



Agence Nationale de l'Aviation Civile et de la Météorologie

FORMULAIRE

SN-SEC-MED-FORM-02-A

RAPPORT D'EXAMEN MEDICAL

Date d'application : 10/06/2017

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NOM : **YATTIN WAZNI** Prénoms : **KEVIN Ryan Carlos** Date de naissance (JJ/MM/AAAA) : **08/05/1995**  
Lieu de naissance : **Dakar**

(201) Catégorie d'examen <input type="checkbox"/> Initial <input type="checkbox"/> Prorogation <input checked="" type="checkbox"/> Renouvellement <input type="checkbox"/> Recours spécial	(202) Taille cm <b>178</b>	(203) Poids kg <b>80</b>	(204) Yeux couleur <b>MARRON</b>	(205) Cheveux couleur <b>MARRON</b>	(206) Tension artérielle (assis) mmHg Systolique <b>109</b>		Diastolique <b>76</b>	(207) Pouls au repos Pulsations <b>61</b>	Rythme <input type="checkbox"/> irrégulier <input checked="" type="checkbox"/> régulier
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Examen clinique : Cochez chaque item	normal	anormal	normal	anormal
(208) Tête, face, cou, cuir chevelu	→		(218) Abdomen, hernie, foie, rate	✓
(209) Cavité bucale, gorge, dents	✓		(219) Anus, rectum (si nécessaire)	✓
(210) Nez, sinus	✓		(220) système génito-urinaire	✓
(211) Oreilles, tympan, compliance tympanique	✓		(221) Système endocrinien, thyroïde	✓
(212) Yeux- orbites et annexes, champs visuels	✓		(222) Membres supérieurs et inférieurs, articulations	✓
(213) Yeux - pupilles	✓		(223) Colonne vertébrale et appareil musculosquelettique	✓
(214) Yeux - mobilité oculaire, nystagmus	✓		(224) Examen neurologique- réflexes etc	✓
(215) Poumons, thorax, seins	✓		(225) Psychiatrie	✓
(216) Cœur	✓		(226) Peau, marque d'identification, syst. lymphatique	✓
(217) Système vasculaire	✓		(227) Etat général	✓

(228) Notes : Décrivez chaque anomalie constatée. Reportez le numéro de l'item avant chaque commentaire  
**Pilote sur coté d'Invin, Nonie sans e-... Taloce bras d'... Taloce = échica... Hock = 0 Sp...-**

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

(235) Analyse d'urine Normale  anormale

(229) (de loin à 5m/6m en dixième)

		Lunettes/Contact
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Glucose	Protéines	Sang	Autres
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Œil droit sans correction	<b>10</b>	Corrigée à	
Œil gauche sans correction	<b>10</b>	Corrigée à	
Vision binoculaire, sans correction	<b>10</b>	Corrigée à	

Rapport annexés	Non réalisé	Date	Nor mal	Anor mal
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(230) Vision intermédiaire

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

(238) ECG	<b>26/06/16</b>	✓		
(239) Audiogramme				
(240) Examen Ophtalmologique				
(241) Examen ORL				
(242) Lipides sanguins				
(243) Fonctions respiratoires				
(320) Tonométrie G :				

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

## MEDICAL CERTIFICATE FIRST CLASS AND STUDENT PILOT CERTIFICATE

**This certifies that (Full name and address):**  
 KEVIN Ryan Carlos YATTIM WAZNI  
 10542 LAXTON ST  
 ORLANDO, FL 32824

Date of Birth	Height	Weight	Hair	Eyes	Sex
08/05/1995			BLACK	BLACK	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** YATTIM WAZNI    **First Name** KEVIN    **Middle Name** Ryan Carlos

**4. Social Security Number** 801-88-8167

**5. Address**  
 10542 LAXTON ST    Telephone Number 33616840606  
 Number / Street ORLANDO FL 32824  
 City State / Country Zip Code

**6. Date of Birth** 08/05/1995    **7. Color of Hair** BLACK    **8. Color of Eyes** BLACK    **9. Sex** Male  
 Citizenship France

**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** Airline 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** 1085    **15. Past 6 months** 332    **16. Date of Last FAA Medical Application** 02/18/2025     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"/>

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

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

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

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

**18. Conviction, and/or Administrative Action History — See Instructions Page**

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	History of nontraffic conviction(s) (misdemeanors or felonies).
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**Explanations: See Instructions Page**

**FOR FAA USE**  
 Review Action Codes

**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

**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 R. 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: 02/25/2026 01:33:34 pm

Nom : ..... YATTIM .....

Prénom : ..... KEVIN .....

Date de Naissance : ..... 02/08/1995 .....

Lieu de Naissance : ..... Dakar .....

Numéro Tél. : ..... 77 13 13 145 .....

Poids : ..... 86 .....

Taille : ..... 179 .....

T.A : ..... 105-76/64 .....

Pouls : .....

Urines : ..... Gly-53 Hb: 164 .....

FL: 1

2m c

85: 20

86: 20

87: 20

IR: 20

chp 8k

Review : FILL Toss  
Mr Cot Ives

Novice SE :

- Therapist - Shy

- Health = 0

- Notes = 0

- Spill = 0

- Day : Bon.

BRB or Cell

John pr