USER'S GUIDE

for the

FEDERAL AVIATION ADMINISTRATION

MEDXPRESS
System

Federal Aviation Administration

▸ request account

▸ forgot password

▸ help

▸ contact

F A A M E D X P R E S S

F E D E R A L A V I A T I O N A D M I N I S T R A T I O N

R e l e a s e v . 1 . 3 . 1 . 0

The FAA MedXPress system allows anyone requiring an FAA Medical Certificate or Student Pilot Medical Certificate to electronically complete the FAA Form 8500-8. Information entered into MedXPress will be transmitted to the FAA and will be available for your AME to review at the time of your medical examination.

NOTE: A medical examination by an FAA-designated Aviation Medical Examiner (AME) is required to complete the certification process. The FAA MedXPress system is not available for submission of FAA Air Traffic Control Specialist exams at this time.

Login to your account here. If you do not have an account, click Request an Account to create a new one.

Email Address: [ ]

Password: [ ]

Forgot your password?

[Login]   [Request an Account]

WARNING: This is a Federal Aviation Administration (FAA) computer system. FAA systems, including all related equipment, networks, and network devices (specifically including Internet access) are provided for the processing of official U.S. Government information. Unauthorized access or use of this computer system may subject violators to criminal, civil, and/or administrative action. All information on this computer system may be intercepted, recorded, read, copied, and disclosed by and to authorized personnel for official purposes, including criminal investigations. Access or use of this computer system by any person, whether authorized or unauthorized, constitutes consent to these terms.

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INTRODUCTION

The FAA MedXPress system allows anyone requiring an FAA Medical Certificate or Student Pilot Medical Certificate, to electronically complete the FAA Form 8500-8. Information entered into MedXPress will be transmitted to the FAA and will be available for your AME to review at the time of your medical examination.

NOTE: The FAA MedXPress system is not available for submission of FAA Air Traffic Control Specialist exams at this time.

If you have questions while performing your initial log in to the FAA MedXPress system, the "help" link on the upper left side of the screen should be helpful. If the help information doesn't answer your questions, click on the "contact" link and use the email address and/or telephone number to contact the appropriate support personnel.

REQUEST AN ACCOUNT

The first step in gaining access to the electronic medical form is to create an account. From the FAA MedXPress Login page, select the "request account" link on the upper left side of the screen or click on the **Request an Account** button beneath the login fields. You will be taken to the Request an Account screen.

Complete the following steps to request an FAA MedXPress Account:

1.   Enter your Last name, First name and middle name or initial.

2.   Enter your email address. Take care to ensure the email address entered is accurate, as the password you will need to access the FAA MedXPress will be emailed to you.

3.   Select three security questions and enter an answer for each. Select questions and answers that you will readily remember. You will be required to provide the

correct responses to these questions should you ever need to make inquiries related to your FAA MedXPress account.

4. Read the Pilot's Bill of Rights Notification and Terms of Service Agreement and if you agree and accept the terms check the box.

5. Click on the **Submit** button.

Account Request Result

The Account Request Result screen will appear. Click on the **Close this page** button to exit out of the FAA MedXPress.

> ▸ request account
>
> ▸ login
>
> ▸ forgot password
>
> ▸ help

FAA MEDXPRESS

FEDERAL AVIATION ADMINISTRATION

Account Request Result

Your request for an FAA MedXPress account has been received.

A **temporary** password and instructions for completing the Account Request process will be sent to your email account.

If you do not receive an e-mail within two hours or if you require further assistance, please contact AVS National IT Service Desk:

- By e-mail at: 9-NATL-AVS-IT-ServiceDesk@faa.gov (Monitored Monday through Friday, 6 a.m. to 5 p.m., CST)
- By phone at: 1-877-AVS-NSD1 or 1-877-287-6731 (Monitored 24/7)

[Close this page]

Registration Confirmation

Wait a few minutes and log in to your email account. You should receive the message shown below within two hours of submitting your information. If you do not receive the message within a reasonable amount of time you can obtain the temporary password by contacting the AVS National IT Service Desk by email at: 9-NATL-AVS-IT-ServiceDesk@faa.gov or by phone at: 1-877-AVS-NSD1 or 1-877-287-6731.

To complete the registration process, you must return to the MedXPress site and log in using the account information provided in the email sent to you. You can return to the MedXPress site by clicking on the link provided in the email. You will be taken to the Terms of Service Agreement screen.

If the link provided in the email does not work, you can return to the MedXPress site by copying the following link and pasting it into the address bar of your browser: https://medxpress.faa.gov/medxpress/Medcert.exe/login. Enter your email address and the password provided in the appropriate fields and click the **Login** button.

FAA MedXPress

Registration Confirmation

Dear **********:

Thank you for requesting an account with the FAA MedXPress web site.

The FAA MedXPress system allows anyone requiring an FAA Medical Certificate or Student Pilot Medical Certificate to electronically complete the FAA Form 8500-8. Information entered into MedXPress will be transmitted to the FAA and will be available for your AME to review at the time of your medical examination.

NOTE: A medical examination by an FAA-designated Aviation Medical Examiner (AME) is required to complete the certification process. The FAA MedXPress system is not available for submission of Agency ATC exams at this time.

Your MedXPress account information is:

Email: ********@yahoo.com
Password: 88V8AOQ4

You can return to the FAA MedXPress site by clicking on the link below. To complete the registration process, you must return to the FAA MedXPress site and log in using the account information provided in this email. When logging in for the first time, you will be required to change your password.

CLICK HERE TO COMPLETE THE REGISTRATION PROCESS

If the above link does not work, return to the FAA MedXPress site by copying the following link and pasting it into the address bar of your browser. Enter your e-mail address and password in the spaces provided and click the Login button.

URL: https://medxpress.faa.gov/medxpress/Medcert.exe/login

PLEASE DO NOT RESPOND TO THIS EMAIL.

If you need further assistance, please Contact AVS National IT Service Desk:

By e-mail at: 9-NATL-AVS-IT-ServiceDesk@faa.gov (Monitored Monday through Friday, 6 a.m. to 5 p.m., CST)

By phone at: 1-877-AVS-NSD1 or 1-877-287-6731 (Monitored 24/7)

Pilot's Bill of Rights Notification and Terms of Service Agreement

If you have read and accept the Pilot's Bill of Rights Notification and Terms of Service Agreement, select the checkbox stating this and click on the **Submit** button. You will be taken to the Change Password screen. It is required that the password be changed when entering the site for the first time.

Change Password

Enter the password sent to you via email.

Enter a new password of your choice. Passwords must be 8 to 12 characters in length and include at least three of the following four character groups: English upper case characters (A through Z); English lower case characters (a through z); Numerals (0 through 9); Non-alphabetic characters (such as !, $, #, %). Passwords are case sensitive.

Confirm the new password and click the **Change Password** button. You will be taken to the FAA MedXPress Home Page with a message stating that your password was successfully updated.

▸ form 8500-8

▸ my account

▸ help

▸ logout

FAA MedXPress

FEDERAL AVIATION ADMINISTRATION

Release v.1.3.1.0

Change Password

You have accessed the FAA MedXPress site using a temporary password. You must change your password in order to continue.

Passwords must contain between 8 and 12 characters and include at least three of the following four character groups: English upper case characters (A through Z); English lower case characters (a through z); Numerals (0 through 9); Non-alphabetic characters (such as !, $, #, %). Passwords are case sensitive.

Email Address:	@hotmail.com
Old Password:	••••••••
New Password:	••••••••••
Confirm Password:	••••••••••

Change Password   Reset

At this point you are logged into the FAA MedXPress System. You can proceed to the FAA Form 8500-8 by clicking on the "form 8500-8" link at the top left of the page. You can also select the "my account" link if you would like to update your personal information or change your password. Contact information displays at the bottom of the page should you require any assistance.

▸ form 8500-8

▸ my account

▸ help

▸ logout

FAA MEDXPRESS

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Release v.1.3.1.0

You are currently logged into FAA MedXPress System as   @hotmail.com.

The FAA MedXPress system allows anyone requiring an FAA Medical Certificate or Student Pilot Medical Certificate to electronically complete the FAA Form 8500-8. Information entered into MedXPress will be transmitted to the FAA and will be available for your AME to review at the time of your medical examination.

NOTE: A medical examination by an FAA-designated Aviation Medical Examiner (AME) is required to complete the certification process. The FAA MedXPress system is not available for submission of FAA Air Traffic Control Specialist exams at this time.

For help with issues on any of the following:
- Your FAA MedXPress account, logging in, account lock-out, etc.
- Guidance with the operation of FAA MedXPress
- General troubleshooting

Contact AVS National IT Service Desk:
- By e-mail at: 9-NATL-AVS-IT-ServiceDesk@faa.gov (Monitored Monday through Friday, 6 a.m. to 5 p.m., CST)
- By phone at: 1-877-AVS-NSD1 or 1-877-287-6731 (Monitored 24/7)

AVS National IT Service Desk cannot answer questions related to medical entries on the Form 8500-8. For specific help regarding information on the form, consult the AME Guide by clicking on the Help link next to the associated field.

Note: You must answer all three security questions correctly in order for AVS National IT Service Desk to reset your password.

Password was successfully updated

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MY ACCOUNT MAINTENANCE

You can make changes to your personal information if necessary, but when making changes to your email address or password take care to remember that you have done this because the email address is where the confirmation number will be sent when you submit your Form 8500-8 information.

You must confirm your email address when making any updates to your personal information.

If you would like to change your password, enter the password you currently use in the text box labeled "Old Password". Enter a new password of your choice into the text box labeled "New Password". Enter a new password of your choice. Passwords must be 8 to 12 characters in length and include at least three of the following four character groups: English upper case characters (A through Z); English lower case characters (a through z); Numerals (0 through 9); Non-alphabetic characters (such as !, $, #, %). Passwords are case sensitive.

Confirm the new password and click the **Submit** button. This section of the screen functions independently of the other section so you do not need to enter anything into the "Confirm Email" text box.

FORGOT PASSWORD

If you forget your password you can request a new password by clicking on the "forgot password" link on the upper left side of the Login page and entering the requested information.

You will be asked to enter your email address and the answers to the three security questions you selected when you requested your account. If the email address is entered properly and the correct answers to the questions are entered, a temporary password will be sent to your email account. The following screen shots depict the Forgot Password procedures.

▸ request account

▸ login

▸ help

▸ contact

FAA MedXPress

FEDERAL AVIATION ADMINISTRATION

Request to Reset Password

Step 1: To reset your password, enter your email address in the box below and click Next.

Email Address: | '@hotmail.com |

[Next >]

▸ request account

▸ login

▸ help

▸ contact

FAA MedXPress

FEDERAL AVIATION ADMINISTRATION

Request to Reset Password

Step 2: To verify your identity, you must correctly answer the security questions below and click Next.

Email Address: @hotmail.com

Zodiac sign ?: | Virgo |

Father's first name ?: | Robert |

Birth stone ?: | Diamond |

[Next >]

FAA MEDXPRESS

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Account Request Result

Step 3: Your FAA MedXPress password has been reset. A temporary password and instructions for completing the Password Reset process will be sent to your e-mail account.

If you do not receive an e-mail within two hours or if you require further assistance, please contact AVS National IT Service Desk:

- By e-mail at: 9-NATL-AVS-IT-ServiceDesk@faa.gov (Monitored Monday through Friday, 6 a.m. to 5 p.m., CST)
- By phone at: 1-877-AVS-NSD1 or 1-877-287-6731 (Monitored 24/7)

Close this page

Password Reset Request

Wait a few minutes and log in to your email account. You should receive the message shown below within two hours of submitting your password reset request. If you do not receive the message within a reasonable amount of time you can obtain the temporary password by contacting the AVS National IT Service Desk by email at: 9-NATL-AVS-IT-ServiceDesk@faa.gov or by phone at: 1-877-AVS-NSD1 or 1-877-287-6731.

To complete the password reset process, you must return to the MedXPress site and log in using the account information provided in the email sent to you. You can return to the MedXPress site by clicking on the link provided in the email. You will be taken to the Terms of Service Agreement screen.

If the link provided in the email does not work, you can return to the MedXPress site by copying the following link and pasting it into the address bar of your browser: https://medxpress.faa.gov/medxpress/Medcert.exe/login. Enter your email address and the password provided in the appropriate fields and click the **Login** button.

Once you have returned to the MedXPress site you will be required to change your password when logging in.

FAA MedXPress

Password Reset Notification

Dear **********:

Your FAA MedXPress account has been reset and a new temporary password has been created.

Your new FAA MedXPress account information is:

Email:********@yahoo.com
Password: TR2T6N23

You can return to the FAA MedXPress site by clicking on the link below. To complete the registration process, you must return to the FAA MedXPress site and log in using the account information provided in this e-mail. When logging in for the first time, you will be required to change your password.

CLICK HERE TO LOGIN AND CHANGE YOUR PASSWORD

If the above link does not work, please return to the FAA MedXPress site by copying the following link and pasting it into the address bar of your browser. Enter your email address and password in the spaces provided and click the Login button.

URL: https://medxpress.faa.gov/medxpress/Medcert.exe/login

PLEASE DO NOT RESPOND TO THIS EMAIL.

If you need further assistance, please Contact AVS National IT Service Desk:

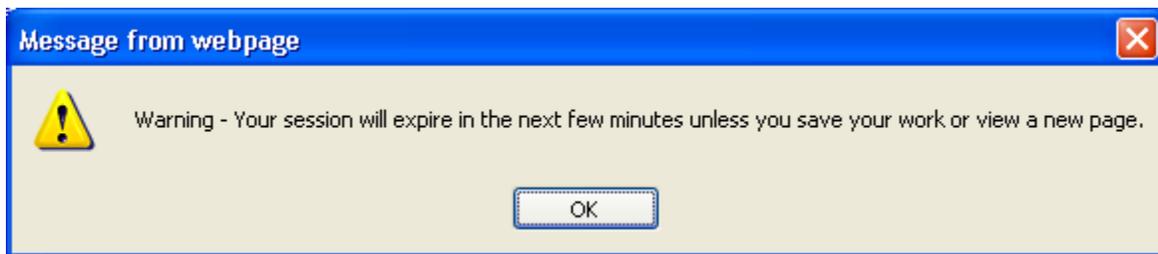By e-mail at: 9-NATL-AVS-IT-ServiceDesk@faa.gov (Monitored Monday through Friday, 6 a.m. to 5 p.m., CST)

By phone at: 1-877-AVS-NSD1 or 1-877-287-6731 (Monitored 24/7)

SESSION TIMEOUT

The MedXPress times out after 20 minutes of inactivity. If a user allows MedXPress to sit idle for 20 minutes or more, the session will time out and the user will be directed back to the MedXPress login screen

On the 8500-8 screen of the MedXPress, the user will receive a warning message after 15 minutes of inactivity. If the user does not perform some kind of action within five minutes of receiving the message the session will time out and any unsaved data will be lost. Once the session times out, any update or refresh action will send the user back to the MedXPress Login screen.

Message from webpage

Warning - Your session will expire in the next few minutes unless you save your work or view a new page.

OK

FORM 8500-8

When you are satisfied your account information is accurate and are ready to enter the necessary information to complete the front of the Form 8500-8, click on the "form 8500-8" link at the top left of the page. An electronic version of the Form 8500-8 will display. Enter your information into each field.

Each field has a question mark beside it. If you have any questions about what kind of information should be typed into a particular field, click on the question mark beside it and you will be taken to text detailing what should be entered into the field.

FAA MEDXPRESS
FEDERAL AVIATION ADMINISTRATION

▸ home   ▸ logout   ▸ help   ▸ ame guide

Enter all date in MM/DD/YYYY format unless otherwise specified.
Click the question mark icon next to the item number to access the AME Guide page for that item. Instructions for completing the application can be found by clicking the help link above.

? 1. Application For: ○ Airman Medical Cert. ⦿ Airman Medical & Student Pilot Cert. ? 2. Class of Medical Cert.: ○ 1st ○ 2nd ○ 3rd

? 3. Last Name: MCGINNYPIG   ? First Name: FRANK   ? Middle Name: CHUCK   ? Suffix: [▼]

? 4. SSN: 888-04-8599   ☑ International/Declined to Submit (An SSN will be generated by the system)

? 5. Address: 4444 SW 4TH   ? Telephone Number: 405-555-5555

? City: OKLAHOMA CITY   ? State: OK ▼   ? Country: USA ▼   ? Zip Code: 73165

? 6. Date of Birth: 04/20/1970   ? 7. Hair Color: BLOND ▼   ? 8. Eye Color: BLUE ▼   ? 9. Sex: ⦿ Male ○ Female

? Citizenship: USA ▼

? 10. Type of Airman Certificate(s) You Hold:

☑ None   ☐ ATC Specialist   ☐ Flight Instructor   ☐ Recreational
☐ Airline Transport   ☐ Flight Engineer   ☐ Private   ☐ Other [   ]
☐ Commercial   ☐ Flight Navigator   ☐ Student

? 11. Occupation: MANAGER   ? 12. Employer: NG

? 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: 500   ? 15. Past 6 months: 35   ? 16. Date of Last FAA Medical Application: [   ]   ? ☑ No Prior App

? 17.a. Do You Currently Use Any Medication (Prescription or Nonprescription)? ⦿ Yes ○ No

For each medication prescribed, enter medication information and click the Add button. Medication Name is required, all other fields are optional.

Medication Name: [   ]

Dosage: [   ]   Dosage Unit: [▼]   Frequency: [▼]   Previously Reported ☐

[Add]

Medication	Dosage Amount	Dosage Unit	Frequency	Previously Reported	
LISINOPRIL 10	10	mcg	Daily		Delete

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Items 1 Thru 17b

? 1. Application For: ○ Airman Medical Cert. ⦿ Airman Medical & Student Pilot Cert. ? 2. Class of Medical Cert.: ○ 1st ○ 2nd ○ 3rd

? 3. Last Name: MCGINNYPIG ? First Name: FRANK ? Middle Name: CHUCK ? Suffix: [▾]

? 4. SSN: 888-04-8599 ☑ International/Declined to Submit (An SSN will be generated by the system)

? 5. Address: 4444 SW 4TH ? Telephone Number: 405-555-5555

? City: OKLAHOMA CITY ? State: OK ▾ ? Country: USA ▾ ? Zip Code: 73165

? 6. Date of Birth: 04/20/1970 ? 7. Hair Color: BLOND ▾ ? 8. Eye Color: BLUE ▾ ? 9. Sex: ⦿ Male ○ Female

? Citizenship: USA ▾

? 10. Type of Airman Certificate(s) You Hold:

☑ None ☐ ATC Specialist ☐ Flight Instructor ☐ Recreational
☐ Airline Transport ☐ Flight Engineer ☐ Private ☐ Other [   ]
☐ Commercial ☐ Flight Navigator ☐ Student

? 11. Occupation: MANAGER ? 12. Employer: NG

? 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: 500 ? 15. Past 6 months: 35 ? 16. Date of Last FAA Medical Application: [   ] ? ☑ No Prior App

? 17.a. Do You Currently Use Any Medication (Prescription or Nonprescription)? ⦿ Yes ○ No

For each medication prescribed, enter medication information and click the Add button. Medication Name is required, all other fields are optional.

Medication Name: [   ]

Dosage: [   ] Dosage Unit: [▾] Frequency: [▾] Previously Reported ☐

[Add]

Medication	Dosage Amount	Dosage Unit	Frequency	Previously Reported	
LISINOPRIL 10	10	mcg	Daily		Delete

FAA MedXPress medication content is validated against licensed drug information supplied by the F.A. Davis Co. (FAD) in the Davis's Drug Guide. Click here to view the FAD copyright notice and Disclaimer of Warranty.

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

1. **Application For**

Select either the *Airman Medical Cert* or *Airman Medical & Student Pilot Cert* radio button to indicate the type of certificate being applied for. ***(Required)***

2. **Class Of Medical Cert.**

Select either the *1ˢᵗ, 2ⁿᵈ* or *3ʳᵈ* radio button to indicate the class of certificate being applied for. ***(Required)***

3. **Last Name**

Enter your last name. ***(Required)***

First Name

Enter your first name. ***(Required)***

Middle Name

Enter your middle name.

Suffix

Select the appropriate suffix from the drop down list provided, if applicable.

4. **SSN**

Enter your Social Security Number or pseudo SSN if you prefer not to provide your SSN.

NOTE

If you do not have a pseudo SSN and do not wish to provide your SSN, click on the check box next to *International/Declined to Submit*. When this option is selected, a pseudo SSN will be assigned to you. You should make a note of the SSN to use on future 8500-8 applications.

5. **Address**

Enter your street address. When entering your street address DO NOT use any punctuation (e.g., Rolling Ave. should be entered Rolling Ave). ***(Required)***

Telephone Number

Enter your telephone number.

City

Enter the name of the city you live in. When entering the name of the city be sure that no numbers or punctuation are used if you live in the United States (e.g., St. Louis should be entered St Louis). If you live in a foreign country, the city name may contain numbers, but no punctuation. ***(Required)***

State

Select the state you live in from the drop down list provided, or leave blank if international.

Country

Select the country you live in from the drop down list provided, or select Other (Unknown). When selecting your State and Country, either a state or foreign country must be selected, but not both.

Zip Code

Enter your zip code. *(Required for Exam with USA Address)*

6. Date of Birth

Enter your date of birth in the (MM/DD/YYYY) format. If applying for an Airman Medical & Student Pilot Certificate, your birthday must be at least 15 years, 11 months prior to today's date. The date entered must also be a valid date, no later than today's date and no earlier than the 19th century. *(Required)*

7. Hair Color

Select the appropriate hair color from the drop down list provided. *(Required)*

8. Eye Color

Select the appropriate eye color from the drop down list provided. *(Required)*

9. Sex

Select either the *Male* or *Female* radio button. *(Required)*

Citizenship

Select the country you are currently a citizen of.

10. Type of Airman Certificate(s) You Hold

Check all that apply. If None is checked, no other boxes should be checked. If Other is checked you must enter something into the text box to the right of the Other option. *(Required)*

11. Occupation

Enter your occupation.

12. Employer

Enter the name of your employer.

13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended or Revoked

Select either the *Yes* or *No* radio button. If yes is selected, you must enter the date of the denial, suspension or revocation in the (MM/DD/YYYY) format. The date entered must be a valid date, no later than today's date, and no earlier than the 19th century. ***(Required)***

14. Total Pilot Time (Civilian Only) To Date

Enter the number of pilot hours (in whole numbers) to date.

15. Total Pilot Time (Civilian Only) Past 6 Months

Enter the number of pilot hours (in whole numbers) during the past 6 months. The number of hours listed in 15 should not exceed the number of hours listed in 14.

16. Date of Last FAA Medical Application

If you had a previous exam, enter the date in the (MM/DD/YYYY) format. If this is your first application, check the **No Prior Application** check box. ***(If "No Prior Application" is NOT checked, Date of Last FAA Medical Application is required.)***

NOTE

If 13 is "No" and 16 is blank, the **No Prior Application** box must be checked.

17.a.   Do You Currently Use Any Medication (Prescription or Nonprescription)

Select either the *Yes* or *No* radio button. If Yes is selected, continue entering the necessary medication information. ***(Required)***

1. Enter the name of the first medication in the *Medication Name* text box.
2. Enter dosage information in the *Dosage* text box.
3. Select a dosage unit from the *Dosage Unit* drop down box.
4. Select a frequency from the *Frequency* drop down box.
5. If the medication was previously reported on an FAA medical examination, select the *Previously Reported* check box.
6. Click the **Add** button.

7. If an exact match for the medication could not be found, an error message will display and a drop down box of possible matches will be provided.

8. If the correct medication name is not listed in the drop down, select the *Could not Locate Medication* check box and click the **Add** button.

9. The medication and its associated dosage information will display below the appropriate column headings as "Medication not listed".

For each medication prescribed, enter medication information and click the Add button. Medication Name is required, all other fields are optional.

Medication Name: [　　　　　　　　　]

Dosage: [　　　] Dosage Unit: [▼] Frequency: [▼] Previously Reported ☐

[Add]

Medication	Dosage Amount	Dosage Unit	Frequency	Previously Reported	
MEDICATION NOT LISTED: LIESINAPRIL	10	mg	Daily		Delete

FAA MedXPress medication content is validated against licensed drug information supplied by the F.A. Davis Co. (FAD) in the Davis's Drug Guide. Click here to view the FAD copyright notice and Disclaimer of Warranty.

10. If the correct medication name is listed, select the medication name from the *Medication Name* drop down box and click the **Add** button.

VALIDATION ISSUES AND ERROR MESSAGES
No data has been saved. Please make the following corrections to the data.
An exact match for the medication name could not be found.
Please select the correct medication name from the drop down list below. If you cannot locate the correct medication name, please check the "Could not Locate Medication" checkbox and click the Add button again. Click the Clear button to refresh the screen.

For each medication prescribed, enter medication information and click the Add button. Medication Name is required, all other fields are optional.

Medication Name: LIESINAPRIL [▼]
　LISINOPRIL / HYDROCHLOROTHIAZIDE
　LISINOPRIL /HCTZ
Dosage: 10　LISINOPRIL 10
　LISINOPRIL 10 MG
　LISINOPRIL 10-12.5
　LISINOPRIL 10/12.5
　LISINOPRIL 10/12.5 DAILY
　LISINOPRIL 10/12.5 TABSPAN
　LISINOPRIL 10/D

Could not Locate Medication ☐
Previously Reported ☐
[Add] [Clear]

? 17.b. Do You Ever Us
? 18. Medical History -
FOLLOWING? Answer "y

AD, OR DO YOU PRESENTLY HAVE ANY OF THE
equire a comment. Click Add Comments to add or edit a

11. The medication and its associated dosage information will display below the appropriate column headings. Repeat this process for each medication. Medication information can be deleted by clicking on the "Delete" link displayed to the right of each medication listed.

For each medication prescribed, enter medication information and click the Add button. Medication Name is required, all other fields are optional.

Medication Name: [|　　　　　　　　]

Dosage: [　　　] Dosage Unit: [▼] Frequency: [▼] Previously Reported ☐

[Add]

Medication	Dosage Amount	Dosage Unit	Frequency	Previously Reported	
LISINOPRIL 10	10	mg	Daily		Delete

FAA MedXPress medication content is validated against licensed drug information supplied by the F.A. Davis Co. (FAD) in the Davis's Drug Guide. Click here to view the FAD copyright notice and Disclaimer of Warranty.

17.b.　Do You Ever Use Near Vision Contact Lens(es) While Flying

Select either the *Yes* or *No* radio button. **(Required)**

Item 18

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 (All "yes" answers require a comment. Click Add Comments to add or edit a comment).

Medical History	Description	Medical History	Description
a. ○ Yes ⦿ No	Frequent or severe headaches	m. ○ Yes ⦿ No	Mental disorders of any sort: depression, anxiety, etc.
b. ○ Yes ⦿ No	Dizziness or fainting spell	n. ⦿ Yes ○ No	Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years.
c. ○ Yes ⦿ No	Unconsciousness for any reason	o. ○ Yes ⦿ No	Alcohol dependence or abuse
d. ○ Yes ⦿ No	Eye or vision trouble except glasses	p. ○ Yes ⦿ No	Suicide attempt
e. ○ Yes ⦿ No	Hay fever or allergy	q. ○ Yes ⦿ No	Motion sickness requiring medication
f. ○ Yes ⦿ No	Asthma or lung disease	r. ⦿ Yes ○ No	Military medical discharge
g. ○ Yes ⦿ No	Heart or vascular trouble	s. ○ Yes ⦿ No	Medical rejection by military service
h. ○ Yes ⦿ No	High or low blood pressure	t. ○ Yes ⦿ No	Rejection for life or health insurance
i. ○ Yes ⦿ No	Stomach, liver, or intestinal trouble	u. ○ Yes ⦿ No	Admission to hospital
j. ○ Yes ⦿ No	Kidney stone or blood in urine	x. ○ Yes ⦿ No	Other illness, disability, or surgery
k. ○ Yes ⦿ No	Diabetes	y. ○ Yes ⦿ No	Medical disability benefits
l. ○ Yes ⦿ No	Neurological disorders: epilepsy, seizures, stroke, paralysis, etc.		

Arrest and/or Conviction and/or Administrative Action History

v. ○ Yes ⦿ No	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. ○ Yes ⦿ No	History of nontraffic conviction(s) (misdemeanors or felonies).

[Add Comments]

18. Medical History - Have You Ever In Your Life Been Diagnosed With, Had, Or Do You Presently Have Any Of The Following

Select either the *Yes* or *No* radio button for each of the items a. thru y. All items marked "yes" require a comment. *(Required)*

Provide an explanation for all medical history items where the *Yes* radio button was selected in the *Applicant Explanation* box provided for each applicable item. If the condition was reported on a previous application and there has been no change in your condition, you may note "Previously Reported, No Change" by clicking on the **PRNC** button.

Please provide an explanation for all Medical History items in the APPLICANT EXPLANATION box below. You may note 'PREVIOUSLY REPORTED, NO CHANGE' by clicking on the 'PRNC' button, but 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.

Item	Applicant Explanation	
18b	Dizziness or fainting spell	
	Previously Reported, No Change	[PRNC]
18d	Eye or vision trouble except glasses	
	Previously Reported, No Change	[PRNC]

General Explanations Pertaining to Medical History:

Item 19

19. Have You Visited any Health Professionals Within last 3 Years

Select either the *Yes* or *No* radio button. If Yes is selected, enter at a minimum, the date of the visit in the (MM/YYYY) format and the reason for seeing a physician into the fields provided. The date entered must be a valid date, no later than today's date, and no earlier than the 19th century. *(Required)*

Click on the **Add** button and the information you entered will appear under the appropriate headings. The fields will clear so that additional visits may be added if necessary. The Edit and Delete options that correspond with each visit allow you to update the visit information or completely delete the visit from the record.

Clicking on the Edit link will display that visit's information in the fields provided and **Update** and **Cancel** buttons will replace the **Add** button. Update as necessary and click the **Update** button. The fields will clear, the **Add** button returns, and the information will again appear under the appropriate headings. You may cancel the editing process by clicking the **Cancel** button

To add a Medical Visit, enter information in the spaces provided and click the Add button.
Note: You must click the add button for each visit entered.

Date of Visit (MM/YYYY): 12/2011   Name: Brown   Street: 55th Stree

City: Oklahoma City   State: OK   Zip Code: 73165   Country: USA

Type Professional: D.O.   Reason: Flu

Update   Cancel

Date	Name	Number/Street	City	State	Zip Code	Country	Type Professional	Reason		
12/2011	Brown	55th Stree	Oklahoma City	OK	73165	USA	D.O.	Flu	Edit	Delete

Item 20

> ⑦ 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.
>
> ○ Yes ○ No
>
> ---
>
> - 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

Read the declaration and select the *Yes* radio button. Selecting *No* will prevent you from submitting the exam. ***(Required)***

Validate and Submit Application

Your application is not complete until you enter your password and press the "Submit" button at the bottom of this page.

I'm not done yet. Save my application so I can finish it later. | Save

Show me any errors I have made on my application. | Show Validation Errors

I understand that by entering my password, I certify that I agree with the National Driver Register and Certifying Declarations. I further understand that I will not be able to change my application after I submit the information (only your AME will be able to change the application at the time of the physical exam).

I'm done. Send my application to the FAA. Password: [   ] | Submit

Click the **Save** button to save changes to your application. Be sure to save your entries before exiting FAA MedXPress. You may save a partially completed form and return at a later time to finish. The following message will display when you click on the **Save** button. Click **OK** and *"Your data has been saved"* will appear at the top of the screen.

Message from webpage

Your application has been saved so you can finish it later. If you want to complete your application and make it available for your AME, you must enter your password and press the `Submit` button at the bottom of the page.

OK
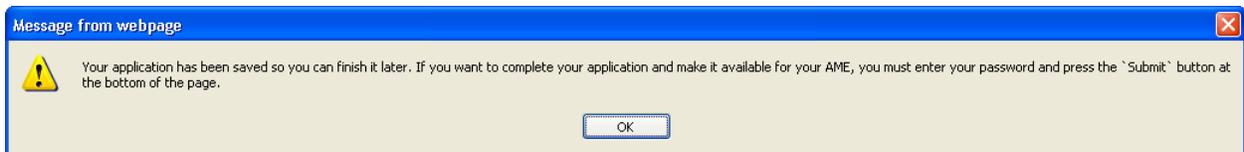
Click the **Show Validation Errors** button to save your changes and display a list of validation errors. Data must pass validation requirements before the application can be submitted. Validation errors along with the message that your data has been saved will appear at the top of the screen.

Your data has been saved

VALIDATION ISSUES AND ERROR MESSAGES

The following validation error(s) have been found.
Click the appropriate link to navigate to the error.

10. Type of Airman Certificate(s) You Hold is required (check none if applicable).
13. Medical Certificate Status is required.
16. If No Prior Application is not checked, Date of Last FAA Medical Application is required.
17.b. Contact Lens declaration is required.
18. All Medical History items marked Yes require a comment.

If you are sure all of the information entered is correct and you agree with the declarations enter your password and hit the **Submit** button. Once you submit your application you will not be able to make any changes to it. If there are no errors a screen will launch with a confirmation number you will need to give to your AME.

EXAM SUCCESSFULLY SUBMITTED

If there are no errors you will be taken to a screen that tells you your exam has been successfully submitted. The screen displays your confirmation number and gives you the option of looking at a summary of your exam application by clicking on the **Exam Summary** button. Write down the confirmation number and click on the logout link on the left side of the screen. You will receive a Form 8500-8 confirmation email that will also provide your confirmation number. If you lose your confirmation number you can obtain it by contacting the AVS National IT Service Desk by email at: 9-NATL-AVS-IT-ServiceDesk@faa.gov or by phone at: 1-877-AVS-NSD1 or 1-877-287-6731.

Exam Summary Page

The exam summary page displays the exam information you just entered placed into the appropriate fields of a Form 8500-8. It is recommended that you print the 8500-8 Summary for review and bring it with you at the time of your exam.

EXAM CONFIRMATION NUMBER EMAIL

You should receive the following exam confirmation email. It too will display your confirmation number. You will need this number in order for your AME to view your application so either write the confirmation number down or print a copy of the email to take with you. If you lose your confirmation number you can obtain it by contacting the AVS National IT Service Desk by email at: 9-NATL-AVS-IT-ServiceDesk@faa.gov or by phone at: 1-877-AVS-NSD1 or 1-877-287-6731.

FAA MedXPress

Form 8500-8 Confirmation

Dear   :

Thank you for using FAA MedXPress to electronically submit your Form 8500-8. Your information has been received and your confirmation number is 31418063.

You will need to provide the confirmation number to your AME prior to your exam.

<p style="text-align:center; color:red;">PLEASE DO NOT RESPOND TO THIS EMAIL.</p>

If you need further assistance, please Contact:

- By e-mail at: 9-NATL-AVS-IT-ServiceDesk@faa.gov (Monitored Monday through Friday, 6 a.m. to 5 p.m., CST)

- By phone at: 1-877-AVS-NSD1 or 1-877-287-6731 (Monitored 24/7)