Dayton Chest Medicine

Pulmonary and Aerospace Medicine
FAA Certified Aviation Medical Examiners

Date:

Name: ***DOB:***

Date of last FAA exam: ***Class:***

Do you have a Special Issuance from the FAA?

Yes ____ No ____

If yes, for what medical condition(s) was the SI?

Medical conditions you are being treated for:

Medications you currently take:

Date of first BasicMed: ***Date of most recent CMEC:***

Family Physician: ***Specialists/ Specialty:***

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