/commercial
*	privot & roto
*	PSEL with tailwheel endorsement
*	Pvt, Com, inst.,cfi,cfii, mel, meli.....previous, you took my medical
*	Pvt. glider, multi engine, a/p
*	R-PIC
*	Ra390s, BE1900, BE300/350
*	rated in the 1980s with the high performance and complex endorsement and 1994 the tailwheel endorsement
*	Rated on T28 and L39
*	Ratings associated with ATP (NENG/Night/etc.)
*	Ready for check ride IFR
*	Remote pilot
*	Remote Pilot (UAV)
*	Remote pilot certificate

**41a. Which rating(s) do you currently hold? Other rating(s) (explain below)**

**Other rating(s) you currently hold:**

*	Remote Pilot Certificate
*	Remote Pilot SELI MELI
*	Remote pilot UAS
*	Rotocraft-Helicopter
*	rotocraft, seaplane
*	Rotor Craft - Helicopter.
*	rotor wing
*	rotor wing
*	Rotor wing
*	Rotor Wing and Fixed Wing
*	rotorcraft
*	Rotorcraft - Helicopter, Glider
*	rotorcraft and glider
*	rotorcraft helicopter
*	Rotorcraft Helicopter. Airplane single engind land and sea
*	Rotorcraft-Helicopter, Airplane Single Engine Land, Airplane Multi Engine land
*	Rotorcraft-Helicopter, Multi Engine, M-E Flight Instructor, CFII, CE-560, CE-560XL, CL-30, DA-2EASY, G-IV, HS-125
*	rotorcraft, CE-500
*	Rotorcraft, multi-engine, BV107 type rating
*	ROTORCRAFT, MULTIENGINE, TYPE RATINGS
*	rotorcraft/ helicopter- ASEL
*	rotorwing
*	rotorwing and fixed wing
*	Rotorwing w IFR

**41a. Which rating(s) do you currently hold? Other rating(s) (explain below)**

**Other rating(s) you currently hold:**

*	S Conventional gear, skies instead of wheels
*	S.E.S, M.E.L.
*	S&MEL.Helicopter.Commercial
*	SA 227, MD 9. B- 737, 757, 767, 777
*	SA226 B737 SF340 A320
*	SA227 type,
*	SD3
*	SE Sea
*	se, em
*	SE/ME
*	SE&MEL, SES, Glider, CFII, AGI
*	Sea
*	Sea
*	Sea mes mel
*	sea pilot
*	sea plane
*	sea plane multi engine
*	Sea Plane SE, Multi Engine,
*	Sea plane single eng
*	Sea Plane, High Performance over 800 Horsepower
*	Sea, CFII, CFMEI
*	Sea/float plane, helicopter
*	Sea/Land
*	seaplane



**41a. Which rating(s) do you currently hold? Other rating(s) (explain below)**

**Other rating(s) you currently hold:**

*	SEL, high performance, tail dragger
*	SEL, MEL
*	SEL, MEL
*	SEL, MEL, Helicopter
*	SEL, MEL, SES
*	SEL, MEL, SES
*	SEL, Sailplane
*	SEL, SES
*	SEL, SES
*	SEL, SES, MEL
*	SEL, SES, MEL, CE500
*	SEL, SES, MEL, GLIDER, HELICOPTER, HELICOPTER INSTRUMENT, TYPED SD-3,F-27,B-727,B75/767, B-777,B747-400
*	SEL, SES,and MEL
*	SEL, SES. MEL
*	SEL,MEL, ROTORCRAFT - HELI, ROTORCRAFT - GYROPLANE
*	sel,mel,ses
*	SEL,SES,MEL,CFI,CFII,MEI
*	SEL. MEL. LTA
*	SEL/ P/P
*	Sels
*	SELS
*	senior parachute rigger
*	Senior Parachute Rigger, Ground Instructor (Advanced).
*	ses

**41a. Which rating(s) do you currently hold? Other rating(s) (explain below)**

**Other rating(s) you currently hold:**

*	SES
*	SES
*	SES MES
*	SES, ATP, MEI, AGI
*	SES, FE
*	SES, glider, FE 727
*	ses, glider, rotorcraft
*	SES, ME Commercial
*	SES, ME, MS76 type rating
*	SES, MEA
*	SES, MEII
*	SES, MEL
*	SES, MEL, CE 525
*	SES, MEL, CFII, GLIDER
*	SES, MULTI, TURBO JET
*	SES, Rotocraft(Helicopter), LR Jet, CFIA&I(Gold Seal), Ground Instuctor Advance & Instuments
*	SES, Tail Wheel, High Performance
*	SES, various jet types
*	SES; MES; SEL; MEL; CFII; GLIDER INSTRUCTOR
*	Seven type ratings
*	Several aircraft type ratings
*	several airline transport type ratings
*	Several jet type ratings
*	several type ratings
*	Several type ratings
*	Several Type ratings
*	SEVERAL TYPE RATINGS PLUS FLIGHT ENGINEER.
*	SF-340, BA-3100, EMB-145
*	SIC IA-JET
*	Sic metro 3

**41a. Which rating(s) do you currently hold? Other rating(s) (explain below)**

**Other rating(s) you currently hold:**

*	SIC on - 727 & 747
*	Single Engine land
*	Single & multi engine land
*	Single & Multi Engine Land
*	Single & Multi--Engine Land, Glider
*	Single & Twin Engine
*	single and multi engine
*	Single and multi engine and retractable.
*	single and multi-engine
*	Single and multi-engine land
*	Single and Multiengine Ratings
*	Single Eng Land
*	single eng land, rotorcraft helicopter
*	single engine
*	Single engine
*	single engine land
*	single engine land & multi-engine land
*	Single engine land and glider and Dispatcher Certificate
*	Single engine land and sea night flying
*	single engine land and sea, multiengine land
*	Single engine Land and Sea; MEL; N-T28
*	single engine land, airframe, powerplant
*	Single Engine Land, Single Engine Sea, Float
*	single engine sea
*	Single engine sea

**41a. Which rating(s) do you currently hold? Other rating(s) (explain below)**

**Other rating(s) you currently hold:**

*	Single engine sea
*	Single Engine Sea
*	single engine sea plane
*	Single engine sea, multi engine land, Advanced Ground Instructor
*	Single engine sea, several type ratings
*	Single engine seaplane and Multi Engine Instrument and tail wheel endorsement
*	Single Engine, land.
*	Single-, Multiengine-Land; Repairman.
*	Single-engine Sea
*	single, multi engine land, glider
*	Small Unmanned Aircraft System / Remote Pilot
*	SMLC I
*	SUAS Remote Pilot
*	SWL/MEL; TYPE RATING
*	Tail wheel
*	tail wheel , high performace
*	Tail wheel, Experimental Aircraft T-28
*	Tail wheel, high performance, retractable
*	Taildragger endorsement
*	Tailwheel
*	tailwheel endorsement
*	tailwheel, ASES
*	TCE
*	Third class med. I fly recreational. My [UNINTELLIGIBLE] tell me to fly more. FAA will not tell me what it take to get it right.
*	Turbojet flight engineer
*	Turbojet Flight Engineer
*	Turbojet Flight Engineer/ A&P
*	TURBOJET, FLT ENGINEER; ATB
*	Twin
*	twin engine
*	Twin engine
*	Twin engine
*	twin engine land

**41a. Which rating(s) do you currently hold? Other rating(s) (explain below)**

**Other rating(s) you currently hold:**

*	Two type ratings. sea plane etc.
*	Typ S-330 Helicopter IFR
*	Type - DC-3 and DC-4
*	Type 5
*	type 707
*	Type B737, C500
*	Type Rate B-1900 and Advanced Ground Instructor
*	Type Rated B707, B737, B757, B767, LR60, CE560XLS
*	Type rated in B737, A320 and L188
*	Type Rated in DC9, B737, E145, E120, B300, DC3
*	Type rated in several jets
*	type rating
*	Type Rating
*	Type rating B737 B757/767 B777 DC3 M202/404
*	Type rating B737, CE510S, CE525S
*	Type Rating C-500
*	Type Rating for a North American T-28 , multi engine, Sea plane
*	Type rating HS-125
*	Type rating in BE300 & AW139
*	Type Rating in Boeing 777
*	Type rating LR Jet
*	type ratings
*	type ratings - B747, B757, B767, L1011 ATC specialist center radar

41a. Which rating(s) do you <u>currently</u> hold? Other rating(s) (explain below)	
Other rating(s) you currently hold:	
*	Type Ratings ; SK-61, BH-212, AW-139, SA-330J
*	Type Ratings ATR42/72, EMB145, 737, 757, 767
*	Type ratings B737, E170/190 Cl65
*	Type ratings B757 B767 B737
*	Type ratings BH214ST SK92 SK76 SK58
*	Type ratings CE500 and BE300
*	Type Ratings DC-9, B-747, B-737
*	type ratings DC-9, B767-757-737, FK100 AB320
*	Type ratings for B727,B757/767, MD 11
*	Type ratings for CE-500,CE-550, LR-JET, CE-650, G-1159, 737, 757, 767, A-320
*	Type ratings for DC-6, DC-7, DC-9
*	Type ratings in - LR-Jet, G150, G100, IAI-1125
*	Type ratings in 13 different aircraft, Airplanes, Helicopters, gliders, instrument instructor
*	Type ratings in Citation 500 550 560 560XL
*	Type ratings in various Jet & Turbo-prop aircraft, Helicopter & Sea Plane
*	Type ratings on B-737/B-757/B-767
*	Type ratings, BE1900, BE300
*	Type ratings, DC-3, DC-3TP< SA-227, Bae-ATP B-757/767
*	Type Ratings, Flight Engineer Turbojet
*	Type Ratings, LR-JET, HS-125, B737, B757/767, AB319 320 321
*	Type ratings: B737, G-111, BH-204, LR-JET
*	Type ratings: BE-400,CE-510S, CE560xl, HS125,RA390S
*	Type Ratings: EA-505, BE-300
*	Type ratings DC9, B727
*	Typed CL-65 SIC, Commercial, Multi-engine
*	Typed CL-65, DO 328, Be 1900
*	typed in 737 and ab320
*	Typed in CE-500. B-727; Flight Engineer turbojet. Advanced Ground Instructor
*	Typed in the DC9, A320, A330, B777
*	Typed rated BA-4100, DHC-8, F-27, SD-3
*	Types DC-3 SA-227 DHC-8 FK-28 CL-65, commercial privileges airplane single engine land Mechanic Airframe & Power Plant
*	Types: SHD330, DHC7, DHC8
*	UAS

**41a. Which rating(s) do you currently hold? Other rating(s) (explain below)**

**Other rating(s) you currently hold:**

*	UAS certificate
*	UAS REMOTE PILOT
*	UAS,Air Traffic Controller, Basic, Advanced Ground Instructor
*	Unmanned Aircraft System
*	US Army flight instructor and examiner
*	USAF/DOD Civilian Flight Test Engineer for Airlift and Tanker Certification and Sustainment
*	various A/c as retired comercial pilot
*	Various ATP Type ratings
*	Various jet type ratings
*	various type ratings
*	Various type ratings
*	Various type ratings, flightengineer
*	vfr
*	VFR - Private
*	VFR private pilot
*	vfr single engine land
*	vfr single engine land
*	VFR, SEL
*	VFR, single engine
*	Was a CFI
*	West wind hawker Gulf Stream type ratings

The following table (Table 12) contains a Count column showing the number of airmen who made each comment because some pilots made identical comments. For example, eleven (11) pilots provided 'Military' as explanation for 'Other part or operation.'

Table 12. Part or Operation provided by respondents who indicated 'Other part or operation' on Item 43 and provided a response (n=237).

43a. Is your employment as a pilot with a certificated operator conducting flights under the following? <i>Other Part or Operation (explain below)</i>		
Other Part or Operation employing you as a pilot:		Count
*	107	2
*	119	1
*	91k	9
*	Aerial advertising	1
*	aerial ash acattering	1
*	Aerial photography	2
*	aerial survey	1
*	AF Reserve	1
*	AGI	1
*	Air carrier in a foreign country.	1
*	Air Force	1
*	Air force, bud did FAA med exam due to unique nature of job	1
*	Air Museum	1
*	air show pilot for hire	1
*	air tours with 7 seat aircraft, Civil Air Patrol	1
*	Aircraft leasing of large aircraft to airlines etc.	1
*	Airport Management and FBO Operator	1
*	Also fly to travel & for fun	1
*	Army National Guard	1
*	Aviation Law Enforcement	1
*	Brokerage company	1
*	CAP	1
*	CFI	2
*	cfi flight review	1
*	City Government	1
*	Civilian contractor working on a DOD mission and aircraft	1
*	Civilian Uas instructor pilot for military training unit	1
*	Contact Instrument nstructor for military	1
*	Contract instructor pilot for the US Army	1

<b>43a. Is your employment as a pilot with a certificated operator conducting flights under the following? Other Part or Operation (explain below)</b>		
<b>Other Part or Operation employing you as a pilot:</b>		<b>Count</b>
*	Contract Military Pilot	1
*	Contract Military Rotorcraft Instructor Pilot	1
*	Contract Pilot U.S Military flight training	1
*	Contract pilot, US Army 95-20	1
*	contractor for the U.S. Army. Yuma Proving grounds Yuma Az.	1
*	Contractor suporting mlitary overseas	1
*	Contractor to U.S. Army	1
*	county mosquito control	1
*	D.O. Renna Aviation/TCE SIMCOM	1
*	Department of Defense	2
*	Department of Interior	1
*	Department of the Air Force	1
*	Deployed to the Congo flying UAVs under ICAO and CAA	1
*	Designated Pilot Examiner.	1
*	Developmental Flight Test	1
*	DoD	1
*	DoD Army Instructor	1
*	DOD contractor	1
*	DOD contractor test pilot	1
*	DOD Customer	1
*	Employed by Government Contractor traing Army Flight Students.	1
*	FAA DER Flight Test Pilot	1
*	FAA general operations safety inspector SO-11	1
*	FBO, has applied for part 141	1
*	Federal Government	1
*	Fixed base operation	1
*	Flight Academy	1
*	Flight Instruct on my own	1
*	Flight instruction non 141	1
*	Flight instruction, part 61, 91	1
*	Flight Instructor	1
*	Flight Instructor independent and soon to be instructor with a Part 61 school	1
*	Flight instructor part 61	1

43a. Is your employment as a pilot with a certificated operator conducting flights under the following? <i>Other Part or Operation (explain below)</i>		
Other Part or Operation employing you as a pilot:		Count
*	Flight instructor, part 91	1
*	Flight museum	1
*	Flight Training	1
*	Flight training under Part 61	1
*	Flying skydivers	1
*	Foreign Missionary with Christian International Air-[Euacu].	1
*	Fort Rucker helicopter instructor pilot	1
*	Free Lance	2
*	Free Lance CFI	1
*	Free Lance CFI+ CFII+MEI.....CFI Mostly by referral by business men/friends	1
*	Freelance flight instructor.	1
*	German Flight School, Pilot Training Network	1
*	Gov Agency Law Enforcement	1
*	gov-law enforcement	1
*	Government	4
*	Government agency	1
*	Government agency adhering to Part 91 rules.	1
*	Government contractor	1
*	Government use	1
*	Ground school instruction...Part 61	1
*	Homeland Security	1
*	I accompany the owner of a Cessna 182, to his ranch in the mountains. He is a current & experienced private pilot, but he feels more comfortable if I am along.	1
*	I do not fly commercially, but fly with the Air Force Reserve	1
*	I fly as an instructor for a government contract providing training for Army pilots	1
*	i own an aircraft sales company and need in conjunction with sales activities	1
*	I pilot WWII airplanes under the CAF ride program	1
*	I'm a Part 61 CFI.	1
*	Independent flt inst ride program in my Stearman. Iplane	1
*	Instructor	1
*	Law Enforcement	1
*	Law enforcement - Public Use	1
*	LOA sightseeing rides	1

43a. Is your employment as a pilot with a certificated operator conducting flights under the following? <i>Other Part or Operation (explain below)</i>		
Other Part or Operation employing you as a pilot:		Count
*	Local flight school	1
*	MDARNG (Military CH-47F Pilot	1
*	Military	11
*	Military Contract	1
*	Military contract flight instructor	2
*	Military contract flying operation	1
*	Military contract instructor pilot	1
*	Military Contractor	2
*	Military Contractor. RPA Instructor	1
*	Military Defense Contractor	1
*	military flight school army	1
*	Military flight training	1
*	Military flight training instructor.	1
*	Military operations of Unmanned Aircraft	1
*	military pilot	1
*	My own service business has me traveling to Customers on East coast, Gulf Coast, Kansas City, Minnesota, and parts in-between. I looked into getting private license so that I could haul myself and the parts & tools necessary to do my job. I purchased a newer C182Turbo and acquired my IFR rating. I have engaged my far Customers based on my ability to get there quickly with all my gear, and to be able to get back quickly as well. This is what I mean by "Part Time Pilot"	1
*	NASA	1
*	Non approved school flight instrustion	1
*	on military leave from a commercial airline. military pilot	1
*	Ongoing initial training at the time.	1
*	ot required - simulator instructor	1
*	Overseas contract support for US Gov't.	1
*	Owner of and CFI in Part 61 flight school	1
*	Owner Operator of Aerial Skyvertising Inc.	1
*	Owner/operator, self employed.	1
*	Part 105 jump pilot	1
*	Part 107	4
*	Part 107 (I also fly for the Civil Air Patrol under Part 91)	1
*	Part 117	1
*	Part 121 retired	1

43a. Is your employment as a pilot with a certificated operator conducting flights under the following? <i>Other Part or Operation (explain below)</i>		
Other Part or Operation employing you as a pilot:		Count
*	Part 143	1
*	Part 183 FAA Designated Pilot Examiner	1
*	Part 61 CFI	1
*	Part 61 Fixed wing ratings and certificates	1
*	Part 61 flight instruction	1
*	Part 61 Flight Instructor	2
*	Part 61 Flight School	5
*	Part 61 independent flight instructor.	1
*	Part 61 Instuction	1
*	Part 61 Pilot school	1
*	Part 61 Private Pilot Course	1
*	Part 61 Private pilot, instrument.	1
*	Part 61 Private, Commercial, ME, Instrument, Instructor (Your list of options says "Part 61 (Sport pilot). Part 61 comprises much more than Sport Pilot.	1
*	Part 61 School	1
*	Part 61 student, commercial, instrument pilots, and CFI: providing training for currency, proficiency, certification, SEMEL	1
*	Part 91 Flight & Ground Instructor	1
*	part 91 and public use	1
*	Part 91 Flight Instruction	1
*	Part 91 flight school	1
*	Part 91 Law Enforcement	1
*	Part 91 motion picture work	1
*	Part 91 Scenic Tours	1
*	Part 91, Business	1
*	Part 91: State Government Agency Pilot	1
*	Part time CFI	2
*	Part time CFI, CFII	1
*	Part Time Eng Pilot.	1
*	Pilot examiner.	1
*	Pilot school but part 61	1
*	Presently working in the Middle east; Saudi Arabia	1
*	Private Charter	1

<b>43a. Is your employment as a pilot with a certificated operator conducting flights under the following? Other Part or Operation (explain below)</b>		
<b>Other Part or Operation employing you as a pilot:</b>		<b>Count</b>
*	Public Aircraft Pilot	1
*	Public Safety Operations	1
*	Public Service	2
*	Public Use	6
*	Public Use (Law Enforcement)	1
*	Public Use / Mosquito Control / Aerial Application / Helicopter	1
*	Public use, law enforcement	1
*	Self employed as a part 61 flight instructor	1
*	Self employed as FAA Designated Pilot Examiner.	1
*	Self Employed as Part Time Independent Flight Instructor	1
*	self employed flight instructor, chief pilot for flying club.	1
*	Self employed instructor	1
*	SELF-EMPLOYED - Insurance qualification checks on turbine aircraft. Recurrent, Initial, Transition and Upgrade training.	1
*	State government	1
*	State Government, Law Enforcement, Search and Rescue, Medical mostly part 91, at time Public Use	1
*	Test Pilot	2
*	Test Pilot working for a Helicopter OEM	1
*	Training and maintenance operations overseas for aircraft sold and registered to foreign governments.	1
*	U.S. Army Instructor	1
*	U.S. State Department Operations Overseas	1
*	Uas	1
*	UAS operations under a Section 333 exemption, and as a Part 107 certificated airman.	1
*	UAS Operations, domestic and international	1
*	UAS/UAV pilot	1
*	UAV	1
*	United States Air Force	1
*	Unmanned Aircraft	1
*	Unmanned Pilot Operator	1
*	US Air Force Academy Glider Program	1
*	US Air Force National Guard	1
*	US Army contract flight instructor	1
*	Us government	1

43a. Is your employment as a pilot with a certificated operator conducting flights under the following? <i>Other Part or Operation (explain below)</i>		
Other Part or Operation employing you as a pilot:		Count
*	US Govt Contract	1
*	US Military	2
*	USAF initial flight training	1
*	Volunteer Pilot for a non-profit	1
*	Wildland firefighting/USFS/DOI	1

Item 47 asked respondents to indicate what type of additional feedback regarding airman medical certification services they had, if any, including: Recommendation for Improvement (Table 13), Compliment (Table 14), Complaint (Table 15), or General Comment (Table 16).

Table 13. Additional feedback provided by respondents who indicated 'Recommendation for improvement' on Item 47 and provided a response (n=986).

Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? <i>Recommendation for Improvement</i>	
Recommendations for Improvement(s):	
*	- Please provide specifically what documentation you are looking for from a doctor so when we submit information, it is relevant. I submitted information on two occasions that did not meet what your department needed. - I had great difficulty finding which medications were prohibited. Please make that clearer.
*	-Last my CD file which was sent 1st time. -2nd time CD was sent FAA office could not read it. -3rd time sent everything in paper format; IT WOKED!
*	"Special issuance" annual requirement should be relaxed to every 2 years once a proven history of a managed medical condition and/or compliance with treatment for OSA has been demonstrated.
*	* Provide better information for applicants who call in to check on their application status * During the 5 months my medical application under review (due to being a recent cancer survivor), I called periodically to check on the status. It would be EXTREMELY beneficial for people waiting on their status to get more detailed information about how far along the application is in the process. Every time I called, I was given basically no information, just that it was "under review." Perhaps the FAA could implement some basic steps in the review process that could be checked off so that when people call they have a better understanding of what has happened so far in the review process, and what remains. Also, it would be nice to get some idea of time frame based on the type of case. I'm sure certain types of cases generally fall into certain time frame ranges (with exceptions, of course). But it would be nice if someone could have told me something along the lines of: "Your application has gone through Steps A & B, and it looks like Step C is still pending. Typically when an application with this type of medical case has reach this point it takes approximately XX time frame to reach the final decision." It's kind of like tracking a package ... you can see where it's at in the process all the way until it reaches your door.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	<p>1. Change the questions on Dr. visits so they match to the last time you meet with the AME or if you applied for an appointment the previous two years in a row when your form comes up it already has the Dr. visits for those two years listed and you only need to update the form for the last year. I understand you have it for three years for those who only need to apply every three years but having those of us who do this every other year or every year at risk of not stating everything on the form if we forget an appointment one year. 2. If there is basic paperwork you want for the special issuance let the pilot know or have the AME let the pilot know before a back and forth issue starts. The first year I received great advice from AOPA, a private consultant, and the FAA Dr. at Sun N Fun process went fine. The next year after I did an ablation to rectify the problem the regulations stated I needed to wait 90 days then do a holter test and the AME could issue a medical if the results were good and sent the paper work to Oklahoma for review. All went fine until the reviewing DR. wanted hospital discharge paperwork and other paperwork for the hospital. I am over 1100 miles from where I had the operation done and it is now 4 months later - if you want that paperwork than let the pilot know right away and I could have gotten it while I was at the hospital getting ready to leave. The AME I work with has the opinion send the basic to the FAA and they will then tell you what else they want - I believe in sending in the right paper work the first time so it only needs to be reviewed once and done!</p>
*	<p>1. Drop all requirements for medical exams for Class III. It's expensive and a huge hassle and there is very little, if any, value or added safety. 2. I was stuck with a provisional medical for a few years because of GERD. I didn't consider it anything at all problematic and had flown with it for years before excess scrutiny of the FAA came into being. It took the exam process away from AME's and gave it to someone in Oklahoma City. This new system caused huge backlogs and delays which effectively grounded some of us while waiting for a decision. I was never denied a medical certificate but the delays resulted in the same affect. This system borders on extreme oversight... so why have AME's at all if their power is taken away? Our private doctors can take care of us; we don't need FAA oversight on our health for private aviation. I can see the extra scrutiny for commercial pilots who fly for hire, in other words, it protects paying passengers.</p>
*	<p>1. Figure out a way to turn the paperwork in less than 21 days. 2. If you can't issue the medical within 21 days, then issue a 90-day or 120-day temporary medical certificate to allow the pilot to continue flying until you can make your final determination.</p>
*	<p>1. No way to determine status of medical certificate application; 2. Individuals who answer phones cannot answer basic questions;</p>
*	<p>1. A pilot should be able to reach a FAA Flight Surgeon at OKC when his application approval has been deferred by his AME. As it is, you can only talk to a clerk via the hotline. 2. RE: FAA FORM 8500-14. Question 12D is confusing to the Dr that fills it out. It is simply a poorly formatted question. It should say: is vision correctable to 20/20? Check Yes or No, if No: Explain. 3. FAA FORM 8500-8 17a Medications. The MedXpress online program for medications misspells the word Tartrate as Tartate. See: Brimonidine Tartate 0.2%.</p>
*	<p>1. Adapt new standards for medical certification for 3rd Class medicals soon! 2. Improve interface of online medical system. (Although it now appears to be updated since I last completed it). 3. Allow use of AOPA's old medical system, it was designed graphically better and stored previous medical entries which need to be repeated. 4. Allow more use of advocacy organizations (like AOPA) to assist directly on medical issues if necessary. 5. Go back to officially listing prohibited/concerning pharmaceutical drugs on the FAA's web resources.</p>
*	<p>1. Invest in new studies to determine the efficiency of newer color-vision based tests. 2. Recognize and adopt color vision testing methods that have been determined as adequate by other leading Civil Aviation Authorities, such as EASA, the CAA (UK), and the DGAC (France). 3. Consider the implementation of testing environments that take advantage of standardized lighting conditions to ensure fair and equal treatment when performing exams. 4. Recognize that the failure to pass a color vision test should not result in the removal of all privilege and ability to operate in the National Airspace System - rather it is understandable and reasonable to limit the privileges to that of a recreational or private pilot or bar the airmen from operating in controlled airspace (if the airman is not able to differentiate between aviation green and red). 5. If new testing becomes available to measure color vision, allow pilots who previously failed other exams to retest under the new exam, and newer exams in the future. Including those who completed a "Chart-Reading" or "Flight" exam under the guidance of a local Flight Standards Office.</p>

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	<p>1. Last year I was told that an over the counter allergy pill was not allowed (Zyrtec) I was not given any choices for what I COULD take but was told to offer an alternative. Based on my AME's recommendation I was still denied. Three months of having no certificate went by until a resolution was obtained. I feel that in the initial denial letter a list of allergy medication could have been provided. It would have been simple if the letter said "check the medication you will switch to, mail this back and your good to go" In our IFR system it requires No check when filing an instrument flight plan to see if you're current or not. So why couldn't the same courtesy be offered for something as trivial as an over the counter allergy medication. Instead I was 'basically grounded" for 3 months until the SYSTEM was managed properly. Just a bunch of bureaucratic B.S.</p>
*	<p>1. Standardize the Special Issuance process by training the doctors, PA's, or assistants on how to compose letters which are clear, non-threatening, and concise. Pilots are not lawyers, they are not criminals and they are not the enemy of the FAA in OKC. 2. When requesting a specific test with original tracings and reports and summaries from the medical experts and MD's conducting the tests, then please accept their results rather than second guessing them with requests for more tests and eventually reaching the conclusion made originally. After all the time, inconvenience, and extra expense this causes it would be nice to at least hear "We apologize for all the extra hassle this has caused and by the way, here is your medical"</p>
*	<p>1) Notify the pilot that documentation was received. 2) Give an idea of how long the wait will be (I am now waiting for more than 7 weeks)</p>
*	<p>14 years ago I had a triple by pass operation, I have been issued a second class medical ever since and have taken a stress test every year, this year when I took the stress test a partial blockage showed up on the test, my heart doctor inserted a stent to correct the problem and I passed another stress test with no other problems. My doctor then wrote a letter to go along with my application for a second class medical which stated that a minor vein had formed that was too small to put a stent into, however it would not cause any problems and I was completely safe for me to fly with. After 45 years of flying and owning an aerial advertising company the FAA is putting me out of business.</p>
*	<p>20/20 vision is hard with astigmatism. Pilots such as myself have near perfect vision, but because we have astigmatism, it is very hard to achieve the perfect 20/20 for a Class 1 medical. It would be great if the eye requirements dropped a little.</p>
*	<p>3rd Class should be 1/5 yrs.</p>
*	<p>A checklist from the Medical Examiner so all documents are ready and multiple trips to the examiner are not necessary.</p>
*	<p>A flight physical should be able to be performed by a primary care physician and not someone who is certified to maintain a monopoly on providing this service to airmen. I have had many flight physicals over my almost 30 years in aviation as an air traffic controller and pilot and there is nothing that is outside of the realm of a primary care physician.</p>
*	<p>A major re-work the FAA's Aeromedical Division division needs to take place. The doctors that approve a pilot should be his personal physician and pending their approval, the FAA's duty should be to merely rubberstamp this doctor's evaluation. At the very least, Approval should take no longer than a month if all required information is presented. It's time to end the smoke and mirrors approach to people's livelihoods. The world would be a safer place if pilots didn't have to choose between getting the medical treatment they need or ignore a condition for fear of losing their careers. Woeful tales of long, exasperating evaluations by some far off committee, that has never seen you, abound. They do little to comfort an ailing pilot. Reform is absolutely needed to a system that's timely, assures fairness and recognizes modern Medical advances to conditions that are currently disqualifying. The present system currently seems to invite hiding medical conditions and tries to maintain its centralized power-base at any cost. The public would be much better served if the money currently spent was instead used to inform and train pilots and the outside specialist doctors treating those pilots, what the established requirements will be to have a safe Airman.</p>
*	<p>A medical certificate should be a medical certificate, not a background check.</p>
*	<p>A medical for (general aviation) is not necessary the simple rule of flight is: Fly Right or Die doing it! I haven't seen a blindman solo an airplane!</p>

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Recommendation for Improvement***

**Recommendations for Improvement(s):**

*	A person shouldn't have to wait for months and months to get a reply from the FAA!!!! I have waited 7 months to get my medical, I have to start all over again in 5 months, that's not right at all!!!!
*	A process for student pilots with special issuances to obtain medical test at a more affordable cost and to make it easier for pilots to hold a medical.
*	A quicker update on the exact nature of additional information that is required to obtain medical for special issuance.
*	A simple status gauge would allow an airman to know if his (or her) application and examination information supplied by the AME was currently under review. At this writing, I have no idea if or when I will receive a medical certificate. Thank you.
*	a) some kind of feedback mechanism besides calling in to let applicant know progress of the request (e.g. where am I in the queue, what is the expected time of processing). b) there either needs to be some limitation on processing time, or the new medical should be effective as of date-of-processing (rather than exam date) when it takes months to process. I got about 8-1/2 months of medical certification because it took so long to process.
*	accelerate the process at the FAA's end
*	Access to previously submitted summary sheet on MedXPress website. An archived folder available to pilots.
*	Add a spot on ratings for the AIR TRAFFIC CONTROL field.
*	Add a website page that lists the status of applications submitted to the FAA Medical Certification Branch (i.e. Oklahoma and others). My AME said that I should receive word from the FAA in thirty to forty-five days. It has been well over that, and when I call, all I get is that it is "In Que" to be reviewed. ??????? With no indication of when it will be reviewed. ???????
*	Add more AMEs to increase competition and drive prices down.
*	Add more callers for mike monroney aeronautical center so call wait is not 20+ minutes, speed up process to review paperwork once it is recieved. my paperwork was "under review" for 3 months and it does not take taht long just to read a letter from a doctor.
*	Additional information should be provided to assist doctors and other medical professionals in providing the required information. It is not clear what type of physical is required and in what form their response should be in order to show that a patients condition is under control and properly treated or if no treatment is required. A standard form that can be provided to the doctors office would be helpful.
*	After \$50,000 worth of cardiology and neurology testing in September 2015 which determined no problems with my health, the FAA was unsatisfied with the results. So the FAA effectively put me in the unemployment line for a period of one year and additionally required me to wear a heart monitor again for an additional 30 days (after the year wait was completed). Now after having waited a total of 14 months since my last flight , I am still waiting on the FAA to review my file. Not only have I been greatly financially inconvenienced by the FAA's refusal to accept the extensive medical testing that I endured (resulting in my unemployment), but I am receiving no help in getting my file reviewed in a timely manner to get me back to flying again and drawing my paycheck. I am being told that there is a huge backlog of applications and it could still take weeks to get to my file. I recommend hiring the necessary staff to accomplish the task of assisting pilots jump through all the hoops which the FAA imposes on us so that we can do what we get paid to do.
*	After 3 months since my AME deferred my medical, I have heard nothing from the FAA. It would be helpful, especially since I am employed as a pilot, to receive some communication concerning the status of my medical. I could then provide some information to employer.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Recommendation for Improvement***

**Recommendations for Improvement(s):**

*	After aortic valve replacement surgery, I am required to undergo several expensive medical tests annually before I can see my AME for a third class physical. These tests are expensive and not medically necessary by anyone's standard other than the FAA Medical Branch. I would like to see this process moderated so that these tests would only be required every two years followed by the issuance of a third class medical that would be good for two years.
*	After completing my most recent Medical Examination and as part of the Examination I have completed a robust list of required Tests and Test Results by Neurologist, CT, MRI and other examinations. The requested information was provided to my AME and then forwarded to the FAA Aero-Medical Division in OKC. The feedback on the review process and waiting time has been nill. I have called and requested updates and the answer is always "Under Review." The suggestion for the future is a Categorization be made of Applications for recertification and a stated forecast of how long before the application will be reviewed and acted on. A four or five month delay (which is the scenario in my case) is better revealed than not stated and leaving the applicant unsure if something is lost, more requests are coming or the work load is heavy and review is delayed. One last compliment, the staff answering the calls to the FAA to check on my application for reinstating my 3rd Class Medical are Excellent. Considerate, polite and in a difficult position when there is no Forecast of the Review Schedule. My history in 42 1/2 years as a utility manager and executive is it is better to tell the Customer a forecast of when you anticipate to turn their lights back on after a major outage/storm, than to only say, "we are working on it." Thank you for the opportunity to provide constructive comments, you have an excellent staff at the FAA and Continuous Improvement and Processes is the suggestion.
*	After having kidney cancer in 2002, a yearly exam was required. I think that requirement was too stringent.
*	After logging into MedXPress, show previous login flight times
*	After the AME has deferred, it would be great to get the initial response out quickly so the airman can start getting the medical information and required testing together.
*	After the medical was issued, it was repealed for a short time over misinformation, or misinterpretation of usage of non-essential prescribed medications. These were non-essential medications that were seldom used, or discontinued after only one dosage. It seems that it would have been appropriate to question their use and provide direction, which I would have followed without the repeal of my medical. (For example, I was given a prescription for 5 mg Cialis for daily usage. The circumstance was that the non- AME-doctor knew I only used 5 mg--as I didn't need a higher dosage, and used the Cialis only a couple of times per month--and then I did not fly until 36 hours later. It was an easy matter to not use Cialis at all, but switch to Viagra, which has shorter restriction time. Because of the repeal of my medical I made two trips to my internal medicine doctor and one extra trip to my AME--I lost a number of months of flying until the medical was restored. It seems this was not handled initially as it might have been. Nonetheless, those individuals I spoke with at the regional FAA office were very courtesy and helpful--and were, once they got involved, extremely responsive. Bottom line: the system ultimately worked and the inconvenience was not long term.
*	Again you need to address the able and capable aging pilot population with medical challenges that are currently being met and health isn't an issue.
*	Again, as a second class holder it would be nice to have Med Express retain past medical history. When you apply for a new medical it should automatically have your past history and dr appointments loaded. That way all you have to keep track of is your appointments for that year. I also think that it shouldn't matter the date and month you went.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	All doctors are AMA certified . All special issuance medical certification should be performed on a local AME level. This would expedite medical certification , remove the work over load of The Aero Medical team in OKC. The FAA medical team in OKC are grossly under staffed, and this in itself has given the FAA a bad score for efficiency And a bad reputation . Imagine if all he biennial flight reviews for over 650,000 pilots nation wide had to be performed by A handful of FAA approved flight instructors in OKC. The back log would bring the aviation community to a grinding halt. This is what has been the case in OKC for over 45 years for Special Issuance Certification. . It's time for change. Please streamline the special issuance program. I have just entered my 50th year of flying and have the upmost respect for all aspects of aviation safety. The FAA already have In place AMEs all over the United States that can easily access medical specialists (Doctors) in all areas of Medicine to Assist them in Special Issuance Certificatin in an expiditious and timely manner that will provide a fair and professional Evaluation of the applicant airman. I can be reached at [Phone Number] for any further comment. I appreciate the opportunity to Express my opinion. Sincerely, [Name] ( I am aware my name was not required to submit my comment) .
*	All I have received is a boilerplate letter requesting more information. I sent the extra information to the FAA but never received confirmation my form was received. I was recently diagnosed with high eye pressure,on set of glaucoma but now using eye drops to keep the pressure down. I have already paid my AME for the exam but now I'm just waiting for the FAA to get back to me and it's been over 30 days sice any correspondence. No update on my application.
*	All pilots should have to pass the same exam
*	Allow access online as to the status of pending applications.
*	Allow AME to make recommendation for issuance and only review if AME states it is borderline case.
*	Allow an AME to grant a medical based on their own findings when working with patients who have minor cases of Relapsing-Remitting MS, or those in remission. I have MS, but haven't had a symptom since 2009, and even then my symptoms were extremely minor (decreased sensitivity in my lower legs). The AME does pretty much the same neurological exam as my neurologist, and yet I'm on a special issuance that requires me to see my neurologist every year and get a letter from them for the FAA.
*	Allow deviation from Med Xpress for those who have no or poor internet access; this, revert to paper, etc etc
*	Allow direct voice contact with the reviewer to facilitate the supply of exact documentation being requested. The staff that answers the calls are very polite and helpful, but basically the answer was always " it's still under review". After responding to the original information request, new requests for other previously reported data were received. I did miss interpret one request for data from my PCP which extended the timeframe but don't understand why an out patient surgery from 1999 was being revisited.
*	allow full use of Accutane for acne
*	Allow MedXpress to retain the information from my last physical so that I can update information. Also allow a waiver to release information from my Primary care doctor to feed into med xpress.
*	Allow more time for the patient/pilot to acquire lab tests and results when the FAA wants and needs more information. 30 days to get a doctor and/or request a test is unreasonable in the medical industry. Often requires 30-90 days to schedule and get results from tests.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	Allow some LOGIC to be used in the decision-making process. As I have asked before; why do we have 2 pilot aircraft? answer: Not only because in some cases a single pilot is unable to reach all of the necessary hardware in the cockpit due to size and layout of certain controls or circuit-breakers, etc., but also (especially in the military aircraft) in the event one pilot becomes in any way incapacitated, the other pilot can safely land the aircraft. In a similar situation or example, I am a CFI in both airplanes and helicopters. SCENARIO: My student is a commercial pilot and taking additional training to become a CFI. Let's say during a flight while operating at or near minimum controllable airspeed, the aircraft inadvertently enters a spin. Initially I allow the student to attempt to recover, but notice that he is not performing the correct steps for successful recovery, and we are losing altitude rapidly. I tell the student "I have the controls" and within seconds I recover the aircraft. We return to our airport and discuss what went wrong. I can do this instruction without the need of a valid medical...why then can I NOT be used as a second pilot in an aircraft that requires 2 pilots? That would seem LOGICAL to me... Please help me to understand.
*	Allow the recommendation of the specialist that is currently providing health care for the pilot.
*	Allow us to only state additions or other changes to health history
*	Aloha! I'm not sure about how much latitude AME's have and what level of pilot input they are allowed to consider without potential ramifications from the FAA, but again, my health plan has a phone app that has my entire medical history for the past 3 years right on my phone. It would have been REAL easy for him to see my A1C's for the last 3 years and all my current medications....1/13 7.0, 2/13 6.8, 9/13 6.5 11/13 6.7 (oops), 2/14 6.6, 5/14 7.4 (oops), 8/14 6.9, 12/14 7.0, 5/15 6.5, 9/15 6.2 1/16 6.3 5/16 6.0, 10/16 5.8. I'd say it's pretty managed and even improving. Since this was not considered, I have waited MONTHS to receive any requests for additional info and then it will be months before it is reviewed and approved. The system could be streamlined SUBSTANTIALLY reducing the workload on the AME AND OKC!
*	Also with airman with sleep apnea using the CPAP device; the FAA needs to understand that pilots do travel and have a love life which the CPAP machine could interfere with. I or example use an alternative method when I travel or over a friends or relatives house because using the machining in front of people who are not aware of the device could be disturbing. It should only be required that the device is used "X" number of days/hours before acting as a crew member of any type of aircraft.
*	AME did great Job of explaining all documents required. I would suggest that you enable qualified AME's with experience with special issuance to be able to reset the clock so that the approval would take less than 90 days.....
*	AME did not know about third class medical reform when asked how it works during the exam. Frustrating that they either were not willing to share or did not honestly know about the changes to the program.
*	AME did not know requirements for diabetics. He provided no guidance for passing exam.
*	AME Form, Box 14 (Total Pilot Time) -- Eliminate or make optional. AME Form, Box 19 (Visits to Health Professional Within Last 3 Years) -- Add "If not previously reported" either on the Box or as part of the instructions.
*	AME indicated that FAA review of deferred items would take 4-6 weeks, but in fact took 15 weeks. I called Oklahoma City twice, at approximately 8 and 12 weeks, to check status. I was very disappointed that no information could be provided as to expected time in queue or time to response. One would think that the agency has enough experience that this could be accurately predicted. I understand that the agency is probably understaffed, so this comment isn't about "go faster", rather about being able to give better insight into "mean time to complete". Ultimately, the certificate was issued without additional information, and without significant restrictions (must wear reading glasses), so the whole process was anti-climactic.
*	AME's should again be able to issue student pilot certificates at the very same time as the physical. Going thru the [IACRA] process and waiting 8 weeks is ridiculous!
*	AMEs probably hazy with medicals. PYA's.
*	Amount of time to get a response after sending required test. ( 60-90 days) Not to mention my doctors all give me a positive results to my FAA required test yet FAA comes back requesting more of even the same tests.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	An AME is completely unnecessary for the 3rd class medical. Any doctor could do this. The pilot is either going to fly safely or not. The 3rd class medical does not make the pilot any safer and, I believe, is a waste of time and resources.
*	An annual or biennial visit with an AME is an enjoyable occasion to ponder on the joy of flying, and of being part of the airspace system of this beautiful USA. My suggestion is to enhance the contact and mutual support between the pilot, the AME, and the primary care physician -- as a team. My experience with the AME (who has been my AME for many years now) has become very sterile and perfunctory to the point that only a small percentage of the AME's training and expertise has been offered or accessed.
*	An avenue should be available for consultation and guidance to the pilot to so he can come into compliance prior to deferral decision. I follow my endocrinologist's guidance to protect my health, then the AME bounces me without giving my endo. the opportunity to adjust my medications to be in compliance.
*	any medical entry system should maintain previous years history to transfer to current years medical application form. This to avoid re entering data over and over each year for items previously entered and reported. and reduce inadvertent error from any older forgotten history items.
*	Applicant can not follow the status or even check if paperwork has arrived as intended. Should have a status tracking number.
*	Application for renewal should be handled more expeditiously.
*	Apply the new revised 3rd class medical provisions to CFIs as well.
*	Approval for use of SSRI medications MUST be streamlined more. After 11 months (without pay) and nearing \$3,000 in additional expenses, I do not see how anyone (especially in a depressed state) would take the option of special certification for the continued use of these drugs. I believe the medical world has a plethora of data to show that these drugs are safe and effective. I would suggest reducing the requirement to be on the medication from six months to a few weeks, prior to the required evaluations.
*	As a flight instructor that holds a special issuance certificate, I am often asked for advice pertaining to the special issuance process. Those who have been denied a certificate experience a great deal of frustration in the absence of a reason for denial. My most recent experience, the individual made multiple 100 mile trips to his AME and neither has received any communication explaining the denial. I realize there is always multiple sides to each case, the individual informed me that neither he or his Cardiologist AME have been able to determine the reason for his denial. Improve communications
*	As a health professional, I believe that we need to make the medical process much more efficient and much less costly to the airman. Having six month, one year, and two year snapshots of a person's health is much less effective/efficient than having an airman work closely with their General Practitioner to have an ongoing plan that addresses the health of the airman. If airman are responsible enough to operate an aircraft, then they should also be responsible for making relevant health decisions.
*	As a military Aviator, conducting an annual flight physical for my flight duties, the FAR regarding military physicals as being equivalent to a third class medical is ridiculous. Having had both civilian First Class and military Flight Physical, it's easy to say which one is more comprehensive. My military physical is far more in depth, but for a civilian career I am still required to conduct an FAA physical as well. This is a waste of my time as well as the AME's.
*	As a professional pilot, I hear all too often of other pilots who loose their medical caused by a temporary disqualifying condion. It can take them several months after they are back legal to fly to recieve an ok to fly from OKC. The backlog of pending cases must be shortened. Peoples livelihoods & family's are depended upon a quick return to work.
*	As I stated before, I have no place on the MedXpress application to indicate that my felony conviction from 18 years ago has been previously reported. I should not need to provide the supporting data every year. I should not need to explain it to every AME I see; it was reviewed 18 years ago by the Regional AME at that time, and I was issued a full Medical with no restrictions.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	As I understand, the AME's support the FAA aerospace medical certification office. For minor discrepancies on an EKG, the reviewers could save the applicants a lot of time and money by consulting the AME prior to demanding more medical tests.
*	As is now in process, get rid of this system for third class medicals. It has no accountability to the pilots it serves and provides such a minimal level of safety as to be of insignificant benefit compared to how pilots actually kill themselves.
*	As mentioned the regional offices need to take some of the work load. I got my medical May 20,2016. I had TIA nine years ago with no event since,so a SI is needed. Now five months have past no word.
*	As noted before, the AME knowledge of special issuance rules, at least with my AME, was very poor. I had to stand firm and insist my understanding was correct (I had verified my reading of the special issuance requirements for Sleep Apnea with the FAA and the AOPA.) He finally relented and called OK and signed off on the medical.
*	As noted earlier, MedExpress could be improved to somehow eliminate the need for repetitive entry of data already on file. If an applicant for First or Second Class Medical Certificate has an extensive history of Dr. visits in the previous three years, re-loading that data for each application is time consuming and makes little sense if the information has already been submitted. Only new or updated information should be required.
*	As previously noted the FAA is a very archaic system. I had to search around to find a fax machine in order to provide data to the FAA. In the era of scanning and emailing faxing seems to be an outdated technology. I do understand there is some sense of security but they should give the options to the applicants if they want to provide the information via email. Additionally my insurance was refusing to pay for a heart catherization and a new killer stress test. The cost for a heart catherization is about \$15,000. This test is not necessary any longer. You can ask any cardiologists and they will tell you that there are tests available now where you can inject dye into the bloodstream and get far more data. It was a very stressful time consuming and difficult requirement. Additionally when I called to see where in the process my medical was no one could ever seem to tell me if it had been reviewed if it was soon to be reviewed or if it was scheduled to be reviewed in two weeks. It just seems to me that there should be some way for an office to indicate where in the process the medical is. I was grounded for the original six months due to the heart catherization and the stent placement then it took an additional few months to get through the review process. 1 delay came because my doctor needed to type a report stating that I was fit and able to go to fly. Well the fact that my dr. Had submitted the request for a medical should by definition show that he believes that I am fit to return to my duties. They also required a separate letter indicating which medications I was taking when in the application there is a space where I had already feel that information out. It was a painful end frustrating and worrisome procedure at a time when I was already feeling quite stressed out and vulnerable. To go for over 6 months before I can even apply to get my license and livelihood back is difficult enough then adding the stress of not knowing the procedure is not being able to f
*	As stated on previous question response, get with the times and get your heads out the sand. There is a new thing called technology, the Internet and employee productivity measurements. Either get some employees that actually want to work and do their jobs or get some new ones. The agency is operating 30 years in the past and constantly drags their feet at the pilots expense. This is ridiculous, unacceptable and unethical. I have too many friends that have lost homes and suffered financial ruin due to the FAA not giving a crap how long it takes to push 3 buttons on a computer. Do you guys have computers?? If so, are your employees trained on how to use them? Do you ever evaluate the performance of any of your employees? Our careers and livelihoods are at stake while your agency drags ass on ridiculously simple issues for no reason.
*	As u know I'm old - my third class is for one year but @ 6 mounths I have to get AME OR FAA ONE OF THEM HAPPY I would like for U to just pull my file & look at the last twenty years , OH BY THE WAY I GO TO WORK RVERY DAY Thank. you [Name]
*	As well as being a commercial pilot I'm also a bus driver and required to carry a DOT physical card as well. The two physicals are so very similar that they could be easily combined into one physical for both DOT and FAA. This would make a lot of sense, as the FAA is also part of the DOT.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	At the present it appears that you are under staffed to handle the mission to provide prompt service to applicants. My doctors are better equipped to provide health dissesions. I see three doctors every 3 months, i see two additional doctors once once a years. Question what is the value of the visit to the AME, who got information from me and forwarded the information to the RO or OKC and as of this time i have received a form letter from OKC asking for more information and testing. OKC File number is [Number]
*	At the time my private pilot certificate was not taken for medical purposes. At the time I had not been advised that I needed to have membership in certain professional institutions to retain the certificate.
*	Authorize the 2016 pilots reform act.
*	Based on my 60 yrs. of flying, I have always felt that the medical requirements were and over reach. These new medical requirements are an improvement, but still to much over sight..
*	Be able to access previous medical information for Form 8500 through a secure online account. It is tedious to enter three years of medical history.
*	Be able to take more medications and fly with a private license
*	Be more timely in processing. I started the process in May 2016. I was asked for additional information 30 days later and provided it then was asked for some other information and provided it in August 2016. I have heard nothing since then. Terrible service.
*	Because I've had to get a waiver for the last several years that requires additional information from my AME that puts me on hold and puts me at risk of having my certificate denied if the information is not submitted within the requested time frame, it would be great if my AME was given guidance on exactly what my report needs so that the followup letters and requests would not be needed. If a waiver is needed and I meet the medical requirements, then the waiver could be issued when my medical is received and reviewed. Thank you for your consideration.
*	Become more reasonable and accessible. Be less bureaucratic. Be less rule based and more rational. Perform faster. Find ways to provide AME type info to regular physicians as they will know more about patient than what AME can determine. 3rd Class medical reform makes tons of sense. Embrace that. Find ways to work quickly and effectively with people so they don't have motivation to cheat the system. It is your behavior and not pilots' conditions that cause people to fly without medical certification.
*	Begin using email and phone calls (recorded if necessary) to rapidly communicate with pilots. Post office letters should only be used as a backup to rapid communication so that pilots could be returned to work as quickly as possible.
*	Being a number is ok if you can at least talk to a medical examiner. You have no way to explain you case or how you are doing. Even if I had to fly to OK. for a examine would be OK, not just a letter saying you are denied just because you had a concussion for 5 years with no explanation. I'm more likely to fall off a ladder or get into a car wreck than have a stroke. I have no family history of that and my parents made ti to 92. It is like a death sentence to wait 5 years before refiling for a certificate. Your airplane and hanger expenses keep right on going. That is not fair. It should be based on you history not what is possible. I think an interview would be great.
*	Better communication through the Oklahoma office as well as quicker response to pending issuance
*	Better commutations, some way to get back to me on the progress, a phone # where I did not have to call back for 10 days to even talk to someone or leave a msg. Be more realistic of the risk to anyone when almost all my flying is by myself and not even over populated areas. I pose much greater risk driving a car than the flying I do.
*	Better description of disqualifying medicines and how to find solutions to them. Most medicines do not affect everyone the same way. Another screening of drug effects might be called for.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	Better enforce the delegation of responsibility to local AMEs, and rely more on local medical specialists to make decisions on issuing medical certificates. Very much in the same way a DAR may rely on an engine specialist's recommendation when issuing an air worthiness certificate.
*	Better explanations for refusal reasons and more specific actions to obtain approval.
*	Better feedback for time to complete, school was delayed - money lost, job offer withdrawn due to delay without a reasonable answer to "when to expect a answer".
*	better response and more timely consideration,
*	Better tracking for special issuances. One call I was told it was in the queue and received the medical the next week.
*	Better treatment of military veterans who sought behavioral health assistance and getting them up flying and doing something they are passionate about.
*	Biased and require unnecessary requirements for certification. Some other agency obviously influences decision, DEA, for example.
*	Bring back two year class 2 medicals.
*	Bring medical requirements up to todays standards as far as new medications and treatments are concerned. A lot of the FAA's medical requirements are based on old practices from thirty to forty years ago.
*	Called several times to check status of my application but was told that I called during an unusually busy time and to call back at some other time. The one time that I did get through about 3 weeks ago, I was told that my application was still under review but given no other details. I have heard nothing from the FAA or my AME for over 3 months now after spending several hundreds of dollars in doctor appointments, lab tests, specialized testing, and fees for AME consults and examinations.
*	CAMI must have more folks working on these medical applications. Your response time is much too slow.
*	Cardiac review panel only meets every other month. If they met monthly, medicals could be granted faster.
*	Certificate could not be printed at the time completed . Issued directly from Oklahoma 1 week later. Oklahoma was called by phone that day by AME .
*	Change BFR to every 4 years
*	Change requirement for reporting medical provider visits to cover from last medical certificate application or up to three years.
*	Charge system of certifying doctors to make it more of an incentive. My brother, a doctor, was interested. You made it so it cost more for a doctor than he could make.
*	Come up with a better AME search database. Hard to find AME's that are still practicing and also have appointment availability.
*	Communication with the FAA when there is the slightest hurdle is extremely awkward. Instead of quick e-mail communication/resolution there appeared to be a need to do everything by regular mail - slow, extremely formal and for some weird reason all communication has been sent to me twice - by regular and by certified mail, which is a nuisance as I need to sign for a copy of a letter for which I'm getting a non-certified copy anyway and has me go to the post office when they miss me, and in my opinion this double mailing is also quite a waste of tax money.
*	Communication. Expedience. Basic assistance in the call center.
*	COMMUNICATION'S

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	Complete blood work up.
*	Consider implementing an digital version of the medical certificate that an airman or inspector can access in lieu of the paper copy.
*	Continue AME examinations. Tighten 3rd class med reforms to be overseen by AME. Include mental health exam.
*	Could be a faster turnaround time for medical reviews, although I realize 1st and 2nd class should have priority. Overall a much improved process.
*	Could MedXPress be updated to pull over all previously reported conditions? I keep a printout so I don't have to remember exactly what was put on the previous application.
*	Create a process in which the FAA Airman Medical Certificate can be digitally signed, printed and/or emailed to the pilot. The digital age is upon us and a Mobile App that contains a digital certified copy of our Airman and Medical Certificates is needed this day and age.
*	Criminal background history should have nothing to do with a medical certification... That should be a completely separate process.
*	Curious as to why a Doctor of Chiropractic can be a CME for the DOT but not an AME. This might help to expand access to AMEs in underserved areas.
*	Current examinations do not include radiation exposure risks. Polar crossings on international flights put pilots at 25 times higher risk factor for cataracts and skin cancer, yet there is no screening for this. Also, air carriers do not limit the number of times pilots can make these crossing in any given month. Since the ozone hole in the arctic seasonally adjusts in size, there are no limitations on scheduling pilots through this area in the most dangerous months for exposure. Also, with the recent changes to rest requirements by the FAA, pilots are also being scheduled across multiple theaters of operation within a few days without the ability to acclimate. If fatigue is a major contributing factor to aircraft incidents, we have just taken a major step backwards in air safety. I know of no way to test for this on FAA physicals.
*	Currently it is taking over 45 days to renew a special issuance. Try to speed up the review process.
*	Currently USAF pilots can utilize their AF form 1042 (now documented on DD Form 2292) flight physical as a valid 3rd class FAA medical. As a USAF Flight Engineer, I receive the exact same annual flight physical exam from the USAF, documented on the same DD 2292, yet can not utilize it as a 3rd class medical as it doesn't say 'pilot' on it. Current FAA rules should be adjusted to allow all military Flight Deck crew members possessing a current DD 2292, to utilize that physical as at least a 3rd class medical. Better yet, It should suffice as a 2nd class medical. These annual military flight physicals are much more thorough than any FAA physical I've ever received. Its an unnessecary cost for service members to pay out of pocket to see a civilian AME to tell us what the military already does, we are fit to fly.
*	Customer service in Oklahoma City - should have extension so you can call back and get the same person. No continuity.
*	Cut the time lapse for special issuances. Let the regions in conjunction with AMEs handle the recurring SIs. My last go-around with the SI stuff I went through the region and my date was in the computer in two days as opposed to 3 yo 3 weeks.
*	D.O.T. have better docters & physicals
*	Dealing with secretaries is not appropriate!
*	Decentralize the certification process. Leave it up to the individual AMEs, not to CAMI, who has never examined me before.
*	Delete Class III requirements associated with Obstructive Sleep Apnea (OSA) or justify to the public and us aviators why the requirement exists. Has there been a trend of private/rec pilots falling asleep in flight? If not, delete this onerous requirement.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	Designate REAL Doctors, preferably General Practitioners and more of them. At least, DOCTOR'S who are up to date , have an active practice, who REALLY care, and aren't just going through the motions for the money.
*	Diagnosed with Type II diabetes that is under control. The response time from FAA has had me grounded for 5 months and still have no idea what is going on. Don't even know who to contact. There seems to be no role for my AMA after submitting to the FAA. Broken process.
*	difficult to get a hold of someone and when you do, you are provided very little information other than "it is under review" . Perhaps use FAA website as an interactive way to communicate with the FAA and find status of certificate without having to talk to a person.
*	Do away with 3rd Class medical exams. Require medical exams for pilots carrying passengers "for hire" only.
*	Do away with third class medical requirements
*	Does the FAA track AME's in any way that always issue medical without question? I believe there is a correlation between what an AME charges and their pass rate. Any airline pilot in any state can tell you who the easy AME is and how if you pay them whatever they want to charge you will pass. It's a scam. A racket. An embarrassment to medicine and to professional aviators. I've probably had over 40 exams in my history and only my current AME does a real evaluation.
*	Doing away with the recurring medical exams for non-commercial pilots will help reduce the cost of flying without compromising safety.
*	Don't back-date certificates. Date them on the day the decision to issue is made. Otherwise the record is invalid as t would appear a certificate was valid prior to its issuance.
*	Don't take so long to get back to me while my medical certificate is on deferral. Its been 3 months and I still have not heard anything from the FAA.
*	Don't take so long to review paperwork sent to FAA. Mine is a cut and dry case of cancer that was treated and now I have sent three different doctors reports to you saying I am cancer free. Why does this process take so long? I have been told the wait is 90 days or longer which I believe is unreasonable.
*	Dont treat PTSD differently than military pilots. I can deploy with complex weapon systems but cant fly a 182.
*	Drop the medical requirements
*	Dump the 3rd class completely. Go with exactly was proposed by congress. The FAA is screwing up a good thing. Also, why don't you get data on the medicals that are denied to see if you are really doing any good.
*	During the medical certification process I had to supply extensive medical records. I supplied them electronically and then discovered form the RFS office that OKC did not accept medical records in the electronic format. that I had to print out my records and the they had to be scanned into the system. This added considerable time and expense to the process. Seems like a waste to have to print out over 300 hundred pages of records so they can be scanned into the system.
*	Each time I complete the form I have to enter medical appointments. It would be nice if the system kept old appointments and I could just add the most recent visits. The staff that answer your help line are great.
*	Each time I submit the form, I have to start from scratch with medical history. If the info is on the system, why does it not show, and then ask me to update with new items from the last two years
*	Each year I apply for a special issuance. Every year I submit all required paperwork, doctor approvals, test data, etc. And every year the process takes months to complete. Even though I comply with all FAA requirements on time, the process of final approval is cumbersome, time consuming and wasteful.
*	Earlier this year it took three months to process a special issuance. This is way too long. One month should be enough

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	Either let AMEs who know what they're doing certify pilots for all conditions or employ people at CAMI who know what they are looking at and how to QUICKLY evaluate the forms you insist pilots send to you. If you can't tell what's normal or acceptable by looking at the data you demand, what's the point of demanding it?
*	Electronic submission of medical documents can expedite and streamline the process.
*	Eliminate any medical exam of any type for class 3. Under new rules make sure to allow a chiropractor to do the 4 year review
*	Eliminate any requirements for FAA medical certification for private use as long as the pilot holds a drivers license.
*	Eliminate Medexpress system as it de-humanizes the process of certifying a person's good health. Simple checkboxes and multi-choice answers cannot replace the wisdom and experience of an AME. My medical certificate was denied because of false assumptions which the Medexpress system could not accurately describe.
*	Eliminate the "Have you ever" questions. I don't see the importance of something that may have happened over 30 years ago. I think that only things that have happened no more than 3-5 years ago should be relevant. I also had to get a letter from my regular care doctor for having migraine headaches which I have never seen a doctor for. I feel I had to "jump through hoops" that are/were unnecessary.
*	Eliminate the 3rd class medical requirement.
*	Eliminate the need to go to an AME and allow our family doctors to ensure we are medically safe to fly!!
*	Eliminate the need to report every doctor's visits, hospitalizations or visits to a healthcare professional for the last three years if the event has been already reported in a previous application.
*	Enable the Medexpress online application form (8500-8) to bring forward more of the required historical data from previous years. Specifically, 17a."Medication," and 19."Visits to health professionals previous three years." Not really an issue for young and perfectly healthy applicants but for those of us who must fill those sections out each time, it's cumbersome and unnecessary to "start from scratch" when I could just edit and add to the information I provided on the previous application.
*	Encourage more doctors to participate in AME program. (Incentives)
*	Ensure that anyone applying for a medical certificate is aware that the MedExpress application needs to be filled out prior to the appointment and that they will need to have all past medical history, any medications currently taking, as well as office/hospital visits in the past 3 years. Also, when trying to call the FAA to get the status a previous letter sent, I was told that there were too many callers and to call back at a later time. Another improvement would be to have an online portal where those with deferred applications can see where the application is in the process (where entire history can be seen and managed, update with appointments in between medical certifications, etc.)
*	Ensures pilots are aware of most current changes, ie, class III medical cert. changes and not rely upon magazines
*	Especially with 3rd class reform, the FAA needs to more clearly explain and identify the pilot's responsibilities for self-certification for every flight. The complexity of flight requires that every pilot do a reasonable self-evaluation before making the decision to fly. Reciprocally, the FAA will need to clearly communicate "self-disqualifying" states of illness. Many pilots will lose the ability to fly safely before they lose the desire to fly.
*	Everyone that I dealt with at the AME's office and at the FAA Medical Certification Office operated in a courteous and professional manner. They answered all of my questions and were available to answer any concerns I had. My only concern was the length of time that it took between my appointment at the AME's office and the time it took for the FAA Medical Certification Office to issue my medical certificate, which took about 87 days. There were no changes in my medical condition from my prior physical and only for that reason I am concerned with the amount of time that the process took.
*	Everything should move faster.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	EXAMINER SHOULD BE REQUIRED TO CONTACT APPLICANT'S PRIMARY CARE DR, IF HE DISAGREES WITH PRESCRIPTIONS. IN MY CASE, PILL WAS METFORMAN ON A TRIAL BASIS. HAVE NOT HAD IT SINCE NOR ANY SYMPTOMS OF DIABETES. DEVELOPED A REAL PROBLEM COMPLETELY UNRELATED ABOUT A WEEK LATER AND MY PERSONAL DOCTOR REFUSED TO DEAL WITH OAK CITY UNTIL WE HAD RESOLVED PROBLEM, (HE THOUGHT I WAS NUTS TO EVEN WORRY ABOUT IT) BY THAT TIME, EXPIRATION DATE HAD PASSED AND MEDICAL WAS REVOKED. FYI: WAS TAKEN OFF ALL MEDICATIONS AND NUMEROUS PROBLEMS DISAPPEARED COMPLETELY. AM NOW TAKING ONLY LIPITOR AND A SMALL BLOOD THINNER.....NO VITAMINS, ASPIRIN, ETC. THE "REAL PROBLEM" WAS LUNG CANCER (TYPE 1) EARLY DETECTION; CANCER FREE BY SURGERY...NO CHEMO. FOLLOWED BY BAD INFECTION OFF AND ON FOR ABOUT A YEAR. AM NOW ON CHECK UPS ONLY.
*	Examiner's fax machine was broken, and my PCP could not get my medical record to the examiner. The examiner sent results due to time restrictions I was told. Then I received a threatening and intimidating letter Warning me that I must surrender any current certification to them immediately! As a former Federal employee retired, I was a disappointed with the entire process. I gave up, and decided not to try to purchase my friend's Piper aircraft.
*	Expand the number of conditions for which the CACI program applies (e.g., allow insulin-dependent diabetes to be a CACI, particularly if airman demonstrates good control of his diabetes and awareness of when low or high glucose conditions are happening and knows how to address them). Improve turnaround time for medical certificate applications that must be referred to the Regional Air Surgeon or Federal Air Surgeon. Allow diabetics who use insulin to hold Class I or Class II medical certificates, and remove limitation on the medical certificates of diabetics who use insulin being valid only in the United States.
*	Expedite 3rd Class Medical Reform. The current requirements are to arduous, costly, unnecessary, and outdated to safely fly small aircraft for recreation and pleasure.
*	Expedite Class 3 rules.
*	Expedite deferral process. Create a system in which a pilot that has had a medical deferred can follow progress of his/her application.
*	Expedite mailing's
*	Expedited treatment of deferred AME airman exams.
*	Extend the new 3rd class rules to those flying Part 91 above FL 180.
*	FAA "ghost applicants" should travel the country going through the Class 1 application process to evaluate the actual screening process. Over my 38 years as a airline pilot I've seen some very very intense screenings and some very lax screenings. Random inspections with FAA inspectors posing as pilot applicants would help ensure a standard screening process.
*	FAA is behind the times in understanding what should constitute a special issuance of a medical certificate and once granted, conditions under which the special issuance needs to be reissued or evaluated. A minor change in medication regimen caused an earlier special issuance to be reconsidered and delayed issuance when cause was changing a medication to a newer more effective one for the same condition. Lab results showed no deterioration in the condition, in fact improvement but AME required to resubmit notwithstanding causing a 3 month delay in issuance of medical certificate. Backlog of processing application on first-in-first-out basis when processing involves minor review also causes inequity when complex issues have to be processed first before a simple review can be evaluated.
*	FAA Medical Certification continually is 3 month behind, i.e. my application is not even reviewed for two months and it takes another month to get an examiner assigned. Then with followup information requested this last time only another 1-2 months for a total of 5 months to receive the special issuance medical from data submission. The request for additional information included a diagnosis of diabetes which I did not have and never have had. It seems like if FAA is continually 3 months behind, they could just as easily be 1 month behind.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	FAA must hire and train many more people to process and provide timely responses to applications, appeals, special issuances, etc. In addition FAA should much better information about the specific reasons for denial of medical certification, including the ability for a pilot to discuss the issue with an appropriate FAA staff person. We as pilots can't read the minds of people who issue these letters, and should not be expected to understand all the arcane procedures and documents guiding FAA personnel in maaking decisions. My denial was a complete surprise and the experience of appealing it was like talking to a wall.
*	FAA needs to concentrate on keeping pilots flying not testing there own ideas, that cost far too much money. Example; sleep apania, the FAA is using this as an excuse not to regulate duty time particularly with 121, 135 operations and other flight operations.
*	FAA regional should rely on long term AME person professional knowledge of the pilot 2nd permit to issue local release for flight including special issuance on condition.
*	FAA requires examinations and tests annually far beyond that required by my primary care physician and healthcare specialists. Maintaining my flight medical causes me great expense annually.
*	FAA should provide a [UNINTELLIGIBLE] instead of lengthy mail & email responses.
*	FAA should send a text that says paperwork was received and under review and approximate time to complete.
*	FAA to speak with the pilot, so they now what to do or send in for paper work to reissue new medical.
*	FAA, I performed and paid for all tests that was required, took the information to my AME 6/07/16 and he sent it to the FAA, did not receive any response until 10/14/16. Each time I called and asked if any progress had been made, All I could get is your application is under review
*	FAA's treatment of transgender individuals, while improved over the past, leaves much to be desired.
*	FAAMedXpress is a good concept, but the website is not very user-friendly, especially with regards to entering medications, visits to Health professionals, and additional informaiton for Medical History. Part of the issue is the form itself, but most of it is GUI design.
*	Fact: Dr. [Name] has: 1. A very negative attitude towards retired military pilots; 2. True, I am retired military fighter/transport pilot. I was a DC-8 Capt for a major international airline. I have over 16,000 hours of accident flying. Fact - I recovered and dead sticked [AF-86]. Recovered a C-135 Boeing 720 from an explosive decompression DBE to a co-pilot side window failure, recovered 2 C-141 (CL300) while on test team in 1966 from absolute major emergencies, flown all over the world, landed at locations and all without route checks and realized while flying for [UNINTELLIGIBLE] Capt. that civil flying was a piece of cake in comparison.
*	Faster feedback on special issuance medical certificates.
*	Faster follow up from Oak City
*	faster more efficient review and approval of applications deferred to OKC. My waiting time was WAY too long.
*	Faster response for minor issues that may prevent a medical certificate from being issued at the time of the exam.
*	Faster response or at least notification of process time.
*	Filling in medication can be a bit frustrating when combination meds are used. Would be nice to save when last EKG was performed. Last reported hours. I suggest we do away with paper certificate and just get an electronic certificate on line. cell phone or laptop or tablet could show document if and when needed. Consider extending use of FAA medical certificate for things like DOT or Military exams. Colleges and Universities could accept a Flight Px in place of Generalized px forms.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	Find a way to speed up the process
*	Fire Dr. Warren Silverman. He was lazy and failed to research what was required if a pilot had a kidney stone. The CACI worksheet would have allowed him to grant me my medical in one day. Instead he took my money, but passed my up to the FAA medical branch to complete... which took 5 months. My recommendation for process improvement is to fix the FAA's Medical Review Branch antiquated process. It causes a huge backlog, unnecessary delays and unnecessary hardship to the pilots subject to the process. I state the system is antiquated, because it doesn't use email or phone calls to communicate with pilots or any relevant doctors/labs. I was an Inspector General for the Army, and if I relied on snail mail to research my cases, I would have been 5% as productive. Your reviewers should be able to telephone pilots or doctor's offices and receive necessary supporting evidence by e-mail. To continue to conduct medical reviews as the FAA does is an inefficient waste of reviewers time, and unreasonable hardship to pilots who need a medical to earn a living
*	First Class medicals should be once a year unless determined by the AME a six month cycle is necessary per individual.
*	First Class medicals, change the valid time from 6 months to 12 months.
*	First I selected the wrong medical class at the beginning of this survey, I chose first class when in fact i'm applying for third class and couldn't go back at the point I realized what I had done. The term of the 3rd class could be longer even over 40 if you have sleep apnea. I love my machine and get a great night sleep using it. It is expensive to comply with all the required appointments the sleep apnea doctor wants you to follow. You guys have no idea the amount of hard sell the doctors put you through to get you to purchase a new machine or get you to complete the night sleep study. All these things cost money and our medical benefits get crappier every 5 years. I follow my primary doctors instructions, right now I finally got my blood pressure under control and have sent all my information to Oklahoma City, but it was a struggle to do this. We had to find the medication that worked on me. But the sleep apnea part is frustrating. I use my machine and love it but to prove to you guys that i'm using it costs money and lots of it. There has to be a better way.
*	First of all thanks for this opportunity to vent . I would like to suggest to have our pictures on our licenses instead of the Wright brothers. Next, I would like to streamline the process of special issuance, but I believe more man power is needed in OK.
*	First recommendation. Disband completely the call-in system. First, it is very difficult to even talk to anyone. Second, once you reach a live human being, they do not know your file; they simply read from notes. Third, they have NO information to dispense. The call-in system is completely useless. Save money for the taxpayers. Second, assign A representative to the file who WILL be responsible for its progress. I have spent thousands of dollars on additional documentation, have waited months and still have no idea where I am in the process of certification. I have no one to call or even write to, and I have written letters. No one in the FAA is responsible for my file. It is a joke. Third, in my case of alleged ADHD, there are very few clear written published guidelines or standards. Prior to reapplying for medical certification, I had no idea, and I read alot. Issue detailed step by step standards or guidelines.
*	First, a compliment: The FAA Medical Certification Division is staffed with highest caliber staff of any FAA unit I have dealt with. All very well qualified professionally (starting with my AME) -- but all have been very "pilot oriented" & promptly responsive... even though they make it clear SAFETY in the sky is their top priority (and rightly so). Recommendation: When FAA Oklahoma City first requested additional information, the tone seemed adversarial & prosecutorial (which scared me unnecessarily). Later on, the tone turned more objective & professional -- which made it easier for me to cooperate fully. I appreciated the FAA Oklahoma City's thoroughness -- and their final conclusions & recommendations were very fair. Moderating the tone from the beginning -- would be an improvement, and yield better results plus added good-wil amongst pilots.
*	FOLLOW UP SHOULD BE ON TIME AND MORE ACCURATE TO THE POINT OF EXPLAINING WAY THEY REFUSED MY MEDICAL DOCUMENTS AND KEEP ASKING FOR THE SAME ONES OVER AND OVER AGAIN.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	For a number of years, I have applied successfully for a 3rd class medical valid for one year each time--per the conditions set forth by the FAA Medical Staff at Oklahoma City.. I had a stent installed in 2007, with good results to date. Monitored stress test standards have been met/exceeded each years, with the detailed data supplied to FAA OK facility for additional review..The last test went to the 10METS level at age 90. I also see my primary care physician quarterly at a minimum to assure that my health is maintained . RECOMMENDATION: Simplify the data requirements; for health monitoring and routine care, allow the listing of the physician and the number of visits in a given year. For an unusual event, retain the requirement to submit the specifics of the medical event. Currently, when the listing required exists exceeds the computer space allotment , the message is "review with your AME".
*	For a third class medical certificate only a valid state drivers license should be required.
*	For airline pilots working for a Part 121 carrier, if there are no medical waivers on his medical certificate, eliminate the need for a physical every 6 months and make an exemption for healthy pilots yearly at the most and an EKG only every 2 years over 40. If using the same AME who has access to previous medical applications, only list new medical visits since the last flight physical.
*	For paperwork submitted to the FAA in OKC, it takes an unnecessarily long time for that paperwork (doctor reports, lab work, tests) to be scanned into an electronic record and viewed. This process has been cumbersome and left me and many others from returning to work in a timely manner.
*	For providing "visits to medical professionals in the past 3 years" I do not think that an applicant should need to re-enter the same visits in every subsequent application. MEDxpress should SAVE all that info and simply ask for confirmation/correction of previously entered items. It is too difficult to keep a rolling tally of any doctor visits for three years. I get a first class every 6 months. If I report a doctor visit, I should not be required to report the same info 5 more times over the next 2.5 years. I should simply be able to confirm previously entered info. What is the point of computerizing the system if it doesn't store the data we enter?
*	For recreational only pilots and pilots who may fly 1-6 hours per year, very limited access to real people to talk to. Further, given my chemical use in 2012, way too expensive just to get through the medical certification process given my personal facts and circumstances. If I were "just" able to speak with a knowledgeable and understanding FAA medical person, process and learning curve would have been so much smoother.
*	For recurrent applicants, change question that asks for prior visits to health care providers in prior 3 years to to previous year only rather than previous 3 years.
*	For SODA requirements. Provide actionable information, contacts and process info so one can get the medical done in an easy timely manner
*	For someone like myself, with perfectly controlled diabetes, (type 1) the delay in getting my medical seems excessively complicated. I only get a 3rd class, yet it always takes 2-3 months to get AFTER THE EXAM!!! So, I really only have 8-9 months flying privileges, using a medical that is supposed to be for a full year!! This happens each and every year, too!!! I Love flying and have been flying safely for years, but this procedure is getting old. The AME should be able to issue my medical by himself!!!
*	For the list of previous doctor visits prior to physical, a list of excluded visits, for example dental exam, should be given to decrease workload of applicant. Question on physical form asking if contact lenses are used for near vision is too vague, as contact lens users who are not presbyopic do use their contacts for near and distance. Question should be re-written as do you use contact lenses for near vision ONLY.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	For the previous 5 years I was privileged to fly under a 5 year waiver. Knowing the waiver was to expire August 31, 2016. Therefore I began the process of securing another waiver in June getting required medical test data. In July 2016, I provided the required med to the AME. The AME forwarded the medical data to the regional office. From there it was forwarded to Oklahoma City for final review to issue another waiver. I did receive a waiver in October 2017, unfortunately, the waiver issued is only through July 31, 2017---9 months. Why not for 5 years---my medical test data documented an improvement in my physical health!
*	For the record, I had several issues to clear up to receive my second class airman Certificate. I have only one left which is being addressed at this time after conferring with professionals at your Oklahoma City Facility Who have been very helpful. On the issue of the AME exam, I am left with a lack of confidence in the system after the conduct and actions of the AME and I will not see him again under any circumstances. I feel that there should be a system within the FAA to lodge complaints against providers for a range of issues from attitude and manners to professional and performance conduct. I suggest a feedback type system with the capability to write summaries about the experience.
*	Four months after my physical I have not received my certificate. The NE regional Flight Surgeon retired a month prior to my medical cert. application renewal. My application was shunted to CA and then OK. I am feeling great and out of work for four months because the FAA is inexcusably tardy. I routinely call OK to get my application "flagged." Reason my medication is "under consideration and not approved yet is because fatigue is listed as a side effect [like it is for virtually anything] and yet, the only people prescribed my med are those with anemia. It is given to raise hemoglobin and make us feel well and to give us back our energy. I feel better than in 3 years. This process should be left to pilots and their AME. I have seen mine for 30 years. Neither he nor I want me to fly when compromised. I have nothing but good to say about my local AME and nothing good to say about FAA Central Command.
*	FYI I am a for Healthcare administrator of 20 years experience and I would suggest you hire staff that can read a medical record. If you cant find people who can (and if you check my case it is obvious you have staff who can't), then hire me. I am able to read a medical record.
*	General Comment: Prior comments on low correlation between AME exams and flight safety, I support need for medical certification, particularly for 2nd and 1st class. Recommendation for Improvement: For certain conditions such as mild asthma, mild sleep apnea, cancers with completed chemo therapy and no recurrence of the cancer it would be helpful to have clearly defined protocols that could be administered by the local AME. That way the applicant would know what test results or specialist reports to bring to the exam, and assuming the reports show all is well, be issued the medical certificate on the spot. I believe that could be done without compromising safety. Some reports might require further review, but at least the required data could be submitted up front without having to wait 30 - 60 days just to find out what tests or reports are needed.
*	Get a program and form at MedXPress that doesn't look like a DOS program from the 90's.
*	Get away from faxes and the US Postal System. Half of my correspondence to OK City were lost in the mail. Adding 10 days to two weeks in each direction extends the process into months. The pilot is on his own for special issuances. The process is so overly complicated that the AME can't afford to spend any time on it so the non-medical pilot is forced to do all of the work himself.
*	GET BACK TO ME AND TELL ME WHAT I NEED TO DO TO GET MY MEDICAL BACK.
*	Get feed back to applicant in a more timely manner. My information was sent to Oklahoma City in late July and I am still waiting to hear from them. I have had additional medical appointments since the information was submitted and I have sent those results to Oklahoma City. I depend on flying to supplement my retirement and it places a real burden on our finances when I am unable to fly.
*	Get more thorough, blood tests, mental evaluation. Inner plumbing tests etc
*	Get out of the Third Class medical business, it adds no value to the Safety of Flight. Reduce the cost to the flying public.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	Get rid of the assinie rule that if you fail a medical you can't fly a light sport aircraft. If you can drive a 7 passenger van with a load of little kiddies you ought to be able to fly a plane with 1 passenger for God's sakes. Just so stupid. AND, listen to the patients DOCTOR. No one know any better than him wether or not a person should be flying an airplane.
*	Get ride of all AME's. Family doctors can perform the same function. It would just be a matter of filling out another insurance companies form. By having to go through the FAA, this does not enhance safety in any way.
*	Get the medical reform promptly into the FAR's. I and many like me should be self certifying. The Public is plenty safe without an AME passing judgement on my health.
*	Get the staff required to respond in a more timely manner. 10 weeks to review a one page status report from my Dr. is too long.
*	Get their act together when there is something that requires their permission. Why does it take so long to get answers and approvals. The frustration and stress is high for these pilots and causes a lot of them to give up flying. This in turn is hurting aviation. Is it the intention of the FAA to get rid of GA??
*	Get up to date on the treatment of medical conditions. For instance cancer, I can't get a medical if I am on any chemo treatment. Yet I am perfectly able to do anything else I want and have no problems. These treatments effect everyone differently. I've been doing chemo for ten years now and have no side effects but still can't get a medical. I spent six years restoring my plane and had to sell it.. Thank you Uncle Sam!!
*	Give me a way that I can update MedExpress each time I visit a Dr. or have a medical procedure done so I don't have to do the research at time of Medical. Like the way a medical record works. That way it will be caught up to date and much quicker and probably more accurate at medical time. I think a lot more communication will need to be done to educate the average pilot (especially the older ones) what medical reform means and what it doesn't mean. Right now there is a lot of mystification and many I think are conjuring up things in there minds that just aren't going to be. I appreciate all the effort that is going into reform and looking for ways to help all involved. Thank You for doing all you can to keep more guys flying.
*	Give the AME greater discretion in issuing Class 1 and 2 medical certificates. They do a lot of work researching any health malady and are best able to make a decision on the airman being fit to fly. In my case, thoroughly researching my one time transient ailment produced a lot of paperwork supporting my case to fly, yet it had to be submitted to the FAA for a special issuance. Consequently, I have lost my part time pilot job and have not heard from the FAA.
*	Give the examining physician the right to check blood sugar and the right to make a judgment regarding pilot's right to the medical.
*	greater awareness of mental health and mental health assistance.
*	Greater emphasis should be placed on pilot responsibility for ensuring fitness flight at a given time. Less emphasis placed on a one-time exam to ensure fitness for flight. The one time exam currently in place provides a pilot with a false sense of security regarding risk assessment for flight.
*	Greatly need secure email for submission of data!
*	Greetings, Based on many FAA medical exams, I think the application process is way too time consuming and takes up valuable time from the doctors and the airmen. Seems the docs spend too much time processing the application, and are bogged down in paperwork. Other than that, airmen's health is a very important issue. I support medical evaluation. Thank You, [Name]
*	Had an M.I. in April. Went through the necessary procedures to reattain second class medical. I feel I have to keep bothering my AME in order to determine my status within the system. Those of us going through this process of attempting to regain our medicals should be able to access our status, ie. whether our "folder" has been viewed by the medical panel or where its location is within the stack and possible projected month of viewing. I don't mind waiting in line so much if I have an idea of where in line I am standing.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	Had to call repeatedly to get status. The process took over a year.
*	handle the applications in a timely manner, mine has been way to long in the decision making process.
*	Have a "as previously reported" option for medical examinations and doctor's visits from previous applications.
*	Have a box to check that indicates flight hours are approximate. Under visits to physicians over the last three years, have a box to check that indicates previously reported.
*	Have AME be trained and we'll versed in dealing with special issuance information and processes. Encourage local AME to work more closely with pilots physician to streamline and acquire needed information.
*	Have better communications with applicants and their physicians if there are issues and take into account the effort put forth by them and their physicians to qualify for the medical certifications.
*	Have Med Express populate with total previously entered about surgery/hospitalization to save time on data entry.
*	Have MedExpress retrieve previously reported visits to healthcare providers so that I don't have to search for them every 6 months. As we get older there are more routine and precautionary visits to healthcare providers and having to re-tabulate them every 6 months is burdensome. I should only have to add new (previously unreported) visits to healthcare providers when I complete MedExpress.
*	Have MedXPRESS remember my previous information. I have to get new medical 2 times a year as a part 121 captain. Gets old having to input old medical information like doctors visits from 2 years ago that are already in the system. Same goes for my hours and current prescriptions. Just give me the option to update it or confirm it. Would be more accurate and much easier. Same goes for asking my precious application. You already know that information. Thanks.
*	Have not heard from FAA Oklahoma or AME regard my medical status!!
*	Have regional AMEs take advisements from pilots' primary care physicians, specialists, and examining AME rather than require expensive, redundant and dangerous tests.
*	Have reporting requirements spelled out better and available to read and/or download with online searches. I had a heart catheterization that was successful but the surgeon did not take a post-surgery image of the improved flow, so I was denied a single-pilot Second Class physical. What's upsetting is that I researched the requirements and even visited my AME to make sure I procured everything I would need to get my physical back, but that image was never mentioned, or at least not prominently enough for me to discover it. This is most upsetting and very preventable with a better system. Even a hotline to FAA headquarters would be nice, or an office that would respond to email questions so we can have a written record of requirements.
*	have seen too many people have to go through too many stupid overbearing long expensive medical test for minor or long past medical issues. One student made the off hand remark he had trouble sleeping once and a while ( who doesn't ) and then had to go through all kinds of sleep deprivation tests, treatment and therapy .....don't say too much or else...or kidney stone 15 years ago now have to test every 6mo.....or using med for restless leg syndrome years ago and then flunk 3rd class for using sz med.....or long psych tests because they used anti depression med for a few months years ago because their mother died....on and on
*	Have the ability to see a local representative to solve special issuance problems. Not OK city.
*	Have the AME submit the request and get a confirmation number. I cannot keep up with login information for something I only use once every two years.
*	Have the FAA do at least some sort of criminal background check for ATP pilots to assure that they meet the standards required by FAR 61.153 as to "good moral character."

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	Have the form remember the doctor visits for the previous 3 years
*	Have the form that requires everyone to sign that all information provided is true and accurate with the the threat of punishment (fines and imprisonment), with a space to list estimated total time and not total time. I don't log all of my flight time so I have no idea what my total hours are and I can't fill in the form with information that I feel comfortable signing. I also wasn't able to fill in the med's that I was taking so I had to leave it blank but still had to sign the form as if everything was complete and accurate. If one takes this federal form or any federal form seriously then my signature should allow me to not have to incriminate myself.
*	Have type II diabetes. My exam was performed in August yet I have not heard if my Class III physical is approved or not.
*	Have web md accounts as a living document that requires updates rather than starting from the beginning each year
*	Having been granted a special issuance 3rd class medical 15 years ago for being a type 1 insulin dependent diabetic, I was disappointed the process for this condition being granted a medical hasn't been more streamlined. My appointment with the AME was nearly a month ago to the day and no contact has been given from the FAA in OKC to even acknowledge receipt of my application. With the electronic systems we have today, there is no excuse for this lack of response. Secondly, the general knowledge of the AME was limited in regards to the special issuance sitauation and said "your application goes into the que and I'm basically no longer involved in the process". No specific guidance was offered in efficiently pursuing approval of the requested medical application. In general, there are many things that should have been done to increase the efficiency of this process. Filling out the online form would have been a great opportunity to help guide that direction in capitalizing on efficiency.
*	Having my Special Issuance for Sleep Apnea is a mysterious process. I am never quite sure I am providing the correct information, or having the correct information provided by my sleep specialist doctor (who is not and AME). The review seems take a long time and when I call Oklahoma to check on the status by phone, my medical is instantly approved.
*	Hi! I think the system isorking incredibly good. I would however appreciate a reminder for my next exam. Thanks for everything.
*	HIMS AMEs and pilots should be able to contact the reviewing flight surgeon directly.
*	HIMS processes are not done in a timely manner. It took almost a year for my paperwork to be processed once it was sent to OKC by my AME. Staff in DC and OKC were unhelpful as I attempted to follow up. I dread this ongoing process more than any other part of my career.
*	Hire (if only temporarily) enough staff to catch up. Since the 90 day wait is consistant obviously the input and output are the same meaning - once caught up the sould be only weeks (not months) to wait for decisions.
*	Hire more people to answer question in AAM-313. Cannot get anyone on the telephone. Six months is much to long to wait for an answer regarding Special Issuance of a Second Class medical certificate.
*	Hopefully the reform will make it easier. In my opinion any certified pilot will not take to the air if he has any doubts about his ability. Of course there are a few that will take chances. I am 67 years old , been flying since 02, and love it. It is very expensive and such a hassle to go through this crap every two years that I am sure there are other pilots who will just give it up.
*	Hoping the special issuance process can be improved.
*	How about if you have a healthy heart make the EKG every other year!?
*	How can a morbidly obese pilot hold a first class medical flying for a Major Air Carrier?

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	<p>However, I was caught in what I can only consider a political bind. Due to an issue at work, I went to my primary care physician and requested a script for Zoloft to deal with a circumstance-based depression. At the same time, I sought out a counselor. At no time was I a danger to self or others. The counseling was highly effective and, with the consent of my PCP, I terminated the Zoloft prior to completing the first 30-day prescription. I reported the Zoloft to my AME, who reported he could not renew my Class 3. Thereafter, I received a letter from the FAA describing a ludicrous process necessary to reinstate, involving no less than four physicians. Lacking funds to fly regularly anyway, I gave up on the process. Although my personal morality would not let me falsify my medical report, I would certainly sympathize with any private pilot who did so. Terrible system that desperately needs a pilot-friendly overhaul.</p>
*	<p>Human contact is important during review process. I feel like I have been kept in the dark - don't seem important enough to get someone on the phone to discuss questions.</p>
*	<p>I am a breast cancer survivor and airline pilot. I am anxious to get back to work and frankly need the paycheck, I'm sure you understand. I wish the process didn't take so long. But I don't know your end of the certification business. I just wish it didn't take so long. That's all!</p>
*	<p>I am a diabetic 2, and was given wrong medication. Then was told to take exams that I never needed for sleep apnea which I proved was only mild. I am totally confused.</p>
*	<p>I am a former AME and presently active 85 year old pilot. I have held a current medical for the last 50 years. I actually soloed at age 21. The reason I indicated I would not take advantage of the new LACK of medical for 3rd class is that to get insurance I am required to have a current medical EVERY YEAR! So, although the new regs will be helpful to some young and middle aged pilots who rent, the insurance industry will continue some medical oversight.</p>
*	<p>I am allowed to be high on crack and rob the local drug store three times a week as long as I am not in my vehicle, but a OWI 4 years ago keeps me from getting my medical and continuing to work as a corporate pilot. NEVER has alcohol been an issue with my job or safety performance!</p>
*	<p>I am an airline pilot at a major airline required to hold a class I (every 6 months). I also require a Special Issuance from the FAA. The Special Issuance letters are written in a manner that make them very hard to understand. Several dates and testing intervals seem to contradict each other. I send all correspondence to ALPA AMAS for them to decipher and they provide me with the correct guidance. Even they must contact the FAA to clarify some FAA statements. Please write these letters so that they are clear to understand. Thanks</p>
*	<p>I am an airline pilot seeking to receive my first class medical back. Something I will have to do every year for the next 10 years. I was informed by your office that there is no priority put on a pilots' paperwork seeking a 1st class medical. We are just put into the system on a first come first serve basis regardless of the medical level in question. Someone who is seeking a 1st class medical is someone who earns a living as a pilot such as myself. I have waited 7 weeks since sending my information in. Professional pilots should be given some priority to expedite our paperwork because it is our livelihood.</p>
*	<p>I am blessed to be in good health and have no medical issues that keep me from flying, so this is not applicable to me - but I have a strong opinion on it. The LSA rules should allow pilots operating with a Sport Pilot certificate to fly basic trainers. A Cessna 172 is FAR safer than most of the LSA aircraft available, and much easier to fly. When considering what the limitations are for those flying with a Sport cert and a driver's license, this should be a huge factor. You're absolutely killing aviation with this. If someone wants to fly LSA, they're looking down the pipe at obtaining a \$100k+ aircraft and all of the hassle associated with it. Why not let them fly a Cessna 150??</p>
*	<p>I am currently working through the process to regain my certificate. The Specific steps, requirements, and goals of the FAA Medical Branch are not clear and often result in delay and duplication of efforts. I recommend listening to doctors treating the airman and providing letters and data based on a relevant history rather than the arbitrary norms used by FAA reviewing staff.</p>

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	I am involved with both FAA and NTSB on the hot air balloon fatal accident in Lockhart Texas. It is evident that the application for a medical certificate should not be the only place where pilot need to declare convictions for alcohol impairment. This process would leave out balloon pilots since they do not require a medical. This declaration should also be added to the 8710.1 during the pilot certification process.
*	I am taking a very low dose of SSRI, and the cost and time associated with getting my medical is ridiculous. I think it is more dangerous to have the complexity of getting a medical when on SSRI's. I had three major events happen in my life, a son leaving the house for combat military service, building a house in the mountains and packing our old home by myself, with all those memories. In hind sight I would have suffered through and not taken a SSRI. I am sure there are hundreds of pilots out there that need some small dose of medication to cope but don't want to go through the process.
*	I applied for my medical over 4 months ago. It's been under review for an extremely long time. I'm about to loose a great flying opportunity as this has taken so long. Yes, I made a mistake 6 years ago but obviously have never shown an indication of being irresponsible in a plane and have kept a perfect record since DUI. Not sure why this is taking so long.
*	I believe any medical reviews should come the quailified doctor in that field. If my recommendation for next years medical requirements had come from a cardiologist they would of found I did not need another echo cardiogram.
*	I believe FAA needs to certify more doctors to provide class I medicals.
*	I believe some sort of process is required to ensure that pilots are aware of the implications of their health status on their ability to successfully operate an aircraft. This is my first encounter with needing to provide additional information for a "higher authority", and it seems that a "real-time" reporting system for application status (at region and OK City) would be a labor saving tool--for the FAA and for the applicant. Also, a real-time access to my FAA Medical file would avoid the delay I have experienced getting data.
*	I believe the procedure for re-instatement of the 3rd class medical is flawed. The time frame to have the paperwork submitted and reviewed is extremely lengthy (at least 90 days plus). In most cases, I believe the AME can review and evaluate test results satisfactorily and issue the 3rd class medical to get the pilot back to flying status within a more reasonable timeframe. This can done without any lengthy delay by Oklahoma City. Paperwork can then be submitted and fully reviewed by the FAA at Ok City which seems to be overwhelmed with these types of medical paperwork.
*	I believe the rules involving color vision, night flying, and control by light signals might be be outdated and unnecessarily restrictive. I have read about changes in the Australian flying environment with respect to this issue that allow color vision "challenged" individual to fly commercially at all levels in the industry and think they might provide an example for improvement and also data to aid in the judgement.
*	I believe there are safe ways to allow color-deficient pilots to exercize 1st class medical and commercial licence privileges. For example, if a pilot is unable to identify color signal lights from a control tower in the event of an emergency, they could be required to carry an extra radio while flying commercialy; or, they could be limited as to what airspace they could fly commercialy in. That way, a pilot may not be able to work for an air taxi in class B, C, or D airspace, but could safely work as a crop-duster or bush pilot in class G or E airspace.
*	I called Oklahoma on Monday and Tuesday and they were too busy to handle my call. When I did reach them it was not until the third call that I found out they needed more information. Then it took another week to get my approval, then another week before I received my Special clearance. The main issue was was a heart condition that was corrected and within one year my ejection fraction was maintained at 60% for the last five years Then other non related issues were added. I am retired and fly for pleasure about 2 times per month and fly locally enjoying the freedom of flight. It very costly to go through this special issuance procedure. I feel that under the new procedure that I will be able to meet the FAA requirement with the guidance of my doctors.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	I called the FAA medical number on 6 different days, and was told "due to volume of calls, they could not take my call, and to call Again on another day. It was only by attending Sunnfun at Lakeland FI and EAA at Oshkosh Wi that I was able to effectively work to resolve the FAA misdiagnosis that delayed my medical from December 2015 to August 2016, during which time I flew with a safety pilot. The FAA initially scheduled a review panel in July 2016 for my file, which did not make it to the review consideration due to running out of time. My file was then sent to an outside consultant for review and determination. My file was well documented, including my AME being a prior FAA staff, and it was still delayed in my opinion unreasonably. I am the only pilot for my company, and the delay caused financial harm and unnecessary stress.
*	I cannot assess the reasonableness of this suggestion from an implementation point of view, but if the airmen medical process is to be continued apart from the new law change, an airman's personal doctor would be better qualified to administer these tests and to make recommendations as to a person's flight fitness, even if a special issuance certificate is required. The current process is not unlike the military induction system and only looks at a moment in time of a person's health. The possibility for errors is greatly increased using this method and really the system is little better than that used by the state highway department.
*	I cannot begin to explain the insanity i went through at that office. I have 16000 hours. Never had any problem. I really need to explain over the phone to some one. In okc. The first time I went to the dr. I listed every perscrt. I have. That does not mean I entend to take the pills before I fly. He declined the medical. A year or two later. I went back again. And during the exam. The nurse asked if I had sleep apnea. I said yes. They denied the medical again. And didn't tell me why. Then I found out talking to another pilot the sleep apnea is the " new" focus on pilots. The thing is. I have had it for 30 years and have had surgery and use a cpap machine. Even back when I was young and flying for a living. I used the cpap. Also it shows on old records I have a hernia. I had the operation along time ago and submitted that to the Feds. You all have that record somewhere. I have been declined a medical for things long ago fixed. Ridiculous
*	I cannot understand how the FAA in OKC can override or otherwise change the analysis of the AME who is actually looking at me
*	I complied with all request from the FAA to renew my Medical Cert. in a timely manner. The Examiner has not approved my Cert. The only response is that it is "still in process". My current Cert. expired TWO MONTHS AGO! To say I am dissatisfied is an understatement! I can not fly because the FAA is understaffed, uncaring, incompetent, and just a bloated government bureaucracy unable to carry out its mission in a reasonable manner. I thought the FAA worked with my tax dollars to help me...how naive!
*	I currently am part of the Special Issuance process and have been so for over ten years I've had well over a thousand safe flight hours and have provided the FAA with additional documentation yearly to obtain new Authorizations for Special Issuance. My personal condition is well-established and controlled and falls under the "catch all" portion for uncovered conditions that are Special Issuance at the Administrator's discretion. What I would ask is that the FAA review some of these catch-all conditions to determine if they can be converted to regular issuance or offer extended authorizations beyond one year for conditions with an established, stable medical history and good prognosis. While the 3rd class waiver offered by the reauthorization act is enticing, I still have interests in using my certificate to fly internationally and eventually in Class A airspace, and for obtaining my commercial certificate and potentially a part-time flight instructor rating, so relaxing SI restrictions on well-established certificate holders would be desirable and would reduce the workload at Oklahoma City without endangering public safety in a statistically significant manner.
*	I do not feel I have gotten a fair shake from the FAA. I had heart surgery and my lung collapsed in recovery. On vent for 5 days during which time I had infarcs. Cardiologist, Neurologist, Pulmonary, nephrologist, AME and family doctor all give me a clean bill of health. Still stumbling over cognative test which is why I was denied. I fly regularly with instructors who give me a clean bill of health, have completed Instrument proficiency, simulator training as well as bi-annual flight review requirements since heart surgery. I would like an oppourtunity to interview with FAA so they could evaluate me in person. Frustrated
*	I don't receive a 12 month FAA medical like most annual physicals. The FAA only gives me 11 months. Then I have issues with my health care provider because they require a 12 month period between physicals and testing.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	I don't think you need to send both certified mail and copy via USPS surface mail for notifications; the certified mail suffices. In fact, why not send such correspondence by e-mail with request for acknowledgement?
*	I ended up getting a second request for medical information that should have been included in the first request and would have saved 90 or more days.
*	I experienced atrial fibrillation about eight years ago. I have had annual 24 hour Holter Monitors since costing about what I currently spend for fuel. Any medical student in his first week of clinical exposure could detect this clinically and forego the costly, cumbersome Holter. I requested, after about six years, using the Holter only if there had been an interim episode. The FAA requires all interim medical records. You know, the old 'one size', convenient, CYA approach. Some of my biases were developed while serving as a senior aviation medical examiner (Certificate No. [Number]). Airman certify their interim history, submit all requested or relevant medical records to document interim episodes/treatment.
*	I feel that my requests were not taken seriously. The people making decisions on my application did not seem like genuine physicians. After years of testings I was sent a letter saying the FAA had no record of me taking the tests. I at first was required to take a stress test. I was failed because my pulse rate was three BPM lower than required. I had been a runner for 47 years. Of course my pulse rate was low.
*	I FLY NOW WITH A CFI.
*	I fly wide body international. My concern is with the medical certification with those pilots over 60. It appears that there should be a more stringent exam. We have the opportunity to choose our own AME's (which I appreciate) however, we know there are AME's that are less critical than others. When you are over 60 I think the AME's have to be very comprehensive in their exams to avoid any issues in flight.
*	I go to the Columbia Mo VAMC. All the required tests after going to a "AME" are done through the VAMC. There need to be better communications between the agencies.
*	I had a minor stroke in 2014 and obtained a thorough neuro evaluation by Dr. [Name]. My AME also wrote a letter recommending issuance of a third class certificate. My file was reviewed by the neurological panel and my medical was denied for what appears to be invalid reasons - risk of bleeding from blood thinner, which I have taken for several years during which I was issued several SECOND class medical certificates. I plan to re-submit my application after a procedure that will allow me to stop the blood thinner. However, I feel that I was not treated fairly by the neurological panel and I have heard that one member is crusading to deny medical certificates to all stroke patients. I will request an evaluation by a panel with a different membership.
*	I had a special issuance medical and I waited 6 months for a recommendation and when they issued my medical they used the date that they were sent the medical for my medical, in which my medical is only good for six months.
*	I had coronary artery disease. I say had because I had a double bypass in December 2016. According to my cardiologist, you should accept a cardiac CTA along with an exercise study and you don't. I would like to have a second class medical but chose not to have the invasive tests you require.
*	I had my last physical 3/28/16, under "special issuance". My DO sent my report to OKC and seven months later I received my certificate today, seven months later. YOUR SYSTEM IS VERY FRUSTRATING TO ME AND MOST OTHER PILOTS. I am basically plenty healthy to fly my airplane, and I feel terribly "mishandled". My atrial fibrillation has passed, for now, and I live a great life.
*	I had provided all required documents on recent Colon resection to remove a early stage 2 mass, which required NO Chemotherapy or Radiation but my 3 class medical certificate is being withheld pending further information that I must provide. My surgeons report that was requested and provided was not good enough. I feel that the FAA wants to put an end to General Aviation by removing pilots from their system.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Recommendation for Improvement***

**Recommendations for Improvement(s):**

*	I had some medical issues that required additional information to be sent to FAA. Because there is only a 90-day window to submit, and doctor appointments cannot always be gotten that quickly, I was three days late in submitting the info. At that point, I was required to turn in my certificate before the info would be reviewed. I did that through the regional office, and it was sent to OKC. Then it was ignored for many months. I wasted those months trying to get my AME to address the issue, with no response. By the time I contacted OKC myself, they were requiring new information again. Since there was nothing that should prevent me from flying, I have just decided to continue to fly with friends until the new rules take effect. I will say that when I finally got OKC to understand that LA had sent them the info months ago, that they did get me an answer within a day or two that they should have issued a special issue certificate. But they also now required all new information.
*	I had to call OKC TO REMIND THEM it was waiting for certificate.
*	I had to have a special issuance from OKC this time. The "printing" could be higher quality.
*	I had trouble entering multiple physician visits and medications. It was my fault ultimately, however, I found the entry process confusing resulting in my errors. My AME made the corrections during my exam adding the final two entries for me as I was locked out from making corrections once I submitted the form.
*	I have a good friend who had a DUI, I think more than five years ago. He is clean as you and I and has been cleared by an AME at least two months ago. He has been told that the FAA is overburdened - I have heard that sorry excuse for action more than sixty years !!! Unacceptable. I am sorely disappointed with the FAA.
*	I have a special issuance because of a chronic condition that many other people also have but do not know about, because it is completely asymptomatic. It was chance that it was identified in me years ago, and was even missed by the AME I went to, even though he is a very experienced expert in the relevant area. It may slow me down as I age over decades, but would not be expected to degrade on the timescale of days or weeks. Yet, because I acknowledged the condition on the exam form, its nature meant I needed to obtain additional documentation before being issued a certificate. It was a hassle for me to obtain extra documentation for this when I feel many others out there are flying with the same condition and do not know about it. Per my special issuance, I now need a new medical certificate every year, for any class. 3rd class reform may make this a moot point for private flying, but should I continue to pursue a flying career, this will continue to be a paperwork burden with additional cost to me. I feel a bit unfairly treated simply because I happen to know more information about my health than others might. 3rd class reform appears to be a very positive development (although I am waiting to see exactly how the final rules are written), and I would welcome continued evaluation and adjustment of the medical certification process at higher classes to acknowledge that the medical exam process can not be perfect, nor can it be administered so often to replace pilots self-certifying their individual daily fitness to fly before each flight.
*	I have a special issue for sleep apnea and am required to use my A-pap machine and send in annual reports. It feels to me that I'm guilty of not using my machine until I send in a printout. Not to mention, even before I started using my machine I don't believe I would have fallen asleep while flying.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	<p>I have an atrial fibrillation condition that was discovered during the course of my last examination April/May 2015. My cardiologist submitted the results of all of my required annual testing for the continued special issuance certificate (I had bypass surgery in 2003) with his recommendation that my testing was normal and consistent with my past annual testing. But after receiving this test information including the examination by my AFME (all submitted by the AFME to Atlanta), the Atlanta Regional office requested that I wear a Holter monitor (first time ever request for me to do so over a 55 year history of flying and examinations for a medical certificate). The device showed no fibrillation during the required 24 hour monitoring period but since it did not, my cardiologist and I decided to wear it an additional 24 hour period and I believe that minor fibrillation did show in this second monitoring period. But, more importantly, something in the monitor results also alerted my cardiologist to suggest that I have a heart catheterization. I did so shortly thereafter and he placed two stints in my heart arteries---one in the LAD and one in a circumflex artery. I then submitted all of this new information (Holter results and stint insertions) to the Regional office as part of my continuing application for the special issuance certificate and advised my AFME of this as well. After 30-45 days, the Regional office wrote to tell me that it would be 6 months before I could reapply because of the LAD stint and made no comment on anything about the Holter results. I accepted the fact that I had to wait for 6 months to reapply but since I knew nothing about atrial fibrillation and the Regional office had said nothing about it, I researched the FAA web site and learned that events with heart rates in excess of 120 were not acceptable. While my instances of fibrillation are less than 1% of the time, all of them are in excess of 120. At that point I did not thi</p>
*	<p>I have been a pilot since 1987. I am a private pilot with an IFR rating. In the past few years I had some health issues from complications with Lyme disease. I am back to normal and passed my physical with flying colors. However, at the very end I was notified that a prescription I was on was a disqualifier. All my information was disclosed on my online app when I applied it would have saved me time and money as well as the doctor if the disqualifier list of prescription was published. Basically I have to wait a year once I am off the medicine and reapply. I understand the disqualifier, my frustration was that it could have been avoided if I had known that particular medication was a disqualifier. I would have just waited the appropriate time period before going to take my physical.</p>
*	<p>I have been a professional pilot for over 50 years and am now retired. I have been taking Metformin for the past 10 years. My A1c has always been in the 5.8 to 6.0 range. There is no safety reason that My AME can't issue me a medical as opposed to having to have it sent to CAMI which means it sits in an "in" basket for 4 months. My medical is really only good for 8 months. The new 3rd class rules require my private Quack fill out a work sheet. Frankly, I think I would rather have an AME fill out the work sheet because he or she understands the flight implications. Private quacks are in a hurry to see the next patient and afraid of liability. In short, they are motivated to not do it or just say no and be done with it.</p>
*	<p>I have been away from FAA activities for about 10 years. During that time, I was pleased to see that the FAA started permitting medicals for pilots who use psychiatric medications (anti-depressions, anti-anxieties, etc.) However, I feel as though the list of medications allowed is very restrictive, causing many potentially safe pilots to either be unable to fly or be unable to continue the best course of medication for their medical condition. I believe that most pilots are very responsible individuals and would not operate an aircraft if they felt incapable; they are usually fully aware of the medication's effect on their bodies having used it for 6 months prior to applying and engaging in driving (and perhaps using other dangerous equipment) for that period of time. I believe that this restrictive list encourages airmen to either not disclose their use of prohibited medications or forgo use of the needed medication, hence resulting in them operating the aircraft while dealing with an untreated mental illness (being depressed, anxious, etc.) which is much worse, in my opinion, than having them using the medication. Thank you.</p>
*	<p>I have been away from flying for over 35 years. During that time span I have had a pacemaker implanted -- therefore, I need a special issuance medical. I am aware that that my file had to be forwarded to Oklahoma City for review and action. At my AME examination, the AME requested that I provide him with additional documentation and reports to be forwarded to the FAA which I complied with. For the better part of a month, it seems as though the process has entered a dark hole. I have received no acknowledgment of the receipt of my file, or any indication as to how long the review would take, based upon current workload. I think it would be an improvement in the process if such procedures would be implemented (together with a contact phone number and responsible party, by name) for the applicant to follow up with.</p>

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	I have been free and clear for over 10 years of getting my medical, and I would really like to see an easier way of getting it without having to jump through all the hoops. It is ridiculous how much I have to go through just to get things done. Especially when I can get a Dr. Note explaining that I am perfectly fine. I would appreciate a call concerning all of this. [Name] [Phone Number]
*	I have been licensed for 6 years now. In high school I got a DUI on my first medical I wrote in the section 'Yes young dumb and stupid'. During the 4 years I was licensed. I was charged and never convicted of the DUI all charges were dropped. I Filled out my medical 1/5/16 and answered the question NO since my drivers license was never revoked or alcohol classes were taken. The FAA revoked my license for 1 year. I have paid over 30k in an aviation attorney to fight this. What I found crazy about the entire thing was I was told in court I have to continue to disclose the High School DUI for the rest of my life. I am very rapid I flew through the questions and the pre test to get your number. I am just upset about the way this all went down. You are more than welcome to contact me for more information. There is NOT education out there for recreational pilots to fully understand the medicals. [Number] [Name]
*	I have been on Special Issuance for 22 years. The process recently has much improved. However, I still find the process adversarial based on the assumption that the airman and his doctor(s) are trying to cheat the system. Instead, the FAA should emphasize training the medical community on testing to its requirements which would greatly reduce the number of false positives with the associated delays and costs, all of which discourages airmen from even trying. Nonetheless, I will take advantage of the new third class medical reform once implemented which, in my opinion, will improve flight safety by increasing awareness of medical fitness.
*	I have been taking FAA medical exams for 40 years and preferred the written application over the medexpress procedure. If the upcoming rules regarding so-called elimination of the third class allowed a pilot to operate off a drivers license similar to light sport rules I would have been happy. Looks like too much bureaucracy crept into that process.
*	I have been unable to fly as a full time pilot since my deferral 9/28/2016. My AME informed me he would be out of town and there would be a 2 week delay in submitting my paperwork to OK City, this was after the exam had been completed. This turned into 6 weeks before my packet was even sent in. My calls now to OK City tell me that my application is 'in process' with no detail as to what or when I can expect any more information. This is close to 60 days from my appointment and I am still unable to fly, with no information that I can give to my employer as to when I may be able to fly again.
*	I have been under the special issuance program since 2001. The processing time for the authorization letter is way too long and in my opinion, requires a professional pilot to utilize a medical consulting firm to insure timely completion. If I submit medical and laboratory test results with any miniscule fault or omission, it takes more than a month to receive a response, and by the time the pilot re-submits, three or four months could pass, during which he would be unable to work for part of that time due to no medical certificate. To avoid this scenario, I am forced to spend big bucks on medical consulting services to avoid these bureaucratic delays.
*	I have been waiting for my medical that expired 9/30/2016. It is now 10/24/16. Need to expedite review process.
*	I have been without a FAA Medical for an unduly extended period of time. I think 2 to 3 weeks is ample time for FAA approval!
*	I have called Oklahoma every other day for over a month and not able to get through because of high call Volume.."please call back again" . Apparently there is a lack of man power or the current system is extremely inefficient.
*	I have had two incidences of AFib. I have a very experienced and qualified cardiologist. He reads the traces of my required 24 hour Holter Monitor and my echocardiogram and determines whether I have or had a problem. Why must the FAA doctors examine both. Does the FAA think the cardiologist will give a false report or worse lie? If the reputable cardiologist says the client/pilot is fit to fly, take his word and reduce paperwork.
*	I have high blood pressure and low testosterone. I am being treated for both. The FAA took about 90 days to approve (thank God) my medical. During this time I was unable to be PIC. I feel this process could have been handled in a more timely fashion. But in the end, the FAA did issue my medical.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	i have known far too many pilots not getting there medicals back once they have been cleared to fly by there doctors! the medical board review system needs to be pro active and work in a timely manner, to get these pilots back to work!
*	I have never experienced such incompetence from any entity. The first packet of information i sent to OK city somehow was lost. Then your representative does not check to see if you had actually received the packet and tells me to wait for 2 to 3 months. Then after following up I find you never received anything and the whole waiting process begins anew. 9 months and waiting for you to review and told I must remain waiting. Call weekly to flag file but for what? Have very little to say good about your organization.
*	I have not seen the regulations pertaining to the new third class certification procedures but I fear they will be just as cumbersome as the existing process. I am in favor of the driver's licence standard along with self certification for determining third class medical qualification. I think the FAA's due diligence would be performed if pilots requiring third class medical qualification were required to answer a yearly online self certification questionnaire whereby pilots were required to certify that they met a series of qualifying conditions. I think the vast majority of all third class medical applicants are aware of their medical qualifications before flying and would not willfully endanger the lives of others because of their poor health. When compared with the damage a driver of a large tractor trailer or bus can cause due to poor health, the danger caused by in-flight medical problems for a pilot flying a small single engine aircraft are minimal.
*	I have sleep apnea and use my CPAP machine as prescribed, but have to jump through excessive hoops to get my medical. The last 2 3rd class medicals my AME has issued me my 2 year valid medical and Oklahoma has denied it and sent me a 1 year medical due to special issuance. I then have to send additional paper work from my doctor saying I am compliant with my CPAP machine and I have to send in the usage from the CPAP machine data. I like most pilot will not fly if I do not feel good and feel that sleep apnea patients should be able to have a 2 year 3rd class medical with out additional work involved.
*	I have sleep apnea, there needs more focus on getting the body back into shape with nutrition so that we can eliminate the need for wearing CPAP the rest of our lives. CPAP is just a band aid for the problem. Not long term solution.
*	I have submitted my medical info in August of 2016 and have not heard back from them???
*	I have to do a yearly examination for sleep apnea to keep my medical current. It would be nice to either be sent an email reminder or by mail reminder to do so. Also, taking something as mind as in my case of sleep apnea this serious is kind of over doing it in my opinion. I am a Private Pilot and I am well aware how fatigue can effect a pilot's performance. It just makes it a little difficult and frankly a little nervous that my license is under this examination. Thank you.
*	I hope the new process with regard to 3rd class medical certificates is implemented promptly. My current medical expires in June 2017, a month and a half before the automatic provision of the law takes effect. I would not want to have to get another 3rd class medical only to cover the gap of a month and a half. I thoroughly agree with the AOPA-EAA petition regarding the lack of need for 3rd class medicals and that doing away with the requirement will avoid unnecessary time, effort, and expense for pilots.
*	I just don't like having to self evaluate myself on a government form, which is worded to some extent for a professional Doctor to evaluate, and / or decide how each section should be ( in HIS opinion) answered. This is submitted AS-IS and becomes record even before the ME talks to me.This encourages the normal pilot to answer in a way that will be accepted by the ME, and FAA, and will not reflect an actual condition that the prospected pilot may have. It makes a pilot want to answer "Correctly" instead of honestly, And only after a meeting with the ME does he know what should have, or what should NOT have been mentioned. i.e..A pilot can't fly after a foot operation, and is prescribed pain meds for a week. He's not flying, obviously, but is he now considered on illegal drugs? The FAA demands that be reported....do you need to?
*	I just realized that I said I was trying to get a class 1 medical but it was actually class 3. So far I have been trying to get clearance for class 3. It took about 5 months to get a denial and now I'm waiting for a response to my request for reconsideration. I expect it will be about 60 days before I hear anything beaded on the time it took to get the only two communications I have had with FAA.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	I like filling out the application on-line, but would like to see data retained from year to year so I don't have to fill it out completely each time.
*	I like the "medical" training, programs on how drugs might effect us, other factors (sinus, vertigo, lack of sleep), practical matters that affect us every time we contemplate a flight rather than a somewhat arbitrary bi-or tri-annual visit.
*	I lost a job because I was not aware of the additional test results required for my certificate and have been unemployed for over nine months. When I call I am told only that it is in a Que to be reviewed. I had the proper blood test results proving I was fit to fly months ago but I am still stuck on the ground. I can understand if there is a staffing issue but I don't understand why I have not been told at least where in the Que my certificate is.
*	I need a waiver due to medication for PTSD. I submitted a package via AME in March with the CogScreen exam. FAA came back in May and said I needed a psych eval and that it needed to be back to them within 60 days of the FAA notification letter or my med cert would be denied. I complied and met the time limit. It was mailed to Oklahoma City and arrived prior to the 24 July deadline. I called FAA customer service in late Oct and was told my package was forwarded to DC on 2 Sept. DC has had my package since early September and I have heard nothing from them. If the FAA demands replies within 60 days, the FAA should be able to respectfully meet the same timelines or at least provide updates to people awaiting results. It is now 30 Nov and the DC office still has not updated me. I would appreciate being contacted with the status of my package. Thank you.
*	I needed to submit a Pulmonary Function test due to a diagnosis of mild sports asthma. I received no feedback the test was received in OKC and had to resubmit after receiving a letter notifying me that my physical would not be approved. This should be corrected. Perhaps allow submittal via email.
*	I passed every exam I ever took with flying colors. My last exam had a bad connection for my EKG and showed something that had never appeared in previous exams. I ask for another EKG but the FAA refused and had me do all kind of expensive exams at my expense. I am still running marathons and workout everyday for two hours and have yet to drop dead with a heart attack. The FAA said I was not fit to continue flying after 45 years and 30,000 plus hours. You can reach me anytime at [Phone Number]
*	I provided all the information required on the initial request letter but additional information for the same information was requested on subsequent letters. The initial data sent to the FAA concerning my physical condition was more than adequate to meet your requirements. The FAA ,after the initial letter , sent me two additional letters requesting the same information. All the information concerning my condition could have been requested in the first letter which would have expedited the whole process. In the mean time I have been waiting 6 months for the third class special issuance which could have been completed in the 2 months.
*	I provided and/or made arrangements for my doctor to provide the additional documentation requested. I checked back with my AME about a month later and learned that some information had not been received or had been lost (I don't know which). I had to get additional information that was not requested originally and re-submit information that had been provided previously. It has been a little over 4 months since my exam, and I still have no feedback on the status of my application.
*	I received a request for more information and provided my most recent doctors notes regarding the subject. I was then sent another letter saying that was not the information was not sufficient. I wish they would have been clearer about their expectations for information in the first place. I had to make an additional appointment with a specialist to get a more recent evaluation, but they letter never said that the original was not recent enough. I would have appreciated a more clear expectation on your parts of what you needed to evaluate my medical condition in the first place. I have been clear of any issue related to a surgery for 8 years at the time and was told by my AME that last year's paperwork clearing me of any issues would be sufficient for future medical exams , if nothing had changed. However I did in fact have to resubmit more information this year, which is not what my AME told me. I'm a healthy person who had an issue almost a decade ago, I would hope that the FAA would see the trend and relax their need for information so I can get back to normal FAA medicals without all the added hassle.
*	I recommend an online way to track the status of your medical paperwork, while it is in Oklahoma City being reviewed.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	I reported having a one time episode of atrial fibrillation when I took my exam. It took the Oklahoma City office 2 months to tell me what tests they wanted done. Those tests were a stress EKG & 24 hr. Holter monitor. If these 2 tests are always required for a one time incident of atrial fibrillation, it would speed up the process if the AME could just refer the applicant to a page on the FAA website that would list the specific tests that would be required at a minimum for this or other conditions. Such a webpage would need to give the specific instructions for the tests. In the case of atrial fibrillation both of the tests have specific FAA requirements for how they must be done & the format of the reports. Putting this information on a webpage would save 2 months in the certification process.
*	I started flight training in June of 2015 but didn't think the medical was going to be a big deal so I waited until June to go get it. Since I got a DUI in college 9 years ago they have deferred my medical and it is now December and no decision has been made. This process is ridiculous and just shows how inept this process is and the people involved in it are. This process has ruined any chance I ever had at becoming a professional pilot because I was a 40-hour student pilot, passed my written test in September, but I can't afford to waste any more money doing dual instruction and classes and I don't want to deal with the medical process. In my opinion, the med cert. division should fire every single lazy certification doctor they have because they do nothing but ruin people's dreams.
*	I submitted my Class 2 medical application almost one year and 3 months ago. My main concern is that the additional waiver documents I sent in were placed at the bottom of the huge pile of applicants. My suggestion is that those said applications be placed to the side and reviewed immediately when the new supporting documents are presented. I also requested a waiver because of my situation. Because so much time elapsed, the waiver requirements changed and I was eligible for a special issuance instead. Is there anyway to keep a more accurate track of the application and the details involving the case?
*	I submitted required test results in October of 2015. I have yet to hear back from the FAA. My third-class medical expired in August of 2016. I submitted required paperwork at that time for that medical to the AME who sent it to the regional who sent it to OK City. I finally heard from the FAA in November requesting further information. I have been unable to fly without the necessary approval from the FAA since July of 2015. My recommendation for improvement is to drastically improve the turnaround times for medical certificate issuance. For instance, a maximum of 30 days to respond for any further exams/documents needed and when those are submitted, a maximum of two weeks for issuance or denial of the certificate. My being unable to fly (except with an instructor or safety pilot) means my proficiency is compromised which makes the airspace less safe once I return.
*	I suggest you try using plain English to explain what you need and what your concerns are with the reply letters to the application and the requests for additional data.
*	I think that the medical exam should shift away from a "satisfactory - good to fly/unsatisfactory - may not fly" system, and serve more as a gauge to determine to what degree and how a pilot should improve health to be able to fly. Being found unfit to fly should not mark a pilot as "medically denied," but rather serve as a temporary relief from pilot privileges while the pilot is (after being advised by a doctor) working on improving health. This could entail special dietary and exercise plans for pilots found to have heart-related issues, further testing and safety assessments for pilots with mild asthma, eyeglass prescription filling for pilots in need of new vision correction devices, and other programs to generally improve the health and safety of all people wishing to fly. One should not commit their whole life to flying, just to find out one day that they no longer meet the medical requirements and their career is over. The FAA and AME's should work with pilots to improve health instead of simply accepting or denying pilots based on the test criteria. I think the criteria should remain how they are, and be used to gauge health and fitness to fly, but not meeting said criteria should not doom a pilot to a life on the ground (including not being able to work as an airline pilot). Obviously, certain ailments cannot be allowed, such as seizures, but other, manageable ailments should not ruin a pilot's career. For instance, plant-based diets have been shown to practically reverse and eliminate diabetes.
*	I think the exams are no more than that of a regular doctor's well visit and should either be stepped up or gotten rid of. Allowing our primary care doctor to sign off on our medicals makes more sense. Our primary care doctors are more knowledgeable about our health than a once-a-year visit to the AME!

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	I think the medical reform with self-certification and regular checkups by any qualified physician is adequate but should be accompanied by an annual or biannual on-line course about the interaction of flying and your health and pilot responsibilities in that regard. Maybe it could be filled out and made part of the BFR process?
*	I think the new 3rd class medical legislation/policy is pretty good. It balances the self-regulating with a higher standard but with my own Doctor who knows me and my medical history best.
*	I think the new 3rd. Class reform is good, however I think older pilots should be subject to additional scrutiny. The alphabet groups see this as a big win, however if older pilots who get their new license/medical based on issuance of a drivers license start dropping out of the sky because they haven't flown recently, and/or lack recent experience, I feel the public back lash will undermine any progress.
*	I think there should be some level of fitness test for commercial and airline transport pilots.
*	I typically have trouble with Med Express getting into the system.
*	I understand the deferment process as it was explained to me by the AME and I did receive correspondence from the FAA facility promptly. The area for improvement would be a means to track the progress of the medical review and approval status - online preferably, such as on MedXpress. I had to call several times to check on the status and each time was asked to call in a week's time.
*	I understand the importance of this process. But my medical was referred to Oklahoma for no reason other than the examiner was reluctant to issue because of certain conditions. I was told by atlanta my certificate could have been issued. It took Oklahoma 3 months to issue my certificate. The process is to slow for people who need to work pay bills and feed their family. This put me in a real financial hardship. There must be a better way.
*	I understand this is the government and it has its' slow and tedious bureaucracy that moves at its' own pace with disregard for the needs of the individuals applying, or even giving us, the applicant, a moderm of assurance that they are actually and earnestly trying to do their job.
*	I used to see an Ophthalmologist as my AME, I felt it was a much more extensive optical exam versus just the Medial Basics. Obviously for what we do as pilots vision is key. I feel it makes sense to go to your general practitioner as the same AME because they know exactly what you're dealing with on a year to year basis. The AME we see once in a year, luckily I'm healthy and that is typically as often as I see my AME who is also my regular doctor.
*	I was asked twice for additional information Should have been requested once
*	I was deferred for a Special Issuance in the beginning of the summer. I have provided more than enough information for determination. Seven months have passed and two calls a month to Oaklahoma and no one can give me a definitive answer as to when the medical examiner will review my case.
*	I was denied by medical by an AME. I understand he had to do this, as I had a new condition, arthritis for which I was taking meds. However, this medical was required within 2 days to compete for a non-flying job. I received NO information on what to do to get my medical issued; only that I would get a notice from OKC within 1-2 weeks. That was not good enough Despite being a retired airline pilot, I called the ALPA aeromedical and paid them to find out what to do to get the medical issued immediately. They said to get current labs and a doctor's letter and get it to the Eastern Regional Flight Surgeon. I did this and the Flt Surgeon issued my medical within a few hours. I wish my AME had helped me as he was well aware how critical a current medical was for my job application--for my dream job with the AEG at the FAA.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	<p>I was denied for my sleep apnea and taking Invokana. Even though Invokana is FDA approved the FAA does not allow. That does not make sense. It is a moot issue because I stop taking it because it is no longer needed. The sleep apnea expectations are unrealistic. I was not at the 75% level of 6 hours because I did not wear it when my underage daughter was still out and I had to travel for business. I have never had an incident where I fell asleep when I should not have. I was denied my medical. I retired from my job and my daughter is now an adult where I don't worry so much and I will well exceed the 6 hours usage each night. It is very frustrating that my medical was denied. I am hopeful the denial will be reversed when I submit the sleep study report showing compliance with the 6 hours 75% rule and my doctor shows I am in compliance. It should also not take so long for responses. Thank you for your understanding.</p>
*	<p>I was deployed to Afghanistan from May 2011-Jan 2012 and going through my reintegration military medical exam with a psychologist, social worker and psychiatrist where I was diagnosed with PTSD and the report stated that I was not suicidal or homicidal. I didn't start flying again for over a year and a half after returning because I determined I wasn't ready. I took my 3rd class medical exam in 2013 and the next one in 2015 where in both I honestly stated I was diagnosed with PTSD. I even started to look for an aircraft to buy for personal use. I then received a letter from the FAA in Aug 2015 stating that I had to turn in my medical certificate or face legal ramifications. I complied with their requests as much as possible for I only had 2 weeks to collect documents from my medical reports. Never the less I had to turn in my medical certificate because my psychological report wasn't within 90 days of my 3rd class medical, this is totally absurd. The FAA was going off my 2013 3rd class medical exam even though I had just completed one in 2015 that would supersede the 2013 exam. I find that my circumstance was completely mishandled by the FAA. I was in combat in Afghanistan and PTS is usually the end result. I went through 2 medical screenings before being notified to turn in my medical certificate. I flew many times in multiple aircrafts taking passengers with me every time. I started my commercial rating only to be stripped of all I have done and looked forward to be doing. At no time was it ever stated that I suffered from suicidal or homicidal tendencies therefore I feel my medical certificate should be reinstated. Chief Petty Officer USN(retired), [Name]</p>
*	<p>I was eventually successful when changing AME and having my cardiologist personally contact OKC to answer further enquiry about my medical history. Having an AME and cardiologist who were advocates for me made all the difference in obtaining my medical certificate.</p>
*	<p>I was extremely dissatisfied with my Sr AME, he complicated the process for me and for you. I am totally healthy and fit to fly but he deferred me and has all but refused to assist me in working with Oklahoma City. Other than an obvious backlog there that has delayed this process your staff has been very helpful. Given the backlog, third class medical reform makes tremendous sense. It will give your staff to work on the cases they need to work on and keep cases like mine out of the system. I intend to report my AME to the regional office, I don't think he is fit to serve in this capacity and I regret not doing more research on him before going there. You should have a grading system to review the AMEs in your network.</p>
*	<p>I was given 60 days to submit the requested documentation. This was not adequate. Hospital records, stress test and results, cardiologist report, lab test and results. 90 days would be pushing it.</p>
*	<p>I was left somewhat confused as to what to do next. I was denied because of my A1C numbers. I guess I'm just waiting to hear from the FAA at this point. Perhaps a more detailed description of how to proceed after a denial based on reason for the denial from the FAA would be good.</p>

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	I was required to take a CogScreen AE and contact/make appt with HIMS-AME. It was very difficult to find a local HIMS-AME on your website. I ended up calling NY/NJ office to help me figure out someone to make an appt. with, and upon contacting them one in Loudon County VA had unprofessional office personnel. Dr .[Name]'s staff was very difficult to receive an appt with, multiple calls and finally have my Psychiatrist send them my file helped me nail something down. This was EXTRAORDINARILY frustrating and time consuming, as I need to know did I need the CogScreen before or after my appt. with HIMS-AME. Finally, finding a Neuropsychologist who could/would administer the exam was equally daunting. I was able to contact the test creator Dr. [Name] and was able to get an appt. pretty quickly once I found him. A list of local HIMS-AMEs and CogScreen AE neuropsychologists would have been especially helpful. Otherwise, requirements, though lengthy were clear and complete, and I have been able to work my way through what is required since mid-August with little frustration otherwise. I'm VERY pleased you have finally created a pathway for responsible persons using SSRI medications to get their medical. Good for us, good for you, good for traveling public! Thank you - now folks I know who need treatment will be more likely to get it and perform better in the cockpit and life.
*	I was told by my AME, my issues were not major and it would take a couple of weeks for the FAA to issue. It has been over 7 weeks and nothing. So I called OK and they told me that typical review times are 4 - 6 months! Maybe you should hire more reviewers! If I was a commercial pilot and had to rely on my medical for work, I would be unemployed. You need to fix this, if is deplorable that it should take half a year to get a third class medical!
*	I was told that I had provided all the medical history required. Either I misunderstood or further information was continuously requested, delaying the issuance. My initial exam was in May and it took approximately 3 months to finally receive the medical certificate. The Med xpress appears to be working ok but there is a delay somewhere in the system. My family doctor knows me best so it would appear to me at least that he would know whether I'm more at risk than anyone. This would prevent the bottle neck of certificates having to be reviewed by one office. I'm interested in safety but we need to somehow speed up the process.
*	I was told to provide additional information from my doctors at Mayo Clinic. The information they requested would cost me several thousand dollars to update. I'm on medicare and can not afford to spend thousands of dollars to get the required information. And was told that after that information was received that they still may not issue my requested certificate. So what is a person to do.
*	I was without a Med Cert for more than two years! Some was my fault as I did not know to go thru my AME for help. But even when I did go thru AME, it took almost 90 days to get a Cert. And then it was only good for about 90 days. The process is way too slow.
*	I will continue to go to my regular AME for my Class III exam. I do NOT feel a day-to-day medical doctor will have the knowledge needed to complete and examine properly aviators per FAA rules and regulations. I have a MAJOR concern over this as "doctor friends" will just pass people to 'keep them flying' when they should be grounded due medical conditions doctor was not aware the FAA restricts specific medical conditions etc.
*	I wish EASA and the FAA would align the flight physical terminology. I'm required to get a First Class simply because that is what is required by our French parent company per EASA, even though a FAA First Class is closer to an EASA Second Class.
*	I wish when you called for information on your medical you could talk to someone other than someone to just tell you your medical is being processed, but you just have to wait.
*	I withdrew my application for a medical (which means that it will be denied) because the requirement for me to take a full psychiatric and a full (separate) psychological exam were prohibitively expensive. Anywhere from \$3000-\$45000. For a private pilot this is equal to 50 hours of flying! I'm not complaining about being required to prove I'm airworthy, that's totally appropriate. And I have on doubt that I'd pass muster. However, I think the process was designed for Airline Pilots who might not have as much problem coming up with the money to pay for it, or who might even get a corporate subsidy. Basically I'm grounded for life, not because I'm not safe to fly, but because I'm not wealthy.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	I would encourage a stronger review process for AMEs. Mine was utter garbage whose unprofessionalism has left me considering abandoning aviation as a hobby. AMEs are often one of the first points of contact for new airmen and airwomen as they take up flying. AMEs like Dr. [Name] will only push them away.
*	I would have appreciated a heads up prior to the examination that I needed to bring current tests with me. This would have expedited the process by a few months. The AME was hard to reach but they were very responsive and on top of things when we did connect.
*	I would have preferred email notifications for the follow ups that I had to submit.
*	I would just say that there should be better overall communication with the Applicant. There should be a way that the applicant can check on the status of their application without calling. Also being able to set an expectation for when the review may be completed so that the applicant just has to sit and wait with no expectation of an estimated completion date.
*	I would like be nice if MEDXPRESS could save your information contained in section 19 (visits to health professional) from your previous application for a FAA medical. I am an Airline pilot, and have to fill this section out every six months. It would just save some time Thanks
*	I would like to access my last MedX application when I'm applying for a new one
*	I would like to get a quicker answer from the flight surgeon as to what additional information is needed and the outcome of investigation of my medical records.
*	I would like to have access to chat about questions and concerns as the medical history form is being completed. Some times I do not know the extent of importance for reporting certain facts.
*	I would like to have the time reduced to get the approved medical certificate when the doctor said there were no issues and the FAA intervenes with the issuance.
*	I would like to see more modern equipment for the vision test. It is difficult to fit glasses into the machine made to fit your face.
*	I would like to see the medexpress form auto filled with last filings information when I start a new application. Then I could go through and edit the changes and additions. A lot of the info is the same each time and this would make the app easier and more accurate.
*	I would like to see, if it is practical, issuance of first class medical certificates to those over 65 for use under 121. It seems to me it would be safe if pilots over 65 had to go to okc for their medical exams.
*	I would make use of the new 3rd Class medical if I don't have to have a radionuclide myocardial perfusion study performed. I am concerned of the harm or possible cancer this study would cause.
*	I would recommend a consistently updated webpage on faa.gov that shows the backlog of decisions and the date range that your AMEs are working on to probably avert the phones calls you get from pilots waiting on decisions. Mainly to set expectations.
*	I would recommend a more expeditious mailing system. The request for a medical exam that was requested by the CAMI was good, however it was required to be completed in 60 days and the request was received nearly a month after the date on the letter. I will try to get medical appointments etc. set up in just a few weeks, however it may be beneficial to get the full 60 days for the completion of the medical exams requested.
*	I would recommend pursuing changes in the system that reward pilots who remain engaged in the private healthcare system in ways that promote preventive care.
*	I would recommend that data entered into MedXPress be retained for future applications. The most difficult part is remembering dates and appointments and I am always concerned of having an issue due to forgetting or misremembering something that was previously reported.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	I would recommend that once you receive something from an AME or applicant that some type of response is sent to; A. Show that it was recieved. B. What will happen next. C. When it will happen. This could be a simple automated email. Not knowing what is next is troubling. Thank you for listening.
*	I would recommend that when corresponding, via postal mail, some indication of how long it will take to review documentation requests are given. There are several questions in this survey asking if the AME gave an indication of timing for issuance, when it does not seem to be able to determine. Upone calling FAA Medical division in Oklahoma City, it would be good to be able to speak directly with medical reviewer in order to provide clarity on documentation requested and provided. This would help improve turn around time greatly.
*	I'd like to see all my past medical dates of entry be brought forward in the system. It seems every year I have to go through my chart online and pull up all the old dates of surgeries and overnight stays in the hospital. It's time consuming and somewhat frustrating to have to go back and look up stuff that is several years old and has already been discussed. The current year history since last medical date should be all that is needed to continue for the validation period for the next medical certificate.
*	I'd really like to see Med Express keep more information, perhaps on a voluntary basis. Having to reenter things takes time and provides no value and room for error. I'd like to see mental health more aggressively and compassionately addressed; there is far too much at stake for pilots who might have relatively minor mental health issues that can be addressed proactively. Frankly the FAA takes better care of drunks and addicts then it does folks could use care but can't even speak of it to family and friends for fear of their careers.
*	I'm a military aviator and went through a lengthy process to address my headaches and sleep apnea on the military side. Unfortunately, I was run through the guantlet again with the FAA. It seems like a duplication of effort--particularly since the military seems to have more stringent standards for their military aviators who fly fighter aircraft. I think it would be beneficial for the FAA to have an "equivalency" of medical examinations (much like what we have for military Instructor Pilots wanting to get their CFI or centerline thrust rating). If an airman can produce a letter from the military stating that they are currently on flying status with the appropriate medical clearance, then we can save a LOT of time, money and consternation by simply recognizing it and issuing a Class 1 flight physical in lieu of an FAA medical exam. Happy to discuss further if you'd like!
*	I'm employed as an airline Captain and currently unable to work until I receive my medical from Oklahoma City. A way of updating pilots of the progress and expected medical certification date would be greatly beneficial. My airline can not save a training space for me because we don't know if my medical will be 2 days or 3 months before it's signed off. It also leaves a lot of unknowns for my family. Better communication through the Special Issuance process.
*	I'm in the HIMS program. All communication is done through the office manager. She is supposed to be a resource for me and I need to be accountable to her and my AME. I only see my AME every 6 months and if I have a question about something I can't get a response from the office manager. She also will not let me speak to the AME because she is always too busy. More oversight into offices like this would be nice
*	I've been operating under a special issuance for an aortic valve replacement for 10 years. I've recently experienced some adverse health conditions. I immediately grounded myself and notified the FAA and my AME per the conditions in my SI. I have not received any helpful feedback from the FAA for guidance on requalification other than a sternly worded letter informing me that I have failed to provide the data required by my special issuance and an envelope to return my medical certificate that was already expired for all classes as if they had not received my previous required correspondence.
*	I've just undergone IMRT treatment for prostate cancer. I have had nothing in the way of impairement before, during, or following the treatment. Still I am not allowed to fly as PIC. This is just wrong and UNFAIR. The FAA has had enough experience with this issue to know it should not be flight diequalifying. Besides, the FAR's require a pilot ground him/herself if there is a medical reason not to fly.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	Idea: The process seems somewhat duplicative with respect to third class pilots who also happen hold a DOT commercial driver's license. Since the exams are nearly identical, and the DL exam must be done by a DOT approved physician, why not permit the FAA to accept a copy of a driver's medical certificate to satisfy a Third Class?
*	If a medical certificate is under review it shouldn't take 3-4 months to review the process needs to be streamlined
*	If a pilot has a heart surgeon recommend he is ok to fly to pay attention.
*	If a pilot has an AME, his Vascular surgeon, his cardiologist, his General Practitioner all say he is capable to fly an airplane and they would fly with him do not waste tax payers money by hiring a consultant who has never looked at the patient give you an opinion. Get the pilot in the air!! Your rulings have cratered the General Aviation industry. I have played 90 rounds of golf so far this year, have low blood pressure, walk 3 to 7 miles every day, drive my car long distances, have flown (with another pilot because of your idiotic rulings over 100 hours since I had an aortic dissection (that was fully repaired) but your "consultant" ruled I could not fly. I add about \$60,000 a year to the private economy (that's the economy that pays all your salaries) through my flying with hangar fee's, maintaince, Jeppesen subscriptions, Insurance, av gas, Garmin fee's, subscriptions, training, charitable work, Sirius subscription and you guys destroy it all through some consultant who has no incentive to look at this rationally. The safest thing for the FAA to do is have no more Pilot's over the age of 22 fly! I sold my plane today so I am probably to emotional about your incompetence but I am hoping there is some bureaucrat in there who wants to break some glass and throw out all the bureaucracy that has destroyed this great industry. . If any one would like to discuss this further my cell phone number is [Phone number].
*	If a pilot holds a current Second Class medical under a Special Issuance as a Commercial Pilot, the pilot should be able to revert to a Private Pilot under the new Third Class rule.
*	If a pilot is ordered to surrender their medical certificate based on allegations made by another person or organization, supporting evidence must be obtained by the accusing party or organization before action is taken. Such allegations were made against myself concerning my mental state. I was subsequently order to surrender my medical certificate in spite of the fact that no supporting medical evidence existed to support said claims. It took me a period of two years to clear myself of these unsubstantiated charges.
*	If allowing a selection of needing for employment then the application should take some sort of priority over sport or recreational pilot requests. For some reason it seems as if the question bears no weight on the process.
*	If an AME cannot issue a medical certificate at the time of application, because the FAA needs specific documents, give the applicant a list of the required documents, a PI number and an address to which they must be sent. The FAA should have a specified "period of completion" when the requested documents are received. Don't just leave the airman hanging there with no communication Find the resources to answer your telephones. I dialed your number every 30 minutes for two days, but your answering machine always told me to call back later. Only by selecting another extension was I able to talk to a person.
*	If not now in place, attach a priority to application so that if it must be resubmitted or requires additional information or tests it will not be handled from the "back of the line" each time supporting or requested information is received. Working pilots should receive some type of priority in the system. Although I was issued a medical the delay in processing my information including incorrect evaluation by the FAA has cost me two jobs (not able to maintain flight status) and retirement vestment. I do not know about the current organization in OK, however forming separate offices that address specific issues that come up that are difficult or time consuming would take these difficult cases out of the general clutter and resolve them more quickly.
*	If only the FAA Aeromedical Division can authorize the AME to issue a temporary 60 or 90 day certificate to special issuance candidates while awaiting the special issuance from CAMI...this would enable the airman to continue being employed as long as the AME is able to determine that the airman is fit to fly during the waiting period.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	If the AME/FAA has listed the medication(s) that prohibited me from obtaining the Third Class and were known by my primary care physician then I wouldn't be on those prescriptions - DUH ! I was taking Zoloft 5 mg for frustration/anxiety in running my own business and the TURMOIL of this election process - I also, am very compliant with my Drs recommendations and am in EXCELLENT health as noted by my medical records submitted to the FAA - I completed the FAA form on line giving all the info including medication(s) to the best of my knowledge - the AMA said if I had completed at his office and not online perhaps he could have issued the certificate - Sad state of affairs - I've cancelled my order for a new plane - ! Thnx, br
*	If the FAA can't issue a medical certificate that the doctor thinks should be given, it needs to explain this to the people that work for the FAA that answer the phone in Oklahoma when doctors call.
*	If the FAA decides that a medication that they considered safe for use by a pilot, is no longer safe, why don't they contact pilots who use that medication and inform them of the change? That should take only a computer database search and an emailing to the pilots affected. Instead, they make you apply and then reject the medical.
*	If there has been no change or an improvement in medical condition relating to a special issuance for at least 7 years there should be no requirement for stress testing, ECG, EKG unless there are symptoms indicating a change in medical condition, These are expensive procedures that. Let the AME evaluate,
*	If you are using a CPAP or BIPAP machine and the report shows you are actively using the Machines, why is the third class medical valid for only one year. If it is working, you should be able to have a third class medical for at least two years.
*	If you have a commercial license allow the AME to sign you off, if the AME insurance you are in good health to operate an aircraft and FFA facility wants to additional information let them review it later. So the airman can continue to work
*	If you have already reported a medical condition, OR a civil or criminal occurrence, you should not have to put "previously reported". If it's already reported, why should you have to report anything about it?
*	If you lose your medical for 3 months then have to reapply it should be a quicker process for reinstatement. Waiting an extra month for them to decide is tough when you've already been out of work for 3. I was told it was a 3 month wait, but it ended up being closer to 5months.
*	Implement Third Class Medical Reform ASAP.... define in detail the process and what the requirements are...
*	Improve communication and turn around time
*	Improve communications. Currently 1 phone number with no voice mail, no rollover; if line is busy the phone just hangs up. It took me 3 days on one occasion to talk to a live person as a result of the phone hanging up on me continually. Get another phone, or a voicemail, or a rollover system like every business in the US has!
*	Improve med-express functionality. It's hard to copy entire document, hard to navigate and could be much more user friendly. Do not require unnecessary medical information such as routine appointments for dentist, eyes, etc.
*	Improve MedEx form
*	Improve processing times in OKC.
*	Improve processing times, people have lives to get on with and you unnecessarily delay getting on with life
*	Improve response to FAA correspondence.
*	Improve the response time from Oklahoma City for Special Issuance requests.
*	Improve the turn around time for special issuance. I have been waiting for 257 days for a special issuance.
*	Improve turnaround time for correspondence w/ CAMI

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	<p>Improve ways to track the status of the application and request for review. Suggest an online system where one can provide a license and special issuance information to track the application. After submitting a request for review and providing additional information (Heart Cath results), I have not heard that the FAA had even received my request. I finally found a phone number to call [Number]. After an extended hold time, the associate was able to confirm the request had been received but could not tell me if it was under review or any if any additional information was needed. She said there was no other way to track my request other than to call back in a few week to check on the status.</p>
*	<p>In 2007 I had two stents inserted. No heart attack. I have been required to have a stress test with documentation each year because of a Special Issuance. It is now eight years out with no complications. It seems to me after five years with no complications I could go back to normal medical certification every two years.</p>
*	<p>In 2010 I applied for a class 3 while living in Tennessee . It took 11 months to get my medical because of my sleep apnia and not having a current medical certificate for several years after I retired from flying I just wanted to fly recreationally. At the time I was unaware of obtaining a sport pilot certificate. I was awarded a certificate for 6 years and when it came time to do it all again I decided not to go through the hassle of doing sleep tests and wasting another year trying to get certified when my only desire is to fly once or twice a month for fun and travel now that my wife is retired. Its unfortunate that now that I can afford to rent or buy an airplane its too much trouble. I recommend streamlining the process to a reasonable time period to receive a medical certification. Eleven months of sending FAA documents and then be required to send something else that they forgot to ask the first time is too much. I was willing to jump through all the hoops 6 years ago, not so much now.</p>
*	<p>In 2010 I had a pacemaker implanted. The only prescriptions recommended were Warfarin and Simvastatin, needed only in direct relation to the pacemaker. I have not taken any other medication. In 2015, the leads on the pacemaker needed to be replaced, and they gave me an entirely new pacemaker as well, good for at least 13 years. I am otherwise healthy, taking no other prescriptions, just what is required for the pacemaker. My INR report results are 100% correct and good. On my last doctor's appointment, the pacemaker protocol worksheet was completed by the medical staff and provided to the FAA. Subsequently, the FAA has requested additional information which was sent to the FAA on Oct. 21, 2016. This process has taken much longer than expected and delays a pilot's ability to fly until it is complete. My feedback is that I hope that the FAA can improve the airmen medical process so that it is done more quickly to allow pilots to return to the air sooner.</p>
*	<p>In 2014 I self reported a medical event to the FAA. To continue to hold my medical certificate I was required to obtain multiple tests. I accomplished all those tests as directed and was issued a letter of special issuance valid for one year. In my 2015 medical eval I accomplished all tests as directed by the letter of special issuance and received a Class II valid for one year. In the following year I received a new letter of special issuance identical to the previous year. I accomplished all test items (to the exact letter) for my 2016 physical as directed by the letter od special issuance and was issued a new medical certificate by my AME. Three months later I received another letter from the FAA demanding that I take yet ANOTHER medical test that was not required by either my 2015 or 2016 letters of special issuance. I was forced to take time off from work AGAIN and endure the expense of additional medical testing which was NOT REQUIRED for the previous two years and which was deemed to be totally unnecessary by my personal physician. There needs to be better standardization among the FAA doctors in Oklahoma City. When I complied with my letter of special issuance to the letter, I should not have received a follow-up letter three months later directing new tests simply because a different physician reviewed my application in Oklahoma City. The expense of this unnecessary and previously unrequired testing (there was NO change in my medical condition and no additional requirement form my personal physician or AME) was a great burden both in direct costs and lost work time. Oklahoma City physicians need to be sensitive to the personal expense generated when demanding additional testing that is deemed unnecessary by physicians who are experts in their field as well as not asked for by FAA physicians who generate the original letter of special iisurance.</p>
*	<p>In addition to being an Airman (pilot), I am also a licensed Coast Guard Captain for captaining vessels up to 100 Gross Registered Tons. The Coast Guard licensing process also requires a physical examination. Since the U.S. government administers both licensing procedures, why can't the government agree on one physical exam for all Federal licensing requirements instead of each agency requiring their own separate physical exam process? My recommendation would be to require only one physical exam for all Federal license holders. Does this sound reasonable?</p>

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	In addition to previously mentioned items, extending the 2nd class certificate for part 91 operations from 12 to 24 months.
*	In my case appeared FAA just "fishing". Instead of just asking for my entire chart. They refused to tell me specifically what they were looking for. Ultimately issuing a certificate after almost 1 year - unacceptable.
*	In my past dealings with the FAA for a special issuance of my third class medical certificate since 2009, I have had to wait what I thought was a considerable amount of time for the review. Usually about three months or more. This last time I had to wait from the first part of June 2016 to October 19, 2016 just to receive a letter from the FAA asking for more information (four and a half months). When I called down to check on the progress of my review, I could never get through to a real person. I always got the answering system saying it was experiencing heavy calling and you were short of staff, so call back later. You requested a post six month coronary angiography but in the same paragraph you said a post-event angiography is not required for limited second class special issuance medical certification. I am only asking for a third class medical. This does not make sense to me.
*	In the past the form made it easy to indicate that a problem was previously reported or asked us not to indicate things that were previously reported. Feel like too much time was spent explaining childhood issues.
*	In the southern states it takes a lot of time to get extra evaluations that the AME requests. The deadline given was way too short to accomplish the requirements mandated.
*	in the survey, the boxes for checking were almost impossible to view. Recommend the boxes not be almost opaque, rather they should stand out and be plainly visible.
*	In this day and age of technology the FAA should be able to at least provide some insight as to where an applicant stands in the certification process. When you call the medical office in OKC to just get an update, the person who you speak to knows absolutely nothing, and can't tell you if all the information has been received, if it's waiting for a specific panel review, really anything. It's very frustrating trying to gauge where you stand. Back in the 70s and 80s this was the norm, but in today's world they should be able to say exactly where you stand in the process and what it is they are waiting for whether it be a special panel, more information, or what. But to just completely stone wall pilots seems very unacceptable. I do hope with the feedback you are hearing something does get done to update the communication process.
*	Increase the age for once a year class I medical to 50 years old. 40-49 is still too young to go every six months.
*	Individual I contacted on the phone could not answer my questions to my satisfaction. Only the person reviewing my folder can do that...not good. [Initials].
*	Information and application status for pilots seeking special issuance certification under 67.401. I submitted an application for a special issuance second class medical immediately after the 6 month waiting period due to Aortic Valve replacement. All required medical tests were also submitted at the same time. It has been more than two months since and the only information I could get when phoning the Aerospace Medical Certification Division was that it was under review. I just received a letter requesting more records which should have been already submitted with the original records. It looks like there will now be additional unknown delays.
*	Instead of sending letters, make calls are something. I received a second class medical back in Minnesota, then moved to Alaska. The FAA sent letters to former address saying my medical was deferred. I changed the address on my certificate each time I moved. But never received letters of notice of the deferral. It was not until I went and took the second class medical for the third time that the doctor had to call the Faa. He informed me that I would receive a letter in about a week. Had to get a whole bunch of paperwork together in a very short period of time. Almost lost my job. The person who was reviewing my paperwork had a lot on their plate. A few weeks passed, my former Director of operations had to get involved. Huge mess.
*	Institute a maximum fee for medicals. I prefer to remain with the AME that I have been going to for the last 8 years, but it seems like the fee increases every time.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	It feels like I am on an endless wild goose chase to get tests done that do not feel like they have anything to do with being a safe and competent pilot. It is a broken system that seems to be in place to weed out pilots. A CYA environment.
*	It has been almost 3 months since my AME deferred my application to the FAA Aerospace Medical Division. I telephoned the FAA after 2 months had elapsed, and they said my application was awaiting review, and asked me to check back two weeks later. I did that, after an additional two weeks had elapsed, and was told my application is still awaiting review. If I were to make a suggestion, it would be that the review be completed in a shorter time frame. Thank you.
*	It has been over two months since my application for a Special Issuance Certificate was submitted by the AME. I have tried to call by phone (with no success) and also sent a letter requesting any information needed by the FAA to process my application. I understand the tremendous work load under which the people of the FAA are serving. I do not want to be the person who drops the ball in providing any additional medical information needed to make a decision concerning the issuance of my medical. The new procedures (2016 law) should allow me and others to exercise our privileges safely without putting such a load on the FAA personnel. Without the new procedures the work load will only increase. My recommendation is that the procedures that are required by law be enacted in a timely manner. Thank you!
*	It has been two months since my application was sent in for review and I have not received any information. Also from speaking to another AME the Inspecting AME should have issued certificate or asked for more information.
*	It is with great sincerity I state the FAA should not be able to overrule, sight unseen, the AME who issues a medical after a complete annual exam. I have (correction: had) a special issuance. My AME agrees that the FAA in Oklahoma City has no business declining a medical for a "high energy" person like myself due to apnea. My primary care physician issues annual reports and my AME declares me airworthy. This private pilot (fly about once weekly) cannot keep up with the FAA's demands for self-paid medical expenses and sleep studies. As they say "you can't fight city hall." I willingly self-identify myself as PP# [Number].
*	it just took way too long
*	It seemed that my AME was unaware of the process in issuing a medical when an applicant presents a letter of eligibility issued by CAMI. I am sure that this is not normally seen in a day to day operation, but I had to explain that I was already found eligible based on the documentation that was already submitted for my special issuance. She did listen and understand and I was issued my medical with no issues, but I felt like had I not known the process, she may not have issued the certificate that day.
*	It seems reasonable to return authority for special issuance certificates to local AME's. Given that we are in the 21st century and that medical records are available electronically and available for instant review, I could share my records with my AME and satisfy all of his questions and enable him to make a qualified decision. Unbelievable amounts of time (most precious) and money are lost when issuances are moved to regional or beyond for review.
*	It seems to me that the system does not trust the flight surgeons as all data is now centralized in what seems a make work program for people in Washington. It's the main reason I decided to stop flying.
*	It should never take as long as it takes to get a response from the FAA concerning your medical. An applicant should be able to meet and speak with those FAA officials in charge of making decisions on the applicant's medical to get a real understanding of the condition of the applicant.
*	It should not take 10 weeks to receive a decision on a special Issuance 2nd Class Medical! Hire more doctors!
*	It shouldn't take 6 to 12 weeks if the application is deferred and additional documentation submitted to issue a medical certificate. This is ridiculous.
*	It takes forever to get a response by mail, but then we are limited to 90 days to get information to the FAA when some of the doctors won't see you for 60 days. Not enough time to gather the amount of unneeded paperwork for the FAA. It is just a paper pushing exercise when we could be flying.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	It takes way to long to process applications. My cardiologist's office forgot to send stress test results. Instead of informing me of this fact and processing my application once the omission was corrected I had to submit a whole slew of additional tests and exams. Total process took 6 months from initial application to certification.
*	It took 6 months to get my medical from the FAA, I called several times, each time they were very courteous, but then told me they were backed up and it could take a while... when I finally recieved my medical I thought perhaps it would've been dated when it was issued, giving me a year before having to jump thru the hoops again, but instead it was dated the date I sent it in... so I get 6 months flying instead of 12,,, it's a spendy process to only be able to fly 6 months ... they need anew program, perhaps the "Pilots bill of rights 2" would serve us better.... waiting for 6 months for my medical to find out it's only good for an additional 6 months? Rediculous
*	It took 90 days to send me a letter that should have taken 5 minutes. I've now waited six months for FAA action even though there is nothing wrong with my ability to operate an aircraft safely .
*	It took five months to approve my certification, which I need for work, when asked for info I applied it within two days but still it took 5 months and had to take a large part cut while waiting those 5 months. This is an unreasonable wait time.
*	It took months of sending & repeated sending of materials to FAA MEDICAL OFFICE in OK before finally getting issue over existing conditions somewhat resolved. Too much stress and aggravation over slowness of process and communication! Job security??
*	It took too long for the review and the date of my medical certificate was pre-dated to the date of the exam and to the date the medical certificate was issued.
*	It was not very clear that I needed to see a psychologist snd then it was very difficult to locate one able to administer the test j needed however the psychologist was not able to see me before going on maternity leave and would not be able to see me in time to submit my exam results for consideration with my application
*	It would be convenient if the medexpress site recalled previously input data (medication, Dr. visits etc.)
*	It would be enormously helpful if MedExpress would populate your information beyond name, address, and basic demographics. Because I have to list every doctor for the last 3 years, I either have to keep a copy of my last 8500, or lookup their information every six months. The same is true for medications. It would seem a very easy coding change, and since the application pre-populates with my name and address, I know it could be done. I can understand that medication dosing and "reason" why I have seen a physician may have changed, but that could simply be left blank by the system, requiring entry of current dose/reason.
*	It would be good if the MedExpress system could inform the user that a medication is problematic.
*	It would be good if we can see all previous responses provided on previous applications. Sometimes memory doesn't serve us well in all details, and it's hard to remember if something was previously reported or not.
*	It would be good to have the MedXpress application fill in information about me (vs. my typing in information FAA already knows). It would also be good to base my current application on information already provided in previous applications. In addition, having continued access to the information would be helpful. PROCESS IMPROVEMENT - Instead of using US MAIL, MedXpress could be expanded to allow FAA to send queries to airmen electronically, and in turn, allow airmen to upload requested documentation in response. This improvement could easily take 10 days out of the question / response cycle and allow the airman to understand exactly where the application is in the certification process.
*	It would be great if Med Express saved medical history information so the applicant does not have to re-enter every time
*	It would be great to be able to check the status of a medical application and to be able to ask status question online. I think you would find that a lot of pilots would like to their 3rd class medical even when it will no longer be required next year if the FAA was more forthcoming with information. It is easy to feel like that the FAA is not doing anything, when you go months just waiting for paperwork to be signed off on for a medical with no changes that has been approved years past.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Recommendation for Improvement***

**Recommendations for Improvement(s):**

*	It would Be helpful if the previous applications auto-populate medical history and previous doctor visits that were reported on the last three years applications.
*	It would be helpful to have an available list of medicines, procedures, test parameters (e.g. diabetes) etc. that potentially cause rejection of certification, so that alternatives could be discussed with a person's own doctor, rather facing rejection of our certification because we were not aware of what the FAA does or does not allow.
*	It would be helpful to have MedXpress keep the information previously reported so we don't have to keep,updating it. When I filled out MedXpress in July, it brought up a student pilot/ Medical certificate. I found this odd because of the recent change to the student pilot certificate (I held a third class medical as a CFI and DPE so how the student pilot certificate showed up couldn't be explained. The AME wondered that too)
*	It would be helpful to understand how the process works for non standard cases and what is expected. Had been out of flying for a period of time and have been very frustrated that every time I think its done there is another surprise. Would like to know going in what is required.
*	It would be nice if AAM-300 could send an email to the pilot when the special issuance documentation is received and scanned into the system. It gives the pilot a reference point on when to expect to have the application adjudicated. There is currently no other way to know but call and ask if you have received it. For the past three years my special issuance class II has come down to the last minute approval after numerous phone calls. The exam and supporting documents had been in house for 45 days or longer. I understand that special issuance takes some time to evaluate, but beyond 30 days seems excessive. Every year I am on last minute pins and needles. If my flight medical lapses due to FAA not doing it's due diligence in the appropriate time frame, the result is a job suspension for me a loss of wages even when I did everything right and met all my suspenses. It's the same unknown every year.
*	It would be nice if MedExpress could carry over from year to year our medical history info and just prompt for updates or PRNC. Also it would be nice if the software could store our Dr's info so we don't have to input that each year assuming people tend to see the same Dr from year to year for there normal primary care needs. That being said this is a very good program and seems to be easier than the old paper method. Thank you!
*	It would be nice if the online medical history would be saved from year to year.
*	It would be nice if we could count on our application being processed in no longer than f.e. 30 days. Not knowing when to receive the FAA's so important letter and our livelihoods on hold for such an extended period of time (possibly longer than 2 months) is hardship. I personally just waited 6 weeks to get a letter after my application for reissuance went in, asking to submit recent medical records. I have now sent these in and have no idea when the letter approving/disapproving will arrive. I have been told it can easily take months..... I am, however, pleased that instead of downright denying reissuance, they are willing to go through my recent medical records before making a decision.
*	It would be nice to access the pilots' special issuance applications in a more timely fashion. It's human nature to abuse someone when you have power over them. You can judge a big man by the way he treats a little man. The new reform will strengthen GA and the entire aviation industry. More pilots, more jobs and more money to benefit every community. A great step forward for the future of aviation. Even class 1 and 2 medical pilots will benefit, thank you FAA.
*	It would be nice to get an advisory notice that you received my application for special issuance. I applied five months ago and have not received any indication that you are in receipt or processing it.
*	It would be nice to meet the applicant in person

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	It would certainly appear more personnel are need to facilitate the special issuance process. Also, as previously mentioned, it would greatly expedite the process if, it is already known what additional testing will be requested by the FAA is provided early on in the special issuance process. I've been waiting for over 6 months as I slowly tick all the additional boxes that are put before me. Meanwhile, I have 2 standing job offers that I cannot accept as I don't have a medical yet, and this is costing me money. I'm not the only one in this position, I'm sure of that, as I know of one other person at my local airport who is in the same boat. More time, more expenses incurred by us applicants, and more delays as the AMCD slowly doles out the next requirements. Make this known up front so that we can take care of everything needed and then submit as a complete package!!
*	It would make things much easier for applicants if either the AME or preferably the applicant was given the chance to communicate with the surgeon or team who issues the medical certificate. Perhaps get a sense of the timeline? Be proactive in procuring any additional documents that maybe required? Guidelines? Seems to be a lot of waiting which perhaps could be avoided if one presented the paperwork for the issuance correctly and in the manner required.
*	It's tough waiting for a special issuance from the FAA. My medical was deferred and I understand these things take time. When I called about getting a timeline, all they told me was there was no average. I kept inquiring about a normal time, and I got 2 weeks to 2 months. It has been about a month thus far, and it's frustrating because I am hoping to apply to airlines and I need my class I to apply. Any streamlining of this process might help out pilots or at least an update of how long it might take...
*	Its been 4 months since my exam to receive my Class I Medical. (special issuance) and its been 3 three weeks since I sent the additional requested information/ test results that Oklahoma city wanted. I cannot get any answers as to why there is such a lengthy delay. I work for an Airline that needs these updates also. Recommend better communications with what is causing this delay and perhaps more frequent updates/communications...Thank you.
*	Join the 21st century - we have Med Pass which could use some improvements to be user friendly and allow for a better flow of information. When documents are required, set up a system that allows for electronic transmission, fax or e-mail. The current system Fails to allow information to be processed and reviewed in a timely manner. Having to use snail mail and then wait for the documents to clear the mail room and then be scanned into the computer waist time and is an added expense at both ends. After all of that it appears that the actual medical staff (not office staff) then only reviews the files once a month or less. Just so you understand my concerns, my medical took 7 months and was requested as a second class, I received a 3rd class special issuance. It was dated the date of my Med Pass application not the date of the exam. i get the belief that the main office does not care about the findings of the AME. In this case my medical is only good for 5 months. to meet the unrealistic time frames set by the FAA office to get my 2cd class medical back I would have to go most of the year without a medical again. the third class medical reform will allow the pilot community to use their primary physician who has better knowledge of the persons health and also recognize the fact that most pilots are responsible and will self ground themselves as needed and required by the FARs.
*	Just like to say it seems the FAA is rather intrusive into pilots medical history. They want to know visits to ALL healthcare provides and we could accidentally omit some visits or would rather not say why going (acne, cosmetic surgery, etc). Seems to me some common sense could be applied to which visits need to be reported. Thanks.
*	KEEP ALL OF THE QUESTIONS/PROCEDURES PROFESSIONAL AND ELIMINATE ANY UNNECESSARY COMPLICATED QUESTIONS OR INFORMATION. PROBABLY THE MOST APPROPRIATE MANNER TO ASK QUESTIONS OR FOR INFORMATION IS THE CLASSIC "KISS"; KEEP IT SIMPLE STUPID. THANKS!
*	Leave as is!
*	Less on the physical ability outside of the first exam and more on the emphasis that examiner engage in a personal interview to assure the applicant in mentally fit.
*	Let the AME give special approvals. There is no good reason that someone in Oak City that has never seen the applicant should second guess the AME.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	Let the AME make the judgement call and issue a special issuance with follo up requirements.
*	Let the professional doctors that I regularly see determine my health and ability to fly related to my health.
*	Like other organizations, the FAA should notify us when they have received an application. Then the assignment of a person responsible for the completion, or at least to follow up with, along with their name and contact information (phone and email). Estimated time of completion would also be nice. My experience is that when this occurs and individuals are accountable to their users and things get done both quicker and better.
*	Listen to the specialist quit assigning false diagnoses to the PT and denying them for it. Quit putting reasonably health individuals through so much testing when it's shown to be not needed.
*	Mailings need to be faster and trackible.
*	Make a second class valid for a longer duration, right now it is the same length as a first class.
*	Make all GA private pilot medicals self-certifying. The perceived need for the present third class medicals has proven to be groundless. As far as the new rules for private pilots go - they are more onerous than the third class medical procedure. The powers that be just won't let go. The medicals for commercial pilots should continue using the present rules.
*	Make available through the internet: any and all information on the status of an airman's medical application and/or delivery.
*	make exams less costly and make sure the examiners are actually willing to actually look at the patient and be happy while hes doing it. its his JOB! i am unhappy that i paid \$110.00 for a doctor to let the nurse do most of the exam and for him to just basically ask me question at the end and gave me an attitude.
*	Make it easier to get questions answered. probably via email or web chat. The phone connection puts me on hold for lenghty waits while my cell phone bill keeps running up.
*	Make it easier to obtain certificate by allowing the local AME to make the appropriate assessment based on current medical examination and history instead of having to go through FAA bureaucracy which took way too long. This could have been avoided and I could have received my certificate if the local AME had the authority to make to call. My case is still under review, but the FAA is asking for information on medical history dating back 15 years! I provided a very thorough heart examination report and blood analysis at FAA request, then was questioned about the bone marrow transplant I received 15 years ago and was asked for information from my transplant doctor who I don't know if he is even practicing anymore. PI# [Number] MID #[Number] APP ID #[Number].
*	Make it very obvious how to obtain a copy of the submitted Medex form!
*	Make progress or lack thereof, available on an expedited basis of the referral to AME. I have been held in limbo for 6 months. During that time I have complied with all requested actions and submittals on a timely basis....but the AME personnel have not told me anything about a final decision. I am grossly healthy and have the requisite exams etc to prove my fitness for the certificate but no decision is forthcoming. Appoint an ombudsman for the improving the service aspect of the referral process.
*	Make requirements for specific conditions available to both applicant and AME. I have had angioplasty with stenting, all I found on-line was a requirement to wait ninety days and pass a nine minute standard treadmill test. That was not even close to what was needed. I contacted my AME whom had successfully lifted my previous special issuance for prostate cancer, which itself should not have been an issue. He provided me with a list of records that would be required, again not even close. If standard information had been available I would be back in the air by now, As it is I had to redo the treadmill test, bother my primary care physician to write a letter with much redundant information and go back to provide history already held by the FAA. Standardize and inform please. This has been a very frustrating experience, as were my previous contacts with the FAA.
*	Make somebody available to discuss issues that could be cleared up easily and not drag it out for months at the expense of the certificate holder and possibly waste the time of the other agency's in the faa med department

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	Make sure FAA Doc's know the uses for all meds in question and dump the computer pre exam
*	Make sure that applications for medical certification are handled in a timely fashion. My exam was in November of 2015. I submitted additional information for my sleep apnea per my AME. It was only when I contacted Oklahoma City in mid-October 2016 that they said I needed to contact Renton, WA. The representative there was very professional and said that due to some personnel changes, my file fell through the cracks. They wanted me to send additional information but said that I should have received a letter requesting it in February of 2016. There should be an electronic "tickler" file that notifies the FAA that a file needs processing.
*	Make the additional documentation requirements more clear. Provide feedback when documentation is not complete. Better communication with the applicant how the process is moving along.
*	Make the airman medical an actual comprehensive physical that can be performed by any certified medical doctor as the current exam will only catch major, glaring problems.
*	Make the meds part more flexible. For instance, one of my meds calls for only 3 times per week and I, personally on the app, had to go for another number of days. Examiner had to change at time of med exam. Would be better if more flexible so could be done properly by applicant.
*	Making information more available as to what medications are and are not allowed without needing to consult an AME whenever something comes up. AME's can get busy and sometimes decisions need to be made sooner rather than later.
*	Making the MedXpress more capable with IOS
*	Many airmen do not continue with general aviation do to the areas that would disqualify them with passing a medical.
*	Many non-approved medications should be allowed if they are not taken before flight.
*	Many people can live there lives using medication and do many task as to driving, riding a bike etc etc, I feel that i should of receive my medical clearance. I drive everyday and do many things with no issues.
*	MD's required for all final decisions affecting qualification US MD graduates.
*	MED express is a great system. One thing I would like to see, which would also greatly reduce the time it takes to fill out the form is with the previous medical visit column. The beginning part of the application automatically populates previous fields; however, when it comes to medical history, ALL the medications need to be reentered and then checked that they were previously reported as well as doctor visits. If we previously reported them, it just becomes a very time consuming task when it is time to resubmit the application to pull up these dates and the reasons for visits. If the application could be reviewed and additional information added, it would make the process that much simpler to complete.
*	Med express is somewhat frustrating - should remember previous year responses & this data, adding details in original comment box doesn't work - have to add it again after submitting page & then getting errors.
*	Med Express software should maintain the medical info from previous applications.
*	MedExpress should have a more modern web interface that provides for access and reuse of previously submitted application data.
*	Medical application has been at OK city for more than two months. I have called frequently and they tell me they are way behind and the last time they even apologized for taking so long. I have lost a couple students (and income) because I have not have my special issuance provided to me. I feel it is highly inappropriate to take so long to complete the process when I completed and submitted the paper work required. Improvements should be made.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	Medical conditions such as type 1 diabetes should not require special issuance, furthermore, the approval period on insulin is ridiculous. The screening, for all classes, encourages pilots to hide their conditions and prevents them from possible treatment of their conditions. The process of getting a special issuance should start and finish at the ame's office, with no other steps for most medical conditions. A kid who's parents out him on Ritalin as a teenager should not have to send off a billion records to Oklahoma or Washington, this is easily handled in the office of the doctor who has actually met the patient.
*	Medical decisions are made by FAA, knowing only the basic facts that are applied to the general medical condition that the applicant may be diagnosed with and not knowing how the medical condition applies specifically to the applicant..
*	Medical information should be updated every 5 yrs until age 60. Then every 3 yrs. AME should verify with a primary care physician any squawks for broader picture of neuro mental status !!
*	Medical renewing after heart stenting procedures are very vague and rely an FAA representative not familiar with the individual to make an opinionated determination. No documentation exists for what is acceptable or not acceptable or what steps when completed will allow a reissue of a medical certificate. Publish all internal guidelines for evaluating medical conditions under normal or special issuance. As and example I have been informed in writing that a Triglyceride level greater than 400 would be a reason for a medical certificate denial.
*	Medical requirements for Part 91 Operations should be limited to a valid Drivers' License and self-monitoring. This would safe the bureaucracy a fortune and allow those under 135 and 121 to receive the more timely consideration that their jobs require. The vast majority of pilots would not fly if they were medically impaired and those who do are rarely caught. Attention should be more focused on the professional pilots who carry passengers for hire. We have seen a disturbing number of airline types taken off flights or suffering debilitating medical issues than ever before. And that's only the ones who are detected....
*	Medical review should be handled quicker.
*	MedX & IACRA both for airmen should be linked together with same user information.
*	MedX form should be a copy of last one with only taking time to make additions or changes. Trying to remember hospital, dr, surgery, for months and year over lifetime is hard to remember
*	MedXPress makes things easy in some respects, BUT redundant (as most gov't functions are...). It should remember previously logged med history so we don't have to repeat enter. I only remember last year- the system shouldn't ask for past 3 if we've been using it for years- just update new info accordingly.
*	mind altering drugs should be reviewed. anxiety pills should not reflect neg use. better concentration, sleep,decision making and attitude. to quick to judge. doctor could not believe i had to stop taking zoloft (50 mg).
*	more authority to the AME after a thorough physical to issue certificate
*	More class I AMEs.
*	more communication
*	More communication about the process and time frame for decision of deferred medical would be very nice.
*	More comprehensive line by line instructions needed.
*	More consideration should be given to treating physician's assessment instead of archaic medical standards. Doctor with hands on assessment has better knowledge than desk evaluators reading reports that have zero knowledge of the person requesting a medical certificate.
*	More detailed on heart (EKG) , thanks!
*	More examiners are needed, especially in less densely populated areas of the country.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	More people answering phones would be nice. Also, a faster process. And a less irritating feeling of attempting to request a new review, or explanation of review results.
*	More realistic evaluation of possible health issues of airmen
*	More special issuance items should be able to be approved by the AME and the Pilots medical specialists. (Cardiologists etc.) It appears Third class cases are put at the bottom of the pile, why not allow AME's to work with the pilot on these cases to help clear the backlog at the FAA. It is arrogant to assume top private Medical specialists are not as qualified to make these decisions as someone at the FAA who doesn't know (or care about) the patient pilot.
*	More timely issuance of special issuance licenses after receipt of required test and forms, notification to pilot that FAA medical in Oklahoma City has received required tests and forms needed for issuance
*	More timely response from Oklahoma City. I have heard nothing in 90 days. Non-Issuance is affecting my livelihood.
*	More timely review of written materials submitted. Perhaps this could be done through the MedExpress.
*	Must improve the time delay in processing a special issuance medical. I have waited up to six months to have my application reviewed. And it been the exact same paperwork since 2008. Many times I am grounded for three months waiting for a response from okc. That will not work when my medical is only good for one year.
*	My AeroMedical issued Special Issuance letter contains several incorrect items. Two or three regulations are non-applicable in my case. My cardiologist explained to me and has reported to the FAA that I do not have any condition defined by the FAA as Coronary Artery Disease, yet the letter states that I do have this. My last Special Issuance sent in February of 2016 contained an obsolete (expired) Medical Certificate. Someone messed up. I do take medication to reduce double heart beats (ventricular arrhythmia). When these did occur in the past, they caused no noticeable symptoms. As such, a Special Issuance is correctly required, but the cause is NOT Coronary Artery Disease. I get the impression that no real effort is expended in considering my case.
*	My AME is great. The issue is communication with Ok City . I have been out on medical disability for over 2.5 years. After my denial letter months ago I had no clue when or if I would get approved. It would have been nice if the effort expended to inform me to complete this very questionnaire (over 7 emails ....a mailing ..) would have been applied to letting me know information about my case (timeline etc.) which is also important. IOW there was over arching into about this questionnaire and its importance /deadline and yet I wasn't given useful information about my case (timeline in the pile) when I called. The admin person i spoke with was courteous but very vague "up for review" .... my case seemed like it fell into a black hole...my recommendation is providing tracking info to an individual so they can better plan their lives.
*	My AME passed away. His replacement was not certified to issue 1st Class Meds. I believe there needs to be more incentives to provide this service in smaller communities.
*	My AME submitted paperwork but I received a letter that I needed to re-submit. The letter stated that the information may have been received after the letter was sent, and cautioned against sending it twice, but it left no way to determine if the AME information had arrived later. I was left with the choice of risking sending it twice or risking it not getting there at all. There should have been some sort of way to check on the status so I would know which way to go. Thanks for the chance to make input! It is much appreciated.
*	My application has been under review for 8 months. I have sent the requested information and they are asking for the same things. The FAA is a joke.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	My application has been under review since mid-June, 2016. All requests for additional tests and/or doctors evaluations from the FAA were supplied by the 3rd week in July. The FAA made another request for additional information by US mail received two months later, September 26, 2016. This was answered by my cardiologist through my AME's office on October 4, 2016. Today is October 24, 4+ months after my initial medical exam and my case is still under review. I am in the 'dark' waiting for an answer. I am totally ASYMPTOMATIC and feel wonderful, yet I am still grounded! My case reference is PI #[Number], APP ID #[Number]. I do not wish to remain anonymous, I wish to receive my certificate so I can resume recreational flying. Signed, [Name]
*	My certification requires Oklahoma City issuance and it takes over eleven weeks to receive the Special Issuance. Every year I must perform medical exams and lab work from four separate institutions within a five day period two months before my certificate expires and forward all of it for review. For example, my employer requires the medical certificate prior to September 30. During the first week of August I must visit my GP, perform a stress test, echo-cardiogram, blood work, and schedule an appointment with my cardiologist to review those results and supply a statement concerning my health and visit my AME for another physical. I must submit all of this paperwork by the 8th of August. This last year I received my Special Issuance for a Second Class Certificate on October 9th that was dated September 9th. Why the delay?
*	My class 3 medical has been in deferment for over 90 days and I have not received word from the FAA. More timely response is needed. In my case, my blood work was out of bounds. It was an easy fix, but I am still without a certificate.
*	My Docs do not agree with your 75%, 6 hours per night as the correct criteria for sleep apnea. Based on his analysis and oxygen levels, especially agree with the 6 hours. Is anyone actually reading the Docs reports and/or recommendations to come up with this minimum criteria.
*	My exam passed a doctor and he was going to call anchorage to grant it and said they needed it sent to them for review and waited a couple of months and then they wrote and said they sent it to oklahoma A couple months later they said they wanted the same thing I sent in the first place so I gave up. No one can make it so I could get the certification after talking to Oregon faa and ant what they said was all that was needed but got the same form letter that I got in the first place so who wouldn't give up. To many people doing nothing.
*	My exam was submitted to the FAA a month ago. The delay in even looking at the paperwork may have cost me a part time VFR only job. In a case like mine, where all the bloodwork, temperatures and pressures are in the normal range, and the only concern should be medications being taken, the FAA could consider having nurses or medical technicians do first reviews and provide recommendations, hopefully expediting the process.
*	My family doctor & my cardiologist both concludes from their testing results that there is no reason why I should not hold an FAA Medical & be able to fly. Why do you not accept their conclusions?
*	My husband (also a pilot, of course) is required to obtain a special issuance medical each year (at great expense) for an eye condition that has been completely cured. (He had Fuchs Dystrophy, and a DMEK corneal transplant completely cured it in both eyes.) How can we remove the need for a special issuance medical for a condition that every eye doctor would tell you was completely cured?
*	My initial denial in 2006 was due to prescribed medications by general medical doctors who claimed to know what medications were ok to fly with and clearly did not. I would encourage the FAA to have a great outreach to the medical community and educate them with regard to medications and flight, and or encourage them to seek out AME's that they can consult with, as the wrong medication can be detrimental to a pilot's career.
*	My license was held up by the FAA for months because of a stupid argument about a minor thyroid issue ( dose of levothyroxine) and the FAA refused to ever even answer. The FAA also continues to require Class III requirement regarding mild color blindness. The FAA itself is a triumph of form over function.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	<p>My medical certificate was deferred at the time of my application. I received a final decision, ultimately granting the certificate, just over three months later. First, although major, clearly diagnosed medical situations are fairly well covered in the application form, medical situations that perhaps aren't as clear (or are confusing on how to report appropriately) are difficult to describe well within the short form. Although I feel in the end I was able to produce an application that accurately, honestly, and totally represented myself, there were many steps along the way where I felt I did not have enough guidance, or know where to turn for guidance, on how to fill out the form. That was frustrating. Although I referenced the FAA website several times, most of the guidance is more geared for AME's. I know myself; I needed guidance on how to present myself fully, honestly, and accurately on the medical application -- and I didn't have that guidance. I recognize, on the one hand, how difficult providing guidance on completing the application for a medical certificate can be -- but I would encourage reviewing the information available to pilots applying for a medical certificate and consider if that information is helpful for someone, like me, who has no professional medical training and, for the most part, is dealing with primary physicians who have never (or rarely) completed or dealt with FAA applications or requests in the past. Second, I felt the entire deferral process left me in the dark for a period of just over 3 months regarding my medical certificate. While I in no way intend to disregard the fine work of the staff handling medical application deferrals, there is room for improvement in this process. When my medical certificate was deferred, I was simply told by my AME that my application would need to be deferred (this is after waiting several hours on the day of my exam for the AME to hear back from the FAA on how to handle my application, since my</p>
*	<p>My medical has been taken do to a surgery I'd like to get it back I'm off work for a year I think after so many cardiologys recommended for my well being I should get my 1st class medical and go to work</p>
*	<p>My medical was renewed in Canada and you have no correct answer on your list. Your failure to detect my recent heart condition (2014) put me and others at risk. Fortunately Transport Canada found it and I am now healthy. TC gave me a First Class with no restrictions and you required tests that neither my Cardiologist nor heart surgeon would perform due to the risk!!! Plus of course the cost.</p>
*	<p>My medical was sent by my AME to Oklahoma for review and approval at the end of August, because I had an operation last February and my medical was temporarily suspended for recovery period (6 months). I do understand that a medical board needs to review my case, but I have not heard anything from FAA since. I have called twice to check on its progress. I was told by medical certification office to call back in two weeks. Office person could not tell how long it might take. So, I shall wait. It would be nice to have some kind of idea how long it might take. I received my EASA First class medical already in August.</p>
*	<p>My medical was under review after an abnormal ekg,very dissatisfied with long process,unable to obtain information regarding my situation.After months of "processing "I was told my paperwork would be sent out for consultation.From April to November,I would call for updates,people answering the phone could only tell you very limited information.My ALPA aeromedical doctor was invaluable,I often felt powerless,without his help it would have been much longer,I considered legal recourse.</p>
*	<p>My neighbor has just been denied his 3rd class medical. I would fly with him anytime. He is very qualified and safe. I am fully qualified (CFII), ATP as well, to evaluate his ability as an airman. Now a remote AME in FAA OKC has ruined his ability to function under the new regulation with this "denial". This stinks of dirty political activity and heavy handed bureaucratic hi-jinks. That activity by OKC is exactly why this whole FAA Medical process needed reform! FAA OKC is heavy handed and unfit to regulate private pilot airmen medicals.</p>
*	<p>My only issue is for what the FAA requested in my application. I do not believe the issues requested are rational. I have Crones, it is not a flight risk and should not be an issue. Additionally, when I received the letter from the FAA, it asked for medical records and documents from 15 years ago and not just for the issue submitted by my doctor. Trying to get documents from a shoulder surgery 10 plus years ago, when it has been on every medical I have taken for my certificate is non-scenes. It is difficult to do and has no bearing on my flight ability. The AME could tell that my arm is 100 percent at the visit and did not flag me for it at all. The FAA waste more time and effort asking ridiculous questions instead of focusing on what is important or particularly noted by the examining Dr.</p>
*	<p>My physical was in October and was sent to FAA for review. It sat on a desk in a pile forever. 3 months before FAA sent a letter of denial. This is entirely to long for a review process. Oct 5- physical. Jan 31 - letter of denial.</p>

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	My previous exam was by an AME that did not know the procedures for handling a situation of temporary high blood pressure, causing me to contact Oklahoma. My certification was delayed 6 weeks because someone there was on vacation. For someone employed as a full time pilot, that's along time to go without being paid. I would suggest that the process not be stopped because one person is on vacation. I would also recommend that AME I used in 2015 be retrained or be required to read the regulations.
*	My recommendation would be for the FAA Medical Certification Division to correspond through email with applicants to speed up the process. Also I believe the process should include a 45 day automatic approval if not completed by that time.
*	My Sep 6 2016 Application was referred to OKC that same day. Today is Nov 25 2016. I'm still waiting. My AME is terrific. The problem is the bureaucracy in OKC. Too bad you didn't task any questions about OKC. Wonder who commissioned this survey? Hmmmmmmmm
*	My third class medical is a "special issuance". All that was required is a annual report from my neurologist. The annual report stated that there was no change in my condition from the previous year. The report was submitted to Oklahoma City on March 16th (two weeks earlier than requested by the FAA). I subsequently mailed additional copies of the letter on May 3rd & June 27th. I also called and was told that my paper work was "in process". Finally, on July 21st, my medical was issued. It's very frustrating to not be told what was delaying my paper work. Thank you.
*	Need faster service with much better communication
*	Need quicker responses by phone, email. Not reg. mail. Can't ask questions.
*	Need to be fair with aging pilots and motor vehicle licensures. One with non life threatening heart issues vs auto drivers with heart issues, the driver has many more opportunities to be a problem and to cause an incident than an occasional pilot and his flying!
*	Need to contact either the AME or recipient faster to resolve issues or the need for more testing etc. It takes too long for a response.
*	Need to ease off on the CPAP users. It is too strict, not easy for international flyers. In stead of 6 hrs mandatory it should be 4 for morning nap when you arrive in Europe and 6 hrs at night. you shouldn't have to use it on your time off although its the only way I can sleep now. Also, My case on the scale is a 6 out of 5-15 scale. should not be so restrictive....
*	Need to improve the on-line questionnaire application at the FAA site. Need to do a human factors assessment of the functionality of the prescription entry section. It is not intuitively obvious that additional fields will open to add more prescription meds. Could use some information pointers that guide the user through step by step entries rather than play as you go.
*	Need to improve the special issuance process. I have an eye condition that is stable that requires a special issuance. I have been required to submit paperwork every year for several years even though my ophthalmologist says my condition is stable and not likely to change. How long do I have to keep submitting this paperwork? You already ask if I have any new health conditions and ask about all medical visits. This requirement for submitting proof every year that there is no change should be eliminated.
*	Need to lay out total FAA needs at one time and not keep dragging out on and on and on!
*	Need to move to let pilots fly for pleasure without a third class phs. No proof has been seen that accident s increase without a medical this bill has been before congress long enough . Accept and people will be able to buy planes and fly again
*	Need to speed up reviewing applications. It's been three months.
*	Need to strive for consistency in findings. I wound up doing a considerable amount of extra documentation because my AME had had different findings from FAA in similar situations and over-documented the application to try to ensure that we would not get an adverse result.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	Needed improvement on medical certification application time to process and send letter when certifications from a psychiatrist/psychologist is needed. By the time I received a letter telling me I had 60 days to complete my mental health exams, 15 of those days had already been used in the time it took for the letter to reach my front door
*	Negative feedback means nothing to most government agencies. Small town flight schools are targets for FAA agents to harass, even when their record is spotless. When my flight school was shut down for three weeks because I was mistakenly accused of having diabetes [Name] of KSBN Field office gave me an emergency telephone number to call. It was never answered. [Name] could hardly believe. Call him. When I did get my medical back three weeks later, no explanation, no apology, no extension for lost time, no reimbursement.
*	Neuropsychological examination required because of previous mild ADHD diagnosis seemed overkill, not to mention cost prohibitive for many. Curious how many regular pilots would pass such an exam. If an airman can pass all required tests w/o medication, why not allow them to use it as needed to make them even safer? Not all conditions or medications are equal, although they seem to be treated as such at times.
*	New England does not have a regional flight surgeon and they haven't for a few years now. I believe this created more of a delay with my differed medical. I also believe sleep apnea requirements are a little too strict. I'm 26 years old and it turns out I have extremely mild sleep apnea because my AHI is 6.5. Most likely do to weight gain which can be fixed over time. However because it was greater than 5 I now have to use a CPAP machine. I never had symptoms of fatigue before however I fit the "profile" for having it so my AME made me get tested. The sad part is that I was out of work for 3 months because of this. There are many pilots out there who have conditions that are more serious or even the same condition but more severe yet they are left untreated because why would they want to be out of work and deal with the long process of receiving a special issuance medical. I believe the process is very broken and something needs to be changed if you truly want the skies to be safer.
*	No need for a NASA Astronaut or Chinese Medical exam, but I still go to my General Practioner for a Annual physical because I want blood work done. I don't think a light physical every 6 months to hold a 1st class make me any safer than an Annual physical from my Licenced Doctor.
*	No user fees.
*	Now that we are using a computer database to enter information it should be possible to store previous years of medical treatments and not require pilot to re-enter past three years when applying for a medical on a yearly basis
*	Oklahoma City has had all AME plus [Hospital] 1/2 day physical for 1 1/2 months with no response. All phisical exams at AME & hospital were excellent.
*	Oklahoma City Office is very slow to make decisions
*	Oklahoma City sent my Medical Certificate with two errors, visions correction and expiration date, and never responded to a FAX to correct the errors.
*	On a deferral, let the airman know the following: Paper work received, estimated time for decision
*	on Med Xpress more information should be auto filled in when you apply
*	On MedExpress provide previous flight time data and medical data to help fill out the form.
*	On the FAA website: Publish the VERY SPECIFIC on the protocol requirements for testing and data needed by the FAA for pilots who have had an Myocardial Infarction but are seeking a Class 1 certificate. It's too late AFTER we've completed the tests and submitted the information, to receive additional requests for data that follow the FAA protocol. See complaint below for details...

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Recommendation for Improvement***

**Recommendations for Improvement(s):**

*	Once my medical was deferred, there was too long of a gap where I didn't know what was going on or what I should do. Once the medical is deferred, the FAA should contact the pilot and explain the process and how to speed it up, and assign a point of contact where the pilot can call and check on the status of their medical.
*	one big help would be for them to improve on their response time. It is horrible.
*	Open-mindedness regarding previous mental and or physical issues
*	Operation color vision test is too strict.
*	Overly complex and not supportive. The FAA acts like they are cops looking to take away this wonderful privilege.....it would be better if the AME would be helpful, and work with pilots to to increase safety
*	Passed the medical- heard my heart's AFIB- which he already spoken to me about- It always came up on my high school athlete physicals (football, basketball, etc.) should of been handled by the AME and local cardiologist but Oklahoma is too slow (bureaucracy) or a second AME opinion.
*	Phone calls made to the FAA medical representative's office does not have any information on the status of the application, when the application will be looked at etc. Seems the phone call really does not do anything.
*	Pilot responsibility to ensure health standards for safety of flight anytime you are exercising the use of your certificate.
*	Pilots should be encouraged for seeking medical care, including taking appropriate medications. It often seems that pilots are punished for trying to do the right thing. For example, some pilots should be taking blood pressure medication. But, they don't because of the reporting requirements to renew their medical. The system seems to reward pilots who do not seek medical care by making the exam process quick and simple. The system seems to punish pilots under the care of their physicians by requiring more paperwork. Our doctors want to keep us healthy but they don't like completing more paperwork when they are already overburdened by the requirements of the healthcare system. Many pilots question the real benefit of the medical renewal process.
*	Pilots tend to get into greater trouble with the FAA once a problem is addressed, i.e. sleep apnea treatment, surgery, cardiac stents, medications. Many pilots don't get their problems treated because of the FAA's antiquated medical restrictions. For example, if a pilot has sleep apnea, hypertension, or 95% coronary stenosis untreated, he's a greater risk than a pilot whose had it treated. But the latter gets the greatest hassle from the FAA.
*	Please add more medical staff to review applications. My doctors cleared me to return to work in July 2016. But i did not receive FAA medical approval until after my December 12, 2016 mandatory retirement date. I lost out on 5 months of pay.
*	Please allow previously reported items to be automatically brought into the new application under medical express. Trying to add all medical appointments in the last 3 years for an airline pilot means the last 6 exams. That is a huge hassle and vastly increases the likelihood of mistakes in reporting. I should be able to pull up and certify previously reported medical visits, and then focus on adding only those since the last exam.
*	Please be considerate and communicate and at least answer the phone
*	Please bring MedXpress to needs and technologies for this century including platforms for mobile devices (apps) and easy to use and reliable website.
*	Please change the form from having to list the doctor visits for the last three years to previously reported. Make first class medical yearly. Make special issue conditions reviewable so as to stop having to do redundant and unnecessary test, Dr visits.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	Please DO NOT, on first contact, make any threatening statement with regard to any situation that an aviator may find himself in. Pretty much all of us find ourselves in situations forced on us by accidents or major health issues. We are looking for help and guidance from the FAA and our AME's. Politely letting us know what our responsibilities are with respect to our current situations is enough for us to take the appropriate measures you at the FAA need. Too many times the first letter I get from the FAA contains inflammatory threatening statements that put me off to a huge extent and serve absolutely no purpose especially since I have done NOTHING to warrant such threats.
*	Please expedite FAR changes to incorporate 3rd class medical reform. Safety will not be degraded, pilots will save lots of money, workload for FAA will significantly decrease, government will save lots of money.
*	Please explain your process/time line and share with pilots you secret on why does it take FAA weeks to make a decision when AME makes it in one less than an hour.
*	Please improve the process for reporting medical appointments, etc... Having to re-enter previously reported visits to medical professional is redundant and unnecessary in today's computer environment.
*	Please reform the tests required for Special Issuance for pilots taking medications for Depression. In my case, if I were to NOT take the medications, I would NOT be fit to fly. But I would be legal by the FAA and could get my 3rd class medical without issue. When I take the meds and fit to fly, I have to find someone that can give me the Psych tests and this is not only incredibly difficult (most locations are not aware of the special tests and those that are state it will cost around \$1,800!!) but incredibly expensive! It doesn't make any sense -- as written.
*	Please respond more promptly. Please listen to the medical Drs we seek help from, they know our health situation best
*	Please review files and answer in a timely manner. The delay and lack of response is unbelievably long compared to any other other government or private organization. Very bad!!!
*	Please review the Sleep Apnea concerns.
*	Please SCREEN the new AME's to insure competency before "unleashing" an inept, confused, and rude new AME on the pilot public. To be entrusted with such an important function and be so incompetent is a recipe for disaster. Suggest new AME's receive annual (or bi-annual) competency audits just as we pilots are required to prove our continual proficiency
*	Please see the complaint section below. Put in place an appeal process so there is an avenue to protest or discuss an impromptu medical decision by the FAA. Had I or my cardiologist been able to discuss or evaluate what the FAA THOUGHT they saw, I might have not lost 4 months of my career due to a PERCEIVED issue which did not actually exist.
*	Please try to streamline the process. Almost 6 months went by before receiving my medical. Every year it's the same thing. Same symptoms same process.
*	Pre load last information submitted on previous medical history, i.e., 1978 surgery, 1991 knee orthoscopic surg etc.
*	Process cardiac applications in a more timely manner.
*	Process for certification too lengthy. I was examined by AME (Dr. [Name]) on April 26, 2016. Submitted additional medical records on September 2, 2016 to Dr. Frazier, Acting Manager, Aerospace Medical Division, Civil Aerospace Medical Institute. Still awaiting decision on Class III medical certification.
*	Processing times are very slow. It need to be revised.
*	provide a quicker response for those who have special needs

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	Provide a reminder notice a few months before a medical exam is due. Make it so that more doctors want to hold the honor of being an AME status. this will help pilots find doctors that are local or even associated with there primary doctor. i can see good results coming from exams where medical history is not learned over the course of a 1 hour exam. !! create a Medical certificate that resembles a credit car or ID, hard plastic that fits in a wallet and not paper that comes apart. I cannot read mine very well as i was taking my exam, and must have a new copy printed out again.
*	Provide more time to collect medical evidence
*	Provide professional recognition and courtesy to the opinions of those medical professionals who have provided documented primary care to applicants and have established complete and uninterrupted individual care histories of applicants that span several years.
*	Provide status feedback and ETA for pass/fail on FAA Medical reviews without a pilot having to keep calling OK City for status updates.
*	Published list of prohibited medications
*	Put previously reported Meds and doctor visits and flight times on med ex form so they don't have to be repeated each visit
*	Questions need to be more pointed and explained
*	Quicker response on outcome of deferment.
*	Quicker turn around time from submission of paper work to contacting pilot.
*	Quicker turn around when the medical issue is minor.
*	Quickly publish the requirements for new medical reform so that all pilots can take advantage of the reform.
*	Rather than JUST an AME for something so important to the flying community, I believe there should be a combination of medical care givers involved in each pilot's medical certification process, i.e. personal care physician, any surgeons and/or specialty care physicians that have been involved in the prospective pilot's health care in the past 24 months that would include a physical re-examination and a written statement to the FAA as to the provider's medical expert opinion as to the applicant's potential for safe operation of the aircraft classification they seek.
*	Really wish the medical screening process was evidence-based rather than emotion-based. I've never seen anything like a well-researched, professional, peer-reviewed study on the cost/benefit ratio of medical screening for pilots. In particular, the process should be driven by an honest review of the risk of maiming and death to the public at large (both passengers and persons on the ground) from an incapacitated pilot. Not just whether or not any pilot might have a medical event in flight.
*	Reasons for denying my medical seemed random, considering none of my physicians feel that it would be unsafe for me to fly. My cancer is in remission, the "denied" drugs I have to take for my cancer treatment have no side effects that would be considered unsafe for driving or anything else, and the two drugs aren't even on any of your approved or disapproved lists. My MRI is clean with no active signs of cancer. You let people fly who have had heart attacks and strokes, but not cancer that is in remission? No logic here. :-(
*	Recommend FAA develop quantitative data on the relationship between the results of vision testing and real world ability to effectively use visual cues during flight.
*	Recommend faa not require medical certificate for air traffic controllers
*	Recommend personal discussion with airman and regional flight surgeon before requiring extensive physical test.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Recommendation for Improvement***

**Recommendations for Improvement(s):**

*	Recommend that all information previously submitted to FAA for medical exam be archived and self populate forms based on previous answers ,dates of service ,ailments,office visits, etc.
*	Recommend that an Airman portal (similar to Med-Express) be established with the FAA in Oklahoma City in order to correspond and share requested documents and updates for Special Issuances so they can be resolved in a timely manner. Corresponding through the US Mail Service takes too long and takes away valuable time. This process delays the Airman from returning to the air quickly. My personal experience took over 60 days to be resolved and was primarily due to corresponding via US Mail rather than e-mail or uploading documents through a web portal electronically.
*	Recommend updating the online form to allow multiple entries of medical visits without having to reenter the information. Also, if the system would save medical visits, medicines, and previously reported conditions from one exam to the next.
*	Recommendations: - After initial special issuance certification, streamline recertification process, duration, and make additional testing periodic (3 or 5 yr works well). - For pilots with hereditary health concerns, assist them with additional applicable assessments to ensure they remain healthy and safe. For example, pilots with a family history of heart disease, an EKG treadmill is probably not the best assessment.
*	Reduce the amount of medical information requested by the FAA to make a decision.
*	Reduce the cost for Flight instructors by allowing them to use their drivers license in lieu of a FAA physical.
*	Reduce the time it takes for review/decision on medical certification when deferred by AME to FAA especially when employment depends on it!
*	Reduce the time it takes to deal with any issues.
*	Regarding SSRIs: I used to take an SSRI many years ago and was faced with the problem of stopping the SSRI or stopping flying. I decided to stop flying to continue an effective treatment, but it occurred to me that the rule seemed to incentivize people with depression to stop important medication in order to be able to say they weren't taking SSRIs so that they could continue flying... Which seems counter productive to the cause of safety (i.e. I would much rather fly with a pilot knowing they had controlled, treated depression than with someone who might be hiding UNTREATED depression).
*	Rely on your local medical personnel whenever there is a question. At the very least, the 'judge' in OK should have had a phone conversation with me, my AME, my heart specialist, and my regional flight surgeon. They have all been heavily involved in the hundreds of hours I have spent, attempting to get my medical certificate reinstated. I have no idea how much time was spent in OK, evaluating my 5 submissions but even their time could have been reduced with some personal contact, which would have resulted in justice for all. Because I have been denied by Oklahoma, I can not obtain a medical certificate through the new 3rd class program. If OK would get out of the way, my local AME would continue to be my local conscience, in spite of the lax requirements of the new procedure. I want to fly but I want to do it safely. I would be flying and doing is safely, IF Oklahoma was NOT involved in the process. I know this is supposed to be confidential but I don't care at this point. If there is any way that my case can get turned around, I want that to happen. My contact info is as follows: [Name] [Address] [Phone]
*	Remove the 90-day reporting requirement after a stress test. I, unfortunately, was not aware of the deadline to turn in results after I volunteered and paid for a post-stent stress test. As I understand it, for some reason I will need to have another test having not sent in my results.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Recommendation for Improvement***

**Recommendations for Improvement(s):**

*	<p>Removing generalized restrictions to those that have heart or stroke medical issues, especially the discrimination of those 65 and older pilots. FAR121 age restrictions are of generalized nature and do not account for the individual's own abilities. The medical conditions that are used as a broad brush sweep over the careers of individuals should not be based on generalities but individual performance. Medical issues such as strokes are not based upon individual abilities rather they are banned as a generality. The antiquated process for return to service is both inadequate as timelines and lack of knowledge as to symptom recovery timelines thereby forcing unnecessary excessively expenses that are not related, i.e. after a stroke having to be tested a year later when already signed off much earlier by a neurologist . Strokes do not worsen as time lengthens from initial occurrence, it only gets better. The appearance of the FAA Medical Board is one of negativity rather than a supportive return to service facility. Therefor the reluctance of the flight crew to reach out, understanding that to do so would be a negative experience and a career ending option. The philosophical position of the Medical Department does not allow those issues to come forward, rather they remain hidden by the pilot group. Basis for medical failure should be predicated on an individual level, not by cause(illness) or group age. The review officer should also be well trained as to timeline recovery of symptoms. There are no pilots out there that would intentionally risk the lives of their crew and passengers nor endangering themselves. The problem is with the current protocol of the FAA Medical Dept. no one dares to address their issues under the eyes of the FAA. They will seek out other options because they know that once in sight of the FAA there will be no return to service.</p>
*	<p>Request MedXpress allowed the recall of previous applications to ease in the completion of the medical application.</p>
*	<p>Requests for additional Dr. reports were sent in a timely manner. And said reports were very positive as to my worthingness to receive my Third Class medical certificate. Then more requests for additional Dr. reports were demanded including one that had just recently been sent. It is becoming a rather frustrating experience. In addition, I am reluctant to call for clarification due in part to the following statement. "Any response to an inquiry by a representative of the Administrator by you in connection with this investigation of your qualifications for an airman certificate may be used as evidence against you."</p>
*	<p>Requests for info need to be in everyday language, not medical terms. Folks on the phone need to be helpful not just talk to you a few minutes to get you off the phone When applicants doctor gives requited info and explains applicant is fit you need to believe him, not use it as a reason to ask for more info that will make no difference in airman's flying skill or safety If airman sends info that is not complete because of obvious misunderstanding the human thing to do is contact him not wait 10 months to request the same info again, requiring new medical tests etc.</p>
*	<p>Respond in a timely manner, on issues regarding air medical compliance. Have a air medical person available for phone consultation with the authority to review each situation on its on merit.</p>
*	<p>Respond sooner to pilots who have had their medical defered, let them know what steps they need to take to get reinstated. It has been three months since I had my exam and no word back from the FAA.</p>
*	<p>Response time from OK office for review glacially slow.</p>
*	<p>Retain history of medication and precious doctor visits and surgeries!!!</p>
*	<p>Retain information in MedXpress from previous applications. (i.e. Past doctor office visits)</p>
*	<p>Return exam to family doctor. Cut the high price of exam and they have all the required paperwork!!!</p>
*	<p>Review process needs to be sped up. I've been out of work for more than 2 months while waiting for review. Even forgetting the financial burden this causes. The stress on the individual as well as the flight department and its members affects the safety of flight and thus the national transportation system.</p>
*	<p>Review requirements for certification due to retained kidney stone.</p>

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	Revisit the OSA guidelines. While I find OSA to be a legitimate health concern, the current flowchart is too rigid. I'm a 35 year old male, 6'3", 180. I do not snore, my BMI is good, and I'm in great physical shape. Because I took a sleep study 10 years ago, I was required to do follow up with a doctor. I was diagnosed as not requiring treatment. Please revisit the criteria so that the OSA requirements aren't so ridiculous. The FAA is only encouraging lying.
*	Reword the sections of medications taken, the section stated states list all medications taken prescribed and I believed non prescribed then just about in parenthesis is says list all prescribed medications, this is misleading to where people may leave out the over-counter medications they are using, also the section of Health Visits it states list all health visits and once again about the section it states list all medical visits, this should state list all medical and mental health visits.
*	Rules regarding Anti depressants, and products like adderal for add, which actually help a pilot focus, be more aware, and able to handle the stress of flight more effectively. When controlled and in conjunction with a doctor, only make a pilot safer. When the rules do not allow the pilot to be taking these, it makes them lie and say they are not. The rules encourage, pilots to hide they are taking these things, or encourage them to do without, and make the pilot more dangerous. Commercial pilots can have stricter rules than private as well.
*	Send medical records to FAA on CD rather than print.
*	Send what you request and information you need, in an understandable content. You need to be a doctor to understand what you want. Plus if I send your information, tell me what I sent is right and what is not, so I can intelligently reply. My livelihood depends on your prompt response to your needs as well as what I need to do to resolve these issues and return to work. Having a committee of Doctors that meet only once a month is totally unacceptable My AME has known my physical conditions for the last 40 years and his recommendations should be considered The AME and the committee do not even communicate with each other on a pilots condition or request..
*	should allow more than 3 months to get information needed and submit before medical certificate expires. For the last SEVERAL years i am to obtain information from my doctors no sooner than 3 months before my expiration, submit the information to OK City, and wait for response. I never get it in my hands before my expiration date. When I call Ok City, I have been told it is pending, even when the postmark on the envelope is before the date I called. I cannot plan and do not plan to fly, even though I used my airplane for business, for at least one month after the expiration of my medical certificate. I have request to get my testing done 4 or 5 months prior to expiration of my medical certificate and have been denied. I think the last time the time frame given in my response was shorter than the letter I received prior to my request. Since for me this is an annual event, does it really matter if the testing is done 4 or 5 months prior as if a new problem arises, I would not fly until cleared to do so. If the OK City return would be 30 days or less than would be helpful, This has never occurred. Additionally sending the requested information to the address in the letter does NOT mean it is received by the FAA. My signed returned receipt is about one week before the FAA says they receive my information. The system is poor, does not prevent medically unqualified pilots from flying, prevent pilots who try to do the right thing FROM flying and costs extreme amount of money. I do not want to upgrade my airplane as every year I feel I will loss my privilege to fly. The medical reform is (hopefully) be a blessing.
*	Should be able to make decision on each case once all requested material is received in a Maximum of 30 days!
*	Should consider allowing pilots with Diabetes that is stable and under control as viewed by a medical doctor to obtain a Class 1 medical. Many other countries allow them too, I feel like although I do not have diabetes pilots who do should be able to fly Class 1 if they are under control
*	Should not have to repeatedly (every year) submit the same information related to a transplant that occurred more than 12 years ago and has never had any complications. If nothing has changed, that should be acceptable to waive the 'special issuance' requirement.
*	Show previous application responses in new applications, this may simplify the process of managing conditions that were "previously noted"

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	SI was bogged down due to backlog in Ok City. After 30 day wait from arrival was told it would be additional prior of 'several months'. Contacted [Name] w AOPA who referred me to Eastern Region. Medical was emailed and sent out NEXT day. Should have been sent to region earlier without making me wait another month.
*	Simplify the Medipress system. To much redundancy and duplication.
*	Simplify the pre physical process.. there is much confusion about what a controller who is also a pilot should do before the exam. Should they fill out the online medical forms or not...
*	Since my examination was deferred to the FAA, I should have heard from them by now. Very disappointing.
*	Since record keeping is now electronic with MedXpress, improve the application process by automatically filling repetitive information (everything that's reported as previously reported) should automatically be added to the application. Only relevant/current information should be required of an applicant - not having to continually report the same surgical procedures year after year, medications, etc. Most pilots (and their personal physicians) view the certification process as antiquated - test procedures, acceptable limits, medications, etc. The FAA is by far a trailing edge technology bureaucracy - the medical division should at the very least get in sync with the rest of the medical community.
*	Since the MedXpress Form requires an account and logon specific to each airman, it would be helpful if the section concerning medical professionals visited in the last three years would maintain those listings in memory. This is the most time consuming and tedious portion of the paperwork process for those of us who make regular wellness visits to various medical professionals.
*	Since there are over 5,000,000 persons who have been diagnosed with AFib, provide more detailed and clear information about standards used to reject applications for medical certification. My experience with FAA Oklahoma City was not good. October 30, 2014 MID [Number] APP ID [Number] Ltr from [Name] for Courtney D. Scott, DO MPH Requesting the following: 1. Detailed report for cardiologist... 2. 24-hr Holter monitor test... 3. Exercise stress test... 4. M-mode and 2-dimensional echocardiograms. 5. Thyroid test. 6. Any other testing your physician performed for this condition.
*	Since this is a password application, is it possible for the form to self populate with the previous application's information... address, flight time, visits to medical professionals. Would prevent mistakes in filling out the form, as a professional Pilot, I have two exams a year.
*	Since very few accidents are actually caused by pilot medical conditions , give more discretion to AME in evaluate the health of the pilot. .For example, today's FAA guidelines call for a systolic blood pressure reading to not exceed 155 while the most recent medical community guidelines for people over 60 recommends 160 as when to begin medication. I dont believe the FAA should be requiring medicating blood pressure when the medical community is recommending not to. We have a large aging group of pilots who would like to keep flying as long as possible. The FAA should provide them as much latitude as reasonably possible in managing their health as they age.
*	Since Was diagnosed with asthma over 20 yrs ago, Imfeel I have to keep checking that box. However, for many years I have not used an inhaler or had any asthma symptoms. Last year, about a month after the exam, I received a letter requiring me to get a letter from my asthma Doctor that asthma was under control. To get this, the asthma doc put me through a series of tests and it cost me more time and money than the second class exam. Seems like hiking frequently above 9000 ft, plus other exercise activities should be evidence that my asthma is under control. I don't know why this extra step is now being required vs in the past the AME was able to determine that the asthma was well enough controlled. Need to get back to letting the AME decide if more tests are necessary, or provide guidance that a previously reported condition need not be checked if there have been no symptoms in the last X (maybe 3) years.
*	Sleep studies are a scam. My sleep doctor lives 2500 miles away and rarely comes to town. Every gets diagnosed with sleep apnea and everyone treatment is a CPAP machine. I'm not saying that CPAP machines don't help some people, but they are way, way over prescribed and sleep apnea is way, way over diagnosed!

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	Sleeping disorder and the use of a cpap machine should not disqualify you. I'm a veteran and VA is quick put everyone on zolof.
*	Some kind of communication from FAA that they have received my paperwork from my AME and an approximate time that I can expect of when the FAA will issue my special issuance medical.
*	Some method to provide information on an AME who does not meet minimum standards. I had one who was in it for the money and his test equipment did not work. It took me years to get my FAA medical records corrected. Another AME who's medical test equipment was 40 years or older. Even his eye color charts were so faded they were next to impossible to read. There should be some method to promote great AME's for the work they do. I have been to two who would be at the top of the list.
*	Some of the letters from the medical branch are sort of intimidating ... I wish they could say what they need to in a slightly less adversarial fashion.
*	some requirements are burdensome and expensive
*	SORRY, I AM EXTREMELY DISGUSTED WITH MY VERY LONG DELAY AND HAVE A LOT TO SAY, BUT IF IT IDENTIFIES ME, I WON'T BE SAYING IT HERE. BUT SUFFICE IT TO SAY I DON'T LIKE THE ADVERSARIAL AND THREATENING TONE OF COMMUNICATIONS FROM THE FAA. NOTHING CONSTRUCTIVE OR POSITIVE OR HELPFUL. THEY DON'T WANT TO APPROVE ANYONE, JUST LOOKING FOR WAYS TO TAKE AWAY OUR PRIVILEGES. THEY ARE NOT CONSISTENT AND IT TAKES OVER THREE MONTHS EVERY TIME THEY REQUEST SOMETHING UNTIL THEY REQUEST SOMETHING ELSE FOR ANOTHER THREE MONTH DELAY. NO WONDER THE REPUTATION OF THIS BRANCH IS SO ABYSMAL.
*	special issuance has now taken 90 days...too long for review process, and no answer yet
*	Special issuance pending but if approved by AME and Cardiologist and satisfactory special issuance test data submitted, why shouldn't I receive an immediate approval?
*	Special Issuance submission to Oak City takes too long --info of evaluation process is very very limited ---just waiting in the dark after submission.
*	Special issuance testing requirements are not well aligned with best medical practices, as indicated by my healthcare specialists. Service is, unless airline-employed, excruciatingly, inexcusably S-L-O-W.
*	speed but the proccess!!!
*	speed it up
*	Speed things up. I understand that some things need to be reviewed but the length of time my application has been under review is inexcusable.
*	Speed up reviews at the Mike Monroney Center!!!!
*	Speed up the FAA handling of special issuance waivers. Bring the requirements for special issuance in line with what current medical specialties recommend. My cardiologist disagrees with the "dog and pony" show that I have to go through every year to maintain my Class II medical after a stent insertion over 13 years ago.
*	speed up the process a little
*	Speed up the process! It took about 3 months to hear back and get instructions about how to proceed.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	Speed up the review process in Ok City. It took them 3 months to respond with a letter of review on my certificate application. Now it is taking me another month or so to get my various doctors reports put together and sent back to Ok City. Who knows how long it will take for another reply. I am glad I no longer fly for a living as I would be out of work for six months or more while this dysfunctional Federal bureaucracy plods through it's process. Pathetic!
*	Speed up the review process, I have to have a medical every year and it takes Oklahoma six mounts to review the application. I find my self with out a valid medical for half the year, every hear. Let the AME review the medical situation and let them decide.
*	Speedier responses
*	Stop majoring on minor issues, look at current medical state not past issues that are no longer a factor.
*	Stop using blanket prohibitions for medical conditions and streamline the
*	Stop using contractors and non medical persons to do screening on special issue paperwork submissions. I have had many submttals rejected that were exactly what was requested. A classic example, I report the four doctor visits and test results that are required per year only once per year. On a few occasions hje report was rejected because all four visits were documented on a single sheet of paper. I was told that therefore it only counted as a single doctor visit. Most medical records are now electronically stored and paper reports are therefore cut and pasted. The screener said "if it is not on four different sheets of paper, it is not reporting four doctor visits. I am a type 1 diabetic. I have had a special issue for roughly 15 years. I highly recommend enacting the medical reform and let the treating physician and the airman make the decission as to medical fitness.to fly. The airman is already required to do this each time he flies. The treating physician knows their patients condition far better than a general practioner working for the FAA does.
*	Streamline the online process by storing medical history, and having the system propogate. Applicant should only need to verify. Thanks! :)
*	Study up on the use of eye drops.
*	Submitted paperwork for FAA review by mail on September 8, 2016. Now November 29, 2016 without any review.
*	Suggest AME provide limited 3rd Class pilot activity with instructor while going through evaluation process. AME had same drop foot condition. Felt his check ride overdone. Failed to allow flying instruction without approval from FAA.
*	Suggest AMEs review the MedXpress form prior to the appointment so supporting documentation could be provided at appointment time.
*	Suggest raising the technical education level of the AMEs and their staff. Many AMEs & staff members do not understand how MedExpress operates. They are also caught in "FAXING" documents to OK and not scanning or Emailing to secure FAA Med servers. There are better, more secure, technical advances they can be implemented to save time and secure confidential information per HIPPA. Ensure medical testing equipment used is updated and calibrated to provide proper feedback ( eye machines with broken or dirty lens, cleanliness of systems in general)
*	system takes too long
*	Take less time to receive certification my meds changed (lowered) since the exam. I've been flying since 1966. Hope at least to 2019.
*	Take the Dr recommendations in account they know the airmen Actually get to know the Pilots condition and side effects if any Inform the Pilot or examiner what is going on or why it takes months Not all conditions are the same or effect a person the same look at everything Evaluate on what the person is flying 172 VS 757 A flight instructor 95% of the time is with a person that can land the plane

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	Taken to long
*	takes far to long to get feedback
*	Takes far too long for a review after submitting requested information.
*	Takes far too long to go through the process if there is an issue. Corrective measures are generalized from the FAA and aren't case specific in the event there's an issue. For instance, I was asked to do a mental health exam which I did and turned in to the FAA with no problems noted. 3 months later they denied my application again and asked for me to have the same test performed. Ridiculous. Only until I found my most recent AME did the process come to a conclusion.
*	Takes to long to get an answer from OK. city. they keep asking for the same Info. already sent.
*	Takes to long to review my information . I am a private pilot my doctor should have the right to approve this process .
*	Takes way to long to complete and you can speak to no one that can give you information on how soon you medical will be issued or not issued and or why?
*	Takes way too long to obtain special issuance approval
*	Taking a certain medication should not be held against you. It is far to little information to make a decision!
*	Talk more to the airman
*	Technology is well beyond the requirement for operators to maintain an "original ink signed" paper copy of your medical certificate. Medical certificate status should be accessible via internet upon request. A pilot should only be required to maintain their plastic Certificate Card (Private, Commercial, ATP...). This would reduce the workload on FAA with respect to issue and re-issue of paper medical certificates. FAA should have web app (desktop and mobile device) that provides access to Airmen, Aircraft and Medical certificates.
*	Test both distant as well as close-up eye sight. Provide light of banned drugs while flying
*	The 18,000 foot limitation for the Third Class medical reform means I cannot take advantage of it. 18,000 feet is arbitrary. Many GA piston airplanes fly up to 20,000. I would like that limit raised to 20k ft.
*	The 6000 lb limit for self certification is arbitrary and doesn't make any sense. I fly a 7000lb aircraft and see no difference because of the increased 1000lbs. I know you don't control that, but maybe this input along with others may help change the limitation.
*	The A.M.E. in the past would act like a professional to a [advise] the patient. They would suggest to the patient corrective actions toward their health. (I.e., I can pass you on the eye exam this time, but I suggest you get an eye exam before your next visit.
*	The ability to obtain an estimate of the time it takes to complete a medical review regarding my condition would be appreciated. FAA medical representatives informed me they could not give that information.
*	The aging airline pilot population in this country is increasingly unhealthy. Rumors of increasing the retirement age again MUST be met with stricter AME guidelines. Most 64 year old airline pilots look to be 75. The loose requirements for 1st Class medical's needs to be tightened.
*	The AME Doctor we see is in it for the money! If the FAA or the American Medical Association could train the primary care physicians in the application process it would be a better service. The AME we see is 40 minutes away. The next one is 2 hours away. This is inconvenient.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	The AME issued my medical and a month later I was sent a letter requesting more information. I sent 46 pages of information explaining what the issues were. I thought I had supplied everything they needed but the next thing I know I get a registered letter demanding that I send back my medical. No explanation of why, no request for additional information - nothing but send it back. I sent it back and asked what information was missing and why I was denied. I only fly for fun once or twice a month so I haven't spent any time trying to fight the system. In every letter I sent I included my e-mail address and cell phone number, it would have been very easy to request additional information or more information instead of just pulling my medical. I would love to just start the process over from square one and get whatever test are needed, but to go back almost 2 years is crazy.
*	The AME should be able to review medical history and approve if satisfied.
*	The amount of time required from when my deferred packet was submitted to the AMCD could be improved. My deferred packet was submitted on 4OCT2016 and as of 15 NOV2016 I still have not received a response. As a professional pilot who is still employed simply because of the kindness of my employer, this is very frustrating.
*	The appeal process is too long. When my AME talked with the medical department in Oklahoma City, the staff member said this was an easy case and it would probably be completed in 30 days. My documentation was current but I was still asked to fulfill other tests and additional exams by two doctors. This was for a heart condition but 2 months later I received another notification concerning my eyes. I'm still waiting for an opinion from the FAA. I have not had a FAA Medical certificate since May, 2016.
*	The applicaiton and review of my Class III Medical certificate took way too long in my opinion. I have been granted Class III licenses in the past within 60 days of submitting my data to FAA- Medical Certification Division in Oklahoma City OK.
*	The application should include your previous flight time and previous medical issues.
*	The certification process for Second and Third class medicals is too complex and strict. This, in my opinion, discourages pilots to see their doctors concerning various conditions.
*	The Cogscreen needs to be eliminated. It is the responsibility of the CFI performing the Biannual flight review whether the applicant has the mental capacity to handle the aircraft for which the applicant is rated. A mentally handicapped individual applying for a certificate is issued that certificate while someone with HIV is subjected to a mental review that is biased to someone with video gaming skills.
*	The communication process is slow. I understand mail inbound to FAA needs to be screened for security (please allow one week) and certified mail is required for proof of delivery (need to be home when postman comes). It would be nice if there could be more open communication with FAA via phone or email so an applicant can get on with collecting information even before the official request arrives in mail. When I phone to check status all I am politely told is my medical is under review. I already know that when I phone in to inquire. The time it is taking to process my medical is a huge financial strain. My AME did not think it should take this long. One of the requests for more information was pretty vague and my Doctor had a hard time knowing how to answer it. I would like to know if the information I submitted is adequate in less than the 16 days it has taken so far since I submitted it. (Granted this is happening over Thanksgiving week) My original FAA exam was over 2 months ago and my examiner said that although he had to defer to FAA, the item in question is not what he had to defer for.
*	the current proposal goes to far beyond that which is reasonable - the 6 place / high performance / high horsepower type aircraft are a concern of mine if operated by a pilot who does not hold a medical certificate - the public should voice their opinions through a NPRM survey.
*	The current system requires (encourages) a pilot to have a "flight doc" and a doctor for "other"
*	The delay in getting my medical evaluated by the FAA is excessive. My AME had contacted the Regional flight surgeon and had sent him a personal note with my exam which he felt I passed easily. After 8 weeks, I called only to find out that the regional surgeon had not seen it because it was scanned to OKC which also had not seen it. I received it then 70 days from when the AME sent it to the FAA.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	The doctor wanted me to see a cardiologist and that took two weeks, but he had to turn in the paperwork within a very limited time so he had to turn in paperwork prior to my cardiologist review. Then the cardiologist sent me to a stress test, and those results were given the the AME's assistant to be sent in. The time constraint caused the initial paperwork to be incomplete. The cardiologist cleared me, but as of now I recently received letter requiring more information from the FAA. No way to tell if the paperwork was really sent.
*	The Dr. examiner should be allowed sole discretion as to airman applicant mental, physical inadequacies, competencies and mental faculties to ascertain candidate pilot ability to fulfill PIC duties as required by AIM/FAA. The CFI or check ride pilot should also be consulted and concur with Dr. examiner.
*	The entire process needs to be looked at more closely. The FAA is being entirely too picky. They demand things to be their way with no exceptions. There's no reason it should take so long to process the medical certificate. Look, if they would only learn to trust the AME with decisions it would take a load off their shoulders and speed the process up. The AME is face to face with the airman and has a much better understanding whether the airman is qualified medically or not than an examiner that has never seen the airman and is only looking at test results, etc.
*	The exam should include a full blood work up similar to what we used to do in the military. Also an EKG or stress test. I don't think the current medical exam can properly determine if I (or anyone else) is fit to fly. It seems very minimalistic to me.
*	The experiences I have had with the FAA with the medical certification process have been overall successful, but some areas were rather annoying. The time it took to acquire my certificates seems ridiculous and unnecessary. I fully understand the need to be thorough in your investigations but the time frame I believe could be shortened substantially. Other than the time issues I have experienced there is nothing else I find dis-satisfactory with the process.
*	The eye machine used for the exam(s) I have taken seem to be of a poor quality compared ones used in a Optometrists office.
*	The eye test machine is too difficult for many pilots. I can read a chart perfectly but the machine is very difficult to adapt to.
*	The FAA Aeromedical Certification process is badly broken. It is apparently run by bureaucrats who find it far easier and safer to say "no" to protect their jobs than to say "yes" and DO their jobs. I have two Neuropsychologists, a Psychiatrist and a Neurologist all of whom say that there is no neurological reason for me not to be flying. Yet a Doctor of Osteopathic Medicine, employed by the FAA and empowered to do so, overrides all of their professional opinions and asks for "further information" on a continuing basis but without denying me and giving me grounds for a lawsuit. I will continue to apply and provide the "further information" requested until this obstructionist jackass either dies or retires and more reasonable standards prevail.
*	The FAA in OKC received requested medical information for my special issuance on September 1st. As of this date (November 4th) I have not received any information from the FAA. I called the "Special Issuance Status" phone number three times during the last 3 weeks and received the same response: "Your case is under review."
*	The FAA is so strict that it atrocious. If an airman can walk, see, pass a motor skills test, and doesn't have any medical conditions that would incapacitate flying he/she should be allowed to fly in every class G and E airspace. If an airman can walk, see, hear, pass a motor skills test, and doesn't have any medical conditions that would incapacitate flying he/she should be allowed to fly in everywhere. If a person can't fly because medical conditions he should be able to become a pilot who can only fly under the supervision of another pilot. Therefore, if she/he can sit on a chair and move a joystick, then nobody should have the privilege to tell he/she can't fly.
*	The FAA is to slow in making recommendations--
*	The FAA medical procedures.....especially for third class medicals.... were so out of date, Congress was compelled to do something about it. I see this as both good and bad. Good for me perhaps, but bad for aviation in general and by that I mean having Congress telling FAA how to run their business. The FAA medical establishment is broken. Virtually everyone knows this. hardly anyone uses their AME as their primary doctor. I am told the FAA has maybe a dozen doctors in OKC reviewing thousands of medicals. Not nearly enough....especially when the established procedures are so overly bureaucratic.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	The FAA medical relies on self reporting, as a pilot with 25,000 hours and 50 years of experience I know that professional pilots do not report medical issues to their FAA-AME. The fact is you will not get caught if you do not report
*	The FAA needs to bring 3rd Class requirements in line with modern medicine. Everyone knows that Congress forced them to make changes. As an Administrative Agency they remain archaic. This is not just a rant because I have been denied my medical. The FAA has always been this way. When I got my A&P license I was tested on dope and fabric aircraft instead of modern aircraft.
*	The FAA needs to provide pilots with guidance when an issue arises i.e. who, what, where, when & why. It's very discouraging trying to figure out where to start, and it can also be very expensive.
*	The FAA needs to rely more on the judgement of the doctors who actually see and examine the pilots. They are in the best position to assess the health and risk of the pilot, rather than someone who is only reviewing a stack of paper and test results. Delegate the authority to the AME and let them do their job.
*	The FAA one-size-fits-all HIMS program completely misses the mark. I offer this perspective as a qualified psychologist and as a casualty of the system. My personal level of integrity prevented me from being dishonest on the application form and I answered truthfully about my PTSD status with the Veterans Administration (Vietnam combat). I probably would have been issued a medical certificate on the spot if I had been deceptive in my responses for the application form. I jumped through all of the hoops to supply the necessary verification that my current status met all of the requirements (five years of abstinence, letters of recommendation, complete medical records, ongoing psychiatric intervention for five years, psychological counseling for five years, additional supportive documentation including status as a NASA astronaut candidate, history of saving aircraft and crew in catastrophic engine failure, the list goes on). That wasn't enough for the bureaucratic HIMS requirements; I was required to submit to a complete HIMS evaluation in another state because there are no HIMS psychiatrists in my state. The FAA Medical branch did not even know this. I am a psychologist and I had to complete a thorough evaluation to be advanced to candidacy for my university's graduate program. The HIMS-required testing could easily cost \$11,000 or more (plus out-of-state travel and lodging) and the requirements are directed by MDs who are not qualified in psychological assessment (one-size-fits-all HIMS program). The consulting psychologists are sustained at peripheral proximity with input status only. FAA examiners receive a brief orientation on the psychological implications of the HIMS program = less than adequate; they are not qualified in psychological assessment. I am a professional, career Air Force pilot with full qualification in four major flight systems (\$10M to \$12M in training). I am not in the same category as the fly-for-fun private pilots. Flying is serious business
*	The FAA process of Medical Certification is burdensome to the applicant (and no doubt, also, to the taxpayers). My previous history of criminal activity and my medical history have made the process take a long time for me. Is it fair to continue to punish a man who has served his time in prison successfully and re-entered into society successfully? As far as the medical history goes - excessive additional information that is very expensive to obtain has been required when it was quite apparent to the examining AME that I was in very good health. That I had been treated in the past, as a precaution, for symptoms of borderline high eye pressures but still well within the normal range - and subsequently informed by an ophthalmologist that further treatment was not necessary - The FAA has required costly eye examinations and testing. The requirement to be examined by a dermatologist for a greater than ten year old removal of a very small basil cell cancer from my abdomen with no further problems is indicative of governmental high-handedness, over control, and intervention. Additionally, the requirement to have all the requested paperwork submitted within either a 60 day or 30 day time period is unreasonable. It is difficult to obtain timely appointments with medical facilities and staff. It is also places an unfair economic burden upon the applicant due to the very high costs of medical services. People, government employees, are and should be the very best resources for government and they should be wisely chosen and then empowered to do their jobs efficiently without fear of retribution !!! To be fair to the FAA, it is obvious, in my case, that my application for medical certification was outside of the norm. The public, indeed, has a rightful expectation to be protected from needless harm - but I do not think paperwork is necessarily the best way to achieve that goal.
*	The FAA regional flight surgeon should not require testing (in my case over \$2500) when the specialist (cardiologist) said it was unnecessary and my medical insurance would not cover it.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	The FAA reluctance to provide sufficient response for the Special Issuance Medical request was overlooked thereby grounding this pilot for six months.
*	The FAA requested a 24 hr holter monitor, a CPAP study, and statement from my cardiologist. These were current when provided to my AME, and he issued a medical based on that information. However, by the time the FAA got around to entering the holter monitor into what ever system they use, the holter monitor was considered not current. The FAA then requested me to get another holter monitor. Because of mail and processing times, I had less than 20 days to contact my cardiologist, (who is in Denver, while I live in Arizona) get a new holter monitor, get it read, and then send the results to the Regional office. Naturally I exceeded the 30 day limit given by the FAA. This has resulted in my waiting for another medical to be issued. FOLKS, IF THE STUFF IS CURRENT WHEN THE AME GETS IT, IT SHOULD BE GOOD, no matter how long it takes the FAA to get it into their system. I have been dealing with this since March 2016 IT IS NOW NOVEMBER. LETS GET ON THE BALL HERE.
*	The FAA requires, for pilots using SSR, medications, evaluation by a Hims AME with input from a psychiatrist and a clinical psychologist. The Hims AME should be authorized to issue a certificate, or else allow me to see a regular AME. Closest Hims AME to my home is 250 miles.
*	The FAA should clearly note in all correspondence to pilots who may lose their medical certificate due to Obstructive Sleep Apnea (OSA), that if a report of their treatment is required for review, the report must show that the pilot is using their Continuous Positive Airway Pressure (CPAP) machine for at least six hours a day, and at least 75% of the review period. I was not told this until the FAA denied my medical certificate. Only in that letter was I advised of the above requirements. The sleep specialist who oversaw my treatment told me to meet the insurance requirements of at least four hours a day, and five days a week (71.4%). It took me two months to regain my medical certificate, and caused me twice as much work (and doctor fees).
*	The FAA should have time limits on review of certificates.
*	The FAA should learn some people skills. Professional pilots rely on be able to fly to pay the bills. I've been waiting 5 months for an answer. When I did get an answer it was based on a false assumption. The medical reviewer obviously never bothered to read my report. The appeal is likely to take many more months. This is unacceptable. The FAA expects the utmost professionalism from me as a pilot but I get the the exact opposite when it comes to my medical certificate.
*	The FAA should provide a means for applicants to submit test results and medical records when further evaluation is required digitally (i.e. PDF files uploaded or emailed). Allowing submission of these documents exclusively by mail in paper hard copy form seems rather archaic in this day and age. Not only is it a waste of paper but also slows the process down considerably.
*	The FAA should utilize the decisions on the AME performing hands-on evaluation. More weight/consideration by the OK desk people to defer to the decision of the AME rather than second guess a trained AME in the decision making process. Additionally; the FAA should make the ability to navigate their website for applicants that have questions or denied a medical certificate by OK
*	The guidelines that the FAA supplies to AMEs need to be explained more precisely and the AMEs should be required to be up-to-date with the latest guidelines. Their decisions, if not made correctly, can affect the quality of life of pilots who depend on them to make the right decisions.
*	The med Express system is horrible to work with. The inability to reference past forms or have previously entered data pre-populate the firm increases workload dramatically especially if there were multiple visits to several health care professionals during the past 5 years. For the past 2 years, attempts to print out the list after it was entered did not work properly, requiring me to reconstruct the data each year and type it in again. The inability to log back in and make changes once the former is submitted is a minor annoyance as well. One would think modification possible until the AME locks and submits the form

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	The medical branch needs to process special issuance certificates quicker. If more money in the budget is required than add a tax to the medical certificate. I have been waiting 9 weeks - UNABLE to fly and earn a living waiting for a response from the medical branch. Or allow the AME's to issue the special issuance. My AME is well respected, qualified and more familiar with my case than any one else. He should be able to make the decision weather or not I can be issued a medical certificate.
*	The medical certificate appears to be based on the information submitted on the MedXpres Form and has very limited AME review and input to mitigate any concerns and thus exposing the Fight Surgeon's office to uninformed decisions and untimely results. Therefore the need to give the AME more decision capabilities would ensure more accurate and timely medical reviews and eliminate the problem of so many people not being fully honest about the medical history or medications. I find that Medicare is much more user friendly and gives much more discretion to the local doctors reviewing the person. Also more use of conditional medical certifications would be better such as annual or semi-annual reviews by local doctor who knows his patient.
*	The medical examiners are quick to respond. The FAA is extremely slow to respond to the needs of the pilots. Pilots feel that when we submit for a waiver or our annual flight physical that has to be reviewed by the FAA, the our request just sits on someones desk collecting dust. The FAA does not hold people responsible for quick turn-arounds on pilots requests. This "turn-around" process would be extremely easy to track - you just do not do it. This is an easy fix! This is not difficult. If you think it is, please call me and I will consult with you at no cost.
*	The medical history section can be confusing.
*	The medical process is horribly outdated and unfair to many. Transgender pilots are mistreated, folks taking antidepressant medications are needlessly denied and minor problems require extensive / costly tests before privileges are restored. Although I've never had any health issues it's from my observation of others dealing with the FAA that I've concluded the FAA's attitude is to deny everyone for any reason and believe it's safe to say the sentiment is common throughout the community. Personally, I supported President Obama and his liberal policies. The FAA is partly responsible for my poor attitude of the US Government consequently, I now support candidates I believe will help get a handle on the FAA. Please, lighten up.
*	The MedXPress online application could retain information so that the application would only require editing and adding new information. Retyping the same information only invites typographical errors.
*	The New England Regional Office is currently without a Doctor. My deferral, as was directed in the previous issuance, went to the Regional Office with all the required documentation of medical reports, diabetes worksheet, lab tests, doctors statements regarding statements of no cancer and being cancer free, statements of no difficulties on taking medications as required on the FAA med list for certain medications, surgical report statement of a brochoscopy and finding of no issue, FAA Form 8500-7 reporting on no retinopathy in either eye, and an add on list of medical appointments. This was done as requested about one month before the medical expires. In contacting the Regional Office, I was informed that the Regional Office sent the provided supplemental documentation to Oklahoma City, because there is no Doctor in the New England Region office. I was informed that at Oklahoma City, the material had to be scanned, then assigned to a reviewer, then reviewed to determine if more information was needed. I could not even ask if the supplemental information that was sent and received in the regional office was sufficient or more information was needed. This is now 12 days before my medical certificate expires. I was informed by the New England Regional Office that they are telling airmen that the turn around for medical certificates can be up to two months or more. What is more difficult to understand is that the regional office cannot check on the status of an application until the scanning is done and a reviewer is assigned. Then the application falls into a queue. There are currently no guidelines (except for the letter issues two years ago) provided to airman on lead times and the procedures for obtaining airman medical certificates when there is a special issuance involved. An airman cannot even get information or a finding to determine if any additional information is needed until certain steps have occurred in an effort to provide information for the r
*	The Oklahoma office required some medical records and a statement of prognosis. I supplied all required records by FAX from my AME's office and had no response as to receipt or timeline of evaluation. Please provide some kind of feedback via FAX receipt and expectation of evaluation time.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	the on-line process is awfull
*	The online application is pretty straight forward. However it covers all history which most should have been covered in the very first initial screening. These screening should only list changes since the last medical certificate. I was listing items from birth that I had already been cleared for but yet the AME i went to see told me its a disqualification. I have had my private pilot cert since 2006. I have never had an issue to renew until now. The online application process should have some sort of status updates that a pilot and go and check. Also the process needs to be streamlined as its been over 2 months and i have not heard anything back from anyone. This is beyond frustrating!
*	The online application saves a great deal of time for the applicant and the AME. Referral to FAA causes significant delay due to requiring my obtaining information from treating physicians even though I consider the issues resolved and am in better health than when I learned to fly. I understood from the AME that the FAA is more stringent due to 9/11 terrorist attacks. I am not sure how that affects me.
*	The online MedXpress format is generally good but tends to not provide hints about input data format until AFTER the data is input wrong. For example, a date might be input at Oct.10 2016 and then the website will announce an error and ask for it as 10/10/16, or similar. Same is true for medications if the list contents aren't used. It would be helpful if all data input areas were checked for format requirements and hints or examples provided as part of the initial input process.
*	The only appearnace that can be discerned from the actions of not addressing a wavier request for over a year, even though all requested information is provided and a standard is not provided for wavier for individuals requiring the wavier to earn a living is one one of total disrespect. The individual is left to not know what he is to do about his livelihood. This is why people do not trust their government.
*	The only doctor that knows my history is my PCP. He should be the one to grant my 3rd class certificate. Unless the laws change I will never be able to fly as a PIC ever again.
*	The original idea of third class, self-certifying was destroyed by the Pelosi-sponsored amendment introduced at the end of the process. The reform as enacted is not an improvement over the current system.
*	The outsourcing to Agility One is not so great. All they can do is confirm receipt of information and state that the application is in review. This could be handled without people electronically, I would imagine, with greater efficiency and less cost. When you get a live person, you expect that they will be able to give you useful information. However, given the limitations on what the contract workers can say, I think it best that this be automated.
*	The overall process goes beyond the practical aspects needed to achieve pilot safety. The special certification aspect is barbaric, cumbersome, very very expensive, slow and time consuming.
*	The passage of 3rd class medical reform has one major failing that may prevent its effective use. It encourages that one use one's primary care physician (or any other such person) to testify that the applicant to the best of his/her knowledge meets the requirements of the presented form. My primary care physician to attest to such a thing, as does the entity for which he works. I have asked other non-AME primary care physicians if they might be willing, and the answer is the same -- and emphatic NO! The reason given is the implied liability in the event of an accident. Attorneys go after the deep pockets, and primary care docs employed by a group practice or larger system are "deep pockets." They can expect to be sued, regardless of the merits of the case. So the answer is a resounding "Won't do it!" Fortunately, my AME expects to continue to provide 3rd class services as of this time. I think solo practices which supplement income providing medicals will continue, unless they restricted themselves to 3rd class medicals in which case they can be expected to leave the industry.....
*	The past and current 60-90 approval time frame is not acceptable on any level.
*	The process for FAA Medical Certification it's better than I've ever seen. The only recommendation I have is to (if possible) keep the pilots informed with as much 'timely' detail as possible what their status is during the process for approval of their medical certification. When my 'deferred' issue was to be reviewed by specialists 'outside' the FAA I felt left in the dark.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	The process for low dosage use of SSRI (<50mg) accompanied by multiple doctors' reports, including mental health and specialists, stating that I am fit to fly should be enough to issue a medical certification. The additional requirement for a continuing 6-month follow up, after issuance, with a psychiatrist and HIMS AME is also unreasonable. With the population of HIMS rated AMEs shrinking, this applies an unjustified burden on the pilot. Honestly, I could see one 6 month evaluation, possibly followed by another one in 6 months covering the FAA's needs. Changes in medication dosage or the patient's behavior should be the trigger for additional evaluations after a year. Allow an applicant to visit with the lead psychiatrist in person instead of the back-and-forth that takes months to complete.
*	The process if application is differed to the FAA takes far to long.
*	The process in which I have been going with the FAA has taken more than 6 years. It is incredible how slow and undeceived are some of the doctors. Keep in mine that it is better to have someone that is getting treated than someone that is scare to come out for fear of losing his or her job.
*	The process is appalling. I wanted to finish my instrument training during the Summer. It's six months now after my exam. It would take me 5-7 minutes to look at my chart and send a response. I took the instrument written exam and passed it. If you can't do a physical exam in 6 months, you should reimburse the expenses.
*	The process is complicated, expensive, bureaucratic and unaccountable. There is very little relevance to safety in the process for a private pilot 3rd class medical.
*	The process is extremely slow. I was asked to retrieve medical records within 60 days, however I had to schedule apointments and get records. The 60 days was not nearly enough time and I believe that I prolonged the process by sending separate mailings in order to ensure that my medical was not denied.
*	The process needs to be updated badly. The only way to send documents to them is via mail and then it takes over a week to scan it into their system? Why cannot my AME handle such documents. He would have been able to help me get back to work much quicker, but doesn't seem to be able to do anything but rubber stamp me or defer me. Once deferred, it took three months for someone in the FAA to even tell me what documents to provide to them.
*	The process takes too long. In my case the certificate was denied. However, someone who is awarded their medical certificate still has to use sick time (if available) while waiting.
*	The process took too long to contact (not enough people to handle the volume) . Most of the time I heard a recording that they were too busy at the time and to call back. I got through 1 of 7 times to hear that they are too busy or that my medical is in process.
*	The process was too slow. The medication that I was disqualified for apparently has not been tested long enough to get an approval. No information has been provided to me to indicate where the approval for this medication (Innvocana) is at this point in time. I quit taking this well over a year ago. I am considering re-applying for the Class III certificate.
*	The question physicians visits in the last 3 years. Should be Physician visits not previously reported in the last 3 years.
*	The reason I discontinued my application for FAA Medical was due to the request from "My Urologist as to the treatment plan for my previous kidney stones". You must realize Military aviators have many doctors and don't often have one point of contact. Suggest the individuals Flight Surgeon be the vehicle to discover such data. As I am retiring from government service this month and shall not fly any longer.
*	the reform is needed. For non commercial, private flying, I think it is unnecessary to require a medical certificate beyond what is approved for the future changes forthcoming. Long overdue. I think it will simplify things a lot and still provide the level of safety we currently have..

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	The review of packages for SI under the HIMS, SSRI program needs further review as those who are treated for depression are lumped in with those treated for alcohol and drug abuse. As mentioned earlier, I have tried twice to get my medical back. I have been working on this since JUL of 2013. My current submitted package required new exams with psychologist and psychiatrist, both of which were very surprised I have not received my SI as yet. This process has taken way too long and needs review.
*	The review process can be speeded up somewhat, it seems like when information is mailed in it sits on someone's desk for a month before anyone even bothers to look at it. I have been at this review process since June of 2016 and it is now the November 04, 2016 and I still do not have an answer, they keep asking for information that I have already sent. The system needs to be stream lined to better serve the pilot community.
*	The review process for a temporary grounding item/condition, can take too long and lead to the airman losing his/her job.
*	The review process for issuance of Special Medicals need to be streamlined. Waiting a year for a decision, after ALL information requested has been submitted is nearly an example of gross negligence.
*	The review process is too slow.
*	The review process is unnecessarily long. I suspect the total time spent by the FAA on reviewing my application was less than five minutes yet it took more than 10 phone calls and over 90 days to get my certificate issued.
*	The rules of what I am required to provide the FAA for the same medical condition changes from year to year. For me, it's been the exact same thing since I began getting a medical in 1986. It would be nice if the FAA would provide me with the information I will need to provide this year, prior to seeing my regular medical provider, so that I have the data the FAA is looking for to provide to my AME.
*	The rules regarding atrial fib are way out of date and the wait time for processing is very poor. My most recent application, for a 2nd Class, not even a First, was rejected with no explanation. I sent a very complete file with current work-ups from my cardiologist, as I have previously. I know the process and adhered to it, yet was rejected after over 90 days wait and with no explanation. Very unsat, as you might imagine.
*	The slow return response time is frustrating. My personal Dr and my specialist Dr says I am physically fit, but the FAA medical do not consider this. All of my tests come back If the Dr's that know me and my condition, are they not better suited to advise on my health than some one who has never met me. Dr [Name] was to be a Dr that was knowledgible to the FAA process. His lack of input and advise greatly adds to the frustration. I feel this is the FAA's way to further reduce pilot numbers in GA, or over regulated laws to force people into doing the wrong thing, even if not intentional. I have heard of more denied medicals this last year than in the past and feel the FAA medical board are upset with the passage of the new 3rd class medical rule passed by Congress last July. This is their way of getting revenge on hard working people still wanting to fly legally. In talking to Regional Medical, I understand that OK City id over run in medical issues. Well, start using your AME's, our personal Dr's and Specialists recommendations and lighten your burden.
*	The special issuance process is not clearly defined and every year requires research by both me and my AME to reconcile with the FAA communications I receive. The need for "legalese" from the FAA seems to have outweighed simplicity and ensuring that I understand the process and what I need to do. It is also not handled with timeliness or proactivity sufficient to avoid gaps in my certification. The seeming unpredictability of the process has deterred me from returning to aircraft ownership or pursuing opportunity as CFI, as I am not confident that my case will be processed in a timely and predictable manner annually, leading to gaps in my pilot eligibility.
*	The special issuance review process takes too long. It took 2 months before I was notified to submit more information and it's 2 month later now and I still have heard nothing.
*	The special issuances should be decentralized and the regional medical offices should be allowed to issue medicals.
*	The system favors Air carrier pilots and punished recreational pilots for the sane conditions

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	The system of special issuance is broken. It needs revision. The specialist who release a person to return to work should be able to release them to return to flying when appropriate or the FAA needs to be able to review the application within a few days. Waiting 5 months is ridiculous. What if I was trying to make my livinf as a pilot as I have in the past?
*	The Third Class Medical Reform does go far enough. The FAA needs to get out of the medical business for private pilots. If a pilot not-for-hire has a driver's license, then the pilot is fit to fly. The pilot has to make an assessment of his his/her health for each flight. The FAA is adding no value and keeping pilots from flying for reasons that do not increase the safety of flight or the safety of the National Airspace System.
*	The time it takes to get a response or information is very frustrating. My appointment for my medical certificate was in April 2016. It is currently December and I'm still waiting to hear about my medical certificate.
*	The time that it took for me to obtain my medical was excessive. (Over 6 months) You need to speed up the review process in Oklahoma City. Fortunately in my case I do not currently depend on my pilot's license to make a living otherwise I would have been deprived of a pay check for a considerable period of time due to the slow response to my medical application.
*	The time to get a response from Oak City on special issuance for third class medical
*	The use of the isihara plate test seems to be a bit unfair. It is designed to either pass or fail you, there's no inbetween and there are tons of people that are inbetween. When I say inbetween meaning it may depend on distance, color and lighting to see the image It shouldn't take in account if you can see the image or not. Just because you can't see the image hidden in the plate test doesn't mean that you can't distinguish between colors. The test should be comprised of distinguishing colors, can you distinguish the colored dots inside of the plate test, not can you see the "Magic Eye" picture. Not like this will ever change anything...
*	The vision test machines that are used by all AME's I've seen need direly to be updated with newer technology. This is the one area of a medical exam that consistently contradicts the results of more specialized docs. When my optometrist says I have better than 20/20 with my prescription but my AME makes me feel blind, there's a problem with the AME using the dated 1960's technology. I hear this from other pilots using other AME's so I know this is not a few isolated cases.
*	The waiting times for any ruling are grossly excessive. Cases that are deferred to the regional level are handled by non-physicians that make rulings by looking at a pile of paperwork with no direct input from examining specialist in a kind of a cookie cutter fashion. You are then left to prove otherwise after some "recovery" period.
*	The wavier I had was good until 2015, so I thought. It was still good if I had a current echocardiogram but the letter for the FAA was vague and did not specify that.
*	The way FAA employs contractors to conduct surveys has always been a waste of time/money
*	The website for applying for a medical needs improvement. in all areas.
*	The whole airman industry would be greatly enhanced by removing this. It puts the responsibility where it belongs - the pilot on the day he is going to fly.
*	There could be a better description of the requirements for certain needed paperwork on the pilots part. I found it very vague and hard to determine exactly what was needed.
*	There has to be a better and more prompt response from FAA Medical branch when a requested document is sent to them. It takes 3-5 months. I have a requested letter in for 7 weeks at the present and still no response even with a call 2 weeks ago.
*	There is no doctor assigned to the New England Flight Region. Issues that should have been resolved by him/her are passed on to Oklahoma City with a considerable delay. This is not acceptable.
*	There is no one to talk to or get a status report, phone line is always high volume callers try at a later time. How about an online service to acces and make comments.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Recommendation for Improvement***

**Recommendations for Improvement(s):**

*	There is no reason for the notorious delay in review of waiver/special issuance.
*	There needs to be a detailed history of exactly what prescription medications result in the FAA denying one's application for a medical certification so that an applicant knows in advance what medications result in a denial of a medical certificate by the FAA.
*	There needs to be a mechanism in place that allows the pilot an opportunity to have questions answered prior to submitting form 8500-8. A pilot may have a change in his or her physical condition that may or may not impact their ability to hold a airman's certificate and medical. There is absolutely no way to make that determination before submitting 8500-8. If the applicant tries to make a determination and fills out the 8500-8 form mistakenly the medical is differed and the process to get that resolved is absolutely brutal and extremely time consuming and aggravating. It grounds the pilot in some cases for no reason what so ever other than his or her misunderstanding while filling out form 8500-8.
*	There needs to be some way to contact the FAA offices, esp the main offices in OK, other than snail mail. Phone line would be best, but at least an e-mail address for questions regarding your application.
*	There should be a temporary medical issued to cover the timeline needed for MedExpress to review and issue a medical certification when minor non-conforminities occur like needing corrective vision glasses. My issue was resolved the same day as the medical exam by going to an eye doctor and 2 days latter I had glasses yet I couldn't fly for almost 3 months while awaiting MedExpress review and issuance of my medical certification.
*	There should be no requirement to list every single doctor appointment for the past 3 years on the application. First off, after age 40, a class 3 is only good for 2 years, so you're asking for information already reported. If it's a class 3 prior to age 40 your missing 2 years during the certification period. The questions and details related to any reportable conditions should be sufficient for the medical certification. Asking to list every single doctor appointment encourages pilots to avoid preventative check ups or tests that would do more to ensure the health and safety of the pilot during the medical certification period.
*	There was a concern about some medications and appliances I was using that triggered a FAA review. It took 11 months to resolve. Recommendation: added resources or FFF to doctor communication to resolve more quickly.
*	There was a LONG delay of several months in hearing ANYTHING back from the FAA, until I had to obtain the phone number of the medical certification division, and call them up before I received any feedback from them. Even then, they said to give it another week, & if I didn't receive something in the mail by then from them, to just call back again. I was very surprised and rather disappointed by the tardiness and long delay of ANY response the medical certification division. I wonder how long it would have taken to get a reply had I not called.
*	There was little information for the FAA and it took several months to responde to my medical report.
*	They ask me to turn in my med certificate and I sent it in. I do not plan to fly anymore.
*	They need to find a way to more expeditiously handle special issuance medicals as it relates to SSRI's and to keep the pilots informed during the process.
*	They need to lighten up especially on sleep. The process needs to be fast tract to get your medical back after you have a certain procedure or condition the loses it. Overall, being scared that I might fail a medical before l'm of age to retire has forced me to leave aviation after 10,000 plus hours of flying.
*	Third Class Medical reform - increase allowed altitude to 25000
*	Third class medical reform is a good first step. I'd like to see that implemented, but once data is in showing no degradation in safety, to see it extended to other Part 91 operations, including the raising of the gross weight limit to 12,500 pounds and eliminating the altitude restriction.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	Third class medical reform is needed. Third class medical exams are useless and an onerous burden on general aviation recreational pilots . Any competent pilot bases his or her decision to fly on any given day on their physical health that day, regardless of the exam taken at some point in the preceding two years. Drop the third class medical and emphasize the medical science behind safe aviation through continuing education.
*	This is my second application that was deferred to Oklahoma City. In both cases it has taken way to long to be contacted by the FAA. It has been 60 days since the exam, and no communication of any kind.
*	this time it took 4 months, in the past it has taken longer. now they issue my exception for a year, which is ok i was only without a medical for 6 weeks. since its been 5 years now, they issue for a full year, which works. a couple of years ago i received my medical in one month, that was great, and that should be your goal. prior to last year they issued for 6 months, which left me about 2 months window twice a year i could fly leagally..
*	Though I completely believe that pilots should be very healthy, I would say that as medical science improves so should adjustments to the current medical requirements and acceptances for medical certificates.
*	Three years ago I had a heart attack. I realize I will always be a special issuance from that point on. The first year back I sent the FAA all the required paperwork four times because they continued to loose everything. I always start my flight physical process, at least seven weeks, early because I've learned the FAA doesn't do things in a timely manner. The second year I received my physical one day before it expired. Last year I received it one day before it expired. The AME made it happen, not the FAA. I work as a professional pilot. I need a flight physical to be employed. I've worked with the FAA for forty seven years. It's really sad. They haven't gotten better. If I felt they were really interested in safety I'd be OK with their speed and efficiency. Unfortunately I don't feel that way.
*	timeliness of process
*	Timely response by FAA for reconsideration of medical.
*	Timely response to appeal of denial of my Medical Certification. I have made repeated calls and letters to Oklahoma but have not received information from them. It has been over six weeks!
*	To be able to use my medical doctors recommendations to get my medical back and not go the lengthy and beaucratic process that FAA requires. No one knows my medical condition better than my doctor. The patients treating medical doctors recommendations should weigh heavily on whether the patient should get medical reinstatement. I understand all the intense testing by FAA was recommended, but in my opinion my medical doctors recommendation should have been given more credit. He should have been asked directly on whether I should be in the cockpit, he fully understood and treated me at the time of my injury and took some temporary precautions.
*	To consider that pilots who are newly diagnosed with insulin-treated diabetes be evaluated by an AME in conjunction with an endocrinologist instead of federal air surgeon in order to expedite process. After grounding myself and notifying FAA in Oklahoma waiting for response has been too lengthy, and still waiting. With new technology and medical advancements in todays world, it is now safe for many pilots to perform airmen duties. Not everyone one manages chronic disease the same way and there are many people me including myself who can manage without serious incidents.
*	To inform the pilot exactly what is needed and have the AME's know what forms to submit.
*	to long and obscure!
*	To make the medical certificate the same size as your license and laminated (carry easier)
*	To much to put in text. If you would like to hear me out. I would be happy to chat. [Name] [Phone Number]

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	To perform the evaluation in order to see if more study is required to determine sleep related disorders, you are using a flow chart that has been created by people that are in the business of performing sleep studies. This is a conflict of interest. Pilots are being railroaded into unneeded and expensive (not covered by insurance) studies.
*	To simplify the med process each pilot should report major med problems that would affect piloting like heart, blood pressure, eyesight, mental etc problems. Until a problem like this appears a pilot should be his own judge of his safe flying health. I understand that there will be some pilots who fly in spite of bad health despite having a certificate. My son is being prevented from flying because of a DUI he received over 10 years ago and he is not an alcoholic. The process has stonewalled him from flying.
*	To slow in responding to requests . slow to take action on regs an changes.i.e. pilot bill of rights. Lot of good people in the faa. Lots of Experts in limited areas. It sometimes takes multiple calls or requests to even get the right answers. Need to multi task more. Less confusing and shorter regs . It shouldn't take years to make changes or updates. There have been improvements in some areas . Hopefully it will continue to improve. Less over regulation is usually better and less confusing to the FAA personal and the public they deal with.
*	Too long to get any results..just like I said government at it's finest
*	Took 5 months with access to email and Internet should be 30 days or less need more people in the review process
*	total lack of communications ame and okc. I was held responsible for ame,s lack of direction with okc. never could get specific answers from anyone, ame says up to okc, okc says must get from ame. no one would give any SPECIFIC AWNSERS TO WHAT STEPS WERE NEEDED.. MOST ALL WAS LEFT TO ME TO TRY AND GET FROM MY LOCAL DOCTOR, THEN SOME TESTS WERE NOT DONE THE WAY THE FAA WANTED, SO THEY HAD TO BE REDONE, COST TO TEST AND RETEST WAS Startling to run in the thousands of \$. finally ran out of money. local ame also sent some test info more than 6 weeks late, faa said not there problem, and denied cert, time lapse to long to get info. I love to fly but can charter a jet cheaper than pay for repeating a bunch of medical tests over and over trying to guess what everyone wants.
*	Treat cases as individuals Think of ways to get to "yes" Promote a just culture Explore with applicants alternative ways to mitigate perceived risk Consider the mission to be to help pilots fly safely and to explore alternative was of doingso
*	Try the human approach.
*	Try to improve communications or explain why the process is taking so long.
*	Twice in the last 4 years I had to contact my congressman in order to get my certificate I feel that the FAA medical is trying with all their capability to stop older airman from flying. I am required to take tests annually for my medical and this year I am required to walk on the stress test instead of raising my heart rate annually.
*	Unfortunately, the FAA will not listen to any feedback issued by the individual pilot. In consideration of my many years dealing with the FAA I have come to the realization that if you love aviation and airplanes one becomes a pilot. On the other hand, if one hates pilots and aviation one becomes an FAA employee!
*	up dating Med X after completion.
*	Update the medical equipment/standards to current assessment & treatment tools.
*	Upon denial of my certificate, the requirements set forth in the letter were too much to accomplish in a timely fashion to return to the FAA. In fact, some of the requirements in the letter, had been previously reviewed by the FAA and I found it frustrating to have to complete them again.
*	US Territories are not included on the previous page (what region do you live in?)

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Recommendation for Improvement***

**Recommendations for Improvement(s):**

*	Use a little common sense in evaluating results and listen to the comments and evaluations of medical specialists when reviewing special cases. Current handling of such cases is typical of a large bureaucracy handling everything as a black and white issue. I finally gave up because the process was costing medicare a fortune for additional testing. Make the requests for additional testing specific to avoid such confusion. The AME and my Cardiologists all assured me that my application would be approved by the FAA without issue.
*	Use common sense and past history to speed up process to issue medical certificate. If you have representation from say Airline Pilots Association, or AOPA or an AME with close association with FAA they can make a phone call and get immediate or sped up issuance of medical certificate whereas doing it yourself you get a lot of run around and told if you don't hear from the FAA in a week or so to call back and see where your at in the process and it usually take several calls to get an answer. I hope the system improves in the future. Thanks for the survey.
*	Use e-mail (followed up with USPS) to notify applicant of additional information that is needed for certification. I wasted valuable sick days waiting a full week for a letter to arrive.
*	Use of email instead of postal services
*	Very poor communication. Can not communicate with the FAA Medical case handler by phone or email. Letters they send take a week to arrive and need further explanation as to what they actually need, but you can't call or email anyone. Very frustrating. Can not send info in by email, PDF file. Have to fax. I was told when I called it takes 10 days just to load my info into the system for further review. My 3rd class medical took 90 days from date of my AME passed exam. I had to cancel many businesses trips during this delay. I understand the importance of the review, but the process could be much improved.
*	Wait time for reviews need to improve, takes too long, missing out on my recreational flying with my flying buddies
*	Was advised the special issuance process took about 6 months. This was not broken into: time to take all physical exam / laboratory tests versus time necessary for FAA to review medical records and issue medical certificate. Did not know there were AMEs that could handle / or specialized in special issuance certificates. Online information was confusing. Sometimes old/outdated information was still on 'the web'. Took several searches to find most current info. AME was able to provide me with the most current info. Called a couple of times to find out the status of my special issuance license. Very courteous and polite, but could not give me an estimated completion window. Suggest a web site with the current info and approximate wait times for various processes. MedExpress has helped document medical status a lot.
*	Was told by the AME that he has but one chance to print out a new medical. It did not work. Called OKC. Was told they would get it straight the following day. AME's office said they called OKC. Should have new medical by end of week. Nearly 4 weeks went by before I received new copy of Class II and nothing was physically wrong with applicant. Glad I was not still employed with airline. Would have lost serious \$ for just a paperwork glitch.
*	We need more MEs
*	We understand that all of the persons and offices involved are good and well meaning intelligent people. However difficult it is to meet the standards complained of below, (and we appreciate the difficulty) there is no short cut allowed, nor should there be one. The ends do not justify the means. We know this is difficult, and wish you good luck and Godspeed in fixing it.
*	We were told 15 years ago that when the FAA was completely transferred over to computers that the turn around time would be much less. Guess what! It got worse.
*	Went through my exam (HMS) in March 2016. I was told that the process may take up to 4 months. It has been 12 months and still have not received my medical. My only communication has been a few letters requesting some more legible DOCS and to inform me that my package is still under review. I appreciate the thoroughness but do wish the process could be quicker.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	<p>What is the asked on several occasions for medical reports from my current cardiologist as my AME is no longer living in the United States and as were retired. Multiple letters have requested certain information which I provided in detail but then again I get additional letters requesting more and more information that was not requested initially. I have worked extensively with my current cardiologist underwent several procedures provided all documentation and then I receive more letter saying they want more documentation. I don't know who's running your cardiovascular are your cardiology division but I feel like you're asking for something initially and that's all you need but again another letter comes requesting more of the same information that I've already sent. But again I get another letter requesting more information that they did not request initially. If you have a cardiology It should be immediately sent to them And not send through the medical division for reconsideration when they don't know what they're asking it seems like the general format template that you sent people I am send everything possibly that you need to release me from my medical clearance. I am never in my life dealt with an individual company or government division that is giving me such ridiculous recommendations and continuously requiring more and more information if you have any thing to consider. It would be to contact my cardiologist who is cleared me and his statement/letter that was supplied to you.</p>
*	<p>When a a medical comes under review, a specialist in the area of concern should do the review not just an MD. I was passed one year for a special issuance certificate. The next year I was denied. All my test results were identical for both years. It was just a different doctor that did the review.</p>
*	<p>When a certificate is pending, and the FAA has received the application and the paperwork there should be faster communication with the applicant.</p>
*	<p>When a medical condition deemed possible to influence the physical or mental status of an airman to safely execute his or her duties as PIC is found by an AME, specialist referral, treatment when appropriate and notification to the Aviation Medical Division with resolution should be expeditious. A delay in receiving information concerning the status of license renewal greater than 4 months is unacceptable. Correspondence utilizing e-mail between airmen, AME offices and Oak City should be rapid in order to facilitate specialist and laboratory consultations when necessary. While there has been an exponential increase in the volume of medical certification, there are ways of addressing this capacity to allow the streamlining of information transfer that currently disadvantages airmen medical certification.</p>
*	<p>When adding information for doctor visits, there should be an easier way to provide that information. I.E. when a person visits the same doctor for follow ups now you have to provide the name of the doctor, address, city and state on every single visit on the form. Should be able to fill the doctor information like address city and state and several additional lines for follow up visits for that year.</p>
*	<p>When additional info is requested, get to the point. Stretching out the time is very disruptive, expensive, and just not justified. Reiterating every aspect in corespondance is not justified. Again, get to the point. Listen to the AME.</p>
*	<p>When an abnormal circumstance such has a coronary disorder arises, there should be an order of requirements to fulfill to get the medical process in order. In my case, I was not sure whether to go to me AME right away after angioplasty or wait 6 months get an angiogram and see the AME and get the wheels turning for a Special Issue License. I was unable to find anything on line as to the order and time frame of each event to make this process be the most efficient. While I am happy with my AME, I believe he doesn't understand the process either for getting a Special Issue license. He was unsure as to when I should come in and get a deferred license to set the process in motion. I realize that each persons requirements may be different, but certainly there could be some sort of checklist a person could use to navigate through the process.</p>
*	<p>When an airman is honest, you make their life more difficult.....that is not how you encourage them to be truthful. In my case, I was honest and now have to make a special appointment for a special physical with my primary care physician....just to have him write a letter on my behalf to tell the Airmen Medical branch that nothing has changed and that I'm still fine. I've had other airmen ask me, "Why did you tell even tell the FAA about that?" When you threaten a person's livelihood, they will do what is necessary to protect that. If you want airmen to be truthful, you need them to feel that you actually care and that you are there to help....not that you're there to punish them.....</p>

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	When an airmen calls in to check status of a request for a special issuance, perhaps a little more time based information could be given. For example, for several years I have applied for and granted a special issuance. I would call in for a status check after 4 weeks or so. I would be be told it was in review, call back next week. It would go on for month or two, me calling every week.then my SI would arrive in the mail. I think it would save a great deal of anticipation/stress if an inquirer was given some kind of back log status. If the unit is experiencing a 7 week back log and our application is still 3 week away from review, tell us. We may not be pleased but at least we know there is no known issue as of yet & just waiting our turn.
*	When an AME approved FAA Medical Application arrives in Oklahoma City, the documents should be promptly reviewed by "the panel" and promptly reported back to the AME and the Applicant. Waiting three or more months for service is terrible. I personally, in May 2016, mailed in my Application and supporting documents, and slowly the FAA has mailed two separate letters requesting retrieval of additional information, and on one occasion asked me to FAX the documents and mail a CD. I still have NO results. I have been approved by two separate AME/MD's, another MD, and PhD. Yet, I have no reason/understanding why the FAA does not provide the Medical License. My airplane has been parked for 20 months, no fuel/insurance/maintenance/training/flying data has been purchased.
*	When an applicant writes a letter with a specific request - answer it specifically instead of sending boiler plate letters. Process requests in a timely manner - not months later.
*	When an application is deferred to Oklahoma City for further review, for example for an applicant with a Special Issuance, the FAA should have a better means of communicating with the applicant as to the status, especially for applicants that are professionally employed. Currently the problem is that a Commercial Pilot, ATP or CFI that has a application deferred may sit for weeks and/or months without pay and without notice as to when the individual can return to work, which can create substantial hardship on the applicant and on the applicant's employer. The following would be helpful: *Simple Notice Updates via email and/or Updates to the AME *Priority for Commercial Pilots over Recreational Pilots
*	When applying for a S.I From the time requested info is sent, It is over a month before correspondence is received usually with a 60 day window. Info required requires Dr. appointments which, In my area, could take a month or more to get in to see a specialist. Some tests such as MRI's may not be covered by insurance- FAA requests is not recognized by insurance co's as a valid reason. I recently paid for a requested MRI. out of my pocket. Many cannot afford that. To speed up the process, I hired a firm to assist me. I regard that as a waste of money because they have done a poor job. They lost my medical info and I got a letter from the FAA stating they had not received my records within the 60 day window and were nice enough to allow me an additional 30 days. The company blamed the FAA for loosing the stuff but I suspect they never delivered it. That cost me an additional month. It's been over 5 mo. since I sent you the first file of paperwork and it seems like it will never end. Thanks
*	When Approving a Special Issuance Medical PLEASE change the format of the letter so that it simply reads Your request for a SI is approved" the way it is written now scares most pilots silly because it starts with:"Your request for an Airmen's Medical Certificate is denied" then half way down the page it goes on to say However your request for a SI is approved. Very confusing and for myself I work outside the USA and my wife opens the mail back at home and it scares her silly as well.
*	When asked for additional information the response from okc was about the same time it took for the original application. I perceived the delay as a start over review not just the need for more information to make a decision?
*	WHEN FAA RECEIVES MEDICAL REQUEST AND FINDS THAT THE PERSON NEEDS TO SEND MORE INFOMATION OR TEST RESULTS IT WOULD BE NICE IF FAA HAD A WAY OF LETTING PERSON NO QUICKER THAN USING MAIL. I COULD HAVE GOT MY MEDICAL RENEWED AT LEAST A MONTH AND A HALF EARLIER IF I HAD KNOWN.
*	When former surgeries etc have been reported, it would be nice if the Previously Reported No Change really meant not having to each time duplicate this information. Some of my info is from a broken leg over forty years ago but I still have to include it every six months for my certificate.
*	When I call FAA medical for information,I am unable to reach anyone. Told ,due to large volume of calls,unable to take mine. Told to try again. I did for a week. Same recording. Can not leave a message.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	When I provide my email address, it would be nice to receive notification of the following 3 stages: (1) We have received your Medical Certificate request. (2) Your application is being reviewed. (3) Your application has been approved (or denied, or needs more data, or approved with the following restrictions.
*	When I was asked about any previous surgeries or hospital events, it got a little out of hand. I had to report arthroscopic knee surgery 15 years ago, and every time I walked into the hospital in the last 50 years, or had a hang nail! Now I have to try to remember what I reported previously. I could see if it were relevant events, but I felt I was being reprimanded. I've worked in aviation for 40 years and currently work for the FAA. What is going on? I don't think it comes out of OKC, it must be at he DME level. I have the utmost respect for the OKC med branch. I hope you can make things better.
*	When medications have been previously reported, they should not need to be repeated. When surgeries have been previously reported, they should not need to be repeated.
*	When my application was denied, I appealed. It did not appear as though my appeal was carefully read and the response was almost identical to my first denial. I just received a letter From the FAA stating asking for a 2016 echocardiogram for further review. I will submit it as soon as possible.
*	When OKC staff AME sees an anomaly with the applicant please consult with the applicant's AME before taking action for further testing to see if it is necessary or warranted.
*	When people lose their license and have gone thru the process to improve their health and get a green light, the FAA needs to speed up the paper trail, some of those guys owe millions on airplanes and have payments, hard to sale sometimes.
*	When requested by the applicant to have an active dialogue on the appropriateness of FAA requests for additional medical information, respond to the specific request. Don't simply send back the same demands.
*	When requesting in a special issuance, which has been done historically for me, name all data needed for evaluation. Don't make a pilot wait 70 days then make a request for more data. 4 months from beginning the process is excessive without getting feedback. Every year I have been grounded for excessive time, grounding me from business flights, costing me time and money for seeking additional information and hiring pilots to fly my aircraft for use of the aircraft. Improve the response time. If I am negligent in getting information into the FAA, that is on me. Slow response is on the FAA is on the FAA, and in my opinion unacceptable.
*	When requesting more information for a special issuance it would be nice to have an itemized or specific list of information or test results.
*	When someone's FEV1 is more than 100% and FVC is more than 100%, why should the ratio of 60% require a special issuance? I can understand when FEV1 is <70%. But in this case I am without my medical for some unknown period of time which means I must hire another pilot to fly my airplane for my frequent trips between California and Alabama. An unnecessary expense and inconvenience for a very mild condition that does not affect my flying in any way. This should be a very quick turnaround, but I'm told it could take 2-3 months.
*	When the FAA decides to deny a pilots medical application, even when said pilots private physician says he is perfectly fine to fly, FAA should agree to make an appointment with that pilot instead of overriding the AME and specialized physicians that have been tending to that pilots medical situation for, literally, years. The decisions handed down by the med cert branch actually affect real people's lives and shouldn't be simply brushed to the side with a simple and unequivocal 'Denied'
*	When you logon to MedXPress, you should be able to look at your previous applications
*	When you only have to log on once a year or so, I wish it was easier to retrieve/reset password.
*	While I was initially given my Medical Certificate, Additional information was required for review. When asked for the list of additional medical history the fact that it had to be all paper was over burdening for me to obtain. I was diagnosed and successfully treated for throat cancer and cured of the condition. The request for only paper and not accepting digital copies of all this data from treatment left me with only one option which was to surrender my Medical Certificate

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	While waiting for a SI, there should be some type of notification from the FAA that it has been received & is currently under review with some Yoel of time frame. Or even maybe a contact person involvement.
*	Why can't you simply give me a little feedback. Did you even get my application. Why does it take so long?
*	why does it take 10 months after passing the flight physical to receive my certificate? you accused me of having several medical conditions that I do not and never had with all the related doctor visits. this is why EVERYONE dislikes anyone in government.
*	Why have AME's if Oak City is going to override them. Two times, two different AME's granted me a First Class Cert and two times Oak City revoked it, re-instated it, and I am waiting to get reinstated again. Oak City never saw me. It has cost me lots of money to have the exam, plus follow ups plus flying income lost. Thanks to military doctors (who certify military standards) have said I am fit to hold a First Class Cert. I have to call Oak City every day to follow up for 3 months to be told they are working on it or too busy to answer. In 51 years of flying, the FAA is getting worst, not better. I have been getting my Cert. from the same doctor for years, he knows me better along with the doctors at [Clinic] than some GS-99 in Oak City who has never seen me
*	Why not give every pilot including those who reapplied, like me the chance of using the new third class medical reform act? I love flying just the same as I cherish doing surgery. It is part of my life! As a highly responsible physician , I can responsibly apply the new third class medical reform on myself. I stand many hours doing difficult and complicated surgical operations. Flying is much easier with minimal and much less stress and you are even sitting all the time! Thank you Dr. Fraser for asking my humble opinion. I enjoyed your speech on Medical Certification.
*	Why not grant an extended Program to those that have to get a medical procedure completed. (say within a year)I could not get my procedure completed in time of 90 days so my medical cert would not me denied. The person refused to give me another extension to get my procedure completed. (Told me that's your problem and hung up) Now it is completed. I will get all the medical info for the AME and FAA to obtain my medical cert. Now every time I have to explain and get all the paper work resubmitted because the question of having it denied. Why not have the FAA retain all the paperwork so the applicant can write in the space, "Ever been denied", one can write PRC. Previously reported condition.
*	Wish there was a way (at individuals expeence) to make an in-person appointment to see the actual FAA doctors who are deciding to say no, even when AME and medical specialist say that it should be ok to hold medical certification.
*	With my situation it seems a more personal approach would be better. It seems that the AME did not have to "defer" given his ability as a physician. He should be able to take the necessary steps at his level to give the medical certificate. I have been remarkably healthy since the completion of the valve replacement. Normal sinus rhythm, INR in my required range (2.6-3.2), HA1C under 6.0 and getting excellent care. There have to be many people like me in that the process is tough; my deductible has required me to pay for all of the required tests out of pocket- that is a fact that has created a tough road to go down. I have now arranged for all of the tests to be completed and get them paid for as well. I am hoping to have this all together by Jan 15,2017.
*	With new medications coming out all of the time FAA needs to update there approved lists for these medications.
*	With the MedXpress process - it would be helpful to have access to previous applications - if they are currently available - maybe it could be made easier to find.
*	Women go to the doctor all the time- it's crazy that I have to list every yeast infection, congested chest, Pap smear, dermatologist visit. Also I have too many pilot friends who rely on flying for living who either lie/fib about going to doctors or just don't go because they are afraid of losing their livelihood and passion. So many small minor conditions are irrelevant - but everyone is afraid to get the help they need. This is Especially true when it comes to mental health. A friends wife died suddenly at a young age and he was having a hard time coping - he refused to get help because he was afraid of losing his medical. So he flew distraught. Not good.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Recommendation for Improvement**

**Recommendations for Improvement(s):**

*	Work more than 3 days a week. I started the application process the last week in May and I am still waiting for a review of my application. I have an EKG that falls outside of what the FAA calls the norm. My cardiologist says there's nothing wrong with me other than the EKG. It will always be like this but 6 months later on a renewal of a special issuance certificate I am still waiting for a response. About every two months I get a request for additional info. The FAA is only concerned about CYA not about my health or the safety of the traveling public.
*	Would be good if the process could be expedited.
*	Would be helpful if MedEx allowed review of previous applications to verify information given previously.
*	Would like a copy of my medical application when using Medex.
*	Would like regular emailed updates in upcoming changes in regulations and changed regulations
*	Would like to have previous medical history that I submit to medexpress saved for my next application
*	Would like to have the opportunity to be examined by an AME authorized to make decision on issuance.
*	Would like to see Medexpress save past history
*	Would like to see the F.A.A. certify more AME's.
*	Would like to see the visits to health professionals within the last 3 years information "roll over" to the next application within the time period if possible. Would be helpful not to have to retype all the information every 6 months for Class I applications. Otherwise I like the whole system.
*	Would suggest a e-mail submittal of doctor report, and any additional FAA Medical required information. Also an online service to see status of Medical application.
*	Yeah, dont take so dang long to get a letter to the applying pilot...
*	You advise may be recinded within 60 days. If Dr and AME recommends issuance should issue so pilots would not be fiscally punished some medical a have been valid 30 days or less going thru process.
*	You ask for extensive records for conditions cured nearly two decades prior and info from physicians whom I have outlived. This is all ridiculous as my primary care physician can certify that I am fit to fly, drive a car, or operate any other complicated machinery and all for a 3rd class certificate which is being phased out. (unless I fly a couple of thousand feet lower in an LSA and then I don't need it at all!). We don't need this much Federal "help" to conduct ourselves as responsible citizens.
*	You have an extremely courteous staff; especially considering the challenges they face working with a frustrating situation. I would recommend that the staff take less time getting through the process. For instance. I sent in the first information request. They snail mailed detailed information needed. It took me almost two weeks to get everything they needed. I believe that one year of data on my sleep was over kill 90 days should have sufficed according to my doctors. The problem is that it took almost three weeks to get them to request more information. We sent that it took them 10 days to just get it in my file. Now I'm waiting again. It's a very frustrating and inefficient process. I understand a back log but once they start on your file they should keep it in the front of the line until complete. It shouldn't take 3-4 weeks between each communication. I punishes you for being honest. I understand and strongly believe that we need to insure medical safety in general aviation. But as I share my horror story and others do the same. It encourages some to just not tell the examiner the whole story and in the end makes it more dangerous. Sometimes less is more. The process should be simplified from within. IF that happens you will get much more effective results from the pilot community. I hope this helps. Your people are great to work with. It's truly a case of the government doing something better than the private sector.

<b>Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? <i>Recommendation for Improvement</i></b>	
<b>Recommendations for Improvement(s):</b>	
*	You need to give more latitude to our ame,s. They know us very well. You people don't know us at all. You onced errored by sending a number of pilots an incorrect report on ekg, that caused a lot of trauma unnessisarily with absolutely no apology what so ever. Your letters are not of a friendly nature. I could say a lot more but I am uncomfortable giving you this much info. Remember the IRS.
*	You need to provide a plain language worklist the teachers applicants exactly what the go no-go parameters are
*	You process is extremely frustrating. I was granted my medical but then it was taken from within 24 hours pending further review because I forgot to list a medication that I took months before and had since discontinued. It's now been 2 months with no resolution. Am I now a safer pilot after being grounded for 2 months ? Doubtful. Should have been resolved with a 2 minute phone call. I'm considering leaving aviation I'm so frustrated.

Table 14. Additional feedback provided by respondents who indicated 'Compliment' on Item 47 and provided a response (n=352).

<b>Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? <i>Compliment</i></b>	
<b>Compliment(s):</b>	
*	[Name] at my regional office is amazing. She cares both for safety of the national airspace system and for the pilots who are working through complex medicals. I have been in contact with here off and on for the last 24 months gathering information and preparing to obtain my fist civil FAA medical. I am a medically retired Army Rotary wing aviator with three combat tours. The last few months she has not been available at the regional office and I believe your office there suffers a great loss without her. Dr. [Name] (my AME) is not only a heart surgeon with a sterling reputation but also one of the finest aviation medical professionals I have worked with.
*	[Name] MD at the [Clinic] is a great professional that takes great pride in his care for patients. If my insurance coverage included him in their network, I would chose him as my primary care provider.
*	[Name] was a great help to me.
*	1. Personnel answering the phones in Oklahoma were friendly.
*	3rd class medical reform is the appropriate reform.
*	A condition presented that was identified and subsequently addressed successfully.
*	About 6 years ago when I was diagnosed with prostate cancer and subsequently treated the regional flight surgeon's office was very helpful and timely in assisting me in getting my medical re-newed. I was pleasantly surprised.
*	After receiving instructions from FAA OKC for a repeat a medical test that my doctor said was totally unnecessary in the first place, I responded. I explained my situation and requested clarification but it never came. Fellow pilots tell me they have the same problem with OKC. Well meaning FAA doctors are spitting out directions for expensive medical test as a mater of caution due to their lack of expertise in that area. This is a major reason for the push for medical airmens certification reform it the 1st place. My correspondence was never replied to.
*	All AME's that I have the opportunity to meet and be examined by were all great professionals that care for me and aviation community needs.
*	All communication with the FT. Worth Regional office have been excellent. The personnel are very knowledgeable and very willing to help. They return phone calls and follow up on questions. A very professional and pleasant experience to communicate with them.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Compliment***

**Compliment(s):**

*	All encounters have been professional & well done.
*	All past ame have been excellent doctors as well as flight surgeons.
*	AME [was] very thorough, courteous, and professional while light hearted!
*	AME did an excellent job
*	AME's, at least those I have visited are very professional and qualified, and I like their desire to talk about one's ideas and to answer any questions pilots may have.
*	As a breast cancer survivor--I appreciate a process that is logical and not onerous.
*	As a result of a serious bicycle accident, I suffered a serious head injury that lead to the lifting of my First Class Physical, and rightfully so. The letter that the Aeromedical branch sent me outlined the very detailed findings of the Neurological board found as a result of all the medical information I sent them and how this information led them to the conclusion that I did not meet criteria for issuance of a First Class Physical. Very informative and very polite and greatly appreciated. NO threats. This ended my career and I appreciate the information of their findings absent any threats of any kind.
*	As an Ex-military fighter pilot, I take medical requirements seriously. I do believe in an annual personal physical and no longer than two years. I personally had prostate cancer (minor) followed my AME's recommendations, worked with him, and the cancer center and my experience was excellent, I of course monitored my paperwork and procedures personally, and I took no medication so it was pretty straight forward. I made sure both my AME and the Cancer center were doing exactly what was required, and what would keep me flying. My AME [Name], was instrumental in monitoring my progress, and the all important paperwork. No problems for me. I know the system, and who to go to.
*	As I said earlier, there is no perfect system and I think overall ya'll are doing pretty good. Just need to work with pilots that lose their license quicker. I have never had a problem with the FAA but I keep an eye on what I eat & exercise - blood work twice a year.
*	Basic Med seems to be a good plan
*	Be sure the studies demanded are appropriate to the class medical requested or required.
*	BEFORE I WRITE MY COMPLAINT, I WANT TO COMPLIMENT THE TELEPHONE REPRESENTIVE'S THAT I TALKED TO FOR BEING VERY CONSIDERATE, I AM HAVING A VERY STRESSFUL TIME TRYING TO GET THE COMMUNICATION STRAIGHTEN OUT
*	Communication in the past has been clear and specific with information needed. When I reached someone by phone, they were very pleasant to talk to as well as provided the exact information I needed and how to get that to the FAA.
*	Complete, professional & to the point.
*	Computer-based record (MedExpress) is great, really simplifies process for pilots (and AMEs, I would think.)
*	Dr [Name] ([Address]) is great! I really enjoyed my exam with him, even though the decision was deferred to Oklahoma City for further evaluation. I would recommend him to anyone else in need of an FAA medical.
*	Dr [Name] has been both my urologist and AME for a number of years. I have been a pilot for about 60 years (both in and out of the United States Air Force) and Dr. [Name] is the most professional AME I have ever encountered ... he really knows his business!
*	Dr [Name] is an excellent AME. He is very thorough and competent, ensuring all medical issues are thoroughly reviewed in a very professional and positive approach.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Compliment***

**Compliment(s):**

*	Dr [Name] is the most professional, caring, and attentive doctor that I have visited. Thank You!
*	Dr David Schall, AGL Regional Flight Surgeon Great Lakes, is involved in my case and he has been very professional and courteous throughout the process. Unfortunately, my medical certificate has been denied at this time. I am pinning my hope on the term, "at this time". I don't think my flying days are over.
*	Dr. [Name] and Dr Zito were professional and helpful.
*	Dr. [Name] and his staff do a wonderful job! Both courteous and professional.
*	Dr. [Name] has been the best AME I have personally met.
*	Dr. [Name] is a true professional.
*	Dr. [Name] is an excellent AME, very easy to work with, and a fellow pilot.
*	Dr. [Name] is THE BEST AME I have ever had. I flew as an international Captain for a major airline for 30+ years, and used several other AMEs over the years. Nobody compared to the excellent care that Dr. [Name] provides.
*	Dr. [Name] of Seattle is a quirky provider of quality services. In many conversations with him over the years, I have come to believe him to be absolutely dedicated to the integrity of the airman medical certification system. Don't come to Dr. [Name] expecting a rubber stamp.
*	Dr. [Name] was excellent, great experience. I changed to her when my previous AME gave up performing flight physicals.
*	Dr. [Name] was very helpful and understanding throughout the entire process of getting my First Class Medical back.
*	Dr. [Name], AME is simply outstanding. He has always been thorough and fair, charging a reasonable fee. He was of tremendous help in obtaining my special issuance following a PE diagnosis.
*	Dr. [NAME], AME, consultant, division of preventive, occupational, and aerospace medicine, [Clinic] is by far the finest AME I have ever experienced. I trust [UNINTELLIGIBLE] his clinical, form and professional judgement.
*	Dr. [Name], M.D., AME, provided extraordinary assistance - consistent with his reputation as an excellent AME and quite willing to decline to issue the medical certificate, to defer the matter to the Regional ME or OK, or to issue the medical certificate. He takes his obligations very seriously, understands the responsibility, explains the process and the reasons for the process, and clearly explains the airman's obligations.
*	Dr. Dionne in Anchorage is the finest FAA official i ever met. His care for individuals and balance with safety needs were unmatched by any one. He should pe promoted to administrator of the FAA and under his leadership influence the culture of it
*	Due to history of Rheumatoid Arthritis my 2nd class Medical application is reviewed yearly. NWMR reviewed my application and sent a follow-up [approval of certification] letter in a very timely manner. In the past there was usually a longer - and stressful - wait until approval came through. this year's review and letter seemed to arrive faster than ever before.
*	During this last application I wrote an extensive letter about my difficulty and expense in defining my medical circumstance over the past 16 years. I received a very helpful phone call from one of the doctors at the FAA in Ok City.He evaluated what had happened each time I applied for a medical from my letter. He agreed with my AME that the wrong information was being evaluated resulting in several cardiac caths to prove there was no issue. My AME spoke directly to OK City about what was required now and what had been misdiagnose in past applications. That new test information was sent forward. However, even though it was exactly what was required by OK I did not receive a certificate for almost four months. Perhaps the FAA would agree to a time frame where they may be contacted at a certain interval in the process to explain the delay or accurately predict a conclusion. It is hard to keep a job when the process goes over three months (even though your start early). My condition was unchanged over 16 years and I was never denied a medical, but demonstrating this to the FAA has been difficult because of the time involved and the collateral damage of staying employed while this is sorted out each year.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Compliment***

**Compliment(s):**

*	Easy to use.
*	Effective process
*	electronic application process works well.
*	Even with the 3rd class medical reform I will continue to use my AME which is also my personal physician due to his level of expertise and personal care. I enjoy flying but my overall health is much more important to me than just being able to fly.
*	Every AME I have ever been to was extremely professional and thorough. They looked at me as a pilot with passengers. I look fwd to the new third class system, but feel that ALL PASSENGER CARRYING COMMERCIAL PILOTS MUST HAVE A CLASS ONE.
*	Everything was smooth and effortless. Examiner was a very caring person.
*	Everything went excellent with the exception of MedXPress. Wouldn't take my BP medication & having to call to reset my password every year.
*	Excellent overall experience. Skilled AME and office personnel, thorough exam and detailed history discussion. Seems like the system is working as it should.
*	Experienced senior examiner. Consistently performs a detailed and excellent job.
*	FAA Alaska Region Flight Surgeon Dr. Marcel Dionne: Exceptional courtesy over the phone and in person. Dr. Dionne took my file down to Oklahoma City in April, 2015.
*	FAA does a great job. Medical reform is a welcome change. Current system Medic Express brought technology into the process in a timely and useful manner.
*	FAA is the best certifying agency in the world.
*	FAA medical review of my EKG found an issue that made me look further with doctors. Thanks for that
*	FAA Regional Dr. David Schall was excellent in clearing me to fly on a special issuance. There was a delay through OKC, and I received a recommendation to Dr. Schall and sent him the info he requested; it went very satisfactorily. He told me his line is always open if I have a question. I also heard him give an excellent presentation at OSH last summer, and formally met him there. Great guy!
*	FAA works hard to secure the safety within the system. I appreciate that effort.
*	Generally good front desk and telephone communications.
*	Glad your keeping an eye on things....thank you
*	Good guys at FAA HQ - keep up the good work. If you were a business, you'd be making a profit. Worth every penny of my tax dollar.
*	Good help regarding special issuance medical from the FAA medical team representatives at AirVenture 2016.
*	Good job, passing experimental, recreational, ultralight and light sport classifications. These are great enhancements to aviation. Medical evaluations of "vitals" is good. But not allowing AME's to issue a re-instatement, without making them liable for the pilots future actions, is why the third class fails. The AME's judgment should be trusted, without being threatened by the administration.
*	Good job!

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Compliment***

**Compliment(s):**

*	Good service and AME
*	Good service and information
*	Great job!
*	Great job!
*	Happy to see becoming more streamlined
*	Has helped me tremendously due to outstanding medical conditions.
*	Have always had good experience with service
*	Having flown professionally for forty-four years, I've witnessed the medical certification process become more and more user friendly over the years. And that's a good thing. The medical certification process has become more helpful over the years compared to an almost adversarial approach back in the day. It lends pilots to be more open when the FAA is perceived as doing their best to see we get certified, barring any catastrophic illness. Keep on this heading - it's appreciated.
*	having the MedExpress online is a great improvement over filling out the same old form year after year
*	I am grateful for the annual cardiac exam requirement. Without it, I probably wouldn't be alive due to CAD.
*	I am handled fairly and quickly, Thank you
*	I am so far pleased with the streamlined FAA process of pilots with Obstructive Sleep Apnea. I was able to show treatment compliance and receive a Special Issuance within one month without significant impact to my career.
*	I am very pleased with the special issuance procedure. My medical is in process now with the FAA special issuance office. The AME I used was professional and went out of his way to assist me in navigating through the process. 2 thumbs up for his efforts.
*	I appreciate being able to get my special issuance for obstructive sleep apnea renewed by the AME at the time of his exam, based on my bringing the required CPAP data and letter from my treating physician with me to the AME exam.
*	I appreciate getting a AME check for an airman medical because it verifies my ongoing fitness to fly. All AMEs I have used in 40 years have been honest and helpful. I also self certify each time I fly and would not fly if I had a health problem. If I could not pass an FAA medical, I would immediately give up flying. I believe it is important that pilots value their health more so than their ability to be a pilot. We should not be encouraged to hide medical conditions.
*	I appreciate the convenience of the medical certification and the fact that the FAA tries to ensure no work time is lost in processing paperwork, unlike other aviation authorities around the world. This is a significant difference and I cannot emphasize enough how grateful I am for that. Please keep up the good work making aviation safer and paperwork to a minimum.
*	I appreciate the huge undertaking the entire certification process involves. Overall I believe this has been a major contributor to the high safety standards of the aviation industry. I also am very pleased to see efforts such as the survey I am taking now, which the FAA is taking to keep our pilots engaged in improving the process.
*	I appreciate the new change to the Third Class Medical Certification. It is long overdue and removes the unnecessary hoop jumping of the past. It also removes the additional cost of the AME visit that was done in addition to my annual physical with my GP. Duplication, in this case, was unnecessary and a waste of time and money.
*	I appreciate the opportunity to take a survey.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Compliment***

**Compliment(s):**

*	I believe FAA does good work! To many non profit organizations after power.
*	I believe that the process has been thorough but somewhat tedious.
*	I believe that the process has worked well over the years to help aid the safety of all .
*	I believe that the vast majority of AMEs are outstanding individuals who are interested in the well being of their patients and aviation safety. The exams are usually adequate and performed in a professional manner.
*	I called twice about getting an extension of time to submit my testing results. Although it took a long time to get through one of those times, the people I dealt with were polite and helpful.
*	I cant thank my AME and the Regional office enough for the service and help that they have provided. My AME was on top of the entire process and walked me through all the details and requirements and was right on top of the entire process. The FAA was quick and veru helpful and I was impressed with the whole process. Thank you
*	I dealt with a [Name] in the Eastern Region FAA office. She was very helpful and expedited my return to flying status via the issuance of my 1st class medical certificate following my thyroid cancer.
*	I do like the online process, but as i stated could be made more streamlined. Allow the applicant to log back in a view the status and maybe give a number to call to check on the status.
*	I feel the new 3rd class system is a good one for all envolved.
*	I feel you system is thorough and accurate.
*	I find the process to be smooth and effecient.
*	I find the third class medical review for pilots to be best done by AME's. I think in our litigious society my primary care physician may be reluctant to do the evaluation because of fear of making a mistake. I'll probably go back to my AME for the evaluation. It all depends on what the final rules will be. Thanks.
*	I had a bit of a hiccup and the medical flight examiner in KC was extremely helpful!
*	I had a fall suffered a concussion . I went through a treatment program past applied for my medical past and then the FAA wanted more information they wanted me to go through another test which I took and passed they came back to me again this time they wanted another CAT scan which I had passed after the initial injury and never had an issue with I was quoted a price of \$6500 to take one so they successfully ran me out of money which I believe is what they wanted to do all along after 20 years of flying thousands of dollars spent on my training the purchase of an aircraft it's all over because of bureaucrat wanted to cover his [Profanity] and that's all this is I sold the plane and I am done flying thanks for all your help . My doctor refused any help at all would not even make a phone call about the CAT scan he is totally incompetent . I read my report and one of the things that are most critical on was the fact that I refuse to take any painkillers because I was afraid it would affect my medical. I could still be flying today if I had not taken my medical but I was so sure I was going to pass it there was nothing wrong with me.
*	I had an issue with my Medical a few months ago and wanted to write about what wonderful people work at your New York Eastern Medicine Region Office. I spoke with [Name], [Name], and Dr. Zito and they were just absolutely terrific to work with to get my medical back. I have never in my 50 years on this earth had government workers who were so helpful and I would like you to reach out to them and let them know what an impact they have on airman who lose their medicals and who can turn to them and get the help they need. Please let them know they are a terrific group of people and proud to be part of this district!!

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Compliment***

**Compliment(s):**

*	I had spoken with a medical examiner at the Sun N Fun airshow this year so I knew what had to be submitted with my application. Dr Susan Northrup from the Atlanta FAA office was very helpful in getting my physical approved in a timely manner. Thanks to her and the professional staff.
*	I had to wait 2 months and then have my examiner contact the FAA to determine the status of my medical certificate under review. After the phone call, I did get a letter asking for additional information, which I will be returning this week. (within the 60 day limit) Fortunately I have left my job as captain with [Company Name] (due to OJI injuries) and am enjoying retirement; if I was a line pilot, waiting two months, I probably would be very angry about now. A two month wait for an ATP or Commercial license is just not right. I hope this survey helps the process. Thanks for asking.
*	I have a problem with my heart beat. In a letter dated August 19, 2016. The FAA asked for additional tests to be run and the local VA hospital said that they would run the tests and send them to the FAA. Most of the tests have been run but the results of some have evidently been misplaced and obviously the VA has not communicated with the FAA. Since I was unable to communicate directly with my doctor, I communicated with his nurse and was told that I must forward the letter from the FAA via the 'Release Of Information' department at the VA, which I did. Since the letter from the FAA said that I had only 30 days to present the info to the FAA, I gave up on the VA. On November 30, 2016 and again on December 30, 2016 I received an additional letter from the FAA extending the time to denial and took that letter to the 'ROI' department at the VA Hospital. The VA assured me that the letter would be forwarded and the matter attended too. Somewhere in this time frame an EKG was taken and I wore an overnight monitor. I managed to move up my annual physical and met with my Doctor on January 10, 2017 and hand delivered the letters from the FAA. He seemed upset with the 'Release Of Information' department and assured me that they would expedite processing the information. In the meantime the FAA, understandably, denied my application. (Letter dated January 9, 2017, but not received until after the January 10, 2017 examination by doctor.) Forwarded to my doctor via the VA 'ROI'. I am sked for the 'Stress test' on Wednesday, January 18, 2017 and the VA claims that is the last test required. I think that they may not have all the info needed Once again I have gone thru the 'ROI' department (because there is no other option) to forward the January 9, 2017 letter of denial to my doctor I am in pretty good shape and work with my hands nearly every day. I have not been snowboarding this year because of the poor snow conditions and there is the possibly of
*	I have a special issuance because I am diabetic. I've been treated fairly with minimal delays in processing my medical paperwork.
*	I have a Special Issuance for Sleep Apnea. The process for the SI has been very straightforward and has allayed the fears I had with this condition and continuing to fly. My AME has done a great and thorough job of explaining and evaluating the requirements to ensure I'm compliant.
*	I have always been treated fair by my AME and the FAA Medical Certification
*	I have always believed that the FAA is an outstanding Agency. The freedom to fly, both professionally, and privately, is a privilege granted to a select few, governed by FAA protocols. The FAA does an outstanding job of enforcing aviation regulations, and certification. I'm 67 and in good health. I adhere to Class III medical certification standards, but am pleased that I will not have to again apply for a costly, time consuming Medical Certificate in the future. Thanks for all you do for those of us that love the freedom general aviation grants us. Best Regards.
*	I have always found this process to be very professional.
*	I have always gotten very good service from both Regional Flight Surgeon and Federal Air Surgeon's office personnel, very professional, courteous, and helpful, even to the extent of calling me personally to tell me my medical certificate had been issued (the day my old one expired, and for which I had to get my application processed by the FAS). Other than the fact that I have had to have my applications (previous and most recent) processed and approved by the RFS and FAS), and that it takes several weeks for that to occur, I have been very satisfied with the service received. Being able to take advantage of the CACI program has been very excellent and allowed me to continuously maintain a valid medical certificate.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Compliment**

**Compliment(s):**

*	I have appreciated all of the AME's who have conducted my flight physicals over the years. I am fortunate not to have any medical issues. I believe the safety of the National Air Space is dependent on the pilot accurately certifying himself each time he flies and the AME snapshot of the pilots health serves as a professional review to make sure the pilot continues to be in good health to be a pilot.
*	I have been flying for over 55 years and most the great majority of AME's are very fair and conciencious.
*	I have been getting special issuance 3rd class medical certificates for over 15 years. Every year, the process is always improved over the previous year. It is obvious FAA is working to improved the process from both a airman impact standpoint and efficiency. Keep up the good work!
*	I have been going to Dr. [Name] for a few years up here in Michigan. He is very professional and pleasant. His new offices are beautiful and convenient. During my exam, he heard a heart murmur and I went to my regular doctor who sent me to a heart doctor. After the exam, they found my heart is normal, so I had them send me that paperwork. My own doctors never heard it. I found that my heart is in great condition and I appreciate Dr. [Name].
*	I have been going to the same AME for over 20 years. The process has been smooth. I haven't had any issues or problem with the FAA medical process. I do wish your questions would allow me to explain that my AME has a lengthy medical history with me. With that history, we don't need to go over that same information every year when I get my class ii medical.
*	I have been on Special Issuance for 22 years with NO rejection or delay in medical issuance due to the information in the FAR regulations and help from the FAA Aero Medical staff. Knowing what the FAA requires and doing what is expected in a timely manner is key to this success. Thank you for the privilege to express my view and experience with the FAA medical program.
*	I have been receiving my FAA medical exams from Dr. [Name] for some time. I'm old, so I don't like physicals in general, but Dr. [Name] makes the process realistic and professional, expedient yet through... he doesn't let me slide on anything. Dr [Name] is a pilot so he is able to relate to the process and react accordingly; he knows what he's talking about. He is the kind of Doctor I can ask, "How about if I do so-and-so." He will give me the straight answer; OTC meds, sleep and crew rest, jet lag, whatever -- always straight talk. I am certain that if someone does not pass a flight physics from Dr [Name] (even including me) they shouldn't be in the cockpit!
*	I have been taking airman medicals for more than 55 years and have been fortunate enough to have no major health problems and great Dr's to work with. As a retired airline pilot I may have a slightly different view on the process than most. For me it has worked.. [
*	I have been using same Dr for years and he is very competent and thorough.
*	I have found the FAA Medical Exam procedure to be very straight forward and efficient. The AME's tend to try to educate the pilots on how to live a healthy lifestyle. The AME's have never givin me the impression they are "out to get me" yet at the same time they uphold the very highest of medical standards for pilots.
*	I have had a special issuance since 2004 necessitated by a mitral valve repair and paroxysmal a-fib as a result of surgery. As an airline pilot (now retired) I was quite surprised and pleased by how efficiently my case was handled every year to keep me in the cockpit and finish my career. Special thanks go to the North West Mountain Region Seattle office. Professional, efficient and friendly people to work with.
*	I have used the same AME for years. I had a heart attach with stents in 2012and she thoroughly reviews all my historical and present testing. I feel confident she is doing a safe job for the FAA. She does add questions that I assume are part of the FAA inquiry on sleep etc.
*	I intend to apply for Class III medical in July, 2017 for 2 reasons. 1. It is not clear that the changes to Class III will be invoked as advertised and could compromise my insurance. 2. I will have a change in medications that my AME will not have approved and approval will fall to my GP doctor putting him on the spot. My experienced AME will know the new medications and will approve them. I do not want to bring an unanswered question to my GP doctor.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Compliment***

**Compliment(s):**

*	I know it is difficult to put into place a comprehensive system that meets all of the potential medical needs and issues for any large block of people. To that extent the FAA MedExpress system does a good job of fulfilling the data gathering need and I am glad to see the standardization the FAA have gone to. The digital system is pretty impressive.
*	I like medexpress,as it is convenient.
*	I like MedXpress. I think it saves some time for the applicant as well as expeditiously providing information into the system. It should also become more streamlined over time.
*	I like the medxpress application.
*	I liked the questions posed in this survey in all cases. Also my AME was very conscientious throughout the exam and relayed good health information.
*	I live in the Great Lakes Region, when I called about further information I would need from my personal doctor to send to the FAA about my Type II Diabetes and lab results, the Great Lakes office had a recording that indicated they were in training and were too busy and suggested the caller to call Oklahoma. Instead I called the Central Region who immediately picked up the phone with a real person and were extremely helpful in answering my questions. [Name] was very helpful and I am grateful to him for his assistance. The Great Lakes Office appears to need some additional staffing.
*	I needed a special issuance following coronary bypass surgery. Everything was great except for the time it took for approval (16 weeks).
*	I needed to furnish additional information to the FAA and it was handled in a prompt and professional manner. It was appreciated.
*	I no longer have a need for a second class so am willing to step down to a third class
*	I provide all the required xray and lab results to ame for my stable kidney stone and the faa and okc flight surgeon promptly issue my medical certificate. Proffessionally handled all the way to top.
*	I really like MedExpress. Thanks.
*	I received my pilots medical and Private Certificate at age 70. May 2009, and Instrument Rating two years later. Since 2013 I have had 8 requests for medical information, many duplicate requests for the same stupid tests. My personal physicians have documented and said I am healthy and fit to fly, but FAA still wants more? I honesty believe my age is your determining factor in your excessive demands...Yours truly [Name]
*	I received a Special Issuance certificate and was very pleased with the straight forward process and speed of the issuance. And it's very clear what is required for documentation of the reissuance of the SI. Thanks!
*	I recently had a medical procedure that had me nervous about certification, but my AME and the FAA worked together the same day to resolve the issue.
*	I recently had two Special Issuance restrictions removed from my medical. It had been about eight years since either of the medical issues occurred and I appreciate not having to jump through all the hoops every year. Having said that, NOTHING in how I monitor my health (vision, heart health, general physical condition) has changed in the least since the restrictions were removed. No one, including the FAA, has a more vested interest in monitoring my health than I.
*	I recently performed the Missing Man formation flight for Dr. [Name] my former AME. He was terrific for many years as is now Dr. [Name]. I can not say enough about the AME's I've dealt with over the years. All are very professional, provide a clean and welcoming office.
*	I strongly feel everyone in the Airman Certification is operating with the safest goals in mind. I appreciate it! - Commercial helicopter pilot of 9 years

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Compliment***

**Compliment(s):**

*	I think it is working as it should. Keep up the good work
*	I think medical reform will no doubt take some pressure off airmen and the FAA "the system" and I thank the FAA for working to make the process easier. Having said that, it is still up to us pilots to be sure we are capable and healthy enough to fly safely.
*	I think that everyone in the Medical Certification process has a tough, difficult job. The legalization of Medical Marijuana and trying to accurately determine who is using the stuff makes your job even tougher. Recently there has been several General Aviation accidents with fatalities with young and older pilots involved. Why? I think there is a small breakdown in the instruction and review Process. As I go to an Airport, not to fly, but to just watch others, I see a lot of things happening that is not "by the book". I am 86yrs young and flew in the USAF and in General aviation "professionally" for 43yrs. And owned 3 airplanes, flying my Family through much of the USA. I have logged 11,436hrs of accident free flying. It was a good run. If all aircraft in general aviation Had collision warning, many accidents could be prevented. Thanks for your professional work over the years.
*	I think that everyone should take a physical ever two years
*	I think the FAA Medical is making good improvements as they continue to study and understand the needs of the Private Pilot and how flight safety is impaired and can be improved.
*	I think the survey will be helpful.
*	I think the sydtem serves its purpose for the pilot as well as safety of the public both as passengers and ground dwellers.
*	I think the system is set up nicely as far as the medical certification is concerned as it does not make it a burdensome process for pilots.
*	I think you are heading in the right direction with the new third class reform, it give long time pilots a well deserved chance to continue flying when they are older when there health is not as good as it once was but still does not pose a safety issue of flying GA airplanes for pleasure.its been a long time coming. someday I myself will be in that situation and will be thankful that I will be able to still fly. Flying is a very big investment to be easily lost.
*	I think you do a great job. I hired an FAA Medical expediting service in Denver that made sure all my tests were in perfect order and that there were no mistakes with the application. It was a lot of money, but probably worth it in time and effort for the FAA Medical Examiner in OKC.
*	I thought at first that I would not like the new MedXpres system that was put in place. Once I got on the website to set it up and submit application for airmen certificate confirmation number I found the system to be very simple and easy. Later as I thought about it, the system actually made it feel a little more professional and a better overall system to keep registered pilots or perspective pilots in check making the air a safer place to fly and know who is an actual pilot by preventing fraud with the confirmation numbers.
*	I thought the certificate renewal process worked well and was done efficiently.
*	I truly appreciate how the FAA has expedited the reform of the pilot airman medical process for Class III medicals. I think this is a smart, risk based decision that will not have any negative affect on private aviation.
*	I understand with the limited resources you have CAMI has been doing a good job but there's still some room for improvement but nobody's perfect there are human factors involved also which the medical field could address [Name] commercial pilot [Number]

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? Compliment**

**Compliment(s):**

*	I was also able to meet with an FAA physician in the FAA "hanger" at Air Venture in Oshkosh, Wisconsin this past summer. He gave me good advice, listened to my situation and invited me to submit further information to his office. I have not had time to fully complete my paper chase, but plan to do so when I take my vacation. I will then resubmit an application for a Third Class medical, as I no longer need a Second Class. The FAA doctor I met with at Oshkosh was very knowledgeable and experienced and airman friendly. I appreciate that. I take aviation safety very seriously and have never had an accident or incident. There are good reasons for most rules. The FAR's are the floor of safety and not the ceiling. That's not a mantra, that's the truth.
*	I was happy with the service of the doctor doing my medical. Thank you
*	I was NOT advised to the level of the affect taking a sleep test had against my medical exam. Prior to allowing the sleep test, a pilot should know this document is part of the paperwork for your regular annual physical. Further it can be used against you during police reports. I took the test because my wife thought I snored, It took 65 days before the last physical was approved by the LEFT SEAT AME.
*	I was taking medication witch I did not know how power full It was, when i took exam I quit taking Ropinirole & Gabapentin at once, since quite I found out I don't need med. witch I am thankful for you guys woke me up.
*	I was very pleased by the quick response I received from OKC. Thank you for the timely effort.
*	I was very pleased with the way everything was handled. and I am extremely pleased with my results. Great Job & keep up the Good work. Sincerely [Name]
*	I wish other branches of the government operated as well as the FAA does.
*	I would like to commend [Name] of the mid-west region for her help with my latest issuance. She was professional, courteous and prompt. She provided guidance and information that my AME should have provided, but didn't.
*	I would like to complement [Name] at the Aeromedical Division in the Kansas City office for helping me when I had questions. She answered all of my questions, helped me get an extension, and corrected mistakes made by personnel in Oklahoma City.
*	I would like to compliment Dr. David Schall, of the Great Lakes Region. Dr. Schall went way above and beyond his basic responsibility, in a sincere and compassionate attempt to help me through my issues, and get me back in the air. He has great knowledge of the system, and is extremely professional in his dealings. I am amazed how much personal effort and how timely he is with his correspondences.
*	I'm glad the 3rd class medical reform passed
*	I'm very happy with the services that the FAA provides. I've been a pilot for over 40 years, and IMHO the FAA has in most cases done a very good job of staying abreast of the enormous technological changes that have occurred. Here's to you folks, from a bug-smasher pilot. Thank you.
*	I've always had very good experiences with my AME's . They've been kind , curious, and professional. Also while dealing with the FAA. Directly I've found them to be very curtious and helpful also.
*	I've been going to my current AME for a number of years and find him very professional, honest and straightforward.
*	If Med XPress helps you in some way that's great. Otherwise the yearly exam remains the same. I'm 67. I've been receiving these Class II's every year. My health remains unchanged since my first physical @ age 16. Physicals seem identical all those years.
*	Im fine with current system
*	Impressed with the entire AME process.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Compliment***

**Compliment(s):**

*	In all the Medical profession has exemplified the doctrine of medical research in to the Aviation community and has helped tremendously in giving the Aviation community a quick and resourceful understanding of the tasks and responsibilities to the Aviator. The AME is the liaison of all things Aviation health that touch the Pilot, and (s)he is the trusted source of conscious and wellbeing of the flying public, "front and back of the plane".
*	In general I am pleased with the process. With the new third class cert process I believe my primary physician will do a better job of my fitness to fly vs. a physician who see's me every two years for 30 minutes
*	In general, the FAA is the best-run branch of the US Government. A bit slow and stodgy at times, but does an excellent job. The ATC people have helped me out of problems (like failed instruments while IMC) on several occasions. The medical people at Oklahoma City are slow, but very considerate and helpful. Thank you.
*	In my experience and in learning about the experiences of others, I believe the guidelines, process, and execution of the medical certification process are carried out properly, provides good medical advice, and accomplish their purpose to ensure safety. I am aware of pilots denied certification and those given remedial opportunities to qualify. I also use the physical exam and advice as a comparison to the physical performed, results, and advice from my primary physician. The doctor I use is the only one who performs this service within 40 miles of my home; encouragement of participation by other physicians would help. In all, the process works well and supports safe flying.
*	In my opinion, the special issuance process was very efficient, the only delays were on my end getting the necessary appointments and paperwork submitted. To a person, everyone I interacted with was very professional & caring. Thank you.
*	Information and contacts handled in professional manner.
*	It forces me to see a medical dr. every two years.
*	It seems to me that the process for routine med. certification is going well.
*	It seems to work well, from the perspective of this lawyer-pilot.
*	It was a great help to be able to obtain an extra 60 days to provide the requested additional information, as I was still undergoing active treatment. However, the only reason I knew I could ask for this was because my ALPA flight doctor (AMAS) told me about it. It is a great benefit when appropriate, but perhaps adding it to the letter asking for more information would be helpful to others in the future.
*	It was a thorough and professional exam. I like this AME so much that I switched my primary care provider to this AME.
*	It was great to be able to reach the FAA quickly by phone. The FAX number provided was constantly busy so I'd check into that. Very courteous and knowledgeable.
*	It would be good if the FAA could get some personnel that know what they are doing, know what they are looking at and spend some time actually doing it instead of standing around the coffee pot discussing last nights game. I have talked with many & there are many that have had the same kind of run-around by the FAA med dept, Would be nice to be asked for everything you need the first time and then actually look at it before it sits around months and gets lost or mixed up
*	Keep up the excellent work you are performing; we need your expertise. Thank you. [Name]
*	Keep up the good work keeping us safe!
*	Keep up the good work on MedXpress and IACRA! Enjoy the streamlined process these two programs provide.
*	Keep up the good work.
*	Keep up the great work!

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Compliment***

**Compliment(s):**

*	Keep up the great work.
*	Keep us in the air! Keep us as safe as possible. Thanks
*	Luck! To have two very thorough AME's available.
*	Med X press is a good system. The Professional AME's are clearly engaging and interested in the pilots health.
*	MEDEX works by cutting time for overall exam. Like the idea an AME can issue medical on the spot even for special issuance. Exam was not age bias.
*	MedExpress is a decent system.
*	Medical deferred for review..... AME very professional and informative w/ regard to the deferral process
*	medical requirements are a necessary component of being a qualified pilot
*	MedXPress is a good thing. [It] makes the questions more accurate.
*	Most 121 pilots (captains, specifically) tend to have one (or maybe a few) AME(s) whom they see regularly. It simplifies the medical exam process due to a 6-month familiarity, in that the airman is often comfortable in speaking with the AME, and it also helps the AME to take note of any nuances with the airman that might not have been there just a few months before. When an exam with a familiar AME cannot be had, due to out of area flight ops or non availability of the AME, word-of-mouth references for an alternate AME are most often sought within the airman's local circle.
*	Most AME,s are competent and efficient
*	Most Professional Physician and Office Personel High Recommend to fellow Pilots
*	Mostly the people I talked to in Oklahoma City about this application were quite helpful and I fully recognize that. But I stand by my comment in this survey that the positive comments I received during the application process contributed to a greater letdown when I received the rejection letter (I was told that I probably should expect a Medical Certificate.). Thank you.
*	My 3rd Class medical was issued very quickly after had sent in additional blood work and requested info. Duly appreciated and thank you.
*	My A M E was very thorough, and made sure I understood my meds! I think he had my well-being and health at the top of his list!!
*	My AME (Dr. [Name]) has provided my exams when I was employed as an FAA Aviation Safety Inspector. I am now retired and am flying part-time. Dr. [Name] is very professional and I have selected him as my primary physician. He is a credit both to the industry and the FAA.
*	My AME (Dr. [Name]) is awesome! I've had a number of AME's and it's nice to finally have one that understands the Special Issuance process and requirements.
*	My AME and personnel within the Great Lakes regional office have always been thorough, courteous, efficient, and helpful. The Special Issuance process has always gone smoothly for me. I do my research, ask questions, and show up at the AME's office with all required documentation. It has been a fairly clear-cut process for me. Common sense appears to be a lacking component of the process, however. I have been subjected to testing for years now regarding a medical condition which I do not have. But I continue to undergo the testing yearly and noone involved in the review process has the gumption to review the reams of existing paperwork and make the determination that my Cardiologist is smart enough to determine from the testing that there is "no evidence of atrial fibrillation" as is plainly stated by said Cardiologist. If the process is going to ignore the testing and report required from my Cardiologist then why am I required to pay for it?

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Compliment***

**Compliment(s):**

*	My AME and the MedExpress system are great! Sadly, my AME is retiring next summer...I'm going to miss him
*	My AME at the [Clinic] is outstanding. The entire staff and HIMS eval process was handled in an extraordinary manner!
*	My AME complimented me on my good health, and offered suggestions for continued maintenance of same.
*	My AME for my current medical was the most professional, attentive AME I have ever used in my 41 years of flying. I was very satisfied with the thorough examination I received.
*	My AME is a physician who cares about my health beyond the medical license application process.
*	My AME is doing a [sincere] job but goes "overboard" looking for small details which just might cause a deferral.
*	My AME is excellent.
*	My AME is great.
*	My AME is outstanding
*	My AME is very good.
*	My AME is very professional, thorough and responsive. Great service. Not sure the new 3rd class process will be an improvement or make things easier, based on what I've seen. Getting unfamiliar doctors to fill out the Fed forms may prove to be more of a hassle than the current process.
*	My AME was extremely professional!
*	My AME was very professional and knowledgeable.
*	My AME who knew the most regarding my medical condition did not think there would be any issue. However on review I was asked for information that was not relevant to my medical condition and that was nearly impossible to provide. I decided to not pursue my certification because of that.
*	My AME, Dr [Name], was timely, courteous, proficient, and well informed. Will use him again in the future.
*	My AME, Dr. [Name] is the ultimate professional and a credit to FAA medical.
*	MY AME, Dr. [Name], is an complete professional.
*	My current AME is very professional, very good. Worth the 44 mile round trip once per year.
*	My examiner did an excellent and professional job.
*	My first special issuance was a very gratifying experience. I feel the FAA Med Rep (OKC) understood my experience level vs.. medical procedures (stent replacement)(cardio logical) and col se I was no more at risk for a heat attack tan 80%of the other pilots flying.
*	My flight doc is an active pilot and a great person. He is obviously a true professional at both medicine and airo-med! Thank goodness for docs like him for going over and above the normal doctor.
*	My heartfelt thanks to the FAA for working with US Airlines and pilots to allow affected pilots to fly under and in accordance with the HIMS program and guidelines!
*	My last medical cert was handled as expeditiously as possible

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Compliment***

**Compliment(s):**

*	My medical examiner did a fantastic job. He covered the medical requirements and assessed my health and fitness for flight. It was a very pleasant, but totally unnecessary visit.
*	My sincere complements to the FAA and my AME for providing excellent professional supportive services.
*	My special issuance was issued very quickly which was very beneficial to me as I needed a medical for work.
*	Needed Special Issuance for Eye Surgery. Process was handled very well by both the Great Lakes Office and Oklahoma City.
*	Needless to say the work done by the FAA and it's supporting agencies do not go unappreciated. In my situation my case was closed before additional evidence supporting my health could be sent to FAA. This occurred after much time and work by my medical community to clarify and adjudicate some previous diagnosis. Best Regards, [E-mail]
*	Northwest division has a great group of people who work there. Especially [Name]. Dr. [Name] is the most professional, knowledgeable and thorough AME around.
*	Not hard to fill out. By filling out electronically, the legibility is great, and all I need to provide my AME is my form code...his office prints it out.
*	Nought the process was fair and simple.
*	On the med ex online form, It would speed up the process if it kept the history of medical appointments for the past three years and place for multiple dates for the same provider
*	Once you have done this process I find it easy to accomplish and to help my students through.
*	Originally denied a medical certificate due to full disclosure of being diagnosed with ALS. I wrote a letter to the FAA medical group in Oklahoma City and was then issued a 6 month temporary certificate based on information supplied by me to them. This procedure took a long time and I understand that and was satisfied with the end result (reissued for 6 months). thanks.
*	Outstanding service and feedback
*	Overall good Job
*	Overall I am satisfied with process.
*	Overall I think that the FAA provides an excellent service in maintaining flight safety.
*	Overall, I think FAA Medical Certification does a reasonably good job.
*	Past airman certification together with current updating and modifications will help general aviation and while providing responsible governance.
*	People taking calls are very pleasant but uninformed - they should have some "Q" or away to give a time frame as to the length of delay.
*	Person that I spoke to on the phone was very polite and helped to get action for me. Thank you!
*	Piloting an aircraft as well as maintaining good health requires a lot of effort. The regular medical exams for my pilot medical had detected health issues early and prompted me to seek medical help before it became a major problem. I will continue to look at my exams in this light. I am now 60 years old, working through the process of getting my First Class medical reinstated makes me feel good about my health and opens the door to me returning to flying professionally. It took about six months from the time of my exam to the issuance of my medical certificate. I truly understand to need to be cautious about the recover from my rare medical condition and being sure the doctors where thorough to assure I was indeed fit to fly.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Compliment***

**Compliment(s):**

*	primary care doctors already have the detailed information for the questions concerning personal health for safe flight.... this information is most adequate for the class 3 level of medical certification
*	Process continues to evolve in a good way. Thanks for asking.
*	Professional, knowledgeable, and pleasant on the phone.
*	Regarding my certification of my Class I Medical for ATP Part 121 airline use. My AME goes above and beyond required process. He ensures all medical issues are met, controlled, explained properly, very professional office exam and staff.
*	Review was handled in a professional manner
*	Satisfied with retaining my medical in an average time frame.
*	Seems to work well. Not convinced such vigor is required or appropriate for multi-crew flight safety.
*	Sent application to Oklahoma City, but was able to talk to a very helpful lady in Jamaica New York. She seem to take a personal interest in my case and Got my clearance very quickly. Greatly appreciate her help. Ok. City received my paperwork on the 13th of October and she had my paperwork done by the following Monday (17th)
*	Services were efficient and helpful, information was clear.
*	Strongly support thorough review and certification of medical competency for pilots to maintain flight status.
*	Subsequent to the exam covered by this survey, I developed a disqualifying condition for which I needed special issuance certification. My AME put me in touch with the Regional Flight Surgeon who was very helpful in taking me through the process including recommendations for appropriate medical evaluation needed. In the end I did not qualify for special issuance and can no longer fly as PIC but have nothing but compliments for my AME and the RFS for their assistance and a fair and reasonable evaluation.
*	System is way, way better than a few years ago. Still, I'll be pleased when the Third Class is no longer required. Keep up the good work and the progress.
*	Tell you to go to doctor and get more info. But cost is out of back pockets
*	Thank you for a comprehensive tool to streamline the medical certification process. Considerably reduces the paperwork and the administrative time spent both by me and my doctor.
*	Thank you for consideration to improve my experience with Ok. City has been complimentary, punctual and professional. Thank you!
*	tHANK YOU FOR EXPEDITING THE RETURN OF MY MEDICAL CERTIFICATE FOLLOWING A SURGERY PROCEDURE.
*	Thank you for keeping aviators safe!
*	Thank you for making this a painless process. Please continue to make this process faster and fair. While improving safety without threatening general aviation.
*	Thank you for the automated service. I think it could be improved a little by becoming auto filled as to your history and being repeat applicant .
*	Thanks for asking
*	Thanks for keeping the system workable for GA pilots
*	Thanks for your good service , found easy to comply with all the requirements.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Compliment***

**Compliment(s):**

*	Thanks to the FAA for keeping us flying safely and helping us in inspiring the next generation aviators.
*	The 3rd class medical reform is the most common sense thing the FAA has done in my 48 years as a licensed pilot.
*	The A.M.E. told me I had a week to live with an [A1C] score of 7.6 when the requirement was 7.0
*	The AME i used in Tyler, TX ([Name] was a pleasure to deal with along with his office staff and facilities made dealing with FAA not nearly as dreadful
*	The change is long overdue. Pilots have to self diagnose every time they fly. Perhaps through occasional workshops or bulletins we could be updated on the latest aeromedical information for Private pilot flying. Once the change is implemented more emphasis on the responsibility of the pilot to self determine his fitness to fly prior to each flight.
*	The current electronic system is easy to access and use and reduces the paperwork burden in the AME's office expediting the visit compared with the earlier paperwork process and system.
*	The current process for medical certification is appropriate and a well-balanced approach to making sure pilots are medically qualified to fly. While I am generally a supporter of EAA and AOPA, I disagree with their push for "Third Class Medical Reform." In my opinion, the "reform" is not much different, and in fact, more onerous than simply seeing an AME every 2-5 years. AMEs are specifically trained and qualified to exam pilots in order to meet the FAA medical certification requirements. GPs are not. As an aviation attorney, I have recommended to all clients who have asked about the "reform" to save themselves the hassle of jumping through the new hoops and simply utilize the existing process that is well established, and is fair and balanced.
*	The doctor was very knowledgeable of the requirements and I trust him because he is also an experienced GA pilot.
*	The electronic application process MedXpress is a good idea, and worked well for the exam.
*	The experience and outcome of the AME process is heavily dependent on the AME. I've selected one close to work in the past and had a terrible experience. The AME I use is known personally to my personal physician and as such, there is dialog and a good understanding of my condition, medications and medical risk. I believe that heart conditions and psychological conditions would not be discovered in a standard AME exam, and therefore I answered the question about the value to buy down risk as "moderate." Other than the cost and the frequency I need to have medical exams (every 2 years), I appreciate the fact that I'm getting a second checkup that contributes to my safety and that of the public. In short, I'm happy to continue with the current process but it does get expensive to the tune of approx. \$200 per round.
*	The FAA DR.'s that attend Sun N Fun to answer questions from pilots are great. When I first came up with an issue and had to work paper work for a special issuance I was able to take it to them to see if everything is the package that was needed was there. The Dr. Looked at it and said it was great - I sent it in and had a medical 10 days later.
*	The FAA excellent work just a little disappointed wish they could give us advice to get at least a time period so I can finish up my certificate.
*	The FAA has always conducted themselves in a professional and helpful manner. I appreciate what they do.
*	The FAA is staffed by professionals through and through and I have never had a bad experience, including the Airman Medical Certification process. Although I remember thinking the physician should have dived more into my medical records (I have nothing to hide), it was a positive experience. Finally, thank you to the FAA for everything the agency does for the safety of the flying public. I truly appreciate it.
*	The last few years the turn around time of a special issuance has been reduced and this is appreciated

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Compliment***

**Compliment(s):**

*	The letter affirming the denial, while not the result I preferred, was sympathetic and understanding, and did not close the door on my medical situation, but encouraged me to appeal further if I had more information. I did have new information based on a more recent procedure and the results from it. However I have not heard back yet.
*	The ME was very professional and thorough.
*	The MedEx automated process has speeded up the approval process and has helped with the accuracy of the system.
*	The Medex express form actually performs its job quite well, as I am able to complete it all online and get through the medical exam much more efficiently.
*	The MedEx system is truly an excellent innovation.
*	The MEExpress Form is accurate, easy to use and reduces unintentional errors. Bravo.
*	The MedExpress online system works quite well and provides a more expedient process.
*	The MedExpress process is an improvement and streamlines the process.
*	The MedExpress system is a step in the right direction. I was able to fill out the form at my convenience and lookup dates of prior exams to give accurate information rather than guessing at the paper form as I've had to do before. It was not effectively handled by my AME. I had the confirmation number. They had a hard time pulling that up. I then logged in and sent a PDF (IIRC) to them and they were able to proceed based on that.
*	The medical certification process is vitally important to the safety of the citizens of this country both in the air and on the ground. The process is well defined and comprehensive and is not arbitrary in nature. the expectations are fair and well met and much of the discretionary input is reduced. Everyone is treated the same under the same standard. My medical examiner took significant time in explaining his procedures and his examination was extensive. Bottom line, the system works great.
*	The medical process is straightforward for those of us in good health. I feel it is very reasonable given the nature of flying. While I am glad the FAA is trying to reach out to pilots under the "self-certification" programs, I hope that they will ensure that reasonable oversight is made so that medical fitness to fly remains adequate.
*	The new law about physicals will help pilots like myself who live in an area with a shortage of ME's.
*	The new legislation regarding the Third class medical will improve the number of experienced pilots and instructors to remain active in the aviation community and will increase aircraft use and value in actual aircraft ownership and rental operations.
*	The new medical reform is the best thing that happens to pícate aviation in a long time.
*	The new medical rules for 3rd class will save money for pilots like me that are living on a pension but still enjoy local flying and the local flying clubs activities.
*	The new system is faster and friendlier. I will probably start with the new 3rd class in the next few years.
*	The people i spoke with on the phone were all very pleasant and helpful
*	The person that handled my case from western pacific was very understanding and helpful. She understood that my job was on the line and that I was out of work. I got nothing from Oklahoma City.
*	The process has worked very well for me, very efficient.
*	The process is greatly stramlined since the last medical I submitted for. The doctor was professional and thorough.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Compliment***

**Compliment(s):**

*	The process is very smooth and really does not take that long. My exam was well organized and very professional
*	The process of deferment and submission of additional information was a task in itself, however a necessary one. I feel that the field office responded in a timely and respectful and helpful manner in our interactions. I am happy to say I feel all is as it should be.
*	The process of obtaining my medical was extensive but expected due to my medical history. I was told exactly what tests and records were required and once I had all of those the process went quickly and smoothly.
*	The process seemed straight forward.
*	The process works well and is timely.
*	The Regional Office and Dr. Zito were particularly helpful in expediting the issuance of my latest certificate.
*	the response time to test results that was submitted took over 8 weeks to respond. My doctors office provided the required paperwork in a timely manner but was rejected because reviewers indicated it was outdated by 30 days. Now I have to begin the process all over again.....needless to say very frustrating.
*	The staff in Oklahoma City was very courteous and professional, and very understanding in the lengthy process it has taken to provide data they need to complete my 2nd class medical. A variety of factors added exceptional complexity to the process, but all has been overcome.
*	The stigma placed on people with anxiety and depression is completely uncalled for and lighter regulations and needed in these areas
*	The support staff at the Renton Washington FAA Medical Office were superb in keeping me informed as to the status of my request for a Special Issuance 2nd Class Medical. They also provided me with options and suggestions when I started to get discouraged with the process.
*	The time it has taken to receive an updated authorization has decreased from a few months to a matter of two months, which is a welcome improvement.
*	The whole process and everyone involved have been very professional
*	The whole process has been smooth even though it has taken a long time to receive a decision on my case by the FAA. I am still patiently waiting for a response.
*	There seems to have been a change in attitude in the medical certification service in recent years. It's changed from "ground the pilot," to how can we get this medically grounded pilot to legally fly again. As a colon cancer survivor, I appreciate everything my medical team, AOPA, and the FAA did to get me back in the air..
*	There should be medical certification requirements - just better communications.
*	There were some concerns about certain medications I have been taking and I was unable to get the information to my AME in time for him to issue my medical certificate so it went to Oklahoma. It was not easy to get much assistance from Oklahoma as I am aware they were probably severely backlogged, however, the folks out of the Northwest office were exceptional. I was frustrated with the length of time it was taking but I also understand that the responsibility was squarely on my shoulders. The team in Seattle were extremely helpful, courteous and earnestly worked to help me resolve the issues as quickly as possible. I would very much like to thank them for all of their help and efforts.
*	they have put my medical on hold for seven months. they do not agree with my heart doctor even after two rechecks by my doc
*	They were very thorough with the documentation that they needed to evaluate and make a decision for issuance.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Compliment***

**Compliment(s):**

*	Things have improved and we thank you! Keep up the good work.
*	Third-class medical reform is a great step forward for aviation. I would like to see some relief for class II in the same direction.
*	This is my first medical in 8 years. Although unfamiliar with the MedXPress, I found it easier than completing my hand. My bad handwriting agrees, lol.
*	This process makes it very easy for the AME to see your medical history and ask questions if necessary. It saves a lot of time.
*	This streamlined process has made it infinitely more user friendly
*	Treated as an individual in respectful, professional manner.
*	Truly impressed with how easy it has become with MedXPress
*	Very efficient process.
*	Very good initiative, thanks
*	Very good process
*	Very helpful and informative. Polite and easy to talk to.
*	VERY nice lady named [Name] at Eastern Region was SO helpful! Next day I called back as per [Name]' s instructions and another nice lady who's name I did not catch told me that [Name] had gone for they day but had sent out my certificate as promised. She even emailed me a copy so I could sent it to my FBO's insurance company. Truly helpful ladies!!!!!!
*	Very pleased with my AME Dr. [Name] and the very professional folks at the Oklahoma City FAA.
*	very professional AMEs
*	Very professional and through process
*	Very professional people to work with.
*	Very quickly reviewed and sent a special issuance
*	Very satisfied with the Medical Exam process. My AME is my primary care provider, whom I have great trust, respect, and confidence in. The FAA should continue to allow pilots to choose their AMEs and primary care providers. I believe the current process enables the best health care possible for pilots and best enhances aviation safety.
*	Very satisfied with the Seattle office when I have contacted them for information & help with a couple of issues.
*	Very useful to have form available ahead of medical exam to save time during the exam process for a good physical, not digging through a bunch of paperwork.
*	Was a healthy and pleasant experience and loved the same day certificate.
*	Was impressed with the turnaround time of my deferred Medical status. Thanks for caring!
*	Was pleased with my AME's service. Was satisfied with Oklahoma, City's response.
*	We have the safest air traffic system in the world and I am happy with the upgrades that are being implemented (ADS-B). General aviation is treated fairly based on my experience in the San Diego area (where we have one of the most complicated airspace in the US). Thank you.

Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? <i>Compliment</i>	
Compliment(s):	
*	Well done.
*	With the labor constraints the gov't has placed on the FAA I believe that the FAA has done a good job of taking care of the medical process for pilot's. The FAA seems to be a rare gov't agency that is working for the people they serve not vice-versa.
*	You all do a great job. Thanks.
*	You guys did a wonderful revamp with the medexp form. Made it an easy neat form to fill out online expediting the AME visit quicker.

Table 15. Additional feedback provided by respondents who indicated 'Complaint' on Item 47 and provided a response (n=689).

Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? <i>Complaint</i>	
Complaint(s):	
*	1. Does not allow for medication (Sandostatin) being administered as an injection once every 28 days. This is on medexpress form. 2. Need a list of "no fly" medications issued to pilots. 3. Review process by FAA Medical Review takes way too long.
*	1. Every time my medical is deferred, I lose 3 month's worth of income because I have no medical. Then I receive a medical with an issue date 3 months prior. It isn't fair/right. 2. Survey asks too many questions & is too long.
*	1. I received a Letter of Special Issuance with all the conditions required for continued certification which was so complicated and ambiguous that my AME, Cardiologist, and myself all had a very difficult time trying to interpret what was required. 2. It would be nice to at least be able to call and talk to the doctor reviewing your specific case to help answer their concerns or questions. It seems that the people assigned to your case differs each time and they all have their own agenda.
*	1. It took way too long. 2. Lost my paper work three times. 3. mislabeled my med records [Name] instead of [Name]. 4. Required additional unnecessary and expensive test. 3. Even after an AME found me in good health and passed me for a class II med. cert. the FAA required more info. Why use an AME if you are not going to use their recommendation.
*	1st year I have had to go thru a "wavier" process. It required over a dozen appointments a fairly simple medical condition. The waiver was granted but over 90 days later.
*	60 days and 3 extra appointments with doctors were required to provide the additional information required before issuing the certificate. This was excessive and wasteful. It did not affect the eventual outcome or add to safety. I will have to go through all this again in a year instead of 2 years because of the bureaucratic red tape. The AME was no help in dealing with the FAA. The Oklahoma City office was no help in dealing with the FAA region.
*	8 weeks to get special issuance for new well controlled diabetes is not good service That was 8 weeks of me not being able to fly - harms proficiency, bad on my airplane and generally poor service for \$140
*	A category for professional pilots, who's livelihood depends on prompt medical certification, should be available. I recently had to wait for approximately three months for a cardiac ekg review as a result of a faulty initial ekg. If my flight department was less understanding, I would have lost my job as a result of this delay. There certainly was no delay in suspending my medical certificate! As a professional pilot, I feel that being tossed in with a private pilot flying on weekends is inappropriate.
*	A couple of months have past since my exam and have received no word on status or decision.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	A few years ago I had a cataract problem which at the time I was not aware of. Once discovered by Seattle's review, there was not enough time to correct resulting in an unnecessary canceling of my medical certificate. While I did not meet the requirements for the second class, I did meet the requirement for the third class, and in a few weeks I did meet the second class requirements. My AME should have caught this but did not.
*	A pilot should be able to keep his/her information safe from the media. All too many times when an incident or an accident occurs media gets a hold of the pilot's entire dossier of past history. I find that despicable. Even for pilots who in the past selected "opt-out" from sharing their info. It's just another reason why pilots in general don't trust the FAA.
*	A waste of government and private monies. A medical condition should be with the individual and his doctor.
*	About a year after my medical was issued, the FAA asked me to surrender my 3rd class medical due to a condition I disclosed 8 years earlier. I had 2 other medicals during these 8 years. I was very healthy then and I am very healthy now. I drive over 1000 miles per week and still cannot fly because the FAA thinks I am not fit medically to fly. It is absurd and ridiculous! I have missed out on a year+ of flying. The FAA is a millstone around the neck of private pilots in this country. FAA regulations are destroying private aviation. I wish I had never disclosed the condition to the FAA!!!!!!! It has nothing to do with safety of flight.
*	After completing my initial exam with the AME on October 13th, he stated that I would be receiving a letter within 10-15 business days from the FAA regarding additional information needed regarding my chronic asthma (such as a Pulmonary Function Test and a letter of successful treatment from my PCP), but as of November 9th, I had not received it. I contacted the Aerospace Medical Certification Division at (405) 954-4821 on November 9th for a status update and they said it was "under review" and were not able to give me an estimate when I would receive any additional information nor were they able to give me an estimate as to when I might be approved -- literally, they were unable to provide any added information and told me that I "just had to wait" with no timetable. Such lack of information and lack of service is simply unacceptable. I am attempting to schedule in new flight training for commercial standards and cannot proceed without the Class II Medical.
*	After considerable delay in issuance, I called Okla City several times to find out the status of my application. In each case I was simply told that it "was in the queue." What I was not told, and what was also never communicated to my AME, was that the supplemental information that my AME submitted with my application, and which was required for the special issuance, was missing. I only discovered this when I went to the FAA Pavilion at EAA Oshkosh and asked a representative to look it up. This is the kind of clumsy, inattentive service that perpetuates the feeling of the FAA as a heartless, bloated and inept bureaucracy.
*	After more than 90 days of my file being out for review I still have not been informed of the status of my review. When I call to find out the status of my file all I am told is that is still out for review. No other information is offered (ie. when my file might get worked) it seems to me that 90 days is more than enough time complete a review. A simple confirmation that my file had been received and a contact person who can answer questions would be a big improvement in my opinion. I understand that your office is very busy but I think it would be nice if I could get a little more information than just (your file is still out for review)
*	After my AME submitted my examination for FAA review I followed up by phone. On several occasions I got a message to hang up and call back later with no option for voice mail. When I did speak to someone (which was before I received any correspondence from the FAA ) and asked about how long it would take for review I was told it could take months. The only way I could get a status update was via AOPA, not the FAA. Seeing as I am an aerial photographer I was unable to perform my work for four months. I have since been issued my certificate, but have lost numerous jobs in the process. Also, until I received a phone call from [Name] (who was very nice) all correspondence had to be through the USPS, which from the beginning delayed the process considerably. Ms. [Name] allowed me to submit documentation via email which was a breath of fresh air. It's obvious the process needs updating and more resources. Good luck on that. Thank you,
*	After my last medical exam, I was requested to take another test that I had previously taken about year prior, to the date of the exam. The test was expensive, and I did not see why I could not use that test. Perhaps, I could have followed up more, but I heard that if you do not pass you will never get another medical certificate. And whether that is true or not, I did not want to take the chance.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	After receiving my recent medical, I received a letter from Okla. City placing my status on hold and requesting additional information. One concern involved what reaction I was having from medications. Since I take no medication, and have indicated so repeatedly, it seemed to me that the doctors in Okla. City were not all that familiar with my records. Rather than arbitrarily override the AME, a simple phone call to him could have saved all of us some time and trouble.
*	After sending in tons of info to the FAA for review and which they had for two plus weeks I went and got my exam by the AME. It was then another month before I got my cert but only after I called the regional LA area aeromedical rep and he put pressure on people in Oak city to get it moving. He could see it had been on someones desk for a while and all could have been handled muck quicker. I could have been back to work at least a month sooner.
*	After submitting my Class 3 application 10 weeks ago, some contact by the FAA regarding the status of my application seems appropriate.
*	After the submission of my medical application by my AME to the FAA, no one contacted me for additional information. When I contacted the Airman Medical Certification Branch, I was then told they were waiting for additional information to be submitted by me. I did obtain this information, and currently still awaiting a decision. The section regarding this should include a question to address that specific situation. (Who initiated contact with the AMC Branch, as an example).
*	After travelling from Australia (where I had eye surgery) to do my medical examination in Florida I returned to Australia to work with the impression my application would be assessed within one month. I have heard of similar cases being assessed and approved within two weeks and the AME indicated 4 to 6 weeks as a likely period. I returned to the USA after one month in the belief the application approval would be imminent. I telephoned the FAA once or twice a week over the following 4 weeks but was not provided with any information as to when my application would be assessed. I was eventually informed at week 9 by the FAA that 3 or 4 months is a possible period I might have to wait. I then travelled back to Australia to work as it was clear that I could be waiting indefinitely to get a response from the FAA. At my initial examination I supplied an 8500-7 form completed by my Ophthalmologist. It is now 10 weeks today from the examination by the AME and the FAA will not advise when my application will be assessed. The process has been extremely inconvenient, frustrating and expensive for me.
*	After waiting around 6 months for my medical cert after my examination, I had to call the Anchorage office and threaten to have Senator Lisa Murkowski intervene to inquire about the delay. After making that phone call statement, I received my third class medical cert via express mail the next day.
*	Again, my examiner passed me but the FAA questioned why I passed colorblindness test and wanted more info on medical condition from primary doctor. Ive provided all this before and was told i wouldnt need to go thru this again. I dont understand why/how faa wont believe the doctors and continue to harassme over such little things which delays my medicaland cists me extra money
*	All Info requested by NewEngland office was satisfactorily answered and expected approval. When passed on to Oak City it became extremely complicated.
*	All the additional fees and letters for getting the all clear by another doctor for a temporary mental health medication doesn't smell right.
*	All the requested /required material for special medical certification has been in for over 3 months with no communication from OK office. Regional rep, very responsive, checked and found nothing has been done. This is unconscionable. I cannot proceed with renewing my license. Have spent thousands of dollars completing all the required tests....

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	<p>Allow some LOGIC to be used in the decision-making process. As I have asked before; why do we have 2 pilot aircraft? answer: Not only because in some cases a single pilot is unable to reach all of the necessary hardware in the cockpit due to size and layout of certain controls or circuit-breakers, etc., but also (especially in the military aircraft) in the event one pilot becomes in any way incapacitated, the other pilot can safely land the aircraft. In a similar situation or example, I am a CFI in both airplanes and helicopters. SCENARIO: My student is a commercial pilot and taking additional training to become a CFI. Let's say during a flight while operating at or near minimum controllable airspeed, the aircraft inadvertently enters a spin. Initially I allow the student to attempt to recover, but notice that he is not performing the correct steps for successful recovery, and we are losing altitude rapidly. I tell the student "I have the controls" and within seconds I recover the aircraft. We return to our airport and discuss what went wrong. I can do this instruction without the need of a valid medical...why then can I NOT be used as a second pilot in an aircraft that requires 2 pilots? That would seem LOGICAL to me... Please help me to understand.</p>
*	<p>Allowing Pilots to skip medical exams and use their drivers license, especially those who know they can't pass a FAA Medical Exam is not protecting the safety of the airways. This ruling should be abolished immediately for safety reasons.</p>
*	<p>Although my medical certificate was issued by the AME on the day of my exam, I received communication from the Aeromedical Certification Branch that they could not determine my certification status without additional information. Said information was about an evaluation for chest pain that was deemed due to a shoulder problem and not heart disease based on exercise stress test results which was already provided to the AME who documented it and submitted it with his report. I sent in duplicate copies of the reports and waited 6 weeks for a reply. For 4 weeks I assumed that I needed to refrain from flying and ultimately contacted a representative from the AOPA legal services department. I was told that since I had a medical certifiat issued by the AME and was not told specifically that I should not fly, and since my status on the FAA web site indicated that I indeed had an active third class medical certificate, I,was OK to,fly. I received a second communication from the Medical Certification Branch that after receiving the info about the negative cardiac work up, they still could not make a determination about my certification because they now wanted info about a small localized skin cancer that was removed completely, info that had been provided by me to the AME and by him to the FAA in the original report of my exam, 6 weeks before. Again, after supplying duplicate info to the Aeromedical Certification Branch another six weeks went by and after over 12 weeks, I received word that the original issuance was valid. This was very frustrating and especially since it was obvious from the original reports provided that the two medical issues were minor and did not affect my safety as a pilot. When I could conceivably go through a background check before purchasing a firearm and expect a reply from the justice department, I would wait only three days. FAA delays of months to make a determination about pilot safety after receiving medical documentation is unacceptable</p>
*	<p>AME declined ASSI because of responsibility.</p>
*	<p>AME doctor required additional forms be completed and returned in 14 days. It was unrealistic and unattainable.</p>
*	<p>AME Doctors should be reviewed periodically for competence to be able to issue medical certs to pilots.</p>
*	<p>AME should be able to work with diabetics to allow them to continue flying.</p>
*	<p>AME was excellent. Response from Oklahoma City has been 0.</p>
*	<p>AMEs in the New England area are taking appointments MONTHS out. That's not a good service level and puts pilots into a bind, especially if you have to cancel and reschedule an appointment. I took my exam in Tennessee (live in Massachusetts) as a result. That's crazy, IMO. Eliminating the third-class exam will help this situation I think.</p>
*	<p>An annual exam that costs 150.00 in order to continue to work is in my opinion unnecessary and a form of extortion.</p>
*	<p>Answer your mail promptly.</p>

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	Application was deferred on June 16 to Great Lakes Regional office; received no other communication from FAA until Aug. 4, received letter requiring additional bloodwork. Application had been sent to OKC, and responses from both offices were minimal or nonexistent; AOPA recommended contacting Kansas City office. That office was extremely helpful and professional in keeping me apprised of progress of my review, and that office issued my certificate in October. It should never take almost two months to communicate with a pilot what further requirements are going to be asked for; the practice of sending documentation to the FAA by snail mail is ludicrous, there is no reason why the agency shouldn't be utilizing modern methods of electronic communication to expedite the process. I don't question why my application was deferred, I complain about the antiquated review process, lack of keeping me informed, and use of Jurassic Park communication methods in this day and age.
*	Applications appear to be handled by untrained clerks. Boilerplate responses appear to be relied upon and used for inappropriate situations. Dealing with FAA Oklahoma City is very time consuming and frustrating. I finally withdrew my application.
*	Applications go into a black hole.
*	Applied for a 3rd class medical and medxpress said not to issue, sent in all applicable paper UPS and AME also wrote notes in medexpress still no response from FAA. Multiple calls to FAA by AME and no response.
*	Approximately two months after my exam the medical branch denied my special authorization for atrial fibrillation. Their stated reason was "inadequate rate response" on my stress test, lack of stress test records and no list of prescription drugs. ( I do not take any prescription drugs.) My cardiologist had sent this data to the medical branch before I took my exam. According to my cardiologist there have been no changes to or degradation of my atrial fibrillation condition since last year's special issuance. He finds no reason whatsoever to rescind my medical certificate. He has resubmitted all of the data along with a letter explaining his evaluation that there is no reason to restrict me from acting as pilot in command of an aircraft. He also states that because of my overall health condition that I am in a very low risk category for an afib related stroke. After three weeks, I am still waiting to hear from the FAA. In the interim I completely lost the income I would have expected over my normally busiest time of the year; summer and early fall. All this loss over a retraction of my flying privileges that shouldn't have happened at all.
*	As a military vet (Army rotary wing pilot) I have been told my entire career that if I needed to seek mental health assistance, to go, not be afraid, and that it was a sign of strength. So , I went in 2014 to go get the help I desperately needed. Little did I know that I opened Pandora's box with that decision regarding anything aviation related. Now, instead of being cleared to fly, I have had to do numerous tests, psych evals, and computer based tests to see if I can handle the stress of flying. Apparently my previous safe and incident free flying experience before seeking mental health assistance has no bearing on the determination of being granted a medical waiver. So, if I am a potential danger and liability to the national air space system and as an airman, shouldn't all aspiring and current pilots have to go through the same tests I did, in order to determine if they are hiding a mental health condition or have increased potential for an incident/accident? Please make this easier for transitioning military pilots who have admitted to a mental health condition to get back to something they love to do and be employed in a career that has fantastic possibilities.
*	As a student /privet pilot the FAA requirements are way to harsh. While I understand the reason for stringent requirements I feel I have been discriminated against for being diabetic. I have to control high blood sugar not low blood sugar and the risks of fainting and blacking out at the controls are minimal. I know my own body better than anyone else and for someone to sit behind a desk and tell me I am unsafe to be at the controls of an aircraft is ridiculous! I have been taking lessons for almost a year now and have worked extremely hard to maintain control of my blood sugar. Being allowed to fly has been a great incentive to maintain that control. And for some guy with an MD. Before his name to play god with my life without at least meeting me face to face is ridiculous!
*	As already stated the current medical certification process and stark consequences is fear based. The process needs to encourage collaboration toward safety.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	As I mentioned earlier I have been trying to get my medical back for all most 2 years after nothing happened. The process is very difficult and does not use common sense.
*	As I stated above, I have been evaluated multiple times and have been determined by my doctors to be in perfect flying health, but I have to do the paper work spin every now and again just to please the FAA paper mill. If they would give more time to gather all the paper work it wouldn't be so bad but 90 days just isn't enough.
*	As noted in previous questions: I understand that the NE region Dr. has retired and my case was referred to Oak City. The service I received for a minor mistake in the application was abysmal. I had a letter from the prescribing physician stating that I was not taking lithium and it was NOT MEDICALLY NECESSARY. It took them and additional 2 months to request ALL information about this and now they want to know about Zolof (why not both issues in the original letter?). So now we are into another 2 month cycle and I don't know what ALL information means and since the letter was not signed I don't who to contact. I was planning on flying to my daughters for both Thanksgiving and Christmas so I called several times to find out the progress (the girls that checked on this at NE and Oak City were the best, but limited in what they could do)- this seemed to annoy the last letter writer. Any help with this would be appreciated.
*	As stated earlier, once an airman encounters a glitch that gets his application rejected the process to get it returned is lengthy and expensive. In my case all supporting material offered to the FAA for my situation indicated that I am perfectly healthy. It was because the neurologist I used did not write the recommendation letter the way that the FAA would like to see it. So I was forced to go to an AME aerospace neurologist who can write the letter in a way that satisfies the FAA, to the tune of 300 dollars per hour. The neurology board meets quarterly, so here I sit. perfectly healthy to fly and can not get my medical certification back. If a person fills the application out in a way that generates no questions the system is quite streamlined, but not capable of handling anomalies in a timely manner. It has been months, and here I still sit.
*	As stated peviously: I have been a pilot for 19 years and i am in good health. I have Asthma and it is %100 controlled. I feel great. I have never had any incidents, accidents or been in any danger flying an aircraft. I was a pilot as part of my job for 12 years and am now in a managerial role instead. I have not been given any explanation as to why one of my Asthma medication would cause me to be grounded or any alternatives. I contacted the FFA Regional Office by phone and was scolded instead of being offered help with my case. I am more than disappointed with the way this is being handled. After 5 months I am waiting for a positive resolution, or options, of which I have not been offered. Completely turning someones life upside down with no explanation is unacceptable.
*	Asked for information that was difficult to obtain. For instance asked for info from board certified MD I was treated at the VA which was not done by a board certified physician. Catch-22
*	Biggest complaint I have is taking 3 months to hear status of my medical only to be told they want more testing done that my doctors already said 8 months prior would be of no benefit to do the testing the FAA is wanting, many more minor complaints such as calling to try to find out the status and only being told it is still in review and that it is not in their control.
*	Both times I had to send things in, my material was not processed until I called to check on it. Both times I waited over a month for a response, and both times I ended up calling and finding that it had not been processed yet. Once I called, the needed information/medical certificate arrived within a week. I can understand this to an extent on third class medicals but higher class medicals are usually used in employment and should receive priority without requiring a phone call. I really don't like calling and bugging them about the status of my medical, and having call in to get it done in a timely manner to maintain my job is something I enjoy even less.
*	Buracracy 100%
*	By requiring unnecessarily expensive studies such as a CT Scan or Ultrasound (\$1500) to check on a kidney stone from many years ago, it makes it unlikely that a pilot will renew a medical certificate for recreational flying. Threatening legal action if a past medical certificate that is no longer in effect is not returned is a form of bullying by an Agency that a pilot has no defense against. I used to have high regard and respect for the FAA, but now see it as yet another politically motivated and untouchable government agency.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	CAMI in OKC is understaffed and takes way too long to make a decision. A the decisions are not based upon sound medical practice but based solely on administrative procedures. It should have taken no more than 1 month to issue my Class II certificate instead it has be 4 months, two submittals of additional information or test results. Now CAMI has decided on a completely unnesicary Medical Flight Test that could have easily been determined from a simple telephone call or common sense. I can't understand why a flight test would be required for the exact same condition as shown by test results that has been approved for 8 years annually. As a former FAA employee, I am outraged and considered making a complaint through my former chain of command.
*	CAMI would not decide until they received more information, but it was impossible to determine what information they required. Two cardiologists and your FAA Regional Flight Surgeon (he was very helpful and courteous, unlike CAMI) simply could not tell what additional info you required by reading your silly demands for further info. Finally you denied my medical (after two stress echo tests had been done) not for medical reasons, but because I "wouldn't supply the additional required information, For more than 40 years I have enjoyed excellent relations with FAA, but CAMI's disgraceful and disrespectful performance has caused me to lose my respect for FAA. I wish that you people could lose your income for a year and a half because of such silliness, because then you would treat the public with more justice and respect. You really should be ashamed of CAMI's performance.
*	Cannot fly until resolved. No action taken after paperwork requested was submitted until requested action be taken by phone.
*	Certain standards that they require one sometimes need to see a medical specialist which is costly to the individual. The pilot's primary physician should be able to give the needed results without having to see a specialist due to the high standard set by the FAA .
*	Costly if need a waiver which doesn't make. Any. Sense as it doesn't add to safety
*	Criminal background history should have nothing to do with the medical certification...
*	Current exam is unable to predict pilot physical cause for unsafe event. When a physical problem is identified, the imposed requirements are excessive and unrealistic. I believe the pilot in command must take the responsibility of deciding whether or not his or her upcoming flight in done with the necessary safety concerns addressed.
*	Currently USAF pilots can utilize their AF form 1042 (now documented on DD Form 2292) flight physical as a valid 3rd class FAA medical. As a USAF Flight Engineer, I recieve the exact same annual flight physical exam from the USAF, documented on the same DD 2292, yet can not utilize it as a 3rd class medical as it doesn't say 'pilot' on it. Current FAA rules should be adjusted to allow all military Flight Deck crew members possessing a current DD 2292, to utilize that physical as at least a 3rd class medical. Better yet, It should suffice as a 2nd class medical. These annual military flight physicals are much more thorough than any FAA physical I've ever received. Its an unnessecary cost for service members to pay out of pocket to see a civilian AME to tell us what the military already does, we are fit to fly.
*	Currnent AME provides good, ethical service. Prior AME [Name] less than ethical. System does not allow resolution of disputed finding by AME at a cost/benefit level worth pursuit by applicant. Older aviators become two-dimensional travelers. The system is designed to discourage aviators. The sytem will kill aviation.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	Deal with all issued simultaneously. Shortly after my medical exam and approval in 2013 I was found to have cancer. I have since been told I was supposed to surrender my certificate (when you have cancer lesser issues don't even cross your mind) never the less I quit flying while on chemo because I was tooooooo sick to fly. So by November 2015 I had beat cancer so I went to renew my medical and I brought all my tests to my medical examiner who put them in an envelope addressed to the FAA and then gave them back to me. I asked why? He flat out told me he does this all the time so his patients know that when the FAA requests all the same medical records in the envelope over again that it is the FAA that is incompetent not him or his staff. Sure enough the FAA asked for all the records that prove I am cancer free again and still pulls my medical. WTF? So after unbelievable bureaucracy I proved that I didn't have cancer any longer (despite an inaccurate letter from my Oncologist's Business Office manger signed by the doctor who should have read it 1st. which didn't help) Next thing you know (7 months later) the FAA wants to know about my heart disease. 7 months later!!! WTF? Well I don't have heart disease; What I had was a rare SEVERE allergic reaction to chemo-if your staff could read they would have seen that. So now I am taking unnecessary tests to prove I don't have heart disease. I have determined that skilled doctors practice medicine and incompetent doctors work for the FAA.
*	DEAR SIRs I am the owner/operator of a single pilot 135 certificate that relies on a forest service contract during fire season to make my living. When getting my Flight Medical in January of 2016 I was denied. I immediately started getting all paperwork in to Oklahoma city for review as I was told the Medical Board would be meeting the second week of June. It was very important for me to get the information back so I could have time to get my check rides done and be ready for fire season. I didn't receive any information from the FAA Medical Board until the 20th of July. In the letter i recieved I was told that I would have to wait another year for them to look at me again( this would mean another year of no income). My Medical examiner and my Neurologist Both assured me that I was fine and should get my medical back.
*	Deferrals to OKC take to long for results. I have been waiting 4 months and enquirers from AOPA say they have no idea when they will get to mine. I understand working pilots get faster action. This is unfair and discriminatory.
*	Deferred Medicals are excruciatingly slow to get resolved. Months go by with no action and no way for a pilot to expedite the process. It is extremely demoralizing and aggravating!!!
*	Denied certificate without submitting to expensive testing with no clear pass criteria. Had very slight TIA per neurologist and based on exams by him saw no reason that would effect capability to fly. Submitted case to medical expertise service with Nationally renowned experts including [Clinic] to see what testing was recommended based on hospital tests when treated at time of TIA. Experts ruled no additional testing needed beyond standard neurologist visit. However FAA still required expensive scans and would not define pass criteria.
*	Despite prior special issuance of a 3rd Class Medical for 3 consecutive years, FAA Aeromedical denied my special issuance, overruling the determination of my cardiologist that there were no changes in my medical status.
*	Diabetes should be reevaluated and looked at seriously instead of just grounding everybody.
*	Did not at all like getting the "digit Rectal Prostate Screening Exam" in the past. Glad you no longer do it. Wonder how many pilots who fly primarily for fun were hesitant to get their medical or stopped flying because of this.
*	Difficult to get a live voice.
*	Divorced five years ago. Due to the stress that event, I was prescribed a minimal dosage of Zoloft. Stopped taking it in 2014, no mental health issues, drugs or alcohol. Never an O.U.I I was denied this Class III after a lifetime of professional aviation both military and civilian. No FAA or military violations ever.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	Do not understand a representative in Oklahoma City being able to deny my medical certificate when my AME thought there should be no problem issuing me a medical certificate along with my primary physician. I think you people are very unhappy with 3rd class medical reform and it had an impact on my special issuance denial. My denial letter made it clear that I would be up against very capable legal counsel if I tried to appeal. As I fly more for recreation and convenience, it really doesn't make sense for me to appeal with that threat of expense. I feel that 3rd class medical reform the way it is being implemented is not going to improve anything for pilots or for safety. I think most responsible pilots know when they are fit to fly. You do not need to remove my name from this report. Thanks, [Name].
*	Doctor at Stanford wrote misinformation, about my physical condition, For example reference was made to Hep- C. Which I was cleared of after Harvoni treatment. Plus I was not happy with his treatment and tried to change clinics but the new Dr. went to Med school with him and wisely elected to not get involved. I've had some contact with Mayo Hospital in Phoenix AZ, I sent a letter requesting what new info would the Staff in OK need to look again at the remarkable improvement I've made since my body was not engaged in a battle with the Hep-C. Instead I get another a letter again denying my medical. I had a Liver Transplant and there is lots of docs. That was the intent of my letter, to gather info, not reapply for the medical till I have the required docs. I hope you understand. If you look at the letter dated Jul 13,2016 it states I have cancer (that's is one reason for the xplant, I don't have Hep-C, and I have not had a ERCP procedures for over a year. My questions significant evidence is needed? PI # [Number], mid # [Number], and APP ID # [Number]. Thanks [Name]
*	Dr. [Name] in Milwaukee is grossly overcharging airmen. He is arrogant, egotistical and not worth the money and aggravation of seeing him.
*	Dr. [Name] negotiated a with the FAA in June of 2014. With no explanation an SI was not given after 6 months of full compliance of the negotiated conditions. Dr. [Name] was very disappointed. Part of the settlement was to remove me after 14 days from Cirque Lodge in Utah. Ultimately I had to return to Casa in San Diego California and completed a full 30 day program to fulfill the HIMS program requirements at a great financial cost form my family.
*	Dr. [Name] was the worse AME I have used. Does not understand how to get things done in the system, does not advocate for pilots, massively out charges.
*	Dr. Lies and put on my for I had a felony
*	Due to a discovered partial arterial blockage I had a stent inserted. As a former competitive runner and continued fitness runner, I was in excellent condition as evidenced by the ETT prior to and after the stent. Three doctors at the local level (GP, Cardiologist, and AME) recognized this and were apologetic that FAA paper work was necessary to continue my flying privilege. I only missed three days of running for the stent procedure. However, I missed 8 months of flying due to the FAA's system in place. It would have been very helpful to be able to find all the requirements (paper work) needed to get the special issuance. I still do not know where this information is located at the government web site. I did get assistance from AOPA, but there instructions must not have been thorough enough for all the medical professionals to pull the required information together. Although the AME reviewed the submittal and thought is was very thorough and complete, after 3 months, additional info was requested by the FAA. I am certain that in my case a better decision could be made at the local level by medical professionals that have better knowledge of all circumstances than the FAA can gain through the antiquated process now being used. I now see why the push for 3rd call medical reform has been going on and finally passed. It is very justified and perhaps will save time and effort for others .
*	Due to a heart attack in 2005 I have been getting special issuances every year for a 3rd class medical. the AME would issue my new certificate on the day of the exam but now he is not allowed to do that so I'm dead in the water so to speak until I receive my certificate from Ok City. I'm a flight instructor with 4 students so I need a certificate in hand to keep flying. This year I took physical on June 28th, no certificate issued by AME so on June 30th my certificate expired which ended flight training. It took over 90 days to receive my new certificate which is not acceptable.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	Due to a history of prostate cancer, I was previously issued a series of special issuance Third Class medical certificates for 12-month periods. I did not apply for a medical certificate between October 2012 and May 2016 because I was being treated for cancer and some other medical conditions (none of which were heart related or related to mental health). My latest application in May 2016 was denied on September 21, supposedly because of the POSSIBILITY that my cancer could metastasize within the next 2 years. Also due to past anemia and DVT, neither of which conditions are being treated at the present time. No mention of a possible special issuance Third Class certificate was made. Therefore, I have no idea what the requirements are for me to be granted a special issuance certificate at this time. I appealed the denial decision to the Federal Air Surgeon on October 6th and have heard nothing in response to this date (November 8th).
*	Due to a mis-diagnosis, I had bypass heart surgery in 1996. What I actually suffered from was Prinzmetal which is simply controlled by diet. In 2014 I decided to fly again but the examination required treadmill tests which I performed well past my age requirement but was still denied a medical certificate.
*	Due to the extensive delays.I was fired from my previous job.You people are completely oblivious to the needs of the pilot community.How can it take 3 months for one doctor to certify the findings of a specialist?Ridiculous.
*	During my previous Class I medical exam (August 2016) my certificate was deferred by my AME due to Sleep Apnea and a finger infection. While coordinating with the Regional FAA office in Renton, WA, I spoke to a female named [Name] (cannot remember last name). The overall process to regain my Class I medical certificate took over 2 1/2 months and during telephone conversations with [Name] I was treated with disrespect, condescending comments and an overall feeling that I was wasting her time. She was rude and not helpful. I talked to another female (cannot recall her name) who was very polite, helpful and really showed an interest of getting my medical certificate approved. This was the first time in over 25 years of flying that I had to contact the FAA. I was very disappointed in [Name]'s demeaning attitude towards me and her overall lack of care in helping me get my medical certificate.
*	Eastern regional office never followed thru with request.
*	Either the MedXpress or the AME should have caught my primary care physician's decision to use Invokana and that it was not approved by the FAA. Instead, I had to have FAA reach out after several months of possessing my signed off medical certificate, have them reach out to me to verify (again) what I had provided them, then turn around and deny my medical. I turned in my certificate as instructed, my doctor has changed my medication to an approved medication, and I'm awaiting the 60-day process so I can then have my doctor fill out more documentation and hope I can get special issuance approval again. Neither my primary care physician nor I understand the paranoia against Invokana. I'm not a commercial pilot and yet to understand what the medical concern is. If this will not be an issue once the new mandate comes into play, not sure why it's an issue now.
*	Eleven years ago, I experienced an AFIB event that caused me to pass out. Within days I had a pacemaker implanted. I have been perfectly healthy ever since, although the AFIB is still measurable. All examiners during my three attempts to obtain a medical certificate felt that I qualified for a class III medical. But someone at Oklahoma City always turned me down. If I felt that I was not qualified to fly, I would be the first one to terminate flying. That's only common sense. At this point, I know that I shall never fly another jet fighter or a DC-10 but I would still love to own and fly a Cessna 170. How can I possibly get by OKC? Please feel free to respond and to disseminate. [Name] LTC USAFR RET CAPTAIN RETIRED GENERAL AVIATION PILOT FORCED FROM SPORT FLYING [E-mail]
*	Eliminate the 3rd class medical

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	Even though having a cardio procedure my heart function and blood pressure have greatly improved (cardiac ultra sound with contrast indicated a measured gain from 38 t 59 points, as measured B/ 0-65 top) cardiologist indicated this improvement in overall heart performance was due to the fact that I religiously tread-mill daily as part of cardio exercise and proper diet. I had since been taken off 7 medications down to 2. Apparently the FAA rep felt anyone who visits a cardiologist is a "rubber stamp" denial. Regardless of the determined effort by the applicant to greatly improve cardiac health for obvious reasons and to keep his wings after 47 years of incident free flying. I intend to keep trying to get my special issuance, class II as soon as I can afford the updated medical tests required, again.
*	Even though I met (as I interpreted them) the requirements for a medical, the AME chose to file for a "Special Issuance
*	Every professional pilot that I have talked to was surprised I told the truth explaining that the FAA punishes those who tell the truth. I have worked to be as healthy as I can and that includes mental health. Because I sought dr, the FAA assumes I am unsafe. I did additional testing and the FAA uses that to ask more questions. If all pilots had to go through the level of testing that I have (as well as voluntary quitting any use of Alcohol ) we would have almost no pilots. The arbitrator nature of this process does nothing to make the skies safer, and is nothing more than paperwork gone bad. There are a lot of people not fit to fly, but this type of screen does nothing to fine them, and punishes those who seek to make themselves better and are truthful.
*	Excessive delay in responding to defered applications.
*	FAA (OKC) waits 3 months and then decides knee surgery (Dec 15) in spite of passing exam April 2016 precludes issuance and demands return of medical certificate without even reading all supporting information sent. Bureaucratic bullying! and nobody at FAA care.
*	FAA appears to be excessively slow in the recognition of, acceptance, and approval of new medications for chronic conditions, such as Diabetes.
*	Faa areo medical is an abomination. I recieved a letter rescinding my medical FOUR months after it was issued. I sent my certificate in over two months ago. I have no idea who rescinded it, I have no idea about the credentials of who rescinded it. I don't even know if it is a medical professional. I recieved no data from anyone as to exactly why. I keep sending in the requested data that I get letters about. ( AND IT THAT VEIN, IT IS 2016!!! Can some one explain to me WHY FAA cannot send emails or call a cell phone!!!!) the reliance on snail mail slows any process to a veritable crawl!! I have been prevented from earning a living for over two months now. I cannot even claim a disability at this time as all my doctors (who actually take care of me!) say there is nothing wrong with me! No matter who I talk to on the phone in OK City, I cannot get any further. Frustrating to say the least. So, someone I don't know and who has never even met me has literally total control over my whole life! I am two years from a full retirement and this ends any thought of that. I have spent 40 years flying and this places me in a position of being a 60 year old out of work ex-pilot! I am sick of this being drug out. It is smacking of age descrimination and it is the most stressful thing I've ever experienced. And YES, FAA aero medical not only encourages a pilot to omit and straight up lie on a medical to avoid this type of frustration it insures it. Aero medical and the FAA in general is THE poster child of a government agency that is so ponderous, self righteous, unresponsive and overreaching as to be a joke to the pilot community. I have played by the rules my whole career, but I have complete sympathy with anyone who does not. I get it. FAA does not.
*	FAA ask and needs far to much info. about are lives than nessary - to much power.
*	FAA CAMI telephone representatives have on multiple calls not given me true and correct information regarding the status of my medical status.
*	FAA controls WHO and HOW MANY Doctors can be an AME. MY primary care physician is a "flight surgeon" with the Air Force Reserve. He would like to be an AME, is just 6 miles away, and he can't get certified because the FAA limits the number. SO,,, the Doctor who IS appointed AME for the area is 30 miles away and an OLD, out of touch, IDIOT, whom I wouldn't take an ENEMY to.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	FAA doesn't have a mechanism for 'short sleeper' that are out of your norm of '6-8 hours'. this is total [Profanity]!
*	FAA invalidated my special issuance immediately with NO recourse due to Invoking bring prescribed by my Doctor for diabetic control. No recourse no sorry no refund no offer to work with me to restore special issuance. The FAA people can go Straight To [Profanity] in my opinion. I have never had such a bad experience with ANY Govt Agency in my 77 years and all my flying experience went down the drain thanks to autocratic screw the pilot views exhibited by the FAA. [Name] [Pilot License] Commercial Pilot, Kyle, Texas [Phone Number]
*	FAA is taking too long to process my medical certificate application. Original paperwork submitted in early June. Had a response a month later, requiring further info. I submitted new info a month later, and have not heard anything in two months. Still waiting...
*	FAA kept asking for information already supplied, delaying the process. When new information came in they told me the first test information had expired, all due to their stalling the process. I had a clean bill of health from AME, Oncologist, Cardiologist and personal physician with all test data supplied and was still denied. VERY unhappy with the entire process!!
*	FAA medical approval process is extremely lengthy and disregards surgeons opinions completely. They require tests that put the pilot's life in danger. They require tests that have no standards and unnecessarily raise costs to the pilot. The push therapies that cardiologist and AMEs don't recommend, additional costs.
*	FAA medical certification division has created a costly and cumbersome process for pilots under the "make work" program of sleep apnea..... as if I'm going to fall asleep while flying. I have used the " machine" for years and thus reported it. .... not good enough for the FAA....Over the years, I have been required to spend enormous amounts of money taking repeated sleep study's and unnecessary doctor visits just to provide proof to the FAA that I am in compliance and I am healthy. I am disgusted with the whole process. I look forward to the 3rd class medical reform act and hope it puts a few at the medical certification division out of a job.
*	FAA Medical in Oklahoma City is way too slow in processing documents. My last documentation was sent on 1 Oct 16 , received (confirmed by USPS tracking) on 3 Oct 16, logged in at OKC on 19 Oct 16 and still, as of 28 Oct 16, has not been acted on. This is holding up my flight training. Why are these bureaucrats so slow? Where is the oversight in the system that insures they actually do they're job? Who do they work for? Evidently not us. Someone needs to look into the turnaround time on medical certification srevices--it stinks.
*	FAA must weed out AMEs running mills. When I arrived for my "examination" there were 3 people ahead of me; not one of them speny more than 5 minutes with the AME! My total time with the AME was about 15 minutes. He seemed to be alienated t'wards me for some reason, perhaps age, rejection for military service, only he knows. In that I am retired I shall devote maximum time to diminish this AMEs activities!
*	FAA reps are conferences do not have specific info I need to understand my situation. (I DO understand the complexities of the system so no one person would have all the answers)
*	FAA requested my med back, FAA requested a sleep study, could not get a sleep study done in time so sent my med in, so here I sit with no medical unable to fly, thanks FAA for dashing my dreams.
*	FAA revoked my medical even though my cardiologist and AME saw no reason to withhold approval and felt my health met all conditions of the Special Issuance criteria.
*	FAA sat on my medical certification request for over three months. Then, I was asked to provide more current information before they could make a decision on my certificate. My information was current when submitted to FAA by my AME. The review delay by the FAA caused a great deal of frustration not to mention the additional cost of a current medical review by my doctor. Once this information was submitted, I did receive my III class certificate within a reasonable time frame.
*	faa should respond to my medical certificate. I have been grounded for three months with out hearing anything. I have seen every speicalist that I have been told to and all have said I am good to go . but the faa still have not responded.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	Faa suspended my medical 90 days after issuance for not having current sleep study data re sleep apnea. It took 12 months for me to jump through all of the medical hoops (mostly insurance) to authorize a new study for which I passed with flying colors. I signed the self cert form but apparently that wasn't good enough for the first go round with faa. I'm elated that med reform is underway.
*	Far too bearucratic system. Far too long and expensive special issuance X 20 yrs. FAA unable to consider complete recoveries with stable, clinical, labs and yearly cardiac exams forever!
*	Far, far, far too long to obtain a medical certificate. Over 5 months for a candidate in excelent health with very mild sleep apnea.
*	Five months have passed since my AME sent my paperwork to Oklahoma. When I call to try to get a update a pleasant lady answers the phone but can only verify my name is on the list of cases to be reviewed. Not knowing how long this process may take is quite frustrating.
*	Following a successful surgery and a complete recovery, I am 10 months into a request for a medical certificate and am still being denied. the reasoning for the denial has been absurd. I am healthier now than I have been in years and I don't understand the lack of ability for the examiners common sense response to my request. i have been flying for over 30 years, I hold an A and P mechanics license and I am the owner of a FAA certified repair station. I understand the safety in flying and I follow all rules in regards to safety. I believe a simple, personal, common sense approach to my situation would result in a quick, agreeable conclusion to a return to flight status. Thank you for your time.
*	Following referral by my ame to FAA okc medical I have not received any info whatsoever and have provided all necessary medical documentation. Referral by ame was on August 16,2016 and documents sent august 31 and it is now October 24, 2016 and yet no info from FAA medical OKC. Apparently the people that review documents commercially prior to sending to the FAA get complete precedence over the lonely pilot attempting to follow the procedure as prescribed. My AME told me I would hear from the FAA in 8 to 10 days. Has not happened.!!!!!! Apparently FAA medical in OKC is the roadblock and does not follow protocol or the process that is required
*	For a heart concern like mine, FAA specifies a certain stress test with specific parameters and specific documentation. The letter to me specifying this stress test did not reflect the detailed documentation submission requirements that they would eventually demand. My experience with current heart specialists is they design the testing to what is necessary for them to analyze the heart health for their patients including customized stress tests. My experience with my first heart MD specialist is he could care less about documentation that an FAA examiner in Oklahoma City wanted. He evaluated me with the stress test he assessed as appropriate and cleared me for even more rigorous activity than sitting in a cockpit and flying. The FAA flight examiner in Oklahoma City did not accept his documentation or his evaluation that I was cleared to fly. Nor would the FAA examiners office in Oklahoma City identify a heart specialist in my area that would administer a second stress test and submit the FAA specified documentation. I was on my own. Reluctantly, my original AME identified for me a heart specialist in a neighboring town that had previously conducted a stress test on a commercial pilot. The recommended heart MD specialist looked at the specific FAA requirements that I identified in an AOPA internet article (not the FAA medical office in Oklahoma City) and said he would follow that format. When I resubmitted the specific documentation for the second stress test per the AOPA internet article, I received clearance. The process was very expensive and did not consider the merit of the opinion of first local MD.
*	For nine years I have been required to provide substantial additional medical information in order to comply with a FAA special issuance medical. Completing these medical exams and test to comply with the special reinsurance request was very costly, up to \$5000.00 per year. Often times this would come out of my own pocket as insurance would not cover the costs of the tests. Aviation is our family profession and our livelihood. Therefore I had to maintain compliance. If my flying had been pleasure and business only, I would have forfeited my medical years ago. The test really have not proven that I am a capable pilot, nor do they really add that I am a capable pilot and able to fly. I am thankful for the Third class medical reform.
*	For special issuance conditions, review by CAMI is intolerably long. This averages in excess of Eight Weeks and is a huge factor in airman simply not applying for consideration, for certification. No way is this "due process". This is "Unsat".

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	For two years in a row, you jerk an active pilot around by repeatedly asking for costly exams and then ask for THE PILOT to have a competent doctor send you an explanation of what was sent to you. In the mean time, you refuse to extend the period of certification or waiver with no basis to think the conditions under which it was issued has changed. The result is a grounded airman, idle expensive equipment, charity flights not flown, proficiency deteriorates, and flying becomes a less safe, productive, attractive activity. Is that the purpose for which you were instituted?
*	Four months is too long to wait for a response from the faa
*	From my dealing with AME's over the last several years, I strongly believe AMEs that I have used are in it for a quick buck!!!!
*	From the first time I submitted my application for a Class III Medical about 7-9 months ago (since my last valid Class III Medical was issued on 04-28-99), I was asked by the FAA to submit additional medical reports from my doctors for the FAA to review. (No surprise; my examiner said this would happen.) In this regard, the last set of medical reports were sent to OKC on 15 Jul 2016. When no acknowledgement or final action notification was received in a timely manner after that, I sent a memo to the FAA in OKC on 8 Sep 2016 asking when the FAA might make a final decision concerning my Medical application. It is now 24 Oct 2016 and I have STILL not received a notice of final action from the FAA. If I don't hear from the FAA pretty soon after this, I may find it necessary to write to one of my Congressional representatives. I sincerely hope this complaint gets things moving. Respectfully, [Name], PI # [Number], MID # [Number], APP ID # [Number].
*	Give AME's more latitude to issue certs on certain medical issues
*	got my license suspended for an OUI... lost it for a year.... passed medical and have not heard anything from FAA got a lawyer... and has been no help from FAA..... [Name] [Birthdate] [Phone Number] very disappointed, I paid my penalties and have not heard from anyone for over one and a half years...
*	gov bureaucracy.
*	Government, meaning the FAA, and lawyers have nearly destroyed private aviation. We are producing around a thousand light piston airplanes per year. Post WWII, the number peaked around 40,000. The ramps of municipal airports are littered with relics. We have gone from something like a million qualified pilots post WWII to 600,000 today while the population has doubled. Thousands upon thousands of pilots are quitting for various reasons. More importantly, there are so many obstacles to new pilots that millions upon millions who could fly won't even make an attempt to learn. While there are several reasons behind the impending death of private flying, I'll discuss the medical part from my perspective. Medical certification is part of the problem. The PBOBII will go a long way toward addressing what has become an onerous process for the class III medical. It doesn't have to be this way. They, the FAA Medical Branch, have turned us all into liars because to admit that we are using medications which, "help", us, will result in grounding. Flying a light civil airplane is the flying equivalent of driving a mini-van to Wal-Mart. In fact, it's a lot easier and safer. I know because I qualified with the US Navy in both helicopters, tactical jets and prop planes. I know the difference between private flying and commercial and military operations. If flying a light civil is easier than driving, why do I need medical certification at all for private flying? I shouldn't. Where is the correlation of data showing that medical emergencies are causing aircraft accidents? They don't exist. In 2014, there were 259 or so General Aviation accidents. What percentage involved medical issues? Meanwhile, 40,000 persons a year die in traffic accidents and no-one bats an eye. Thousands of persons die falling off ladders every year and hundreds of thousands of persons die each year due to accidents of all types. Why have the FAA put private flying under an electron micros
*	Guidance for appeal was not provided. This pilot "outsider" has just been left swinging in the wind and the darkness.
*	Had stent placed 19 months ago. Had additional procedure at recommendation FAA. Takes at least 6 weeks to get response from FAA. They do not give credence to the local cardiologist who is actually treating you and says you are OK. I am still waiting for an answer on my third try to get a 3rd class medical. I have sent a letter from second cardiologist stating I am OK to fly in mid August and still no answer from FAA. If my lively hood depended on an answer from the FAA I would be broke waiting.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	Had two stents put in 2009. Got III Medical certificate and flew. 2015 one stent - started in January 16 and still trying to get III certificate.
*	Have had medical delayed as long as 5 months (several years ago) in a SNAFU in OKC.
*	Have had my certificate taken away because using Lyrica which I quit and my doctor sent in to FAA that I stopped using 2 months ago. Also said kidney stones a problem in which I had my urologist send in report in May with no problem but still do not have my certificate back yet This was taken away 2 months ago which is terrible. [Name]
*	Have not received any response from the FAA relating to my deferred decision. It has been nearly three months since I met with the AME.
*	Having a student wait over 6 months for a medical is ridiculous, it doesn't help me think its safer just cause i was honest about some medication i was on they would have no idea if i lied about being on that medication so to me it shows its far easier to lie about it then tell the truth which means if pilots do that they are far less safe pilots but, lied just so they didn't have to deal with waiting over 6 months to fly.
*	Having a third class exam requirement is nonsense: waste of time and expense. Instead, a cognitive exam would ferret out those who are apt to kill themselves through fuzzy thinking. Thinking back to my days as a Boeing 747 Check Captain, there were those who could capably fly into their eighties and others who should hang it up in their forties!
*	Having held certificate for past 39 years both 3rd and Second - I'm very disappointed I've not been contacted by regional FAA AME in Renton WA. It's been in fact month and a half. Have stable Prostrate and Bladder cancer (carcinoma Insitu). My treating urologist made comment there is no reason why you were not granted. At best it's disappointing as there was no discussion about my current medical status or condition
*	Having to wait 18 months (and counting) after consistently and repeatedly cooperating with the FAA's request, is just simply unreasonable. I appreciate the fact that the FAA has loosened its requirements on SSRI usage by pilots, however, I have yet to see any justification for the requests that have been made of me by the FAA. Multiple mental health professional exams, letters and reports all stating the same thing (that I am, in their professional opinion, fit to fly) are simply a waste of time and resources, on everyone's part. The additional requirement for a continuing 6-month follow up with a psychiatrist and HIMS AME is also unreasonable. With the population of HIMS rated AMEs shrinking, this applies an unjustified burden on the pilot. Honestly, I could see one 6 month evaluation, possibly followed by another one in 6 months covering the FAA's needs. Changes in medication dosage or the patient's behavior should be the trigger for additional evaluations after a year. I have also been given a wide range of explanations of the SSRI process from FAA officials, no two being the same. I really do appreciate the improvements that the FAA has made to the deferment process, however, the information that is out there is just not accurate and appears to be completely subjective.
*	Hims program requires applicant to go to Alcoholics Anonymous, and have contact with a sponsor. This forces religion upon pilots who may not wish it. Not to mention puts them in contact with people who still Use drugs. This may work for some people but aa is not a proven program, and not required for a pilot to stay sober
*	Hire (if only temporarily) enough staff to catch up. Since the 90 day wait is constant obviously the input and output are the same meaning - once caught up the sould be only weeks (not months) to wait for decisions.
*	How can it take so long to review the requested info? They are making medical decisions on testing results that are in excess of 5 mo old. Test in Apr...results received in Sept. Waiver received in Sept and only good for 10 weeks. No professional person would sit at home and wait the results of such an incompetent system.
*	How can the FAA introduce more confusion in the 3rd class medical reform. Get over with.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	I also apply for special issuance annually. Why the LONG DELAY this year!! Previously it was about 4 weeks. Weighing the cost of AME fee vs Certified Mail, I chose Certified mail based on previous wait time. Wait time now is 65 days to 3 months. My medical has expired due this unexpected wait time. This delay should have been anticipated by the FAA and participants notified!!
*	I am a CFI. I am in contact with numerous pilots with 3rd Class medicals that have had extended delays if there is any "red flag" at all ... even for a condition that is no longer an issue. Paperwork and delays. I know four pilots personally that are so fed up with the process they want to give up flying. That is a travesty.
*	I am a full time CFII and corporate pilot, and for 10 years have also been diagnosed with Type II diabetes which is and has been fully controlled with an active lifestyle, diet, and exercise. I have never had an issue meeting any of the conditions for a special issuance. Each year I provide my local AMA with all the FAA requested test results, and an FAA requested letter from my primary care physician attesting to the results. My local AMA then issues the special issuance. Two to three months later I get a letter from Oklahoma City requesting the exact same data I provided my local AMA. Two to three months after that Oklahoma City reissues the special issuance. Why does the process take four to six months when there has not been any change from the previous several years? Have I been flying illegally during the time between my local AMA saying I am qualified and OKC eventually concurs.
*	I am an ATCS and if there is a medical question that has to be elevated to CAMI in OK City the process is unbelievable. It takes too long and when an individual tries to contact OK City, no one can answer your question if you get to talk to a real person. When you are told that someone will call you back in a week.....and then no one calls! I don't think anyone in OK City has to answer for their incompetence.
*	I am completing the process for getting a special issuance first class because of being on an antidepressant. I have incurred severe financial hardship during this time. I had to empty my IRA accounts, sell personal property, and take a 401K loan. I should not be punished for following the rules. I've been waiting 2.5 months for my medical and just received a letter saying my application was sent to the regional flight surgeon to wait in line AGAIN for someone to review my application. Reform of this system needs to happen. Pilots are not going to get help if they have to spend this long away from work. I haven't flown in 14 months. Feel free to contact me if you would like to discuss my answers. [Phone Number] [Name].
*	I am desolate over the loss of good flying weather that never can be recovered. I pay for airplane, hangar, insurance, and other maintenance areas with no return. My ability to maintain proficiency is severely restricted or not available. I question the choice of appropriate time taken to make a simple decision. But, after all, they have their jobs and pay. They don't have my expenses. This is a failure of the system I have been dedicated to and endorsed since 1960. You might say that I question the reliability of their decisions when it takes an excessive time to review a simple case. How is aviation safety improved by restricting a competent pilot/instructor so that he cannot legally pass on the rules and experiences to improve Safety to succeeding pilots?
*	I am disappointed with the length of the process. The information that was on the FAA website was different than the letter I received denying my request. The process was so long that by the time the case was reviewed an update was requested/required before my request would be reviewed. I submitted in March and still do not have resolution in November. I am a healthy male with over 5,000 flight hours as a retired carrier Naval Aviator. I have a private pilots license and just want to fly again. The process, reviews, and continual request for information is frustrating and very disappointing. I am available to discuss at [E-mail].
*	I am disgusted by the FAA readily accepting the decision process provided by the Flight Surgeon's offices in Oklahoma. I had TWO AMEs certify me fit to fly and completely healthy, yet, an individual in the Oklahoma office deemed me as unfit because I 'have a history of alcoholism'; Complete fiction!!!! How can a WINGS award winning pilot be tagged as an alcoholic???! How can a paper-pusher override the professional experience of an AME??!?? Clearly, a case that has been improperly handled. I stand by all my comments, [Pilot License] [Name].

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	I am extremely upset with the FAA Medical Department. I have two conditions which are well under control--pre diabetes and Afib. I satisfied the FAA requirements in this regard and was issued a medical license and allowed to proceed with my flight physical with my AME. I passed his exam and he issued me a license. Two months later I got a letter from the FAA Department demanding more paper work or else! I replied to the FAA that I gave the AME the exact same paperwork from my primary doctor and my cardiologist which satisfied the FAA before and sent them copies. But this was not good enough. They wanted a letter describing my overall health. But did not specify who would provide this--my primary doctor, my AME, or my cardiologist. I just got totally frustrated and gave up. It seems if I satisfied my AME and gave him the required additional test results I was tasked to provide him, that would be sufficient. I think the process is rigged because of my age (72 now).
*	I am extremely upset with the review process for my special issuance medical. All of my documents were sent in by my HIMS AME at the beginning of August, a full month before my current SI expired. I have been calling both OK City and my regional office to get status updates and to flag my file so that might get done quicker but I have heard nothing other than "it's in review." I have lost my job as a flight instructor because this process takes so long and I can't plan for anything because there is no transparency about how long this annual review takes. All my doctors that I am required to see on a yearly basis, including my HIMS AME, say that what I have to go through is a waste of their time and my money because of the simplicity of my medical issue.
*	I am just not happy with the current way things are dealt with in this area. If I have to self evaluate and make a decision whether I fly or not based on my current health at the time of the flight why should the AME and/or the FAA decide if my health is not fit enough based on a "judgement call" from an AME or someone that doesn't even know me or my health. The "standards" that are created are not always a good "standard" and I am not "standard". Even when I was in the military and at my finest health, if I gained 10lbs I was not "standard" and didn't "meet" the "standard" requirements for optimum weight/height ratio. I just like to fly because I enjoy doing it and I have no intention to fly for a living. When you are doing it for hire the "standards" should be met in such a way the the individual it rated healthy enough to carry out the duties he or she needs to since other lives and property is involved. But I feel the people that fly for pleasure should be allowed to use their own doctor to get that evaluation and be instructed on using their best judgement to make the call whether they should fly or not, not someone that sees them every 2 to 5 years and someone that sits in a nice office and is overworked and sees us (the private pilot) as just a number on the paper and has NO CLUE of our current health.
*	I am not a computer guy, so I don't like the [UNINTELLIGIBLE] program!!
*	I am not a current pilot. I wanted to go back to flying after a long absence. My blood pressure was high and I am color blind. I was previously not allowed to fly at night. The doctor told me I would receive a letter from the FAA which I did. I could not comply with being able to supply all the info about numerous medical procedures I have had . I gave up trying. I also gave up flying which I am sure is what the FAA wanted. Needless to say I am disappointed ! Read the letter they sent me and you will see . I am in good health. My blood pressure is under control and my eyesight is close to 20/20.
*	I am required to have an angiogram and a bruce protocol stress test after heart surgery. If I could pass the stress test why should I have to have an angiogram, that will cost approx. \$8000 and is not covered by insurance? Class II phys.
*	I am special issue but my application is never looked at until I call. After I call it is taken care of real quick. They usually get my renewal to me the week before it expires. It normally takes 90 days each year to get my medical renewed.
*	I am still waiting for a response from the Aerospace Medical Certification Division. They acknowledge receipt of application on October 7, 2016 it is now November 29, 2016
*	I am submitting this on November 15th and as far as I know the FAA Regional Office has had a complete file since mid October .... just waiting... people on the phone are "nice", but I see no reason for delay in issuing my medical
*	I am under care for innerocular hypertension (precursor to glaucoma). I am under detailed care by an ophthalmologist. FAA considers 6 minth old visual fields inadequate. Visual fields done once a year are considered medically prudent. Visual fields done more than once a year are expensive and overkill. FAA should except as valid any test done in a medically prrudent time interval regardless where the FAA medical exam falls within that interval.

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**Complaint(s):**

*	I applied for a medical on September 11, 2016. The medical examiner said he would overnight the information to the FAA the next day. I was contacted mid November that the blood work was not included with my medical. I had current blood work done and sent on November 29th via fax, as instructed, and also mailed the blood test results. I have tried to contact the FAA @ 405-954-4821- option 1 only to have them not answer during their business hours, and have sent a fax 405-954-4300 asking for information regarding my status.
*	I applied for a special 3rd class on Aug 1 & provided the usual documentation based on previous experience (heart). I finally received a request for additional info from Ok City on Oct 24 - way too long!
*	I applied for a special issuance 3rd class medical certificate in January 2016. 90 days later I was asked for additional information and testing. I sent this information to the FAA and did not get a response, but about after 60 days I got a letter stating the information was not sent in and my application was being withdrawn. I sent the FAA the FEDEX receipt showing my information package was received and signed for. I then got another letter from the FAA stating that my information was too old and that I would have to start the process again. I am very disappointed in my treatment by the FAA.
*	I asked the AME on what type of heart stress test did they require. I was informed standard treadmill stress test would be sufficient. I went to the AME and supplied him with results of my normal stress which was forwarded for my special issuance medical. That's when OKC sent me a letter asking for a full cardiac work up. That was the reason I asked what was required cardiac wise in the beginning and I did what was required at time. Next thing you do change the rules.
*	I believe it should not take 10 months to make a decision. and the only information given is that the case is under review with no time line or estimate given. Also, whenever asked for additional information, it would be another couple months before i would receive a letter.
*	I believe my application got shuffled to a reviewer's desk for review and got hung up there for an extended time. If someone goes on vacation or takes sick leave, shouldn't their work load be divided among their peers? I had never applied for a medical certificate before and spent a very long time wondering why the process was taking so long. Now, I am in a quandary because my certificate was denied coincident with the new Medical Certificate Act.
*	I believe that the HIMS program and its requirements for the SSRI program are beyond ridiculous. As a pilot taking an antidepressant, this is by far the most frustrating and unnecessary part of my career that I have to deal with. I have to meet with a psychiatrist and a psychologist simply because I have depression AND I am taking something to combat it! There are so many pilots who either fly untreated to avoid the ridiculous HIMS program and the FAA, or do not disclose their conditions to their AME so they can keep flying. I feel that I am being punished for treating an illness, when I should have just not ever said anything to my AME about my medications. I now need the antidepressant just to deal with the process every six months.
*	I believe the FAA should trust pilots to decide if they are physically fit to fly and allow pilots to fly under the same rules that allow people to drive a car! I've seen too many pilots grounded over some insignificant medical issue that only the FAA thinks is important and the pilots in question end up spending lots of money to satisfy the FAA's requirements with no enhancement of safety and just a hassle.
*	I believe the rigor of the Third Class medical exam is unnecessary, and that a holder of a state driver's license should be entitled to a pilot medical certificate.
*	I can not contact you in a timely manner, you do not give feed back and the process is too long and complicated, this is not the class I medical for flying a wide body jet over cities I use to have. I have talked to my doctor/s and none have told me I risk other people in any way by driving. If I pose a risk to my family, by driving I need to know.
*	I completed my physical in March 2016. In June I received notification that my application had been denied. I gathered the documentation requested and submitted an appeal in th beginning of July 2016. It was not till the end of October that I received a special issuance. I never received an acknowledgement that the FAA had received my appeal nor was there anyway to check on the status of my appeal .

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	<p>I contacted the Great Lakes regional flight surgeon before ever embarking on this medical. I provided the information on my (by all accounts) minor heart arrhythmia (which occurred once) to them in order to know what tests I needed to have for my medical certification, so that I could be prepared for this certification. I was told that one test, a 24hr holter monitor would suffice. Therefore, before I went in for my exam, I had that test and the results in hand. My AME told me, I assume from your rules, that he couldn't do anything with the test and it had to be sent in to you at your request. I sat and waited for that communication for long enough that the test was more than 90 days old almost immediately after I received it. I called in once asking about the status of my medical and was told that it had not yet been looked at. Once I received the request, it was for many more tests than I was told from the Great Lakes Flight Surgeon, so I had to scramble and get the rest of those tests scheduled (this was not trivial in the 60 days allowed). This added more time to my wait, because I had to wait for those tests to be ordered (they were medically unnecessary and I had to get my GP to order them) and then I had to wait until they could be done (again, a waste of my cardiologist's time and my money). I had to call in and ask for an extension when I realized that the date I finally could have the medical tests and get the results back was actually later than they needed to be returned. After sending in the requested information, I waited for nearly 2 months before I received my medical... I called a few times while waiting and was told repeatedly that the information had not even been looked at. I am glad that medical reform has been passed, I cannot even imagine doing this on a yearly basis.</p>
*	<p>I did have to wait a few days after my examination to receive my medical certificate. My brother and I are twins (similar names and SS#s), both pilots, and both have medical certificates. For some reason the database confuses our names and associated social security numbers, and had actually combined our applications together thinking we were the same person. I thought it had all been sorted out, back when I finally got my medical certificate, but even for this survey, my brother's email was associated with my name, so somewhere in the database it is still not correct.</p>
*	<p>I did not have the latest special issuance, and the AME, my family doctor, did not receive his. My AME said the FAA would not send to a post office box, and he does not receive all mail to his practice address. In addition, additional information had to be faxed multiple times before a copy was received and logged. Also, when additional information is sent, ones application seems to go back to the bottom of the que.</p>
*	<p>I do not agree with the new medical requirements for flight as they pertain to only VFR, day, with gross weight limitations. I believe all airmen should continue with the old medical rules as they pertain to obtaining a medical certificate. Remember, I in the 'other' plane either on the ground or in the air. [Name]CFII [Number]</p>
*	<p>I do not understand why it takes so long to issue the certificate, especially when no additional information is needed and no information from the FAA is forthcoming. Some feedback would be helpful and at least someone can answer the telephone!</p>
*	<p>I don't know why 7 months wait after providing all the was [UNINTELLIGIBLE] - the target kept on moving - even my AME was surprised! No reasonable answer was given by Oklahoma City! We are backed up...what do you want from me"!</p>
*	<p>I don't think that mild hyperthyroidism with minimum or no medication needed should require a deferment especially when there have never been any eye issues or tumors or needed procedures. Requiring me to supply additional info for 5 years is cumbersome.</p>
*	<p>I don't understand why I failed when issues are being addressed and fixed.</p>
*	<p>I don't understand why my thyroid medication requires special issuance. It was a non-issue when I got my student medical in 1985. It was a non-issue until 2011 - when someone at the FAA decided I was a risk. I'm on the exact same dose I was on in 1985 - and here we are 31 years later. All the special issuance stuff did was increase time, cost, and irritation while providing little benefit.</p>
*	<p>I feel like professional pilots that make a living with their medical certificate, should have a fast track when their exam is deferred to Oklahoma City or Washington D.C. Waiting 6 months for a decision can have a significant negative impact on a pilots career, financial security and recent experience requirements.</p>

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	I feel that for a third class medical certificate, it is an unwarranted financial burden to require an applicant who has, for years, had a valid medical to undergo additional testing to prove to an AME that he does NOT have a condition that said AME only suspects due to the physical measurement of the applicants neck!
*	I feel that the current medical certification system is punitive to individuals who have had a requirement for a special issuance medical certification. I had a family emergency arise several years ago in which a family member (not myself) was suicidal and I had to contact my chief pilot and remove myself from flying duty to take care of this family member. Part of this involved family therapy of which I was involved. In the interest of being "honest" I disclosed all of this to my FAA examiner and my chief pilot, none of which had ANY concerns whatsoever. The FAA however, after this situation, labeled me as having "medical evidence of a history of situational stress." I have never had ANY previous incidents or history to validate a diagnosis of a "history of situational stress." This special issuance has required me to provide letters from my primary care provider and the therapist that provided family counselling for the past two years, and for me to get a special issuance medical certification. Had I known the FAA would have taken this action against me, I most certainly would have considered not being honest about the situation to avoid the additional needless paperwork, in addition to the added stress of having a special issuance medical. This type of medical feels threatening to my ability to work and provide for my family, all of which sounds pretty serious when you get the official notice from the Federal Aviation Administration. Certainly some type of addition oversight in a situation such as mine was warranted. However, if disclosing your complete medical history to the FAA causes a pilot to fear possible punitive actions from the FAA (actual or perceived), or a possible loss of medical certification, pilots will not be forthcoming on medical applications. This would be detrimental to the aviation community as a whole. The FAA can and should execute much more discretion in issuing "special issuance" medical certification. In most cases, the
*	I feel the doctor in the medical division stink, they are not trying to help they are trying to hinder.
*	I felt that I was extremely over charged by the AME who spent less than 2 minutes with me personally. His nurse did most of the tests for the exam. There should be a standard price.
*	I felt the AME was not given enough leeway to make his own determination for a Special Issuance certificate.
*	I first obtained my flight certificate in 1960, having participated in AF ROTC. I entered the AF and fly AF Jets for 5 years. Leaving the AF, I continue my flying career until 2008 when I had a hip replacement. I have over 3,000 hours of pilot in command. January 2011, I was diagnosed with AFib and was placed on medicine. Nov 2011, I had an ablation which cured my AFib for 2 weeks. Dec 2011 I had electric shock treatment with cured the AFib and I have been AFib clear for over 6 years. According to a FAA document I read on line, the only test required for AFib was a tread mill. I believe I was forced to go through a number of tests that were designed for Class I, Airline Pilots not Class III Private Pilots. All I wanted to do was to go up to 10,000 ft and look around. I had no intention of busting a 200 ft / 1/4 mil ceiling. My whole experience with CAMI/Aerospace Medical Certification Division was not good. Overall, this institution is a typical government bureaucracy that is not responsive to its clients and was one of the issues brought up in the recent election. I never understood why my application was rejected.
*	I fully understand the need to review a pilot's medical history in order for them to receive a medical certificate- special issuance or otherwise. However, 90 days is beyond reasonable.
*	I get a special issuance every year for 2 stents. Never had a heart attack. I have been taking a regular stress test every year for last several years with no problems. This year the FAA requires I have a nuclear stress test. I asked why and was told of static on one of the leads and something looked like it changed on another. I asked my cardiologist about it and he stated he saw no problems. Dr [Name] at the [Clinic] says nuclear stress tests are not effective for what I have. Bottom line 2 leading cardiologist say a nuclear stress test is not needed to evaluate my heart. I don't want to put those drugs in my system again unless absolutely needed. I am 70 years old and just want to fly 1 more year to complete 50 years of safe flying..

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**Complaint(s):**

*	I had a second renal calculii discovered as part of my annual medical examination process. A procedure was performed that removed the stone. Because it was not my first event of this nature, my AME had to defer it. Now I am told it could take up to 90 days for a decision from the FAA. Something needs to be done to expedite these reviews. I have students who are also grounded, and have had their training interrupted or stopped altogether because of the delay. It's already been 30 days since my paperwork was faxed to OKC, with no word. A non-life threatening condition such as this should not take 60-90 days. I am self-motivated to monitor my own health, and will not be renewing my medical, if I don't have to..
*	I had a single angioplasty for a blockage in my LAD. Very successful and told I am in great condition after treatment. I waited 6 months and applied. My AME thought issuance was all but assured as my case seemed simple compared to others that were successful. I sent in all records and paperwork that were requested after consultation with the Seattle office. I was denied and asked to take a special treadmill exam with special contrast echo film. I did so and was denied, told the film wasn't what was expected. Made several trips to my cardiologist in an attempt to get the correct paperwork and films. Still denied. I took the letters from Oklahoma office directly to my cardiologist and still could not get it all correct. The final letter said I needed yet another treadmill exam. As I have already had one special exam, my insurance will not cover another. So, I feel I have been denied a certificate because of problems in communications between FAA and my specialist. I basically gave up in frustration. I will attempt again when all the new rules are in place so if I am successful, it would hopefully be the last time I would have to go through the process.
*	I had a stent procedure done in 2006. I have done 6 trend mill over the last Six years and my doctor said my physical results are above normal and i would like to have my 3rd class requirement exam go back to 24 months instead of the current 12 months. Please review my file. Thank you, [Name]
*	I had a ticket and they threatened to take away my medical if I did not send them all the information and written letter about my ticket within 30 days. And my CTO date was within a few weeks.. Over a ticket.
*	I had an AVR which corrected the heart problem yet still treated as if the most severe cardiac problems still existed. This cost me 11 months of flying. In actuality, only two months recovery was necessary, and the additional tests required were unnecessary. This caused a large waste of of health care dollars, very expensive and much lost flying for me.
*	I had cardiac bypass surgery 4/22/2015. I have since recovered with no restrictions for my full time job which is physically demanding. I have a valid CDL to drive a semi truck pulling double and triple trailers and also work as a EMT driving emergency vehicles. The FAA requested cardiac testing including a Bruce protocol test which was passed to the satisfaction of my Cardiologist. He stated that I am at a low risk of incapacitation. I now receive a letter from the FAA saying they want me to have a SPECT radionuclide myocardialn perfusion study which my Cardiologist sees no need for.
*	I had earlier provided the FAA over 200 pages medical records and test results. Also, letters from my primary doctor and cardiologist that I had no conditions or deficits that would prevent me from performing as a PIC. Your office has now requested the same information, and repetition of the same tests I provided earlier. This is both time consuming and expensive. My doctors responded in writing to all your medical questions. They also told me that they feel your office neither reads or understands what has been sent to the FAA. I give up!
*	I had my exam in August of 2016 and as of today, 10/26/2016, I have had no correspondence with the AME or the FAA
*	I had my medical exam on 9/1/16 with a Virginia doctor. He deferred my application to the FAA for a minor issue (my opinion) and here it is 11/5/16 and I still have not heard from the FAA. I find this period of time unacceptable. It was only recently that I obtained a number so that I could call the FAA to find out the status.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	I had my third class medical exam on September 07-2016 it is now October 24. I still have not received my certificate. I have not been contacted by anyone from the FAA. My efforts to obtain information from the FAA have been fruitless. This despite the fact that my AME congratulated me on passing the exam with all my results and tests coming out as good or better than my last year's exam. I spoke by phone to the office manager in the New England Regional Office. She told me that the FAA has not seen fit to replace Dr. Paul Clark, even though many months have elapsed since his retirement and that this has created a large backlog of unaddressed applications. [Name] of the AOPA medical certification office informs me that the work is being handed off to phisicians in other FAA regions on a haphazard basis and that I can expect delays of 60 to 90 days. This is totally unacceptable from a major agency of our Federal Government -- unforgivably irresponsible -- casts shame on the entire agency. I am disgusted.
*	I had passed the flight physical per requirements on day of examine. Then I started receiving letters. June 15th, June 27th, Sept. 6th, Sept. 9th, some had to be signed for and some were duplicates. All request made were followed up promptly by my AME.
*	I had to call 3 times to get action on the review of the additional medical reports FAA required. Took 7 months - not good.
*	I had to go through multiple rounds of requests from the FAA for additional information regarding my sleep apnea treatment plan, to explain recent medical tests I had done, and to justify medications I was taking under the care of a physician at the time. My complaint is that they could have looked at and asked for documentation about all of these issues at once, instead of asking for more test results, doctor statements, etc, for one issue at a time. From the time I took the exam at the AME's office until when my certificate was issued was almost 5 months, and that was with me responding to each round of new questions promptly (within 1-2 weeks each time). There is no reason to drag that process out.
*	I have 5 MD plus AME that I see regularly. It takes far too long for FAA Okla City to review the documentation they request and that has been provided. TO say nothing of the costs involved. It should not take 60 to 90 days to look at material provided to determine if airworthy or not. We should not need outside agencies like AOPA to have to check on progress.
*	I have a cardiac stent. I previously had/have a waiver for this. I underwent all the tests, labs, stress tests and went to my AME who issued my medical certificate this summer. I later received a letter from Oklahoma City stating that they were holding my certification until I had my personal physician send them a letter stating my overall health and more lab (potassium level). This was done and I am waiting. Whenever I try to call Oklahoma City I get a recording stating that they are too busy and to call back later. Same message each time. No wonder we don't have enough pilots!
*	I have a condition which has never been a problem for me as a pilot. Nonetheless, the FAA decided to make it an issue years after it was first reported. This required two different letters from my doctors and a good bit of general aggravation. Overall, the medical certification process needs to consider the individual and his health as a whole- not just as a cursory snapshot from an AME...
*	I have a SODA for vision. The time period for FAA approval/evaluation process to get your medical back is always excessive and often times causes hardship for a professional pilot once all paperwork is submitted. This process often times takes 2 months even with support from companies such as Harvey Watt. I'm hoping that the FAA OKC medical can provide better support in the future.
*	I have a special issuance (SI) based on a heart flutter I experienced in 2014. I had an oblation procedure to correct the condition. The cardiologist has written a report each year that is submitted with the results from a Halter report required by the FAA. The cardiologists has repeatedly reported that no flutter condition exists and I do not have atrial fibulation.(A fib). It is frustrating to have to comply with Oklahoma City and explain to a non-aviation doctor why I keep coming back to him when I have no cardio problem to report. It appears as though Oklahoma City lacks flexibility to handle individual circumstances.
*	I have a special issuance certificate. My Doctor went far beyond what was required giving much more detail than could be obtained by the Bruce stress test alone I'm not sure the information provided is being evaluated by medical personnel.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	I have a student [Name] pi number [Number]. Who applied for his medical back in July the branch requested additional information on his case. ( when he was younger had a DWI charge) which he provided going to Cailifornia to get the court dismissal info. When he calls he can't seem to get a straight answer where it is in the process,expected date it might be finalized. A very frustrating situation which does not demonstrate an efficient operation. Anything that can be done to help this situation would be greatly appreciated [Name] [Pilot License] ATP/CFI.
*	I have always tried to do things by the book to the best of my ability. I submitted a request for a special issuance for a one time atrial flutter event and after four months it was denied because I did not have all the information requested. They did not ask for the additional information, they just denied it. I sent the packet in again with the new information and a request for consideration and I am still waiting to hear back from them. This process has been going on for over 7 months with no end in sight. In the meantime my life and career are in limbo and the FAA could care less.
*	I have applied for a second class medical certification so that I may continue my education as a professional pilot. This certification is only good for 12 calendar months. It has been 4 months since my exam and still I have heard nothing for the FAA. This only leaves me 8 months (and counting down) to complete anything. The FAA is waisting my time, money, and resources, and has left me in a bad situation. I find the FAA's turnover time and commitment to this process appalling, and I am sad that they feel it is within their rights to treat the individuals that even make their job possible this way. I'm sorry if that sounds harsh, but this process is a catastrophe...
*	I have been contacted by FAA letter twice now, for separate visits,stating that the FAA required more information for my condition, that I DID provide to my AME during my exam. I was threatened with legal action potentially removing my certification if I did not provide the results of a NEW lab test within 30 days. I have a difficult time getting an actual appointment for my regular doctor in that time, and I don't like being threatened by letter. It is very difficult to get an answer from the FAA customer service line because they are always busy. Can you do something to speed up this process? I need this certificate to keep my job, and if it is removed, I am fired. This is serious to me. I had thought that I was finished after visiting my AME, but I now have twice been threatened because of what ? I don't know. Is this going to happen next time? Very poor way to inspire confidence in the medical system.
*	I have been denied a medical based on SSRI and prostate cancer. It has been over 6 years since cancer and the FAA is still requiring NEW PSA test and other items that should not be required based on their own published information. My HIMS AME required 90 days off of SSRI med when FAA says 60 days. It appears that the HIMS wants a COG test as well which makes no sense since I am not on meds now. FAA says my family doctor who provided medication is not qualified to determine my mental state. But family doc is "treating physician". Overall I am very unhappy with the effort and timeliness of this process. AME has been sitting on my paperwork for 3 weeks now with no explanation.
*	I have been flying as a professional for 40 years and reporting my VA disability as long as it has been required and now this year the Medical certification branch has revoked my medical for a 20% disability for PTSD. The VA has determined that there is "no need for clinical intervention or counseling". When I first contacted the FAA about this I was treated very well but on the second contact the person was extremely rude and condescending. Subsequent contacts have been pretty good but still coldish (sic). I asked to have an extension to the time that my medical was revoked until the end of September since I was committed to a Bureau of Land Management Fire Initial Attack contract and that it could be considered a national emergency. I got a reply granting the extension. I had contacted the VA and submitted a request for medical records to be sent to the FAA but they did not send the information when they said they would. On September 5, 2016 I was sent a letter revoking my medical. I did not see that letter as I was not at home while on contract. My wife doesn't open my mail until she can contact me but informed me that I had received another letter from the FAA. I called the FAA the next Monday and asked if the letter contained good or bad news and was informed that I needed to send in my medical. I asked why the extension was not granted until the end of September and was told that it was because they had not received any information from the VA and that once they issued the letter they could not rescind it. I am still waiting for some clarification of one of the requirements for me to attempt to regain my Medical. It is still hard for me grasp the fact that I am considered "guilty" of something that I overcame and continued to fly after that happened. It seems that they don't want to take into the equation the human factors. It is also somewhat apparent that this is aged based discriminatory practice from my contact with other pilots my age tha

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	I have been flying every Tuesday since 2001. I was diagnosed with MS in 1986. In 2015 the FAA had me take a Cogscreen test which they say I did not pass. I couldn't get a clear copy of the results to appeal it. Then I lost my medical and haven't flown since August 2015. The FAA says I can't fly a plane (which I own), but I can motorcycle 1,000 miles a day, snowmobile 350 miles a day and walk 2 miles every day. That's why I think the system is flawed. Healthy people like me are excluded from flying while sick people on their last breath can. [Name] [Pilot License]
*	I have been flying since 1970 but now retired can no longer afford the expense to meet AMCD demands. Attend many AOPA, EAA and regional aviation meetings. Many good pilots are being grounded.
*	I have been informed by a future doctor that I will be seeing, that his charges will be \$3200.00 associated with the possible restoration of my airman medical. Currently there are no other options available to me. This is a obscene amount of money for a blue collar working class private pilot should have to pay regarding the airman medical process.
*	I have been licensed since 1969 and have been in good health my entire life. Approximately 4 years ago my cardiologist suggested that I may want to consider a pacemaker, since on only two occasions in the past 5 years my heartrate dropped below 60. I opted to go ahead with it not knowing how it would affect my medical certificate. I have not been current in flying for a few years and wanted to get back to it in a limited degree. The additional requirements I was asked for, I thought, were extreme, as well as very expensive to provide. It seems to me that a simple letter from my primary care doctor and my cardiologist stating my health status over the last several years since the pacemaker was installed should be sufficient.
*	I have been trying to obtain my Class III from the FAA since I had to surrender it in June 2016. I've submitted the required documentation and still do not have my medical certificate as of yet. My situation is complicated involving diabetes, gastric bypass, and a sleep study for OSD. My biggest complaint with the FAA medical system is the lack of email for documentation submittals. Personally, I snail mailed my sleep study results and they got lost in OKC. I faxed (after two weeks of no communication from the FAA) the same documentations I mailed with the same non-communicative response. I am so frustrated with the FAA medical system! To make a phone call to the FAA it's a 20-30 minute wait to talk to anyone. You don't have to redact any of my information. My name is [Name]. My phone number is [Number]. My app ID # is [Number].
*	I have been unable to fly as a full time pilot since my deferral 9/28/2016. My AME informed me he would be out of town and there would be a 2 week delay in submitting my paperwork to OK City, this was after the exam had been completed. This turned into 6 weeks before my packet was even sent in. My calls now to OK City tell me that my application is 'in process' with no detail as to what or when I can expect any more information. This is close to 60 days from my appointment and I am still unable to fly, with no information that I can give to my employer as to when I may be able to fly again.
*	I have been under special issuance for the last five years due to esophageal cancer which has been in remission for the last five years. I feel that the FAA is looking in the wrong direction on this medical matter. How is this cancer in remission going to cause safety of flight issues? I am currently waiting for my certificate to be issued an I am not flying and loosing currency which is much more of a safety issue!
*	I have been under special issuance for years. Nothing about my medical history has changed yet the FAA has insisted I provide the same costly, onerous Information every year. They then take almost 90 days to issue the medical and set the expiration date based on when the exam was performed. This means I can only fly 9 months a year and watch my flight skills diminish for the almost 3 months I am "grounded." I totally agree with the 3rd class medical reform act. Pilots know when they are unfit to fly for any number of reasons. For the FAA to take upwards of 3 months to review the same unchanged medical information is at best Irresponsible. Finally I will be able to take common sense approach when I fly or don't and won't be burdened financially, or fear the loss of piloting skills brought about by this bloated agency!

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	I have been working on obtaining my flight medical certificate for many months. I have been denied the certificate once and am now in the appeal process. The FAA does not approve the medications that I was taking that have worked best for me, and the medications that are on the FAA approved list do not work as well as my previous medications. The best medication for the treatment of my diabetic condition is not listed as one approved by the FAA. The FAA is slow in recognizing new medications and therefore are not keeping up with best practices. I would compare this to not recognizing GPS navigational equipment for flight purposes. Certainly, the FAA would not defer to the FDA as to whether or not to allow the use of such equipment as GPS. Conversely, the FDA (and FAA) should be allowed to determine the safety of medications, and the FAA should stick to Flight matters. My personal doctor knows best what medication I should be taking, and not some FAA chart that tries to have all people fit into certain boxes. It is my opinion that the FAA should give more authority to local Flight examiners (doctors) and not try to make one size fits all. I think the FAA should spend more time on things like security checks and less time on medications that should or should not be taken by a pilot. I have had a specialist and a host of other physicians examine me, and none have given me a reason why my previous medication for controlling my diabetic condition should not be allowed to be taken. Just like any conditions for flight, the pilot should have the ultimate decision of whether he is safe to fly.
*	I have CAD and have passed all requirements for third class med. to include stage 3 on the Bruce protocol and still was denied, with no explanation. You think the person handling my case in Oklahoma would have the common courtesy to explain why I was denied. Also it takes 90 to a 100 days after sending information to Oklahoma to get a answer, and then it is a form letter with minimum information.
*	I have glaucoma, which requires a special issuance medical. Glaucoma has been identified as a minor consideration, and is supposed to be streamlined for approval. My special issuance medical expired 10/31/16. My paperwork for renewal was sent to Oklahoma City on 10/1/16. I called this morning and the information is sitting in someone's inbox waiting to be reviewed. Meanwhile, I am grounded. Today is 11/10/16. Surely this could be done better.
*	I have had a special med for 12 years and have a letter for the local AME to issue my cert. He wouldn't issue because of sugar in urine and said I had to have an A1c test and that showed 7.1 level. I sent all the paper work on 7/1/16 and haven't heard a word from FAA yet. that's way to long to wait to get back in the air. I have since quit smoking and have lost 15lbs and my A1c is under 7.0 so I think I should be issued my cert. now and not later as I 've waited long enough for some kind of action from the FAA.
*	I have had some PTSD counseling and because of this my 3rd class was denied. I showed my VA Dr what the FAA was requesting and was told that the VA could not do those exams and to have them done out in town would be thousands of dollars. The system is broken and I need help so I can fly again.
*	I have heard nothing from the FAA for seven weeks now as what I have to do to reinstate my medical. The AME told me to go see a cardiologist as I had a slight heart flutter on my EKG. I did so immediately and now with medication had a normal EKG two weeks later. I am about to loose my job as the FAA has not followed up responsibly in a timely manner as to what I have to do. My boss has been patient but it has been close to two months now, unacceptable.
*	I have held a first class medical since 1975, with a special issuance for the last 5years. Retired now and applied for a third class 22Aug16. Denied 20 Aug. Appealed immediately. No answer/communication for months now. No answers for next step despite continued phone calls .
*	I have needed a special issuances for 4 years. It takes far too long for you to review the requests.
*	I have never been subjected to this much disresect at any other AME in 25 years - this guys bed side manner was awful.
*	I have no idea what is going on with my application. I have no point of contact. I have not heard from the FAA. I was told 30-60 days and yet its well beyond that. Who can i contact? Why has noone contacted me yet?

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	I have not been able to directly communicate with the medical personnel at Oklahoma City, OK. They are having an issue understanding the medical documentation from my doctor and my hospital. I have been in this process since August 2016 and have not accomplished anything. I would appreciate some assistance from someone from the Oklahoma City office, so as to get this resolved and receive my medical.
*	I have not been able to take advantage of several employment opportunities as a pilot because of the FAA's very slow approval process of my pending Medical Certificate. This is costing me many thousands of dollars of lost revenue. Because I opted for a 1st class license application this year, I was informed I had to surrender my 3rd class privileges at the time of my new physical even though approval of the new certificate has been pending for over 4 months. This further impacts my revenue earnings because I can't work as a flight instructor now, either. My personal doctors say my health is fine and I have provided signed reports and data from them that says so. FAA, however is taking months to make a determination that has already been made by competent Doctors that are in the best position to make this critical evaluation. It is costing me thousands of dollars in lost wages and they have separated me from the Aviation Field that I have loved for over 45 years. I am in a position to pass along the knowledge gleaned from a lifetime in Aviation as an Instructor Pilot, but, even this is prevented because of the arcane procedures of the Aero Medical division.
*	I have not heard back from the FAA since my exam in July 2016, some 9 months ago. I called once and was advised that my application was pending and that it "wouldn't help to call again". There is no way for me to track my application or get any idea of when action may be taken.
*	I have now spent over seven months trying to obtain a medical and have only had "nickel and dime" letters asking for more data. I have submitted more than 200 pages of medical data, some of which are duplicative. You know more about me than does my physician. I have a simple heart pace maker installed and have no further complications. This whole process is totally unnecessary.
*	I have sent requested paperwork to faa. They don't seem to know what they are looking at. That is what my sleep dr says. I have sent letters from sleep dr. GP. Sleep studies. Still no response after several months. What's taking so long.
*	I have sleep apnea and so have to provide evidence of compliance with CPAP usage. I find that at least some sleep disorders centers either don't understand what the FAA requires or put their own interpretation on CPAP usage results. I was recently told by the sleep disorders center that I didn't meet the FAA requirements. I subsequently passed this erroneous information on to my AME who agreed, and who declined to issue my certificate until I could get the issue straightened out. Upon a more careful reading of the exact FAA requirements, I realized that I did, in fact, meet the requirements. I informed my AME, he told me to make my case to Oklahoma City, which I did, and they issued the certificate.
*	I have Stage III kidney disease, and I have had a pulmonary embolism. My medical certificate was revoked because I failed to provide enough detail on my current kidney function, even though my renal physician sent a letter stating my condition was stable and had not changed for seven years. I don't see my condition as a suddenly occurring condition which could cause a flight risk, but then I'm a layman. But did OKC say anything about the embolism? No.
*	I have submitted proof of good health to reinstate my certificate and it has been approx six months since I was told I had a problem. Every time I respond with information for reinstatement it is months before I get a response. Very bad service by a government office. If this was private enterprise the faa medical division would be out of business. If u contact me I will go over my case with someone of authority.
*	I haven't received any further communication s from any medical representatives on the issue. All the representative told me was that it was still under review after about a month of waiting. I still haven't received any correspondences on whether my medical certificate was approved or not. Nor anything stating that I must send in any further information for my case. I will be calling to get an update within the next couple days, but no one has told me how long it may take.

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**Complaint(s):**

- \* I initially supplied the comprehensive data that was expected for a pacemaker and stenting. It went to Oklahoma City (OK) promptly but was not looked at for over 75 days. Calls to OK yielded no information about expected time or problems. After this long wait, OK came back with a further request for two more items. One was a spec sheet on the Pacemaker which I believe was adequately covered in the extensive doctor and hospital records originally submitted. The second was an echo-cardiogram which I am led to believe yields no significant information over the Nuclear Stress Test data and CD's also previously submitted. This new data was also not looked at for a period of time. I received my certificate after a total of 5 months. However, since there was a mandatory waiting time of 3 months, and it takes about a month to schedule tests, I was really out of an airplane for 9 months. I think a valid question is, is safety improved by not taking competent medical specialists certification I was healthy and letting me fly, or by keeping me out of a plane for the better part of a year while flying skills deteriorate from not actively flying? This whole process is quite expensive too. My cardiology team would not have stented me, but rather treated a small blockage with medicine, had it not been for the FAA.
- \* I lost my Medical Certificate three months after being issued. I requested a copy from the faa. Nothing had changed in my medical history of meds since my exam with my local AME three months before. I then received a letter from the faa requesting test and further exams from specialist. I thought i had provided all the information requested until i received another letter from the faa stating that if i didnt send my current medical certificate back within 14 days i would be fined 1,100 dollars/day. Now i have to go through an appeal process to get my medical back. All i needed was a copy. I don't understand why all the extra exams and paper work were needed when nothing had changed form my previous AME exam.
- \* I mailed my Form 8500-8, cover letter by my AME and all supporting documents to the AMCD 13 Oct 2016 and have yet to hear anything from Oklahoma. My AME said it would take 2-3 months and it has now been 3 months. At least I thought I'd get a letter, postcard of something from AMCD telling me my applications is in the works.
- \* I make my living as a pilot and spend a great deal of time and money to keep myself physically capable of performing my job as a professional. It is very disconcerting to me that the FAA is so far behind the rest of the medical community and thereby keeping healthy, hard working pilots from performing their job!
- \* I meet all of the requirements to hold a first class medical and i am only seeking a 3rd. i passed my recent physical exam and my ame and I cannot get anyone in the faa to see that they are asking for information that does not apply even per their faa guidelines for ames, and yet the personal in charge of issuing my certificate refuse to speak with my ame about me and they are not willing to review my file that clearly shows that they are required to issue. there is no recourse for me or my ame and we both have become so disgusted with the faa medical process that we both are talking of walking away from the industry. Sad but it appears the faa has succeeded in not doing there jobs correctly.I dont believe they have any interest in the safety of the industry
- \* I need to state that I fly a private plane for business purposes (typically ~120 hrs/yr for business), in order to transport myself and my parts/equipment to my far customer sites in a timely fashion. I am coming to 18 months of non-business flying in the aircraft that costs me \$3k/month in expenses just sitting there. I have been pro-active and fully disclosing through the process listed below. I think I have been treated poorly in how the case has been handled, how data & reports have repeatedly been misplaced, by a system that has huge delays built into it, with people behind a curtain that are unreachable. I had an event of fuzzy recollection during a work day and I got myself checked out neurologically. I stopped flying except with an instructor for currency. The Neurologist showed that I was clear on all counts (including MRI/MRA data) except that a sleep deficiency existed, and concluding that I had a "TGA" event. I did go to my 2-yr AME exam and fully disclosed all my information. I was given a 1-yr suspension of my 3rd Class medical application (letter) and told to get retested and reapply after the 1 year date. I contacted a Sleep Specialist doctor and got onto a CPAP routine, with positive results in attentiveness and lowered blood pressure. I pro-actively scheduled the re-testing by family physician, Neurologist, and Sleep Specialist to begin after the suspension and compiled the results and sent them in within 2-1/2 weeks of the suspension ending. 45 days later I received a letter asking for a cardiovascular run-down with specifications, and a report from the original MRI testing plus all brain imaging data on CD. - Since there have been no cardio symptoms, and since any cardio related info has been disclosed at AME visits prior to any of the above, why would this testing be brought up and requested now (after the 2nd set of Neuro testing was completed and submitted) instead of during the 1-year suspension? - All brain imaging CDs had originally been

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**Complaint(s):**

*	I notified OKC that I would be providing further medical documentation yet they forwarded my file to the Air Surgeon without waiting for me to supply it.
*	I passed my medical. I also passed my flight review check ride. I was denied my license because of my VA medications the FAA says will make me drowsy and unable to fly or maybe a risk in the air. I have a problem with you guys making a general assumption that I would try and fly and airplane if I were under the influence of any type of medication. There is no difference if I stayed awake too long or consumed alcohol prior to flying. That falls on the responsibility of the pilot. I never received a call or a letter stating how or what I needed to do to be able to fly again (stop taking meds/change meds...etc.) the denial letter was short, blunt and to the point.
*	I put one drop of Betagan in each eye every day to prevent Glaucoma (sp). I think they were over doing it to much - I had to send my regular eye doctor's records to them three (3) times. And they still did not know what to do, except send another copy of my exam's.
*	I received a letter from the FAA saying that they saw something on a stress test from 10 months previous that they didn't like, so I was to surrender my medical certificate. The stress test was not required by the FAA, just part of my normal health analysis (this is the reason pilots don't want to disclose medical visits that don't adversely affect their health). In the interim, I had received another class I physical and had been flying full time as an airline captain. There was no discussion or explanation, I was just to surrender my certificate. I contacted my cardiologist who said he saw nothing at all that could cause a problem. I was able to get an appointment at the [Clinic] in Rochester, MN, for a full cardiac evaluation. They also saw nothing that would cause any concern. I submitted a package to the FAA with the [Clinic] findings and another stress test from my cardiologist. I was than told that there was a backlog of 6-8 weeks before they could review my case because the FAA was very busy. Eventually, the FAA ALLOWED me to reapply for a medical certificate. I lost 4 months of flying, endured a great expense, and at NO time did the FAA evr admit that they might have been incorrect. They did, however, give me a special issuance because of their error, so now I am always on the hook for a condition that didn't exist in the first place! I found out through the ALPA Aeromedical Service that the individual who reviewed my stress test wasn't even a board certified cardiologist! There was no avenue for appeal or discussion. I feel the FAA Aeromedical Branch was in full bureaucracy mode, just trying to cover themselves. I was 'guilty' until proven innocent. This is why pilots don't trust the FAA Aeromedical Branch and try to hide things.
*	I received a Special Issuance second class medical from my HIMS AME recently. The process by which I received my first two Special Issuance was terrible. It took almost 2 years and \$2,000. in doctor and examiner fees. The letters from the FAA contained contradictory instructions. I even took the letters to the FAA medical tent as AirVenture 2016 and asked for clarification and no one there knew the answer. I went back to my HIMS AME in August and received my Second Class. Now, just two weeks ago, I received a letter from FAA Aeromedical office in DCA that my medical his suspended because of lack of documentation that my AME insists he did sent in back in August. Now, I am without a valid medical, I cannot fly at all- for hire on any other way because my medical is suspended through no fault of my own. My second issuance of the medical was problematic because neither my original AME, the FSDO AME, or the FAA office in DCA would definitively tell me WHO could issue the medical! No one knew and eventually the FSDO AME issued it, but he was not even sure if he could do it. The whole process for me to get a medical to fly because I am on 10 mg of Zoloft is cumbersome, slow, and very expensive. The annual costs of maintaining my medical due to the (unnecessary) psychological exam (\$750 each year), plus the requirement of having to see a specialist (Psychiatrist MD - \$150 each appointment because it is not covered by insurance), plus the additional costs of paying the HIMS specialist (\$250 annually) is a tremendous burden just to be a CFI part time. I know I will not be covering the costs of my medicals to be a CFI. While I applaud the FAA for finally allowing medical certificates to be issued because of small amounts of medication for mild depression, the procedures are unclear and consequently other AMEs have no idea about how the process works. Again, the letter I received was ambiguous and even the FAA AME experts had no idea on exactly who was allowed to issue m
*	I received my medical and 6 weeks later it was revoked due to a medication I was taking. My doctor actually laughed when she heard which drug. It is costing me a lot of money in lawyer fees to try to get this back (I have since stopped taking the drug). The AME should have known that this was disqualifying, and there should be a list easy to find, available to pilots to know what drugs are on the no fly list.

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**Complaint(s):**

*	I recognize the folks in OK city are busy, and work hard at their jobs, so this is NOT directed at them. But they need more resources to do their job. The fact that it takes 60+ days to get a decision from them puts an enormous financial burden on professional pilots. thankfully, ALPA pays for Aviation Medicine Advisory Service (AMAS), who did a great job, and seem to have a good working relationship with the FAA, to include a weekly conference call. I know everyone is doing their best. I do, and I appreciate that. But please add some staff so that it does not take so long to get through the backlog of cases to, what ended up being a quick decision. Thank You. I'm just grateful to be back at work and able to pay my bills.
*	I requested information from OAK City as to why Pristiq isn't approved and requested an approved substitute and never received an answer.
*	I sent a request for reconsideration to the Federal Air Surgeon in Oklahoma City. I sent it within the 30 day limit of my denial letter with a return receipt. I have not heard back yet.
*	I sent in my application for special issuance May 26, 2016 and finally received my issuance on October 24, 2016. If I conducted my business in this fashion I would be out of business.
*	I sent in the required info end of September 2016 and have not heard a word from anyone. I called to check on it and was told they are way behind. I explained that I do fly for business and need to expedite. No contact as of yet. I think this is poor customer service. I should be able to expect better service than this at the least a call back with a status of the application.
*	I should not have to send my paperwork registered mail with a return signature card to verify that you received my information.
*	I spent over 2 thousand dollars jumping through hoops for the FAA and it's been over a year to get a response. I hired a firm in Oklahoma City to follow up and they are getting no where as well. The FAA required me to send in everything in one envelope which I did and then when I called said that they didn't have everything but failed to tell me what they were missing.
*	I started my application in mid 2015. I called the FAA in Oak City to find out what tests and documents would be required. I was told that a standard stress test, not a nuclear stress test, would be acceptable. I had all the procedures done and the AME submitted the documents. I got another request for additional tests including a nuclear stress test, which I did, and the AME submitted those documents. I got a third request for more tests, had them done, and they were submitted in January 2016. I waited and waited but heard nothing from the FAA. Finally I called Oak City this week. The person I talked to found my file including the last set of documents sent but no indication of further action on the part of the FAA. She said she would present all this to her supervisor and someone would contact me. I wonder how long that will take.
*	I started the HIMS process nearly 2 years ago. My packet was delivered to the FAA over 9 months ago. It had all the information requested by the FAA in it yet I still recieved a denial of my medical certificate and a request for more information. The FAA requested a recent aftercare report from an aftercare counselor. I went to aftercare 5 years ago when I first became sober. I was forced ro reenroll in aftercare again at the expense of both my time and money. A new packet was semt to the FAA nearly 3 months ago and I still have not heard anything. The HIMS program isn't about ensuring pilots are safe to return to the cockpit. It's about a federal agency checking boxes to cover themselves from risk or liability.
*	I started the process in Aug/Sept 2015. My M. E. would not issue a 3rd class medical and would defer to Oklahoma City. About 60 days later I get a letter for more information (forms) for Glaucoma. Since I use the V. A. for my medical needs It takes time for appointments and then run the tests. I did that and returned the forms. This approximately 4 months. About 60 days later I get a letter from Oklahoma City saying I need the same forms filled out. I repeated the process with the V. A. and resubmitted the forms. The ball is in their court and I am still waiting to hear from them.
*	I still do not see the point for a third class medical. I'm at a loss to see how it affects the safety of flight. I was hoping the medical reform would allow third class private pilots a "Driver's License Medical" the new reform seems like the same old process to me. The only visable change is to allow a primary care doctor to submit a medical, but we all know that the primary care physician should be separate from the AME. Good luck!

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	I submitted A1C lab results twice to OK City, only to be informed that my response was incomplete. The second notice placed new requirements on me that were not listed in the first notice. My medical was denied. It's a good thing that I am retired. I spent 50 years as a professional pilot around the world, and I can't believe how I have been treated by the FAA!
*	I take hydrocodone and hydromorphone for pain and the only effect it has with me is do away with the pain completely and absolutely nothing else. I would not even take these medications if Titanium had not been installed in my body for neurosurgery. I am not an addict by any stretch of the imagination. Check with my doctors. They each wrote a letter of confidence in my ability to fly an airplane, drive a vehicle in any kind of traffic, and that I stay in good physical condition. I do walk with a walker but does not affect my driving or mental capacity or decision making ability. But still with all that I was denied a 3rd. Class Medical Certificate. I understand that I can fly with a CFI and I might do that but have not yet done so. I really miss flying but I will not break the rules no matter how absurd they may be.
*	I think the request for expensive stress tests and follow-up visits to doctors makes it difficult for people like me to fly, and does little to increase flying safety. I think you need to get rid of the review process and let your local examiners make a call based on their judgement when doing the exam.
*	I think the suspension for requiring a third class medical is the most shortsighted act imaginable. It's another example of the trend to cheapen and demean what means to be pilot, by lowering the medical requirements for holding a pilot certificate, by making the steps easier. Cutting medical corners, lowering skill and competency standards is the new FAA reality. If I could wave a magic wand, I would reinstate the third class medical for all certificate holders of a private and below. I would also add comprehensive drug testing at the time of a FAA physical by taking a blood sample. I would also greatly increase random screening of alcohol at the airline gate, and also randomly take pilot urine, breath and blood samples as special circumstance warranted. Any pilot, regardless of certificate and hours logged would have their certificate revoked for life, on the very first offense for any alcohol, recreational and opiate failed drug tests.
*	I thought that the FAA request for additional information as a result of my very slightly low heart rate (sinus bradycardia) which has been present on years of previous EKG's was unnecessary. My doctor and my cardiologist attributed this positive aerobic fitness through consistent exercise. Both thought the request for additional information via two cardiologist consults and a 2-dimensional Echocardiogram were unnecessary. I am not working right now so this request has set back my re-employment opportunity at least another month and significantly added to my medical bills. If the FAA reviewer had simply consulted with my AME, this could have been cleared up without the delay.
*	I took a third class medical exam in August of this year. I included all exams request from a previous exam, as request from OKC. To date, I have not receive any response!! How long does it take to have OKC assess my application? The system is not getting better over the past fifty years!!
*	I TOOK MY MEDICAL EXAM ON AUGUST 10, 2016, AND AS OF OCTOBER 24, 2016, I AM STILL AWAITING MY MEDICAL CERTIFICATE, AND WILL NOT RECEIVE IT IN THE NEXT SEVERAL DAYS AS IT IS STILL UNDER REVIEW. UPON PHONING OKLAHOMA CITY FOR UPDATES A TOTAL OF 6 TIMES OVER THE LAST 8 WEEKS, ONLY TO HEAR IT IS "UNDER REVIEW." TODAY, I WAS TOLD THE REVIEWERS HAVE UPWARDS OF 30 CASES TO REVIEW. I TOLD THE REPRESENTATIVE THAT IF THE REVIEWER COMPLETED ONLY ONE CASE PER DAY, I SHOULD HAVE HAD MY MEDICAL CERTIFICATE AFTER ONLY 30 DAYS NOT 10 WEEKS!!! EITHER THE F.A.A. MUST TRAIN AND HIRE MORE REVIEWERS OR SHUT DOWN THIS AGGRAVATING, AND NEGLIGENT OFFICE!!! I COULD BE HELPING PEOPLE IN NEED BY FLYING CHARITY FLIGHTS WITH ANGEL FLIGHTS WEST OF VOLUNTEERING TO FLY NEEDED SUPPLIES INTO HAITI OR SOME OTHER DISTRESSED AREA!!! HOWEVER, SINCE THIS "REVIEW" IS TAKING SO LONG, I AM LOSING OVER TWO MONTHS OF USEFUL FLIGHT TIME HELPING THE NEEDY!!!
*	I took the medical exam August 8 th. Gave the AME required paperwork. It is now October 24 th and have not heard anything. I called AME's office toward end of September. They called OKC, and they said it was pending? Called again last week October 20th, and still nothing was happening. It's close to 3 months since I first took exam. Had I not called AME's office I would have no information.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	I tried to be as honest as possible in filling out the medical app, but if I had known that my medical certificate would be denied, the system forces you to not state the true facts.
*	I understand that a limited second class medical might be available to me but getting information about that and what limitations might be required are hard to find. Having that information available on your website would be very helpful.
*	I waited over 4 months to get a response from the FAA. Called every two weeks oin the status of my medical and kept getting excuses. Ultimately I received a letter in the mail and my medical was not approved. I was shocked and disappointed and crushed. I am 64 years old and had cataract surgery to improve my vision and was denied my medical as a result of the surgery. So disappointed since I am a weekend pilot and enjoy flying.
*	I was asked for additional information on my no longer being on certain blood pressure products. If my family doctor said I no longer need the medication, why do I have to prove it to an AME? The AME was very specific as to the wording needed on the referal from my family doctor. This caused me to make several un needed trips between both locations, a huge waste of my time and money. This [process needs to be more streamlined. This is why I dread having to go through every year.
*	I was asked to produce the same documents three times last year for Oklahoma and forced to take two treadmill tests in 2015 and then asked to complete a third one! It was absurd, expensive, and even my heart doctor (I had a single stent put in 6 years ago) was shaking his head in disbelief because I am not overweight, not unhealthy, and extremely active boondock snowmobiling, Trans pacific yacht deliveries, hunting trips, and river running. This past January, having run to my time limit for getting another treadmill reading, I just sent in my Medical and said to heck with it. I couldn't afford to fly under your Rules last year.
*	I was asked to provide additional information. All were provided apart from a disc of an operation done 10 years ago. The disc does not exist so could not be provided. As this disc was not provided the other information was not assessed. I believe this as the letter sent back was a generic letter that was sent by an administrative clark.
*	I was caught in what I can only consider a political bind. Due to an issue at work, I went to my primary care physician and requested a script for Zoloft to deal with a circumstance=based depression. At the same time, I sought out a counselor. At no time was I a danger to self or others. The counseling was highly effective and, with the consent of my PCP, I terminated the Zoloft prior to completing the first 30-day prescription. I reported the Zoloft to my AME, who reported he could not renew my Class 3. Thereafter, I received a letter from the FAA describing a ludicrous process necessary to reinstate, involving no less than four physicians. Lacking funds to fly regularly anyway, I gave up on the process. Although my personal morality would not let me falsify my medical report, I would certainly sympathize with any private pilot who did so. Terrible system that desperately needs a pilot-friendly overhaul
*	I was charged with a DUI offense over 2 years ago but when I applied for a 1st class medical this year it was deferred because I was not treated accordingly. I did not need a treatment program due to the fact that, by FAA definition, I did not have a substance dependence. I read the regulation below and understand that I should be legally issued a first class medical. (b) No substance abuse within the preceding 2 years defined as: (1) Use of a substance in a situation in which that use was physically hazardous, if there has been at any other time an instance of the use of a substance also in a situation in which that use was physically hazardous; (2) A verified positive drug test result, an alcohol test result of 0.04 or greater alcohol concentration, or a refusal to submit to a drug or alcohol test required by the U.S. Department of Transportation or an agency of the U.S. Department of Transportation.
*	I was contacted by the FAA requesting more data (Holter Monitor and CPAP daily printout). My primary care doctor, cardiologist and AME all reviewed the data. Why does FAA not trust them to make the recommendation for a medical? I have to provide many pages of information for FAA to evaluate after my doctors and AME have already done it. If that is going to be the case, then just eliminate the AME, you don't trust his opinion anyway. Then I'll just send everything direct to FAA. Secondly, my AME said he sent all the information with the initial mailing to FAA and FAA is now asking for it again. We are talking about 40+ pages of monitor printout. Trust the AME.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	I was deferred because of cataract surgery over 6 months ago. I now have the best eyesight in my life (20/20 in both eyes & no astigmatism). Also because my doctor took me off of blood pressure medication. I have never in 50+ years of flying had blood pressure over 130/75 with or without medication. I had small melanoma removed over 4 years ago. AME saw that excision was slightly over .75 mm deep he had to defer me. I had PET scan (total body) 1 1/2 year ago (no cancer). The AME forwarded all this info & more to OK City. They request more info telling them what they already knew from AME. I had to get five doctors to tell them what they already knew. Now 3 months later I am told that it maybe 3-4 more months before a decision is made. This makes no common sense. It is even safe for me to drive a car with 20/20 vision, normal blood pressure, and no cancer.
*	I was denied a medical by FAA medical representative from OK City even though my AME recommended I be given a medical. I cannot understand how an FAA medical representative in OK City can have more incite into my medical condition than the AME by whom I am being examined
*	I was denied a medical certificate due to some of the medications I was taking. My family doctor wrote a letter describing I am fully capable of flying an aircraft ..... yet I was denied the certificate. The appeal process to review my application was ridiculous. I wanted to take up flying again when I retired. Took 20 hours of review flight hours in a Cessna 172 with an instructor. I am perfectly healthy and fully able to fly an aircraft. You need to cut some slack for retired people. We may be on some medications; but that doesn't mean we are NOT capable of handling an aircraft. Was very disappointed that I didn't pass my medical.
*	I was denied a medical certificate for the reasons I stated. I gave my test results all but one because it cost too much money for cardiac catheterization. There was no feedback on what information that was given to them other than what CFRs I did not meet, which I was all ready aware of. They did state I could get my medical records from them or appeal to NTSB within 60 days! Also that I could try again to apply for a Airmen medical certificate!
*	I was denied a medical due to a DUI over 6 years ago. I have gone through a year long outpatient program, and have not drunk since. I am in excellent health of mind, body and soul. and was very disappointed to be denied my ability to fly. [Name]
*	I was denied a new medical certificate because of sleep apnea concerns from the FAA, however I had provided several times the requested Physician letters and test results with no feedback from the FAA other than repeat form letters. I am now unemployed as a result. I have called and written without the courtesy of an explanation or guidance. I am now moving towards legal action. I have truly never been treated with such disrespect by any agency. For further information please contact me [E-mail] or [Phone Number].
*	I was denied my certificate contrary to numerous evaluation and testing on me, stating my favorable condition to fly. After sending in requested information, I received more test requirements, and longer waiting periods before they would consider my application.
*	I was denied my medical based on a court case that ended in a deferred judgement 8 years prior to my denied application. I was given 30 days to provide additional paper work when the feds got 90 days for each leg of the denial. The total time I was waiting for 8 months!
*	I was denied my medical due to being on a medication I was unaware was on the no-fly list. I took myself off the medication, but was still denied. I provided the extensive additional paperwork and documentation required to regain my medical, but was still turned down. I have been off of the offending medication for over a year, but still cannot regain my medical cert. Additionally, I could've simply flown under the sport pilot rules without having to get my medical, but now can't do that either. Plus, I could now fly under the new rules, but cannot now because of having had my medical taken away. I am caught in a terrible catch-22 where I may never be able to fly again, even though I am off the medication that lost me my medical cert in the first place and could've continued to fly if I hadn't already declared the medication I WAS on... terrible price to pay for being honest.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	<p>I was examined and given a 3rd class certificate by my AME who had all my records in front of him. After he issued the certificate I received a letter from Oklahoma city FAA requiring an unreasonable amount of new tests. When I couldn't meet the timeline for the additional testing because of work schedule and an undue travel burden, my certificate was revoked. I used to fly a two seat airplane less than 100 hours per year for recreation. Instead of promoting general aviation in this country, the FAA is killing it off with broad over reach and undue burdens on the flying public!</p>
*	<p>I was given a certificate by my AME and was later rejected because of a drug I'm taking now that FAA has not approve. Why do non practicing doctors have more authority than a practicing AME that has been my doctor for over 20 years. The fact is that I am not a threat to anyone and should be flying my airplane and the medication should have been approved when the FDA approved it. I have been punished since day 1 for being a diabetic by having a 1 year issuance and FAA has even gone to the extent of having me take a new scan after I passed kidney stone and furnished the pathology on the stone. What a waste of time and money. My AME should have the authority to approve me since I have been under his care for over 20 years.</p>
*	<p>I was given a very thorough examination by the AME that established my Physical/Mental condition as capable of allowing me to be a safe pilot but only with a special issuance third class. He told me that if there were no changes the FAA would follow-up with a continuance. There were no changes in my Physical/Mental condition but instead of renewing my medical, someone without any personal contact decided I was unfit to fly and requested I surrender my Medical Certificate. That was in July and I have been unable to fly since then even though my AME has interceded on my behalf through another appointment and communication directly to the FAA.</p>
*	<p>I was grouped into a protocol that needs revision. I had an accident that fortunately developed into no lasting problem. But instead of being given six months to see this, I was disqualified for two years along with those who may have had serious problems resulting from a similar accident. I had just received my medical before the incident. If I had not willingly sent in my paperwork I would have been good to fly for 1 year and 10 months before the FAA would have known. I self grounded till I felt good, then my partner flew with me. I fully believed the FAA would give me 6 months to wait and reaccess but this is not what happened. My local doctor even agreed that I was not being fairly handled. I am not making this up and am very discouraged with the FAA . I am a volunteer who incurs the costs of owning my plane and insurance while I cannot fly nor can I believe the recourse is out there in the future to rectify this since my communication has been only "it will go into your file." I have asked as to when this might be considered and get no answers. I have asked since July 2016 how often does the neurological board meet and get no answer. If I were not well I would not push this. Also I am only a private pilot who is low risk cannot this be factored into some equation.</p>
*	<p>I was involved in a car accident in February 2013 where I suffered a head injury. I was prescribed medication to deal with the head aches and anxiety. The medication prescribed was a narcotic. I never took the medication. I was also prescribed medication for high blood pressure. I never took it. I also suffered from sleep apnea. I used a device for that condition. All of these conditions were caused by my weight and the car accident. I chose not fly until I was sure all of these conditions were cured without medication. I cured them by losing over 100 lbs through diet and work outs. When I went to my AME who is also my private Doctor to get my medical renewed so I could fly again he found me fit to fly. No headaches, high blood pressure or apnea. However he had to send my file to the FAA medical examiner for review because of the medications I had listed. Even though I never took one pill. I brought all the completely filled bottles to my AME to show him they where still full and no pills were missing. He put all of this in his report. He is my personal doctor so all of the documentation of all my injuries, illnesses and treatment were contained in his report to the FAA examiner. I got a letter from the FAA to send more documentation which my Doctor and I provided. Thinking that would do the job. I get a second letter asking for more documentation. This time asking for ambulance reports and cat scan reports etc.. All which were contained in my file with my AME who is my personal Doctor. He is also a retired US Army Doctor and Flight Surgeon. He was also the personal Army Doctor to then Secretary of State Collin Powell. You think with his credentials the FAA would take his word, documentation and reports as good enough for me to get my 3rd class medical. Instead I have to get information/documentation that duplicates what my Doctor already sent the FAA. I have been flying since I was 14. I am 59 now. I worked hard to get my ticket to fly. I want to continue to fly.</p>

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

- \* I was issued a third class medical which is almost useless to me as a professional pilot. I have been issued a restricted second class previously (restricted to a two pilot cockpit for transporting passengers or cargo, which is what I thought I would be issued this time and what I thought I was applying for. Better communications between me and the flight physical process might work better. In addition, I don't know who thought up the idea of having a "Post Stent Catherization" for a Flight Physical, its is unnecessary and uncalled for.
- \* I was not informed of the nature or method of my psychological testing and as a result I failed the evaluation . This evaluation was based upon my score made on the computer testing program alone, without consideration of my good health and good mental health. Even after many positive (normal) neuological evalutaions, requested by my AME, I remain in an unrecoverable situation with OK city.
- \* I was notified by the FAA that they needed additional information in order to approve my medical certificate after the fact, due to information they needed on type two diabetes. I submitted that information and have not heard back either way. I would appreciate more efficient communication on the status or a website that I could follow up on the status.
- \* I was prescribed a medication which requires a Special Issuance in order to be able to have a valid medical certificate. It is a medication for depression and I completed the recommended testing by an FAA sanctioned Dr of Psych. who submitted the appropriate paperwork and reports to the FAA in app Nov. of 2014. This was after being on the medication for the required 6 months. I never heard any response from the FAA in regards to the information the Dr. of Psych had submitted, so in Sept of 2015 I returned to my AME for an airman's flight physical hoping that no news from the FAA was good news, and that my AME would have some sort of info from the FAA that would aid in the process of receiving said Special Issuance. The AME had no info, and after we had discussed the situation and I had already filled out the application on line for the Airmans Certificate, I left his office, very perplexed because at this juncture, I had already spent somewhere around 2000.00 and had nothing to show for it. I really couldn't afford to keep spending money at this rate, especially considering the fact that it was not providing any results. Then came the next surprise. Several weeks later, I received a letter from the FAA stating that due to the info that I had submitted to them on the on line form, I needed to go to a Dr of Psych and undergo testing of a certain kind and submit the results to the FAA with in a certain time period. The tests that the FAA stated were required were the very same tests which I had undergone a year and a half prior, the results of which along with a lengthy report written by the Dr of Psych having been sent to the FAA sometime in November 2014. So, what am I supposed to do? A confused airman..
- \* I was required by FAA/Oklahoma to submit data from a cardiac catheterization procedure. FAA/Oklahoma did not accept the submitted data from my cardiologist as sufficient to provide assurance that would enable them to issue a Special Issuance Medical Certificate. The catheterization procedure was associated with a small risk, and considered unnecessary by two cardiologists. In addition to the 6-month waiting period (I self-grounded after having a pacemaker implanted), I had to wait almost another 1 1/2 years before my Medical Certificate was re-instated in October 2016. Further, it is only valid until March 31, 2017, one year after my AME exam; I believe it should be valid for at least one year after issuance, i.e., October 31, 2017.
- \* I was required to send my Class I back to Oklahoma City on 09/25/2016. In June my A1c was high (9.3) with my regular doctor. That was only one bad reading since 2009. Nineteen days later, I saw my AME and had another blood check and it was back down to 8.5 A1c, which is acceptable and my paper work was sent in. I still had to give up my Class I. I understand that having a high A1c check can cause problems with my medical. It is quite a shock receiving a certified letter rescinding my medical. The problem now is that when I call, there is no guidance or protocol that anyone in the FAA can help me with. Nobody will even talk to me. It's so maddening to have to go to my boss and tell him I don't have any idea when or if I can return to work. I'm frustrated that there is no information that can help me. It's just sit and wait. I don't even know if there is something I should be doing such as more blood checks, see an endocrinologist, or an eye doctor? It's just a brick wall. I would have at least like some recognition.
- \* I was sent no less than four (4) letters from Courtney D. Scott in Oklahoma City each time requesting different types of exams. The final letter requesting a MUGA exam was dated May 08, 2015 and asked for 3 blood pressures and a current MUGA exam. I had already submitted the blood pressures from previous requests and the MUGA exam is not covered by my insurance. My cardiologists office had never seen a MUGA exam requested for a CLASS 3 medical before. This whole process was ridicules and a waste of time. This is why the system encourages pilots to lie when renewing their medicals.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	I was told by my ME that it would take 8-10 days for the regional office to contact me. I was not contacted for 5 weeks and I then tried to call the regional office only to be told by recording I could not be helped as the office was too busy. I finally received a letter from CAMI Ref : PI # [Number], MID # [Number], APP ID # [Number]. The letter was not that informative and basically told my GP to provide to the AMCD a report regarding my diabetes mellitus. I was also told this report must be received with in 60 days. At the moment, my GP is in the process of sending this report.
*	I WAS TOLD BY ONE OF THE TELEPHONE REPRESENTIVE THAT ALL MY CALLS TO THE OFFICE SHOULD HAVE BEEN RECORED IN MY COMPUTER FILE, ONE PHONE CALL WAS RECORED MY FIRST CALL MARCH 2016. ALSO I HAD TO DO A STRESS TEST ONE OF THE REQUIREMENTS ON THE TEST WAS TO PROVIDE SPLASH FILMS , I GAVE THE REQUEST TO THE CARDIAC DEPT. OF THE HOSPITAL THEY DID'NT KNOW WHAT SPLASH FILMS WERE, I HAD THE HOSPITAL CALL MKC AND ASK A REPRESENTIVE, THE REPRESENTIVE DID'NT KNOW. EVERYTIME I CALLED OKC OR MKC AND ASKED THE SAME QUESTION OF TWO OR THREE REPRESENTIVES I NEVER GOT THE SAME ANSWER.. COMMUNICATION IS IMPORTANT ESPECIALLY WHEN YOUR JOB IS ON THE LINE
*	I was told by the AME before I was issued a Class 2 medical I was to go back and have my bladder re-checked for cancer that I had been treated for several years earlier that I honestly do not believe I had to begin with. Have my blood pressure checked which is 75% better. I feel than it has been in the past.
*	I was unfairly judged as not qualified to hold an airmans certificate. No follow up, no chance to prove qualifications. I am health as the next person my age. FAA was unwilling to follow up on my extensive medical exams.
*	I was very honesty during my application for medical certificate. I have not had an active FAA medical certificate since the 1990's. I gave answers regarding migraine headaches and kidney stones from my overall history, both of which I have not had a problem with for nearly two decades. That honesty got me into trouble with the FAA and the AME plainly asked, "why did you list those, now i'm not sure I can issue a certificate to you". The FAA ultimately issued a certificate, however I know have to supply follow-up documents under CACI and also each time I re-apply for a certificate. Really, this process encourages people to lie. 20 years ago all information was discussed between AME and pilot, but now the red-tape means people are probably not honest if they can get away with it.
*	I was waiting for an answer once all my Medical information was given to FAA. I had a number to call,with a PI #, they simply said I was in the que, but I couldn't speak with anyone regarding how long it would take, or what was status of my submission.
*	I went for a 3rd class medical exam 7 weeks ago and my case was referred to the FAA for review due to the fact that I was taking a medication that was listed as "approved on a case by case basis". The AMR told me it would take 4-6 weeks to get an answer. In week 7, I called into the FAA office and was told the file had not be touched due to a backlog of cases. Was basically told they did not know when the file would be reviewed. Meanwhile, I am in perfect health and have a 250k dollar aircraft sitting on the ground for the past 8 weeks that I cannot fly. Thus medication is a discretionary medication that is not required. I can easily get off the medication if needed. This whole thing should have been handled by the AME. This has no business interfering with a 3rd class medical, especially in light of the new legislation coming forward in the coming months.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	<p>I went to my AME for a reissuance of my medical on 12/27/2016. I was released by my RA physician to return to work on 12/22/2016. Since my medical with my AME, he said I am good to fly. He has been trying to connect with proper Surgeon in OKC to inquire if he can reissue my medical, or if the proper paper work that my AME has, needs to be forwarded for review. I had a change in my meds from Enbrel to Humira. I have given all the paper work and lab results and Dr's notes to my AME, however, getting the two to discuss who can or is able to issue my medical is still ongoing. My LOA has expired on the short term, and now my livelihood is being effected daily by a circle of bureaucracy that is going on. I need to work and I am able to work, but due to lack of help or bureaucracy that has been taking place, It is costing me money every day now which it appears as if no one particularly cares. I have done everything as I have been instructed to do, and I would greatly appreciate it that this type of process wouldn't keep us from our workforce when everything that we were suppose to do was achieved and accounted for. The electronic world we live in is suppose to expedite and make things easier. My question is that is it really. Please review your process and cut what needs to be cut so that people who need to work or would like to get back to work is not penalized. Every day that goes by now is costing me a cut in my salary. That hurts when I have no control of the situation. The FAA requires me to pull myself from flying when I have issues with my health, and I understand that and I have also abided by that. It would be great if everyone else was required to follow the same process in the same timely professional manner. What is really hard for me to understand is that I get released from my RA physician and my AME. It really is very difficult that I have 2 dr.s verifying that I am good to return to work, but a Dr./Surgeon that doesn't know me from "Adam"</p>
*	<p>I went to see my AME the end of June. As of October 26, 2016, I have heard zero from the FAA regarding my application. I think there is NO reason it should take this long to receive a reply regarding my third class application. A maximum should be one week. The FAA budget has been approved by Obama and the people should be in place to serve the public. The FAA is slow and bureaucratic in response to the customers needs. Failure to follow up and/or issue my 3rd Class certificate is a typical example.</p>
*	<p>I wish you would understand a natural treatment for cardiovascular treatments. They are out there but my certificate has been threatened</p>
*	<p>I would ask that the FAA put more weight in the opinion of the prescribing physician as to the Medical Cert. Applicant's ability to perform piloting tasks/mental stability with regard to mental health medications and the FAA's position on denying Medical Cert's. to such Applicants. I would also ask that, if possible, the FAA would consider the number of flight hours and Flight Certificates held when deciding to deny a Medical Certificate to an Applicant based on the medications the Applicant is prescribed. I understand you don't want crazy or unstable people flying, but I would submit that it may be counter intuitive to deny a medical certificate to an Applicant who is sleeping better and has less anxiety than they did before using medication. And during that time before medication the Applicant WAS issued a Medical Certificate.</p>
*	<p>I would like to have an update on the status of my medial application.</p>
*	<p>I would like to recommend that you think a little more about the pilot when you make your demands for information. In my case, my medical care is provided by the VA (a federal agency) and all the doctors, including the AME tell me I have a very minor heart condition which should not keep me from flying yet your request has a general blanket demand of send "ALL" testing that has been done..... I ended up sending over 150 pages of of paper which I am 100% sure you will not review. Additionally, you require certain examination by my regular doctor. At the VA you don't get a regular doctor, you get a "team". This is the typical case of two federal agencies who can't talk to each other.</p>
*	<p>I would like to see a change in that if my primary care physician and my neurologist clear me to operate aircraft, then that should satisfy my requirement for passing my examination.</p>
*	<p>I would really like to hear back from the FAA on my status. This process has been ongoing since May of 2016. I was only contacted one time for more information in August, which I sent back via certified mail. No contact at this time. Please have someone call me [Name] Flora, MS [Phone Number]</p>

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	I wrote a short letter when submitting the final documents & CD's requesting that if you could not approve a 2nd class medical I requested you issue me a 3rd class medial. It's been more than 3 mos & no response from OKC/FAA. I am dissatisfied with your lack of response on that.
*	I'm 57 and just starting to have medical concerns. After the issuance of my medical (2nd) I got a letter which we replied to that generated another letter with more questions. The back and forth takes too long. The FAA Dr. should be available by phone or be able to turn things around a bit faster.
*	I'm a healthy, active recently retired fighter pilot with 3700+ hours in military fighter/civilian aircraft and was diagnosed with OSA. I, with a class III medical, am not a risk to falling asleep in flight or on the ground yet my costs for recertification are triple and I've been waiting three months for adjudication on my medical. Penalizing private/recreational flyers with the same criteria for Class I/II ATP licenses is just plain wrong and not "keeping the skies" safe. Please, help.
*	I'm a retired airline pilot so my last application was for a Class II in Feb 2015. I had a heart attack in Jul 2015. When I approached my AME in Feb 2016 about renewing my medical his office initially tried to help but due to high turnover in personnel in the regional office, my paperwork got buried and nothing was happening. My AME said there was nothing more he could do so I then contacted a AME who specializes in special issuance medicals in order to get the paperwork moving as he had contacts in OKC. I finally received a Class III medical from OKC in June 2016. The entire process took over 5 months to complete. My local AME was of little help and had it not been for the 2nd AME assistance and his contacts, I doubt I would have a medical at all. With the large turnover in personnel at the Regional and OKC facilities, the appeal process is way to lengthy and is not in the best interest of the pilots. The reason for downgrading to a Class III was the FAA requirement for a second angio plasty. My cardiologist said it was too invasive and did not recommend it since it was not guarantee against further problems. I also believe the FAA requirement was unreasonable and unnecessary. Since I doubt that I will fly for hire, there was no reason for subjecting myself to it. In summary, the initial application for certification in 2015 went smoothly. The process for special issuance in 2016 was a nightmare and my local AME was of little help with it.
*	I'm operating under three special issuances. Hypertension, Type II diabetes, and now Sleep Apnea. Every year I have to jump through all these hoops to get my Medical. Once it's determined that the treatments are working, Back the hell off and let me be! Nothing changes, as my record shows. These conditions are hereditary, their not going away, nor are they getting worse. But because of my Cpap machine, and my minimal use requirement, the things I used to do that kept me in shape (hunt, camp, fish, backpack) are essentially out of the question. The government has reached a bit too deep this time.
*	I've been waiting for CogScreen test results to be reviewed by a Federal Air Surgeon since September 2016 and have been grounded since my medical expired in August of 2016.
*	I've recently been denied once again for a medical certificate for a dui arrest and fully understand the the initial reaction. However, still after four and a half years of sobriety, tons of drug test and evaluations by certified FAA doctors I'm still being judged by someone at a desk in OK who only knows me by what they can read. Why is it not up to the AME that is standing in front of me, testing, evaluating, on a regular basis to make that decision?? I understand that there is a process involved, but many of these doctors have just as much experience as the ones reading the report with one big exception, they have the candidate standing in front of them! I don't want this to be construed as me being angry, but when I drop two grand on a required doctors visit for a condition I no longer have and he tells me I'm fine only to be told I'm not by someone eight hundred miles away who has never met me, it's a little hard not to get aggravated.
*	IAW my current Special Issuance conditions, I supplid all requested documentation regarding insulin dependency, and status of prostate cancer. In addition, I was required to accomplish a stress test. I failed that test and was referred to a cardiac surgeon for alternative tests. I passed all tests easily. That was in July, the month of expiration of my current special issuance. It was not until December that I received my new special issuance. I understand that the OK City FAA medical section is probably inundated with applications, particularly in light of pending rules for 3rd Class Medical certification this year, but I apply every year, yet appeared that my application was simply thrown into the mix. I called every week, got the same "It's in review" response every time.
*	If I still needed to fly as part of work instead of just [facilitating] work - it would ensure I would no longer be employed.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	If the intention of the certification is to determine the air worthiness, physical or mental, then take the immediate steps to setup those meetings to make those determinations. I cannot decipher the direction in the letters I received on the next steps to move forward without being put through an expensive and confusing process that likely will just waste time. Correspondence should be done over the phone with direct access to the answers needed. I am happy to discuss this information: [Name] [Phone Number]
*	if the personnel that worked in the FAA worked for me, they would be terminated within a week. Sorry, pathetic excuses for professionals who do not use the common sense of a goat. I own and operate two multi-million dollar businesses and hold a Masters degree from an ABA law school.
*	If you can drive to the airport and pre-flight the airplane you are safe to fly it. That is for class II and III
*	IF YOU CANT RESPOND ANY FASTER YOU ARE NOT NEEDED
*	If you were in the private sector, you would not have this survey. Why? because in the private sector you would be out of business. No one would tolerate your system, and lack of timely decision making. Only the government would get away with such a sloppy run program. The FAA medical division answers to no one. You are accountable to no one. You are encouraging pilots to fly illegally. I still don't have a decision. My medical goes to OK, sits for 5 weeks then goes to WDC for 2 to 3 months. They say "your need this paperwork" I supply them with said information. Back to OK for 5 weeks, then to WDC again for 2 to 3 month. Then "oh, you need this test". Get test done, submit results. Back to OK for 5 weeks, then to WDC for 2 to 3 months. Your system is BROKE. I still don't have a medical, it has been over 1.5 years in your system. WAKE UP PEOPLE. Your system is BROKE. If I don't die from my medical condition, I will probably have a heard attack from the stress the FAA has induced upon me for months of indecision.
*	Improve the speed of service and data to the pilots and AME(s). If someone has a small incident and is required by the State to reapply for a State Drivers License, and takes a simple DMV computer test and pays a small State Drivers License fee, and the State DMV Attendant says the State will mail you a new Drivers License, but it takes well over 90 days for it to arrive, would you be complaining?
*	In 2001 I had a stent placed in my heart. I have not had any problems since but did elect to have another stint placed there a few years ago after an initial exam by the cardiologist. . Again, no pains or problems. However, I have to undergo many test each year due to the special issuance and they are getting more difficult requiring up to 5 different doctors to give reports for my 3rd class physical. I am in perfect health and should not be required to take all of these test. This has been going on now for 15 years. On top of that I have to see the regular AME every 2 years that accomplishes nothing except taking more money out of my pocket.
*	In general as a Private Pilot flying with a Special Issuance I go through more pain getting a medical certificate and holding it. There are many other professional pilots whom fly hundreds of people around whom have medical conditions that are more severe than the one I have. The FAA Medical system treats Type Two Diabetics like we are all death walking and are going to collapse in the cockpit of our Cessna 172's and cause a safety risk. In general Diabetic Pilots are generally the most safe and health concerned individuals flying in the Federal Aviation system.
*	In general, I believe the third class medical certification does not rely nor accept fully the responsibility of the pilot in command when having a flight. Every one has pains from time to time and takes both over the counter and prescription drugs to alleviate the pain, even though it does not affect the ability of the pilot to operate the aircraft. The pilot knows whether he is fit to operate and aircraft on any specific day. For the casual pilot, the third class medical requirement is an unnecessary burden to enable him to enjoy the freedom of flight.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	<p>In January, 2015, I decided to resume flying after a lengthy hiatus. I saw an AME for a 3rd class medical. An error on his part regarding a prescription I was taking led to FAA rejection. Unknown to me the medicine was not on the FAA approved list. I appealed the FAA decision, and again was rejected. That began a long and expensive process to apply again. On my own I researched the allowable prescriptions for my condition and through my physician found an alternative that worked well. I also found my current AME, who has done a marvelous job of sorting through all the steps I need to take to renew my medical. This is now the 22nd month I've been trying to get recertified. It will of necessity now be a special issuance medical. Had the first AME known the FAA acceptable medications at the time, I'm confident I would have been back flying a year ago. As it is, I'm hoping to have a medical soon. It is being reviewed by the Washington FAA office at this time.</p>
*	<p>In my particular circumstance, I was deferred twice....first ONLY because I VOLUNTEERED that I sleep with CPAP. I am certain that had I not mentioned to the AME slept with CPAP (was never asked) he would have given me my certificate at the exam. As it was, I was deferred to OKC and they provided detailed instructions as to what to re-submit which I did and even more than asked for. I was also asked to provide information on a minor back surgery I had over 2 years before. Following the outpatient surgery I was prescribed a pain killer that I NEVER TOOK because it wasn't needed. My initial exam was in March of 2016, but by the time I received that second request (July) I had a much more significant back surgery and was prescribed an opioid for pain which I took for only a limited amount of time. When my surgeon provided all requested records for both surgeries and his statement to my current health and lack of any opioid use he inadvertently submitted an outdated list of my previously known medicines which included a former and brief use of Wellbutrin following 2 surgical knee procedures. I had not taken Wellbutrin for over 2 years dating back to before I even thought of resuming private pilot training. Unfortunately I have now been DENIED based on that outdated prescription list. I DO PLAN on requesting a reopening of my case when I submit the information the FAA requested which I will say also included a "copy of my psychiatric treatment records" and "a current status report from my treating physician". I've never been for a psychiatric related issue. They also asked for my prescription records for the past 3 years, but I only have a little over 2 years records and a definitive letter from my primary care physician which I plan to submit with a letter requesting re-consideration of my denial.</p>
*	<p>In my situation I was interviewed by a HIMS psychiatrist and no treatment was recommended. My file was reviewed w/in 6 weeks in OKC and sent to DCA. It has been there for 4 mos. I think a review of one's file should be reviewed in a much more timely manner for an airman who has been evaluated and deemed healthy &amp; not in need of treatment. I have been out of work now for 7 mos. with no ability to receive compensation. Disability insurance requires that I be treated for a medical condition. Not sure how unique my situation is but I think for people in my situation, out on medical with no treatment advised by a medical examiner, the process should take less time. IF I had at least been reviewed by the FAS and he/she determined that treatment was needed in order to issue my medical, then at least I could apply for my disability insurance.</p>
*	<p>In spite of documentation submitted by my primary physician that I am in very good health (who would know better?) my medical certificate was denied.</p>
*	<p>In the case of special issuance the time for review is way to long.</p>
*	<p>Increase AME population and include primary care practices</p>
*	<p>individual are help guilty of DWI even when found NOT GUILTY</p>
*	<p>Inordinate delay in processing a special issuance medical certificate.</p>
*	<p>IT HAS BEEN 3 MONTHS SINCE MY PHYSICAL. REQUIRED ADDITIONAL INFO WAS SUBMITTED TO OK CITY IMMEDIATELY. I HAVE CALLED TWICE, THE ONLY INFO I CAN GET IS THAT IT IS UNDER REVIEW. THEY SAY "I'LL TELL THEM YOU CALLED".</p>
*	<p>It has been almost a year and you people don't care how complicated you make the process. Your request for records is so out of date and restrictive. I have submitted medical records and now that you finally answered my letter with all the records, now you want me to do it all over again so you have current records. They were current when you received them.</p>

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	It has been five months since I applied for a second class medical special issuance. I have not received one word from the FAA or AME regarding my application. I have attempted to call FAA Oklahoma to get a status report six times over the last two months at (405) 954-4821. Each time I get a recording that says due to the high call volume they are unable to put my call through, and then disconnects. I am a full time Flight Instructor and rely on having a medical certificate to work. How many of you can afford to take five plus months off work with no resolution in sight?
*	It has been over 3 months and my record was just submitted for review 3 weeks ago. I still do not have any feedback on my request for a Class II medical. I have a Class II physical since 1980, and this is the first time that I have had to wait this long, without feedback.
*	It has been over 60 days since my case was submitted to the FAA for review and I have not heard a thing back. I call every week and they never have any updated information on when it will be reviewed.
*	It has been several months since my exam. I have heard nothing back. If there is a health issue I would like to know so it can be addressed. If there is a problem with me getting my certificate I would like the chance to address it and either explain or fix or address the issue(s). I tried calling the FAA and was put on HOLD for over 30 minutes after which I was told it was being 'processed'. I have been in non-flight status for almost 20 years and was trying to get back to recreational flying status. Now I can't do anything because my medical is in limbo. [Name] [Phone Number]
*	It has been since October I had my physical and I have not heard anything about my certificate. I am a type 2 diabetic and only take a pill and have no ill effects but I can't fly due to this paper jam. I think some of the rules are to strict on matters like mine.
*	It has taken far too long to process.
*	It is clear that the FAA Aero Medical division in both Washington DC and Oklahoma are in complete disarray. I am currently in the process of obtaining a special issuance. I have completed and submitted all requested documents with my AME's supervision and assistance. We have submitted these documents THREE times and still receive letters stating that my application will not be reviewed until all requested documents have been received. Every inquiry that has been made to specific heads of departments has gone weeks without any response or status update. Every letter I have received from the FAA has been written on one date but has not been sent, according to the postmark, 7-10 days after it was written. The unprofessionalism, lack of communication and processing paper work in a timely manner is deplorable. As individual who has held a medical for 16 years and been in the 121 profession for half that time I could be not be more dissatisfied with how this department is run.
*	It is frustrating how long it takes and how expensive it is to get a special issuance certificate for an approved antidepressant. The current process probably deters applicants from declaring their use of such medication.
*	It is nearly impossible to get through the FAA medical certification division in Oklahoma City by phone. Either the hold times are very long (in excess of 20 minutes) or the system automatically says 'We are experiencing heavy call volume please call again later' on every call regardless of the time and date of the call. I and my AME provided sufficient information to the FAA regarding my medical certification but the certification division still insist that I provide additional information although I am unable to do so (because all of the information has been submitted). I would love to speak with a medical representative from Oklahoma City. Please feel free to call me at [Phone Number]. Thank you.
*	It is quite cumbersome to have to supply all documentation for doctor visits. Also an assumption of being unfit for duty due to doctor visits because of a pulled muscle in back/ not a spinal problem (bulging disk for example) is treated the same. Also since I as the pilot removed myself from flight status due to back pain and use of medication, why is it necessary to have a doctor release me to return to flight duty with only the information that I supply him as to the termination of pain and use of medication. Since I made the determination myself as to being unfit, it is reasonable that in such a case I could also determine being fit to return to work as well and not require further paperwork (as I said) to echo my own words to a doctor who then reports it to you?

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	It is still exceedingly difficult to get approved as a transgender individual. The additional psychological evaluations do nothing to keep pilots, passengers, or people on the ground safer, but are STILL difficult to obtain at reasonable cost. They serve only to make life more difficult for an already disenfranchised element of society.
*	It never ceases to amaze me how the federal government can intervene into an individuals personal rights. You deny my 3rd class medical because of cardiac condition but am healthier now than before the procedure. Thank you FAA.
*	It seems to take months between every interaction with the FAA to make a decision. In the meantime as Pilots we can go broke trying to survive.
*	It should be 3-4 years for renewal for private, not 2 years.
*	It should not take 10 weeks to make a decision on a Special Issuance Medical request!
*	It should not take two months before the cardiac review board can do a special issuance. You are excessively back logged. Other than that the process was fair and handled with consideration towards me. I get the impression that the FAA is trying to help pilots stay medically certified. The worst anxiety was created by some other pilots I know who gave a very negative and scary opinion about getting a special issuance.
*	It shouldn't take 4 to 8 weeks to have your medical application reviewed and processed especially when you rely on your medical to earn a living
*	It takes a LONG time to review and determine eligibility of medical certification. A very LONG time....2 months or 3 months. This is unreal and does not show support for pilots interest. Heard the cardio panel holds a hearing....once a month. This is another example causing delay in the application process. The doctors in the cardio panel go by specific #s on the reports, although everyone has different #s (LVEF etc.) and refusal based on the predetermined LVEF # seems error prone. Specially, when LVEF # varies based on the kind of test, technician who is running the test, person writing the report etc. Also subjective analysis is also error prone, since one cardio doctor thinks different from others and can make an odd ball statement. There is gotta be a better way!
*	It takes far too long (Up to 3 months) for the FAA to respond to my request for Special Issuance. When they do respond it is often only to ask for additional information and then take another 3 months to issue the Special. By then, I only have a few months before the process starts all over again.
*	It takes too long for a medical application that has been referred for approval to be processed and approved. UK is allowing diabetics who use insulin to hold medical certificates that allow them to fly as airline pilots, FAA should follow suit (whether the airman in question has any intent to fly in air carrier operations or not; in my case, I needed a Class I certificate for international operations, not because I was flying or had any intention to fly an airliner). The ECG required for my initial application for a Class I medical certificate revealed a right bundle branch block, which resulted in FAA requiring a cardiac stress test, followed by a radionuclide stress test, and that for a condition the cardiologist insisted was not clinically significant nor something they would treat. One year later, I was required to undergo another stress ECG and wear a Holter monitor, with no change in heart condition. This year, I was required to a stress ECG yet again because I had to start using insulin in February. I think four stress ECGs in less than 3 years is a bit much for someone who does not have a history of heart disease.
*	It takes too long to process. I am working through some special issuances and need to re-apply for my basic class 3 medical. The process time eats up nearly all (or more) of the allowed currency of the data.
*	It takes WAY to long to review medical records. 4 months to look at history is ridiculous especially considering I had 5 specialist in my paper work saying there was no issue.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	It took 5 months to get my medical back. If a business were that slow it would be out of business! Why does just one entity have the responsibility of ruling on an entire nation of pilots? What if the nations drivers licenses were dealt with from one agency? What if auto drivers were put through this debacle to be able to drive to the store? I fly (and drive) recreationally. Why am I treated like a threat to society in my airplane but not so driving my car? What's the difference? And don't tell me flying is more demanding. I've been flying for 47 years and don't find it anymore demanding or stressful than driving my car (actually less demanding in the air away from idiot drivers). Thank heavens for some common sense with the new pilots bill of rights!
*	It took 60 days after the FAA received my request for approval of my special issuance to fly. I have had all my current medical problems for over 4 years and have had to reapply every year. In the last 4 years nothing has changed and this time it took 60 days for me to get my clearance to fly. Previously the longest it has taken is 45 days. Since I can't start the process before 60 days prior to expiration, that means I was expired for almost 30 days, since I can't do everything immediately. I knew I would be approved, so it is very frustrating to not be able to fly for 30 days!!!
*	It took forever for Oklahoma to even look at my file, very unacceptable service, then they backdated the certificate which means I have to do it all over again in just a few months
*	It took four months to respond to Request for Special Issuance. My request went in with no expectation of difficulty other than continued slow deterioration in my LEFT eye due to surgery in 1998. The last sentence of My SDA states "It will authorize the AME to waive the physical defect as stated on the SDA for the class stipulated, as long as you meet the physical standards in all other respects as long as the physical limitations for which the SDA is issued has not worsened. In your case, as long as your vision in the RIGHT eye remains good and meets standards ".
*	It took more than six months, and several phone calls to get a response from Oklahoma city. Eventually i did get certified mail, which gave me 48 hours from signature to complete and respond to a drug screen. Had to delay a family trip, but completed the requested screen, and passed. Was also required to complete a follow-up exam from a hims Psychiatrist . This is the problem ! I was convicted of a marijuana charge in 1986, Thirty ! years ago. My ratings were all revoked. I retrained, and tested as required and regained my SEL and PRH . At that time a psychological evaluation was also required. Of which was successful. But the cost was affordable, Not the \$2500. - 3500. That they are charging for what they say will take less than two hours. When I worked three jobs in 1979 to get rated my SEL cost less than \$2000. to obtain, Does this seem fair ? Additionally, I was never ever convicted of use or abuse. This was not even my marijuana, I took the charge so my then wife would not.
*	It took over 2 years and numerous phone calls for them to get back to me with a denial. Then I've received 4 different letters each asking for information, most of which was not pertaining to past medical conditions.
*	It took six months and multiple sending of information to get my medical
*	It took ten weeks to receive my medical upon submission. That is too long since it affected the chances of my getting a flying job in a reasonable amount of time. Staff size should therefore be increased to accommodate the high influx of applications if volume is the problem. It should take no longer than one month in my opinion. I'm very dissatisfied with the folks at Oklahoma City.
*	It took the FAA four months to get me an answer back on my medical. They then gave me 60 days to have all the medical reports completed and returned to them. I was unable to get in for the tests for five months. I was told that the offices I contacted were unfamiliar with the FAA requirements so they did not to waste my time and money if they would not satisfy the FAA. The office that did FAA exams were out five months for appointments, this makes my medical unobtainable.
*	It took two phone calls and about 3-1/2 months to get my special issuance processed. This should not have taken this long, as it was a renewal, not a new certification.
*	It was a total mess. The FFA dr. Required all kinds of test which would have cost a lot of money and time instead of a statement by the cardiologist that I was ok to fly so I was forced to go light sport until this mess can be worked out.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	It was difficult to find (on the FAA web site) the requirements for documentation needed for someone who has had an MI in the past. I knew the overall needs (a nuclear stress test, a catheterization report from an angiogram, etc.). But after I sent in all the documentation, I received a letter stating the requirement for MORE information....but with significant detailed requirements or "they would have no choice but to deny me my medical application". Had I known the SPECIFIC requirements earlier, I would have solicited that information in the first place (i.e. we not only a Cath Report, BUT one with "left ventricular ejection pressures, ejection fraction data, line drawings of the coronary artery system"). As it is, some of that data is not in my Cath Report because my cardiologist didn't know the FAA specifics protocol. This information MUST be provided to the pilots easily on the FAA website, so it can be requested from the Cardiologist BEFORE the tests are performed, not AFTER. We that happens, the pilots risk having the medical application denial (not because they aren't healthy, but because they can't prove it because they capture the wrong data. Having a medical denial (EVEN TEMPORARY) can be insurmountable for those of use who are not hired yet. It's a standard question on every airline application. If we check "YES, we have been denied a medical application in the past", we are almost assuredly NOT getting an interview (even if we are highly qualified and would actually increase the Safety of the National Airspace System). The airline isn't going to take the chance on what they see as an unknown.
*	It was frustrating not to be able to get any details on the status for those 5 months I waited. Please my Recommendation for Improvement for some ideas on how to improve this scenario.
*	It would be extremely helpful if the visits to doctors in the past 3 years would be saved and populated from the previous application to the new one. Only visits that are within the 3 year period would be displayed and then add any new visits since the last application. I reapply every 6 months and currently have to re-enter each visit and it takes a lot of time. This is my biggest issue with the current version of MedExpress. Otherwise, I like the system.
*	It would certainly be nice to hear the results of this physical! Since you are asking for this survey the FAA has received the physical. I also checked with my doctor and he submitted it to the FAA. Approximately 3 months ago I sent a form letter back to [Name] MD and of course he did not respond back. I have very little faith that this note will be answered either!
*	It's unfortunate I don't have an AME qualified to conduct Class 1 medicals in my city. I have to drive an hour to another city. And there are many airline pilots living in Charlottesville, Va., a medium sized city. There are two docs but not qualified for Class 1. I don't understand what's so special about the Class 1 exam except maybe the EKG.
*	Just received a denial notification. Said I had not responded within 60 days. Have receipt it was sent. Apparently they were not happy with info I sent. No explanation, no deferment, just denial.
*	Lead time to process new SI applications, currently 72 calendar days and counting, is unacceptable. More SI should be delegated to AMEs, potentially by clarifying disease states that are acceptable and can be issued. Process should be more granular so application status can be checked, and preferably online instead of calling. Also consider changing the rules so that the AME can offer a provisional certificate so the airman can continue to fly while the case is under review.
*	Let the AME issue the student certificate at the time of the exam!!
*	Lost medical 2005 after an 18yr spotless career as an airline pilot for USAirways, over 9000 hrs B737, Type rating Airbus 320 with over 2000hrs. Suddenly a doctor said I am psychotic, at the stroke of a pen my career was destroyed. Cannot even hold a third class medical. Have not flown an aircraft since 2005. Spent \$20,000.00 on Psychological testing all in my favor. FAA said sorry you are disqualified. I want you to know that the harassment at USAIRWAYS for my last few months was terrible I am not sure why I became a target. Everyone at the airline turned against me. In July of this year 2016 I passed a first class medical with no issues. When I called the doctors office for a follow up after paying \$200.00 fee they would not talk to me never received a letter from the FAA. To this day November 2, 2016 I have not received anything from the FAA an the AME still will not talk to me.
*	Main complaint is that it takes many months for every correspondence to be answered. Any change in medical takes additional many months to resolve. Hoping the the new Class III changes will help!

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	Med XPress has made things too complicated for doctors. At one of my medicals, the doctor made a simple mistake on paperwork and it took an "Act of Congress" to correct it. Makes no-one want to deal with you!! STUPID!!
*	Med. just tell others you have blood pressure problem. Sugar, and other problem.
*	Medical examiner concluded I had kidney stones based on superficial knowledge from my volunteered information. Further x-ray show I do not have kidney stone, later CAT scan shows I do have urinary bladder stones, but such stones are not known to be incapacitating. That is, there is no evidence that they would cause a dangerous circumstance for a pilot. Therefore why should I be subjected to delays in receiving my medical certificate. (I am scheduling surgery to have these stones removed in any case).
*	Medical standards are excessively too strict, and applications take way too long to process. Procedures do not respect state or local laws. Procedures are excessive, expensive, and rarely covered by insurance. Stop discriminating against veterans with PTSD. Stop trying to letigate legal substances that are not being abused. There is a difference between use and abuse concerning alcohol and marijuana, but CAMI does not recognize this.
*	Medical tests and records required for a Special Issuance Class III certificate are absurd. I could understand the need if I were employed to transport pax but I do not do that. I am a GA pilot flying for my own pleasure.The AOPA was correct in proposing Pilot Bill of Rights 2 legislation - they were spot on. I'm still waiting for you to change your regulations in order to comply with that legislation.
*	Modern medications have come along over the years that help airmen but not approved by OK City without additional testing. If an airman is sick with the flu bug or healing up a previous injury, they are smart enough not to drive a motor vehicle let alone act as PIC of an aircraft.
*	More Training throughout your entire program dealing with HIMS and the SSRI issue. Getting different answers to the same questions from multiple FAA sources, if I would have been aware of your SSRI decision path 1/2, I would have chosen a different course of action for an incident that was involved several years in the past. These options were not presented to my when applying for my initial medical certificate. My HIMS AME, wrote the letters as required, as did my treating physician, somehow these letters seem to get lost when sent through the system, and requires a threatening letter from the Oklahoma office stating it will be denied if nothing is received in 60 days, when it was sent in the first place. Also it said, while on the SSRI I was required a Cogscreen AE, annually, I have since come off, nothing was mentioned about when I came off the SSRI, now I am continued to be required to take the Cogscreen AE, for some reason or another, yet I came off the SSRI as described in the specifications sheet provided. This incident is over four years in the past, and the FAA seems to be the only one wanting to keep brining up the issue. Because of this extensive procedure to try and obtain a medical certification, I filed with the Veterans Affairs office, for this condition, their answer was it was not diagnosed and did not happen. Funny how two government agencies see totally different when the same information is given to them for review?
*	Multiple telephone calls to the Aeromedical branch are fruitless. The agents are cordial, but cannot answer my questions as to the status of the application, nor its position in the cue, nor the expected waiting time to process. Today (at three weeks), I am informed (by AOPA) that FAA Aeromedical is 'three months behind', i.e. I can expect no action on my file until approximately mid-January 2017. In the meantime, I am essentially unemployed. The financial hit I am going to take due to this is enormous. This is a system in desperate need of reform. No one, particularly not a professional pilot, should have to wait for than 30 days for a response. The operators should be able to actually answer questions. If this were a for-profit business (with customers and competitors) it would have long ago been destroyed by the marketplace.
*	My 1st class Special Issuance took a great deal of time to obtain. I applied well with in a month expecting some delays. It took longer with no explanation as my SI has been issued for the last several years, and no changes this year except I changed my AME /HIMS to a more local Dr. In trying to contact FAA, it took several attempts to get in touch with a person to talk to. When I did, there was not explanation, just that it was under review. More feed back, timely reports, being able to talk to some one that is familiar with that airman certificate.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	My 3rd class medical certificate was revoked because one medication that I have taken for years (including previous medical certifications) - Invokana - was for unknown reasons deemed hazardous or unacceptable. This is ridiculous. The AME did not deem it a problem. My Primary Care Physician did not deem it to be a problem. The FDA did not deem it a problem. Why the FDA knows better than the AME and the treating physician is a mystery and nonsensical. It is a good example of why further reform is needed.
*	My AME did not know that he was to issue my medical based on a clean issuance on the previous application. He printed out documentation from the Surgeon's Office that was required for the previous issuance and told me that I was to provide it again. When I called Oklahoma City, I was told that he was WRONG to do what he did and was issued another clean medical by fax immediately.
*	My AME didn't know what I needed to submit. I had to get clarification from another AME. After I faxed the required letter to the FAA in Oklahoma City, I never got a call or letter stating that they got it and were processing it. I called a week later and an agent verified that they got the letter. She refused to say about how long it would take to review and indicated that I hadn't provided enough information. She wouldn't even say whether it would take a week, month, or year - NO estimate. My AME refused to call the FAA on my behalf. The whole process was very stressful and aggravating. It gave me a very poor impression of the process and made me feel that I was just a low-life private pilot who really didn't matter.
*	My AME either lost the paperwork or did not read it correctly. I have had sleep apnea for years, successfully treated with a cpap. I also had A-Fib for a short period 3 years ago. It is controlled with medication. I had a third class medical valid for one year which the AME could renew if there were no changes. There were none. However the AME apparently didn't know he just had to have My Sleep Apnea DR. and Cardiologist certify that I was still symptom free and issue me the certificate. The cardiologist in conversation had mentioned a blood thinner but did not even pursue it. With that all being I only wanted to teach my grandson to fly. I am in excellent health ,78 years old, and have waited 11 months and still don't know the status of my medical.
*	My AME granted a continuation of my special issuance class II and sent off my most current medical report and cpap compliance from my sleep doctor to the regional FAA office. About 60 days later I received a letter from the FAA saying I needed to send them the documents. My AME called to say he sent it but they didn't find it. So I had to go get copies from my doctor and resubmit them. This was the THIRD time this office lost medical documents. The first two are when I applied for a student license in November 2014 where I was deferred. The requested the documents again in January 2015 and my AME resent them. The office said they wanted more information in February 2015 and I sent them. My AME called in March 2015 to ask what was taking so long and they said they never received them. I gave them the USPS tracking number and they found it a week later. That deferment due to lost documents cost me 5 months of training \$\$ because I couldn't solo. Then to repeat lost documents a year later is unacceptable.
*	My AME operates a certificate factory. He schedules very tightly and when, as in my case, there was need for additional information, examination, or testing he simply threw it in the "too hard" box and referred the matter to Oklahoma City with virtually no guidance to me about what to do next or when I might hear from the FAA. He made certain that he got his fee before kicking me out the door though! In my opinion, a pilot paying hundreds of dollars for a medical should be allowed the courtesy of a thorough exam AND an advocate (the AME) to help explain any issues as well as guidance on what next steps to take, and how to resolve issues identified. This pilot left his AME feeling cheated and abandoned. I will never go to that AME again!
*	My AME passed me in March, but the certificate was lost in the mail. He told me the FAA wouldn't get him issued a new one so I had to wait for a new certificate to come from the FAA. I didn't get it until late June. So I was grounded for 3 months!!! Not Good.
*	My AME said he would fly w/me anytime. Considering my general health & physical & mental abilities. The FAA in my opinion does not consider my ability to fly safely. I would welcome the FAA to personally, in person, review my physical health.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	My AME submitted EVERYTHING for my special issuance medical on July 23rd. I have yet to hear a word from the FAA. This is very discouraging. I don't understand why the process isn't more interactive - ie/ email confirmation of receipt of my application and paperwork, and on-line updates as to progress, more information needed, etc. It should take a qualified Doctor less than an hour to read through my paperwork and recommend my special issuance medical!
*	My AME told me he would defer issuance of my medical certificate to the CAMI since I had one year previous undergone a cardiac ablation for a heart arrhythmia. The physician at CAMI required some initial tests and letters followed by more and more testing and letters from my cardiologist, even though the tests and letters all indicated essentially a clean bill of health from a cardiac standpoint. My cardiologist and I finally concluded that no test results or letters from him would satisfy the CAMI physician. Therefore, I decided to let my application expire and I have not pursued another application, knowing I will likely face the same frustrations in satisfying the demands of the CAMI physicians. I get the sense that, once an airman has had a "heart problem", even though a cardiologist says the problem is completely resolved (as in my case), the FAA will do all in its power to deny that airman from ever receiving a medical certificate. How unfair and frustrating this is!
*	My AME was required to defer my application for a Class 2 medical examination because my lab report from Melanoma surgery showed that the tissue was greater than .75 mm depth. My certificate application was deferred. CAMI delayed approximate one month before CAMI requested a MRI brain scan, which my surgeon believed I did not need since there was NO indication that the cancer had spread. I promptly had a brain scan (wasted expense) and sent to CAMI several weeks ago -- still waiting for a response from CAMI on whether it will issue me a Class 2 medical certificate. CAMI is far too SLOW in reviewing and approving deferred applications for medical certificates.
*	My AME/PCP is in the process of getting ready to retire. After he does, the closest AME is a 45 mile or more drive away. At one time, there were at least three AME's in my area - soon to be zero. My bigger complaint is the length of time (almost 3 months) it took to receive notification from Oklahoma City I needed to send additional information, which may or may not invalidate the FAA Protocol Plain Stress Test conducted a month before I could get into to see my AME, which cost \$1,200 out pocket to perform. One thing that would really help is a Special Issuance request through MedExpress, which would automatically assign Medical File Number to the medical application plus identify in very specific terms all of the additional information required in advance of visiting the AME. Such a system would make the visit with the AME more productive since he/she could review the package and see if it is complete. My AME advised me to wait until hearing from Oklahoma City for a Medical File Number so any additional information sent wouldn't get lost or misplaced, especially since one of the records is the original Plain Stress Test EKG trace. Another complain I have is the expense associated with trying to get a Second Class Medical Certificate back, which would have required another angiogram. The first angiogram, plus the ensuing two stents and 12 weeks of Cardiac Rehab rolled up to around \$80,000, of which around \$22,000 came out of my pocket. I held a Second Class Medical Certificate from 1978 until 2014 when my last certificate expired at 3rd Class Privileges right about the time stents were installed. Its annoying to have to give up my 2nd Class Medical Certificate for economic reasons since I still consider myself to be in very good health. I'd recommend streamlining and speeding up the Special Issuance process.....
*	My application has been delayed due to requesting additional info, even after submitting info on several occasions. My treating doctors are confused , they clearly understand I'm healthy and fit to fly or anything else I would desire to pursue. One felt some of the procedures were not required .
*	My application was again denied for about the 3rd time for a condition (mild heart ischemia) which had been detected in a nuclear stress test conducted about 4 years ago, when I was operating under a waiver on account of a pacemaker which had been installed in 2005. I had been completely without any symptoms then and since, taking part in intensive athletic events, monitored consistently by a cardiologist who was of the opinion that, because of my life style, I had no cardiac condition to be concerned about. When the FAA wanted me to have a heart catheterization to verify my heart health, both he and I decided against it as it was not clinically called for and not worth the risk for a very healthy person as myself. He professed his opinion to the FAA, but they didn't seem to trust the judgement of a cardiologist who was the most qualified doctor to know of my health.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	My application was denied and I asked for reconsideration which is currently under review. The 3rd class reform does not help if you have been denied, so I'm working really hard to renew my special issuance. OKC keeps asking for more and more expensive testing and I'm up to \$10,000 since March 2016. I'm fortunate that I can even afford to keep working towards my renewal. Many people would just give up and that would be a bad thing because trusted pilots can keep an eye on unusual activities that might be going on at small airports.
*	My application was sent from the AME to Oklahoma City in August 2016 for further review, based on a past condition. The AME told me that I would only need to wait a few days to receive the medical. Over three months later, I finally received a provisional 3rd class medical. A three month wait time is simply inexcusable. Further, the Manager Aerospace Medical Certification Division[Name], back-dated the medical certificate to the date of my exam - so, since I didn't receive it until November of 2016, I only have a nine month medical, not one year. Further, he apparently disregarded the letter that I provided from my treating physician, stating that my condition has been resolved and that I am no longer under treatment - I no longer have reason to see the physician. Instead, before my medical expires next August, I have to pay this physician over \$100 just to go and get a letter from him (again), stating that my condition has been resolved and that I have received no treatment. Then, I have to pay another \$100+ for the AME to re-examine me. Even then, I have no expectation that I will be granted a regular third class medical certificate. It begs that question - what exactly does Dr. [Name] know about my condition that my treating physician, my primary care physician, and the AME do not know? This process is antiquated, overly onerous, and inefficient.
*	My application was sent in too early, not all of the documents I had to send in went with it. The AME and I did not have a clear discussion about this, fault on both sides here, he knew I had people putting together a package for me. My condition has never been debilitating, and yet treated as something worse than a heart condition, which is debilitating.. makes no sense. Also, FAA is reviewing paper, and has no idea what the actual physical condition of the applicant is, and appears to have no interest in finding out. Shameful. It is very discouraging when you are living a full life and engaging in normal physical activity and the FAA tells you that flying is off limits. And gives no medical reason for decision, just this is what we think....not professional. I need solid medical reasoning, not hiding behind consultants. Thank you
*	My case of "special Issuance" is tantamount to "throwing out the baby with the bath water". When I applied for a medical 2 years ago it had been over 25 years since my last. I decided to get back into flying/instructing after retiring from my position as an IT Project Manager with a well known insurance firm. 20 years ago my marriage began to fall apart and eventually ended in divorce. I saw a psychologist for some situational anxiety issues related to the divorce and he prescribed Paxil. 2 years ago when I applied for the medical I disclosed taking Paxil. (I had never stopped taking it, although I obviously could have - I never really needed it). The medical was denied so I stopped taking the medication and provided all the necessary documentation. I'm happily remarried for over 10 years with 2 beautiful children, haven't taken Paxil in over 2 years and yet I still need to jump through hoops every year for a medical.
*	My certificate was deferred because I have an irregular heartbeat. I am under the care of a carotilologist with no restrictions. I have the necessary tests, but not in the required time. If I had not taken the exam, my certificate would have become a sport pilot, but now I have nothing.
*	My certificate was denied based on a faulty assumption without asking me for clarification. This is an important decision and should not have been made without all available information.
*	My certificate was yanked due to a "mis understanding" of what the question of misdemeanors my record held. "Emergency Revocation" was a knee jerk reaction without hearing the facts.
*	My certification was only good until the end of April. I submitted paperwork for special issuance Mar 2nd and didn't receive a denial letter until May. After additional test, I resubmitted in June and didn't get another denial letter until Late September and the didn't even address my last submission for special issuance. All in all this process took from tests in Feb. to final denial in late September 7 Months.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	My diagnoses of Multiple sclerosis requires a Cog-Screen test. I have had no symptoms for 15 years. I am in excellent health. The exam would take two full days and \$3000.00. That is prohibitive to me. I just want to fly as a private pilot. I don't know how often I would have to take this expensive test to keep my medical.
*	My exam was completed on June 4, 2016 and had to be submitted to Oklahoma City for review due to a med change. It is now October 26, 2016 and my application is still under review. Over four months under review? My CME has contacted Oklahoma City on numerous occasions as I have. I would take my business elsewhere if that were an option, however I have no other option but to wait.
*	My extension granted me until August 25 to have my information to Oklahoma City. I mailed the information on August 22 and it was signed for/received on August 24. Several days later, I received a denial letter dated August 24 stating that I had not responded. [Name] in Aeromedical in Kansas City had to correct this issue by contacting a supervisor in Oklahoma City.
*	My file is very complicated but no one from Oklahoma ever bothered to contact me to discuss. Even though I have sent in everything and copied the office in OK and shown that the issue was due to unique circumstances and not because of my negligence, still no one will even discuss the issue with me. My entire greatest passion has been stripped without any regard for the final facts of the situation. The doctors I have had to deal with per the FAA have been the most threatening, arrogant and disrespectful I have ever experienced in any profession. Three never followed through with contacting me back after I had sent them the blue ribbon files. Even my wife is amazed at the lack of professionalism.
*	My HIMS AME is fantastic however AAM needs to do a better job with oversight of the psychologists who administer the Cogscreen AE. I have been to two different PhD's and both experiences were beyond disappointing. In both instances they had zero or minimal experience in administering the Cogscreen, insisted on conducting unnecessary exams they are familiar with at an extra charge, do not know how to provide Cogscreen raw data much less interpret it, and are not proponents of an airman on an SSRI in the first place. In one case I was charged \$1,000 and no data was ever provided to your office. I brought this to the attention of Dr. [Name] and Dr. [Name] who have been helpful but without the data are limited in what they can do. As a result Dr. Fraser has elected to rescind my medical authorization. I believe this could have been avoided if your office sanctioned the Cogscreen psychologists in the same manner they oversee the AME physicians.
*	My impression, after many years of dealing with airman medical certification, is that the service is severely hampering general aviation. You sat on 3rd class medical reform for years with no action or explanation. It would appear that you wanted to stop that movement without valid medical reasoning. I would say more but will not after reading the warning printed above. Why would you solicit feedback without promising confidentiality?
*	My initial application for the 3rd class medical certification was made June 2016. I have called each week since to check status and am only told that it is in the review process with no additional information available. No estimate of completion is ever available. I think that there is a very large backlog of applications and there is no priority to getting the problem resolved. Questions to the staff result in no information as to any fix being put in place. I think that the FAA is doing a very poor job in this area and would expect much better from FAA managers. My flight training has been put on hold because I can not solo without the medical certification. I am not a fan of the FAA!
*	My medical application was submitted to Washington DC for review. I have been contacted several times to provide information. I provided that additional information. It has been very hard to contact the representatives provided to me to inquire about the status my medical case. They do not call me back or return my emails after multiple attempts over several months. This is b*****. The only people that can get through to the people I'M SUPPOSED TO BE ABLE TO CONTACT are the ones with a PhD attached to their name. The communication process needs to be more clear. Those who I need to speak to need to be more accessible. I am extremely dissatisfied with the lack of communication, not so much the lack of a decision.
*	My medical certificate was revoked after the AME stated that no corrective lenses were required. I explained that I had 20/25 vision and it also was noted on my paperwork. The AME didn't feel the need for corrective lenses, but after 3-4 months, my certificate was revoked.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	My medical exam was in June for a first class medical certificate. I did not receive my certificate until August. When I contacted the FAA medical office to follow up, I was told "We are so short staffed". My certificate is only valid as a first class medical for six months. Because of YOUR delay, I lost 1/3 of the usable life of this certificate as a first class medical. Would you accept this from a private sector vendor? I doubt it.
*	My medical examiner and the FAA medical certification process failed me personally, and did virtually nothing to secure the safety of our airspace. The process is far too dependent on individual AME's, in my case an AME with significant ethical concerns from lack of maintaining confidentiality (he actually showed me confidential records of other airmen), to insisting on being paid in cash only (something I didn't give much thought to until reflecting on other ethical concerns), and providing misleading and inaccurate information (confirmed by the AOPA). As a result, my impression of the medical certification process (at least for Class 3 private pilots) is that it is a waste of time and money for the FAA and the airmen.
*	My medical has been deferred and it has been over a month and have not heard from them. It is concerning when flying is part of your livelihood and you have to wait this long for a response.
*	My medical was taken from me due to pulmonary issues. I was contacted by a doctor from the FAA from the Great Lakes region and told that my medical would not be issued. Someone new to the flying world could have the same issues as I have and get a Light sport license with minimal experience and someone like me gets the medical revoked. I am perfectly able to fly a light sport aircraft but since the medical was taken from me I can no longer fly. Both my family doctor and my pulmonary doctor tell me I would be fine to fly up to 5000 feet high but the FAA says I can not fly period. I have never in 42 years of flying experience and over 1700 hours logged time had any accidents or incidents and I was a flight instructor for 10 years.
*	My paper work wasn't completed correctly by the AME and the FAA threatened to yank my medical until I provide documentation showing I did not have the condition listed. It was a simple typo at the AME's office but resulted in my having to spend a lot of time, effort, and expense to correct. There is only 1 AME within 200 miles of me. I have to take time off work and pay travel expense if I want to use someone else.
*	My physical expired on 09/30/16 and I took the new physical on 10/02/16. AME could not issue my physical certificate because I had a heart attack that required three stints 1.5 years ago. My cardiologist says I am "fit as a fiddle" and should have no problem getting my medical. He also is a pilot. It is now 26 October and I have heard nothing from the FAA. My airplane sits in its hangar unused, I canceled my Cardiologist appointment for today for my annual follow up - why pay for his time now and then schedule a follow up appointment later to get what the FAA requests? I do not believe that the clerical staff in Oklahoma should be involved to issue my certificate. My cardiologist did my surgery and follow up. His certification should supersede the clerical staff in Oklahoma who have been too busy to tell us the documentation they want to review for almost a month!
*	my physical was on 9-19-2016 ,haven' heard from Oklahoma office
*	My previous ME told me that my medical was good for 2 years as I tried to get a new medical from him, but he refused saying that it was good for 2 years and would downgrade to a 2nd class. He was wrong and now I have to get an operation to show that I don't have a problem with blood flow. I am in great shape as all the doctors agree ( accept one with the FAA in Oklahoma.) So I plan to get the operation soon so I can get back to work on my IFR..
*	My privileges were suspended because of a pain drug I was taking.The AME had no control over the denial.He verified that I was totally capable of performing the duties of my permit.The FAA suspended my license until I submitted letters from three doctors verifying my competence to fly.Why have AMEs who have no power???
*	My procedure was one approved by the FAA but yet it took 15 weeks to receive certificate.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	My records were forwarded to Great Lakes, called many many times got recordings and statements saying they were training, busy and were NOT HELPFUL. Records sent to OK City, spoke with them claimed they did not get records, AME said they sent them, many weeks later NO RESPONSE to request.... NOT reviewed yet is only answer. NO procedure to "follow up" NO timeline available, no response to specific requests. VERY POOOR SERVICE, after a career as an airline pilot my treatment as a class III applicant has been HORIFIC. VERY disappointed with professionalism of FAA MEDICAL PROCES. NO ACOUNTABILITY in my dealings with AERO MEDICAL over the past few months. Does it take my senator to intervene to get REASONABLE responses from the FAA?
*	My regular doctor knows everything about me, yet he can't issue my certificate. I have to "waste" a day to visit (and pay) another doctor who can issue my cert. based on less thorough exam.
*	My request for Class II medical was denied because I told the ME that I THOUGHT I may have passed out one night when I got up out of bed too fast. I had every test that could be done, done! Nothing wrong was found. I sent every test, every medical visit I had with all Dr.s that I had contacted concerning this episode to the FAA. They even wanted me to send up a follow up, so I made another appointment and sent the results of that to the FAA. I have not had one other episode of fainting or passing out since. AND, I am still denied my Class 2. I have 27,000 hours of flying time. I am retired and just wanted a medical to fly occasionally for fun, nothing to do with income. SO, I was being honest when I mentioned this to the ME, and have been penalized for it. Guess I should have kept my mouth shut in the first place.
*	My Special issuance was denied in part to false information.
*	My special issuance was denied on June27, 2016 by Dr. Harrett Lester. I have been approved in previous years by Dr. Courtney K. Scott and other doctors before him. I have provided documentation and a letter from my treating Ophthalmologist Dr. [Name], stating that my glaucoma and field of vision has been stable for the past several years. I will continue to see him at least every six months. If my sight has remained stable why am I being rejected based on Dr. Lester's opinion. I am a very healthy 77 year old retired water well contractor and I still am very active. All I want to do is enjoy my retirement and fly my C 172 R and possibly help the CAP encourage young people to try their hand at aviation and possibly serve in the military in aviation as I was privileged to do. You are welcome to review all the information I have submitted to the various FAA offices. Any thing you can do to help me in this matter would be appreciated. [Name] Cert # [Number] P.I. # [Pilot License] [E-mail]
*	My Third Class Airman's Medical Certificate issued May 25, 2016 was denied by the staff at Oklahoma City in Letter issued August 15, 2016 due to my unspecified medical condition treated with Baclofen. They could have just contacted me to get the details of the medical condition ( I was being treated for mild lower back pain). I believe that review of medical paperwork submitted is being done by medical technicians who only check off squares and don't take into account that they are dealing with dedicated pilots who enjoy flying and would not jeopardize the safety of the air system. It's guilty until proven innocent.
*	My Third class avmed was recalled for a visual problem in September 2015 which was resolved in May 2016 by eye surgery and indorsements by the surgeon and an ophthomologist sent to your office.. This was to answer the request made by Dr. Brian Johnson, OKC. Then further requests were made by another Dr. questioning some remedial surgeries dating back to 1992. Also wanted an update of my diabetes. I DO NOT have diabetes. Finally I was sent a "corrected" 8500-8 which I signed and returned but no response until I was asked to take a medial flight test by the FAA, GRR which I did on October 21, 2016 which satisfied the examiner who stated I was qualified to have my class 111 and could again fly my airplane. Awaiting the mail.
*	My Third class is suppose to be good for one year. I applied in June received my medical in October but the certificate is dated for July, meaning I'm loosing out on 4 months of time with my medical. I really only have an 8 month medical rather than a year.....
*	My TSH level was slightly lower than what it suppose to be , my application was sent to the FAA.my doctor increased my syntroid medication from 50mg to 75 mg. and now it's within a limit. It took more than 60 days for the FAA to send me a letter to submit the new TSH blood work to show its within a limit. The process is too Long and TSH thyroid medication in my opinion is not a life threatening medical issue and specially if it's out of limit a little. Thank you.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	My two previous AMEs were incompetent. They did not know how to take blood pressure. They wanted to be done with you in 15 minutes to get their \$100 and get the next airman.
*	My understanding is that the "new rules" won't help me because I'm a General Aviation enthusiast who hasn't had a Class III in over 10 years. I'm a pretty healthy 56 year old guy, and I am also a highly educated, practicing medical professional, but I can't fly because of an arbitrary metric that has absolutely nothing to do with my health, even though I am compliant with medication and my CPAP. For heavens sake, give the AMEs your guidelines and let THEM figure out whether I am safe to fly. I'm not a professional pilot, don't want to be a professional pilot, and don't want to do anything more than fly VFR (more than 50 miles away with an occasional friend or family member). The joy of flying is dying in this country, partly because of this kind of nonsense. Commercial pilots? Yes, they absolutely must have stringent medical requirements. An average Joe Blow like me, not so much.
*	Need more communications from Oklahoma City as to the status of my medical. I have to apply for special medical certification for my diabetes and have not heard since I tried to call and get a status about 2 months ago. Was told then that it was being processed. No ETA. Frustrating.
*	Needs to be an easier way to meet with HIMS AME's and be able to get that evaluation accomplished. Way too difficult to do in southeast South Dakota.
*	New medical condition takes extremely long time to certify by oak city.
*	No coordination procedures between pilots personal Dr and AME. Form letter for Diabetes helps streamline information from primary care physician but there is nothing for pulmonary. This makes it very hard and time consuming to get an essay from the pulmonary Dr. Process for special issuance is way to long.
*	No direct contact to advise appeal process no follow up with treating primary doctor
*	No explanation ever offered for lengthy delay. When I contacted my congressman and his office intervened, certificate issued in less than a week.
*	no information was provided as how to correct my condition so i could fly even with a 3th class or if i could used i cfi with licince pilot
*	No integration with FAA
*	No real way to contact to speak with someone regarding my case.
*	No user fees.
*	Not fair at all. Redundant and confusing regulations.
*	Notwithstanding the opinion of my AME examiner my 3rd Class medical renewal went to the FAA for review. This decision was based on a cardiac nuclear stress test which was subsequently shown conclusively to be a false positive by angiogram. All requested medical records including lab and test results narrative letters from treating physicians have been submitted. The medical records clearly meet FAA requirements for issuance of the 3rd Class medical renewal and AOPA has now made two status inquiries on my behalf, but the FAA is still unable to say WHEN their review will be completed. While I understand that this delay may result from staffing issues or other internal administrative problems, but it is unreasonable for the review process to take this long.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	<p>Oh this is going to be fun complaints. Let's start May 17, 2016 certified letter stating how must provide certain information my PI number is [Number], so you can refer to the letter because I'm sure it's your sister [Name]s been lost which would not be shocking March 19, 2015 I received another letter requesting other information which I have provided to them. March 19 another letter that requested certain information which I have already provided by hard disk in the recommendation that you needed as well as a letter from my attending cardiologist of the cardiovascular the valuation was done he is cleared me I have no underlying coronary artery disease. They are requesting actual images of the echocardiogram performed on March 25, 2016, July 21, 2015 and January 26, 2014 I have supplied all of that to them except one of them may be absent because because they went to The digital epic system and is unretrievable then again. October 13 requesting more information of the same distance from my echocardiogram but I have a ready supply and they one full motion images of my cardiac catheterization which I have supplied In that the request of the most recent cardiac Cath which was done two days after my alcohol ablation because I was having considerable chest pain which was normal for what procedure I underwent. And they also require the radio nucleotide study performed on June 30, 2016 as well as the images which I did provide. They also requested that I had an LV Gram showing my ejection fraction as well as right heart pressures. This was not indicated it was not done by my cardiologist so I cannot provide it to you I did undergo a radionucleotide stress test which cost me money out of my pocket to do now you want a Holter monitor and a recent EKG why don't you look at the most recent stress test that was provided to you and it's shows a most recent cardiac evaluation that includes A recent electrocardiogram that you have requested. I cannot provide aleft ventric</p>
*	<p>ok city must be more prompt and need lessons in honesty. if you are in perfect health and ok city doesn't get involved it works ok. but if you are special issuance and flying is your lively hood and you have to submit the same papers multiple times. that is time consuming and is a very flawed.</p>
*	<p>OK. medical FAAis a mess. Requirements have changed several times for my special issue. I don't know what they will be for my up coming medical. They have lost data several times in the past. It taakes up to 2 months to get the medical through OK.</p>
*	<p>OKC takes way too long to review documents (4 to 6 weeks), especially for those of us who fly for a living. OKC asks for redundand and repeat info. OKC refused to issue my medical certificate after passing the class I flight physical and recommendation to return to work from my treating physicians. OKC doctors will not talk to their customers, the pilots. I have filed a request for a congressional investigation into what I believe is a violation of my civil rights by OKC Aeromedical for delaying of issuance of my flight physical.</p>
*	<p>Oklahoma City is insistent on having sleep numbers that they think are appropriate regardless of what my personal physician who is an expert in this area says. Sleep study shows no issue with numbers but personal use machine shows unsatisfactory numbers; therefore FAA says I must get these numbers corrected to get medical.</p>
*	<p>Oklahoma City office requested additional review by a sleep specialist for mild case of obstructive sleep apnea, even though my primary care doctor is aware of the condition, approved of my mitigation measures, and I've had no sleep disruptions. I have been unable to obtain an appointment in the timeframe directed by the office, and they have not granted an adequate extension. Recently received notice that they have denied my certificate with no further time extensions to allow me time to get through the military medical system.</p>
*	<p>Oklahoma did not respond with their rejection and asking for more tests in a timely manner. My chardeologist and the person interpreting the stress test saw no problems and I exceeded the requirements for my age group. 68 . I have had a special issuance for i5 years with no problems . In fact I just got back from hiking to the bottom of the Grand Canyon last week.</p>
*	<p>On the prescriptions. I believe some airmen who have issues that require medication that maybe disapproved or approved but have to go through a long process may not take them and could harm them more if they don't take it. Just some hanger talk amongst pilots. I know Lexapro and other anxiety medications were talked about. Not necessary a complaint, just observation.</p>
*	<p>Once a special issuance is applied for, you go into the FAA black hole and no one will give you any information on the status other than telling you that you are in the queue. Not helpful. Special issuance took 4 months. There were no issues, other than FAA taking much longer than they said.</p>

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	Once one is tagged with a condition "i.e., Sleep Apnea", clinics never let on go as cured. This is an insurance windfall for these clinics. As a result, the FAA robotically burdens the applicant with strict, difficult conditions and requirements for re-issue. Very little empathy on part of FAA beauracrats.
*	Original application after Kidney transplant in 2006 indentified Prograff as not allowed. Caused me to delay and change to cyclosporine. A famous airshow pilot was re-issued in only 3 months after xplnt because prograff was so good. We later found out over 12 Airline pilots were flying on prograff and were told they were grandfathered. Made no sense as either was safe or not safe. It appeared to have been brought about for other reasons affecting a specific air-mans reason for denial.
*	Other than being almost totally useless, the redundancy of the exam's history requirements is ridiculous. I had a misdemeanor in the late 1990's and have had to explain the same misdemeanor on every application since. What is wrong with "No change since last exam"? The reason i believe the process is so worthless is based on personal experience. I ran a large charter company and my chief pilot received First Class medicals. He was a retired airline pilot in his late 60's flying Lear 35's for us. Well - THREE DAYS after completing his First Class Medical Exam, he has a stroke on short final into KEGE. The Copilot did not recover the aircraft in time to avoid running off the runway, and a passenger was injured. So much for the medical exam effectiveness!!
*	Over two months, and still not heard anything from FAA. Called, was on hold a while, just told "listed for review."
*	PI # [Number] APP ID # [Number] I had one single blood sugar reading out of range in January 2016. That reading was not done under fasting conditions as is normally done. That reading was reported by my AME. Based on the one single test, my AME (who is also my personal doctor) decided to change my medication... and then my certificate was rescinded by the FAA. My AME/personal Dr has been working with me directly on a quarterly basis for many years. Together we monitor my diabetes condition and control it. I have attended several Diabetes education courses to learn as much as I can. Every exam since January 2016 has showed readings within the FAA accepted range. I measure my own blood sugar daily and monitor it. Over the past year, I have conducted hundreds of tests, my reading has only been over 200 maybe three times. My quarterly A1C readings have been 7.5 and below all year. I have never had any of the kinds of symptoms like dizziness (or others) that the FAA is concerned about. I have complied with every requirement (stress test, eye test, etc.) and this was first submitted by my AME last year in August and then again by me on October 15, 2016. I do not understand how the FAA could have so much backlog that I still have not heard any response. Today I finally reached someone by phone at the FAA medical branch... after about 10 attempts since the fist part of December. He found my data and said 'yes we have your file'. He said he would flag it for someone to review it and someone will get back to me. My question is... HOW MUCH LONGER DO I HAVE TO WAIT ON THE GOVERNMENT TO TELL ME I AM HEALTHY? I can confirm that I am. My AME can confirm that I am. Together, we keep it in check. This is too much government overreach in my opinion. I have a small private vintage plane that I like to fly for pleasure. I enjoy taking my wife, friends, kids, and my grandkids flying in rural central Texas. We live on our own rural airstrip.
*	Pilots who have a medical problem and have it under control with medication that has proven should be approved to fl. My safety records is proof and I should be given an OK to fly.
*	Problem is you lump us all into boxes then make decisions and not look at us as individuals. For example, if you take a drug that is on a list your out even though it doesn't affect your ability and the medicine isn't being used for what it was designed for.
*	Process takes way too long (3 months) and insufficient explanation was provided when medical certificate was declined.
*	RE Third Class Reform - it is my understanding that I Will Not Qualify under the new rules because I have been officially Denied my medical.
*	RE: Item 42: Not employed as pilot because of unfair FAA decisions. FAA will surely change this rule as well, why bother?

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	Received written request for extensive additional medical documentation which was provided in a timely manner for consideration by a committee for a Special Issuance. Received a very nasty letter indicating in underlined bold letters of things that I did not provide. They were not provided because they were never asked for in the first place! This delayed consideration by another long period of time. The list of requested additional information should have been more comprehensive in the first place. The tone of the letter requesting yet more information was not very professional and was almost accusing of errors on my part.
*	Redundant I know, but here is my experience with the FAA, and also why 97% of pilots hate it like the plague. I disclosed a DUI from my teenage years (early 90s), even though it had been expunged from my record and you never would have known about it. I didn't want to hide anything, even though the FAA never would have known. Big mistake. My advice to anyone dealing with the federal government: don't say anything at all. They are not your friends. They only want to rip you apart otherwise they wouldn't have jobs. Hell my brother is an SA-13 FBI agent, pilot, and scolded me for giving FAA any insight into my past - stupid idealistic me believing that my government was on my side. Driving home from work the air suspension on my Audi failed on the front-right bellow. That put me into the guardrail, I was able to control it and come to a stop on the shoulder. The car was drivable, but the right front wheel of an AWD vehicle was resting against the fender. I walked to my home 1/4 mile away and called my insurance company. The police showed up at my house and asked about the incident, which I explained. Due to a small cut on my (shaved) head from the rearview mirror, they asked for a mandatory breathalyzer since 'this was an injury accident.' I refused. I hadn't had a single drink in days. They charged me with DUI, Hit & Run - all of which were thrown out and I was ticketed for failure to report striking government property. Paid my fine and was on my way. I self reported the refusal of the breathalyzer in accordance with regs. My driver's license was never suspended, I had a moving violation. I was contacted by [Name] who brought to my attention that I had not noted this instance on my re-application, which was a mistake. He read the discourse on the case and emailed me this: I am in receipt of your statement. Based upon your statement, I am submitting my report as an incorrect statement on your Application for Medical Certificate vice a false
*	Ref A 3rd class special issuance. The length of time it took, and the lack of information available, (other than it's in the system) was very frustrating.
*	Ref. [Name], Last Four -- 1719 I took my 2nd class flight physical in -- Feb. of 2016. I was traveling afterwards and received a notice to -- Send in Supporting Paperwork for my Sleep Apnea, that has been treated and No Problems since 2010. Since, I was traveling the USA (I'm retired), I did not respond withing 60 days time. The next notice is -- turn in my 2nd Class Medical Cert. or be fined \$ 10,000.00 dollars. I'm forced to send in my 2nd Class Medical Cert and Notarized Statement to the FAA in Oklahoma City, OK. I complain about the Unfair/ Unreasonable Demands from the FAA, Now the FAA has my 2nd Medical Cert. and I have I have Zero Health Problems. I asked for a Supervisor to get involved and reply to my complaint but Nothing from the FAA. So, what do you think I think of the FAA at this point time. Not that much, the FAA has all these preset take-a-ways in place to take away your FAA Ratings or Medical Certificate. I was traveling the USA , my first trip since I have retired. From the FAA Viewpoint, don't leave the house for more that sixty days or we will do bad Things to You and this happened to me. Currently, I'm looking into moving out of the USA for a trial period. I did my part to defend the USA since I was 20 years old. I enlisted in the Army to go to Vietnam. I served there as Helicopter Pilot. I was wounded & lost several friend's and fellow pilots and crew chiefs. I saw the remains of my friend -- Chief Warrant Officer (CW3) [Name] that was decapitated, his mid section cut open, his head was placed in his mid section (stomach area). The Viet Cong that captured him, nailed their arm patch on his forehead & placed his penis in his mouth. From looking at his face, he was subjected to horrible torture and a suffered a slow & horrific death. We found CW3 [Name] leaned up against a tree after flying all day & all night. We Tried... desperately to find him/ rescue him since he was shot down that afternoon in -- IV CORP Vi
*	Referring to your letter dated May 02, 2016 I never had chest pains, my problem was acid reflux. No previous correspondence mentioned chest pains. It's obvious there is no way I can comply with all the info you are requesting. In my opinion age discrimination is involved here. On July 5, 2016 I received a letter stating that if I did not sent in my unexpired medical cert. with in 14 days my file would be turned over to the counsel's office for legal action. My medical certificate expired in Feb 2016. Typical FAA, treat the pilot like he is a criminal.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	Regarding recent obstructive sleep apnea requirements, FAA Medical did not adequately communicate these requirements in advance to allow applicants to be sufficiently prepared at time of application, 90-day deadline to meet testing and treatment requirements was inadequate, unwillingness to extend deadline to applicants showing good faith effort to meet requirements, unnecessarily hostile response when 90 day deadline was not met, unwilling to provide estimate of response time when requested information was submitted.
*	Regional Flight Surgeon delayed issuance of certification because my calcium level was SLIGHTLY below normal. This was information I supplied voluntarily and is normally not even asked for. The AME thought it was ridiculous and my regular doctor said it was just plain stupid. Third class medical certificate was only issued for one year.
*	Requirement is for Medical Certificate to have original ink signatures unless received from FAA Medical Center in OKC. I received a certificate from OKC with a scanned doctor's signature (re-issue due to erroneous weight data on original). There is nothing on the certificate that indicates the certificate was generated by main office in OKC. How is an FAA Check Airman (or any Airman for that matter) supposed to know it is from OKC and that the scanned signature is acceptable.
*	Requirements too stringet for 3rd class medial. Took a long time to resolve.
*	Requiring years old data about a prostatectomy is time consuming, costly, and irrelevant to aviation safety. Insisting that it involve contacting the urologist directly, rather than accepting written lab results, is absurd. Also, I have long felt that the whole program is designed for the economic benefit of AME's rather than any real health or safety benefit to pilots or the public. The costs to the pilot and the taxpayer are substantial, while the benefits to anyone are negligible.
*	Response times from the Aierospace Medical Unit were unacceptable, up to over 3 months in some cases.
*	Review of my medical records is now at 4 months. This has taken me away from flying, and it's unfair because of the reason the certificate has been deferred. This isn't fair!
*	same as before. AME did not correctly explain consequences of being denied and options and submitted it without my approval before I could explain how I was taking my medications
*	Same. AME's should be allowed to ask, "Do you have any support information to show this is under control and has been for 'x' amount of time?" and they should not be held liable if the pilot shows "false proof". That should be grounds for removal of the pilots medical AND license. Right now, it's apparently safer to differ any issues to OkC.
*	See Above about the timeline in issuing a decision after the submission from OKC to the Federal Air Surgeon and be aware that there is no mechanism in place for the Applicant to check on the status of his application once it leaves OKC.
*	See previous medical history would be a nice feature
*	seems like most people are paper pushers rather than trying to solve problems airmen should not have to hire outside services to file for them and feel that if you are 100% honest you will not get certificate. i have talked to current airmen who have told me you dont report anything because it will create problems.
*	Seems the requirements required for my case was beyond the norm. After submitting over 100 pages of medical records, I was again required to undergo an additional psychological interview that takes much time and expense. It seemed the FAA wanted me to give up and drop flying.
*	Seems too frequent. Once a year would be adequate. Even your primary care physician asks that you come once a year. This is especially true, and pertinent if you hold a Class I medical certificate.
*	Sent paperwork > 6 weeks ago. No response on special issuance to date. Length of time to process this is unreasonable.
*	Serve the people who put you there! Quit assigning diagnoses when not present and don't automatically assume problems. You ask for too much, my Dr.s know if i am healthy. If my doctors think i'm healthy and you don't that is a problem and you never saw me.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	<p>Since i do not hold medical at this time the entire processes a little intimidating , i would like the FAA to be a little more user friendly if they in fact are going to grant medically to those individuals who already have an issue they should either grant the medical or not but not leave that individual in limbo. If in fact they are going to grant the medical or never should of come out with those guide lines, after complying with their requirements either do it or never should of offered it to those who do not have a current medical.</p>
*	<p>Since my AME appointment on August 9, 2016, I have called OKC numerous times to ask for information on the reissuance of my medical certificate and have always been told: "it's been processed" by an examiner. They have asked for no further information from me, nor have they contacted me in any way. I am frustrated as it is now going on 3 months</p>
*	<p>Sleep apnea seems to be the latest fad in medical doctors trying to deny or delay issuing a medical certificate. I passed a DOT medical for my job that morning, but was deferred until i got more information about my sleep apnea to the FAA in Oklahoma. A previous sleep study was an unprofessional evaluation with no clear outcome or solution. It left me hanging with no options and only cost several thousand dollars to do. Their equipment was faulty and they had no solutions except to pay more money. I found another sleep study company but they are delayed over 2.5 months until i can even get a consultation. More money and no medical to fly with---- seems like a scam</p>
*	<p>slow impersonal functioning. Many FAA letters are form letters, threatening but not signed</p>
*	<p>Slow response in issuing certificate. If my career required flying, i would have been fired after waiting 2 months.</p>
*	<p>Somewhere in my many medical applications, either I answered a question incorrectly or a motor vehicle ticket (NOT a DUI) was mis-coded as a DUI, but now my MedExpress application indicates that I have previously had a DUI. This is not the case. I have never been stopped, ticketed, arrested, tried, or convicted of a DUI. I have tried several times to get my record corrected, with two different persons in the Eastern Region Office. Both persons say they can see previous correspondence I have sent on the matter, but it still keeps appearing on my Med Express summary sheet. My AME knows that have tried and I cannot get this erroneous data cleared from record.</p>
*	<p>Sorry I am repeating myself from an earlier block. I am really frustrated with the perceived inaction on my medical case trying to get back on flight status after a long battle with cancer. After a many rounds of treatments and surgery, followed by multiple scans show good results, my oncologist declared me cancer free. I then went to work through my union doctors putting together all the necessary paper work to submit to the FAA which I did about six months ago. Only after a little pushing did I get the word to go ahead and get a flight physical, which I did at the end of this Sept. Then it's the waiting game again until recent pushing again by my union representatives did I get the word now they want more scans and then my medical info will be submitted to an outside consultant for review and further delays. So yes I am frustrated and angry how long it is taking, especially since it will have a major impact on which way my life and my families will turn.</p>
*	<p>Special Issuance has never let my medical expire in 10 YEARS of applications. This year they let mine run out for FOUR MONTHS. You would not even answer the telephone. That is ATROCIOUS SERVICE!!!</p>
*	<p>Special issuance process following CABG far too expensive and lengthy. I have done the stress tests for ten years now and they only have proved that I can run on a treadmill better than 90 percent of the senior airline captains. Most would have an event if they had to run on a treadmill for their medical certificate. I have done five of the radio nuclide stress tests and taken a huge dose of radiation each time only to get extreme nausea and have my hair fall out. The test only showed that there was no coronary change in the last 10 years but I do run better now at age 67 than I did at 57. My cardiologist shakes his head at the FAA required testing because he has machines that can look into the heart much better than the FAA tests. Oh, by the way, I fly airplanes sitting down, not running on a mill till I collapse. The treadmill always wins.</p>

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	Special issuance process is horrible. Each time I responded to a request it took 80 - 90 days to get any response from OKC. The same records were requested and submitted multiple times. All required records were not included in a single request. No expectations were ever set for the FAA to make a decision or even to evaluate my records. No objective criteria were communicated regarding medical test results. Tests were demanded that are not predictive of pilot incapacitation. Information was demanded that went beyond what is documented in the AME guide for my condition with no explanation. Eight months have gone by since my application with no indication of when or if I will ever get a medical certificate.
*	Special issuances take way to long. Once the Federal Air Surgeon has the necessary info the decision should be made within a day or two. Pilots can be out of work while the paperwork sits on a desk.
*	Speed up the process of reviewing the relevant health reports as they are so time consuming. Be easier on the restriction while still maintaining the acceptable level of medical fit for pilots. A lot of restrictions could lead to more unemployment of skillful pilots.
*	Speed up the review process in Ok City. It took them 3 months to respond with a letter of review on my certificate application. Now it is taking me another month or so to get my various doctors reports put together and sent back to Ok City. Who knows how long it will take for another reply. I am glad I no longer fly for a living as I would be out of work for six months or more while this dysfunctional Federal bureaucracy plods through it's process. Pathetic!
*	Started early for my 2nd class special issuance All data was sent via FedEx early in my expiration month. Here it is 3 months later and still don't have my medical; consequently students are waiting with me.
*	Still do not have a decision on my medical certificate after 4 months.
*	Still waiting over 2 months for determination by the regional office. Issue should be easy since I am absolutely symptom free and certificates have been issues in the past to applicants with current symptoms. Happy with my AME but disappointed with the regional office
*	TAKES 3 TO 5 MONTHS TO RECEIVE MEDICAL CERTIFICATE FOLLOWING ALL THE APPROPRIATE PAPER WORK BEING SUBMITTED EVEN THOUGH THE SAME SPECIFIC PAPER WORK IS REQUIRED ANNUALLY.
*	Takes much to long (3 months) for the Oklahoma City medical division to make a decision on my appeal of their denial of reissuance of my third class medical certificate.
*	Takes too long for a response. Sent letter to Oklahoma, Dr. [Name] by Cert. Mail; was received on 9/26/16. As of today, 11/15/16, I have not had a reply. Airman [Name], PI # [Number]
*	Takes too long for review without any accurate feedback for length of delay.
*	Takes too long to come to a conclusion on accepted medications within the medical community
*	Takes too long to enter in to system, at least 14 days.
*	Takes too long!
*	Takes way to long to get special issuance approved. Very inconsiderate and inefficient. But they don't seem to care!
*	Taking 90 days to respond and then requesting more information and another 90 days. Over the years I have lost many months waiting, then approved before the next exam. Then start the process all over again. Their aim is to keep you out of the air, and hope you'll go away.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

- \* Taking way too much time to resolve my situation. I experienced a syncopy Oct. 11, 2014 two months after the passing of my wife of 56 years and two months, after 25 years of her surgeries, including two hip replacements, one of which jumped out requiring a second hip replacement, two pace makers, the second of which was nearing time for replacement, culminating in her passing while visiting family in Florida, again under very stressful conditions. I was hospitalized for two days undertaking many tests including mris, ekgs,ekgs on stress machine, ct scans, etc. All the doctors said it was due to stress and dehydration, which made sense, as I had been under so much stress with my wife's problems for so many years. Trying to satisfy the FAA's orders, I saw a neurologist who had me do a mri. The mri showed I had a very small stroke, which I had absolutely no symptoms or personal knowledge of. He also said I had afib. I have since seen a phycologist, two cardiologists who all said I do not have afib, and passed all of the phycological and memory tests. All of these doctors have written letters to the FAA stating they do not have any problem with me flying an airplane. Anyway, the neurologist put me on Xarelto because the mri showed a blood clot caused the stroke. Again, which I show no symptoms or problems culminating from a stroke (it had to so minor that my AME said it was just a little scar that showed on the mri). Finally, I will be 79 years old [Birthdate] live a very healthy life style and feel half my age. I have never had any kind of chestpains or shortness of breath, just the mini stroke and the syncopy over two years ago. It's my opinion that the FAA could at least issue a third class medical so I could carry on my flying career for a few more years. I've been told they had to wait two years from the time of problems. It's been over two years since the syncopy. Anyway, I'll stop with the comments, I just want ot continue flying until I consider myself unfit t
- \* The Airman medical system is based on honesty. If a condition is reported by the pilot to exist, and gets him/her DQ's, then why doesn't honest reporting of that condition no longer existing get believed. This system is a joke. While the ESSA simplifies 3rd Class Medicals for most pilots - including those who lie about their medical suitability - it locks me into the old deadend process. I feel like there are serious questions about equal protection between old and new pilots. ESSA does not apply to me, because my first denied medical was ten plus years ago. Why? A new applicant w/no previous medical can get waived by a personal physician, but I am locked into this old, stupid system....It's BS.
- \* The AME and his personnel were rude and inattentive. I had to return with documentation, and when I did he had already decided not to issue my certificate before looking at the info he requested. I could have been saved a great deal of time by a phone call. He reported conditions as problems without discussing them with me. The office was highly unprofessional and I would hope that the FAA would be represented better than they were.
- \* The AME portion of the certification process is outstanding, my issue is with the Aeromedical Division and the lengthy certification review process. I was employed as a contract Air Traffic Controller at a very small civil airport when my Class II was issued in March, 2016. However the Class II was withdrawn by the Division pending review of more information, namely proof of 6 hours nightly on a breathing machine, and my recent personal physician report on neuropathy. Neither standard is required for FAA ATCS. From experience I know the Division's review means a minimum of 3 months or more to get a response and my employer only allowed 30 days to obtain medical certification. Due to the Division's unreasonable information request and inability for a timely review, I lost my job! I am a retired FAA Air Traffic Controller with 40 years experience in high density facilities and familiar with the medical standards for FAA Controllers. This treatment does not happen to FAA Controllers. Also please note the Class II was NOT to exercise private pilot privileges. A Class II restriction for use as Air Traffic Operator Only would have been a more appropriate and responsible action.
- \* The AME should be certified to accept reports from local physicians and then to recommend issuance of the certificate if appropriate.
- \* The AME should have issued the medical certificate and then sent my information to FAA for final review. My medical certificates for 2013, 2014, and 2015 were handled that way. I brought all the information needed to do it that way. The AME very rudely said he was not sure what to do, so he was just going to send it to the FAA and let them decide. My physical was on 9/14/2016 and the paper work was sent in. I have called them once a week and I always get the same answer ,"its in line to be reviewed". It has been 2 months since it was sent in and I have been without flying privileges . Why the time delay?? Maybe they need to hire more help!!

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	The AME that processed my certification was totally unprofessional, left me uninformed and actually share medical information of another certification applicant leading me to believe he had me confused with another applicant leading to the current deferred state I am in and causing a lack of my solo flying privileges for the better part of 2016. Additionally, the AME was difficult to contact via telephone and it was obvious, his AME duties were secondary to his primary medical function of being a workers compensation and pre screening medical advisor. The AME should lose his authorization as an AME.
*	The AME was the most unprofessional physician I've ever had the misfortune to work with. He examined me with doors open in full view of other patients, yelled at me to get gastric surgery (also in plain view of waiting patients), failed to use gloves for the exam, could not interpret an ECG properly and forced me to get \$3000 of unnecessary medical tests. He had a parrot (an actual bird) with him and never washed his hands after handling the bird. I filed a complaint with the regional FSDO and was told that he has a lot of complaints on him and they would call me back after following up. They never called me back.
*	The AME was very rude. Demanded info & test which I provided then he wanted more without explanation.
*	The AME would not pass me for adequate vision in one of my eyes and recommended that I get a second opinion, which I did and asked for the results be sent to the AME. I have never heard back from the AME, and am not sure of whether he is still involved in the process, or whether it is now controlled by OKC. I am not sure how to get out of limbo, and don't know if I could even fly under "sport aviation" regulations.
*	The amount charged for a 3rd class vary widely. I was charged \$300 by one AME and when he had to send results by computer he jumped to \$500. My last exam from my present AME cost \$125.
*	The amount of review time used by the Oklahoma City doctors is beyond belief. It has been almost one year since I was able to ask for reinstatement of my medical. I have sent over 2.5 lbs of medical records for the first request, 85 more pages for the second request, and three pages for the last request. Each of these requests have entailed up to 90 days of waiting for a reply from Oklahoma City. No one was able to give me a date when the review would be completed. All they would say is that it is on the doctors desk. This whole thing is B.S.
*	The amount of time required is Excessive. I was deferred over a new medication. That added no value to the process. I understood the medication and it's potential effects long before the medical exam. Also, you have the worst communication process I have seen. Who doesn't have email today. You aren't aware that intelligent pilots understand the physical conditions to pilot an airplane. If I don't understand I can ask the AME. he is a physician.
*	The aviation medical doctors and FAA system is grossly inadequate. We have highly trained and healthy pilots on the ground and very sick, and grossly heavy and inapt pilots flying. The FAA doesn't understand, or consider differences in individual physiology. Furthermore the Third class reform (if and if not previously not failed) is grossly unfair and arbitrary, allowing some to fly and leaving some on the ground.
*	The certificate was revoked three months later on a technical issue. The stress test did not meet their standard. It was the same test performed by the same medical facility that had always been excepted in the past. I did not retest due to the cost.
*	The circumstances regarding my syncope, along with the thorough workup which was normal, did not merit denying private pilot's license according to the examiner who examined me. This is especially true since the circumstances under which I experienced the syncope are unlikely to recur while flying an airplane. Although my doctor concurred and I wrote asking for reconsideration, I never received a response from the FAA.
*	The class III Special Issuance is an unguided paper process. An ordinary pilot is unable to navigate the process. By the time I get the results back from the doctor and sent to the FAA months go by. After that much time I am not sure if my papers have been received. I don't have any contact that I can ask. My ability to fly is in the hands of a system that doesn't work very well. Fortunately, My health issues are no longer a problem. I just need help with the paperwork process.
*	The communication that I received from Oklahoma City when I got my special issuance was very complicated and unclear. I can't really figure out what I have to do in the future.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	The current FAA position on sleep apnea is terrible. For the FAA to have chosen to use the BMI as a bright line from where the OSA is determined -especially when so many pilots that are over the recommended BMI are NOT tested- makes the FAA position a joke. Instead of educating pilots on the problems of OSA (which is vague and impossible to measure accurately) yet allow pilots to smoke tobacco (a KNOW HEATH hazard) shows how deluded the FAA is on this issue! The question should be "are you tired and could OSA be an issue?", but NO, if you are overweight you HAVE to get tested by doctors that are more interested in selling CPAP machines and oral appliances. Sleep fatigue is an issue but God forbid that you wake up during the night an woe to those with a new baby, puppy if you have trouble resting because you are scared shitless that ANOTHER FAA directive will be coming out to take your source of money away. Focus on everyones health and establish REASONABLE standards for Christ's sake. I am getting older and it is becoming apparent that my tolerance of continuing to deal with the FAA grows less each day. It has been said that the FAAs motto is "we're not happy unless you're not happy" is actually too close to the truth to be funny.
*	The current form does not preserve our prior three years' worth of physician visits nor medication list, making it onerous to fill out accurately and completely. The same applies for my list of medications.
*	The current process takes entirely tooooooooooooooo long for a simple processing of the additional information you requested. There is nothing in process to tell me how much longer your review would take or where I am inline for processing, or how many reviewers there are doing the processing.
*	The entire process is mostly cold and bureaucratic except for the last letter I received. I did not feel the FAA was there to help me understand why I was denied, especially since my medical condition was essentially identical to when I successfully passed my medical examination several years prior with very similar tests and forms. It is as if no one had time to thoroughly review my prior results or read what I had provided in support of my medical certification. For myself I feel just as competent and capable of safe flight as six years ago, and my physicians agree. So why am I and my plane grounded for seven moths while this grinds along? I feel as if I am waiting for Godot.
*	The exam doesn't prove whether or not you are fit to fly. I shouldn't have to go to a special doctor 40 miles away and pay over \$200 for an exam my personal doctor can do better
*	The F.A.A. has given me an incurable disease that I do not have.
*	The FAA denied my medical certificate because they did not receive the info on my "Bruce Protocol" stress test. My cardiologist said I was healthy so I continued to fly while I prepared to re-submit my application. I have been flying since 1968 with over 15000 hours and never dinged an airplane or had any kind of incident. 90% of my time was in a Cessna 182 flying skydivers. I felt that I was the best pilot available for my customers. My license was revoked for a year. The package that I received according to "The Pilots Bill of Rights" contained the "Bruce Protocol Stress Test" that the FAA said they did not receive. The letter that I received and the reports of the FAA Safety Inspectors made it sound like I was a suspected drug dealer. Nothing could be further from the truth. I am a health nut, I don't eat anything sweet, no carbs, no grain, I don't drink or smoke or do any kind of drugs. I don't run seven miles a day anymore but I do walk/run three miles a day. I could run a marathon if my knees would let me. I feel very privileged to have been able to live the life that I have lived, but I feel that I have been treated a little harshly.
*	The FAA has issued me a conditional certificate in error, and has refused to evaluate the data that proves they are incorrect for over 5 years now.
*	The FAA has made some strides with the new Third Class medical program. The FAA could and should make the Second Class medical less restrictive in cases such as mine where there is no imparement.
*	The FAA HAS WAY TO MUCH ATHOURITY TO DETERMINE IF SOMEONE IS OR IS NOT FIT TO FLY. I CAN RUN CIRCLES AROUND ANY OF THE FAA PHYSICIANS
*	The FAA is ceding their high responsibility to maintain aviation safety. There is certain to be a degradation of the quality that the FAA has provided to evaluate pilots when non AME physicians are basically taking over the Class III certification process for thousands of private pilots.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	The FAA kept asking for the same information over again as well as medical procedures already satisfactorily provided as well as adding procedures. They kept moving the bar and have lost my confidence.
*	The FAA maintains a secret list of medications that are not approved. If pilots knew what medications are forbidden, we would not take them. Only when it is too late does a pilot find out a medication is disqualifying. The most relevant parts of my FAA medical file are secret (not releasable in the parlance of the FAA). If you need a special issuance, you are supposed to read the minds of the Doctors in Oklahoma City. They will not tell you what is needed or required. The Oklahoma City Doctors are only slightly less secretive than the government of North Korea.
*	The FAA Medical Division's call center serves only to insulate the applicant from the bureaucratic MDs who decide the fates of petitioners for the medical certificate. The call center representatives could never give me the status of my application over the year of misery that I endured in the quest of a Third Class Medical Certificate. Certificate applicants are relegated to the status of residing in a vacuum while unseen forces are acting to determine their fates. Many applicants, myself included, are involved in aviation as professional pilots; I am a second-generation retired, career Air Force pilot and flying has been an intense passion for the duration of my life. The stakes are very high for continued enjoyment of the experience of flight. My overall perception of the certification process is that it has become completely bureaucratic through the control of a group of FAA MDs who remain nameless and faceless behind the insular wall of the call center barricade. My application process, over a one-year period, was punctuated by the receipt of form-letters that consistently upped the ante for more input and culminated in eventual denial. The behind-the-scenes decision-makers have conferred upon themselves the qualities of omniscience and omnipotence as they dispense their rulings to the applicants with whom they have zero contact. This discussion is incomplete without reference to my comments (above) on the HIMS program. My perception, after a year of perpetration by the application process, is that the program is functionally designed to result in as many denials as possible. The trail of the demanding form-letters clearly indicates an evolution toward denial by requiring an increasing level of compliance. Perform a simple internet search around the parameters of "FAA HIMS program" or "FAA medical certification." Your inquiry will receive responses such as, "bureaucrats masquerading as doctors." This brings me to question the priorities of the Medical Certifica
*	The FAA Medical letters do not provide any telephone numbers or email address that can be used to obtain feedback on progress on the application. Based on what my AME told me, the FAA does not follow the recommendation of the local AME. So what value does the FAA place on the AME, if they do not follow his recommendation? This is why my satisfaction scores are so low. My medical certification has been in process now for 4 months, and the last time I called the number in OKC, I was told they are understaffed and over burdened. This is why I have a hard time understanding this process! For further discussion, i can be reached at [Phone Number] At least this comment box is large enough to review and read.
*	The FAA Mike Monroney Center has been sitting on my approval and issuance for many months now - when I call, it is always "Under review" All necessary information and tests were submitted months ago - still no action. Y=The process is flawed and ponderous.
*	The FAA needs to expedite the process of returning commercial pilots to work by rapidly processing information regarding any case, and quickly assisting the pilot to return to work. Please make two way communication between the FAA and pilot possible. Provide, and ask for phone numbers, email addresses, and maybe even text communication regarding ongoing cases from both pilots and FAA. DO NOT use the post office mail system as the primary source for letters sent requesting additional information from pilots. Just call, or email, and most professional pilots will be glad to expedite answers to FAA questions! This would return them to work in a rapid fashion, ensuring a better FAA/pilot relationship. By using the post office to send requests for additional information, you waste one week of precious time to even start communicating with a pilot. As a professional pilot, this means lost wages, and resentment for the FAA.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	The FAA needs to remove the requirement of psychologist interviews and cogsreen testing for pilots seeking a special issuance. The entire process proves absolutely nothing other than to provide psychologists and neuropsychologists a paycheck and reason for existing with the FAA. Psychologists are NOT PILOTS and therefore SHOULD NOT be permitted to make recommendations about the mental status of pilots who have proven themselves in recovery. The FAA cogsreen is not an accurate indicator as to whether a pilot is mentally capable of handling a heavy jet aircraft. It is discriminatory towards older pilots and is nothing but a "cover our butts" test that in no way tells a story about how a pilot handles his duties. The entire process needs to be seriously overhauled and looked at. The entire process then the length of time it takes for a pilot to receive his SI is horrible and is only increasing the numbers of Pilots whom refuse to admit substance abuse issues out of fear over extreme FAA oversight and administrative BS.
*	The FAA office in Oklahoma has not responded to my letter of Feb 15 2016 concerning my comments about heart valve repair procedures and not replacement as cited in the FAR's. I have had a repair and feel my health would not prevent me from passing third class requirements for approval. So why can't I be reconsidered?
*	The FAA OK office is a disgrace in the way it handled my two previous applications. In 2015 my application was sent in an official FAA reply paid envelope; they said they never received it. In 2016 my cardiologist's office faxed my application with a fax receipt to prove it; the FAA said it was never received telling me that the fax machine often runs out of paper or they find hundreds of applications lying on the floor by the fax machine. They treated it as a huge joke. I then waited over three months to receive my medical certificate. A DISGRACE!!
*	The FAA requires me to meet strict schedules. Test are considered out of date if more than 90 days old. I have to go to multiple Doctor and take many tests and usually extra tests due to schedule. Then the FAA takes 6 months and more to respond. This system does little to improve safety and much to deter flight activity. It is in serious need of reform. I will have to quit flying my Duke to take advantage of Medical certification reform due to another arbitrary regulator requirement. I have been a safe pilot since the late 60's or early '70s. I have owned aircraft continuously since 1978. I have watched as things changed to kill the aviation industry with no significant change in safety statistics. Where and Why do they keep coming up with some mush new nonsense regulation.
*	The FAA said I had severe brain injury. When I left the hospital after the plane crash , All I had to see was a Plastic surgeon and Orthopedic Dr. [Name] Neurologist. When I took my 3rd class flight physical and passed the FAA denied my physical and made me take several test and to see a Neurologist. I saw Dr. [Name] [Phone Number] She did a MRI & CAT scan and other test . Test results show I was normal and see no problem to fly . Any question please contact me [Name] [Phone Number] Thank you
*	The FAA should give more advice to student pilots as what class we can have to complete a certificate, in my case I just want o finish up my commercial certificate. I was told that I could take a III class medical to finish up my commercial certificate if I'm not going to exercise
*	The FAA should rely on tests and opinions of a pilots private physician. They should not require additional time consuming and expensive tests that dissuade pilots from seeking special issuancees. A stress test every year for a special issuance should not be required as long as the pilot's cardiologist is satisfied that the pilot's heart health is good based upon other testing and observation.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	<p>The FAA should request everything they want for the Special Issuance Medical Certificate initially, not several months after the AME or I have submitted information. This year I followed every thing that was listed to be sent in under the special issuance sent to me when receiving my last medical certificate. Then I get a letter from Oklahoma City requesting two forms not needed in the past; I call &amp; ask what they are and request where to get them! In the past I was requested to furnish medical information from a neurologist from a incident that happened two and a half years earlier. My AME was as confused &amp; frustrated as I was!! I have friends who have shuffled information to Oklahoma City three to four months to get their medical certificate, then have to start over again in eight to nine months! No matter what division of the FAA I try to communicate on line with, if it is Licensing, Certification or Medical; it is agonizing!! It seems each division of the FAA has there own programmers who put together their own Web pages in a totally different format that the other divisions of the FAA....One scrolls through numerous web pages trying to the information needed, sometimes with out success! One should not have to call Oklahoma City &amp; wait on extended hold to talk to someone to try &amp; get the information needed!</p>
*	<p>The FAA would better represent their customers (pilots/AMEs) by improving (simplifying) ability of pilots that have had their medical certificate denied following the approval of an AME. It is ludicrous and insulting to the AME to have the FAA decide if an applicant is capable of safe operation of an aircraft following the AME exam deeming them safe to fly. My personal issue is: I am denied a medical certificate by the FAA contrary to an AME exam indicating I am fit to be a PIC. Additional aggravation is the FAA immediately removes my RIGHT to fly, then after my providing all the "FAA Requirements" I have heard NOTHING from the FAA since my submission of required documents requesting reconsideration of denial. The FAA has no face to talk to. No personal representation to talk to. It is all "just do what I say an d Shut-Up government double talk. Are you there because I am here; or am I here because you are there??</p>
*	<p>The information asked for originally was provided. Then more was requested. the AME would never tell me about any communication he had with the Medical Certification office.</p>
*	<p>The lack of communication, timeliness, and accountability are very discouraging. I have done everything right, and am in excellent condition. Having to do a duplicate tests for unknown/unexplained reasons is expensive and a waste. I would like to continue to get a true third class, but your bureaucracy will make me reconsider and start doing the process to meet the new requirements in the new reform law instead. Your processes do not result in safer pilots, but do result in extremely higher costs and I would assume results in unsafe pilots flying who try to avoid the FAA medical machine at all costs. The statistics are quite compelling accidents/crashes are extremely rare as a result of a medical issue, your processes and requirements should be adjusted to be accordingly risk based.</p>
*	<p>The length of time to get my waiver.</p>
*	<p>The lengthy process for review of sleep studies and blanket quick reaction, without sleep specialist comments and recommendations. Oral sleep devices are better in most cases for those that have difficulty with CPAP machines. I was in the army for 30 years, my first year out almost cost me my job! I went from flying for the army to flying as a contractor.</p>
*	<p>The letters I received from the OK branch could have been more complete. The initial request I received turned out to be incomplete, because after I would comply (by sending the information) I would be asked form additional items. This process seemed to go on for nearly 6 months. Then I would receive a letter asking for some of the same information I previously submitted. It was not until I called OK City that I learned the computer discs were not readable by their systems.....even though I could view all of the images on my computer. I don't believe OK City has the airman's interest I mind while trying to process the medical certificates. The process is very inefficient and needs to change to benefit the pilots.</p>

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	<p>The Medical Certification Division in Oklahoma City was very unfair in requiring additional review after receipt of all examination and medical documentation from my AME and Primary Physician. In spite of having submitted all required documentation including Form 8500-14 and my AME's examination report which stated that I had a stable condition (no change from previous) and 20/20 vision, the Certification Division retracted my Class II Medical Certificate immediately pending my passing a Medical Flight Review under auspices of my regional FSDO. So inspite of passing all tests, and regardless of my having complied by submitting all required medical examination and lab reports and receiving a passing Medical Certificate by my AME after examination, the Oklahoma Med Cert Division took a draconian step to IMMEDIATELY suspend my privileges at great financial hardship to me as opposed to trusting their field AME's recommendation and allowing me to continue my privileges for a period of time to allow scheduling of a Flight Exam through the local FSDO. No matter how hard we pleaded our case that my vision was unobstructed 20/20 based on professional examinations and that my AME, an FAA qualified doctor, examined me and confirmed the vision, the FAA Medical Certification Office refused to yield an inch. The costs to me to get professional exams to comply with all FAA requirements and the costs of lost flying for 6 weeks and the costs to provide an airplane for the Flight review added up to a large and wasted amount of money with zero regard form the FAA. They are not partners with aviators, they are major bureaucratic roadblocks.</p>
*	<p>The medical requirements are way over the top for a third class certificate - especially for private pilots. I'm safer flying a plane then driving the car. Its about time the requirements are lessened.</p>
*	<p>The need for special issuance a medical certification do to the use of one prescription for anxiety and depression is by my estimates unnecessarily complicated and labor intensive. For individuals who have not had any documented history of severe emotional distress diagnosis or behavior, to have to jump through all these hoops is counter productive. A primary care doctor could easily provide all the information necessary and should be the first avenue of resolution. Additionally there are far to few HIMS AME's to provide any type of convenience. They are scattered geographically and require in my instance 2+ hour commute, which I find to be a totally unacceptable procedure to make anyone go through.</p>
*	<p>the new england region does not have a flight surgeon. Paul Clark retired, therefore my application was forwarded to oklahoma for review. It has been a month and I am told that there is a large back log and it could be months before it is reviewed. This is entirely unacceptable. I have called FAA Oklahoma City and they say they have flagged it. What can I do DR. Fraser?</p>
*	<p>The new sleep questionnaire is completely ridiculous!!....Asking a question about riding in a car as a passenger DOES NOT have anything to do with being a pilot to properly conduct some sort of sleeping pattern!</p>
*	<p>The new third class medical certificate process does not allow me to self-evaluate my medical condition because I was denied a special issuance for a second class medical certificate with no recourse or appeal. I was not given fair or full or reasonable consideration. My special issuance Medical examiner was fair and supportive and encouraging. I submitted documentation to support my case. After several months I received a short letter in terse language from an FAA lawyer basically saying that I had done nothing the FAA required and that I must surrender the medical certificate I did not have. Really!</p>
*	<p>The numerous requests from the FAA to complete this survey on harassment. Between all the emails (repeated) and this mailing. It is harassment!</p>
*	<p>The overreaction to sleep apnea required that I have a safety pilot for six months while it was proven that I didn't have sleep apnea although I snore a lot.</p>

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	<p>The past 8 years I have had to go through the Special Issuance for my Class III Medical. It is absolutely one of the worst processes I have ever been involved in. All because I had a chest pain 8-9 years ago and was truthful on my medical application. I have had so many radionuclide stress test run on me that my cardiologist advised me to not have another procedure because nothing was wrong with me (and I might start glowing in the dark). All my test have been way above the standards (10 Mets- I had 13+ mets, every time along with all the other test involved) but yet I had to go thru the same procedure year after year for apparently no reason (Except to fly). Plus it is extremely expensive for the test and very time consuming with the needed blood panels, seeing my primary doctor and then back to the Cardiologist. Send in all the paperwork and then sit back and wait for 3 months to see the results and go thru the process again starting about 6 months before the 12 month expiration date. All 3 of my doctors thought it ridiculous what I was having to go thru to maintain my medical certificate. I completely understand if I really had something wrong that would be a danger to public safety." Once you get in the black hole you never get out." Now that the (What I Call) Pilots Bill of Rights has been approved and soon in effect, flying will again be a pleasurable experience without constantly going to doctors to maintain a Class III Medical Certificate. Nothing was ever wrong with my health in the first place, so all the Doctor's and my AME have said.</p>
*	<p>The process can take away a medical in an instant and for any reason to do that means many months to get it back. Work hard and fast, not government fast, but reasonable person expectation type of fast when you're talking about someones lively hood that has spent over \$100K on training and years of studying. Aside from making sure I have a pulse and can see I have no idea what the purpose of the medical examine is, what are you looking for? Then again making it more comprehensive will just make it more expensive so that is pretty much out of the question as well.</p>
*	<p>The process is completely broken down. Long wait on calls to the 'receiving personnel' for no information on what is the hold up, is it going to be processed, and lack of letting you talk to someone that prepares the letter to the pilot which advise of additional information required. The attitude of 'this is the way it is and that is tough' prevails. I understand they have lots of request to fulfill, But why not put you in contact directly or indirectly with the person that sends out the letter requesting additional information. Too many layers of people to contact. Never can the same person be reached or do the folks respond with an e-mail of progress as they indicate will happen. I have the feeling that if I press too hard for response, my paper work will go to the bottom of the stack. I am aware that AMCS is a separate division of the FAA, but I was a Great Lakes Region Friend of the FAA and Safety Counselor, Original Wings Program 20 level, and many flights with Pilots completing the current Wings Safety Program. I believed in what and why the FAA did what they did do. [Name], [Pilot License]. Thanks for letting me give my input on the Survey.</p>
*	<p>The process of referral for special issue removes from the AME the ability to evaluate an Airmans present physical and mental condition. Once in the Special Issue system there is zero feed back and the delays and requests for additional information take months to process because of the FAA inability and unwillingness to directly contact the Airman or the Doctors they are requesting information from. My AME appointment was 3/14/2016 I passed the physical given by the AME but was refered to Special Issue because or prior completed treatment. I just received my third request for information after seven months of delay I have submitted 150 pages of medical test reports, MRI reports, Physiatric Evaluations, Letters of reference, Letters from attending Physicians, and a USAF Reserve Senior Flight Surgeon. WHEN IS ENOUGH AN ENOUGH. 10/30/2016</p>
*	<p>The process of the Aero Medical division has taken way to long. According to Dr. [Name] office, the Aero Medical division allows their private contractors, 30 days to respond once a situation is turned over to them. It has almost been 2 months and I am still waiting in suspense.</p>
*	<p>The process to give information and receive answers us arkaic at best. You provide all the info and the requests for more never ends. Even when you have been cleared by five of your own doctors. The system doesn't work.it's broken.</p>
*	<p>The process took a very long time to complete</p>
*	<p>The requirement of a "Typed" report from my cardiologist is unnecessary - with all the bureacratc paperwork that transpired in my case - the FAA could have easily typed the content it required.</p>

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	The requirement to wait 3 months after cataract surgery for the testing required is not documented anywhere and has delayed my medical certificate by at least 6 months and has significantly increased the cost of this required testing and paper work. (Needs to be done twice).
*	The requirements for Special Issuance (in my case, stent and pacemaker) are not easy to find, on the FAA website. The AOPA information is not quite current. EVERYONE, including my AME, bemoan the fact that the FAA "changes the rules" frequently, and without notice. The reason my SI is still being processed is because of a pacemaker dependency requirement quoted to me in a letter for OK City, which said requirement I cannot find on the website, and which only partially concurs with one of the 9 points currently on the FAA pacemaker standards for AME's website. The whole process is wrapped in mystery and obscurity, even to those medical professionals who should have a clear understanding. Even my cardiologist and the pacemaker technicians do not have a full picture. I as an airman have felt that I am completely on my own in this regard. The time lag (so far, 60+ days, now waiting for response to the latest test) is unacceptably long. My AME told me at the outset it "would probably be around 90 days."
*	The review of my application by the Aeromedical Branch in OKC is still in progress after five months. I have not been contacted by the FAA in the meantime. I have inquired by telephone to no avail. I have also contacted my congressman for help.
*	The review of my application took too long, and I wasn't being kept informed of its progress.
*	The review was simple, but took longer than necessary in my estimation, which prevented me from flying for approximately an addition 60+ days. From what I could tell, the review only required reading a couple of pages of documents, so the delay was from being inefficient or understaffed.
*	The review/processing time is too long
*	The sleep apnea diagnosis previously addressed was a nightmare process to work through with the FAA - required a special conditional issuance of a first class certificate. Although I successfully passed my exam in 2016, I have retired from aviation due to the frustrating process with the medical staff at FAA in OKC. After 45 years of flying with a perfect flying and safety record, the joy of aviation was slowly replaced by the unfortunate and burdensome bureaucracy of the [Central] Administration.
*	The special issuance process took way too long! The value added for all the costs and time utilized was next to nothing! For a general comment in my medical records about having mild sleep apnea the FAA required a wakefulness test, which I took and passed. One year later the FAA said you have to take a sleep study, which I did and passed without the need of any breathing devices. This cost thousands of dollars and for no value. My personal cardiologist is taking very good care of me and knows my coronary health very well. I don't need the FAA having their own cardiologist doing a second review of my coronary health. Again, thousands of dollars spent and over 90 days waiting for the FAA to issue a special issuance 3rd class medical certificate. Absolutely, no value to me and little to no value for the general public or safety of the National Airspace system. I lost over 90 days of being able to fly.! I own an aircraft and it is occurring costs even when it is not being flown. Thank goodness we have hope of there being a medical reform. I hope you can understand why I am very dissatisfied and don't see the value being added by the FAA.
*	The standards by which the 3rd class medical certificate are based on are an insult to pilots intelligence and a dumbass relic. I have been denied a renewal due to conditions that I have been approved for 2 previous times, yet the bureaucratic-bullshit hoops that I must jump through in the near future to become recertified will personally cost me >\$1000. I am so pissed off at you, the FAA, that have I not invested all the time and money to pursue a Private Pilot Certificate, I'd just say to hell with it and go around with my head to the sky, instead of in the sky!!! Unfortunately, I feel this survey is superfluous, but I understand it's used to justify many someone's governmental positions and will have no positive implant upon the whole damn process. Have a good day because you, the FAA, have ruined many of mine by grounding me!!!!

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	THE SYSTEM IS TAKING TOO LONG TO ACT UPON THE MEDICAL INFORMATION GIVEN, BOTH MY PCP AND THE AME HAVE OBTAINED NORMAL EXAMS, AND MY INFORMATION CONFIRMED I HAVE NO COMPLICATIONS FROM MY MEDICAL INCIDENT WHICH BASICALLY GAVE ME SYMPTOMS FOR ONLY 12 HOURS. SUBSEQUENTLY I AM GROUNDED FOR NO GOOD REASON, WAITING FOR MY INFORMATION TO BE PROCESSED. IT HAS BEEN OVER 30 DAYS AND I AM TOLD THAT IT MAY BE MUCH LONGER. NO ONE KNOWS. I AM A PHYSICIAN AND I FLY TO SAVE TIME GOING PLACES AND IT IS VERY FRUSTRATING THAT I CAN MAINTAIN AN ACTIVE PRACTICE FOR LONG HOURS WITH NO PROBLEMS BUT I CANT FLY MY AIRPLANE FOR A COUPLE OF HOURS. THEY NEED TO EXPEDITE THEIR REVIEWS OR ADD MORE PEOPLE TO REVIEW
*	The time frame for certification review is way too long.
*	The time quoted by the AME and the Northwest Mountain Region and from Oklahoma City all said 30 days for approval. It took them well over 90 days to review and approve my medical. There was no issue with my paperwork and all they had to do was approve my certification. The fact that this process took way to long for the approval made it very difficult to plan ahead and have my paper work in for my medical to not lapse which it did. I think that with my condition there should be no reason if my AME has been over seeing my case from day one and there is no change why he shouldn't be able to issue my medical and not need approval from Oklahoma.
*	The time to issue my medical certificate was 3 to 4 months. This is excessive. It should be issued in 2 to 4 weeks, just to review paperwork that the medical examiner submitted. My medical certificate is only good for 8 months after I received it.
*	The wait from OKC for a special issuance is absurd!! The process needs to be changed and soon. The backlog is really unnecessary to obtain a special issuance, especially if it's a recurring and known medical issue.
*	The whole HIMS process takes too long. It is ridiculous that my paperwork has been sitting since Nov. 2016. I did not do anything wrong and I should not have to get a decision on my future life far as long as i have been waiting.
*	There appears to me that there is no avenue that allows a direct conversation between pilot and the faa at Oklahome City. Most AME's that I have had contact with do not give any information to the applicant as to what is required or how to contact the FAA with questions about their status or how to address any problem area. Most Dr's seem to be concieted and arrogant and do not seem to want to discuss how to address either health questions or problems in the certification process. I think the entire system is broken and does not serve the public in either enhancing safety or promoting aviation. Please excuse my spelling, I do not wish to waste the time looking up my errors.
*	There are many over the counter (OTC) medications which have side effects much worse than taking one tablet of Trazadone (50 mg) at bed time. I lost my wife of 35 years and because of that I have been banned from flying. The reaction to the FAA of me taking one 50 mg tablet of Trazadone at bedtime for sleep was absolutely ridiculous and totally uncalled for. I was treated like some street person who was taking illegal street drugs, like cocaine or heroin. I have never been so humiliated before in my life. I just hope that the FAA is happy they have banned me from flying after 36 years for taking on Trazadone (50 mg) at bedtime for sleep. I am sure that the public is now safe.
*	There are only 2 AMEs in my county or residence. My AME is advanced in age and does not appear to understand CACI. As a result, he incorrectly deferred my medical application and my ability to work has been severely constrained while I wait for my application to be reviewed by OKC. The whole impetus for CACI was to reduce the workload on OKC staff by allowing the AME to issue a certificate even when common medical conditions that meet the necessary requirements are reported by the airman. I met those requirements yet my AME did not understand this. He would not listen to my explanation and he was also defensive and dismissive. I will never use his services again. He should be evaluated and, if possible, receive remedial training or lose his designation.
*	There doesn't seem to be any clear path forward for getting medical back after an accident in any timely fashion.
*	There is no New England regional flight surgeon since he retired. The UA office is in charge of the New England area. It makes it hard to reach him with a 3 hour difference.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	There is no objective medical standard for the denial of my medical certificate. Without a standard, the denial is the result of an ad hoc process that is not subject to analysis or review. The process for the denial of my medical certificate is not in compliance with the APA, and is therefore void.
*	There seems to be a problem with communication between the medical division and some of its AME's. Apparently the AME's who make a living from the aeromedical exams (and charge more) appear to have better results with the FAA. I no longer fly because of frustration with this Airman Medical system. There was no medical reason for the denial of the certificate other than bureaucratic obstacles; there were no medical reasons, as attested to by all physicians involved, for the denial.
*	There should be better communication between the AME and OKC. I spent considerable time and expense getting medical tests completed, and had the OKC office concur with the AME that the medical was justified, only to receive a letter asking for my medical to be returned a short time later.
*	There was no communication while waiting for review after required info was submitted. I had to turn down an excellent corporate flying job due to lack of action from FAA. And since then I have been required to submit more data from a health care professional . With no end in sight. Reason for deferment high blood pressure. The review took two months to determine three additional blood pressure readings were needed. Because of the length of review I will most likely never hold another pilot job the rest of my life. There are just not that many openings in my area.
*	There's a disconnect between what my doctor's said my ability to hold a medical certification would be and what the FAA thought I needed. The FAA's requirement would have been very time consuming and cost prohibitive. I sent in what was initially asked for only to be told that the FAA then required more information. Based upon my current medical history, medications I'm currently taking and current state of health I feel that a determination should have been made one way or the other
*	They gave me 60 days to obtain and send them follow-up imagery and reports from a more than two year old event. I did all that and haven't heard a word from the FAA since. I call my AME's office monthly to get any updates, but my file seems to just be sitting in a stack somewhere. I planned to do part time flight instruction this summer to augment my retirement income, but that season is over. I've spent thousands of dollars on follow-up testing, CT scans and MRIs required by the FAA, but only got curt denial letters until I finally contacted my congressman. They gave him good, clear answers, which he forwarded to me, so I waited until the two year waiting period was up before applying again in May. More expensive follow-up imagery and reports, still no reply from the FAA.
*	They told me to provide documentation from doctors I did my AME said everything looks good and sent to Oklahoma, they took forever and asked for the same documents and so on. I had to go to work in another profession because they take so long, all my doctors have cleared me, know they want me to do what they asked again. Know there threatening me to take action against me to surrender my medical. When I already did almost 2 years ago you would think they would know that. Idiots.
*	third class medicals should be discontinued--only those currently flying for a pay check need a physical
*	This entire process is a joke. You have a call center in okc that can't do anything but tell you no change. There is no grievance process for the FAA, NONE. My faith and trust in the FAA has been permanently changed. The corruption I have personally seen in my case has forever removed it. Since all of the correspondence I have received has Dr James Fraiser on it, I have to be realistic. Fish rot from the head down.
*	This is a problem and I complain about it: the doctor says: yes, you get a medical certificate; but oh, I can't figure out why the FAA won't give you one, and the FAA employee on the phone can't figure it out either.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	<p>This process (still ongoing) has taken 10 months so far. Two identical forms-2004 and 2016- this time my license was pulled because of decreased vision in my right eye (since birth). I asked to challenge by performance and was denied. I have been flying without event for 30 years. The ophthalmologist and AME who examined me, and the CFI I fly with, have all stated I demonstrate no visual deficit which should keep me from flying. And yet, I am now thinking about selling my plane because I cannot satisfy the regional flight surgeon, even after demonstrating satisfactory vision on the special exam Goldmann) she had me take. With all due respect, she has told me her default is to deny my medical, and I believe she will keep requesting tests and exams until she can or I walk away (close). This has been an epic hoop-jumping exercise. And the shame of it is, I am a safe and careful pilot. And there is nothing functionally wrong with my vision. But she won't allow me to prove it. Frustrating, heartbreaking, wrong.</p>
*	<p>This process is a waste of money. My AME charges a ridiculous amount for this basic exam. Every six months is too frequent. Can't our primary care physicians, the ones who know us the best, be authorized to do this? We could combine an annual visit with the primary care Doctor with the need for an FAA medical certificate. I believe the process deters people from being honest in their application. Many of the conditions requiring a waiver are outdated and need to be reevaluated based on current advances in treatments available. In addition there are people suffering from a myriad of conditions that are afraid to seek professional help for fear of losing their FAA medical.</p>
*	<p>This seems to be a scam where AME passes you off to other AME for further testing just because a doctor prescribed medications for you that are not amphetamines, just for stress. They tell you you need \$250 up front and that it will take 6 months or more of several visits and will cost about \$10,000.</p>
*	<p>This survey is a joke, right? I have had the sorry misfortune to have to deal with you people twice in the last few years. The level of arbitrary arrogance with which you treat airmen would be embarrassing to anyone other than a cubicle dwelling paper shuffling career bureaucrat. Phone messages stating 'we are too busy to take your call at this time,' hold times of 40 minutes, 6-7 weeks to receive only partial answers to written inquiries, and public servants refusing to accept calls from the public (is [Name] even a real person, or just a fictitious name used to avoid having to deal with airmen?), are just a few of the reasons that most airmen I know respect the FAA and its generally incompetent employees only out of a fear of the organization's apparently unchecked power. Where is the oversight and accountability? A question I will be asking my senators as soon as this election cycle wraps up.</p>
*	<p>This year, I attempted to renew my medical certificate. To hopefully expedite the process, I lowered the standard from second to third. When I got my second last year, it took about four months to approve the change from third to second. When it was approved, I lost several months on the amount of time left on my certificate. Instead of having a year to use the certificate, I had eight or nine months. Currently, I am still waiting for an answer from the Oklahoma City office. It is over two months since I had the examination. I submitted all of the required paperwork. In fact, I was commended by the AME for all of the supporting paperwork I supplied. Regardless, it is over two months and I am still waiting. I called the office in Oklahoma City and was told the application is still in review. Because of this, my employer has put me on a limited status. In fact, I haven't worked at all since then, so I suspect I have been "silently" terminated. This is the second time that I have gone through this with the office in Oklahoma City. There is no sense of urgency on their part. Perhaps this outcome is the result of a thorough review, but to this customer, it is an absolute disappointment. Hopefully I can assume my flight instructor duties if and when I get the certificate. I'll certainly need to review my currency with the school. It would sure be nice if there was a customer service attitude in the agency. If there is a delay in the process, it would be nice if the agency would advise the customer, but that hasn't been the case. We have to remind the agency of the delay. Be advised, we/I do so with trepidation because I don't want to upset the reviewing agency. Now, but writing this, I hope I haven't jeopardized my paperwork that is currently in the process.</p>
*	<p>Time within which application for special issuance is considered is unpredictable. Getting updates is hard. Process seems arbitrary.</p>
*	<p>To many FAA inspectors on board/in collusion with part 135 operators and take certs from individuals who can't afford to defend themselves.</p>

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	To much emphasis and paper work on Sleep study. Would make it better for everyone to rely on the AME's judgement on the pilots health.
*	To much to put in text. If you would like to hear me out. I would be happy to chat. [Name] [Phone Number]
*	Too damn long
*	Too many unnecessary requirements for third class and also too time consuming for review. Six months or more is not good for a review time period and the cost of tests is unreasonable, and therefore most people might not respond honestly to the questions or decide not to fly anymore.
*	Too prone to assume that mere preventive care visits indicative of poor health or sign of a problem. No regard of cost to the pilot to acquire requested medical tests.
*	Too stringent!
*	Took 3 months to review additional info requested by faa okc
*	Took 6-months to receive medical clearance. Both the regional flight surgeon and support staff took numerous vacations during my wait time. This was unfair, as I was expected to supply information to them ASAP, but they didn't respond in equal time. How can you have only 1 flight surgeon for the entire region?
*	Took over 4 months to get reply to application after documentation submitted, including 2 calls to OKC. To the best of my ability I submitted the follow up documentation requested and in reply got back a further, lengthy list for additional documentation, most of which is seemingly unrelated to original requests. Among the original documentation submitted were letters from all of the doctors involved with my case stating I was "fit to fly." It very much looks like, as a pilot, I am trying to hit a "moving target."
*	Took tooooo looking to respond to/issue medical.
*	Truth acquaintance bought a century V lite sport 1 demonstrated plane etc. He bought it \$18,000 plane here De Lang Fl. He went to Alabama to learn to fly. He didn't know they gave him [UNINTELLIGIBLE]. He had diabetes. Plane sitting outside 5 yrs. He lost \$18,000 cash true.
*	Twelve weeks is way to long to wait for a Third Class special issuance certificate to be processed and returned. With todays modern computer systems there should be no reason for this kind of excessive delay.
*	Two yeas for a TIA that was traceable and no residual effect. After one year Regional Flight Service suggested to resubmit resubmitted and denied!
*	Unbeknown to me, my primary care doctor submitted my last Holter Monitor with a letter explaining a glitch in the leads probably when i was sleeping. 6 months after getting my medical the FAA pulled my medical by writing me a letter rather than calling my doctor for a redo or a further explanation. I have been on a special annual medical because I take Sotalol. The sotalol is for Atrial Fibrillation that occurs maybe once every 4-5 years. I go away 4 months a year and didn't get back to Florida to see my doctor and explain what happened. I have not had the desire yet to go through the process again with the FAA bureaucracy.
*	Understand the reasons for most of the requirements, but believe extenuating circumstances may justify reasons for deviations. Do not understand when and how exceptions may be given. Not all medical conditions are of equal intensity even though they fall within the same general definitions. Defined medical conditions may vary in their ability to conduct flight safely. There appears to be no consideration given to physicians recommendations. Denials result in the same effect regardless of the intensity of the medical condition which caused them. In some instances it appears reasons for denial are based upon arbitrary rules that are not supported by credible evidence.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	upon entering the AME's office i was unaware of the need to bring CPAP info with me so my certificate was sent to the flight surgeon for review. I was then asked to provide information on a almost non existent arthritis condition I have. Then after a Dr. visit I submitted the physician's report and I was again denied and asked for a report on my lap band digestive devise. After that report complete with an EGD and photos was submitted I received my certificate. My complaint is that these items should have been requested at the same time. It is my opinion that the person reviewing the case only read the file up to the point they could say denied due to whatever said reason and not any and all reasons. this lack of thoroughness on their part caused me great delay and caused me considerable expense to re-obtain currant flight status.
*	Upon receiving a two lead pace maker implant due to slow pulse rate, I downloaded from the FAA website all of the requirements, fulfilled all of the test documentation at great cost to my medical insurance. All needed materials were submitted but my medical certificate lapsed while the review process continued and I was told that I would have to obtain a medical exam. I did. Then I was told that all of the submissions were invalid because their evaluations were not completed while I had a current medical and worse yet, I would have to resubmit new test results obtained while holding a current medical certificate in process. To make it even more difficult, I became Medicare covered during the process and would have incurred excessive personal expense. So, since I had not had a failure, I have been waiting to see what the requirements were for the new physical policies now in effect.
*	Use of medicine for the 20 years, that was previously reported with no problem , now FAA thinks it is a problem. It has never effected my ability to fly.
*	Very difficult to communicate directly with FAA OKC. They seem insulated and disinterested. Do not reply to letters so it is difficult if not impossible to know if they even received your correspondence, let alone read it!!!!
*	Very difficult to contact a real person at FAA Medical Branch in Oklahoma City to obtain information regarding the status of my medical application. When I finally did contact someone they were not at all helpful. Very poor customer service.
*	Very inefficient. Refused to use any other communication other then snail mail. Was out of work for months which caused difficulties for me and the company I flew for. FAA would give no information on status or progress of th application. Standard answer when calling was "it,s under review." My boss couldn't believe that I was unable to get information on progress. I had him get on the phone with me to prove that all I could get was "it's under review." After submitting half a dozen tests they wanted and letters from my doctor I waited another five weeks for them to get a reply that said they wanted to wait eight more weeks and take all the tests over again (expensive) to see if any thing changed. My doctor didn't understand. Nothing was going to change. Too much to explain everything, but I am EXTREMELY UNHAPPY with with the response and handling of my situation with the FAA. Very unreasonable and no way to communicate directly from my doctor to FAA doctor about the situation.
*	Wait time for OKC review is UNACCEPTABLE. Ten days would be reasonable. I went through considerable time and expense to provide the requested information in a timely manner. It took 35 days to complete a review and issue a certificate after they received the packet. My employer had to replace me. No other information was requested, it just took that long for a Dr. to review my case.
*	Waiting to long for medical. Unable to make a living for my family.
*	Was denied because I had burkitt's lymphoma from which I have fully recovered and been cancer free for 3 years. Appeal denied and asked for more tests which have done and results find no health issues, all normal results. My private doctor, [Name],MD, is in the process of writing another letter with results of those additional tests. All my medical care is provided by the VA which has gone to GREAT EXPENSE to do your requested and unnecessary testing. This has taken medical care away from other deserving veterans that actually need it. Another appeal with test results will be sent as soon as my doctor completes her letter in reply to your REF: PI # [Number], MID # [Number], APP ID # [Number]. Sincerely, [Name] [Address] [Phone Number].

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	Was originally told before my visit to AME that my condition (abnormal EKG but cleared by cardiologist) would only require me to provide a letter from said cardiologist and copies of my last three EKGs by the RFS office. After visit with AME, self reporting I have an abnormal EKG and providing a letter from my cardiologist saying there is nothing wrong with my heart, my medical was deferred. The FAA then, against my cardiologist recommendation, forced me to have a unnecessary nuclear stress test and send in the results. As expected there was nothing wrong with my heart but I ended up waiting four months to get a first class medical.
*	Was rejected as having sleep apnea, went to a leading specialist who said I didn't have it, but I forced him to send me for sleep study for FAA, results came back slightly but Dr said no need for treatment, but FAA rejected me anyway. And I never received one of the letters from the FAA that was sent registered and told FAA but they would not present evidence of it. LIARS!
*	Was rejected for not having a stress test done. Not having a current sleep apna reading. I have a C Pap machine, which I have claustrobia and rip it off sometime during the night. It has never affected my flying in anyway. Any flying I do now is with another pilot. I am alert no drowsy during the day actives. Passed stress about three weeks ago. Heart fine only one stent put in. Since I cannot ge my third med. back. Will go out an buy ultra light. That's the only way around this mess.
*	Was required to submit information that wasn't available to me (i.e. VA and military records) Not required for my first medical. it wasn't required initially and 5 years later nothing has changed.
*	Was told by AME that I needed a note from an eye doctor. FAA told me they needed a note from a surgeon because of a 25 year old hernia. Sent letter from surgeon and have not heard back from FAA.
*	We live in the digital age not the days of pony express. We should be able to communicate in a more timely manner than using certified mail. Each time I've sent the requested information (in one instance it was 74 pages plus a CD of numerous images) I never get a reply until I call and request that it be expedited. It then takes an additional 2 - 3 weeks. Also, it would be helpful to have the ability to speak directly to a reviewer.
*	Well, additional tests were required by [Name], dated October 17 2016, postmarked October 18, with a demand return date of 30 days from the date of the letter.-(November 16th). I did not have the letter delivered until 10/24 at 3 pm. 7 days later. This means I would have to return the letter by Sunday November 13th. This leaves only 11 working days to schedule and take the required tests. This is unreasonable. Doctors are swamped, and not standing 'at the ready' for me. I did mail Dr. [Name] a request extension letter, but have to heard back.
*	What a horrible experience. Started almost 6 months ago to get a 2nd class medical for a new job (no current medical held). Still no medical. Provided very complete medical records to AME for my exam which were submitted to AME office. Took over 30 days to just scan my records in. I already had them in original PDF format. what a waste of time and effort. And really, 30 days behind to scan documents? The another 30+ days to to get reviewed only to get a letter for additional information. So off to the Dr, and then yet another 30+ days to scan the new report from my Dr and now I sit here waiting for someone to review the new report. you got real issues there. 1. Fix the scanning. Accept electronic & pdf reports or get scanning done with in 48 hrs MAX. 2. If cases cant be reviewed in 72 hrs, then staff up or out source. 3. Maybe you need some other system. Maybe do pier reviews of the cases being sent to oak city by another randomly assigned AME and only have oak city look at cases the do not pass pier review. Totally acceptable. Get real. Medical events are not a leading cause of aircraft accidents. I'm more likely to die from a loss of control accident or fuel mismanagement then a medical event.
*	What happened to be able to fly if you had a valid drivers license??! Your airman certificate must not be denied because all of your providers, for reasons unknown, did not supply all of the dates required!!
*	When a medical certificate is submitted through an AME to Oklahoma City or Washington the process takes too long. The AME is not able to assist the airman in regards to status or expediting the issuance of a medical certificate by direct contact with the reviewing FAA physician. Calls to the phone numbers listed on correspondence letters from the FAA by the airman to Oklahoma or Washington result is leaving messages (which in my experience have never been returned). A phone call with a person on the other end of the line would expedite the issuance process.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	<p>When calling CAMI to check on the status of my Class 1, one of the operators was not helpful at all and kept telling me to wait longer. My medical records had been lost and it took calling another, very helpful operator to figure that out. I had to resubmit all my documentation, and it caused a 3 week delay in issuing my medical certificate. I still do not know if my records have ever been found, or if all my PII has been compromised.</p>
*	<p>When certain drugs are placed in general classifications that deny a certificate without through testing at the level the requesting pilot is using them and without indications of compromising his or her physical abilities, then the government is denying that individuals their rights to activities and freedoms provided by the Constitution. When drugs that are being used in such small quantities for other than what their intended use was designed for then comprehensive testing should be done before a certificate is denied. !!!!Additionally, I think I initially check 3rd Class Certificate when I should have check 2nd Class Certificate!!!!</p>
*	<p>When filling out the medical history online, one must re-enter the physician's address for each medical encounter listed. It would be a lot less time-consuming if the program would remember that. I do not have a current medical certificate. My expiration date was the end of September, 2016. I went for my flight physical on 9/16/16, and because of my recent cataract surgery, I had to submit further documentation to Oklahoma City, which I sent within a week by 2nd day air. Now almost a month later, 10/24/16, my medical certificate has expired, I have not received my new medical certificate from Oklahoma City, and therefore am grounded, even though my uncorrected distance vision is 20/20 in one eye and 20/15 in the other. And all this AFTER Congress passed Class III Medical Reform this past summer. So my complaint is that Oklahoma City is slow. Thank goodness I don't fly for a living! I am a retired general surgeon and also a former AME as well as a pilot. I guess my main complaint all along has been the slowness of the FAA bureaucracy. Another thing is that a very cursory physical exam will fulfill the requirements for a Class III certificate. I always did much more than that, thought I owed the airman/patient that, and it only takes a few more minutes to be thorough. I have had several different physicians for my flight physical over the past 30+ years, and I always trusted the thorough ones more than the cursory ones in terms of flight safety. For example, there is no requirement for a thorough abdominal exam. Most of the exams I have received have not included an abdominal exam at all. They would miss a large abdominal aortic aneurysm threatening to rupture!</p>
*	<p>When I called in October 2016 to verify if faxed paperwork had been received by the FAA and I went back to Fed Ex to resend it, they told me they weren't receiving it even though the Fed Ex manager had sent it 5 times! In the middle of sending it a second time, they told me that they did in fact receive the paperwork from the first attempt one week ago. Please help improve your faxing system or at least set up an email so that I can send it electronically rather than waste \$8 and my time to send important documents.</p>
*	<p>When I was an Army Combat Helicopter Pilot, I was arrested for Theft of Services (M) and Disorderly Conduct (M). I was not breathalyzed or given a sobriety test because it was not alcohol related. However, in order to save my Army career, I self-referred to a substance abuse program. I completed the program, attended AA meetings, and underwent rigorous DoD drug testing. Even after my incident and treatment, I was a Pilot-in-Command, Air Mission Commander, and Tactical Operations Officer for the Army. When I applied for my Class 2 Medical Certificate I told my AME about the incident and subsequent treatment. It was documented in my application and taken into account during my medical examination. When I received the rejection notice from the FAA Medical Certification Division (MCD), I was shocked. I received it 23 days before my Army retirement and while I was in AirEvac's flight certification program. The regulation that was cited included: Airmen arrested for DUI, alcohol-related incidents, revocation of driver's license, etc. I fell into neither category. During my "appeal" process, I was REQUIRED to: submit a statement explaining the conditions of my arrest and treatment (understandable); submit the results of my treatment (bit of a headache requesting from a military establishment, but understandable); pay out-of-pocket for a 5-panel drug test (which is to detect drugs, not alcohol); and forward the police report from the arrest incident (understandable). During the 4 months that the FAA MCD was asking me for all this (several things asked for more than once), I was without an income because I couldn't fly. The final straw was when the FAA MCD asked me to undertake AT LEAST 6 months of psychological evaluations by a HIMS evaluator (at my own expense), detailed records from my substance abuse treatment, and regular drug testing (again, at my own expense); among other things that I would pay out of pocket. I am a clean combat veteran that sacrificed much</p>

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *Complaint***

**Complaint(s):**

*	when there is a problem it seems that it takes too much time to resolve. need much faster ways to resolve such problems. hard to pay your bills when grounded waiting to get not very serious medical issues resolved.
*	When there is an issue with your health would it not be easier for AME just call the specialist to check on your current condition before just turning you over to FAA
*	While searching for an AME using the FAA search tool, I found that some of the phone numbers to contact the AME to set up an appointment were not valid/current. Specifically AMEs in zip code 60048. The AME I ended up using, his information was correct on the website and was easy to get in touch with and correspond with.
*	Why is my medical certificate review taking so long. According to my AME I have submitted all required documents. My AME and PCP both stated I am healthy enough to return to flying. Even my cardiologist said I could fly! Who in the FAA knows more about me than my three treating physicians. Send my second class medical certificate now.
*	Why would sleep apnea be a problem with a third class medical if I'm tired I don't have to fly. The expense of this is outrageous and should be a convey do GA. I do understand the logic for an airline pilot or especially night cargo but really
*	With the exception of this year it takes way to long to get medical approval. Even though I take a very small amount of insulin in the evening only, I am denied a second class medical resulting in my not being able to make a living flying.
*	Without AOPA and help from my congressman, there would have been NO answers. There is still not satisfactory communication, nor resolution. I am very angry about the runaround.
*	Years ago I had said I had sleep apnea , and now I have 11,000 hours on c-pap machine, I can drive 24 hours from florida to Massachusetts non stop by myself without being tired. But it is like going through hoops to clear me to fly, I drive non stop all over the country without any feelings of fatigue.
*	Yes because a complete physical is not and they rely one your primary doctor for info then it is not used ..
*	You are remarkably bureaucratic and inefficient. Like the IRS, the VA, and others, you are a major disappointment to the taxpaying public. Your processes work to kill participation in private civil aviation. You try to manage medical decisions as a centralized government entity without any interaction or dialogue with doctors that have evaluated patients directly and performed exams in person. As a result, poor decisions are made and capable pilots are ejected from the rolls of those actively flying. You are ridiculed by AMEs and other medical professionals for both your processes and the decisions that you put out for pilots. You are not trusted, and therefore the most successful AMEs have become experts at "managing" your processes and limiting interaction with you instead of having open information sharing with you. You communicate only through USPS letters. I know of no commercial entity that holds on to such outdated technology in this way.
*	You guys/ladies need to get your act together. It is not about you..it's about the pilot. You need to be more responsive and rethink your way of doing your job.
*	You limmit me to 1 year and when I renew it takes 5 month to receive new medical so you only give me 7 month medical not fair.
*	You may have a medical condition, such as Ocular-Hypertension, treated by eye drops, but the FAA insist that you have Glaucoma, even when you submit paperwork from your Eye doctor stating that you don't have Glaucoma... It seems it does not matter what your doctors diagnose you with, only what the FAA says you have after reviewing your paperwork.
*	You take too long to certify pilots. I loose income while you take your time with my certification.
*	You think I am an acholic which I am not jest because of a liver transplant. So you will not give me a medical.
*	You withdrew my medical at the end of August for no apparent reason. I had to go do a stress echocardiogram to refute your incorrect interpretation of my previous exam. You then took nearly three months with my paperwork sitting in some pile somewhere before you finally looked at the echocardiogram results and realized you had made a mistake.

Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? <i>Complaint</i>	
Complaint(s):	
*	Your method of replacing the AME certificate with one issued by you when we have a special issuance is a waste of tax payer money.
*	Your phone representatives at AMCD were always helpful and polite. But my general experience with AMCD was negative; I received letters asking for information that I had already provided, which implies that your staff there aren't reviewing the information they receive. I was also warned that one of the medical evaluations I submitted was not performed by a board-certified physician (my fault for not catching that, the requirement was clearly listed in the protocol) but after I spent an additional \$1000 on another evaluation, I found that AMCD had forwarded my application on to DC anyway - their communication on this could have been better.

Table 16. Additional feedback provided by respondents who indicated 'General Comment' on Item 47 and provided a response (n=784).

Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? <i>General Comment</i>	
General Comment(s):	
*	, apply common sense and screen when a medical condition and or medicines could be dangerous. Lessen the restrictions if a medical condition or medicines do not apply.
*	@ 80 yrs I do not need to have changes made.
*	1-The AME found making corrections for incorrect input rather difficult. 2- the website went down at least once during the exam 3- Inputting preexisting information i.e.. SODAs does not seem necessary 4- I think the computerised system an improvement, just fine tune it a little more.
*	1. If there is a way to track my FAA medical application after submission, I was unable to find it. 2. Provide feedback that the application was received.
*	1. I have a 3rd Class Special Issuance, and my last "exam" was a paperwork review. I had to submit, e.g., a stress treadmill test result and tracings, blood, etc. No physical exam was necessary. Some of your questions seemed to assume a physical exam. So, while it may look like some of my responses suggest an incompetent AME, they did not. He simply did not need to and did not do or require certain things this year since, again, it was essentially a paperwork review. I seem to recall that he did a cursory listen-to-heart, check BP, etc., but not in any depth. 2. I think you should have differentiated whether or not you were asking about a physical exam vs. a paperwork review. I assumed that, since the AME "examined" my paperwork, it was an exam. This can easily confound your results. Maybe if you do not have too many responses yet, you can clarify that for respondents.
*	1.Many of my pilot co-workers will travel up to 90 minutes away to see their AME who will sign off on anyone who can fog a mirror. 2. There still exists the perception that the FAA Medical process is here to hammer a pilot, not to assist him or her. 3. The listing of previously reported hospitalizations is burdensome and, in my opinion, unnecessary.
*	3rd Class reform appropriate!
*	7500 hour Commercial Pilot with 8 years as CTO. My case involves a 40 year bout with HEP B and Hypothyroidism Both are under control the first with a very very low Viral Load less than 75,000 count and the latter with Synthrid 150mg. I am in excellent health with ongoing monitory by the same doctor for both problems as a GP for 16 years and the FAA wants to paperwork me to the point of exhaustion. Getting my Class II would allow me to instruct and teach in School/University environments. I believe the process could be left more to the doctors and not the clerical staffers.
*	8500-8 Line 19. Visits to health professional address portion: difficult to work with.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	A contact needs to be provided to communicate directly with FAA concerning specific airman cases. It seems like the application goes into a black hole and the result eventually comes out the other end. I am fortunate to have the option to be patient but many do not and it would be helpful if communication could be increased between the FAA and the pilot applicant.
*	A person that has had no medical issues for three years in a row shouldn't have to keep getting examined again and again and again and again and again.
*	A rare medical condition called Cushing's disease had caused my long decline in health over a decade ago. It appears as other more common conditions, like diabetes, depression, sleep apnea, and others. It is also very hard to diagnose, taking anywhere from 5 to 10 years or longer. My condition was luckily detected and the tumor removed. The medical community should be alerted to this illness.
*	A reasonable survey. Thank you.
*	After repeated calls to Oklahoma City I always get the same response. My case is in review with no idea of how long it will be before a decision. It would be nice to be able to get a timeline for this review. It would also be nice if doctors would contact the airman to get his side of the story before arbitrarily ordering more expensive tests and Dr. Visits
*	After two months of hearing nothing, I called and my application was moved higher in the stack. I received it around 90 days after taking my physical. I had submitted all my tests, field of vision, cataract surgery and had passed the eye exam at the office but approval still seemed excessively long.
*	Agency is keeping up with the times...make any changes slowly.
*	All I wanted was to fly a light plane during daylight hours around the patch. Now I'm tired of dealing with FAA b/s! Maybe someone will read this.
*	Allow a person to seek a first class medical without taking away the privileges of the second class physical the person already has proven capable to possess.
*	allow info from previous MedExpress to populate new application--lot of time wasted refilling in info.
*	Allow some LOGIC to be used in the decision-making process. As I have asked before; why do we have 2 pilot aircraft? answer: Not only because in some cases a single pilot is unable to reach all of the necessary hardware in the cockpit due to size and layout of certain controls or circuit-breakers, etc., but also (especially in the military aircraft) in the event one pilot becomes in any way incapacitated, the other pilot can safely land the aircraft. In a similar situation or example, I am a CFI in both airplanes and helicopters. SCENARIO: My student is a commercial pilot and taking additional training to become a CFI. Let's say during a flight while operating at or near minimum controllable airspeed, the aircraft inadvertently enters a spin. Initially I allow the student to attempt to recover, but notice that he is not performing the correct steps for successful recovery, and we are losing altitude rapidly. I tell the student "I have the controls" and within seconds I recover the aircraft. We return to our airport and discuss what went wrong. I can do this instruction without the need of a valid medical...why then can I NOT be used as a second pilot in an aircraft that requires 2 pilots? That would seem LOGICAL to me... Please help me to understand.
*	Allow type 1 diabetics being treated by an Endocrinologist to be included in the new medical reform/driver license replacement for the third class medical certificate. You have an extensive amount of data that supports that type one diabetics are safe pilots. Please act on this data.
*	Allowing my Doctor and Cardiologist to have input in the posses might allow you to have a more clear and accurate picture of my medical condition. And possibly another pilot taking his grandchildren flying. The safety of the air ways is in your hands and its a very awesome responsibility but don't be afraid of input to make a responsible and informed decision.I am not angry but to be honest I am disappointed. I would love to fly the weekend from Marshal Mi. to Manistique, MI and do some awesome fishing and then bop around with my wife and grandchildren. Thank you!

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	Almost all pilots I have known were very conscientious regarding their fitness to fly. All the AME/OKC people do is get a snapshot of what is going on. In my personal checklist is the question: Would you put your grandchild in this airplane and fly now? If the answer is not yes, I don't turn the prop.
*	Although I have not had the issue, it seems as many of the pilots I fly with have to deal with what seems like way to much time and paper work when dealing with special issuance. Blood pressure/heart issues...granted those are, or could be serious, but the stories I hear always have the common theme, "so after I got all the letters, from all the doctors, I still had to wait 4 months, and go get more letters". I'm sort of talking out of the side of my mouth, as it hasn't happened to me: yet.
*	Although I will probably take advantage of the third-class medical reform act, I will likely continue to visit the same AME based on his knowledge and thoroughness.
*	Although it would seem that I should completely welcome the recent changes in the requirement for medically certifying my physical capability to continue flying as a private pilot, I do believe that AMEs have the unique experience to advise me on my health as it relates to my physical condition in the cockpit. I plan to use my AME to meet the new requirements for self-certification rather than using my family doctor. I fully trust my AME and my family doctor to advise me on my health as that advice relates to the reason for my seeing each doctor. I am 78 years old and fly less than 100 hours per year. I want to know my limitations and I feel that my AME is the better one to keep me safe from my own self-biased judgement.
*	Although the medical certificate constitutes a huge step in weeding out pilots with critical health risks from operating acft in the skies, the final decision whether to perform as PIC rests with each pilot every instance. For instance, who has not suffered from temporary debilitating conditions like those presented due to colds, flu, salmonella, lack of sleep or stress etc.? So, in the final say rests with each pilot. Perhaps the idea of encouraging that responsibility could be stressed more. Just an opinion..
*	Always have had an over all good experience with the FAA medical however I did receive a notice once that required mailing of supported medical documents. The FAA took full advantage of the 60 day time to respond by after the paperwork was returned. I felt the response by the FAA Oklahoma City was a little "slow" - kind of a take your time, type of response and there was no way to communicate other than by mail. Would have been nice to speak with someone from the FAA by phone.
*	AME acted like he never flew an airplane. Was not really interested in me applying for a medical because it had been over 10 years since I flew an aircraft for pleasure and had not updated my medical cert. The system needs inputs from Family Dr as well as Cardiology Dr. I was only interested in updating my medical for pleasure flying because I just retired. I just had a Stent implanted as a recommendation from my heart dr and was in excellent health. The AME was of no service but didn't bother finding out any information other than to charge me \$125.00
*	AME are few and far in Kansas.
*	AME exam an unnecessary and insufficiently revealing event. It is not a valid or useful preventative program. Pilots should be able to self-diagnose and report as is already legally required, and let that be the only requirement. There won't be any more medical event aircraft accidents from eliminating the program entirely - nor will there be any less. The savings in cost and time would be substantial and far more valuable
*	AME was awesome and overall provided very thorough and professional service. FAA medical exams however may be overrated for private gen aviation when accident statistics are considered (Nall report, etc.). For ops where pilot is providing services "holding out" to the general public the medical cert process seems to remain a reasonable process.
*	AME's have a good understanding of the medical condition required for flying. A GP may be reluctant to approve a medical certificate if he does not have a familiarity with aviation.
*	An applicant should be able to speak directly to the medical doctors that are making a certificate denial. The doctors should tell the applicant what would be required medically to satisfy their requirements to have a Third Class Certificate issued.
*	An FAA medical doesn't insure safety. It just costs me money every year to tell me I'm alive.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	any properly run business would have contingency plans ready to implement as soon as the PBOB2 law was passed. FAA desperately needs improvement in its executive section.
*	Application for Med Cert/exam done early October, 2016. No communication from FAA, but I knew that it would require SI. Inquired as to when decision would occur. Found out through my sources that application is "waiting for panel review." Made further inquiries through my sources and was told panel will not meet until February. I submitted essentially everything for FAA to make decision with application/exam. Unfortunate that FAA requires 5 months to process this application. Especially since I made a point of having a consultation with one of FAA's primary consultants in this area and having him submit a report to AMCD.
*	Applications for conditional medicals take forever! Couldn't medical records be reviewed in weeks instead of months? The long time period is very disheartening & makes you feel as if your life as a pilot is over.
*	Applied for mec after a long absence from flying, issued a third class med only to have it revoked for not reporting an alcohol related traffic offense that was more than 5 years old (at the time..now 7years old)...was informed I could re-apply after suspension of airman certificate was over. Airman certificate re-issued, and medical in deferred status for exact same reasons for revoke previously...even though Oklahoma City has all the documentation they were asking for same incident...too much hassle for such a minor thing...gave up trying to get my medical back...pretty much a paper trail joke at this point....
*	As a CFI in an elderly community, and as a professional pilot in the 135 arena, I highly recommend that 3rd class medical reform not be adopted. I see far too many individuals that no longer possess the cognitive functions required to operate aircraft continually operate them. Removing the third class medical from an annual or bi annual exam greatly enhances the risk that our elderly pilot community will continue to fly even well after they're a danger to themselves and others. I understand that some of the medications and procedures that are limiting should be re-evaluated but extending the interval between exams removes the final line of defense against problematic health issues and the general public in the realm of aviation related incidents.
*	As a former military pilot I have always felt that the FAA exams were a joke. They were cursory and appeared to be very non standardized. I am so happy to see the Third Class exam eliminated.
*	As a pilot who is issued a special authorization and consistently visits with my treating physician, it is annoying to have to obtain medical documentation and get a yearly physical for a condition that has been in remission and well controlled for nearly a decade. I have not had to ground myself once for issues pertaining to my medical condition. I believe that pilots who are issued a special authorization and have not had any issues for several years should not have to get a new medical certificate every year. It is time consuming and expensive.
*	As a retired airline Captain, I think my primary care Dr. and Cardiologist Dr.'s are in a better position to determine my fitness than a special issuance Dr. reviewing forms and test data based on a one size fits all arbitrary standard.
*	As an aviation safety officer I find little statistical support for requiring the third class medical and the statistics suggest sudden incapacitation causing accidents is both rare and unlikely apparent on a physical exam. Therefore, I support the self evaluation and allowing licensed drivers to fly.
*	As far as improving the nation's safety, there are good pilots who aren't flying because of the paperwork BS of the FAA. And there are pilots who are flying even though they're lying PsOS. The AMEs don't screen out people. They're worried about their money. Why did they fight the 3rd class reform so hard? And then you've got someone who was misdiagnosed as a kid, put on some drug that was uncalled for, and they're looked at like a walking disease of the earth. AMEs are having to fight to game the system just as much as the pilots.
*	As I have had several operations since 2011 ( both side carotid operations and one open heart surgery) It has taken usually at least 2 months each time for the FAA response after submitting current status with assistance of my AME. While I realize third class applications are third priority, it seems an acknowledgement that information submitted is adequate and a timeline for expected response.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	As I have retired and now for the last 2 yrs (approx) I was required to submit a stress echocardiogram radionuclide scintigraphy testing. Requiring a current cardiovascular evaluation and current lab report which is always submitted. After followup additional correspondence by the examining cardiologist. Then AMCD "I have determined that you maybe granted authorization for special issuance third-class airman medical certification under Title 14 of the CFRs, Section 67.401".
*	As stated earlier, I feel the system can be improved as it relates to an airman being able to ground himself and then return to flight status after addressing the condition. He/She does this every time they exercise their privilege of their certificate once gained. The current system makes one refrain from seeking medical attention, knowing the delays they will face when reapplying can take months Whether this is a personnel issue or not, it is a real life issue and concern for those that fly professionally. Not saying a detailed review is not needed by the system, but a lot of this could be handled at the AME level with the written guidelines. I realize there have been moves in this direction and should continue to encompass more, if the AME is confident of his review of factors.
*	At my last visit to my primary doctor I asked him if he had heard of the third class medical reform, he had not. Make sure you have a plan for informing primary care physicians about the changes.
*	At the time I was on Farxiga and am currently on Invokana and was previously on Invokana prior to taking Farxgia due to a change by my them pharmacy provider. I was taking Invokana two to three prior to going on Farxiga. The I was turned down for my medical because both medication have not been on the market for ten year, which I'm told is the FAA evaluation period
*	At this point, it does not matter what i think. I will not fly again.
*	At times when I contact the aeromedical branch in Oklahoma City it seems they have an "attitude". I have had a special issuance for approximately the last 10 years for PTSD and CPAP. I know what information is required to be turned in and submitted with my medical application. However when I collect their medical branch and want to talk to someone about my PTSD documentation but they treat me like I'm some kind of an animal because I have PTSD. I handle it quite well as documented in my file. Normally the person I speak with does not know me, but when I mention PTSD, it seems their whole attitude changes....!! I'm not a criminal, or mentally disturbed, yet I still on occasion, get a tone of voice that would even make YOU a bit mad!!
*	Based on all the tests I completed and the documentation submitted I can't believe that the application is not sitting on someone's desk waiting for someone to read it. I believe that the AME is fully aware of all the details and should be allowed to issue a certificate and Oklahoma City could ask for more info if needed. Trust the AME.
*	Be more timely in requesting additional information and rational for such
*	Because of my medical history, I am required to have the review and approval of the AME each year. This is then followed by a letter for the FAA office one or two months later. The actual AME exam is every two years. This requires that I have a medical exam including blood tests, etc. scheduled with my doctor every year prior to the AME appointment. I believe MORE Flexibility in timing and or the actual Expiration Date of my medical certificate should be allowed. Currently I attempt to schedule my doctor appointment in May and the AME in June, then wait for the letter of approval from the district FAA office in August. For my own purpose I schedule time with my doctor approx. every three months as self check. I do believe my medical history/data should provide for more flexibility within the FAA system.
*	Because of the language in my letter from the FAA, I had to seek interpretation from another AME in the Southeast region. Additional letters were written by him in support of my situation. Because of the time delay of mail responses, the currency of my Stress Test ran out and my insurance will not pay for another so soon. Now I have to wait until my next scheduled Stress Test to re-apply. The time delay for review and response is excessive in my opinion.
*	Being a retired professional pilot, I am well aware of the importance of maintaining good health.
*	Being in the aviation industry for nearly 20 years, I feel still slightly in the dark about medical guidelines. It would be nice to have a safe place to ask clarifying questions to help understand what is acceptable and unacceptable in receiving your medical without the regulation of the FAA.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	Both my AME and all personnel at the FAA medical center in Oklahoma City were as courteous and helpful as I could have wished for.
*	By regulation, Pilots have to self certify fitness before each flight. I feel the AME process is perfunctory and unnecessary and has very little to do with flight safety. My personal physician knows a lot more about health. Thank you for the opportunity to make these comments.
*	CAMI requirement to get a very expensive radio-nuclide stress test even after a cardiologist had examined my heart and found no problems, seemed to me to be unnecessary. Especially since insurance refused to cover it as I had already been cleared by a cardiologist.
*	CAMI should be abolished. They do not protect flight safety, but rather, CAMI strong-arms pilots into complying with political ideology that the common people are not forced to live with. Stop using pre-employment drug screens against airmen. Stop HIMS monitoring people with no established history of substance abuse. There is a big difference between use and abuse that CAMI does not understand. Currently, if I fail a pre-employment drug screen, CAMI can take away my right to fly my personal aircraft. How oppressive! Separate the corporate flying requirements from personal flying standards. Get the military and corporate standards out of my personal cockpit.
*	Certain individuals plan on abusing the new system to allow them to legally operate an aircraft. Everything that can be done must be done to keep them out of the cockpit and out of my airspace.
*	Change your mandate from supporting aircraft carriers no matter what to focusing on safety. That's why FAA was created. The days of focusing on safety though are long gone. Now it's all about who pays the most money for the FAA to pass or to fail a new F.A.R. legislation.
*	Class 3 medical reform is long overdue and I'll happily bypass seeing an AME in the future. Due to cardiac stents, the FAA requires a follow-up angioplasty 6 months after stenting to assure the arteries are still at least 50% open. Its been 8 years since my stents. My treadmill stress tests have been 100% normal. This follow-up procedure cost prevents me from attempting a Class One or Two physical. I can't become a CFI, and legally can't pass along 40+ years of aviation experience. I feel the follow-up requirement is outdated and wish someone would update the regulations. Pilots drop dead in the cockpit every year due to heart disease because they're never tested. I've been tested extensively and annually, yet can't regain my Class 1 or 2 status due to the cost of of the follow-up procedure. Get rid of the follow-up requirement and you'll encourage hundreds of similar pilots to continue flying, instructing, and being involved in aviation. Heck, I can't even be an employed drone pilot because it requires a Class 2 medical. It's a crazy policy.
*	class III certificate was denied because of medications I had been taking for years without incident (during the period I did not hold a flying position). After 40+ years and 12,000 hrs as a safe professional pilot I can't even fly a light sport aircraft because I was denied a certificate. The AME I saw had issued me Class I certificate for years when I held flying positions and felt that I would have no problem flying safely but explained that his hands were tied. Perhaps the AME's should have more discretion.
*	Class III exam requirements never seemed to be burdensome, nor inappropriate, to me.
*	Competed military physical for past 45 years and were more thorough exams.
*	Concerned about getting ones Doctor to participate . Would suggest allowing get nurse practitioner to also do the exam to expedite.
*	Concerned about size/weight of aircraft that third class certification pilot can fly. It should restrict pilots to single engine and gross weight to less than 3400 pounds
*	Continue the current trend of the FAA being more lenient in dealing with "minor" medical conditions such as hypertension. Opportunity for improvement in the area of mental health.
*	Copy as much information forward to the new MedExpress form as possible from previous submissions

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	Cost of medical exams are too expensive and are not covered by insurance.
*	Currently I have been unemployed since 30 September when the previous special issuance expired. Each call to the regional office I am told it appears a note says that it is recommended for approval since 13 October and now 24 October I am still receiving the same answer.
*	Dear Sir , I am still awaiting on my medical renewal review which is pending with no answers for the past 2months now, due to which I have lost my Job.
*	Deny, deny, deny. Always ask for additional requests. All the recommendations from treating physicians is meaningless.
*	Designated Pilot Examiner, [Name], out of Hawthorne, CA should be Fired immediately!
*	Develop a system that keeps the airspace safe and does not make pilots fearful of losing their medical and source of income.
*	Don't agree with the six seat limitation for the III Class medical certificate as I own a DHC-2 Beaver which when fully configured has 7 seats. You are limiting my operation and aircraft.
*	Dr was excellent, explained everything and was very professional and competent.
*	Dr. [Name] was my previous AME for many years. He retired. He recommended the current AME who is a pilot and was very knowledgeable.. I hope to return to him several more years, but know he is near retirement age and that will require me to find yet another AME. There does not seem to be a published list of AME's for the Nashville area. That would be helpful and is essential for the future.
*	Driving a car is more dangerous than flying an airplane yet car drivers do not have to submit to a medical examination such as the process to which pilots must submit.
*	Due to a heart stent and 2008 prostate cancer surgery I have to provide documentation on my health status each year for my medical certificate. It seems to take quite awhile to receive my certificate but in fairness to the FAA I realize staffing issues, volume of similar applications and insuring air safety requires time to process and respond. Thank you One additional comment. When yearly procedures such as a stress treadmill etc are required and additional documents are needed by the FFA the issued medical certificate is dated from the last expiration date instead of the actual later date that it is issued. Thanks again
*	Due to a temporary idiopathic medical condition, (I.T.P) of low platelet count, i have a special issuance certification. Even though my condition improved to normal in less than 30 days, the OKC medical office took over 100 days to come to a decision to approve my medical special issuance certification. Why did it take so long?
*	Due to injury with subachanroid hemmorage and loss of memory for 2 weeks, the FAA requested my current physical. I did not mind that as I had to recover and was not about to fly until healed and felt 100%. Was required to have a day of Psychological testing that was successful (1.5 years after injury). Reply from FAA was despite good test results, they are having me wait 5 years since injury to reapply. Feeling recovered and have Dr's report positive, I would have greatly appreciated not having to wait all these years to attain my 3rd class again. Will be reapplying soon as we are almost at the 5 year mark. Hope that goes well and 3rd class is approved!!

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	Due to the highly restrictive certification process. One does not know if they are going to have a job as a pilot before their medical review. Due to the countless number of disqualifying conditions and medications it is an appointment by appointment process. It is disheartening that a condition that is being successfully treated by some type of medication may be disqualifying by the FAA and in return employment and income will be effected by the slow actions or ineptness of the FAA to act in a timely and reasonable manner. The safety of the NAS is a top priority and my comments are not to take anything away from that, However, There should be a reasonable and timely procedure for dealing with those that make a living in aviation. Possibly allowing at the discretion of the AME a continuance of their medical on a month by month basis until a better picture of the airman's health issue has been explored. Thank you for extending me the opportunity to express my comments and participate in the survey.
*	During my first decade of flying was spent licensed by the CAA, which I greatly admired. For the last six decades I've been licensed by the FAA beginning with the venal [Name] and his shady cohorts. The rules & regulations the Agency has piled onto the Aviation community have resulted in huge increases in the cost of flying and especially in learning to fly, which has resulted in a constantly dwindling supply of pilots who are willing to put up with the restrictions just to have a job flying. A high percentage of these rules have proven of little value in making aviation safer and an even greater number affecting the nation's airlines have been ill-considered and inappropriate enough to actually decrease the comfort and safety of our passengers. The insistence for airlines to make mandatory auto-pilot approaches for certain weather conditions has, in itself, brought about several accidents. Take care!
*	Each year the letter "denying" my Final Approval of the Medical my AME has granted has changes to the stipulations and requirements of additional information to submit to you. Information has been "misplaced"...so AME had to resend it. Would rather send supporting information through AME, not as your form letter suggests....can't rely upon nurses, etc. at medical facilities to send complete and correct data.
*	Eliminate the 3rd class requirement; i.e. for private recreational flying.
*	Especially for Class III, special issuance should be delegated to examining physicians
*	Even though I originally had my 3rd class airman's exam Sept. 2nd, 2016, neither my doctor nor I have heard anything about the additional test results which were sent in for review. Upon contacting the FAA in Oklahoma City, my doctor was unable to obtain any information regarding my 2005 diagnosis of endometrial cancer because she said that your office did not have that listed on the cancer list and was therefore waiting to see whether further documentation on my part was necessary. When I called your office in Oklahoma City last week, I was told that the waiting period was 3-4 months. Unfortunately my temporary airman's certificate will expire 120 days from 09/15/2016 so I am hopeful the any further necessary medical documentation will be advised to me so that I will have time to provide it.
*	Even though the new changes to medical certification could someday make it easier for me to keep flying, I think that they are detrimental to safety and make no sense. I realize that the comment period on these changes is long expired but it is not possible that this new leniency will benefit the flying public. I believe that these new rules will be revisited as the number of accidents increases.
*	Everything is good
*	EXAM QUESTION SHOULD SPECIFICALLY INCLUDE SLEEP APNEA
*	FAA at OKC takes too long to review your application

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	FAA could get information directly from my doctor instead of burdening me with the time, stress and frustration of complying with overbroad protocol. My heart condition was presumptively caused by agent orange in Vietnam(1968). Government should be proactive in getting information since it presumptively caused the condition. Same old scenario, government make the rules and we do the work. Further, government should be responsible with all costs associated with getting the information it requested since it cause the condition. Cardiologist submitted information to prove my medical condition was sufficient to pilot an aircraft.
*	FAA is to strict on requirements on having to take stress test every year for having stent placements.
*	FAA Medical Certification Services in Oklahoma City, appears to be totally uncoordinated in their effort to process applications. My AME furnished total information to the FAA on the day of my Medical Examination, but the FAA could not resist the opportunity to write me a letter, requesting the exact information which was already submitted. A call to Oklahoma City by the AME's office, verified that all the information needed, was on file.
*	FAA needs more funding from Congress in order to increase staff so a more timely response to certification issues can be had. FAA personnel are doing a good job and are very professional, but they are understaffed. That really annoys me. It is expensive to have my plane sit unused while awaiting for response from Oklahoma City. While I do not believe it is the fault of FAA personnel, I need our representatives in Congress to meet our needs. I pay a whole lot of taxes, and I am not getting appropriate service. Thank you for listening.
*	FAA needs to research and approve new meds more quickly. There are incredible advances for a number of medical conditions identified as a danger to the safe operation of aircraft. Amongst the medical community, new drugs have been tested and found to be game changers for the treatment of some of these conditions and in no way endanger the safety of flight yet the FAA does not recognize these meds as such. This leads to pilots concealing this information from the FAA for fear of losing their medical or having to face lengthy periods of trials and review of the new meds effect on their health. The FAA often appears to have their heads buried in the sand on these issues so vitally important to a pilots livelihood. The FAA needs to move forward much quicker to approve new medicines that are improving pilots lives and their ability to continue performing the work/hobby they love.
*	FAA regional AME removed my medical clearance due to certain medications and unfortunately, even though discontinuance of those meds would not reconsider issuance. I have not flown in over a year. I am not satisfied with the process. It forces airmen to lie on their application
*	FAA seems not to rely on board certified clinical examiners after a reasonably stable time period. (I.e., 5 years).
*	FAA wanted results of tests in a format my Dr could not provide
*	Faster approval on special issuance
*	First it took 3 month for the FAA to respond to the application from my doctor, then 2 month after special testing for my condition to issue a rejected certification with a note that it is accepted for third class for 6 month. I find it ironic that I took the right procedure to insure a good health surgery, drive a car to work every day, and be rejected a certification, mean time others do not report conditions nor go to the extent of getting checked by doctors and they are allowed to fly..... so If didn't care for my health, nor went to a doctor I would have passed the simple test by the doctor for \$65. but because I declared my operation I was rejected..... not a fare across the board valuation.....
*	Flight Surgeon is a cardiologist, therefore, he took special interest in any possible cardio conditions. I had to complete a stress test and an electrocardiogram before receiving my medical certificate.
*	Flying is a perishable skill. More effort to facilitate. It's difficult to communicate the level of frustration I have dealing with this.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	For any first time private pilot I believe there should be a good screening process to a AME. I think the BILL OF RIGHTS 2 is a better step in the right direction to replace the third class medical. However, I think it should be the same as a sport pilot requirement and the two are not the same. I agree that any pilot that flies for hire professionally (i.e.: full time position by a employer) should maintain a second class medical. My feeling and experience is 99% of the pilots will do a self evaluation to determine if there are fit to fly or not. The other 1% will disregard any or all rules set forth by the FAA . 10 out of 10 independent Drs I talked to felt the 3id class medical is not necessary and I would agree. Sport pilot has proved that for years.
*	For non ATP Pilots, if you're safe enough to drive you should be ok to fly.
*	For one who has held special issuance class 2 - it should not take over40 days for approval.
*	FOR PRIVATE FLYING, I FEEL THE AIRMEN PROCESS IS COSTLY AND VERY TIME CONSUMING...
*	For the last 7 years I have submitted paperwork as requested confirming I am physically able to fly aircraft. I feel with the echo cardiograph stress test given and reviewed by my cardiologist, confirmed and submitted with a written letter from the cardiologist; coupled with my physician's (a licensed AME) physical and blood work for each of these 7 years that the local AME should be able to issue my certificate and relieve some of the work load on Oklahoma office work load. This is not a complaint but to offer an observation to help reduce some work load on our system.
*	FYI, I am an ex-USAF Senior Pilot with over 3000 hours of flying time. I am not currently rated in any aircraft, but have flown some right seat duties in recent months in an SPE aircraft with a qualified SPE occupying the left seat while I was in right seat. I have no issues. My flying skills are still very good to excellent. [Initials]
*	General Aviation is a privilege but should be encouraged rather than made as difficult as a commercial or airline pilot to obtain.
*	General Aviation seems to be slowly dying. We need more pilots flying. It is expensive and that is limiting to many pilots. The medical exam does have the potential to keep pilots our of the air and these pilots are very capable to be flying. We need as many pilots flying as we can get, and being more flexible on the Medical certificate does help. Happy to see the new regulation has passed and I expect it to be well used to keep pilots in the air
*	Get it fix. Easy to stay current. They all way worry about blood pressure and my doctor puts me on med that work best for me.
*	Get rid of the 3rd class medical for recreational pilots flying smaller planes.
*	Good job! Keep it up!
*	Good system but a little heavy handed with testing requirements for problems solved by completed medical procedures.
*	Good to see that the current update of requirements for the third class is in process. The old system is onerous without enhancing safety. I think that pilots can self regulate unless their actions show this isn't the case.
*	Good to see the self improvement focus we all can use/benefit.
*	Got my license in the early seventies and have been getting medical certifications all these years and never had a problem getting my medical certification but have been smart enough to know when not to fly due to my health just as I know when not to fly due to the weather. Spent a lot of time and money that was all waste in my opinion. The government is totally out of control intruding into our lives costing us time and money for such a small return on many fronts. Medical reform for pleasure pilots is way over due !
*	greater care and consideration should be given to military veterans in the process of re-certification regarding medical exams

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	Had a stent put in one month after receiving my 1st class medical , and unfortunately told the FAA. They immediately grounded me for a unreasonable time and required a lot of medical reports and studies. WISH I WOULD HAVE TOLD THEM NOTHING !!!
*	Had pending shoulder surgery so my second class medical was held up. I complied with all requested information from my Orthopedic Surgeon and it still took months to get my second class medical back. And that is why I'm not currently employed as a pilot.
*	Happy to see reform. Thanks!
*	Have addition specialist to determine viability of proof of sobriety. Letter of sworn sobriety can/will be faked. Actual proof see attached should be given weight instead of conjoined up letter from anonymous sources. My proof of sobriety for exceeded a norm to prove my sobriety, yet it was discounted by your staff because it is not the norm. FAA's actions will increase the likelihood of false statements of alcoholism. Letters do not prove sobriety actions do. Someone like me who is dedicated enough to write a book and hold workshops is dedicated to sobriety.
*	Have been a rated military/commercial/sport pilot since 1972 and I feel that the overall FAA airman medical certification services over the years has become more and more complicated and counter productive for the bulk of the private citizen pilots in our nation. The private and sport flyers are the grass roots of pilot production in our country and at this time I feel our current FAA medical system smothers birth and growth in the number of such pilots. The "Sport Pilot" and "Third Class" efforts are steps in the right direction but more needs to be done to to simplify, reduce cost, reduce paperwork, reduce requirements and make the overall FAA medical certification process more customer friendly. The bulk of the system applies to professional airline or commercial pilots and is just not realistic for the private and sport pilots.
*	Have been going to my AME for several years. Has always been very professional. Has assisted me in navigating the process to deal with special issuance conditions.
*	Have had Class II/III medicals since 1960 and private piloting experience for 56 years (2300 hrs). I see no reason to "change the process".
*	Have same information on AOPA Med Express available on the FAA website so you do not have to become an AOPA member.
*	Have used 3 different AME's in last 10 years. They retire and no young doctors replace them. Is FAA making it unattractive to be an AME? Current AME plans to retire this year. I will then have to travel 120 miles for a flight physical.
*	Having a Flight surgeon for the central region with a common sense approach while working as an Air Traffic Controller in Kansas City,, went a long way for morale and quick problem solving, and was much appreciated. I retired in 2015.
*	Having a slight depression in ST waves I was asked to take and provide results of a radio nucleotide coronary profusion study. I declined as this test is \$4500 and I can only assume that the FAA would require this annually. I plan reapply for Third Class Medical under the provisions of the Pilot's Bill of Rights Bills passed this past summer.
*	Hello, I to see a change or no change box when filling out the prescription portion of the medx app.. Seem unnecessary to write down ever time a prescription type and amount if there has been no changes to a prescription, from the previous application or exam.. Thank you
*	High burden for non flight safety medical issues, (nodule on lung, stable Crohn's disease, Prodaxa use) Previously reported and no change should be sufficient.
*	Honest pilots know when they can't or should not fly. It's my life I still like it. I also care not to hurt others.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	Hopefully the new third class medical exemption won't have more hoops and loops to jump through then the hassle of the original third class medical. It should follow the way of the sport pilot and only use the drivers license and nothing else. I've spent thousands of dollars on medicals in my almost 40 years of flying and also had to on the dot physicals as well since one won't even suffice for the other and it was all for nothing except to cost me hard earned money for three medicals per year. I guess the doctors likes it so much they payed off the right people in the guise of safety.
*	How can you possibly explain or justify that a complete application (as evidenced by the fact that no additional information was requested for consideration) required over 3 MONTHS for processing? My application was submitted to Oklahoma City on or about September 15, and I received my medical certificate on December 27. What kind of inefficient process do you use? Of course, the effective date of my medical is in September, so I not only lost 3 months of flying, but my 1 year medical is effectively good for only 9 months. Great job FAA. Even though my medical situation is relatively complex, by virtue of a personal interview and physical exam, my AME was the best qualified to rule on my fitness to fly, and the paper chase to Oke city was pointless.
*	How is this survey funded?
*	I understand fully the reasons for review, but I feel there should be more feedback to "us" the pilots waiting on a answer to what could be a life changing event. I guess maybe the word is compassion to the people "standing on ice" not knowing - very difficult. Thanks for the work you do. Insure its a thankless job, and I'm sure your understaffed, but you guys kept bugging me for a survey - here it is.
*	I actively engage in preventive medicine in a proactive manner. For example, volunteer for treatment of HBP to prevent elevated blood pressure diagnosed as HBP in 2003.
*	I admitted that I was concerned about and got treatment for alcohol abuse. I could have lied about that and received my certificate. I was denied since I did the responsible thing and got preventative help, before experiencing any consequences of alcohol use, such as doing anything illegal or immoral or losing job, house, relationships, etc.
*	I am 60 years old and this time has been slow.
*	I am a 24 year old girl who has already held a second class medical that went to a third class. I have never had any medical conditions throughout my life. When I was 20, I had a severe car accident in which I had an isolated tbi and stroke. After quickly recovering, I immediately went to my AME with all my medical records. He reviewed everything and determined there should be no reason why it would get denied. I understood the honor and integrity of disclosing our personal health and was why I went to my AME. Well, it came back and my medical was revoked . I contacted Oklahoma city and requested to appeal it and asked what additional information they needed and why this decision was made. I did not once hear back from anyone until I received a letter in the mail saying it was denied for the second time. Every doctor I saw said it was a freak accident. I had a stroke from blood clotting related to the accident and sub freezing weather at the time of the accident. I show no signs or symptoms of natural causes or increased odds of ever having one again. Scans a month after my accident showed a brain status similar to that prior to the accident which is omething that doctors say is extremely rare. I have no lasting side effects from this accident. In order for my medical to be considered again I would need multiple costly scans and tests which I can't afford. I am greatly disappointed. I, being a healthy 24 year old, cannot fly, while 80+ year old people with illnesses lie so they can pass their medical and still be able to fly. I have been flying since I was 10, soloed a glider at 14, got my private pilot glider on my 16th birthday and got my asel private when I was 17. The FAA medical is driving people away from flying because of the costs it takes to even be considered. I will never be able be pilot in command of a powered aircraft the rest of my life, even with the third class medical reform. I am greatly disappointed with this process and the outcome. I feel bli

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

- \* I am a commercial pilot and CFI. I have had a Special Issuance for 2014, 2015, and am currently under review for 2016. I directly attribute my continued life (not dying) to be a result of the extensive FAA examination requirements. The FAA exam discovered, soon to be fatal if not corrected, cardiac issues. My routine semiannual medical exam did not reveal my cardiac issues as I was totally asymptomatic and very active as a SCUBA instructor, marathon runner, and competitive skydiver. The FAA required exam revealed an entirely blocked cardiac artery which was subsequently repaired surgically with "complete recovery" results. My current 2016 review revealed a prescription medication that was aeromedically unapproved which was satisfactorily substituted for an over-the-counter medication. The FAA medical exam requirement is like a third party guardian angel that is very interested in my health - albeit for public policy reasons. That said, I am the ultimate beneficiary, and for that I am grateful. I will not avail myself to third class medical reform, because that would foreclose the FAA guardian angel medical review of my overall health. The FAA agenda is that I am healthy to fly and not pose a hazard to the public when I'm in an aircraft and I get that. But in reality, actual flying is a relatively short period of my daily life. Most of the time I'm busy doing other things and the FAA required standard keeps me healthier during that time too. I recommend to all pilots to reject third class medical reform and allow the very comprehensive FAA examination process review their health. At first blush, this advice appears to be about the privilege to fly, but in reality it's about staying alive. Thank you FAA, I'm grateful to be alive to complete this survey.
- \* I am a competent pilot with 9000 hrs of flying. I do not understand if I have seen my Private Doctor and my MEA Doctor and my Cardiologist and they see no problem with me operating a private plane why I have to have the FAA look at what my Doctors have already approved to give me a thumbs up or thumbs down. Then the FAA requires a stress test that wants a 64 year old man to hit 160 beats a minute during the stress test is nuts. Even my Cardiologist does not want me to go over 140 beats a minute during my normal exercise at my age or during a test.
- \* I am a graduate of Spartan in Tulsa Ok. Received A&P commercial & Inst licenses and flight inst. After active duty in 1969. Used these for a while. Then entered FI. National guard where I was on flight status as a crew chief on UH-1H then Black Hawk's for 18 years! So the only civilian flying I did was only with a friend. In his Cessna 150. My only interest now is to go back to a Flight Instructor get current so I can introduce my grandson in MASIC flight experience with my friend's 150. Thank you for your consideration. Note: I received 1000 hr safety of light award from FI. National Guard and earned senior master flight wing's. I understand safety of light not only pilot's but total crew.
- \* I am a physician and had a pulmonary embolism as a complication of multiple lithotripsies requiring surgery 18 months ago. Fortunately, I made a full and complete recovery and was back at work full-time running a large department and seeing patients at an academic medical center. The process of review of my medical condition and all records was appropriately comprehensive and resulted in my being granted a special issuance 2 weeks ago with reasonable follow-up requirements and recommendations. So, I am very pleased, satisfied, and complimentary of the process to ensure that pilots are safe to fly. Only feedback I'd like to share is that, from the time I was examined by my AME until I received a letter back from Oklahoma City requesting additional tests took >6 months. Since the additional testing requests were, in my opinion, reasonably straight-forward and predictable given my history, I wonder if a physician at the "front end" of receiving records from an AME could make a decision on the obvious additional tests required and shorten the time it would take to get all of the additional information needed for a final decision. Similar to what we do in busy emergency departments (like mine) where we have an experienced physician in our nurse triage unit who orders obviously indicated tests upon patient arrival to the waiting room. By the time a room is available, the tests are usually completed and the entire length of stay is much shorter. I greatly appreciate the excellent work done by the FAA Medical professionals to keep us safe!
- \* I am a retired USAF flight surgeon and very familiar with the requirements under 14 CFR 67. Dr. [Name] did not need to spend much time explaining the details of the examination process as I did this professionally for 5 years myself.
- \* I am a strong supporter of the 3rd class medical reform. As pilots we must exercise good judgement on every flight, having an exam every 2-5 years does not remove the need to self ground yourself if you have a bad flu or other illness. Making expectations and responsibilities clear will go a long way to making the new medical system work. Also I strongly encourage you to allow flight instructors to be able to make use of the 3rd class medical reform, otherwise many experienced flight instructors with a lot of valuable information to impart may just opt out of instructing.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	I am a Type II diabetic with a special issuance. Have been for several years. Two years ago I was contacted by the FAA about a month after my medical examination (at which time my medical was issued) to be told that a review of my record found me unqualified to possess a valid medical and I had 60 days to provide additional information. My doctor basically rewrote his original letter and it was accepted. This year the same thing happened except the information had to be provided on a form sent by the FAA..It addressed the same information my doctor had already covered. He filled out the form, again, and submitted it to the Oklahoma City office. Somewhere along the line the form was lost. Sixty days later i received a letter telling my my medical certificate had been suspended for not providing the information. The same form was resubmitted by fax to expedite the review process (suggested by [Name] in the office who was very helpful) as I sue my plane for work travel. [Name] told me to check back in a few days to be sure the form had been put in my file. I did; it had. Serendipitously, it was [Name] who answered the phone again. She said she would 'tag' the file for the doctor reviewing the file to expedite the process and I hopefully could get a medical faxed back to me. That did not happen. After driving home from work on November 1 I found the letter with the newly issued medical dated October 27. Had the medical been faxed I could have saved myself several hours of driving. Keep in mind this 'oversight' was not of my doing. I believed the requested information had been submitted in a timely manner by my doctor (it had been). This whole aggravating experience could have been avoided if the system spit out a notice, say after 30 days, that the requested information had not been received by the FAA. I would have been able to resubmit the information within the deadline and likely not had my medical revoked. I can't believe with today's software that it is not easi
*	I am an exceptionally healthy 84 yr old. Age should not be a factor for evaluating one's ability to perform. There are lots of men & women in their 80's that are more than capable of operating aircraft.
*	I am awaiting a ruling from the FAA Neurology Board meeting this week to find out when I can return to flying. So far they have had my file for two weeks and I've heard nothing. A little more communication would be great.
*	I am concerned that using non-AME for future exams under the new rules may lead to un-knowledgeable opinions that could be overly conservative or lacking. I will plan to continue to seek the console of an AME for future requirements. As always the bottom line is the pilots judgement.
*	I am currently a DOD Contractor and perform flying duties. I am required to pass an Army Flying Duty Medical Exam (FDME) yearly that is far more comprehensive than the Class 2 I maintain for my PPL ASEL. ( I maintain a class 2 in order to utilize VA flight training benefits) Military pilots are allowed to utilize their upsip to substitute as a class 3 medical certificate. I propose the verbiage be changed to allow ANY holder of a current FDME (pilot, flight engineer, crew chief, etc...) to exercise those privileges.
*	I am extremely happy with the new medical certificate reform.
*	I am forced to hold a 2nd class medical because I fly vintage and warbird aircraft for display and charity rides. I do it without monetary compensation, volunteering my time and my aircraft. But if I get any reimbursement for fuel or oil it's considered commercial. I have heard lots of comments from others (an myself) that with PBOR2 it may no longer be worth the hassle and are considering giving it up. That would be loss to the aviation community if it happens in large numbers. Please consider getting with your FAA brothers on the operations side and finding a way to simplify the process for those of us who don't really fly for a living but get sucked into the commercial sphere.
*	I am happy with the current set up. I think that they are reasonable measures to make sure that pilots are medically safe to fly.
*	I am in favor of the Third Class Medical reform and the FAA should implement it immediately.
*	I am in much better health, since my by-pass surgery, than I was in the years prior. [Q3: comment] - Traveled extra 100 miles to see cardiologist for ECHO/GRAM required by FAA for special issue.
*	I am not sure I agree with the third class medical reform. I believe every pilot not matter what level of aviation should be checked to be medically fit to fly.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	I am now 85 years old and because of my age and some vision issues, I have decided not to renew my 3rd Class medical. Over the years I have met 4 AME's and each one has been very professional.
*	I am on a six moth ECHO requirement. This time they have lost the data sent in by the AME . It was resent the second time then I received a phone call requesting a letter from my cardiologist on the plan for monitoring which was not in the original request causing further delay in issuance. Also that letter was faxed in five days ago and still not reported as received so it will be re faxed tomorrow. The VA in Ann Arbor is my prime provider and they are very busy so having to go back to them for additional information causes further delays. I am very pleased with the VA but to ask for additional information after the appointment is completed is a burden on them.
*	I am on furlough from my company because I cannot fly because of medications I must take for a back injury. CAMI has not issued a decision yet. The Social Security Administration says I can fly and refuses my claim. So I am out of work but cannot get the benefits I have paid for for last 35 years of employment as an aircrew member. I have lost mobility in my right leg due to L4-L5 nerve injury and take 4 medications for pain and muscle relaxant that are on the prohibited list but I cannot get anyone at CAMI to tell the folks at Social Security that I am Prohibited from flying. I have two federal agencies and neither one will talk to the other I am only lucky that I saved money to live on and my wife has a job. [Name] [Phone Number] [E-mail]
*	I AM QUITE CERTAIN MY AME SENT ALL INFO TO FAA...GOT LETTER FROM MORONEY AND WASN'T SURE IF MORE INFO WAS NEEDED... IT TAKES TOO LONG FOR FA TO PPROVE
*	I am retired was in the process of purchasing an airplane. However, I cancelled my order due to lack of confidence in the FAA medical process. I have been told by many that the FAA is becoming increasingly nit-picky and difficult to deal with in an attempt to justify staving off changes to the third class medical reform that would remove them from the process.
*	I am still waiting to hear anything about my special issuance. In the meantime both my plane and my skills are getting rusty. The certificate should have been issued by the ame and after FAA review possibly more information can be requested. But no you try to maintain control over some that can be done more efficiently locally
*	I am still waiting to see if I will get my med cert back
*	I am strongly in favor of the medical reform of 2016 and will be able to see my physician 10 blocks from my house.
*	I am torn with the idea of no longer requiring specific medical exams for pilots who carry passengers. Most of what we do is on the honor system but if a pilot is unaware of a medical condition and his physician is not acutely aware of flight risks associated with certain physical conditions, some avoidable accidents may occur. Just my two cents worth.
*	I am unable to apply for 3rd physical under the new rules as I did not hold a current physical. I was not informed of any issues with the issuance of a certificate until receipt of a letter regarding a medication I had been taking. I responded with documents from my doctor and a psychiatrist. I received a response saying not only my documents made no difference, there was an additional request for more information regarding type II diabetes and a surgery performed over a year ago. The type II diabetes is well documented for over 10 years with the FAA and the shoulder surgery completely healed with 100% mobility as verified by the AME. This process is lengthy, expensive, and discouraging. I have been flying over 50 years accident and incident free.
*	I am very satisfied with the AME procedure for the 3rd class medical certificate, and intend to continue using it rather than the new alternative of (dis)qualification by my personal physician. I believe that the AME's knowledge and experience with respect to FAA requirements is more efficient and less potentially problematic than relying on my personal physician.
*	I am very satisfied with the service that I received

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? General Comment**

**General Comment(s):**

*	<p>I am very upset with the whole process. In the past I have owned a flight school, been an instructor, have a commercial rating, IFR , &amp; float plane. I did not fly for many years after I sold the flight school and moved from Alaska back to Washington. When I was finally able to have the time and money to fly again, I got one medical license with no trouble. Again it was several years before I was able to get back to flying. I went to an AME for my flight physical, which he completed and submitted. Unfortunately by that time I had developed type 2 diabetes and have a mild form of leukemia. This was I believe n Aug of 2014, then on October 29th of 2014 I received a letter from a Dr. Scott stating that additional information was needed to issue my medical cert. I had to go to both of my doctors, the one for the diabetes and the leukemia to obtain additional information. I provided the requested information, and again in Jan of 2015 I received another letter from Dr. Scott requesting more additional information. I complied again. I was issued a one year medical cert. in a letter date 2/18/2016 and information that I would have to supply new information from my doctors to obtain the second year certificate in August of 2015. Again I complied, provided my doctors with a copy of the letter outlining the required information needed, they complied with a written letter along with test results required. In October of 2015 I received another letter Dr. Scott stating that she could not reissue my medical as additional information was needed. Part of what she wanted was a current eye exam. I am on medicare and they will only pay for one eye exam per year, and in my case that is in December. So I had to wait until Dec. to get the eye exam and again comply with the request. This information was sent on 1/5/2016. My March of 2016 I had gotten no further information from the FAA so I placed a phone call to inquire my status. I was told that my file was pending and t</p>
*	<p>I am waiting for a response from Oklahoma City as to whether I have answered all questions and whether my medical certificate is currently valid. Thank you.</p>
*	<p>I am waiting for my medical from Oklahoma for the same medicine I have been on for years (thyroid med) and have been reporting for years?????????????????I do not understand why???? I sent in letter and report from annual check-up from my Specialist- Doctor and have not heard anything back as of yet-been a month. I have a annual check up and have this checked each year to make sure meds are at correct levels. I am in great health and feel great. I may switch to Third Class next time as I do not do any flying for hire. We just needed it for gas or comp from airshows.</p>
*	<p>i apologize for the miscommunications there were between dr. [Name] and his staff and myself. please pardon me. we didn't know each other or ever understand each other before july 19 2016. I have flown since a young age of 16 years old and my father was a 1500 hour private pilot who got me started flying in 1978 so my respect for aviation and safety importance has always and will always guide me daily. also, with my 100 ton captains license and my class A drivers license, it seems my life to be cut out for these lifestyles. I have not had any accidents or incidents with planes, large or small boats, or 18 wheel trucks, no damage history and no violations.my assertive personality may be understood incorrectly by people because of my determination. I've been on the ocean, in the sky, and now took on 18 wheel trucks for work so ultimately paying attention and being focused satisfies the necessary safety margin to live everyday with a good name and reputation to all you are responsible to and for all those who feel responsible to you with their trust. my close friends in fishing and surfing respect my priority and talent for safety first as some of them find it just a requirement. my need to remain attached to the department of transportation business will stay with me my entire life and my goal is to be another careful caring individual who fulfilled a complete and successful career with all his licenses. i ask, please allow me to be this person and fulfill my goal also with the airman privilege included to carry on as i have always. for years my inspiration has reached regular friends of mine to become military, airline, corporate, commercial or just private pilots and they haven't forgot that. the questions I've answered for people are numerous, and responsibility to their future safety was imperative with my information and message to them. again, thank you for granting me this opportunity to communicate with you on this survey, [Name]</p>
*	<p>I applied for and had my examination over 6 weeks ago. I still have not received anything letting me know about my results.</p>
*	<p>I appreciate the do dilgance of the FAA but the process is to slow</p>
*	<p>I appreciate the opportunity to comment and applaud your efforts to interact with those of us flying under FAA scrutiny.</p>
*	<p>I believe I have cured the issue that was raised immediately after the exam by stopping use of the medication they objected to and will not use it in the future regardless of whether or not I have a certificate as I was only using it on a trial basis from my primary physician who advised I could stop it use at any time should I decide to do so.</p>

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	I believe in the FAA and it is an absolute important and integral part of aviation. The main office in Oklahoma has a large responsibility. It needs to delegate responsibility down to Regional and AMEs for sound decisions. It appears that my local AME deferred my case to Oklahoma prematurely. Even then the Oklahoma office scrutinized every single piece of medical information of mine dating back to 2 years ago although my specialist deemed I'm currently healthy. My AME could help but is now out of the loop.
*	I believe that my yearly physical would uncover any information required for safety in flight. It seems to me, the Flight Physical is redundant for a private pilot with an instrument license.
*	I believe the current system is burdensome on 3rd class and does not provide benefit that is matching with the risks that 3rd class holders present in the airspace system.
*	I believe the current system of "guilty, until proven innocent" while certainly appropriate in certain circumstances paints too broad a brush over the pilot population. Conditions that might be temporary for an applicant or certificate holder are often treated as though they are permanent. i.e. if someone has a treadmill test because they think they have a heart issue, even though the heart issue is proven to be non-existent, the FAA medical assumption is that the applicant has a heart issue when in fact they do not. The fact that pilots know issues will be treaded as potentially disqualifying I believe discourages full disclosure by Pilots to the FAA. A more cooperative approach between AME, FAA and the Pilot would probably be more productive towards ensuring safety at the commercial level. The good news is most pilots are smart enough to know when they are not medically or mentally qualified to ac as PIC or a crew member.
*	I believe the FAA attitude to diabetics are over burdensome and does not truly reflect the medical reality
*	I believe the Med Ex is vastly improved from last year's version. I was about to go crazy (I probably shouldn't use the word 'crazy' or you will want to disqualify me) figuring out what was wanted previously. In fact, I called the contractor trying to discern the problems, and he disclaimed having anything to do and he was not with the FAA in designing the web site. There was nothing intuitive about it!!! At least you are capable of change! [Initials]
*	I believe the medical requirements could be handled through my primary care physician, which would be more efficient, less expensive and generally more complete and accurate. I'm safe to fly with no health issues and see my primary care doctor annually.
*	I believe the new regulations will help bring more pilots and new potential pilots back to GENERAL aviation, thus bolstering this however limited segment of our economy. I waited 50 years from my first plane ride before finally obtaining my plain Jane nearly 50 year old 172, paid more than any new car I've ever owned and over \$2000 in sales tax on the purchase. I fly the average 24 to 36 hrs per year. It's expensive, unjustifiable and contributes to global warming but I DON'T CARE. I keep my airplane well maintained, hangared and fueled at a Municipal Airport, in good condition, insured and inspected annually, and registered at both the Federal and State level. I submit to an Bi-Annual flight review. A member of EAA, I give rides to youngsters for free like the one I got when 16 years old. My recent medical consumed much of my time, over 6 months of the calendar and approximately \$ 750 of my fixed income. The less big government involvement and regulation going forward in my flying will be much appreciated.
*	I believe under the new rules I would still be flying - they just came too late. My AME disregarded my request not to file for my certificate if she thought I might fail. My primary doctor and my heart specialist, which I have been going to for years at Mayo clinic, would have clearly passed me. However the AME (who has spent probably less than an hour with me) and the Oklahoma guru (who has never seen me) over-ruled my Cardiologist's recommendation and withdrew my medical certificate.
*	I called after 3 weeks to get an update on the status of my certification. They noted I called It has been 14 weeks and no contact. Seems a bit slow to me.
*	I called Oklahoma City twice to see when my application would be reviewed. I was simply told it is in process. I could not know the back log but would have appreciated a time window to understand / have an expectation for completion.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	I called yesterday regarding my refused medical, I waited 17 minutes for a representative, got disconnected, Had to call back, waited another 15 minutes for my call to be answered. I started the process August 8th and got my final answer on November 1st. I called every Monday for 5 weeks, waited each time at least 12 minutes to talk to a rep, only to find each time my medical was still under review with no additional info. I spent an extreme amount of money and time on my appeal only to get partial information about my requirements when I called, I only fly a small Aeronca Champ, you would swear I am flying a 747. I realize FAA is another government agency and they really don't care about my complaints, but they are accomplishing their mission of fewer pilots.
*	I can not take advantage of the 3rd class medical improvement as my medical is now limited to 1 year only no matter if it is class II or III. This is frustrating and unnecessary over certification and does not improve the safety of the NAS.
*	I cannot supply my records or go back to when the time Katrina took my house, airplane and all my personal records. I am penalized by u, because of this.
*	I commented on this earlier, but using a general practitioner I feel is going to be a better process than an AME who doesn't really know the patient. Not sure at this time if I as a DPE will be allowed to not have a medical, but either way I'm fine with the process.
*	I could not answer the previous question of "region" correctly because I don't know how the internationally done exams are processed. I used my home state of Illinois as a region but wish there had been an overseas option.
*	I could not talk to anyone in WDC. They sent me a threatening letter saying do it or else. I sent you a copy.
*	I currently have a special issuance. I have complied 100% with the instructions given to me by the FAA. I was told to have all of my information back to them on or around 8/1/16. I sent it on 07/28/16. My medical certificate expired on 8/31/16 and I had thought the FAA was giving themselves 30 days to evaluate the information that I was sending them. That seemed reasonable. Today is 11/6/16 and I still have not heard any response from the FAA regarding my application. I have not been able to fly as PIC even though I had many flights planned and then had to cancel. I have contacted the FAA six times and all I am told is that it is under 'review'. This is very disheartening. If a private business operated in this fashion, they would be out of business. If there was going to be delay, I think it would be a courtesy to let me know that 1; there is a delay and 2; expected delay time. If anyone has any suggestions on what I should do, you can please call me at [Phone Number]...although honestly I really don't expect a response given my history with the FAA Medical team. Thanks for considering this matter.
*	I did not continue to pursue re-certification due to the amount of information I was required to provide with respect to use of anti-depressants and placement of cardiac stents in 201-.
*	I did not hold a medical for 5 years, I applied recently for a Class III and had a great experience with my AME. Looks like I may have to get a special issuance cert, which is OK due to the fact I had some past health issues, but I'm now fully recovered and healthy. I wish my local AME could resolve this himself or at least regionally. The delay with having to wait for FAA HQ is a pain :-). Part of me wishes I have waited until medical reform was rolled out and I could see my PCP for certification. Either way, these are the rules and I will follow them. Just wish it was faster, so I could get back to flying. My AME experience was great, he was very knowledgeable and prepared a packet for medical request to FAA HQ for consideration.
*	I do not believe the FAA nor NHTSA nor state motor vehicle departments need be concerned about the health of drivers and pilots of privately owned cars and small aircraft, beyond assuring from time to time that they can still see, hear and manipulate the controls. The latter is accomplished by biennial flight reviews. There is no evidence that third class medicals reduce accident rates.
*	I do not feel that the FAA was unreasonable.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	I do not see the need for a medical for GA Private Pilots. MEDEXPRESS is more of a legal police record than it is about being medically qualified to fly. Why does the medical exist, and then why does it concentrate on law violations. If I was to use aviation to break the law, why would I: 1. Get a Medical, 2. Tell the FAA I broke the law Since the consequences of a medical problem in flight is personal to me, I take special care to insure that I am medically, mentally and physically 100% capable before each flight. I have decided on numerous times not to fly based upon sports injuries, being tired or being emotionally upset over a issue at home or work. I fly for enjoyment, and it is way to expensive to fly when I will not be having fun due to a medical reason! BTW, before I was a Private Pilot I was a Hang IV Rated Hang Glider Pilot. I did a medical self certification before each flight, but I had no FAA Medical Certification..
*	I don't agree with the passing of the third class medical, operating an aircraft is much more challenging and hazardous than driving a car. Now many individuals who were not fit to fly and probably still are not are taking to the air without doing an IMSAFE check and putting pilots, and the rest of the population at a tremendous risk. Safety and the risk assessment was not fully taken into account and understood when they allowed our congress to pass the medical reform bill. So now we have pilots that are borderline healthy, we have pilots that break the regs/rules of flying regularly and our FAA does nothing or cannot do anything to reduce the risk and enforce the rules and regs.
*	I don't find the current system to be a problem. However, I have not had any medical problems that would make it difficult.
*	I don't understand why the FAA is taking so long to pass medical reform. I believe that the FAA is reluctant to give up a degree of control.
*	I entirely appreciate the responsibility that the FAA Medical Certification Staff has in insuring the overall health of the national airspace and the aviation industry at large. That being said, my experience has been entirely frustrating. I have engaged in the SSRI protocol. I have taken and passed the CogScreen AE with a recommendation from the FAA's own psychologist administering the exam that I being given medical certification. That was a year-and-a-half ago! Since then, my psychiatrist has written 2 letters on my behalf and submitted a complete medical record (as required as part of the SSRI protocol). Both of these letters were supportive of my medical certification and there is nothing in my mental health history to suggest otherwise. Now, a month ago, I received a letter asking for my psychiatrist to submit what then became the second letter answering the same questions again. People's lives are on hold unnecessarily due to the FAA's long delays and only what I can construe as a total disregard for an individuals rights, goals, and dreams of continuing to fly. I have spent a long time and a lot of money learning to fly. I not only personally feel competent and certainly mentally healthy and able to fly, but I have demonstrated such to a considerable degree. Is this just wasted time?
*	I feel a reluctance on the part or AMES to issue certs. due to the fact they can "push it off" to the FAA.
*	I feel after 3-4 years of no change in my condition and being monitored, for the past 60 years the reproduction of the paper work is not necessary.
*	I FEEL BECAUSE OF BUEACRATIC BUNGLING I HAVE BEEN DENIED YEARS OF ENJOYABLE FLYING
*	I feel like I am being harassed. Every time I respond to the FAA about a refusal reason, they answer with a different reason. Then, after I undergo additional special testing, they are mute to results of those tests and find other reasons to refuse my application.
*	I feel like the new class 3 reform is a good improvement. However I would rather see the viable period of the Medical Certificate for Class 3 extended to 5 yrs until age 65 and then every 3 yrs. my concern is that aging pilots flying GA with passengers will not get a routine physical, thereby possibly endangering their passengers.
*	I feel like the rules regarding sleep apnea need to be reviewed. If a c-pap machine would give somebody a better nights sleep, why would that not be something that is encouraged. I think there are a lot of pilots that would benefit from this, but don't want to go through the scrutiny when they get their physical.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	I feel like we are in limbo with the Medical reform. My worst fear is that the FAA will do nothing, the act will go into effect automatically and we will all be worried about how it will be enforced. I am not sure if I will "take advantage" of the medical reform by taking a pass on the physical but I will very likely take advantage of the online training that will be made available.
*	I feel some of the regulations are excessive as well as hard to understand and navigate without an AME who really understands the process and is willing to work with you to provide the needed documentation
*	I feel that the current system works to promote safety by making sure pilots are medically fit to fly.
*	I feel the medical certification process is a bit of a mystery to pilots from the standpoint of what conditions may be disqualifying or what tests may be needed to show that one meets qualification standards. This mystery leads to anxiety that something the pilot views as inconsequential would be found to be disqualifying by an AME. If this leads to an incentive for pilots to be less than fully honest, then safety is compromised. I feel that better education for pilots regarding the acceptability (or not) of conditions, treatments, and medications would lead to an improved relationship with an AME that was more focused on health and keeping pilots in the cockpit rather than just having a threat of denial.
*	I felt that the exam was thorough and very precise. I do have a CPAP machine and the doctor did go through all the paperwork that I brought regarding it to ensure that everything was good for the FAA
*	I find it laughable that fat bureaucrats, yes i mean cottage cheese laden egg heads, can with any sincerity and self respect judge my health and ability to perform my job safely when the vast majority couldn't run a mile or do 10 sit ups without risking serious personal damage. I resent the fact that i have to defer to what and who are clearly sub par physical specimens, themselves. After all, those who can't do teach. Those who can't teach, regulate. Welcome to the FAA.
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*	I find no "extra" cost to get FAA medical whether it be a 2nd class or 3rd class. I get 2nd class when needed to act as PIC for hire. Otherwise, I let it assume 3rd class status. I am 70 years old.
*	I found the airman medical certification process to be thorough and educational, giving great comfort and knowledge that pilots who are flying are safe and aware of their current status. I am quite pleased with the process and grateful for the detailed examination to ensure our skies remain safe.
*	I get a feeling that pilots in General Aviation are not treated fairly.
*	I get the whole safety thing, I work FT in the military and from my experience less regulation is better and cheaper. If the FAA can reform the 3rd Class medical, why not the 2nd Class medical? Especially if the only reason I get a 2nd class medical is to fly jumpers within 10 miles of the airport. The money I make from flying jump plane as a part time fill in pilot barely covers the cost of my physical. It funny that everyone is trying to keep cost down, why can't the FAA figure that out? General aviation is getting pushed out of the way by trying to regulate and lump everyone in with the airlines.
*	I got the impression that the people reviewing my appeals did so in a somewhat cursory manner. I understand that they may be under a heavy work load. I would have appreciated a telephone call to discuss my case.
*	I greatly applaud the FAA for 3rd Class Medical reform. Though I support the process wholeheartedly, I still intend to get a proper medical as I prefer 2nd class medicals due to my desire to fly commercially down the line.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? General Comment**

**General Comment(s):**

*	<p>I had a aorta valve replacement. Which came out excellent. I was born with a bi-cuff valve , which I guess with time callused over. When it got to a certain percent of closure. My heart doc. told me to quite flying until I got is fixed. Which I did last year , I had the valve replaced and I have really done excellent in recovery. I know i'm ready to fly again. I have documentation of it all for when I went in hospital and came out ( I was only in there for 4 days) and I went straight into rehab after 30 days. Even my regular doc. could not believe I did as good as I did , My heart Doc. signed me off to fly. And I do know I'm able. Tomorrow I go for a tread mill test at my Heart Doc. I will be sending that in. The AME told me not to send anything in until I heard from FAA OK, that he could not find anything wrong with me and was going to write a good letter stating that.( That I don't know where he did or not. He stated to me, that he could not see any reason I could not fly ). And he knows I went to the best docs. in area also. I've last month started riding my Harley again, I could have a month before , but I am a really careful person I had to make sure before I did. It is a heavy motorcycle a Harley. But I do well, but also I work out 3 or so days a week. I have my work out sheet I can send also. I'll be sending my package, would have already, but did not hear from FAA and that is what he AME told me to do. The test I take tomorrow will also be with all my paper work and a DVD of my heart. Also my Doc. has me on a 4 month check up deal. But I'm really just waiting on FAA to send to me and I'm ready to sent to them my package. I am better now that I was before the operation. Before the operation last 3 months. I would tire out on my tread mill after 10 -15 mins. Now I can go for 2 miles or about 40 mins at a clip of about 3.0 with 6-8 degree of incline. I have a schedule I gave to the AME and my heart Doc.</p>
*	<p>I had a bypass operation in 1996. Since then I have had to deal with OKLAHOMA FAA for yearly renewal of my Class III medical. This has been a huge pain in the butt and a very expensive one! Nineteen tread mill tests, Cardiologist visits, kidney doctor visits, eye doctor visits , etc. etc and I passed every one, including the last one when I was 90 years old. add to this</p>
*	<p>I had a heart problem (V Fib). The heart specialist felt that I was doing great, no reoccurrence, but it takes the FAA almost 6 months each year to approve the specialists decision. Why?</p>
*	<p>I had a mechanical St. Judd heart valve to replace a mitral valve in 1992 at John Hopkins Hospital. My type 2 diabetes has been under control and reported to me as excellent. My carrot valve has been surgically cleaned last year and I am checked for pro-time one a month, diabetes every three months and carrot artery checked every 6 months. I have been in good physical shape all these years but denied a medical to fly. I can drive a car with no problems all these years yet I cannot fly a four place single engine aircraft. Is there something mentally wrong with the people who determine who can fly and who can't? If I were to be given a special clearance medical I would always have another person in the right seat with me who can fly and land an aircraft. I am sure if I wanted to drive a school bus I could get a license to do that without any problems.</p>
*	<p>I had a medical condition in 2013. Based on that condition, FAA Medical stated that I had to wait two years to apply for a FAA Medical. Due to the importance of my FAA Medical, I did not "rush", i.e., immediately "push", after two years elapsed, for my FAA Medical. I am, typically, patient in my life, and, I know that there are many folks who "push" FAA Medical during the process of getting their Medical back. I do not listen to the stories of the folks who, in my mind, unfairly develop a negative attitude toward the FAA Medical Procedure. I think that the requested FAA Medical Procedures, after my medical incident, were reasonable. The only comment that I have is that I, having never had a Medical problem concerning my FAA Medical, did not know exactly who was responsible for sending in the requested medical procedure reports, etc. As I look back, this lack of understanding is mostly my error, since, all of the resources that would have informed me about my personal responsibility concerning sending reports, etc. to FAA Medical, were, as I now know, available to me. I am currently waiting for the FAA response concerning my situation.</p>
*	<p>I had a mild condition which the FAA completely failed to to comprehend based on clear medical reports sent to them repeatedly for 10 years to which my applications were denied every time. Even with recommendations from doctors and surgeons to my good health.</p>
*	<p>I had a minor heart attack on December 3, 2015. I am still waiting for my medical certificate because the medical records which are required for the review have not been provided by the hospital in a timely manner.</p>

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	I had an exposure to hazardous chemicals that damaged my lungs 10 yrs ago and has been satisfactorily explained by numerous specialists every 6 months and my AME says it should NOT be a factor. Yet ever 6 months OKC denies my medical forcing me to get yet again another exam/test that shows my condition is non-threatening and improving. But still they continue to deny me my medical and force me to get unnecessary tests.
*	I had my 3rd class medical exam on or about 1 October 2015. A couple of weeks after the medical certificate was issued by the AME, the FAA sent me a letter, requesting more information about my medical background. I was given 60 days to collect the information from my HMO and submit it to the FAA. Unfortunately, the HMO took more than 60 days to provide the requested information. Consequently, I was instructed by the FAA to relinquish my medical certificate. I did so, and gave up on obtaining my medical certificate and any future flying. Despite this experience, I look forward to the new rules possibly allowing me to obtain a medical certificate.
*	I had my third class exam 9/9/16, was told that I would hear back from FAA 10-Days. I had to call the Regional because Oklahoma kept "not available to assist at this time, please call back" Called my examiner after 3-weeks, he gave me the Regional phone number and the call was answered by a human. HOWEVER, although they tracked down the information it took two calls before I received information from FAA 10/11/16. (well past the 10 day response my examiner stated and two phone calls later) I immediately mailed the requested information 10/11/16. STILL NO CONTACT OR INFORMATION FROM FAA.... I Know they are busy, know this is a lowly Third Class Certificate but this is a temporary situation with my General Doctor informing me their is no reason that this medication or my condition should prevent me from any task, including flying, that I'm currently doing.
*	I had to start using insulin for diabetes in feb. 2016. The FAA informed me that I had to wait 6 months and undergo some tests that are in my opinion unnecessary. I have not flown except with an instructor sense. I like to volunteer in the EAAs young eagle program of witch I didn't this year. NOT HAPPY! The only thing not flying has done, is to make me rusty! When the FAA does grant me another special issuance I will have to spend a lot of money to be proficient again including a IPC! Again NOT HAPPY!
*	I have a comment regarding the 3rd Class Medical reform act which went into effect 1 April 2016. Knowing this, I made an appointment for my daughter to get her Class III medical / student pilot certificate in March. However, after completing the exam, my AME was unable to issue a student pilot certificate even though the exam was completed in March. I had wanted to get her student pilot certificate completed in March because I knew she would need it this past summer for her flight activities and I didn't want to deal with the nutroll of the "new" student pilot certificate which I figured would take time for everyone to sort out. Unfortunately, my AME was unable to issue the student pilot certificate even after talking with the folks in Oklahoma. And the "new" student pilot certificate process was every bit as painful as I imagined and delayed my daughter's ability to get her first solo flight.
*	I have a primary care doctor that was an ME. He had an office in West Virginia and across the river in Ohio, not more than six miles apart. He stopped seeing regular patients in WV so now he can't give exams in Ohio because his WV license was in a different region. There are not enough ME's in our area. He told me that it was too much trouble to go through the red tape to be able to do become licensed in Ohio. An ME in a border state should be able to give exams without region problems.
*	I have a single stent, LDA, (20090, and Oak City treats me as if I have a heart transplant. Been fighting every year with them to renew a 3rd class. I am in excellent health with no symptoms! iT SHOULD NOT BE LIKE THIS
*	I have a Special Issuance . As an AME I know the requirements for my exam Therefore when I indicated my AME's office did not ask any questions or provide information over the phone, I did not, in my case, expect or need such.
*	I have a special issuance for cancer. I have been in remission since 2010. Since it is generally recognized that after 5 years one is 'out-of-the-woods' why is it still a requirement for the special issuance? I can understand if someone had an ongoing situation, like a blood pressure or heart issue, but this is supposedly 'fixed'.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	I have a special issuance. Due to a few paperwork snafus I still do not have my new special issuance. The review process is taking for ever. Every time I submit a new document I go to the bottom of the pile and I have to wait forever for progress. Not a good system.
*	I have a special issue medical. I find that my physicians whom I have been seeing for several years have a very good handle on my medical condition and are quick to order necessary tests, so they have usually already taken appropriate action, or consider the demands by Oklahoma City to be not indicated and in some cases a waste of money. I.E., an implantable loop monitor that cost \$25,000.
*	I have always questioned the value of this process, other than the obvious connection to a student pilot. It is hard to track the number of issues avoided because of this process. I would guess that an AME is generally not someone's primary physician. I think Third Class Reform is a good, reasonable step in this process.
*	I have basic good health and have been doing airman medicals since about 1965. In all those years, there were never any medical problems that turned up during medical exams. So they were a burden to put up with and seemed rather useless. I am glad to see a move towards relaxing requirements for physicals and letting pilots have more responsibility in determining if they are fit to fly. I always felt I was smart enough to know if I was physically fit to fly or not.
*	I have been a pilot for over 40 years and it is my opinion that there has been improvement with the airman medical certification services.
*	I have been a pilot for over 45 years and fully understand the need to be medically fit to exercise the privileges of my certificate. Having said that, I have never been convinced that the 3rd class medical requirement was an effective tool to ensure the medical fitness of GA pilots operating non-commercially (I fully support stringent medical certification for airline pilots and other pilots operating on a commercial basis). It has been my experience that pilots generally understand the need to be medically fit to fly and self-ground when they do not feel well. I fully support the proposed requirement that pilots who will operate without a 3rd class medical certificate in the future complete basic training in aeromedical factors and consult with their primary care physician on a regular basis. I firmly believe that this system will provide an enhanced level of safety and will eliminate the potential for pilots not to seek medical support because they are in fear of losing their certification as has been, I suspect, an all too common occurrence in the past.
*	I have been asked to provide medical info twice for the same information. It seems once would be enough.
*	I have been calling the airman certification branch on a weekly basis to obtain the status of my application. The only answer given is that it is under review. The application was submitted in August and requested records were submitted in September. This is my livelihood. Seems like a long time to render a decision.
*	I have been calling the FAA Aeromedical office once to twice a week since the end of September trying to find out the status of my first class medical certificate. All I can get from anybody is that my packet is "under review". I understand that the FAA has a limited budget, but I have been waiting since September 14th 2016 when I went in for my flight physical, for a decision to be made. during that time I have been unable to work, and can't tell my employer when I may be able to return to work. The opacity and lack of any sort of usable information is really frustrating.
*	I have been completely satisfied with the AME community through out my career one thing that bothers me is that 8 years ago I was accused of DUI and arrested. The case was dismissed because I was never DUI and until this day I still have to have to report the incident that took place in 2008. I think that requirement is belittling and redundant
*	I have been denied a 3rd class medical certificate because a HIMS AME thought I was an alcoholic. I certainly am guilty of a DUI and accident with a vehicle. I had a BAC of .182 and I take full responsibility for those actions. However for Dr. [Name] to label me as an alcoholic after a first offense DUI is an egregious over reach. I am willing to negotiate a cognitive test and even use sober-link everytime I climb into the cockpit to be PIC. I have paid my penalty to society and this is a huge overreach on the part of the FAA. I haven't had a traffic violation in over 20 years with the exception of this last incident. It just seems the FAA is discouraging people to fly and not promoting it! Again, I have paid my debt to society.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	I have been flying for 51 years. I have always believed that the medical certification was really unnecessary. Maybe like this survey (the new law has passed) but if it will help then it might be worth it.
*	I have been flying for 62 years now and in addition hold a mechanics certificate. My experience with the FAA in general has been very positive and constructive. Keep up the good work.
*	I have been flying for about 16 years .I feel my health is very good. what issues I currently have should have no bearing on being deferred for medical. I know there is a great responsibility by AME to check each airman closely but being held back waiting for my medical was totally unnecessary. Lost some great flying this fall.
*	I have been licensed since 1982. I originally had a retired flight surgeon as an examiner. He did a thorough job and acted as if he was my personal physician. After he retired my exams have been quick, in and out, experiences where the doctor listens to my chest, checks my eyes, makes me pee in a bottle and collects his \$100. The doctors can take a little as 5 minutes and process one patient after another as if branding cattle. I guess this does some good but view it as minimal and certainly a rip off for \$100. If I'm paying for a medical, I want a medical.
*	I have been on special issuance following 2 bouts with cancer, for the past 10 years coming off for this 2 year cycle. I have received the best of care from my medical specialists and my AME. Our dealings with the Aeromedical Devision have been exceptionally professional and fair. The information that has been provided to ;me by my medical team during my recovery and survival would likewise now allow me to self ceritify myself to safely fly for my enjoyment. I have no issues with what and how I have been treated but am ready and able to proceed.
*	I have been told to return my medical certificate last March 2016 due to a medication that I asked my medical provider (not knowing the med was not medically approved by FAA. I stopped the med Farxiga and repeated the A1C test within three months and forwarded the result along with CAMI request. I never received the med certificate back, and that kept me away from keeping up with practicing & learning more & more from instructors. No matter what, it looks like I have been punished. I am now getting ready for my physical by following FAA recommendation, hope to regain my medical certificate. Thanking you [Name]
*	I have been waiting over 18 months for the final decision on my medical certificate. This is an unacceptable amount of time. No civilian company could survive taking this long to make a decision. The process is broken and the FAA is either severely understaffed or is so bogged down in bureaucracy to be effective. I've paid \$1,000 to Aviation Medicine Advisory Services in the hope that they could help me with the process. Unfortunately they cannot even get a straight answer as to the status of my certificate. It is ridiculous that someone would have to pay a company to help with the process, it is an indication that the system is severely broken for companies like this to exist. After waiting 8 months I was recommended to make an appointment with Dr. [Name], a Senior AME, and the FAA's cardiologist expert for those cases. I met with him in Jan 16 and provided him with all of my medical records and he reviewed all of my records and said he would issue my certificate on the spot if he could. He said he saw no conditions that would disqualify me for my certificate and thought I would get approval on soon. That was 9 months ago! I received an initial denial from the FAA with a request for additional information in Apr 2016 and provided that to them by May 2016. I still have not received an answer. I find it hard to believe that it takes this long for a decision. Even Dr [Name] admonished the FAA on their inefficient process and the tendency for the doctors reviewing the case not wanting to make a decision on a case that in his opinion should be approved. It seems no one wants to take responsibility to make a decision. I have multiple letters from my treating doctors that state that I'm stable physically and that they have no reservations about me flying. I just received a letter from the Federal Air Surgeon that my case was forwarded to an expert about a specific issue. I can almost guarantee that the doctor I see at the University of Washington.
*	I have been wating for a some time to hear from the FAA about my third class medical,and would like to know one way or the other if I will get my medical back .
*	I have filled out the form since the 1980's but I always have to be helped by the AME because I forget, between exams, as to which items do not have to be reported again because they were previously reported. He tells me what has to be there. This last time I mistakenly indicated that I used lenses, but the question referred to contact lenses and I use glasses, not contacts. The AME ended up correcting the form.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	I have followed the protocol for special issuance due to a cardiac intervention in April 2016, which involved several visits to cardiology and my interest and since submitted in early Sept. have heard nothing! Very disappointing!
*	I have friends that do not think that the current AME, is up to speed on all medical conditions. And request multiple, expensive tests, that the applicant has to pay for.
*	I have had no incidence of Graves disease for 9 years. No incidence of atrial fibrillation either. The annual test requirements are no longer necessary. But there is no way for me to get it rescinded.
*	I have heard of some AME that do not do a good job of a medical examination. Mine was and has been for 10 years, very thorough examination. I was satisfied.
*	I have never had a heart attack. But I have 3 stints. OK I understand having this looked at. But my cardiologist has cleared me for more stressful than flying. But now I have taken a complete stress test that my cardiologist said I passed with flying colors. Submitted almost 100 pages of documentation and have heard nothing for over two months 13 days. I knew the timeline that I had to meet to submit all the paperwork. Not so direct as to what timeline the FAA should meet. I am sure that eventually I will get my medical certificate and I will be back flying and all this will be forgotten.
*	I have never had an aviation medical exam as comprehensive as the ones that my primary care physician gives me.
*	I have never had any complaint regarding the folks in Oklahoma City, they have been professional and for a government agency, prompt. Does seem like more and more government intrusion without much benefit. Also overall, as with most agencies like Social Security, Medicare and others I deal with, it is all about the government protecting itself and not so much about helping me.
*	I have never had any real problem with vision, I have a restriction on my FAA license, I don't have restrictions on my drivers license, I have poor vision in lazy eye.
*	I have no clue how I am required to have an HIMS intervention absurd and preposterous. I'm not a drug addict nor do I abuse alcohol.
*	I have not flown in years and had idea the process was online. It took considerable effort to register online with no records available to reference. Thank goodness the nurse let me do it on his work terminal.
*	I have not heard back since submitting my paperwork for my medical. I called to ask the status of my medical after about a month and learned that it had not even been reviewed yet. I have a mile case of Type II Diabetes that is well controlled by a very low dose of Metformin and diet. Both The medical examiner as well as my family doctor felt there would be no problems with my getting my medical renewed. I am currently grounded as a result of the slow response in getting my medical reviewed.
*	I have seen [Name] in Greeley, CO for years and worked with him in my previous career as an ICU RN. I heard he recently had his privilege removed to perform FAA medicals. I think that his past history has NOTHING to do with the ability to evaluate pilots and it is a horrible decision. This should be reevaluated.
*	I have taken Pristiq for a compulsive personality (not depression) and my physical was rejected - I am upset because I won't lie and I know of others that take it and won't admit it on their physicals and they pass.
*	I have wanted news from doctor or FAA, so will call in a couple days because I took my physical August 23rd and still have no physical or heard from the FAA.
*	I have yearly physicals by private physician - has written letter to FAA stating there are no medical reasons why I should not be given flight status.
*	I haven't kept up on all of the new rules/regulations as well as I should. Mostly, because I am young and healthy and it has been fairly easy for me to pass my exams. I have visited with other pilots about how tough it is to get certified. These pilots are older and it worries me that as I get older it will be the same for me. I just want the FAA to continue to do what is best but not over reach.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	I hold a third class not a first sorry for the mistake. Last year it cost me almost \$1000.00 to maintain my certificate after stress test lab fees and travel expenses. I walk and run everyday and keep myself in excellent shape to reverse any effects from a heart attack three years ago. My abilities like many pilots with my condition do not hinder my performance as a competent pilot and if they did I would ground myself. This has cost pilots like myself thousands of dollars to maintain flight status and no evidence shown to date has proven the need for a third class certificate to maintain public safety over any number of sport pilots flying with no certificate
*	I just wanted to comment approvingly regarding the Third Class medical reform. For the limited types of operations allowed to be conducted under the reform, I believe that the new provisions are adequate to ensure that pilots are medically qualified to fly. To a great extent aviation medical safety relies on pilots self-reporting and self-grounding when ill. The periodic visits with a primary care doctor should ensure that major conditions are caught in a timely manner and that pilots are generally healthy.
*	I know that after the German airline pilot committed suicide by airplane it raised concerns, but creating difficult additional testing and denying certificates to pilots who have followed proper channels will create a situation where many pilots will not get help that they need. I retired as an airline pilot and only wanted a third class to continue flying for recreation but was asked for what I consider unreasonable testing to apply. Thus ending my hopes to fly in my retirement years. I would now advise any pilot who asked my advise to not be honest with the FAA. They are not going to be fair.
*	I last had a medical in 2001 then sold my aircraft to put 3 kids through School. The current "reform" does not apply to me because my last medical was that far in the past. I disclosed a herniated disk that was finally diagnosed correctly and treated with surgery, rhizotomies and 3 years of gabapentin that I am no longer taking. however, I was asked to go back and "PROVE" the condition doesnt exist with MRI's etc etc, which, since not a medical necessity, would be out of pocket. I have zero cardiovascular issues, and work out at the gym 3-4 times per week. I had sleep apnea but lost 25 lbs and use CPAP so it isnt an issue. I am as safe and conscientious a pilot as there is, yet I am denied a Medical.....I cant even get a sport pilot cert because it is on my record as denied.....however, any idiot with a drivers license can get one..... I would love to know the statistics of accident rates caused by prior medical issues that are no longer being treated. You guys should all be denied medicals for irrational thinking.
*	I like MedXpress, but would like to print out my answers on the app before submitting. I may be missing that, but once you submit I can't seem to find a way back to print it out. Probably operator error, only using the program once every two years since being forced to retire as an airline Captain at 65. That needs to change.
*	I liked that my AME explained the most recent scientific findings regarding sleep and particularly the effect sleep apnea has on fatigue. I myself do not have sleep apnea (I have friends who do), but I appreciate that my AME stays abreast of things like this.
*	I live in a rural area and fly over none populated lands in a 1946 aircraft.
*	I look forward to the changes that are coming. With few exceptions, I think most pilots are honest enough with themselves to know when they should not be flying.
*	I look forward to the Medical Certification changes forthcoming as they should simplify the process for Class III medicals and involve your personal physician who really knows you and the relative safety of you flying.
*	I look forward to the medical rules being published. Whether I continue the medical process will depend on several factors. Such as: Do I expect to need Commercial privileges, do I need a medical to instruct, what the process to use the new rules will entail. These factors will guide whether I will continue to need a medical.
*	I must take 3 physicals, one from my Primary Care doctor, one for a CDL (drive church bus), and the FAA third class. It would cost-effective if I could somehow consolidate these three exams, perhaps using the most through exam provided by my Primary Care physician. .
*	I never received a response from Dr, Stephen G, Goodman to my letter of April 20, 2015. I believe that I am medically, physically, and mentally completely capable of resuming my avocation of aviating in SEL craft.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? General Comment**

**General Comment(s):**

*	I no longer have a medical certificate. It was pulled do to loss of vision.
*	I passed my 3rd class medical but FAA denied it.
*	I plan to continue using my AME rather than trying to use my GP as it would require me to educate him on the new procedures and requirements.
*	I really don't know the requirements for a Third Class physical. I believe the FAA Med's work with you. Not AME's . If "Aviation" mfg's, aero clubs trying for existence in an over regulated industry. Me?? Barn door open fat lady sang. WARS OVER. My 3rd class physicals since 1970 were all pleasant, organized, no trouble experienced performed by capable AME phys. Enclosed is a copy of form 8500-8 which I had/have entered on the computer. I have no computer or typewriter. But after eight hours with FAA on phone and friends computer I was "in" for 2012 physical. Which was ok uneventful. Good. For my 2014 physical. I drove to my AME, thought he'd sit with me at his computer and update my 8500-8 form with minor chgs. I took latest EKG, Dr. letter B. press. No looking by AME for [UNINTELLIGIBLE] & big chest mole. Low & behold upon entering lady crew in unison said that's \$170.00 which I paid. Girl took BP oxygen [UNINTELLIGIBLE] that's all. The eye test was an old machine and difficult with their 50lb dog at my leg back. I failed, even though I had new 3 months new glass from FL DOT eye test. Eventually doc showed up along with girl each handed me RX sheet each had scribbled test they wanted done. Went back to old stuff 1984 roughly. Insane. No computer info questions or ref to my being in their computer. So I left. End of story. Ha! Sept 2016 received call from woman at AME dr office. My ticket was there did I want to take 2016 exam?? Really neat. I sent/relinquised all FAA demands to Okla. What a 3rd Cl. Phy. Sorry for lateness. But it's the truth. No real exam. Mysterious. Would rather go to local AME.
*	I really have trouble with FAA taking so long to advise of a special issuance.
*	I really see no reason for the changes in the medical requirements. It really gives more credibility to our health and I don't see what is to be gained, except pilots who will fly who shouldn't be flying. In my years of flying the physical process has not been a problem at all. I don't see the advantages to personnel or the Agency.
*	I received a letter from the FAA stating they received my additional medical information and my medical certificate was under review. The date of the letter was August 30, 2016. I still have not heard back as to the status of my medical certificate. In addition, the AME made an error in filling out his portion of the exam. I spoke with the OKC office concerning this error and it was noted in my file. The representative requested information from the hospital based upon the May, 2011 motorcycle accident. I also provided that information. I mentioned that the information was provided for my previous medical exam. The representative said he did see the information in the file.
*	I received my first medical almost 20 years ago. I've never had any issues with the process or the AME's.
*	I received this in the mail on 2/8. Survey closes 2/10. Will return immediately, but doubt it will make it on time.
*	I recently had to self-ground due to a medical condition. The requirements to get a special issuance are well outside of expected norms for most industries. The testing is excessive, and the requirements are so convoluted that I had to pay two firms to break them down to a language I could understand and comply with. I did finally get my special issuance, but not after several phone calls and having to send more information. My package sat in OKC for almost the full term before anyone even looked at it, and then I got requests for more information. This isn't good service by any measure.
*	I recently lost my wallet which contained my pilot license and my most recent medical certificate. For this reason, I may have been mistaken regarding the date of my most recent medical exam.
*	I regret the process wasn't explained better, I could have provided all necessary documentation at once and avoided additional delays. I found myself calling the number every other day for a status, and at one point the status was 'still under review' however that same day I received a letter from the FAA requesting additional documentation regarding my knee surgery.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? General Comment**

**General Comment(s):**

*	I see the problem and respect what the FAA is trying to do. It is probable that the resources required to make nuanced decisions and look in detail at individual cases is simply not in the budget. I had a TBI with a mild intercranial bleed that resolved in 24 hrs. That is apparent on the scans and was reaffirmed by AME. Basic testing for motor and neurological issues shows no problems. But, the decision made by "checking the box" for the issues I presented lumped me into a group or category. Now I am left to have sit out for another year and then undergo a battery of tests that more than anything I have had to submit to yet. Again, not all TBI are equal. And again, I do understand perhaps, why they must be treated that way.
*	I sent my Medical Records to the FAA in Oklahoma City, at the Mike Moroney Center, with Return receipt requested. The receipt was signed and returned to me, but my records were lost and not sent on to the Civil Aerospace Medical Institute. I waited for 2 months and when I had not heard from the Institute, AOPA called for me and found out the records were lost and that I needed to send them again.
*	I SENT THE REQUIRED DOCUMENTS TO THE AME AS PER THE AME INSTRUCTION ,BLOOD WORK TREAD MILL. IT WAS SENT ON OR ABOUT AUG 25 2016. IHAD MY CLASS 3 MEDICAL ON SEPT 30 2016.HERE IT IS NOV 8 2016 HAVE NOT HEARD FROM AME IN OKC.
*	I sincerely hope that pilots will comply with the spirit of the class III medical reform and effectively engage in "self-evaluation". As usual, there will probably be some "cowboys" who will act as PIC when their medical conditions indicate they should not fly. But this is very similar to other FAR's that we are expected to comply with--for example currency--can't act as PIC with passengers unless 3 t/o and landings in 90 days....those who always comply with that will probably comply with self-evaluation of medical conditions.
*	i still fly but with a licensed pilot and I own airplanes and want to fly my planes and do not want to fly them illegally so I have to pay or get a licenced pilot to fly with me which is very difficult to achieve. I don't see why, when my doctors say they see no problem with me flying that I have been denied . All the examiner looks at is the medical paperwork and not the individual person. I feel I am being discriminated against.
*	I still have not received any feedback or decision on renewing my FAA Third Class special issuance certificate that was sent to Oklahoma City this past July.
*	I still have not received any follow-up or the certificate. And no further communications.
*	I strongly oppose so-called Third Class Medical Reform. I believe all pilots should be more closely monitored than this plan requires.
*	I suffered a heart attack 6 years prior to applying for a 3rd class medical. I was/am fully recovered--and in better physical condition than most doctors and aviators. When I submitted the required medical supporting information, it was so detailed and cumbersome that the cardiologist delayed in organizing the material, even though I paid him extra. My treadmill test was older than one year so I was asked to update it, even though the test I submitted and other supporting material pointed to my exceptional physical condition. It was too expensive and time consuming to have the tests again, so I did not follow through. As a result, my application was denied.
*	I suffered a Traumatic Brain Injury in 2012; I agreed with the 2 year waiting period before being able to apply for a medical certificate but the hoops that had to be jumped through in 2014 seemed to be an overkill and if my TBI did not happy while on the job then there would be no way for me to afford all the required testing/travel/etc. In 2014 I did receive my first class unrestricted medical and every year since then.
*	I supplied all information on medical test etc as required--except vision (had cataract surgery in past 6 months. mailed recently requested report. Seems should not take months or a year to either be issued a airmans medical or declined. Class 3 (recreational) pilot should not have such strict requirements and instead meet sport pilot certification. If did so, aircraft factories would have to produce small planes around the clock (creating employment jobs)...but, so much for good government.
*	I think a more stringent examination of drug use should provide a safer environment for the flying public. There is virtually no information requested except a blood test.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	I think everyone did their job, I just have some medication issues that keep me from flying which I didn't know about when I took the exam, of I would have known I wouldn't have wasted my time.
*	I think it is a great idea for third class med to be examined by a family doctor
*	I think it was a great move for general aviation All pilots I know would not fly if it were a hazard to someone else or himself!
*	I think that the FAA is way to stringent for not taking into account my previous medical history and where I am 5+ years into a healthy physical condition as I am now at an older age [over 65] and in excellent health,being honest with the FAA costs me my 3rd class certification being denied with only 30 days to respond . not taking into account my doctors evaluation who also works for the VA health system which I am enrolled in, it is a shame that the Federal government cannot take into account my Va medical records for certification purposes as you could have pulled the files up at your location Earning my wings in 1989 has always been a lifelong dream . as I pilot I also realize the importance of staying healthy it is more dangerous to drive a vehicle when you are ill like most people do but you rarely do you see pilots fly when they are too ill to perform their duties , I think that a person should have at least 3 chances based on new information in a 18 month span every pilot knows and complains about how slow the paperwork process is with the FAA and its bureaucratic methods ,the FAA has long been slow on movement just look at the regulations you are basing everything on 1950,s standards versus today,s environment ,typical government backlogs,everyone complains about the FAA just like the rest of the government services.
*	I think that the medical process is a necessary and important check system that should not be done away with especially with G.A. pilots
*	I think that the Third Class Medical Reforms are an excellent step forward, but I would like to receive information on the timeline for implementation of the changes.
*	I think that there will be difficulty in taking advantage of the third class reform program. I suspect that many private practice MDs will be reluctant (due to liability concerns) to certify that he is unaware of any medical conditions that, as presently treated, could interfere with your ability to safely operate an aircraft.
*	I think the 3rd class physical is not necessary for the average pilot. I am a retired Airline pilot with 30 thousand hours and I know that I will not fly if I am not healthy. I feel that I have taken enough physicals ( one every 6 months) for 30 years) to know when I am fit to fly.
*	I think the biggest issue I have experienced is the few AMEs around to choose from. Most AMEs seem to be close to retirement and a an individual has to bounce from AME to AME due to limited availability.
*	I think the entire process is broken because pilots hide their medical records for fear of loosing their medical. I know pilots who would rather not go to the ER for fear of loosing their medical.
*	I think the going forward plan is a good one.
*	I think the medical reform, as I understand it, is a good idea. It will keep me flying longer and make it easier for new pilots to enter the system.
*	I think the new law is a mistake even though it will be easier for pilots to update their medical. A specially trained AME should handle medicals and that a PCP should not be involved. In my opinion, the current system is adequate except for the turnaround time for Special Issuance which, unfortunately I fall under.
*	I think the new requirement of non third class medical will NOT effect the safety of general aviation, it is a great improvement for general aviation... if you want a third class medical do it every 5 to 7 years, my expenses for a class three medical is to expensive for a one year medical
*	I thought the process covered everything that is important to a pilot that is medically sound to fly safely.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	I took my physical and it took over a month to get a deferred letter outlining the requirements for Special Issuance. I sent my application for special issuance via Fedex and FAA acknowledged receipt on Nov 3rd. I included all the tests and requirements of the FAA letter outlining the requirements for a Special Issuance. I called many times for status update from Nov 28 to Dec 8th before i got through to person. Person was courteous put couldn't tell me anything other than my application "was in with doctors". She could not tell me when I would hear from the FAA. I find this frustrating when it has taken over a month and my AME and my cardiologist are confident are required materials were sent.
*	I understand that the FAA must ensure safety, and I can appreciate. When I applied for the medical card I was asked to provide additional information that I had a hard time retrieving in the short window. I was only doin the ppl and honestly decided I could not devote any more time right now. I plan to eventually return and try once more in the future.
*	I understand to the extent the safety of the airways, but some of the things requested of me were over blown and berdone gone to the extent I could not afford to complete all that was asked and decided not to complete and it may have not been good enough to be reissued my certificate.
*	I understood that the reason for denial of my Medical Certificate was FAA concern over some of the prescription drugs I was taking and their impact on my abilities to function effectively as an aviator. I was offered NO OPTIONS as to how I could counter these concerns (i.e. reduce dosage of the drugs of concern, replacement of those drugs by suitable alternatives, elimination of those drugs altogether) I am in excellent health, and would like to do whatever is necessary (as mandated by the FAA) to qualify for a 3rd Class Medical certificate. I am not a contract pilot and do not own an aircraft, but my military and civilian piloting experience in a host of aircraft (turbo-prop, propeller and jet), in combat and strenuous weather flying conditions should qualify me for consideration for a 3rd Class Medical Certificate. I simply want to fly my children and grandchildren just as I would drive them around in a car. Please work with me!
*	I urge the FAA to promptly write regulations to comply with the Third Class Medical Reform that was signed into law. I believe that the incidents of medical incapacitation while flying an aircraft under private pilot privileges are infinitely smaller than the costs incurred and time wasted by pilots with having to comply with this process.
*	I use a CPAP machine and feel that after the first special issuance the AME should be able to monitor and issue certificate without special issuance
*	I use a Cpap. It is a wonderful thing. I have too many hoops to jump through. Review it and let's move quickly on Medical reform.
*	I used Dr [Name] of Ozark, AL as my AME. He is certainly polite enough and I think he is medically competent. However, his knowledge of current FAA requirements is lacking and his advice left me hanging for months after my annual exam. His advice also allowed me to continue to fly for at least 6 months in spite of an FAA requirement for further review of my case. All because he failed to research the problem prior to advising me to return to work. The problems I experienced with this man are well beyond the capabilities of this form. I would be glad to discuss this with anyone in your office if you would like to contact me. [Name] [Phone Number]
*	I want to fly again. Dr advised that the cost for tests required and the cost would probably result in my request being denied. When papers arrived I did not respond based on dr comments.
*	I want to get an answer soon regarding the results of my exam. If going to the third class certificate will expedite your decision then I would like to go ahead and apply for the third class certificate.
*	I was ask by AME to supply Documents on my Sleep App Machine. Also on my Heart condition. Do i need to contact the FAA? or will you contact me? [Name] [Phone Number]

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? General Comment**

**General Comment(s):**

*	I was ask to provide additional information which I did thru my AME When I contacted the medical division in OKC I was they hadn't received any additional info. I sure would like to get my medical approved so that my CFI EX AIRLINE PILOT WIFE CAN TRAIN ME TO HER EXACTING STANDARDS. My name is [Name] [Address] [Phone Number] I'm not dissatisfied with the FAA I SURE WOULD LIKE TO KNOW WHAT I NEED TO DO AT THIS POINT TO GET MY MEDICAL ISSUED I HAD DBS SURGERY for Parkinson's I take no meds. The DBS surgery has worked wonderfully keeping the tremors under control. I work for [Company Name] as an aircraft inspector in the PW 4000 engine shop. [Company Name] ingrains. SAFETY first. I would request a current medical if I would be unsafe Anyway. Thanks
*	I was denied a certificate based on a class of drugs that in no way affected my ability to perform. I decided not to renew and am no longer an active pilot.
*	I was diagnosed with prostate cancer ,the AME said I couldn't fly. Find out later that I could. So what was the right answer ?
*	I was examined by two qualified Physicians whom stated my health was excellent. The FAA won't accept their medical opinions and issue me a simple 3rd class medical. They have treated me like a criminal, guilty until proven innocent. My AME can't believe what has happened to me. My AME said this should have been done within 5 days of his exam, that everything was done by the book and it's been nearly 4 months. The FAA took my medical information without signing a Hippa Form and I now have no control over it. I am extremely disappointed with the attitude and arrogance of the FAA. What is the value of having an AME exam me if the FAA won't accept their findings? You have major problems to address
*	I was I could redo my color vision light gun test over. In 2004 I went through a very complex situation, was advice by CAMI that a Sosa letter was Not required. This created a very strange situation which doesn't allow me to hold a class 2 medical.
*	I was satisfied with the way the 3rd class medical has been in the past.
*	I was subsequently denied because of my GFR blood results without looking into my total physical condition. My nephrologist felt,at that time and in his opinion, I was doing well. I was devastated as I was looking forward to further flights , especially for [Company Name]. I continue to do well with my condition. I believe people need to be looked at more as individuals and not be denied because of numbers in a blood test.
*	I was surprised the FAA Oklahoma City office had no provision for use of E-mail, PDF files or other modern ways to transmit data. Sending copies from my Cardiologist was a big pain and took forever. Only method to communicate with Oklahoma City was via regular mail. Too bad.... [Name] [Address]
*	I was turned down because the FAA did not approve of Invokana for my Type 2 diabetes. My diabetes doctor tried several approved medications, but I suffered severe intestinal distress with them, making it not only impossible to fly but severely impacted my quality of life and ability to earn a living. My diabetes problems are not from low blood sugar, but high. I've never 'crashed' from low sugar levels. For over twenty years, I have flown cross country for mostly business but pleasure too. It would be good if the FAA could update those who fail a physical owing to the FAA not approving a certain medication, when/if they change their approval.
*	I will be glad when the new medical certification process is enacted.
*	I will continue to see my doctor regularly for comprehensive medical exams; however I look forward to being relieved of the burden associated with non-value-add administrative process of the current third class medical process.
*	I wish the cost of medicals was standardized. Paying over \$230 for a first class WITHOUT EKG is highway robbery.
*	I wish there was some better way to track the progress of special issuance applications, expected decision dates, etc.
*	I would be nice to have a list of AME's and what health insurances will cover the cost of the exam.
*	I would like a faster response to my request for review and issue.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	I would like to explain why my medical is in review. Last March I had a pace maker implant waited the sixty days did all the required testing and submitted it in June 2016. I was asked to submit some more information that I had accidentally left out which I did submit in July. In late Aug I was asked to submit an ECG, information on my pacemaker, and a current PE from my AME which I have done and submitted Sept. 26,2016. I am now waiting for an answer from that review. In the coarse of all this and talking with FAA from OLK. and the New England Region I would just like to say that I have been treated with the utmost respect and kindness from everyone I spoke to both in New England and OLK. All my questions were answered or I was transferred to someone who knew. I have the highest regards and praise for these people and hope that this remark will trickle down to them. As far as my next third class medical I intend going through my primary Physician who is also my AME. I thank you for asking my input.
*	I would like to have a personal telephone contact regarding my application. [Phone Number]
*	I would like to know why, when it is proven that there are pilots out there with mental issues I can not get my certificate due to diabetes. Not disgruntled, just want to fly.
*	I would like to see the medical history/appointments carried forward, where one only has to add the last one or two years activity.
*	I would recommend that the AME's use a regular wall eye chart for the vision check, When I go to my eye doctor he uses the wall chart and I can see just fine, The AME uses a machine that you look into and he says go to your eye doctor and get bifocals . This does not make sense. I highly recommend that this be changed. Thank you for your consideration. My AME is a very kind, through and professional doctor.
*	i would say it is a good idea to have a pysical at least once a year
*	I'm 82, fly for pleasure monthly, VFR. TT 10,000+ USAF (Ret)
*	I'm a healthy private pilot. I've never had any difficulty receiving the 2nd or 3rd class medical certificate.
*	I'm a little frustrated in that my AME submitted everything requested and still I received the infamous certified letter asking for the exact same paperwork that he submitted again. I had updated testing but could not get an appointment for an additional 2 months with my cardiologist. I asked for an extension, to after my appointment date, in order for my doctor to get the report completed. The extension was to the date of my appointment and not to a date of at least another month. I was forced to call and request my medical application be postponed because the reports will not be available until mid November. I did not want it to go into a denial status. To date, I have not received any feedback as to the status of my application.
*	I'm excited about third class medical reform but commercial rated pilots need to have a 2nd class in the pocket.
*	I'm glad to see the airman reform act. The Third class medical is nothing more than a bureaucratic process that does nothing to promote or enhance National AirSpace Safety. Instead it deters people from pursuing aviation and instead just creates a bloated staff within the FAA.
*	I'm going to continue receiving my third class physical every two years as I have done in the past. I'm not interested in taking any on line training or questions.
*	I'm just disappointed, but clearly I understand I hope I can finish up and continue my flying career. In Sept. 2016 I rendered my medical due to not having the sleep apnea test sent to you, the FAA., Lack of Dr. not sending the info the FAA requested. I figured the FAA would advise me what to do if I needed a second physician. But, instead said it was okay to reapply. So I did but med. certificate not given because new Dr. has only seen me once. Next appt to see him will be March 1st and I'm on my CPAP machine 8rs daily.
*	I'm not certain what, if any requirements needed for CFI's. Also, I'm concerned what will be required of current Special Issuance certificates.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	I'm not sure what my options will be after Dr. [Name] retires. There aren't very many AME's in my area.
*	I'm sure I speak for every pilot here. I understand the need for the medical exam and the frequencies of them. I also understand the content of the exams and why the individual tests are needed with the exception of the "hernia/ball grab" test. If I had my druthers, I would never have my testicles checked again by an AME, and so would the rest of us. Please remove this from the tests. No more free feels!!! Thanks in advance!
*	I've been trying to get recertified to fly since about February 2016 but seems the FAA is too busy or always requiring more information which I have to the best of my ability acquired all that was requested at great expense on my part. I keep hoping there will be no more waiting and that I can be cleared to fly soon.
*	I've held 2nd class certificates since my '20's.. after a lapse of over 10 years, this recent exam was less comprehensive in night and peripheral vision, hearing and heart rate recovery. Were the historic exams beyond the standard or was this one less comprehensive??? Would be nice for the airman if there was a checklist of the exam elements and pass/fail criteria.
*	I've lost all intrest in flying know
*	If a medical point is in question, do not make it impossible to get it resolved. Re-evaluate medication list. Re-evaluate physical problems Have blood testing for questionable drugs, once a month, and not depend on the Rx physicians last script.
*	If it wasn't for the AMAS Service, I would needed a lot more help trying to get my medical back.
*	If the AME and the FAA review staff were employees of mine, I would fire them.
*	If you complete the online portion too early - it gets deleted and you must redo it. When I called the help line they did not have the authority to extend the length of time. It would be nice to allow them to "undelete" the record (or somehow preventing it from getting wiped out in the first place).
*	Im glad to see the FAA is seeking feedback of anykind. It means they care.
*	In 2010 I had a neurological incident (temporary memory loss) that was treated in an emergency room. I fully recovered and was discharged without admission in a few hours. I never loss consciousness nor did I have any physical indicators and there was an identifiable cause. Since I wasn't admitted to the hospital, I'm not sure I had to report the incident on my 3rd class medical certificate application but I did. Discussions with the AME at the time suggested that my application would be rejected and it was not submitted since I could still fly ultralights. In the ensuing years LSA's were similarly flyable but I wanted to fly higher performance single engine aircraft. Now with the latest rulings that would be possible except for the requirement for a 3rd class medical certificate approval within the last 10 years. So now I'm going through that approval process and hoping to see some light at the end of the tunnel. I'm going through what I think is an unnecessary full neurological evaluation including blood test, MRI, EEG and at least two visits with a local neurologist. I firmly believe the certificate approval could and should have been handled by the AME without referral to CAMI. The neurologist had to ask for specifics CAMI wanted on the evaluation and it took three phone calls to CAMI to get a brief paragraph FAX'd on the same day as my appointment which had been made 3 weeks earlier. Now it will be an additional month to get all the necessary tests done. Egads. Maybe being a bit excessive in protecting the air space?
*	In a past exam after eye surgery, submitted eye eval forms, it took months to get my certificate.
*	In general the medical standards and restrictions for common ailments and medications are far too high. Should be synchronized with other transport operations and operate through DOT channels, not separate FAA channels.
*	In general, I agree with the Medical Reform Act. However, I believe an AME should be involved as a third opinion regarding an airman's ability to fly safely (behind the primary care physician and the pilot self evaluation regarding his ability to fly).
*	In general, I believe the current system, with the addition of the changes to III Class Medical, will well serve the General Aviation community.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	<p>In general, I have found the FAA to be an exceptionally professional and reasonable. It must, by social demands, error on the side of being conservative and risk adverse. That said, the specific medical treatment expectations in my case (Leiden V mutation expectation of INR measure kept between 2 and 3) , the medical expectation of the FAA to prevent blood clots is a trivial benefit compared to the risks of being on blood thinner and having an accident, or malaria (I work in Congo some months each year), or develop an bleed from some other issue. In this case, it is likely the FAA is indirectly killing pilots. An extensive search suggests that never in the history of General Aviation has a pilot PE caused a crash. Flights have induced cases PE's, but never a PE a crash. Thus, in my case the FAA prevents my primary care physician from following the the American College of Cardiology endorsed option of prolonged aspirin-based preventive therapy. <a href="http://www.acc.org/latest-in-cardiology/articles/2014/07/18/15/35/duration-of-anticoagulation-after-acute-dvt-pe">http://www.acc.org/latest-in-cardiology/articles/2014/07/18/15/35/duration-of-anticoagulation-after-acute-dvt-pe</a> A system where 3rd class GA pilots' physicians had the ability to treat cases as they saw best would serve society and the nations health better. Now, when the ideal protocol violates the simplistic guidelines produced by the FAA, significant administrative barriers (as has happened twice in a row now) arise. This makes doctors avoid doing what is best for the patient, to instead keep the pilot flying.</p>
*	<p>in many of my medical exam the work was done by office employees and cost more. This year theDoctor did everything.</p>
*	<p>In MedExpress it would be nice if you would delete doctors visits that are no longer required to be reported (more than 3 years old I think). This would make filling out the form easier.</p>
*	<p>IN MY CASE THE FAA SHOULD HAVE INITIATED AND CONSULTED WITH MY CARDIOLOGIST. THERE WAS NOTHING NEW IN MY DATA THAT HAD NOT BEEN THERE FOR 6 YEARS.</p>
*	<p>In my case, resolution, should not have been, (probably was), very clear cut and easily decided based on documents, provided to FAA after case was referred. Yet, i was told that there was no way to even estimate how long it might take before someone would look at the case. I had to wait my turn in line with all other cases. 1. Either the AME i went to should be authorized to review the documents and (subject to FAA review) grant the certificate when the case is clean cut, as mine was, or, at minimum.... 2. The FAA review process should include an initial triage process, to happen immediately, or at least within a few days, to resolve what are clean cut cases, rapidly, and identify those that need a more thorough review.</p>
*	<p>In my early flying years (1960's and 1970's) the FAA Class III and Class II medical exams were thorough enough that they sufficed for my annual physical. In fact, my AME became my primary care physician. In my last Class II medical exam, with all due respect for the AME, the depth of exam was so cursory that I'm not certain it determined any more than I was alive and generally mobile. The new program cements this attitude. The sad result of the new program is that pilots who SHOULD have a decent annual physical, and NEED to have such a physical, will not have this opportunity. While I understand the logic behind the new program, I am not convinced that the result will improve the pilots' awareness of their own health (which was a benefit earlier in the FAA medical program).</p>
*	<p>In no way do I want to do OK report anything that would delay or prevent my finally receiving a renewal of my 3rd class medical!</p>
*	<p>In the middle of a lengthy review process, my AME has retired. This makes things a bit interesting, but this too shall be overcome.</p>
*	<p>In the rural areas there needs to be more AME's /certified physicians available for exams IMHO.</p>
*	<p>Initially January 2016 I was denied medical certification due to previous colon cancer, as of this day all my scans have shown no detectable signs of disease since July of 2015 and I am still waiting to hear if I am eligible for medical certification. A pilot friend of mine had brain surgery to remove a tumor and was issued his medical certificate 6 months after his surgery but yet colon surgery takes more than a year with still no answers.</p>
*	<p>it all seems to work very well</p>

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	It baffles me why I've had to have a medical certificate to fly an airplane and all the focus put on ending all aviation accidents when so many more lives could be saved by putting more scrutiny on automobile drivers who kill themselves by the 10's of thousands every year by driving drunk, impaired or distracted by phones, food and entertainment systems in their cars. If I can be trusted to self certify every time I fly why can't my medical Dr. certify that I have no debilitating illnesses that would prevent me from flying an airplane? I'm allowed to make my own determination on weather and routes and do my own flight planning and have to contend with the consequences of my decisions yet some how in the far distant past someone in government decided that a pilot needs a medical certificate to fly a general aviation or experimental aircraft.
*	It has been 12 weeks to review my application and haven't heard anything from the FAA. I have called three times and it is always the same answer, "it is being reviewed". Ridiculous.
*	It has been just over 90 days since I started medical exam certification. Was asked for additional information from OK. but have not heard back from them as of this date. thank you.
*	it has taken a long time to hear anything on the very stable and frequently tested arterial Fibrillation issue as noted by my cardiologist. I sent in about 60 pages of medical notes from various medical appointments for past year or so. I own and fly a VFR 2 seat piper cub type airplane that is never flown in the winter. Last time I requested a FAA medical approval the approval was only given for 6 months which made me miss fall season flying. I see no value for the regional medical review for the type of flying that I do. My flight surgeon and cardiologist can attest to by physical ability to fly a small recreational aircraft
*	It is good to know that after I retire from needing an annual 2nd class certificate, that I will not have to visit an AME as often. I think most pilot's are honest and will visit a doctor and self-report to FAA if there is a medical issue. I think the new rules will add to the enjoyment of recreational flying, without burdening pilots with continued unneeded government regulation. As someone famously once said, the last thing you want to hear anyone say, is this oxymoron, "Hi, I'm from the government and we are here to help." If you really wanted to free people from regulation, just show recreational pilots what they can and cannot have, or take as medications to fly and do away with all recreational pilot AME regs for Student and Private Pilots. Let them use Driver's License for that too, just add pilot status to state driver licenses....Too easy, so of course, that will never happen :- )
*	It is my belief that the FAA could have told me all of the items needed in one letter. This would expedite the process for both the FAA and the applicant. I also believe that the FAA doctors should talk with the applicant or at least emails should be allowed so we know what they are thinking. The ladies that answer the phone are great however all they can tell us is what the doctors put in the computer and I have received letters before the letter gets entered in the computer. Maybe a fix would be to attach our email address to the computer file on us so when something gets entered we get an email and we would know a letter has been sent. Also this would allow us to know that the FAA has received the requested information from the applicant.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	<p>It is my understanding that there are only two doctors for review of airman medical certificates in the Northwest Mountain region. Therefore, I understand how busy they must be. My first airman's certificate was issued in 1955 with third class medical biannually until a second class certificate being issued annually beginning in 1961 until the year 2000 when I retired from the Federal Aviation Administration. I continued flying as an instructor SEL and rotorcraft until 2004 when I opted to go on several missions for my church each beginning with a physical examination. Completing the last mission in Washington DC in 2014 I was desirous of returning to the cockpit and passing on some information as an instructor that I had garnered over the last 60 years. So, I applied for a second-class physical examination with stress test in May 2015 and was told by my AME that it might be Because of new rules after 9/11 etc. etc. In May 2016 another second-class physical with stress test was taken and for one reason or another the delays continued. I made mention to my AME that instructing was not that important anymore because in today's environment as every medical condition has a pill, every emergency has a button. Currently, I am nearing six months into certification for flight with passengers when I'm hit with the new rule requesting a board-certified neurologist interview to see if I'm still viable. This reminds me of a FAM flight from Europe back to the states when we crossed over the coastline near Maine, the 28 year Captain reaches up and turns off the autopilot, the seasoned six year Copilot excitedly shouts out "what are you doing, what are you doing?" The Captain replies, " I'M FLYING THE AIRPLANE, IT'S FUN, YOU OUGHT TO TRY IT SOMETIME!" As we start a gentle descent and left turn towards DFW. end of comment, ps, I'm 81, not 90 and never felt better.</p>
*	<p>it is very frustrating when you go over the requirements with the ame and it is determined that you qualify for certification, only to get a letter several weeks later stating that due to some obscure piece information which doesn't even make sense removes your certificate until it is received.</p>
*	<p>It sees to me the certification process is mainly a physical exam and focuses less on psychological factors (See Andreas Lubitz-German Wings Flight 9525)</p>
*	<p>It should never take 90+ days to review an application of the nature of mine; wherein, I provided an additional \$500 eye exam for type 2 diabetes; am on the lowest possible dosage medication; and, have never had a hypoglycemic event. But it still took 90+ days to review, during which time my wife and I missed two cross country trips between July and October. When the medical certification was finally issued, it was only 9-months from date of issuance (to me) until the next required visit to the AME and next "review" period. Think about it--this is incredibly unfair to the general aviation community.</p>
*	<p>It takes way to long and there is very little communication available to see where you stand when you send the paperwork to Oklahoma. They asked for paperwork that had no relevance on my situation that delayed even longer. If the FAA is delaying and too backed up to issue the medical in a timely manner there should be communication available to help the pilot understand where they are in the process.</p>
*	<p>It takes way too long to get any feedback from the FAA. Especially since I fly, in part, for a living.</p>
*	<p>It took 4 months for me to receive the denial of my 3rd.class application. I called almost every week and was repeatedly told that; " it was under review".</p>
*	<p>It took me sox months and 2 phone calls to get a response t my physical. I am very disappointed in the FAA's competence amd performance in responding to my physical that was submitted. There was no communication and no sense of urgency. Another example of a worthless bureaucracy that has no accountability. The FAA should be ashamed of it's reputation and it's performance. I have nothing but bad feeling regarding my experience with the FAA medical Dept.</p>
*	<p>It took way to long to receive the information that I needed more information. I called and it was like "Oh you really do want your medical?"</p>
*	<p>It was difficult finding an AME near me. The FAA website was of no help. I had to use Google that has a register but quite a bit of the AME listed are not doing Flight Physicals anymore, Telephone numbers and addresses are also incorrect.</p>
*	<p>It was foolish of me to acknowledge use of SSRI's. I should have lied.</p>

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	It would be convenient in Rural MN to have more certified AME's who can conduct all classes of Medicals under \$200. The state has an enormous amount of pilots with various ratings. We need more doctors to obtain their AME certification and be able to easily maintain that status!!!! Thanks.
*	It would be helpful if the MedXPress program would save the entered information from the previous application, making it quicker and easier to fill out.
*	It would be helpful to the pilots who submit to the FAA medical office to get a confirmation and letter stating time frame and options if unable to qualify for class
*	It would be more affordable if the medical exam/physical could be covered by insurance.
*	It would be nice if or when your medical is deferred that there is a login page to see that the FAA has received your medical for review, has requested more information, received your requested information, reviewing information and a estimated time for acceptance or reason for denial. As it stands my medical is in limbo and I do not know when or if it will be approved! A simple status page would help.
*	it would be nice if the faa would act on my application
*	It would be nice if there was a better process for airmen who are prescribed SSRIs. I feel that the AME, who knows you personally rather than just on paper, should be able to make a decision as to a special issuance. I feel that the long and VERY expensive process, of up to a year and \$4,000 for the CogScreen AE test, for an airmen to be issues a special issuance, due to moderate anxiety being successfully treated by SSRIs, encourages pilots to not get treated due to the fear of not being able to fly. I feel that this actually makes the National Airspace System less safe.
*	It would be very helpfull if the medicine list of authoized drugs were more extensive and would be more dependent upon input from the perscribing Doctor instead of disqualifying a drug because it is not on your approved list
*	It's been a frustrating process, so far. I'm healthy enough to be an active firefighter and medical first responder. I've been working on getting my medical renewed for 5 months now, and would like an answer.
*	It's hard to remember your exam 6 months from now.
*	Item #17 My AME is also my primary care doctor, he knows all of my medical history! Also all my medications.
*	Just about every exam I have had over the past 40 years has been good. My only problem was about 2 years ago when I applied after having a melanoma removed from my leg. Even though ALL of my medical information indicated that I would be 'normal', the FAA took 3-4 months to 'review' everything. That seemed like a long time to review something that was reported as 'cured'. And it was not the kind of medical problem that should have effected my flying skills at all. We were not talking about something that had spread into my brain? (Thank God!!)
*	Just to have you understand I have had many opportunities to fly warbirds, jets, taildraggers and of course my A-36 Bonanza. I am looking forward to getting back into the air.....my grand father, my mother, my father, my uncles and my wife all have flown many years. I have missed my flying and I do believe I have not been considered an important aspect of the FAA. A private pilot that actually loves to fly.
*	Just very frustrated with the process at the current time. I went for an eye exam (being proactive) to verify that my eyes were completely heathy before going to my FAA exam, because I had had a PVD incident. Then being honest about having had a PVD incident in my history, I have had to go for further testing and have submitted my results which were normal, and I still have not heard anything back as far as issuance. I have been told time and again that PVD is a very common part of aging eyes and am frustrated that I have not heard anything back after having submitted the additional testing that the FAA requested.
*	Keep up the good work! Survey is a nice way to keep in touch

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	Keep up the good work.
*	last exam I asked the doctor if he ever actually found a problem someone was not already aware of. He answered his exam was more about insuring compliance than discovery. I get that. Someone to look at you and gauge if you are reasonably healthy and truthful. I doubt a full medical exam costing \$1000's would make aviation any more safe. I also doubt removing all except the first exam would make aviation any less safe.
*	Last time I contacted the FSDO (I think it was Tampa), the person I spoke to was a bit rude. We should be nicer to each other.
*	List of approved medications must be updated to include new medications and review their potential adverse reactions when compared with older medications that are presently approved for use. Example of this is recommendation of Actos vs Jardiance when Actos is prone to producing hypoglycemia vs the extreme possibility that Jardiance may produce hyponatremia and VFib. Similarly with HBP medications. More modern HBP medications are significantly safer than some of the ones approved.
*	Losing my medical represents a large threat of loss; loss of travel, loss of investment in aircraft, loss of pride in being a pilot, loss of a sense of freedom!! My grandfather, both of my parents, and 2 brothers are all pilots.
*	Maintain accumulated hours flown in saved information.
*	Make it easier for pilots to find OTC medication information and effects on flight abilities.
*	Make make it easier for a specialist doc who knows nothing about fee to complyit
*	Make sure all electronic devices are turned off so you don't have an artifact on your EKG resulting in further tests that prove the original reading was wrong. As my primary care said, if it looks wrong, get another test before writing a diagnosis that could impact you long term.
*	Make the 3rd Class Medical a 3 or 4 year cycle and I'd be more inclined to continue using the current system. Being 62 years old I have been required to skip this rope every 2 years. Waste of time and money. I care more about my health than you do and object to regulatory intrusion where unnecessary. I live near NIH and would have liked to participate in a long term Statin research project but would not dare because of the need to submit to scrutiny by you for it. Some of the rules create perverse results.
*	Make the CACI matrix easier to understand.
*	Making forms more user friendly and in language that we can understand. Acronyms don't help us understand what you want us to give you. Also take stock in what our family physician has to say as far as our health quality. They know us best..
*	Mandatory retirement age should be extended to 67 to coincide with Japan and other IATA nations
*	Many conditions require SIs that do not pose a risk of sudden incapacitation while flying. For example, my SI was for Lymphoma. As I am on an anticoagulant, the risk of sudden incapacitation is extremely remote. Also, OSA SI, and use of CPAP is required based on sleep studies even when there is no evidence of daytime sleepyness.
*	Many of my colleges, especially at the lower pay scale side without insurance coverage for loss of medical fear the FAA will take their medical if sleep apnea is reported, thus affecting their livelihood. That fear needs to be eliminated so the truly safe pilots are flying across American.
*	Many students do not continue on with aviation after their first solo with the complex regulations, medical requirements, expense of aviation and how easy it is to get caught with a violation of some sort.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	Maybe I might not know it, but why not have a way for us the pilots being reviewed, go in to the FAA wherever it is, and get examined there in person. That would save time and effort and money from us getting all the paper work from our doctors. I would GLADLY PAY to fly to Oklahoma City and get examined on the spot by the FAA reviewers. It would save me some time and energy and money. It is just so annoying to have to run around, make appointments, miss work to get paperwork and records to send it in and HOPE that it gets past. Just a bad process that could be made easier if the reviewers were able to examine us in person and see that we are 100% healthy to fly.
*	MedExpress document should save the most recent answered questions and medical appointments since the previous exam as completely filling out the document each time you apply for the medical certificate is quite time consuming to research. Especially when looking up the dates of each of the medical appointments. When a person has an annual physical, a annual AME exam, and an annual eye doctor exam, it's time consuming to look each of those up for several previous years and intert the information into the form. Keep the info saved from previous year so all we would have to do is change any relevant answers to any of the questions and add any new appointments since the previous AME exam.
*	Medical certificate referred to CAMI. Still do not have a decision. It's been 7 months. Neuro panel meets only every 2 months. Too long between evaluations.
*	Medical reform was long overdue, strict limits imposed to exercise flight privileges unnecessarily restricts participation in the aviation industry. I believe individuals will self regulate, they know if they are in safe condition to fly or not, consultation with a private doctor is all that should be required, no one wants to be flying if there is a chance for a medical event. The FAA exam and the limits associated with it is less effective at forecasting future health than an individual would be with the advice of a personal physician. A good argument can be made for FAA exams for commercial pilots carrying passengers for hire, but a private individual flying to a business appointment or for recreation should be able to self-certify.
*	Medical reviews should be completed in a predefined period. A CFI's livelihood may depend on it.
*	Medical was deferred due to a medication (accepted 2 years ago) now on the not-allowed list. I have DISCONTINUED the medication, but still have not heard anything from FAA.
*	Medication thst I have been on for years was not approved. It was wavered before. Required to change and had to take several until I found one that performed. Then had to be on it 30 days before i had to take and pay for a second exam when original one worked and had been waived several times
*	Modification to the 3rd class medical requirements is a positive step to keep GA alive.
*	Montrose Co. (KMTJ) No AME. Our pilot drive to Delta on Friday's only 20 mi oneway. Grand Junction 60 miles - none in 60 - on to Salida 120 miles to. Montrose population 12,000. Thank you.
*	More emphasis needs to be considered when Airman Medical Certification is deferred, and the Pilot in question is applying for a First Class Medical which is used for the Purpose of a Career/ Profession. The process is difficult enough with all the test that are required before applying for the issuance. Not only is it cost prohibitive but also the time frame that the review process takes is extensive.
*	More information on pharmaceuticals and medical conditions is needed on your website. There is not very much information available to pilots. There was no assistance or guidance from the FAA on what (reasonably affordable) options are available to me on what was/is necessary to be legal to fly again.
*	More transparency about general conditions and treatments of minor health issues. The little things that pop up here and there, I have allergies and report it, but if someone did not have issues and develop them, there is no official FAA database of what treatments are acceptable and how to go about it seeking treatment while keeping yourself airworthy, if at all possible. You are at the mercy of Dr. Google.
*	More trust in to the medical community that see the applicant for the certification

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	Most advanced age pilots I know, prior to expiration of their medical certificate, if and when I am unable to issue their BFR ( biannual flight review ) due to lack of performance, they will immediately deny my judgment, I need to lecture them for a while,ask them to sleep over the idea and discuss later, I don't know if medical examiners can find a way around that with the pilot or is it the CFI's responsibility? in fact the last declining of BFR I issued to an airplane owner who is also a retired doctor, he showed up a 1/2 year later at my door claiming he has received his medical certificate, demanding another evaluation! I reminded him that right before my eyes in my hanger and in witness of my other 2 employees, he pssed out sitting behind the table for few minutes, being incoherent, and send him away to sell his aircraft and walk away from the thought of flying again
*	Most place/piloted airplanes require or cause the FAA to be rather restrictive. This causes pilots to have an AME and a regular doctor - and the two don't mix out of fear some illness or condition maybe cause for losing your license.
*	My AME declined to issue my medical due to medical issues and tools me I would get a denial letter from the FAA in a few weeks. My appointment was at the beginning of September and a still haven't heard anything from the FAA.
*	My AME denied my medical for HBA1C above 9. When contacted by OKC they wanted detailed info on a completely different issue with offensive threatening language. I sent the requested information and wrote a response letter and they sent me a cryptic form letter with multiple cut and paste canned statements for reasons to deny my medical, yet contained within was a new medical certificate. If I communicated in my job with my customers like the FAA, I'd be fired.
*	My AME did not ask for additional documentation for the new left shoulder replacement surgery which cost an additional 4 weeks. He did examine range of motion and strength in good detail and found my shoulder sound in his opinion. I do not know what he reported to the regional AME.
*	My AME did not seem to be real knowledgeable with the process. Having not held a current medical (Class I) since 2005 and not familiar with the new procedures, I am not really able to intelligently question the new process. It seems to me, if I had been forewarned of the medication questions beforehand, I could have brought additional information or the AME could have resolved some of the issues with her examination. Instead, I seem to be bogged down in a lengthy process.
*	My AME had a lapse the day of the exam. He forgot to issue me my medial license the day of the exam. It was my first time renewing so I did not know he was suppose to give it to me. I went months waiting thinking it would be mailed to me. Finally after speaking to the FAA and the doctors office they mailed it to me. Would suggest the doctors clearly are informed about when and how to issue the medial license.
*	My AME indicated that my EKG was normal, nothing out of the ordinary. However the FAA seemed to note some kind of irregularity. It was odd and frustrating to have my first class medical in limbo, waiting for medical staff to issue it when my AME found it perfectly fine.
*	My AME is a pilot; he understands the effects of compromised health that "may" lead to unsafe conditions. He took considerable time to explain to me about sleep apnea even though I am not a candidate for that diagnosis. He told me things I should be aware of as I am aging and what to look for in the realm of potential health issues. He demonstrated a genuine interest in my overall health and wanted to be sure that I was healthy. In the past, I have felt that some AMEs were interested in collecting the fee and processing me quickly without much attention to potential health concerns.
*	My AME is courteous and professional and provides excellent advice to staying in good flying condition. I value the AME's input. The MedExpress system is awful and it needs to be easier to input data and it needs to hold data so it is not so burdensome to complete (for example: needing all the drop down menus is tedious for multiple health care visits)
*	My AME is well seasoned as well as inquisitive thereby providing a comprehensive review of my physical and mental health.
*	My AME knows my Primary Care Physician and knows that I have comprehensive ANNUAL physical exams. My PCP has on occasion provided medical summaries where such information might be applicable when I formerly held 2nd Class Medicals. My PCP Annual Physical and my Medical are offset by six months, and I have used my AME as a "quick check" and second opinion. All of this could be easily handled by my Primary Care Physician.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	My AME was curt, saying "I am not your friend." He showed hostility in taking blood pressure, taking it immediately after I was sitting. Valid BP requires a person to sit quietly for 5 minutes (I am a physician). Then he slaps the cuff off, saying "pretty high." I think the certification process is arbitrary. In 2015 I was deferred for PVC's. I didn't mind having the cardiac work-up, which was all benign. Cardiologist said, "Why are you here? Your fitness is equivalent to someone 24 years younger who exercises regularly." Yet it took Oklahoma City 3 months to review the records. My PVC's were caused by my BP medication, which I no longer need after 20 years. My current BP is almost always 135/80 off all meds with many yearly observations, PVC's are gone, yet the process terrifies me.
*	My AME was great - once it went to the FAA everything slowed to a crawl.
*	My AME was quite professional
*	my app.is not been approved as I need to provide medical records of my AFIB and use of warfarin medicine. I given 60 days to provide medical records. I have scheduled the necessary tests with my cardiac care doctor but will need a time extension as it will take some time to complete the necessary tests.
*	My application for a special issuance has taken a very long time. My file has been under review by a Neuropsychology consult for six weeks with no end in seeking sight.
*	My application was deferred due to blood pressure and heartbeat issues. My primary care doctor felt that the amount of information and testing required was excessive. I don't have enough knowledge to have an opinion about that. I know that I went many months with my plane sitting on the ground and me not allowed to fly it. A good deal of the delay was from the need to get testing done. It was all very frustrating and seems excessive for the kind of flying I do.
*	My application was deferred to OKC due to behavioral health concerns noted on the application. My exam was in APR2016 and I have been going back and forth with the cert office since that time. It would be helpful if more information was provided in terms of options to take to address the issues (i.e. I live in Colorado now, but the FAA directed me to schedule an appointment with my original doctor in Virginia to address/document current prognosis, etc). Overall, though I understand the need for caution, the amount of delay I faced has been concerning. It took less time for my re-investigation for my TS/SCI security clearance to close out that this process for a class III medical.
*	My appointment date was early in the month, thankfully. Once I was deferred, I was very proactive about getting the FAA the additional information that they needed. I even did extra testing on my own (out of pocket) to provide the FAA with additional information that may or may not have been asked for. Had I not been so proactive, or if the FAA had taken as long as I was told over the phone by OKC to issue my certificate, then my company would have pulled my next trip from my schedule, costing my family one entire months pay. There needs to be a system in place (faster than snail mail) to provide communication between the FAA and applicant about what the next step is after a deferral. Also, full time pilots that depend on their medical for their income and livelihood should be moved to the front of the stack over people that are not dependent on their medical certificate for their income. Thankfully, my union retains a medical doctor with many years of dealing with the FAA. That is the only reason my family and I didn't lose an entire month or more of pay. If I had, it would have been detrimental to us with me on probationary pay and status (with no sick time on first year) at a new airline.
*	My cardiologist cannot believe the old tests the FAA still requests. Get with the new modern tests. I think my cardiologist should be able to call and get a call back if the OKC doctor has questions. This took 9 months to get approval. My health was never in question. FAA CAMI is taking advantage of authority. Disgusting service.
*	My case seems unique in that I was able to obtain a Private Pilot's license with 3rd class medical as AASI, and was then denied reissuance based on test results, despite the fact that my condition has unchanged and I have never experienced issues while flying. I was hoping that testimony would help to prove my case, but the FAA just wants series of tests results, which proved to be expensive. I ultimately did not appeal the denial because of the cost of further series of tests, which my insurance only partially covered. It seems unfair to need to spend exorbitant amounts to prove to the FAA that I am medically airworthy when I already obtained a Private Pilot's license under the FAA's approval.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	My case was send to review by the neurology board. I'm told that the board convened on 10/27-10/28/2016. On 11/7/2016 I've called the Medical Certification at Oklahoma and was told that no decision was posted. I need to know. The decision and notification should be sooner.
*	My certificate was deferred and then denied due to an accident in 2014. I am currently appealing that decision and have done the additional tests that the FAA requested. Do not know if they will accept those results or continue to deny my certificate. I suffered a concussion and seizure in 2014. A one time event that has never reoccurred. I am under no medication or doctor's care - they felt it was a one time event. I am in excellent health. I don't believe the current medical exam is thorough enough to truly identify unknown medical conditions. It is a basic health exam. The pilot community is a very responsible group and with 3rd class medical reform they can self police. I know that I am in excellent condition. I now have to prove it to the FAA's satisfaction. But if I ever thought I was not capable (the self-policing concept) I would ground myself - as would 99% of the pilot population. So 3rd class medical reform is welcome. If I get my medical back, in the future if I ever felt unsafe I would ground myself. I don't need the FAA to tell me that.
*	My Class III was denied in 2008 due to medication I had been taking. I have not been on the meds for 10 years, but am still denied a Class III, even though had I not failed the exam I could be flying today under the sport utility rating. It is frustrating to deny a pilot the ability to fly as PIC due to this clitch.
*	My Class III certificate was rejected due to the use of medication of gabapentin for control of neuropathy caused by type II diabetes. The diabetes was diagnosed to be caused by exposure to Agent Orange in Vietnam in 1972 as an Air Force pilot. I was attempting to fly again after nearly 30 years for daytime recreation only, and in hope of flying formation once again. Possible side affects of this medication state "possible drowsiness". There should be some sort of definite test of this occurrence, and not outright rejection by the FAA. I did appeal this decision of rejection, and received a personal letter denying that result. I receive this medication from the VA, and not my primary care physician, and was completely honest in supplying a list of all meds to the AME.
*	My comments during this survey have nothing to do with my recent failure to receive a medical certificate (changes to my lifestyle were required and were spotted during the exam so I'm actually grateful). However, none of the changes that have been made in this process have done anything to improve FAA responsiveness (from the pilot's perspective), timeliness or adjusted the level of concern over some conditions to something I can recognize as fully rationalized. The structure is such that I wouldn't be surprised to find that most of the motivation behind this has to do with working within an environment that encourages pilots to be dishonest. The recent legislation is such a complicated mess and so far from what pilot's were after in the first place that I wouldn't be surprised if the communication and trust between pilots and the FAA suffered greater damage. Everyone I've worked with at the FAA has been a reasonable human being and my experiences with the Agency are positive overall. The medical certificate process, however, is something that happens in the dark. Only the AME is setting the expectations for what to do, when to do it and is the only representative performing the task. Unfortunately, the AME, therefore, is taking all the risk for communicating accurate 'Next Steps'. FAA appears to have no skin in the game expect enforcement and late delivery of expectations.
*	My doctor would have liked to use an antidepressant for hot flashes. I was told this would not be acceptable to the FAA. I feel the medical is more geared to male pilots than to female pilots. I feel I'm an expert on this subject since I have been getting physicals for 50 plus years. My AME was excellent. He ordered a necessary test BEFORE the exam. Both physicians were extremely intelligent and qualified. It also helped that Mayo had all of my records.
*	My experience with the AME and his services was excellent. My appointment was timely and professional. The service and experience I received from the AAM-300 office of the FAA was absolutely atrocious. They checked background adequately enough however failed to adequately read the supporting documents from multiple doctors that was provided to them.
*	My experience with the medical certification process has always been very simple. I have used the same AME for many years. He is significantly familiar with my physical/medical condition for a 15 year period. I have been fortunate to experience excellent physical/medical condition with good health and not medications my whole life. As a result, my experience with the medical certification process has been very simple.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? General Comment**

**General Comment(s):**

*	My experienced leads me to believe the system relies solely on the honesty of the applicant. Confirmation of applicant information was not transparent, so as to the question regarding this system protecting aviators, it does to the extent the applicants are honest and provide truthful information. (I am sure this observation is unexceptional).
*	My eye exam was conducted by my optometrist so that is the reason the American did not do the exam. It would be nice if the medxpress application was filled out from previous applications and we only had to fill in any new items.
*	My general comment your organization is ridiculous if I were to try to put my license to Congress would probably go faster and put yours in the FAA And yes I would like someone with authority to call me and tell me what I exactly need because now I'm confused I keep sending the same shit over and over and over and over and over and over and you requesting the same information feel free to call me please my phone number is [Phone Number] and I am completely disgusted the way I've been treated and handled
*	MY HOPE IS THAT ALL PILOTS NOT MEDICALLY FIT, WILL POLICE THEMSELVES BY GETTING MEDICALLY EVALUATED BEFORE FLYING.
*	My husband is a pilot and has been diagnosed with Parkinson's. We have found the system to be fair and Dr. advice good. We have been very concerned about him losing his medical but he was just evaluated & hold a Class I Medical. He is on a drug (the only drug) approved by the FAA and is able to fly with confidence & completely. He is required to have a yearly neurological exam as well as physical from an AME.
*	My insurance company requires a third class physical less than one year old to have my insurance in effect. I will continue getting a third class physical every year as long as they are offered.
*	My last 2nd class medical was issued 11/27/2013 by Courtney D. Scott as far as I can recall. I passed the required special issuance application and was granted the medical certificate 2nd class. Backed up by my primary physicians, and heart specialists. also Dr [Name] my AME. Several months later I received a letter from the areomedical division that I would be required to have further tests and that even they might not be enough to grant my 2nd class medical. Even though I had passed the tests required and had been granted the medical . I was given 60 days to complete the new tests or to forfeit my current medical. Because of the costs involved in the new tests and the fact that I might need legal representation to contest the FAA decision I had no other choice but to surrender my medical. My AME stated to me that he could see no clinical reason for this decision. I had no reason to believe that I would fail this medical I had considered a 3rd class or recreational pilot certificate but that I would go for another year, and decide during the following year if I should change. Based on my general health with no problems in the many years I held the special issuance 2nd class I feel the decision to require further testing and give no alternative than the loss of the medical was not a fair decision to say the least.
*	My last medical certificate was issued in July of 2012. Pilots whose most recent medical certificate was revoked, suspended, withdrawn, or denied will need to obtain a new medical certificate before they can operate under the reforms. I assume this means that I still have to pass an FAA flight exam - - - which is what I have to do anyway in order to fly solo again. But pilots who have held a valid medical certificate in the decade prior to July 15, 2016, and who did not make the effort to have another FAA flight exam, may not need to take another FAA flight exam. So those who avoided the FAA flight exam process over the past 10 years appear to be getting a big break by not being required to take another FAA flight exam; whereas people like myself, who made the effort and were revoked or suspended, still have to take and pass another FAA flight exam. This reform seems to be very lopsided, favoring those who, for the past 10 years, avoided the FAA flight exam process all together.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	<p>My latest 3rd Class medical was May 2015. I identified to the AME that I was being treated for AMD. (Age Related Macular Degeneration). I have been seeing an Eye Doctor at the [Clinic] who is world renowned for knowledge and treatment of the condition. The AME required a Field of Vision Study to which I complied and was subsequently medically cleared to fly but conditionally for 1 year. In April 2016, I received a letter from OKC saying that they needed another Field of Vision Study before I could be cleared medically for the next year of my 3rd class medical. I had an appointment with my Eye Doctor on May 8, 2016 and was again tested for AMD and for the Field of Vision Study. The information was sent to OKC where it Languished until the end of July 2016. At that time, I was visiting Airventure in Oshkosh. The first day of my visit, I went to the Federal Pavillion and sought help from the Aeromedical staff on site. I spoke with a woman who was from the Alaska Region. I explained that I had called OKC two times to inquire about my medical clearance and was told both times that "It had not been reviewed". This lady suggested I call again when I get home but on second thought, looked up my records and told me there was a doctor there that she would have review the documentation and to come back later and they would possibly have some information for me. When I returned that afternoon, She said they were processing my application and that I would receive my medical clearance. I was given my 3rd Class Medical on the spot, almost 4 months after receiving the retest notification from OKC. That seems to me to be very slow. Now regarding my condition, AMD affects 50% of the population at age 50, 60% of the people at age 60, 70%of the people at age 70 and so forth. My case has not changed from the time it was first identified and that was because I had an eye examination by an Opthomologist. Had I gone to an Optometrist, it may have never been discovered. I tried to</p>
*	<p>My med. was dennied for reason of, lack of information I could not provide - or fined record of.</p>
*	<p>My medical certificate was denied in 2014 based on certain psychological testing results. I am now requesting that I be allowed to submit to a medical flight test, conducted by an FAA ASI (operations), in order to prove that I can safely operate an aircraft in the NAS. My contention with the FAA's denial of my medical certificate has to do with the fact that any existing cognitive deficiencies have always been present, and the FAA has no baseline testing results to prove otherwise. Allowing me to undergo a medical test flight should prove that I'm fit to fly, as stated by all of my non-FAA doctors.</p>
*	<p>My medical certification is currently being reviewed by Aerospace Medical Certification Division Oklahoma City Ok.. My PI ref # [Number] and the information the FAA medical division was just sent in 11/17/2016. Thus, I expect not to hear the outcome for another month. Nevertheless, my cardiologist has cleared me based on several tests. Because of this, I expect the FAA medical division to reply by granting me my First Class Medical.</p>
*	<p>My medical was denied.</p>
*	<p>My medical was revoked after my last exam due to admission of heart valve condition. Heart valve has been repaired and I am planning to re-apply for a third Class Medical.</p>
*	<p>My most current appointment with the AME was not for a complete medical. Rather, it was a simple visit to demonstrate my diabetes is controlled so that my special issuance certificate can be continued. I presented my most recent lab reports. There was no need for an examination.</p>
*	<p>My most recent AME was the best I have ever had. Extremely thorough and took time to talk and answer my questions.</p>

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	<p>My most recent medical cert is a 2nd class issued in 2007. In 2009 I underwent a bi-lateral knee replacement. Subsequent complications, lasting over several years, resulted in an amputation of my left leg. Now that my health is back to 'normal' I decided to see if returning to flying was practicable. In late August I went up with an instructor at KLNS just to see if I could manage the aircraft with the prosthetic leg. The flight went quite well. The instructor recommended an AME. Upon contacting that AME he requested a copy of my records and advised that I may need to do a flight test to get a SODA. When I called my family doctor's office for my records, I was told that a new doctor had joined their practice and that he was an AME. I thought that was great as they knew a lot about me. I completed the on-line MedXPress form and emailed the confirmation number to the doctor's office. It was only after the exam was started did I learn that the AME was new to the program. He seemed perplexed by my prosthesis. Even though my exam did not reveal any disqualifying conditions, the AME was unsure as to how to proceed. He did call someone - I do not know who - and informed me that he was deferring to OKC. I did receive a letter from CAMI requesting additional information which I had provided. A telephone call to OKC confirmed the receipt of the info and the wait has started.</p>
*	<p>My next medical will be with my AME. It will be may of 2017. While I enjoy good health I am not sure if my GP will be concerned about their liability for signing a "new" form.. I plan to let some time go by and let the dust settle with the new 3rd class procedures. Then I will re-evaluate the situation.</p>
*	<p>My only frustration with the Aeromedical process is dealing with my annual waiver review. When I send in my packet you can tell me when you received it, when you have logged it into the system, when it has been reviewed and approved for renewal of waiver, and when the waiver letter of waiver has been sent. But while it is sitting in the stack to be reviewed no one can say where in the stack I sit. I'm sure that I don't understand your procedures but it would be nice to know maybe that you have gotten to cases that you received two weeks prior or one week prior or two days prior or some such information. The time between being logged in and approved can be an extended time and can be stressful as I get near the end of medical period and I start wondering if I will be able to continue to work with no idea how much loner it might be. I really appreciate the privilege of the waiver process but I sometimes wonder if it's just part of the process to see how much stress I can handle! Thank you for the opportunity to pass along this information</p>
*	<p>My PCP gave me a prescription for Citalopram a few years ago for general anxiety. I'm fine mentally and physically, and don't understand why my application was deferred. I went to see the AMC the second week in August and I have yet to hear anything from the FAA. I'm retiring from my job in a few years and want to get back into flying, which has been put on hold due to the medical deferral.</p>
*	<p>My Primary Care physician used to be my AME. He is an excellent Dr. but the numerous FAA requirements forced him to discontinue the service. It was no longer worth his while. A shame as he was good for pilots and no doubt the FAA.</p>
*	<p>My reconsideration for certificate has been in process for 6 months with no feedback from he Fight Surgeon.</p>
*	<p>My special issuance required my AME to defer to the FAA this year for the first time. I had my follow up with my cardiologist in August and am waiting for my certificate</p>
*	<p>Need answer box for pilots that have recently been examined and awaiting response from FAA.</p>
*	<p>Need info on how to track and follow progress on special issuance Certification</p>
*	<p>Need more CLEAR information about factors that may affect certification. In particular depression and other mental/emotional conditions.</p>
*	<p>Need more people to process SIA they Always seem very overloaded with cases. They have Always responded to my needs and requests in a professional and timely manner. I Usually have to call SIA branch to expedite my Approval letter so I can get my medical renewed before it expires which is stressful. Thank you!</p>
*	<p>Need to add more time to the medical! Example 12 months for a first class! Second class 24 months!</p>

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	Need to allow better access to FAA medical administrators.
*	need to define "safety of NAS" in the survey question.....
*	Need to get this third class medical reform completed now as required by congress
*	Need to remove failure to pass third class medical as today
*	Need, to be able to e mail ,I am out of the us in Jeddah S/A Will need a small eye operation cataracts left eye 20/25 right 20/20 both 20/20 good for 3 class for now. I want the US to do this operation when I return home in 1 years time. I only fly in the US private only
*	New legislation on medical reform was LONG overdue. I'm 64, and very, very concerned with the lack of yong people flying. Perhaps the medical reform will keep some statistically significant older folks flying to inspire more young people to learn to fly!
*	No good deed goes unpunished.
*	Not convinced safety is improved with streamed process.
*	Oklahoma office was reasonably accessibly by phone.
*	Oklahoma takes to long to review my application. Does not keep or lost previous submitted requirements causing lengthy delays.
*	On the day of my exam, my AME electronically forwarded all documentation to Regional and conversed with Flt Surgeon who decide that exam was to be "referred" and sent to a contract cardiologist for assessment. It's been 30 days since my medical was referred to the Regional office for an exceedance in my 24 hr Holter recording for my existing A Fib condition. I have yet to receive communication from FAA and am currently unable to work....get paid. I have talked to regional office and have been told a letter is in the mail to me directing that I submit results of echo cardiogram and stress test. I have also used services of AMAS provided by my company. Paperwork seems to spend a lot of time waiting for someone to look at it.
*	One question asked how long after the FAA's CAMI review it took to receive my medical certificate. I have not yet received that certificate so did not respond to that question. It might serve the survey better if a "have not yet received my medical certificate" response was added. Some of the questions asked what the AME's office requested me to bring to the exam, however, as I recall, all of that information was part of the electronic form I completed and which the AME and his office staff printed out and used.
*	One thing seriously missing from the FAA Medical division information is the availability of a comprehensive list of approved and NOT approved medications. Everytime anyone goes to their doctor they get prescribed something but unless they are a AME they have no idea if what they are prescribing is approved or not and I've never seen this available anywhere for pilots to access. Nobody wants to fly with unapproved medication, but there is no way I know of to look this up!
*	Other than for part 121 operations, the entire program should be scrapped. It costs a lot and provides no tangible benefit.
*	Over all a good system. My AME is a great Dr and very thorough.
*	Overall fairly decent system if you're healthy.
*	Overall the process worked. I was disappointed that my ame could not do the special issue since he had all my information and a complete summary had been sent to Oklahoma approximately 2 weeks before my exam. Thanks for the opportunity to comment.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	Overall this process has been a bit much. i was asked to get a COG screen because of a medicine i have been on for more than 6 years. I paid the \$1500 for the evaluation at a dr that was recommended by Dr. Front at the FAA. That wasn't good enough nor was a letter from the nurse practitioner that prescribes my medicine. I was then asked to pay another \$1500 to see a HIMS AME. find this ridiculous. If my original AME, the COG screen provider and my treatment facility all say I am ok...why am i having to jump through hoops.
*	Passed all required tests/Eg: stress, ecocardigram, EKG.
*	Periodic notification , via email, of the status of an application would greatly reduce the anxiety of a pilot awaiting notification of status.
*	Personally I do not believe not requiring a 3rd class medical for pilot ratings is a good policy. There would be no way to check for health problems in pilots without the certificates.
*	Pilots are required to preflight themselves prior to each flight. Education and encouragement to seek medical advice for any questions or issues needs to be the priority for safety. The current system I feel encourages pilots to hide potential health issues as they risk loosing flight privileges and or potentially an expensive and time consuming process to retain them. While some health issues are serious many are living normal lives with issues that deny them the joy of flight
*	Pilots need access to information, in layman's terms, on how to address medical issues that arise. The information should be focused on what pilots can do to keep their certificates. The current system is vague and inadequate. If I, as a commercial pilot, have questions about a possible medical condition, my primary resource is my AME. I am concerned, however, that by telling my AME about a possible condition, I may lose my certificate and, therefore, my job. It would be nice if the FAA system were more like the military flight surgeon system where a pilot can consult the flight surgeon and, if he is temporarily grounded, will receive help from the flight surgeon to return to flying status as soon as possible.
*	Please allow Med Ex to remember the 6 month and total flight times from the previous application. As a commercial airline pilot, it is a real hassle to figure that out I generally forget what I write down from exam to exam.
*	Please do not add more burdens on pilots.
*	Please find a way for pilots facing denial to be able to engage in a more open, friendly, and informative dialogue with the FAA specialists responsible for the decisions affecting us. We can try to cross all the t's and dot all the i's but the whole process is mysterious and there is always the feeling that there is a huge axe ready to fall on one if something isn't done right. It is all unnecessarily stressful and certainly takes far too long. If the FAA cannot provide fair, timely, and supportive service then it should back away from the process entirely rather than continue it. I do not think the statistics show that the medical certification process prevent accidents. Training and buy-in of pilots is the way to encourage good judgement and safe practices.
*	PLEASE GET THE REFORM DONE... The FAA is to slow in most things it does
*	Please Include Flight hour numbers from previous application to more accurately track flight time.
*	Please post all information about conditions that cause grounding. It is wrong to hide information in internal memos. Specifically regarding prostate cancer. A PSA of 9 has no bearing on a pilots ability to think or control. Urologists and Oncologists who actually practice in the medical world cannot believe that a pilot is grounded if a PSA is 9 or above. This type of information should not be withheld from pilots.
*	Please quickly incorporate the changes which passed Congress last summer regarding medical reform. If I have to spend the time and money to go through the special issuance procedures again, I will have to quit flying. I was a Captain for [Company Name] and had spent 27 yrs in aviation. I'm taking an antidepressant (Lexapro -10mg) and all I want to do is fly my Cessna 172 around. Thank you

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	Please reconsider and review requirements for pilots with Type I Diabetes. Effective safe strategies can be taught and implemented before / during flight to ensure safety of the flight without limiting the freedom of pilots to fly internationally. Some of the requirements to see a treating doctor every three months is too much. Especially when the current treating doctor agrees a six month period would be sufficient. Overall I am glad that there is a process by which to get an airman medical certificate.
*	Please simplify the process and coordinate better between the AME and the agency to eliminate confusion.
*	Process regarding special issuance instructions and review is tedious and delayed. It has been three months!!!
*	Process was a little long than expected but overall was reasonable experience given the FAA's responsibilities for safe piloting.
*	Processing time in Oklahoma takes too long. For Airline Pilots, this could mean loss of total income because of the paperwork delay in Oklahoma. Long term disability does not start until 90 days. In the mean time, if the issue ia not serious, pilots wait for the processing of paperwork and loosing their pay which could teanslate into dramatic life consequences (loosing homes, merriages, etc, etc.). Priority should be given to professionals who depend on that certificate.
*	Provide more info. about question 44 when new law is complete. Work with AOPA.
*	Psychological problems are far more important than sleep apnea! It is just "low hanging fruit" Get off sleep apnea thing.
*	Publishing standards for common problems that require a Special Issuance would greatly help us pilots. In the case of Diabetes, Type 2 for example. What medicines are of little or no concern to the FAA, which are of moderate concern, and which are of serious concern? This would help us plan our treatment strategy in a way that has the minimum potential impact on safety. It would also encourage diabetics to alter their diets so as to minimize the medicines we take. Or in my wife's case, thyroid cancer nearly 30 years ago. She was required to go through more tests with her resultant hypothyroidism than 6 years previously. There was no way to find out about the tests required until the FAA contacted her about 3 weeks after her exam. It took another two months to satisfy the FAA, but she still has no idea what the FAA's standards are.
*	question re. plan to use new 2016 act measures -- Y/N is limiting. In my case, need to follow through with OkCity FAA, and then later may use 2016 Act measures.
*	Rarely screens unsafe actions, may catch medical issues that may cause problems but nothing that can't be self certified for 90% of GA pilots
*	Rather than a rectal focus for an aviation medical I think a more general health effort could be more beneficial to ensure a healthy pilot that can remain an active pilot for as long as possible.
*	RE: FAA airman medical certification process ensures safety of NAS (Item 25): Pilots should learn the FAR's and how to fly! That will make the system safer.
*	RE: FAA Airman medical certificate process ensures safety of NAS (Item25): I made the assumption AME's only issue a medical or special issuance only when the applicant meets the criteria. Therefore, all pilots are sharing the NAS and are safe.
*	RE: FAA airman medical certification (Item 26) - The test ensure that as far as a medical professional can tell the applicant is fit to fly.
*	RE: FAA airman medical certification ensures safety of NAS (Item 25): No blood test, EKG.
*	RE: MedXPress Item 11 - Kind of complicated not the most computer savvy.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	Re: PI # [Number] MID # [Number] APP ID # [Number] I was denied a Special Issuance for Aortic Insufficiency (valve diameter < 1 cm2). While I understand the rule, the difficult part is that I don't have any symptoms (I walk 3-4 miles 4 days/week). So I feel I am in limbo. I have a cardiologist appointment in two weeks where I will discuss aortic valve replacement with the final goal to be back on flight status. [Name]
*	recently i was required to compile and provide a slew of information (at great time and expense) on my renal function and dermatological health. It was laughable to watch my physicians heads shaking in disbelief trying to understand how my kidney function and eczema could negatively impact my ability to pilot a Cessna 172. It would have been helpful to understand what impact these conditions have on my ability to operate an aircraft. Without that information it didn't seem like a worthwhile endeavor.
*	Recieved letter from FAA Civil Aerospace 12/19/16 [# on letter] have been given 60 days to comply with request to provide info from two doctors. Including stress test as well as report on managing type II Diabetes. May not be enough time. Not sure how to get extention. Would like more information on reform act. My email is [E-mail].
*	Recommendation for improvement-I appreciate the FAA's responsibility to safety and the daunting task of reviewing airman certificates for special issuance. Currently I have a special issuance medical for a cardiac event. As part of the requirements for special issuance, a nuclear stress test is required by the FAA. Two independent cardiologist have voiced concern over the requirements of these nuclear stress tests. Both have indicated these tests are medically unnecessary and expressed concern over the levels of radiation I would be exposed to at the age of 52 with a yearly requirement to age 65. Better communication between my cardiologist and Oklahoma city would yield a decision for certification that includes my physicians personal experiences treating me, and his well respected opinions in addition to that of the FAA medical review board. While the FAA medical review board retains far greater knowledge in all aspects of safety and aviation medical conditions, I feel that direct communication with my cardiologist would be of great value here. My condition is something of a fluke and the details of circumstance surrounding my case I believe, would benefit the FAA medical board in making a more informed and accurate decision. The time frame for hearing back from the medical board is always of concern to me. Both times I applied for special issuance I waited until the last possible moment with multiple phone calls from aeromedical advisors to Oklahoma city. I understand that my medical is a privilege and not a right. However, my job is flying international with UPS. If I miss even one day without having my medical, I can easily lose a months pay and put my employer at great expense in replacing me for that month. I do appreciate the FAA's willingness to grant the special issuance. Last year the board granted a reprieve from the nuclear stress test for one year on the written recommendation of my cardiologist. For this, I'm very grateful. in sum
*	Reconsider the vehicular DUI issue. Im a good guy but also a great private pilot. After spending tens of thousands of dollars obtaining my certificate and having approx 200 hrs of flight time, i will never fly again according to the FAA. Quite unfortunate and frustrating
*	Reform all you want the insurance companies are who will dictate who fly"s or not based on insurability.
*	Reform of the Class III medical has been a long time coming. I'm hopeful that the requirements under the new system will not be too burdensome. I've been flying for 50 years this December, and have used second or third class medicals for the whole time. Retired now, third class was good enough. I have sufficient maturity and experience to be aware of when I should, or should not fly due to medical issues, such as a cold or the flu.
*	Reform was long overdue for pilots flying light aircraft not for hire.
*	Regarding item 45 I may use the third class medical in future as need arises, currently have Class II medical and do not have a reason to go to third class medical.
*	Regardless of the new method of certification, I prefer the full physical under the special issuance method. it helps me understand my health. I want to insure a safe flight. I want to come back safely.
*	Remains to be seem what rules the FAA will provide for third class medical,reform.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	remove FAR's that read(if ever had and take into consideration present health and remove the being denied as grounds for limiting the participation in lite sport
*	Requests were for info that was already submitted. Mail that I received was confusing.
*	Requiring a class one medical exam is a joke. Requiring an ekg is a joke. The entire process is ridiculous
*	Requiring a medical for private pilots is stupid and a waste of time. The only reason to require it is to lord over citizens
*	Requiring unrinalysis for alcohol screening is not cost effective or accurate to warrant the time and expense of collecting samples.
*	Response time is unbelievably slow. People answering the phone in OKC know nothing.
*	Responses to pending activities too slow- 4 months, still not medical certification
*	Responsible pilots will not fly if impaired. Bad pilots will get around the exam and fly whether impaired or not. Currency/Competency demonstration much more important than periodic physical exam.
*	Review more carefully and realistically the airman's state of health relative to the airman's costs / time required for medical testing relative to issuance of a medical certificate and special issuance
*	Rigid medical evaluation of pilots selling their services to the public as transport pilots, instructors etc appears appropriate. The application of current medical standards to private pilots who do not provide services to the public appears to be completely overboard in regards to the actual risks incurred by the public. The accident rate in this category, caused by medical duress is infinitesimal. And, in essentially all of those cases involving medical duress or incapacitation the pilots hold current medical certifications. The safety provided by this gargantuan effort and expense is indeed minimal.
*	Safety is of the utmost importance, that I would never jeopardize. However, I have two of the top specialist in their fields that have both conducted all required medical tests and assessments of my conditions. They both have written letters expressing no limitations in my ability to fly.
*	Seems to me for 30 or so years the system works well
*	Self assessment is the most valuable tool. Also, need to provide information on medications as to their affects and time limits for flying. After being treated for prostate cancer, I found the steps I had to go through to get my medical ridiculous (6 years!!). At that point, it was just an exercise in paperwork with no meaningful concern. Oh, it did provide my AME with additional income and made flying more of a hassle. Finally, I was cleared with no follow up restrictions.
*	Send survey closer to AME appointment so my memory of the event is fresh
*	Send the survey option back to me again early next year as I will be participating in a more extensive medical evaluation between now and that time.
*	Since I began flying in 1998 I have been satisfied with the need for medical exams....I like the addition of Med X Press in the exam process.
*	Since I fly for fun, I plan to use to basic med. I normally get special issuance. Thank you.
*	Since my medical application is still under review, I cannot accurately add a complaint or a compliment. I had an injury which is very serious in most cases, but mine was considered moderate, and I have fully recovered. I am sure that I am physically able to retain my medical status and I hope that the FAA personnel responsible for reviewing my case are in agreement. I understand they are only looking at paperwork, and don't physically interact with me, so it is my hope that they will see the documentation I have sent them as a testament to my health. The process is taking longer than I would have hoped.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	Some accidents are caused by pilots that pass flight reviews or even certificate issuance who do not have the skills or "judgment" to safely operate an airplane. Others fly for thousands of hours with no accidents and suddenly suffer a lapse of self discipline and judgment and cause an accident. The accident pilot would soundly criticize the judgment of other pilots who did what he did to cause the accident. What flaw in a pilot's mental make up allows or compels him/her to "off the wall" do something totally foreign to their past safe flying? Find that answer and filter out those pilots and avoid some future major accidents. The B-52 crash at Fairchild AFB is an example of an accident caused by such a pilot. A Grumman II crash at Little Rock in the early nineties is another example--that PIC was a DPE who gave my son Commercial, AMEL, IFR ratings and preached safety 24/7. He had to know he was condoning a flight operation far outside safe parameters at the time of the accident.
*	Some AME's have poor lighting for the visual exam, from previous appointments.
*	Some conditions I have required paperwork from a Specialist. Some are definitely not needed for pleasure flying (overkill on the part of FAA)
*	some of the questions were not real relevant s I have been using the same AME for over 30 years. He knows my medical history and provides me with the best possible medical advice I could receive anywhere to continue holding a 1st class medical.
*	Somebody needs to have better oversight of what information is requested from an applicant before it is sent. I was asked for information on an ailment I do not have and have never complained; a detailed report by the attending who obviously does not exist. I consulted the attending AME and he was at a loss to do anything other than speculate as to why that showed up.
*	Somewhat dissatisfied with the sleep apnea protocol. I provided copies of medical records showing before and after sleep studies following my appointment. Since my CPAP machine did not have a data card showing the extent of usage I was not able to provide the additional paperwork required and my application was denied. I think the FAA needs to improve its certificate process for CPAP users.
*	Special issuance process too slow, and cumbersome.
*	Special Issuance required a great deal of information; no problem with providing thorough information, but it seems the FAA took doctor's comments out of context in order to request additional tests. This was somewhat frustrating for myself and the specialist I was seeing. Regional office issued a 3rd Class rather than a 1st Class by mistake. However, they immediately corrected the error when asked.
*	Special issuance requirements, while not too imposing, limit time limits on 3rd class medical. With no significant health changes or problems in 7 years, I am still required to submit test results for history of paroxysmal Atrial Fibrillation. Also because of reaching age 75, pressure was put on me by the FAA to use blood thinners. It seems that once a problem is mentioned on an application it is never lifted from history. Example: a regurge incident 8 years ago is still listed annually as a problem by the FAA Med branch in a letter requiring certain tests or information. The regurge is denied as a problem by my AME each year and yet appears the following year on FAA medical branch letters.
*	Special Issuance takes too long.
*	stress test is excessive. I do not plan to run myself into the air. A much less stressful test could be devised to do a real world test of the pilots ability to fly and perform necessary flight activities
*	Strongly endorse pilots bill of rights II. (2016 Law). No one I know who works for the FAA, likes or respects the FAA. What a poor endorsement for an agency that holds such power over me. The worst pilots work for the FAA does that apply to the aeromed folks also?
*	Sure would be nice to know if I can go back to work or if I should retire.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	Survey instructions for web browser are incorrect. The instructions say to log on to "bit.ly\Airman16" (backward slash), whereas a forward slash is actually needed as shown, "bit.ly/Airman16" to log on.
*	Take it for what it's worth Dr. [Name] is a poor excuse as a AME. You need to send in a FAA check pilot to give him a no notice.
*	Takes a long time in between responses from the FAA, but understand they only meet once a month? Waiting on guidance from FAA to reapply for new special issuance.
*	Takes to long for a determination from Oklahoma city. I am still waiting for information on my certificate since July.
*	Taking longer than I hoped to receive my medical certificate from the FAA after ame said I was good to go.
*	Taking too long, over a year now, and still no Medical. Still working on it. So far it has cost me over a thousand dollars, \$1000.00 and still moving on.
*	Thank you for asking for my opinions!
*	Thank you.
*	Thanks for the oportunity to provide input.
*	The A.M.E. never issued the certificate. I was on approved F.A.A. medicine with a negative urine analysis. The A.M.E. never issued the certificate with a 6.4 [A1C] report.
*	The ability of my doctors to talk to a FAA flight surgeon would be most useful. Would have saved me considerable time. Dr. Susan Northrup in Atlanta dis this and it was very productive.
*	The additional steps for a special issuance of a Class III medical certificate are unnecessary. The Regional Medical staff is understaffed and cannot respond in a timely manner. Without a doctor on staff they are unable to do anything except show compassion to the applicant. OKC CAMI has no functional medical personnel on the staff who can respond in a timely manner. CAMI doctors with authority are in virtual offices around the country with no time response requirements. Staff in OKC simply answers the telephone and provides lip service and sympathy. FAA needs to delegate this authority to a local level. The existing loop is 3 months + long if the applicant knows how the system works. Drivers License medical is adequate for Class III and should include aircraft as heavy as 7000#.
*	The airman certification process I went through went a bit long for verification. It was due to my delay in getting the appropriate info to the AME and the FAA. I appreciated the ability to phone interact with the representatives at the FAA med office in conjunction with the paper certified mail connection to keep from inertia developing while waiting for the snail mail system, so thank you.
*	The airman medical certification process currently in effect (without consideration of the new third class process) is faulty to the extent that it is too beauraucratic. There is a failure to consider the individual medical factors of each individual in favor of considering certain "checklist" items to determine eligibility. While I understand the government's interest in attempting to standardize the medical certification process, not all medical conditions in different individuals are similar in presentation as well as impact. I recognize that to determine the medical qualification of airman, AMEs must make a subjective determination of the airman's health but often that subjective determination is based on general standards not applicable to the individual airman. And often that subjective determination is faulty, not at the AME level but at OKC level.
*	The AME is chose was a complete mistake on my part. The only saving grace was the fact that I did extensive research on what was documentation was required from me to support my case. THE AME did not provide any assistance at all. His office was completely outdated, and when I discussed with him my doctors findings, he seemed as if he was not interested. I will search out another AME in the future. As for the FAA Medical, the information provided has been valuable. Also whenever I call to determine status, the people who assist me are great.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	The AME issued the third class certificate even after I told him of my medical condition that would require the submission of my medical history for a special issuance. He told me he had the power to issue. The FAA rescinded my certificate a few months after it was issued which was shocking to me after receiving the approval. It has now taken me 8 months to complete all the tests that are required by the FAA in order to be considered for a special issuance, which I have now submitted. The redeeming fact is that I am now 100% confident that I am fit to fly, as are my doctors, who have examined me repeatedly in the last year!
*	The AME needs to be given more latitude before having to consult OKC.
*	The AME visit is costly and time consuming and I know my health plenty good enough to make a wise decision to whether I am fit to fly.
*	The AME was not fully aware of the certification requirements. Shortly after my examination I received a letter from Oklahoma City asking me for considerable more information than that requested by the AME during my examination.
*	The AME was very thorough in her exam. Spent about 2 1/2 hrs on the exam.
*	The AME, the primary doctor, and the VA staff cardiologist can't seem to understand the protocol of the CAMI and the AMCD. All three have sent statements to the AMCD saying they can see no reason why I cannot hold a current flight physical. I feel better than I've ever felt in my life, and good and better than I felt at age 25 years old.
*	The AME's that I have been too seem woefully undereducated about female pilots and their health and biological issues.
*	The available responses to the question: "Do you plan to take advantage of the new Third Class Medical Reform under the FAA Extension, Safety, and Security Act of 2016?" are insufficient. While I do not plan to immediately use the new features of the Medical Reform Act of 2016, I will use them in the future when I no longer choose to hold a Second Class Medical.
*	The change in the certification process is a great step forward for private pilots and general aviation.
*	The Civil Aerospace Medical Institute in September 2016 requested additional updated, detailed history and extensive current status reports from treating specialists that had discharged me from their services in July of 2015 (14 month prior) and September 2015 (12 months prior). In other words they asked for information that simply does not exist because those medical services were deemed completed and terminated by my specialist 12 to 14 months earlier. I have responded to the Civil Aerospace Medical Institute by providing the extensive blood work, test results and physician reports that let to the specialists decision to terminate treatment the 12 to 14 months earlier.
*	The communication from the FAA medical certification services is poor. There has been no feedback for the current status of where they are in the process of review, i.e.,the forms were received, under review, when a response can be expected. The medical was submitted for review over sixty days ago with no information being provided to the applicant. Also, the medical should be active from the date of FAA approval the application, not the date submitted.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	<p>The contacts in the Air Medical Office could use customer service training. I had atrial fibrillation which was corrected with a corrected with electro cardio conversion 4 years ago. I had another occurrence this past summer. Consult with my cardiologist, I was considering a radio frequency ablation procedure for a more permanent correction. I call the FAA Medical office to seek information on the FAA position on the procedure and the down time from procedure to resubmitting for my exam. I presented my question to the phone contact, but was immediately and aggressively challenged "Are you self declaring?" I again stated that I was seeking information on the current FAA position for radio frequency ablation for atrial fibrillation correction. Again, I was challenged with the self declaring question. I have been a professional aviator with a OEM helicopter manufacturer for over 25 years; a retired military aviation commander before that. I am well aware of the need to report medical conditions to the FAA as well as a good working knowledge of up status and down status. I was trying to make an informed decision about which treatment I should pursue. I expected 90 days for electrical cardio conversion, but did not have any information on FAA policy regarding radio frequency ablation. It would have been helpful had that person answered the question and then used some interpersonal skills to adhere to the obligation to tell me that I had a responsibility to report any changes to my medical status. I terminated that call, and called back to speak with a different person. That contact made me apprehensive with dealing with the Aeromedical Office. In fairness, others have been more helpful, and accomplished the same goal without being aggressive and intimidating. Another option would be to make that type of information on waiting periods following a procedure more readily availability on the FAA website. I did ultimately find it, but it was not clear as to the</p>
*	<p>The cost should be covered by insurance and if not the cost should be lower. There is no need to raise the cost.</p>
*	<p>The current medical system as most other things with the FAA has grown more officious over the 36 years I have flown as a pilot in the US. At certain levels I understand why this has come about. Not sure why it has to filter down to the lowest levels of our aviation community in this country?</p>
*	<p>The economic viability of general aviation is declining every year. The federal government's regulations increase costs for almost every element of aviation, fostering higher prices for operations, maintenance, insurance, fuel, training, repairs, and product design and development, to name only the most obvious. Deregulating aviation medical exams is a start -- but much, much more is needed.</p>
*	<p>The exam is really useless; most of the People who are rejected could fly as safely as anyone else; it's just bureaucracy at its worst.</p>
*	<p>The FAA declined to issue me a second class medical certificate this last time because of two issues: The time it had been since my last medical while on a special issuance. And because my Endroconologist had me on a diabetes medication the FAA did not like that discharges excess sugars through the urine. Basically I was not interested in letting the FAA tell me and my Endrocronologist how to manage my Type to diabetes, nor was I interested in the long process in requesting/obtaining a new special issuance letter.</p>
*	<p>The FAA has been lagging in implementing the 3rd class medical reform. It's beyond time to move on this issue.</p>
*	<p>The FAA has been more of a hinderence than a help. I even went to my congressman and even they haven't had a response after two tries.</p>
*	<p>The faa has blown sleep apnea way out of proportion. Those of us who are being treated with cpap or other devices should not be persicuted. It's like wearing glasses. I can't see without them but I can see with them. I use cpap religiously and worked 2 jobs. Never had trouble staying awake. Proved compliance. Still had medical taken. Been waiting 4 months for response after new sleep study. New equipment, new letters from sleep dr. Showing all is well. Why does it take this long.</p>
*	<p>The FAA is very slow in responding to airmans' requests. This greatly impacts our work and family's lives. The FAA needs to give more power to AMEs to approve special issuance requests.</p>
*	<p>The FAA might be busy this time of the year, but it took 7+ weeks to obtain my official FAA medical certificate. I remember that in the past it was approximately half that time.</p>

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	The FAA needs to go to a self-certify driver's license provision for the Private Pilot with no limitations as to aircraft size, type, night/day, IFR/VFR or altitude.
*	The FAA needs to stay out of pilots personal lives. Their concern should be focused on cockpit performance not trying to quantify what a safe pilot looks like when asked a few questions or takes a few simple tests in an office. Additionally, any requirements in place for US Pilots the same standards should be in place and enforced for foreign pilots operating in US airspace or contracted to Carry US personnel.
*	The FAA required me to return my third class medical certificate without discussing my individual situation. I have always passed my flight physicals without a problem. After receiving the information that Bupropion was an unacceptable med I immediately went to my Dr and was taken off the medication and have not needed it. Also I no longer use CPAP machine but now do not have 3rd class medical and have to prove I do not need the CPAP machine or medication. With a long history of good health I feel complete removal of my medical certificate was an over reaction and could have been handled differently.
*	The FAA rules and regulations should not be administered, defined or implemented by non-certificated pilots. Why, you may ask. Simple...Flying safely is an attitude of personal responsibility.
*	The FAA seems to be more confusing, more complicated, more difficult to search, slow to respond, antiquated.
*	The fact that there is no official list of approved medications for pilots is not any help when prescribed medications by a Doctor whom is not in the Aviation field. Even the AME said there is no positive list that he can follow. I was allowed a special authorization after a few weeks and additional effort for a drug prescribed by my Urologist. If I had a definite list to go by, I would of possibly denied the prescription ,or had my Urologist talk to my AME in advance of being disallowed by the FAA .I may have therefore avoided delays and multiple visits to attain my medical before my medical expired and I would of been unable to do my job.
*	The failure of the secretary at the AME office to inform of the new MedExpress system and the need to do it online BEFORE the meeting was the major issue. Delayed appointment and was difficult to fill out in the Doctor's office. Training needs to go beyond the AME and the nurse practitioner but tot the admin who actually schedules the appointment (they don't just schedule airman certificates and are not always aware of MedExpress).
*	The fed. Gov. Is beyond completely out of control and everybody on the planet knows it.
*	The folks at the Great Lakes Region were great. I called twice with two different questions and the folks called me back the next day. Also, the Great Lakes folks suggested that my AME and by personal Doctor should be different people and the reasons why they should be different people. My Medical Certificate for a Second-Class Medical was issued on October 7, 2016
*	The general tenor of all correspondence coming from the FAA Medical group is very confrontational, immediately places the recipient/pilot on the defense and identifies that any information supplied by the individual will be used against them. NOT VERY FRIENDLY.. Couple this with including the pilots bill of rights and the feeling is that Legal Counsel should be retained immediately. I realize that the FAA has a tough job, but treating pilots like criminals not necessary.
*	The horrific delay in processing the medical reviews for an aviation medical are unforgivable. The system is so unresponsive and bureaucratic that it takes forever to get through the process.. I have been evaluated and reevaluated to the extent that it is ridiculous. In my case, my flying sight capability in the real flying world nor any other health aspects has ever been questioned by any IFR instructor that I retain for training on a monthly basis. I could prove this any day with a live person authorized to evaluate my sight status in an airplane. In reality the tests do not represent a realistic evaluation of someone like me who flies as a part of my own business, mostly on my own property or going to or from the same. I also have done IFR flying for many years and no qualified instructor has ever questioned by sight capability or any other aspect of my ability to safely conduct flying operations. Therefore, the outrageously slow, cumbersome and repetitive requests for "additional" tests and information cannot truly evaluate medical flying capability.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	The information requested and test wanted is beyond my means to afford. The aircraft rental is around \$150 bucks per hour. My plans was to fly about 15 hours per year. The additional medical tests and paper work would cost around 3000 bucks to submit.
*	The instructions to the AME were confusing to the AME. I was instructed to keep my 1st class medical current by doing a 6 month exam. The AME misread the instructions and required me to take several medical exams from my cardiologist and other medical people. I called and asked the Oklahoma office if this was necessary and was told by no means to submit this information until the date specified in the Letter of Special Issuance. However the AME submitted it anyway and suddenly my certificate was revoked, and now Oklahoma wanted more information in addition to the annual information I was originally required to submit. Some of that requirements in the initial Special Issuance were deleted and no one could answer. The Northwest Mountain Region, Washington state, could not help me they said because of the heart issue ( Atrial Fibrillation) and I had to work directly with Oklahoma City. Up until that time I had a very good working relationship with the Northwest Mountain Region office and considered them very professional and helpful.
*	The last question asked if I would take advantage of the new policy and I would say that I might but right now, I will probably continue to get my 3rd class medical every time it would normally need renewal. As a pilot, I think it is a good check with a physician who is current with the medical research on flying and pilot medical issues. It is always good to have a great deal of information when you fly - medically speaking and through your bi-annual flight review. Personally, I fly with an instructor on a frequent basis. You can never learn too much.
*	The lead time required for the special issuance is too long
*	The local AME should be allowed to make recommendations and decisions regarding a pilots health status after he has had major medical issues. IE heart surgery etc
*	The manner in which my AME conducted my medical exam seemed more designed to "pass" pilots through the process rather than to responsibly screen them for overall health. I truthfully answered all questions about my health and health history in a favorable manner to passing the exam, and the AME responded with "Good job, those were the correct answers." Implying that he wasn't interested in the honesty of my health record, only that I self-reported a record that he could "work with." Outside of my own experience, I'm distressed by reports of the large number of pilots flying with mental illness, the lack of emphasis that the Exam placed on questions of mental illness, and the fear among pilots that any mention of relatively normal conditions, such as depression or insomnia, will cost them their job. What's better: 5,000 pilots flying worldwide with untreated depression, or 5,000 pilots flying worldwide who are being treated, monitored, and perhaps even paired with symptom-negative crew members?
*	The med express on line form ensures no missing or wrong info entered. Actually saves time over filling out the form in the office.
*	The medical certification process is fine for newly certified pilots to demonstrate the importance of physical and mental health. I have been a professional pilot for over 40 years and am perfectly qualified to determine if I should be behind the yoke. I could pass a class 1 physical today and be unfit to fly next week. What did the physical prove? Many of my friends have self eliminated themselves from flying because they perceived themselves to be unfit. I will do the same when my time comes. I also know many pilots who have cheated the system because we follow archaic rules from the 30's about health.
*	The Medical History question should include an "No Change Since Previous Application" Box.
*	The medical reform act is a great positive step. I believe the role of SME provides a professional decision on the eligibility of a person to safely operate a GA aircraft, and should remain so. I believe that the medical restriction for type II diabetes is too restrictive for GA pilots and should require proof of control every twenty four months for those over 50, replacing the current 12 month requirement.
*	The medical review of my medication for Type II Diabetes and the current A1C result was satisfactory to issue my Class II medical. Now that I know what is needed I can easily provide the required information on the first trip.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	The medical system is bureaucratic enough that someone new to it is at the mercy of finding a good AME to guide through the hoops. I dread interactions with the FAA. More often than not I've run into problems with the paperwork, minor issues have turned into major ones, and I've spent a fair amount of time and money trying to straighten things out, so far successfully every time. I've come to be surprised when things go smoothly for a change.
*	The MedXPress form online is helpful and a good system for my examiner to keep up with all the hassles of the paper shuffle. The registration process is always smooth but still takes some time to fill out. My medical Doctor is very thorough and he's actually the best Doctor I've ever seen for a physical. I have faith in the system and it appears in my limited experience to be working wonderfully. Hopefully with feedback and updates to the process we can all keep the process easy for everyone.
*	The new 3rd class medical reform is long overdue
*	The new legislation for 3rd class medical should be ok. I plan to continue getting my medical every two years.
*	The Northeastern Regional Flight Surgeon office was very helpful to keep the process moving in the follow up and eventual approval of my medical certificate. The process was prolonged due to the vacant flight surgeon position, however, the staff was very helpful in putting me in touch with and helping me advocate on behalf of myself with the AMCD in Oklahoma City. In the end, the outcome was positive after a somewhat frustrating process.
*	The office of the Federal Air Surgeon is unresponsive to any petitions. It took direct action of my US Senator to achieve the minimal certification at the class 3 level despite exceeding the special issuance requirements listed in the Handbook for that level of certificate.
*	The on line form presented the questions in a way that seemed ask for only recent data, but in the AME's office, the data requested followed old form time windows, so further information was needed.
*	The only issue I have is when I had to apply for a special issuance not only was it slow my paperwork was misplaced and I had to resubmit it. The process took outside effort to help me navigate my case. While you do this everyday this was a first time for me and the FAA was not particularly helpful.
*	The overwhelming "paper work" and bureaucracy makes doctors "give up" their AME status.
*	The pile of paper work - or you're some where in the pile of consideration is not satisfactory - work forces as pilots - and if there is no possibility of medical renewal make it known within 30 days.
*	The present process is double jeopardy, in my case. My AME differed a decision to Region because of a specific medication. Region deferred to National (OK City). OK City asked questions about **different areas** which were discussed between the AME and me, and he already decided that the answers were adequate. Now OK City wants additional information about those "other areas" causing additional delay, expense, frustration and anxiety. Double jeopardy. Also, the initial PBOR Notification I received offered that I can request a copy of the "releasable" information in my file. I interpret that as a reference to HIPAA, but it might also be driven by FAA internal Policy. All the information in my file pertains to me and should be available without resorting to a FOIA Request, a Subpoena or any other Court-Ordered request.
*	The present system is the epitome of bureaucratic miss-management with no concern of doing the job on a timely manner. It shows absolutely no intent to move this process along when it has been shown and confirmed that the pilot qualifies for a class 2 or 3 medical.
*	The process for a special issuance takes way too long, especially after a favorable review and the actual time it takes to receive it by snail mail. Why can't you email the grounded pilot once the review process is completed?
*	The process for getting special issuance medical certificates is way too long and there is no communication from the FAA. When I check on my status the only response is that it is being worked. It would appear to me that there is no care in getting these medicals processed or the office is very understaffed.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	The process for Special Issuance takes far too long. It took two months to get an FAA letter requiring further testing and examination, and then it was sent to our Florida home in error. No discretion was given/allowed for the AME to make a decision after the tests were completed and the results known. Further, I was at our summer home in Minnesota when I received the "letter." I had less than one WEEK to arrange follow-up with the AME and get the testing done. That occurred October 19. Having started the process on August 18, 2016, there is no reasonable excuse for having not completed the entire process within six weeks at the latest. I am still awaiting the certification branch to complete their evaluation. It is now November 13. When I last contacted the Atlanta office I was told the the test results were only scanned into the system on/about November 7.
*	The process getting the ok from the FAA when nothing is wrong takes too long
*	the process is slow and they don't tell you much when you call.
*	The process is very objective and there are no set standards to gage what information is valid or needed for the reissuance of a 1st Class Medical. My process took numerous hours of time and money to procure the requested information, which I was willing to commit in order to facilitate the process and that a factual and sound decision could be based upon. However, after waiting over four months for a final response, the Medical Review instructed me, that if I wish to continue the process that I would need to undergo another Heart Cath procedure and that I needed to be on a cholesterol regiment in order to further my application. This is a very abstruse process that appears could go on indefinitely or until someone on the review board arbitrarily decides that you are not qualified to the level of medical being applied for.
*	The process is very slow in my opinion. I need a special issuance medical because of certain medical conditions. By the time the case is reviewed, further information requested and submitted, waiting in line with other cases and finally approved, I might get six months of use out of the "good for a year from the time of physical exam to expiration" medical before I have to start over again. It seems a great waste of time. The good part is that I have always been approved so far. The other frustrating point is not being able to ask the doctor directly what he is asking for. I do not speak medical terminology so at times I do not understand what the doctor is referring to in the letter. This requires a trip to one of my doctors to get a "translation". this takes time, money, and effort. Sometimes it is not clear to the doctor what is being requested. Then, as I explained earlier, the FAA doctor asks me to send in something that the FAA office is already in possession of from the previous year's exam. Where do my previous submissions go to to be stored? Do the FAA doctors even refer to previous information? It took over a month to determine that the FAA had the documents in their possession from the previous application. It sounds like something out of a Monty Python comedy skit. I do appreciate the chance to participate in the survey (sorry about the venting). It seems that maybe someone is trying to change things for the better by requesting the survey. I certainly hope so.
*	The process needs much improvement! The last time i got my medical cert was in 2010 and it was not this difficult! This process needs to be updated and streamlined! The applicant needs some sort of periodic updates. There needs to be a number to call to verify the status. How do i know anyone is even working on my case? how do i know my case wasn't lost in the shuffle?
*	The process of special issuance could stand some improvement.. much of the extra required testing grounds aviators longer than necessary while waiting up to 90+ days
*	The proposed changes for 3rd class medical are an enlightened improvement for us day/VFR pilots. A positive move to make things more realistic to the flying word we live in.
*	The reform is great, needs to be further. The med exam is a solution for a non problem and only put government BS and more expense into flying.
*	The regional flight surgeon's office took a very long time to review my application prior to sending a request for more information.
*	The requirements for approval of pilots with sleep apnea are a huge burden. It needs to be stream lined. I wear my mask every night but have to employ a CPAP company to read my chip and verify for the FAA. It's too much trouble. I regret being honest.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	The requirements under the new class 3 regs for self evaluation and continuing education should apply to all classes.
*	The response time to the airman from regional office doctor over issues is slow. I submitted information for medical issuance over 60 days and have not received any response yet.
*	The sleep apnea requirements has grown to far. I use a CPAP machine and have for over 20 years, someone using alternate treatments do not require the input to the AME that I have to. My sleep apnea was reported years and years ago when I had to maintain a class one medical, there were no followup data that had to be reported, now its just to much!
*	The special issuance process moves far too slowly
*	The survey didn't capture what happened with my application. I have been receiving a special issuance 3rd class medical from Oklahoma City for many years. For this exam, I applied for a 1st class medical, which was deferred to the Federal Air Surgeon in Washington DC. I also contacted Oklahoma City and provided follow up paperwork to them (as per my normal annual special issuance requirements). Oklahoma City issued my special issuance 3rd class medical. HOWEVER, I have no idea what the status is of my 1st class application with the Federal Air Surgeon.
*	The survey questions do not provide for those pilots who still hold a pilot license, but are not permitted to fly because these pilots must have certain conditions rectified before Medical Certification is approved or granted. If you have questions, please contact me at [Phone Number] or [Address]
*	The system encourages people to lie about health conditions.
*	The system has always worked well for me. The paperwork needs to be streamlined.
*	The system works for commercial operations. The new third class reform is needed for private pilots. Some of your questions seem to based on a one time visit with the AME. I have been going to the same AME for over 7 years. There is a good history between myself and my AME, which helps the process.
*	The team who works with the issuance of a special certificate basically disregards the professional opinions of specialist not associated with the FAA, who also feel that the studies requested are of minimal significance in aviation safety.
*	The third class med. reform was way overdue. It is much more appropriate than previous third class requirements. I am a retire Major Airline Pilot. Current 1st & 2nd requirements are appropriate, third class had progressed to more of a harassment.
*	The third class medical certificate rules modification is a positive bit of legislation for the GA community in all practicable respects.
*	The third class medical is unnecessary because pilots after taking a course of instruction should be able to self-certify as long as they have the knowledge required regarding medical risks for existing medical conditions. Specific conditions should definitely require certifications from an AME, but the AME should have full discretion regarding certificate issuance without the need t defer to a RFS or Oklahoma City..
*	The third class medical should be eliminated as it does not assure any safer operations than without it.
*	The third class medical should last five years unless the pilot has a serious health condition

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	The third-class medical requirement for private pilots is a total farce. For the private pilot, the third-class medical requirement is a clear demonstration of a useless bureaucratic infringement upon the private lives of U.S. citizens. The current arrangement for licensing individuals to operate light sport aircraft should stand as a glaring example of the lack of benefit emanating from such physical examinations, which would allegedly prevent catastrophic situations encountered by such aircraft operators; for the private pilot, what is the difference, medically, if the pilot is flying a light sport aircraft, or a conventional private aircraft? There is none! The private pilot, flying for personal enjoyment, encounters no more critical situations that require such examinations than does the typical driver, operating an automobile on the public street. The millions of drivers operating automobiles on the public highways encounter multitudes of more critical situations, and no such physical examination is deemed to be necessary to ensure the safe operation of such automobiles, and provide safety to the general public.
*	There have been some improvements made prior to third class medical reform regarding special issuance, but third class medical reform is needed. I have always regarded my physical health and physical/mental condition of paramount importance with respect to before, during and after flying. This has not all to do with my having a medical certificate in my possession during flight and following its directives, but also has much to do with common sense and being responsible to myself, for my actions and how my actions may affect others.
*	There is no notification that application has been received by FAA (thru MedXPress or otherwise). For applications that must be reviewed before issuance, this leaves applicant wondering what the timeframe for review is.
*	There is very small percentage of accidents caused by medical issues
*	There seems to be considerable confusion regarding what is required for the new medical process that avoids Third Class exams (Pilot's bill of rights).
*	There should be a way the pilot can see how the review process is proceeding.
*	There should be a way to log into website to see status of current medical under review.
*	There should be more flight surgeons that applicants have direct access to for objective decisions on individual conditions.
*	There should be some system to incorporate "exemptions" into the Reg's. I would like to legally get paid to hover a helicopter and do a F.C.F. without having to meet requirements that do not apply.
*	There was no way to follow my SI application once items were submitted. I contacted my regional office and [Name] was extremely helpful with keeping me updated. I did not know that I could submit things directly to the regional office and that things would have been sped up for getting a SI
*	third class medical is not needed, there are better ways to handle situations addressing competency in the air for third class pilots.
*	Third class medical reform is excellent. My hope is that in drafting the regulations to implement this reform, that FAA will adhere to the intended simplicity of the Congressional language and not dilute that intent with complicated and caveated provisions. the beauty of this reform is that it empowers the individual airman in partnership with their primary care physician to take greater responsibility for real-time fitness for flight by thinking more intentionally about thier fitness in the same way they currently assess the fitness of their aircraft before each flight.
*	This "OSA" witch hunt fro asymptomatic pilots is absurd. I have put my plane up for sale. This is an attack on private aviation. I am in the middle of the 28 day CPAP "evaluation". This is torture. I have never had any symptom of OSA. My neck size is 17.25 inches, but my hat size is 7-7/8, which is >99 percentile; what would you expect?.
*	This is a lengthy process, albeit an important one. The person who really cut through the tape and explained my rights and options was my AME, Dr. [Name]. She is terrific.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	This is a long, tedious, personally expensive process with minimal enroute feedback. Anything which might move this along is greatly appreciated. I am physically active and asymptomatic.
*	This is the first place i heard about the medical reform of 2016
*	This is the first time I have required more information to complete the medical in the 20 years or so I have been flying. I was a victim of an accident and the requested information was fair and I believe is appropriate for the medical treatment I received as a result of the injury. The mailing time for the response was extensive and due to travel for work etc, it may be necessary for me to re-apply to complete the exam. Beyond that, the process has always been very good.
*	This medical reform act is interesting. My primary care sees it as an added liability for him and I wonder if he will do it for me if I elect to go that route. Then there are the rules for say flying into Canada potentially and not having current 3rd class concerns. Too experimental so far for me... It would be a lot cheaper for me however which would be good.
*	This process was in my opinion unnecessarily difficult and entirely too lengthy. In part, because I didn't fully appreciate what tests were required for renewal, but once complete, and after a thorough exam by my cardiologist, I had to have a separate, second exam by my AME (who did a superb job throughout this process) after being awarded my 3rd class medical special issuance in 2015, within one year (2016) of the previous issuance. I assumed AME exams would be required every two years, and medical tests for my special issuance would be required annually. Also, another 4 to 6 weeks elapsed waiting for my special issuance due to a previously unknown prohibition on the allergy medication Levoceterizine. The prescribing allergist is a high time private pilot and aircraft owner and had never heard of that prohibition. I understood that the allergy should be administered at night before sleep (which was how I formerly used it). It's use has now been discontinued. Didn't the OC, OK FAA medical reviewer understand that distinction?
*	This was very disappointing for me and I sold my airplane and stopped flying over it. In 3 minutes some guy I don't know denies my application over a subjective dip stick test. My original Dr who handled me for years retired. I then proceeded to jump through a bunch of hoops asking my primary care Dr to submit reports and paperwork to the FAA only to be told it wasn't received - then when resent it wasn't received in time. Finally after countless hours I gave up. At 51 years old I have had no major health issues but lost my medical. Between the increased costs and the ridiculous beurocracy I stopped flying and sold my plane. Now a year or so later I'm told new rules apply and I should get back involved. No thanks
*	Time to process a special issuance was exceptionally long...5 1/2 months for review.
*	To much problem to get a certificate dr's go to far. They don't understand primary drs. My primary doctor got involved and goofed things up too AKG Eco gram 2 memory test MRI heart doctor mayo top doctor said everything ok. Then sends to wrong prognosis to FAA that I had diseased artery to the heart. I finally received a letter to get checked out with an instructor. P.S. I worked around aircraft 25 yrs Marine Corp. Owned my own 4 yrs. Thanks you [Name].
*	To much to put in text. If you would like to hear me out. I would be happy to chat. [Name] [Phone Number]
*	Too many government t employees care not needed. When I worked in government it was pathetic how many could be let go and still get the work done. After three months six of them came to my desk and advised me to slow down as I was "making some of them look bad". I have no reason to believe that the FAA is different. I hope you are all there to work not just cash monthly checks.
*	Too many people tracking this application and not relying on a treating physician's opinion but instead a 3rd party physician who reviewed paperwork (test results).
*	Too Many Questions on the MedExpress form . . . . . takes too long to fill out . . . . . and I feel some of the questions are superfluous

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	Too much reliability on computers for all aspects of aviation. Basic flying skills are being neglected. You cannot fly an airplane and push the buttons all the time (and at the same time). OVERLOAD IS A SERIOUS PROBLEM. In the 60 years that I have been involved the workload has NOT GOTTEN LIGHTER. The systems do not fly the airplane. Progress in responsible ways is great---keep up the good work.
*	Took about 5 months for a six month special issuance 3rd class for six months then review my blood work.
*	Treat us like we are important to our government...LOL
*	Try to get more AME's. I think a first class medical is too expensive. By getting more AME's it would provide competition and might bring the cost down.
*	Twice over the last five years I had to get a special issuance. If I don't work I don't get paid. Our sick leave contractual provisions are weak. I can't overemphasize the importance of a prompt response to medical paper work submitted to regional office or OKC FAA for approval. The response need not be in the affirmative but a prompt response none the less telling the airman what additional information is necessary. This turn around needs to be measured in days not weeks. Pilots who earn their living as pilots must either automatically move to the head of the line, or there must be a separate line for the handling of their special issuance medical evaluations by the FAA. I can not overemphasize this point. Thank you for your time.
*	Two recommendations. 1) Pilots with applications needing a special issuance and further review from a FAA MD in Oklahoma should be kept updated on the process of his/her application and the timelines should be explained ahead of time. Also if funding is an issue, perhaps charging more for this process in order to be able to get a more timely service might be considered. 2) It is also unclear, or hard to get new information on how and when the new 2016 third class medical changes are going into effect and specifically how they impact pilots requiring a special issuance
*	Two things: 1: Use the same password and ID for the Airman's account each year. 2: Have the application retain the information from the previous year's application so as to not have to refill the same medical history every year. If no changes, then mark, No Changes.
*	Ultimately the decision of medical and mental fitness for flight becomes the responsibility of the pilot. Most often it is the pilot, passengers, or friends who notice and comment on situations where the pilot is not ready for flight. In a recent talk by an AME to a pilot audience, he stated that GAO found that the AMEs were not upholding the standards of their mandate. His example: a pilot with a remote history of basal cell skin cancer had no biopsy report sent to the FAA. I asked him if he had ever encountered a compromised pilot with skin cancer. He had not. It is certainly possible. But a system devoid of common sense is cumbersome and expensive. I applaud changes for class III medical licenses.
*	Unfair sleep apnea considerations by weight, either its important enough screen all pilots, or it's not that much of a factor. Quality sleep during previous rest period is why pilots get sleepy or not.
*	Unless one has a know issue that requires monitoring, the Class 1 Medical should be for one year, or more, not just six months. Adjust the others accordingly.
*	Very complicated and expensive. I spent over 2,000 and they still wanted more information.
*	Very disappointed with the amount of time (months wasted in red tape by FAA---9 months so far) with getting a heathy active youthful 21 years medical 3 class back. It's shocking that it's such a struggle with no end in sight, just doctors writing more requested letters to the FAA. All the letter state the same thing the kid is heathy as can be. Meanwhile I watch many overweight late middle age men who eat poorly/ drink/smoke walk and fly off in planes every day. Like ticking heath bombs waiting for a heart attack or stoke in the air. It's not right
*	Very frustrating when info is submitted and the FAA either loses it or neglects it then sends a form letter asking for all the same information again.
*	Very glad that the third class medical reform is now in process. It will help to revitalize GA, and promote the "health" of support services for the GA pilot (i.e. maintenance, line service, airports, hangars, etc.)

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	Very much in favor of drivers license for 3rd class (with Dr Letter every 4 years). I do not believe this will in any way adversely affect air safety
*	Very professional. High quality staff.
*	Very slow process. I would contact FAA Oklahoma City once per week to check on my Class 1 medical, each time I was given no useful information. The answer was always "its with the reviewer" and you'll have to wait. I was also told Oklahoma City had a high turnover rate and many employees were being trained. The entire process took 2-3 months which is extensive.
*	VET has done numerous surveys provided by Federal Agencies over the years, specifically ones on allegedly improving the FOIA/PA administrative and disclosure process, none of which resulted in any improvements what-so-ever, over many years. Further, in challenging such lack of substance in the like federal courts, they were equally unable to compel performance by such administrative agencies irregardless of the rule of law under the APA, i.e., Title 5 USC 551 et seq. Primarily because, the Executive, Legislative and Judicial Branches hold themselves accountable to their own standards and self interests typically contrary to the written Rule of Law, this VET, for one was drafted to protect and perfect, so he was told. That is why Donald Trump has become so popular, while the public is again being hoodwinked to vote for more of the same, and pay for it without question or accountability,.. in real vs. nominal terms.
*	Vision requirments too stringent,
*	Visit with my AME last summer was for advisory examination and reporting to Oklahoma City only, pending evaluation of a pilot request for Special Issuance. The Special Issuance has recently been granted, and I will again see the same AME this month for examination and issuance of a First Class SIA Certificate.
*	Waiting 3 months or more for information regarding approval/disapproval for special issuance certificate is absurd. I hope that this process is improved in the future.
*	We are still in the dark as to what the new Airman Medical Standards will be. I have read that under the new guidelines, future physical exams will need to performed by my primary care physician/PCP instead of an Aviation Medical examiner. I have discussed this change with my PCP and he is totally clueless about this requirement and anything related to aviation medicine. He doesn't even understand the guidelines/requirements of pilots needing to use supplemental oxygen (I live in Colorado). My PCP is with [Name]. Better overall communication from the FAA on this very big change is warranted and needed.
*	We need to change the ability so work directly with those in the faa medical division that are in charge of issuing medicals and special issuance. those in charge of making decisions need to rely on and take into consideration the opinions of the AME's who actually sit down and see the applicants.
*	We need to maintain our weather observation stations and observers. Weather is the only 'scar' thing about flying here in Alaska. It is the cause of mis-haps and crashes, deadly crashes, weather changes by the minute. FAA flight service personnel in the past have allowed me to get out of very tricky situations and most likely saved my life (not to mention my beloved plane). Thanks!
*	We self certify before each and every flight. Most pilots that I know would not take the controls if they were less than able to conduct a safe flight. Medical incidents causing an accident are very rare. It is the decision making process that needs more emphasis to ensure safe flight.
*	what is the difference whether or not someone charges for time operating an aircraft or doing it for free e.g. class II or class III - one still has to be healthy enough to operate an aircraft from A to B whether or not passengers are on board. If a medical doctor or doctors have certified that one is healthy and fit and FAA has received the information, what is the problem?
*	When a denial letter is issued, a list of instructions as to what is needed to overcome the denial is needed. At this point I do not know what direction I can go do remedy my problem. I am in excellent health per my personal doctor which has giving me the OK to continue all the strenuous activities I am doing. He is not recommending surgery but my guess is that's what the FAA wants?? Aviation is my livelihood and I have been locked out.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	When all is said and done, unless you are flying with an airline, or commercial work, 100 percent of my pilot friends are professional an medically police themselves, flying when healthy, usually VFR, very seldom IFR. I say this from 62 years of experience
*	When an airman's application is denied and requires further information, I feel the FAA should give the airman more information as to how to proceed in the process.
*	When an exam has to be reviewed in Oklahoma City it would be nice to receive a confirmation notifying the applicant that they received the application.
*	When calling in to check on medical the representatives were very helpful, However medical was issued in September did not receive medical until the end of October and no representative had that information in their computers .
*	when filling out a new online application for our upcoming FAA physical, can we have access to our previous application, for referal purposes.
*	When given a short time to respond with additional information that requires additional tests and letters from a physician we need more time to respond. It was very difficult scheduling a required additional test with the doctors office in the time frame requested. It was also made more difficult by having a travel schedule that took me out of town during the time frame that was requested.
*	When I do get to talk to personnel at Okla City, as well as my AME, everyone is polite but not in a position to tell me much more than my medical is being processed. On my last inquiry FAA Okla City even gave incorrect information. But the compliment is that everyone is polite. I am not sure if the new Class III law will apply to me - currently hold a Class II med w/restrictions, would let it roll over to a Class III at a point in time and probably would still see AME because I want to know I am OK to fly as much as the FAA wants to know. But present situation is not clear, and I feel like I have to fight for everything without help from the Agency. Again, I have a medical team that actually sees me, but the decisions are made by "reviewers" who would not know me if I sat next to them.
*	When I received the letter from Dr Judith Frazier informing me of the additional requirements, I requested by E-Mail, that my application be withdrawn. After 90 days, I had not received an answer to my request, so I assumed it was withdrawn. The AME, Dr. [Name] , refused to sign my application because I could not stand on one leg for at least 5 seconds. I am 84, havent been able to do that for 20 years, has never affected my flying. The requested further medical test would have cost nearly \$600, that would be 50% o my monthly income.
*	When info is forwarded, with time to receive, medical date may be 6 or 7 months before use can be available or used. Knowing your staff is overloaded and takes time for review, it is what it is. So, please help if you can and thanks for asking for feedback. [Name]
*	When my 3rd class medical was finally renewed, it was limited to a single year (most of which had already elapsed) and demanded additional testing during the interim. The additional testing required not only more thyroid evaluation, but review of additional health issues which had been cleared up in the first round of testing. Overall, I have the distinct impression that the system is determined to "get me" one way or another.
*	When special issuances are given in some circumstances, the medical limitation of date should not be on the limitation section since it's already on file and the comment of Not valid for any class after xx/xx/xxxx (date) is General and ambiguous since the medical is given and open the subject to explanation of medical condition for an possible interview, the public, and limit the airman progression. For I.e it is fine for wearing glasses because it's something external that the airman has to have to fly. But, under other circumstances the limitaion already exist for the class medical I every 6 months, and it's not necessary the comment of not valid for xx date. Thank you . It's only a suggestion of improvement and maintaining privacy for the airman.
*	While communication encourages contact to check on status of application, the receptionist cannot provide any information on the status my application review or any indication of when to expect the process will be completed. Effectively it seems pointless to inquire on the status or whether all the information to complete the review has been received.

**Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? *General Comment***

**General Comment(s):**

*	While I do lament no longer having the ability to just do walk in appointment at the local FSDO office and do face to face with an examiner. I understand and think the FAA has improved dramatically over the last 20 or so years with improved customer services, electronic processing, access, information and instruction for all levels of pilots and the General public. Thank You
*	While I think the process is fairly straight forward for a normal healthy applicant, going through the trouble to be issued a special issuance was a complicated matter. I was able to retain the services of a HIMS AME and he was able to get me through the paperwork and documentation, however had I not had him to work with, I would have spent thousands of dollars for the required testing (which I was able to not do thanks to the help of the AME) and may have still not been issued my medical certificate.
*	While it did not affect me, I know several who are concerned about the requirement to report CPAP use for 365 days and the increase from 4 hours to 6 hours per night. It seemed to many like it "just happened." My AME is well informed and communicates clearly with me as a CPAP user.
*	While my AME did a good job I feel my regular doctor would have done a better job because he knows me better.
*	Why am I doing this again?
*	Why do we have the people who couldn't make it in the real world - telling the rest of us how to do it?
*	Why does a very low dose of Synthoid, that has been the same and taken for over 15 years and reported earlier, require annual review and a one year medical certificate now?????
*	With the special authorization it cost me close to a thousand dollars a year to retain my 3rd class medical. This is way to much for a privilege that is generally self regulated by the flying community. Fliers as a whole will ground themselves before they will take to the sky knowing their health is not 100%. This group will not put themselves or anyone else in harms way just to fly.
*	Would like to see a change to their system that would have some indication of the time in which an applicant could expect a review. When an airman is requested to submit additional information about certain medical issues I think their application should receive a higher priority for review instead of being put in the back of the stack.
*	Yearly requirements for cardiac stress test and sleep apnea studies are cumbersome considering I have not had any symptoms and my recommendations from cardiologist have been good.
*	Yes.....yes.....yes on the Pilot Bill of Rights II
*	You ask about capitalizing on 3rd medical reform, and for a commercial pilot who is working as such is irrelevant. Should I stop flying for commercial purposes, I do plan to capitalize on less expense and the reform
*	You can't control everything (The FAA). Let us be honest and moral decisions that's what you as for and most people are honest and moral. Everybody wants to be the best pilot they can be and safest possible.
*	You guys need to back off the oversized neck and sleep apnea crap. I can not afford to take a test that turns out negative every year because I have a big neck. It's a waist of time and money.
*	Your survey asked if I brought information to my exam. My examiner requests my primary care doctor to forward information. Since he already has it, I do not bring it. The FAA is doing a good job with medications and their effects on pilots. I have recommend others use the approved medications list, even if they are not pilots, as your approved meds offer less side effects that could also benefit other vehicle operators.
*	Your website is not working