

Aviation Medical Examiner Assisted Special Issuance (AASI) Certificate Issuance (Updated 10/30/19)

I have reviewed the enclosed medical report(s) and have determined that the report(s) is in accordance with this applicant's Authorization for Special Issuance of a Medical Certificate and the AASI Protocol established for certificate issuance.

I have issued a _____ -class medical certificate to the airman named below with all other limitations listed on the original certificate. The certificate issued is timed limited by the restriction "NOT VALID FOR ANY CLASS AFTER _____"

Date

Check all that apply:

Interim certificate issued for disease(s)/condition(s) below – No examination performed.

ALL	AASI CONDITION	ALL	AASI CONDITION	ALL	AASI CONDITION
	Arthritis		Diabetes Mellitus – Type II Medication Controlled		Mitral and Aortic Insufficiency
	Asthma		Glaucoma		Paroxysmal Atrial Tachycardia
	Atrial Fibrillation		Hepatitis C		Prostate Cancer
	Bladder Cancer		Hypertension		Renal Calculi
	Breast Cancer		Hyperthyroidism		Renal Cancer
	Chronic Kidney Disease		Hypothyroidism		Sleep Apnea
	Chronic Lymphocytic Leukemia		Lymphoma and Hodgkins		Testicular Cancer
	Chronic Obstructive Pulmonary		Melanoma		Thrombocytopenia
	Colitis (Ulcerative or Crohn's)		Migraine Headaches		Warfarin (Coumadin) Therapy for Deep Venous Thrombosis, Pulmonary Embolism, and/ or Hypercoagulopathies.
	Colon Cancer				
THIRD CLASS ONLY	AASI CONDITION			THIRD CLASS ONLY	
	Coronary Heart Disease (CHD)				

Certificate issued - New application and examination performed.

AIRMAN INFORMATION:

Name:

PI:

DOB:

AVIATION MEDICAL EXAMINER (AME) INFORMATION:

AME Name (Print):

AME Signature:

AME Number:

Date: