REVIEW SCREENSHEET

UNCLA

CONTROL:	**AVIATION MEDICAL AGENCY**	**PAGE:** 1	**DATE:** 2022-12-12
EXAM NAME:		**EXAM TIME:**	
		EXAM DATE:	**EXAM DATE FORMAT:**

NOTE: Use this screenshot sheet to collect any questionable data elements, missing or not applicable data elements and other comments on the AME Form 8500-14, Medical Certificate Application, and the AME Form 8500-14A, Medical Certificate Application Continuation Sheet. Do not include personally identifiable information (PII) or protected health information (PHI) in the comments section. The information is not used to identify individuals but is used to improve the application process and make the information such as when the application process.

Application	**Medical Certificate Type**	**Did you complete the medical exam?**	**Which of the following apply?**	**Which of the following apply?**	**Do you have a medical condition?**	**Comments/Rationale**	**Rationale**
		Yes No Not Sure	Student Student Pilot Student Pilot Sport Student Pilot Glider Student Pilot Free Balloon Student Pilot Airship Student Pilot Gyroplane Student Pilot Gyroplane Glider Student Pilot Gyroplane Free Balloon Student Pilot Gyroplane Airship Student Pilot Glider Student Pilot Free Balloon Student Pilot Airship Student Pilot Sport Student Pilot Sport Glider Student Pilot Sport Free Balloon Student Pilot Sport Airship Student Pilot Sport Gyroplane Student Pilot Sport Gyroplane Glider Student Pilot Sport Gyroplane Free Balloon Student Pilot Sport Gyroplane Airship Student Pilot Free Balloon Student Pilot Airship Student Pilot Gyroplane Student Pilot Gyroplane Free Balloon Student Pilot Gyroplane Airship Student Pilot Free Balloon Airship Student Pilot Gyroplane Free Balloon Airship Student Pilot Airship Student Pilot Gyroplane Airship Student Pilot Gyroplane Free Balloon