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

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 by:	JORG SIEDENBURG
Exam 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 [redacted] and found fit for JAR-FCL 3 Class 1 Medical fitness.;

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

GG-

MEDICAL CERTIFICATE AND STUDENT PILOT CERTIFICATE

This certifies that *(Full name and address)*:

ANDREAS Guenter LUBITZ

[redacted]

Date of Birth	Height	Weight	Hair	Eyes	Sex
12/18/1987			BLOND	BLUE	M

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

Limitations

Date of Examination | Examiner's Designation No.

Examiner: Signature | Typed Name

AIRMAN'S SIGNATURE

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: LUBITZ | First Name: ANDREAS | Middle Name: Guenter

4. Social Security Number: 888-07-0535

5. Address Number / Street: [redacted] | Telephone Number: [redacted]

City: [redacted] | State/Country | Zip Code: [redacted]

6. Date of Birth: 12/18/1987 Citizenship: Germany | 7. Color of Hair: BLOND | 8. Color of Eyes: BLUE | 9. Sex: Male

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: Student Pilot | 12. Employer: Lufthansa Flight Training

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: 0 | 15. Past 6 months: 0

16. Date of Last FAA Medical Application: 04/09/2008 ☐ 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
	☐	☐
	☐	☐
	☐	☐

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
a. ☐	☒	Frequent or severe headaches	g. ☐	☒	Heart or vascular trouble	m. ☐	☒	Mental disorders of any sort; depression, anxiety, etc.	r. ☐	☒	Military medical discharge
b. ☐	☒	Dizziness or fainting spell	h. ☐	☒	High or low blood pressure	n. ☐	☒	Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years.	s. ☐	☒	Medical rejection by military service
c. ☐	☒	Unconsciousness for any reason	i. ☐	☒	Stomach, liver, or intestinal trouble				t. ☐	☒	Rejection for life or health insurance
d. ☐	☒	Eye or vision trouble except glasses	j. ☐	☒	Kidney stone or blood in urine	o. ☐	☒	Alcohol dependence or abuse	u. ☐	☒	Admission to hospital
e. ☐	☒	Hay fever or allergy	k. ☐	☒	Diabetes	p. ☐	☒	Suicide attempt	x. ☐	☒	Other illness, disability, or surgery
f. ☐	☒	Asthma or lung disease	l. ☐	☒	Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.	q. ☐	☒	Motion sickness requiring medication	y. ☐	☒	Medical disability benefits

Arrest, Conviction, and/or Administrative Action History — See Instructions Page

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

Explanations: See Instructions Page

FOR FAA USE Review Action Codes

19. Visits to Health Professional Within Last 3 Years. ☐ Yes (Explain Below) ☒ No See Instructions Page

Date	Name, Address, and Type of Health Professional Consulted	Reason

- NOTICE -

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

20. Applicant's National Driver Register and Certifying Declarations

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

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

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

Electronically signed by : andreaslubitz@aol.com / Password Verified | Date 06/14/2010

Confirmation Number: 38873566

NSN: 0052-00-670-6002

Form 8500-8 Continuation Sheet

17.a. Medications (From page 1):

Medication | Previously Reported: Yes | No

18. Explanations (From page 1):

19. Visits to Health Professional Within Last 3 Years. (From page 1):

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

GX-0260689

MEDICAL CERTIFICATE THIRD CLASS AND STUDENT PILOT CERTIFICATE

This certifies that (Full name and address):

ANDREAS Guenter LUBITZ

[redacted]

Date of Birth	Height	Weight	Hair	Eyes	Sex
12/18/1987	68	150	BLOND	BLUE	M

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

Limitations:

Date of Examination: 06/18/2010

Examiner's Designation No.:

Examiner Signature:

Examiner Typed Name: JOERG SIEDENBURG

AIRMAN'S SIGNATURE

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: LUBITZ | First Name: ANDREAS | Middle Name: Guenter

4. Social Security Number: 888-07-0535

5. Address Number / Street: [redacted] | Telephone Number: [redacted]

City: [redacted] | State/Country | Zip Code: [redacted]

6. Date of Birth: 12/18/1987 Citizenship: Germany | 7. Color of Hair: BLOND | 8. Color of Eyes: BLUE | 9. Sex: Male

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: Student Pilot | 12. Employer: Lufthansa Flight Training

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: 0 | 15. Past 6 months: 0

16. Date of Last FAA Medical Application: 04/09/2008 ☐ 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	Previously Reported No
	☐	☐
	☐	☐
	☐	☐

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
a. ☐	☒	Frequent or severe headaches	g. ☐	☒	Heart or vascular trouble	m. ☒	☐	Mental disorders of any sort; depression, anxiety, etc.	r. ☐	☒	Military medical discharge
b. ☐	☒	Dizziness or fainting spell	h. ☐	☒	High or low blood pressure	n. ☐	☒	Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years.	s. ☐	☒	Medical rejection by military service
c. ☐	☒	Unconsciousness for any reason	i. ☐	☒	Stomach, liver, or intestinal trouble				t. ☐	☒	Rejection for life or health insurance
d. ☐	☒	Eye or vision trouble except glasses	j. ☐	☒	Kidney stone or blood in urine	o. ☐	☒	Alcohol dependence or abuse	u. ☐	☒	Admission to hospital
e. ☐	☒	Hay fever or allergy	k. ☐	☒	Diabetes	p. ☐	☒	Suicide attempt	x. ☐	☒	Other illness, disability, or surgery
f. ☐	☒	Asthma or lung disease	l. ☐	☒	Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.	q. ☐	☒	Motion sickness requiring medication	y. ☐	☒	Medical disability benefits

Arrest, Conviction, and/or Administrative Action History --- See Instructions Page

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

Explanations: See Instructions Page

18m: Reactive depression November 2008 - July 2009. No sequelae of depressive period.; 18m - Reactive depression November 2008 - July 2009.;

FOR FAA USE Review Action Codes

19. Visits to Health Professional Within Last 3 Years. ☐ Yes (Explain Below) ☒ No See Instructions Page

Date	Name, Address, and Type of Health Professional Consulted	Reason

- NOTICE -

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

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

Signature of Applicant | Date 06/14/2010

NOTE: FAA/Original Copy of the Report of Medical Examination Must be TYPED.

REPORT OF MEDICAL EXAMINATION

21. Height (inches)	22. Weight (pounds)	23. Statement of Demonstrated Ability (SODA)	24. SODA Serial Number
68	150	☐ Yes ☒ No Defect Noted:	

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

NOTES: Describe every abnormality in detail. Enter applicable item number before each comment. Use additional sheets if necessary and attach to this form.

none

49. Hearing	Record Audiometric Speech Discrimination Score Below		Right Ear					Left Ear				
Conversational Voice Test at 6 Feet		Audiometer Threshold in decibels	500	1000	2000	3000	4000	500	1000	2000	3000	4000
☒ Pass ☐ Fail												

50. Distant Vision	51.a. Near Vision	51.b. Intermediate Vision -- 32 Inches	52. Color Vision
Right 20/ 20 Corrected to 20/	Right 20/ 20 Corrected to 20/	Right 20/ 20 Corrected to 20/	☒ Pass
Left 20/ 20 Corrected to 20/	Left 20/ 20 Corrected to 20/	Left 20/ 20 Corrected to 20/	☐ Fail
Both 20/ 20 Corrected to 20/	Both 20/ 20 Corrected to 20/	Both 20/ 20 Corrected to 20/	

53. Field of Vision	54. Heterophoria 20' (in prism diopters)				
☒ Normal ☐ Abnormal		Esophoria	Exophoria	Right Hyperphoria	Left Hyperphoria
		0	0	0	0

55. Blood Pressure (Sitting, mm of Mercury)	Systolic	Diastolic	56. Pulse (Resting)	57. Urine Test (if abnormal, give results)	Albumin	Sugar	58. ECG (Date) MM	DD	YYYY
	130	90	64	☒ Normal ☐ Abnormal	Normal	Normal			

59. Other Tests Given

60. Comments on History and Findings: AME shall comment on all "YES" answers in the Medical History section and for 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 [redacted] and found fit for JAR-FCL 3 Class 1 Medical fitness. 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 subsequent to excessive demands . The applicant was evaluated by [redacted] and found fit for JAR-FCL 3 Class 1 Medical fitness.;

FOR FAA USE

Pathology Codes:

Coded By:

Clerical Reject

Significant Medical History ☒ YES ☐ NO Abnormal Physical Findings ☐ YES ☒ NO

61. Applicant's Name
ANDREAS Guenter LUBITZ

62. Has Been Issued -- ☐ Medical Certificate ☐ Medical & Student Pilot Certificate
☒ No Certificate Issued -- Deferred for Further Evaluation ☐ FAA ATC-Deferred -- No Certificate Issued
☐ Has Been Denied -- Letter of Denial Issued (Copy Attached)

63. Disqualifying Defects (List by item number)

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.

Date of Examination (MM | DD | YYYY)	Aviation Medical Examiner's Name	Aviation Medical Examiner's Signature
06/18/2010	JOERG SIEDENBURG	
	Street Address: WEG BEIM JAGER 193, GEB 126	AME Serial Number 03015
	City HAMBURG State Zip Code 22313	AME Telephone 696-964-7624

FAA Form 8500-8 (3-99) Supersedes Previous Edition - COPY

NSN: 0052-00-670-6002

Form 8500-8 Continuation Sheet

Applicant Name : ANDREAS Guenter LUBITZ
Applicant MID : 200004752955

17.a. Medications (From page 1):

Medication	Previously Reported	
	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 excessive demands . The applicant was evaluated by [redacted] and found fit for JAR-FCL 3 Class 1 Medical fitness. Applicant is constinuing as a flight student without any further abnormalities and was found fit for JAR-FCL Class [redacted] 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 subsequent to excessive demands . The applicant was evaluated by [redacted] and found fit for JAR-FCL 3 Class 1 Medical fitness.;

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 on Special Issuance. Reports to follow.
Applicant Not at Risk
[ ] 3. Determined to NOT be at risk for OSA at this examination.
Applicant at Risk/Severity to be Assessed
[ ] 4. Discuss OSA risk with airman and provide educational materials.
[ ] 5. At risk for OSA. AASM sleep apnea assessment required. Reports to follow.
Applicant Risk/Severity high
[ ] 6. Deferred. Immediate safety risk. AASM sleep apnea assessment required. Reports to follow.

UNITED STATES OF AMERICA
Department of Transportation
Federal Aviation Administration

GX-0260689

MEDICAL CERTIFICATE THIRD CLASS
AND STUDENT PILOT CERTIFICATE

This certifies that *(Full name and address):*

ANDREAS Guenter LUBITZ
[redacted]
Germany

Date of Birth	Height	Weight	Hair	Eyes	Sex
12/18/1987	68	150	BLOND	BLUE	M

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

Limitations -

COPY

Date of Examination: 06/18/2010
Examiner's Designation No.: 00029

Examiner Signature: Warren S. Silberman DO, MPH
Typed Name: WARREN S. SILBERMAN , DO

AIRMAN'S SIGNATURE

Applicant ID: 2001587238
Control No.: 200004752955

FAA Form 8420-2 (9-08) Supersedes Previous Edition
NSN: 0052-00-670-7002

Fold Here

Passenger-Carrying Prohibited
STUDENT PILOT CERTIFICATE

CONDITIONS OF ISSUE: This certificate shall be in the personal possession of the airman at all times while exercising the privileges of his or her airman certificate. The issuance of a medical certificate by an Aviation Medical Examiner may be reversed by the FAA within 60 days. Section 61.19 of Title 14 of the Code of Federal Regulations (14 CFR part 61) sets forth the duration of a student pilot certificate. Unless otherwise limited, the duration of a medical certificate is set forth in 61.23. The holder of this certificate is governed by the provisions of 61.53 relating to medical deficiency (14 CFR part 61).

CERTIFICATED INSTRUCTOR'S ENDORSEMENT FOR STUDENT PILOTS

I certify that the holder of this certificate has met the requirements of the regulations and is competent for the following:

	Date	Make and Model of Aircraft	Instructor's Signature	Instructor's Cert. No.	Exp. Date
A. To Solo The Following Aircraft					
B. To Make Solo cross-country Flights					

Aircraft Category: Airplane / Glider / Rotorcraft

(Cut on dashed line)

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

ANDREAS Guenter LUBITZ
[redacted]
Germany

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.

U.S. Department
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
[redacted]
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 Clymer for

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

cc: Joerg Siedenburg M.D.

skc/tdz

U.S. Department
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
[redacted]
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,

Sandy Clymer for

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

Enclosure

cc: Joerg Siedenburg M.D.

skc

U.S. Department
of Transportation
**Federal Aviation
Administration**
MIKE MONRONEY AERONAUTICAL CENTER
PO BOX 25082
OKLAHOMA CITY OK 73125

Official Business
AC Form 1360-47 (9/91) (NSN 0052-00-577-5006)

AAM-300

Return

AIRMAIL

RÜCKSENDEVERMERKE
- Bei Lufthansa unbekannt
- Bei Lufthansa ausgeschieden
- Mitarbeiter ins Ausland versetzt
- Ohne Angabe der Organisations-Einheit bei Lufthansa nicht zustellbar
- Organisations-Einheit unbekannt
- Privatpost bitte an Privatanschrift Lufthansa, FRA KRM-BP

Empfänger nicht zu ermitteln
ZURÜCK
Absender bitte exakt Deutsche Post E

AIR MAIL

UNITED STATES POSTAGE
02 4A
0004236811
$ 00.98[D]
JUL 09 2010
MAILED FROM ZIPCODE 73169

OFFICE OF AEROSPACE MEDICINE
OKLAHOMA CITY, OK

OCT - 1 A 8:

AIRMAIL

U.S. Department
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
[redacted]
GERMANY

Ref: PI# 2169319
App ID# 2001587238

Dear Mr. Lubitz:

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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 Clymer for

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

Certified translation from German

[redacted]
Medical specialist for psychiatry and psychotherapy

Phone: [redacted]
Fax: [redacted]

[redacted]

Clinic
[redacted]

[redacted] on 10th July, 2009

Andreas Lubitz, born on 18th December, 1987, [redacted]

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
[redacted]

This report is computer-generated, hence it is valid without signature.
On demand, we shall gladly send you a copy with signature.

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

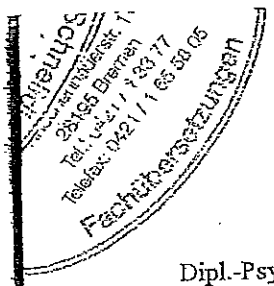
Grosshansdorf, 21.7.10

Peter Strauß

Beim Landgericht Lübeck
Peter Strauss
Telefon (0 41 02) 6 35 53
Telefax (0 41 02) 45 89 44
e-mail: info@pj-strauss.de
allgem. vereidigter Dolmetscher f. Englisch

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

Profi Schnelldienst
Knochenhauerstr. 11
28195 Bremen
Tel.: 0421 / 1 33 77
Telefax 0421 / 1 65 58 05
Fachübersetzungen



Certified translation from German

Dipl.-Psych. [redacted]

Psychological psychotherapist
Psychotherapist for children and juveniles

[redacted]

Mr.
Andreas Lubitz
[redacted]

[redacted]
Phone: [redacted]
Fax: [redacted]

23rd February, 2010

Psychological Psychotherapeutic Certificate

Mr. Andreas Lubitz, born on 18th December, 1987, resident in [redacted], 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. [redacted]
Psychological psychotherapist
Psychotherapist for children and juveniles

Signature

Certified translation from German

[redacted]
Medical specialist for psychiatry and psychotherapy
[redacted]

[redacted]

Clinic
[redacted]

Phone: [redacted]
Fax: [redacted]

[redacted] on 10th July, 2009

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[redacted]

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e-mail: info@pj-strauss.de
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Peter Strauß,

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

Profi Schnelldienst
Kirchhuntrunstr. 11
28195 Bremen
Tel.: 0421 / 1 33 77
Telefax: 0421 / 1 55 58 05
Fachübersetzungen

Certified translation from German

Dipl.-Psych. [redacted]

Psychological psychotherapist
Psychotherapist for children and juveniles

[redacted]

Mr. [redacted]

[redacted]

[redacted]

Phone: [redacted]
Fax: [redacted]

23rd February, 2010

Psychological Psychotherapeutic Certificate

Mr. Andreas Lubitz, born on 18th December, 1987, resident in [redacted], 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. [redacted]
Psychological psychotherapist
Psychotherapist for children and juveniles

Signature

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

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

Import Date:	04/09/2008
Exam Imported for AME Name/Number:	MATTHIAS J A VON MUELMANN / 15851
Exam Imported from MedXPress by:	MATTHIAS J A VON MUELMANN
Exam Date:	4/9/2008
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

Form Approved OMB NO. 2120-0034

Applicant Must Complete ALL 20 Items (Except For Shaded Areas) PLEASE PRINT

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

FF-6866174

MEDICAL CERTIFICATE THIRD CLASS AND STUDENT PILOT CERTIFICATE

This certifies that *(Full name and address)*:

ANDREAS Guenter LUBITZ
[redacted]

Date of Birth	Height	Weight	Hair	Eyes	Sex
12/18/1987	67	152	BLOND	BLUE	M

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

Limitations: None

Date of Examination: 04/09/2008

Examiner's Designation No.: 15851

Examiner Signature:

Typed Name: MATTHIAS J A VON MUELMANN

AIRMAN'S SIGNATURE

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: LUBITZ | First Name: ANDREAS | Middle Name: Guenter

4. Social Security Number: 888-07-0535

5. Address Number / Street: [redacted] | Telephone Number: [redacted]

City: [redacted] | State/Country | Zip Code: 56410

6. Date of Birth: 12/18/1987 | Citizenship: Germany | 7. Color of Hair: BLOND | 8. Color of Eyes: BLUE | 9. Sex: Male

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: Student Pilot | 12. Employer: Deutsche Lufthansa AG

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: 0 | 15. Past 6 months: 0

16. Date of Last FAA Medical Application: ☒ 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
	☐	☐
	☐	☐
	☐	☐

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
a. ☐	☒	Frequent or severe headaches
b. ☐	☒	Dizziness or fainting spell
c. ☐	☒	Unconsciousness for any reason
d. ☐	☒	Eye or vision trouble except glasses
e. ☐	☒	Hay fever or allergy
f. ☐	☒	Asthma or lung disease
g. ☐	☒	Heart or vascular trouble
h. ☐	☒	High or low blood pressure
i. ☐	☒	Stomach, liver, or intestinal trouble
j. ☐	☒	Kidney stone or blood in urine
k. ☐	☒	Diabetes
l. ☐	☒	Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.
m. ☐	☒	Mental disorders of any sort; depression, anxiety, etc.
n. ☐	☒	Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years.
o. ☐	☒	Alcohol dependence or abuse
p. ☐	☒	Suicide attempt
q. ☐	☒	Motion sickness requiring medication
r. ☐	☒	Military medical discharge
s. ☐	☒	Medical rejection by military service
t. ☐	☒	Rejection for life or health insurance
u. ☐	☒	Admission to hospital
x. ☐	☒	Other illness, disability, or surgery

Conviction and/or Administrative Action History -- See Instructions Page

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

Explanations: See Instructions Page

None

FOR FAA USE Review Action Codes

19. Visits to Health Professional Within Last 3 Years. ☐ Yes (Explain Below) ☒ No See Instructions Page

Date	Name, Address, and Type of Health Professional Consulted	Reason

- NOTICE -

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

20. Applicant's National Driver Register and Certifying Declarations

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

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

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

Signature of Applicant | Date: 04/04/2008

Form 8500-8 Continuation Sheet

17.a. Medications (From page 1):

Medication	Previously Reported	
	Yes	No

18. Explanations (From page 1):

19. Visits to Health Professional Within Last 3 Years. (From page 1):

Confirmation Number: 71413544841

NSN: 0052-00-670-6002

Form Approved OMB NO. 2120-0034

Applicant Must Complete ALL 20 Items (Except For Shaded Areas) PLEASE PRINT

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

FF-6866174

MEDICAL CERTIFICATE THIRD CLASS AND STUDENT PILOT CERTIFICATE

This certifies that *(Full name and address)*:

ANDREAS Guenter LUBITZ
[redacted]

Date of Birth	Height	Weight	Hair	Eyes	Sex
12/18/1987	67	152	BLOND	BLUE	M

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

Limitations: None

Date of Examination: 04/09/2008

Examiner's Designation No.: 15851

Examiner:
Signature:
Typed Name: MATTHIAS J A VON MUELMANN

AIRMAN'S SIGNATURE

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: LUBITZ | First Name: ANDREAS | Middle Name: Guenter

4. Social Security Number: 888-07-0535

5. Address Number / Street: [redacted] | Telephone Number: [redacted]

City: [redacted] | State/Country | Zip Code: [redacted]

6. Date of Birth: 12/18/1987 | Citizenship: Germany | 7. Color of Hair: BLOND | 8. Color of Eyes: BLUE | 9. Sex: Male

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: Student Pilot | 12. Employer: Deutsche Lufthansa AG

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: 0 | 15. Past 6 months: 0

16. Date of Last FAA Medical Application: ☒ 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	Previously Reported No
	☐	☐
	☐	☐
	☐	☐

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

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i. ☐	☒	Stomach, liver, or intestinal trouble
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k. ☐	☒	Diabetes
l. ☐	☒	Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.
m. ☐	☒	Mental disorders of any sort; depression, anxiety, etc.
n. ☐	☒	Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years.
o. ☐	☒	Alcohol dependence or abuse
p. ☐	☒	Suicide attempt
q. ☐	☒	Motion sickness requiring medication
r. ☐	☒	Military medical discharge
s. ☐	☒	Medical rejection by military service
t. ☐	☒	Rejection for life or health insurance
u. ☐	☒	Admission to hospital
x. ☐	☒	Other illness, disability, or surgery

Conviction and/or Administrative Action History -- See Instructions Page

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

Explanations: See Instructions Page

None

FOR FAA USE
Review Action Codes

19. Visits to Health Professional Within Last 3 Years. ☐ Yes (Explain Below) ☒ No See Instructions Page

Date	Name, Address, and Type of Health Professional Consulted	Reason

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Signature of Applicant | Date: 04/04/2008

NOTE: FAA/Original Copy of the Report of Medical Examination Must be TYPED.

REPORT OF MEDICAL EXAMINATION

21. Height (inches)	22. Weight (pounds)	23. Statement of Demonstrated Ability (SODA)	24. SODA Serial Number
67	152	☐ Yes ☒ No Defect Noted: None	

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

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

49. Hearing	Record Audiometric Speech Discrimination Score Below		Right Ear					Left Ear				
Conversational Voice Test at 6 Feet		Audiometer Threshold in decibels	500	1000	2000	3000	4000	500	1000	2000	3000	4000
☒ Pass ☐ Fail			10	10	10	10	10	10	10	10	10	10

50. Distant Vision		51.a. Near Vision		51.b. Intermediate Vision -- 32 Inches		52. Color Vision
Right 20/ 20	Corrected to 20/	Right 20/ 20	Corrected to 20/	Right 20/ 20	Corrected to 20/	☒ Pass
Left 20/ 20	Corrected to 20/	Left 20/ 20	Corrected to 20/	Left 20/ 20	Corrected to 20/	☐ Fail
Both 20/ 20	Corrected to 20/	Both 20/ 20	Corrected to 20/	Both 20/ 20	Corrected to 20/	

53. Field of Vision	54. Heterophoria 20' (In prism diopters)	Esophoria	Exophoria	Right Hyperphoria	Left Hyperphoria
☒ Normal ☐ Abnormal		0	1	0	0

55. Blood Pressure (Sitting, mm of Mercury)	Systolic	Diastolic	56. Pulse (Resting)	57. Urine Test (If abnormal, give results)	Albumin	Sugar	58. ECG (Date) MM DD YYYY
	120	80	66	☒ Normal ☐ Abnormal			04/09/2008

59. Other Tests Given

None

60. Comments on History and Findings: AME shall comment on all "YES" answers in the Medical History section and for abnormal findings of the examination. (Attach all consultation reports, ECGs, X-rays, etc. to this report before mailing.)

28: Tonsillectomy None

FOR FAA USE

Pathology Codes:

Coded By:

Clerical Reject:

Significant Medical History ☐ YES ☒ NO Abnormal Physical Findings ☐ YES ☒ NO

61. Applicant's Name
ANDREAS Guenter LUBITZ

62. Has Been Issued -- ☐ Medical Certificate ☒ Medical & Student Pilot Certificate
☐ No Certificate Issued -- Deferred for Further Evaluation ☐ FAA ATC-Deferred -- No Certificate Issued
☐ Has Been Denied -- Letter of Denial Issued (Copy Attached)

63. Disqualifying Defects (List by item number)

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.

Date of Examination	Aviation Medical Examiner's Name	Aviation Medical Examiner's Signature
MM DD YYYY 04/09/2008	MATTHIAS J A VON MUELMANN	
	Street Address LH-BASE FRA PM/F	AME Serial Number 15851
	City FRANKFURT AM State Zip Code 60546	AME Telephone 496969647601

FAA Form 8500-8 (3-99) Supersedes Previous Edition - COPY

NSN: 0052-00-670-6002

Form 8500-8 Continuation Sheet

Applicant Name : ANDREAS Guenter LUBITZ

Applicant MID : 200003801199

17.a. Medications (From page 1):

Medication	Previously Reported	
	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: Tonsillectomy 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 on Special Issuance. Reports to follow.
Applicant Not at Risk
[ ] 3. Determined to NOT be at risk for OSA at this examination.
Applicant at Risk/Severity to be Assessed
[ ] 4. Discuss OSA risk with airman and provide educational materials.
[ ] 5. At risk for OSA. AASM sleep apnea assessment required. Reports to follow.
Applicant Risk/Severity high
[ ] 6. Deferred. Immediate safety risk. AASM sleep apnea assessment required. Reports to follow.