

# Aviation Medical Examiner Assisted Special Issuance (AASI) Certificate Issuance (Updated 09/27/2023)

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.

	AASI CONDITION		AASI CONDITION		AASI CONDITION
	Arthritis		Colitis (Ulcerative or Crohn's) or Irritable Bowel Syndrome (IBS)		Mitral and Aortic Insufficiency
	Asthma		Colon Cancer/ Colorectal Cancer		Neurofibromatosis Type 1 (NF1)
	Atrial Fibrillation		Diabetes Mellitus – Type II Medication Controlled		Paroxysmal Atrial Tachycardia (PAT)
	Bladder Cancer		Glaucoma		Prediabetes or Overweight/Obesity Treated with Medication
	Breast Cancer		Hepatitis C		Prostate Cancer
	Cardiac – Single Valve Replacement or Repair		Hypertension (HTN)		Renal Calculi
	Cerebrovascular Disease (CVA/Stroke/TIA)		Hyperthyroidism		Renal Cancer
	Coronary Heart Disease (CHD)		Hypothyroidism		Sleep Apnea/Obstructive Sleep Apnea (OSA)
	Chronic Kidney Disease (CKD)		Lymphoma and Hodgkins		Testicular Cancer
	Chronic Lymphocytic Leukemia (CLL)		Melanoma		Thrombocytopenia
	Chronic Obstructive Pulmonary (COPD)		Migraine Headaches		Warfarin (Coumadin) Therapy for Venous Thromboembolism - Deep Venous Thrombosis, Pulmonary Embolism, and/ or Hypercoagulopathies
<b>AASI CONDITION</b>					

Certificate issued - New application and examination performed.

**AIRMAN INFORMATION:**

Name: \_\_\_\_\_

PI: \_\_\_\_\_

DOB: \_\_\_\_\_

**AVIATION MEDICAL EXAMINER (AME) INFORMATION:**

AME Name (Print): \_\_\_\_\_

AME Number: \_\_\_\_\_

AME Signature: \_\_\_\_\_

Date: \_\_\_\_\_