

## Alcohol Event Status Report for the AME

(Updated 09/27/2017)

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Applicant ID# \_\_\_\_\_

PI# \_\_\_\_\_

**Airmen** - See the [FAA Certification Aid - Drug and Alcohol INITIAL](#) to identify what information you should give the AME.

**AME Instructions:**

- Address the following items based on your in-office exam and documentation review;
- **Submit this Checklist** (it must be signed and dated by the AME); and
- Submit the **supporting documentation reviewed** to complete this checklist **within 14 days to:**

Federal Aviation Administration  
Civil Aerospace Medical Institute, Bldg. 13  
Aerospace Medical Certification Division, AAM-313  
PO Box 25082, Oklahoma City, OK 73125-9867

1. List DATE(s) of any arrest, conviction or administrative action here: \_\_\_\_\_

2. Number of alcohol related events in the airman's lifetime? ..... 

One	Two or more
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3. **AIRMAN's STATEMENT** Do you find any evidence of current or previous alcohol abuse, dependence or other concerning behaviors?..... 

No	Yes
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4. **BLOOD/BREATH ALCOHOL CONTENT (BAC)** from all offenses:

Did the airman ever <b>REFUSE TO TEST</b> .....	No	Yes
Missing records of test performed (per the airman)? .....	No	Yes
Any BAC in the records of <b>0.15 g/dl or HIGHER</b> .....	No	Yes (.15 or higher)

List the highest BAC found on report(s) here: \_\_\_\_\_

5. **COURT RECORD(s) AND ARREST RECORD(s):** (including military records)  
Did the airman **fail to provide** a copy of the narrative police/investigative report from all offenses and complete copies of all court records associated with the offense(s) including court-ordered education?..... 

No	Yes
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6. **DRIVING RECORD:** AME must review a complete Department of Motor Vehicles (DMV) record. List all states the airman held a driver's license for the past 10 years.

1. _____	3. _____
2. _____	4. _____

Any additional driving offenses involving alcohol or other concerns not listed in #1?..... 

No	Yes
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7. **EVIDENCE OF TREATMENT:** Did the airman attend any inpatient or outpatient rehabilitation or treatment? (Do not include court-ordered education programs.) ..... 

No	Yes
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8. Is there any history or evidence of any **DRUG** (illicit, Rx, etc.) offense at any time?..... 

No	Yes
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9. Do you have **ANY** concerns regarding this airman? If yes, notate in Block 60..... 

No	Yes
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\_\_\_\_\_  
AME Signature

\_\_\_\_\_  
Date of evaluation

If ALL items fall into the clear column, the AME may issue with notes in Block 60 but must submit all documents to the FAA.

**If ANY SINGLE ITEM falls into the SHADED COLUMN, or the actual records are not available to review, the AME MUST DEFER. The AME report should note what aspect caused the deferral and explain any answers in the shaded column.**

Remind the airman to report any new event to [Security](#).