ppy of FAA Form 8500-9 ledical Certificate) or FAA rm 8420-2 (Medical/Student lot Certificate) Issued.

## GX-1043948

# MEDICAL CERTIFICATESECOND AND STUDENT PILOT CERTIFICATE

his certifies that (Full name and address):

LEMENT LE BRUN

' B AVENUE DE TREBEHORET

ONT L ABBE, 29120

| ate of Birth | Height | Weight | Hair  | Eyes  | Sex |
|--------------|--------|--------|-------|-------|-----|
| 11/12/1989   | 73     | 184    | BROWN | BROWN | М   |

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

| None                             |                            |
|----------------------------------|----------------------------|
|                                  |                            |
| ate of Examination<br>01/16/2014 | Examiner's Designation No. |
| Signature                        | HAPE                       |
| Typed Name<br>JEAN GEORGES MO    | UCHARD                     |
| IRMAN'S SIGNATURE                |                            |

|  |  |                   | 20 Items (Except   | For S  | hade                           | ed Areas)  | PLEASE PRINT                              | 1.   |                            | Approved OMB N  |                          |  |
|--|--|-------------------|--|--|--------------------------------|--|---|--|----------------------------|---|--------------------------|--|
| ledical Certificate) or FAA<br>orm 8420-2 (Medical/Stude         | nt GX-   | 10                | 43948  | Air Air  | man M                          | edical Airm  | an Medical and                            | 2.   |                            | Medical Certificate                                       |                          |  |
| lot Certificate) Issued.   | DTIFICAT   | -e=               | COND   | Ce   | rtificate                      | Oldu   | ent Pilot Certificate                     |  | 1st 🛛 2nd                  |   |                          |  |
| AND STUD   |  |                   | ERTIFICATE   | 3. Last  |                                |  | First Nam<br>CLEMEN                       |  |                            | Middle Name   |                          |  |
| his certifies that (Fi   |  |                   | The state of the s |  |                                | urity Number   | 888-20-00                                 | -  |                            |   |                          |  |
|  | in name anu a  | uares             | s):  | 11   |                                | lumber / Street  |   |  |                            | ephone Number   |                          |  |
| LEMENT LE BRUN  ' B AVENUE DE TREB                               | FUODET   |                   |  | City   | AVEN                           | UE DE TREBEH   | IOREI                                     | Stat                                       | 33<br>e/Countr             | 3298873460<br>Ty Zip Co                                   | do                       |  |
| ONT LABBE, 29120   | EHOKEI   |                   |  | The same of the sa | TLAB                           |  |   |  |                            | 2912  |                          |  |
|  |  |                   |  | 6. Date  | e of Bir<br>zenshij            |  | 7   | . Color<br>BRC                             | of Hair                    | 8. Color of Eyes<br>BROWN                                 | 9. Sex                   |  |
| Date of Birth Height 11/12/1989 73                               |  | Hai<br>BROV       |  |  | pe of A<br>None                | irman Certifica  | ite(s) You Hold:  ATC Specialist          |  |                            |   | Male                     |  |
| as met the medical s   | tandards presc   | ribed i           | n part 67, Federal   |  | Airline                        | Transport  | ☐ Flight Engineer                         | [  | Private                    | e 🔲   | Other                    |  |
| viation Regulations,   | for this class of  | Medic             | al Certificate.  |  | Comm                           |  | ☐ Flight Navigator                        |  | 3 Studer                   | nt  |                          |  |
| None   |  |                   |  | PILOT  | cupatio                        | on   |   | 1  | 2. Emplo                   | yer   |                          |  |
|  |  |                   |  |  | s Your                         | FAA Airman M   | edical Certificate Ever Be                | een De                                     | nied. Sus                  | spended, or Revok   | ed?                      |  |
|  |  |                   |  |  | Yes                            | IXI No   | If yes, give date                         |  |                            |   |                          |  |
|  |  |                   |  | Total P  |                                | ne (Civilian On  | ly)<br>15. Past 6 months                  | 1  | 6. Date o                  | of Last FAA Medica  | I Applica                |  |
| ate of Examination   | l Fx   | amine             | r's Designation No.  | 350  |                                |  | 50  |  |                            |   | No Prior<br>Applicati    |  |
| 01/16/2014   |  |                   | o ocsignation (vo.   | 17.a. D  | o You                          | Currently Use  | Any Medication (Prescrip                  | tion or                                    | Nonpres                    | scription)?   |                          |  |
| Signature  |  |                   |  | X No   | □ Y                            | es (If yes, belo   | ow list medication(s) used a              | and che                                    | ck appro                   | priate box). Previou                                      | sly Repor                |  |
|  |  |                   |  |  |                                |  |   |  |                            | Yes   | No                       |  |
| Typed Name   |  |                   |  |  |                                |  |   |  |                            |   |                          |  |
| JEAN GEORGE  |  |                   |  |  |                                |  |   |  |                            |   |                          |  |
| INMAN S SIGNATU  | N <b>-</b>   |                   |  | 17.b. De   | o You                          | Ever Use Near  | Vision Contact Lens(es)                   | While                                      | Flying?                    | ☐ Yes ☒   |                          |  |
| . Medical History - HA   | VE YOU EVER IN   | YOUR              | R LIFE BEEN DIAGNOSED V  | WITH HAD   | OPF                            | O VOLL DRESS   | NTLY HAVE ANY OF THE                      | FFOLL                                      | AOLABAIO                   | novembroot or the   |                          |  |
| ioi ciciy condition noi  | ed below. It tile t  | CALLAI            | NATIONS box below, you ma<br>an medical certificate and the  | av note "Ph  | 4FVIOL                         | ISI Y REPORTI  | ED NO CHANGE" only if t                   | he expl                                    | anation o                  | of the condition was                                      |                          |  |
| No Condi   | tion   | Yes               | No Condition   |  | Yes                            | No   | Condition                                 | Yes  | No Page                    | Conditi   | ion                      |  |
| IX Frequent or sever   | e headaches  | g.                | Heart or vascular trouble  | е  | m.                             |  | orders of any sort;                       | r. 🗆                                       | X Milita                   | ary medical discharg                                      |                          |  |
| ☑ Dizziness or fainti  | na snell   | h.                | ☑ High or low blood pressi   |  | n. 🗆                           | O. hadaaa  | , anxiety, etc.<br>dependence or failed a |  |                            |   |                          |  |
|  |  | 1                 | Ingil of low blood pressi  | drug test ever; or substance abuse   |                                |  |   | s. 🗆                                       | X Medi                     | cal rejection by milit                                    | ary servic               |  |
| ☑ Unconsciousness  |  | i. 🗆              | Stomach, liver, or intesti   | or use of illegal substance in the last 2 years.   |                                |  |   | t.   Rejection for life or health insurant |                            |   |                          |  |
| Eye or vision trout  | le except glasses  | j. 🗖              | Kidney stone or blood in   | urine  | 0. 🗆                           | Alcohol dep  | pendence or abuse                         | u. 🗵 🗖 Admission to hospital               |                            |   |                          |  |
| Hay fever or allerg  | у  | k. 🔲              | ☑ Diabetes   |  | р. 🗆                           | ☑ Suicide atte   | ide attempt                               |  | Other                      | r illness, disability, o                                  | or surgery               |  |
| X Asthma or lung dis   | sease  | . 0               | Neurological disorders;  |  | q. 🗆                           | IXI Motion sick  | ness requiring medication                 | у. 🗆                                       |                            |   |                          |  |
| rest Conviction a  | nd/or Administ   |                   | seizures, stroke, paralyse Action History See I  |  |                                |  | need requiring iniculation                | 7 11                                       | Missedia                   | cal disability benefits                                   | S                        |  |
| No   |  |                   |  |  | -                              |  |   | Yes  | No His                     |   |                          |  |
| while under the administrative acrevocation of dri               | y arrest(s) and/or<br>nfluence of alcoho<br>ction(s) involving a | ol or a can offer | tion(s) involving driving while<br>drug; or (2) history of any arre<br>nse(s) which resulted in the d<br>esulted in attendance at an e   | intoxicated<br>est(s), and<br>lenial, susp   | d by, wi<br>for con<br>pension | hile impaired by<br>viction(s), and/o<br>, cancellation, o | , or<br>or                                | w.   | X con                      | story of nontraffic<br>nviction(s)<br>sdemeanors or felor | nies).                   |  |
|  | Instructions P   |                   |  | Jucauona   | , or a re                      | maximation prog  | yıaılı.                                   | <u> </u>                                   | L                          | FOR FA  | Allee                    |  |
| -  |  |                   | ission to hospital for minor su  | urgery; 18x  | - Cyst                         | removal surgen   | у;  |  |                            | Review Act  |                          |  |
|  |  |                   |  |  |                                |  |   |  |                            |   |                          |  |
| . Visits to Health P   | rofessional Wi   | thin La           | ast 3 Years.   | Yes (Exp   | olain Be                       | elow) 🔲 No   | See Instructi                             | ons P                                      | age                        |   |                          |  |
| Date   | Name, Addres   | s, and            | d Type of Health Profess   | sional Co  | onsult                         | ed   |   |  | Reaso                      | on  |                          |  |
| 0/30/2012 DR M   |  |                   | AIRPORT TOULOUSE TOU   |  |                                |  | JAA MEDICAL CLASS                         | 1  |                            |   |                          |  |
|  |  |                   |  |  |                                |  |   |  |                            |   |                          |  |
|  |  |                   |  |  |                                |  |   |  |                            |   |                          |  |
| <ul> <li>NOTICE -</li> <li>Whoever in any matter with</li> </ul> | in the Lhoroby   | o thoris          |  |  |                                |  | er and Certifying Decl                    |  |                            |   |                          |  |
| urisdiction of any departme                                      | nt or This cons  | sent con          | e the National Driver Register (NE<br>estitutes authorization for a single   | access to the  | e informa                      | ation contained in   | the NDR to verify information of          | rovided                                    | in this appli              | rmation pertaining to m<br>ication. Upon my reque         | y driving reest, the FA# |  |
| agency of the United<br>knowingly and willfully fa               | sifies,  |                   | ation received from the NDR, if any  |  |                                |  |   |  |                            |   |                          |  |
| conceals or covers up by an<br>scheme or device a materi         | al fact,   | OTE:              | ALL persons using this form m<br>Certificate or Medical Certificat   | nust sign it.<br>te and Stud   | NDR co                         | onsent, however, t<br>Certificate.                         | does not apply unless this fo             | rm is u                                    | sed as an a                | application for Medica                                    | al                       |  |
| or who makes any false, fic<br>or fraudulent statement           |  | certify th        |  |  |                                |  | ere complete and true to the              | of of man                                  | knowlod-                   | and Lacres # - + #-                                       | ara to to                |  |
| representations, or entry, m<br>fined up to \$250,000 or imp     | ay be considere  | ed part o         | nat all statements and answers pro<br>of the basis for issuance of any FA  | A certificate  | to me. I                       | have also read ar  | nd understand the Privacy Act s           | statemen                                   | knowledge,<br>it that acco | , and I agree that they a<br>mpanies this form.           | are to be                |  |
| not more than 5 years, or be                                     | oth.   |                   |  |  |                                |  |   |  |                            |   |                          |  |
| (18 U.S. Code Secs. 1001;  | Signatu  | re of A           | pplicant   |  |                                |  |   |  | Date                       | 01/16/2014  |                          |  |
| Form 8500-8 (9-08  | ) Supersedes I   | Previo            | ous Edition - COPY   |  |                                |  |   |  |                            | NSN: 0052-0   | 00-670-6                 |  |
|  | ,  |                   |  |  |                                |  |   |  |                            | 14314. 0002-0   | 10-010-C                 |  |

## 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.

| leight (inches) 22 Weight (pa   |  | nt of Demon                  | -                         | CAL EXAMINATION  bility (SODA)  Defect Noted:  | 24  | SODA Serial Num                               |
|---|--|------------------------------|---------------------------|--|---|---|
| CK EACH ITEM IN APPROPRI  | The state of the s | A STATE OF THE STATE OF      | the state of the state of | CHECK EACH ITEM IN A   |   | Normal Abr                                    |
| flead, face, neck, and scalp<br>Nose  |  | V                            |                           | 37. Vascular system (Pulse, and 38. Abdomen and viscera (in  | nplitude and character; arms, legs, othe                              | rs) 1/  |
| Sinuses   |  | V                            |                           | 39. Antis (Not including digital exa   |   | 12  |
| Mouth and throat  |  | V .                          | 967.4                     | 40. Skin   |   | V .   |
| ars, gerieral (Internal and external cana<br>Ear Drums (Perforation)                      | ls: Hearing under item 49)   |                              |                           | 41. G-U system (Not including p<br>42. Upper and lower extremi   |   | V   |
| Eyes, general (Vision under items 50 to 5   | 54)  | 1                            |                           | 43. Spine, other musculoske  |   | 151   |
| Dphthalmoscopic   |  | V                            |                           | 44. Identifying body marks, s  | scars, tattoos (Size & location)                                      |   |
| Pupils (Equality and reaction)  |  | V                            |                           | 45. Lymphatics  (Tendon reflexes   | equilibrium senses cranial nerves                                     |   |
| Ocular motility (Associated parallel move<br>Lungs and chest (Not including breast e      |  | + 7                          |                           | 46. Neurologic Tendan reflexes coordination, etc.  | navior, mood, communication, and mem                                  | orv)  |
| rleart (Precordial activity, rhythm, sounds, a<br>FES: Describe every abnormality i       | ind mumurs)  | V                            |                           | 48. General systemic   |   |   |
| À: QUIMPER (29)   | 12210  |                              |                           |  |   |   |
| Hearing Record Audiometric S<br>Discrimination Score E<br>Conversational                  | CANADA SERVICE | 500 1 1                      | R                         | ight Ear   | Left Ear  |   |
| ce Test at 6 Feet   | Audiometer   |                              |                           | 2000 3000 4000 AD  | 500 1000 2000   | 3000 44                                       |
| Pass ⊡ Fail<br>Distant Vision   | tecibels 51.a. Near V  | 200 CAR (                    | 95                        |  | 15   15   15<br>late Vision - 32 Inches                               | 10 09   |
| nt 20 / 2_ Corrected to 20/   |  |                              | ected to                  | 20/ Right 20/7c  | Corrected to 20/  | 52. Color Visio                               |
| 20 / 2 C Corrected to 20/   | Left 207   | LO Corre                     | ected to                  | 20/ Left 207(C)  | Corrected to 20/  | ∠A, ass<br>∐ Fail                             |
| 1 207 <b>Z C</b> Corrected to 207   |  |                              | ected to                  | 20/ Both 20/10   |   |   |
| Field of Vision 54. Normal D Abnormal   | Heterophoria 20' (in p   | nam diopters)                | E.9                       | ophoria Exephori   | a Right Hyperphoria   | Left Hyperpho                                 |
| Blood Pressure  | 56. Pulse   57. Urin   | e Test (if a                 | bnormal                   | , give results)  | 58. EC  | G (Date)                                      |
| ng, Systolic   Diastolic  | (Resting)  |                              | ☐ Abno                    | l Albumin  | Sugar M M   | DDYY  |
| Other Tests Given  Comments on History and Find ormal findings of the examination.        | ings: AME shall com<br>(Attach all consultation  | ment on all<br>on reports, ( | "YES" a<br>ECGs, X        | nswers in the Medical History<br>-rays, etc. to this report befor  | e mailing.)   | FOR FAA USI<br>thology Codes<br>thology Codes |
| Applicant's Name  |  |                              | ficate is                 | Abnormal Physical Finding Medical Certificate sued — Deferred for Further d — Letter of Denial Issued (  | s ☐ YES ☐ NO ☐ No ☐ Medical & Student Pilo Evaluation                 | erical Reject                                 |
| Medical Examiner's Declaration medical examination report. This e of Examination.  Aviati |  | iment embo                   | ersonally<br>dies my      | findings completely and corre  | and personally examined the<br>ectly<br>ition Medical Examiner's Sign |   |
| M D D Y Y Y Y Stree  City  Form 8500-8 (9-08) Supersedes Prev                             | t Address  | State                        |                           | There is the Contract of the C | E Serial Number E Telephone ( )                                       | NSN: 0052-00-6                                |

Che Morrian

De suit d'un protion informatique non identifié, some
Application Form 8500 n's par été prin e c-pt par a FAA1/ No current Applicant Examo Forma Malkhing Confirmation
Number!

Je se aix occupations que vue priving montele e process initial en me faire parvenin en autre confirmation Number" pour comment votre appour moira i c FHH.

### 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

NSN: 0052-00-670-6002

## TEST BINOCULAIRE FONCTION ESTERMAN

LE BRUN LOUPOT

Clément

Né le: 12/11/1989 À: QUIMPER (29)

DEG

12210

### NOM

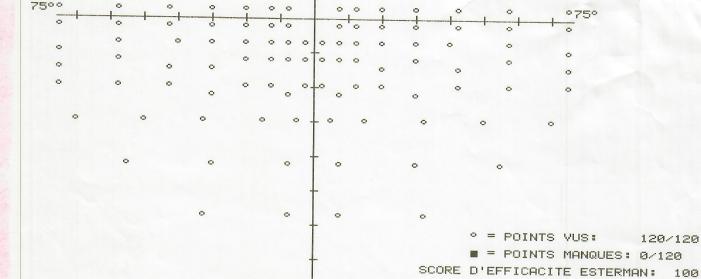
BINOCULAIRE

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 AV
LENTILLES DS DCX

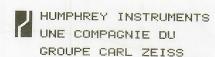
PERTES DE FIXATIONS 0/0 ERREURS FAUS. POS. 0/9 ERREURS FAUS. NEG. 0/4

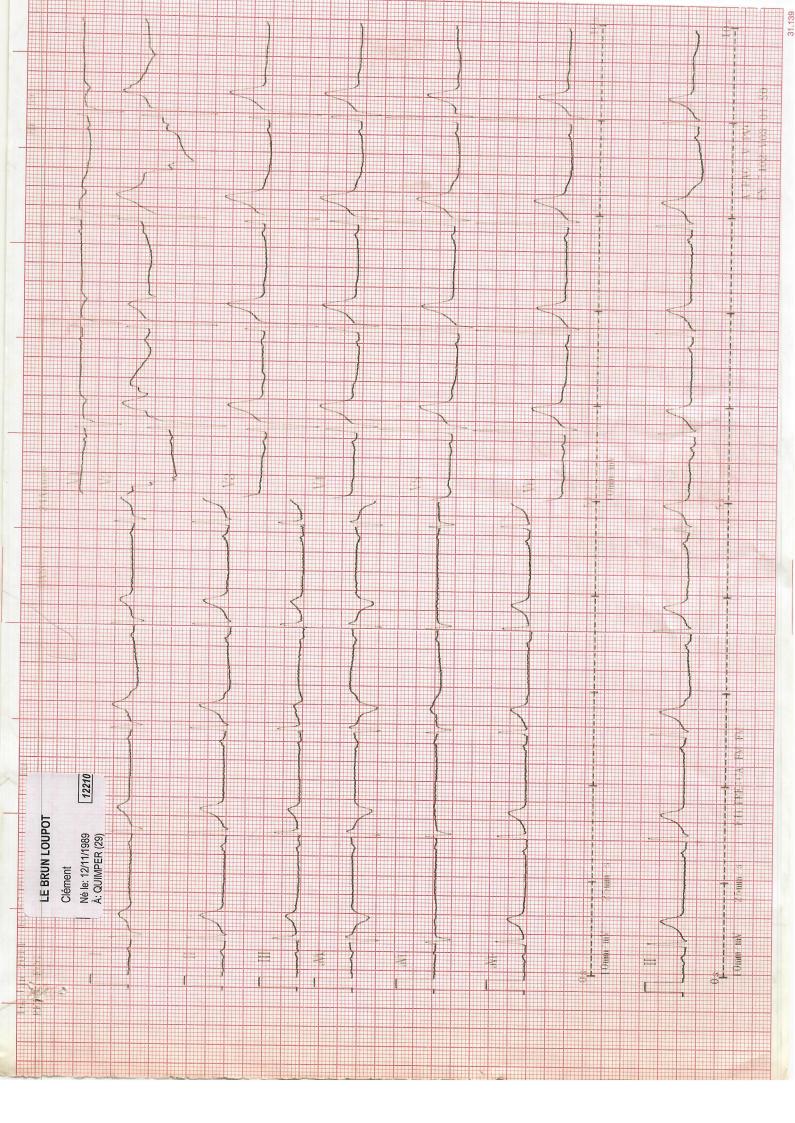
> DUREE 04:28 HFA S/N 608-3518



010

|     | 1005     | DKOI     | IS KES   |          | REV 9.2                          |            |            |              |              |            |  |
|-----|----------|----------|----------|----------|----------------------------------|------------|------------|--------------|--------------|------------|--|
| SYM |          |          |          |          | 4;4;4;4;<br>4;4;4;4;<br>4;4;4;4; |            |            |              |              |            |  |
| ASB | .8       | 2.5      | 8<br>3.2 | 25<br>10 | 79<br>-<br>32                    | 251<br>100 | 794<br>316 | 2512<br>1000 | 7943<br>3162 | 2<br>10000 |  |
| DB  | 41<br>50 | 36<br>40 | 31<br>35 | 26<br>30 | 21<br>25                         | 16<br>20   | 11<br>15   | 6<br>10      | 1<br>5       | <u> </u>   |  |







| opy of FAA F                        | t Must Con                                     | nplete_A                 |               | 20 Items (Excep  | t For S                         | hade                               | ed Areas)                              | PLEASE PRINT                        |  |  | pproved OMB                   |                       |  |
|-------------------------------------|--|--------------------------|---------------|--|---------------------------------|------------------------------------|--|-------------------------------------|--|--|-------------------------------|-----------------------|--|
| ledical Certific                    | cate) or FAA<br>ledical/Student                | GX-                      | 10            | 43948  | 1. App                          | licatio<br>man M                   | adical Airm                            | an Medical and                      | 2. Class of Medical Certificate Applie |  |                               |                       |  |
| lot Certificate                     | Issued.  |                          |               |  | LXI Ce                          | rtificate                          | Stud                                   | ent Pilot Certificate               |  | ☐ 1st  | X 2nd                         | ☐ 3rd                 |  |
| /IEDIC                              | AL CERTIF                                      | FICATE                   | SE            | COND   | 3. Last                         |                                    |  | First Name<br>CLEMEN                |  |  | Middle Name                   |                       |  |
| And the second second second second |  |                          |               | RTIFICATE  | -                               |                                    | urity Number                           | 888-20-003                          |  |  |                               |                       |  |
|                                     | es that <i>(Full nar</i>                       | me and ad                | dres          | s):  | 5. Add                          | ress N                             | lumber / Street                        |                                     |  | Telej  | phone Number                  |                       |  |
| LEMENT L                            |  |                          |               |  | City                            | AVEN                               | UE DE TREBEH                           | ORET                                | Stat                                   | 332<br>te/Country  | 298873460                     | 0-1                   |  |
| ONT L ABB                           | E DE TREBEHOR                                  | ET                       |               |  | 11                              | TLAB                               | BE                                     |                                     | Stat                                   | e/Country  |                               | Code<br>120           |  |
|                                     |  |                          |               |  | 6. Date                         | of Bir                             |  | 7.                                  |  | and the same of th | 8. Color of Eye               |                       |  |
| ate of Birt                         |  | Weight                   | Hai           | Eyes Sex   |                                 |                                    |  | te(s) You Hold:                     | BRC                                    | NWO  | BROWN                         | Male                  |  |
| 11/12/1989                          |  |                          | BROV          |  | X                               | None                               |  | ☐ ATC Specialist                    | 1                                      | ☐ Flight In  | nstructor [                   | Recreation            |  |
| as met the                          | medical standar                                | rds prescri              | bed i         | part 67, Federal   | 11 _                            |                                    | Transport                              | ☐ Flight Engineer                   | [                                      | ☐ Private  |                               | Other                 |  |
| Married Married                     | gulations, for this                            | s class of n             | viedic        | al Certificate.  |                                 | Comm                               |  | ☐ Flight Navigator                  | 1                                      | Student  | t                             |                       |  |
| None                                |  |                          |               |  | PILOT                           | cupatio                            | on                                     |                                     |  | 12. Employ   | yer                           |                       |  |
|                                     |  |                          |               |  | 13. Has                         | Your                               | FAA Airman M                           | edical Certificate Ever Be          | en De                                  | nied, Sus  | pended, or Rev                | oked?                 |  |
|                                     |  |                          |               |  |                                 | Yes                                | IXI No                                 | If yes, give date                   |  |  |                               |                       |  |
|                                     |  |                          |               |  | 14. To                          |                                    | me (Civilian On                        | ly)<br>15. Past 6 months            | 1                                      | 6. Date of   | Last FAA Medi                 | cal Applica           |  |
| ate of Exa                          | mination                                       | Exa                      | mine          | r's Designation No.  | 350                             |                                    |  | 50                                  |  |  |                               | No Prior<br>Applicati |  |
| 01                                  | /16/2014                                       |                          |               |  | 17.a. De                        | o You                              | Currently Use                          | Any Medication (Prescrip            | tion o                                 | r Nonpres  | cription)?                    |                       |  |
| Signatu                             | re   |                          |               |  | IXI No                          | ПУ                                 | es (If yes, belo                       | w list medication(s) used a         | nd che                                 | ck approp  |                               | ously Repor           |  |
|                                     |  |                          |               |  |                                 |                                    |  |                                     |  |  | Ye                            |                       |  |
| Typed I                             | Name<br>N GEORGES MOL                          | IOHADD                   |               |  |                                 |                                    |  |                                     |  |  |                               |                       |  |
|                                     | SIGNATURE                                      | JCHARD                   |               |  |                                 |                                    |  |                                     |  |  |                               |                       |  |
|                                     |  |                          |               |  | 17.b. De                        | o You                              | Ever Use Near                          | Vision Contact Lens(es)             | While                                  | Flying?  | ☐ Yes 🔯                       | l No                  |  |
| 3. Medical H                        | istory - HAVE YO                               | U EVER IN                | YOUR          | LIFE BEEN DIAGNOSED  | WITH HAD                        | ORI                                | O VOLL DRESS                           | NTI V HAVE ANY OF THE               | FOLL                                   | OVAUNIOAn  | muor "voo" on the             | -11                   |  |
| reported of                         | orialdori noted beit                           | JVV. III UIC L           | VI. TUI       | NATIONS box below, you man medical certificate and the   | lav note Pr                     | CEVIUL                             | JSLY REPORT                            | ED, NO CHANGE" only if the          | re exp                                 | lanation of<br>ions Page   | the condition wa              | S                     |  |
| 3 No                                | Condition                                      |                          | Yes           | No Conditio  |                                 | Yes                                | No                                     | Condition                           | Yes                                    | No   |                               | lition                |  |
| ] X Freque                          | nt or severe head                              | aches                    | g.            | Heart or vascular troub  | ole                             | m.                                 |  | rders of any sort;<br>anxiety, etc. | r. 🗆                                   | Militar Militar  | y medical discha              | rge                   |  |
| ] X Dizzine                         | ess or fainting spel                           |                          | h. 🗆          | X High or low blood pres   | sure                            | n. 🗆                               | Substance                              | dependence or failed a              | s. 🗖                                   | Modia  | al rejection by m             | ilitaan saasia        |  |
| 7 Fillmoon                          | alauanaa faa                                   |                          |               |  |                                 | drug test ever; or substance abuse |  |                                     |  | Miviedic   | ar rejection by m             | ilitary servic        |  |
|                                     | sciousness for any                             |                          | i. 🗆          | Stomach, liver, or intes   | last 2 years.                   |                                    |  |                                     | t. 🗆                                   |  |                               |                       |  |
|                                     | vision trouble exce                            | ept glasses              | j. <b>L</b> J | Kidney stone or blood  | in urine                        | 0. 🗆                               | X Alcohol dep                          | endence or abuse                    | u. 🗴                                   | Admission to hospital  |                               |                       |  |
| ] X Hay fee                         | er or allergy                                  |                          | k. 🔲          | ☑ Diabetes   |                                 | р. 🗆                               | ☑ Suicide atte                         | mpt                                 | х. 🛛                                   | Other illness, disability, or surgery  |                               |                       |  |
| ] 🛛 Asthma                          | or lung disease                                |                          | I. 🔲          | Neurological disorders   |                                 | q. 🗆                               | X Motion sick                          | ness requiring medication           | у. П                                   |  |                               |                       |  |
| rrest, Con                          | iction, and/or                                 | Administr                | ative         | Action History See   |                                 | ns Pa                              |  |                                     | 70                                     | 123 Medici   | ar disability berie           | iito                  |  |
| B No Histo                          | ry of (1) any arrest                           | t(e) and/or o            | onviot        | ion(a) involving driving while   | - 1-414                         |                                    |  | or                                  | Yes                                    | No Histo   | ory of nontraffic             |                       |  |
| admi                                | nistrative action(s)                           | involving ar             | or a c        | drug; or (2) history of any are use(s) which resulted in the esulted in attendance at an   | rrest(s), and/<br>denial, susp  | or con                             | viction(s), and/o<br>, cancellation, o |                                     | w.                                     | X conv   | riction(s)<br>demeanors or fe | lonies)               |  |
| xplanation                          |  |                          |               | esuited in attendance at an  | educational                     | or a re                            | ehabilitation prog                     | ıram.                               |  |  |                               |                       |  |
| •                                   |  | The second second second |               | ssion to hospital for minor s  | surgery: 18x                    | - Cvst                             | removal surgen                         | ,                                   |  |  |                               | AA USE                |  |
|                                     |  |                          |               |  | ourgory, rox                    | - Oyst                             | removal surger                         |                                     |  |  | neview A                      | etion Code            |  |
| 9. Visits to                        | Health Profess                                 | ional With               | nin La        | ast 3 Years.   | Yes (Exp                        | olain Be                           | elow) D No                             | See Instruction                     | one P                                  | 000  |                               |                       |  |
| Date                                |  |                          |               | Type of Health Profes  |                                 |                                    | ,                                      | ) See manacut                       | JIIS P                                 |  | _                             |                       |  |
| 10/30/2012                          |  |                          |               | AIRPORT TOULOUSE TO  |                                 |                                    |  | JAA MEDICAL CLASS 1                 |  | Reason   | 1                             |                       |  |
|                                     |  |                          |               |  |                                 |                                    |  |                                     |  |  |                               |                       |  |
|                                     |  | _                        |               |  |                                 |                                    |  |                                     |  |  |                               |                       |  |
| - NO                                | TICE -   |                          |               | 20. Applic   | ant's Nati                      | onal I                             | Driver Regist                          | er and Certifying Decl              | aratio                                 | ns   |                               |                       |  |
|                                     | y matter within the<br>any department or       | I hereby au              | uthorize      | e the National Driver Register (Natitutes authorization for a single   | IDR), through                   | a design                           | nated State Depart                     | ment of Motor Vehicles, to furn     | ish to th                              | e FAA inform   | mation pertaining to          | my driving re         |  |
|                                     | he United States<br>willfully falsifies,       | make the i               | nforma        | tion received from the NDR, if a   | ny, available f                 | or my re                           | eview and written c                    | omment. Authority: 23 U.S. Coo      | de 401,                                | Note.  | auon. opon my req             | uest, the FAF         |  |
| conceals or co                      | vers up by any trick,<br>vice a material fact, | NOT                      |               | ALL persons using this form  | must sign it.                   | NDR co                             | onsent, however,                       | does not apply unless this for      | rm is u                                | sed as an a  | pplication for Med            | ical                  |  |
| or who makes                        | any false, fictitious                          |                          |               | Certificate or Medical Certific  |                                 |                                    |  |                                     |  |  |                               |                       |  |
| representation                      | statements or<br>s, or entry, may be           | I hereby ce              | ertify the    | at all statements and answers p<br>f the basis for issuance of any F   | rovided by me<br>AA certificate | on this                            | application form a                     | re complete and true to the bes     | t of my                                | knowledge, a   | and I agree that the          | y are to be           |  |
| not more than                       | 0,000 or imprisoned<br>5 years, or both.       |                          |               | in the second se |                                 |                                    | Jie , bud all                          | - Invacy Act S                      | acontel                                | t trial accom  | iparnes uns IOIIII.           |                       |  |
| (18 U.S. Code                       | Secs. 1001; 3571).                             | Signature                | of Ap         | plicant  |                                 |                                    |  |                                     | -                                      | Date   | 4466044                       |                       |  |
| A Form 850                          | 0-8 (9-08) Sune                                | ersedes P                | revio         | us Edition - COPY  |                                 |                                    |  |                                     |  |  | 1/16/2014<br>NSN: 0052        | 00 070 6              |  |
|                                     | ,/   |                          |               |  |                                 |                                    |  |                                     |  |  | INDIN. UUDZ                   | -uu-0/U-c             |  |

| N   | OTE: FA  | A/Origin         | nal Copy                         | of the Rep                                     | ort of     | f Medic   | al Exa            | mina         | tion Mu                       | st be 1           | ГҮРЕІ         | D.            |               |                |
|---|--|------------------|----------------------------------|--|------------|---|-------------------|--------------|-------------------------------|-------------------|---------------|---------------|---------------|----------------|
|   |  |                  | R                                | EPORT OF M                                     | IEDICAL    | EXAMINA   | TION              |              |                               |                   |               |               |               |                |
| 1. Height (inches)  | 22. Weig   | ht (pounds       |                                  | ement of Den<br>Yes                            |            |   |                   |              |                               |                   |               | 24. S         | ODA Sei       | rial Nun       |
| HECK EACH ITEM I  |  |                  |                                  |  | No         | Defect No   |                   | TF14 ()      |                               |                   |               |               |               |                |
| 5. Head, face, neck,  |  | THATE OOL        | .OMIN                            | X  | Monda      | 011201  | The second second |              | APPROP                        |                   |               |               |               | rmal Abn       |
| 3. Nose   |  |                  |                                  | X  | -          |   |                   |              | ilse, amplitude<br>(including |                   | er; arms, l   | egs, other    | rs) X         |                |
| 7. Sinuses  |  |                  |                                  | X  |            | THE R. P. LEWIS CO., LANSING, SALES, |                   |              | al examination                |                   |               |               | - X           |                |
| 3. Mouth and throat   |  |                  |                                  | X  |            | 40. Skin  | -                 | ading digit  | ai examination                | 1)                |               |               | X             |                |
| <ol><li>Ears, general (Interr</li></ol>   | nal and external   | canals; Hearing  | under item 49)                   | Х  |            | 41. G-U   | system            | Not includ   | ing pelvic exa                | mination)         |               |               | X             |                |
| D. Ear Drums (Perforati   |  |                  |                                  | Х  |            |   |                   |              | remities (s                   |                   | range of m    | notion)       | X             |                |
| 1. Eyes, general (Visio   | n under items 5  | 50 to 54)        |                                  | Х  |            |   |                   | -            | oskeletal                     |                   |               |               | X             |                |
| 2. Ophthalmoscopic  |  |                  |                                  | Х  |            | 44. Iden  | tifying bo        | ody mar      | ks, scars,                    | tattoos (Si       | ze & locati   | ion)          | X             |                |
| 3. Pupils (Equality and re  |  |                  |                                  | Х  |            | 45. Lym   |                   |              |                               |                   |               |               | X             |                |
| 4. Ocular motility (As  | sociated paralle   | el movement, nys | stagmus)                         | Х  |            | 46. Neu   | ologic (To        | endon reflex | es, equilibrium, s            | senses, cranial i | nerves, coord | dination, etc | c.) X         |                |
| 5. Lungs and chest (N<br>6. Heart (Precordial activi                            |  |                  |                                  | Х  |            | 47. Psyc  | hiatric (         | Appearan     | ce, behavior, i               | mood, comm        | unication,    | and memo      | ory) X        |                |
| OTES: Describe every  | The state of the s |                  |                                  | em number be                                   | fore each  | 48. Gen   |                   |              | neets if nec                  | essary and        | d attach      | to this f     | orm.          |                |
| ). Hearing  |  |                  | ometric Speech                   |  |            | B   | ght Ear           |              |                               |                   |               | lo# E         |               |                |
| onversational Voice Te  | st at 6 Feet   |                  | on Score Below                   | Audiometer                                     | 500        | 1000  | 2000              | 3000         | 4000                          | 500               | 1000          | Left E        |               | 00   4         |
| Pass Fail   |  |                  |                                  | Threshold in decibels                          |            | 1000  | 2000              | 3000         | 4000                          | 300               | 1000          | 2000          | 0 300         | 00 40          |
| ). Distant Vision   |  |                  | 51.a. Near V                     |  |            |   | 51.b.             | Interm       | ediate Vis                    | ion 32            | Inches        | $\bot$        | 52. Colo      | or Vicio       |
|   | orrected to  |                  | Right 20/2                       | 0 Corr   | ected to   | 20/   | Right             |              |                               | orrected to       |               |               |               |                |
|   | orrected to  |                  | Left 20/2                        |  | ected to   |   | Left              | 20/          | C                             | orrected to       | 20/           |               |               | X Pass         |
| B. Field of Vision  |  |                  | Both 20/2<br>a 20' (in prism die |  | ected to   |   | Both              | 20/          |                               | orrected to       |               |               |               | ] Fail         |
|   | ormal  | icterophoni      | a 20 (in phan di                 | opters)  |            | sophoria<br>0   |                   | Ехор         |                               | Right H           |               | oria          | Left Hyp      |                |
| . Blood Pressure  |  | 56. Puls         | A                                | 57. Urine T                                    | Ceet (if o |   | ranulta)          |              | 0                             |                   | 0             | FOO           | (Deta)        | 0              |
|   | olic Diastol   | (0               |                                  |  |            |   |                   |              | Albumin                       | Suga              |               | ECG (         |               | <b>Y Y Y Y</b> |
| Mercury)  | 150 / 80   | 55               |                                  | X Norm   | ıaı        | Ц   | Abnorma           | ll.          |                               |                   |               |               |               |                |
| O. Other Tests Given  |  | ndinge: AM       | IE obell comm                    | ant an all IIV                                 | · CII      |   |                   | 2.1          |                               |                   |               |               | EORI          | FAA US         |
| onormal findings of the<br>u: minor surgery 18x: fu<br>st confirmation number v | e examination  | on. (Attach a    | all consultation                 | reports, ECG                                   | Ss, X-ray  | s, etc. to th   | is repor          | before       | mailing.)                     | a tor             |               | F             | Pathology     | _              |
|   |  |                  |                                  |  |            |   |                   |              |                               |                   |               | c             | Coded By      | •              |
| gnificant Medical Hi  | story  | ☐ YES            |                                  | 10   | Abno       | ormal Phy   | sical Fir         | dings        | 0                             | YES               | X             | NO C          | Clerical R    | eject          |
| . Applicant's Name<br>.EMENT LE BRUN  |  |                  |                                  | s Been Issue<br>I No Certifica<br>I Has Been D | ate Issue  | ed Deferre  | ed for Fur        | ther Eval    | Medical uation Attached)      |                   |               |               | te<br>No Cert | tificate Is    |
| . Disqualifying Defe  | cts (List by   | / item numb      |                                  |  |            |   |                   | ,F)          |                               |                   |               |               |               |                |
| . Medical Examiner  |  |                  | eby certify tha                  | t I have person                                | ally revie | ewed the me   | dical his         | tory and     | personally                    | examined          | I the app     | olicant n     | amed on       |                |
| s medical examination<br>ate of Examination                                     | report. This   |                  |                                  |  | _          | completely  | and corr          | -            | A sale 41                     |                   |               |               |               |                |
| nous in Lamination  |  |                  | ion Medical E<br>GEORGES N       |  | ame        |   |                   |              | Aviation I                    | иестса Е          | xamine        | r's Sigi      | nature        |                |
| MM DD YY  | YY   |                  | t Address                        |  |            |   |                   |              |                               |                   |               |               |               |                |
| 01/16/2014  |  |                  | EMPN-TB 8                        | AV   |            |   |                   |              | AME Seria                     | al Numbe          | r 158         | 17            |               |                |
| 71710/2017  |  | City             | TOULOUSE                         | Sta  | ite        | Zip Co  | de 317            |              | AME Tele                      |                   |               |               |               | *,             |
|   |  |                  |                                  |  |            | -,  |                   |              |                               |                   | 300171        | JU11          |               |                |
|   |  |                  |                                  |  |            |   |                   |              |                               |                   |               |               |               |                |

| Сору        | of FAA Form 850                           | 0-9                              |            | LL 2          | 0 Items (Excep  | ot          | For Sha                   |                 |                              | LEASE PRINT   |  |   | proved OMB I                             |                       |                  |
|-------------|---|----------------------------------|------------|---------------|---|-------------|---------------------------|-----------------|------------------------------|---|--|---|--|-----------------------|------------------|
| Form        | ical Certificate) or<br>8420-2 (Medical/S | student                          | G-         |               |   |             |                           | an Med          | lical Airman                 | Medical and   |  | 1st                                     | ⊠ 2nd                                    |                       | 3rd              |
|             | Certificate) Issued                       | CERTIFIC                         | ATE        |               |   |             | 3. Last N                 |                 | Sidder                       | First Name  |  |   | Middle Name                              |                       |                  |
|             |   |                                  |            | CEI           | RTIFICATE   |             | LE BRU                    | -               | vite Nevertor                | CLEMENT   |  |   |  |                       |                  |
| This        | certifies tha                             | t <i>(Full name a</i>            | nd add     | ress)         | :   |             |                           | _               | rity Number<br>mber / Street | 888-20-0039   |  | Telepi                                  | hone Number                              |                       |                  |
| CLE         | MENT LE BRU                               | N                                |            |               | ,   |             | -                         | VENUE           | DE TREBEHO                   | RET   | Ctoto                                      |   | 98873460                                 | )ada                  |                  |
|             | AVENUE DE T                               |                                  |            |               |   |             | City<br>PONT I            | L ABBI          | E                            |   | State/                                     | Country                                 | <b>Zip (</b><br>29                       | 120                   |                  |
| PON         | IT L ABBE, 291                            | 20                               |            |               |   |             | 6. Date o                 |                 | 11/12/1989<br>France         | 7. 0  | BROV                                       |   | BROWN                                    | 1                     | Sex<br>Male      |
| Dat         | e of Birth                                | Height Wei                       | ght        | Hair          | Eyes Sex  |             |                           |                 | man Certificate              |   | BROV                                       | VIA 1                                   | BROWN                                    | 1 10                  | laie             |
| 11          | /12/1989                                  |                                  | В          | ROW           | BROWN M   |             | XN                        |                 |                              | ☐ ATC Specialist  |  | Flight In                               |  | Recr                  |                  |
|             |   | cal standards pons, for this cla |            |               | part 67, Federal  |             |                           | omme            | ransport                     | ☐ Flight Engineer ☐ Flight Navigator                                |  | Private<br>Student                      |  | Othe                  |                  |
| Avie        | nion regulation                           | ons, for this cia                | 199 01 101 | Cuiça         | i Certificate.  |             | 11. Occu                  |                 |                              | Flight Navigator  |  | . Employ                                | er                                       |                       |                  |
| 0           |   |                                  |            |               |   | Ш           | PILOT                     |                 |                              |   |  |   |  |                       |                  |
| Limitations |   |                                  |            |               |   |             | 13. Has \                 |                 | AA Airman Me  No             | dical Certificate Ever Bee<br>If yes, give date                     | en Deni                                    | ied, Susp                               | ended, or Rev                            | oked?                 |                  |
| Ē           |   |                                  |            |               |   |             |                           |                 | e (Civilian Only             |   | 16   | . Date of                               | Last FAA Medi                            | ical App              | olication        |
|             |   |                                  |            |               |   |             | 14. To Da                 | ate             |                              | 15. Past 6 months<br>50   |  |   | 0  | No P                  | rior<br>lication |
| Dat         | of Examinat                               | ion                              | Exar       | niner'        | s Designation No.   |             | 17.a. Do                  | You C           | urrently Use A               | ny Medication (Prescript  | ion or                                     | Nonpreso                                | cription)?                               |                       |                  |
|             | Signature                                 |                                  |            |               |   | H           | X No                      | ☐ Ye            | es (If yes, belov            | w list medication(s) used a   | nd chec                                    | k approp                                |  |                       |                  |
| niner       |   |                                  |            |               |   |             |                           |                 |                              |   |  |   | <u> </u>                                 | es<br>]               | No               |
| Examiner    | Typed Name                                |                                  |            |               |   | Ш           |                           |                 |                              |   |  |   |  |                       |                  |
|             | MAN'S SIGN                                | ATURE                            |            |               |   | H           |                           |                 |                              |   |  |   |  | ]                     |                  |
|             |   |                                  |            |               |   | Ц           |                           |                 |                              | /ision Contact Lens(es) V   |  |   |  | No                    |                  |
| 18.         | Medical History<br>for every conditi      | / - HAVE YOU E on listed below.  | VER IN Y   | YOUR<br>(PLAN | LIFE BEEN DIAGNOSE<br>ATIONS box below, you   | D V         | VITH, HAD,<br>y note "PRI | , OR D<br>EVIOU | O YOU PRESE<br>ISLY REPORTE  | NTLY HAVE ANY OF THE<br>D, NO CHANGE" only if the                   | FOLLO                                      | owingan<br>mation of                    | the condition w                          | as                    |                  |
| 1           | eported on a pr                           |                                  | on for an  | airma         | n medical certificate and No Condit   | the         |                           |                 |                              |   |  | ns Page<br>No                           |  | dition                |                  |
| Yes<br>a.   |   | severe headach                   |            | Yes<br>g.     | Heart or vascular tro   |             |                           | m.              |                              | rders of any sort;  | r. 🗆                                       |   | y medical disch                          | -                     |                  |
| G. 1        | Zar request or                            |                                  |            | 9.6           | Extraction vaccular to  |             |                           |                 | depression,                  | anxiety, etc.<br>dependence or failed a                             |  |   |  |                       |                  |
| b.          | ☑ Dizziness o                             | fainting spell                   |            | h. 🔲          | ☑ High or low blood pro   | ess         | ure                       | n. 🗖            | drug test ev                 | er; or substance abuse  | s. 🔲                                       | Medic                                   | al rejection by n                        | nilitary s            | ervice           |
| c. 🗖        | ☑Unconsciou                               | sness for any rea                | ason       | i. 🗖          | ☑ Stomach, liver, or inf  | test        | inal trouble              |                 | or use of ille               | egal substance in the   | t.  Rejection for life or health insurance |   |  |                       |                  |
| d.          | ☑ Eye or visio                            | n trouble except                 | glasses    | j. 🗖          | ☑ Kidney stone or bloo  | od ir       | urine                     | 0. 🗆            | ☑ Alcohol dep                | endence or abuse  | u. 🛛 🗖 Admission to hospital               |   |  |                       |                  |
| e. 🗆        | ☑ Hay fever o                             | allergy                          |            | k. 🗆          | ☑ Diabetes  |             |                           | р. 🗆            | ☑ Suicide atte               | empt  | х. 🛛                                       | ☑ Other illness, disability, or surgery |  |                       |                  |
| f. 🔲        | X Asthma or I                             | ung disease                      |            | 1. 🗆          | Neurological disorde  | ers;        | epilepsy,                 | q. 🗆            |                              | ness requiring medication   | y.   Medical disability benefits           |   |  |                       |                  |
|             | est, Convicti                             | on, and/or Ad                    | ministr    | ative         | seizures, stroke, par<br>Action History Se  |             |                           | ns Pa           | ige                          |   |  | L                                       |  |                       |                  |
| Yes         | No History of                             | (1) any arrest(s)                | and/or c   | onvict        | ion(s) involvina drivina w  | hile        | intoxicated               | bv. w           | hile impaired by             | , or  | Yes  | No Hist                                 | ory of nontraffic                        |                       |                  |
| v. 🗖        | X while unde                              | er the influence of              | of alcoho  | orac          | drug; or (2) history of any<br>ise(s) which resulted in t<br>esulted in attendance at | / arr       | est(s), and/              | or con          | viction(s), and/o            | r   | w.   |   | viction(s)<br>sdemeanors or f            | elonies)              | ).               |
| Evi         | revocation lanations:                     | See Instruct                     |            |               | esuited in attendance at  | an          | educational               | orare           | eriabilitation proj          | grann.  | <u></u>                                    | <u> </u>                                | FOR                                      | FAA U                 | SE               |
|             |   |                                  |            | -             | x - Cyst removal surgery  | <b>/</b> .; |                           |                 |                              |   |  |   | Review                                   | Action                | Codes            |
|             |   |                                  |            |               |   |             |                           |                 |                              |   |  |   |  |                       |                  |
| 19.         | Visits to Hea                             | ilth Professio                   | nal Wit    | hin L         | ast 3 Years.  | X           | Yes (Exp                  | olain B         | elow) D N                    | o See Instructi   | ons P                                      | age                                     |  |                       |                  |
|             | Date                                      |                                  |            |               | d Type of Health Pro  |             |                           |                 | ted                          | 144 MEDION 01400  | 4  | Reaso                                   | n  |                       |                  |
| 11          | 0/30/2012                                 | DR MOUCHARI                      | D TOUL     | DUSE          | AIRPORT TOULOUSE,   | 31          | 000 PHYSI                 | CIAN            |                              | JAA MEDICAL CLASS   | 1  |   |  |                       |                  |
|             |   |                                  |            |               |   | -           |                           |                 |                              |   |  |   |  |                       |                  |
|             | - NOTIC                                   | E-                               |            |               | 20. Ap  | plic        | ant's Nat                 | ional           | Driver Regist                | ter and Certifying Dec  | laratio                                    | ns                                      |  |                       |                  |
|             | Vhoever in any ma<br>urisdiction of any d | lengtment or                     | This cons  | ent cor       | etitutes authorization for a si   | ingle       | access to th              | e inform        | nation contained in          | rtment of Motor Vehicles, to fun<br>the NDR to verify information p | provided                                   | in this appl                            | rmation pertaining<br>ication. Upon my r | to my dr<br>equest, t | iving record     |
| 8           | gency of the<br>mowingly and wil          | United States                    | make the   | informa       | ation received from the NDR   | , if a      | ny, available             | for my r        | eview and written            | comment. Authority: 23 U.S. Co                                      | ode 401,                                   | Note.                                   |  |                       |                  |
| (           | onceals or covers<br>cheme, or device     | up by any trick,                 | NC         | TE:           | ALL persons using this for<br>Certificate or Medical Cert                             |             |                           |                 |                              | does not apply unless this f  | orm is u                                   | sed as an                               | application for M                        | edical                |                  |
| (           | who makes any<br>fraudulent st            | false, fictitious                | I hereby   | certify t     | hat all statements and answe  | ers p       | rovided by m              | e on thi        | s application form           | are complete and true to the be                                     | st of my                                   | knowledge                               | e, and I agree that                      | they are t            | to be            |
| r           | epresentations, or<br>ined up to \$250,00 | entry, may be                    | considere  | ed part       | of the basis for issuance of a  | any F       | AA certificate            | e to me.        | I have also read a           | nd understand the Privacy Act                                       | stateme                                    | nt that acco                            | ompanies this form                       | •                     |                  |
| 1           | not more than 5 ye                        | ars, or both.                    | Signatu    | re of A       | pplicant / R  |             |                           |                 |                              |   |  | Date                                    | 04/00/0044                               |                       | ·                |
|             |   |                                  |            |               | the   | 2           |                           | >_              | P                            | 00544000  |  |   | 01/06/2014<br>NSN: 00                    | 52-00                 | 670-600          |
| FAA         | Form 8500-8                               | (9-08) Super                     | sedes l    | revie         | ous Edition - COPY  | -           | Confirm                   | mati            | on Numbe                     | er: 83544663  |  |   | 14014. 00                                | 0E-00-                | 5.0-000          |

no ament Applicant Exams found MatchingConfirmation Number

#### NOTE: FAA/Original Copy of the Report of Medical Examination Must be TYPED REPORT OF MEDICAL EXAMINATION Height (inches) 22 Weight 23. Statement of Demonstrated Ability (SODA) 24. SODA Serial Number NO YES **Detect Noted** HECK 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) V Sinuses 39. Antis (Not including digital examination) V. Mouth and throat 40. Skin Ears, general (Internal and external canals; Hearing under item 49) 41. G-U system (Not including pelvic examination) 1 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 V 44. Identifying body marks, scars, tattoos (size & location) 1 Pupils (Equality and reaction) 45. Lymphatics 46. Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves Ocular motility (Associated parallel movement, nystagmus) 0 Eungs and chest (Not including breast examination) 47 Psychiatric (Appearance, behavior, mood, communication, and memory 48. General systemic Heart (Precordial activity, rhythm, sounds, and murmurs) TES: 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) Record Audiometric Speech Discrimination Score Below Hearing Right Ear Left Ear Conversational pipe Test at 6 Feet 2000 3000 4000 500 1000 500 2000 1000 3000 4000 Audiometer hreshold in decibels 40 Pass 🗌 Fail ax A D Oτ Ac 10 OC **Distant Vision** 51.a. Near Vision 51.b. Intermediate Vision - 32 Inches 52. Color Vision 20/ Z.O Corrected to Right 20/20 20/ Bight 2077 Corrected to Pass 201720 20/ Corrected to Corrected to 20/ Left Left 207LC Corrected to 20/ ☐ Fail Both 20/10 20/ Z O Corrected to 20/ Both 2071 ( Corrected to 20/ Corrected to 20/ Field of Vision 54. Heterophoria 20' (in priem diopters) Esophoria Exephoria Right Hyperphoria Left Hyperphoria Normal ☐ Abnormal 56. Pulse (Resting) **Blood Pressure** 57. Urine Test (if abnormal, give results) 58. ECG (Date) Systolic I Diastolic Albumin Sugar MMDDYY Normal Abnormal ting, i of Mercury) 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: Cierical Reject NO NO ignificant Medical History T YES **Abnormal Physical Findings** YES Applicant's Name Medical Certificate Medical & Student Pilot Certificate 62. Has Been Issued -☐ 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 medical examination report. This report with any attachment embodies my findings completely and correctly. te of Examination Aviation Medical Examiner's Name Aviation Medical Examiner's Signature

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

Street Address

City

State

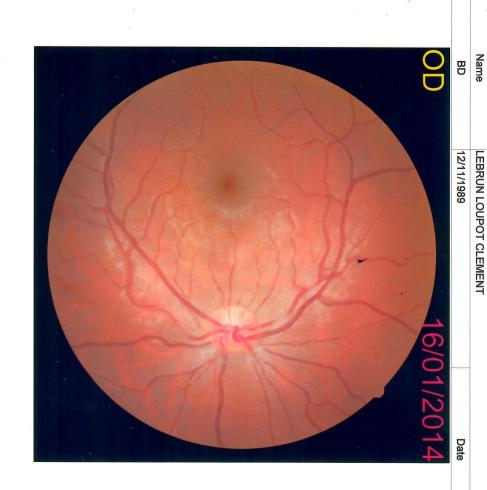
Zip Code

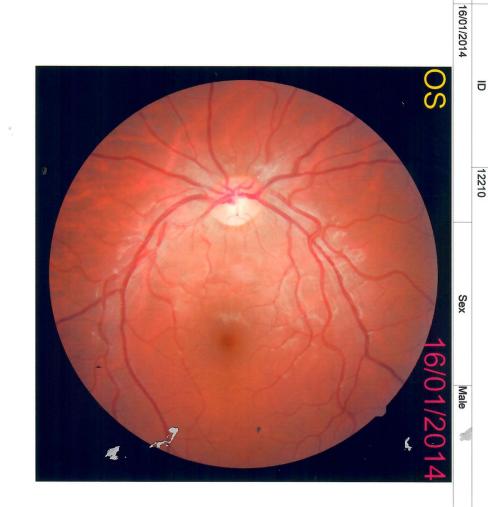
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NSN: 0052-00-670-60

AME Serial Number

AME Telephone (





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Clément LE BRUN LOUPOT