Name:	<u>:</u>
Date:_	

AMAS Aeromedical History Worksheet

The following information will be used by AMAS to ensure that your case is accurately represented if you elect to submit to the FAA. Inaccurate information can result in unnecessary certification delays. Please complete and return with the requested medical records.

Last FAA Medical Exam	(please provide cop	y of the FAA Form 8500-8, Me	edical Application if possible):		
Date of Last FAA Medical:		ss of last FAA Medical:	Age at time of last FAA Medical:	Age at time of last FAA Medical:	
If you have a 1 st class r	medical, what is the o	date of the last EKG that was	completed by the AME:		
FAA Medical History (p	lease list dates & rea	son for any prior FAA Special	Issuance Authorization & provide letter if	f possible):	
Other Significant Medi reported on your FAA I		on for which you are currentl	y receiving treatment (please note if prev	iously	
Please list all medication that were listed on you		taking, for which you have a	standing prescription and take on a recur	rent basis, or	
<u>Medications</u>	<u>Dosages</u>	Times per day taken	Reason for Medication		
			-		
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