Applicant Must Complete ALL 20 Items (Except For Shaded Areas) PLEASE PRINT Form Approved OMB NO. 2120-0034

Copy of FAA Form 8500-9 (Medical Certificate) or FAA Form 8420-2 Medical/Student Pilot Certificate) Issued. **FF-** 2809973

MEDICAL CERTIFICATE ________ CLASS AND STUDENT PILOT CERTIFICATE

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

Date of Birth	Height	Weight	Hair	Eyes	Sex

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: [x] Airman Medical Certificate [ ] Airman Medical and Student Pilot Certificate

2. Class of Medical Certificate Applied For: [x] 1st [ ] 2nd [ ] 3rd

3. Last Name: TALON First Name: JEFFREY Middle Name: ALAN

4. Social Security Number: 299 - 54 - 7468

5. Address: 10205 ROBINSON AVE. Telephone Number (216) 883 - 0707
Number / Street
GARFIELD HTS. OHIO USA 44125
City / State / Country / Zip Code

6. Date of Birth: 10 30 1955 (MM / DD / YYYY)
Citizenship: USA

7. Color of Hair: BROWN
8. Color of Eyes: BROWN
9. Sex: M

10. Type of Airman Certificate(s) You Hold:
[ ] None [ ] ATC Specialist [x] Flight Instructor [ ] Recreational
[x] Airline Transport [x] Flight Engineer [ ] Private [x] Other, A&P
[ ] Commercial [ ] Flight Navigator [ ] Student

11. Occupation: PILOT
12. Employer: UNITED AIRLINES

13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked? [x] Yes [ ] No If yes, give date 01 24 2003 (MM / DD / YYYY)

Total Pilot Time (Civilian Only)
14. To Date: 10,000+
15. Past 6 months: ZERO

16. Date of Last FAA Medical Application: 01 24 2003 (MM / DD / YYYY) [ ] No Prior Application

17.a. Do You Currently Use Any Medication (Prescription or Nonprescription)? [x] No [ ] Yes (If yes, below list medication(s) used and check appropriate box) Previously Reported Yes / No

(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 [x] 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
a. [x]	[ ]	Frequent or severe headaches	g. [ ]	[x]	Heart or vascular trouble	m. [x]	[ ]	Mental disorders of any sort; depression, anxiety, etc.	r. [ ]	[x]	Military medical discharge
b. [x]	[ ]	Dizziness or fainting spell	h. [ ]	[x]	High or low blood pressure	n. [ ]	[x]	Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years.	s. [ ]	[x]	Medical rejection by military service
c. [x]	[ ]	Unconsciousness for any reason	i. [ ]	[x]	Stomach, liver, or intestinal trouble				t. [x]	[ ]	Rejection for life or health insurance
d. [ ]	[x]	Eye or vision trouble except glasses	j. [ ]	[x]	Kidney stone or blood in urine	o. [ ]	[x]	Alcohol dependence or abuse	u. [x]	[ ]	Admission to hospital
e. [ ]	[x]	Hay fever or allergy	k. [ ]	[x]	Diabetes	p. [ ]	[x]	Suicide attempt	x. [x]	[ ]	Other illness, disability, or surgery
f. [ ]	[x]	Asthma or lung disease	l. [ ]	[x]	Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.	q. [ ]	[x]	Motion sickness requiring medication			

Conviction and/or Administrative Action History — See Instructions Page

v. [ ] Yes [x] No — History of (1) any 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 conviction(s) 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.

w. [ ] Yes [x] No — History of nontraffic conviction(s) (misdemeanors or felonies).

Explanations: See Instructions Page
a. PREVIOUSLY REPORTED NO CHANGE
b. PREVIOUSLY REPORTED NO CHANGE
c. PREVIOUSLY REPORTED NO CHANGE
m. PREVIOUSLY REPORTED NO CHANGE
T. PREVIOUSLY REPORTED NO CHANGE
U. PREVIOUSLY REPORTED NO CHANGE
X. PREVIOUSLY REPORTED NO CHANGE

FOR FAA USE
Review Action Codes

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

Date	Name, Address, and Type of Health Professional Consulted	Reason
05-06-03	DOUGLAS S. ARNSON 3000 AUBURN DR. SUITE 130 BEACHWOOD OHIO 44122 216-464-7676	HEALTH SCAN

— NOTICE —
Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to $250,000 or imprisoned not more than 5 years, or both. (18 U.S. Code Secs. 1001; 3571).

20. Applicant's National Driver Register and Certifying Declarations

I hereby authorize the National Driver Register (NDR), through a designated State Department of Motor Vehicles, to furnish to the FAA information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR to verify information provided in this application. Upon my request, the FAA shall make the information received from the NDR, if any, available for my review and written comment. Authority: 23 U.S. Code 401, Note.

NOTE: ALL persons using this form must sign it. NDR consent, however, does not apply unless this form is used as an application for Medical Certificate or Medical Certificate and Student Pilot Certificate.

I hereby certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge, and I agree that they are to be considered part of the basis for issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.

Signature of Applicant: Jeffrey A. Talon Date: 09 20 2003 (MM / DD / YYYY)

APPLICANT COPY