

Aviation Medical Examiner Assisted Special Issuance (AASI)

Certificate Issuance

I have reviewed the enclosed medical report(s) and have determined that the report(s) is in accordance with this airman's authorization for special issuance of a medical certificate and the AASI Protocol established for certificate issuance.

I have issued a _____ -class medical certificate to the airman named below with all other limitations listed on the original certificate. The certificate issued is timed limited by the restriction "NOT VALID FOR ANY CLASS AFTER _____".

Check all that apply:

Interim certificate issued for disease(s)/condition(s) below – No examination performed

Arthritis	Hyperthyroidism
Asthma	Hypothyroidism
Atrial Fibrillation	Lymphoma and Hodgkin Disease
Chronic Lymphocytic Leukemia Disease	Migraine Headaches
Chronic Obstructive Pulmonary Disease	Mitral and Aortic Insufficiency
Colitis (Ulcerative or Crohn's) Disease	Paroxysmal Atrial Tachycardia
Colon Cancer	Prostate Cancer
Diabetes on Oral Medication(s)	Renal Calculi
Glaucoma	Sleep Apnea
Hepatitis C	*****

Certificate issued - New application and examination performed

AIRMAN INFORMATION:

Name: _____

PI: _____ DOB: _____

AVIATION MEDICAL EXAMINER (AME) INFORMATION:

AME Name (Print): _____

AME Signature: _____

AME Number: _____ Date: _____