



FAA Medical Certificate Notice

Below is a list of medical conditions that the FAA has labeled as disqualifying medical conditions. If you have one of these conditions, please let us know so we can help determine the best options before you fill out the medical application. Under certain circumstances, with proof that the disease or condition will not affect your piloting skills or abilities, the FAA can issue a waiver which is called a special issuance medical. A special issuance may allow you to fly, but there can be additional limitations to which circumstances you can fly or not fly. A special issuance may also be needed if you are taking certain medications. Special Issuance situations will require continuous communication with the FAA and your aviation medical examiner. Often times, the FAA will require monthly or yearly documentation from a physician, psychiatrist or another accountable individual, documenting that your condition is controlled and remaining stable or improving.

According to the FAA website titled "Pilot Medical Questions and Answers" common disqualifying medical conditions include the following:

https://www.faa.gov/licenses_certificates/medical_certification/faq/

- Angina pectoris
- Bipolar disease
- Cardiac valve replacement
- Coronary heart disease that has been treated or, if untreated, that has been symptomatic or clinically significant
- Diabetes mellitus requiring hypoglycemic medications
- Disturbance of consciousness without satisfactory explanation of the cause
- Epilepsy
- Heart replacement
- Myocardial infarction
- Permanent cardiac pacemaker
- A personality disorder that is severe enough to have repeatedly manifested itself by overt acts
- Psychosis
- Substance abuse
- Substance dependence
- Transient loss of control of nervous system function(s) without satisfactory explanation of cause.

This is not a complete list of disqualifying conditions. The FAA can deny an application for an aviation medical for a number of other reasons. In the event that you have a known condition that is included on this list. Please be sure to let admissions know, we can help in determining if your condition might qualify for a special issuance medical certification, or what steps you might be able to take to prepare more thoroughly for the FAA special issuance application process.



How to Apply for Your Medical Certificate

It is required that all students have a Third Class Medical Certificate from the FAA approved medical examiner (AME) prior to beginning flight training at California Aeronautical University. Students must complete the application, appointment, and have the medical certificate in hand prior to arrival at CAU.

Below are step-by-step directions for completing your application.

1. Go to MedXpress: <https://medxpress.faa.gov/medxpress/>
2. Once on the FAA MedXpress homepage, click "Request an Account."

NOTE: A medical examination by an AME is required to complete the medical clearance/certification process.

A screenshot of the FAA MedXpress login page. The page is light gray and contains a white rounded rectangle for the login form. Inside the form, there is a section titled "Existing User" with two input fields: "Email Address" and "Password". Below these fields is a blue link that says "Forgot Your Password?". A blue "Login" button is positioned below the password field. Below the "Existing User" section, there is a section titled "Are You a New User?" with a blue "Request an Account" button. A red arrow points from the "Request an Account" button to the "Forgot Your Password?" link, and the "Request an Account" button is circled in red.

WARNING: You are accessing a U.S. Government information system. This information system, including all related equipment, networks, and network devices, is provided for U.S. Government-authorized use only. Unauthorized or improper use of this system is prohibited, and may result in civil and criminal penalties, or administrative disciplinary action. The communications and data stored or transiting this system may be, for any lawful Government purpose, monitored, recorded, and subject to audit or investigation. By using this system, you understand and consent to such terms.

3. Creating your account.
 - a. Ensure you enter your name as it appears on your driver's license. Your name must appear exactly as it does on your identification.
 - b. Use an email address you have regular access. You will need to confirm your email address.
 - c. Enter three security questions and answers.
 - d. Read and accept the terms of service.
 - e. A temporary password and instructions will be sent to your email in which you provided.
4. Completing Account Request
 - a. You should receive an email that appears as below.



FAA MedXPress

Registration Confirmation

Dear *****;

Thank you for requesting an account with the FAA MedXPress web site.

The FAA MedXPress system allows anyone requiring an FAA Medical Certificate or Student Pilot Medical Certificate to electronically complete the FAA Form 8500-8. Information entered into MedXPress will be transmitted to the FAA and will be available for your AME to review at the time of your medical examination.

NOTE: A medical examination by an FAA-designated Aviation Medical Examiner (AME) is required to complete the certification process. The FAA MedXPress system is not available for submission of Agency ATC exams at this time.

Your MedXPress account information is:

Email: *****@yahoo.com
Password: 88V8AOQ4

You can return to the FAA MedXPress site by clicking on the link below. To complete the registration process, you must return to the FAA MedXPress site and log in using the account information provided in this email. When logging in for the first time, you will be required to change your password.

[CLICK HERE TO COMPLETE THE REGISTRATION PROCESS](#) 

If the above link does not work, return to the FAA MedXPress site by copying the following link and pasting it into the address bar of your browser. Enter your e-mail address and password in the spaces provided and click the Login button.

URL: <https://medxpress.faa.gov/medxpress/Medcert.exe/login>

PLEASE DO NOT RESPOND TO THIS EMAIL.

If you need further assistance, please Contact AVS National IT Service Desk:

By e-mail at: 9-NATL-AVS-IT-ServiceDesk@faa.gov (Monitored Monday through Friday, 6 a.m. to 5 p.m., CST)

By phone at: 1-877-AVS-NSD1 or 1-877-287-6731 (Monitored 24/7)

- b. Click the link to complete your registration process.
- c. Agree to the Terms of service which the webpage loads.
- d. You will be prompted to set a new password.
 - i. Must be between 8-20 characters
 - ii. Must contain at least one uppercase, one lowercase, one number and special
 - iii. character.

5. Starting the Medical Application

- a. Once logged in, click the link "Form 8500-8" to start a new medical application.
- b. The first three questions regard employment. For students, select "All Other" and "Airman Medical Certificate" for the last question.
- c. Review and accept the Patients Bill Of Rights.
- d. You must enter your personal information exactly as it shows on your driver's license and birth certificate for questions 3 through 9.
- e. Question 10, new student pilots should select "None" if you do not currently hold a student pilot certificate or select "Student" if you have already received your student certificate in the mail.
- f. Questions 11 and 12 should be your current occupation and employer. If none, type "None."
- g. Questions 13 through 16 only apply if you have previous flight training.
- h. If you are currently on medication daily, to include over-the-counter medication such as allergy meds, you will need to list them for question 17. Ensure you enter the medication information to include dosage and frequency correctly.



3. Last Name: Doe * First Name: John Middle Name: Suffix: Select
4. SSN: SSN International/Declined to Submit (An SSN will be generated by the system)
5. Address: Address Telephone: Non-Numeric City: City State: Select State
Country: Select Country Zip Code: Zip Code
6. Date of Birth: Date of Birth
Citizenship: Select Country

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Release v.3.0.0.0

1 General 2 Demographics 3 Prior Certification 4 Medication 5 Medical History 6 Declarations and Submissions

Prior Certification
*Indicates Required field

10. Type of Airman Certificate(s) You Hold: *
 None ATC Specialist Flight Instructor Recreational
 Airline Transport Flight Engineer Private Other
 Commercial Flight Navigator Student Other

11. Occupation: Occupation 12. Employer: Employer
13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked? Yes No
If yes, give date: Date Denied/Suspended
14. To Date: To Date 15. Past 6 Months: Past 6 Months 16. Date of Last FAA Medical Application: * Date of Last Medical Ap. No Prior App

Previous Save & Complete Later Next

- i. 17a regards medication. List any medication to include Over-the-Counter. Question 17b regards corrective lenses (glasses).

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Medication
*Indicates Required field

17.a. Do You Currently Use Any Medication (Prescription or Nonprescription)? * Yes No
For each medication prescribed, enter medication information and click the Add button. Medication Name is required, all other fields are optional.

Medication Name: Medication Name
Dosage: Dosage Dosage Unit: Dosage Unit Frequency: Frequency Previously Reported
Add

| Medication | Dosage Amount | Dosage Unit | Frequency | Previously Reported |
|------------|---------------|-------------|-----------|---------------------|
| LEVIXYL | | | | N |

17.b. Do You Ever Use Near Vision Contact Lens(es) While Flying? Yes No

Previous Save & Complete Later Next

- j. Answer question 18 regarding medical history. For any "Yes", you will have a chance to explain later. Question 19 regards any visits to a doctor, urgent care or hospital in the last three years.

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Medical History
*Indicates Required field

18. Medical History - HAVE YOU EVER IN YOUR LIFE BEEN DIAGNOSED WITH, HAD, OR DO YOU PRESENTLY HAVE ANY OF THE FOLLOWING?
Answer "yes" or "no" for every condition listed below (All "yes" answers require a comment. Click Add Comments to add or edit a comment).

| Description | Response | Description | Response |
|--|--|---|--|
| a. Frequent or severe headaches | <input type="radio"/> Yes <input type="radio"/> No | m. Mental disorders of any kind: depression, anxiety, etc. | <input type="radio"/> Yes <input type="radio"/> No |
| b. Dizziness or lightheaded | <input type="radio"/> Yes <input type="radio"/> No | n. Substance dependence or habit: a drug not used, or substance abuse or use of legal substance in the last 2 years | <input type="radio"/> Yes <input type="radio"/> No |
| c. Unconsciousness for any reason | <input type="radio"/> Yes <input type="radio"/> No | o. Alcohol dependence or abuse | <input type="radio"/> Yes <input type="radio"/> No |
| d. Eye or vision trouble except glasses | <input type="radio"/> Yes <input type="radio"/> No | p. Stroke/attack | <input type="radio"/> Yes <input type="radio"/> No |
| e. Hay fever or allergy | <input type="radio"/> Yes <input type="radio"/> No | q. Medical sicknesses regarding vision | <input type="radio"/> Yes <input type="radio"/> No |
| f. Asthma or lung disease | <input type="radio"/> Yes <input type="radio"/> No | r. Military medical discharge | <input type="radio"/> Yes <input type="radio"/> No |
| g. Heart or vascular trouble | <input type="radio"/> Yes <input type="radio"/> No | s. Medical rejection by military | <input type="radio"/> Yes <input type="radio"/> No |
| h. High or low blood pressure | <input type="radio"/> Yes <input type="radio"/> No | t. Rejection for life or health issue | <input type="radio"/> Yes <input type="radio"/> No |
| i. Stomach, liver, or intestinal trouble | <input type="radio"/> Yes <input type="radio"/> No | u. Admission to hospital | <input type="radio"/> Yes <input type="radio"/> No |
| j. Kidney stone or blood in urine | <input type="radio"/> Yes <input type="radio"/> No | v. Other illness, disability, or injury | <input type="radio"/> Yes <input type="radio"/> No |
| k. Diabetes | <input type="radio"/> Yes <input type="radio"/> No | w. Medical disability benefits | <input type="radio"/> Yes <input type="radio"/> No |
| l. Neurological disorders: epilepsy, seizures, stroke, Parkinson, etc. | <input type="radio"/> Yes <input type="radio"/> No | | |

19. Have you visited any health professionals within the last 3 years?: * Yes No

To add a Medical Visit, enter information in the spaces provided and click the Add button.
Note: You must click the add button for each visit entered.

Date of Visit (MM/YYYY): Enter Date Name: Name Street: Street
City: City State: Select State Zip Code: Zipcode
Country: Select Country Type Professional: Type of Professional Reason: Reason
Add

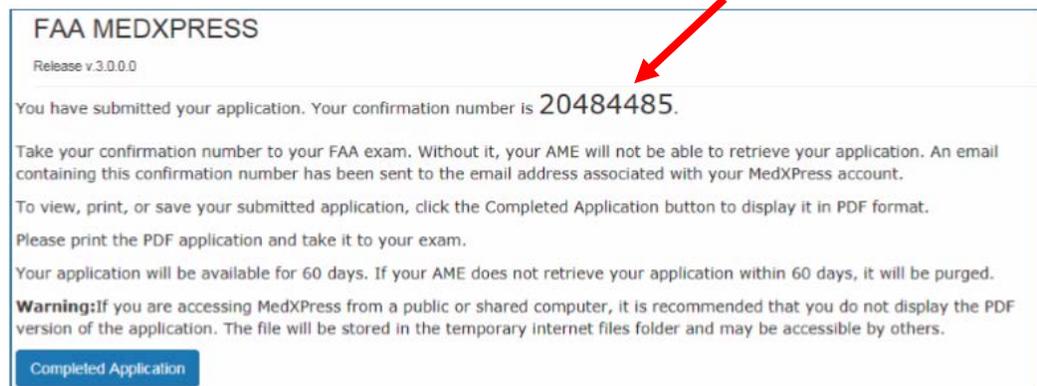
Accept and/or Correction and/or Administrative Action History

* History of (1) any arrests; and/or (2) conviction(s) involving alcohol while intoxicated by, while engaged by, or while under the influence of alcohol or a drug; or (3) history of any arrests; and/or conviction(s); and/or administrative actions involving an infraction which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in probation or an educational or a rehabilitation program. Yes No

* History of non-faulty conviction(s) (probation/parole or fining). Yes No



- k. Item 20 is asking your permission to run a National Driver Register investigation through DMV. This national check looks items that may or may not disqualify you such as DUI or drug offenses. It is imperative that you list any prior offenses on your application.
- l. Click "Submit My Application" and enter your password to submit.
- m. Once submitted, it will give you a confirmation number. You will need to copy this number and provide it to the examining facility in order for them to retrieve your



6. Medical Exam

- a. You will need to locate an AME (Aviation Medical Examiner) in order to complete your application. You will set an appointment with the physician to review your application, perform the basic hearing test, vision test, and general physical.
 - b. To locate an examiner, visit: www.faa.gov/pilots/amelocator/
 - i. Click "search for an Aviation Medical Examiner (AME)."
 - ii. From the drop-down menu, select "AME".
 - iii. Select "Location Search".
 - iv. Enter your state as a minimum. For better results, narrow your search by entering additional information. You do not need to check any of the three boxes at the bottom.
 - v. If you search yields no results, try searching with less information if you provided additional details. For example, search only "CA" for the state, leaving all other fields blank.
 - vi. Review the list and for the AME of your choice. Copy the information down to include designee's name, address and phone number. You will need to contact their office to facilitate an appointment.
7. For detailed information on specific questions for your application:
- a. Visit https://www.faa.gov/other_visit/aviation_industry/designees_delegations/designee_types/ame/amcs/media/MedXpress%20Users%20Guide.pdf
 - b. Call us here at CAU 661-615-5915