

PILOT CHECKLIST FOR ALCOHOLISM SPECIAL ISSUANCE PROCEDURES

1. We will require complete hospital records from all previously undeclared hospitalizations or outpatient treatment program (disregard if not applicable)
2. We will require a list of charges, dates, and States where they occurred for all court convictions previously undeclared to the FAA. (If not applicable, disregard)
3. We will require complete hospital records for your current course of treatment. Personally check to make sure that all of the following reports are sent to me if they are part of your hospital chart.

Discharge Summary	Operative Reports
History and Physical examination	Pathology Reports
Consultant Reports	Physician's Summary and Recommendation
Progress Notes	Prognosis
Laboratory Tests	Psychiatric Reports
Special Studies (EEG, Brain Scan, CT Scan, etc.)	Psychological Testing Reports
X-ray Reports (not films)	Counselor Notes and Summaries
Copies of All ECGs	Aftercare Reports
	Treatment Plan

Have the hospital notify you when they are mailed to me. (Optional)

4. Enroll in your aftercare program, AA, etc., IMMEDIATELY upon discharge.
5. Consult with me shortly after discharge regarding the frequency of your contact with my office.
6. Complete any other necessary medical evaluations and consult with me regarding those which may be required.
7. Consult your flight manager and ALPA representative regarding the frequency of your contact with them during this period. Notify me of their names and positions and get Medical Information Release forms authorizing me to communicate with them and vice versa. Also get releases to authorize FAA communications, as required.
8. We will need your complete aftercare plan and monthly reports from your aftercare coordinator beginning 30 days after you are discharged from the treatment facility. Please assure that these reports come to me in a timely fashion. The reports must include statements each month about the frequency of your clinical participation, the quality of your progress, the frequency of your participation in AA, whether or not you are totally abstinent and your prognosis.

9. We will require a psychiatric evaluation accompanied by a battery of FAA specified psychological tests, including all raw data scores, for submission to the FAA. According to the FAA protocol, these tests cannot be completed sooner than one month following hospital care. Consult me regarding whom you should see and when you should establish your appointment. (The FAA has selected certain psychiatrists and psychologists for this purpose).

Have the psychiatrist notify you when the reports were mailed to me. (Optional)

10. After all the tests and reports are in and reviewed, we will advise you when it is best to petition the FAA.
11. Take your standard FAA physical examination from me. This becomes part of the petition package.
12. Wait until you hear from the FAA. When they grant the special issuance, you will receive your medical certificate in the mail along with the letter of issuance.
13. Read the special issuance very carefully and outline for yourself all the necessary reports, who should write them and when they should be received in my office. It is your responsibility to assure that I receive them. Otherwise, your certificate will be in jeopardy at renewal time.
14. Contact each of the persons listed in the special issuance to establish a timely communication network with them.
15. Continue coordination and communication on a previously agreed or on an as needed basis during the term of the special issuance (usually 24 months).
16. As stipulated in the special issuance, take appropriate action at the end of the specified monitoring period.
17. Follow the directions of the modification and notify all involved individuals of the changes.
18. Be prepared to supply a blood or urine specimen for drug and/or alcohol testing at any given time, you will have **4 hours** to comply when notified.

DESIGNATION AND MEDICAL RELEASE

I hereby designate David A. Bryman, D.O. at 15041 N. Airport Drive, Suite 103, and Scottsdale, Arizona as my medical sponsor for the Federal Aviation Administration. As my medical sponsor, Dr. Bryman, is hereby authorized to request and obtain copies of my past, present and future medical, surgical and/or psychiatric records, examinations and treatments. I further authorize Dr. Bryman to correspond with my employer and its representatives, my family members and other individuals he or the FAA may feel have information regarding my eligibility to hold and maintain an Airman's Medical Certificate.

I further authorize Dr. Bryman, the FAA, ALPA or my employer to request blood or urine specimens from me at any time for the purpose of testing the presence of alcohol and/or drugs. Dr. Bryman is further authorized to request such other laboratory tests throughout my treatment as he may deem necessary and appropriate to monitor my progress and treatment program.

I understand that it is my responsibility to request and arrange for the shipment of any of my medical records, work records, legal records, or other documents that Dr. Bryman or the FAA may request. It is not Dr. Bryman's or the FAA's responsibility to arrange for these records to be prepared and sent to them. After said records have been received by Dr. Bryman, I hereby authorize him to forward and transmit those records to the appropriate FAA Aero Medical Division for review and evaluation.

I hereby authorize the release and transmission to Dr. Bryman of all of my medical, surgical, and/or psychiatric records examinations and treatments pertaining to the undersigned.

I further authorize the release and transmission to Dr. Bryman of all of my work and employment records, including job and performance evaluations, as Dr. Bryman may request that pertain to my work and/or medical history.

Upon receipt and evaluation of this information Dr. Bryman is hereby authorized and directed to review and evaluate said information and transmit the material received to the Federal Aviation Administration Aero Medical Division or such other divisions as may be necessary for me to obtain an exemption from the medical standards contained in Part 67 of the Federal Aviation Regulations in order for me to obtain a medical certificate.

Date

Pilot's Name

Witness