

DRUG USE PERSONAL STATEMENT

(Updated 09/30/2026)

Name: _____ DOB: _____ PI#: _____

Instructions: Mark all applicable answers, type your statement, sign the document, and bring it to your AME appointment for upload into your FAA file.

1. Lifetime drug use history. (If not used, mark "x")

Drug	First Use (age or date)	Last Use (age or date)	Frequency (days/week)	Amount used per episode	Route (edible, smoke, vape, inject, inhale)
Amphetamines (amphetamine, methamphetamine, ecstasy/MDMA/MDA)					
Cocaine					
Opioids/Opiates (heroin, morphine, codeine, oxycodone, hydrocodone, fentanyl)					
Benzodiazepines (sedatives)					
Barbiturates					
Phencyclidine (PCP)					
Methadone					
Psilocybin/mushrooms					
Other (e.g. Kratom, inhalants, etc.) _____					
Cannabinoids (Marijuana , THC, Delta-8/9, synthetic)					

2. Marijuana use: [] None/ Never Used [] Recreational [] Medical

State(s) used: _____

3. Consequences. Specify any legal, medical, economic, occupational, or other adverse consequences of use (e.g. DUI/DWI, arrest for possession, employer positive drug testing). Please attach additional pages as necessary.

4. Treatment & Recovery History. Have you ever in your life attended a Drug Treatment program?

[] No [] Yes (If yes, complete below)

a. **Dates:** _____ **Substance(s):** [] Alcohol [] Drugs _____

b. **Type:** [] Residential [] Intensive Outpatient [] Outpatient [] DUI Education [] Other

c. **Currently in a Recovery Program?** [] No [] Yes (If yes, select all that apply) [] AA

[] BOAF [] Celebrate Recovery [] SMART Recovery [] Narcotics Anonymous [] Other _____

Signature: _____ **Date:** _____