

# AVIATION SCIENCE PROGRAM

## MEDICAL FAQ

### **Do I need 20/20 vision to fly?**

No, but it must be correctable to 20/20 vision. You are permitted to fly with corrective lenses.

### **Do I need an FAA Medical Certificate?**

Yes, in order to begin flight training at Tuskegee University you must obtain a Class I Medical Certificate from a designated Aviation Medical Examiner (AME). Find AME listings on the [\*\*FAA's AME Locator\*\*](#).

### **If I have a color deficiency, can I get an FAA Medical?**

Yes, but you must contact the Civil Aerospace Medical Institute (CAMI) office at (405) 954-4821 and request a Signal Light Test. CAMI will set up an appointment for you to visit the nearest FAA Flight Standards District Office (FSDO).

### **Where can I obtain an FAA Medical Certificate?**

Click this link to find the nearest FAA Aerial Medical Examiner [\*\*FAA's AME Locator\*\*](#).

### **Why isn't a 2nd or 3rd Class FAA Medical Certificate sufficient enough to train at Tuskegee University?**

When you decide to do your training at Tuskegee University Aviation Program, we know that your goal is to become a Commercial Pilot. To be a Commercial Pilot, the FAA requires that you have a FAA 1st Class Medical Certificate. We want to ensure that you meet the requirements to be a commercial pilot before you begin any of your flight training.

### **Are there height and weight restrictions on students who want to conduct flight training at Tuskegee University?**

Due to aircraft operational limitations, students taller than 6'3" or weighing more than 240 lbs. may not be able to operate our training aircraft and, as such, may not be able to successfully complete all flight training at Tuskegee. All students must be able to sit in the aircraft and reach all controls.

### **Can I fly if I have a history of ADHD?**

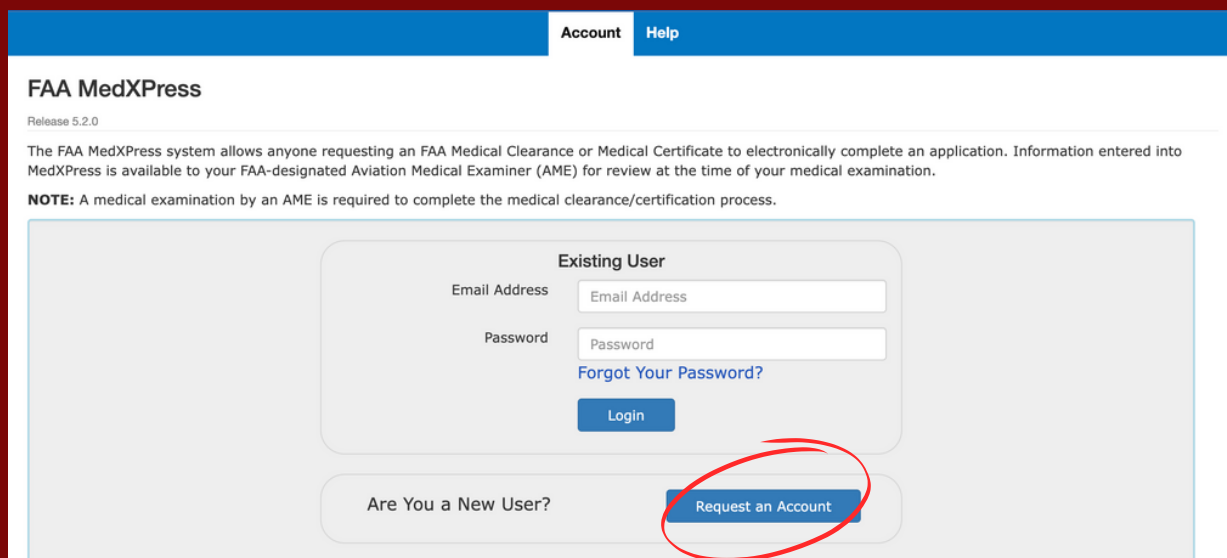
For individuals who have a history of ADHD or use of ADHD medications\*, there are two possible evaluation paths: Fast Track and Standard Track. For information on the different tracks, any required testing, and specific documentation needed, please visit [\*\*Learn more about ADHD Policies\*\*](#).



# AVIATION SCIENCE PROGRAM

## MEDEXPRESS GUIDE

Before scheduling your FAA Medical Exam Students will have to complete a MedExpress Profile at <https://medxpress.faa.gov/MedXpress/Disclaimer.aspx>



FAA MedXpress  
Release 5.2.0

The FAA MedXpress system allows anyone requesting an FAA Medical Clearance or Medical Certificate to electronically complete an application. Information entered into MedXpress is available to your FAA-designated Aviation Medical Examiner (AME) for review at the time of your medical examination.

**NOTE:** A medical examination by an AME is required to complete the medical clearance/certification process.

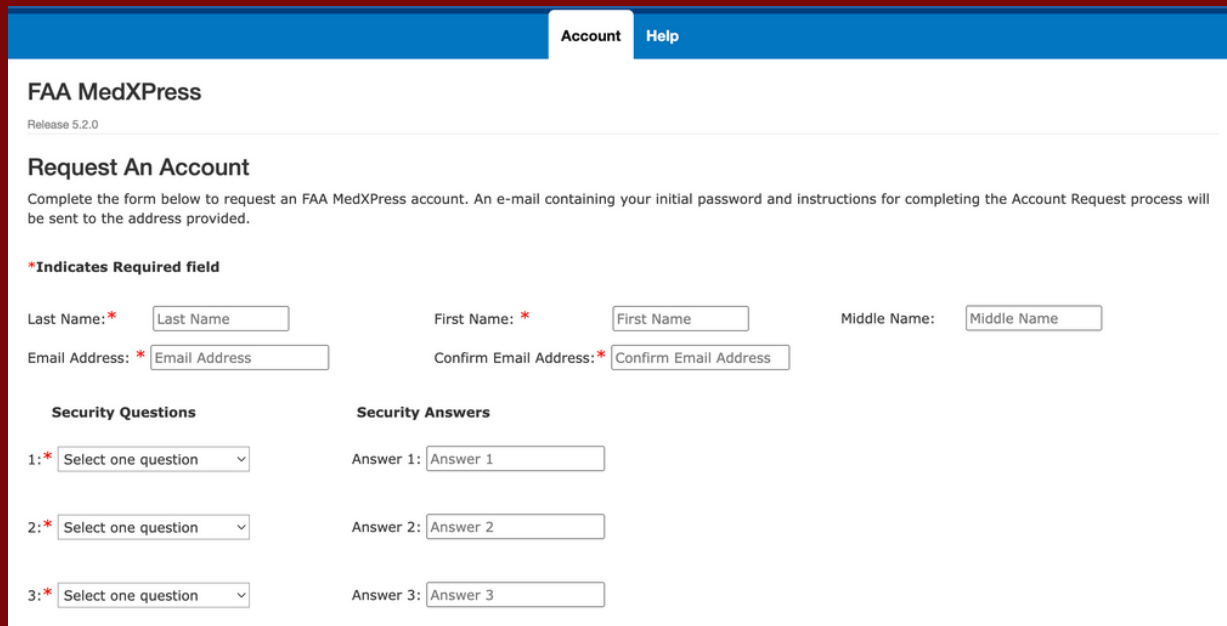
**Existing User**

Email Address:

Password:

[Forgot Your Password?](#)

Are You a New User?



FAA MedXpress  
Release 5.2.0

**Request An Account**

Complete the form below to request an FAA MedXpress account. An e-mail containing your initial password and instructions for completing the Account Request process will be sent to the address provided.

**\*Indicates Required field**

Last Name: \*  First Name: \*  Middle Name:

Email Address: \*  Confirm Email Address: \*

**Security Questions**

1: \*

2: \*

3: \*

**Security Answers**

Answer 1:

Answer 2:

Answer 3:



# AVIATION SCIENCE PROGRAM

## MEDEXPRESS

3: \* Select one question

Answer 3: Answer 3

You must read and accept the Privacy Act Statement below in order to proceed.

### Privacy Act Statement (5 U.S.C. § 552a, as amended):

**Authority:** Information solicited by the FAA Form 8500-8 "Application for Airman Medical Certificate or Airman Medical and Student Pilot Certificate" is collected under the authority of [49 U.S.C. §40101](#), [40113](#), [44701-44703](#), and [44709](#) (1994) formerly codified in the [Federal Aviation Act of 1958](#), as amended, and [Title 14, Code of Federal Regulations \(CFR\), part 67, Medical Standards and Certification](#).

**Purpose:** The purpose of collecting the name, date of birth, mailing address, telephone number, citizenship, occupation, and employer's information is to process the applicant's request for an FAA Medical Clearance or Medical Certificate. Providing their social security number is optional and if provided will be used for proper identification of the applicant.

**Routine Uses:** The information collected will be included in the system of records notice [DOT/FAA 856](#), [Airmen Medical Records](#) and will be subject to the published routine uses including:

1. Sharing of information with the National Transportation Safety Board (NTSB) for purposes of investigating accidents and incidents involving certificated airmen;
2. Sharing with the general public information relating to an individual's eligibility for medical certification, requests for exemptions from medical requirements, and requests for review of certificate denials;
3. Sharing personal information of airmen with other federal agencies for the purpose of verifying the accuracy and completeness of medical information provided to FAA;
4. Sharing past medical certification history with AMEs, so they may render the best medical certification decision regarding airmen;
5. Providing information about airmen to Federal, State, local and Tribal law enforcement agencies when engaged in an official investigation in which an airman is involved;
6. Sharing records of an individual's positive drug test result, alcohol test result of 0.04 or greater breath alcohol concentration, or refusal to submit to testing required under a DOT-required testing program, available to third parties, including employers and prospective employers of such individuals. Such records will also contain the names and titles

☐ I have read and accept the Privacy Act Statement.

Submit



Federal Aviation  
Administration

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### FAA MedXPress

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You are currently logged into FAA MedXPress System as [theofficialappreview@gmail.com](mailto:theofficialappreview@gmail.com).

[Start New Application](#)

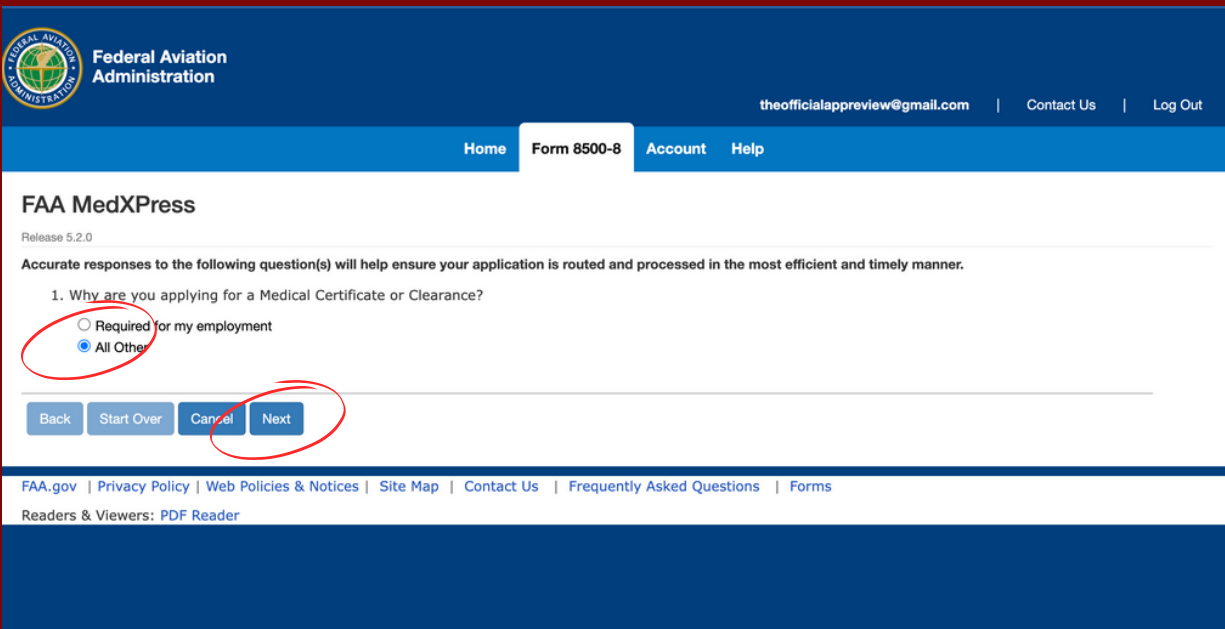
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# AVIATION SCIENCE PROGRAM

## MEDEXPRESS



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Home **Form 8500-8** Account Help

### FAA MedXPress

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Accurate responses to the following question(s) will help ensure your application is routed and processed in the most efficient and timely manner.

1. Why are you applying for a Medical Certificate or Clearance?

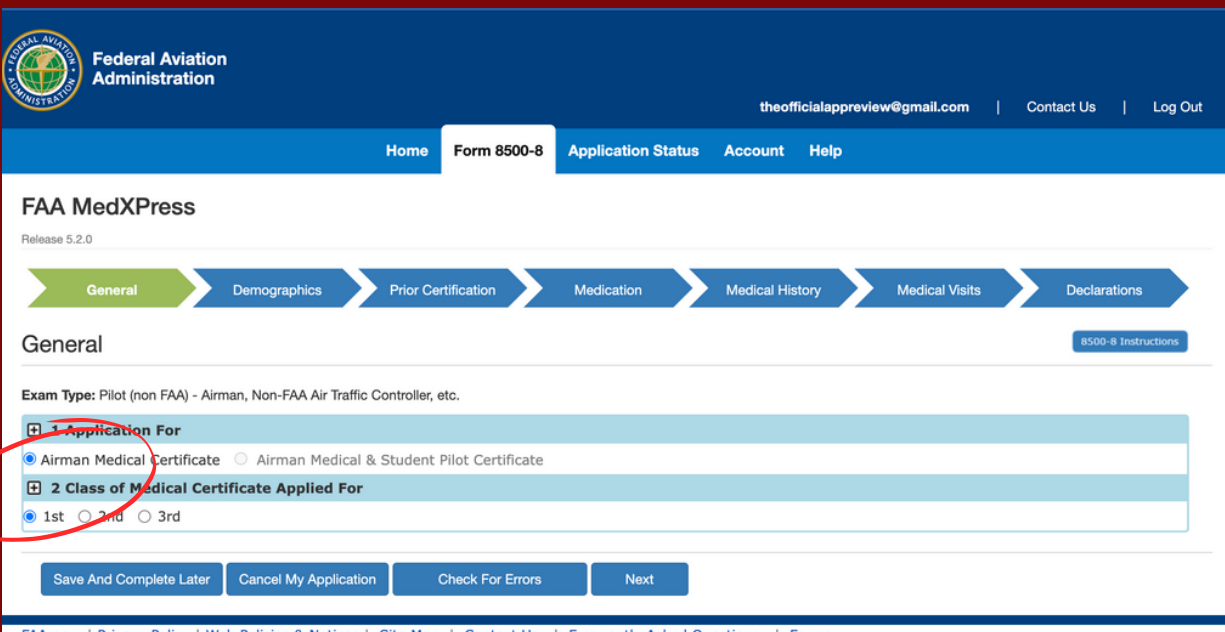
☐ Required for my employment

☒ All Other

Back Start Over **Cancel** **Next**

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### FAA MedXPress

Release 5.2.0

General Demographics Prior Certification Medication Medical History Medical Visits Declarations

#### General

8500-8 Instructions

Exam Type: Pilot (non FAA) - Airman, Non-FAA Air Traffic Controller, etc.

**1 Application For**

☒ Airman Medical Certificate ☐ Airman Medical & Student Pilot Certificate

**2 Class of Medical Certificate Applied For**

☒ 1st ☐ 2nd ☐ 3rd

Save And Complete Later Cancel My Application Check For Errors **Next**

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**Select Next and continue to complete each section until you reach Declarations**



# AVIATION SCIENCE PROGRAM

## MEDEXPRESS

Declarations 8500-8 Instructions

Exam Type: Pilot (non FAA) - Airman, Non-FAA Air Traffic Controller, etc.

**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: 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 willingly 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).

Your application is not complete until you click the "Submit My Application" button and enter your password when prompted. To cancel the application please click the "Cancel My Application" button below.

[Submit My Application](#)

[Previous](#) [Save And Complete Later](#) [Cancel My Application](#) [Check For Errors](#)

You submitted your application on 11/16/2017. Your application will expire on 01/15/2018.

Your confirmation number is **951900003539**

Take your confirmation number to your FAA exam. Without it, your AME will not be able to retrieve your application.

To view, print, or save your submitted application, click the Completed Application button to display it in PDF format.

Please print the PDF application and take it to your exam.

**Warning:** If you are accessing MedXPress from a public or shared computer, it is recommended that you do not display the PDF version of the application. The file will be stored in the temporary internet files folder and may be accessible by others.

[Completed Application](#)

**Write this number down and  
bring with you to your FAA AME  
Appointment**

