

**DRUG AND ALCOHOL EVENT - FAA CERTIFICATION AID - REQUIRED INFORMATION (Page 1 of 2)**  
(Updated 01/27/2021)

AMEs should use this tool to help collect information needed for the [Alcohol Event Status Report for the AME](#).

The following information is to assist you and your treating physician/provider who may be unfamiliar with FAA medical certification requirements. It lists the ABSOLUTE MINIMUM information required by the FAA to make a determination on an airman medical certificate. You should strongly consider taking **a copy to each evaluator so they understand what specific information is needed in their report to the FAA**. If the corresponding provider does not address each item, there may be a **delay** in the processing of your medical certification until that information is submitted. Additional information, such as clinic notes or explanations, should also be submitted as needed.

REPORT FROM	MUST SPECIFICALLY ADDRESS OR STATE THE FOLLOWING (Drug and Alcohol)
<b>A. AIRMAN DRUG AND ALCOHOL (D&amp;A) PERSONAL STATEMENT</b>	<ol style="list-style-type: none"> <li>1. Detailed typed personal statement from you that describes the offense(s):               <ol style="list-style-type: none"> <li>a. What type of offense occurred;</li> <li>b. What substance(s) were involved;</li> <li>c. State or locality or jurisdiction where the incident occurred;</li> <li>d. Date of the arrest, conviction, and/or administrative action;</li> <li>e. Description of circumstances surrounding the offense; and</li> <li>f. <b>Describe the above for each alcohol incident. If no other incidents, this should be stated.</b></li> </ol> </li> <li>2. Your past, present, and future plans for alcohol or drug use.               <ol style="list-style-type: none"> <li>a. When did you start drinking? How much? How often?</li> <li>b. How much, how often were you drinking at the time of the incident(s);</li> <li>c. How much, how often do you drink now? If abstinent, state date abstinence started;</li> <li>d. Any negative consequences (legal complications or medical complications such as blackouts, pancreatitis, or ER visits); and</li> <li>e. Include any other alcohol or drug offenses (arrests, convictions, or administrative actions), even if they were later reduced to a lower sentence.</li> </ol> </li> <li>3. Treatment programs you attended ever in your life. <b>If none attended, this should be stated</b> <ol style="list-style-type: none"> <li>a. Dates of treatment;</li> <li>b. Inpatient, outpatient, other; and</li> <li>c. Name of treatment facility</li> </ol> </li> <li>4. Current recovery program (if any). If AA or another program, list name of program and frequency attended. <b>If not in a recovery program, this should be stated.</b></li> </ol>
<b>B. BLOOD ALCOHOL CONTENT (BAC)</b>	<ol style="list-style-type: none"> <li>1. Blood Alcohol Concentration (BAC) from any alcohol offense. BAC may be listed in a hospital report, a police report, or investigative report.               <ol style="list-style-type: none"> <li>a. This will be either a breathalyzer test or a blood test.</li> <li>b. Attach copies of any additional drug testing performed.</li> </ol> </li> </ol>
<b>C. COURT RECORDS</b>	<ol style="list-style-type: none"> <li>1. Police/investigative report from dates of incident(s). It should describe the circumstances surrounding the offense and any field sobriety tests performed.</li> <li>2. Court records, if applicable.</li> <li>3. Military records if events occurred while the applicant was a member of the U.S. armed forces. It should include military court records, records of non-judicial punishment, and military substance abuse records.</li> </ol>

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<p><b>D. DRIVING RECORD, DEPARTMENT OF MOTOR VEHICLES (DMV) RECORDS</b></p>	<ol style="list-style-type: none"> <li>1. List every state/principality/location and dates you have held a driver's license in the past 10 years.</li> <li>2. Submit a complete copy of your driving records from each of these for the past 10 years.</li> </ol>
<p><b>E. EVIDENCE OF TREATMENT</b></p>	<ol style="list-style-type: none"> <li>1. Treatment records and copy of certificate, if any.</li> <li>2. If no program was recommended or if treatment was started but not completed, that should be stated.</li> </ol>
<p><b>F. SUBSTANCE ABUSE EVALUATION*</b></p> <p>*May not be required for all airmen.</p> <p>If required, the type of provider to perform the evaluation will be in the letter sent to the airman from the FAA. This will be either a Substance Abuse Professional (SAP), HIMS AME, Psychiatrist, Addictionologist or a HIMS psychiatrist</p> <p>If all of the items are not covered or contain insufficient detail to make a decision, additional testing or review may be required.</p> <p>If the evaluation submitted is not adequate or does not meet the specified parameters, a higher-level evaluation may be required.</p>	<p>The report must include at a minimum:</p> <ol style="list-style-type: none"> <li>1. List of the items/documents reviewed.             <ol style="list-style-type: none"> <li>a. Verify if you were provided with and reviewed a complete copy of the airman's FAA medical file sent to you by the FAA; and</li> <li>b. Include list of collateral contact(s) used to verify history, if any.</li> </ol> </li> <li>2. Summary of the above records. Were the records clear and in sufficient detail to permit a satisfactory evaluation of the nature and extent of any previous mental disorders?</li> </ol> <p>Clinical interview that covers the following:</p> <ol style="list-style-type: none"> <li>3. Family history of drug and alcohol or mental health issues.</li> <li>4. Developmental history.</li> <li>5. Past medical history and medical problems such as blackouts; memory problems; stomach, liver, cardiovascular problems; or sexual dysfunction.</li> <li>6. Psychiatric history, if any. Include diagnosis, treatment, and hospitalizations.             <ol style="list-style-type: none"> <li>a. Personal history of anxiety, depression, insomnia; and/or</li> <li>b. Suicidal thoughts or attempts.</li> </ol> </li> <li>7. Alcohol and/or drug use history:             <ol style="list-style-type: none"> <li>a. Include any treatment or hospitalizations; and</li> <li>b. The current status of drug or alcohol use (what used, how often, start/stop dates).</li> </ol> </li> <li>8. Other concerns such as:             <ol style="list-style-type: none"> <li>a. Personality changes (argumentative, combative) or loss of self-esteem or isolation;</li> <li>b. Social family problems such as marital separation or divorce;</li> <li>c. Irresponsibility or child/spousal abuse;</li> <li>d. Legal problems such as alcohol-related traffic offenses or public intoxication, assault and battery, etc.;</li> <li>e. Occupational problems such as absenteeism or tardiness at work, reduced productivity, demotions, frequent job changes, or loss of job;</li> <li>f. Economic problems such as frequent financial crises, bankruptcy, loss of home, or lack of credit; and</li> <li>g. Interpersonal adverse effects such as separation from family, friends, associates, etc.</li> </ol> </li> <li>9. Any other concerns per the evaluator.</li> <li>10. Results of any testing that was performed (SASSI, etc.).</li> <li>11. Mental status examination results.</li> <li>12. Summary of your findings. Include if you agree or disagree with previous diagnosis or findings from the records you reviewed and why.</li> <li>13. DSM diagnosis for Axis I-V (if none, that should be stated).</li> <li>14. Any evidence of drug or alcohol abuse or dependence (if not mentioned above).</li> <li>15. Any additional concerns or comments.</li> </ol> <p>Note: if the above evaluation is not adequate, an additional evaluation from a psychiatrist or other provider may be required.</p>