

UNITED STATES OF AMERICA
Department of Transportation
Federal Aviation Administration

MEDICAL CERTIFICATE FIRST CLASS

This certifies that (Full name and address):

CYRIL Eloi SAGNA
fann residence juste en face ambassade de chine
Dakar 5777 Senegal

Date of Birth	Height	Weight	Hair	Eyes	Sex
03/28/2003	73	141	BLACK	BLACK	M

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

Limitations

Valid for 12 months following the month examined. Must use corrective lens(es) to meet vision standards at all required distances.

Date of Examination
01/15/2025

Examiner's Designation No.
000000773

Examiner

Signature

Typed Name
Patrick Correa, MD

Patrick CORREA
Médecine Aéronautique
SN-MED-004
DGAC N°3857 - FAA-00773

AIRMAN'S SIGNATURE

Applicant ID: 2002394467

Control No.: 200011416357

FAA Form 8500-9 (3-12) Supersedes Previous Edition

NSN: 0052-00-670-7002

(Cut on dashed line)

CONDITIONS OF ISSUE

The holder of this certificate must:

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

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



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

CYRIL Eloi SAGNA
fann residence juste en face ambassade de chine
Dakar 5777 Senegal

Dear Airman:

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

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

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

UNITED STATES OF AMERICA
Department of Transportation
Federal Aviation Administration

MEDICAL CERTIFICATE FIRST CLASS

This certifies that (Full name and address):

CYRIL Eloi Caoul Emit SAGNA
235 Highbanks Boulevard Apt 311
Daytona Beach FL 32114 USA

Date of Birth	Height	Weight	Hair	Eyes	Sex
03/28/2003	72	144	BLACK	BLACK	M

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

Limitations
Must use corrective lens(es) to meet vision standards at all required distances.

Date of Examination
09/25/2023

Examiner's Designation No.
000017530

Examiner
Signature
Thomas Chambers Jr.
Typed Name
Thomas Chambers Jr. DO

AIRMAN'S SIGNATURE
[Signature]

Applicant ID: 2002394467 Control No.: 200010712260

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

(Cut on dashed line)

CONDITIONS OF ISSUE

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