Airman MedXPress Exam Submittal Process For DIWS Exam (MID) Number: 200004752955

Page: 1

MedXPress

| Applicant Name: | Andreas Guenter Lubitz |
|---|------------------------|
| Applicant DOB: | 12/18/1987 |
| MedXPress Account Name: | andreaslubitz@aol.com |
| IP Address Used: | 87.168.119.27 |
| Exam Create Date: | 06/14/2010 |
| Exam Signed/Submitted On: | 06/14/2010 |
| Exam Confirmation Number: | 38873566 |
| Correct User Password was used by MedXPress applicant for submission: | Yes |

AMCS

| Import Date: | 06/18/2010 |
|---|----------------------------------|
| Exam Imported for AME Name/Number: | JOERG SIEDENBURG / 3015 |
| Exam Imported from MedXPress | JORG SIEDENBURG |
| oy: Pan Date: | 6/18/2010 |
| Exam Submitted to FAA On: | 06/18/2010 |
| Exam Submitted for AME Name/Number: | JOERG SIEDENBURG / 3015 |
| Exam Submitted to FAA by: | JORG SIEDENBURG |
| DIWS MID Number: | 200004752955 |
| Exam Modification(s) by AME: | See Modification Comments below. |
| AME certified that Exam Modifications were approved by applicant: | Yes |

18M.In the mean-time there was a brief period of a reactive depression caused by a decompensation subsequent to excessive demands. The applicant was evaluated by and found fit for JAR-FCL 3 Class 1 Medical fitness.;

| App | licant Must Complete A | LL 2 | 20 Items (Except | For Sh | ade | d AreasP | LEASE PRINT | | Form Approv | | | | |
|---------------------|---|-------------------------|--|---------------------------------|-----------------------------|--|--|-----------------------|---|---|-----------------------------------|--|--|
| Copy (Med Eom | ol FAA Form 8500.9 cal Certificate) or FAA 8420.7 (Medical/Student Sertificate) lisqued | | | 1. Applic | ztion F an Med ficate | -or; icat _{era} Airmar | ı Medical and Student ertificate | 1 | lass of Medica □1st | 2nd | Applied Foi. ⊠ 3rd | | |
| 7.5 | DICAL CERTIFICATE | | | 3. Last N | ame | | First Name | | | | | | |
| | AND STUDENT PILO | CE | RTIFICATE | LUBITZ 4 Social | Secur | ity Number | ANDREAS 888-07-0535 | 5 | ···· | Guenter | | | |
| Thi | certifies that (Full name and add | ress). | | | | mber / Street | | | Telephone | Number | | | |
| ANI | REAS Guenter LUBITZ | | | | | <u> </u> | | State | Country | Zip Co | de | | |
| | | | | City | | | | | | | | | |
| | | | | 6. Date of | of Birth nship | 12/18/1987 Germany | 7- | Color o | | lor of Eyes | 9. Sex Male | | |
| Dat | e of Bjoth s Height Weight | Hair | Eyes - Sex | 1 | • | nan Certificate | s) You Hold: | | | - | <u> </u> | | |
| | Z/18/4987% T. 2 2 2 3 3/52 2 3 3/52 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | BLONI |) SBLUE M | <u> </u> ⊠] : | None . | | ATC Specialist | | Flight Instruc | | Recreational | | |
| has | met the medical standards prescrit | ed in r | oart 67, Federal | I | | ransport | ☐ Flight Engineer | | Private Student | - Ц | Other | | |
| Avi | tion Regulations, for this class of M | edical | Certificate | 11, Occi | сотте | | ☐ Flight Navigator | | Employer | | | | |
| | | | | Student F | Pilot | | <u></u> | L | ıfthansa Flight | | | | |
| edions | | | | 13. Has | | AA Airman Med ⊠ No | ical Certificate Ever Been If yes, give date | Denied | l, Suspended, | or Revoked? | | | |
| at car | | | | 1 | | e (Civilian Only | | 16 | i. Date of Last | FAA Medica | Application | | |
| 5 | | | | 14. To D | ate | 1 | 15. Past 6 months | | 04/09/200 | . _ | No Prior | | |
| Dat | e of Examination. | miner | s Designation No. | 0 | ¥ C | | ry Medication (Prescriptio | n or No | -,,, | | Application | | |
| 940 A 18 | | | | | | | v list medication(s) used an | | | | usly Reported | | |
| er. | Signature | | | - | | | | | | Ye | | | |
| Ċ | Typed Name | | | <u> </u> | | | | | | | | | |
| X | | | | <u> </u> | | | | | | ; | | | |
| AIR | MAN'S SIGNATURE | | | 17.b. Do | Yоц Е | ver Use Near V | ision Contact Lens(es) Wi | ile Flyi | ng? [|] Yes ⊠ | No | | |
| 18. | Medical History - HAVE YOU EVER IN | OUR I | JFE BEEN DIAGNOSED WI | TH HAD O | R DO Y | OIL PRESENTI | Y HAVE ANY OF THE FOL | LOWIN | G? Answer | "yes" or "no" | | | |
| 1 | Medical History - HAVE YOU EVER IN for every condition listed below. In the EX reported on a previous application for an | PLANA | TIONS box below, you may r | ote "PREVI | OUSLY | REPORTED, N | O CHANGE DOIN II THE EXP | ianauon | of the conditions Ins Page | n was | | | |
| | to Condition | Yes | No Condition | | Yes | l No | Condition | Yes | No | Condi | tion | | |
| a. 🗓 | ☑ Frequent or severe headaches | g. 🗆 | Heart or vascular trouble | depression, anxiety, etc. | | | rders of any sort; anxiety, etc. dependence or failed a drug | r. Lī | 図 Military medical discharge | | | | |
| ь. 🗆 | ☑ Dizziness or fainting spell | h. 🔲 | ☑ High or low blood pressu | ıre | n. 🗆 | test ever or | substance abuse or use of ance in the last 2 years. | | Medical rejection by military service | | | | |
| с. 🏻 | Unconsciousness for any reason | i. 🗆 | Stomach, liver, or intesting | nal trouble | | | | 1. 🗆 | | | | | |
| d. 🔲 | ☑ Eye or vision trouble except glasses | j. 🗀 | Kidney stone or blood in | urine | ∘.□ | LXI Alcohol dep | endence or abuse | υ, 🗀 | Admission to hospital | | | | |
| e. 🔲 | ☑ Hay fever or allergy | k. 🗍 | | | р. □ | Suicide atte | mpt | x. 🗆 | Other illness, disability, or surgery | | | | |
| [. [] | Asthma or lung disease | i. 🗆 | Neurological disorders; e seizures, stroke, paralys | epilepsy, is, etc. | q. □ | Motion sick | ness requiring medication | y. | | | | | |
| Arr | est, Conviction, and/or Administr | ative / | Action History — See In | struction | s Page | 3 | | | | | | | |
| Yes v. 🗖 | No History of (1) any arrest(s) and/or c while under the influence of alcohol administrative action(s) involving ar revocation of driving privileges or w | offect | ug; or (2) history of any arrest | i(s), and/or c ilal. suspens | юпунын іол. сая | ncellation, or | | Yes w.□ | convictio | of nontraffic on(s) eanors or fek | nies). | | |
| Ex | planations: See Instructions P | | | | • | | 300 | | | | AA USE | | |
| 10 | Visits to Health Professional Wit | in!a | st 3 Years | Yes (Exp | lain Be | iow) 🗓 N | o See Instructi | ons P | age | A section activity is usually | Contra altre Medica altre M. Car. | | |
| | | | Type of Health Profess | | | | | | Reason | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | <u> </u> | | | | | |
| <u> </u> | | | | 45 - 31 - 45 | | ni Desista | I er and Certifying Decla | cation | | | | | |
| " | - NOTICE - Thoever in any matter within the I hereby | uthońze | | | | O-4-5-4-4-4 | Calculus Valendare, In forming to the | SEAR SHE | emetine podzinie | g to my | | | |
| از ا | orisdiction of any department driving re- | | The National Driver Register (NDR) s consent constitutes authorization AA shall make the information recei | | | | | | | | : | | |
| S fa | ates knowingly and willfully Isifles, conceals or covers up any trick, scheme, or device a N | OTE: | ALL persons using this form m | ust sign it. ΝΣ | R cons | ent, however, does | not apply unless this form is u | ısed as a | л application for | Medical Certifi | cate | | |
| m | aterial fact, or who makes any ise, fictitious or fraudulent | | or Medical Certificate and Studi | ent Pilot Certi | ncate. | | | | | | | | |
| 51 | atements or representations, | erlify tha sidered p | at all statements and answers proving and of the basis for issuance of any | ded by me on FAA certifical | lhis appli e to me. | cation form are con I have also read an | plete and true to the best of my k d understand the Privacy Act state | nowledge ement the | e, and I agree that at accompanies thi | they are is form. | | | |
| | ! | ically s | igned by : andreaslubitz@aol | .com / Pass | word V | erified | | | Date 06/1- | 4/2010 | | | |
| | | | | | | | | | | -4- | | | |

| 17.a. Medications (From page | Form 85 | Officer | | | | | | | | |
|---------------------------------|------------------------------------|-------------|---------------------|---------------------------------------|--|--|--|--|--|--|
| Medication | ', | | Previously Reported | | | | | | | |
| | | | ` | res No | | | | | | |
| 18. Explanations (From page 1 | (): | · | | | | | | | | |
| 19. Visits to Health Profession | al Within Last 3 Years. (From page | · • 1); | | | | | | | | |
| ··· | | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
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| Applicant Must Complete | ALL 2 | 0 Items (Except | For Sh | adeo | d AreasP | LEASE PRINT | | orm Approved o | | | |
|--|---------------------|--|-------------------------------------|---------------------|--|---|-------------------------|---|------------------|---|--|
| | | 0689 | 1. Applic | ın Medi | cal Airman | n Medical and Student | | 1st | 2nd | ⊠] 3rd | |
| MEDICAL CERTIFICA | TETHI | RD CLASS | 3. Last N | ame | | First Name ANDREAS | | | e Name enter | j | |
| AND STUDENT PILE |)T CE | RIJFICATE | LUBITZ 4. Social | Securit | ty Number | 888-07-0535 | 5 | | | | |
| This certifies that (Full name and : | ddress): | | 5. Addre | ss Nur | mber / Street | | | Telephone Nu | nber | | |
| ANDREAS Guerter LÜBITZ | | | City | , est growteto | | | State/ | Country | Zip Cod | e | |
| | | | 6. Date o | f Bìrth | 12/18/1987 | 7. | Color o | f Hair 8. Color | of Eyes | 9. Sex | |
| | | | Citize | nship | Germany | | BLON | D BLUE | - | Male | |
| Date of Birth Height Weight | Hair | MARKET AND SECTION OF THE PERSON | 10.Type ⊠ N | | nan Certificate | (s) You Hold: ATC Specialist | | Flight Instructor | | Recreational | |
| 12/16/1987 158 150% has met the medical standards pres | mass Televisia (CR) | The State of the S | | ddine T | ransport | ☐ Flight Engineer | | Private | | Other | |
| Aviation Regulations for this class of | Medical | Certificate | l L | ommer | | ☐ Flight Navigator | | Student | | | |
| | | | 11. Occu | Pilat | | | Lu | , Employer ithansa Flight Trai | | , | |
| ations | | | 13. Has | Your FA | AA Airman Med | dical Certificate Ever Been If yes, give date | Denied | , Suspended, or F | Revoked? | | |
| that it is a second of the sec | | | Total Pil | | (Civilian Only | | 16 | . Date of Last FA | A Medical | Application | |
| Climit | | | 14. To D | ate | 1 | 15. Past 6 months 0 | | D4/09/2008 | | No Prior Application | |
| A CONTRACTOR OF THE PROPERTY O | xaminer | s Designation No. | 17.a. Do | You Co | orrently Use A | ny Medication (Prescriptio | n or No | nprescription)? | | | |
| 06/18/2010 | | | ⊠ No | ☐ Ye | es (If yes, belo | w list medication(s) used an | d check | appropriate box). | Previou Yes | sly Reported No | |
| :Signature টু | | | | | | | | | 📅 | | |
| E Typed Name | | | | | | | | | | | |
| JOERG SIEDENBURG | | | | | | | | | res 🛛 | <u> </u> | |
| | | | <u></u> | 5 5 5 V | OULDBESEN | VISION CONTACT Lens(es) WI | LOWIN | 37 Answer "ye | s" or "no" | NO | |
| 18. Medical History - HAVE YOU EVER for every condition listed below. In the | EYPLANA | TIONS box below, you may | HOLE LIVEAL | OUSEI | TILL OILLES | | planation | of the condition w | as | | |
| reported on a previous application for | an airman ¶Yes | medical certificate and there No Condition | nas Deen no | Yes | l No | Condition | - | No | Condit | ion | |
| a. 🗆 🖾 Frequent or severe headaches | | Ki Heart or vascular froubl | le | m.IX | Mental disc | orders of any sort; , anxiety, etc. | r. 🗖 | Military medica | al discharge | 9 | |
| b. 🔲 🖾 Dizziness or fainting spell | h. □ | IN High or low blood press | sure | п. 🏻 | Substance test ever, c | dependence or failed a drug or substance abuse or use of | 5. 🗆 | ☑ Medical rejection by military service | | | |
| c. 🔲 🔀 Unconsciousness for any reason | . 🗆 | ☑ Stomach, liver, or intest | tinal trouble | | illegal subs | stance in the last 2 years. | ւ 🗆 | Rejection for life or health insurance | | | |
| d. 🗌 🛚 Eye or vision trouble except glass | es j. 🛘 | ☑ Kidney stone or blood is | n urine | 0. 🗆 | ☑ Alcohol de | pendence or abuse | ₽. □ | Admission to hospilal | | | |
| e. Ray fever or allergy | k. [] | ☑ Diabetes | | p. 🗌 | Suicide att | empt | х. <u>П</u> | Other illness, disability, or surgery | | | |
| f. Asthma or lung disease | L [] | Neurological disorders; seizures, stroke, paraly | epilepsy, sis, etc. | q. 🗀 | Motion sici | kness requiring medication | у. 🗆 | ☐ Medical disability benefits | | | |
| Arrest, Conviction, and/or Admin | istrative | | | s Page | e | | 1 | т:: | | | |
| Yes No History of (1) any arrest(s) and while under the influence of alc administrative action(s) involvir revocation of driving privileges | or conviction | on(s) involving driving while in ug; or (2) history of any are- | ntoxicated by | , while i | impaired by, or on(s), and/or ocellation, or | n. | Yes w.□ | No History of no conviction(s (misdemear |) | nies). | |
| Explanations: See Instruction 18m: Reactive depression November 2 | Page | | | | | | 2009.; | | | VA USE | |
| | ariahi — 1 - | oct 3 Voors | Yes (Ex | olain Be | elow) X I | Vo See Instruct | ions P | agė | ARTER CONTRACTOR | NEST CONTRACTOR OF THE PARTY AND STATES | |
| 19. Visits to Health Professional Date Name, Add | ress. ani | ist 3 Years. I Type of Health Profes | | | | | | Reason | | | |
| 7000 | | | | | | | | | | | |
| | | | | | | | | | | | |
| - NOTICE - | | 20. Appli | icant's Nat | ional I | Driver Regis | ter and Certifying Decl | aratior | ıs | | | |
| Whoever in any matter within the line within the drive the surjection of any department drives. | eby authoriza | e the National Driver Register (ND | R), through a de | esignated | State Departmen | of Motor Vehicles, to furnish to the | ne FAA in! attoo orm | ormation pertaining to rided in this application | ту 1, Uрол | • | |
| or agency of the United my States knowingly and willfully | equest the f | AA shall make the information rec | Siveo Hom use | NDIT, II & | iny, available to in | , | - | | | cate | |
| faisifies, conceals of covers up by any trick, scheme, or device a material fact, or who makes any | NOTE: | ALL persons using this form or Medical Certificate and Stu | must sign it. N Ident Pilot Cert | DR cons ificate. | ent, however, do | es not apply unless this form is | TP65 92 | en apportation to me | TION OCCUPE | · ·= | |
| false, licitious or traudulent statements or representations, or entry, may be fixed up to | reby certify th | at all statements and answers pro part of the basis for issuance of a | vided by me on | this appl | lication form are co | omplete and true to the best of my | knowledg | e, and I agree that the at accompanies this fo | y are | | |
| \$250,000 or imprisoned not more than 5 years, or both. (18 U.S. Code Secs. 1001; 3571). | e considered | part of the basis for issuance of a | ny r-AA centifica | ie to me. | THAVE DISO FEAT 2 | and differential and a linear the age | 2 =1 | , | | | |
| <u> </u> | nature of A | pplicant | , | | | | | Date 06/14/2 | 010 | | |
| | | Editor CORV | | | | | | N: | SN: 0052 | -00-670-6002 | |

NOTE: FAA/Original Copy of the Report of Medical Examination Must be TYPED. REPORT OF MEDICAL EXAMINATION 24. SODA Serial Number 23. Statement of Demonstrated Ability (SODA) 21. Height (inches) 22. Weight (pounds) Defect Noted: ☐ Yes ☑ No 150 Abnorma CHECK EACH ITEM IN APPROPRIATE COLUMN Norm CHECK EACH ITEM IN APPROPRIATE COLUMN 37. Vascular system (Pulse, amplitude and character, arms, legs, others) X 25. Head, face, neck, and scalp Х 38. Abdomen and viscera (including hemia) X 26, Nose 39. Anus (Not including digital examination) Х \overline{x} 27, Sinuses X 40. Skin Χ 28, Mouth and throat Х 41. G-U system (Not including palvic examination) X 29. Ears, general (Internal and external canals; Hearing under Item 49) 42. Upper and lower extremities (Strength and range of motion) Х X 30. Ear Drums (Perforation) χ 43. Spine, other musculoskeletal Х 31. Eyes, general (Vision under items 50 to 54) X 44. Identifying body marks, scars, tattoos (Size & location) $\overline{\mathsf{x}}$ 32. Ophthalmoscopic Х 45. Lymphatics 33. Pupils (Equality and reaction) X $\overline{\mathsf{x}}$ Х 46. Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves, coord., etc.) 34. Ocular motility (Associated parallel movement, nystagmus) X 47. Psychiatric (Appearance, behavior, mood, communication, and memory) Х 35. Lungs and chest (Not including breast examination) X 48. General systemic Х 36. Heart (Precordial activity, rhythm, sounds, and murmurs) NOTES: Describe every abnormality in detail. Enter applicable item number before each comment. Use additional sheets if necessary and attach to this form. none Left Ear Right Ear 49. Hearing 1000 2000 3000 4000 4000 500 2000 3000 1000 Audiometer Conversational Voice Test at 6 Fee Threshold in decibels Pass ☐ Fail 51.b. Intermediate Vision - 32 Inches 52. Color Vision 51.a. Near Vision 50. Distant Vision 20/ 20 Corrected to 20/ Corrected to 28/ Pass Right 20/ 20 20/ 20 Corrected to 20/ Right 20/ 20 Corrected to 20/ Corrected to 20/ Corrected to 20/ Left 20/ 20 20/ 20 ☐ Fail 1 eft 20/ 20 Corrected to 20/ Brit Beth 20/ 20 Corrected to 29/ Corrected to 20/ 20/ 20 Both Right Hyperphoria Left Hyperphoria Exophoria 54. Heterophoria 20' (in prism diopters) Esophoria 53. Field of Vision ō Normal | Abnormal 58. ECG (Date) 57. Urine Test (if abnormal, give results) 56. Pulse (Resting) 55. Blood Pressure ÐВ YYYY Albumin Sugar ММ Systolic Diastolic ☐ Abnorπal Normal (Sitting, mm of Normal Normal 130 / 90 Mercury) 59, Other Tests Given FOR FAA USE 60. Comments on History and Findings: AME shall comment on all "YES" answers in the Medical History section and for Pathology Codes: abnormal findings of the examination. (Attach all consultation reports, ECGs, X-rays, etc. to this report before mailing.) 18m: In the mean-time there was a brief period of a reactive depression caused by a decompensation subsequent to excessive demands . The applicant was evaluated by and found fit for JAR-FCL 3 Class 1 Medical lithess. Applicant is constinuing as a flight student without any further abnormalities and was found fit for JAR-FCL Class medical fitness. Page 1 has been modified: 18M>>18m changed from N to Y// Modification comments from AME:18M.In the mean-time there was a brief period of a reactive depression caused by a decompensation and found fit for JAR-FCL 3 Class 1 Medical fitness.; Coded By subsequent to excessive demands. The applicant was evaluated by Clarical Reject Abnormal Physical Findings ☐ YES М № □ NO Significant Medical History 1X YES ☐ Medical & Student Pilot Certificate 62. Has Been Issued -61. Applicant's Name ☐ Medical Certificate No Certificate Issued — Deferred for Further Evaluation
☐ Has Been Denied — Letter of Denial Issued (Copy Attached) ☐ FAA ATC-Deferred — No Certificate Issued ANDREAS Guenter LUBITZ 63. Disqualifying Defects (List by item number) I hereby certify that I have personally reviewed the medical history and personally examined the applicant named on 64. Medical Examiner's Declaration -this medical examination report. This report with any attachment embodies my findings completely and correctly. Aviation Medical Examiner's Signature Aviation Medical Examiner's Name Date of Examination JOERG SIEDENBURG YYYYD D ММ Street Address

06/18/2010

WEG BEIM JAGER 193, GEB 126

State

03015

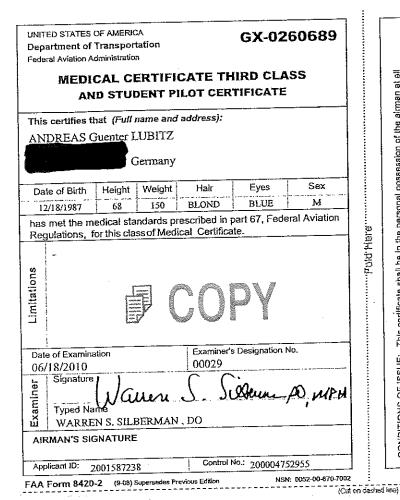
AME Serial Number

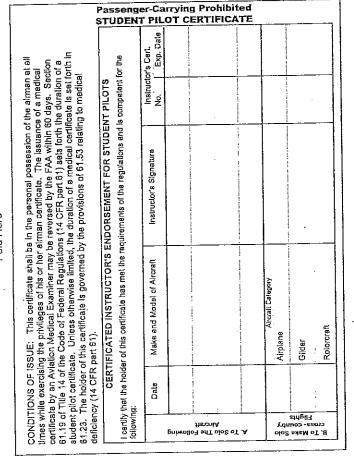
Zip Code 22313

Form 8500-8 Continuation Sheet

Applicant Name: ANDREAS Guenter LUBITZ
Applicant MID : 200004752955

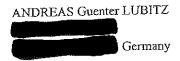
| 17.a. Medications (From page 1): | Previously Reported |
|---|---|
| Medication | Yes No |
| 18. Explanations (From page 1): | |
| 19. Visits to Health Professional Within Last 3 Years. (From page 1); | |
| · | |
| Notes (From page 2): none | |
| Other Tests Given (From page 2): | |
| Comments on History and Findings (From page 2): 18m: In the mean-time there was a brief period of a reactive depression caused by a decompensation subsequent to lambdand found fit for JAR-FCL 3 Class 1 Medical fitness. Applicant is constituting as a flight student without any full medical fitness. Page 1 has been modified: 18M>>18m changed from N to Y Modification comments from AME:18M depression caused by a decompensation subsequent to excessive demands. The applicant was evaluated by | In the mean-time there was a brief period of a reactive |
| AME Actions: | |
| Applicant Previously Assessed [] 1. Has OSA diagnosis and is on Special Issuance. Reports to follow. [] 2. Has OSA diagnosis and is currently being treated OR has had previous OSA assessment Not at Risk [] 3. Determined to NOT be at risk for OSA at this examination. Applicant at Risk/Severity to be Assessed [] 4. Discuss OSA risk with airman and provide educational materials. [] 5. At risk for OSA. AASM sleep apnea assessment required. Reports to follow. Applicant Risk/Severity high [] 6. Deferred, Immediate safety risk. AASM sleep apnea assessment required. Reports to | e de la companya de l La companya de la co |







AEROSPACE MEDICAL CERTIFICATION DIVISION, AAM - 300 FAA Civil Aerospace Medical Institute
Mike Monroney Aeronautical Center
P.O Box 26080
Oklahoma City, OK 73125-9914



Dear Airman:

Above is your new medical certificate. It supersedes any previous one you may have been issued.

To validate this certificate, it is necessary that you sign it in the space provided (Airman's Signature).

This certificate must be in your possession at all times while exercising your pilot privileges.



of Transportation

Federal Aviation

Administration

Mike Monroney Aeronautical Center Civil Aerospace Medical Institute (CAMI) Aerospace Medical Certification Division P.O. Box 26080 Oklahoma City, OK 73125-9914

July 08, 2010

ANDREAS GUENTER LUBITZ

GERMANY

Ref: PI# 2169319

App ID# 2001587238

Dear Mr. Lubitz:

Your report of physical examination has been received. Based upon our review of the information submitted, we are unable to establish your eligibility to hold an airman medical certificate at this time.

Due to your history of reactive depression, please submit a current detailed status report from your prescribing physician. The report should include the date medication(s) were discontinued and confirmation of no recurrence of symptoms since discontinuing medication(s). The report should also include diagnosis, prognosis without medication(s), follow-up plan, and copies of treatment records.

Upon review of the aforementioned information, additional data may be required.

Following our review of the requested data, we will notify you regarding your eligibility for medical certification. We will appreciate your use of the above reference numbers on any correspondence.

Please note that your medical certification has not been denied at this time; however, if no reply is received within 30 days from the date of this letter, we will have no alternative except to deny your application in accordance with Title 14 of the Code of Federal Regulations (CFRs), Section 67.413.

Sincerely,

Sandy Clymu 101

Warren S. Silberman, D.O., M.P.H. Manager, Aerospace Medical Certification Division Civil Aerospace Medical Institute

cc: Joerg Siedenburg M.D.

skc/tdz



of Transportation Federal Aviation Administration Mike Monroney Aeronautical Center Civil Aerospace Medical Institute (CAMI) Aerospace Medical Certification Division P.O. Box 26080 Oklahoma City, OK 73125-9914

July 28, 2010

ANDREAS GUENTER LUBITZ

GERMANY

Ref: PI# 2169319

App ID# 2001587238

Dear Mr. Lubitz:

Our review of your medical records has established that you are eligible for a third-class medical certificate.

Enclosed is your medical certificate. It requires your signature.

You are cautioned to abide by Title 14 of the Code of Federal Regulations (CFRs), Section 61.53, relating to physical deficiency. Because of your history of reactive depression, operation of aircraft is prohibited at any time new symptoms or adverse changes occur or any time medication and/or treatment is required.

Use of the above reference numbers on future correspondence and/or reports will aid us in locating your file.

Sincerely,

Warren S. Silberman, D.O., M.P.H.

Sandy Clymer 101

Manager, Aerospace Medical Certification Division

Civil Aerospace Medical Institute

Enclosure

cc: Joerg Siedenburg M.D.

skc





of Transportation Federal Aviation Administration

Mike Monroney Aeronautical Center Civil Aerospace Medical Institute (CAMI) Aerospace Medical Certification Division

P.O. Box 26080 Oklahoma City, OK 73125-9914

July 08, 2010

ANDREAS GUENTER LUBITZ

GERMANY

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Due to your history of reactive depression, please submit a current detailed status report from your prescribing physician. The report should include the date medication(s) were discontinued and confirmation of no recurrence of symptoms since discontinuing medication(s). The report should also include diagnosis, prognosis without medication(s), follow-up plan, and copies of treatment records.

Upon review of the aforementioned information, additional data may be required.

Following our review of the requested data, we will notify you regarding your eligibility for medical certification. We will appreciate your use of the above reference numbers on any correspondence.

Please note that your medical certification has not been denied at this time; however, if no reply is received within 30 days from the date of this letter, we will have no alternative except to deny your application in accordance with Title 14 of the Code of Federal Regulations (CFRs), Section 67.413.

Sincerely,

sandy Clymai .

Warren S. Silberman, D.O., M.P.H. Manager, Aerospace Medical Certification Division Civil Aerospace Medical Institute

cc: Joerg Siedenburg M.D.

skc/tdz

JOERG SIEDENBURG M.D. AIRPORTRING TOR 21 FRANKFURT 60546 GERMANY

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Medical specialist for psychiatry and psychotherapy

Phonex
Fax:

Clinic

on 10th July, 2009

Andreas Lubitz, born on 18th December, 1987,

Dear Colleague,

Anamnesis:

A considerable remission has been obtained by medication with Cipralex and Mirtazapin, as well as by a psychotherapeutic treatment. Finally, the medication has been tapered.

Psychopathologic findings:

Patient alert and mentally fully oriented, with no retentivity or memory disorders; formal train of thoughts without pathologic findings; no phobias and compulsions; no delusion; no alusia or depersonalisation; emotionally stable; oscillatory; capable of exercise; no sleep disorders.

Diagnosis:

(ICD:F32.2G) Severe depressive episode without psychotic symptoms in complete remission

Epicrisis and therapy:

In the case of Mr. Lubitz, modified living conditions caused the onset of a depressive episode. By a drug therapy and a psychotherapeutic treatment, which enabled him to develop the sufficient resources for getting on with similar situations in the future, the complete remission was obtained. The medication could be stopped.

Mr. Lubitz completely recovered, there is not any residuum remained. The treatment has been finished.

Best regards

This report is computer-generated, hence it is valid without signature.

On demand, we shall gladly send you a copy with signature.

90 # A E- 3U/ 9US 80 # A E- 3U/ 9US The correctness and completeness of the above translation from German is hereby certified.

Grosshansdorf, 21.7.10

Peter Strauß,

Translator for English, officially authorised for the courts and public prosecution authorities of the Federal State Schleswig-Holstein.

Poter Strauss
Telefon (4 41 02) 6 35 53
Telefox (0 41 02) 45 89 44
e-mail finition strauss.de

Profi Schnelidiens

Knochenheberstr. 11 28196 Braman Tal.: 0421 / 1 83 77 Telefax: 0421 / 1 65 58 95

Fachübersetzunger

Dipl.-Psych.

Psychological psychotherapist Psychotherapist for children and juveniles

Mr. Andreas Lubitz Phone

23rd February, 2010

Psychological Psychotherapeutic Certificate

Mr. Andreas Lubitz, born on 18th December, 1987, resident in was under my psychotherapeutic treatment from January to October 2009. Mr. Lubitz' high motivation and active participation contributed to the successful completion of the treatment, after the management of symptoms.

Dipl.-Psych.

Psychological psychotherapist

Psychotherapist for children and juveniles

Signature

Fax: Medical specialist for psychiatry and psychotherapy on 10th July, 2009 Andreas Lubitz, born on 18th December, 1987, .. Dear Colleague, Anamnesis: A considerable remission has been obtained by medication with Cipralex and Mirtazapin, as well as by a psychotherapeutic treatment. Finally, the medication has been tapered. Psychopathologic findings: Patient alert and mentally fully ociented, with no retentivity or memory disorders; formal train of thoughts without pathologic findings; no phobias and compulsions; no delucion; no alusia or depersonalisation; emotionally stable; oscillatory; capable of exercise; no sleep disorders.

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The correctness and completeness of the above translation from German is hereby certified.

Grosshansdorf, 21.7.10

7 / 5/ 0

Poter Strauss
Technon (d 41 02) 6 35 53
Technon (d 41 02) 45 53 44
E-may hild epistrauss de

Translator for English, officially authorised for the courts and public prosecution authorities of the Federal State Schleswig-Holstein.

Profi Schnelicienst

Knochenhauersk 11
28106 Bisman
Tel: 6921 / 1 33 77
Telefax 6421 / 1 55 58 05

Fachübercstzunger

"Dipl.-Psych.

Psychological psychotherapist Psychotherapist for children and juveniles

Μ̈́r



23rd February, 2010

Psychological Psychotherapeutic Certificate

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Dipl.-Psych Psychological psychotherapist Psychotherapist for children and juveniles

Signature

Airman MedXPress Exam Submittal Process For DIWS Exam (MID) Number: 200003801199

Page: 1

MedXPress

| MedXPress | |
|---|------------------------|
| Applicant Name: | Andreas Guenter Lubitz |
| Applicant DOB: | 12/18/1987 |
| MedXPress Account Name: | andreaslubitz@aol.com |
| IP Address Used: | 87.168.119.27 |
| Exam Create Date: | 04/04/2008 |
| Exam Signed/Submitted On: | 04/04/2008 |
| Exam Confirmation Number: | 71413544841 |
| Correct User Password was used by MedXPress applicant for submission: | No |

AMCS

| AMICS | |
|---|-----------------------------------|
| Import Date: | 04/09/2008 |
| Exam Imported for AME | MATTHIAS J A VON MUELMANN / 15851 |
| Name/Number: Exam Imported from MedXPress | MATTHIAS J A VON MUELMANN |
| by: Exam Date: | 4/9/2003 |
| Exam Submitted to FAA On: | 04/09/2008 |
| Exam Submitted for AME Name/Number: | MATTHIAS J A VON MUELMANN / 15851 |
| Exam Submitted to FAA by: | MATTHIAS J A VON MUELMANN |
| DIWS MID Number: | 200003801199 |
| Exam Modification(s) by AME: | none |
| AME certified that Exam Modifications were approved by applicant: | N/A |

| | I (00 Itamo (Event) | For Sha | ided | AreasPLE | ASE PRINT | | orm Approved Oi | | | |
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| Medical Certificate) of FAA From 8420-2 (Medical/Student Pilot Certificate) Issued | 866174 | Certific | | Pilot Certifi | cate | | 1st ∐ 2 Middle | | <u></u> | |
| MEDICAL CERTIFICATE | THIRD CLASS | 3. Last Nat LUBITZ | me | - | First Name ANDREAS | | Guen | | | |
| AND STUDENT PILOT | CERTIFICATE | 4. Social S | ecurity | Number | 888-07-0535 | | | | | |
| This certifies that (Full name and add | | 5. Address | s Num | ber / Street | | | Telephone Numb | er | | |
| ANDREAS Guarder LUBITZ | | City | | enter | | State/C | ountry | Zip Cod | | |
| | | Company of the | N | 12/18/1987 | 7.0 | olor of | Hair 8. Color of | 56410 Eyes | 9. Sex | |
| | | 6. Date of Citizen | shìp | Germany | | BLOND | BLUE | | Male | |
| Date of Birth & Height Weight | Haira Eyes (Sex) | 10. Type o | | an Certificate(s) | fou Hold: ☐ ATC Specialist | | Flight Instructor | | Recreational | |
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| has met the medical standards prescrib Aviation Regulations, for this class of M | ed in part 67; Federal | 1 | ommerc | | ☐ Flight Navigator | | Student | | | |
| Aviation Regulations for his class of his | | 11. Occup | | | | 1 | Employer | | | |
| None | | Student Pi | lot | A Airman Medica | l Certificate Ever Been D | | utsche Lufthanse At Suspended, or Re | | | |
| S COLONS | | I Ye | | ⊠ No | If yes, give date | | | | Application | |
| mitation T | | 1 | | (Civilian Only) | 5. Past 6 months | 16. | Date of Last FAA | | No Prior | |
| | | 14. To Da | te . | " | 0 | ŀ | | | Application | |
| Date of Examination Exa | aminers Designation No. | 17.a. Do ` | You Cu | rrently Use Any N | Medication (Prescription | or Nor | prescription)? | Drevie | sly Reported | |
| 94/D9/2008 | 345851 | ⊠ No | ☐ Ye: | s (If yes, below lis | st medication(s) used and | cneck a | арргириате оох). | Yes | | |
| Signature : | | 1 | | | | | | = | | |
| C E Typed Name | | | | | | | | _ 🖺 | | |
| MATTHIAS J A VON MUELMANN | | | | | | | F7 | <u></u> | | |
| AIRMAN'S SIGNATURE | | 17.b. Do | You Ev | er Use Near Visio | on Contact Lens(es) Whi | le Flyir | ng? Yes | | | |
| 18. Medical History - HAVE YOU EVER IN for every condition listed below. In the EX | YOUR LIFE BEEN DIAGNOSED WIT | TH, HAD, OR | DO YO DUSLY | DU PRESENTLY ! REPORTED, NO ! | HAVE ANY OF THE FULL CHANGE" only if the expli | anation | of the condition was | š | İ | |
| for every condition fisted below. In the EX reported on a previous application for an | airman medical certificate and there | has been no | change | în your condition. | See Ins | truction Yes | ns Page | Condit | tion | |
| Yes No Condition | Yes No Condition | <u></u> | | rei Mental disorde | rs of any sort; | r. 🗀 | 🖾 Military medical | discharg | e | |
| a. D Ki Frequent or severe headaches | g. 🛄 🖾 Heart or vascular trouble | depression, anxiety, etc. | | | | | Medical rejection by military service | | | |
| b. | h. 口 区High or low blood pressu | ure | п. 🗀 | lest evel, of so | IDSIGNOC DOGGE OF GOT IN | s. 🗌 | | | | |
| c. D X Unconsciousness for any reason | i. 🔲 🖾 Stomach, liver, or intesti | inal trouble | | illegal substan | ce in the last 2 years. | τ. □ | | | h insurance | |
| | | | 0. 🗆 | ☑ Aicohol depen | dence or abuse | u, 🎞 | Admission to hospital | | | |
| | k. Diabetes | | p. [] | X Suicide attemp | pt | ×. 🛮 | Other illness, disability, or surgery | | | |
| e. 🗌 🛮 Hay fever or allergy | Neurological disorders: | epilepsy, | g. [] | [X] Motion sickne | ss requiring medication | | | | | |
| f. 🔲 🖾 Asthma or lung disease | 301211.03 | | 7.1. | | | | L | | | |
| Conviction and/or Administrative A | | المصنحمات والا | by 05 W | while under the | | Yes | No History of no | | | |
| Yes No History of (1) any conviction(s) invo | rolving driving while intoxicated by, wh (2) history of any conviction(s) or addition, suspension, cancellation, or negligible and programme and replacition of the programme of | ministrative a | ction(s) | involving an privileges of | | w.□ | conviction(s) (misdemeant | ers or felo | onies). | |
| offense(s) which resulted in the offense(s) which resulted in attendance at an | educational or a rehabilitation progra | am. | | | | i | | FOR F | AA USE | |
| Explanations: See Instructions P | ² age | | | | | | | leview A | ction Codes | |
| None | | | | | | | | | | |
| 19. Visits to Health Professional Wi | ithin Last 3 Years | Yes (Exp | iain Be | low) 🗵 No | See Instructi | ons P | age | | | |
| 19. Visits to Health Professional Wi | ess, and Type of Health Profes | | | | | | Reason | | | |
| Date Name, Addre | | | | | | | | | | |
| | | | | , | | | <u>, , , , , , , , , , , , , , , , , , , </u> | | | |
| | nn 4 V | ionntin kinti | ional i | Driver Register | and Certifying Decia | ration | ıs | | | |
| - NOTICE - Whoever in any matter within the debutes | | R) through a de | esignated | i State Department of | Molor Vehicles, to turnish to in | g FAA III stige orm | wided in this application. | пу Uро п | | |
| inrisoliction of any department driving or agency of the United my request states knowingly and willfully | present the FAA shall make the information rec | eived from the l | NDR, if a | ny, available for my re | view and written comment. Au | morny. 2. | 3 0.3. 2006 401, 140/65 | | | |
| 1 faleilles conceals of covers up 1 | NOTE: ALL persons using this form | must sign it. N | DR cons | ent, however, does r | not apply unless this form is: | used as | an application for Med | rical Certif | ficate | |
| material fact, or who makes any false, fictitious or fraudulent | or Medical Certificate and Stu- | idelit i not ozir | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | 4 | | | |
| statements of representations, or entry, may be fined up to \$250,000 or imprisoned not more to be continuous. | by certify that all statements and answers pro considered part of the basis for issuance of ar | ovided by me on ny FAA certifica | this app le to me. | ication form are comp . I have also read and | lete and true to the best of my understand the Privacy Act sta | lement t | nat accompanies this for | m. | | |
| than 5 years, or both. (18 U.S. Code Secs. 1001; 3571). | · | | | | | | | | | |
| Signa | ature of Applicant | | | | | | Date 04/04/2 | 308 | | |
| ı | | | | | | | | | a an can con | |

Form 8500-8 Continuation Sheet

| Form 8500-8 Continuation Sheet | |
|---|---------------------|
| 17.a. Medications (From page 1): | Previously Reported |
| Medication | Yes No |
| 18. Explanations (From page 1): | |
| 19. Visits to Health Professional Within Last 3 Years. (From page 1); | |
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|---|--|--|------------------|--|---|------------------------------|--|---------------------------------------|---|---------------------------------------|----------------------------------|------------------------------------|---------------------------------------|----------------------|---------|
| Copy (Medic | of FAA Form 8500-9 cal Certificate) or FAV 8420-2 (Medical/Stud | 17-50 Later 1-12-12-12-12-12-12-12-12-12-12-12-12-12 | 6866 | 3174 | | ı Medic | | Airman M | Medical and Student | ı | ass of N ⊐1st | Medical Ceri | | фрие а ⊠ 3 | |
| Pliof Certificate) Issued | | | | | 3. Last Name Middle Name | | | | | | | | | | |
| MEDICAL CERTIFICATETHIRD CLASS AND STUDENT PILOT CERTIFICATE | | | | | LUBNZ | | | | ANDREA 888-07-0 | | | Guer | nter | | - |
| | | | | | 4. Social S | | | | 880-07-00 | | Tele | phone Num | ber | | |
| This | certifies that | (Full name and a | ddress): | | 5. Addres | s Nun | mbe | er / Street | | | 1 | | <u> </u> | | |
| AND | REAS Guarter L | JBITZ | | | City | | | | | State/ | Country | • | Zip Co | de B | 1 |
| 100 | | grif it is a second | | | 6. Date of | Si et i | | 12/18/1987 | | 7. Color o | f Hair | 8. Color o | f Eyes | 9. Se | ex |
| | | | | | Citizen | ship | | Germany | | BLON | D | BLUE | | Ma | ile |
| | e of Birth 2 | eight Weight | : Hair | Eyes Sex | | | nan | Certificate(s | You Hold: ATC Specialist | | Flight | Instructor | | Recrea | ational |
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| has | met the medic | al siandards presc | ribed in pa | art 67, Federal | | irine Tr | | | ☐ Flight Navigato | | Stude | | | | 1 |
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| THE REPORT OF | None | | a (a moral de | PROBLEM CONTRACTOR | 11. Dccu Student P | | | | | D | eutsche | Lufthansa A | | | |
| 12 % | | | | | 13. Has Y | our FA | AA. | | cal Certificate Ever Be | en Denied | l, Suspe | ended, or Re | evoked? | | |
| ations | i de la compansión de l | | | | | | 100 | ⊠ No | If yes, give date | 10 | . Date o | of Last FAA | Medica | Applic | ation |
| imite | | Prof. 1 | | | Total Pik | | e (U | ivilian Only) I | 15. Past 6 months | | | | l z | Ко Рг | |
| | | | | | 0 | • | | | 0 | | | | | Appli | cation |
| Dá | e of Examinate | | | Designation No. 180 | 17.a. Do | You Cı | LLTE | ently Use Am | y Medication (Prescrip | tion or No | npresc | ription)? | Brouic | usiy Re | horted |
| | 04/09/20 | 08 | | 5851 | I ⊠ No | ☐ Ye | es | (If yes, below | list medication(s) used | and check | approp | nate bux). | Ye | | No |
| S. S. | Signature | | | | | | | | | | | | | | |
| miner | | | | | | | | | | | | | | | |
| ä | Typed Name | J A VON MUELMAN | iN' | | 11 | | | | | | | | 🗆 | | |
| *AH | RMAN'S SIGN | and the second second | | | 17 b Do | You E | ver | r Use Near Vi | sion Contact Lens(es) | While Fly | ing? | ΠY | es 🔯 | No | |
| | | dinaminal in the second | 1000 | IFE BEEN DIAGNOSED W | | | | | THE PERSON NAMED IN COLUMN TO PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF | COLLOWIN | reg | Answer 'ye: | s" or "no | • | |
| 18. | Medical History | ~ HAVE YOU EVER on listed below. In the | EXPLANA | IFE BEEN DIAGNOSED WITHOUS box below, you may | note "PREVI | OUSLY | Y RI | EPORTED, N | CHANGE" only if the | explanation e Instructio | n of the c ons Pag | іе Сорділоо ма | s | | |
| | reported on a pre | evious application for | an airmais | Henical certificate cus mer | | _ | ! N | lo | Condition | Yes | No | | Cond | ition | |
| Yes | 1 | Condition | Yes | No Condiac | | mΩ | liz | d Mental disci | ders of any sort. | r. 🗀 | KI MH | itary medica | discharge " | | |
| a. 🗀 | Ki Frequent or s | severe headaches | g. 🗀 | Mi Heart Of Vasculer Rocc | | <u> </u> | depression, anxiety, etc. | | drug s. 🗖 | Medical rejection by military service | | | rvice | | |
| ь.г | Dizziness or | fainting spell | h. 🔲 | 因 High or low blood pres | sure | test ever, or substance abus | | SUDSTAINCE ADUSE OF US | | | | | | | |
| - | | | i. 🗆 | X Stomach, liver, or inter | stinal trouble | | illegal substance in the last 2 years. | | t. 🛘 | | | | ance | | |
| С, 🗆 | | sness for any reason | | ☑ Kidney stone or blood | | o. 🛘 | ☑ Alcohol dependence or abuse | | □ .u | ☐ Admission to hospital | | | | | |
| d. | Eye or vision | trouble except glass | es J. L.i | Michely stone of the | | ╁╤ | + | Suicide attempt | | ×П | Other illness, disability, or su | | or surg | егу | |
| e. [| Hay fever or | allergy | k. 🔲 | ☑ Diabetes | | p. 🗌 | 4- | | | | ┼─ | | · · · · · · · · · · · · · · · · · · · | | |
| f F | Asthma or lu | ing disease | - L 🗆 | Neurological disorders seizures, stroke, paral | ; epilepsy, ysis, etc. | q. 🗆 | 1 2 | Motion sick | ness requiring medicati | оп | | | | | |
| - - | nviction and/ | or Administrative | Action H | istory – See Instructi | | | | | | - Ti- | Tv. | | | | |
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| E | xplanations: | See Instructions | s Page | | | | | | | | | | Review . | Action | Codes |
| 1 | None | | | | | | | | | | | Ů. | | | |
| | | | | -1.2 V-n-r | Yes (Ex | plain Be | elo | w) X N | o See Insti | uctions | Page | | | | |
| 19 |). Visits to Hea | alth Professional | Within La | ist 3 Years. I Type of Health Profe | | | | | T | | | ason | | | |
| Ĺ. | Date | Name, Add | iress, and | Type of Realist Flore | 23101.111 90 | | | | | | | | | | |
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| \vdash | - NOTIC | E- | | 20. App | licant's Nat | tional | Dr | river Regist | er and Certifying D | eclaratio | ns domalio | n nedainino io | m∀ | | |
| | Whoever in any mat | ter within the | reby authorize | 20. App the National Driver Register (N is consent constitutes authoriza | DR), through a d tion for a single a | lesignate iccess to | ed S o the | tate Department information con | tained in the NDR to verify it | nformation pr | ovided in 23 U.S. C | this application ode 401, Note. | . Ороп | | |
| - NOTICE: Whoever in any matter within the jurisdiction of any department of the United States knowingly and withfully fabrifies, conceals or covers up by any trick, scheme, or device a support of the United States howingly and withfully fabrifies, conceals or covers up by any trick scheme, or device a support of the United States howingly and withfully fabrifies. | | | | | | | | | | | | | | | |
| | fatsities, conceals of by any trick, scheme | r covers up | NOTE: | ALL persons using this form or Medical Certificate and S | n must sign it. N tudent Pilot Cor | IDR con tificate. | nsen | nt, however, doe | s not apply unless this fo | m is used a | s an appl | cauon for Me | utcai Ceri | cate | |
| | material fact, or who | makes any fraudulent | | or Wedicar Certificate and 3 | INGENT HOLES- | | | | | | | that the | | | |
| | statements or repr | resentations, ed up.lo The | ereby certify It | at all statements and answers p part of the basis for issuance of | rovided by me or any FAA certifica | n this app ate to me | plica e. I h | ation form are co have also read a | mplete and true to the best in no understand the Privacy A | ct statement | that accor | mpanies this fo | m. | | |
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| | | <u>L</u> | nature of A | pplicant | | | | | | | D | o4/04/2 | 800 | | |
| - | | 319 | griatule of F | A | | | _ | | | | | | | | 070.00 |

NOTE: FAA/Original Copy of the Report of Medical Examination Must be TYPED. REPORT OF MEDICAL EXAMINATION 24. SODA Serial Number 23. Statement of Demonstrated Ability (SODA) 21. Height (inches) 22. Weight (pounds) ⊠ No Defect Noted: None ☐ Yes 152 Normal Abnormal 67 CHECK EACH ITEM IN APPROPRIATE COLUMN Normal Abnorma CHECK EACH ITEM IN APPROPRIATE COLUMN 37. Vascular system (Pulse, amplitude and character, arms, legs, others) X 25. Head, face, neck, and scalp X 38. Abdomen and viscera (including hemia) $\overline{\mathsf{x}}$ 26. Nose Х 39. Anus (Not including digital examination) Х 27. Sinuses Х 40, Skin Х 28. Mouth and throat x 41. G-U system (Not including pelvic examination) 29. Ears, general (Internal and external canals; Hearing under Itam 49) Х 42. Upper and lower extremities (Strength and range of motion) Х X 30. Ear Drums (Perforation) Х 43. Spine, other musculoskeletal X 31. Eyes, general (Vision under items 50 to 54) 44. Identifying body marks, scars, tattoos (Size & location) Х X 32 Ophthalmoscopic X 45. Lymphatics Х 33. Pupils (Equality and reaction) X 46. Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves, coord., etc.) X 34. Ocular motility (Associated parallel movement, nystagmus) 47. Psychiatric (Appearance, behavior, mood, communication, and memory) Х \overline{x} 35. Lungs and chest (Not including breast examination) X 48. General systemic X 36. Heart (Precordial activity, rhythm, sounds, and murmurs) NOTES: Describe every abnormality in detail. Enter applicable item number before each comment. Use additional sheets if necessary and attach to this form. 28: Tonsillectomy Left Ear Right Ear 4000 49. Hearing 1000 2000 3000 4000 500 2000 3000 1000 500 Audiometer Conversational Voice Test at 6 Fee 10 10 10 10 10 Threshold in decibels 10 10 ☐ Fail Pass 51.b. Intermediate Vision - 32 Inches 52. Color Vision 51.a. Near Vision 50. Distant Vision Corrected to 20/ Ď Pass Right 20/ 20 Corrected to 20/ 20/ 20 Right Corrected to 20/ 20/ 20 Corrected to 201 20/ 20 Right Left Corrected to 20/ ∏ Eall 20/ 20 Left Corrected to 20/ Corrected to 207 20/ 20 Left 20/ 20 Corrected to 20/ Both 20/ 20 Both Corrected to 20/ Left Hyperphoria 20/ 20 Both Right Hyperphoria Exophoria Esophoria 54. Heterophoria 20' (in prism diopters) 53. Field of Vision n 58. ECG (Date) 57. Urine Test (if abnormal, give results) 56. Pulse YYYY DD 55. Blood Pressure Albumin Sugar Systolic | Diastolic ☐ Abnormal 図 Normal 04/09/2008 (Sitting, mm of 66 120 /80 Mercury) 59. Other Tests Given FOR FAA USE 60. Comments on History and Findings: AME shall comment on all "YES" answers in the Medical History section and for Pathology Codes: abnormal findings of the examination. (Attach all consultation reports, ECGs, X-rays, etc. to this report before mailing.) 28: Tonsillectomy None Coded By: Clerical Reject ₩ мо Abnormal Physical Findings T YES DA NO Significant Medical History ☐ YES Medical & Student Pilot Certificate ☐ FAA ATC-Deferred — No Certificate Issued 61. Applicant's Name No Certificate Issued → Deferred for Further Evaluation ☐ Has Been Denied -- Letter of Denial Issued (Copy Attached) ANDREAS Guenter LUBITZ 63. Disqualifying Defects (List by item number) I hereby certify that I have personally reviewed the medical history and personally examined the applicant named on 64. Medical Examiner's Declaration -this medical examination report. This report with any attachment embodies my findings completely and correctly. Aviation Medical Examiner's Signature Aviation Medical Examiner's Name Date of Examination MATTHIAS J A VON MUELMANN DD YYYY Street Address ΜМ 15851 AME Serial Number

Zip Code 60546

State

AME Telephone 496969647601

NSN: 0052-00-670-6002

04/09/2008

LH-BASE FRA PM/F

Form 8500-8 Continuation Sheet

Applicant Name: ANDREAS Guenter LUBITZ

Applicant MID : 200003801199

| 17.a. Medications (From page 1): | Previously Reported | | | | | |
|---|---------------------|----------------|---------------|--|--|--|
| Medication | Yes | No . | | | | |
| 18. Explanations (From page 1): | | | | | | |
| 19. Visits to Health Professional Within Last 3 Years. (From page 1); | | | | | | |
| | | | | | | |
| Notes (From page 2): 28: Tonsillectomy | | | • | | | |
| Other Tests Given (From page 2): None | | | | | | |
| Comments on History and Findings (From page 2): 28: Tonsiliectomy None | • | | • | | | |
| • | | | | | | |
| | | • | | | | |
| AME Actions: | | | | | | |
| Applicant Previously Assessed [] 1. Has OSA diagnosis and is on Special Issuance, Reports to follow. [] 2. Has OSA diagnosis and is currently being treated OR has had previous OSA assessment. NOT applicant Not at Risk [] 3. Determined to NOT be at risk for OSA at this examination, | on Special Is | suance. Report | is to follow. | | | |

[] 3. Determined to NOT be at risk for USA at this examination.

Applicant at Risk/Severity to be Assessed
[] 4. Discuss OSA risk with airman and provide educational materials.
[] 5. At risk for OSA. AASM sleep apnea assessment required. Reports to follow.

Applicant Risk/Severity high
[] 6. Deferred: Immediate safety risk. AASM sleep apnea assessment required. Reports to follow.