

USER'S GUIDE

for the

AEROSPACE MEDICAL CERTIFICATION SUBSYSTEM (AMCS)



Federal Aviation
Administration

« FAA.gov

AMCS

Aerospace Medical Certification Subsystem

By completing the log-in below, I am affirming that I will safeguard all Sensitive Personally Identifiable Information (SPII), as defined in the DOT Information Technology and Information Assurance Policy 2006-22(Revision 1), Implementation of DOT's Protection of Sensitive Personally Identifiable Information (SPII). SPII is information that if released for unauthorized use is likely to result in substantial harm to the individual to whom such information relates.

SPII means the first and last name, home address and telephone number of an individual, in combination with any of the following related to the individual: Social Security Number (this is SPII on its own); Driver's License/State Issued Identification Number; Taxpayer Identification Number; Financial Information; Security Code; Access Code; Password; Personal Identification Number; Medical Information protected under the Health Insurance and Portability Accountability Act; Biometrics; and Investigations, including a report or database which contains sensitive information which can link an individual to any item above.

Login

User name:

Password:

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MARCH 2015

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INTRODUCTION

The Aerospace Medical Certification Subsystem (AMCS) is an integrated and standard system designed to vastly improve and simplify the processing of applicant medical clearance/certification information. One of the primary goals of the AMCS is to allow all AMEs to enter the Form 8500-8 application information directly into the system via the Internet. AMEs will be assigned an AMCS username and password by the FAA. AMEs will access the AMCS Internet application by connecting to the AMCS Login Page at <https://medxpress.faa.gov/loginnet/Login.aspx?app=AMCS> .

This document discusses the system requirements for accessing the AMCS Internet application and provides the instructions necessary to walk the user through the data entry and submission process.

AME SYSTEM REQUIREMENTS

The AME is responsible for establishing and maintaining the Internet access for their office. This includes signing up with an Internet Service Provider (ISP). While the FAA cannot endorse any particular ISP, it is recommended that the AME sign-up with one that will be able to provide Internet access at the required speeds with as few service interruptions or connection difficulties as possible. It is important to note that while the ISP and operating systems utilized are up to the user, the only web browser currently supported is Microsoft Internet Explorer® (version 5.0 or higher). This web browser supports the required 128-bit encryption that is utilized by the FAA as a security measure.

If an applicant requires an ECG in order to be medically certified, AMEs will be required to attach a copy of the applicant's ECG in pdf format to the exam in AMCS. AMCS will deny submission and subsequent transmission of the exam if the ECG is required and is not attached.

ACCESS AMCS APPLICATION

AMEs may access the AMCS application by going directly to the [AMCS Login Page](#) or by going to the FAA website <http://www.faa.gov> and selecting the following hyperlinks.

From the FAA's home page, click on the **Licenses & Certificates** tab at the top of the page. From the Licenses & Certificates page, click on the **Medical Certification** link located on the left side of the screen or listed below the Top Requests subject title. From the Medical Certification page, click on the **Aerospace Medical Certification Subsystem (AMCS) Online Support** link located below the Aviation Medical Examiners subject title. This will take you to the [AMCS Online Support](#) page.

The Aerospace Medical Certification Subsystem (AMCS) Online Support page provides important notices about policy changes and update information concerning use of the application or enhancements made to the application. The online support page also provides an AMCS Login hyperlink and hyperlinks relating to general information, support and security.

Clicking on the [AMCS Login](#) hyperlink will take you to the AMCS Login Page.

Pop-Up Blockers and Cookies

Pop-Up Blockers must be disabled and Cookies must be enabled in order for the AMCS Internet application to function properly.

Internet Connection Issues

In the event that you lose Internet connectivity prior to transmitting, the information that was previously saved will be stored in the database. Any data that had not been saved must be re-entered. For example, if you entered data on page 1 of the Form 8500-8 Data Entry screens and saved, then began entering data on page 2 when the Internet connection was terminated, all of the information on page 1 will remain in the database. Therefore, upon logging back into the system, you should search for the airman again and select the pending application for that airman, which will have a status of **'P'**. All of the saved data will be present and you should proceed to the page of the Form 8500-8 Data Entry screens that you were on when the Internet connection was lost and continue the data entry process.

NOTE

This web site is best viewed using a screen resolution of 1024 x 768. If your monitor or video display adapter cannot handle this resolution, you will still be able to view all of the pages. You will have to utilize the vertical scroll bar on the right-hand side of the window in order to view the information that is on the bottom of the screens.

Technical Support

For technical support questions please contact the AMCS Help Desk at (405) 954-3238.

AMCS LOGIN

- Locate the [URL](#) for AMCS with your browser.
- The AMCS Login screen will display.
- Type in your *User Name* and *Password*.
- Strike **<Enter>** or click the **Login** button.
- You will be taken to either the Message Page or to the AMCS Pending Exams screen or to the Search Applicants screen if there are no pending exams.



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Login

User name:

Password:

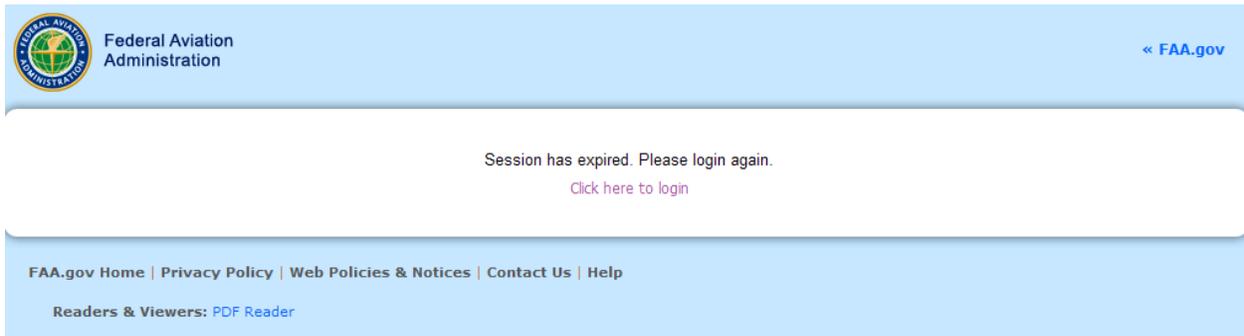
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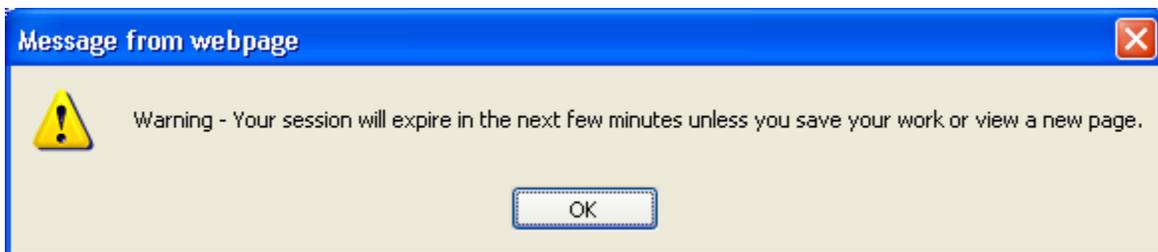
Session Timeout

The AMCS times out after 20 minutes of inactivity. If a user allows AMCS to sit idle for 20 minutes or more, the user will be directed to the Session Timeout screen when the user attempts to use the application by clicking on a field, button, or link. A link to the application's login page is provided on the Session Timeout screen. Click on the link and you will be taken the AMCS login page.



Session Timeout Screen

On the screens of AMCS where there is significant data entry required, the user will receive a warning message after 15 minutes of inactivity. If the user does not perform some kind of action within five minutes of receiving the message the session will time out and any unsaved data will be lost. Once the session times out, any update or refresh action will send the user to the Session Timeout screen.



Change Password

AMCS passwords will expire every 90 days. If your account has expired you will be taken directly to the Change Password screen after your login attempt. To change your password click on the **Change Password** button on the Login screen.

The Login window will expand to include **New Password** and **Confirm** text boxes.



AMCS Aerospace Medical Certification Subsystem

Login

User name:

Password:

New Password:

Confirm:

Change Password Screen

Enter a new password of your choice. Passwords must be at least eight characters in length and must use three of the four following different character types:

- Uppercase alphabetic characters (A-Z)
- Lowercase alphabetic characters (a-z)
- Numeric characters (0-9)
- Non-alphanumeric characters (*#&%@~^)

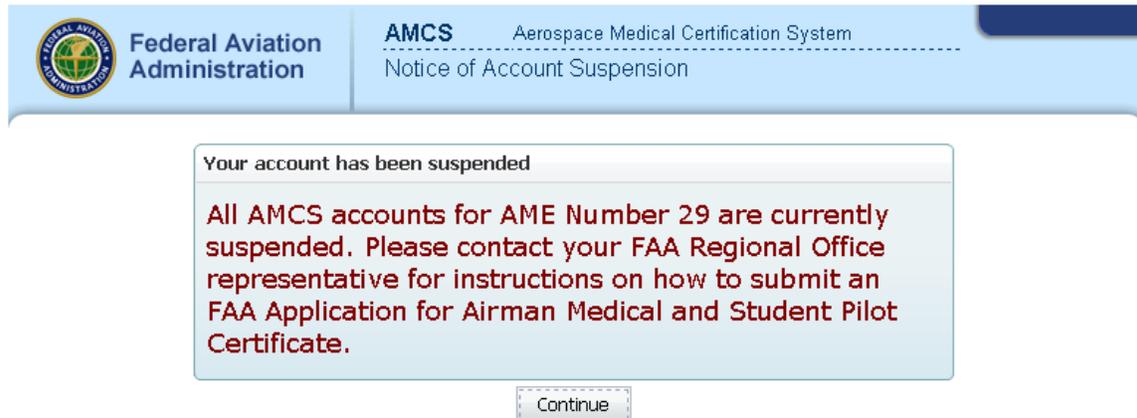
Password characters may not be repeated more than two times (Valid: PPassword1 – Not Valid: PPPassword1).

The system will maintain the last five passwords and not allow you to use any password that you have used in the past five changes. **IMPORTANT: Login accounts will be locked out for twenty minutes after three failed attempts to login to AMCS.**

Enter your new password in both areas and strike **<Enter>** or click the **Login** button. Your password will be changed and you will be taken to either the Messaging Administration Home Page or to the AMCS Pending Exams screen.

Notice of Account Suspension

An AME whose status is inactive will no longer be able to log on to AMCS. An inactive AME, or a member of that AME's staff attempting to log on to AMCS will be presented with a "Notice of Account Suspension" screen and should contact their FAA Regional Office representative for the appropriate instructions on how to proceed.



Federal Aviation Administration

AMCS Aerospace Medical Certification System
Notice of Account Suspension

Your account has been suspended

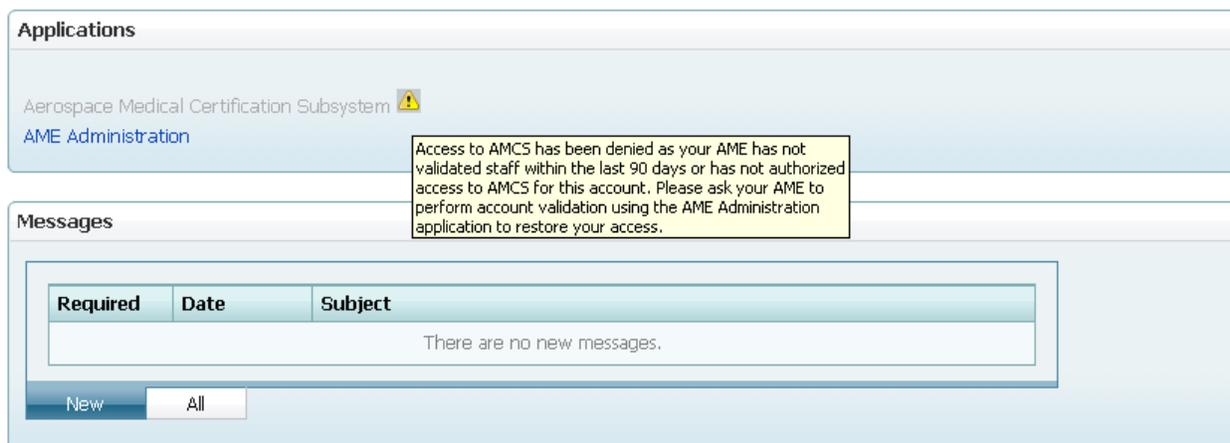
All AMCS accounts for AME Number 29 are currently suspended. Please contact your FAA Regional Office representative for instructions on how to submit an FAA Application for Airman Medical and Student Pilot Certificate.

Continue

Notice of Account Suspension Screen

Account Not Validated Access Denied

AMEs are required to validate the AMCS accounts for their staff every 90 days. If your AME has not validated staff within the last 90 days or has not authorized access to AMCS for your account, the link to AMCS will appear disabled with a yellow triangle beside it. Hover over the triangle to see the message explaining that access to AMCS is being denied until your account is validated. You will need to contact your AME and ask for account validation.



Applications

Aerospace Medical Certification Subsystem 

[AME Administration](#)

Access to AMCS has been denied as your AME has not validated staff within the last 90 days or has not authorized access to AMCS for this account. Please ask your AME to perform account validation using the AME Administration application to restore your access.

Messages

Required	Date	Subject
There are no new messages.		

New All

Message Page

Upon login to the AMCS, users will be presented with the Message Page if the user has more than one application available to them or if there are new messages. If there are no new messages and the user only has access to the AMCS application, the user will be presented with the AMCS Pending Exams screen, or the Search Applicants screen if there are no pending exams, upon login.

If there are new messages they will display in the Messages box. All messages that are currently active can be viewed by clicking on **All**. Click on the Aerospace Medical Certification Subsystem link and you will be taken to the AMCS Pending Exams screen.

The screenshot shows the FAA AMCS Message Page. At the top left is the FAA logo and the text "Federal Aviation Administration". At the top right is a link to "FAA.gov". Below the header, a welcome message reads "Welcome Linda Smith". On the left is a "Menu" box with links for "Home", "Change Password", and "Logout". The main content area is divided into two sections: "Applications" and "Messages". The "Applications" section lists "Aerospace Medical Certification Subsystem" and "AME Administration". The "Messages" section contains a table with one message:

Required	Date	Subject
	08/16/10	Big Test

Below the table is a "View" button. At the bottom of the Messages section are two buttons: "New" and "All". The footer contains links for "FAA.gov Home", "Privacy Policy", "Web Policies & Notices", "Contact Us", and "Help", along with a "Readers & Viewers: PDF Reader" link.

LINKS

Change Password - Takes you to the Change Password screen.

Logout - Logs you out and takes you back to the AMCS Login screen.

Application(s) Link – A link to each application you have access to will be provided in the Applications section.

New - Displays all new messages.

All - Displays all messages that are currently active.

View - Displays the selected message.

If a message requires confirmation, a message will display at the top of the screen, the application links will be disabled and a check mark will display under the "Required" header in the messages section of the screen. Users will not be allowed access to any application until they confirm they have read the message.

The screenshot shows two main sections: "Applications" and "Messages".

Applications Section: Contains a warning icon and text: "When messages exist that require viewing, they must first be confirmed before accessing any application. Once you have viewed and confirmed all required messages, applications will be accessible." Below this, it lists "Aerospace Medical Certification Subsystem" and "AME Administration".

Messages Section: Contains a table with the following data:

Required	Date	Subject
✓	08/17/10	Important TEST Message!!!
	08/16/10	Big Test

Below the table is a "View" button. At the bottom of the Messages section are "New" and "All" buttons.

Clicking on the **View** button will display the message along with a check box and **Confirm** button. A **Print** button has also been provided so that the message may be printed. If a message requires confirmation, check the box and click on the **Confirm** button. Once confirmation is made you will be returned to the Message Page. The warning message will be gone and the application links will be enabled.

The dialog box is titled "Important TEST Message!!!". It displays the following information:

Date: 8/17/2010
Date Sent: 8/17/2010
Subject: Important TEST Message!!!

TEST.

At the bottom, there is a checked checkbox with the text "I have read and understood this message." and three buttons: "Confirm", "Print", and "Close".

PENDING EXAMS SCREEN

This screen displays the exams performed by the AME's office that are in pending status. Exams can be sorted by Applicant ID, Exam Date, SSN, Last Name, First Name or Middle name by clicking on the appropriate column header.

Applicant ID	Exam Date	SSN	Last Name	First Name	Middle Name	Open	Attach ECG	Exam HX	Delete	Print
2001590000	10/09/2008		MCTESTINGTON	TEST		Open	Attach ECG			Print
2001617577		888078400	MEDXPRESS	FOUR		Open	Attach ECG	Exam HX	Delete	Print
2001617576		888078320	MEDXPRESS	TWO		Open	Attach ECG	Exam HX	Delete	Print
2001305087			MEYER	IRENE	KATHERINE	Open	Attach ECG		Delete	Print
2001185021			MIELKE	CYNTHIA	ANN	Open	Attach ECG		Delete	Print
2001858237	03/26/2013		MILLS	CATHY		Open	Attach ECG	Exam HX		Print
2001356936			MINOFF	ANDREW	LEE	Open	Attach ECG		Delete	Print

Pending Exams Screen

Functions:

SEARCH APPLICANTS TAB

Select this tab to go to the Search Applicants screen.

IMPORT APPLICATION TAB

Select this tab to go to the Import Application screen.

APPLICANT ID NUMBER LINK

Clicking on the Applicant ID link will take you to the first page of the 8500-8 Data Entry screens for the corresponding exam.

OPEN LINK

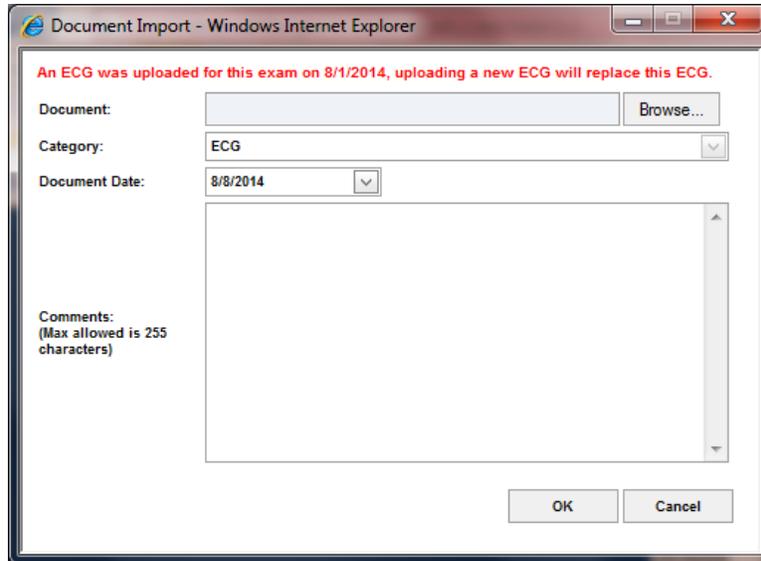
Clicking on the *Open* link will take you to the first page of the 8500-8 Data Entry screens for the corresponding exam.

ATTACH ECG LINK (NEW ECGS ONLY)

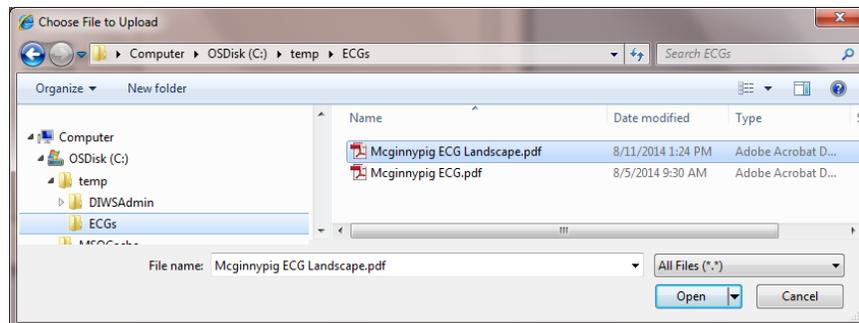
Clicking on this link will launch a Document Import window, where the applicant's current ECG can be uploaded (attached to the current exam) and eventually transmitted to DIWS with the exam.

You may attach as many ECGs as you like to the exam, but only the last ECG attached will be saved and transmitted with the exam.

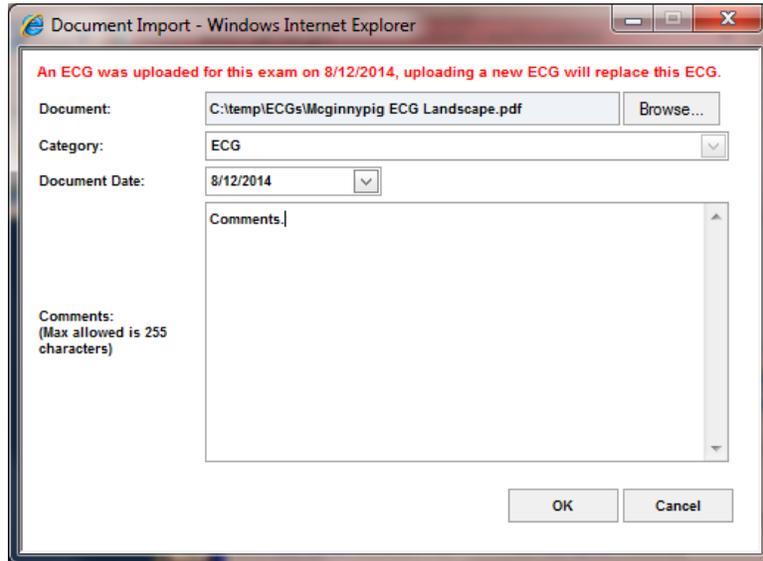
You will receive a warning at the top of the window if an ECG has already been attached.



To attach an ECG, click on the **Browse...** button and search your computer's folders for the appropriate ECG pdf document. Select the document and click on the **Open** button.



The document selected will display in the document field. Assign a date to the ECG and add any necessary comments and click on the **OK** button.



Document Import - Windows Internet Explorer

An ECG was uploaded for this exam on 8/12/2014, uploading a new ECG will replace this ECG.

Document: C:\temp\ECGs\Mcginnypig ECG Landscape.pdf

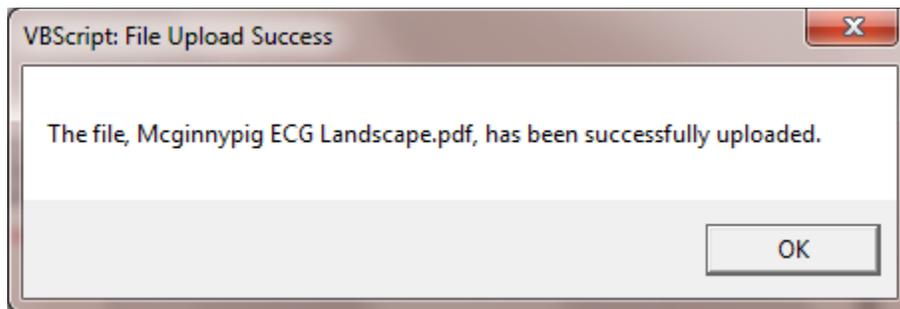
Category: ECG

Document Date: 8/12/2014

Comments:|

Comments:
(Max allowed is 255 characters)

You will receive a message that the ECG has been successfully uploaded:



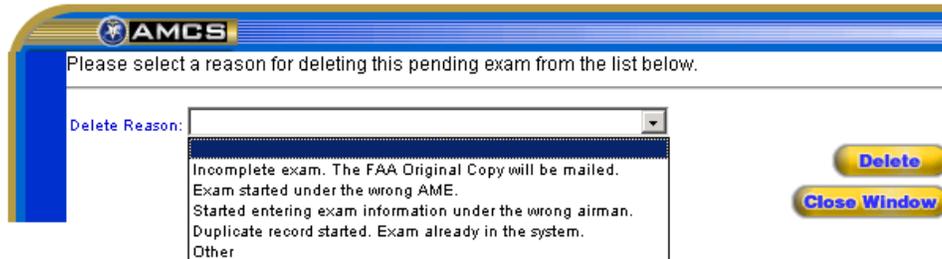
EXAM HX LINK

Clicking on the *Exam HX* link will display a Pre-Exam Report for the exam. This link will only display for exams submitted via the FAA's MedXPress system.

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FOR OFFICIAL USE ONLY											
Public availability to be determined under 5 US C 552											
Frankie Bubbax MCGinnypig JR 4815 Palm Tree Road Midwest City, OK 73110 (USA)											
DOB	Height	Weight	Hair	Eyes	Sex						
1/1/1960			BLOND	HAZEL	Male						
Most Recent Exam Status None											
Limitations (Most Recent Exam) None											
Previously denied, suspended or revoked No											
Medications (Most Recent Exam) None											
Previous Medical History (Items 18a-x) The following medical history items have been marked as Yes on one or more previous exams: None											
Statement of Demonstrated Ability (SODA) None											
Physical Findings (Items 25-48) The following items have been marked as Abnormal on one or more previous exams: None											
Hearing Values (Most Recent Exam) Conversational Voice: None Speech Discrimination: N/A											
Audiometer:											
Right Ear						Left Ear					
500	1000	2000	3000	4000		500	1000	2000	3000	4000	
Vision Values (Most Recent Exam)											
Distant Vision				Near Vision				Inter Vision-32 Inches			
Right 20/	Corr. To 20/	Right 20/	Corr. To 20/	Right 20/	Corr. To 20/	Right 20/	Corr. To 20/	Left 20/	Corr. To 20/	Left 20/	Corr. To 20/
Left 20/	Corr. To 20/	Left 20/	Corr. To 20/	Left 20/	Corr. To 20/	Left 20/	Corr. To 20/	Both 20/	Corr. To 20/	Both 20/	Corr. To 20/
Both 20/	Corr. To 20/	Both 20/	Corr. To 20/	Both 20/	Corr. To 20/	Both 20/	Corr. To 20/	Both 20/	Corr. To 20/	Both 20/	Corr. To 20/
Most Recent ECG Date None											
Most Recent Pathology None											
Current ECG Required? Yes											

DELETE LINK

Clicking on *Delete* will launch the Delete Pending screen, where a *Delete Reason* must be selected in order to delete the related exam information from the AMCS. This link will disappear if certificate is printed using the Quick Cert feature on Page 1 of the 8500-8 Data Entry screens, but the exam was not submitted.



AMCS

Please select a reason for deleting this pending exam from the list below.

Delete Reason:

- Incomplete exam. The FAA Original Copy will be mailed.
- Exam started under the wrong AME.
- Started entering exam information under the wrong airman.
- Duplicate record started. Exam already in the system.
- Other

Delete

Close Window

PRINT LINK

Clicking on *Print* will display the exam in PDF format for viewing and printing.

HELP BUTTON

 – Provides information about the screen's functionality.

LOGOUT BUTTON

 – Logs you out and returns you to the Login screen.

SEARCH APPLICANTS SCREEN

From this screen you can search for an existing applicant in order to add an exam to the applicant's record or to review the applicant's previous exams or you can add an exam for a new applicant.

The Search Applicants screen allows you to perform a search by entering an Applicant ID, SSN, PI Number, or at a minimum a Last Name and Date of Birth. You may only search by one method at a time. Performing a search will determine if the applicant currently exists in the system and will display the applicant's exam information. You must perform a Last Name and Date of Birth search before a new applicant can be created.

Enter the required criteria along with any other information you may choose and click **Search**.
 Note: Only one search method available at a time.
 Note: 'Create Applicant' button only available after a Name/DOB search.

Applicant ID:
 SSN: (#s only)
 PI Number:
 Last Name: First Name: Middle Name: DOB: (mm/dd/yyyy)

Search **Clear** **Create Applicant**

Applicant ID	PI Number	SSN	Last Name	First Name	Middle Name	Birth Date	
2001914764		*****2310	DAWG	DROOPY		07/15/1970	Add Exam

Exam Date	MID	Class Issued	Street	City	State	Sfs	
		<u>Pending</u>	2121 SW 21st	Oklahoma City	OK	P	<u>Delete</u>
07/15/2014	<u>200006509635</u>	Class 3, AASI with Interim Issuance	2121 SW 21st	Oklahoma City	OK	A	<u>Interim Cert</u> <u>Attach ECG</u>
12/08/2013	<u>200006509320</u>	Class 1, AASI with Interim Issuance	2121 SW 21st	Oklahoma City	OK	A	

Search Applicants Screen

No Matching Records

If your search does not return any records for any existing applicants, you should verify the search criteria were entered properly. If the information was entered incorrectly, re-enter the search criteria. If upon reviewing the information that was entered you determine that it was not entered incorrectly, you should click on the **Create Applicant** button to add an exam for a new applicant. The Certificate/Form No. entry page will display where either an FF or GG series form may be selected and where the certificate number must be entered before you will be allowed to continue to the first page of the 8500-8 Data Entry screens so that the exam information may be entered.

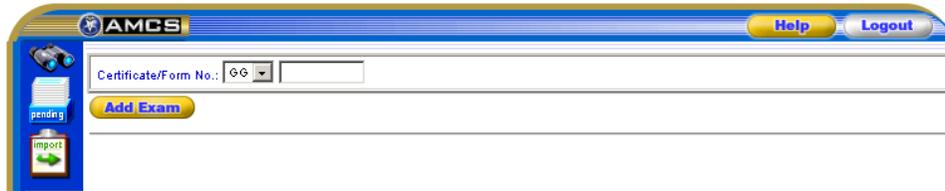
AMCS **Help** **Logout**

Certificate/Form No.: GG

Add Exam

Found Applicants

If you select an existing applicant that was retrieved during your search, when you click on the **Add Exam** button to the right of the applicable Applicant ID number you will proceed to the Certificate/Form No. entry page where either an FF or GG series form may be selected and where the certificate number must be entered before you will be allowed to continue to the first page of the 8500-8 Data Entry screens so that the exam information may be entered.



Found Exams

NOTE

MID links are only enabled if that particular exam was performed by the AME logged in or by someone in that AMEs' office.

To view a particular exam, click on the MID number of the exam you wish to view. If the exam Status is **'A'**, the exam was completed and a summary of the Form 8500-8 will be presented. If the exam Status is **'P'**, the exam was started, but not completed and the Form 8500-8 Data Entry screens will launch with all information previously entered and saved displayed in the appropriate fields.

Functions:

PENDING EXAMS TAB

Select this tab to go to the Pending Exams screen.

IMPORT APPLICATION TAB

Select this tab to go to the Import Application screen.

SEARCH BY APPLICANT ID

Select the Applicant ID radio button and enter the appropriate number.

SEARCH BY SSN

Select the SSN radio button and enter the appropriate number.

SEARCH BY PI NUMBER

Select the PI Number radio button and enter the appropriate number.

SEARCH BY LAST NAME/DOB

Select the Last Name radio button and enter at a minimum the applicant's Last Name and Date of Birth.

SEARCH BUTTON

 - Starts the search for applicant based on the criteria selected.

CLEAR BUTTON

 - Clears the search fields.

CREATE APPLICANT BUTTON

 - Takes you to the first page of the Certificate/Form No. entry page.
***** IMPORTANT*** You must perform a Last Name and DOB search in order for this button to become available.**

APPLICANT ID NUMBER

Clicking on an Applicant ID number under the **Found Applicants** section will display all of the exams for that applicant under the **Found Exams for Highlighted Applicant** section at the bottom of the screen.

ADD EXAM BUTTON

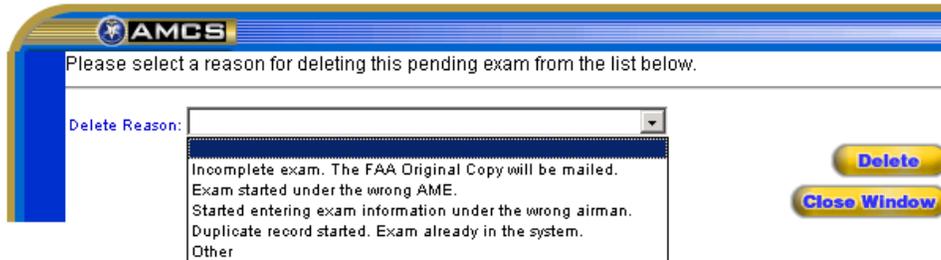
 – This button is located under the **Found Applicants** section. Clicking on this button takes you to the Certificate/Form No. entry page.

MID NUMBER LINK

Clicking on a MID number under the **Found Exams for Highlighted Applicant** section will display a summary of the Form 8500-8 if the status of the exam is listed as **'A'**. If the status of the exam is listed as **'P'**, clicking on "Pending" under the MID number will launch the Form 8500-8 Data Entry screens for that particular exam with the information previously entered and saved displayed in the appropriate fields.

DELETE LINK

Clicking on *Delete* beside an exam status listed as 'P' will launch the Delete Pending screen, where a *Delete Reason* must be selected in order to delete the related exam information from the AMCS. *****IMPORTANT*** This link will disappear if certificate was printed using the Quick Cert feature on Page 1 of the 8500-8 Data Entry screens, but the exam was not submitted.**



AMCS

Please select a reason for deleting this pending exam from the list below.

Delete Reason:

- Incomplete exam. The FAA Original Copy will be mailed.
- Exam started under the wrong AME.
- Started entering exam information under the wrong airman.
- Duplicate record started. Exam already in the system.
- Other

Delete

Close Window

INTERIM CERT LINK

Clicking on the *Interim Cert* link beside an exam status listed as 'A' will launch the SI/AASI Medical Certificate screen where an AME Assisted Special Issuance (AASI) medical certificate can be issued and printed.

SI/AASI Medical Certificate

This screen is launched when you click on the *Interim Cert* link on the bottom half of the Search Applicants screen and allows for the issuance of an AME Assisted Special Issuance medical certificate when the conditions listed at the bottom of the screen have been met.

**Federal Aviation Administration**

AMCS Aerospace Medical Certification System
SI/AASI Medical Certificate

Current 
o SI/AASI Cert.
Exams 
o Pending
o Search
o Import
AMCS 
o Help
o Logout

Personal Information
Name, First: DROOPY Middle: [] Last: DAWG Suffix: []
Street Address: 2121 SW 21st
City: Oklahoma City State: OK Zip Code: 73165
Country: USA
Date of Birth: 7/15/1970 Sex: Male
Hair Color: BROWN Eye Color: BLACK Height: 72 Weight: 180

Certificate Information
Form Number: GG9845263 Exam Date: 7/15/2014 Class: THIRD

Limitations
Not valid for any class after date: 7/31/2015 

Confirmation
By checking this box, you are certifying that:
- The applicant presented his/her SI/AASI letter of authorization.
- The applicant's letter is current.
- The applicant presented all required forms/reports as defined in the SI/AASI letter of authorization.
- The applicant's medical condition identified by the SI/AASI letter of authorization has not adversely changed.
 I understand and agree that the above conditions have been met.

Preview Certificate

SI/AASI Medical Certificate Screen

The *Not valid for any class after date* field is the only updateable field. The date entered cannot exceed the last day of the month of the current exam's expiration date and cannot be greater than 24 months from the last day of the current month. Once the appropriate date has been entered, check the confirmation box at the bottom of the screen to indicate the conditions for SI/AASI have been met. Click on the **Preview Certificate** button.

SI/AASI Medical Certificate Preview

Clicking on the **Preview Certificate** button on the SI/AASI Medical Certificate screen will launch this screen. If the certificate is accurate, click on the **Print Certificate** button and make the necessary print selections. Once the certificate has printed, select where in AMCS you would like to return to using the links on the left side of the page.



**Federal Aviation
Administration**

AMCS Aerospace Medical Certification System

Medical Certificate - Preview

Current ▲

- SI/AASI Cert.

Exams ▲

- Pending
- Search
- Import

AMCS ▲

- Help
- Logout

Certificate Sample

UNITED STATES OF AMERICA
Department of Transportation
Federal Aviation Administration

MEDICAL CERTIFICATE THIRD CLASS

This certifies that (Full name and address):
DROOPY DAWG
2121 SW 21st
Oklahoma City OK 73165 USA

Date of Birth	Height	Weight	Hair	Eyes	Sex
07/15/1970	72	180	BROWN	BLACK	M

has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.

Limitations

Not valid for any class after 7/31/2015.

Date of Examination 07/15/2014	Examiner's Designation No. 00034
Examiner	
Signature	
Typed Name COURTNEY D. SCOTT JR, DO	
AIRMAN'S SIGNATURE	
Applicant ID: 2001914764	Control No.: 200006509635

FAA Form 8500-9 (9-08) Supersedes Previous Editions NSN: 0052-00-670-7002

Print Certificate

SI/AASI Medical Certificate Preview Screen

ATTACH ECG LINK (REPEAT ECGS ONLY)

Clicking on this link will launch a Document Import window, where a Repeat ECG for an applicant can be uploaded/attached to the applicant's latest transmitted exam and ultimately to the applicant's folder in DIWS. *****IMPORTANT*** Attach ECG link is only available if the latest transmitted exam was performed by the AME logged in or by someone in that AMEs' office.**

You may attach as many Repeat ECGs as you like to the exam, but each ECG you attach will become a document within the applicant's folder in DIWS.

Document Import - Windows Internet Explorer

Document: C:\Users\WQS230SL\Documents\Mcginnypig ECG Landscape.pdf Browse...

Category: Repeat ECG

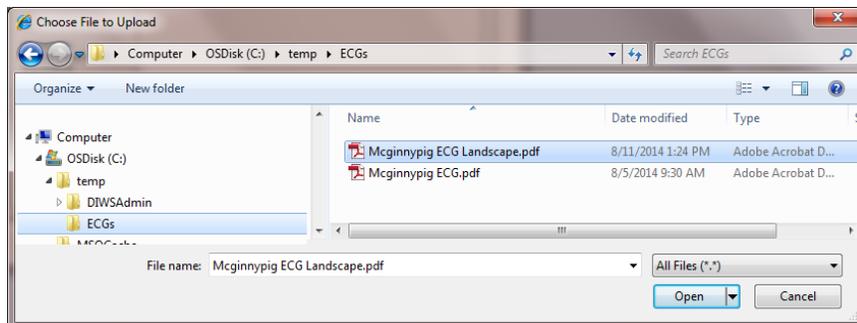
Document Date: 8/12/2014

Repeat ECG.

Comments:
(Max allowed is 255 characters)

OK Cancel

To attach a Repeat ECG, click on the **Browse...** button and search your computer's folders for the appropriate ECG pdf document. Select the document and click on the **Open** button.



The document selected will display in the document field. Assign a date to the ECG and add any necessary comments and click on the **OK** button.

Document Import - Windows Internet Explorer

Document: C:\Users\AQ5230SL\Documents\Mcginnypig ECG Landscape.p Browse...

Category: Repeat ECG

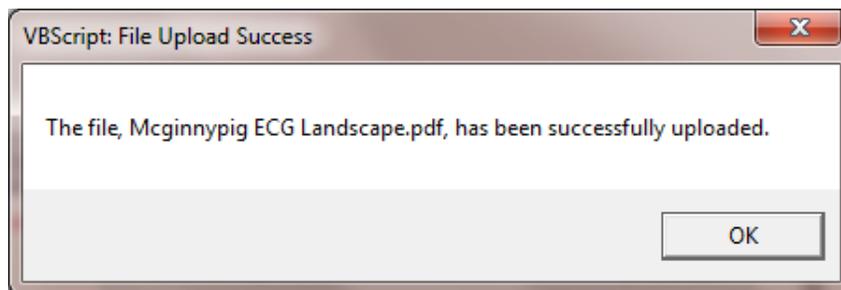
Document Date: 8/12/2014

Repeat ECG.

Comments:
(Max allowed is 255 characters)

OK Cancel

You will receive a message that the ECG has been successfully uploaded:



HELP BUTTON

 – Provides information about the screen's functionality.

LOGOUT BUTTON

 – Logs you out and returns you to the Login screen.

IMPORT APPLICATION SCREEN

This screen allows an AME to search for exam application information entered by an applicant via the FAA's MedXPress system.

- The applicant will provide the number for the AME to enter into the Confirmation No. field.
- The exam information matching the confirmation number will display below the **Search** button.
- If there are applicants in the DIWS that are potential matches they will be listed along with the new applicant option.
- If there are no current applicants found that match the confirmation number you will receive a message stating so.

The screenshot shows the AMCS interface with the 'Import Application' tab selected. A search bar is present with the text 'Confirmation No.:'. Below the search bar are 'Search' and 'Clear' buttons. The search results are displayed in a table titled 'Applicant Exam from FAA MedXPress'.

MedXPress ID	SSN	Last Name	First Name	Middle Name	Birth Date
933585	*****2070	MCGINNYPIG	FRANK		04/20/1969

Below the table, there is a message: 'If this applicant matches one of the following, select the appropriate button and click Process Selection. If this is a new applicant, select the New Applicant button and click Process Selection. If this applicant has had a prior exam and cannot be located in the list, please call AMCS Support at 405-954-3238.'

Below the message is a table titled 'Potential Matches for the Selected Applicant':

Select Applicant ID	SSN	Last Name	First Name	Middle Name	City	State	Birth Date
<input type="radio"/>	2001612883	*****0746	MCGINNYPIG	FRANCO	Chantilly	VA	04/20/1969
<input checked="" type="radio"/>	New Applicant (Select this option <u>ONLY</u> if this applicant has not had a previous exam.)						

At the bottom of the screen, there is a 'Confirmation No.: 33057235' field and a 'Process Selection' button.

Import Application Screen

Select the radio button that applies and click on the **Process Selection** button. The exam application information entered via the FAA MedXPress will import into the AMCS and is ready for you to perform the applicant's exam and enter the remainder of the applicant's exam information.

*****IMPORTANT*** Only employee designated AMEs will have access to ATC exams entered via the FAA MedXPress. Unauthorized AMEs will receive a message indicating that they are not authorized to conduct the exam.**

The screenshot shows the AMCS interface with the 'Import Application' tab selected. A search bar is present with the text 'Confirmation No.:'. Below the search bar are 'Search' and 'Clear' buttons. Below the search bar, the message 'You are not authorized to conduct this exam.' is displayed.

You are not authorized to conduct this exam.

Functions:

SEARCH APPLICANTS TAB

Select this tab to go to the Search Applicants screen.

PENDING EXAMS TAB

Select this tab to go to the Pending Exams screen.

CONFIRMATION NO FIELD

Enter the confirmation number provided by the applicant.

SEARCH BUTTON

 - Starts the search for the exam matching the confirmation number entered.

CLEAR BUTTON

 - Clears the confirmation number field.

PROCESS SELECTION BUTTON

 - Imports the FAA MedXPress application into the AMCS.

HELP BUTTON

 - Provides information about the screen's functionality.

LOGOUT BUTTON

 - Logs you out and returns you to the Login screen.

IMPORT AN EXAM

Enter the confirmation number provided by the applicant and click on the **Search** button.

Select the appropriate match and click on the **Process Selection** button.

A screen will display giving you the option of;

- importing another application
- displaying the application you just imported in PDF format
- viewing the application you just imported in the 8500-8 Data Entry screens so you may enter the remainder of the exam information
- or viewing a pre-exam report for the applicant.



The exam has been successfully imported from FAA MedXPress and can now be processed in AMCS.

Click below to import another application.

Import Another Application

Click below to display the imported application in PDF format for viewing or printing.

Display Summary

Click below to view the imported application and complete the form.

View Imported Application

Click below to view the Pre-exam Report.

Exam HX

Clicking on the **Import Another Application** button will return you to the Import Application Search screen so that you may import another application.

Clicking on the **Display Summary** button will create a PDF version of the imported application for viewing or printing.

Clicking on the **View Imported Application** button will take you to first page of the Form 8500-8 Data Entry screens for the associated applicant so the remainder of the applicant's exam information can be entered.

Clicking on the **Exam HX** button will create an pre-exam report for the applicant.

FORM 8500-8 DATA ENTRY SCREENS

The Form 8500-8 Data Entry screens are presented on four separate pages. Each field displays a blue “?” , red “X” or a green “Ok” beside it. The “?” indicates that the information has not yet been validated. The “Ok” indicates that the information has been validated and that information entered is acceptable. The “X” indicates that a required field was left blank or that an error was found with the information entered into a field during validation. Holding your mouse over the “X” will display text describing what is required or what the validation on that field consists of. Clicking on the “Ok” or the “X” will take you to the text in the Guide for Aviation Medical Examiners that explains the type of information that belongs in that particular field.

AMCS Help Logout

Ok Exam Type: Pilot (non FAA) - Airman, Student Pilot, Non-FAA Air Traffic Controller, etc.

Ok AME Serial Number: 34

Ok 1. Application For: Airman Medical Cert. Airman Medical & Student Pilot Cert. Ok 2. Class of Medical Cert.: 1st 2nd 3rd

Ok 3. Last Name: BIRD Ok First Name: TWITTY Ok Middle Name: Ok Suffix:

Ok 4. SSN: 888220341 International/Declined to Submit (An SSN will be generated by the system)

Ok 5. Address: 2425 SW 25TH Ok Telephone Number:

X City: Ok State: X Country: Ok Zip Code:

Ok 6. Date of Birth: 01/07/1970 X 7. Hair Color: X 8. Eye Color: X 9. Sex: Male Female

X Citizenship:

X 10. Type of Airman Certificate(s) You Hold:

None ATC Specialist Flight Instructor Recreational

Airline Transport Flight Engineer Private Other

Commercial Flight Navigator Student

Ok 11. Occupation: Ok 12. Employer:

X 13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked? Yes No Ok If yes, give date:

Total Pilot Time (Civilian Only)

Ok 14. To Date: Ok 15. Past 6 months: X 16. Date of Last FAA Medical Application: Ok No Prior Application

Ok 17. a. Do You Currently Use Any Medication (Prescription or Nonprescription)? Yes No

For each medication prescribed, enter medication information and click the Add button. Medication Name is required, all other fields are optional.

Medication Name:

Applicant Spelling if Incorrect:

Dosage: Dosage Unit: Frequency: Previously Reported: Yes No

Add

Medication	Dosage Amount	Dosage Unit	Frequency	Previously Reported

DIWS medication content is validated against licensed drug information supplied by the F.A. Davis Co. (FAD) in the Davis's Drug Guide. Click [here](#) to view the FAD copyright notice and Disclaimer of Warranty.

Ok 17. b. Do You Ever Use Near Vision Contact Lens(es) While Flying? Yes No

Form 8500-8 Data Entry Screens (Sample)

Form 8500-8 Data Entry Screen Page 1

Page 1 of the Form 8500-8 Data Entry screens was designed to resemble the front page of the hardcopy FAA Form 8500-8.

AMCS
Help Logout

Ok Exam Type: Pilot (non FAA) - Airman, Student Pilot, Non-FAA Air Traffic Controller, etc.

Ok AME Serial Number: 34

Ok 1. Application For: Airman Medical Cert. Airman Medical & Student Pilot Cert. Ok 2. Class of Medical Cert.: 1st 2nd 3rd

Ok 3. Last Name: BIRD Ok First Name: TWITTY Ok Middle Name: Ok Suffix:

Ok 4. SSN: 888-22-0341 International/Declined to Submit (An SSN will be generated by the system)

Ok 5. Address: 2425 SW 25TH Ok Telephone Number:

Ok City: OKC Ok State: OK Ok Country: USA Ok Zip Code: 73165

Ok 6. Date of Birth: 01/07/1970 Ok 7. Hair Color: BLACK Ok 8. Eye Color: BROWN Ok 9. Sex: Male Female

Ok Citizenship: USA

Ok 10. Type of Airman Certificate(s) You Hold:

<input checked="" type="checkbox"/> None	<input type="checkbox"/> ATC Specialist	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Recreational
<input type="checkbox"/> Airline Transport	<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Private	<input type="checkbox"/> Other <input type="text"/>
<input type="checkbox"/> Commercial	<input type="checkbox"/> Flight Navigator	<input type="checkbox"/> Student	

Ok 11. Occupation: Ok 12. Employer:

Ok 13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked? Yes No Ok If yes, give date:

Total Pilot Time (Civilian Only)

Ok 14. To Date: Ok 15. Past 6 months: Ok 16. Date of Last FAA Medical Application: No Prior Application

Ok 17.a. Do You Currently Use Any Medication (Prescription or Nonprescription)? Yes No

For each medication prescribed, enter medication information and click the Add button. Medication Name is required, all other fields are optional.

Medication Name:

Applicant Spelling if Incorrect:

Dosage: Dosage Unit: Frequency: Previously Reported: Yes No

Add

Medication	Dosage Amount	Dosage Unit	Frequency	Previously Reported
CLARITIN	1	tablet(s)	Daily	<input checked="" type="radio"/>

DIWS medication content is validated against licensed drug information supplied by the F. A. Davis Co. (FAD) in the Davis's Drug Guide. Click [here](#) to view the FAD copyright notice and Disclaimer of Warranty.

Ok 17.b. Do You Ever Use Near Vision Contact Lenses) While Flying? Yes No

Ok 18. Medical History - HAVE YOU EVER IN YOUR LIFE BEEN DIAGNOSED WITH, HAD, OR DO YOU PRESENTLY HAVE ANY OF THE FOLLOWING? Answer "yes" or "no" for every condition listed below (if "yes", click Add Comment to add or edit a comment).

Set All Blank Items in A - V to No

Medical History	Description	Medical History	Description
a. <input type="radio"/> Yes <input checked="" type="radio"/> No	Frequent or severe headaches	m. <input type="radio"/> Yes <input checked="" type="radio"/> No	Mental disorders of any sort: depression, anxiety, etc.
b. <input type="radio"/> Yes <input checked="" type="radio"/> No	Dizziness or fainting spell	n. <input type="radio"/> Yes <input checked="" type="radio"/> No	Substance dependence or failed a drug test ever, or substance abuse or use of illegal substance in the last 2 years.
c. <input type="radio"/> Yes <input checked="" type="radio"/> No	Unconsciousness for any reason	o. <input type="radio"/> Yes <input checked="" type="radio"/> No	Alcohol dependence or abuse
d. <input type="radio"/> Yes <input checked="" type="radio"/> No	Eye or vision trouble except glasses	p. <input type="radio"/> Yes <input checked="" type="radio"/> No	Suicide attempt
e. <input type="radio"/> Yes <input checked="" type="radio"/> No	Hay fever or allergy	q. <input type="radio"/> Yes <input checked="" type="radio"/> No	Motion sickness requiring medication
f. <input type="radio"/> Yes <input checked="" type="radio"/> No	Asthma or lung disease	r. <input type="radio"/> Yes <input checked="" type="radio"/> No	Military medical discharge
g. <input type="radio"/> Yes <input checked="" type="radio"/> No	Heart or vascular trouble	s. <input type="radio"/> Yes <input checked="" type="radio"/> No	Medical rejection by military service
h. <input type="radio"/> Yes <input checked="" type="radio"/> No	High or low blood pressure	t. <input type="radio"/> Yes <input checked="" type="radio"/> No	Rejection for life or health insurance
i. <input type="radio"/> Yes <input checked="" type="radio"/> No	Stomach, liver, or intestinal trouble	u. <input type="radio"/> Yes <input checked="" type="radio"/> No	Admission to hospital
j. <input type="radio"/> Yes <input checked="" type="radio"/> No	Kidney stone or blood in urine	x. <input type="radio"/> Yes <input checked="" type="radio"/> No	Other illness, disability, or surgery
k. <input type="radio"/> Yes <input checked="" type="radio"/> No	Diabetes	y. <input type="radio"/> Yes <input checked="" type="radio"/> No	Medical disability benefits
l. <input type="radio"/> Yes <input checked="" type="radio"/> No	Neurological disorders: epilepsy, seizures, stroke, paralysis, etc.		

Arrest, Conviction and/or Administrative Action History

v. Yes No History of (1) any arrests) and/or conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) history of any arrests, and/or conviction(s), and/or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.

w. Yes No History of nontraffic conviction(s) (misdemeanors or felonies).

See Comments Page to View and Update Airman Comments for Items 18a-y.

Ok 19. Have you visited any health professionals within the last 3 years?: Yes No

Date of Visit (MM/YYYY): Physician: Street:

City: State: Zip Code: Country:

Type Professional: Reason:

Add

Date	Physician	Number/Street	City	State	Zip Code	Country	Type Professional	Reason
05/2014	BROWN						GENERAL	ALLERGIES

Ok 20. Applicant's National Driver Register and Certifying Declarations:

I hereby authorize the National Driver Register (NDR), through a designated State Department of Motor Vehicles, to furnish to the FAA information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR to verify information provided in this application. Upon my request, the FAA shall make the information received from the NDR, if any, available for my review and written comment. Authority: 23 U.S. Code 401, Note.

NOTE: ALL persons using this form must sign it, NDR consent, however, does not apply unless this form is used as an application for Medical Certificate or Medical Certificate and Student Pilot Certificate.

I hereby certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge, and I agree that they are to be considered part of the basis for issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.

Yes No Ok Date: 11/12/2014

- NOTICE -

Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to \$250,000 or imprisoned not more than 5 years, or both. (18 U.S. Code Secs. 1001, 3571).

Save **Next Page**

DATA ENTRY

Instructions for the individual data entry fields on Page 1 of the data entry screens follow.

SEARCH ICON

 – Takes you to the Search Applicants screen where you can choose whether to add an exam for a new applicant or search for an existing applicant in order to add an exam to the applicant's record or to review the applicant's previous exams.

PENDING ICON

 – Takes you to the Pending Exams screen, which displays exams performed by the AME's office in a pending status.

IMPORT ICON

 - Takes you to the Import Application screen, where you can search for exam application information entered by an applicant via the FAA's MedXPress system.

PAGE 1 ICON

 – This icon, when displayed in blue, indicates that you are on page 1 of the data entry screens.

PAGE 2 ICON

 – Selecting this icon, when displayed in green, will save any newly entered or updated information and take you to page 2 of the data entry screens.

COMMENTS ICON

 - Takes you to the Comments page where you can enter comments for Yes radio button selections for Item 18, Medical History, selections a. thru y; for *Abnormal* radio button selections made for the Physical Findings, Items 25 thru 48; and for out of range or abnormal results for items 17.a., 17.b. (pilots only), 19, 49, 50, 51.a., 51.b., 52 thru 57, and 59.

*****IMPORTANT*** A section for comments when an AME makes modifications to information on page 1 of an application imported via the FAA MedXPress is provided. An AME must enter a comment for each modification before the exam can be submitted.**

AME ACTIONS ICON (PILOTS ONLY)

 - Takes you to the AME Actions page where the appropriate selection for the Obstructive Sleep Apnea Assessment can be made. A selection is required for all Pilot exams.

*****IMPORTANT*** This button will not display for ATC exams.**

PAGE 3 ICON



– Selecting this icon, when displayed in green, will save any newly entered or updated information and take you to page 3 of the data entry screens.

VALIDATE ICON



- Selecting this icon will save any newly entered or updated information, validate that information and display a list of errors if applicable.

ATTACH ECG ICON



- Clicking on this icon will launch a Document Import window, where the applicant's current ECG can be uploaded (attached to the current exam) and eventually transmitted to DIWS with the exam.

CERTIFICATE ICON (PILOTS ONLY)



- Selecting this icon will launch the Medical Certificate Quick Print screen that allows you to fill in the required information and issue a certificate prior to entering and submitting the exam information. The certificate may be printed up to three times as long as the exam remains in a Pending status. When a certificate is reprinted a warning message will display indicating that a previous version of the certificate has been printed and should be destroyed.

*****IMPORTANT******Once a certificate has been printed the maximum number of times, the button will no longer appear as part of Page 1 for that exam.*

*****IMPORTANT******This button will not display for ATC exams.*

SET ALL BLANK ITEMS IN A THRU Y TO NO BUTTON



- Sets all of the blank radio button selections for the Medical History, Item 18, selections a. thru y. to *No*.

SET ALL NO ITEMS IN A THRU Y TO BLANK BUTTON



- Sets all of *No* radio button selections for the Medical History, Item 18, selections a. thru y. to *Blank*. *Yes* selections will remain selected.

SAVE BUTTON

 - Selecting this button will save any newly entered or updated information.

NEXT PAGE BUTTON

 - Selecting this button will save any newly entered or updated information and take you to page 2 of the data entry screens.

HELP BUTTON

 – Provides information about the screen's functionality.

LOGOUT BUTTON

 – Logs you out and returns you to the Login screen.

Medical Certificate Quick Print (Pilots Only)

This screen is launched when the **Cert** icon on Page 1 of the Form 8500-8 Data Entry screens is selected.

Federal Aviation Administration | **AMCS** Aerospace Medical Certification System
Medical Certificate - Quick Print

Personal Information

Name, First: FREDERICK | Middle: FLLOYD | Last: FLINTSTONE | Suffix: [dropdown]
Street Address: 2324 ROCK STREET
City: OKLAHOMA CITY | State: OK | Zip Code: 73165
Country: USA

Date of Birth: 4/20/1969 | Sex: Male
Hair Color: BLACK | Eye Color: BLACK | Height: 68 | Weight: 220

Certificate Information

Type: Medical Certificate | Class: FIRST
Form Number: GX1151035 | Exam Date: 8/11/2014

Limitations

None
 Must have available glasses for near vision.
 Must wear corrective lenses.
 Must wear corrective lenses for near and distant vision.
 Must wear lenses for distant, have glasses for near vision.
 Third-Class Letter of Evidence
 Must wear prismatic correction.
 Must use hearing amplification.

Please do not enter a date in this field unless the airman has a special issuance.
Not valid for any class after date: [dropdown]

Preview Certificate

Medical Certificate Quick Print Screen

Some fields will automatically populate with the applicable information from Page 1. Information entered such as Weight, Height, Form Number, Exam Date, Limitations, etc. will be saved into the applicable fields of the 8500-8 data entry screens. The Form Number field will automatically populate with a GX-***** computer generated number if the exam was transmitted via the FAA's MedXPress system. If the exam information is being entered from the AME's office the GG-***** number from the paper 8500-8 form should be entered. The Form Number will print on student certificates. Once all required information is entered, click on the **Preview Certificate** button.

Medical Certificate Preview (Pilots Only)

Clicking on the **Preview Certificate** button on the Medical Certificate Quick Print screen will launch this screen. If the certificate is accurate, click on the **Print Certificate** button and make the necessary print selections. Once the certificate has printed, select where in AMCS you would like to return to using the links on the left side of the page.

The certificate may be printed up to three times as long as the exam remains in a Pending status. When a certificate is reprinted a warning message will display indicating that a previous version of the certificate has been printed and should be destroyed.

Federal Aviation Administration

AMCS Aerospace Medical Certification System

Medical Certificate - Preview

Current

- [Page 1](#)
- [Page 2](#)
- [Comments](#)
- [Page 3](#)
- [Quick Cert](#)

Exams

- [Pending](#)
- [Search](#)
- [Import](#)

AMCS

- [Help](#)
- [Logout](#)

Certificate Sample

UNITED STATES OF AMERICA
Department of Transportation
 Federal Aviation Administration

MEDICAL CERTIFICATE FIRST CLASS

This certifies that (Full name and address):
 FREDERICK FLOYD FLINTSTONE
 2324 ROCK STREET
 OKLAHOMA CITY OK 73165 USA

Date of Birth	Height	Weight	Hair	Eyes	Sex
04/20/1969	68	220	BLACK	BLACK	M

has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.

Limitations

None

Date of Examination 08/11/2014	Examiner's Designation No. 00034
-----------------------------------	-------------------------------------

Examiner

Signature

Typed Name
COURTNEY D. SCOTT JR, DO

AIRMAN'S SIGNATURE

Applicant ID: 2001907676	Control No.: 200006441044
--------------------------	---------------------------

FAA Form 8500-9 (9-08) Supersedes Previous Editions NSN: 0052-00-670-7002

Print Certificate

Medical Certificate Preview Screen

31

Certificate Eligibility Warning (Pilots Only)

Each exam is validated against the applicant's exam history in the DIWS. If the applicant has had a previous exam denial, a prior exam submitted within the past 90 days, or has a pending legal action you will be presented with this warning page and will not be allowed to print a certificate.

Federal Aviation Administration | **AMCS** Aerospace Medical Certification System
Certificate Eligibility Warning

Current

- Page 1
- Page 2
- Comments
- Page 3

Exams

- Pending
- Search
- Import

AMCS

- Help
- Logout

Certificate Eligibility Warning

Due to one or more of the following issue(s) related to this applicant, the FAA recommends that you do not issue a Medical Certificate or Student Pilot Medical Certificate. The potential issues include:

- Previous exam denial
- Prior exam submitted within the past 90 days
- Pending legal action

For additional information, please contact Medical Certification at (405)954-4821.

Return to Page 1 of Exam

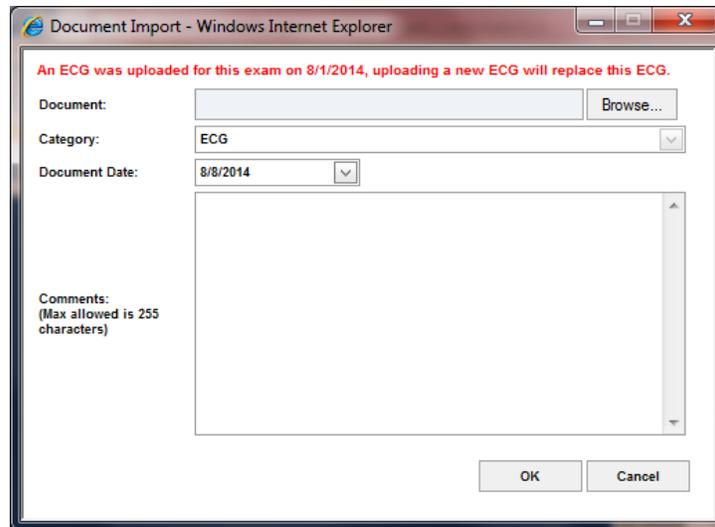
Certificate Eligibility Warning Screen

Attach Current ECG To New Exam

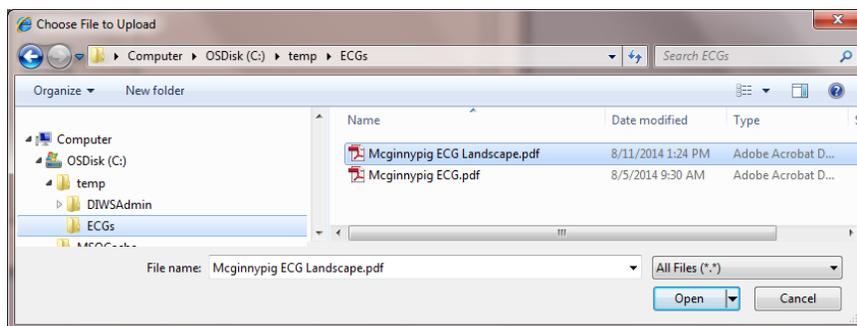
Clicking on the **Attach ECG** icon on the left side of the page will launch a Document Import window, where the applicant's current ECG can be uploaded (attached to the current exam) and eventually transmitted to DIWS with the exam.

You may attach as many ECGs as you like to the exam, but only the last ECG attached will be saved and transmitted with the exam.

You will receive a warning at the top of the window if an ECG has already been attached.



To attach an ECG, click on the **Browse...** button and search your computer's folders for the appropriate ECG pdf document. Select the document and click on the **Open** button.



The document selected will display in the document field. Assign a date to the ECG and add any necessary comments and click on the **OK** button.

Document Import - Windows Internet Explorer

An ECG was uploaded for this exam on 8/12/2014, uploading a new ECG will replace this ECG.

Document: C:\temp\ECGs\Mcginnypig ECG Landscape.pdf

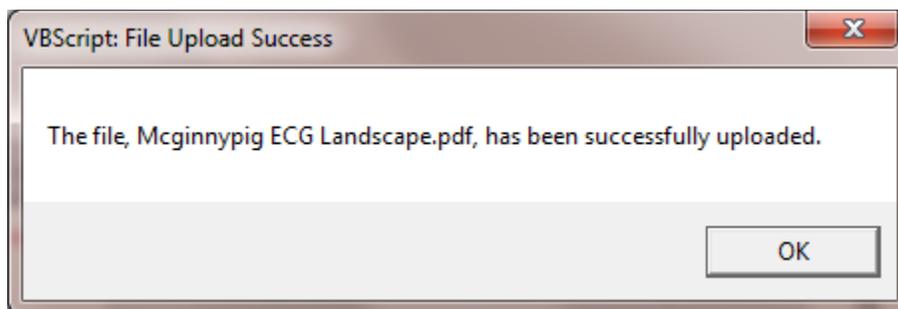
Category: ECG

Document Date: 8/12/2014

Comments:|

Comments:
(Max allowed is 255 characters)

You will receive a message that the ECG has been successfully uploaded:



ITEMS 1 THRU 17.b.

SELECTIONS DISABLED FOR IMPORTED EXAMS

ITEMS (1) AND (2) DISABLED FOR ATC EXAM

TAKES YOU TO OSA SELECTIONS NOT VISIBLE FOR ATC EXAMS

ATTACH CURRENT ECG TO CURRENT EXAM

NOT VISIBLE FOR ATC EXAMS

ITEM (17.b.) DISABLED FOR ATC EXAM

Exam Type

(IMPORTED EXAMS) – Exam type selected in MedXPress will display. Selection cannot be updated. Validation is based on the type of exam selected.

(EXAMS CREATED IN AMCS) - For exams created in AMCS, select the type of exam to be performed for the applicant from the drop down list provided. Validation is based on the type of exam selected. *****IMPORTANT***Drop down selections for ATC are available only to AMEs designated to perform FAA Employee exams.**

AME Serial Number

Displays the serial number of the AME performing the exam.

1. Application For (Enabled for Pilot Applicants Only)

Either the *Airman Medical Cert* or *Airman Medical & Student Pilot Cert* radio button should be selected to indicate the type of certificate being applied for. **(Required)**

2. Class of Medical Certificate (Enabled for Pilot Applicants Only)

Either the *1st*, *2nd* or *3^d* radio button should be selected to indicate the class of certificate being applied for. **(Required)**

3. Last Name

The applicant's last name should display here. **(Required)**

First Name

The applicant's first name should display here. **(Required)**

Middle Name

The applicant's middle name should display here when applicable.

Suffix

The appropriate suffix from the drop down list should display if applicable.

4. SSN

The applicant's Social Security Number, or pseudo SSN if they would prefer not to provide their SSN, should display here. **(Required)**

NOTE

If entering the exam information and the applicant does not have a pseudo SSN and does not wish to provide their SSN, click on the check box next to *International/Declined to Submit*. When this option is selected, a pseudo SSN will be assigned to the applicant. The applicant should be given the SSN to use on future 8500-8 applications.

5. Address

The applicant's street address should display here. If entering the applicant's street address, DO NOT use any punctuation (e.g., Rolling Ave. should be entered Rolling Ave). **(Required)**

Telephone Number

The applicant's telephone number should display here.

City

The applicant's city should display here. If entering the name of the city the applicant lives in be sure that no numbers or punctuation are used if the applicant lives in the United States (e.g., St. Louis should be entered St Louis). If the applicant lives in a foreign country the city name may contain numbers, but no punctuation. **(Required)**

State

The applicant's state should display here. If entering the exam, select the applicant's state from the drop down list provided, or leave blank if international. **(Required for USA Addresses)**

Country

The applicant's country should display here. If entering the exam, select the applicant's country of residence from the drop down list provided, or select Other (Unknown). When selecting the applicant's State and Country, either a state or foreign country must be selected, but not both. **(Required)**

Zip Code

The applicant's zip code should display here. **(Required for USA Addresses)**

6. Date of Birth

The applicant's date of birth should display here in the (MM/DD/YYYY) format. If applying for an Airman Medical & Student Pilot Certificate, the applicant's birthday must be at least 15 years 11 months prior to today's date. The date entered must also be a valid date, no later than today's date, and no earlier than the 20th or 21st century. **(Required)**

7. Hair Color

The appropriate hair color from the drop down list should display here. **(Required)**

8. Eye Color

The appropriate eye color from the drop down list should display here. **(Required)**

9. Sex

Either the *Male* or *Female* radio button should be selected. **(Required)**

Citizenship

The country the applicant is currently a citizen of should display here. **(Required)**

10. Type of Airman Certificate(s) You Hold

All that apply should be checked. If None is checked, no other boxes should be checked. If Other is checked, something should be entered into the text box to the right of the Other option. **(Required)**

11. Occupation

The applicant's occupation should display here.

12. Employer

The name of the applicant's employer should display here.

13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended or Revoked

Either the *Yes* or *No* radio button should be selected. If *yes* is selected, the date of the denial, suspension or revocation should be entered in the (MM/DD/YYYY) format. The date entered must be a valid date, no later than today's date, and no earlier than the 20th or 21st century. ***(Required for Pilot Applicants Only)***

14. Total Pilot Time (Civilian Only) To Date

The number of pilot hours (in whole numbers) to date should display here.

15. Total Pilot Time (Civilian Only) Past 6 Months

The number of pilot hours (in whole numbers) during the past 6 months should display here. The number of hours listed in 15 should not exceed the number of hours listed in 14.

16. Date of Last FAA Medical Application

If the applicant had previous exams, this field should populate with the date of the latest exam. If this is the applicant's first application, the **No Prior Application** check box should be checked. ***(If "No Prior Application" is NOT checked, the Date of Last FAA Medical Application is Required)***

NOTE

If 13 is "No" and 16 is blank, the **No Prior Application** box must be checked.

If 13 is "Yes", date must be entered into **Date of Last FAA Medical Application** field.

17.a. Do You Currently Use Any Medication (Prescription or Nonprescription)

Either the *Yes* or *No* radio button should be selected. If *Yes* is selected, the necessary medication information should be entered. **(Required)**

*****IMPORTANT****Yes selection requires an AME comment.***

If an application has been imported via the FAA MedXpress and an incorrect entry exists, the following instruction will display:

This application contains one or more medication names that could not be validated. Please click the edit button next to the corresponding item(s) to enter the correct medication.

1. Enter the name of the medication prescribed.

For each medication prescribed, enter medication information and click the Add button. Medication Name is required, all other fields are optional.

Medication Name:

Applicant Spelling if Incorrect:

Dosage: Dosage Unit: Frequency: Previously Reported: Yes No

Medication	Dosage Amount	Dosage Unit	Frequency	Previously Reported	
------------	---------------	-------------	-----------	---------------------	--

DIWS medication content is validated against licensed drug information supplied by the F.A. Davis Co. (FAD) in the Davis's Drug Guide. Click [here](#) to view the FAD copyright notice and Disclaimer of Warranty.

2. If an exact match for the medication cannot be found in the database an error message will display and a drop down list of possible matches will be provided.

If the drug name entered is a valid drug name that should be added to the database, check the *Add Medication to Database* checkbox and click the button. Click the button to refresh the screen.

VALIDATION ISSUES AND ERROR MESSAGES

An exact match for the medication name could not be found in the database. Please select the correct drug name from the list below. If LYSENPRIL is a valid drug name that should be added to the database, please check the 'Add Medication to Database' checkbox and click the Add button again. Click the Clear button to refresh the screen.

For each medication prescribed, enter medication information and click the Add button. Medication Name is required, all other fields are optional.

Select from the following medication list:

Add Medication to Database

Applicant Spelling if Incorrect:

Dosage: Dosage Unit: Frequency: Previously Reported: Yes No

Medication	Dosage Amount	Dosage Unit	Frequency	Previously Reported	
------------	---------------	-------------	-----------	---------------------	--

DIWS medication content is validated against licensed drug information supplied by the F.A. Davis Co. (FAD) in the Davis's Drug Guide. Click [here](#) to view the FAD copyright notice and Disclaimer of Warranty.

3. Select the correct medication name.

4. If the applicant misspelled the medication on the form, the spelling the applicant used should be entered into the *Applicant Spelling if Incorrect* box.
5. Type in the Dosage Amount and select the Dosage Unit and Frequency from the drop down lists provided.
6. If the medication has been previously reported, check the check box below the Previously Reported column.
7. Click the  button. The medication and its associated dosage information will display below the appropriate column headings.

For each medication prescribed, enter medication information and click the Add button. Medication Name is required, all other fields are optional.

Medication Name:

Applicant Spelling if Incorrect:

Dosage: Dosage Unit: Frequency: Previously Reported: Yes No



Medication	Dosage Amount	Dosage Unit	Frequency	Previously Reported	
LISINOPRIL	10	mg	Daily	N	Edit Delete

DIWS medication content is validated against licensed drug information supplied by the F.A. Davis Co. (FAD) in the Davis's Drug Guide. Click [here](#) to view the FAD copyright notice and Disclaimer of Warranty.

8. Repeat this procedure for each medication listed.
9. The medication and its information will populate in the comments box for block 60 so that AME can comment on the medication(s).
10. Click on the *Edit* link to update the associated medication.
11. Click on the *Delete* link to delete the associated medication from the exam.

17.b. Do You Ever Use Near Vision Contact Lens(es) While Flying (Enabled for Pilot Applicants Only)

Either the *Yes* or *No* radio button should be selected. **(Required)**

*****IMPORTANT***Yes selection requires AME Comment.**

ITEM 18

Ok 18. Medical History - HAVE YOU EVER IN YOUR LIFE BEEN DIAGNOSED WITH, HAD, OR DO YOU PRESENTLY HAVE ANY OF THE FOLLOWING? Answer "yes" or "no" for every condition listed below (if "yes", click Add Comment to add or edit a comment).

Set All Blank Items in A - Y to No

Medical History	Description	Medical History	Description
a. <input checked="" type="radio"/> Yes <input type="radio"/> No	Frequent or severe headaches	m. <input type="radio"/> Yes <input checked="" type="radio"/> No	Mental disorders of any sort: depression, anxiety, etc.
b. <input checked="" type="radio"/> Yes <input type="radio"/> No	Dizziness or fainting spell	n. <input type="radio"/> Yes <input checked="" type="radio"/> No	Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years.
c. <input type="radio"/> Yes <input checked="" type="radio"/> No	Unconsciousness for any reason	o. <input type="radio"/> Yes <input checked="" type="radio"/> No	Alcohol dependence or abuse
d. <input type="radio"/> Yes <input checked="" type="radio"/> No	Eye or vision trouble except glasses	p. <input type="radio"/> Yes <input checked="" type="radio"/> No	Suicide attempt
e. <input checked="" type="radio"/> Yes <input type="radio"/> No	Hay fever or allergy	q. <input type="radio"/> Yes <input checked="" type="radio"/> No	Motion sickness requiring medication
f. <input type="radio"/> Yes <input checked="" type="radio"/> No	Asthma or lung disease	r. <input type="radio"/> Yes <input checked="" type="radio"/> No	Military medical discharge
g. <input type="radio"/> Yes <input checked="" type="radio"/> No	Heart or vascular trouble	s. <input type="radio"/> Yes <input checked="" type="radio"/> No	Medical rejection by military service
h. <input type="radio"/> Yes <input checked="" type="radio"/> No	High or low blood pressure	t. <input type="radio"/> Yes <input checked="" type="radio"/> No	Rejection for life or health insurance
i. <input type="radio"/> Yes <input checked="" type="radio"/> No	Stomach, liver, or intestinal trouble	u. <input type="radio"/> Yes <input checked="" type="radio"/> No	Admission to hospital
j. <input type="radio"/> Yes <input checked="" type="radio"/> No	Kidney stone or blood in urine	x. <input type="radio"/> Yes <input checked="" type="radio"/> No	Other illness, disability, or surgery
k. <input type="radio"/> Yes <input checked="" type="radio"/> No	Diabetes	y. <input type="radio"/> Yes <input checked="" type="radio"/> No	Medical disability benefits
l. <input type="radio"/> Yes <input checked="" type="radio"/> No	Neurological disorders: epilepsy, seizures, stroke, paralysis, etc.		
Arrest, Conviction and/or Administrative Action History			
v. <input type="radio"/> Yes <input checked="" type="radio"/> No	History of (1) any arrest(s) and/or conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) history of any arrest(s), and/or conviction(s), and/or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.		
w. <input type="radio"/> Yes <input checked="" type="radio"/> No	History of nontraffic conviction(s) (misdemeanors or felonies).		

[See Comments Page to View and Update Airman Comments for Items 18a-y.](#)

18. Medical History – Have You Ever In Your Life Been Diagnosed With, Had, Or Do You Presently Have Any Of The Following

Either the *Yes* or *No* radio button for each of the items a. thru y. should be selected. **(Required)**

*****IMPORTANT*** All items marked "yes" require an AME comment.**

If the answer to question 18y changes from either Yes to No or No to Yes, a comment will be required.

If entering the exam and all of the items on the 8500-8 application are checked as "No" you can click on the **Set All Blank Items in A - Y to No** button. Each item's *No* radio button will be selected.

Clicking on the **Set All No Items in A - Y to Blank** button will clear the "No" selections.

Conviction and/or Administrative Action History

Either the *Yes* or *No* radio button for items v. and w. should be selected. If entering the exam and this field was left blank, the airman should be contacted.

Applicant Explanations

Applicant explanations entered for medical history items where the *Yes* radio button was selected display on the left side of the Comment screen. Additional explanation entered by the applicant displays in the box at the bottom titled *General Explanations by Airman Pertaining to Medical History*.

If entering the exam, click on the  icon on the left side of the page and enter the applicant's comments in the Applicant Explanation areas of the screen.

Comments on Medical History and Abnormal Findings

Please enter applicant and AME comments for all "YES" answers in the Medical History section. Also, please enter AME comments for all abnormal findings of the examination. Check all items to be included in 63. Disqualifying Defects.

Item	Applicant Explanation or Item Description	AME Comment (Item 60)	Disq
Do You Currently Use Any Medication			
17a	CLARITIN		<input type="checkbox"/>
Do You Ever Use Near Vision Contact Lens(es) While Flying			
17b	Yes		<input type="checkbox"/>
Hay fever or allergy			
18e	Previously Reported, No Change		<input type="checkbox"/>
High or low blood pressure			
18h	comment		<input type="checkbox"/>
Have you visited any health professionals within the last 3 years			
19	Yes		<input type="checkbox"/>

General Explanations by Airman Pertaining to Medical History:

Blood pressure goes up and down and I am currently not taking medication to regulate it.

Additional AME Comments:

ITEMS 19 AND 20

Ok 19. Have you visited any health professionals within the last 3 years?: Yes No

Date of Visit (MM/YYYY): Physician: Street:
 City: State: Zip Code: Country:
 Type Professional: Reason:

Add

Date	Physician	Number/Street	City	State	Zip Code	Country	Type Professional	Reason		
05/2014	Brown							Allergies	Edit	Delete

Ok 20. Applicant's National Driver Register and Certifying Declarations:
 I hereby authorize the National Driver Register (NDR), through a designated State Department of Motor Vehicles, to furnish to the FAA information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR to verify information provided in this application. Upon my request, the FAA shall make the information received from the NDR, if any, available for my review and written comment. Authority: 23 U.S. Code 401, Note.

NOTE: ALL persons using this form must sign it. NDR consent, however, does not apply unless this form is used as an application for Medical Certificate or Medical Certificate and Student Pilot Certificate.

I hereby certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge, and I agree that they are to be considered part of the basis for issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.

Yes No

← **NOT UPDATEABLE FOR IMPORTED EXAMS**

- NOTICE -
 Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to \$250,000 or imprisoned not more than 5 years, or both. (18 U.S. Code Secs. 1001; 3571).

Save

Next Page

19. Have You Visited any Health Professionals Within last 3 Years

Either the *Yes* or *No* radio button should be selected. If *Yes* is selected, at a minimum, the date of the visit in the (MM/YYYY) format and the reason for seeing a physician should be entered into the appropriate fields. The date entered must be a valid date, no later than today's date, and no earlier than the 20th or 21st century. **(Required)**

*****IMPORTANT***Yes selection requires AME Comment.**

If entering the exam, enter the information provided by the applicant into the appropriate fields. Click on the **Add** button and the information you entered will appear under the appropriate headings underneath the **Add** button and the fields will clear. The Edit and Delete options that correspond with each visit allow you to update the visit information or completely delete the visit from the record.

Clicking on the Edit link will display that visit's information in the boxes provided and **Clear** buttons will replace the **Add** button. Update as necessary and click the **Update** button. The fields will clear, the **Add** button returns and the information will again appear under the appropriate headings. You may cancel the editing process by clicking the **Clear** button.

20. Applicant's National Driver Register and Certifying Declarations

(IMPORTED EXAMS) – The “Yes” radio button will be selected and a date entered. These fields cannot be updated for imported exams.

(EXAMS CREATED IN AMCS) - If entering the exam, select either the *Yes* or *No* radio button. If the applicant signed the form, select *Yes* and enter the date on which the form was signed in the (MM/DD/YYYY) format. The date entered must be a valid date, no later than today's date, and no earlier than the 20th or 21st century. **(Required)**

To proceed to Page 2 of the Form 8500-8 Data Entry screens click on the  button at the bottom right of the screen.

-OR-

Click on the  icon at the top left of the screen. Information entered on Page 1 will be saved and you will be taken to Page 2 of the Form 8500-8 Data Entry screens.

Form 8500-8 Data Entry Screen Page 2

Page 2 of the Form 8500-8 Data Entry screens was designed to resemble the back page of the hardcopy FAA Form 8500-8.

AMCS
Help Logout

Exam Type: Pilot (non FAA) - Airman, Student Pilot, Non-FAA Air Traffic Controller, etc.
 1. Application For: Airman Medical Cert. 2. Class of Medical Cert.: 1st
 3. Last Name: BIRD First Name: TWITTY Middle Name: Suffix:
 4. SSN: 888-22-0341

Ok 21. Height (in.): 72 Ok 22. Weight (lbs.): 180 BMI: 24
 Ok 23. Statement of Demonstrated Ability (SODA): Yes No Ok 24. SODA #: _____
 Ok Defect Noted: _____
 Physical Findings
Set All Blank Items in 25 - 48 to Normal

Item	Normal/Abnormal	Item	Normal/Abnormal
Ok 25. Head, face, neck, and scalp	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	Ok 37. Vascular system (Pulse, amplitude and character, arms, legs, others)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Ok 26. Nose	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	Ok 38. Abdomen and viscera (Including hernia)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Ok 27. Sinuses	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	Ok 39. Anus (Not including digital examination)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Ok 28. Mouth and throat	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	Ok 40. Skin	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Ok 29. Ears, general (Internal and external canals; Hearing under item 49)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	Ok 41. G-U system (Not including pelvic examination)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Ok 30. Ear Drums (Perforation)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	Ok 42. Upper and lower extremities (Strength and range of motion)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Ok 31. Eyes, general (Vision under items 50 to 54)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	Ok 43. Spine, other musculoskeletal	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Ok 32. Ophthalmoscopic	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	Ok 44. Identifying body marks, scars, tattoos (Size and location)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Ok 33. Pupils (Equality and reaction)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	Ok 45. Lymphatics	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Ok 34. Ocular motility (Associated parallel movement, nystagmus)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	Ok 46. Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves, coordination, etc.)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Ok 35. Lungs and chest (Not including breast examination)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	Ok 47. Psychiatric (Appearance, behavior, mood, communication, and memory)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Ok 36. Heart (Precordial activity, rhythm, sounds, and murmurs)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	Ok 48. General systemic	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal

See Comments Page to View and Update AME Comments for Items 25-48.

Ok 49. Hearing
 Conversational Voice Test at 6 Feet: Pass Fail Speech Discrimination: _____
 Audiometer (Threshold in decibels)
 Right 500: _____ Right 1000: _____ Right 2000: _____ Right 3000: _____ Right 4000: _____
 Left 500: _____ Left 1000: _____ Left 2000: _____ Left 3000: _____ Left 4000: _____

50. Distant Vision 51a. Near Vision 51b. Intermediate Vision
 Ok Right 20/ 20 Corrected to 20/ _____ Ok Right 20/ 20 Corrected to 20/ _____ Ok Right 20/ _____ Corrected to 20/ _____
 Ok Left 20/ 20 Corrected to 20/ _____ Ok Left 20/ 20 Corrected to 20/ _____ Ok Left 20/ _____ Corrected to 20/ _____
 Ok Both 20/ 20 Corrected to 20/ _____ Ok Both 20/ 20 Corrected to 20/ _____ Ok Both 20/ _____ Corrected to 20/ _____

Ok 52. Color Vision: Pass Fail Ok 53. Field of Vision: Normal Abnormal Ok 54. Heterophoria 20' (in prism diopters)
 Ok Esophoria: 1 Ok Exophoria: 0 Ok R. Hyperphoria: 1 Ok L. Hyperphoria: 0

55. Blood Pressure 56. Pulse: Ok 57. Urine Test (if abnormal, give results):
 Ok Systolic: 105 Ok Diastolic: 70 Ok / 75 Normal Abnormal Ok Albumin: _____ Ok Sugar: _____

58. ECG Date:
 Ok 11/12/2014 (Date will get filled in when an ECG is uploaded)

Ok 59. Other Tests Given:

Ok 60. Comments on History and Findings (See Comments Page to View and Update Comments.)
 Ok Significant Medical History: Yes No Ok Abnormal Physical Findings: Yes No

Ok 62. Has Been Issued: Medical Certificate No Certificate Issued - Deferred for Further Evaluation
 Medical and Student Pilot Certificate Has Been Denied - Letter of Denial Issued (Copy Attached)

Ok 63. Please note any Disqualifying Defects by checking the "Disq." Box on the comments page:
 Disqualifying Defects:
 64. Medical Examiner's Declaration - I hereby certify that I have personally reviewed the medical history and personally examined the applicant named on this medical examination report. This report with any attachment embodies my findings completely and correctly.
 Ok Medical Exam Date: 11/12/2014 Ok AME Declaration: Yes No

Save
<< Previous Page Next Page >>

DATA ENTRY

Instructions for the individual data entry fields on Page 2 of the data entry screens follow.

SEARCH ICON



– Takes you to the Search Applicants screen where you can choose whether to add an exam for a new applicant or search for an existing applicant in order to add an exam to the applicant's record or to review the applicant's previous exams.

PENDING ICON



– Takes you to the Pending Exams screen, which displays exams performed by the AME's office in a pending status.

IMPORT ICON



- Takes you to the Import Application screen, where you can search for exam application information entered by an applicant via the FAA's MedXPress system.

PAGE 1 ICON



– Selecting this icon, when displayed in green, will save any newly entered or updated information and take you to page 1 of the data entry screens.

PAGE 2 ICON



– This icon, when displayed in blue, indicates that you are on page 2 of the data entry screens.

COMMENTS ICON



- Takes you to the Comments page where you can enter comments for Yes radio button selections for Item 18, Medical History, selections a. thru y; for *Abnormal* radio button selections made for the Physical Findings, Items 25 thru 48; and for out of range or abnormal results for items 17.a., 17.b. (pilots only), 19, 49, 50, 51.a., 51.b., 52 thru 57, and 59.

*****IMPORTANT*** A section for comments when an AME makes modifications to information on page 1 of an application imported via the FAA MedXPress is provided. An AME must enter a comment for each modification before the exam can be submitted.**

AME ACTIONS ICON (PILOTS ONLY)



- Takes you to the AME Actions page where the appropriate selection for the Obstructive Sleep Apnea Assessment can be made. A selection is required for all Pilot exams.

*****IMPORTANT*** This button will not display for ATC exams.**

PAGE 3 ICON



– Selecting this icon, when displayed in green, will save any newly entered or updated information and take you to page 3 of the data entry screens.

VALIDATE ICON



- Selecting this icon will save any newly entered or updated information, validate that information and display a list of errors if applicable.

ATTACH ECG ICON



- Clicking on this icon will launch a Document Import window, where the applicant's current ECG can be uploaded (attached to the current exam) and eventually transmitted to DIWS with the exam.

SET ALL BLANK ITEMS IN 25 THRU 48 TO NORMAL BUTTON

 - Sets all of the blank radio button selections for Physical Findings, Items 25 thru 48 to *Normal*.

SET ALL NORMAL ITEMS IN 25 THRU 48 TO BLANK BUTTON

 - Sets all *Normal* radio button selections for Physical Findings, Items 25 thru 48 to *Blank*. *Abnormal* selections will remain selected.

SAVE BUTTON

 - Selecting this button will save any newly entered or updated information.

PREVIOUS PAGE BUTTON

 - Selecting this button will save any newly entered or updated information and take you back to page 1 of the data entry screens.

NEXT PAGE BUTTON

 - Selecting this button will save any newly entered or updated information and take you to the Comments page.

HELP BUTTON

 – Provides information about the screen's functionality.

LOGOUT BUTTON

 – Logs you out and returns you to the Login screen.

ITEMS 21 THRU 48

21. Height (in.)

Enter the applicant’s height in inches. A valid height between 36 and 90 inches only will be accepted. **(Required)**

22. Weight (lbs.)

Enter the applicant’s weight in pounds. A valid weight between 50 and 450 pounds only will be accepted. **(Required)**

BMI

The applicant’s BMI is automatically calculated based on the height and weight information entered.

23. Statement of Demonstrated Ability (SODA)

Select either the Yes or No radio button. If Yes is selected, you must enter the SODA number. **(Required)**

24. SODA

Enter the SODA Serial number.

Defect Noted

Enter defects noted. *(Required if Yes selected and SODA number entered)*

25 thru 48. Physical Findings

Select either the *Normal* or *Abnormal* radio button for each of the items 25 thru 48. **(Required)**

*****IMPORTANT*** All items marked "abnormal" require an AME Comment.**

If all of the items are Normal you can click on the  button. Each item's *Normal* radio button will be selected.

NOTE

Items 39 and 41 should be left blank if the applicant is female.

Clicking on the  button will clear the "Normal" selections.

Comments on Physical Findings

Comments that must be entered for physical findings, items 25 thru 48, where the *Abnormal* radio button was selected shall be entered into the top section of the Comments screen

Click on the  icon on the left side of the page and enter comments in the AME comment area of the screen that will launch. If item is disqualifying the AME should check the box beside the item number.

Comments on Physical Findings (Items 25-48)

AMEs, please provide comments for any abnormal physical findings. Also, check all items to be included in Disqualifying Defects (Item 63).

Item	AME Comment	Disq
Sinuses		
27	Comment	<input type="checkbox"/>
Spine, other musculoskeletal		
43	Comment	<input checked="" type="checkbox"/>

General Notes Pertaining to Physical Findings:

ITEMS 49 THRU 58

Ok 49. Hearing

Conversational Voice Test at 6 Feet: Pass Fail Speech Discrimination:

Audiometer (Threshold in decibels)

Right 500:	<input type="text" value="35"/>	Right 1000:	<input type="text" value="30"/>	Right 2000:	<input type="text" value="30"/>	Right 3000:	<input type="text" value="40"/>	Right 4000:	<input type="text" value="50"/>
Left 500:	<input type="text" value="35"/>	Left 1000:	<input type="text" value="30"/>	Left 2000:	<input type="text" value="30"/>	Left 3000:	<input type="text" value="40"/>	Left 4000:	<input type="text" value="50"/>

50. Distant Vision	51a. Near Vision	51b. Intermediate Vision
Ok Right 20/ <input type="text" value="20"/> Corrected to 20/ <input type="text"/>	Ok Right 20/ <input type="text" value="20"/> Corrected to 20/ <input type="text"/>	Ok Right 20/ <input type="text"/> Corrected to 20/ <input type="text"/>
Ok Left 20/ <input type="text" value="20"/> Corrected to 20/ <input type="text"/>	Ok Left 20/ <input type="text" value="20"/> Corrected to 20/ <input type="text"/>	Ok Left 20/ <input type="text"/> Corrected to 20/ <input type="text"/>
Ok Both 20/ <input type="text" value="20"/> Corrected to 20/ <input type="text"/>	Ok Both 20/ <input type="text" value="20"/> Corrected to 20/ <input type="text"/>	Ok Both 20/ <input type="text"/> Corrected to 20/ <input type="text"/>

Ok 52. Color Vision: Pass Fail Ok 53. Field of Vision: Normal Abnormal 54. Heterophoria 20' (in prism diopters)

Ok Esophoria: Ok Exophoria: Ok R. Hyperphoria: Ok L. Hyperphoria:

55. Blood Pressure 56. Pulse: Ok 57. Urine Test (if abnormal, give results):

Ok Systolic: Ok Diastolic: Ok Normal Abnormal Ok Albumin: Ok Sugar:

58. ECG Date:

X (Date will get filled in when an ECG is uploaded) ← **IS NOT UPDATEABLE – AUTO FILLS WITH DATE ASSIGNED DURING UPLOAD OF ECG**

49. HEARING

Pilot applicant must pass at least one test (Conversational, Speech Discrimination or Audiometer). ATC applicant must meet Audiometer standards. **(Required)**

*****IMPORTANT***AME comments are required for failure to pass.**

Conversational Voice at 6 Feet

Select either the *Pass* or *Fail* radio button.

Speech Discrimination

Enter the speech discrimination result in the box provided.

Audiometer (Threshold in Decibels)

Enter the Audiometer results in the appropriate boxes.

50. Distant Vision

Enter the distance vision results in the appropriate boxes. **(Required)**

*****IMPORTANT***AME comments are required for out of range distant vision results.**

51a. Near Vision

Enter the near vision (at 16 inches) results in the appropriate boxes. **(Required)**

*****IMPORTANT***** *AME comments are required for out of range near vision results.*

51b. Intermediate Vision

Enter the intermediate vision (at 32 inches) results in the appropriate boxes. **(Required for applicant's age 50 and older)**

*****IMPORTANT***** *AME comments are required for out of range intermediate vision results.*

52. Color Vision

Select either the *Pass* or *Fail* radio button. **(Required)**

*****IMPORTANT***** *AME comments are required if applicant fails color vision test.*

53. Field of Vision

Select either the *Normal* or *Abnormal* radio button. **(Required)**

*****IMPORTANT***** *AME comments are required if field of vision results are abnormal.*

54. Heterophoria 20' (In Prism Diopters)

Enter the Heterophoria test results in the boxes provided. **(Required)**

*****IMPORTANT***** *AME comments are required for test results that exceed the specified standards.*

55. Blood Pressure

Enter the Systolic and Diastolic blood pressure readings in the boxes provided. **(Required)**

*****IMPORTANT***** *AME comments are required if blood pressure readings are above specified limits.*

56. Pulse

Enter the pulse reading in the box provided. **(Required)**

*****IMPORTANT***** *AME comments are required if field needs to be left blank for some reason.*

57. Urine Test (If Abnormal, Give Results)

Select either the *Normal* or *Abnormal* radio button. If Abnormal is selected, you must enter the Albumin and Sugar results in the boxes provided. You may also enter Albumin and Sugar results for normal urinalysis if desired.

******IMPORTANT***AME comments are required if results are abnormal.***

58. ECG Date

Displays a red "X" when applicant requires a current ECG with the new exam. The date field is not updateable. The date will auto-fill with the date assigned during the upload of the applicant's ECG.

******IMPORTANT***AMCS will not allow transmission of the exam without an ECG attached if the applicant requires an ECG.***

ITEMS 59 AND 60

Ok 59. Other Tests Given:

Ok 60. Comments on History and Findings (See Comments Page to View and Update Comments.)

Ok Significant Medical History: Yes No

Ok Abnormal Physical Findings: Yes No

59. Other Tests Given

Enter any additional medical information in the box provided. Additional medical information may be furnished through additional history taking, further clinical examination procedures and supplemental laboratory procedures.

******IMPORTANT***AME comments are required when additional information is obtained.***

60. Comments on History and Findings

Comments that must be entered for the Yes answers in Item 18, Medical History, selections a. thru y; and for out of range or abnormal results for items 17.a., 17.b. (pilots only), 19, 49, 50, 51.a., 51.b., 52 thru 57, and 59, shall be entered in the bottom section of the Comments screen

Click on the  icon on the left side of the page and enter comments in the AME comment area of the screen that will launch. If item is disqualifying the AME should check the box beside the item number.

Comments on Medical History and Abnormal Findings			
Please enter applicant and AME comments for all "YES" answers in the Medical History section. Also, please enter AME comments for all abnormal findings of the examination. Check all items to be included in 63. Disqualifying Defects.			
Item	Applicant Explanation or Item Description	AME Comment (Item 60)	Disq
Do You Currently Use Any Medication			
17a	CLARITIN	Comment	<input type="checkbox"/>
Hay fever or allergy			
18e	COMMENT	Comment	<input type="checkbox"/>
Have you visited any health professionals within the last 3 years			
19	Yes	Comment	<input type="checkbox"/>
Hearing (Speech Discrimination and/or Audiometer)			
49	Does Not Meet Standards	Comment	<input checked="" type="checkbox"/>
Other Tests Given			
59	Comment on Other Tests	Comment	<input type="checkbox"/>
General Explanations by Airman Pertaining to Medical History:			
ALLERGIES ARE SEASONAL			<input type="checkbox"/>
Additional AME Comments:			
Additional Comments			<input type="checkbox"/>

Significant Medical History

Select the Yes or No radio button. **(Required)**

Abnormal Physical Findings

Select the Yes or No radio button. **(Required)**

ITEM 62

Ok 62. Has Been Issued: FAA ATCS Clearance Deferred to FAA **← ONLY ONE SELECTION FOR ATC APPLICANTS**

Ok 62. Has Been Issued: FAA ATCS Clearance Issued on FAA Form 3900-7 **← TWO SELECTIONS FOR INCUMBENT ATCs (FAA EMPLOYEES)** FAA ATCS Clearance Deferred on FAA Form 3900-7

Ok 62. Has Been Issued: FAA ATCS Clearance and Airman Medical Certificate Issued **← TWO SELECTIONS FOR ATC/PILOT COMBO** FAA ATCS Clearance and Airman Medical Certificate Deferred

Ok 62. Has Been Issued: Medical Certificate **← FOUR SELECTIONS FOR PILOT** No Certificate Issued - Deferred for Further Evaluation
 Medical and Student Pilot Certificate Has Been Denied - Letter of Denial Issued (Copy Attached)

62. Has Been Issued

Item 62 will display in one of the four manners depicted above depending on the Exam Type selected. Select the appropriate radio button to indicate the certificate or clearance that was issued or to indicate whether or not the exam was deferred or denied. **(Required)**

*****IMPORTANT******The applicant must meet the minimum age requirement (16 years) in order for a Medical and Student Pilot Certificate to be issued.*

*****IMPORTANT******Selecting Item #6 on the AME Actions page will update the selection to "No Certificate Issued – Deferred for Further Evaluation"*

Certificate Eligibility Warning (Pilots Only)

Each exam is validated against the applicant's medical history in the DIWS. If the applicant has had a previous exam denial, a prior exam submitted within the past 90 days, or has a pending legal action a Certificate Eligibility Warning will appear above Item 62 recommending that you not issue a certificate.

Certificate Eligibility Warning

Due to one or more of the following issue(s) related to this applicant, the FAA recommends that you do not issue a Medical Certificate or Student Pilot Medical Certificate. The potential issues include:

- Previous exam denial
- Prior exam submitted within the past 90 days
- Pending legal action

For additional information, please contact Medical Certification at (405)954-4821.

X 62. Has Been Issued: Medical Certificate No Certificate Issued - Deferred for Further Evaluation
 Medical and Student Pilot Certificate Has Been Denied - Letter of Denial Issued (Copy Attached)

ITEMS 63 AND 64

Ok 63. Please note any Disqualifying Defects by checking the "Disq." Box on the comments page:

Disqualifying Defects: 43

64. Medical Examiner's Declaration - I hereby certify that I have personally reviewed the medical history and personally examined the applicant named on this medical examination report. This report with any attachment embodies my findings completely and correctly.

Ok Medical Exam Date: 08/11/2014

Ok AME Declaration: Yes No

Save

< Previous Page

Next Page >

63. Disqualifying Defects

Items that an AME checks as disqualifying in the applicable areas of the Comments screen will be listed by item number (e.g., 18v, 44, 53).

64. Medical Examiner's Declaration – I hereby certify that I have personally reviewed the medical history and personally examined the applicant named on this medical examination report. This report with any attachment embodies my findings completely and correctly.

Medical Exam Date

Enter the date of the examination in the (MM/DD/YYYY) format. The date entered must be a valid date, no later than today's date, and no earlier than 10/01/1999. **(Required)**

AME Declaration

Select the Yes or No radio button. Yes indicates that the AME has read the declaration and has signed the 8500-8 application. **(Required)**

Clicking on the  button at the bottom right of the screen will take you to the Comments screen. Enter any necessary comments and click on the  button at the bottom right of the Comments screen to proceed to Page 3 of the Form 85008-Data Entry screens.

-OR-

Click on the  icon at the top left of the screen. Information entered on Page 2 will be saved and you will be taken to Page 3 of the Form 8500-8 Data Entry screens.

Comments Screen

The Comments screen was designed to provide a central location in which to enter explanations and comments pertaining to an applicant's medical history, comments related to any abnormal physical findings and comments for other out of range or abnormal results.

Comments on Physical Findings (Items 25-48)
 AMEs, please provide comments for any abnormal physical findings. Also, check all items to be included in Disqualifying Defects (Item 63).

Item	AME Comment	Disq
Sinuses		
27	Comment	<input type="checkbox"/>

General Notes Pertaining to Physical Findings:

The following changes have been made to Page 1 of the application and require AME comment

Item	Modifications	AME Comment
4	SSN changed from 088159596 to 888000179	Comment
6	Date of Birth changed from 20-Apr-1987 to 20-Apr-1963	Comment

In checking the certification box immediately below, I certify that all modifications to the portion of this application completed by the applicant that are noted in this section were made by me in consultation with the applicant and with the applicant's full approval and authorization.
 Check here to certify.

Comments on Medical History and Abnormal Findings
 Please enter applicant and AME comments for all "YES" answers in the Medical History section. Also, please enter AME comments for all abnormal findings of the examination. Check all items to be included in 63. Disqualifying Defects.

Item	Applicant Explanation or Item Description	AME Comment (Item 60)	Disq
Do You Currently Use Any Medication			
17a	CLARITIN	Comment	<input type="checkbox"/>
Hay fever or allergy			
18e	COMMENT	Comment	<input type="checkbox"/>
Have you visited any health professionals within the last 3 years			
19	Yes	Comment	<input type="checkbox"/>
Urine Test			
57	Abnormal	Comment	<input checked="" type="checkbox"/>

General Explanations by Airman Pertaining to Medical History:
 ALLERGIES ARE SEASONAL

Additional AME Comments:
 Additional Comments

COMMENTS ON PHYSICAL FINDINGS

AME comments that must be entered for physical findings, items 25 thru 48, where the *Abnormal* radio button was selected shall be entered into the top section of the Comments screen.

MODIFICATIONS TO PAGE 1 OF IMPORTED EXAMS

This section is for comments when an AME makes modifications to information on page 1 of an application imported via the FAA MedXPress. An AME must enter a comment for each modification and check the "Check here to certify" check box before the exam can be submitted.

Changes made by the system to information on page 1 are also displayed here with "System Change" automatically entered into the comments. If a change made by the system is the only change made to page 1 information, the "Check here to certify" checkbox is automatically checked.

APPLICANT EXPLANATIONS

Applicant explanations that must be entered for medical history items where the *Yes* radio button was selected shall be entered into the bottom section of the Comments screen where applicable.

COMMENTS ON HISTORY AND FINDINGS

AME comments that must be entered for the *Yes* answers in Item 18, Medical History, selections a. thru y; and for out of range or abnormal results for items 17.a., 17.b. (pilots only), 19, 49, 50, 51.a., 51.b., 52 thru 57, and 59, shall be entered in the bottom section of the Comments screen

AME Actions Screen

The AME Actions screen was designed to provide the AME with a list of selections to choose from when making an Obstructive Sleep Apnea Assessment for an applicant.

Obstructive Sleep Apnea Assessment ([AME Guide Reference](#))

Ok You must select the choice below that applies to this airman

Applicant Previously Assessed

- 1. Has OSA diagnosis and is on Special Issuance. Reports to follow.
- 2. Has OSA diagnosis and is currently being treated OR has had previous OSA assessment. NOT on Special Issuance. Reports to follow.

Applicant Not at Risk

- 3. Determined to NOT be at risk for OSA at this examination.

Applicant at Risk/Severity to be Assessed

- 4. Discuss OSA risk with airman and provide educational materials.
- 5. At risk for OSA. AASM sleep apnea assessment required. Reports to follow.

Applicant Risk/Severity high

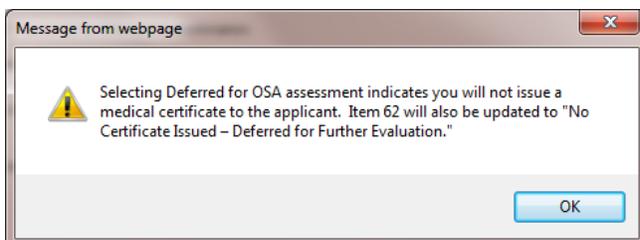
- 6. Deferred. Immediate safety risk. AASM sleep apnea assessment required. Reports to follow.

Save

Previous Page Next Page

A selection is required for all Pilot exams. The AME will not be able to submit the exam if a selection has not been made.

Selecting Item #6 will update the selection in Block 62 on page 2 of the exam to "No Certificate Issued – Deferred for Further Evaluation." The AME will receive a confirmation message indicating that Item 62 will be updated.



*****IMPORTANT*** This page will not display for ATC exams.**

Form 8500-8 Data Entry Screen Page 3

Page 3 of the Form 8500-8 Data Entry screens was designed to present itself as Certificate Issued or No Certificate Issued as applicable and is where the AME will submit the exam to the DIWS database.

AMCS
Help Logout

UNITED STATES OF AMERICA
Department of Transportation
Federal Aviation Administration

Ok Certificate/Form No.: GX 1210853

MEDICAL CERTIFICATE FIRST CLASS

This certifies that (Full name and address):
FRANKIE BUBBAX MCGINNYPIG JR
4815 Palm Tree Road
Midwest City, OK 73110

Date of Birth	Height	Weight	Hair	Eyes	Sex
04/20/1987	72	180	BROWN	GREEN	F

has met the medical standards prescribed in Part 67, Federal Aviation Regulations, for this class of Medical Certificate.

Limitations

Code	Description
<input checked="" type="checkbox"/> 0	None
<input type="checkbox"/> 1	Must have available glasses for near vision.
<input type="checkbox"/> 2	Must wear corrective lenses.
<input type="checkbox"/> 3	Must wear corrective lenses for near and distant vision.
<input type="checkbox"/> 4	Must wear lenses for distant, have glasses for near vision.
<input type="checkbox"/> 5	Third-Class Letter of Evidence
<input type="checkbox"/> 6	Must wear prismatic correction.
<input type="checkbox"/> 9	Must use hearing amplification.
<input type="checkbox"/> 10	Must wear artificial limb.
<input type="checkbox"/> 11	Oxygen required when flying above 7,999 feet.
<input type="checkbox"/> 12	Passenger(2) carrying prohibited.
<input type="checkbox"/> 13	Not valid for pilot in command.
<input type="checkbox"/> 17	Not valid for night flying or by color signal control.
<input type="checkbox"/> 18	Not valid for night flying.
<input type="checkbox"/> 19	Must wear corrective lenses, possess glasses for near/intermediate vision.
<input type="checkbox"/> 20	Holder shall possess glasses for near/intermediate vision.
<input type="checkbox"/> 22	Not valid for flying where radio use is required.
<input type="checkbox"/> 25	Valid for flight service station or center duties only.
<input type="checkbox"/> 26	Valid for flight test only.
<input type="checkbox"/> 27	Second class privileges limited to aerial application.
<input type="checkbox"/> 28	Second class privileges limited to flight engineer duties.
<input type="checkbox"/> 29	Second class privileges limited to flight navigator duties
<input type="checkbox"/> 30	Second class privileges limited to control tower duties.
<input type="checkbox"/> 31	Valid for and limited to air traffic control duty only.
<input type="checkbox"/> 32	Valid for air traffic control duties - center only.
<input type="checkbox"/> 36	Limited second class/Full third class privileges.
<input type="checkbox"/> 37	Valid for student pilot purposes only.
<input type="checkbox"/> 38	Second class privileges limited to cargo operations.
<input type="checkbox"/> 40	Valid for 3 months following the month examined.
<input type="checkbox"/> 41	Valid for 6 months following the month examined.
<input type="checkbox"/> 42	Valid for 9 months following the month examined.
<input type="checkbox"/> 43	Valid for 12 months following the month examined.
<input type="checkbox"/> 44	Valid for 15 months following the month examined.
<input type="checkbox"/> 45	Valid for 18 months following the month examined.
<input type="checkbox"/> 46	Valid for 21 months following the month examined.
<input type="checkbox"/> 47	Valid for 24 months following the month examined.
<input type="checkbox"/> 60	Not valid for carrying passengers or cargo for compensation,
<input type="checkbox"/> 61	except if serving as pilot of fully qualified 2-pilot crew.
<input type="checkbox"/> 76	Not valid for any class after (enter the expiration date in the field to the right)
<input type="checkbox"/> 77	Not valid outside the borders of the United States.
<input type="checkbox"/> 78	Not valid until 4/20/2003

Date of Examination
08/12/2014

Examiner's Designation No.
34

Save

Previous Page

Submit Exam

SEARCH ICON

 – Takes you to the Search Applicants screen where you can choose whether to add an exam for a new applicant or search for an existing applicant in order to add an exam to the applicant's record or to review the applicant's previous exams.

PENDING ICON

 – Takes you to the Pending Exams screen, which displays exams performed by the AME's office in a pending status.

IMPORT ICON

 - Takes you to the Import Application screen, where you can search for exam application information entered by an applicant via the FAA's MedXPress system.

PAGE 1 ICON

 – Selecting this icon, when displayed in green, will save any newly entered or updated information and take you to page 1 of the data entry screens.

PAGE 2 ICON

 – Selecting this icon, when displayed in green, will save any newly entered or updated information and take you to page 2 of the data entry screens.

COMMENTS ICON

 - Takes you to the Comments page where you can enter comments for Yes radio button selections for Item 18, Medical History, selections a. thru y; for *Abnormal* radio button selections made for the Physical Findings, Items 25 thru 48; and for out of range or abnormal results for items 17.a., 17.b. (pilots only), 19, 49, 50, 51.a., 51.b., 52 thru 57, and 59.

*****IMPORTANT*** A section for comments when an AME makes modifications to information on page 1 of an application imported via the FAA MedXPress is provided. An AME must enter a comment for each modification before the exam can be submitted.**

AME ACTIONS ICON (PILOTS ONLY)

 - Takes you to the AME Actions page where the appropriate selection for the Obstructive Sleep Apnea Assessment can be made. A selection is required for all Pilot exams.

*****IMPORTANT*** This button will not display for ATC exams.**

PAGE 3 ICON



– This icon, when displayed in blue, indicates that you are on page 3 of the data entry screens.

VALIDATE ICON



- Selecting this icon will save any newly entered or updated information, validate that information and display a list of errors if applicable.

ATTACH ECG ICON



- Clicking on this icon will launch a Document Import window, where the applicant's current ECG can be uploaded (attached to the current exam) and eventually transmitted to DIWS with the exam.

SAVE BUTTON



- Selecting this button will save any newly entered or updated information.

PREVIOUS PAGE BUTTON



- Selecting this button will save any newly entered or updated information and take you back to the Comments page.

SUBMIT EXAM BUTTON



- Selecting this button will perform a final validation of the exam information, which will launch either a window depicting the fields that contain an error or a window displaying a message that the exam submitted successfully along with a **Preview Cert.** button if you are issuing a certificate.

HELP BUTTON



– Provides information about the screen's functionality.

LOGOUT BUTTON



– Logs you out and returns you to the Login screen.

NO CERTIFICATE ISSUED

If one of the following selections was made in Field 62 on Page 2 of the Form 8500-8 Data Entry screens, a screen indicating that no certificate will be issued by the AME will display.

- FAA ATCS Clearance Deferred to FAA
- FAA ATCS Clearance Issued on FAA Form 3900-7
- FAA ATCS Clearance Deferred on FAA Form 3900-7
- FAA ATCS Clearance and Airman Medical Certificate Deferred
- No Certificate Issued – Deferred for Further Evaluation
- Has Been Denied – Letter of Denial Issued (Copy Attached)

The screenshot displays the AMCS (Airman Medical Certificate System) interface. At the top, there is a blue header with the AMCS logo and 'Help' and 'Logout' buttons. Below the header, the user is logged in as 'pending'. The main content area shows the following information:

UNITED STATES OF AMERICA Department of Transportation Federal Aviation Administration		Ok Certificate/Form No.: GX 1210850
No certificate will be issued by the AME.		
Date of Examination 08/12/2014	Examiner's Designation No. 34	

Navigation buttons are located on the right side: 'Save', '< Previous Page', and 'Submit Exam'. A vertical sidebar on the left contains icons for 'page 1', 'page 2', 'page 3', 'comments', 'AME Actions', 'validate', and a document icon.

CERTIFICATE ISSUED

If one of the following selections was made in Field 62 on Page 2 of the Form 8500-8 Data Entry screens, the Medical Certificate screen will display allowing you to update the certificate information if necessary

- FAA ATCS Clearance and Airman Medical Certificate Issued
- Medical Certificate
- Medical and Student Pilot Certificate

UNITED STATES OF AMERICA
Department of Transportation
Federal Aviation Administration

Ok Certificate/Form No.: GX 1210853

MEDICAL CERTIFICATE FIRST CLASS

This certifies that (Full name and address):
FRANKIE BUBBAX MCGINNYPIG JR
4815 Palm Tree Road
Midwest City, OK 73110

Date of Birth	Height	Weight	Hair	Eyes	Sex
04/20/1987	72	180	BROWN	GREEN	F

has met the medical standards prescribed in Part 67, Federal Aviation Regulations, for this class of Medical Certificate.

Limitations

Code	Description
<input checked="" type="checkbox"/> 0	None
<input type="checkbox"/> 1	Must have available glasses for near vision.
<input type="checkbox"/> 2	Must wear corrective lenses.
<input type="checkbox"/> 3	Must wear corrective lenses for near and distant vision.
<input type="checkbox"/> 4	Must wear lenses for distant, have glasses for near vision.
<input type="checkbox"/> 5	Third-Class Letter of Evidence
<input type="checkbox"/> 6	Must wear prismatic correction.
<input type="checkbox"/> 9	Must use hearing amplification.

Date of Examination: 08/12/2014
Examiner's Designation No.: 34

Save
Previous Page
Submit Exam

*****IMPORTANT***** If a certificate has already been printed using the **Cert** button on Page 1, no changes should be made to the certificate information at this point. If the data being submitted does not match the data that was printed on the certificate, the exam will not submit and a **Certificate Data Mismatch Verification** screen will launch.

Medical Certificate Class

Select the appropriate classification granted from the drop down list provided.

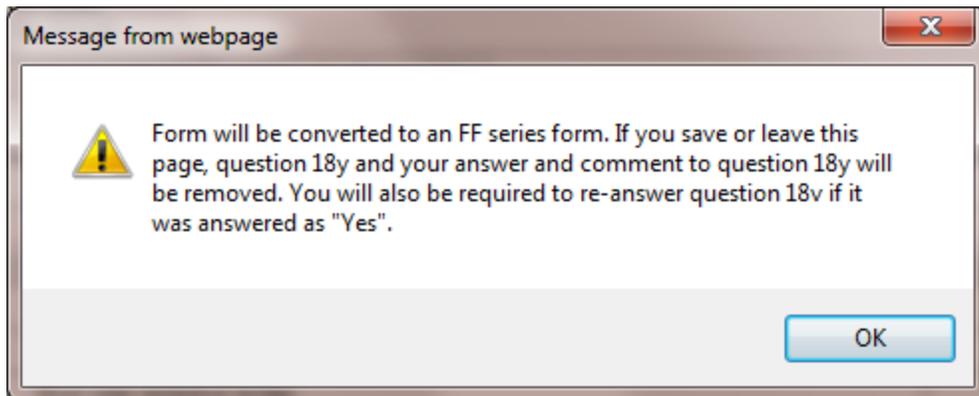
Limitations

Select the limitation(s) that apply.

Certificate/Form No.

This field will automatically populate with a GX-***** computer generated number if the exam was transmitted via the FAA's MedXPress system and the digits will be read-only. If the exam information is being entered from the AME's office the GG-***** number from the paper 8500-8 form should be entered.

If an AME needs to use a paper 8500-8 form to issue a certificate to an applicant whose exam was imported via the MedXPress system and only has the FF-series paper forms available, the form number can be changed from GX to FF. Changing the form number will cause the electronic form to convert to an FF series form, thereby removing question 18.y and any comment that may have applied. It will also require you to re-answer question 18.v if it was answered "Yes" prior to the form conversion. You will receive the following warning message if you convert to an FF series form.



Certificate Data Mismatch Verification

This screen launches if information printed on the certificate issued pre-submission has changed or if you have selected deferred or denied in block 62 and you are now trying to submit the exam. AMCS will not allow you submit the exam without a comment in the box provided, or a correction of the changed data.

Federal Aviation Administration | **AMCS** Aerospace Medical Certification System
Certificate Data Mismatch Verification

Current

- Page 1
- Page 2
- Comments
- Page 3

Exams

- Pending
- Search
- Import

AMCS

- Help
- Logout

Data Mismatches

The following data mismatches have been detected between what was printed on the Medical Certificate, and what you are about to submit. You can return to the exam and correct the data, or enter a comment and continue with the submission of this exam.

- Height does not match printed certificate (72).
- Weight does not match printed certificate (180).
- Limitations selected does not match printed certificate (0).

Submission Comment

Return to Page 1 | Continue Submission

Certificate Issued With Certificate Eligibility Warning

Each exam is validated against the applicant's medical history in the DIWS. If the applicant has had a previous exam denial, a prior exam submitted within the past 90 days, or has a pending legal action, a Certificate Eligibility Warning will appear at the bottom of Page 3's Certificate Issued screen. If the AME decides to ignore the warning and submit, a screen will launch requiring an explanation for the submission.

AMCS
Help Logout

UNITED STATES OF AMERICA
Department of Transportation
Federal Aviation Administration

Ok Certificate/Form No.: GX 1210852

MEDICAL CERTIFICATE FIRST CLASS

This certifies that *(Full name and address)*:
 FRANKIE BUBBAX MCGINNYPYG JR
 4815 Palm Tree Road
 Midwest City, OK 73110

Date of Birth	Height	Weight	Hair	Eyes	Sex
04/20/1987	72	180	BROWN	GREEN	F

has met the medical standards prescribed in Part 67, Federal Aviation Regulations, for this class of Medical Certificate.

Limitations

Code	Description
<input type="checkbox"/> 0	None
<input checked="" type="checkbox"/> 1	Must have available glasses for near vision.
<input type="checkbox"/> 2	Must wear corrective lenses.
<input type="checkbox"/> 3	Must wear corrective lenses for near and distant vision.
<input type="checkbox"/> 4	Must wear lenses for distant, have glasses for near vision.
<input type="checkbox"/> 5	Third-Class Letter of Evidence
<input type="checkbox"/> 6	Must wear prismatic correction.

Date of Examination
Examiner's Designation No.
34

Save
Previous Page

Certificate Eligibility Warning

Due to one or more of the following issue(s) related to this applicant, the FAA recommends that you do not issue a Medical Certificate or Student Pilot Medical Certificate. The potential issues include:

- Previous exam denial
- Prior exam submitted within the past 90 days
- Pending legal action

For additional information, please contact Medical Certification at (405)954-4821.

Submit Exam

Explanation for Submission

If the decision has been made to ignore the warnings and issue a certificate, the Explanation for Submission screen will launch requiring the AME to enter an explanation for the issuance before AMCS will allow submission of the exam.

Federal Aviation Administration | **AMCS** Aerospace Medical Certification System
Explanation for Submission

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Submission Explanation

You have elected to ignore the warnings about not issuing a certificate for this exam, please enter an explanation for this issuance in the box provided below.

Exam Submission Confirmation

Once all of the necessary data has been entered, click on the **Submit Exam** button on the bottom of Page 3 of the Form 8500-8 Data Entry screens.

If the data does NOT pass the final validation stage, error messages will display at the top of the page. Clicking on the error will take you to the appropriate page of the Form 8500-8 Data Entry screens so you can correct the error.

The screenshot shows the AMCS interface with a 'VALIDATION ISSUES AND ERROR MESSAGES' section at the top. Below this, there are two error messages: '55. Systolic Blood Pressure is required.' and '55. Diastolic Blood Pressure is required.' The main content area displays the applicant's information, including the 'MEDICAL CERTIFICATE' section with a table of personal details and a 'Limitations' table.

Date of Birth	Height	Weight	Hair	Eyes	Sex
04/20/1983	72	180	BROWN	GREEN	F

Code	Description
<input checked="" type="checkbox"/> 0	None

If all of the data passes the final validation stage, a Confirmation screen will appear displaying a message indicating that the exam was submitted successfully along with the Exam Date, Applicant ID number, MID number, applicant's DOB and SSN as well as the applicant's name and address.

The screenshot shows the AMCS interface with a confirmation message: 'The Exam was submitted successfully.' Below this, there are fields for 'Exam Date: 08/12/2014', 'Applicant ID: 1999318090', 'MID: 200006509667', 'DOB: 04/20/1983', and 'SSN: 088-15-9598'. The applicant's name and address are also displayed. At the bottom, there are two buttons: 'Display Summary' and 'Preview Cert.'.

The MID number uniquely identifies this examination within the DIWS database. The Applicant ID uniquely identifies the individual within the DIWS database. These numbers should be included on all correspondence associated with this application as it will allow the FAA to quickly locate an airman's record.

Clicking the **Display Summary** button presents a summary of the completed Form 8500-8.

Clicking the **Preview Cert.** button launches the Medical Certificate Preview page where the medical certificate can be reviewed and then printed.

Medical Certificate Preview

Clicking on the **Preview Cert.** button on the bottom of the Confirmation screen will launch this screen. If the certificate is accurate, click on the **Print Certificate** button and make the necessary print selections. Once the certificate has printed, select where in AMCS you would like to return to using the links on the left side of the page.

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Certificate Sample

UNITED STATES OF AMERICA Department of Transportation Federal Aviation Administration MEDICAL CERTIFICATE FIRST CLASS					
This certifies that <i>(Full name and address):</i> FRANKIE BUBBAX MCGINNYPIC JR. 4815 Palm Tree Road Midwest City OK 73110 USA					
Date of Birth	Height	Weight	Hair	Eyes	Sex
04/20/1963	72	180	BROWN	GREEN	F
has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.					
Limitations	None				
Date of Examination			Examiner's Designation No.		
08/12/2014			00034		
Examiner	Signature				
	Typed Name COURTNEY D. SCOTT JR, DO				
AIRMAN'S SIGNATURE					
Applicant ID: 1999318696			Control No.: 200006509667		
FAA Form 8500-9 (9-08) Supersedes Previous Editions NSN: 0052-00-670-7002					

Print Certificate