

Tips for Complying with Reporting Requirements on FAA Medical Applications

Quay Snyder, MD, MSPH
President, Virtual Flight Surgeons, Inc.

Recent actions by the FAA against controllers who have allegedly failed to report medical conditions on periodic FAA medical applications has raised concerns among controllers. NATCA and Virtual Flight Surgeons have been working together in developing guidelines for NATCA members to comply with FAA reporting requirements and maintaining their medical qualification. These guidelines should encourage optimization of ATCS health, preserve careers and protect aviation safety.

Background

The “Application for Airman Medical Certificate” (FAA Form 8500-8) is used by the FAA Office of Aerospace Medicine and Designated Aviation Medical Examiners (AMEs) for periodic medical examinations of controllers to determine initial and continued medical qualification for duty. The medical qualification process relies on both the historical information provided by the controller and the results of the examination by the AME.

NATCA is currently engaging the FAA on appropriate methods for controllers to correct previously completed medical applications, while protecting them from adverse personnel actions as a result of these corrections. At the time of this writing, no procedure exists for correcting erroneously-completed medical records that guarantees protection from adverse action. Please direct any questions to your Regional Vice President and/or Virtual Flight Surgeons.

Form 8500-8

The Form 8500-8 requires the controller to complete and sign the front side of the Form (page 3). The AME reports the results of the medical examination, makes any comments and signs on the back side of the Form (page 4). The AME’s office then inputs the applicants’ responses on the front of the Form and their findings on the back of the form electronically to a database maintained in the Regional Flight Surgeon’s office. The controllers’ responses are to be entered verbatim.

Form 8500-8 is a four page form, with three copies of the third and fourth pages. The first page of the Form includes the Privacy Act statement and the Paperwork Reduction Act Statement. Under the Privacy Act statement section, there is an explanation of the FAA’s right to request ANY information about the applicant from the National Driver’s Registry. Access to this information is authorized by the applicant’s signature on the bottom of the front side (page 3) of the Form.

The second page of the form is titled “Instructions for Completion of the Application for Airman Medical Certificate...” Read this page carefully. If not provided with a copy of the instructions, request that information be provided to you before signing the form. The Note at the bottom of the Instructions page indicates “If more space is required to respond to “yes” answers for numbers 17, 18, or 19, use a plain sheet of paper bearing the information, your signature, and the date signed.” Each of these areas is explained in detail below.

The third page of the Form is completed by the controller. This includes the identification information, a listing of medications, a self-reporting history of medical conditions / alcohol and drug related driving actions / misdemeanors or felonies and explanations of visits to health professionals. Because this page is completed in triplicate, a copy should be made available to each controller at the end of the examination. We recommend that each controller insist on receiving a copy of each application. Retain every copy for your personal records.

The fourth page of the Form is for the AME to report the results of each medical examination. Each area of the body examined is marked as “Normal” or “Abnormal”. Abnormal findings require explanation. Vision, hearing, blood pressure, ECG and urinalysis results are recorded. Note: the urine test is not a drug test, but simply requires an evaluation of protein or sugar in the urine indicating the possibility of other medical conditions. Any items listed by the controller on the front side of the Form that are considered medically significant also require explanation by the AME. A copy of this portion of the Form is not routinely available to the controller. Many AME’s will provide a photocopy on request.

Completion of Question # 17 – “Do you currently use any medication?”

Three lines are provided to list current medications. Additional medications, dosages and frequency should be listed on a separate white piece of paper as noted above. If the medication has been reported on a previous Form 8500-8, indicate so by checking the box “Yes”. If not previously reported on the Form (even if it has been reported to the Flight Surgeon’s office between examinations), check the “No” box. Controllers will be expected to provide dosage information, reason for use of the medication and a comment about the presence or absence of side effects in the “Explanations” section under part 18 or on a separate sheet of paper.

Note that both prescription and non-prescription medicine use must be reported. The key issue from a safety perspective usually is not the medication, but the reason the medication is being used. Only medication that is currently being used is required to be reported in this section. Although the FAA discourages the use of “nutritional supplements” obtained over-the-counter, there is no requirement to report their use. Nutritional supplements are not regulated by the FDA, nor restricted by the FAA. They include herbal preparations, performance enhancers, vitamins, minerals and many other unregulated substances. Examples include echinacea, creatine, vitamin C megadoses and

calcium tablets. If a healthcare professional recommended the nutritional supplement, the visit to the healthcare professional is reportable under question # 19.

Completion of Question # 18 – “Medical History”

This section requires significant care in completing. The instructions specify “have you *ever in your life* been diagnosed with, had or do you presently have any of the following...(conditions)?” The critical and ambiguous term “condition” is not defined anywhere on form 8500-8. Every condition you check “yes” to must have an explanation in the blank space below or on a separate blank sheet of paper. If the condition has been previously reported on a form 8500-8 and no interim treatment for the condition has occurred, the controller should indicate the letter of the affirmatively answered question (e.g. “18 e”) and write “Previously reported, No change”. Once an answer has been checked “Yes” on a form 8500-8, it should always be checked “Yes” on every subsequent Form.

Question 18x lists “Other illnesses, disability, or surgery”. This is obviously a very broad question. The AME and Regional Flight Surgeon are not interested in most childhood illnesses or surgeries or other insignificant events. Carried to an extreme, this question would require reporting colds, mumps, stitches, hemorrhoids, broken toes and other trivial medical items from a safety perspective. An ever increasing list of conditions may be attached to the Form if this question is interpreted literally.

In the Fall of 2008 the FAA added item #18y which requires reporting if you have ever received “medical disability benefits”. If you have received benefits, simply provide details of the benefit such as military separation disability and note that you have no current significant physical limitation. The FAA may request a current evaluation of the disability.

Given the current actions by organizations outside the Federal Air Surgeon’s office, it is difficult to advise controllers on what to omit. A call to the Virtual Flight Surgeons offices may help clarify reporting requirements and wording. Neither the AME nor the Regional Flight Surgeons’ offices are interested in the increased workload and documentation requirements associated with an exhaustive list of medical conditions from every controller. Certainly those conditions that a controller seeks medical evaluation or care for should be reported. Often, attaching a summary from the treating provider will minimize requirements to provide further information at a later date.

Question 18v. Alcohol and drug related motor vehicle actions

Question 18v asks about a history of “arrests or convictions involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug.” This would include arrests or convictions for offenses that were reduced to a lower offense, such as careless driving. This also includes offenses that were expunged by the courts after a certain time period. Pilots who have been ticketed for operating under the influence while driving a golf cart or a boat have also been required to report these

offenses. Remember, your signature on the Form authorizes the FAA to search the National Drivers Register.

Question 18v also asks about “history of arrests or convictions(s) or administrative action(s) involving 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.” As above, the FAA interprets this very broadly. The issuance of a temporary driver’s license following a citation, even if later acquitted, constitutes an administrative action in the FAA’s eyes. If driving privileges were suspended in a state in which the person does not hold a license (California, most often), this will appear on the National Drivers Register, even if the person did not lose the state driver’s license s/he holds. Attendance at a three-hour safety seminar is another example of a reportable event.

Note that in the Fall of 2008 the FAA changed the verbiage of the application to include “arrests” in item 18v. The FAA understands this will require some to report remote events not previously reported (e.g. arrests that may have been subsequently adjudicated without official action taken on the driver’s license). The FAA will handle such reporting on a case by case basis looking at the events of the arrest.

The instructions on page two of the form contain detailed explanations of the reporting requirements. If in doubt about a reporting requirement, insist on reading the instructions. When reading the instructions, think in terms of an FAA representative interpreting the requirement rather than trying to justify not reporting an event. It is safer.

DO NOT fail to report any offense in this area. Positive responses may or may not trigger a requirement for a substance abuse evaluation. False responses may result in serious administrative consequences.

Question 19 visits to Health Professionals within the last 3 years.

Question 19 has been the most common source of adverse actions against controllers recently, particularly at the New York TRACON. As above, this area can be interpreted very broadly. The only exemptions from reporting in this area are “Routine dental, eye and FAA periodic medical examinations...” Also “...consultations with your employer-sponsored employee assistance program (EAP) may be excluded unless the consultations were for your substance abuse or unless the consultations resulted in referral for psychiatric evaluation or treatment.”

Counseling does not have to be reported if it was strictly related to family or marital counseling that does not result in a personal psychiatric diagnosis. Examples include joint sessions for families with difficult to manage teenagers, trauma to a family member and relationship counseling. If the counseling results in a personal psychiatric diagnosis requiring individual therapy or medication, it is reportable. Individual sessions done in conjunction with joint marital therapy are generally not reportable.

An area of significant concern is counseling obtained as part of a Workers Compensation claim related to an on-the-job trauma, usually an aviation related incident or accident. Even though the FAA authorizes evaluation and treatment and clears the controller to return to work after review by the Regional Flight Surgeon, the meeting with the counselor should be reported on the Form. Remember, the instructions state “List ALL visits...” Listing a visit for a condition previously cleared by the FAA seems redundant, but should not result in a loss of medical qualification if explained to the AME.

What else should be reported? Everything else. Routine medical examinations by your private physician, GYN exams, oral surgery, discussion of laboratory work, visits for minor colds and coughs are not excluded according to the instructions. Obviously more serious conditions require reporting. If a controller has multiple visits to one health professional for the same reason, simply list a range of dates for all visits in a single line. Use a blank sheet of paper to report the visits if there is not enough room on the Form. When submitting an extra sheet to report visits, write on the explanations section of question 18 “see attached supplemental reports”. This will offer some protection to the controller if the separate paper is lost or not forwarded to the FAA by the AME.

How should visits be reported? Report the final diagnosis, not the symptom, as the reason for visit. For example, visit(s) to a doctor triggered by burning chest discomfort after eating that resolves with an antacid or “purple pill” should not be listed as a visit for “chest pain.” That would result in requirements for more medical information and possible costly medical evaluations. The correct technique for listing the visit(s) may be “Reflux, treated and resolved.” Other common listings include “routine examination, normal” and “blood pressure check-up.” Calling the Virtual Flight Surgeons’ office may help a controller in honestly responding to a question without causing unnecessary alarm.

Who is a health professional? Again, no definition or guidance is provided. In addition to the obvious doctors, osteopaths, dentists, nurse practitioners, and physician assistants, also included are psychologists, counselors, social workers, substance abuse specialists, naturopaths, physical therapists and chiropractors. This list is not exhaustive. Persons not included are clergy who may provide counseling and peer counselors as part of a critical incident response program.

Signing the Form

The Notice at the bottom of page 2 states “Whoever in any manner within the jurisdiction of any department or agency of the United States knowingly and willingly falsifies, conceals or covers 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.” A recent sting operation resulted in several dozen convictions of pilots under this statute who were defrauding the government in disability claims. Recently, the government seems to be taking a much more aggressive stance against pilots and controllers they deem to have falsified the Form.

Signing the Form includes two declarations. The first declaration constitutes an authorization for a single access to the NDR to verify information provided in Question 18v. The second declaration certifies the completeness and truthfulness of the medical application. The declaration section must be signed and dated by the controller to be valid.

Final Points

- Keep a list of healthcare visits and bring it to your FAA exam
- Read the instruction sheet carefully
- Consult VFS if in doubt about how to or whether to report
- Once you check “Yes” to an answer in # 18, always check “Yes”
- Keep a copy of every application
- Don’t correct previous forms without consulting NATCA reps
- Protect yourself. “When in doubt, write it out!”

Do what is right for your health. In the long run, this usually protects your career and enhances the safe operations of the finest air traffic system in the world. As a NATCA member, you have knowledgeable resources readily available to advise you and interact cooperatively on your behalf with the Federal Air Surgeons’ staff.

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