

Applicant Must Complete ALL 20 Items (Except For Shaded Areas) **PLEASE PRINT**

Form Approved OMB NO. 2120-0034

Copy of FAA Form 8500-9
(Medical Certificate) or FAA
Form 8420-2 (Medical/Student
Pilot Certificate) issued.

MEDICAL CERTIFICATE SECOND CLASS AND STUDENT PILOT CERTIFICATE

This certifies that (Full name and address):

EUGENE Raymond PELTOLA JR

Date of Birth	Height	Weight	Hair	Eyes	Sex

has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.

Limitations

Date of Examination

Examiner's Designation No.

Examiner

Signature

Typed Name

AIRMAN'S SIGNATURE

1. Application For:

☒ Airmen Medical Certificate

☐ Airmen Medical and Student Pilot Certificate

2. Class of Medical Certificate Applied For:

☐ 1st

☒ 2nd

☐ 3rd

3. Last Name

First Name

Middle Name

PELTOLA JR

EUGENE

Raymond

4. Social Security Number

5. Address

Telephone Number

Number / Street

Bethel

AK

99550

City

State / Country

Zip Code

6. Date of Birth

7. Color of Hair

8. Color of Eyes

9. Sex

Citizenship

MM/DD/YYYY

USA

10. Type of Airmen Certificate(s) You Hold:

☐ None

☐ ATC Specialist

☐ Flight Instructor

☐ Recreational

☐ Airline Transport

☐ Flight Engineer

☐ Private

☐ Other

☒ Commercial

☐ Flight Navigator

☐ Student

11. Occupation
Consultant/Pilot

12. Employer
Self-employed

13. Has Your FAA Airmen Medical Certificate Ever Been Denied, Suspended, or Revoked?

☐ Yes

☒ No

If yes, give date

MM/DD/YYYY

Total Pilot Time (Civilian Only)

14. To Date

15. Past 6 months

16. Date of Last FAA Medical Application

6707

36

09/07/2022

MM/DD/YYYY

☐ No Prior Application

17.a. Do You Currently Use Any Medication (Prescription or Nonprescription)?

☐ No

☒ Yes (If yes, below list medication(s) used and check appropriate box).

Previously Reported

Yes

No

☒

☐

☐

☐

☐

☐

(If more space is required, see 17. a. on the instruction sheet).

17.b. Do You Ever Use Near Vision Contact Lens(es) While Flying?

☐ Yes

☒ No

18. Medical History - HAVE YOU EVER IN YOUR LIFE BEEN DIAGNOSED WITH, HAD, OR DO YOU PRESENTLY HAVE ANY OF THE FOLLOWING? Answer "yes" or "no" for every condition listed below. In the EXPLANATIONS box below, you may note "PREVIOUSLY REPORTED, NO CHANGE" only if the explanation of the condition was reported on a previous application for an airman medical certificate and there has been no change in your condition. See Instructions Page