Agence Nationale de l'Aviation Civile et de la Météorologie	FORMULAIRE	SN-SEC-MED-FORM-02-A	
	RAPPORT D'EXAMEN MEDICAL	Date d'application : 10/06/2017	Page 1 sur 2

NOM : SAMUEL Prénoms : WELDEMICAEL BERHE Date de naissance (JJ/MM/AAAA): 08-APRIL-1974
Lieu de naissance :

(201) Catégorie d'examen	(202) Taille	(203) Poids	(204) Yeux couleur	(205) Cheveux couleur	(206) Tension artérielle (assis) mmHg			(207) Pouls au repos
☐ Initial ☐ Prorogation ☐ Renouvellement ☐ Recours spécial	cm	kg			Systolique	Diastolique	Pulsations	Rythme ☐ irrégulier ☐ régulier

Examen clinique : Cochez chaque item	normal	anormal		normal	anormal
(208) Tête, face, cou, cuir chevelu			(218) Abdomen, hernie, foie, rate		
(209) Cavité bucale, gorge, dents			(219) Anus, rectum (si nécessaire)		
(210) Nez, sinus			(220) système génito-urinaire		
(211) Oreilles, tympans, compliance tympanique			(221) Système endocrinien, thyroïde		
(212) Yeux- orbites et annexes, champs visuels			(222) Membres supérieurs et inférieurs, articulations		
(213) Yeux - pupilles			(223) Colonne vertébrale et appareil musculosquelettique		
(214) Yeux - mobilité oculaire, nystagmus			(224) Examen neurologique- réflexes etc		
(215) Poumons, thorax, seins			(225) Psychiatrie		
(216) Cœur			(226) Peau, marque d'identification, syst. lymphatique		
(217) Système vasculaire			(227) Etat général		

(228) Notes : Décrivez chaque anomalie constatée. Reportez le numéro de l'item avant chaque commentaire

OB. 787-757-767. Slymali. 50 years 0 child. Tabac=0 Alc=0 III=0. Spart.0.

Acuité visuelle (ne pas remplir ici lors des examens approfondis)

(229) (de loin à 5m/6m en dixième

			Lunettes/Contact	
Œil droit sans correction		Corrigée à		
Œil gauche sans correction		Corrigée à		
Vision binoculaire, sans correction		Corrigée à		

(230)**Vision intermédiaire**

N14 lu à 100cm	Sans correction		Avec correction	
	Oui	Non	Oui	Non
Œil droit				
Œil gauche				
Vison binoculaire				

(235)Analyse d'urine Normale ☐ anormale ☐

Glucose	Protéines	Sang	Autres

Rapport annexés	Non réalisé	Date	Normal	Anormal
(238)ECG				
(239) Audiogramme				
(240) Examen Ophtalmologique				
(241) Examen ORL				
(242) Lipides sanguins				
(243) Fonctions respiratoires				
(320) Tonométrie G :				

UNITED STATES OF AMERICA
Department of Transportation
Federal Aviation Administration

MEDICAL CERTIFICATE FIRST CLASS

This certifies that ***(Full name and address):***

SAMUEL WELDEMICAEL BERHE
1A189 GOLIJ ST 16
ASMARA Eritrea

Date of Birth	Height	Weight	Hair	Eyes	Sex
04/08/1974	71	165	BLACK	BLACK	M

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

Limitations

None

Examiner

Date of Examination: 03/01/2024
Examiner's Designation No.: 000001388
Signature:
Typed Name: Dirk Matthias Rose , MD

AIRMAN'S SIGNATURE

Applicant ID: 2001936770
Control No.: 200010926148

FAA Form 8500-9 (3-12) Supersedes Previous Edition NSN: 0052-00-670-7002

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CONDITIONS OF ISSUE

The holder of this certificate must:

- Have it in his or her personal possession at all times while exercising privileges of an airman certificate. (14CFR § 61.3)
- Understand that the issuance of a medical certificate by an Aviation Medical Examiner may be reversed by the FAA within 60 days. (14CFR § 67.407)
- Comply with validity standards specified for first-, second-, and third-class medical certificates. (14CFR § 61.23)
- Comply with any statement of functional, operational, and/or time limitation issued as a condition of certification. (14CFR § 67.401)
- Comply with the standards relating to prohibitions on operation during medical deficiency. (14CFR §§ 61.53, 63.19, and 65.49)

For International Operations Only: Some holders may be affected by certain international medical standards. Consult the U.S. Aeronautical Information Publication for U.S. differences with ICAO Annex 1 medical standards.

Fold on dashed lines

Aviation Safety
Office of Aerospace Medicine
Aerospace Medical Certification Division, AAM-300
P.O. Box 25082
Oklahoma City, OK 73125-9867

SAMUEL WELDEMICAEL BERHE
1A189 GOLIJ ST 16
ASMARA Eritrea

Dear Airman:

Above is your new medical certificate. It supersedes any previous one you may have been issued.

To validate this certificate, it is necessary that you sign it in the space provided (Airman's Signature).

This certificate must be in your possession at all times while exercising your pilot privileges.

Created on Friday, March 1, 2024

ምሕደሽ RENEWAL التجديدات

The validity of this passport extendes until .....

Signature and stamp of issuing authority .....

This passport serves for all countries .....

This passport contains 32 pages .....

PASSPORT
ፓስፖርት
جواز سفر

ኤርትራ ERITREA ارتريا

Type: P
Country code: ERI
Passport No.: K0457830

Name
SAMUEL WELDEMICAEL BERHE

Nationality
ERITREAN

ID Number
135174-00238

Date of birth
08 Apr 1974

Sex: M
Height: 181 cm

Place of birth
ASMARA

Issuing Authority
DEPT. OF IMMIGRATION AND NATIONALITY

Date of issue
04 Oct 2019

Holder's Signature

Date of expiry
03 Oct 2024

P<ERISAMUEL<<WELDEMICAEL<BERHE<<<<<<<<<<<<<<
K0457830<9ERI7404087M2410030135174<00238<<46

Department of Transportation
Federal Aviation Administration

MEDICAL CERTIFICATE FIRST CLASS

This certifies that *(Full name and address)*:

SAMUEL WELDEMICAEL BERHE
1A189 GOLU ST 16
ASMARA   Eritrea

Date of Birth	Height	Weight	Hair	Eyes	Sex
[illegible]	71	[illegible]	BLACK	BLACK	M

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

Limitations

Valid for 6 months following the month examined

Examiner

Date of Examination: 09/12/2024
Examiner's Designation No: [illegible]
Signature
Typed Name: Patrick Correa, MD

Dr Patrick CORREA
Medecine Aeronautique
SN-MED-004
DGAC N°1857 - FAA-00773

AIRMAN'S SIGNATURE

Applicant ID: [illegible]   Control No.: [illegible]

FAA Form 8500-9 (9-12) Supersedes Previous Edition   NSN: [illegible]

(Cut on dashed line)

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Created on: Thursday, September 12, 2024