AUDIOGRAMME

Date : 05-Mars-2026

Nom : SWAELENS

Prénom : LAURENT

Date de Naissance : 06-05-1978

O. DROITE

O. GAUCHE

UNITED STATES OF AMERICA
Department of Transportation
Federal Aviation Administration
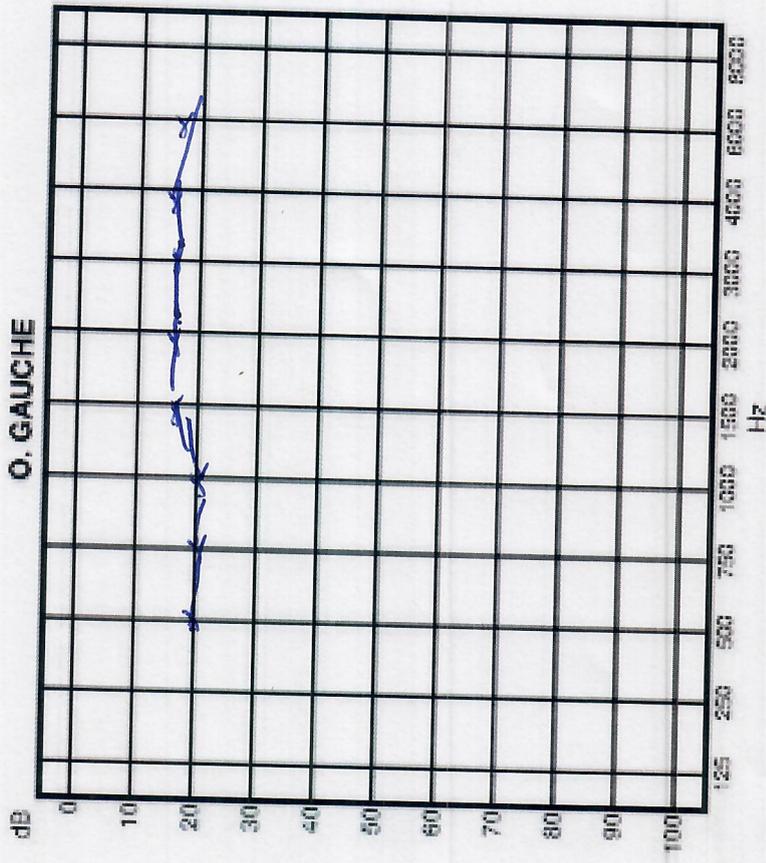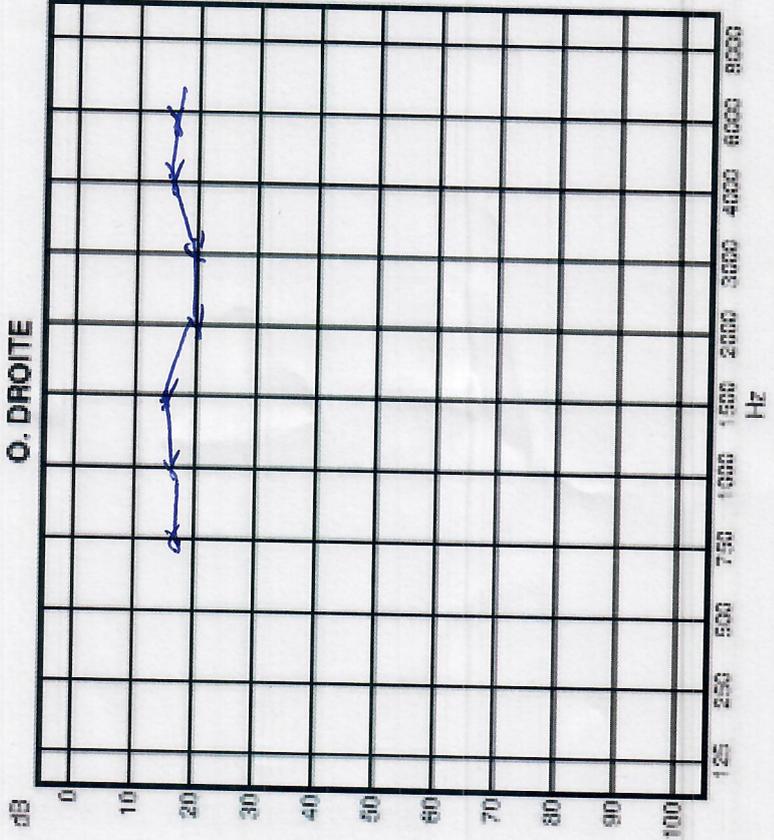
MEDICAL CERTIFICATE FIRST CLASS

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

LAURENT Robert J SWAELENS
5 Rue du Chateau d eau
Braine l Alleud   1420 Belgium

Date of Birth	Height	Weight	Hair	Eyes	Sex
05 06 1978	72	210	BROWN	BROWN	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.

Examiner

Date of Examination
09/08/2025

Examiner's Designation No.
000003475

Signature

Typed Name
Ann Lechat , MD

AIRMAN'S SIGNATURE

Applicant ID   2002542885

Control No.   200011692074

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

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.

UNITED STATES OF AMERICA
Department of Transportation
Federal Aviation Administration

MEDICAL CERTIFICATE FIRST CLASS

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

LAURENT SWAELENS
5 rue du Chateau d eau
Braine l alleud   1420 Belgium

Date of Birth	Height	Weight	Hair	Eyes	Sex
05/06/1978	72	216	BROWN	BROWN	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.

Examiner

Date of Examination
03/05/2026

Examiner's Designation No.
000000773

Signature

Typed Name
Patrick Correa , MD

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

AIRMAN'S SIGNATURE

Applicant ID: 2002542885

Control No.: 200012010560

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

NSN: 0052-00-670-7002

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CONDITIONS OF ISSUE

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(Cut on dashed line)

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

LAURENT SWAELENS
5 rue du Chateau d eau
Braine l alleud   1420 Belgium

Dear Airman:

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

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

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

Created on   Thursday, March 5, 2026

BELGIQUE BELGIË BELGIEN BELGIUM

Type / Type
Typ / Type
P

Pays émetteur / Land van afgifte
Ausstellungsland / Issuing country
BEL

N° du passeport / Paspoortnummer
Pass-Nr / Passport no
ES752676

1. Nom / Naam / Name / Surname
SWAELENS

2. Prénoms / Voornamen / Vornamen / Given names
LAURENT ROBERT J.

3. Nationalité / Nationaliteit
Staatsangehörigkeit / Nationality
BELGE

4. Date de naissance / Geboortedatum
Geburtsdatum / Date of birth
06 05 1978

5. Sexe / Geslacht
Geschlecht / Sex
M - M

6. Lieu de naissance / Geboorteplaats
Geburtsort / Place of birth
UCCLE

7. Date de délivrance / Datum van afgifte
Ausstellungsdatum / Date of issue
14 07 2021

9. Autorité / Instantie
Behörde / Authority
MONTRÉAL

8. Date d'expiration / Geldig tot
Gültig bis / Date of expiry
13 07 2028

10. Signature du titulaire / Handtekening van de houder
Unterschrift des Passinhabers / Holder's signature

P<BELSWAELENS<<LAURENT<ROBERT<J<<<<<<<<<<<<<
ES752676<3BEL7805064M2807133<<<<<<<<<<<<<<06