



U.S. Department
of Transportation
**Federal Aviation
Administration**

**ATCS Health Program
Report by Examining Physician**

From: **Examining Physician**
To: **Facility Air Traffic Manager**
Thru: **Employee's First-Line Supervisor**

Employee's Name: *(Print or Type)*

Employee's Facility: *(Print or Type)*

Physician's Name: *(Print or Type)*

Instructions to the examining physician to complete this form

The above information will be supplied by the Air Traffic Manager/Supervisor scheduling the medical examination. The information supplied by FAA management is to include the identification of employee's name, facility, and examining physician. A medical examination may be scheduled annually or biennially, in the month of the employee's birth. The employee shall present this form to the physician at the time of the examination. **The physician will complete and sign the bottom portion of this form and return it to the employee to be given to his/her Manager or Supervisor. The Manager or Supervisor will fax this form to their FAA Medical Office upon receipt.** This form will serve as notification to the Manager/ Supervisor that a medical examination has been completed. Medical clearance is dependent on review of the medical record and a final decision by the FAA Flight Surgeon or designee. If recommendation #2 below is checked, the Manager/Supervisor should contact the FAA Medical Office immediately.

Recommendation from the examining physician

1. **Medical examination completed. Employee may perform air traffic control duties unless clearance is rescinded by Flight Surgeon.**
 - **Mail FAA Form 8500-8 to your FAA Medical Office upon completion of the examination and enter into the data system within 14 days.**
2. **Medical clearance decision deferred to Flight Surgeon or designee. Employee may not perform air traffic – control duties.**
 - **Examining physician please call your FAA Medical Office immediately.**

Conditions

1. **Employee must wear corrective lenses for distant vision while performing air traffic control tasks that require the use of distant vision.**
2. **Employee must wear corrective lenses for near vision when performing air traffic control tasks that require the use of near vision.**
3. **If age 50 or greater, employee must wear corrective lenses for intermediate vision (32 inches) when performing air traffic control tasks that require the use of intermediate vision.**
4. **Other: *** Note: No privacy information should be noted on this form.**

This interim medical clearance is valid for the remainder of the month of examination plus one calendar month. If the employee's medical clearance has not been received before this interim medical clearance expires, please contact your FAA Medical Office to ensure that the employee can perform safety-related duties.

Signature of Physician

Date