

Federal Aviation Administration Civil Aerospace Medical Institute (CAMI) Aerospace Medical Certification Division P.O. Box 25082 Oklahoma City, OK 73125-9867 (405) 954-4821

MAY 08 2018

MUCK ROCK NEWS **DEPT MR 49259** 411 A HIGHLAND AVE SOMERVILLE MA 02144-2516

Ref: Stephen Craig Paddock FOIA# 2018-004187CA

Dear Mr. Phelan:

This is in response to your request of February 19, 2018, which arrived in this office on February 20, 2018, under the terms of the Freedom of Information Act (FOIA), 5 U.S.C. § 552, requesting a copy of all medical records pertaining to Stephen Craig Paddock.

The enclosed 41 pages represent the complete Federal Aviation Administration (FAA) Aerospace Medical file for Mr. Paddock.

There is no charge for this request, because the cost of process is under \$20.00.

You have the right to seek dispute resolution from the following:

FAA FOIA Public Liaison via phone (202)267-7799, email 7-AWA-ARC-FOIA@faa.gov (Subject Line: FOIA Public Liaison); or

Government Information Services (https://ogis.archives.gov) via phone (202)741-5770, toll-free 1-877-684-6448, fax (202)741-5769 or email ogis@nara.gov.

If we can be of further service, please let us know.

Sincerely,

David M. O'Brien, M.D., M.P.H.

Manager, Aerospace Medical Certification Division

Civil Aerospace Medical Institute

Enclosure

DMO/klh

PROTEIN DO REQUESTERS OF BAA MEDICALARE CORPS SE

Prior to October 1999, applications and medical examination findings were maintained in paper files as part of the FAA's Medical System of Records. In the transition to an electronic System of Records, one of three things occurred: original FAA Form 8500-8 paper records were scanned into the electronic record, limited data were migrated from other systems onto templates in the electronic system, or paper records with no significant positive findings were destroyed after 3 years in accordance with the Federal Records Act and FAA Order 1350.14B, Records Management, and are not retained in the electronic system. Application information from FAA Form 8500-8 is rendered on an electronically generated summary sheet. Because the system generates a summary sheet from electronically stored data, your record may contain a depiction of an 8500-8 application in either or both of the following formats:

- a scanned copy of the original paper FAA Form 8500-8 and/or
- an electronically generated summary of information from the original medical application form. This electronically retained information is printed on a summary sheet related to the date of the application.

It has come to the attention of the FAA that the electronically generated summary sheets for data migrated from paper records to electronic records may contain incomplete or inconsistent information due to computer programming limitations of the summary sheet templates.

Therefore, while the records provided are true copies of official FAA files, and are retained because they contain much accurate information, they may also contain discrepancies. While the data captured in the electronic files is accurate, the way it is rendered on the exam summary sheet is inconsistent and may be inaccurate for exams performed on 8500-8 form versions AA through EE (approximately 1999 and earlier time frame).

Scanned Forms 8500-8 provide accurate information. However, because it is no longer possible for the FAA to correct the affected *summary* records, requesters should verify information in those records by consulting other sources.

Applicant Must Complete A	LL 20 Items (Exce	opt For Sna	iaea /	(Lega) Prevoe Au	A CI		n Approved CMB in losi Certificate Ap	
py of FAA Form 85009 educal Currificació or FAA prim 64009 Medical Bluckint FF - 476 fot Currificació Irand	0250	1. Applicatio	n For:	Airman Medical and Skudent Pilot Cartificate	2. 61	let	<u>-</u>	3rd
am DISO-2 Mexical Ethicket	0200	3. Last Name		Student Mici Canincate First I	Name		Middle Name	
MEDICAL CERTIFICATEI	II CLASS				-		CRAIG	· .
AND STUDENT PILOT C		PADE				7 -	6197	
hie certifies that (Full name and address):	EUTINADIA -	4. Social Sec	CUTHY NO		- 8		<u> </u>	(201)
198 COLITIES After (Latt tentile ette entra entra entra		5. Address	Kaz		aphina an	minner (Stife	,,	777
TEPHEN C. PADDOCK	1	Number / Stres						
17 KESWICK		MES		17E TX	<u> </u>		7;	2120
TSOUTTE, TEXAUS 751	150	City		State /	Country	•		Zip Coda
		6. Date of B	irth co d	D9 1953	7. Col	or of Heir	8. Color of Eyes	9. Sex
Date of Birth. Height Weight H			MA	1 D 1 1 1 4 4 4	R	R	BL	M
1-09-1953 75 230 D		Citizensh					ت در	
as met the medical standards prescrit viation Regulations, for this class of M	Marinal (Marina) Pederal	10. Type of	Airmen C	tertificate(s) You Hold:	1 7			
	7	☐ None		ATC Specialist		light Instruc		JECK (181)
ATRIAN MUST WEAR (Aidine	e Transpo	rt 🖸 Flight Engineer		elavh	Clher	l
GENSES FOR HEAR VI		☐ Come	mercial	☐ Flight Navigator	Lis	tudent		
NYDECTSIN	WILINGES OF	11. Occupat	llon A2	274	12. Em	ployer 🔨	Jana	1
STES AZRMANUL COLLA	CCA'ER.	[rman Medical Certificate Eve	H Boan F			ked?
ET AIRMEDOP	•				er peedii. Byes, give	dala	shousening to tend	
1		-] Yes	SE No		ММ.	DD /YYYY	
	(4).	Total Pilot T		mn Only)	18. C		FAA Medical Ap	Dipation [
ate of Examination Examin	er's Designation No.	14. To Date		15. Past 6 months		7 00	1 000 0)	o riso
2-07-2008/	R.M R	17 a Do Vo	Cluren	tly Use May Medication (Pre			eoription)?	
Ricearchies		No M	Yes (X yes	below lest injudication(s) used and	check app	popriate box)	Previo	Naiy Reported Yes No
1. 19	·	1 3		MEDS				
Typed Name		-255	y					
DR. PAUL P. SCHORE	R. O.O. P.A.							
RMAN'S SIGNATURE		l L		(U mare spece is rec				
· Comment		17.b. Do Yo	u Ever U	se Near Vision Contact Lens	e(es) Whi	ile Flying?		No
B. Medical History — HAVE YOU EVER every condition listed below. In the EX on a previous application for an airman as No Condition Transport or severe headaches	medical certificate and there Yes No Cunditle G. Heart or vascular b	on		ur condition. See Instruction Condition Mental disorders of any sort: depression, anxiety, etc.	na Page	100 110	Condition itery medical disch	
	h. L. I High or low blood			Substance dependence or fe	iled a s	. □ Z Me	dical rejection by mi	litary service
Dizziness or fainting spell			- -	idana test ever, or substance :	abuse L	☐ Z/Rei	ection for life or hea	Ith insurance
Unconsciousness for any reason	L Stomach, liver, or i	intestinal trouble	$\sqcup \bot$	or use of illegal substance in last 2 years.				
De Eye or vision trouble except glasses	j. Kidney stone or bid	eninu ni boo	o. <u> </u>	Alcohol dependence or abus			mission to hospital	
K Hay fever or allergy	k. [] [Diabetes		p. 🗆 🗷	Suicide attempt	ļ,	k iso l⊡Oti	nor illness, disabilit	y, or surgery
	I. Neurological discr seizures, stroke, p	ders; epilepsy,	q. []	Motion sickness requiring med	ication			
Asthma or lung disease								
onviotion and/or Administrative Aution I					Т	Yes No		
es No	olving driving while intoxicate any conviotion(s) or administration, or revocation of driving	ed by, while impai trative action(s) in g privileges or y	red by, or volving ar which res	while under the influence of a content of the conte	,	w.□ ZHI CO (if	story of nontraific eviction(s) hisdemeanors or fe	lonies).
xplanations: See instructions Page	Lie David Come		-	ULBOCKY DEEMA		·	Pouls	R FAA USE w Action Codes
	N PACK TAKE	Depus	rete	Scor Princing	2.1	rent		
Crilly it imaging report as BY will your chie	was chi	מימי זעת	-	centure	\mathcal{F}^{r}	V ,	₹ •	
maping report a	a Awar	10 m	4 81	In Alina	aui	etens	ا ہ	
ملا بدادر وبراعد داله	mynit of	AL TINK	TUA.	1 charles	ul	WAA.	_	
the marting home - you	THE PARTY CAN	war [1 a	Explain E	selow) [] No	<u>,</u>	ee Instructi	ions Page	-
a. Visita to Health Professional Within L	,agr 3 years.	<u> </u>	(LADIDIT) L			Невеся		
Date Name, Addr	ese, and Type of Health Pro	JOHNSON COMP		W: 4 = 2404				
JUN OF BRUSHET	Baylon Dall	ED_/X		Kichey STOO.				
								
			-Al * "	Oriver Register and Certi	fuinc D	eclaration		
- NOTICE - Within the unidection of any department or agency of the United States on owingly and wilfully telelies, onceals or covers up by any	iby authorize the National Origination pertaining to my driving the my driving to my driving the matter provided in this control of the contr	ver Register (NDR) o record. This cor application. Upon), through neant con my raqu	n a designated State Departm stitutes authorization for a sing est, the FAA shall make the in	ent of Mo ple acces formation	s to the Info received f	rmation contained rom the NDR, if an	FAA In the NOR to y, available fo as an
trick, achema, or device a material fact, or who makes any false.	NOTE: ALL DAYBOUR UR	#10 time (C) 41 title	E + 40 MB + 100	, Note. NDR consent, however, doi leat Certificate and Student me on this application form s for issuance of any FAA ce		1.A		
or representations, or entry, may and I	agree that they are to be c	nanica this form		•				
	l agree that they are to be on cy Act statement that accomp ture of Applicant	panies this form.			<u> </u>		Dats A 4 Q	7.2008

	NOTE: FAA					ACAL EXAMINATION (BOOM					24. 80	DA Seriai I	Number
telatt (nobes)	22. Weight (pounds) [23		LIP OF TABLES	- NO		ct Noted:						
76"	230		YEB	r	Abnormal	CHECK EAC		APPROP	NATE COL	UMN		Normal	Abnorma
ECK EACH ITEM II	APPROPRIATE CO	OLUMIN		Hormal	Adnorms	37. Vaecular	evetem (P.	ee amplitude	and characte	e, arma, lega,	athera)	-	
Head, face, nack, a	nd scalp			L	 	38. Abdome						1	L
Nose .				+=-	 	39, Anus (No						10	<u> </u>
Sinuses				1	 -		Microsoft ch	aldh Guite Lathaum		•		1	<u> </u>
Mouth and throat				6	 	40. Skin 41. G-U syel	om Madinal	ution makin sa	emination)			نيا	
Eara, general (Intern	al and external canals; He	earing under	r item 49j	-	 	42. Upper a	Bit) i (MOI INC	describios of	reports and P	unce of motion	n)	1	L
Ear Drums (Perforat				<u> </u>	 -	43. Spine, o	ICI ILIMON IN	ricelulatel	and agree or the				2
Eyes, general (Visio	n under teme 50 to 54)			10		43. Spine, 0	u lei i i lueu	ada arora	tettons (SI)	e & locetion)		-	l
Ophthelmoscopic				100	 			61 NO. 62.45 N				سا	
Pupils (Equality and n	esction)			1 In	↓	46. Lympha 48. Neurolo	CS (Tendor	reflexee, equi	brium. senec	s, craniai nerv	1061	1	
Oculer motility (Ass	ociated parallel movemer	ni, myatagmu	34)	1		48, Neurolo 47, Psychia	GIC coordin	dion, etc.)		a minetion, an	d memony)	L	T
tungs and chest (Not including breast exam	ination)		10				RIOR DELIEVICIT	Model, bottl	NA AMERICA A TOTAL		ナレ	
Hoart Westerfiel acti	vity, mythm, sounds, and y abnormality in datail.	murmure)				48. Genera	systemic	al abacta if a	PC0000TV AT	d attach to	his form.		
	. •			İ	(pr	w. Ph	5۷ <i>۱،</i> ۶ میرو ۱ د د ا	S LS	5 ₁	XZ	•		
	•			0	Rus	co.					Left Ear		
	Record Audiometric Sp Disormination Score Br	eech		ייעיין	1	Right Ear						0200	4000
. Hearing	Disorimination Score Br		diometer	500	1000	2000	3000	4000	500	1000	2000	3000	1 400
Conversational Voice Test at 8 Feet	6'	1 17hr	reshold in		+							<u> </u>	<u> </u>
Pass Fall	D .		decisele La. Near V				51.b.	ntermediate	Vision -	32 Inches		52. Color	Vision
ight 20/ 25	Corrected to 20/	2-0 R	ight 20	y TO		d to 20/ 3		20/ 3	•	oted to 20/ cted to 20/			
eft 201/00	Corrected to 20/	ro la				d to 20/ -				cted in 20		Į	
Joth 20/140					Correcte					Plant Hype		Left Hy	perphor
			* ***										
n Mald of Vision	54. H	eterophor	ria 20° (m p	riem diopter	• ∟	Ecophoria		Deephor	 			T	
3. Field of Vision		eterophor	-	riem diopter				Exapnor			SA. ECC	(Date)	
Normal DA	bnomii)	58. Pulse	57. Url		abnomal, gi			Ехариог		Currer	1		Y Y Y
	bnoms)		57. Url		abnormal, gi	ve resulte)		Albumin		Sugar	M M		<u> </u>
B. Blood Pressure Systema	bic Dissolic	58. Pulse	57. Url		abnormal, gi		<u> </u>	Albumin		Sugar (->)	1		Y Y Y
B. Blood Pressure Systems.	olic Diestolic	58. Pulse	57. Url	relyels (ii	abnormal, gi	ve resulte)	<u> </u>	Albumin		Succes (->)	1		Y Y Y
B. Blood Pressure Systems.	olic Diestolic	58. Pulse	57. Url	relyels (ii	abnormal, gi	ve resulte)		Albumin		Sugar (->)	1		v v v
B. Blood Pressure System Syste	bnormal	58. Fulse (Assing) フク	57. Url	netyels (#	abnomal, gi	ve resulte)		ABURT	<u> </u>	Sugar (2)	м м	00	Y Y Y
SNormal A.B. Blood Pressure Sting. Sting. Other Teets Give	bio Dissolid	58. Pulse (Austrig) 70	57. Url	netyels (il.	abnomal, o	Abnormal	Listory and	Albumin Stop and for	<u>-</u>	Sugar (->)	м м		YYY
SNormal A.B. Blood Pressure Sting. Sting. Other Teets Give	bic Destolid	58. Pulse (Assing) 7 D	57. Url	Normal	abnormal, of	Abnormal	History see	Albumin		Sugar (->)	M M	00	V Y Y
B. Blood Pressure (System). Strong of Marcury (System). Other Teets Give the control on Hebrary of Marcury (Strong on Hebrary).	bic Destolid	58. Pulse (Assing) 7 D	57. Url	Normal	abnormal, of	Abnormal	History see	Albumin		Sugar (>)	M M	00	Y Y Y
B. Blood Pressure (System) (Sy	bic Destolid	58. Pulse (Assing) 7 D	57. Url	Normal	abnormal, of	Abnormal	History see	Albumin		Sugar (2)	M M	00	V V V
B. Blood Pressure (System). Strong of Marcury (System). Other Teets Give the control on Hebrary of Marcury (Strong on Hebrary).	bic Destolid	58. Pulse (Assing) 7 D	57. Url	Normal	abnormal, of	Abnormal	History see	Albumin		Sugar	M M	00	V V
B. Blood Pressure (System). Strong of Marcury (System). Other Teets Give the control on Hebrary of Marcury (Strong on Hebrary).	bic Destolid	58. Pulse (Assing) 7 D	57. Url	Normal	abnormal, of	Abnormal	History see	Albumin		Super (S)	M M	00	V V V
B. Blood Pressure (System). Strong of Marcury (System). Other Teets Give the control on Hebrary of Marcury (Strong on Hebrary).	bic Destolid	58. Pulse (Assing) 7 D	57. Url	Normal	abnormal, of	Abnormal	History see	Albumin		Super (3)	M M	00	Y Y Y
B. Blood Pressure (System). Strong of Marcury (System). Other Teets Give the control on Hebrary of Marcury (Strong on Hebrary).	bic Destolid	58. Pulse (Assing) 7 D	57. Url	Normal	abnormal, of	Abnormal	History see	Albumin		Super (3)	M M	00	V V V
B. Blood Pressure (System). Strong of Marcury (System). Other Teets Give the control on Hebrary of Marcury (Strong on Hebrary).	bic Destolid	58. Pulse (Assing) 7 D	57. Url	Normal	abnormal, of	Abnormal	History see	Albumin		Sugar (=)	M M	00	V V V
B. Blood Pressure (System). Strong of Marcury (System). Other Teets Give the control on Hebrary of Marcury (Strong on Hebrary).	bic Destolid	58. Pulse (Assing) 7 D	57. Url	Normal	abnormal, of	Abnormal	History sec	Albumin		Sucar (->)	M M	00	
B. Blood Pressure (System). Strong of Marcury (System). Other Teets Give the control on Hebrary of Marcury (Strong on Hebrary).	bic Dissibility Di	58. Pulse (Assing) 7 D	57. Url	Normal	abnormal, of	Abnormal	History sec	Abunda dion and for nelling.) of CT. gisty.), &r.			00	V V V
B. Blood Pressure (Systems). B. Blood Pressure (Systems). B. Other Tests Give the short on Hebrary of the short of the s	bic Disstolid O 11 D In lettery and Findings: the evernination. (Att	AME shall ch all con the shall ch all	comment substitute of the subs	Interpolate (II.	B' answers Go, X-rays Luction In the Medical etc. to this rep	History second relative to the spirit of the	abumin tion and for mailing.) which the transfer of the trans), Sr.			00	Y Y Y	
B. Blood Pressure (Systems). B. Blood Pressure (Systems). B. Other Tests Clive B. Other Tests On Hebnorments on Hebnorment findings of State of	brommal Disc Disstolid O 11 D In Sectory and Findings: the examination. (Att	AME shall port all con	S7. Url	on all YE sports, EC	8' answers Ge, X-rays MS (Abnormal Abnormal In the Medical esc. to this rep KAR C	History second before of the spirit of the s	abumin tion and for mailing.) which is a second of the control of), Sr.			00	
B. Blood Pressure (Systems). B. Blood Pressure (Systems). B. Other Tests Give the short on Hebrary of the short of the s	brommi Dic Diestolid O 11 D In Sectory and Findings: the examination. (Att	AME shall port all con	comment sukstion in Cubs	on all YE sports, EC	B' answers Go, X-rays Luctur A	In the Medical state of the reputation of the re	History sectors to the sectors of th	Abunda Son and for realing.) The control of the co), Sr.			00	Y Y Y
B. Blood Pressure (Systems). B. Blood Pressure (Systems). B. Other Tests Clive B. Other Tests On Hebnorments on Hebnorment findings of State of	bic Destolic O II O Interpretation (Attraction (Attr	AME shall port of the shall prove the	comment sukstion in Cubs	on all YE sports, EC	B' answers Go, X-rays Luctur A	In the Medical state of the reputation of the re	History sectors to the sectors of th	Abunda Son and for realing.) The control of the co), Sr.			00	
B. Blood Pressure (Systems) B. Char Teeta Give B. Char Teeta Give B. Char Teeta Give B. Comments on Habnormal findings of S. Comments on Habn	Interpretation (Alleger the examination (Alleg	AME shall shall shall shall shall shall shall shall son and shall	comment sukstion in Cubs	on all YE sports, EC	B' answers Go, X-rays Luctur A	Abnormal Abnormal In the Medical esc. to this rep KAR C	History sectors to the sectors of th	Abunda Son and for realing.) The control of the co), Sr.			00	
B. Blood Pressure (Systema, and Mercury) 30. Consments on Habnormal findings of State of the St	bic Destolic O II O Interpretation (Attraction (Attr	AME shall shall shall shall shall shall shall shall son and shall	comment sukstion in Cubs	on all YE sports, EC	B' answers Go, X-rays Luctur A	In the Medical state of the reputation of the re	History sectors to the sectors of th	Abunda Son and for realing.) The control of the co), Sr.			00	
B. Blood Pressure (Systema, and Mercury) 30. Comments on Habrormal findings of Standard Standard Significant Med \$1. Applicant's Mai	Interpretation (List by Sem numbers)	AME shall not all con	comment sukation in Cush	on all YE sports, EC	B' answers Go, X-rays A A Modk b bassed — Inted — Las	Abnormal Abnormal In the Medical etc. to this rep KAR Command Physical Continuate Deferred for ther of Deniel is	History sector to before the second sector before the sector before the second sector before the sector before the second sector before the sector before t	Abunda	YES Student Pilo	Cortificate	M M M	D D	
B. Slood Pressure (Systeman) 30. Comments on Hebrormal findings of Systeman Systema	lettery and Findings: the examination. (All forms) lettery and Findings: the examination. (All forms) leal History He Poul d Defects (Liet by Bern run	AME shall ch all con a	Gonzment sukstion in Cubs	on all YE sports, EC	B' snewers B' snewers Go, X-rays Local Au - Modk b leased - lea	In the Medical state of Denormal Physical Conference of Denical laws and the medical state of Denical laws and the medical content of Denical laws and the medical laws and the medical laws and the medical laws and the laws and t	History second before of the Spirit of the S	Abunda	YES Student Pilo	Cortificate	M M M	D D	
B. Slood Pressure (Systeman) 30. Comments on Hebrormal findings of Systeman Systema	lettery and Findings: the examination. (All forms) lettery and Findings: the examination. (All forms) leal History He Poul d Defects (Liet by Bern run	AME shall ch all con a	Gonzment sukstion in Cubs	on all YE sports, EC	B' snewers B' snewers Go, X-rays Local Au - Modk b leased - lea	In the Medical state of Denormal Physical Conference of Denical laws and the medical state of Denical laws and the medical content of Denical laws and the medical laws and the medical laws and the medical laws and the laws and t	History second before of the Spirit of the S	Albumin tion and for malling.) of C.T., grish Medical & S. (uattor) Amached)	YES Sudent Pilo	Cortificate	M M M	D D	
B. Blood Pressure (Systema) B. Blood Pressure (Systema) B. Comments on Habrormal findings of Standard Standar	letery and Findings: the examination. (Att Findings: the examination.) Control Cont	AME shall ch all con a	Goorgreen was selected in the selected in the selected in the series of	on all YE sports, EC	B' snewers B' snewers Go, X-rays Local Au - Modk b leased - lea	In the Medical state of Denormal Physical Conference of Denical laws and the medical state of Denical laws and the medical content of Denical laws and the medical laws and the medical laws and the medical laws and the laws and t	History second before of the Spirit of the S	Albumin tion and for malling.) of C.T., grish Medical & S. (uattor) Amached)	YES Sudent Pilo	Cortificate	M M M	D D	
B. Slood Pressure (Systeman) 30. Comments on Hebrormal findings of Systeman Systema	letery and Findings: the examination. (Att Findings: the examination.) Control Cont	AME shall ch all con a	Goorgreen was selected in the selected in the selected in the series of	on all YE sports, EC	B' snewers B' snewers Go, X-rays Local Au - Modk b leased - lea	In the Medical state of Denormal Physical Conference of Denical laws and the medical state of Denical laws and the medical content of Denical laws and the medical laws and the medical laws and the medical laws and the laws and t	History second before of the Spirit of the S	Albumin tion and for malling.) of C.T., grish Medical & S. (uattor) Amached)	YES Sudent Pilo	Cortificate	M M M	D D	
B. Blood Pressure (Systema) B. Blood Pressure (Systema) B. Comments on Habrormal findings of Standard Standar	letery and Findings: the examination. (Att Findings: the examination.) Control Cont	AME shall ch all con a	Goorgreen was selected in the selected in the selected in the series of	on all YE sports, EC	B' snewers B' snewers Go, X-rays Local Au - Modk b leased - lea	In the Medical state of Denormal Physical Conference of Denical laws and the medical state of Denical laws and the medical content of Denical laws and the medical laws and the medical laws and the medical laws and the laws and t	History second before of the Spirit of the S	Albumin tion and for malling.) of C.T., grish Medical & S. (uattor) Amached)	YES Sudent Pilo	Cortificate	M M M	D D	
B. Blood Pressure (Systemans) 60. Comments on Habnormal findings of Systemans and Sys	letery and Findings: the examination. (Att Findings: the examination.) Control Cont	AME shall ch all con a	Goorgreen was selected in the selected in the selected in the series of	on all YE sports, EC	B' snewers B' snewers Go, X-rays Local Au - Modk b leased - lea	In the Medical state of Denormal Physical Conference of Denical laws and the medical state of Denical laws and the medical content of Denical laws and the medical laws and the medical laws and the medical laws and the laws and t	History second before of the Spirit of the S	Albumin tion and for malling.) of C.T. grish Medical & S (uattor) Ameched)	YEB Student Pilo by examination Mea	Cortificate	M M M	D D	
B. Blood Pressure (Systeman) B. Blood Pressure (Systeman) B. Other Tests Give Comments on Hebrormal findings of Stateman Indings of B. Applicant's Mai B. Applicant's Mai B. Medical Examination report Date of Examination	istory and Findings: the examination. (Attribute of the examination of	AME shall ch all con a	Goorgreen was selected in the selected in the selected in the series of	on all YE sports, EC	B' snewers B' snewers Go, X-rays Local Au - Modk b leased - lea	In the Medical state of Denormal Physical Conference of Denical laws and the medical state of Denical laws and the medical content of Denical laws and the medical laws and the medical laws and the medical laws and the laws and t	History sectors to before the Spirit of Spirit	Albumin tion and for malling.) of C.T. grist Medical & S (uation Amached)	YES Student Pilot Walton Me	the application	NO MATERIAL	D D	lical distance of the second

Applicant Must Complete	ALL	20 Items	(Except	For Sha	ided	Area	s) <u>PLEAS</u>	E PRINT	ļ	Form	Approved OMB N	O. 2120-0034
				1. Applic	ation F	or:	1]	2. Clas	s of l	Medical Certificate	Applied For:
Copy of FAA Form 200-9 (Necleal Cartificate) of FAA Form 200-2 (Medical Statement Proc. Cartificate) is stated.	60	258		X Airm Cert	an Me	dical	Airman Medic			1st	2nd	X 3rd
MEDICAL CERTIFICATE	TH	<u>RD</u> CL	ASS	3. Last N			First STEP	Name HEN			Middle Name CRAIG	
AND STUDENT PILO	CE	RTIFICAT	E :	4. Social		ity Num		1-3313				
This certifies that (Full name and			-	5. Addres 317 KESV				Telephone Nu	mber	(31	10) 227-7094	
STEPHEN CRAIG PADOOCK				Number / S			тх				75150	
S17 KESWICK			120	City			Sta	te / Country			Zip Code	
MESOUITE, TX 75450				6. Date o	f Birth		/09/1953 M/DD/YYYY	7. Color o	of Hair		8. Color of Eyes	9. Sex
Date of Birth Height Weight	Hair		:Sex	Citizen	ship		SA	BROWN	1		BLUE	Male
	BROW		M			man Ce	rtificate(s) You H	old: Specialist	П	Fliaht	Instructor Re	creational
has met the medical standards pre Aviation Regulations, for this class	oribed oribed	in part.67, Fr ical Certificat	ederal	ı =	None Aidine	Transpo	<u> </u>	t Engineer		Privat		her
					Comm	•	· = ·	t Navigator		Stude		
Must have available glasses for	ocar yea			11. Occu	pation)		12. Empl	oyer			
Intelligible Control				NONE	Your F	AA Airr	nan Medical Cert		en De	nled,	Suspended, or Rev	oked?
					Yes		X No	If yes, give date		-	MM / DD / YYYYY	
				1		ne (Civili	an Only)	1		e of L	ast FAA Medical Ap	oplication o Prior
		Designation	No.	14. To D 850			15. Past 6 m 20		ММ	/DD/Y	<u>~~ </u>	pplication
1	280000	ar		17.a. Do	You C	urrenth Yes (#	y Use Any Medic Tyes, below list medic	ation (Prescrip cation(s) used and	otion o d check	approp	priate box). Previo	ously Reported
Signature 2				ALLERG	ستا ۷ ندو	NCATIO	Al ·					Yes No I
Typed Name				ALLERG	TWEL	JUATIO	IN .	<u></u>				
道 PAUL P. SCHORE												
AIRMAN'S SIGNATURE											instruction sheet).	
A Part of the Control				17.b. Do	You	Ever Us	e Near Vision Co	ntact Lens(es)	While	Flyin	ng? Yes	X No
18. Medical History - HAVE YOU EVER for every condition listed below. In the	FXPI	ANATIONS box	k below, you ma	av note "PF	REVIOL	JSLY RI	EPORTED, NO CI	HANGE" only if	the ex	plana	tion of the condition	was
reported on a previous application for	r an airr	nan medical ce	rtificate and the	ere has bee	n no c	hange ir	your condition.	See Instruc	tions	Page		
Yes No Condition	Yes		ondition		Yes	No	Condition		Yes	_		
a. X Frequent or severe headaches	g	X Heart or va	escular trouble		<u>"</u>	⊡ dep	ntal disorders of any stression, anxiety, etc.		r. L		Military medical discharg	
b. X Dizziness or fainting spell	h.[1 60 .	w blood pressure		<u>-</u>	X drug	stance dependence test ever, or substance se of illegal substance	nce abuse	s	, <u>((</u>	Medical rejection by mil	
c. X Unconsciousness for any reason	┸⊑		liver, or intestinal			_	2 years.		L L	يور	Rejection for life or heal	en insurance
d. X Eye or vision trouble except glasses	j. 🗵		one or blood in uri	ne	ان		ohol dependence or a	ebuse	u. X		Admission to hospital	
e.X Hay fever or allergy	k.	X Diabetes			p.		cide attempt		* LX	닏	Other illness, disability,	or surgery
f. X Asthma or lung disease	<u> </u>	. seizures لکا اد	cal disorders; epil stroke, paralysis,	etc.	q. 📙	X Mot	ion sickness requirin	g medication	<u> </u>			
Conviction and/or Administrative Yes No History of (1) any conviction(Action	History — S	ee Instructio	ns Page	aired I	av orus	aile under the		Yes	No	153-4	
Yes No History of (1) any conviction(X influence of alcohol or a drug offense(s) which resulted in	or (2) h	istory of any co	enviction(s) or a	ıdministrati	/e actio	on(s) Inv	olving an		w.[]	X	History of nontraff conviction(s) (misdemeanors or	
which resulted in attendance	at an e	ducational or a	rehabilitation p	rogram.							(IIII-20/III-aii iii iii	Karasa
Explanations: See Instructions See Form 8500-8 Continuation Sheet		ments										
					· · · · · · ·		Salawy)	No		ġ.	ee Instructions Pag	0
19. Visits to Health Professional		Last 3 Years				Explain (<u> </u>			Reason	· · · · · · · · · · · · · · · · · · ·
				J. 5301UI			-	KIDNEY S	TONE	s		
06/2007 BAYLOR HOSPI	AL DAL	D-D IN ONOL										
		···									A:	
NOTICE		1 han-b a.	the Metional	Driver Degie	tor (MD)	D\ thmus	Driver Registe	Department of M	totor Ve	hicles.	to furnish to the FAA	
Whoever in any matter within the jurisdiction of any department or agency of the United States		1-4		ina money	This cor	seent can	etiti itas si imanzsiion	mra sinole acces	53 IO U IE	3 11 II OT 1E	nation contained in the North the NDR, if any, available	IDR to ble for
knowingly and willfully faisifies, conceals or covers up by any trick,		my review an	d written commen	it. Authority: :	23 U.S.	Code 401	, Note.					
scheme, or device a material fact, or who makes any false, fictitious		l .	application fo	or Medical C	ertifical	e or Med	ical Certificate and	Student Pilot Ce	roncau	9.	his form is used as an	
or fraudulent statements or representations, or entry, may be		agree that th	ify that all stateme	ents and ansi idered part o		and and have	me on this application	n form are comple	ete and	true to	the best of my knowled and understand the Priv	ge, and I acy Act
fined up to \$250,000 or imprisoned not more than 5 years, or both.		statement th Signature of	at accompanies to of Applicant	nis form.							Date 02/07/2008	
(18 U.S. Code Secs. 1001; 3571).		Cig.iatare t									MM/DD/YYYY	

NOTE: FAA/Original Copy of the Report of Medical Examination Must be TYPED. REPORT OF MEDICAL EXAMINATION 24. SODA Serial Number 23. Statement of Demonstrated Ability (SODA) 22. Weight (pounds) 21. Height (inches) YES X NO Defect Noted: 230 76 Abnormal CHECK EACH ITEM IN APPROPRIATE COLUMN Normal CHECK EACH ITEM IN APPROPRIATE COLUMN Abnormal Normal х 37. Vascular system (Pulse, amplitude and character, arms, legs, others) Χ 25. Head, face, neck, and scalp 38. Abdomen and viscera (Including hemia) Х Х 26. Nose Х 39. Anus (Not including digital examination) Х 27. Sinuses х 40. Skin х 28. Mouth and throat Х 41. G-U system (Not including pelvic examination) 29. Ears, general (Internal and external canale; Hearing under item 49) Х X 42. Upper and lower extremities (Strength and range of motion) X 30. Ear Drums (Perforation) Х 43. Spine, other musculoskeleta X 31. Eyes, general (Vision under items 50 to 54) 44. Identifying body marks, scars, tattoos (Size & location) Х X 32. Ophthalmoscopic х 45. Lymphatics X 33. Pupils (Equality and reaction) (Tendon reflexes, equilibrium, senses, cranial nerves, X 46. Neurologic (1 encon remarks) Х 34. Ocular motility (Associated parallel movement, nystagmus) X 47. Psychiatric (Appearance, behavior, mood, communication, and memory) Х 35. Lungs and chest (Not including breast exam Y 48. General systemic X 36. Heart (Precordial activity, rhythm, sounds, and murmurs) NOTES: Describe every abnormality in detail. Enter applicable item number before each comment. Use additional sheets if necessary and attach to this form. See Form 8500-8 Continuation Sheet for Comments Left Ear Record Audiometric Speech Right Ear 49. Hearing Discrimination Score Bolow 4000 3000 1000 2000 4000 500 3000 Audiometer Threshold in 500 1000 2000 Conversational Voice Test at 6 Feet 6 decibels ☐ Fail X Pass 52. Color Vision 51.b. Intermediate Vision - 32 Inches 51.a. Near Vision 50. Distant Vision Corrected to 20/ Right 20/ 20 X Pass Corrected to 20/ Right 20/ 30 Corrected to 20/ 20/ 20 Right Corrected to 20/ 20/ 20 Corrected to 20/ Left Left 20/ 20 20/ 10 Corrected to 20/ Fail Corrected to 20/ 1 eft 20/ Both 20 20/ 20 Corrected to 20/ Both Corrected to 20/ 20/ 20 Both Right Hyperphoria Left Hyperphoria Exophoria 54. Heterophoria 20' (in prism diopters) Esophoria 53. Field of Vision X Normal Abnormal 58. ECG (Date) 56. Pulse 57. Urinalysis (if abnormal, give results) 55. Blood Pressure DD | YYYY Sugar MM | Albumin (Resting) Systolic Diastolic (Sitting X Normal Abnormal Neg Neg mm of Mercury) 190 110 70 59. Other Tests Given FOR FAA USE 60. Comments on History and Findings: AME shall comment on all "YES" answers in the Medical History section and for Pathology Codes: abnormal findings of the examination. (Attach all consultation reports, ECGs, X-rays, etc. to this report before mailing.) See Form 8500-8 Continuation Sheet for Comments Clerical Reject X NO **Abnormal Physical Findings** YES X NO Significant Medical History YES Medical & Student Pilot Certificate 62. Has Been Issued --X Medical Certificate 61. Applicant's Name No Certificate Issued - Deferred for Further Evaluation STEPHEN CRAIG PADDOCK Has Been Denied - Letter of Denial Issued (Copy Attached) 63. Disqualifying Defects (List by item number) 64. Medical Examiner's Declaration - I hereby certify that I have personally reviewed the medical history and personally examined the applicant named on this medical examination report. This report with any attachment embodies my findings completely and correctly Aviation Medical Examiner's Signature Aviation Medical Examiner's Name Date of Examination

FAA Form 8500-8 (3-99) Supersedes Previous Edition - COPY

DD YYYY

02/07/2008

MM

PAUL P. SCHORR

1324 N. GALLOWAY AVE, STE. 105

State TX

Street Address

City MESQUITE

NSN: 0052-00-670-6002

000008531

(972) 216-4900

AME Serial Number

AME Telephone

Zip Code 75149

Applicant Name:

STEPHEN CRAIG PADDOCK

Applicant MID:

200003727086

Transmitted to FAA:

03/21/2008 09:10:55 am

No

17.a.Medications (From page 1):

Previously Reported

Medication

Yes

Х

ALLERGY MEDICATION :

18. Explanations (From page 1):

18E ALLERGY 18J UROLOGIST 18U KIDNEY STONES 18X SURGERY

18e: ALLERGY 18j: UROLOGIST 18u: KIDNEY STONES 18x: SURGERY

19. Visits to Health Professional Within Last 3 Years. (From page 1):

06/2007 BAYLOR HOSPITAL KIDNEY STONES

DALLAS TX UROLOGIST

25 - 48. Notes (From page 2):

43: PREVIOUS PH SURGERY L5/S1 TIMES TWO, LEFT KNEE SCAR, LUMBO-SACRAL SCAR AND APPENDECTOMY SCAR

59. Other Tests Given (From page 2)

60. Comments on History and Findings (From page 2)

17a: ALLERGIES 18e: ALLERGY 18j: POSITIVE FOR KIDNEY STONES 18u: KIDNEY STONES 18x: LUMBO-SACRAL SURGERY AND APPENDECTOMY SURGERY. 19: UROLOGIST FOR KIDNEY STONES 43: PREVIOUS PH SURGERY L5/S1 TIMES TWO, LEFT KNEE SCAR, LUMBO-SACRAL SCAR AND APPENDECTOMY SCAR 55: HIGH WHEN CHECK IN THE OFFICE.

Cap Country Cap Country Cap Ca	3rd O94 1150 Zin Gode 9. Sex
3. Last Name First Name Middle Name First Name Firs	O94 The Code S. Sex
Social Security Number 5. Address Telephone Number (3/0) 2-7 Number / Street A dicreas Telephone Number (3/0) 2-7 Number / Street Cay Street / Country a. Date of Birth 0 9 953 7. Color of Hetr 8. Color of Eyes Citizenship 10. Type of Alman Certificate(s) You Hold: No Amail of Birth 1 10 10 10 10 10 10 10	Zip Code 9. Sex
# Social Security Number Social Security Number Social Security Number Social Security Number State State State Social Security Number State Stat	Zip Code 9. Sex
Author / Street S	Zip Code 9. Sex
Cay Street Cay Total Pillont Cay	Zin Code 9. Sex Monal
Cay State / Country B. Date of Birth Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	Zin Code 9. Sex Monal
Bellow First Property Color of Hair See See See See See See See See See Se	9. Sex
Citizenship 10. Type of Alman Certificate (a) You Hold: None	Manal
Date of Enginification Date of Engineeric Date of Engin	onal
None	
Airline Transport Flight Regineer Private Other	 -
Commercial Flight Navigator Student	<u></u>
13. Has Your FAA-Alman Medical Certificate Ever Bean Denied, Suspended, or Revolution of Suspended, or Revolution	id?
13. Has Your FAA-Alman Medical Certificate Ever Bean Denied, Suspended, or Revolution in the Control of the Con	id?
Total Prior Time (Civilian Only) 15. Past 6 months 15. Past	746
Total Prior Time (Cvitan Only) 16. Date of Least FAA Medical Appl 17. Date of Enginifiation 18. Total Prior Time (Cvitan Only) 19. Date of Enginifiation _	
Date of Examination Examination No. 14. To Date 15. Past 6 months 12 20 1 20 No.	antion
17.a. Do You Currently Use Stry Medication (Prescription or Nonprescription)?	Prior
No Di Yes (if we polow list medication(s) used and check sprong that bow).	plication
PERSONAL PROPERTY OF THE PROPE	Neporte
A	
ARMAN STATE AND	1 17
17.b. Do You Ever Use Near Vision Contact Lens(se) While Flying? Yes III N	
18. Medical History — HAVE YOU EVER IN YOUR LIFE BEEN DIAGNOSED WITH, HAD, OR DO YOU PRESENTLY HAVE ANY OF THE FOLLOWING? Answer 'yes' every condition listed below. In the PXFLANATIONS box below, you may note 'PREVIOUSLY REPORTED, NO CHANGE' only if the explanation of the cundition we on a primar medical circlificate and there has been no change in your condition. See Instructions Page Yes No Condition Yes	
Crug test ever, or substance abuse	<u> </u>
est 2 years.	TOTABLES
	w surgery
and triggs, struke, paralysis, stc.	
Conviction and/or Administrative Action History — See Indirigations Page Ves No.	
Yes No Yes No History of (1) any conviction(s) involving this introduction of a drug; or (2) history of any conviction(s) or administrative action(s) involving arroffensis(s) which resulted in attendance by any conviction(s) or administrative action(s) involving arroffensis(s) which resulted in attendance by any conviction(s) or expectation of driving privileges or which resulted in attendance by any conviction(s) (medemeanors or release the property of	88).
	AATUBE .
appendentes con municipal reported	stion Codes
month report ac chlorismeton (contruse)	
advised min 48h for filling o purceases	
11 this there can use clarities claving or allegra.	<u> </u>
19. Visits to Health Professional Within Last 3 Years.	
, and a second	
Jud Of FAMOUNT BOYLON DALLAS TV. Kithey 5,000	1, .
- NOTICE - Whoever in any matter within the jurisdiction of any department of the National Driver Register (NDR), through a designated State Department of Motor Vehicles, to furnish to the FAA agency of the United States strongly and willfully state states, the strongly state states and written comment. Authority: 23 U.S. Code 401, Note. NOTE: ALL persons using the form must sign it. NDR consent, however, does not apply unless the form is used as a application for Medical Certificate or Medical Certificate and Student Pilot Certificate. Thereby certify that all statements and answers provided by me on this application form are complete and true to the bost of my k of the statement stateme	in soudodas
Whoever in any matter within the lurisdiction of any dependent or a single access to the information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the information provided in this application. Upon my request, the FAA shall make the information access to the information contained in the information or driving information provided in this application. Upon my request, the FAA shall make the information contained in the NDR, it any, at the content, however, does not apply unless this form is used as a application of the MDR. It are the content in the NDR. It are the content in the NDR is a special or formation and the normation and th	in soudodas

eringerer som over	ggreene in the logical		REPO	RT OF ME	OCAL EXAMIN	ATION		,	3.00	7.0		
. Heightenbee			itement of Dem				₹.		~*	24.8	IODA Serial	Mumber
	1230			NO		ct Noted:	Coast .			<u></u>	3,40	110
ECK EACH ITEM		COLUMN	Normal .	Abnormal							Normal	Abnorm
. Head, face, neck,		 	- L		37. Vascular t				soler, erme, le	ge, otnerel	+ 5	ļ —
Nose's	हें कि	<u> </u>			38. Abdomen						+	├
Sinuses	·				39. Anus (Not	including dig	itte errume	zionj			1-1-	┼
Mouth and throat				-	40. Skin 1	(CT) (Mark Inch	udan sahin					
: Ears, general (nur Ear Drums (Perloss		A LIBERT OF STREET STREET		 	42. Upper an					Hon) -		
. Eyes, general (vak		, 		 	43. Spine. oth				S similar on mon	inaly .		1
. Ophthalmoscopic		} 	-	 	44. Identifying			tations :	Size & Incetior	ni	<u> </u>	1
Publis (Equality and I			U	-	45. Lymphati	CS				tarents	E THE STATE OF	7018
Ocular motility (An		nent mysteamus)	-		46. Neurolog	e (Tendon	refleres, eq.	Herium, ser	ace, crimini ni	97V96,	1	
Lungs and chest p			:	T .	47. Peychiatri						<u>۱</u>	· .
Heart (Precorde) act	Mey, rhythm, sounds, ar	nd mumum)			48. General a	yatemic					7	
TEB: Describe even	y abnomality in deta	all. Enter applicabl										1
	্বিক্তি ১৯১১ - ১৯১১ - ১৯ ১৯১১ - ১৯১১ - ১৯		~~~	ا ا	D Kr	س ج ^ا ا ک د د	er.		<u> </u>	CC	Pγ	
Hearing	Record Audiometric & Objectministion Score I	peech	1 0 7	731	Right Ear					Left Ear		
	Unicrimination Score (er 500	1000	2000	3000	4000	500	1000	:2000	3000	4000
Conversational pice Test at 8 Feet	60	Audiomete Threshold i decibels	in	1000	FEUJU		4020	300	1	- 5370		7,000
Pass Fail Distant Vision		S1.g. Net				1 70 5 100		Malaa	32 Inches	ا	53, Color VI	
·	Corrected to 20/	Right Left	20/ 2.4 C	orreated		Right Left		Corre	cted to 20, cted to 20,	,	□ Pe	
th 20/ 143 Field of Vision	Corrected to 20/	A .	20/ 2.5 C 20/ 2-0 C	orrected orrected	to 20/ 0	, -	20/ 20	Corre		t Lagrana		1
oth 20/ 43 Pield of Vielon Normal Ab	Corrected to 20/ 84. H	Left Both leterophoria 20° 6	20/ 2.5 C 20/ 2-0 C	orrected orrected	to 20/ 2.0 to 20/ 2.0 Reophoria	Left	20/ 20 20/ 2	Corre	cted to 20, cted to 20,	t Lagrana	Left Hype	1
oth 20/ 40 . Pield of Vielon Normal Ab . Blood Pressure [Systol	Corrected to 20/ 84. H	Left Bath leteraphoria 20° a	20/ Z C 20/ C C In priem dioptere)	orrected orrected	to 20/ 2.0 to 20/ 2.0 Reophoria	Left	20/ 20 20/ 2	Corre	cted to 20, cted to 20,	/ / erphoris :	Left Hype	rphéria
th 20/ 45 Pield of Vielon Normal Ab Blood Pressure Systol	Corrected to 20/ 84. H	Left Bath leteraphoria 20' (Figure 57, 1)	20/ Z C 20/ C C In priem dioptere)	orrected orrected ornel, give	to 20/ 2.0 to 20/ 2.0 Reophoria	Left	20/ 20 20/ 2	Corre	cred to 20, rated to 20, Right Hype	/ Michaels Sales ECG	Left Hype (Date)	rphéria
th 20/ 45 Pield of Vielon Normal Ab Blood Pressure Syetci	Corrected to 20/ 84. Honormal io Dissitolid	Left Bath leteraphoria 20' (Figure 57, 1)	20/ 20 C 20/ 0 C In prism diopters)	orrected orrected ornel, give	to 20/ 2.0 to 20/ 2.0 ···Reophoria	Left	20/ 20 20/ 2	Corre	cred to 20, rated to 20, Right Hype	/ Michaels Sales ECG	Left Hype (Date)	il erphoria
oth 20/ 40 Pleid of Vision Normal Ab Blood Pressure Systor In of Mercury)	Corrected to 20/ 84. Honormal io Dissitolid	Left Bath leteraphoria 20' (Figure 57, 1)	20/ 20 C 20/ 0 C In prism diopters)	orrected orrected ornel, give	to 20/ 2.0 to 20/ 2.0 ···Reophoria	Left	20/ 20 20/ 2	Corre	cred to 20, rated to 20, Right Hype	/ Michaels Sales ECG	Left Hype (Date)	rphéria
oth 20/ Les Pield of Vielon Normal Ab Blood Pressure Systol n of Mercury Other Testa Given	Corrected to 20/ 54. Horrormal	Left Both leterophoria 20° 6 57. University of the Control of the	20/ 2-0 C 20/ 2-0 C In priem dioptere) Urbreitywie (if atin	orrected orrected	to 20/ 2d to 20/ 2d Esopheria	Left Both	20/ 20/ 2 20/ 2 Exophoris	Corre	cred to 20, rated to 20, Right Hype	/ Michaels Sales ECG	Left Hype (Date)	il erphoria
th 20/ Lts Pleid of Vielon Normel Ab Blood Pressure Systol of Mercury Q Other Tests Given	Corrected to 20/ Promal B4. H Promal C Disabolic O 11 D Rocy and Findings: se examination. (Atta	Left Left Both teterapheria 90 o Se. Pulse (Resting) AME shall commends all consultation S. Fully AME Shall commends all consultation S. Fully	20/ 2-0 C 20/ 2-0 C In priem diopters) Uninetyrele (if alim El Normal Int on all "YES" a neports, ECGs,	orrected orr	to 20/ 20 to 20/ 2.0 Epophoris Pesulta) Abriormal the Medical Hist., to this report to	Both A A A A A A A A A A A A A	20/ 20/ 2 Brophoris burght and for ing.)	Corre	color to 20, cred to 20, Fight Hyper Buon	orphoris Si. RGG M M	Left Hype (Date)	il Irphóda / Y Y
th 20/ L/3 Field of Vielon Normel Ab Blood Pressure Systol find of Mercury Other Tests Given	Corrected to 20/ Prormal C Disabolid O 11 D Rory and Findings: Se examination (Attention (Attent	AME shall comme on all consultation by the consultation of the con	20/ 2-0 C 20/ 2-0 C In priam dioptora) Uninatyrale (if acin EL Normal) Int on all "YES" a 1 reports, ECGs, VALUE S. S. S. M	orrected corrected correct	to 20/ - C to 20/ - 2.ci - Eeophoris - Eeophoris - Abnormal - to this report to this report to the control of t	Both A A Orysection orysection mail	20/ 20/ 2 Brophoris burght and for ing.)	Corre	color to 20, cred to 20, Fight Hyper Buon	orphoris Si. RGG M M	Left Hype (Date)	il Erphéda
th 20/ Lts Pleid of Vielon Normel Ab Blood Pressure Systol of Mercury Q Other Tests Given	Corrected to 20/ Prormal C Disabolid O 11 D Rory and Findings: Se examination (Attention (Attent	AME shall comme on all consultation by the consultation of the con	20/ 2-0 C 20/ 2-0 C In priam dioptora) Uninatyrale (if acin EL Normal) Int on all "YES" a 1 reports, ECGs, VALUE S. S. S. M	orrected corrected correct	to 20/ - C to 20/ - 2.ci - Eeophoris - Eeophoris - Abnormal - to this report to this report to the control of t	Both A A Orysection orysection mail	20/ 20/ 2 Brophoris burght and for ing.)	Corre	color to 20, cred to 20, Fight Hyper Buon	orphoris Si. RGG M M	Left Hype (Date)	il Irphória
th 20/ L/3 Field of Vielon Normel Ab Blood Pressure Systol find of Mercury Other Tests Given	Corrected to 20/ B4. Horomal Co Disabolid O 11 D Cory and Findings: Se examination (Attention (Atte	AME shall comme on all consultation by Stube	20/ 2-0 C 20/ 2-0 C In priam dioptora) Uninatyrale (if acin EL Normal) Int on all "YES" a 1 reports, ECGs, VALUE S. S. S. M	orrected orr	to 20/ - C to 20/ - 2.ci - Eeophoris - Eeophoris - Abnormal - to this report to this report to the control of t	Both A A Orysection orysection mail	20/ 20/ 2 Brophoris burght and for ing.)	Corre	color to 20, cred to 20, Fight Hyper Buon	orphoris Si. RGG M M	Left Hype (Date)	il erphoria
th 20/ Los Pield of Vielon Normel Ab Blood Preseure Systol for Mercury Other Tests Given Comments on His normal Indings of the	Corrected to 20/ Prormal So Deskold O 11 Q tory and Findings: se examination (Alto	AME shall commends all consultations by the first commends all consultations by the first commends all consultations by the first consultation by th	20/20 C 20/20 C In priam diopters) Uninetypie (if abin ELNormal) Int on all 'YES' a 1 reports, ECGs, Autual orrected orr	to 20/ 20 to 20/ 2.0 Epophoris Presults) Abnormal the Medical Hist. to this report to the report to	Both A A Ory sector mall Pinni Alog	20/ 24 20/ 2 Exephoris	Corre	color to 20, cred to 20, Fight Hyper Buon	orphoris Si. RGG M M	Left Hype (Date)	il Irphóda / Y Y	
Pield of Vielon Normal Ab Blood Pressure Byetol for Other Tests Given Comments on His	Corrected to 20/ Prormal So Deskold O 11 Q tory and Findings: se examination (Alto	AME shall commends and the shall consultation by the shall consult by the shall consultation be shall consultation by the shall consultation be shall consultation be shall consultation by the shall consultation be shall consultation by the shall consultation be shall consultati	20/ 2-0 C 20/ 2-0 C In priem diopters) Urbrestyrele (if alim EL Normal Int on all "YES" a In reports, ECGs, ALLI S. S. S. M. D. W. LL S. S. M. INO	orrected orr	to 20/ 20 to 20/ 2.0 Epophoris Resulta) Abriormal the Medical Hist., to this report to the report	Left Both All ory sectors mall private privat	20/ 24 20/ 2 Exceptorion	Corre	Color to 20, color	orphoris Si. RGG M M	Left Hype (Date)	il Irphóda / Y Y
Pield of Vielon Normal Ab Blood Pressure Byetol for Mercury Other Tests Given Comments on His normal findings of the	Corrected to 20/ Prormal So Deskold O 11 Q tory and Findings: se examination (Alto	AME shall commends all consultation by the factor of the f	20/20 C 20/20 C In priam diopters) Uninetypie (if abin ELNormal) Int on all 'YES' a 1 reports, ECGs, Autual orrected orr	to 20/ 20 to 20/ 2.0 Epophoris results) Abnormal the Medical Hist to this report to the report	Definitions New York New York	and for ing.)	Corre	Color to 20, color	orphoris Si. RGG M M	Left Hype (Date)	il Erphéda	
Pield of Vielon Normal Ab Biood Pressure Systol find of Mercury Other Tests Given Comments on His normal findings of the Comments of the His normal findings of the Comments of the His normal findings of the Commen	Corrected to 20/ Prormal St. H Prormal Co. Disabolic O. 11 D Rory and Findings: In examination. (Alto Alto In this correct Pond d p	AME shall commend all consultation by Study	20/ 2-0 C 20/ 2-0 C In priem diopters) Uninatyre (if atin INormal S. (S. M) S. (S. M) INO In liaused - II Certificate take	orrected orr	to 20/ 20 to 20/ 2.0 Epophoris results) Abnormal the Medical Hist to this report to the report	Definitions New York New York	and for ing.)	Corre	Color to 20, color	orphoris Si. RGG M M	Left Hype (Date)	erphoria X Y
History Les Blood Presente Systol Professor Land Presente Systol Professor Land Presente Systol Professor Land Presente Systol Professor Land Land Land Land Land Land Land Land	Corrected to 20/ Prormal SA. Horomal To Disabolic O 11 D Rory and Findings: Is assumination. (Atta FR) And	AME shall commend all consultation by Shall	20/ 2-0 C 20/ 2-0 C In prism diopters) Uninatyre (if stin Normal Int on all YES' a In reports, ECGs, NAME S. (S. 1) NO In leaved — Certificatio leave Been Denied	Abnor Medical Contractor or reviewed	to 20/ 20 to 20/ 2.0 Epophoris results) Abnormal the Medical Hist to this report to the report	Deft Both All Social Copy Section (Copy Attack	20/ 20/ 2 Exceptorist	Corres Corres Sent Pilot (Stoff Software Software Software Software	Prpharis Si. EGG M M nerned on t	Left Hype Demi	erphoria X Y
Pield of Vielon Normal Ab Blood Pressure Systol Ind. Of Mercury Q Other Tests Given Comments on File comal findings of the Comments and File Comments and Fi	Corrected to 20/ Prormal SA. Horomal To Disabolic O 11 D Rory and Findings: Is assumination. (Atta FR) And	AME shall commend all consultation by the shall commend all consultation by the shall commend all consultation by the shall consult by the shall consultation by the shall con	20/ 2-0 C 20/ 2-0 C In prism diopters) Uninatyre (if stin Normal Int on all YES' a In reports, ECGs, NAME S. (S. 1) NO In leaved — Certificatio leave Been Denied	Abnor Medical Contractor or reviewed	to 20/ 20 to 20/ 2.0 Epophoris results) Abnormal the Medical Hist to this report to the report	Deft Both All Social Copy Section (Copy Attack	20/ 20/ 2 Exceptorist	Corres Corres Sent Pilot (Control to 20, color to 20, col	Prpharis Si. EGG M M nerned on t	Left Hype Demi	erphoda X Y

A Form \$500-6 (3-96) Supersedee Pr

ADDRESS LOUDING	He ALL 20 Herre!		d Areas) PLEASE R	FINT: Porm Approved Chill NO. 81
		A Papellantion Pro	Airman Medical and	2. Climb of Medical Cartificate Applies
		~ in Cortifolity	Student Pilot Gertiflox	
		3. Lest Name		it Name Middle Name
		ADDO	CX STEPH	€N CRAIG
		4. Bodiel Decurity		86 -6197
		5. Address	٦ س	Telephone Number (タル) ・シェウー フロロ
		Number / Syset	But C K	
		MESC	VITE T	X 7513
		Caty		/ Country Zb C
		8. Date of Birth C	1291 PO P	7. Color of Hair 8. Color of Eyes 19. 3
		· J	<u> </u>	
		Citizenship		BR BL N
		a line also	n Certificate(s) You Hold:	La company of the second second
		.	ATC Specialist	Flight instructor Precreational
		Aktine Trans	` .	Private Other
		Commercia	Flight Navigator	☐ Student.
		11. Occupation	عوره و	12. Employer Nana
				or Been Denied, Buspandad, or Ravoked?
		□Ven	. (CT)	N yes, give date
		A Total Pilot Time (C		MM_/ DD /YYYY
		14. To Date	idlan Only) 15. Peet 8 months	16. Date of Last FAA Medical Application
		350		WAR DESCRIPTION APPROACH
		17.a. Do You Cum	Hediostion (Pre	accident to a Money Windson ! *
			na) below hat medication(s) used and	Principality South
		ALLERGE	MEDS &	
			(If the Speed by the	ie 17. a. on the instruction affect.)
	* A C C C C C C C C C C C C C C C C C C	17.5; Do You Ever	Jes Maer Vision Compet De	Nes) Wille Flying? Yes A No
8. Medical Mistery + HAVE YOURS	VER IN YOUR LIFE BEEN DIA	GINORED WITH, HAD, OR D	DAYO BREBENTLY HAR AND	Y OF THE FOLLOWING? Analyse "yes" or "no rily it the explanation of the condition was repr to Proge
avery condition listed below. In the	A PXPLANATIONS box below,	you may note PREVIOUS	MEPOLICED, NO CHANGE OF	nly if the explanation of the condition was repr
featible: skipped the Good Bleft	Ves No Cond		andidon	
Frequent or severe headaches				r. [2] Affiliary medical discharge
☐ Z Dizzinese Of talffilling stool	h. 🔲 🗷 High or low bloc		Training department of the	
			drug test ever, or substance at or use of lilegal substance in it	ouse a Medical rejection by military salv
Licondolousness for any reced			MAIL IS YOUR B.	· /
E Z Eye ar vision trouble sucer's girllan	ice - J. (A) Kidney atono	tolor (invine 👉 o. 🗆	Alcohol depandence or abuse	u. 🖾 Machinistors to itoasifiat
Hay fever or allergy	k. 🗆 🗷 Dhan 😘	LA TOP	Suicide attempt	x. Idi Other limees, cleability, or surg
☐ ☑ Asthma or lung disease			Motion sideness requiring medic	
nerotalida aridras Administrativo Antic		(Brids) (Pige) (Brids)	· Britanni (mfrii) (f. 1180)	
The Annual Continues of Ville	on Harting - Small (miles otto)	6 Page		
Harry of (1) any complete	involving district to introder	tted by, while impaired by A	witterunder the influence of	Yes Below Grant and
History of (1) any complete alebnol or a drug; or (2) in the dental, ausbension, described and descr	involving distance like intodes of any convious at or admini tion, or revocation of drive	strative action(a) shivelying ar	willie under the influence of office (c) willch required in visited in attendance at any	w. L. History of contrasto conviction (a) (mace meetrors or telling less-
the denial ausperator, con- equiational or a set is liable or	The second of the	A Principle of Miles in	MOUNT EMBRICATION AT BUY	fittimedia or said less
plenitions the later and the	RACK DO		Action Co. 15	
	Marie Land Bar William	a second	Carlo Carlo	(A) (A) (A)
	an who chi	מאראו	Cara X III and The	11 dans
Mary Com	o due	ed mix 431	J. X. T.A.	217
MY TAME OF CL	HOIY MATERICAN	W more 43kg		
: Visite to Health Professional Wilhin		un clarities		elligra.
N TO PROPERTY OF THE PARTY OF T	3	Yes (Explain Be	low) INe	See Instructions Page
· · · · · · · · · · · · · · · · · · ·		ofesional Consulted		Regon
THE OF PARAMET	Daylon Dell	14 TE	Kichey STORE	
	•			al oliver interior
- NOTICE -	20	. Applicant's National Di	iver Register and Certifyle	ng Declarations
rediction of eny department and it has	reby authorize the National Dri	ver Register (NDR), Primugh	designated State Department	of Motor Vahicles; to furnish to the FAA
landy of the runted Switch Well	y finormation provided in this	SCHOOL CANDEL WAS LEADING	tupe numbers as single; the PAA shall make the inform	SCORE to the Injuritation contained in the NICE mation received from the NICE Blaim, evaluate
Lough or consist rib ph sun !	Willer comment A	LATIONAY: 28'U.S: Cade 401, 1	icts.	The state of the s
ok, scheme, or device a ministel	application for t	ing ine rum must sign it. N fedical Certificate or Médic	um consent, nowskie, dobali al Carlinoste shii Shidan Pili	ng Declarations of Monte to the FAA access to the first first first first first to the first first first to the first to the first first to the first first first first to the first
ot, or who makes any false, discuss or fraudulent statements. I her	rathy cartify that all elektronania	and answers provided by n	a contra application form and	Complete and true to the heat of my brouder
THE PROPERTY OF A PARTY AND A PARTY.	sand the same and the same of			
fined up to \$250,000 or Prive	agree that they are to be po	our Belle Open of the basis	or januance of any FAA castillo	and to me. I have also read and understand
CONTROL FOR HILLY THE DAMES AND ADDRESS.		oriside this form.	of garance of any FAA certific	company and true to the best of my knowled calls to me. I have also read and understand
protection that though kinds 5 Appear	agree (full they are to the person of the person of Apparatus.)	origination of the basis in the basis in the basis in the form.	or japuancia of any FAA cariffic	Ben d d o wine
STREET OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PARTY.	MICHARD REPORT	ordered pair of the basis	or jaguantia of any FAA cauthle	Been WW B D YY

THE PROPERTY OF THE PROPERTY O	HE PO	i Ca		CATO			To grade	The Street	2 100	Part Of
	ement of Dem				Ċ.		-	24,1	900A	dignist.
76 March 230 anish e 1		-QNO		ect Notes			44	- 1 - 1 - 1 - 1 - 1 - 1		Ciclen
CHECK EASH FROM IN APPROPRIATE COLUMN "	A Morrael	Marejai	OHICK EA						Homes	Absormal
25. Head, fata, fiech, grit scalp 👌 🔀	- Jim	mel di	37. Venocka	system :	Pulse amplia	de and chan	salan erma H	ga; ciriere)		
28 None C Professional Control of the Control of th	7.		38. Abdome	in and vie	OBTE (Including	g hemini		<u> </u>	1	
27:-Sinuses -			39. Artus (No	including	digital executor	dan)			10	
28. Mouthgand throat	6	1.1.5	40.8km	;					4	
29/169re; general internal and external consist Historia withis land 4	9 L	1	41. G-U aye	terri (Not ir	ciuding pelvio	enemination	<u> </u>		16	1
30. Es Drum Periodes	_ ب		42 Lipper 9	nil lower	extremities	Birength an	runge of mo	eteur)		-
31. Eyes, general (Milon grideritaria 60 to 84).	1 30	-	43. Spine, 0	ther must	ciloskeleta					2
32. Carribal moscopig	-	-ننبط	44: Identiye	ng body i	nerios, scer	, teltoce :	iter & konsid	10	ter itses an	9 02 653
SS. Pupil's (Equality and reaction) (19)	124	\$90° No. 1	45. Lympha	iica			<u> تهجيات</u>		H D S	יי חומי בי
34. Octobe (ficially) (Alexandria) philified inflorent strik, mystagerally	- 11		46. Naurolo	Or Miles	1 (man)	MONUTE N	(PES), (PEE) (P		" "	
35. Lunga and tiffeist plot including behild adulated on the second	3 - 12 67	150.05	47. Paychla			r, moud, cal	(mpunication,	end memory)	10	
36. Height (Procorded activity, strythm, solution, and sturmine)			48. General						10	1 44
NOTES: Describe every abnormality in details finish applicable	Itam number t	perore each	oomment, Us	e scillion	ini sheets if i	ecateary	and attach 1	io this form.		! ;]
Properties to been appeal through the spice u.s.		$\mathbf{p}_{\mathbf{A}}$	41	· 🚓			•			~ ·
A the state		*/~	Z 1/V	13 VI	!\ L.	5-5	l X 3	_		[
The say des to a			12 K	 (, -			: 1
Committee of A in the Second of the Committee of the Comm	4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			-		:	100	• •		• • • •
A STATE OF THE STA		عمر ا	D K	. S:S	cd7 1		•			1
6 Barnet Jacobson Branch		1515 16	-	546	<u>· · · · · · · · · · · · · · · · · · · </u>		-1	·		
Macord Audiometro Bossor - Chartenberr Bossor Bellow	1	- Fr	· Alghi Car				1	Left Ear	1	اخييب
Convenentional Volum Test of Peet Page Fall Fall	C 590 √	1000	⊋2000 ↑	3000	4000	-800	1000		3000	4000
Page Page decline		-					l	<u> </u>		
50. Distant Visions course some site is a read from \$1.8. Non	r:Vleidn			51.b.	ntermediate	Vielon -	22 Inches		SEE COME	Telon (2000)
Right 80/1250 Corrected to 20/ 3-0 Right	20/ TO .0	Unrebland	DEW 30	Right	20/ 🔍	o Com	gted to 20	γ	N P	180
	20/ 2.5 C			Left	20y 2	Corre	elod to 20	γ.	Di∰i	∦isyY , it
Both 20 23 Corrected to 20 3.3 Roth	24 ² -0 C	urrected t	صد بعدة	Both.	20/ 2	Corré	etech 20	A 10.25	and the second of the second o	
53. Field of Vision: +54. Heterophoria 20' (m			Epophoria		Biophori	7. 25	Tilght Hip	erphoris*.	Left Hyp	erpitéria:
Shormal - Datinemet	Harris Intern		Υ		1 321		y	4.00	e e jojenja	
55. Blood Pressure System District Council Control	rim alyada (Kath	or Mary						46 FC0	(Date)	
Systolic Disselle Pleated		•	,	L	Albumin		Sucer	M.M	DO	A. A. A. A.
	Normal -		Abnomal		\Box		(ご)			
SO. Other Turk Given					,,,	3-7				
Letter the section of	*	· · · · · ·	٠.			N:	٠.		أأماني والأ	. 41
	600	\			Santa Carlo			N 9-22	ota y ji i	· 3 X
50. Comments on History and Findings: AME shall commen	t on all 'YES' a	nawers in t	na Madioal Hi	nory, sect	on and for			- 118		
abnormal findings of the enterphation. (Attach all consultation i	reports, ECGs,	X-rays, etc	. to this report	Deligate lus	MIUG-3			• •		
	MAMIL	77 (A	WD ch.	solv.	I LT:)		٠.			
S chart my my sheet				44/6	آخواره			•		
THE PARTY MANAGER PROPERTY	r u Jeu	un j	. A. A	اخطب	ر ۱۰۰۰		11			
Some About	170 21	46	え、さかん	rid i	ej au ^l y	no x	work	7		
Day where Upropers			7	<i>(</i>	1.	94 S	•	(
	* Z	(A)					1 1 Y	. 4		
	77		CAN TO	بريو	. (* 1.4	\mathbb{C}	L. IL			
The same of the sa	~ #	30		1.2		بحصا او سب	12 8 (2)			
Bignificant Nectical Ristory YES	□ NO	Abnors	nal Physical T	Indinge		EB	NO.	9		
11 Applicant's Home 82. Hos Beet	lacued	Medical Or	A CONTRACTOR		dia L Stu	furt Riot C	erificate	- p1 -		
75%	ort the side lands	ed - Del	errect for Furth	or Evelue	lon-	100		r 3- 38 \$	· 😜	
	Been Denled									
13. Disqualitying Delects (List by herr number)									4	
- 4. 12. 12. 12. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	sa ta see	1 5,00	2-3221		٠.					٠, ,
ANT STATE OF THE S	ANNELS -		EL-2230-28 - 1	440.		rambo ald at	: - : : : : : : : : : : : : : : : : : :			
stamination report. This report with any attachment embodies	ina bigounly	Lanishing.	na wacića y	MCTY MIND	becaching e	CONTRIPOCE TO	a sto tructerial	nemed on t	JVI MACICAL	
	a the months o	A STATE OF THE STA	EN ANICONIA	1.5			I baare	- Ci-		*****
hate of Edin Mindon	7.45	المعتون والم			Avial	KOLLIM GOLCH		s Signature	, sept to a	
	* *** X X	11.1		-		→	• •	• •	• :	
M M D D V V V V Street Address	71 1504	lews	1 Mai	J. J. A.	hot the	14				i i
054 876 2008 A			1764	w.O	AME	Gallet No		120	-1	₹2 (15.77) 1,611
CW DULL WILL	5160		Zip Code	7	AME	Tejephon	रिके	2/4	400	A.F 811
A Flyin 8500-8 (3-86) Bupassedia Products Edition										00-070-3002

u.s. department of tran	SPORTATION DATE
FEDERAL AVIATION ADMIN	IISTRATION
ROUTE SL	IP 2-0ct-17
TO: NAME	ROUTING SYMBOL
Michael Baumberger	AHW-320
PER YOUR REQUEST	☐ FOR YOUR SIGNATURE
☐ FOR YOUR INFORMATION	COMMENT
☐ PER OUR CONVERSATION	☐ TAKE APPROPRIATE ACTION
☐ NOTE AND RETURN	☐ PLEASE ANSWER
DISCUSS WITH ME	□ PREPARE REPLY FOR SIGNATURE
FOR YOUR APPROVAL	OF
REMARKS: Here is the (1) non certific certification records for St	

FOR OFFICIAL USE ONLY PUBLIC AVAILABILITY TO BE DETERMINED UNDER 5 US C 552

FROM:	TELEPHONE NO.	ROUTING SYMBOL
Brenda Hooper	405-954-7671	AAM-331

AC 1360-189 (11/00)



OCTOBER 02, 2017

RELEASE OF AIRMAN MEDICAL CERTIFICATION RECORDS AAM-331

ACCOUNTING OF RECORDS/INFORMATION D PRIVACY ACT	ISCLOSURE UNDER	FILE RECORD NO 1995158971				
NAME OF INDIVIDUAL TO WHOM THE RECORD/	INFORMATION	DATE OF DISCLOSURE				
PERTAINS Stephen Craig Paddock		10/02/17				
NATURE OF DISCLOSURE (include brief descri	ption of each type of	document disclosed)				
NAME AND ADDRESS OF PERSON OR AGENCY TO WHOM DISCLOSURE WAS MADE MICHAEL BUMBERGER FAA WESTERN-PACIFIC REGIONAL OFFICE 15000 AVIATION BLVD LAWNDALE CA 90261						
NAME OF EMPLOYEE MAKING THE DISCLOSURE Brenda Hooper						
COMMENTS		,				
SIGNATURE		,,				
Brenda Hoopen	for					

Hooper, Brenda (FAA)

From:

Bumberger, Michael (FAA)

Sent:

Monday, October 02, 2017 12:19 PM

To:

Hooper, Brenda (FAA)

Subject:

Med Info Request

I am sure you have been asked. Leadership is asking me for medical info on:

PADDOCK, STEPHEN CRAIG (Las Vegas Shooter)

04/09/1953

Can you provide me his records? Looking for anything that may assist the investigation.

Thank you, Mike

Michael Bumberger

Special Agent

Federal Aviation Administration

Investigations & Law Enforcement Assistance Program (LEAP), AHW-320

Office: (310) 725-3737 Cell: (310) 363-9435 Fax: (310) 725-6660

WARNING: This document may be LAW ENFORCEMENT SENSITIVE (LES) & may be designated FOR OFFICIAL USE ONLY (FOUO). It may contain information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. § 552) & controlled under the provisions of 49 CFR 1520. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

Galaxy MRI & Diagnostic Center

Name:

Stephen Paddock

Birth Date:

04/09/1953

Case Number:

806489

Paul Schort, DO

Ref. Clinician: Exam Date:

02/08/2008

Exam Type:

CR - KUB Abdominal Series Xray

HISTORY: Urolithiasis.

TECHNICAL FACTORS: Standard radiographic imaging of the abdomen was reviewed.

FINDINGS: The bowel gas pattern is unramarkable. No free air is seen.

There are no pathologic calcific densities projected over the abdomen. A few pelvic phieboliths are noted.

Customer Patient ID Number: PADDOC0000

The bones reflect age-related changes.

CONCLUSION:

There are no radiographically evident ideness stones - consider a CT scan of the abdomen and pelvis for further evaluation if indicated.

2. Bowei gas pattern is not obstructive.

Thank you for the opportunity to provide your interpretation.

range / series

Vincent A. Lombardi, MD

VAL/gc-amds D: 02/08/2008 15:14:47 CT T: 02/08/2008 17:58:55 ET

Page 1 of 1

1-877-674-7323 (1-877-MRI-READ)



Dr. Paul P. Schorr, D. O., P.A. R. Ph., A.M.E.

Physician and Surgeon

Board Certified • Family Practice • Geriatric Medicine

3-18-08

FAA

Dear Sirs:

This report is regarding airman Stephan Paddock B.D.: 4-9-53. I examined him for a Class III PE on 2-07-08. We deferred him to you as he had some issues. He was using the Rx Clortrimeton which is not allowed due to sedation. I informed him of this and he assured me that he would not use this Rx. I advised approved alternatives. He had a history of kidney stones. We did a UA in office and there was no sihn of nay hematuria. We also had him get a KUB and it showed no radiographic evidence of kidney stones. This was dated 2-08-08. He is clinically asymptomatic. I had forwarded all this to you and had sent the electronic computer PE (FF- 4760258) to you on 2-07-08. I was surprised to hear from the airman that he had checked with the FAA and they had told him he said, that you had never received anything from me. I told him that I would get back with him and you. I had previously spoken with a Dr. Steve Schwendeman about all of this. I am sending this letter to you again with the KUB result and I will be calling you about this today and will have my office girl re-e-mail the PE form tomorrow as she's out sick today. If you have any question regarding the foregoing, please don't hesitate to contact me. Thank you

Dr. Paul P. Schorr

AME: 08531-1

AVIATION NEEDICH OFFICE OF

(FAX also sunt 3/18/08) 405.954-4300

- (my surveyed	ot For Sheded Areas PLEASE PR	INT Form Approved OMS NO. 2120-0034
pplicant Must Complete ALL 20 Items (Exce	pt For Sheded Areas) PLEASE FR	2. Ciase of Medical Certificate Applied For:
works from 1900 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. Application For: Alman Medical and	tet 2nd 23rd
infort Conflicted or FAA m 84202 Medical Student FF- 2900690 conflicted insued.	Certificate Student Plot Certificate	
MEDICAL CERTIFICATE THIRD CLASS	O, CORT MILLIO	
AND OT DENT OF OTTELLATE	PADDOCK STEPH	4
AND STUDENT PILOT CERTIFICATE	4. Scolel Security Number 563	-86 - 6197
is cartifies that (Full name and ackiress:)	5. Address Tele	phone Number (\$16) 227 -709+
Stephen Craig Paddock	Number / Street	-
3031 Friendship Hill Cr.	3031 FRIENDSHIP Hill	Ca.
Henderson, NV. 89052	City . State /	Country R9052p Code
		7, Color of Hair B. Color of Eyes 9. Sex
Date of Birth Height Weight Hair Eyes Sex	6. Date of Birth OJ OP / Y Y Y	
2/09/53 76 225 BRE 18 M	Citizenship U.S.A	Br. BL. M
es met the medical standards prescribed in part 67. Federal	10. Type of Airman Certificate(s) You Hold:	
viation Regulations, for this class of Medical Certificate.	☐ None ☐ ATC Specialist	☐ Flight Instructor ☐ Recreational
	[] Airline Transport	Private ☐ Other
1		Studeni
Must week CO Poly	11. Occupation	12. Employer
Must wear	13. Has Your FAA Airman Maddal Certificate Eve	Been Denied, Suspended, or Revoked?
Mark the state of		ves give dete
		MM / DO /YYYY
	Total Pilot Time (Civilian Only)	16. Date of L. 1 FAA Medical Application
ele of Examinetion , Examinera Designation No.	14. To Date 16. Past 6 months	Application
12/20/05 08454-1	17. a. Do You Currently Use Any Medication (Pres	ser on Nonpi Tription)?
Signature	No Yes (If yes, below list medication(s) used ac-	heck he ale box). Previously Reported Yes No.
Typed Name		
Typed Name		
Frwin L. Samuelson, M.D.		
URMAN'S SIGNATURE	(H ms. space is res,	. ee 17. a. on the instruction sheet.)
	17. b. Do You Ever Use Hear Vision C. act) 18	as White Flying? Yes SNo
8. Madical History — HAVE YOU EVER IN YOUR LIFE BEEN DIAGNO every condition listed below. In the EXPLANATIONS box below, you on a previous application for an airman medical certificate and there	OSED WITH, HAD, OR DO YO . PRESENTLY HA. ANY	OF THE FOLLOWING? Answer "yes" or "no" for
fes Na Condition Yes Na Condition Frequent or severe headaches g	ouble in Sorders of any sort:	r. 🗆 🗷 Military medical discharge
i. □ Z Dizziness or tainting spell h. □ Z High or low blood p	or use of illegal substance in t	0188
Unconsciousness for any reason i. Li Stomach, iver, o	testinal tro '9 last 2 years.	he t. Rejection for life or health insurance
Eye or vision trouble except glasses	in ur. o, Alcohol dependence or abuse	u. 🗷 🗀 Admission to hospital
	p. Suicide attempt	x. A Other illness, disability, or surgery
Hay fever or allergy II		
	s; apilepsy. q Motion sidoness requiring media	
Asthma or lung disease	a. dlysis, etc.	audi
Asthma or lung diseases 1. L , 'zu, stro. na	a. dlysis, etc.	
Conviction and/or Administrative Action in tit. — S. Ins. Instructions Page 10 — History of (1) any conviction of any co	a drysis, etc.	Ves No. Willistory of nontraffic conviction(s) (misdemearars or felonles)
Conviction and/or Administrative Action hat Sine ritions P Yes No History of (1) any conviction of any conviction of a drug, or (2) hat the denial, suspension, cooking or conviction of driving and conviction of a drug, or (2) hat the denial, suspension, cooking or or or revocation of driving educational or a "histate or "histat	a divisis, etc. Page In d by, while impaired by, or white under the influence of rative action(s) involving an offense(s) which resulted in attendance at any	Ves No. W. History of nontraffic conviction(s) (misdemeanors or telonies)
Conviction and/or Administrative Action hat Sine ritions P Yes No History of (1) any conviction of any conviction of a drug, or (2) hat the denial, suspension, cooking or conviction of driving and conviction of a drug, or (2) hat the denial, suspension, cooking or or or revocation of driving educational or a "histate or "histat	a divisis, etc. Page In d by, while impaired by, or white under the influence of rative action(s) involving an offense(s) which resulted in attendance at any	Ves No. W. History of nontraffic conviction(s) (misdemeanors or telonies)
Conviction and/or Administrative Action hat Sine ritions P Yes No History of (1) any conviction of any conviction of a drug, or (2) hat the denial, suspension, cooking or conviction of driving and conviction of a drug, or (2) hat the denial, suspension, cooking or or or revocation of driving educational or a "histate or "histat	a divisis, etc. Page In d by, while impaired by, or white under the influence of rative action(s) involving an offense(s) which resulted in attendance at any	Ves No. W. History of nontraffic conviction(s) (misdemeanors or telonies)
Conviction and/or Administrative Action hat Sine ritions P Yes No History of (1) any conviction of any conviction of a drug, or (2) hat the denial, suspension, cooking or conviction of driving and conviction of a drug, or (2) hat the denial, suspension, cooking or or or revocation of driving educational or a "histate or "histat	a drysis, etc.	Ves No. W. History of nontraffic conviction(s) (misdemeanors or telonies)
Conviction and/or Administrative Action hat Sine ritions P Yes No History of (1) any conviction of any conviction of a drug, or (2) hat the denial, suspension, cooking or conviction of driving and conviction of a drug, or (2) hat the denial, suspension, cooking or or or revocation of driving educational or a "histate or "histat	a divisis, etc. Page In d by, while impaired by, or white under the influence of rative action(s) involving an offense(s) which resulted in attendance at any	Ves No. W. History of nontraffic conviction(s) (misdemeanors or telonies)
Conviction and/or Administrative Action hat Sine ritions P Yes No History of (1) any conviction of any conviction of a drug, or (2) hat the denial, suspension, cooking or conviction of driving and conviction of a drug, or (2) hat the denial, suspension, cooking or or or revocation of driving educational or a "histate or "histat	a divisis, etc. Page In d by, while impaired by, or white under the influence of rative action(s) involving an offense(s) which resulted in attendance at any	Ves No. W. History of nontraffic conviction(s) (misdemeanors or telonies)
Conviction and/or Administrative Action h tit. — S. Ins. ctions P Yes No. History of (1) any convictor of any convictor alcohol or a drug; or (2) h france for a drug; or (2) h france for a drug; or (2) h france for a drug or (2) h fran	a divisis, etc. Page In d by, while impaired by, or white under the influence of rative action(s) involving an offense(s) which resulted in attendance at any	Ves No. W. History of nontraffic conviction(s) (misdemeanors or telonies)
Conviction and/or Administrative Action in the Solina conviction and/or Administrative Action in the Solina conviction alcohol or a drug; or (2) in the denial, suspension, colonial or a hilitatic colonial	a dyst, etc. Page d by, while impaired by, or white under the influence of rative action(s) involving an offense(s) which resulted in grivileges or which resulted in attendance at any SURGERY - AS PREVIOUS. LY REQUENTED Yes (Explain Below)	Ved No History of nontraffic conviction(s) (misdemeanors or fetonies) (Misdemeanors or fetonies) FOR TEP Raview Action Codes
Conviction and/or Administrative Action h tit. — S. Ins. ctions P Yes No. History of (1) any convictor of any convictor alcohol or a drug; or (2) h france for a drug; or (2) h france for a drug; or (2) h france for a drug or (2) h fran	a dyst, etc. Page d by, while impaired by, or white under the influence of rative action(s) involving an offense(s) which resulted in grivileges or which resulted in attendance at any SURGERY - AS PREVIOUS. LY REQUENTED Yes (Explain Below)	Ved No History of nontraffic conviction(s) (misdemeanors or telonies) (Misdemeanors or telonies) FOR PAA USE Review Action Codes See Instructions Page
Conviction and/or Administrative Action in the Solina conviction and/or Administrative Action in the Solina conviction alcohol or a drug; or (2) in the denial, suspension, colonial or a hilitatic colonial	a dyst, etc. Page d by, while impaired by, or white under the influence of rative action(s) involving an offense(s) which resulted in grivileges or which resulted in attendance at any SURGERY - AS PREVIOUS. LY REQUENTED Yes (Explain Below)	Ved No History of nontraffic conviction(s) (misdemeanors or fetonies) (misdemeanors or fetonies) FOR TEP Review Action Codes See Instructions Page
Conviction and/or Administrative Action in the Solina conviction and/or Administrative Action in the Solina conviction alcohol or a drug; or (2) in the denial, suspension, colonial or a hilitatic colonial	a dyst, etc. Page d by, while impaired by, or white under the influence of rative action(s) involving an offense(s) which resulted in grivileges or which resulted in attendance at any SURGERY - AS PREVIOUS. LY REQUENTED Yes (Explain Below)	Ved No History of nontraffic conviction(s) (misdemeanars or telonies) REFORTED RAMBE Review Action Code See Instructions Page
Doministrative Action in the A	Applicant's National Driver Register and Certifier Register (NDR), through a designated State Department of the select Consulted in attendance at any Select Consulted in attendance at any Select Register (NDR), through a designated State Department of the torm must sign it. NDR consent, however, does ledical Certificate and Student F and snewers provided by me bit his application. However, does ledical Certificates or Medical Certificate and Student F and answers provided by me bit his application. From a medicard part of the basis for issuance of any FAA certificate and Student F and answers provided by me bit his application. From a medicard part of the basis for issuance of any FAA certificate and Student F and answers provided by me bit his application. From a precision of part of the basis for issuance of any FAA certificate and Student F and answers provided by me bit his application. From a precision of part of the basis for issuance of any FAA certificate and Student F and answers provided by me bit his application.	Wed No History of nontraffic conviction(s) (misdemeanors or felonies) (misdemeanors or felonies) FOR T S PRAAUSE Raview Agton Code See Instructions Page Reason The Motor Vehicles, to furnish to the FAA e access to the information contained in the NDR is access to the information contained in the NDR in motor apply unless this form if used as see
Domiction and/or Administrative Action h. tt. — S. Ins. ctions P. Vee No. History of (1) any convictor alcohol or a drug; or (2) h. the denial, suspension, c. — Von. or revocation of driving the denial suspension or a children or convictor alcohol or a drug; or (2) h. the denial suspension or or von or revocation of driving the denial suspension or or or revocation of driving the denial suspension or or or revocation of driving the denial suspension or revocation of driving the driving the denial suspension or revocation of driving the driving t	Applicant's National Driver Register and Certifier Register (NDR), through a designated State Department of the select Consulted in attendance at any Select Consulted in attendance at any Select Register (NDR), through a designated State Department of the torm must sign it. NDR consent, however, does ledical Certificate and Student F and snewers provided by me bit his application. However, does ledical Certificates or Medical Certificate and Student F and answers provided by me bit his application. From a medicard part of the basis for issuance of any FAA certificate and Student F and answers provided by me bit his application. From a medicard part of the basis for issuance of any FAA certificate and Student F and answers provided by me bit his application. From a precision of part of the basis for issuance of any FAA certificate and Student F and answers provided by me bit his application. From a precision of part of the basis for issuance of any FAA certificate and Student F and answers provided by me bit his application.	See Instructions Page Resson See Instructions Page Resson To Motor Vehicles, to furnish to the FAA a access to the Information contained in the NDR, if any, available for complete and true to the best of my knowledge the complete and true to the best of my knowledge the complete and true to the best of my knowledge time. I have also read and understand to the complete and true to the best of my knowledge time to me. I have also read and understand to
Doministrative Action in the Suns Strong Procession of driving or 20 in the denial, suspension, content of administrative Action in the denial suspension of the Content of Actional or a histatic content of the Content of Actional or a histatic content of the Content of Actional Or a histatic content of the Content of th	Applicant's National Driver Register and Certifier Register (NDR), through a designated State Department of the select Consulted in attendance at any Select Consulted in attendance at any Select Register (NDR), through a designated State Department of the torm must sign it. NDR consent, however, does ledical Certificate and Student F and snewers provided by me bit his application. However, does ledical Certificates or Medical Certificate and Student F and answers provided by me bit his application. From a medicard part of the basis for issuance of any FAA certificate and Student F and answers provided by me bit his application. From a medicard part of the basis for issuance of any FAA certificate and Student F and answers provided by me bit his application. From a precision of part of the basis for issuance of any FAA certificate and Student F and answers provided by me bit his application. From a precision of part of the basis for issuance of any FAA certificate and Student F and answers provided by me bit his application.	Wed No History of nontraffic conviction(s) (misdemeanors or felonies) (misdemeanors or felonies) FOR T S PRAAUSE Raview Agton Code See Instructions Page Reason The Motor Vehicles, to furnish to the FAA e access to the information contained in the NDR is access to the information contained in the NDR in motor apply unless this form if used as see

<u> </u>	OTE: FAA	Original Co	Aby of th	ie Repo	LL OL MAK	ICAI E	<u>kaminati</u>	on Mu	st be TYF	ED.	•	
21. Heigine (inches) 22. V	Veight (pounds)	23, Stater			DICAL EXAM		•) ('	0 7, 	las	SODA Serie	N
		Yes	•	. □ No	• • •	···· efect Note	vd-	• , . •	. 3	24.	SUDA Bene	MUM
CHECK EACH ITEM IN APPRI	OPRIATE COLU			Abnomial			IN APPROF	PIATEC	OF LIMIN		1 11	T
25. Head, face, neck, and scale	_ _ .								haracter, arms,	lece others	Hormel	Abne
26; Nose	¥			1			cera (includi			ioga, cui ata	' · · ·	├
27. Sinuses							g digital avan			_	+	├
28. Mouth and threat		Will see		. 13.5	4Q. Bido:		<u> </u>		<u> </u>	·		┢
29. Ears, general (Internal and e	dernal canals; "He	ering under item 4	9)		41. G-Li aya	ilem (Nati	ncluding pelvi	ic exemine	ation)		_	 -
30. Ear Drums (Partoration)		,							nd range of mo	tioni	+-	
31. Eyes, general (Vision under i	erne 50 to 54)	**** (. •			43. Spine, c			 :-		·· · · · · · · · · · · · · · · · · · ·		
32/ Ophthalmoscopic	<u> </u>			<u>.</u> .	44. Identifyi	ng body n	narks, scars,	tatitude (ide & location)		- 	
39. Pupils (Equality and reaction)	· .				45. Lympha	tics	•					
34. Ocular matility (Associated p					46. Neurolo	gio (Tendo	n regemen, equ	illbrium, id	rises, cranial ne	rves,		_
35. Lungs and cheet (Not include					47. Psychia	tric (Appea	rance, behavio	r, mood, or	ommunication, a	nd memory		\vdash
36. Heart (Precordial activity, rhyti	nm, ecunda, and r	numum)	1 1		48-General	mademic					┪.	\vdash
NOTES: Describe every abnorm	eliny in decall. En	res applicable its	m number	3.	comment. U	es aciditio	nal sheets fi	TROCESSE!	y and attach o	o this form.	·	
ens. v	h P	.3	à.									
	<u>-</u>		<u> </u>						4			
19. Hearing Record A Discrimin	udiometric Speech etion Score Below				Flight Ear,					Loft Ear		
Conversational Voice Test at 6 Feet		Audiometer	500	1000	2000	3000	4000	500	1000	2000	ann I	
Page Fall		Threshold in decibals					+-~~	300	1000	2000	3000	400
io. Dietant Vialon		51.a. Near VI	eion		11	T	<u></u>	ا		L	<u> </u>	
Right 20% Corrects	with 207								- 32 Inches	1	82. Color Vi	lon
eft 20/ Corrects	·	Left 20		orrected to		Right			rected to 20/	ì	Pas 🗆 Pas	9
Both 20/ Corrects		Both 20		orrected to	·	Left	20/-		rected to 20/		☐ Fail	
53. Field Vision		phoria 20° (in pris		orrected to		Both	20/		rected to 20/			
□ Normal □ Abnormal	· Landard	An sensor terr. (LI DU)	HII GIODES(S)		Esophoria		Exophor	•	Right Hype	rphoria	Left Hyper	phori
Si. Blood Pressure	186. Pu	iso 57. Urina	lyala # also	ormal, give re	atoritis 1		-1		· · · · ·	1 2 2 2		
	Diastolic (Fee		In mile			ı	Albumin	٠,	A	58. ECG		•
Sitting, / . nm of Mercury)	$\mathcal{N}_{\mathbf{k}}$		orme!		bnormal	 	UNITED .	\rightarrow	8ugar	MM	DDIY	γY
9. Other Tests Given		<u> </u>	S. IMB!	, LIA	UN ROTT FEE	<u> </u>				<u> </u>		.
	٠,			1				•.				•
	•			٠.				٠.				
 Comments on History and is bnormal findings of the examina 	Trellings: AME al don. (Attach all e	half comment on consultation repo	all "YES" ar rts, ECGe, I	sewers in th K-rays, etc.	e Medical His to this report	itory secti before me	on and for alling.)	1				
								١.		₫ 424		
		•										
			(L)	រា∳ឃ្វ		() ()	18.	.				
											Jan Car	, E
Rignificant Martinal Mass		· · · · · · · · · · · · · · · · · · ·	_			ممدا أمط	. 🗆 v		□ NO		L-a	
Bignificent Medical History Applicant's Name	☐ YE8	N		Abnorma								
		2. Has Been lae No Certi	red - 54	Aedical Ceri of — Defer	ifficate red for Furth	☐ Me	rdical & Stud	lent Pilot (Certificate	•		
. Applicant's Name	6:	2. Has Been lae No Certi	red - 54	Action Ceri of — Defer	ificate red for Furth lenial issued	☐ Me	rdical & Stud	lent Pilot	Certificate			
Applicant's Name Disqualitying Defeats (List by Medical Examiner's Declarat	Rem number)	2. Has Been lag	icate Isaue Denied -	Action Carl of — Defer Latter of D	ificate red for Furth leniel leaved	Evaluati (Copy Attr	dical & Stud on anhed)			amed and		
Applicant's Name Disqualitying Defeats (Lot by Medical Examiner's Declaratements) This report warmination report.	item number) fon — I hereby o	2. Has Been last No Cartif Nas Been artify that I have ant embodies my	icate saue Denied -	lection Cari id — Defer Letter of D reviewed the impletely ar	ificate red for Furthe leniel issued e medical his ad correctly.	Evaluati (Copy Attr	dical & Stud on anhed) erechally ex	amined ti	he spolicient is		a medical	
Applicant's Name Disqualitying Defeats (Lot by Medical Examiner's Declaratements) This report warmination report.	item number) fon — I hereby o	2. Has Been lae No Certif Has Been Has	loste issue n Denied - personally findings come L. SAM	lection Confidence of District Conf	ifficiate red for Furth lenial issued e medical his ad correctly.	Evaluati (Copy Attr	dical & Stud on anhed) erechally ex	amined ti			a medical	
Applicant's Name Disqualitying Defects (List by Medical Examiner's Declarat armination report. This report w set of Examination	item number) fon — I hereby o	2. Has Been Jae No Certif Nee Been Has Been	personally findings come L. SAM	decloal Carled — Defer Letter of D	incisto red for Furth lenial issued e medical his d correctly. N, NLD.	Li Me or Evelues (Copy Attr tory and p	dical & Stud on anhed) erechally ex	amined ti	he spolicient is		a medical	
3. Disqualitying Defects (List by 4. Medical Examiner's Declarat samination report wate of Examination	item number) fon — I hereby c fith any attachme Aviation Medic	2. Has Been Lee No Certif No Certif Near Been Has Been entity that I have ent embodies my all graminers Na ERWIN 19 Redondo B	personally indings come L. SAM 300 South	decloal Carled — Defer Letter of D	red for Furthelenial issued e medical him nd correctly. N, NLD.	Li Me or Evelues (Copy Attr tory and p	on ached)	amined ti	he applicant h		la medical	

Applicant	Must	Complete	ALL	20	Items	(Except	For Sha	aded	Are	as) <u>PLEA</u>	SE PRINT	Fe	orm Appro	oved OMB N	IO. 2120-0034
							1. Applic	ation I	For:			2. Class	of Medica	l Certificate	Applied For:
(Medical Certifi Form 8420-2 (M	cate) or PA edical/Stud	≟ FF.2		16	90	7	X Aim	nan Me tificate	edical	Airman Med			1st	2nd	X 3rd
Prior Certificate	hind.	RTIFICATI		М		400	3. Last N				t Name		Midd	le Name	
							PADDO				PHEN		CRAI	G	
		ENT PILO			ITIVALI		4. Social 5. Addre		nty Nu	m be r 999	-51-3313 Telephone N	umber	(310) 227-	7094	
This certifi	es that	(Full name an	i addir	:55):			3031 FRI	ENDSHI	IP HILL	CIR					
STEPHEN							Number / HENDER			NV				89052-8535	
3031 FRIEN							City				ate / Country			Zip Code	
HENDERSO							6. Date o		3	04/09/1953 MM/DOYYYY	7. Color		8. Co	lor of Eyes BLUE	9. Sex Male
	SANCTON PART CONTRACTOR	eight Weight	2010/2010/2010 2010/2010 2010/2010		Eyes	S6X	Citizer			USA	BROW	N	<u> </u>	BLUE	I Male
04/09/19		76 225	BRO		BLUE	4	. 	of Air None	man C	ertificate(s) You	noia: C Specialist	Пя	ight Instruc	tor TRe	ecreational
has mer to Aviation R	e medica egulation	al etandards pri is, for this class	of the	dical	Certificate	i.	=		Trans	port	ht Engineer	ΧP	_	O	ther
-1-		rective lenses.						Comm	ercial	Flig	ht Navigator	∏s	cudent		
2	carous out	E ST	793	J			11. Occi	pation	n		12. Emp	loyer			
atto									AA AI	rman Medical Ce		een Deni	ed, Suspe	nded, or Rev	voked?
营								Yes		X No	If yes, give da	te		MM/DD/YYYY	y
							1		ne (Civ	villan Only)	1			A Medical A	• •
Dale of Exa	mination	Ek	inine/	s.Der	signation t	lo.	14. To D 800	ate		15. Past 6 : 30	nonths		4/2003 D/YYYY		o Prior pplication
12/20/20	05		000000	454			17.a. Do			tly Use Any Medi					ously Reported
Signa	iture :						X No	Ш	Yes	(If yes, below list me	dication(s) used an	id check ap	ppropriate bo	~,	Yes No
¥															
	i Name vivi i sak	NUELSON											-		님 님
AIRMANS		encora de Cara								(If more sn:	ce is required, se	e 17. a. o	the instruc	tion sheet).	
- archard			10.				17.b. Do	You	Ever U	Ise Near Vision C				Yes	X No
18. Medical	History -	HAVE YOU EVE	R IN YO	UR LI	FE BEEN C	DIAGNOSED V	VITH, HAD	, OR D	O YO	U PRESENTLY H	VE ANY OF TH	E FOLL	OWING? A	nswer "yes" o	or "no"
for every	condition	listed below. In t	he EXP	LANA	TIONS box medical cer	below, you ma tificate and the	ıy note "PF re has bee	REVIOU In no c	USLY I	REPORTED, NO (in your condition.	CHANGE" only it See Instruc	f the expl ctions Pa	anation of t I ge	the condition	was
1	Cond		Υe	1		ndition		Yes	No	Condition		Yes	No	Condition	ı
Yes No		vere headaches	g. [Heart or vas			m 🗆	XM	ental disorders of any		r. 🗆		medical dischar	ge
			<u> </u>	_ _] [pression, anxiety, et ubstance dependence				rejection by mil	
b.∐X ™	ziness or fai	nting spell	h.[ᆀᅜ	High or low	blood pressure	-	~↓		ug test ever; or substa use of illegal substar		<u>\$.</u> ∐			
		ss for any reason	<u> </u>	<u>کا د</u>	<u> </u>	ver, or intestinal t			la	st 2 years.		<u>د ا</u>		n for life or heal	ith insurance
d. X Eye	or vision to	ouble except glasse				ne or blood in urin	e	الا		cohol dependence or	abuse	μN		on to hospital	
e.X Hay	fever or all	ergy	k. [Diabetes			p		uicide attempt		×Χ	Other ill	ness, disability,	or surgery
	hma or lung		l. [- 301Zul 03, 31	al disorders; epile troke, paralysis, e	10.	q. 🗌	Хм	lotion sickness requir	ng medication				
		dministrative										Yes	No		
	nfluence o	1) any conviction f alcohol or a dru	g or (2)	histor	y of any cor	nviction(s) or a	dministrativ	ve actic	on(s) ir	volving an			☑ Histo	ory of nontraffi iction(s)	ic
- -	ffense(s)	which resulted in	the den	ial, su	ispension, c	cancellation, or	revocation	of driv	ving pri	ivileges or				demeanors or	r felonies).
		Instructions					- 0	•							
1		ntinuation Sheet		ment	s										
300 i Ollil (,,,,,,	Onobt	5011		-										
19. Visits t	o Health	Professional						•	•	Below)	X No		See Inst	ructions Pag	9
Date		Name,	Addre	ss, a	nd Type o	of Health Pro	ofession	al Cor	nsulte	ed .			Reas	on	
					· · · · · · · · · · · · · · · · · · ·										
	NOTIC			Т		20. /	Applican	t's Na	tiona	l Driver Registe	er and Certify	ing Dec	larations	3	
Whoever		atter within the department or		111	hereby author	rize the National !	Oriver Regis	ter (NDF	R), throu	gh a designated Stat	e Department of M	lotor Vehic	les, to furnis	h to the FAA	IDR to
agency	of the	United States United States		l ve	erify information	on provided in thi	s application	i. Upon i	my requ	nstitutes authorization uest, the FAA shall m	ske the information	received	from the NDI	R, if any, availab	ble for
conceals	or covers	up by any trick, a material fact,		1 "		written comment	sing this fo	rm mus	st sign	it. NDR consent, ho	wever, does not a	pply unie	ss this form	is used as an	
or who	makes any	false, fictitious tatements or			•	application for	Medical Co	ortificate	e or Me	dical Certificate and	Student Pilot Ce	rtificate.			ne andi
represer	itations, or	entry, may be or imprisoned		a	gree that they	y are to be consid	tered part of	the bas	is for is	y me on this applicati suance of any FAA c	ertificate to me. I h	ave also re	ad and unde	erstand the Priva	acy Act
not mor	e than 5 y	rears, or both.		-	itatement that signature of	accompanies thi Applicant	s ionn.						Date	12/20/2005	
(18 U.S.	COUR SECS	. 1001; 3571).		ıĭ	J								ŀ	MM/DD/YYYY	

NOTE: FAA/Original Copy of the Report of Medical Examination Must be TYPED.

	NOT	E: FAA/Origina	RT OF ME													
	22. Weight (po		. Statemer					(SO	DA)			24. S	ODA	Serial N	lumbe	r
21. Height (inches)	22. Weight (pt	Junus) 23	YES		10	Defect	Note	d:						,		
CHECK EACH ITEM IN A	PPROPRIATE	COLUMN	Normal	Abnorma							TE COLI			Normal	Abn	ormal
5. Head, face, neck, and sca			Х								er, arms, legs.	others)		X	-	
6. Nose	<u>.</u>		X	1	38.	Abdomen	and	visce	ra (Includin	g hemia)				×		
			X	1	39.	Anus (No	t includ	ing digit	al examinatio	n)				X		
7. Sinuses			X	 	40	Skin								X		
28. Mouth and throat	Landa San Handa Sa	ter item 49)	 ^	 		G-U syste	em (Not inci	uding pelvic e	xamination)				X		
29. Ears, general (Internal and ex	merical carriers, reserving the	36 (44)	$\frac{1}{x}$	†	42.	Upper an	d low	er ex	tremities	(Strength and	range of moti	on)		×		
30. Ear Drums (Perforation) 31. Eyes, general (Vision under ite	erns 50 to 54)		X		43.	Spine, ot	her m	nuscu	oskeletal					X	—	X
32. Ophthalmoscopic			X		44.	Identifyin	g boo	ty ma	rks, scars	, tattoos (Size & location)		+ x	+	<u>^</u>
33. Pupils (Equality and reaction)			Х		_	Lymphati	- 77	endon r	eflexes, equi	ibrium, sense	s, cranial nerve	98,		 ^	+	
34. Ocular motility (Associated pa	eraliel movement, nystagr	nus)	×			Neurolog	III C	cordinati	on, etc.)		runication, and			$\frac{1}{x}$	+	
35. Lungs and chest (Not includ			Х	<u> </u>					ice, panavior	, 11000, 00111				$\frac{1}{x}$	-	
36. Heart (Precordial activity, rhythm NOTES: Describe ever)	n, sounds, and murmura)		Х			. General :					10.16.00		and a		hie for	m
				·												
49. Hearing	Record Au Discrimina	diometric Speech ation Score Bolow				Rig	ht E	ar	,,,				l T	eft Ear		
Conversational			Audiome		500	1000	20	000	3000	4000	500	1000	200	00 30	000	4000
Voice Test at 6 Feet X Pass	İ		Threshold decibe										<u> </u>		1	
X1, 400		51.a. No	ear Vision					51.b	interm	ediate V	ision - 32	! Inches	.	52. Co	lor Vis	sion
50. Distant Vision Right 20/ 20 Co	rrected to 20/ 20	1	20/ 40	Correct			•	Right			Corrected to			X	Pas	s
Left 20/ 200 Co	rrected to 20/ 20	I =	20/ 30 20/ 30	Correc				Left Both	20/ 20/		Corrected to				Fail	
DOUT 207 20 11	rrected to 20/ 20				Esop				phoria	R	ight Hyp	erphoria		Left H	yperp	horia
53. Field of Vision X Normal Abnorma	1	phoria 20' (in pri	Sin diopters)	′ ⊢	0			0			0			Ų.	0	
55. Blood Pressure	<u></u>	56. Pulse	57. Urina	lysis (if	abnorma	al, give resu	lts)		Albumi	n 1	Sugar	58. ECG	•		ΥΥ	
(Sitting, Systo	olic Diastolic	(Resting)	X Nom	nal l	Па	bnormal		ŀ		-+	Normal		<u>. </u>	001 /		
mm of Mercury) 110	0 / 72	86	[A] 1.0						Norma	41	140111101	<u> </u>				
60. Comments on Hist abnormal findings of the examination See Form 8500-8 Continuation Significant Medical H 61. Applicant's Name STEPHEN CRAIG PADD 63. Disqualifying Defendance of the second of	tory and Finding transport (Attack attion Sheet for Condition Shee	mments S X NO 62. Has B m number)	een Issued No Certific Has Been	d cate Issu Denied	At X ed [Letter	onormal Medical of Deferred for of Denial	Phy Certification Fundamental	sical ficate rther I ed (C	Finding Evaluation opy Attack y and per	Medical n hed)	amined th	X N Pilot Certifi e applicant er's Signa	cate	Coded	R FAA	***************************************
	ERWIN L SAM															
12/20/2005	Street Address								AME S	Serial Nu	mber	0000084	154			
12/20/2003	City DEDONIE	OO BEACH Sta	te CA		Zin C	ode 9027	77	-	AME T	elephon	e	(310) 5	40-03	75		
	City REDUNI										····			NSN:	0052-0	0-670-60

Applicant Name:

STEPHEN CRAIG PADDOCK

Applicant MID:

200002739277

Transmitted to FAA:

.01/04/2006 05:37:43 pm

17.a. Medications (From page 1):

Previously Reported

Yes

No

Medication

18. Explanations (From page 1):

18E RARELY REQUIRED.

18U BACK SURGERY - AS PREVIOUSLY REPORTED. 18X BACK SURGERY - AS PREVIOUSLY REPORTED.

18e: RARELY REQUIRED. 18u: BACK SURGERY - AS PREVIOUSLY REPORTED. 18x: BACK SURGERY - AS PREVIOUSLY REPORTED.

19. Visits to Health Professional Within Last 3 Years. (From page 1):

25 - 48. Notes (From page 2):

44: 2" SCAR MID LOW BACK.

59. Other Tests Given (From page 2)

60. Comments on History and Findings (From page 2)

18e: REVIEWED - NO PROBLEMS. 18u: REVIEWED - NO PROBLEMS. 18x: REVIEWED - NO PROBLEMS. 44: 2" SCAR MID LOW BACK.

Gelaxy MRI & Diagnostic Center

Namei

Stephen Paddock

Birth Date: Case Numbers 04/09/1953 806489

Customer Putlent ID Number: PADDOC0000

Ref. Clinician: Exam Date:

Paul Schorr, DO 02/08/2008

Exam Type:

CR - KUB Abdominal Saries Xray

HISTORY: Urolithiasis.

TECHNICAL PACTORS: Standard radiographic imaging of the abdomen was reviewed.

FINDINGS: The bowol gas pottern is unremarkable. No free air is seen.

There are no pathologic calcific densities projected over the abdomen. A few pelvic phieboliths are noted.

The bones reflect age-related changes.

CONCLUSION:

There are no radiographically evident ideneys stones — consider a CT scan of the abdomen and paivis for further evaluation is indicated.
 Bowel gas pattern is not obstructive.

Thank you for the opportunity to provide your interpretation.

Call las

Vincent A. Lombardi, MD

VAL/gc-amds D: 02/08/2008 15:14:47 CT T: 02/08/2008 17:58:55 ET

1-877-674-7323 (1-877-MRI-READ)



Dr. Paul P. Schorr, D. C., P.A.

R. Ph., A.M.E.

Physician and Surgeon

Board Certified . Family Practice . Geriatric Medicine

3-18-08

FAA

Dear Sirs:

This report is regarding airman Stephan Paddock B.D.: 4-9-53. I examined him for a Class III PE on 2-07-08. We deferred him to you as he had some issues. He was using the Rx Clortrimeton which is not allowed due to sedation. I informed him of this and he assured me that he would not use this Rx. I advised approved alternatives. He had a history of kidney stones. We did a UA in office and there was no sihn of nay hematuria. We also had him get a KUB and it showed no radiographic evidence of kidney stones. This was dated 2-08-08. He is elinically asymptomatic. I had forwarded all this to you and had sent the electronic computer PE (FF-4760258) to you on 2-07-08. I was surprised to hear from the airman that he had checked with the FAA and they had told him he said, that you had never received anything from me. I told him that I would get back with him and you. I had previously spoken with a Dr. Steve Schwendeman about all of this. I am sending this letter to you again with the KUB result and I will be calling you about this today and will have my office girl re-e-mail the PE form tomorrow as she's out sick today. If you have any question regarding the foregoing, please don't hesitate to contact me. Thank you

Dr. Paul P. Schorr AME: 08531-1

(FAX also sent 3/18/08) 405.954-4300



DR. PAUL P. SCHORR, D. O., P. A. 901 N. Galloway, Ste. 149 Mesquite, Texas 75149 Office: 972-216-4900 Fax: 972-216-4903

P5 Date:	·
Date:	
3/18/08	
Please review	For your information
	•
•	
	200 200 200 200
	A TOP
	100 ·
	ל לילוגיים האומים האומים
	200

- Tim	Fod	WE	D= 200	000	4 P 1 P 1 P 2	2
plicant Must Complete	LL 20 Kerns (Excep	t For Shaded Area	s) PLEASE PI	Close of Mad	lical Certificate Ap	2120-0034 plied For:
	7	1. Application For: P. Airman Medical Certificate	Airman Medical and Student Pilot Certificate	☐ 1st		3nd
CONTRACTOR FF-2	470114	Certificate 3. Last Name	Student Pilot Ceranicate First N	ame	Middle Name	•
EDICAL CERTIFICATE	SOFER CLASS	PADDOCK	STEPI	HEN	CRAIG	
EMPAPER CHARLE		4. Social Security Number		-86 -	6197	
AND SQUENT PLOT	(ED) (ICEVOL)	6. Address	Tek	ephone Number (3/0	0) 644-5	341
s cardials that (PM) rame and secret	U	12629 1	arablum	AVE		
		Number/Street		,	90250	- I
stopnėm Grais Padi		HAW THUTA	State /	Country		Zip Code
13029 Karaulus Ay					8. Color of Eyes	9. Sex
	0250	6. Date of Birth 04	09 1453	7. Color of Hair	_	1 . 1
Date of Birth Height (freq.)		Citizenship 15		BNN	BLU	m
1644 11 PER		10. Type of Airman Certific	cate(s) You Hold:			
es riel the pietical Renderds press oblice Regulations, for the class to		None	☐ ATC Specialist	☐ Flight Instru		ational
ulation Regulations, for the cases o		☐ Airline Transport	☐ Flight Engineer	Private	. 🗀 Other	
		☐ Commercial	☐ Flight Navigator	☐ Student		
		11. Occupation		12. Employer	A 1	
		Non.	<u>e </u>		None	ed ?
Hall new property		13. Has Your FAA Airman	Medical Gertificate Eve	r peen venioo, Su fves nivedate		
الرائا - ا				f yes, give date M N	t FAA Medical Ap	olication
		Total Pilot Time (Civilian O	nty) 15. Past 6 months		1-001	No Prior
nge of Exempletion Exem	nicers Delignation No.	14. To Date	60	I M M / U U	, , , , , ,	Application
	110694		A 15 disation (Den	scription or Nonpre	scription)?	
Signification		17.a. Do You Currently U	below list medication(s) u	sed and check appro	opnate pos). <u>Previ</u>	Ously Reported Yes No
	(E)	1 '			4 !	
Typed Name #	es.					
Tretalis Gaussia	<u> </u>		(If more space is req	77. 7	instr. on sheet).	
ARBANSSIGNATORE	79.2	17.b. Do You Ever Use N		of Mil F	E es	No.
	THE PERMITANCE	ED WITH HAD OR DO YOU	PRESENTLY HA		VING? Whawer "y planation of the cor	es" or "no"
18. Medical History - HAVE YOU EVER	R EXPLANATIONS DOX below, Y	ou may note " PREVIOUSLY	REPORTED, NO CHA		pranation of the col	COROLI WOO
Medical History – HAVE YOU EVER for every condition listed below. In the reported on a previous application for the condition is the condition of the condition in the condition is the condition in the cond	an airman medical certificate and [Ves No Condition	Yes No	ondition	No_	Condition	
Yes No Condition Frequent or severe headaches	yes No Condition		al di ders of any said anxiety, etc.		itary medical discha	
	h. ☐ Ø High or low blood pro		nc presidence or fall ubstance a	eda s.□ Me	edical rejection by m	rilitary service
b. Dizziness or fainting spell			ii bstance in t	the L Re	ejection for life or he	alth insurance
c. 🔲 🎉 Unconsciousness for any reason	L Stomach, fiver, or l		ohol dependence or abuse	u.₽ □ Ac	imission to hospital	
a. Eye or vision trouble except glass	es j. 🗌 🎧 Kidney ston				iner liness, disabilit	y, or surgery
Hay fever or allergy	k. 🗆 🖟 D		cide attempt			
f. 🗌 🔁 Asthma or lung disease	A Marie Mari	q. L. Mot	ion sickness requiring me	dication		
Conviction and/or Administrative		ructions Page	·	Yes No		
VeriNo.		toxicated by, while impaire	d by, or while under the	ne lumina	History of nontra	ffic ·
		toxicated by, write impant enviction(s) or administrative ancellation, or revocation			conviction(s) (misdemeanors (or felonies).
offer war res	suspension, c	abilitation program.	***	<u> </u>	•	
		•				ER FAA USE Lew Action Code:
Explanation	PREVIOUSLY REP	PARTED - NO	CHANGE		Raw	MA WICH CODE
	, -				ļ. ·	
					1.5	
1				0 !4-	ructions Page	
19. Visits to Health Professional	Within Last 3 Years.	☐ Yes (Explain Bo	elow) No	Reasor		
Date Name, Addr	ess, and Type of Health Pro	ofessional Consulted	-	HOSPEN.	<u>'</u> _	
			ļ			
			 			
				fuing Declaration	ns.	
- NOTICE -	20. A hereby authorize the National Dri	Applicant's National Drive	er Kegister and Certi designated State Depart	ment of Motor Vehic	les, to furnish to the	FAA
Whoever in any matter within the jurisdiction of any department of	hereby authorize the National Dri nformation pertaining to my driving	g record. This consent constitu	utes authorization for a sign	ngle access to the in formation received t	from the NDR, if an	y, available for
	writy information provided in this a	application, open try request				
Conceals or covers up by any trick,)	NOTE: ALL persons usin	O COME LOGISM LIMITED STATES IN THE PARTY	The state of the state of	es not apply unles	s this form is used	1 42 94I
scheme or device a material fact.	application for Ma	COCSI CELLIICERA OL MERICELA	001 0110000		an the heat of my k	nowtedge, 200
			ce of any FAA certificate t	ome. I have also re	and understand	the Privacy A
	spletement that accompanies this f	orm.	<u> Karangéha, I</u>	, <u> </u>	Date # 4	02 200
	ignifium of Applicant		2.0		M M /	DOIYYY
not more than 5 years, 4001; 3571)	2 1 " - N e				NSN:	0052-00-670-0

							DICAL EXA		ATIO	N .			1		
21. Height (inches)	22. Wel	ght (pounds)		YES	ut or nem	□ NO	Ability (SOD: Defe		oted:			-	14.3	ODA Serial	reginbet
CHECK EACH ITEM	IN APPR	OPRIATE	COLUM	4	Normai	Abnomai	CHECK E	AÇ	HITE	M IN APPI	ROPRIAT	E COLUMB	ļ	Normal	Abnormal
25. Head, face, neck			7-7-7-				37. Vascul	ar s	ysten	1 (Pulse, ampi	itude and d	eracter, arms, I	egs, others)		
26 Nose		·					38. Abdom	en a	and v	iscera (Indu	ding hemia)				
27. Sinuses		N. 1:	1, %				39. Anus	Not i	ncludin	g digital examı	nation)				<u> </u>
28. Mouth and throa	t e				L	ļ	40. Skin			:		<u> </u>			L
29. Ears, general (In	ternal and ext	emai canals; H	learing unde	ritem 49)		ļ	41. G-U sy	ster	n (No	t including peh	nc examinal	ion)			ļ
30. Ear Drums (Perfor	ration)			<u></u>	<u> </u>					· ·		h and range of	motion)	- -	ļ
31. Eyes, general (Vi	ision under its	rms 50 to 54)				 				sculoskele				<u> </u>	100
32. Ophthalmoscopi	c				 	ļ	·			marks, sc	ars, tatto	S (Size & loca	ttion)		-
33. Pupils (Equality and					<u> </u>		45. Lymph	atic)Ten	rino refleves e	outhour s	enees cranial n	onet		
34. Ocular motility (A				s)	ļ	 						enses, cranial n			
35. Lungs and chest											vior, mood,	communication,	and memory	 	 -
36. Heart (Precordial ac NOTES: Describe et					abia itaa		48. Gener				tional eh	ate if nacre	rany and	attach to ti	ole form
+7(* 4.2.)	1	·			-	.*					•	t di La		tele	.N†′ - ∪4¥4+
															+.:
49. Hearing	Record Audi Discrimination	ometric Speect on Score Below					Right Ear.				L		Left Ear	·	
Conversational Voice Test at 8 Feet Pass D Fail			Audior Thresh decit	neter old in	500	1000	2000	30	000	4000	500	1000	2000	3000	4000
50. Distant Vision	┖┼╌╾			a. Near	Vision		اا	_	51.b	. Intermed	late Visi	on - 32 Inc	hos	52. Color	Vision
Right -20/	Correcte	d to 20/	Rig			Correcte	d to 20/			ht 20/		orrected to 2	1	D P	244
Left 20/	Сотесте		Left			Correcte			Le		_	orrected to 2		D F	
Both 20/	Correcte	d to 20/	Bot	h 20	ŧ	Correcte	d to 20/		Во	th 20/	C	orrected to 2	501		an,
53. Field of Vision		54. Het	erophori	a 20' (in	prism diopte	H3)	Esophoria		T	Exopho	ia	Right Hype	rphoria	Left Hyp	erphoria
□ Normal □	Apnorm	al d				1									
55. Blood Pressure	1.			57. Urir	alysis (i	f abnormal	, grve results)						58. EC	G (Date)	
(Sitting, Systom of Mercury)	lic Di	astolic (H	(esting)	□ Nor	mal	□ Ab	normal	-	Α	Jbumin	+	Sugar	MM	D D	<u> </u>
59. Other Tests Gi	ven					7		٠			'		+		
		`ŧ				*					7				7.
										•	i -				-3
60. Comments on abnormal findings o													Pati	FOR FAA nology Coo	
							•			i e	•			led By: rical Rejec	
Significant Medic	al Histor	y : 🗆 YE	3	_ □ N	Ю	Abno	rmai <u>P</u> hysic	al f	indi	ngs 🗆	YES	□ NC		200	
61. Applicant's Na		,				Issued :	Medi	cal	Certif	icate	□ Me	dical & Stu	dent Pilot	Certificate	
•	1.				□ No	Certificat	te Issued -	De	ferre	d for Furthe	r Evalual	tion			
83. Disqualifying D	efects (ist by item	number)	Т	☐ Has	Been De	nied Let	ter	of De	nial Issued	(Copy A	tached)	 		
		-							_					1.1	
64. Medical Exami this medical examin	ner's Dec	taration — ort. This rep	i hereby port with	certify than any atta	hat I have chment e	persona mbodies	illy reviewed my findings	the	med nplet	ical history ely and cor	and per	onally exan	nined the	applicant n	amed on
Date of Examination	n	Aviation	Medical E				N, M.D.			Av	isyon M	dical Exami	ner Sigr	ature	
MM DD Y	YYY	Street Ad	dress	19	70 Soul	n Prosp	ect					04			
			Red				0277-6003			A	MB 5 ar		74		
FLAC TO SE	J.i	City			C3101 5	10-0375	Zip Cod	•		A	W en	TIOU B	7	. 3	

FAA Form 8500-8 (3-99) Supersedes Previous Edition

NSN: 0052-00-870-8002

Applicant I	Must C	Complete	ALI	_ 20	Items	(Except	For Sha	aded	l Ai	eas)	PLEAS	SE PRI	ΙŢ	1	Form	Approved OMB N	O. 2120-0034
Course and FAA Form	3500-0						1. Applic						2.	Clas	s of	Medical Certificate	Applied For:
Copy of FAA Form (Medical Cellifical Form \$420-2 (Medi PRO) Certificato; n	é) or FAA ical/Gludent round	FF-2	49))7 7	72			nan Me tificate			Airman Medi Student Pilol			Ε] 1st	2nd	X 3rd
MEDICAL	L CER	TIFICATE	<u>: Ti</u>	IRD	CL/	ASS	3. Last N					Name PHEN			•	Middle Name CRAIG	
ANDS	STUDE	NT PILO	TEE	RTI	FIGATI	Ē ·	4. Social		rity I	lumber		51-3313					
This conflies	that (Fr	ult name and	acktr	ess):	ij.		5. Addre 3031 FRII	ENDSH	IP HII	L CIR		Telepho	ne Numi	ег	()	-	
STEPHENICR	AIG PADE	odik .		4.	4		Number / HENDER:				NV					89052-8535	
3031 FRIENDS							City					ate / Country				Zip Code	T
HENDERSON Date of Birth		2-8535 Int Weight	Ha	c.	Eyes	Sex	6. Date of Citizer		h	04/09/ MM/DO			olor of OWN	Hair		8. Color of Eyes BLUE	9. Sex Male
04/06/1953	76	218	BRO	MN :	BLUE.	М	10. Type	of Ai	mar	Certific	cate(s) You I			_			
has met the a	medical s	tandards pre	scribe	d in p	art 67, Fe	derai	ı =	None	T			Specialist		=	-		creational her
		for this class	Of Me	ICICAL :	Ceruixaie	1 1 1	=	Airline Comm		•	= -	ht Enginee ht Navigato		=	Privat Stude		ner
Must w	ear correc	itve lenses	1				11. Occi	upatio					Employ	_			
뮱							NONE		FAA	Airman	Medical Cer			n De	nled,	Suspended, or Rev	oked?
TE I								Yes		X	No	If yes, giv			-	MM/DD/YYYYY	
277.5 100000 1100000		1.0		14,			1		ne (C	Civillan C	• •	iba	16.		of L 20/20	ast FAA Medical Ap 001 No	oplication o Prior
Date of Exam			miner 00000		ionalion I	Voc.	14. To D 700				15. Past 6 n		╧	MM	DDM	<u>~~ </u>	pplication
69/04/2003		18.	uuuu	3404	100		17.a. Do				e Any Medic below list med						ously Reported
Signatu 2	ie.				400			L4			•					:	Yes No
Typed N	Varne																
	I L SAMUI					1											
AIRMAN'S SI	IGNATUI	RE														instruction sheet).	[7] N
40.14	4	WE VOLLEVE	101.74	UD U	TE BEEN D	VACNOSED V					ear Vision Co					NG? Answer "yes" o	X No
for every co	ondition list	ted below, in th	ne EXP	LANAT	FIONS box	below, you ma	ay note "PF	REVIO	USL'	/ REPO	RTED, NO C	HANGE" o	nly if th	e ext	olana	tion of the condition v	was
reported on	a previou	s application fo		1			re has bee		l			See In	1		ı		
Yes No	Condition		Ye			ndition		Yes	No.		sorders of any	sort:		Yes .	No.	Condition Military medical discharg	
a Ledne	ent or severe	headaches	g. [긔쓷	Heart or vas	scular trouble			스	aepressk	on, anxiety, etc e dependence		-		匚		
	ess or faintin		h.[<u>' </u>	blood pressure		n□	X	drug test or use of	ever; or substan	nce abuse	⊢		三	Medical rejection by mili	
		for any reason le except glasses	j. [J	<u>' </u>	ver, or intestinal		h		last 2 yea			_	<u>口</u> . 区.	Ħ	Rejection for life or heal	in insurance
하니 (스)			P. 1			ne or blood in uni	ne	<u>∘</u> □	<u> </u>		lependence or	aouse	_		=	Admission to hospital	
e.X Hay fe			X.		Diabetes	al disorders; epile	ensv	길	-	Suicide a			_	- <u> </u>	뿌	Other illness, disability,	or surgery
f. X Asthma			1.		, 20170162' 21	ioke, paralysis, t	JU.	9.	ഥ	Motion si	ckness requirir	ng medication			<u> </u>		
Conviction an		any conviction(aired !	by, o	r while u	nder the		Y	es	No	Listant of pontroffi	^
v. TIX influ	ence of al	cohol or a drug ich resulted in t	or (2)	history	of any con	viction(s) or a	dministrativ	ve actic	on(s)	involvin	g an		w.	미	X	History of nontraffi conviction(s)	
whice	ch resulted	in attendance	at an	educati	ional or a re	ehabilitation pr	ogram.	. 01 0	•,,,,,	p						(misdemeanors or	felonies).
Explanations See Form 850		nstructions I		nments	i												
					- 1/						,	leel u			Ç,	o Instructions Page	<u> </u>
19. Visits to I	Health Pi					of Health Pr			·	in Belov ted	v)	X N				e Instructions Page Reason	
Date		Name, A	Audit	133, AI	iu Type C	, nearmin	010331011									Reason	
	_																
Whoever in	NOTICE	 r within the		١.,	ombu outbori		• •				er Registe			-		ations to furnish to the FAA	
jurisdiction	of any dep			inf	ormation per	taining to my driv	ring record.	his con	sent	constitute	s authorization	for a single	access to	the i	nform	ation contained in the Ni the NDR, if any, availab	DR to lie for
knowingly conceals or	and willful	ly falsifies,			review and	written comment	L Authority: 2	3 U.S.	Code	401, Note	∌.						•
	device a m	naterial fact,			NOTE:	ALL persons to application for	using this fo r Medical Co	rm mu ertificat	st sig e or l	n it. NDR Jedical C	consent, how ertificate and	rever, does Student Pik	not appl ot Certif	y unicate.	ess th	is form is used as an	
or fraudu	lent state	aments or try, may be		11	nereby certify	that all stateme	nts and ansv	vers pro	vided	by me or	n this application	n form are c rtificate to m	omplete e. I have	and tr	ue to s	the best of my knowledge and understand the Priva	e, and { acy Act
fined up to	\$250,000 or	r imprisoned rs, or both.		st	atement that	accompanies th					,, .,						
(18 U.S. Co				S	gnature of	Applicant										Date 09/04/2003 MM/DD/YYYY	
EAA Form 850	N 9 (2 DO)	Supercades	Dravia	ue Edi	tion - COP	· ·				-						NSN: 00	52-00-670-6002

NOTE: FAA/Original Copy of the Report of Medical Examination Must be TYPED.

				REP	ORT OF ME	DICA	L EXA	MINATIC	N		······································							
21. Height (inches)	22.	Weight (pounds)	23	3. Statemer	nt of D	emons	strated A	bility	y (S(ODA)			24	4. SOD	A Se	rial Nun	nber
76		218			YES	X	NO	Defe	ct Note	ed:								
CHECK EACH ITEM IN	APPR	OPRIATE	COLUM	N	Normal	Abnor	mal C	HECK E	ACH	ΠEI	M IN APP	ROPRI	ATE COL	UMN		No	rmal .	Abnormal
25. Head, face, neck, and	scalp				×		37	7. Vascula	r syste	em ((Pulse, amplitu	ie and chara	cter, arms, legs	s, others)		1	х	
26. Nose					х		38	3. Abdome	n and	i visc	cera (includir	g hemia)					x	
27. Sinuses					×		39	Anus (N	lot includ	ding dig	gital examinatio	n)				十	X	
28. Mouth and throat				·· · · · · · · · · · · · · · · · · · ·	x		40). Skin					*******			1	x	***
29. Ears, general (Internal and	d external ca	nais; Hearing u	under item 49)		х		41	I. G-U sys	tem ((Not in	cluding pelvic e	xamination)					Х	
30. Ear Drums (Perforation)					Х		42	2. Upper a	nd low	ver e	xtremities	(Strength ar	d range of mol	ion)			Х	
31. Eyes, general (Vision und	er items 50 t	0 54)			Х						uloskeletai						Х	
32. Ophthalmoscopic 33. Pupils (Equality and reaction					X	-		 Identifyi Lympha 		dy m	arks, scars	, tattoos	(Size & location	n)		+	, 	×
34. Ocular motility (Associate		wement, nyster	amus)	` `	×	\vdash				endon	reflexes, equili ation, etc.)	brium, sense	s, cranial nerv	95,		+	X	
35. Lungs and chest (Not inc					X	\vdash					ation, etc.) ance, behavior,					+	$\hat{\mathbf{x}}$	
36. Heart (Precordial activity, rhy	thm, sounds,	, and murmurs))		X			3. General								\top	X	
NOTES: Describe eve	erv abno	ormality in	detail. E	nter app	licable item	numb	er befo	re each	comm	nent.	. Use add	itional s	heets if n	ecessa	rv and a	attach	to this	form.
See Form 8500-8 Cor	nii idauo	n Sneet i	or Comm	ei ils														
49. Hearing			udiometric S ation Score I					Rig	ht Ea) r					ı	eft E	ar	
Conversational Voice Test at 6 Feet					Audiomete Threshold		500	1000	20	100	3000	4000	500	1000	200	00	3000	4000
X Pass ☐ Fail				•	decibels													
50. Distant Vision		<u> </u>	5	1.a. Nea	ar Vision				5	51.b.	. interme	diate Vi	sion - 32	Inches	·	52.	Color V	rision
	orrected			_	20/ 20		ted to 2			Right			orrected to		1		X Pa	3\$S
	orrected orrected				20/ 20 20/ 20		cted to 2 cted to 2			.eft 3oth	20/ 20/		orrected to orrected to		l		☐ Fa	
53. Field of Vision	54	. Hetero	phoria 20	' (in pris	m diopters)		Esopi	noria	E	Exo	phoria	Ri	ght Hype	rphoria	а	Lef	t Hyper	phoria
X Normal Abnom	nal		CO D. I.		PP 11.1		0			0			0)
55. Blood Pressure	tolic i	Diastolic	56. Puls (Restir		57. Urinaly	515 (if	abnorma	il, give resul	ts)	i	Albumin	1 8	Bugar		G (Date	e) OD I	YYYY	
(Sitting, System of Mercury) 12	<u>-</u>	76	82		X Normal	ı ł	At	onormal		\vdash	0		0		, .	ן טכ	••••	
59. Other Tests Giver						-												
60. Comments on His abnormal findings of the e	xamination	on. (Attach	all consult									i for				Patt Cod	od By:	des:
Significant Medical H		YES	I ea L	NO loo Boo	n issued						Findings		YES	X				
61. Applicant's Name STEPHEN CRAIG PADD			V2. F		Certificate			Medical C eferred for				edical &	Student Pil	ot Certif	ncate			
					s Been De							i)						
63. Disqualifying Defe	ects (Lis	st by item	number)				•											
64. Medical Examiner	s Decla	ration -	I hereby o	ertify tha	t I have perso	onally re	eviewed	the medic	al his	tory :	and persor	ally exar	nined the a	pplicant	t named	on		
this medical examination i		·				finding	s compl	etely and	соггес	i								
Date of Examination		on Medica N L SAMU	al Examin ELSON	er's Nar	ne					1	Aviation N	fedical I	Examiner	s Signa	ature			
MM DD YYYY	⊢—	Address								1								
09/04/2003	1970	S PROSPE	CT AVE							T	AME Seri	al Numb	per (0000084	154			
	City F	REDONDO	BEACH	State	CA		Zio Cod	e 90277		T	AME Tele	phone		(310) 5	40-0375			

Applicant Name: STEPHEN CRAIG PADDOCK

Applicant MID:

200001691496

Transmitted to FAA:

17.a.Medications (From page 1):

Medication

Previously Reported

No

es

18. Explanations (From page 1):

18E #18-E: -PREVIOUSLY REPORTED - NO CHANGES. 18U #18-U: -PREVIOUSLY REPORTED - NO CHANGES. 18X #18-X: -PREVIOUSLY REPORTED - NO CHANGES. #18-E&U&X: -PREVIOUSLY REPORTED - NO CHANGES.

19. Visits to Health Professional Within Last 3 Years. (From page 1):

25 - 48. Notes (From page 2):

#44: -2" SCAR MID LOW BACK.: #44: -2" SCAR MID LOW BACK.

59. Other Tests Given (From page 2)

N/A

60. Comments on History and Findings (From page 2)

N/A

About Security Number Sect	001 & 0 £491			CYNA	w	
Security Number STEPHEN STEPHEN STEPHEN STEPHEN Steel Security Number STEEL ST	Applicant Must Complete <u>ALL</u> 20 Items (Ex	cept For Shaded Ar	eas) PLEASE P	RINT Form A	, pproved OMB NO	2120-0034
Security Number STEPHEN STEPHEN STEPHEN STEPHEN Steel Security Number STEEL ST		1 Application For		2 Class of Me		
A Stocial Except Number STEPHEN CRAIK		Certificate				(310
About Security Number	MEDICAL OFFITE MEDICAL GLASS	29 1				_]
Section Process Proc	- Anglembergalan Certificate	984				
Reconstruction Pages Section Pages		8 Address	Za a . h.l Tel		0)675 -2	370
Comparison Contract Contrac			wrneium_	Ave		
Celtranahip Control Selection Celtranahip Celtra		Gav.	Sheta / I	Country		Zio Code
CReamahlp SR		MAWIHO	RNE CA			
Commercial Flight Improve Flight Improve Commercial Flight Improve		E Dette of Blirth QU	1001 1444		_ '	
Norse Artis Transport Plagit Regime Pl		227 - Connection in Property of the Connection in Connecti		BR	BC.	m
Anhen Transport Pright Regiment Disturbed Student Studen		638				
Commercial Piggit Newtygator Cauthernia Piggit Newtygator	A A Print Control of the Control of					tional
13 Has Your FAA Hotel 17 to D 17 yes 18 Desire of Law PAA Hotel 17 to D 17 yes 18 Desire of Law PAA Hotel 17 to D 17 yes 18 Desire of Law PAA Hotel 18 Desire of Law PAA		928 I I		-		
Section Sect		11 Occupation		12 Employer		
Visi Visi	The second second second					
Total Place Time (Croken Only) Past Spenish Brown of the State St			.	vae mus deta		1
14. To Date 15 Peak 8 months 15 Peak 8 months 15 Peak 8 months 15 Peak 8 months 15 Peak 9 months			<u> </u>			
The Dot You Currently Use Any Inscitation Prescriptions or Nonprescriptions or Nonpres	Team of programming Security (Indicated in	14. To Date		09 18	1995 1	la Prior
The Control of the		9991	I See A mu Marillo et lan I Drae			upplication
To Do You Ever Use Near Vision Contact Lensing Vision The Control Vi		A No Yes (If yes	below list medication(s) us	ed and check approp	prate box) Brevil	
To Do You Ever Use Near Valor Country Set To on the property of the property of the property of the proposed persons of the property of the proposed persons for an arran mentacial confidence of the proposed persons for an arran mentacial confidence of the proposed persons for an arran mentacial confidence of the proposed persons for an arran mentacial confidence of the proposed persons for an arran mentacial confidence of the proposed persons for an arran mentacial confidence of the proposed persons for an arran mentacial confidence of the proposed persons for an arran mentacial confidence of the proposed persons for an arran mentacial confidence of the proposed persons for an arran mentacial confidence of the proposed persons of the					AP APEL	
The Do You Ever Use Near Vision Contact Lamp West Part The New York No.	The same of the sa					K34 —
To Do You Ever Use Near Vision Condition Yes No		;	Of more space is requ	mag and 17 s on the	(petiticalian street)	
Yes No Condition Yes N	A CONTRACT OF THE PARTY OF THE		Near Vision Contact Lens	Marie (197)g7		
Yes No Condition Yes N	18 Medical History - HAVE YOU EVER IN YOUR LIFE BEEN DIAGS for every condition listed below in the EXPLANATIONS box belo	NOSED WITH, HAD, OR DO YOU W YOU MAY FIOLD "PREVIOUSLY	JPRESENTLY HAVE ANY REPORTED NO CHAN	OF THE FOLLOW	MG7 TAnswer 'ye.	ition was
	reported on a previous application for an airman medical cartificate				Condition	1
By Visits to Health Professional Within Last 3 Years Yes (Explain Below) Yes (Yes (Yes (Yes (Yes (Yes (Yes (Yes		r trouble m	ntal discribers of any sort,	Mary Mary		je
By Visits to Health Professional Within Last 3 Years Yes (Explain Below) Yes (Yes (Yes (Yes (Yes (Yes (Yes (Yes		oressure # # ###	etalice dependence d'halle	da s 🗍 🎜 Med	ical rejection by mili	tary service
By Visits to Health Professional Within Last 3 Years Yes (Explain Below) Yes (Yes (Yes (Yes (Yes (Yes (Yes (Yes			o vestigate de empetance ao Se ay livega astroctance in the	t 🗆 🗗 Reje	ction for life or healt	th insurance
Sound attempt Sound attemp		No. Aumes to C. M.A.	hol dependence or abuse	u#C □ Adm		
Conviction and/or Administrative Action Rippes See Instructions Page Ves No Influence of alcobor of a ding, or jistory of any conviction(s) or administrative action(s) involving an office of alcobor of a ding, or jistory of any conviction(s) or administrative action(s) involving an office of alcobor of a ding, or jistory of any conviction(s) or administrative action(s) involving an office of a ding, or jistory of any conviction(s) or administrative action(s) involving an office of a ding, or jistory of any conviction(s) or administrative action(s) involving an office of a ding, or jistory of any conviction(s) or administrative action(s) involving an office of a ding, or jistory of nontraffic conviction(s) involving an office of a ding, or jistory of nontraffic conviction(s) involving an office of a ding, or jistory of nontraffic conviction(s) involving an office of a ding, or jistory of nontraffic conviction(s) involving an office of a ding, or jistory of nontraffic conviction(s) involving an office of a ding, or jistory of nontraffic conviction(s) involving an office of a ding, or jistory of nontraffic conviction(s) involving an office of a ding, or jistory of nontraffic conviction(s) involving an office of a ding, or jistory of nontraffic conviction(s) involving an office of a ding, or processed or processed or processed or nontraffic conviction(s) involving an office of a ding, or processed or processed or processed or nontraffic conviction(s) involving an office of a ding, or processed or nontraffic conviction(s) involving an office of a ding, or processed or nontraffic conviction(s) involving an office of a ding, or processed or nontraffic conviction(s) involving an office of a ding, or processed or nontraffic conviction(s) involving and processed or nontraffic conviction(s) involving and processed or nontraffic conviction(s) involving and processed or nontraffic conviction(s) involving and processed or nontraffic conviction(s) involving and processed or nontraffic conviction(s) involving and processed or						OF SURGERY
Conviction and/or Administrative Action is processed. See Instructions Page Yes No History of (1) any processed byte adds. See Jinstructions while introduced by, while impaired by, or while under the influence of alcost the district suspension, cancellation, or revocation of driving privileges or office and the district suspension, cancellation, or revocation of driving privileges or office and the district suspension, cancellation, or revocation of driving privileges or office and the district suspension. Cancellation or representations are desired as a educational or a rehabilitation program Explaintings the farmed of the district suspension of the district of the district suspension of the district of the district suspension of the district of the district suspension of the district of the district suspension of the district of the district suspension of the district suspension of the district suspension of the district of th						
Ves No Intercept of (1) any projector(s) resolving while intoxicated by, while impaired by, or white under the influence of alcosis the diffic. SED into of any conviction(s) or administrative action(s) involving an offerse less that the disease, it is the project in the proje	37 3.2		and described in the second			
Explanations FOR FAA IJSE Fowlers Action Codes 19 Visits to Health Professional Within Last 3 Years		////	of hy or while under the	Yes No	etani of nontroffic	
Explanations FOR FAA IJSE Fowlers Action Codes 19 Visits to Health Professional Within Last 3 Years	influence of alcohol die drug, of (2) listory of any	conviction(s) or administrativ	e action(s) involving an	W	nviction(s)	i
Explanations FOR FAA IJSE Fowlers Action Codes 19 Visits to Health Professional Within Last 3 Years	onense are account in a transport of an educational or a re	, cancellation, or revocation ehabilitation program	or dualid businedes of	(m	isdemeanors or t	reionies)
19 Visits to Health Professional Within Last 3 Years	Explanations See manufacture Page					
19 Visits to Health Professional Within Last 3 Years	SUNGERY 1990 -P	LEVIOUSLY REPO	ATED		(Sarview)	Action Codes
19 Visits to Health Professional Within Last 3 Years	CHANGES -NO MED	CATION				1
Date Name, Address, and Type of Heelth Professional Consulted Reason	●					
	19 Visits to Health Professional Within Last 3 Years	☐ Yes (Explain Be	elow) Jai No	See Instruc	tions Page	
Whoever in any matter within the jurisdiction of any department of motor Vehicles to furnish to the FAA jurisdiction of any department or agency of the United States information prefaming to my dinving record. The consent consentues authorization for a single access to the information contained in the NDR to agency of the United States knowingly and withfully faterlies, conceals or covers up by any trick scheme or device a meteral fact, or who makes any fakes, fictious or fraudulent statements or fraudulent statements or representations, or entry, may be fined up to \$250,000 or impregned in the proposed of the device of the formation or the septication formation received from the NDR consent, however, does not apply unless this form is used as an application for Medical Certificate and Student Pitot Certificate I hereby certify that all statements and enswers provided by me on this application form are complete and true to the best of my knowledge, and to representations, or entry, may be fined up to \$250,000 or impregned in the formation comment. Authority 23 U.S. Code 401, Note NOTE ALL persons using the form its used as an application for Medical Certificate and Student Pitot Certificate I hereby certify that all statements and enswers provided by me on this application form are complete and true to the best of my knowledge, and to represent the true or the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true t	Date Name, Address, and Type of Health I	Professional Consulted		Reason		
Whoever in any matter within the jurisdiction of any department of motor Vehicles to furnish to the FAA jurisdiction of any department or agency of the United States information prefating to my dinving record. The consent consentues authorization for a single access to the information contained in the NDR to agency of the United States knowingly and withfully faterlies, conceals or covers up by any trick scheme or device a meteral fact, or who makes any fakes, fictious or fraudulent statements or fraudulent statements or representations, or entry, may be fined up to \$250,000 or impregned in the proposed of the device of the formation or the septication formation received from the NDR consent, however, does not apply unless this form is used as an application for Medical Certificate and Student Pitot Certificate I hereby certify that all statements and enswers provided by me on this application form are complete and true to the best of my knowledge, and to representations, or entry, may be fined up to \$250,000 or impregned in the formation comment. Authority 23 U.S. Code 401, Note NOTE ALL persons using the form is used as an application for Medical Certificate and Student Pitot Certificate I hereby certify that all statements and enswers provided by me on this application form are complete and true to the best of my knowledge, and to represent the true or the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to						
Whoever in any matter within the jurisdiction of any department of motor Vehicles to furnish to the FAA jurisdiction of any department or agency of the United States information prefating to my dinving record. The consent consentues authorization for a single access to the information contained in the NDR to agency of the United States knowingly and withfully faterlies, conceals or covers up by any trick scheme or device a meteral fact, or who makes any fakes, fictious or fraudulent statements or fraudulent statements or representations, or entry, may be fined up to \$250,000 or impregned in the proposed of the device of the formation or the septication formation received from the NDR consent, however, does not apply unless this form is used as an application for Medical Certificate and Student Pitot Certificate I hereby certify that all statements and enswers provided by me on this application form are complete and true to the best of my knowledge, and to representations, or entry, may be fined up to \$250,000 or impregned in the formation comment. Authority 23 U.S. Code 401, Note NOTE ALL persons using the form is used as an application for Medical Certificate and Student Pitot Certificate I hereby certify that all statements and enswers provided by me on this application form are complete and true to the best of my knowledge, and to represent the true or the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to						
Whoever in any matter within the jurisdiction of any department of motor Vehicles to furnish to the FAA jurisdiction of any department or agency of the United States information prefating to my dinving record. The consent consentues authorization for a single access to the information contained in the NDR to agency of the United States knowingly and withfully faterlies, conceals or covers up by any trick scheme or device a meteral fact, or who makes any fakes, fictious or fraudulent statements or fraudulent statements or representations, or entry, may be fined up to \$250,000 or impregned in the proposed of the device of the formation or the septication formation received from the NDR consent, however, does not apply unless this form is used as an application for Medical Certificate and Student Pitot Certificate I hereby certify that all statements and enswers provided by me on this application form are complete and true to the best of my knowledge, and to representations, or entry, may be fined up to \$250,000 or impregned in the formation comment. Authority 23 U.S. Code 401, Note NOTE ALL persons using the form is used as an application for Medical Certificate and Student Pitot Certificate I hereby certify that all statements and enswers provided by me on this application form are complete and true to the best of my knowledge, and to represent the true or the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to the best of my knowledge and true to	- NOTICE - 20	Applicant's National Drive	r Register and Cartiful	ng Declarations		
agency of the United States knowingly and wilduly testaffes, conceas or overs up by any trick conceas or covers up by any trick scheme or device a material fact, or who makes any lake, fictious or fraudulent statements or representations, or entry, may be fined up to \$250,000 or impagened not more than 5 years, or both; 10 years and statements and answers provided by me on this application form are complete and true to the best of my knowledge, and I representations, or entry, may be fined up to \$250,000 or impagened not more than 5 years for both; 10 years of Applicant. Date: Date: Da	Whoever in any matter within the	Driver Register (NDR) through a	tesionated State Departmen	at of Motor Vehicles	to furnish to the FA	A the NIDE to
conceals or covers up by any trick scheme or device a material fact, or who makes any lake, fictious or fraudulent statements or device a material fact, or who makes any lake, fictious or fraudulent statements or representations, or entry, may be fined up to \$250,000 or impresent on the first or the fir	agency of the United States verify information provided in the	s application. Upon my request the	ne FAA shall make the infor	nation received from	the NOR, If any a	raffable for
scheme or device a meteral ract, or who makes any false, fictitious or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to \$280,000 or impregned that they are to be considered part of the besis for issuance of any FAA certificate to me 1 have also read and understand the Privacy Act statement that accompanies this form. Substance of Apacant M M / D D / Y Y Y Y	conceals or covers up by any trick NOTE ALL persons us	ing this form must sign it. NDF	consent, however, does	not apply unless th	is form is used as	an I
or fraudulent statements or representations, or entry, may be liked up to \$250,000 or impresent that a suscential statement that a suscential	scheme or device a melenal fact, application for I	fiedical Certificate or Medical C	ertificate and Student Pik	ot Certificate		i
Rined up to \$250,000 or impregned statement that accompanies this form not more than 5 years for both; 3 Substitute of Applicant (18 U S Céde Secs 1001,3577) M.M. / D. 0 / Y.Y.Y.Y.	or fraudulent statements or incredy certaly that all statement	ared part of the basis for issuance	of any FAA certificate to m	e j pane apso usaq :	and understand the	Privacy Act
(18 U S Code Secs 1001 3571) MM / D 0 / Y Y Y Y	fined up to \$250,000 or impregned statement that accompanies the	tom				× 2006
					MM/DD	

"附近"。1

NOTE: FAA/Original Copy of the Report of Medical Examination Must be TYPED. REPORT OF MEDICA'S EXAMINATION 24. SODA Serial Number onetrated Ability (SODA) 22 Weight (pounds 21 Height (inches) □ NO ☐ YES CHECK EACH ITEM IN APPROPRIATE COLUMN CHECK-EACH ITEM IN APPROPRIATE COLUMN 37 Vascular system (Pulse, amplitude and character arms legs, others) 25 Head, face, neck, and scale 38 Abdomen and viscers (including hemis) 26. Nose. 39 Anus (Not including digital examination) 27 Sinuses 40 Skm 28 Mouth and throat 41 G-U system (Not including policic examination) 29 Ears, general (Internal and external canals Hearing under term 49 42 Upper and lower extremities (Strength and range of motion) 30 Ear Drums (Perforation) 43 Spine, other musculoskeletal 31 Eyes, general (Vision under items 60 to 54) 44 Identifying body marks, scars, tattoos (829 & tocation) 32 Ophthalmoscopic 45 Lymphatics 33 Pupils (Equality and reaction) 46 Neurologic (Tendon reflexes, equilibram, senses, cramal nerve 34 Ocular motility (Associated parallel movement, nystagmus) 47 Psychiatric (Appearance, behavior, mood, communication and memory) 35 Lungs and chest (Not including breast signification) 48 General systemic NOTES Describe every abnormality in detail Enter applicable item number before each comment. Use additional sheets if necessary and attach to this form Left Far Right Eas 49 Hearing Descrimination Score Below 4000 3000 2000 4000 500 1000 2000 3000 500 Conversational Voice Test at 6 Feet Audiometei ☐ Pass ☐ Fail **52 Color Vision** 51 b Intermediate Vision - 32 Inches 51 a Near Vision 50 Distant Vision ☐ Pass Right 20/ Corrected to 20/ Right 20/ Corrected to 20/ Right _20/ Corrected to 20/ Corrected to 20/ ☐ Fail 20/ Corrected to 20/ 1 eff 20/ Left Corrected to 20/ Corrected to 20/ Corrected to 20/ Both 20/ Both Corrected to 20/ Both 20/ Right Hyperphoria Left Hyperphoria Exophoria 54 Hoterophoria 20' (in priem diopters) 53 Field of Vision □ Normal □ Abnormal 58 ECG (Date) 56 Pulse 57 Urinalysis (# sbnormei, give results) 55 Blood Pressure MM DD YYYY Sugar Albumin Systolic □ Abnormal □ Normal mm of Mercury) 59 Other Tests Given 2 60 Comments on History and Findings AME shall comment on all "YES" answers in the Medical History section and for abnormal findings of the examination (Attach all consultation reports, ECGs, X-rays, etc. to this report before making) FOR FAA USE Pathology Codes He was to AND THE RESERVE THE PARTY OF TH Coded By: S Con of the Clerical Reject 1 4 miles メロwo Abnormal Physical Findings ☐ YES Significant Medical History ☐ YES ☐ Medical & Student Pilot Certificate 62 Has Been Issued | B-Medical Certificate 61 Applicant's Name ☐ No Certificate Issued -- Deferred for Further Evaluation ☐ Has Been Denied — Letter of Denial Issued (Copy Attached) 63 Disqualifying Defects (List by item number) 64 Medical Examiner's Declaration — I hereby certify that I have personally reviewed the medical history and personally this medical examination report. This report with any attachment embodies my findings completely and correctly.

Date of Examination

Aviation Medical Examination

Aviation Medical Examination

Aviation Medical Examination examined the applicant named on 1970 Set 'i Prazzaz Street Additionado Boach, California 90277 coos MM DD YYYY (310) 5/0 0376 HUN 2-0- 2001 Zid Code City

FAA Form 8500-8 (3-99) Supersedes Previous Edition

App	licant	Mu	st Comple	te <u>Al</u>	LL	20	Items	(Except	For Sh	ade	d A	reas)	<u>PLEA</u>	SE PRIN	I	Fo	rm Approve	ed OMB N	O. 2120-0034
Copy	of FAA For	m 850	·	404			45		1. Appli						2. (lass	of Medical C	ertificate	Applied For:
Ged Forti Pilot	cal Cortello 6420-2 (Me cattlicate)		EF-	Ubi	,	4	48		X Air	man M rtificate	ledica e	al 🗆	Airman Med Student Pilo	fical and at Certificate			1st] 2nd	X 3rd
			ERTIFICA					ASS	3. Last I					t Name PHEN			Middle I CRAIG	Name	
	AND	STL	IDENT PII	LOTE	Œ	RT	FICAT	E	4. Socia	l Seci	urity	Number		-51-3313					
This	certifie	s tha	t (Full name	and ad	dre	.ss):			5. Addre 2768 TH	UNDEF		AVE		Telephon	e Numbe	f	()-		
			PADDÓCK, e						Number / HENDER				NV				890	52-6991	
100	8 THUND								City					tate / Country				Code	
			80052-6991 Height Weig	ıht l	lait	T	Eyes	Sex	6. Date Citize		th	04/09 MM/00 USA		1	lor of H DWN	air	8. Color	of Eyes LUE	9. Sex Male
ð	(0/195		76 22	BR	OV	N	BIVE	M	10. Тур				cate(s) You						·
			ical standards ons, for this c						ᅵ片	None		nsport	_	C Specialist ht Engineer		_ Flig X Pri	ght Instructor	∐ Re □ Ott	creational
	14.5		orrective lenses							Comm		•		ht Navigator	7	=	ident		
SUO					1	1			11. Occ	upatic RED	n			12. E	mploye	r			
Limitations			La la			i.	100			Your Yes	FAA					Denie	d, Suspend	ed, or Rev	oked?
ā									Total B		//	X Citation (No	If yes, give		ate o	f Last FAA M	/DD/YYYYY	
Date	of Exam	ninati	ort .	Examin	er's	Des	ignation t	Vo.	14. To E 550	ate	me (c	Civilian (15. Past 6 r	nonths		09/18	/1995	⊢ No	Prior plication
Œ	/20/200	1		9000	ioe.	154					Curn	ently Us	e Any Medi	cation (Pres	_		onprescript		phodocir
×	Signati	ле "							X No		Yes	(If yes,	, below list med	fication(s) used	l and che	ck app	ropriate box).		usly Reported
Ē	Typed	N																	
ă			MUELSON																
AIR	HÁN'S S	ION	TURE										(If more spa	ce is required,	, see 17.	a. on	the Instruction	sheat).	
				**					 					ontact Lens			-		X No
		-	 HAVE YOU E' on listed below. 							-								•	
	eported o	n a pr	evious application			1		ificate and the	re has bee	en no d	chang	ge in you	ir condition.	See Inst	ruction	s Pag	е		
Yes			ndition		/es	+=		ndition		Yes	No		ondition					Condition	
a			severe headaches		·L		Heart or vas					depression	sorders of any on, anxiety, etc se dependence		r.		Military medi		····
₽.			fainting spell		Ļ	X		blood pressure		n.L.		drug test	ever; or substan	ance abuse	8.		Medical reje		
ᇷ			ness for any reaso trouble except gla		누			er, or intestinal tr e or blood in urine			157	last 2 yea			L L		Rejection for		insurance
	☐ Hay fe						Diabetes	9 OF DIOOG IS UTIL		∘∐ ∴	-	Suicide a	ependence or	abuse		=-	Admission to Other illness		reumanı
	=		ng disease		· <u>_</u>	냢	Neurologica	l disorders; epiler		<u> </u>			ckness requirin		- ~'	쒸	Tone mes	, disability, O	surgery
Conv	بت		Administrati	ve Acti	on.			oke, paralysis, et e Instruction		4-		MOUGH SI	ckness requin	ig medication					
Yes	No His	tory o	f (1) any convict	ion(s) inv	olv	ing d	riving while	intoxicated by,	while imp						Yes			f nontraffic	
۲.∟			of alcohol or a o which resulted												w	X	convictio	n(s)	
Fxn		~~~~	uited in attenda			lucati	onal or a re	habilitation pro	gram.						Ц	<u></u>	(misdem	eanors or f	elonies).
			Continuation She		-	nents													
19. V	isits to	Healt	h Profession	al Withi	in l	ast	3 Years.		П	Yes (E	xplai	in Below	<i>'</i>)	X No			See Instruct	ions Page	
	Date	П	Nam	e, Addr	res	s, ar	nd Type o	f Health Pro	fessiona	il Cor	nsull	ted					Reason		
		-																	
	1	NOT!	CE		┪			20. 🛦	pplicant	's Na	tion	al Drive	er Register	r and Certi	fyina r	ecl:	rations		
	Whoever in	any r	natter within the					e the National D	river Regist	er (NDF	R), thro	ough a de	signated State	Department of	Motor V	ehicles	, to furnish to t		7.4-
	agency of	the	United States willfully falsifies,			ver	ify information	nining to my drivir n provided in this	application.	. Upon :	my rec	quest, the	FAA shall mal						
,	conceals or	covers	up by any trick, a material fact,			my	NOTE:	ritten comment. ALL persons us	ing this fo	rm mus	st si gr	IL NDR	consent, how				this form is u	sed as an	
	orwhoma or fraudu	kes an Ilent	y false, fictitious statements or			16		application for I that all statement	Medical Ce	rtificate	or M	ledical C	ertificate and	Student Pilot (Certifical	.			and I
1	representati fined up to	ions, o \$250,0	r entry, may be 00 or imprisoned			ag	ree that they	are to be conside accompanies this	red part of										
			years, or both. s. 1001; 3571).		t		nature of A	- '	.57.11.								Date 06/	20/2001	

NOTE: FAA/Original Copy of the Report of Medical Examination Must be TYPED.

						DICAL		MINATIO	N									
21. Height (inches)	22.	Weight (pounds)	23. Sta	temen	nt of D	emons	strated A	bility	/ (SC	ODA)			24.	SOD	A Se	rial Num	ber
76		225		Ε	YES	X	NO	Defe	t Note	ed:								
CHECK EACH ITEM IN	APPR	OPRIATE	COLUMN	No	ormal	Abnorr	mal C	HECK E	ACH	ΠEI	M IN APP	ROPRI	ATE COI	UMN		No	rmal A	bnormal
25. Head, face, neck, and s	scalp				Х		37	7. Vascula	r syste	em ((Pulse, amplitud	e and chare	cter, arms, leç	ps, others)		1	×	
26. Nose					х		38	B. Abdome	n and	visc	era (Includin	g hernia)				1	X	
27. Sinuses					х		39	9. Anus (N	iot includ	ling die	gital examinatio	n)				\top	×	
28, Mouth and throat					х		40). Skin						····		1	x	
29. Ears, general (Internal and	external ca	anais; Hearing u	ınder item 49)		Х		41	1. G-U sys	tem (Not in	cluding pelvic e	kamination)					x	
30. Ear Drums (Perforation)					Х		42	2. Upper a	nd low	ver e	xtremities	(Strength ar	nd range of mo	xion)			X	
31. Eyes, general (Vision unde	er items 50 to	o 54)		i	X	<u> </u>					uloskeletal					\perp	X	
32. Ophthalmoscopic 33. Pupils (Equality and reaction)					X	ļ		 Identifyii Lympha 		y m	arks, scars	tattoos	(Size & locatio	m)		+	$\overline{-}$	X
34. Ocular motility (Associated		ovement nysta	omus)		<u>^</u>	 		6. Neurolo		endon	reflexes, equili tion, etc.)	onum, sense	s, cranial nen	res,		+	×	
35. Lungs and chest (Not inc					X						tion, etc.) ance, behavior,		··-			+	$\frac{\hat{x}}{x}$	
36. Heart (Precordial activity, rhyt					Х		48	3. General	syster	mic						十	×	
NOTES: Describe eve	ery abno	ormality in	detail. Enter a	pplicable	e item	numbe	er befo	re each o	comm	ent.	. Use addi	tional s	heets if n	ecessary	and a	attach	to this f	orm.
See Form 8500-8 Con	tinuatio	n Sheet f	or Comments															
230 : 3/// 0000 0 00/																		
49. Hearing			udiametric Speech action Score Bolow			T		Rig	ht Ea	ır					ı	Left E	ar	
Conversational				Au	diomete	r	500	1000	200	00	3000	4000	500	1000	20	00	3000	4000
Voice Test at 6 Feet X Pass ☐ Fail					eshold i lecibels	in ⊨	500	1000	200	00	3000	4000	300	1000	1 20	00	3000	1000
50. Distant Vision		<u>L</u>	51 2 1	lear Vis	ion			نــــــن	l _E	4 h	intermed	diata Vi	olon - 33	Inchae		<u>_</u>	Color Vi	ielon
	orrected	to 20/ 20		20/ 2		Correct	ted to 2	20/		Right			orrected to			JZ.		
Left 20/ 200 C	orrected		1	20/ 2			ted to 2		- 1	eft	20/	_	orrected to				X Pa	
	orrected		·	20/ 2		Correc	ted to 2		 -	oth	20/		orrected to				Fai	
53. Field of Vision X Normal Abnorm	1	i. neteroj	phoria 20' (in p	nism diop	ners)	┢	Esopi 0			-xo _l	phoria	KI	gnt riypi 0	erphoria		Let	t Hyperr 0	
55. Blood Pressure	<u> </u>		56. Pulse	57. U	rinaly:	sis (if	abnorma	al, give resul	ts)					58. ECG	(Dat	e)	_	
(Sitting, Syst	<u> </u>	Diastolic	(Resting)	[V]	Nomal			onormal		L	Albumin		Sugar	MN	/ I	DD	YYYY	
mm of Mercury) 12		76	80		Noma	· L		JIJOHNA			0		0					
59. Other Tests Given	1																	
60.0		d Finalina															OR FA	net 3
60. Comments on Hist abnormal findings of the e												for					ology Co	
			- : 	, -, -	.,	, ., •					٠,							
See Form 8500-8 Continu	ation She	eet for Con	nments															
	- *															Cod	ed By:	4.9
																Cler	ical Rejec	
Significant Medical H	listory	YES	⊠ NO				Abr	normal P	hysic	cal I	Findings		YES	X	0			
61. Applicant's Name			62. Has B	een Issi	ued		X	Medical C	ertifica	ate	Пм	edical &	Student P	ilot Certific	ate			
STEPHEN CRAIG PADD	оск			No Cert	ificate	Issue		eferred for										
											py Attached	l)						
63. Disqualifying Defe	ects (Lis	st by item	number)															
64. Medical Examiner	s Decla	aration	I hereby certify	that I hav	e perso	onally re	eviewed	the medic	al hist	tory :	and person	ally exar	nined the	applicant r	named	on		
this medical examination r										-	F	, _,,,,,,,						
Date of Examination	Aviatio	on Medica	al Examiner's N								Aviation M	ledical l	Examine	r's Signat	ure			
MM DD YYYY		N L SAMU	·							_								
		Address								_	4145.0	_1 &1		A00000	• •			
06/20/2001	1970	S PROSPE	CT AVE							\perp	AME Seri	ai Numi	per	00000845	4			
	City F	REDONDO	BEACH Stat	e CA		7	in Cod	de 90277		-17	AME Tele	nhone		(310) 54	0-0375	•		

Applicant Name: STEPHEN CRAIG PADDOCK

Applicant MID:

200000687525

Transmitted to FAA:

17.a.Medications (From page 1):

Medication

Previously Reported

Yes

18. Explanations (From page 1):

18E #18-E: -NO CHANGES - NO MEDICATION. 18U #18-U: -BACK SURGERY IN 1990 - PREVIOUSLY REPORTED. 18X #18-X: -BACK SURGERY IN 1990 - PREVIOUSLY REPORTED.

#18-E: -NO CHANGES - NO MEDICATION. #18-U&X: -BACK SURGERY IN 1990 - PREVIOUSLY REPORTED.

19. Visits to Health Professional Within Last 3 Years. (From page 1):

25 - 48. Notes (From page 2):

#44: -2" SCAR MID LOW BACK .: #44: -2" SCAR MID LOW BACK.

59. Other Tests Given (From page 2)

N/A

60. Comments on History and Findings (From page 2)

N/A

Applicant Must Cor	nplete <u>AL</u>	<u>L</u> 20	ltems (Except l	For Sha	ded	Are	eas) <u>PLEASE</u>			rm Approved		
Copy of FAX Form 1996.9 (Institute Confliction of FAX Form RATO2 (Institute States Prof. Conflictio) Named.	KAC A	62	04	1. Applica			Airman Medical	and				3rd
Form \$4.00 2 (Neighbur 120)	U-ZU4	UU	3 1	L Certif	icate		Student Pilot C			Middle Na		
MEDICAL CERTI	FICATE	4	CLASS	3. Last Na			First N STEPH			CRAIG		
AND STUDEN	TOUGH	FRI	TIFICATE	4. Social S		ity N						
		C. C. Control	The second secon	5. Addres		-		Telephone Nun	nber	()-		
This certifies that (Full)	* *	ress,		PO BOX 20 Number / Si						93504	-0004	
STEPHEN CRAIG PADDOC	K.			CALIFORN	A CIT	<u> </u>	CA State	/ Country		Zip Co		
POBOX 2004	4			City 6. Date of	Rinth		04/09/1953	7. Color o	f Hair	8. Color of	Eyes	9. Sex
CALIFORNIA CITY, CA 935			- 10-	Citizens		•	MM/DD/YYYY	BROWN		BLU	E	Male
Date of Birth Height	Weight	lair Atait	Eyes & Sex BLUE M	_		man	Other (Unknown) Certificate(s) You Ho	ld:				
04/09/1953 75	The state of the s	O DOTTO A COMPANIES	THE RESERVE OF THE PARTY OF THE	1 —	lone	- Citali	ATC S		Fi	ght Instructor	Re	creational
has met the medical star Aviation Regulations, to	ndards prescr Hais class of	bed in Medica	Certificate	1 5	údine	Tran	sport Flight	Engineer	Pr	ivate	Ot	her
	ena picasa or i				Comm	ercia	I Flight	Navigator		udent		
6	and the			11. Occu	•			12. Emple	_			
Linitations	part of	1		13. Has \	our F	AΑ	Airman Medical Certi	icate Ever Be	en Deni	ed, Suspende	d, or Rev	oked?
alta A					Yes		X No I	f yes, give date	3	MM7	DD/YYYY	
5].				Total Pil	ot Tin	ne (C	Civilian Only)		6. Date	of Last FAA M	N	pplication o Prior
Date of Examination	Frame	iers D	esignation No.	14. To Da 700	ate		15. Past 6 mo	onths	MM/D	D/YYYY		pplication
09/18/1995		01379£		17.a. Do	You (Curr	onthy Use Any Medica	tion (Prescrip	tion or	Nonprescriptio	n)? Prevá	ously Reported
				☐ No	X	Yes	(If yes, below list medic	ation(s) used and	i check a	ppropriate box).	LIGAL	Yes No
Signature												
Typed Name												
Typed Name Mitchel Jyoun	GBLOOD .											
AIRMAN'S SIGNATURE										n the instruction		X No
				17.b. Do	You	Eve	Use Near Vision Co	rtact Lens(es)	While	OWING? Apply	Yes	<u> </u>
18. Medical History - HAVE	YOU EVER IN	YOUR	LIFE BEEN DIAGNOSED	WITH, HAD	, OR I)O Y	OU PRESENTLY HAV	'E ANY OF 1H !ANGE" only if	the exp	lanation of the	condition	was
for every condition lister	d below. In the E	EXPLAI	R LIFE BEEN DIAGNOSED NATIONS box below, you m medical certificate and th	nay note "Pr iere has bee	E VIO	chan	ge in your condition.	See Instruc	tions P	age		
l 1		Yes	No Condition		Yes	N			Yes	No (onditio	<u> </u>
Yes No Condition		9. □	X Heart or vascular trouble		m	IX	Mental disorders of any s	ort;	r. 🗌	X Military medi	cal discha	rge
a. X Frequent or severe h	eadaches	° 🗀					depression, anxiety, etc. Substance dependence of	or failed a	s. []	X Medical reje	ction by m	ilitary service
b. X Dizziness or fainting	spell	h. 🗌	X High or low blood pressure		n	ᆘᅜ	drug test ever; or substan	nce abuse e in the	H=	X Rejection for		
c. X Unconsciousness for	r any reason	i. 🔲	X Stomach, liver, or intestina	il trouble		<u> </u>	last 2 years.					
d. X Eye or vision trouble	except glasses	j. 🗌	X Kidney stone or blood in u	rine	o		Alcohol dependence or a	buse	╙区	Admission to		
e.X Hay fever or allergy		ĸП	X Diabetes		р. 🗌][X	Suicide attempt		×L	X Other illness	s, disability	, or surgery
f X Asthma or lung dise	ase	一	Neurological disorders; ep	ilepsy,	q. [][X	Motion sickness requirin	g medication	l			
Conviction and/or Adm		tion b	Seizures, stroke, paralysis	ons Page	<u> </u>							
			dului a a valo intovicated i	nv wnie im	плини	by,	or while under the		Yes w.		of nontra	ffic
			story of any conviction(s) or suspension, cancellation,						""			or felonies).
offense(s) which resulted	n resulted in the in attendance at	t an edu	ucational or a rehabilitation	program.						(
Explanations: See In	structions Pa	qe										
								V N≃		See Instruc	tions Pa	ge ge
19. Visits to Health Pro	ofessional W	ithin L	ast 3 Years.				lain Below)	X No				
Date	Name, A	ddres	s, and Type of Health F	rofession	al C	ons	эпе			Reason		
				Annlies	nt'e N	lati	onal Driver Registe	r and Certif	ying D	eclarations		
- NOTICE - Whoever in any matter	within the	-						- Desembnort of	LANDOV VID	wcier to iumisii u	the FAA	NDR to
iurisdiction of any dep	artment or		information pertaining to my	onving record.	n Uoc	on my	request, the FAA shall ma	tor a single acce ike the information	ess to the on receive	d from the NDR,	fany, avai	lable for
agency of the Unit knowingly and willfull	y faisifies,	1										
conceals or covers up to scheme, or device a m	y any trick, aterial fact,	1					sign it. NDR consent, how or Medical Certificate and					
or who makes any fals	se, fictilious ments or							farm com	has and	to the best of	my knowk tand the P	edge, and I rivacy Act
representations, or ent	ry, may be		I hereby certify that all state agree that they are to be co statement that accompanies	uzioanao bass	of the I	basis	for issuance of any FAA c	ernncate to me. I	i idve disc			
not more than 5 year	s, or both,	1	Signature of Applicant	4.00 191.110						Date	M/DD/YYYY	
(18 U.S. Code Secs. 10	W1; 35/1).									1 *	MUUNTYYY	

NOTE: FAA/Original Copy of the Report of Medical Examination Must be TYPED.

	NOIL	REP	ORT OF ME				l							
1. Height (inches)	22. Weight (pou	nds) 23	3. Statemen	t of Dem	onstr	rated Ab	ility (SC	DDA)			24. S	ODA	Serial N	umber
75	207		YES	X N			Noted:							1
HECK EACH ITEM IN A	PPROPRIATE CO	OLUMN	Normal	Abnormal						TE COL			Normal	Abnom
5. Head, face, neck, and sca			×							ter, arms, legs.	others)		X	
6. Nose	<u> </u>	<u> </u>	×		38.	Abdomen	and visc	era (Includir	ng hernia)				X	
			1 x		39.	Anus (No	t including di	gital examination	n)				X	_
7. Sinuses			×		40.	Skin							X	
8. Mouth and throat 9. Ears, general (Internal and ext	omal canaia: Hearing under	item 49)	 ^		41.	G-U syste	em (Not in	cluding pelvic	examination)				X	
	British Carlisto, Francisco		X	†						d range of moti	on)		X	
Ear Drums (Perforation) Eyes, general (Vision under ite	rms 50 to 54)		X		43.	Spine, ot	her musc	uloskeleta					X	
2. Ophthalmoscopic			X		_			arks, scan	s, tattoos	Size & location			+ ^	
3. Pupils (Equality and reaction)			X	 	45.	Lymphat	CS (Tendo	n reflexes, equi	librium, sense	es, cranial nerve	:S.		$\frac{1}{x}$	
34. Ocular motility (Associated pa	rallel movement, nystagmus	s)	X	 	46.	Neurolog	IC coordin	ation, etc.)	r mood com	nunication, and	memory)		1 ×	+-
35. Lungs and chest (Not include			X	 					1, 11,000,000				×	
6. Heart (Precordial activity, rhythm NOTES: Describe every	, sounds, and murmurs)		X	<u> </u>	48.	General	systemic					d o	ttoob to	hie form
			-	ī	as and the					T		1	eft Ear	
49. Hearing		iometric Speech on Score Balow				Rig	ht Ear					T	-eil Eaf	 _
Conversational			Audiome		500	1000	2000	3000	4000	500	1000	200	00 30	000 4
Voice Test at 6 Feet			Threshol decibe										L	
Pass Fail		51 a N	ear Vision			·	51.	b. Interm	ediate V	ision - 32	2 Inches		52. Co	lor Visio
50. Distant Vision Right 20/ 20 Co	rrected to 20/ 20	Right	20/ 25	Correct	ed to 2		Rig	ht 20/	(Corrected to	o 20/		X	Pass
Left 20/ 200 Co	rrected to 20/ 25	Left	20/ 20	Correct			Left Bot			Corrected t				Fail
D001 E.S.	rrected to 20/	Both	20/				 -	ophoria	TB	light Hyp	erphoria		Left H	yperpho
53. Field of Vision		noria 20' (in p	nsm diopters)	' 	Esopl	IOHA	<u> </u>	opilolia						
X Normal Abnorma 55. Blood Pressure	"	56. Puise	57. Urina	lysis (if	abnorma	al, give resu	ılts)		. 1	0	58. ECC	•	·	ΥΥ
(Sitting, Systo	lic Diastolic	(Resting)	- FEE	. r	٦ ,,	bnormal		Album	in _	Sugar	MN	"	DD Y	
mm of Mercury) 146		80	X Nom	nai [^	Unumai		N			<u> </u>			
60. Comments on Hist abnormal findings of the ex	ory and Findings camination. (Attach a	s: AME shall co all consultation r	mment on all reports, ECGs	*YES* ans s, X-rays, €	91C. 1O 0	ins report	perove						Pathol Coded	R FAA U gy Codes By: il Reject
Significant Medical H	listory YES	X NO				_		al Findin		YES	X N		1	
61. Applicant's Name			Been Issued			Medical		_	-	& Student	Pilot Certif	icate		
STEPHEN CRAIG PADD	DCK		No Certific Has Been	are issu Denied	l e#e:	Deferred f	or Furthe Licensori	r Evaluatio Copy Attac	n ched)					
		<u> 니 </u>	nas been	Dallign .	- Felle	. U. DUING	. ,							
63. Disqualifying Defe			· that I have -	parennally	review	ad the me	dical hist	ory and pe	rsonally e	xamined th	e applican	l name	ed on	
64. Medical Examiner this medical examination	's Declaration -	i hereby certify with any attachm	ınatınave p entembodies	s my findin	gs com	pletely a	nd correc	uy.						
Date of Examination	Aviation Medica MITCHEL J YOU	al Examiner's	Name	<u> </u>		················		Aviatio	n Medic	al Examir	ner's Signa	ature		
MM DD YYYY 09/18/1995	Street Address 12370 HESPER							AME	Serial N	umber	000013	799		
09/10/1995			ate CA		Zin C	ode 923	92	AME	Telephor	ne	(760)	241-77		
1	City VICTORVI	LLE STA	71 5 GM											0052-00-6

Applicant Name: STEPHEN CRAIG PADDOCK

Applicant MID:

95269694

Transmitted to FAA:

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):

25 - 48. Notes (From page 2):

59. Other Tests Given (From page 2)

60. Comments on History and Findings (From page 2)

Арр	licant	Mus	t Complete	ALL	20	Items	(Except	For Sh	adec	i A	reas) <u>PLE</u> /	SE PRINT	•	Form	n Approved	OMB NO	D. 2120-0034
Copy	of FAA For	n 8500						1. Applie	ation	For:	:		2. Cla	ss of	Medical Cer	tificate A	Applied For:
Form	of PAA For al Calcillo (A26-2 [BA arthuste)		AA Maria						nan Me tificate		al Airman Me Student Pi	dical and ot Certificate		<u> </u>	st 🔲 2	end .	3rd
			ERHFICATI	Ė		CL	ASS	3. Last N				st Name EPHEN			Middle Na CRAIG	me	
	AND	STU	DENT PILO	TCE	RTI	FICATI	E .	4. Socia		rity		9-51-3313			0.01.0		
This			(Full hame an					5. Addre NAC	88			Telephone	Number	()-		
STI	FHEN C	N CRAIG PADDOCK					Number / NAC	Street		N	A			NAC		,	
NA						i i		City				State / Country			Zip Co	de	
250	NA NA	(Marie 1984)	feight Weight	- Hair	1	Eves	Sex	6. Date d		h	04/09/1953 MM/DDYYYY Other (Unknown)	BRO	or of Hai WN		8. Color of BLU	-	9. Sex Male
1 May 2000 May 2001 100 100 100 100 100 100 100 100 10	luer es		75 170			BUE -	M	10. Турс	of Ai	mai	n Certificate(s) You			•			
has	met the	aed C	al standards pr	escribed	in p	art 67, Fe	deral	_	None	T		C Specialist ght Engineer	=	Fligh Priva	t Instructor	Red	creational
AW	ation Fo	guar	ons; for this class	s or Med	исаву	Jeruikane		ΙH	Comm		. =	ight Navigator	=	Stud			ler
ور و		4		ð٨				11. Occ	upatio	n		12. En	ployer				··
itati										FAA	Airman Medical C			nied	, Suspended	, or Revo	oked?
晝									Yes		X No	ii yes, give o		e of	MM/C Last FAA Me	o/yyyyy	nlication
Dak	of Exam	oinatic	n Ex	miner:	Des	ignation I	ito.	14. To D	ate	ne (Civilian Only) 15. Past 6	months		/DD/Y		No.	Prior plication
G	/26/197	,	i i	0000000	XX)			17.a. Do	You (ently Use Any Med		ription c	r No	nprescription	1)?	usly Reported
ħ.	Signal	ire	124					X №	Ц	Yes	if yes, below list m	edication(s) used	end check	appro	pnate box).		es No
Exami	Typed	Name													 -	¦	
			i e														
AIR	HANS	igha	TURE				in.	47 b 0	- Va	Euc	(If more sport Use Near Vision	nace is required,				heet).	No
18. N	edical Hi	storv	HAVE YOU EVE	R IN YOU	JR LIF	E BEEN D	NAGNOSED W	,			OU PRESENTLY H					,	<u> </u>
l 1	or every o	conditio	n listed below. In t	he EXPL	ANAT	IONS box	below, you ma	y note "PF	REVIO	USL	Y REPORTED, NO ge in your condition	CHANGE" only	if the ex	plana	ation of the co	ndition w	ras
	i	-	idition	Yes	ł		uncate and the Indition	ie iias bee	Yes	Ne	_	See Ilisu	Yes	١		ndition	
a.			evere headaches	g. [1		scular trouble		m		Mental disorders of ar depression, anxiety, e		r. [-	Military medica		9
ь. 🗆	X Dizzir	ess or	ainting spell	h. [High or low	blood pressure		n. 🗆	X	Substance dependent drug test ever; or sub-	ce or failed a	s. [) X	Medical rejection	on by milita	ary service
۵.	X Unco	nscious	ness for any reason	i. [] 🛛	Stomach, li	ver, or intestinal t	rouble			or use of illegal substa last 2 years.	ance in the	٤ [] X	Rejection for lif	e or health	insurance
d.	X Eye o	r vision	trouble except glasse	s j. [IX	Kidney ston	e or blood in urin	е	Ö	X	Alcohol dependence of	or abuse	u.] X	Admission to h	ospital	
e.	X Hay f	ever or	allergy	k. [Diabetes			ρ̈́	X	Suicide attempt		х. [) X	Other illness, d	lisability, o	r surgery
f. 🗌			ng disease	ı. [30120103, 31	el disorders; epile roke, paralysis, e	10.	q. 🗌	X	Motion sickness requi	ring medication		\perp			
Con\ Yes			Administrative (1) any conviction						aired I		or while under the		Yes	No			
v. 🗖	X infl	uence ense(s	of alcohol or a drug) which resulted in	g or (2) h the denia	istory al, sus	of any con pension, c	viction(s) or ac ancellation, or	Iministrativ revocation	ve actio	on(s)) involving an		w.	X	History of r conviction((misdemea	(s)	
Exp			ulted in attendance ee Instructions	_	ducation	onal or a re	ehabilitation pro	ogram.							(1110001116)		5.51.05). 5.51.05 <u>8.51</u>
		- · <u></u> -															
				A 15.0 .		A 1/-			N4			177 1			aa laatmist's	ne Paa-	
19.	/isits to Date	Healt	h Professional Name				of Health Pro	ofession:		<u> </u>	ain Below) Ited	X No		- 5	ee Instruction	io raye	<u> </u>
	~a.e	\dashv	. +01116,		,	ypc \						1			.vuavii ,		
	Whoever i		CE natter within the department or		i he	ereby authori	ize the National D	Priver Regist	er (NDF	₹), th	nal Driver Regist rough a designated Str constitutes authorization	ate Department of	Motor Vel	nicles,	to furnish to the	FAA In the ND	Rto
	agency o knowingly	f the	United States villfully falsifies,		ver	ify informatic		s application	. Upon	my re	equest, the FAA shall n						
	scheme, o	r device	up by any trick, a material fact,		,	NOTE:	ALL persons u	sing this fo Medical Co	rm mus	st sig e or l	gn it. NDR consent, he Medical Certificate an	wever, does not d Student Pilot 0	apply un	less t	his form is use	d as an	
	or fraud representa	ulent tions, c	y false, fictitious statements or r entry, may be		ag	ree that they	that all statemen	its and ansv ered part of	vers pro	vided	d by me on this applica r issuance of any FAA	tion form are com	olete and t	rue to	the best of my land understand	knowledge the Privac	e, and I ey Act
l.	not more	than 5	00 or imprisoned years, or both.			nature of	accompanies this Applicant	s form.							Date		
1	, 10 U.S. C	JUG 38(s. 1001; 3571).			,	5.6 - x=								MM/DD	WYYY	

NOTE: FAA/Original Copy of the Report of Medical Examination Must be TYPED.

		REF	ORT OF ME	DICAL E	XAMINATIO	N									
21. Height (inches)	22. Weight (pounds) 2	23. Statemer	nt of Dem	onstrated A	bility (S	ODA)		SODA	A Serial Number					
75	170		YES	N	Defe	ct Noted:									
CHECK EACH ITEM IN	APPROPRIATE	COLUMN	Normal	Abnormal	CHECK E	ACH ITE	M IN APP	PROPRI	ATE COL	UMN		Normal	Abnormal		
25. Head, face, neck, and so	calp		Х		37. Vascula	37. Vascular system (Pulse, amplitude and character; arms, legs, others)						X			
26. Nose			х		38. Abdome	en and vis	cera (Includi	ng hemia)				×			
27. Sinuses	ALL WHEE .		X		39. Anus (Not including digital examination)							х			
28. Mouth and throat	.,,,,,		х		40. Skin	40. Skin									
29. Ears, general (Internal and	external canals; Hearing (under item 49)	Х		41. G-U sys	tem (Noti	ncluding pelvic	examination)				X			
30. Ear Drums (Perforation)	2		Х		42. Upper a				d range of mo	otion)		X			
31. Eyes, general (Vision under	items 50 to 54)		X	<u> </u>	43. Spine, 6				Siro 9 Insertin			 ×	1		
32. Ophthalmoscopic 33. Pupils (Equality and reaction)			X	<u> </u>	44. Identify 45. Lympha		nanks, scan	s, tattoos	SIZE & IOCETE	a n)		l x	 -		
34. Ocular motility (Associated	parallel movement, nysta	gmus)	X		46. Neurolo	(Tendo	n reflexes, equi	librium, sense	s, cranial ner	ves,		X	1		
35. Lungs and chest (Not inclu			X	 	47. Psychia	- 900148		r, mood, com	nunication, an	id memory)		×			
36. Heart (Precordial activity, rhyth			Х	T	48. Genera	systemic						х			
49. Hearing	Record A Discrimin			Rig	ht Ear				Le	Left Ear					
Conversational Voice Test at 6 Feet Pass Fail		Audiometr Threshold decibels	in Jok	500 1000 2000 3000 4000 500 1000			2000	3000	4000						
50. Distant Vision		51.a. N	ear Vision			51.	o. Interme	diate Vi	sion - 32	2 Inches		52. Colo	· Vision		
Right 20/ 20 Co Left 20/ 20 Co	prrected to 20/ 2 prrected to 20/ 2 prrected to 20/	0 Right	20/ 20 20/ 20 20/	Corrected Corrected Corrected	to 20/ 20	Righ Left Both	tht 20/ Corrected to 20/ Corrected to 20/					X Pass Fail			
53. Field of Vision	1	phoria 20' (in pr	ism diopters)	Es	ophoria		ophoria	Ri	ght Hyp	erphoria		Left Hyp	erphoria 0		
X Normal Abnormal System Syst		56. Pulse (Resting)	57. Urinaly	/sis (if abn	ormal, give resi		58. ECG (D								
(Sitting, Sitting, Si		80	X Norma	u 🗌	Abnormal	ľ	N		N			- 1 			
60. Comments on Hist abnormal findings of the ex	ory and Finding	n all consultation re			to this report	before ma	illing.)					FOR I Pathology Coded By Clerkal R			
Significant Medical H 61. Applicant's Name	istory YES		en Issued -	_	Abnormal Medical				YES Student P	NC Pilot Certifica					
STEPHEN CRAIG PADDO	оск		lo Certificat las Been De	e Issued ·	Deferred fo	r Further I	Evaluation								
63. Disqualifying Defe	cts (List by iten	n number)													
64. Medical Examiner'								onally exa	mined the	applicant n	amed o	on			
Date of Examination		cal Examiner's N		V				Medical	Examine	er's Signati	ure				
MM DD YYYY 07/28/1975	Street Address	5					AME Se	erial Num	ber	00000000	0.				
0//20/19/5	Cit.	State		7:-	Code		AME TO	lenhone							

Applicant Name: STEPHEN CRAIG PADDOCK

Applicant MID:

75296925

Transmitted to FAA:

17.a.Medications (From page 1):

Medication

Previously Reported

Yes

18. Explanations (From page 1):

19. Visits to Health Professional Within Last 3 Years. (From page 1):

25 - 48. Notes (From page 2):

59. Other Tests Given (From page 2)

60. Comments on History and Findings (From page 2)

Applicant Mus	t Complete A	ALL :	20 Items	(Except i	For Sha	ded	Ar	eas) <u>PL</u>	EASE	PRINT		Fo	rm Ap	proved OMB N	0. 2120-0034
				(1. Applica					1	2. CI	ass :	of Med	ical Certificate	Applied For:
Copy of FLA Form 4506 (Besting Curtificate) or 1 Form (440-2 (Besticate) (460) Cartificate) (4004)					Airm:	an Med		Airman		al and Certificate		П	1st	2nd	3rd
Falsa (440-2 (BedicalC) Pica (34)(Butta) (4004)	ecount.				3. Last Na	ficate		Studen	First N					ddle Name	
MEDICALC	ERTIFICATE		CL	ASS	PADDOC	K			STEPH				CF	RAIG	
AND STU	DENTPLOT	CER	TIFICAT	Ei,	4. Social		ity N	lumber	999-51				/\.		
	(Full name and a				5. Addres	5				Telephone Nur	nber		()-		
					Number / S	Street			210					NAC	
STEPHEN CRAIG	ALCEN A	1.2			NAC City				NA State	/ Country				Zip Code	
NAC 0	100				6. Date of	f Birth		04/09/1953		7. Color o	of Ha	air	8.4	Color of Eyes	9. Sex
NAC NANAC	Helant Pweight	Mair	Eves	Sex	Citizen			Other (Unkno	wn)	BROWN	ŀ			BLUE	Male
	CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	ROWIN		SM S	10. Type	of Ain	man	Certificate(s)		old:					
	ical stendards pres	Political designation and the property of the		ederal		None				Specialist		_	ght Inst	=	ecreational
Assistion Regulat	ons, for this class o	Ledi	a Centical	10.		Airline '	Trar	nsport _	Flight	Engineer		=	ivate	∐o	ther
4					🗆 (Comme	ercia	al	Flight	Navigator	L		udent		
sugi	かんいだ		4		11. Occu	pation	1			12. Empl	oyeı	r			
E I	1.5				13. Has `	Your F	AA	Airman Medica				Deni	ed, Su	spended, or Re	voked?
Cimitat						Yes		X No	1	f yes, give date				MM/DD/YYYY	Υ
							ne (Civilian Only)			6. D	ate (of Last	FAA Medical A	pplication lo Prior
Date of Examinati	on Exam	ire/s	Designation	No	14. To Da 220	ate		15. Pa	ist 6 mc	onths _	N	(M/DI	D/YYYY	I IXI a	pplication
02/08/1973		XIDQQQQ	io .		17.a. Do	You C	urr	ently Use Any	Medica	tion (Prescrip	tion	orl	Nonpre	scription)?	iously Reported
FStenature					X No		Yes	(If yes, below I	ist medic	ation(s) used and	d che	ck ap	propriate	e box).	Yes No
Typed Nami	e														
ជ															
AIRMAN'S SIGN	ATURE									e is required, se					□ No
	1.0				17.b. Do	You	Eve	r Use Near Vis	ion Co	ntact Lens(es)	Wh	ille F	lying?	Yes	
18. Medical History	r - HAVE YOU EVER I	N YOU	R LIFE BEEN	DIAGNOSED \	NITH, HAD	, OR D	Y OK	OU PRESENT	NO CH	ANGE" only if	the	expl	anation	of the condition	was
for every condit	ion listed below. In the revious application for	an airm	an medical o	ertificate and the	ere has bee	n no c	han	ge in your cond	ition.	See Instruc	tion	ıs Pa	ge		
	ondition	Yes	1	Condition		Yes	N	o Condit	ion		Ľ	68	No	Condition	
100 110	severe headaches	g. 🗆	X Heart or v	vascular trouble		Ē	X	Mental disorders depression, anxi-	of any s	ort;	r.		X Miin	tary medical discha	nge
		1=			Substance depen					dence or failed a			X Med	dical rejection by m	ilitary service
b. X Dizziness o	r fainting spell	h. 📋	123 ,	w blood pressure		ᆘᆜ		drug test ever; or or use of illegal s	r substan substano	nce abuse e in the	H	믐		ection for life or he	
c. X Unconsciou	isness for any reason	<u> </u>	X Stomach	, liver, or intestinal	trouble	!	<u> </u>	last 2 years.			۴	片	=	mission to hospital	
d. X Eye or vision	on trouble except glasses). <u>[</u>	X Kidney st				Alcohol depende		buse	u.	_				
e. X Hay fever o	or allergy	N. [] X Diabetes	tes			p. X Suicide attempt				×.	<u>Ц</u>	XIO	ner illness, disability	, or surgery
	lung disease	i. [ical disorders; epi , stroke, paralysis,		q. 🗌	q. X Motion sickness requiring medication				L		<u> </u>		
Conviction and/o	or Administrative A	ction				<u> </u>							N .		
Von No III	- 5 (4)	1 imenhe	ina drivina wh	ile intoxicated b	v, while imp	paired	by,	or while under t	he		Ye w.[History of nontra	ffic
v. X influence	e of alcohol or a drug	or (2) h	istory of any c it suspension	cancellation.	r revocatio	AG OCH	O III	3/11/14/01/11/19 4-11				٦١,		conviction(s) (misdemeanors o	or felonies).
which n	esulted in attendance :	at an ec	lucational or a	rehabilitation p	rogram.			<u> </u>							17.700(17.00)
Explanations:	See Instructions P	age													
							_	John Dolovis		X No	_		See	Instructions Pa	iΩθ
19. Visits to Hea	alth Professional V	Vithin	Last 3 Year	S.	-	•		lain Below)			_			eason	·
Date	Name, A	Addres	s, and Type	e of Health P	101422101	a. 00		u.104		<u> </u>			14/		
	<u> </u>			20	Applicar	nt's N	atic	onal Driver R	egiste	r and Certify	/ing	De	clarat	ions	
Whoever in an	TICE y matter within the		I hereby aut	horize the Nationa	l Driver Regi	ster (ND), (P	through a designa	ted State	Department of I	Actor	rVehi the i	icles, to 1 oformati	furnish to the FAA on contained in the	NDR to
jurisdiction of	any department or ne United States		information	pertaining to my d	nving record. This applicatio	n Upor	n my	request, the FAA	shali ma	ke the informatio	n rec	eivec	from the	on contained in the e NDR, if any, avail	lable for
knowingly and	willfully falsifies, wers up by any trick,			and written comme	nt. Authority:	23 U.S.	. 000	de 401, Note. sign it NDB cons	ent hov	vever, does not	apph	y unk		form is used as a	
scheme, or der	vice a material fact,		1	diamica i	we Macical (.enmca	28 0	I Medical Colum	-aus unte	Greens					
or fraudulent	any false, fictitious t statements or		i hereby ce								lata :	and tr	ue to the read and	e best of my knowled a understand the Po	eage, and I rivacy Act
fined up to \$25	s, or entry, may be 0,000 or imprisoned		agree that i	they are to be con that accompanies	sidered part (or und thi	J013	TO ROUGE TO GIT	,					Date	
not more than	5 years, or both. Secs. 1001; 3571).			of Applicant										MW/OD/YYYY	
1 (3.2. 3346	•		1											1.011	0052 00.670.60

NOTE: FAA/Original Copy of the Report of Medical Examination Must be TYPED.

	NO	REP			CAMINATIO	N									
21. Height (inches)	22. Weight (p	3. Statemen	t of Demo	onstrated A	bility (SC	DDA)			24. 8	SODA	Serial N	umber			
75	175		YES			t Noted:									
CHECK EACH ITEM IN A	PPROPRIATE	COLUMN	Normal	Abnormal	CHECK EA					Normal	Abnormal				
25. Head, face, neck, and sca			X		37. Vascular					X	ļ				
26. Nose			х		38. Abdomen and viscera (Including hernia)										
27. Sinuses			Х		39. Anus (N	39. Anus (Not including digital examination)						×			
28. Mouth and throat			х		40. Skin							X	<u> </u>		
29. Ears, general (Internal and ext	ernal canals; Hearing un	ider item 49)	X		41. G-U sys	41. G-U system (Not including pelvic examination) 42. Upper and lower extremities (Strength and range of motion)							 		
30. Ear Drums (Perforation)			X			42. Upper and lower extremities (Strength and range of motion) 43. Spine, other musculoskeletal									
31. Eyes, general (Vision under ite	rms 50 to 54)		1 ×	<u> </u>		43. Spine, other musculoskeletal 44. Identifying body marks, scars, tattoos (Size & location)									
32. Ophthalmoscopic 33. Pupils (Equality and reaction)		Х		45 Lympha	tice		-				X	_			
34. Ocular motility (Associated pa	railei movement, nystegi	Х		46. Neurolo	gic (Tendor	ation, etc.)	nonum, sense	s, cratilal flore	· · · · · · · · · · · · · · · · · · ·		X				
35. Lungs and chest (Not includi	ng breast examination)		Х	_	47. Psychia		ance, behavio	r, mood, comr	nunication, and	memory)		1 ^			
36. Heart (Precordial activity, rhythm NOTES: Describe every	sounds, and murmurs)		X		48. General								io form		
	Record A		T	Ric	ht Ear		<u> </u>			L	Left Ear				
49. Hearing	ation Score Balow					<u> </u>	· · · · · · · · · · · · · · · · · · ·		τ	1	$\overline{}$				
Conversational Voice Test at 6 Feet			Audiome Threshold		0 1000	2000	3000	4000	500	1000	200	0 300	0 4000		
Pass Fail			decibel	s		L,	<u> </u>	L		<u> </u>		52 Col	r Vision		
50. Distant Vision			ear Vision 20/ 20	Corrected	to 20/ 20	51.t			ision - 32 Corrected to		ı	32. OOI	Pass		
Left 20/ 20 Cor	rected to 20/ 20 rected to 20/ 20 rected to 20/	- 1 -	20/ 20 20/	Corrected	to 20/ 20	Left Both	20/		Corrected to				Fail		
Both 20/ Col 53. Field of Vision		phoria 20' (in pr		phoria	R		Left Hy	perphoria 0							
X Normal Abnorma	i i			57. Urinalysis (if abnormal, give results)					0 58. ECG (Da						
55. Blood Pressure	lic Diastolic	56. Pulse (Resting)	57. Urinai	ysis (if ab	normal, give res	ults)	Albumi	in	•	DD YYYY					
(Sitting, Systo		68	X Norm	al	Abnormal	N		N							
59. Other Tests Given 60. Comments on Histo	ory and Findin	gs: AME shall cor	nment on all "	YES" answ	ers in the Med	lical Histor	y section a	and for	, .				PAA USE		
abnormal findings of the ex	amination. (Attacl	n all consultation r	eports, ECGs,	X-rays, etc	to this report	Defore ma	300 ig. <i>j</i>		☐ YES		10	Coded E			
Significant Medical H	istory YES		een Issued						& Student	Pilot Certifi	icate				
61. Applicant's Name STEPHEN CRAIG PADDO	оск		No Certifica	en Issued Medical Certificate Medical & Student Pilot Certificate o Certificate Issued Deferred for Further Evaluation as Been Denied Letter of Denial Issued (Copy Attached)											
63. Disqualifying Defe	4.4.1.1.1.		ilas Octil L	Jonieu — (0, 20,110		.,,.								
Co. Dioquamyma Daid	ects (List by iter	n number)													
						Mark L.Y.		nonall	aminad th	e annlicant	name	d on			
64. Medical Examiner	s Declaration -	- I hereby certify	that I have pe	ersonally re	riewed the me	idical histo	ry and per	sonally ex	amined th	e applicant	t named	d on			
64. Medical Examiner this medical examination r	s Declaration -	- I hereby certify	ent embodies	ersonally rev my findings	riewed the me completely an	dical histo	у			e applicant		i on			
this medical examination r	s Declaration -	- I hereby certify with any attachme cal Examiner's I	ent embodies	ersonally re my findings	riewed the me completely ar	dical histo	Aviatio	n Medica	al Examin	er's Signa	ature	i on			
this medical examination r Date of Examination	s Declaration - eport. This report Aviation Medi	- I hereby certify with any attachme cal Examiner's I	ent embodies	ersonally re my findings	viewed the me completely ar	idical histo	Aviatio		al Examin		ature	i on			

Applicant Name: STEPHEN CRAIG PADDOCK

Applicant MID:

73036826

Transmitted to FAA:

17.a.Medications (From page 1):

Medication

Previously Reported

Yes

- 18. Explanations (From page 1):
- 19. Visits to Health Professional Within Last 3 Years. (From page 1):
- 25 48. Notes (From page 2):
- 59. Other Tests Given (From page 2)
- 60. Comments on History and Findings (From page 2)