

The FAA's MedXPress will be released for users in the Northwest Mountain and Western Pacific regions on November 13, 2006. All other regions will be alerted when MedXPress is ready for use in their regions.

FAA MedXPress

By Warren S. Silberman, DO, MPH

WE HAVE BEEN telling you that we were going to do it, and now FAA MedXPress is a reality. This new MedXPress system is another initiative towards making the Aerospace Medical Certification Division (AMCD) paperless.

Here's how the new Internet-based program works: Airmen with E-mail address can submit their FAA medical history via the Internet, receive a confirmation number, go to their aviation medical examiner's (AME's) office and, providing they are otherwise qualified, be issued their medical certificate without any intervening paperwork!

Applicants will go to the FAA's Web site (<https://medxpress.faa.gov>), where they will sign up and be E-mailed their username and password. They can then go online and complete the front portion of their examination Form 8500-8. Upon clicking the SUBMIT button, they will receive a confirmation number.

Each applicant is advised to print off a copy of the 8500-8 (which is in PDF format and appears just like the current 8500-8) and take it to an AME's office for a physical exam. The applicant will give the AME this confirmation number. You will pull up the completed history form, go over the responses, complete the physical examination, and submit that to the AMCD, just as you are doing now.

We should encourage our airmen applicants to complete their examinations this way for two very good reasons. Using MedXPress will:

- reduce the amount of paper that is sent into the AMCD and speed up the scanning process. This is a rate-limiting step, meaning that there are fewer documents to be scanned.
- speed up the applicant's office visit with you.

We plan for the next version of MedXPress to accommodate airmen with previous examinations stored in our computer system. We can populate the fields so airmen will only need to modify the items that have changed since their last examination. In the first version of MedXPress, if an airman clicks the number by the specific item he/she will be linked to the instructional sheet that normally is attached to the hard-copy Form 8500-8. In a future version, we plan to link the item to the online *Guide for Aviation Medical Examiners*.

Airmen that submit their examination via MedXPress enable you to add your comments to the history, and the computer will track (for legal purposes) which comments were made by the applicant and which were made by you.

Currently, you will need to take a hard copy 8500-8 and use the certificate number on the form for the electronic version. You may also tear off the medical and/or student pilot medical and use

that for your airman. You are being instructed not to send this blank form to the AMCD, but rather save it in the airman's file or destroy it. In the future, we plan to have the computer automatically issue a certificate number, so you do not have to use the hard copy form, and that will save some more money.

We have not yet perfected the ability to print out the medical certificate for you to issue to your airmen. We have heard your voices on the necessity of doing this, and this is a logical step in the process, but the problem is obtaining the funding to accomplish this task.

While we do not want to tell you how to manage your office procedures, we would like to suggest ways to best utilize the MedXPress program (incorporating AME suggestions):

1. Obtain the copy of the front side of the 8500-8, either from the applicant or from the confirmation number
2. Use a blank piece of paper to record the physical exam results
3. Copy the back portion of the current 8500-8; after the airman departs, input (by you or your office personnel) the examination results, much like most AME offices do now.
4. Set up a computer terminal in your waiting area or in the examination room and have the airman go online to complete, submit, and obtain a confirmation number. You could then pull up the 8500-8, input it into the AMCS, and complete the examination on the spot.

We strongly encourage you to participate in MedXPress. However, this process is not mandatory for airmen. They can choose to use the new MedXPress system or continue to complete the hard copy form as they have always done.

Excerpt from the Federal Air Surgeon Bulletin, Vol. 44, No.2, P. 3

Example of new Import Screen AMEs will use to access exams entered by applicants in MedXPress.

AMCS [Search Applicants](#) [Pending Exams](#) [Import Exams](#) [Help](#) [Logout](#)

To search for an exam that was entered through MedXPress, type the applicant's confirmation number and click Search.

Confirmation No.:

[Search](#) [Clear](#)

Applicant Exam from MedXPress

MedXPress ID	SSN	Last Name	First Name	Middle Name	Birth Date
234	*****9594	SMITH	JOHN	Howard	01/01/1980

This applicant was not found to have any previous exams. If this is a new applicant, select the New Applicant button and click Process Selection. If this applicant has had a prior exam, please contact CAMI.

Potential Matches for the Selected Applicant

Select Applicant ID	SSN	Last Name	First Name	Middle Name	City	State	Birth Date
<input checked="" type="radio"/>							

New Applicant (Select this option ONLY if this applicant has not had a previous exam.)

Confirmation No.: [Process Selection](#)

Example of summary sheet applicants have the option of printing on MedXPress.

Save a Copy Search Select 145% Search Web Adobe Reader 7.0

Applicant Must Complete ALL 20 Items (Except For Shaded Areas) PLEASE PRINT Form Approved OMB NO. 2120-0034

Copy of FAA Form 8500-9 (Medical Certificate) or FAA Form 8420-2 (Medical/Student Pilot Certificate) Issued. **FF-**

MEDICAL CERTIFICATE AND STUDENT PILOT CERTIFICATE

This certifies that (Full name and address):
 JOHN Howard SMITH
 123 ABC
 Chantilly, VA 20151

1. Application For:
 Airman Medical Certificate Airman Medical and Student Pilot Certificate

2. Class of Medical Certificate Applied For:
 1st 2nd 3rd

3. Last Name SMITH **First Name** JOHN **Middle Name** Howard

4. Social Security Number 888-02-9594

5. Address Number / Street 123 ABC **Telephone Number** 333-555-1212

City Chantilly **State/Country** VA **Zip Code** 20151

6. Date of Birth 01/01/1980 **7. Color of Hair** BLACK **8. Color of Eyes** BLUE **9. Sex** Male

Citizenship USA

10. Type of Airman Certificate(s) You Hold:
 None ATC Specialist Flight Instructor Recreational
 Airline Transport Flight Engineer Private Other
 Commercial Flight Navigator Student

11. Occupation ATCS/Pilot **12. Employer** ATCS and Pilots Inc

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

Total Pilot Time (Civilian Only)
14. To Date 1000 **15. Past 6 months** 356 **16. Date of Last FAA Medical Application** 04/12/2005 No Prior Application

17.a. Do You Currently Use Any Medication (Prescription or Nonprescription)?
 No Yes (If yes, below list medication(s) used and check appropriate box). **Previously Reported**

		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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

18. Medical History - HAVE YOU EVER IN YOUR LIFE BEEN DIAGNOSED WITH, HAD, OR DO YOU PRESENTLY HAVE ANY OF THE FOLLOWING? Answer "yes" or "no" for every condition listed below. In the EXPLANATIONS box below, you may note "PREVIOUSLY REPORTED, NO CHANGE" only if the explanation of the condition was reported on a previous application for an airman medical certificate and there has been no change in your condition. See Instructions Page

Yes	No	Condition	Yes	No	Condition	Yes	No	Condition	Yes	No	Condition
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Frequent or severe headaches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heart or vascular trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mental disorders of any sort; depression, anxiety, etc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Military medical discharge
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dizziness or fainting spell	<input type="checkbox"/>	<input checked="" type="checkbox"/>	High or low blood pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medical rejection by military service
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Unconsciousness for any reason	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stomach, liver, or intestinal trouble				<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rejection for life or health insurance

Limitations

Examiner
 Signature
 Typed Name
AIRMAN'S SIGNATURE

Comments

1 of 2