

FEDERAL AVIATION ADMINISTRATION (FAA)

AMCS USER GUIDE

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Administration	
AM	cs
Aerospace Medical Ce	rtification Subsystem
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TABLE OF CONTENTS

1	TNT	RODUCTION	1
2		SYSTEM REQUIREMENTS	
2		ESS AMCS APPLICATION	
5	3.1	Pop-Up Blockers and Cookies	
	3.2	Internet Connection Issues	
	3.3	Technical Support	
4		in to AMCS	
4		Session Timeout	
	4.1		
	4.2	Account Not Validated Access Denied	
_	4.3	AMCS Home Page	
5		DING EXAMS SCREEN	
	5.1	Functions	
		5.1.1 Search Applicants Tab	
		5.1.2 Import Application Tab	
		5.1.3 Open Link	
		5.1.4 Attach ECG Icon (New ECGs Only)	
		5.1.5 Upload Documents Icon	
		5.1.6 Exam HX Icon	
		5.1.7 Print Icon	
		5.1.8 Help tab	
		5.1.9 AMCS Home	
		5.1.10Log Out Link	
6	SEA	RCH APPLICANTS SCREEN	24
	6.1	Performing a Search	24
		6.1.1 Found Exams	25
	6.2	Functions	26
		6.2.1 Pending Exams Tab	
		6.2.2 Import Application Tab	
		6.2.3 Search by Applicant ID	
		6.2.4 Search by SSN	
		6.2.5 Search by PI Number	
		6.2.6 Search by Last Name/DOB	
		6.2.7 Search Button	
		6.2.8 Clear Button	
		6.2.9 Select Link	
		6.2.10 Interim Cert Icon	
		6.2.10.1 SI/AASI Medical Certificate	
		6.2.10.2 SI/AASI Medical Certificate Preview	
		6.2.12Upload Documents Icon	
		6.2.13Help Tab	
		6.2.14AMCS Home	
_		6.2.15Log Out Link	
7	IMP	ORT APPLICATION SCREEN	
		7.1.1 Import an Exam	
	7.2	Functions	
		7.2.1 Search Applicants Tab	
		7.2.2 Pending Exams Tab	
		7.2.3 Confirmation Number Field	40

		7.2.4 Search Button	40
		7.2.5 Clear Button	40
		7.2.6 Add Exam to Selected Applicant's FAA Medical Record Button	40
		7.2.7 Create New Applicant Record	40
		7.2.8 Help Tab	40
		7.2.9 AMCS Home	
		7.2.10Log Out Link	
8		M 8500-8 DATA ENTRY SCREENS	
9		1 8500-8 Data Entry Screen Page 1 4	
9	9.1	Form 8500-8 Data Entry Fields	
	9.1		
		9.1.1 Page 1 (Items 1 - 16)	
		9.1.2 Item 17a – Current Medication	
		9.1.3 Item 18 - Medical History	
		9.1.4 Items 19 And 20 (Health Professional Visits and Declaration Statement)	
	9.2	Functions	
		9.2.1 Search Applicants Tab	
		9.2.2 Pending Exams Tab	
		9.2.3 Import Application Tab	
		9.2.4 Page 1 Menu Item	
		9.2.5 Page 2 Menu Item	
		9.2.6 AME Actions Menu Item (PILOTS ONLY)	53
		9.2.7 Comments Menu Item	53
		9.2.8 Page 3 Menu Item	53
		9.2.9 Check for Errors Button	53
		9.2.10Display Summary Button	53
		9.2.11Attach Current ECG to New Exam	53
		9.2.12Upload Document to New Exam	55
		9.2.13Print Certificate Button (Pilots Only)	55
		9.2.13.1 Medical Certificate Quick Print (Pilots Only)	56
		9.2.14Set All Blank Items in A thru Y to No Button	
		9.2.15Set All No Items in A thru Y to Blank Button	57
		9.2.16Save Button	57
		9.2.17Next Page Button	57
		9.2.18Help tab	
		9.2.19AMCS Home	
		9.2.20Log Out Link	
		9.2.21 Medical Certificate Preview (Pilots Only)	
		9.2.21.1 Certificate Eligibility Warning (Pilots Only)	
	10.1	Form 8500-8 Data Entry Fields	
		10.1.1Items 21 Thru 48	
		10.1.2Items 49 Thru 58	
		10.1.3Items 59 And 60	
		10.1.4Item 62	
		10.1.5Items 63 And 64	
	10.2	Functions	
	10.2	10.2.1Search Applicants Tab	
		10.2.2Pending Exams Tab	
		10.2.3 Import Application Tab	
		10.2.4Page 1 Menu Item	
		10.2.5Page 2 Menu Item	
		10.2.6AME Actions Menu Item (PILOTS ONLY)	
		10.2.7Comments Menu Item	
		10.2.7 Comments Mend Item	
		10.2.9 Check for Errors Button	
		10.2.9 Check for Errors Button	
		10.2.10 Display Summary Button 10.2.11 Attach ECG Button	
		10.2.12 Upload Document Button	
		10.2.13 Print Certificate Button (Pilots Only)	59

	10.2.14	Set All Blank Items in 25 - 48 to Normal Button	
	10.2.15	Set All Normal Items in 25 - 48 to Blank Button	
	10.2.16	Save Button	
	10.2.17	Previous Page Button	
	10.2.18	Next Page Button	
	10.2.19	Help Tab	
	10.2.20	AMCS Home	
	10.2.21	Log Out Link	
12.1		ysical Findings	
12.2		Page 1 of Imported Exams	
12.3		ations	
12.4		story and Findings	
13.1		ued	
13.2			
	13.2.1.1	Certificate Data Mismatch Verification	
	13.2.1.2	Certificate Issued With Certificate Eligibility Warning	
	13.2.1.3	Exam Submission Confirmation	
13.3			
)	
		ams Tab	
		plication Tab	
	-	nu Item	
		nu Item	
		ns Menu Item (PILOTS ONLY)	
		Menu Item	
	5	nu Item	
		Errors Button	
	13.3.10	Attach ECG Button	
	13.3.11	Upload Document Button	
	13.3.12	Save Button	
	13.3.13	Previous Page Button	
	13.3.14	Submit Exam Button	
	13.3.15	Help tab	
	13.3.16	AMCS Home	
	13.3.17	Log Out Link	88

TABLE OF FIGURES

Figure 1 – AMCS Security Banner	4
Figure 2 – MyAccess Login	
Figure 3 – AMCS Login Screen	
Figure 4 – User does not have an AMCS role or tied to Inactive AME	6
Figure 5 – User not validated from past 90 days	7
Figure 6 – Session Timeout - Warning	
Figure 7 – Account Not Validated - Access Denied	9
Figure 8 – AMCS Home Page	10
Figure 9 – Message Confirmation	11
Figure 10 – Message View	11
Figure 11 – Pending Exams Screen	12
Figure 12 – ECG Import Window	13
Figure 13 – Select and Attach ECG PDF	13
Figure 14 – Add ECG Date and Comments	14
Figure 15 – ECG File Upload Success Message	14
Figure 16 – Pre-Exam Report	22
Figure 17 – Search Applicants Screen	24
Figure 18 – Exams Found for Applicant	25
Figure 19 – SI/AASI Medical Certificate Screen	27
Figure 20 – SI/AASI Medical Certificate Preview Screen	28
Figure 21 – Attach ECG PDF	29
Figure 22 – ECG Date and Comments	30
Figure 23 – Import Application Screen	37
Figure 24 – Import Screen - Unauthorized AME Message	38
Figure 25 – Successful Application Import Screen	39
Figure 26 – Form 8500-8 Data Entry Screen (Sample)	41
Figure 27 – Form 8500-8, Page 1	42
Figure 28 – Form 8500-8, Page 1: Items 1 through 16	
Figure 29 – Form 8500-8, Page 1, 17a	47
Figure 30 – Add Medication Form	48
Figure 31 – Add Currently Used Medication	48
Figure 32 – Form 8500-8, Page 1: Item 18 (Medical History)	50
Figure 33 – Form 8500-8, Page 1: Items 19 and 20 (Health Professional Visits and NDR Consent)	51
Figure 34 – Attach Current ECG to New Exam	54
Figure 35 – Attach ECG PDF	54
Figure 36 – ECG Date and Comments	55
Figure 37 – ECG File Upload Success Message	55
Figure 38 – Medical Certificate Quick Print	56
Figure 39 – Medical Certificate Preview Screen	58
Figure 40 – Certificate Eligibility Warning Screen	59
Figure 41 – Form 8500-8, Page 2	
Figure 42 – Form 8500-8, Page 2: Items 21 through 48 (Exam Findings)	61
Figure 43 – Form 8500-8, Page 2: Items 49 through 58	63
Figure 44 – Form 8500-8, Page 2: Items 59 and 60 (Other Tests Given and Comments)	65
Figure 45 – Form 8500-8, Page 2: Item 62 (Certificate Issue Status)	66

Figure 46 – Form 8500-8, Page 2: Certificate Eligibility Warning	67
Figure 47 – Form 8500-8, Page 2: Items 63 and 64 (Disqualifying Defects and AME Declaration)	67
Figure 48 – AME Actions	71
Figure 49 – No Certificate Issued - Deferred Message	72
Figure 50 – Comments on Physical Findings	73
Figure 51 – Imported Exam Changes Explanation	74
Figure 52 – Comments on History and Findings	75
Figure 53 – Form 8500-8 Screen, Page 3	
Figure 54 – No Certificate Issued	
Figure 55 – Certificate Issued Screen	80
Figure 56 – Certificate Data Mismatch Verification	81
Figure 57 – Certificate Issued With Certificate Eligibility Warning	83
Figure 58 – Explanation for Submission	84
Figure 59 – Exam Submission Confirmation	
Figure 60 – Medical Certificate Preview	86

1 INTRODUCTION

The Aerospace Medical Certification Subsystem (AMCS) is an integrated and standard system designed to 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 and their authorized staff members 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://amcs.faa.gov.

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.

2 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.

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.

3 ACCESS AMCS APPLICATION

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

From the FAA's home page, click on the *Pilots & Airmen* tab at the top of the page and select <u>Medical Certification</u>. 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 <u>AMCS Support</u> page.

The Aerospace Medical Certification Subsystem (AMCS) 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 other general and supporting information.

Clicking on the <u>AMCS Login</u> hyperlink will take you to the AMCS Login Page.

3.1 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.

3.2 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. 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 the pages. You will have to utilize the vertical scroll bar on the right-hand side of the window to view the information that is on the bottom of the screens.

3.3 Technical Support

For technical support questions please contact the AMCS Support Team at <u>AMCSsupport@faa.gov</u> (405) 954-3238.

4 LOG in to AMCS

You are required to complete the "MyAccess" registration process.

- 1. Navigate to AMCS Login
- 2. The AMCS Security banner will display
- 3. Click on 'Accept' button on the security banner
- 4. MyAccess page is displayed
- 5. Enter the Email ID and click on 'Next' button
- 6. Enter 'Password'
- 7. Enter the OKTA code
- 8. Verify login is successful and Home page is displayed.
- If the user does not have an AMCS role logs into AMCS, an error message is displayed as "The user 'XXXX' is not authorized to access this site" upon logging into AMCS.
- 10. If user has not been validated for past 90 days logs into AMCS, a warning message is displayed as "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." Upon login.
- 11. If the external user is tied to an Inactive AME serial number, then error is displayed as "The user 'XXXX' is not authorized to access this site" and user cannot access the AMCS application.

For support with "MyAccess" registration, contact

AMCS Technical Support Team: <u>AMCSsupport@faa.gov</u> 405-954-3238

If you need additional assistance registering in MyAccess, contact the FAA's MyIT Service Center: <u>helpdesk@FAA.gov</u> 1-844-FAA-MyIT (322-6948)

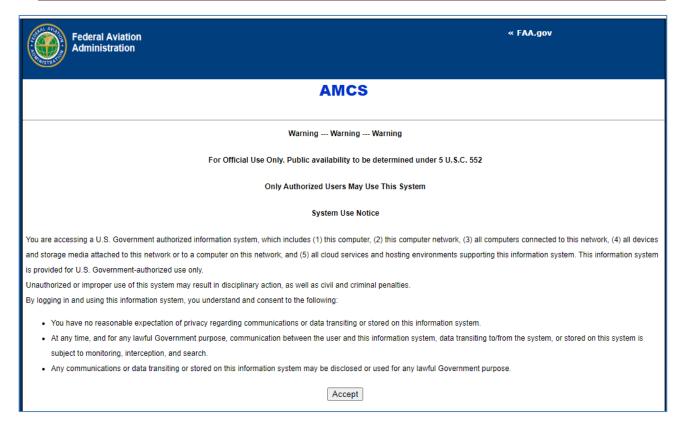


Figure 1 – AMCS Security Banner

Welcome to the FAA's new MyAccess login	
Federal PIV/CAC Holder? Proceed to sign-in below	v
First Time Here? Activate an existing external account	int
New User? Register for an external account	
٢	
Sign in using MyAccess	
Email Address	
This field cannot be left blank	
This lield currier be left blank	
Next	
OR	
Sign in with DOT/FAA PIV	
Signitiwiti Domaa HV	
Sign in with Federal CAC/PIV	
OR	
Don't have an account? Sign up	
Unlock account?	
Help	
Help Manage MyAccess Account	

Figure 2 – MyAccess Login

				Welcome Madhurima Pasupuleti	
Menu	A	plications			
Home Logout	A	erospace Mec	lical Certifi	ation Subsystem	
	M	essages			
		Required	Date	Subject	
				There are no new messages.	
		New	All		-

Figure 3 – AMCS Login Screen

	Federal Aviation Administration	« FAA.gov				
	Aer	AMCS rospace Medical Certification Subsystem				
	Technology and Information Assurance SPII is information that if releas: SPII means the first and last name, hr Social Security Number (this is SPII o Security Code, Access Code, Password,	fifming that I will safeguard all Sensitive Personally Identifiable Information (SPII), as defined in the DOT Information Policy 2006-22(Revision 1), Implementation of DOT's Protection of Sensitive Personally Identifiable Information (SPII), ed for unauthorized use is likely to result in subtainmain harm to the individual to whom such information (SPII), and the subtainment of an individual, in combination with any of the following related to the individual: n8 own), Driver's License/State Issued Identification Number, Taxpayer Identification Number, Financial Information, Personal Identification Number, Medical Information protected under the Health Insurance and Portability Accountability including a report or database which contains sensitive information which can link an individual to any item above.				
	The user 🛤 auth	orized to access this site				
Retry						

Figure 4 – User does not have an AMCS role or tied to Inactive AME

Federal Aviation	1		« FAA.go
Menu Home Logout	We Applications Aerospace Medical Certification Subsystem	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		

Figure 5 – User not validated from past 90 days

4.1 Session Timeout

AMCS times out after 20 minutes of inactivity. If a user allows AMCS to sit idle for 20 minutes or more, the session will time out and the user will logged out.

On the screens of AMCS where there is significant data entry required, the user will receive a Session Timeout Warning message after 15 minutes of inactivity. If the user does not click on the **Continue** button on the session timeout warning message within five minutes of receiving the message, the session will time out. Once the session times out, any update or refresh action will send the user back to the AMCS/CLA Login screen.

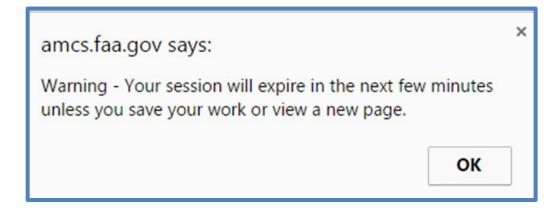


Figure 6 - Session Timeout - Warning

4.2 Account Not Validated Access Denied

Each AME is 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.

Federal Aviat Administratio						« FAA.gov
Menu Home Change Password		plications erospace Med	dical Certific	ation Subsystem	٨	
Logout	Me	essages			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.	
		Required	Date	Subject	There are no new messages.	
		New	All			
FAA.gov Home Privacy	Policy	Web Policies	& Notices	Contact Us He	P Readers & Viewers: PDF Reader	

Figure 7 – Account Not Validated - Access Denied

4.3 AMCS Home Page

Upon login to the AMCS, AMEs will be presented with the AMCS Home page. The home page displays links for Aerospace Medical Certification Subsystem and AME Administration and a Messages box. AME staff members will only see the AMCS Home page if there are new messages. If there are no new messages, the user will be presented with the Pending Exams Screen, or the Import Application 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 the **All** tab in the Messages section. Click on the Aerospace Medical Certification Subsystem link and you will be taken to AMCS.

Home Applications Change Password Aerospace Medical Certification Subsystem Logout AME Administration Messages Messages Required Date Subject 05/29/15 AMCS UAT Message 3 05/29/15 05/29/15 AMCS UAT Message 4 05/29/15 05/29/15 AMCS UAT Message 1 05/29/15 05/29/15 AMCS Test Message 2 05/29/15 05/29/15 Test UAT 5 View				Welcome AME USER NAME		
Change Password Logout Aerospace Medical Certification Subsystem AME Administration Messages Required Date Subject 05/29/15 AMCS UAT Message 3 05/29/15 AMCS UAT Message 4 05/29/15 AMCS UAT Message 1 05/29/15 AMCS UAT Message 1 05/29/15 AMCS UAT Message 2 05/29/15 Test UAT 5	enu	Applications				
AME Administration Messages Required Date Subject 05/29/15 AMCS UAT Message 3 05/29/15 AMCS UAT Message 4 05/29/15 AMCS UAT Message 1 05/29/15 AMCS UAT Message 1 05/29/15 Test UAT 5	Home					
AME Administration Messages Required Date Subject 05/29/15 AMCS UAT Message 3 05/29/15 AMCS UAT Message 4 05/29/15 AMCS UAT Message 1 05/29/15 AMCS UAT Message 1 05/29/15 AMCS Test Message 2 05/29/15 Test UAT 5	Change Password	Aerospace Med	lical Certificat	tion Subsystem		
Required Date Subject 05/29/15 AMCS UAT Message 3 05/29/15 05/29/15 AMCS UAT Message 4 05/29/15 05/29/15 AMCS UAT Message 1 05/29/15 05/29/15 AMCS UAT Message 1 05/29/15 05/29/15 AMCS Test Message 2 05/29/15 05/29/15 Test UAT 5 05/29/15	and the second					
Required Date Subject 05/29/15 AMCS UAT Message 3 05/29/15 AMCS UAT Message 4 05/29/15 AMCS UAT Message 1 05/29/15 AMCS UAT Message 1 05/29/15 AMCS Test Message 2 05/29/15 Test UAT 5						
Required Date Subject 05/29/15 AMCS UAT Message 3 05/29/15 AMCS UAT Message 4 05/29/15 AMCS UAT Message 1 05/29/15 AMCS UAT Message 1 05/29/15 AMCS Test Message 2 05/29/15 Test UAT 5		<u></u>				
05/29/15 AMCS UAT Message 3 05/29/15 AMCS UAT Message 4 05/29/15 AMCS UAT Message 1 05/29/15 AMCS Test Message 2 05/29/15 Test Message 2 05/29/15 Test Message 2		Messages				
05/29/15 AMCS UAT Message 3 05/29/15 AMCS UAT Message 4 05/29/15 AMCS UAT Message 1 05/29/15 AMCS Test Message 2 05/29/15 Test UAT 5						
05/29/15 AMCS UAT Message 3 05/29/15 AMCS UAT Message 4 05/29/15 AMCS UAT Message 1 05/29/15 AMCS Test Message 2 05/29/15 Test UAT 5		Required	Date	Subject		
05/29/15 AMCS UAT Message 4 05/29/15 AMCS UAT Message 1 05/29/15 AMCS Test Message 2 05/29/15 Test UAT 5						
05/29/15 AMCS UAT Message 1 05/29/15 AMCS Test Message 2 05/29/15 Test UAT 5						
05/29/15 AMCS Test Message 2 05/29/15 Test UAT 5						
05/29/15 Test UAT 5						
View						
View						
					View	
		New	All			

Figure 8 – AMCS Home Page

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 unconfirmed 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.

nfirmed all req	ges exist that re uired messages, ical Certification	equire viewing, they must first be confirmed before accessing any application. Once you have viewed and , applications will be accessible.
rospace meur 1E Administra:		i Subsystem
ssages		
ssuges		
334903		
	Date	Subject
Required	Date 08/17/10	Subject Important TEST Message!!!
Required		
Required	08/17/10	Important TEST Message!!! Big Test
Required	08/17/10	Important TEST Message!!!

Figure 9 – Message Confirmation

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 Home Page. The warning message will be gone and the application links will be enabled.

AMCS UAT Message 3	×
Date: 6/2/2015	
Date Sent: 5/29/0115	
Subject: AMCS UAT Message 3	
AMCS UAT Message 3	
I have read and understood this message.	
Confirm Print	Close

Figure 10 – Message View

5 PENDING EXAMS SCREEN

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

		Search Appli	icants	Pending Exams	Import Application	Help				
ending	Exame:									
The state of the										
Showing	1 - 6 of 6									
	Last Name	First Name	Mic	dle Name	SSN	Exam Date		Ac	tior	IS
OPEN	JOHN	MAC			*****0949	11/19/2022	⊘ ×	0	++	٢
OPEN	KIMS	TEST			*****0909	09/01/2022	- ex	0	++	€
OPEN	TEST	RUSSELL			*****6469			9	++	€
OPEN	TESTER	BYRON			*****0915			0	ŧ	€
OPEN	TESTER	BUCK			*****0913			0	++	€
OPEN	TESTER	ROB			*****0928		- exx	9	44	.↑.

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Figure 11 - Pending Exams Screen

5.1 Functions

5.1.1 Search Applicants Tab

Select this tab to go 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.

5.1.2 Import Application Tab

Select this tab to go to the Import Application Screen, where you can search for exam application information entered by an applicant via the FAA's MedXPress system.

5.1.3 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.

5.1.4 Attach ECG Icon (New ECGs Only)

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

You may only attach one ECG to the exam. If you attach the wrong ECG, you may upload a new one. 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.

An ECG was uploaded	for this exam on 5/19/2015, uploading a new ECG will replace this EC	G.
Document:	Choose File No file chosen	
Category:	ECG	\sim
Document Date:	\checkmark	
Comments:		
(Max allowed is 255 characters)		
	OK Cancel	

Figure 12 – ECG Import Window

To attach an ECG from the ECG Import window, click on the **Choose File** button and search your computer's folders for the appropriate ECG PDF document. Select the document and click on the **Open** button. The uploaded file must be less than 3 MB or a message is displayed indicating the file exceeds the size limit.

Organize - New folde	cr		i= • 🗖 🔞
Favorites	03_AMCS library	Arrang	e by: Folder 🔻
	Name	Date modified	Туре
	Charles and a	5/12/2015 7:41 AM	PDF File
Elibraries	🕒 John Doe_ECG.pdf	STATISTIC THE NON	PUT File
Cibraries CLMSS Apps C_MedXPress C_MedXP		אין גאז נגעלענג	PLF File

Figure 13 - Select and Attach ECG PDF

The document selected will display in the document field. Enter the date the ECG was performed in the Document Date field. Add any necessary comments, and click on the **OK** button.

Document:	Choose File John Doe_ECG.pdf
Category:	ECG
Document Date:	5/19/2015
	ECG performed for a right atrial enlargement and a left atrial enlargement and aright ventricular conduct on delay.
Comments: (Max allowed is 255 characters)	
	OK Cancel

Figure 14 - Add ECG Date and Comments

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

The file, John Doe_ECG_Update.pdf, has been uploaded.	successfully
	ОК

Figure 15 – ECG File Upload Success Message

5.1.5 Upload Documents Icon

Documents can be uploaded via the Pending Exams screen and eventually transmitted to the FAA along with the exam. You may attach up to 25 documents to the exam. Prior to transmission, you can edit a document's attributes or delete the document itself. The documents are not available to the FAA until after you transmit the exam.

An upload icon is displayed on the Pending Exams table (highlighted below). When you hover-over the upload icon then "Select to Upload Documents" help text is displayed.

		Search Appli	icants	Pending Exams	Import Application	Help				
ending	Exams:									
howing	: 1 - 21 of 21							Dis	play	All
	Last Name	First Name	Mie	ddle Name	SSN	Exam Date		Ac	tion	s
OPEN	ABBAZIA	MATTHEW	Jos	eph	*****7766			3	++	①
OPEN	ABBOTT	DANIEL	Jan	nes	*****6795		- Sex	0	ŧŧ	t
OPEN	KIMS	TEST			*****0909	09/01/2022		0	++	۰
OPEN	TEST	REBUD			*****6492		- Contraction of the second se	0	++	t
OPEN	TEST	CROWN			*****3034		(and the second	9	++	t
OPEN	TEST	RUSSELL			*****6469		- exc	0	++	t
OPEN	TEST	BIRCH			****6495		3	0	++	t

Click on the upload icon to launch the below dialog box. The dialog box contains the Airman Name and the applicable MID at the top. In addition, it contains 1) Document Name: a mechanism to choose and upload applicable files 2) Document Type: Single select list that allows you to categorize a document to support efficient case review 3) Document Date: a date picker. Furthermore, if any documents were previously added, they will be in a data table. The total count of uploaded documents will be displayed. Note: The total number of uploaded documents must be ≤ 25 .

Upload only documents for the	applicant. Do NOT upload ECG or Rep	eat ECG's from this window.		
1 Document Name :	hoose File No file chosen			
Document Type :		~		
1 Document Date :	~			
		OK Reset		
oaded Documents: 7 (Upload limit = 25)			
oaded Documents: 7 (Document Name	Upload limit = 25) Document Type	Document Date	User Name	Action
		Document Date 01/03/2023	User Name JWEEMS	
Document Name	Document Type			⊙ ∕1
Document Name Doc1.docx	Document Type 8500-8	01/03/2023	JWEEMS	⊙ / (⊙ / (
Doc1.docx Sample PDF.pdf	Document Type 8500-8 ATC-Authorization	01/03/2023 12/14/2022	JWEEMS Psingh	Action

Click on the "Choose File" button to launch the file explorer and navigate to the location where the applicable files are saved. **Note:** <u>Only the following file types can be uploaded:</u> <u>doc, docx, jpg, jpeg, pdf, xps</u>

NOTE: Due to security constraints, you will not be able to view documents uploaded to AMCS that are JPG or JPEG. We encourage you to use the other file types available.

ta > Attachments-Test Data > Sample Attachment Files	s > Attachments		
A Name	Date modified	Туре	Size
Sample PDF	7/29/2019 12:06 PM	Adobe Acrobat D	121 KB

Double click on the file or select it and click on "Open": The selected file is displayed in the dialog box

Airman Name: TEST KIMS		MID: 20000	9731425
Upload only documents for the applicant. Do NOT upload EC	G or Repeat ECG's fro	m this window.	
Document Name : Choose File Sample PDF.pdf			-
Document Type :		~	
1 Document Date :			
	OK	Reset]

Open the 'Document Type' drop-down list to view all available types. **NOTE**: Selecting the incorrect Document Type will delay processing.

Document Type :		~		
Ocument Date :	8500-8 8500-8/Multiple ATC-3900-7 ATC-8500-8		A	
	ATC-Allergy/Asthma Report ATC-Anxiety/Depression Report			
d Documents:	ATC-App. Interview Worksheet ATC-Asthma Report ATC-Authorization ATC-Cancer Reports			
ument Name	ATC-Cardiac Reports ATC-Color Vision			
Jpload.docx	ATC-Consultant Report ATC-Correspondence			
-8.pdf	ATC-Current Status/Narrative ATC-Declaration Form			
Stamp.xps	ATC-Diabetic Reports ATC-DQ/Appeals			
Stamp.xps	Joe test	09/26/2022	Germina	

Select the applicable document type

an Name: TEST	KIMS		MID: 20000973
ad only documents for	the applicant. Do NOT upload ECG or Rep	eat ECG's fror	n this window.
1 Document Name :	Choose File Sample PDF.pdf		
Document Type :	ATC-Allergy/Asthma Report	~	2
Ocument Date :	~		
		OK	Reset

Open the 'Document Date' date picker. The Document Date is the date of the medical event or service noted on the document. (All dates that are > tomorrow's date are disabled, i.e. not available for selection)

Document Date :								_		
	~	<		Dece	mber 2	2022		>	»	(
		Sun	Mon	Tue	Wed	Thu	Fri	Sat		
ded Documents:		27	28	29	30	1	2	3		
ded Documents:		4	5	6	7	8	9	10		
		11	12	13	14	15	16	17		
ocument Name		18	19	20	21	22	23	24		
stUpload.docx		25	26	27	28	29	30	31		
500-8.pdf		1	2	3	4	5	6	7	_	
meStamp.xps			Тс	oday		Clear	r			
meStamp.xps	-	-		ATC-3	3900-	7	-	-	_	

Select the applicable date.

n Name: TEST	KIMS	3	MID: 20000
d only documents for	the applicant. Do NOT upload ECG or Rep	eat ECG's from	n this window.
Document Name :	Choose File Sample PDF.pdf		
Document Type :	ATC-Allergy/Asthma Report	~	•
1 Document Date :	12/13/2022		
		OK	Reset

Click on "OK" button to complete the upload

In Name: TEST	KIMS	MID: 20000973
ad only documents for	the applicant. Do NOT upload ECG or Repe	at ECG's from this window.
1 Document Name :	Choose File Sample PDF.pdf	
Document Type :	ATC-Allergy/Asthma Report	~
1 Document Date :	12/13/2022	
	1	OK Reset

The uploaded document is displayed in the data table. A success message is displayed in green text. Count of uploaded documents is updated.

Airman Name: TEST KI	MS	MID: 200009731425		
Upload only documents for the	e applicant. Do NOT upload ECG or Repeat EC	CG's from this window.		
1 Document Name :	Choose File No file chosen			
Document Type :		~		
1 Document Date :	\sim			
		OK Reset		
Uploaded Documents: 8		as been successfully uploade	d.	
Document Name	Document Type	Document Date	User Name	Actions
Doc1.docx	8500-8	01/03/2023	JWEEMS	⊙∕ڨ
Sample PDF.pdf	ATC-Authorization	12/14/2022	Psingh	⊙∕î
Sample PDF.pdf	ATC-Allergy/Asthma Report	12/13/2022	Psingh	0/1
8500-8.pdf	ATC-8500-8	10/04/2022	MPASUPULETI	◈ᄼ

10/04/2022

Gchinta

01

To view an uploaded document, click on the view icon (highlighted in yellow below). Upon hovering over this icon, "View Document" help text is displayed.

	Document Name	Document Type	Document Date	User Name	Actions
i.	Doc1.docx	8500-8	01/03/2023	JWEEMS	o∕∎́
	Sample PDF.pdf	ATC-Authorization	12/14/2022	Psingh	⊙∕亩
ŝ:	Sample PDF.pdf	ATC-Allergy/Asthma Report	12/13/2022	Psingh	View Docur

Upon clicking on the view icon, the document is downloaded for you to view.

8500-8

TimeStamp.xps

	Document Name	Document Type	Document Date	User Name	Actions
ł.	Doc1.docx	8500-8	01/03/2023	JWEEMS	0/₫
i	Sample PDF.pdf	ATC-Allergy/Asthma Report	12/13/2022	Psingh	⊙/ڨ
i	8500-8.pdf	ATC-8500-8	10/04/2022	MPASUPULETI	⊙/ڨ
í.	TestUpload.docx	8500-8/Multiple	10/04/2022	PNAGARAJAN	0/₫
í	TimeStamp.xps	8500-8	10/04/2022	Gchinta	0/1

To edit attributes of an uploaded document, click on the edit icon (highlighted in yellow below). Upon hovering over this icon, "Edit Document" help text is displayed.

C	Document Name	Document Type	Document Date	User Name	Actions
0	Doc1.docx	8500-8	01/03/2023	JWEEMS	⊙/ڨ
5	Sample PDF.pdf	ATC-Allergy/Asthma Report	12/13/2022	Psingh	o∕ì
8	8500-8.pdf	ATC-8500-8	10/04/2022	MPASUPULETI	O / Edit Do

Upon clicking the edit icon the "Document Type" and "Document Date" fields are displayed as editable.

	KIMS	MID: 200009731425		
Upload only documents for t	the applicant. Do NOT upload ECG or Repeat EC	G's from this window.		
Document Name	e : Sample PDF.pdf			
Document Type	ATC-Allergy/Asthma Report	~		
1 Document Date	12/13/2022			
	Update R	eset Cancel		
Document Name	7 (Upload limit = 25) Document Type	Document Date	User Name	Actions
Document Name		Document Date 01/03/2023	User Name JWEEMS	Actions
Document Name	Document Type		CA. 67 (2010) 201	⊙∕1
Document Name Doc1.docx	Document Type 8500-8	01/03/2023	JWEEMS	⊙∕∎ ⊙∕∎
Document Name Doc1.docx Sample PDF.pdf	Document Type 8500-8 ATC-Allergy/Asthma Report	01/03/2023	JWEEMS	

Select new values in the "Document Type" and "Document Date" fields (as applicable)

1 Document Name :	Sample PDF.pdf				
Document Type :	ATC-Authorizat	ion			~
Ocument Date :	12/14/2022	~			
			Update	Reset	Cancel

Click on "Update" button to save the modified attributes.

Document Date : 12	14/2022			
	14/2022	~		
		_	 	1

Updated attributes are displayed in the data table. A success message is displayed in green text.

The file Sample PDF.pdf has been successfully updated. Iploaded Documents: 7 (Upload limit = 25)							
	Document Name	Document Type	Document Date	User Name	Actions		
i.	Doc1.docx	8500-8	01/03/2023	JWEEMS	⊙/∎		
i	Sample PDF.pdf	ATC-Authorization	12/14/2022	Psingh	⊙/ڨ		
í.	8500-8.pdf	ATC-8500-8	10/04/2022	MPASUPULETI	⊙/ڨ		
1	TimeStamp.xps	8500-8	10/04/2022	Gchinta	⊙/ڨ		
	TestUpload.docx	8500-8/Multiple	10/04/2022	PNAGARAJAN	0/1		

To delete an uploaded document, click on the delete icon (highlighted in yellow below). Upon hovering over this icon, "Delete Document" help text is displayed.

Document Name	Document Type	Document Date	User Name	Actions
Doc1.docx	8500-8	01/03/2023	JWEEMS	⊙ ∕ 面
Sample PDF.pdf	ATC-Authorization	12/14/2022	Psingh	⊙∕
8500-8.pdf	ATC-8500-8	10/04/2022	MPASUPULETI	💿 🖍 💼 Delete D

Upon clicking on the delete icon a confirmation dialog box is launched.

÷.

Airman Name: TEST KIMS	172.29.99.35 says			
Upload only documents for the appl	Are you sure you want to d	elete this record Sample PDF.pdf		
Document Name : Choos		ОК	Cancel	
Document Type :		~		
1 Document Date :	~			
	ОК	Reset Cancel		
Uploaded Documents: 7 (Upl	oad limit = 25)			
Document Name	Document Type	Document Date	User Name	Actions
Doc1.docx	8500-8	01/03/2023	JWEEMS	• 🖍 💼
🖆 Sample PDF.pdf	ATC-Authorization	12/14/2022	Psingh	⊙ ∕ 💼

Click on "OK" button to proceed with the delete. The selected record is deleted from the data table. A success message is displayed in green text. Count of uploaded documents are updated.

	Document Name	Document Type	Document Date	User Name	Action
1	Doc1.docx	8500-8	01/03/2023	JWEEMS	0/1
	8500-8.pdf	ATC-8500-8	10/04/2022	MPASUPULETI	0/1
	TimeStamp.xps	8500-8	10/04/2022	Gchinta	0/1
	TestUpload.docx	8500-8/Multiple	10/04/2022	PNAGARAJAN	0/1
e.	TimeStamp.xps	ATC-3900-7	09/26/2022	Gchinta	0/1

5.1.6 Exam HX Icon

Clicking on I for an exam will display a Pre-Exam Report for the exam. This icon will only display for exams submitted via the FAA's MedXPress system.

This document/record belongs to the Federal Aviation Administration and may be used for official Government purposes only. It may not be released without the expressed permission of the Federal Aviation Administration. Refer requests for the document to
Civil Aerospace Medical Institute (CAMI) Aerospace Medical Certification Division P.O. Box 26080 oklahoma City, OK 73125-9914
FOR OFFICIAL USE ONLY
Public availability to be determined under 5 US C 552
Hal R. Jordan 1 Oa Drive Coast City, CA, USA
DOB Height Weight Hair Eyes Sex 2/20/1970 70 225 BLOND BLUE Male
Most Recent Exam Status Exam Date: 09/09/2014 Class Issued: Class 3, Special Issuance,
Limitations (Most Recent Exam) (2) Must wear corrective lenses, (76) Not valid for any class after
Previously denied, suspended or revoked Yes 09/30/2012
Medications (Most Recent Exam) Medication Disqualifying LOSARTAN Yes OMEPRAZOLE Yes LOVASTATIN Yes
<pre>previous Medical History (Items 18a-x) The following medical history (Items have been marked as Yes on one or more previous exams: (18G) Heart or vascular trouble (18H) High or low blood pressure (18U) Admission to hospital (18X) Other illness, disability, or surgery (18H) High or low blood pressure (18U) Admission to hospital (18X) Admission to hospital (18X) Admission to hospital (18X) Other illness, disability, or surgery (18X) Admission to hospital (18X) Admissice</pre>
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: (44) Identifying body marks, scars, tattos (Size and location) (44) Identifying body marks, scars, tattos (Size and location)
Hearing Values (Most Recent Exam) Conversational voice: Pass Speech Discrimination: N/A
Audiometer: Right Ear Left Ear 500 1000 2000 3000 4000 500 1000 2000 3000 4000
Vision Values (Most Recent Exam)Inter Vision-32 InchesDistant VisionNear VisionInter Vision-32 InchesRight 20/Corr. To 20/15 Right 20/Corr. To 20/25 Right 20/Corr. To 20/Left 20/Corr. To 20/25 Left 20/Corr. To 20/30 Left 20/Corr. To 20/Both 20/Corr. To 20/15 Both 20/Corr. To 20/25 Both 20/Corr. To 20/
Most Recent ECG Date 09/16/2014 None
Most Recent Pathology Code Description 39.64 427.81 Sinoatrial node dysfunction 592.9 Unspecified urinary calculus INTERNAL
Address Change from Most Recent Exam? Yes
Current ECG Required?

Figure 16 – Pre-Exam Report

5.1.7 Print Icon

Click on Print icon to display the exam in PDF format for viewing and printing.

5.1.8 Help tab

Click on the Help tab, available from any screen, to view information about a specific screen's functionality.

5.1.9 AMCS Home

Click the **AMCS Home** link to go to the AMCS Home Page.

5.1.10 Log Out Link

Click the **Log Out** link to exit AMCS and return to the AMCS Login Screen.

6 SEARCH APPLICANTS SCREEN

From this screen you can search for applicants in the FAA database. This screen allows you to print interim certificates. Additionally, if you are the AME of record, you may view summary sheets, attach repeat ECGs, or upload documents.

The Search Applicants Screen allows you to perform a search by entering an Applicant ID, SSN, PI Number, Last Name and Date of Birth. You may only search by one method at a time. If the field fails basic validation, a message is displayed next to the field indicating the issue.

6.1 Performing a Search

Performing a search will determine if the applicant currently exists in the system and will display the applicant's exam information.

Search Applica	nts	
Enter the required crite Note: Only one search	eria along with any other in method available at a time	ormation you may choose and click Search. r a Last Name/DOB search.
O Applicant ID:		
O SSN:		(#s only)
O PI Number:		
O Last Name:		First Name: Middle Name: DOB: (mm/dd/yyyy)
		Search

Figure 17 – Search Applicants Screen

6.1.1 Found Exams

If an applicant is returned after a search, click on the Select link for the applicant to view any associated exams. If exams are found, they will be displayed.

Found Appl	icant(s):						
Showing: 1	l - 1 of 1						
	Last Name	First Name	Middle Na	me Birth Da	te Applican	t ID PI Num	ber SSN
SELECT	Jordan	Hal		02/20/19	70 2001957	662	*****4967
ound Exan	n(s) for Select	ted Applicant:					Add Exam
Showing: 1	l - 1 of 1						
	Exam Date		MID	Class Issued	City	State	Actions
	06/08/2015	2000	06909059	Class 1, Clear	Coast City	CA	a ++

Figure 18 – Exams Found for Applicant

The Actions buttons will vary based on the exam and the user logged in. Potential action

buttons include: Print $\stackrel{\frown}{\sim}$, Attach ECG $\stackrel{\bullet}{\leftarrow}$, Upload Document $\stackrel{\circ}{\bullet}$, and Interim

Certificate 🗎 .

The Print link will produce a PDF of a transmitted exam summary. The icon is only available for an exam if that particular exam was performed by the AME logged in or by someone in that AMEs' office.

The Attach ECG link should be used to attach a repeat ECG if requested by the FAA. The attach ECG link is only available to users associated with the AME who performed the exam.

The Upload Document link should be used to upload new documents if requested by the FAA. The Upload Document link is only available to users associated with the AME who performed the exam.

The Interim Certificate link is used to print an Interim Certificate (a certificate between exams) for an airman authorized for an AME Assisted Special Issuance. The Interim Certificate link is available to any AMCS user and will only be available on those airman authorized for an AASI.

If the exam is in Pending status (it was started but not completed), the **Open** link is available. Clicking on the **Open** link displays the Form 8500-8 Data Entry Screens for the exam with all information previously entered and saved displayed in the appropriate fields.

<u>NOTE</u>

The **Open** link for a pending record is only available to the users associated with the AME who performed the exam.

If the exam is not in Pending status, the exam was completed and a summary of the Form 8500-8 is accessible by clicking on the **Interim Cert** icon.

6.2 Functions

6.2.1 Pending Exams Tab

Select this tab to go to the Pending Exams Screen which displays exams imported by the AME's office that have not yet been submitted to the FAA.

6.2.2 Import Application Tab

Select this tab to go to Import Application screen, where you can search for an application entered by an applicant via the FAA's MedXPress system

6.2.3 Search by Applicant ID

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

6.2.4 Search by SSN

Select the SSN radio button and enter the appropriate number.

6.2.5 Search by PI Number

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

6.2.6 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.

6.2.7 Search Button

Click Search to start the search for applicant based on the criteria selected.

6.2.8 Clear Button

Click Clear to reset all search fields to blank.

6.2.9 Select Link

Click the **Select** link for an applicant under the Found Applicants section to display all of the exams for that applicant under the Found Exams for Selected Applicant section at the bottom of the screen.

6.2.10 Interim Cert Icon

Clicking on the **Interim Cert** icon will launch the SI/AASI Medical Certificate screen where an AME Assisted Special Issuance (AASI) medical certificate can be issued and printed.

6.2.10.1 SI/AASI Medical Certificate

This screen is launched when you click on the **Interim Cert** icon 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.

	ieral Aviation	Aerospace I AASI Medical Certifi	Nedical Certification System Cate	
Current 💿	Personal Information			
o SI/AASI Cert.	Name, First	Middle	Last	Suffix
	DROOPY		DAWG	
Externo	Street Address			
 Pending 	2121 SW 21st			
 Search 	City	State	Zip Code	
 Import 	Oklahoma City	ОК	73165	
AMCS 🐟	Country			
• Help	USA			
 Logout 				
	Date of Birth 7/15/1970	Sex		
	Hair Color	Eve Color	Height	Weight
	BROWN	BLACK	72	180
	BROWN	BLACK	72	180
	Certificate Information			
	Certificate information			
			-	
	Form Number GG9845263	Exam Date	Class	
	009045205	7/15/2014	THIKD	
	Limitations			
	Linicacions			
	Not valid for any class after o	late: 7/31/2015		
	Confirmation			
	By checking this box, you a - The applicant presented - The applicant's letter is or - The applicant presented - The applicant's medical co	his/her SI/AASI letter of a urrent. all required forms/reports andition identified by the	authorization. as defined in the SI/AASI letter SI/AASI letter of authorization h at the above conditions have be	as not adversely changed. 🖕
	V U.	understand and adlee th		
		Prev	iew Certificate	

Figure 19 – 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.

6.2.10.2 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.

urrent 👁	Certificate Sample				
SI/AASI	Cer tincate Sample				
cart.	UNITED STATES OF Department of Tra Federal Aviation Adr	ansportation			
Pending	MEDIC	AL CERTIFI	CATE TH	IRD CLA	SS
Search					
Import	This certifies that	t <i>(Fullname and</i>	address):		
MCS 🔦	DROOPY DA				
Help	2121 SW 21st Oklahoma City	OK 73165 US	ک		
Logout		011 /5105 01			
		Height Weight	Hair	Eyes	Sex
	07/15/1970	72 180	BROWN	BLACK	M
	has met the med Regulations, for t	ical standards pr this classof Medi	escribed in p <u>cal Certifica</u>	te.	ral Aviation
	Not valid fo	or any class aft	er 7/31/201	5.	
	Limitations				
	Date of Examination	8	Examiner's	Designation No	
	07/15/2014		00034	and a second	
	Signature E Typed Name COURTNEY	D. SCOTT JR, D	0		
	AIRMAN'S SIGNA	TURE			
	Applicant ID: 2001	914764	Control N	o: 200006509	625
	FAA Form 8500-9				: 0052-00-670-7002

Figure 20 – SI/AASI Medical Certificate Preview Screen

6.2.11 Attach ECG Icon (Repeat ECGs Only)

Clicking on this button will launch an ECG 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 the FAA system.

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 only attach one ECG to the exam. If you attach the wrong ECG, you may upload a new one. Only the last ECG attached will be saved and transmitted with the exam.

Figure 21 – ECG Import

Document:	Choose File No file chosen
Category:	ECG
Document Date:	\checkmark
Comments: (Max allowed is 255	
characters)	
	OK Cancel

To attach a repeat ECG click on the **Choose File** button and search your computer's folders for the appropriate ECG PDF document. Select the document and click on the **Open** button. The uploaded file must be less than 3 MB or a message is displayed indicating the file exceeds the size limit.

🕽 🔵 🗢 📕 🕨 Libraries	► 03_AMCS ► ECG	✓ 4 Search ECG	
Organize 🔻 New fol	der		II • 🔟 🔞
★ Favorites ✓ CAMI - Shared D	03_AMCS library	Arrang	e by: Folder 🔻
Downloads	Name	Date modified	Туре
Becent Places	John Doe_ECG.pdf	5/12/2015 7:41 AM	PDF File
3 Recent Places ■ 3 Libraries	(Commendation		
Sec. 11			

Figure 21 – Attach ECG PDF

The document selected will display in the document field. Enter the date the ECG was performed in the Document Date field, add any necessary comments, and click on the **OK** button.

Document:	Choose File John Doe_ECG.pdf
Category:	ECG
Document Date:	5/19/2015
	ECG performed for a right atrial enlargement and a left atrial enlargement and aright ventricular conduct on delay.
Comments: (Max allowed is 255 characters)	
	OK Cancel

Figure 22 – ECG Date and Comments

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

The file, John Doe_ECG_Update.pdf, has been so uploaded.	uccessfully
(ОК

6.2.12 Upload Documents Icon

Clicking on this button will launch a Document Upload window, where documents can be uploaded to the applicant's latest transmitted exam and ultimately to the applicant's FAA medical record. You may attach up to 25 documents to the exam. **Note:** <u>There are no options to either update the attributes of a document or delete a document that are uploaded via the Search Applicant screen.</u>

Within the Search Applicant screen, perform a search for an applicant.

AMCS User Guide

Search Applica	ants						
ote: Only one searc	h method availabl	ny other information you e at a time. ailable after a Last Name,		earch.			
Applicant ID:	2002322868						
SSN: PI Number:							
C Last Name:		First Na	me: Mir	ddle Name:	DOB:	(mm/d	d/yyyy)
			No.				
			Search	Clear			
			Search	Clear			
			Search	Clear			
und Applicant(s):		Search	Clear			
			Search	Clear			
owing: 1 - 1 of	f1	rst Name Middl			licant ID P	YI Number	SSN

An upload icon is displayed under the **Actions** column on the 'Found Exam(s) for Selected Applicant table (highlighted below). When you hover-over the upload icon then "Select to Upload Documents" help text is displayed. **Note:** <u>'Upload' option will be available only to the AME of record for the most recently transmitted exam of the selected applicant.</u>

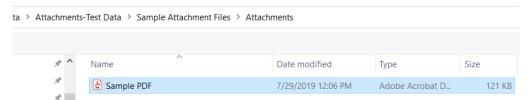
wing:	1 - 6 of 6					
	Exam Date	MID	Class Issued	City	State	Actions
EN	09/01/2022	Pending		Herndon	VA	
	08/22/2022	200009731351	Class 1, Clear	Herndon	VA	⇔ ₩ Ĵ
	08/15/2022	200009731349	AME Deferred, ATC Exam	Herndon	VA	G St
	08/09/2022	200009731347	Class 1, Clear	Herndon	VA	0
	07/06/2022	200009731343	AME Deferred, ATC Exam	Herndon	VA	G

Click on the upload icon to launch the below dialog box. The dialog box contains the Airman Name and the applicable MID at the top. In addition, it contains 1) Document Name: a mechanism to choose and upload applicable files 2) Document Type: Single select list that allows you to categorize a document to support efficient case review 3) Document Date: a date picker. Furthermore, if any documents were previously added, they will be in a data table. The total count of uploaded documents will be displayed. Note: The total number of uploaded documents must be ≤ 25 .

A	irman Name: TEST I	KIMS	MID: 200009731351		
	Upload only documents for t	the applicant. Do NOT upload ECG or R	epeat ECG's from this window.		
	Ocument Name :	Choose File No file chosen			
	Document Type :		~		
	Document Date :	~			
			OK Reset		
Upl	oaded Documents: ′	16 (Upload limit = 25)			
	Document Name	Document Type	Document Date	User Name	Actions
	Sample Test PDF.pdf	OSA CPAP Data	12/14/2022	Psingh	o
	Sample PDF.pdf	OSA CPAP Data	12/14/2022	Psingh	o
	tab 17.pdf	8500-8	11/02/2022	Gchinta	o
	TimeStamp.xps	8500-8	09/12/2022	Gchinta	ø
	TimeStamp.xps	8500-8/Multiple	09/08/2022	Gchinta	• •

Click on the "Choose File" button to launch the file explorer and navigate to the location where the applicable files are saved. **Note:** <u>Only the following file types can be uploaded:</u> <u>doc, docx, jpg, jpeg, pdf, xps</u>

NOTE: Due to security constraints, you will not be able to view documents uploaded to AMCS that are JPG or JPEG. We encourage you to use the other file types available.



Double click on the file or select it and click on "Open": The selected file is displayed in the dialog box

man Name: TEST KIMS	MID: 2000097314
pload only documents for the applica	Int. Do NOT upload ECG or Repeat ECG's from this window.
Document Name : Choose F	File Sample PDF.pdf
Document Type :	~
1 Document Date :	~
	OK Reset

Open the 'Document Type' drop-down list to view all available types. **NOTE**: Selecting the incorrect Document Type will delay processing.

Document Name :	Choose File No file chosen
Document Type :	~
Ocument Date :	(NTSB) accidents 000 Test 00000 Test 8500-8 8500-8/Multiple Diabetes Flight Activity
aded Documents:	Narrative Narrative - Cancer Narrative - Cardiac Narrative - Diabetes
Document Name	Narrative - Neuro Narrative - Pulmonary/Lung
Sample Test PDF.pdf	Narrative - Rheumatology Narrative - Vision/Eye
Sample PDF.pdf	OSA CPAP Data OSA Narrative
ab 17.pdf	Test Char Long Name Test Char Long NameTest Char Long NameTest Char Long NameTest Char Long NameTest Testing Add a Scanning Categor
TimeStamn xns	Treatment Records

Select the applicable document type

AMCS User Guide

1 Document Name :	Choose File Sample PDF.pdf	
Document Type :	OSA CPAP Data	

Open the 'Document Date' date picker. The Document Date is the date of the medical event or service noted on the document. (All dates that are > tomorrow's date are disabled, i.e. not available for selection.)

Document Date :									
	~	<		Dece	mber 2	2022		>	»
		Sun	Mon	Tue	Wed	Thu	Fri	Sat	
Desumentes		27	28	29	30	1	2	3	
Documents:		4	5	6	7	8	9	10	
		11	12	13	14	15	16	9 10 16 17	
ient Name		18	11 12 13 14 18 19 20 21	21	22	23	24		
PDF.pdf		25	26	27	28	29	30	31	
pdf	Sun M 27 2 4 1 11 1 18 1 18 1 16 1 17 2	2	2 3 4 5 6				7		
amp.xps			Тс	oday		Clear			
	_								00

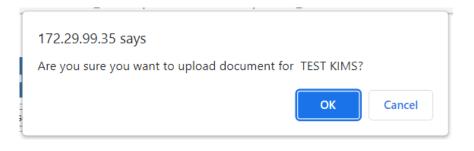
Select the applicable date

Document Type :	OSA CPAP Data	~	
Document Date :	12/15/2022 🗸		
		OK	Reset

Click on "OK" button to begin the upload

	Choose File Sample PDF.pdf		
Document Type :	OSA CPAP Data	~	
Document Date :	12/15/2022		
		ОК	Reset

A confirmation dialog box is displayed. Click on "OK" button to complete the upload.



The uploaded document is displayed in the data table. A success message is displayed in green text. Count of uploaded documents is updated.

The file Sample PDF.pdf has been successfully uploaded.					
	oaded Documents: 17	(Upload limit = 25)	Document Date	User Name	Actions
	Sample PDF.pdf	OSA CPAP Data	12/15/2022	Psingh	©
	Sample Test PDF.pdf	OSA CPAP Data	12/14/2022	Psingh	o
	Sample PDF.pdf	OSA CPAP Data	12/14/2022	Psingh	o
	tab 17.pdf	8500-8	11/02/2022	Gchinta	o
	TimeStamp.xps	8500-8	09/12/2022	Gchinta	o

To view an uploaded document, click on the view icon (highlighted in yellow below). Upon hovering over this icon, "View Document" help text is displayed.

Document Name	Document Type	Document Date	User Name	Actions
Sample PDF.pdf	OSA CPAP Data	12/15/2022	Psingh	O
Sample Test PDF.pdf	OSA CPAP Data	12/14/2022	Psingh	View Docum

Upon clicking on the view icon, the document is downloaded for you to view.

	Document Name	Document Type	Document Date	User Name	Actions
ł.	Sample PDF.pdf	OSA CPAP Data	12/15/2022	Psingh	o
1	Sample Test PDF.pdf	OSA CPAP Data	12/14/2022	Psingh	o
ť,	Sample PDF.pdf	OSA CPAP Data	12/14/2022	Psingh	o
1	tab 17.pdf	8500-8	11/02/2022	Gchinta	o
e'	TimeStamp.xps	8500-8	09/12/2022	Gchinta	o

Note: There are no options to either update the attributes of a document or delete a document that are uploaded via the Search Applicant screen.

6.2.13 Help Tab

Click on the Help tab, available from any screen, to view information about a specific screen's functionality.

6.2.14 AMCS Home

Click the **AMCS Home** link to go to the Home screen which contains AMCS broadcast messages.

6.2.15 Log Out Link

Click the **Log Out** link to exit AMCS and return to the AMCS Login Screen.

7 IMPORT APPLICATION SCREEN

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

- The applicant will provide the confirmation number to enter the Confirmation Number field.
- The application matching the confirmation number will display in the second column labeled *MedXPress Application*.
- If there are applicants in the FAA system that are potential matches, they will be listed in the column to the right of the MedXPress Application in columns labeled *Potential Match*.
- NOTE: Due to the frequent use of pseudo SSNs, there is often a mismatch in the SSN.

Import Application _				
To search for an application t	hat was entered through Me	edXPress, type the applicar	nt's confirmation number and click Searc	h.
Confirmation Number:	879177688997			
		Search	Clear	

Compare the data from the MedXPress Application column to the data in the Potential Match(es) column(s).

Potential Match data that does NOT match MedXPress Application data will display in red.

Select the correct Potential Match and click Add Exam to Selected Applicant's FAA Medical Record only if you are certain it is the same person. If this is the applicant's first exam, then click Create New Applicant Record to create a new FAA Medical Record.

	MedXPress Application	Potential Match 1
Last Name	LAST	LAST
First Name	FIRST	FIRST
Middle Name	Middle	Middle
SSN	*****7834	*****7834
Applicant ID	2002338716	2002338716
DOB	01/01/2021	01/01/2021
Phone Number	4059544821	4059544821
Street	6500 S MACARTHUR BLVD	6500 S MACARTHUR BLVD
City	OKLAHOMA CITY	OKLAHOMA CITY
State	ок	ок
Zip	73169	73169
Select Potential match		0

Add Exam to Selected Applicant's FAA Medical Record

Figure 23 – Import Application Screen

After confirming you have located the Potential Match that matches the information from the MedXPress Application, select the airman and click Add Exam to Selected Applicant's FAA Medical Record.

If the MedXPress application is for a new applicant, click the *Create New Applicant Record* button.

IMPORTANT

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

If the applicant listed is not the correct one, you can't find the correct applicant or you have any questions, contact AMCS Technical Support at (405) 954-3238.

Import Application
To search for an application that was entered through MedXPress, type the applicant's confirmation number and click Search.
Confirmation Number: 81760005
Search Clear
You are not authorized to conduct this exam.

Figure 24 – Import Screen - Unauthorized AME Message

7.1.1 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 *Add Exam to Selected Applicant's FAA Medical Record* button, or click the *Create New Applicant Record* button.

A Successful Import Application Screen is displayed if the application is successfully imported from FAA MedXPress.

Four buttons are displayed indicating actions that can be performed.



Figure 25 – Successful Application Import Screen

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

Clicking on the **Open Data Entry Screen** 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 **FAA Examination History** button will create a pre-exam report for the applicant.

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

7.2 Functions

7.2.1 Search Applicants Tab

Select this tab to go to the Search Applicants Screen.

7.2.2 Pending Exams Tab

Select this tab to go to the Pending Exams screen.

7.2.3 Confirmation Number Field

Enter the confirmation number provided by the applicant.

7.2.4 Search Button

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

7.2.5 Clear Button

Search

- Clears the search fields.

7.2.6 Add Exam to Selected Applicant's FAA Medical Record Button

Add Exam to Selected Applicant's FAA Medical Record - Imports the FAA MedXPress application into AMCS and associates that application with an existing applicant's record

7.2.7 Create New Applicant Record

- Imports the FAA MedXPress application into the AMCS while creating a brand new applicant record.

7.2.8 Help Tab

Click on the Help tab, available from any screen, to view information about a specific screen's functionality.

7.2.9 AMCS Home

Click the **AMCS Home** link to go to the AMCS Home screen which contains AMCS broadcast messages.

7.2.10 Log Out Link

Click the **Log Out** link to exit AMCS and return to the AMCS Login Screen.

8 FORM 8500-8 DATA ENTRY SCREENS

The Form 8500-8 Data Entry screens are presented on five separate pages. Each field displays a red "X" or a green "Ok" beside it. 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.

	Page 1	Page 2	AME Actions	Comn	nents	Page 3
Pilot (I Applica Name:	Press Imported application non FAA) - Airman, Studen ation For: Airman Medical Hal R. Jordan *****1444	t Pilot, Non-FAA Air Traffi				
			Attach ECG	Print Certificate	😂 Display Summary	Check for Errors
	Ok ExamType	Pilot (non FAA) - Airman,	Student Pilot, Non-FAA	Air Traffic Controlle	r, etc. 🗸	
	Ok AME Serial Number:	00034				
1.	Ok Application For:	Airman Medical Cert	. O Airman	Medical & Studer	t Pilot Cert.	
2.	Ok Class of Medical Cert.:	○1st ○2nd ●3rd				
з.	Ok Last Name:	Hal	Ok First N	ame: R.		
	Ok Middle Name:	Jordan	Ok S	uffix:	\checkmark	

Figure 26 - Form 8500-8 Data Entry Screen (Sample)

9 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 paper FAA Form 8500-8.

9.1 Form 8500-8 Data Entry Fields

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

Aerospace M Subsystem	Medical Certific (AMCS)	ation				slcome, Dr. Manhattan MCS Home Log Out
	Form 8500-8	Search Applicants	Pending Exams	Import Applicat	tion Help	
Page 1	Page 2	АМ	IE Actions	Comm	nents	Page 3
MedXPress Imported appl Pilot (non FAA) - Airman, Application For: Airman M Name: Hal R. Jordan SSN: ****1444	Student Pilot, No	on-FAA Air Traffic Coi Class of Medical Cert.				
			Attach ECG	Print Certificate	Display Summary	Check for Errors
Ok ExamType	Pilot (no	on FAA) - Airman, Stud	lent Pilot, Non-FAA	Air Traffic Controlle	r, etc. 🔽	
Ok AME Serial N	umber: 00034					

Figure 27 – Form 8500-8, Page 1

9.1.1 Page 1 (Items 1 - 16)

Page 1 of the Form 8500-8 Data Entry Screen contains Items 1-20 of the 8500-8 form.

For Page 1, there are several differences depending on how the application originated (imported from MedXPress or created in AMCS) and what type of exam (pilot, FAA ATC, etc.).

- Exam Type selections are disabled for imported exams
- Items 1, 2, and 17b are disabled for FAA ATC Exams
- The AME Action menu item navigation and Certificate icon are not visible for ATC Exams
- Attach current ECG to current exam

FAA Pilo Applicat	ess Imported application ot - Aviation Safety Inspe ion For: Airman Medical IAL JORDAN	ctor, Aerospace Engineer,					
			Attach EC	G Print Cer	tificate 😂	Display Summary	Check for Error
	Ok ExamType	FAA Pilot - Aviation Safety	Inspector, Aerospace	Engineer, Test F	Pilot		
	Ok AME Serial Number	34					
1.	Ok Application For:	Airman Medical Cert.	0	irman Medical 8	& Student Pile	ot Cert.	
2.	Ok Class of Medical Cert.	$: \odot 1 st \bigcirc 2 nd \bigcirc 3 rd$					
3.							
	Ok Last Name:	JORDAN	Ok F	rst Name:	HAL		
	Ok Middle Name:		Ok S	uffix:	~		
4.	Ok SSN:	555-87-5309	□ International/E	eclined to Subn	nit (An SSN v	vill be generated	by the system)
5.							
	Ok Address:	1 Oa Sector 0					
	Ok City:	Coast City	Ok S	itate:	CA 🗸		
	Ok Country:	USA 🗸	Ok Z	p Code:	20814		
	Ok Telephone Number:	555-876-5309					
6.	Ok Date of Birth:	02/20/1970	Ok C	itizenship:	USA	V	
7.	Ok Hair Color:	BROWN					
8.	Ok Eye Color:	BROWN					
9.	Ok Sex:	Male OFemale					
10.	Ok Type of Airman Cert	ificate(s) You Hold:					
	None	ATC Specialist	🗆 Flight	Instructor	Recre		
	Airline Transport	Flight Engineer	Private		✓ Other	Ok Test Pi	lot
	Commercial	Flight Navigator	Studer	it			
11.	Ok Occupation:						
12.	Ok Employer:	7					
13.	Ok Has Your FAA Airma	n Medical Certificate Ever E	Been Denied, Suspe	nded, or Revoke	d? OYe	s 🖲 No	
	Ok If yes, give date:						
14.	Ok Total Pilot Time To I	Date: 99999	99 (Civilian Only)			
15.	Ok Total Pilot Time Pas	t 6 months: 4400	(Civilian Only)			
16.	Ok Date of Last FAA Me	edical Application:	Ok 🗹 No P	ior Application			

Figure 28 – Form 8500-8, Page 1: Items 1 through 16

Exam Type

Exam type selected in MedXPress will display. Selection cannot be updated. Validation is based on the type of exam selected.

AME Serial Number

The serial number of the AME performing the exam is automatically populated and cannot be edited.

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 1^{st} , 2^{nd} or 3^{rd} 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.

NOTE: You must verify the airman's name matches their government issued ID. Please correct the name if the applicant made an error in MedXPress.

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, leave the SSN blank and click on the check box next to *International/Declined to Submit*. When this option is selected, AMCS will assign a pseudo SSN to the applicant.

5. Address

The applicant's mailing 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. (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. 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 $\ensuremath{\text{Date of Last FAA Medical Application}}$ field.

9.1.2 Item 17a – Current Medication

Either the *Yes* or *No* radio button should be selected for the answer to question 17a (Do You Currently Use Any Medication (Prescription or Nonprescription)). If Yes is selected, the necessary medication information should be entered. *(Required)*

all other fields are optional.	iter medication information and clic	k the Add button. Medic	ation Name is req
Medication Name:			
Applicant Spelling if Incorrect:		Previo	ously Reported: O
Dosage:	Dosage Unit: 🔽 🔽 Freque	ncy:	
Add Medication	Dosage Amount Dosage Un		and the second
		N	Edit Dele
TYL			
NONE	NEVER TAKE IT	Ν	Edit Dele
2.3.7	NEVER TAKE IT	N	
NONE			Edit Dele Edit Dele Edit Dele

Figure 29 - Form 8500-8, Page 1, 17a

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.

AMCS User Guide

17a. Ok Do You Currently Use Any Medication (Prescription or Nonprescription)?	
For each medication prescribed, enter medication information and click the Add button. Mea fields are optional.	dication Name is required, all other
Medication Name:	
Applicant Spelling if Incorrect:	Previously Reported: 🔾 Yes 🔾 No
Dosage Unit: Frequency: Add	•
DIWS medication content is validated against licensed drug information supplied by the F.A. Davis Co. (I <u>here</u> to view the FAD copyright notice and Disclaimer of Warranty.	FAD) in the 'Davis's Drug Guide'. Click



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 **Add** button. Click the **Clear** button to refresh the screen.

- 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 **Add** button. The medication and its associated dosage information will display below the appropriate column headings.

ields are optional.	enter medication information	n and click the	Add button.	Medication Name is rec	juired, all oth
ledication Name:					
pplicant Spelling if Incorrect:				Previously Re	ported: OYes
osage:	Dosage Unit: 🔽 🗸	Frequency:		~	
Add					
Medication	Dosage Amount	Dosage Unit	Frequency	Previously Reported	
	10	mg	Daily	N	Edit Delete

Figure 31 – Add Currently Used Medication

- 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.

9.1.3 Item 18 - Medical History

In answer to the question 'Have You Ever In Your Life Been Diagnosed With, Had, Or Do You Presently Have Any of The Following,' select either the *Yes* or *No* radio button for each of the items a - y. should be selected. *(Required)*

AMCS User Guide

Yes No Yes No	Set All Blank Items in 18a - 18y to Na Ok Frequent or severe headaches Ok Dizziness or fainting spell Ok Unconsciousness for any reason Ok Eye or vision trouble except glasses Ok Hay fever or allergy Ok Asthma or lung disease Ok Heart or vascular trouble Ok Kidney stone or blood pressure Ok Kidney stone or blood in urine Ok Diabetes Ok Neurological disorders: epilepsy, seizures, stroke, paralysis, etc. Ok Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the Ok Alcohol dependence or abuse
Yes No	Ok Dizziness or fainting spell Ok Unconsciousness for any reason Ok Eye or vision trouble except glasses Ok Hay fever or allergy Ok Asthma or lung disease Ok Heart or vascular trouble Ok High or low blood pressure Ok Stomach, liver, or intestinal trouble Ok Kidney stone or blood in urine Ok Diabetes Ok Mental disorders: epilepsy, seizures, stroke, paralysis, etc. Ok Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the
Yes No	Ok Unconsciousness for any reason Ok Eye or vision trouble except glasses Ok Hay fever or allergy Ok Asthma or lung disease Ok Heart or vascular trouble Ok High or low blood pressure Ok Stomach, liver, or intestinal trouble Ok Kidney stone or blood in urine Ok Neurological disorders: epilepsy, seizures, stroke, paralysis, etc. Ok Mental disorders of any sort: depression, anxiety, etc. Ok Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the
Yes No	Ok Eye or vision trouble except glasses Ok Hay fever or allergy Ok Ashma or lung disease Ok Ashma or lung disease Ok Hay for or vascular trouble Ok High or low blood pressure Ok Stomach, liver, or intestinal trouble Ok Kidney stone or blood in urine Ok Diabetes Ok Neurological disorders: epilepsy, seizures, stroke, paralysis, etc. Ok Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the
Yes • No Yes • No	Ok Hay fever or allergy Ok Asthma or lung disease Ok Heart or vascular trouble Ok Heart or vascular trouble Ok Kidney or low blood pressure Ok Stomach, liver, or intestinal trouble Ok Kidney stone or blood in urine Ok Diabetes Ok Neurological disorders: epilepsy, seizures, stroke, paralysis, etc. Ok Mental disorders of any sort: depression, anxiety, etc. Ok Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the
Yes • No Yes • No	Ok Asthma or lung disease Ok Heart or vascular trouble Ok High or low blood pressure Ok Stomach, liver, or intestinal trouble Ok Kidney stone or blood in urine Ok Diabetes Ok Neurological disorders: epilepsy, seizures, stroke, paralysis, etc. Ok Mental disorders of any sort: depression, anxiety, etc. Ok Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the
Yes • No Yes • No	Ok Heart or vascular trouble Ok High or low blood pressure Ok Stomach, liver, or intestinal trouble Ok Kidney stone or blood in urine Ok Diabetes Ok Neurological disorders: epilepsy, seizures, stroke, paralysis, etc. Ok Mental disorders of any sort: depression, anxiety, etc. Ok Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the
Yes • No Yes • No Yes • No Yes • No Yes • No Yes • No Yes • No t 2 years. Yes • No	Ok High or low blood pressure Ok Stomach, liver, or intestinal trouble Ok Kidney stone or blood in urine Ok Diabetes Ok Neurological disorders: epilepsy, seizures, stroke, paralysis, etc. Ok Mental disorders of any sort: depression, anxiety, etc. Ok Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the
Yes No Yes No Yes No Yes No Yes No Yes No t 2 years.	Ok Stomach, liver, or intestinal trouble Ok Kidney stone or blood in urine Ok Diabetes Ok Neurological disorders: epilepsy, seizures, stroke, paralysis, etc. Ok Mental disorders of any sort: depression, anxiety, etc. Ok Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the
Yes No Yes No Yes No Yes No Yes No t 2 years. Yes No	Ok Kidney stone or blood in urine Ok Diabetes Ok Neurological disorders: epilepsy, seizures, stroke, paralysis, etc. Ok Mental disorders of any sort: depression, anxiety, etc. Ok Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the
Yes No Yes No Yes No Yes No t 2 years.	Ok Diabetes Ok Neurological disorders: epilepsy, seizures, stroke, paralysis, etc. Ok Mental disorders of any sort: depression, anxiety, etc. Ok Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the
Yes ● No Yes ● No Yes ● No t 2 years. Yes ● No	Ok Neurological disorders: epilepsy, seizures, stroke, paralysis, etc. Ok Mental disorders of any sort: depression, anxiety, etc. Ok Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the
Yes ●No Yes ●No t 2 years. Yes ●No	Ok Mental disorders of any sort: depression, anxiety, etc. Ok Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the
Yes ●No t 2 years. Yes ●No	Ok Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the
t 2 years. ∙Yes	na de anna a chaile a chuir anna anna anna anna anna anna anna an
	Ok Alcohol dependence or abuse
Yes No	
	Ok Suicide attempt
Yes No	Ok Motion sickness requiring medication
Yes No	Ok Military medical discharge
Yes No	Ok Medical rejection by military service
Yes No	Ok Rejection for life or health insurance
Yes ONo	Ok Admission to hospital
Yes No	Ok Other illness, disability, or surgery
Yes No	Ok Medical disability benefits
Arrest, Con	viction, and/or Administrative Action History
sulted in the	Ok History of (1) any conviction(5) involving driving while intoxicated by, while impaired by, or while under alcohol or a drug; or (2) history of any conviction(5) or administrative action(5) involving an offense(5) which denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an rehabilitation program.
0	Ok History of nontraffic conviction(s) (misdemeanors or felonies).
	Yes ONO Yes ONO Yes ONO rrest, Con Yes No influence of ulted in the o

Figure 32 - Form 8500-8, Page 1: Item 18 (Medical History)

IMPORTANT

All items marked "yes" require an AME comment.

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 18a - 18y to No button. Each item's *No* radio button will be selected.

Clicking on the

Set All No Items in 18a - 18y 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 in the column "Applicant Explanation or Item Description". 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 Comments menu item and enter the applicant's comments in the Applicant Explanation areas of the screen.

9.1.4 Items 19 And 20 (Health Professional Visits and Declaration Statement)

	sit (MM/YYYY):		Physician:	Street:		
City: Reason:			Zip Code: fessional:	Country:	T	
Add Date	Physician		Address	Type Professional	Reason	
3/2015 B	rown	1 Themyscira Is	land Washington, DC 20871, 1	Allergist	Allergies	Edit Delete
2/2014 D	r. Wallace Ryne	1980 E. State H	wy 114W Southlake, TX 76092, 1	Opthamologist	LASIK Surgery	Edit Delete
designate authorizat	d State Departme ion for a single a	nt of Motor Vehic ccess to the infor	er and Certifying Declarations: I h cles, to furnish to the FAA informa mation contained in the NDR to ve m the NDR, if any, available for m	tion pertaining to my driving rify information provided in	record. This con this application. (sent constitutes Jpon my reques
FAA shall Note.						
Note.		-	n must sign it. NDR consent, h or Medical Certificate and Stud		nless this form	is used as an

Figure 33 - Form 8500-8, Page 1: Items 19 and 20 (Health Professional Visits and NDR Consent)

19. 'Have You Visited any Health Professionals within Last 3 Years?'

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

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 links 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 **Update** 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 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 20^{th} or 21^{st} century. (**Required**)

IMPORTANT

All applicants must sign the form. A certificate must not be issued without the airman's signature in Item 20.

To proceed to Page 2 of the Form 8500-8 Data Entry Screens click on the **Next Page** button at the bottom of the screen

-OR-

Click on the Page 2 Menu Item at the top 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.

9.2 Functions

9.2.1 Search Applicants Tab

Selecting this tab takes you to the Search Applicants screen.

9.2.2 Pending Exams Tab

Selecting this tab takes you to the Pending Exams Screen.

9.2.3 Import Application Tab

Select this tab to go to Import Application screen.

9.2.4 Page 1 Menu Item

This menu item, displayed in light blue, indicates that you are on Page 1 of the Data Entry Screens. The information displayed on this screen is provided by the applicant and imported or entered by the AME.

9.2.5 Page 2 Menu Item

Selecting this menu item will save any newly entered or updated information and take you to Page 2 of the data entry screens

9.2.6 AME Actions Menu Item (PILOTS ONLY)

Selecting this menu item 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.

9.2.7 Comments Menu Item

Selecting this menu item takes you to the Comments Screen where you can enter comments for:

- Items 17a, 17b (pilots only), 18a 18y, and 19 where the applicant has selected Yes
- Abnormal Physical Findings (Items 25 48)
- Out of Range/Abnormal Results for Items 49, 50, 51a, 51b, 52 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.

9.2.8 Page 3 Menu Item

Selecting this menu item will save any newly entered or updated information and takes you to Page 3 of the Data Entry Screens

9.2.9 Check for Errors Button

Clicking on this button will save any newly entered or updated information, validate that information and display a list of errors, if applicable.

9.2.10 Display Summary Button

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

9.2.11 Attach Current ECG to New Exam

Clicking on the **Attach ECG** button will launch an ECG import window, where the applicant's current ECG can be uploaded (attached to the current exam) and eventually transmitted to the FAA with the exam.

You may only attach one ECG to the exam. If you attach the wrong ECG, you may upload a new one. 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.

An ECG was uploaded for this exam on 5/19/2015, uploading a new ECG will replace this ECG.				
Document:	Choose File No file chosen			
Category:	ECG			
Document Date:	\checkmark			
Comments: (Max allowed is 255 characters)				
	OK Cancel			

Figure 34 - Attach Current ECG to New Exam

To attach an ECG from the ECG Import window, click on the **Choose File** button and search your computer's folders for the appropriate ECG PDF document. Select the document and click on the **Open** button.

Organize 🔻 New folde	r		
★ Favorites	03_AMCS library	Arrang	e by: Folder 🔻
Downloads	Name	Date modified	Туре
Desktop	John Doe_ECG.pdf	5/12/2015 7:41 AM	PDF File
01_MSS Apps 02_MedXPress			

Figure 35 - Attach ECG PDF

The document selected will display in the document field. Enter the date the ECG was performed in the Document Date box, add any necessary comments, and click on the **OK** button.

Document:	Choose File John Doe_ECG.pdf
Category:	ECG
Document Date:	5/19/2015
	ECG performed for a right atrial enlargement and a left atrial enlargement and aright ventricular conduct on delay.
Comments: (Max allowed is 255 characters)	
	OK Cancel

Figure 36 – ECG Date and Comments

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

The file, John Doe_ECG_Update.pdf, has been s uploaded.	uccessfully
	ОК

Figure 37 – ECG File Upload Success Message

9.2.12 Upload Document to New Exam

Clicking on the **Upload Document** button will launch a Document Upload window where the applicant's supporting documentation can be uploaded and eventually transmitted to the FAA with the exam.

9.2.13 Print Certificate Button (Pilots Only)

Clicking this button 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. 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.

IMPORTANT

This button will not display for ATC exams.

9.2.13.1 Medical Certificate Quick Print (Pilots Only)

This screen is launched when the **Print Certificate** button is selected.

	eral Aviation AMCS ninistration Medic	Aerospace al Certificate - C	Medical Certification Syste uick Print	em	
Current 🔦	Personal Information				
• Page 1	Name, First Mid	dle	Last	Suffix	
• Page 2		LOYD	FLINTSTONE		
 Comments 	Street Address				
• Page 3	2324 ROCK STREET				
• Quick Cert	City Sta	te	Zip Code		
Exams 🔦	OKLAHOMA CITY OK	< •	73165		
 Pending 	Country				
 Search 	USA	-			
• Import	Date of Birth Sex				
AMCS 💿	Date of Birth Sex 4/20/1969 • Ma				
• Help		e Color	Height	Weight	
• Logout		ACK -	68	220	
	bener a		00	220	
	Certificate Information				
	Туре		Class		
	Medical Certificate		FIRST	-	
	Form Number	Exam Date			
	GX1151035	8/11/2014	-		
	Limitations				
	Vone None				
	Must have available glasses fo	r near vision.			=
	Must wear corrective lenses.	i ilcar vision.			
	Must wear corrective lenses f	or near and distant	vision.		
	Must wear lenses for distant,				
	Third-Class Letter of Evidence	-			
	Must wear prismatic correctio				
	Must use hearing amplification				-
	Please do not enter a date in thi	s field unless the air	man has a special issuance.		
	Not valid for any class after date:			•	
				,	
		Prev	view Certificate		

Figure 38 – Medical Certificate Quick Print

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 is for a combination FAA ATC/pilot, 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.

9.2.14 Set All Blank Items in A thru Y to No Button

Set All Blank Items in 18a - 18y to No This button sets all blank radio button selections for the Medical History, Item 18, selections a thru y, to *No*

9.2.15 Set All No Items in A thru Y to Blank Button

Set All No Items in 18a - 18y to Blank This button sets all *No* radio button selections for the Medical History, Item 18, selections a thru y, to *Blank*. *Yes* selections will remain selected.

9.2.16 Save Button

Save

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

9.2.17 Next Page Button

Next Page

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

9.2.18 Help tab

Click on the Help tab, available from any screen, to view information about a specific screen's functionality.

9.2.19 AMCS Home

Click the **AMCS Home** link to go to the AMCS Home screen.

9.2.20 Log Out Link

Click the **Log Out** link to exit AMCS and return to the AMCS Login Screen.

9.2.21 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 twenty 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.

ge 1	
ge 2	UNITED STATES OF AMERICA
mments	Department of Transportation Federal Aviation Administration
ge 3	MEDICAL CERTIFICATE FIRST CLASS
ick Cert	
~	This certifies that <i>(Full name and address)</i> :
ding	FREDERICK FLLOYD FLINTSTONE
ch	2324 ROCK STREET OKLAHOMA CITY OK 73165 USA
t	OKLAHOMA CITY OK 75165 USA
~	Date of Birth Height Weight Hair Eyes Sex
	04/20/1969 68 220 BLACK BLACK M
	Regulations, for this classof Medical Certificate. None
	Date of Examination Examiner's Designation No. 08/11/2014 00034 E Signature
	08/11/2014 00034 Signature Typed Name COURTNEY D. SCOTT JR, DO
	08/11/2014 00034 Signature Typed Name
	08/11/2014 00034 Signature Typed Name COURTNEY D. SCOTT JR, DO

Figure 39 – Medical Certificate Preview Screen

9.2.21.1 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 or a prior exam submitted within the past 90 days you will be presented with this warning page and will not be allowed to print a certificate.

Current 🔗	Certificate Eligibility Warning
Page 1	Due to one or more of the following issue(s) related to this applicant, the FAA recommends that you do not
Page 2	issue a Medical Certificate or Student Pilot Medical Certificate. The potential issues include:
Comments	- Previous exam denial
Page 3	- Prior exam submitted within the past 90 days - Pending legal action
Exams 🛛 🔦	
Pending	For additional information, please contact Medical Certification at (405)954-4821.
Search	
Import	
AMCS 📀	
Help	
Logout	
	Return to Page 1 of Exam

Figure 40 – Certificate Eligibility Warning Screen

10 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 paper FAA Form 8500-8.

10.1 Form 8500-8 Data Entry Fields

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

Aerospace Subsystem	Medical Certific (AMCS)	ation				elcome, Dr. Manhattan AMCS Home Log Out
	Form 8500-8	Search Applicants	Pending Exams	Import Applicatio	n Help	
Page 1 Page 2 AME Actions Comments Page 3						
Pilot (non FAA) - Airman						
			Attach ECG	Print Certificate	😂 Display Summar	y Check for Errors

Figure 41 – Form 8500-8, Page 2

10.1.1 Items 21 Thru 48

		Attach ECG 📓 Print Certificate 😓 Display Summary 🗸 Check for Error			
21.	Ok Height (in.): 96	3			
22.	Ok Weight (lbs.): 11	ID BMI: 8			
21.	Ok Statement of Demo	nstrated Ability (SODA): Oyes No			
24.	Ok SODA #:				
	Ok Defect Noted:				
Physica	ll Findings:	Set All Blank Items in 25-48 to Normal			
25	Normal O Abnormal	Ok Head, face, neck, scalp			
26	Normal O Abnormal	Ok Nose			
27	Normal O Abnormal	Ok Sinuses			
28	Normal O Abnormal	Ok Mouth and throat			
29	● Normal ○ Abnormal	Ok Ears, general (Internal and external canals; Hearing under item 49)			
30	Normal O Abnormal	Ok Ear Drums (perforation)			
31	Normal O Abnormal	Ok Eyes, general (Vision under items 50 to 54)			
32	Normal O Abnormal	Ok Opthalmoscopic			
33	Normal O Abnormal	Ok Pupils (Equality and reaction)			
34	Normal Abnormal	Ok Ocular motility (Associated parallel movement, nystagmus)			
35	Normal O Abnormal	Ok Lungs and chest (Not including breast examination)			
36	Normal O Abnormal	Ok Heart (Precordial activity, rhythm, sounds, and murmurs)			
37	Normal O Abnormal	Ok Vascular system (Pulse, amplitude and character; arms, legs, others)			
38	O Normal Abnormal	Ok Abdomen and viscera (Including hernia)			
39	Normal O Abnormal	Ok Anus (Not including digital examination)			
40	Normal O Abnormal	Ok Skin			
41	Normal O Abnormal	Ok G-U system (Not including pelvic examination)			
42	● Normal ○ Abnormal	Ok Upper and lower extremities (Strength and range of motion)			
43	Normal O Abnormal	Ok Spine, other musculoskeletal			
44	Normal O Abnormal	Ok Identifying body marks, scars, tattos (Size and location)			
45	Normal O Abnormal	Ok Lymphatics			
46	Normal O Abnormal	Ok Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves, coordination, etc.)			
47	Normal O Abnormal	Ok Psychiatric (Appearance, behavior, mood, communication, and memory)			
48	Normal O Abnormal	Ok General systemic			

Figure 42 - Form 8500-8, Page 2: Items 21 through 48 (Exam Findings)

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. (Required if 'Yes" is selected.)

Defect Noted

Enter defects noted. (Required if 'Yes' is 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 **Set All Blank Items in 25-48 to Normal** button. Each item's *Normal* radio button will be selected.

Clicking on the **Set All Normal Items in 25-48 to Blank** 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 Comments menu item and enter comments in the AME comment area of the screen that will launch. If item is disqualifying the AME should check the "Disq" box beside the item number.

10.1.2 Items 49 Thru 58

49.	Ok Hearing
	Ok Conversational Voice Test at 6 Feet:
	X Speech Discrimination:
	Audiometer (Threshold in decibels)
	Ok Right 500: 0 Ok Right 1000: 0 Ok Right 2000: 0 Ok Right 3000: 0 Ok Right 4000: 0
	Ok Left 500: 0 Ok Left 1000: 0 Ok Left 2000: 0 Ok Left 3000: 0 Ok Left 4000: 0
50.	Distant Vision
	Ok Right 20/ 20 Ok Corrected to 20/ 20
	0k Left 20/ 20 0k Corrected to 20/ 20
	Ok Both 20/ 20 Ok Corrected to 20/ 20
51a.	Near Vision
	Ok Right 20/ 20 Ok Corrected to 20/ 20
	Ok Left 20/ 20 Ok Corrected to 20/ 20
	Ok Both 20/ 20 Ok Corrected to 20/ 20
51b.	Intermediate Vision
	Ok Right 20/ 20 Ok Corrected to 20/ 20
	Ok Left 20/ 20 Ok Corrected to 20/ 20
	Ok Both 20/ 20 Ok Corrected to 20/ 20
52.	Ok Color Vision:
53.	Ok Field of Vision: O Abnormal
54.	Heterophoria 20' (in prism diopters)
	Ok Esophoria: 3 Ok Exophoria: 3 Ok R. Hyperphoria: 0 Ok L. 0 Hyperphoria:
55.	Blood Pressure Ok Systolic: 120 X Diastolic:
56.	Pulse: Ok 86
57.	Ok Urine Test (if abnormal, give results): Normal O Abnormal Ok Albumin: Normal Ok Sugar:
58.	? ECG Date: (Date will get filled in when an ECG is uploaded)
59.	Ok Other Tests Given:
	^
	Y

Figure 43 - Form 8500-8, Page 2: Items 49 through 58

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 1st and 2nd class applicants 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.

10.1.3 Items 59 And 60

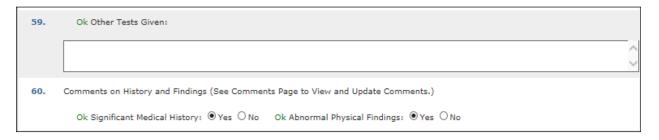


Figure 44 - Form 8500-8, Page 2: Items 59 and 60 (Other Tests Given and Comments)

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 Items 17a, 17b (pilots only), 18 ay; and for out of range or abnormal results for items 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 Comments menu item 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.

Significant Medical History

Select the Yes or No radio button. (Required)

Abnormal Physical Findings

Select the Yes or No radio button. (Required)

10.1.4 Item 62

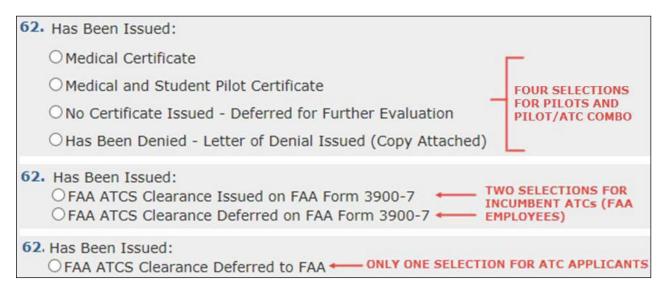


Figure 45 - Form 8500-8, Page 2: Item 62 (Certificate Issue Status)

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 or a prior exam submitted within the past 90 days a Certificate Eligibility Warning will appear above Item 62 recommending that you not issue a certificate.

 Medical and Student Pilot Certificate No Certificate Issued - Deferred for Further Evaluation Has Been Denied - Letter of Denial Issued (Copy Attached)
63. Disqualifying Defects: Please note any disqualifying defects by checking the appropriate "Disq." box(es) on the Comments Page:
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: 06/22/2015 Ok AME Declaration: ⊙ Yes ○ No
Previous Page Save Next Page Certificate Eligibility Warning You will be unable to print a Medical Certificate for this exam due to the following issues potentially related to this applicant: - Previous exam denial

- Prior exam submitted within the past 90 days

For additional information, please contact Medical Certification at (405) 954-4821 or AMCS Support at (405) 954-3238.

Figure 46 – Form 8500-8, Page 2: Certificate Eligibility Warning

10.1.5 Items 63 And 64

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. X Medical Exam Date: X AME Declaration: Yes No
	Previous Page Save 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 **Next Page** button at the bottom right of the screen will take you to the Comments screen. Enter any necessary comments and click on the **Next Page** button at the bottom right of the Comments Screen to proceed to Page 3 of the Form 8500-8 Data Entry Screens.

-OR-

Click on the Page 3 menu item. Information entered on Page 2 will be saved and you will be taken to Page 3 of the Form 8500-8 Data Entry Screens.

10.2 Functions

10.2.1 Search Applicants Tab

Selecting this takes you to the Search Applicants Screen.

10.2.2 Pending Exams Tab

Selecting this tab takes you to the Pending Exams Screen.

10.2.3 Import Application Tab

Selecting this tab takes you to the Import Application screen.

10.2.4 Page 1 Menu Item

Selecting this menu item will save any newly entered or updated information and takes you to Page 1 of the Data Entry Screens.

10.2.5 Page 2 Menu Item

This menu item, displayed in light blue, indicates you are on Page 2 of the Data Entry Screens.

10.2.6 AME Actions Menu Item (PILOTS ONLY)

This menu item 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.

10.2.7 Comments Menu Item

This menu item takes you to the Comments page where you can enter AME comments.

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.

10.2.8 Page 3 Menu Item

Selecting this menu item will save any newly entered or updated information and takes you to Page 3 of the Data Entry Screens.

10.2.9 Check for Errors Button

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

10.2.10 Display Summary Button

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

10.2.11 Attach ECG Button

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

10.2.12 Upload Document Button

Clicking on the **Upload Document** button will launch a Document Upload window where the applicant's supporting documentation can be uploaded and eventually transmitted to the FAA with the exam.

10.2.13 Print Certificate Button (Pilots Only)

Selecting this button 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. 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.

IMPORTANT

This button will not display for ATC exams.

10.2.14 Set All Blank Items in 25 - 48 to Normal Button

Set All Blank Items in 25-48 to Normal

Sets all of the blank radio button selections for the Physical

Exam Items 25 -48 to Normal

10.2.15 Set All Normal Items in 25 - 48 to Blank Button

Set All Normal Items in 25-48 to Blank

Sets all Normal radio button selections for the Physical Exam Items 25 - 48 to Blank; Abnormal selections will remain selected

10.2.16 Save Button

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

10.2.17 Previous Page Button

Previous Page Selecting this button will save any newly entered or updated information and take you back to Page 1 of the Data Entry Screens.

10.2.18 Next Page Button

Next Page Selecting this button saves any newly entered or updated information and takes you to the AME Actions page.

10.2.19 Help Tab

Click on the Help tab, available from any screen, to view information about a specific screen's functionality.

10.2.20 AMCS Home

Click the **AMCS Home** link to AMCS Home screen.

10.2.21 Log Out Link

Click the **Log Out** link to exit AMCS and return to the AMCS Login Screen.

11 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.

	e Medical Certific m (AMCS)	cation				e, Dr. Manhattan Home Log Out
	Form 8500-8	Search Applicants	Pending Exams	Import Applicati	on Help	
Page 1	Page 2	AÞ	IE Actions	Comme	ents	Page 3
MedXPress Imported a FAA Pilot - Aviation Sat Application For: Cl Name: HAL JORDAN SSN: *****7513			t Pilot			
			Attach ECG	Print Certificate	😂 Display Summary	Y Check for Errors
Obstructive Sleep Ap	nea Assessment	(AME Guide Refere	nce)			
You must select the cho	pice below that appl	ies to this airman				
Applicant Previously	Assessed					
O 1. Has OSA diagno:	sis and is on Special I	ssuance. Reports to follow	6			
O 2. Has OSA diagno	sis and is currently be	ing treated OR has had p	revious OSA assessmen	nt. NOT on Special Iss	uance. Reports to fol	low.
Applicant Not at Risk	c .					
O 3. Determined to N	IOT be at risk for OSA	at this examination.				
Applicant at Risk/Se	verity to be Assesse	d				
O 4. Discuss OSA risk	k with airman and pro-	vide educational materials				
O 5. At risk for OSA.	AASM sleep apnea as:	sessment required. Repor	ts to follow.			
Applicant Risk/Sever	rity high					
O 6. Deferred. Imme	diate safety risk. AASI	A sleep apnea assessmen	t required. Reports to f	follow.		
0						
				Constant of the second s		
				Previous Page	Save	Next Page
AA.gov Privacy Policy	V Web Policies 8	Notices Site Map	Contact Us	equently Asked Q	uestions Forms	2
anders & Viewers: PDF						

Figure 48 - AME Actions

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.

If the sixth choice is selected (Deferred under Applicant Risk/Severity High section) from the AME Actions Screen, the selection on Form 8500-8 Page 2, Exam Item #62 will automatically be updated to "No Certificate Issued – Deferred for Further Evaluation". The AME will receive a confirmation message indicating that Item 62 will be updated.

Message fr	rom webpage
4	Selecting Deferred for OSA assessment indicates you will not issue a medical certificate to the applicant. Item 62 will also be updated to "No Certificate Issued – Deferred for Further Evaluation."
	ОК

Figure 49 - No Certificate Issued - Deferred Message

IMPORTANT

This page will not display for ATC exams.

12 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.

12.1 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.

	ce Medical Certifica em (AMCS)	ition				Dr. Manhattan me Log Out
	Form 8500-8	Search Applicants	Pending Exams	Import Applicat	ion Help	
Page 1	Page 2	AM	IE Actions	Comn	ients	Page 3
		[Attach ECG	Print Certificate	Display Summary	Check for Erro
	Physical Findings (It		s. Also, check all it	ems to be included	in Disqualifying Defec	ts (Item 63).
MEs, please provide	Physical Findings (It comments for any abn IE Comment		s. <mark>Als</mark> o, check <mark>al</mark> l i	ems to be included	in Disqualifying Defec	ts (Item 63). Disq
MEs, please provide item AM	comments for any abn 1E Comment		s. Also, check all i	ems to be included	in Disqualifying Defec	
MEs, please provide Item AM Abdomen and viscera	comments for any abn 1E Comment		s. Also, check all i	ems to be included	in Disqualifying Defec	
AMEs, please provide Item AM Abdomen and viscera	comments for any abn 1E Comment	ormal physical finding	s. Also, check all i	ems to be included	in Disqualifying Defec	Disq
AMEs, please provide Item AM Abdomen and viscera 38	comments for any abn IE Comment I (Including hernia)	ormal physical finding	s. Also, check all i	ems to be included	in Disqualifying Defec	Disq

Figure 50 - Comments on Physical Findings

12.2 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.

	Class of Medical Cert. changed from 2 to	~	Updated based on patient need	~
2.		~		\sim
	Applicant modified the SSN, AMCS has	_		
4A.	retained the original SSN	0		0
	Address changed from 40034 Rd 415 to 40034 Route 415	~	Address correction	~
5A.		~		\sim
	180 changed from N to Y	_	Updated medical history	-
180.		0		C
chocki	ng the certification box immediately below, I certi	fu that	all modifications to the partian of this applica	tion comple
	icant that are noted in this section were made by			
	authorization.	me m e	consultation with the applicant and with the a	pplicane 3 h

Figure 51 – Imported Exam Changes Explanation

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.

12.3 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.

12.4 Comments on History and Findings

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

Item	Applicant Explanation or Item Description	AME Comment (Item 60)	Dis
180.	Alcohol dependence or abuse		
	Attended Alcoholics Anonymous for Action one year	Patient no longer drinks alcohol	
18V.	History of (1) any conviction(s) involving driving whil the influence of alcohol or a drug; or (2) history of ar involving an offense(s) which resulted in the denial, s privileges or which resulted in attendance at an educ	ny conviction(s) or administrative action(s) suspension, cancellation, or revocation of driving	
	Previously reported	Already exists in patient file	
19.	Have you visited any health professionals within the	last 3 years	
	Yes	Doctor visits verified	
Genera	I Explanations by Airman Pertaining to Medical H	istory:	

Figure 52 - Comments on History and Findings

13 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 FAA.

Name: DJTESTNEW SSN: *****2833 UNITED STATE: Department of Federal Aviatio Ok Certificate/Fo MEDICAL CERT This certifies tha DJTESTNEW m ¹ (c 5155 MAIN ST Dallas, TX 73010 Data 09/	icate man Medical Cert. / m'iddle DJTESTNEW S OF AMERICA Transportation n Administration rm No.: GX V 3904 IFICATE FIRST V t. (Full name and addl iddle DJTESTNEW a of Birth 06/1982	Class of Medical Cert ① Upload Document 724 CLASS	👫 Attach ECG 🛛	Comments		Check for Err
Pilot Medical Certil Application For: Ai Name: DITESTNEW SSN: *****2833 UNITED STATE: Department of Federal Aviatio Ok Certificate/Fo MEDICAL CERT This certifics tha DITESTNEW mile 5155 MAIN ST Dallas, TX 73010 Data 09/	icate man Medical Cert. / m'iddle DJTESTNEW S OF AMERICA Transportation n Administration rm No.: GX V 3904 IFICATE FIRST V t. (Full name and addl iddle DJTESTNEW a of Birth 06/1982	Upload Document Upload Document T24 CLASS ress): Height	👫 Attach ECG 🛛	Print Certificate	isplay Summary 🛛 🤘	Check for En
Department of Federal Aviatio Ok Certificate/Fo MEDICAL CERT This certifies that DJTESTNEW m ⁽¹⁾ S155 MAIN ST Dallas, TX 73010 Data 09/ has met the med	Transportation n Administration rm No.: [OX >] 3904 IFICATE [FIRST > c (Full name and addlidle DJTESTNEW a of Birth 06/1982	724 CLASS ress): Height		Print Certificate	isplay Summary 🛛 🤘	Check for En
Department of Federal Aviatio Ok Certificate/Fo MEDICAL CERT This certifies that DJTESTNEW m ⁽¹⁾ S155 MAIN ST Dallas, TX 73010 Data 09/ has met the med	Transportation n Administration rm No.: [OX >] 3904 IFICATE [FIRST > c (Full name and addlidle DJTESTNEW a of Birth 06/1982	724 CLASS ress): Height		Thin Counces	ispasy summary	
This certifies that DJTESTNEW mild 5155 MAIN ST Dallas, TX 73010 Dat 09/ has met the med	t (Full name and addi Idle DJTESTNEW e of Birth 06/1982	ress): Height	Weight			
DJTESTNEW m'id 5155 MAIN ST Dallas, TX 73010 Date 09/ has met the med	idle DJTESTNEW 9 e of Birth 06/1982	Height	Weishe			
09/ has met the med	06/1982		Marca - Las			
	lical standards prescr		Weight 180	Hair BLACK	Eyes BLACK	Sex M
		ibed in Part 67, Fede	ral Aviation Regula	tions, for this class of f	Medical Certificat	e.
Code Desc	ription					
🗹 0 None						
5 Third	-Class Letter of Evide	nce				
9 Must	use hearing amplifica	ation.				
🗆 10 Must	wear artificial limb.					
🗆 11 Oxyg	en required when flyi	ng above 7,999 feet.				
🗆 13 Not v	alid for pilot in comm	and.				
🗌 16 Not v	alid for flights requiri	ng color signal contr	ol during daylight h	ours.		
🗆 17 Not v	alid for night flying o	r by color signal cont	trol.			
🗆 18 Not v	alid for night flying.					
22 Not v	alid for flying where	radio use is required.				
25 Valid	for flight service stat	ion or center duties (only.			
27 Seco	nd class privileges lin	nited to aerial applica	ition.			
28 Seco	nd class privileges lim	nited to flight enginee	er duties.			
🗌 31 Valid	for and limited to air	traffic control duty o	only.			
🗆 36 Limit	ed second class/Full t	hird class privileges.				
🗌 39 Issue	d on basis of demons	strated medical fitnes	ss.			
🗌 41 Valid	for 6 months followir	ng the month examin	ied.			
🗌 43 Valid	for 12 months follow	ing the month exami	ined.			
47 Valid	for 24 months follow	ing the month exami	ined.			
🗌 60 Not v	alid for carrying pass	engers or cargo for o	compensation,			
🗌 61 excep	ot if serving as pilot o	f fully qualified 2-pilo	ot crew.			
🗌 76 Not v	alid for any class afte	er				
101 Conti	ngency Special Issua	nce: Valid for 6 mon	ths following the m	onth examined.		
	use corrective lens(e					
🗆 103 Valid	for balloon operation	s only.				
Date of Examina	tion: 03/14/2023		Exam	iner's Designation No.:	000080083	
					Previous Page	Save

Figure 53 – Form 8500-8 Screen, Page 3

13.1 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)

	Form 8500-8	Search Applicants	Pending Exams	s Import Applicat	ion Help	
Page 1	Page 2	A	ME Actions	Comm	ents	Page 3
MedXPress Imported app Pilot Medical Certificate Application For: Airman I Name: DJTESTNEW m'ide SSN: *****2833	Medical Cert.	Class of Medical Cer	t.:3rd			
UNITED STATES OF J Department of Trans Federal Aviation Adr Ok Certificate/Form No	sportation ninistration	Upload Document	Attach ECG	Print Certificate	Display Sun	nmary Check for Errors
No certificate will be						
Date of Examination: (03/14/2023		Exa	miner's Designatio	n No.: 00008	0083
					Previo	save Save
						Submit Exam

Figure 54 - No Certificate Issued

13.2 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

•

Pilot Medica Application						
Pilot Medica Application Name: DJTE						
	Imported application al Certificate For: Airman Medical Cert. STNEW m'iddle DJTESTNEW 2833	Class of Medical Cer	t.:3rd			
		Upload Document	Attach ECG	Print Certificate)isplay Summary 🗸	Check for En
Departme Federal A	STATES OF AMERICA ent of Transportation Aviation Administration cate/Form No.: GX > 3904					
MEDICAL	CERTIFICATE FIRST	CLASS				
		lress):				
	Date of Birth 09/06/1982	Height 72	Weight 180	Hair BLACK	Eyes BLACK	Sex M
has met th	he medical standards presc	ribed in Part 67, Fed	eral Aviation Regulat	tions, for this class of	Medical Certificate	3.
Limitatio	ns					
Code	Description					
0	None					
5	Third-Class Letter of Evid	ence				
9	Must use hearing amplific	ation.				
🗆 10	Must wear artificial limb.					
□ 11	Oxygen required when fly	ing above 7,999 fee	t.			
🗆 13	Not valid for pilot in comr	nand.				
□ 16	Not valid for flights requir	ing color signal cont	rol during daylight h	ours.		
□ 17	Not valid for night flying o	or by color signal con	trol.			
□ 18	Not valid for night flying.					
□ 22	Not valid for flying where	radio use is required	I.			
□ 25	Valid for flight service sta	tion or center duties	only.			
27	Second class privileges lir	nited to aerial applic	ation.			
□ 28	Second class privileges lir	nited to flight engine	er duties.			
□ 31	Valid for and limited to ai	r traffic control duty	only.			
36	Limited second class/Full	third class privileges				
39	Issued on basis of demon	strated medical fitne	ss.			
□ 41	Valid for 6 months followi	ng the month exami	ned.			
	Valid for 12 months follow					
47	Valid for 24 months follow	ving the month exam	ined.			
□ 60	Not valid for carrying pas	sengers or cargo for	compensation,			
	except if serving as pilot of					
0 76	Not valid for any class aft	er				
0 101	Contingency Special Issue	ance: Valid for 6 mor	ths following the m	onth examined.		
	2 Must use corrective lens(
	3 Valid for balloon operation					
Date of Ex	kamination: 03/14/2023		Exami	ner's Designation No.	000080083	
					Previous Page	Save

Figure 55 – Certificate Issued Screen

IMPORTANT

If a certificate has already been printed using the **Print Certificate** button, 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 class granted from the drop down list provided.

Limitations

Select the limitation(s) that apply.

Certificate/Form Number

This field will automatically populate with a GX-****** computer generated number if the application was imported via the FAA's MedXPress system and the digits will be read-only. (If you are performing an FAA ATC/pilot combination exam, the GG-****** number from the paper 8500-8 form should be entered.)

13.2.1.1 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. If possible, please return to the exam and print a corrected certificate or correct the data that has changed before submitting.

Current 🔦	Data Mismatches
 Page 1 	The following data mismatches have been detected between what was printed on the Medical
• Page 2	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.
• Comments	
• Page 3	Height does not match printed certificate (72).
Exams 🔦	Weight does not match printed certificate (180).
	Limitations selected does not match printed certificate (0).
 Pending 	
 Search 	
 Import 	Submission Comment
AMCS 🔦	
• Help	
 Logout 	
	×
	Return to Page 1 Continue Submission

Figure 56 – Certificate Data Mismatch Verification

13.2.1.2 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 or a prior exam submitted within the past 90 days 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. If you see a Certificate Eligibility Warning, please contact the FAA for instructions. You will be unable to print a certificate.

	Fo	rm 8500-8	Search Applicants	Pending Exams	Import Application	Help	
Page	1	Page 2	AM	E Actions	Comments		Page 3
Pilot Medica Application	For: Airman Medi STNEW m'iddle D	cal Cert.	Class of Medical Cert.	:3rd			
		ſ	① Upload Document	Attach ECG	Y Print Certificate	Display Summary	Check for Er
Departme Federal A	TATES OF AME ant of Transpor viation Administration	tation stration					
MEDICAL	CERTIFICATE	FIRST 🗸	CLASS				
			ess):				
	Date of Birth 09/06/1982		Height 72	Weight 180	Hair BLACK	Eyes BLACK	Sex M
has met th		ards prescri			tions, for this class of		
Limitatior				5			
Code	Description						
0	None						
5	Third-Class Let	ter of Evide	nce				
9	Must use hearin	ng amplifica	tion.				
0 10	Must wear artifi	icial limb.					
□ 11	Oxygen require	d when flyi	ng above 7,999 feet.				
13	Not valid for pil	ot in comm	and.				
□ 16	Not valid for flig	ghts requiri	ng color signal contro	l during daylight i	nours.		
0 17			by color signal contr	ol.			
	Not valid for nig						
			adio use is required.				
			on or center duties o				
27			ited to aerial applicat				
			ited to flight enginee traffic control duty or				
			hird class privileges.	ny.			
			trated medical fitnes	5.			
			g the month examine				
			ng the month examir				
			ng the month examir				
60	Not valid for ca	rrying pass	engers or cargo for c	ompensation,			
61	except if servin	g as pilot o	f fully qualified 2-pilo	t crew.			
0 76	Not valid for an	y class afte	r				
□ 101	Contingency Sp	ecial Issua	nce: Valid for 6 mont	ns following the m	onth examined.		
0 102	Must use correc	tive lens(e	s) to meet vision star	idards at all requi	red distances.		
□ 103	Valid for balloor	n operation:	s only.				
Date of Exa	amination: 03/14	4/2023		Exam	iner's Designation No.	: 000080083	
						Previous Pa	ige Save
							Submit Exam

Figure 57 - Certificate Issued With Certificate Eligibility Warning

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.

Current 💊	Submission Explanation
• Page 1	You have elected to ignore the warnings about not issuing a certificate for this exam, please enter an
• Page 2	explanation for this issuance in the box provided below.
• Comments	
• Page 3	
• Quick Cert	
Exams 💿	
• Pending	
• Search	
• Import	Return Submit
AMCS 💊	
• Help	
 Logout 	



13.2.1.3 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.

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.

Aero Subs	space Medical Certific system (AMCS)	ation				Welcome, Dr. Manhattan AMCS Home Log Out
	Form 8500-8	Search Applicants	Pending Exams	Import Application	Help	
The exam was	submitted successfu	ılly.				
DOB: 0	2353231343					
HAL JORDAN 1 Oa Sector 0 Coast City, CA,	USA, 20814					
		Display Summary Re	eport Pre	view Certificate		
FAA.gov Privacy Readers & Viewers:	Policy Web Policies &	Notices Site Map	<u>Contact Us</u> <u>Fr</u>	equently Asked Quest	tions For	ms



The MID number uniquely identifies this examination within the FAA database. The Applicant ID uniquely identifies the individual. 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 Report button presents a summary of the completed Form 8500-8.

Clicking the Preview Certificate button launches the Medical Certificate Preview page where the medical certificate can be reviewed and then printed. This button will not be available if you have already printed the maximum number of times, you deferred or denied certification, or you have entered an FAA ATC exam.

Medical Certificate Preview

Clicking on the **Preview Certificate** 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.

ams 🔦 Pending Search Import	Dej	ITED STATES partment of Jeral Aviation MEDI	Transpor Administratio	tation ^{on}	CATE FI	RST CLA	\$\$
1CS 🔦 Help Logout	FR 48	is certifies ti ANKIE B 15 Palm Tr dwest City	UBBAX ee Road	MCGIN	NYPIG JR		
	Di	ate of Birth	Height	Weight	Hair	Eves	Sex
		4/20/1963	72	180	BROWN	GREEN	F
	Re	s met the m qulations, fo None	or this cla	ssof Medi	cal Certifica	ate.	
	Limitations	<u>qulations, fo</u> 1	or this cla	ssof Medi	cal Certifica	ate.	
	Pimitations	<u>qulations, fo</u> 1	or this cla	ssof Medi	ical Certifica	Designation No	
	Limitations	qulations, fo None e of Examinat /12/2014	or this cla	ssof Medi	ical Certifica	ate.	
	Examiner 80 Limitations	qulations, fo None e of Examinat /12/2014 Signature Typed Nar COURTN:	ion EY D. SCC	ssof Medi	Examiner's	ate.	
	Examiner Fxaminer Fxa	qulations, fo None e of Examinat /12/2014 Signature Typed Nar	ion EY D. SCO NATURE	DTT JR, D	Examiner's	ate.	

Figure 60 – Medical Certificate Preview

13.3 Functions

13.3.1 Search Tab

Selecting this tab takes you to the Search Applicants screen.

13.3.2 Pending Exams Tab

Selecting this tab takes you to the Pending Exams screen.

13.3.3 Import Application Tab

Selecting this tab takes you to the Import Application screen.

13.3.4 Page 1 Menu Item

Selecting this menu item will save any newly entered or updated information and takes you to Page 1 of the Data Entry Screens.

13.3.5 Page 2 Menu Item

Selecting this menu item will save any newly entered or updated information and takes you to Page 2 of the Data Entry Screens

13.3.6 AME Actions Menu Item (PILOTS ONLY)

This menu item 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.

13.3.7 Comments Menu Item

This menu item takes you to the Comments page where you can enter AME comments.

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.

13.3.8 Page 3 Menu Item

This menu item, displayed in light blue, indicates you are on Page 3 of the Data Entry Screens.

13.3.9 Check for Errors Button

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

13.3.10 Attach ECG Button

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

13.3.11 Upload Document Button

Clicking on the **Upload Document** button will launch a Document Upload window where the applicant's supporting documentation can be uploaded and eventually transmitted to the FAA with the exam.

13.3.12 Save Button

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

13.3.13 Previous Page Button

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

13.3.14 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 Certificate** button if you are issuing a certificate.

13.3.15 Help tab

Click on the Help tab, available from any screen, to view information about a specific screen's functionality.

13.3.16 AMCS Home

Click the **AMCS Home** link to go to the AMCS Home screen.

13.3.17 Log Out Link

Click the **Log Out** link to exit AMCS and return to the AMCS Login Screen.