

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

GX-1043948

**MEDICAL CERTIFICATE SECOND
AND STUDENT PILOT CERTIFICATE**

This certifies that (Full name and address):

LEMENT LE BRUN
7 B AVENUE DE TREBEHORET
MONT L ABBE, 29120

Date of Birth	Height	Weight	Hair	Eyes	Sex
11/12/1989	73	184	BROWN	BROWN	M

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

None

Date of Examination
01/16/2014

Examiner's Designation No.

Signature

Typed Name

JEAN GEORGES MOUCHARD

IRMAN'S SIGNATURE

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

GX-1043948

SECOND
AND STUDENT PILOT CERTIFICATE

his certifies that(Full name and address):

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7 B AVENUE DE TREBEHORET
PONT L ABBE, 29120

Date of Birth	Height	Weight	Hair	Eyes	Sex
11/12/1989	73	184	BROWN	BROWN	M

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

None

Date of Examination
01/16/2014

Examiner's Designation No.

Signature

Typed Name
JEAN GEORGES MOUCHARD

IRMAN'S SIGNATURE

1. Application For:
☒ Airman Medical Certificate ☐ Airman Medical and Student Pilot Certificate

2. Class of Medical Certificate Applied
☐ 1st ☒ 2nd ☐ 3rd

3. Last Name
LE BRUN

First Name
CLEMENT

Middle Name

4. Social Security Number
888-20-0039

5. Address Number / Street
17 B AVENUE DE TREBEHORET

Telephone Number
33298873460

City
PONT L ABBE

State/Country

Zip Code
29120

6. Date of Birth
11/12/1989

7. Color of Hair
BROWN

8. Color of Eyes
BROWN

9. Sex
Male

10. Type of Airman Certificate(s) You Hold:
☒ None ☐ ATC Specialist ☐ Flight Instructor ☐ Recreational Pilot
☐ Airline Transport ☐ Flight Engineer ☐ Private ☐ Other
☐ Commercial ☐ Flight Navigator ☐ Student

11. Occupation
PILOT

12. Employer

13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked?
☐ Yes ☒ No If yes, give date

Total Pilot Time (Civilian Only)
14. To Date 15. Past 6 months
350 50

16. Date of Last FAA Medical Application
☒ 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
☐ ☐
☐ ☐
☐ ☐

17.b. Do You Ever Use Near Vision Contact Lens(es) While Flying? ☐ Yes ☒ No

3. 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

No	Condition	Yes	No	Condition	Yes	No	Condition	Yes	No	Condition
<input checked="" type="checkbox"/>	Frequent or severe headaches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heart or vascular trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mental disorders of any sort; depression, anxiety, etc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Military medical discharge
<input checked="" type="checkbox"/>	Dizziness or fainting spell	<input type="checkbox"/>	<input checked="" type="checkbox"/>	High or low blood pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medical rejection by military service
<input checked="" type="checkbox"/>	Unconsciousness for any reason	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stomach, liver, or intestinal trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Alcohol dependence or abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rejection for life or health insurance
<input checked="" type="checkbox"/>	Eye or vision trouble except glasses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Kidney stone or blood in urine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Suicide attempt	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Admission to hospital
<input checked="" type="checkbox"/>	Hay fever or allergy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Motion sickness requiring medication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other illness, disability, or surgery
<input checked="" type="checkbox"/>	Asthma or lung disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medical disability benefits

Arrest, Conviction, and/or Administrative Action History --- See Instructions Page

History of (1) any arrest(s) and/or conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) history of any arrest(s), and/or conviction(s), and/or administrative action(s) involving an 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.

History of nontraffic conviction(s) (misdemeanors or felonies).

Explanations: See Instructions Page

18u: minor surgery 18x: full recovery; 18u - Admission to hospital for minor surgery; 18x - Cyst removal surgery;

FOR FAA USE
Review Action Code

9. Visits to Health Professional Within Last 3 Years. ☒ Yes (Explain Below) ☐ No See Instructions Page

Date	Name, Address, and Type of Health Professional Consulted	Reason
10/30/2012	DR MOUCHARD TOULOUSE AIRPORT TOULOUSE TOULOUSE, 31000 PHYSICIAN	JAA MEDICAL CLASS 1

- NOTICE -
Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully 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).

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 will make the information received from the NDR, if any, available for my review and written comment. Authority: 23 U.S. Code 401, Note.

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.

Signature of Applicant Date
01/16/2014

A Form 8500-8 (9-08) Supersedes Previous Edition - COPY

NSN: 0052-00-670-6

NOTE: MAKE SURE COPY OF THE REPORT IS BEING SUBMITTED MUST BE TYPED.

FOR OFFICIAL USE ONLY

Public availability to be determined under 5 US C 552

NOTE: FAA/Original Copy of the Report of Medical Examination Must be TYPED.

REPORT OF MEDICAL EXAMINATION

Height (inches) 63	22. Weight (pounds) 184	23. Statement of Demonstrated Ability (SODA) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Defect Noted:	24. SODA Serial Number				
CHECK EACH ITEM IN APPROPRIATE COLUMN		Normal	Abnormal	CHECK EACH ITEM IN APPROPRIATE COLUMN		Normal	Abnormal
Head, face, neck, and scalp		✓		37. Vascular system (Pulse, amplitude and character, arms, legs, others)		✓	
Nose		✓		38. Abdomen and viscera (Including hernia)		✓	
Sinuses		✓		39. Anus (Not including digital examination)		✓	
Mouth and throat		✓		40. Skin		✓	
Ears, general (Internal and external canals; Hearing under item 49)		✓		41. G-U system (Not including pelvic examination)		✓	
Ear Drums (Perforation)		✓		42. Upper and lower extremities (Strength and range of motion)		✓	
Eyes, general (Vision under items 50 to 54)		✓		43. Spine, other musculoskeletal		✓	
Ophthalmoscopic		✓		44. Identifying body marks, scars, tattoos (Size & location)		✓	
Pupils (Equality and reaction)		✓		45. Lymphatics		✓	
Ocular motility (Associated parallel movement, nystagmus)		✓		46. Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves, coordination, etc.)		✓	
Lungs and chest (Not including breast examination)		✓		47. Psychiatric (Appearance, behavior, mood, communication, and memory)		✓	
Heart (Precordial activity, rhythm, sounds, and murmurs)		✓		48. General systemic		✓	

NOTES: Describe every abnormality in detail. Enter applicable item number before each comment. Use additional sheets if necessary and attach to this form.

LE BRUN LOUPOT

Clément

Né le: 12/11/1989

12210

À: QUIMPER (29)

Hearing		Record Audiometric Speech Discrimination Score Below	Right Ear					Left Ear								
Conversational Hearing Test at 6 Feet			Audiometer Threshold in decibels	500	1000	2000	3000	4000	500	1000	2000	3000	4000			
Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>				05	05	10	10	05	15	15	15	10	05			
Distant Vision			51.a. Near Vision				51.b. Intermediate Vision - 32 inches				52. Color Vision					
Right 20/20 Corrected to 20/			Right 20/20 Corrected to 20/				Right 20/20 Corrected to 20/				<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail					
Left 20/20 Corrected to 20/			Left 20/20 Corrected to 20/				Left 20/20 Corrected to 20/									
Both 20/20 Corrected to 20/			Both 20/20 Corrected to 20/				Both 20/20 Corrected to 20/									
Field of Vision		54. Heterophoria 20' (in prism diopters)	Esophoria		Exophoria		Right Hyperphoria		Left Hyperphoria							
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal			0		0		0		0							
Blood Pressure		55. Pulse (Resting)	57. Urine Test (if abnormal, give results)				58. ECG (Date)									
Systolic Diastolic			<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal				Albumin	Sugar	M	M	D	D	Y	Y	Y	Y
150 80		55														
Other Tests Given																

Comments on History and Findings: AME shall comment on all "YES" answers in the Medical History section and for abnormal findings of the examination. (Attach all consultation reports, ECGs, X-rays, etc. to this report before mailing.)

FOR FAA USE

Pathology Codes

Coded By

Clerical Reject

Significant Medical History ☐ YES ☒ NO

Abnormal Physical Findings ☐ YES ☒ NO

Applicant's Name

62. Has Been Issued — ☒ Medical Certificate ☐ Medical & Student Pilot Certificate

☐ No Certificate Issued — Deferred for Further Evaluation

☐ Has Been Denied — Letter of Denial Issued (Copy Attached)

Disqualifying Defects (List by item number)

Medical Examiner's Declaration — I hereby certify that I have personally reviewed the medical history and personally examined the applicant named on this medical examination report. This report with any attachment embodies my findings completely and correctly.

Date of Examination	Aviation Medical Examiner's Name	Aviation Medical Examiner's Signature
M D D Y Y Y	Street Address	
	City	AME Serial Number
	State	AME Telephone ()
	Zip Code	

Cher Monsieur,

A la suite d'un problème informatique non identifié, votre
Application Form 8500 n'a pas été prise en compte par la FAA
"/ No current Applicant Exam Found Matching Confirmation
Number".

Je serais reconnaissant que vous puissiez reprendre le
processus initial et me faire parvenir un autre "Confirmation
Number" pour chaque lettre rapportée à la FAA.

Veuillez croire à ma haute estime.

Form 8500-8 Continuation Sheet

17.a. Medications (From page 1):

Medication

Previously Reported

Yes No

18. Explanations (From page 1):

19. Visits to Health Professional Within Last 3 Years. (From page 1);

10/30/2012 DR MOUCHARD
JAA MEDICAL CLASS 1

TOULOUSE AIRPORT TOULOUSE, 31000 PHYSICIAN

TEST BINOCULAIRE FONCTION ESTERMAN

LE BRUN LOUPOT

Clément

Né le: 12/11/1989

À: QUIMPER (29)

12210

NOM

BINOCULAIRE

STIMULUS III. BLANC. FOND 31.5 ASB

TAILLE TACHE AVEUGLE HORS SERVICE

CIBLE DE FIXATION CENTRALE

STRATEGIE INTENSITE SINGULIERE

INTENSITE DU STIMULUS 10 DB

ID

DATE DE NAISSANCE

DATE 15-01-14 HEURE 11:27:13

DIAM. PUPILLAIRE

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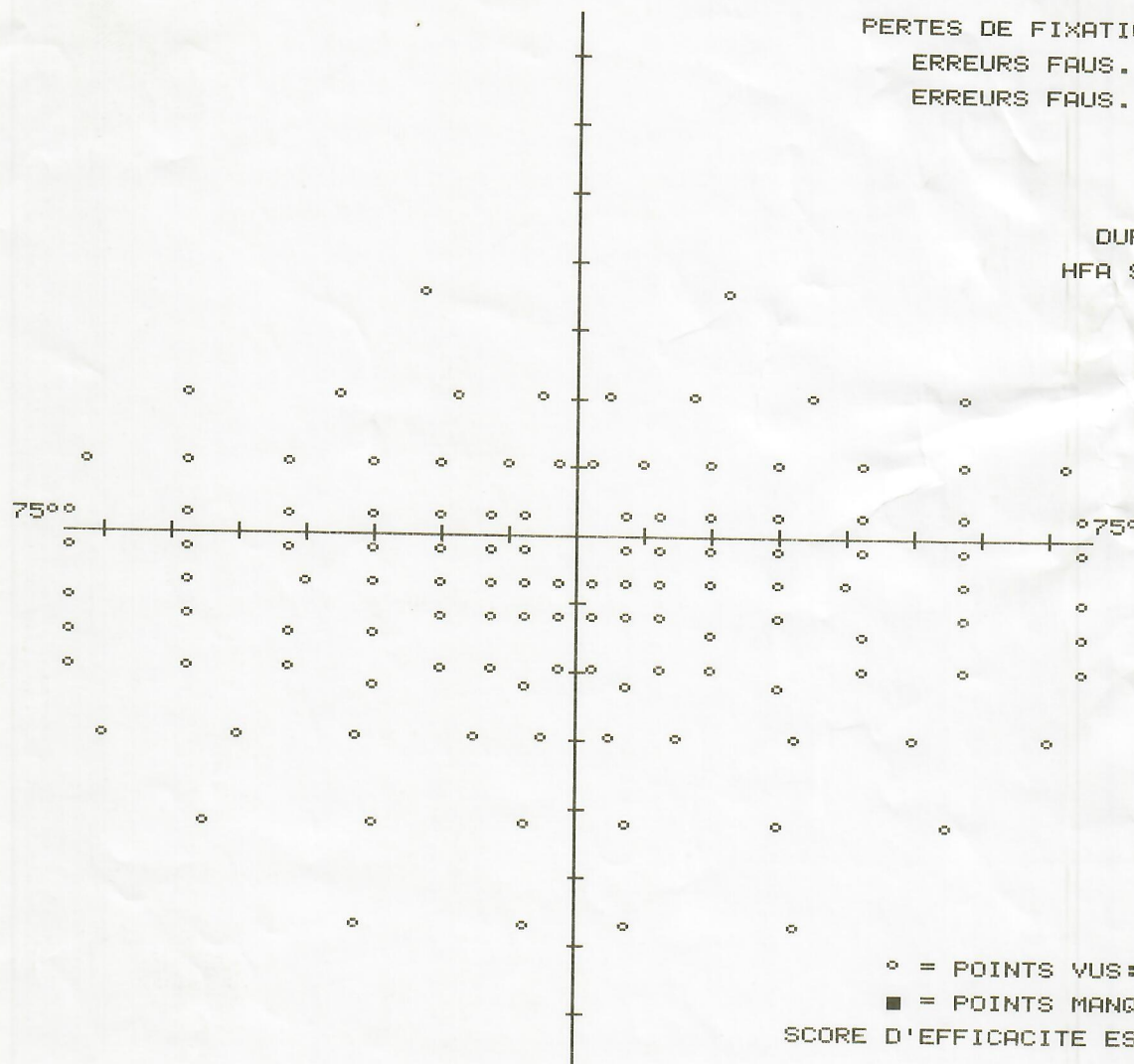
PERTES DE FIXATIONS 0/0

ERREURS FAUS. POS. 0/9

ERREURS FAUS. NEG. 0/4

DUREE 04:28

HFA S/N 608-3518













○ = POINTS VUS: 120/120

■ = POINTS MANQUES: 0/120

SCORE D'EFFICACITE ESTERMAN: 100

TOUS DROITS RESERVES 1994

REV 9.2

REV 3.2										
SYM										
ASB	.8 - .1	2.5 - 1	8 - 3.2	25 - 10	79 - 32	251 - 100	794 - 316	2512 - 1000	7943 - 3162	2 - 10000
DB	41 50	36 40	31 35	26 30	21 25	16 20	11 15	6 10	1 5	10

HUMPHREY INSTRUMENTS
UNE COMPAGNIE DU
GROUPE CARL ZEISS

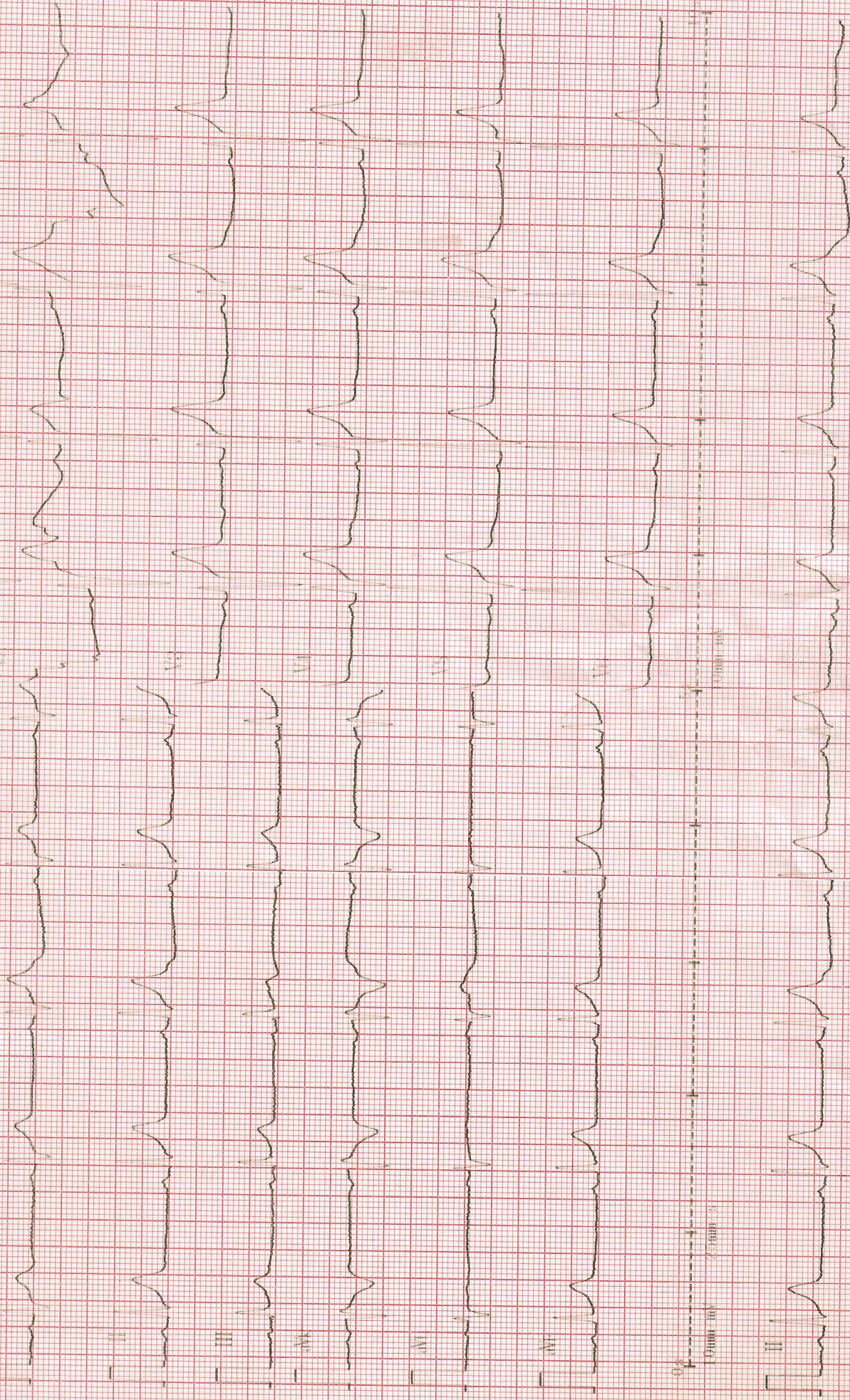
LE BRUN LOUPOT

Clément

Né le: 12/11/1989

A: QUIMPER (29)

12210



10mm mV 25mm s
I II III aVR aVL aVF V1 V2 V3 V4 V5 V6
10mm mV 25mm s
10mm mV 25mm s
10mm mV 25mm s

LE BRUN LOUPOT

Clément

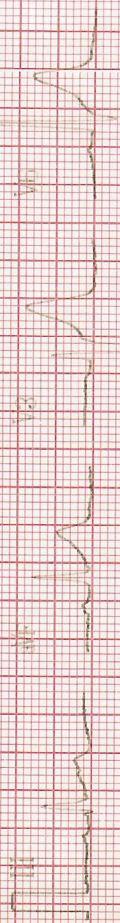
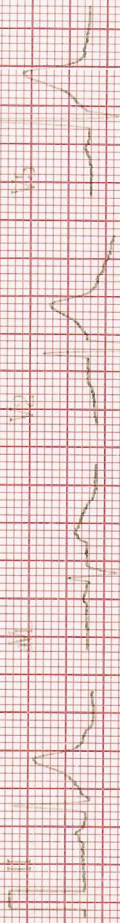
Né le: 12/11/1989
A: QUIMPER (29)

12210

AV 550µm
V R 1.50mV
V R 1.50mV
QRS 1.2mV
QT 80ms
QTc 375

AVC 2.0mV
R 1.50mV
SV 1.0mV
RV 1.5mV

TIME: 05:04:00



0.5
10mm/mV

25mm/s

ECG (V1-V4)

A PVC V1-V4

08-11-02 V03-01-50

Copy of FAA Form 8500-9
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Certificate) Issued.

GX-1043948

MEDICAL CERTIFICATE
AND STUDENT PILOT CERTIFICATE

his certifies that(Full name and address):

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Date of Birth	Height	Weight	Hair	Eyes	Sex
11/12/1989	73	184	BROWN	BROWN	M

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

None

Date of Examination

01/16/2014

Examiner's Designation No.

Signature

Typed Name

JEAN GEORGES MOUCHARD

IRMAN'S SIGNATURE

3. Medical History - HAVE YOU EVER IN YOUR LIFE BEEN DIAGNOSED WITH, HAD, OR DO YOU PRESENTLY HAVE ANY OF THE FOLLOWING

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

No	Condition	Yes	No	Condition	Yes	No	Condition	Yes	No	Condition
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<input checked="" type="checkbox"/>	Dizziness or fainting spell	<input type="checkbox"/>	<input checked="" type="checkbox"/>	High or low blood pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medical rejection by military service
<input checked="" type="checkbox"/>	Unconsciousness for any reason	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stomach, liver, or intestinal trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Alcohol dependence or abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rejection for life or health insurance
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<input checked="" type="checkbox"/>	Hay fever or allergy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Motion sickness requiring medication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other illness, disability, or surgery
<input checked="" type="checkbox"/>	Asthma or lung disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medical disability benefits

rest, Conviction, and/or Administrative Action History --- See Instructions Page

History of (1) any arrest(s) and/or conviction(s) involving driving while intoxicated by, while impaired by, or
while under the influence of alcohol or a drug; or (2) history of any arrest(s), and/or conviction(s), and/or
administrative action(s) involving an 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.

History of nontraffic
conviction(s)
(misdemeanors or felonies).

Explanations: See Instructions Page

18u: minor surgery 18x: full recovery; 18u - Admission to hospital for minor surgery; 18x - Cyst removal surgery;

FOR FAA USE
Review Action Code

9. Visits to Health Professional Within Last 3 Years.

☒ Yes (Explain Below) ☐ No See Instructions Page

Date	Name, Address, and Type of Health Professional Consulted	Reason
10/30/2012	DR MOUCHARD TOULOUSE AIRPORT TOULOUSE TOULOUSE, 31000 PHYSICIAN	JAA MEDICAL CLASS 1

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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.

Signature of Applicant

Date 01/16/2014

NOTE: FAA/Original Copy of the Report of Medical Examination Must be TYPED.

REPORT OF MEDICAL EXAMINATION

1. Height (Inches) 73	22. Weight (pounds) 184	23. Statement of Demonstrated Ability (SODA) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Defect Noted:		24. SODA Serial Number		
CHECK EACH ITEM IN APPROPRIATE COLUMN		Normal	Abnormal	CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
5. Head, face, neck, and scalp		X		37. Vascular system (Pulse, amplitude and character; arms, legs, others)	X	
6. Nose		X		38. Abdomen and viscera (including hernia)	X	
7. Sinuses		X		39. Anus (Not including digital examination)	X	
8. Mouth and throat		X		40. Skin	X	
9. Ears, general (Internal and external canals; Hearing under item 49)		X		41. G-U system (Not including pelvic examination)	X	
10. Ear Drums (Perforation)		X		42. Upper and lower extremities (Strength and range of motion)	X	
11. Eyes, general (Vision under items 50 to 54)		X		43. Spine, other musculoskeletal	X	
12. Ophthalmoscopic		X		44. Identifying body marks, scars, tattoos (Size & location)	X	
13. Pupils (Equality and reaction)		X		45. Lymphatics	X	
14. Ocular motility (Associated parallel movement, nystagmus)		X		46. Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves, coordination, etc.)	X	
15. Lungs and chest (Not including breast examination)		X		47. Psychiatric (Appearance, behavior, mood, communication, and memory)	X	
16. Heart (Precordial activity, rhythm, sounds, and murmurs)		X		48. General systemic	X	

NOTES: Describe every abnormality in detail. Enter applicable item number before each comment. Use additional sheets if necessary and attach to this form.

9. Hearing		Record Audiometric Speech Discrimination Score Below	Right Ear					Left Ear				
Conversational Voice Test at 6 Feet		Audiometer Threshold in decibels	500	1000	2000	3000	4000	500	1000	2000	3000	4000
<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail												
10. Distant Vision		51.a. Near Vision		51.b. Intermediate Vision -- 32 Inches				52. Color Vision				
Right 20/20	Corrected to 20/	Right 20/20	Corrected to 20/	Right 20/	Corrected to 20/			<input checked="" type="checkbox"/> Pass				
Left 20/20	Corrected to 20/	Left 20/20	Corrected to 20/	Left 20/	Corrected to 20/			<input type="checkbox"/> Fail				
Both 20/20	Corrected to 20/	Both 20/20	Corrected to 20/	Both 20/	Corrected to 20/							
13. Field of Vision		54. Heterophoria 20' (in prism diopters)		Esophoria		Exophoria		Right Hyperphoria		Left Hyperphoria		
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal				0		0		0		0		
15. Blood Pressure		56. Pulse (Resting)		57. Urine Test (if abnormal, give results)				58. ECG (Date)				
Sitting, mm of Mercury	Systolic Diastolic	55		<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal				Albumin	Sugar	MM	DD	YYYY
	150 / 80											
19. Other Tests Given												

3. Comments on History and Findings: AME shall comment on all "YES" answers in the Medical History section and for abnormal findings of the examination. (Attach all consultation reports, ECGs, X-rays, etc. to this report before mailing.)										FOR FAA USE	
										Pathology Codes:	
										Coded By:	
										Clerical Reject	
4. Significant Medical History <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Abnormal Physical Findings <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											

1. Applicant's Name LEMENT LE BRUN			62. Has Been Issued -- <input checked="" type="checkbox"/> Medical Certificate <input type="checkbox"/> Medical & Student Pilot Certificate <input type="checkbox"/> No Certificate Issued -- Deferred for Further Evaluation <input type="checkbox"/> FAA ATC-Deferred --No Certificate Issued <input type="checkbox"/> Has Been Denied --Letter of Denial Issued (Copy Attached)								
3. Disqualifying Defects (List by item number)											
4. Medical Examiner's Declaration -- I hereby certify that I have personally reviewed the medical history and personally examined the applicant named on this medical examination report. This report with any attachment embodies my findings completely and correctly.											
Date of Examination			Aviation Medical Examiner's Name JEAN GEORGES MOUCHARD						Aviation Medical Examiner's Signature		
MM	DD	YYYY	Street Address C/O CEMPN-TB 8 AV						AME Serial Number 15817		
01/16/2014			City TOULOUSE State Zip Code 31700						AME Telephone 33561710671		

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 3420-2 (Medical/Student
Pilot Certificate) Issued.

GG-

**MEDICAL CERTIFICATE
AND STUDENT PILOT CERTIFICATE**

This certifies that (Full name and address):

CLEMENT LE BRUN
17 B AVENUE DE TREBEHORET
PONT L ABBE, 29120

Date of Birth	Height	Weight	Hair	Eyes	Sex
11/12/1989			BROWN	BROWN	M

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:
☒ Airman Medical Certificate
☐ Airman Medical and Student Pilot Certificate

2. Class of Medical Certificate Applied For
☐ 1st ☒ 2nd ☐ 3rd

3. Last Name LE BRUN **First Name** CLEMENT **Middle Name**

4. Social Security Number 888-20-0039

5. Address Number / Street 17 B AVENUE DE TREBEHORET **Telephone Number** 33298873460

City PONT L ABBE **State/Country** **Zip Code** 29120

6. Date of Birth 11/12/1989 **7. Color of Hair** BROWN **8. Color of Eyes** BROWN **9. Sex** Male

10. Type of Airman Certificate(s) You Hold:
☒ None ☐ ATC Specialist ☐ Flight Instructor ☐ Recreational
☐ Airline Transport ☐ Flight Engineer ☐ Private ☐ Other
☐ Commercial ☐ Flight Navigator ☐ Student

11. Occupation PILOT **12. Employer**

13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked?
☐ Yes ☒ No If yes, give date

Total Pilot Time (Civilian Only)
14. To Date 350 **15. Past 6 months** 50

16. Date of Last FAA Medical Application ☒ 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
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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

Yes	No	Condition	Yes	No	Condition	Yes	No	Condition	Yes	No	Condition
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Frequent or severe headaches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heart or vascular trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mental disorders of any sort; depression, anxiety, etc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Military medical discharge
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dizziness or fainting spell	<input type="checkbox"/>	<input checked="" type="checkbox"/>	High or low blood pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medical rejection by military service
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Unconsciousness for any reason	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stomach, liver, or intestinal trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Alcohol dependence or abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rejection for life or health insurance
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Eye or vision trouble except glasses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Kidney stone or blood in urine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Suicide attempt	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Admission to hospital
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hay fever or allergy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Motion sickness requiring medication	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other illness, disability, or surgery
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asthma or lung disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medical disability benefits

Arrest, Conviction, and/or Administrative Action History --- See Instructions Page

Yes	No	History of (1) any arrest(s) and/or conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) history of any arrest(s), and/or conviction(s), and/or administrative action(s) involving an 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.	Yes	No	History of nontraffic conviction(s) (misdemeanors or felonies).
<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Explanations: See Instructions Page

18u - Admission to hospital for minor surgery; 18x - Cyst removal surgery.;

FOR FAA USE
Review Action Codes

19. Visits to Health Professional Within Last 3 Years. ☒ Yes (Explain Below) ☐ No See Instructions Page


Date	Name, Address, and Type of Health Professional Consulted	Reason
10/30/2012	DR MOUCHARD TOULOUSE AIRPORT TOULOUSE, 31000 PHYSICIAN	JAA MEDICAL CLASS 1

- NOTICE -
Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully 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 not more than \$250,000 or imprisoned not more than 5 years, or both. (18 U.S. Code Secs. 1001; 3571).

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.

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.

Signature of Applicant:  Date: 01/06/2014

No current Applicant Exams found Matching Confirmation Number

NOTE: FAA/Original Copy of the Report of Medical Examination Must be TYPED.

REPORT OF MEDICAL EXAMINATION

Height (inches) 73	22. Weight (pounds) 184	23. Statement of Demonstrated Ability (SODA) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Defect Noted:	24. SODA Serial Number				
CHECK EACH ITEM IN APPROPRIATE COLUMN		Normal	Abnormal	CHECK EACH ITEM IN APPROPRIATE COLUMN		Normal	Abnormal
Head, face, neck, and scalp		✓		37. Vascular system (Pulse, amplitude and character, arms, legs, others)		✓	
Nose		✓		38. Abdomen and viscera (Including hernia)		✓	
Sinuses		✓		39. Anus (Not including digital examination)		✓	
Mouth and throat		✓		40. Skin		✓	
Ears, general (Internal and external canals; Hearing under item 49)		✓		41. G-U system (Not including pelvic examination)		✓	
Ear Drums (Perforation)		✓		42. Upper and lower extremities (Strength and range of motion)		✓	
Eyes, general (Vision under items 50 to 54)		✓		43. Spine, other musculoskeletal		✓	
Ophthalmoscopic		✓		44. Identifying body marks, scars, tattoos (Size & location)		✓	
Pupils (Equality and reaction)		✓		45. Lymphatics		✓	
Ocular motility (Associated parallel movement, nystagmus)		✓		46. Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves, coordination, etc.)		✓	
Lungs and chest (Not including breast examination)		✓		47. Psychiatric (Appearance, behavior, mood, communication, and memory)		✓	
Heart (Precordial activity, rhythm, sounds, and murmurs)		✓		48. General systemic		✓	

NOTES: Describe every abnormality in detail. Enter applicable item number before each comment. Use additional sheets if necessary and attach to this form.

LE BRUN LOUPOT

Clément

Né le: 12/11/1989

12210

À: QUIMPER (29)

Hearing		Record Audiometric Speech Discrimination Score Below	Right Ear					Left Ear				
Conversational Voice Test at 6 Feet			500	1000	2000	3000	4000	500	1000	2000	3000	4000
Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>		Audiometer Threshold in decibels	05	05	10	10	05	15	15	15	10	05
Distant Vision			51.a. Near Vision				51.b. Intermediate Vision - 32 Inches				52. Color Vision	
Right 20/20 Corrected to 20/			Right 20/20 Corrected to 20/				Right 20/20 Corrected to 20/				<input checked="" type="checkbox"/> Pass	
Left 20/20 Corrected to 20/			Left 20/20 Corrected to 20/				Left 20/20 Corrected to 20/				<input type="checkbox"/> Fail	
Both 20/20 Corrected to 20/			Both 20/20 Corrected to 20/				Both 20/20 Corrected to 20/					
Field of Vision		54. Heterophoria 20' (in prism diopters)	Esophoria		Exophoria		Right Hyperphoria		Left Hyperphoria			
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal			0		0		0		0			
Blood Pressure		56. Pulse (Resting)	57. Urine Test (If abnormal, give results)				58. ECG (Date)					
Systolic Diastolic		(Resting)	Albumin Sugar				M M D D Y Y Y Y					
150/80		55	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal				/					
Other Tests Given												

Comments on History and Findings: AME shall comment on all "YES" answers in the Medical History section and for normal findings of the examination. (Attach all consultation reports, ECGs, X-rays, etc. to this report before mailing.)

FOR FAA USE

Pathology Codes

Coded By

Clerical Reject

Significant Medical History ☐ YES ☒ NO

Abnormal Physical Findings ☐ YES ☒ NO

Applicant's Name

62. Has Been Issued — ☒ Medical Certificate ☐ Medical & Student Pilot Certificate

☐ No Certificate Issued — Deferred for Further Evaluation

☐ Has Been Denied — Letter of Denial Issued (Copy Attached)

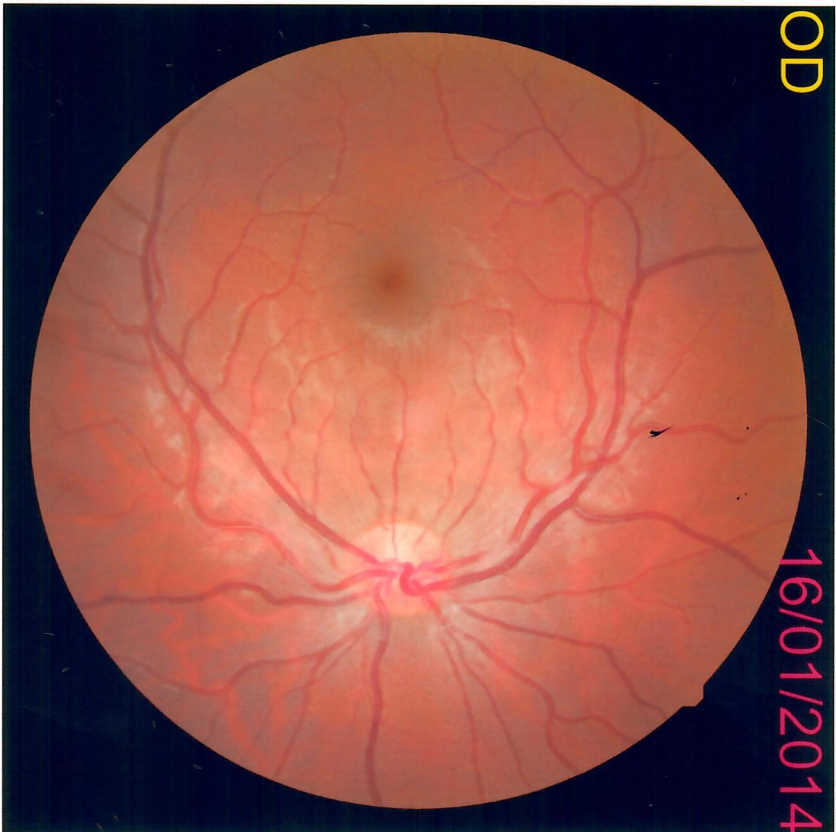
Disqualifying Defects (List by item number)

Medical Examiner's Declaration — I hereby certify that I have personally reviewed the medical history and personally examined the applicant named on this medical examination report. This report with any attachment embodies my findings completely and correctly.

Date of Examination	Aviation Medical Examiner's Name	Aviation Medical Examiner's Signature
M D D Y Y Y	Street Address	
	City State Zip Code	AME Serial Number
		AME Telephone ()

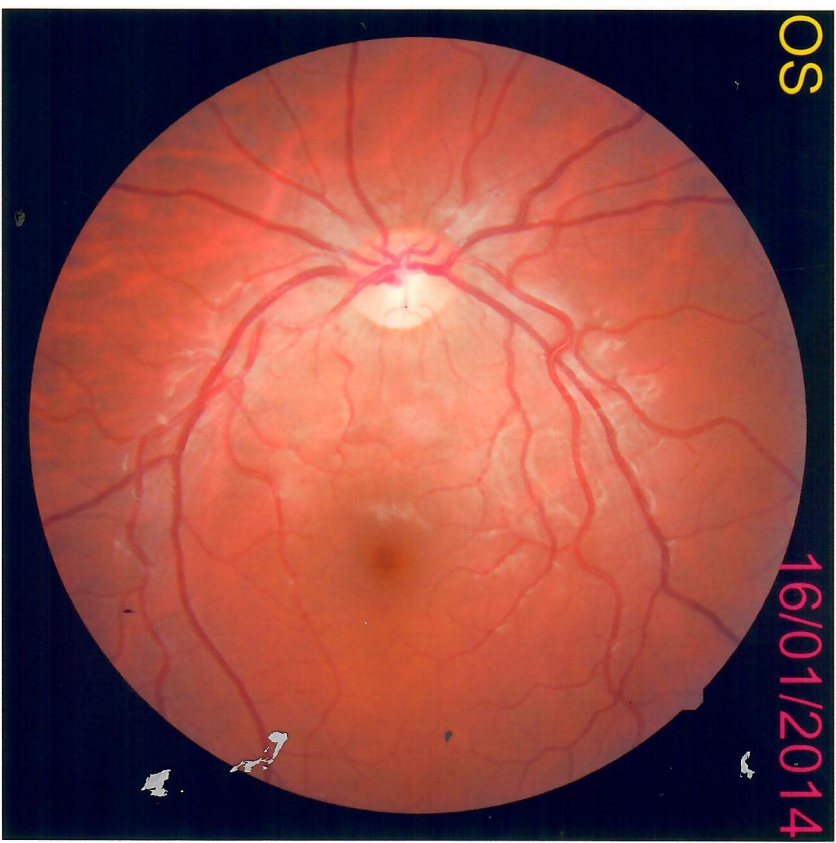
Name	LEBRUN LOUPOT CLEMENT			ID	12210	Sex	Male
BD	12/11/1989	Date	16/01/2014				

OD



16/01/2014

OS



16/01/2014

CEMA - TOULOUSE BLAGNAC - BP60030 - 31701 BLAGNAC Cedex

LE BRUN LOUPOT

Clement

Né le 12/11/1989

12210