U.S. Department of Transportation
Federal Aviation Administration

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

NOTICE TO REQUESTERS OF FAA MEDICAL RECORDS

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

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

FF- 4760258

MEDICAL CERTIFICATE III CLASS AND STUDENT PILOT CERTIFICATE

This certifies that (Full name and address):

STEPHEN C. PADDOCK
317 KESWICK
MESQUITE, TEXAS 75150

Date of Birth	Height	Weight	Hair	Eyes	Sex
4-09-1953	76	230	BR	BL	M

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

Limitations: AIRMAN MUST WEAR CORRECTIVE LENSES FOR NEAR VISION WHILE EXERCISING THE PRIVILEGES OF HIS AIRMAN CERTIFICATE.

COPY

Date of Examination: 02-07-2008
Examiner's Designation No.: [illegible]
Examiner Signature: [signature]
Typed Name: DR. PAUL P. SCHORR, D.O., P.A.
AIRMAN'S SIGNATURE

1. Application For: [X] Airman Medical Certificate [ ] Airman Medical and Student Pilot Certificate
2. Class of Medical Certificate Applied For: [ ] 1st [ ] 2nd [X] 3rd
3. Last Name: PADDOCK First Name: STEPHEN Middle Name: CRAIG
4. Social Security Number: 563 - 86 - 6197
5. Address: 317 Keswick Telephone Number (214) 327 - 7094
Number / Street
MESQUITE TX 75150
City State / Country Zip Code
6. Date of Birth: 04 09 1953 (MM / DD / YYYY)
Citizenship
7. Color of Hair: BR
8. Color of Eyes: BL
9. Sex: M
10. Type of Airman Certificate(s) You Hold: [ ] None [ ] ATC Specialist [ ] Flight Instructor [ ] Recreational [ ] Airline Transport [ ] Flight Engineer [X] Private [ ] Other [ ] Commercial [ ] Flight Navigator [ ] Student
11. Occupation: None
12. Employer: None
13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked? [ ] Yes [X] No If yes, give date MM / DD / YYYY
Total Pilot Time (Civilian Only)
14. To Date: 850
15. Past 6 months: 20
16. Date of Last FAA Medical Application: 12 20 2005 (MM / DD / YYYY) [ ] No Prior Application
17.a. Do You Currently Use Any Medication (Prescription or Nonprescription)? [ ] No [X] Yes (If yes, below list medication(s) used and check appropriate box). Previously Reported Yes / No
ALLERGY MEDS — Yes [X]
(If more space is required, see 17. a. on the instruction sheet.)
17.b. Do You Ever Use Near Vision Contact Lens(es) While Flying? [ ] Yes [X] No

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

	Yes	No	Condition
a.		X	Frequent or severe headaches
b.		X	Dizziness or fainting spell
c.		X	Unconsciousness for any reason
d.		X	Eye or vision trouble except glasses
e.	X		Hay fever or allergy
f.		X	Asthma or lung disease
g.		X	Heart or vascular trouble
h.		X	High or low blood pressure
i.		X	Stomach, liver, or intestinal trouble
j.	X		Kidney stone or blood in urine
k.		X	Diabetes
l.		X	Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.
m.		X	Mental disorders of any sort: depression, anxiety, etc.
n.		X	Substance dependence or failed a drug test ever, or substance abuse or use of illegal substance in the last 2 years.
o.		X	Alcohol dependence or abuse
p.		X	Suicide attempt
q.		X	Motion sickness requiring medication
r.		X	Military medical discharge
s.		X	Medical rejection by military service
t.		X	Rejection for life or health insurance
u.	X		Admission to hospital
x.	X		Other illness, disability, or surgery

Conviction and/or Administrative Action History — See Instructions Page

	Yes	No	Condition
v.		X	History of (1) any conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) history of any conviction(s) or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.
w.		X	History of nontraffic conviction(s) (misdemeanors or felonies).

Explanations: See Instructions Page: Hx BACK SURGERY - AS PREVIOUSLY REPORTED
allergies—[illegible] previously reported
will get imaging report [illegible] — uses chlorpheniramine [illegible] use
advised min 48h for flight operations
pt will quit chlorpheniramine can use claritin / clarinex allegra.

FOR FAA USE Review Action Codes

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

Date	Name, Address, and Type of Health Professional Consulted	Reason
Jul 07	urologist Baylor Dallas Tx.	Kidney stone

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

20. Applicant's National Driver Register and Certifying Declarations

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

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

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

Signature of Applicant: [signature] Date: 02 07 2008 (MM / DD / YYYY)

NSN: 0052-00-670-6002

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

PI-2007-0378000

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

REPORT OF MEDICAL EXAMINATION

21. Height (inches): 76"
22. Weight (pounds): 230
23. Statement of Demonstrated Ability (SODA): ☐ YES ☒ NO Defect Noted:
24. SODA Serial Number: —

CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal	CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
25. Head, face, neck, and scalp	✓		37. Vascular system (Pulse, amplitude and character, arms, legs, others)	✓	
26. Nose	✓		38. Abdomen and viscera (Including hernia)	✓	
27. Sinuses	✓		39. Anus (Not including digital examination)	✓	
28. Mouth and throat	✓		40. Skin	✓	
29. Ears, general (Internal and external canals; Hearing under item 49)	✓		41. G-U system (Not including pelvic examination)	✓	
30. Ear Drums (Perforation)	✓		42. Upper and lower extremities (Strength and range of motion)	✓	
31. Eyes, general (Vision under items 50 to 54)	✓		43. Spine, other musculoskeletal		✓
32. Ophthalmoscopic	✓		44. Identifying body marks, scars, tattoos (Size & location)	✓	
33. Pupils (Equality and reaction)	✓		45. Lymphatics	✓	
34. Ocular motility (Associated parallel movement, nystagmus)	✓		46. Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves, coordination, etc.)	✓	
35. Lungs and chest (Not including breast examination)	✓		47. Psychiatric (Appearance, behavior, mood, communication, and memory)	✓	
36. Heart (Precordial activity, rhythm, sounds, and murmurs)	—		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.

Prev. ph. surg L5-S1 x 2
(L) Knee scar
L/S scar,
appy scar.

49. Hearing

Record Audiometric Speech Discrimination Score Below		Right Ear 500	1000	2000	3000	4000	Left Ear 500	1000	2000	3000	4000
Conversational Voice Test at 6 Feet ☒ Pass ☐ Fail: 6'	Audiometer Threshold in decibels										

50. Distant Vision		51.a. Near Vision		51.b. Intermediate Vision – 32 inches		52. Color Vision
Right 20/ 20	Corrected to 20/ 20	Right 20/ 70	Corrected to 20/ 30	Right 20/ 20	Corrected to 20/	☒ Pass
Left 20/ 20	Corrected to 20/ 20	Left 20/ 20	Corrected to 20/ 20	Left 20/ 20	Corrected to 20/	☐ Fail
Both 20/ 20	Corrected to 20/ 20	Both 20/ 20	Corrected to 20/ 20	Both 20/ 20	Corrected to 20/	

53. Field of Vision: ☒ Normal ☐ Abnormal

54. Heterophoria 20' (in prism diopters)	Esophoria	Exophoria	Right Hyperphoria	Left Hyperphoria
—				

55. Blood Pressure (Sitting, mm of Mercury): Systolic 190 / Diastolic 110
56. Pulse (Resting): 70
57. Urinalysis (If abnormal, give results): ☒ Normal ☐ Abnormal — Albumin ⊖ Sugar ⊖
58. ECG (Date) MM DD YYYY: —

59. Other Tests Given

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 mailing.)

Dr. Schwartzman, 7010 PX, Talked to.
Stratum need imaging study results (KUB or spiral CT), & current (Urologic Report & letter from urologist).
If you have S/S of Kidney Stones, you will not Notify
UA ⊖ for Blood.

Significant Medical History ☒ YES ☐ NO
Abnormal Physical Findings ☐ YES ☒ NO

61. Applicant's Name: Stephen Paddock

62. Has Been Issued – ☐ Medical Certificate ☐ Medical & Student Pilot Certificate
☒ 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 examined the applicant named on this medical examination report. This report with any attachment embodies my findings completely and correctly.

Date of Examination (MM DD YYYY): 02/07/2008
Aviation Medical Examiner's Name: Dr. Paul P. Schorr
Street Address: 901 N. Galloway Ave Ste 149
City: Mesquite State: Tx Zip Code: 75149
Aviation Medical Examiner's Signature: [signature]
AME Serial Number: 06531-1
AME Telephone: (972) 216-4900

NSN: 0052-00-670-6002

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

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

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

FF-4760258

MEDICAL CERTIFICATE THIRD CLASS AND STUDENT PILOT CERTIFICATE

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

STEPHEN CRAIG PADDOCK
317 KESWICK
MESQUITE, TX 75150

Date of Birth	Height	Weight	Hair	Eyes	Sex
04/09/1953	76	230	BROWN	BLUE	M

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

Limitations: Must have available glasses for near vision.

COPY

Date of Examination	Examiner's Designation No.
02/07/2008	000008531

Examiner — Signature:

Typed Name: PAUL P. SCHORR

AIRMAN'S SIGNATURE

1. Application For: [X] Airman Medical Certificate [ ] Airman Medical and Student Pilot Certificate

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

3. Last Name: PADDOCK **First Name:** STEPHEN **Middle Name:** CRAIG

4. Social Security Number: 999-51-3313

5. Address: 317 KESWICK (Number / Street) — Telephone Number: (310) 227-7094
MESQUITE (City) TX (State / Country) 75150 (Zip Code)

6. Date of Birth: 04/09/1953 (MM/DD/YYYY) **Citizenship:** USA

7. Color of Hair: BROWN **8. Color of Eyes:** BLUE **9. Sex:** Male

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

11. Occupation: NONE **12. Employer:** NONE

13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked? [ ] Yes [X] No If yes, give date ______ MM/DD/YYYY

Total Pilot Time (Civilian Only) **14. To Date:** 850 **15. Past 6 months:** 20

16. Date of Last FAA Medical Application: 12/20/2005 (MM/DD/YYYY) [ ] No Prior Application

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

Medication	Previously Reported Yes	Previously Reported No
ALLERGY MEDICATION :	[X]	[ ]
	[ ]	[ ]
	[ ]	[ ]

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

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

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

	Yes	No	Condition
a.	[ ]	[X]	Frequent or severe headaches
b.	[ ]	[X]	Dizziness or fainting spell
c.	[ ]	[X]	Unconsciousness for any reason
d.	[ ]	[X]	Eye or vision trouble except glasses
e.	[X]	[ ]	Hay fever or allergy
f.	[ ]	[X]	Asthma or lung disease
g.	[ ]	[X]	Heart or vascular trouble
h.	[ ]	[X]	High or low blood pressure
i.	[ ]	[X]	Stomach, liver, or intestinal trouble
j.	[X]	[ ]	Kidney stone or blood in urine
k.	[ ]	[X]	Diabetes
l.	[ ]	[X]	Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.
m.	[ ]	[X]	Mental disorders of any sort; depression, anxiety, etc.
n.	[ ]	[X]	Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years.
o.	[ ]	[X]	Alcohol dependence or abuse
p.	[ ]	[X]	Suicide attempt
q.	[ ]	[X]	Motion sickness requiring medication
r.	[ ]	[X]	Military medical discharge
s.	[ ]	[X]	Medical rejection by military service
t.	[ ]	[X]	Rejection for life or health insurance
u.	[X]	[ ]	Admission to hospital
x.	[X]	[ ]	Other illness, disability, or surgery

Conviction and/or Administrative Action History — See Instructions Page

	Yes	No	
v.	[ ]	[X]	History of (1) any conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug or (2) history of any conviction(s) or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.
w.	[ ]	[X]	History of nontraffic conviction(s) (misdemeanors or felonies).

Explanations: See Instructions Page

See Form 8500-8 Continuation Sheet for Comments

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

Date	Name, Address, and Type of Health Professional Consulted	Reason
06/2007	BAYLOR HOSPITAL DALLAS TX UROLOGIST	KIDNEY STONES

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

20. Applicant's National Driver Register and Certifying Declarations

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

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

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

Signature of Applicant

Date 02/07/2008 (MM/DD/YYYY)

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

REPORT OF MEDICAL EXAMINATION

21. Height (inches)	22. Weight (pounds)	23. Statement of Demonstrated Ability (SODA)	24. SODA Serial Number
76	230	☐ YES ☒ NO Defect Noted:	

CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal	CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
25. Head, face, neck, and scalp	X		37. Vascular system (Pulse, amplitude and character: arms, legs, others)	X	
26. Nose	X		38. Abdomen and viscera (Including hernia)	X	
27. Sinuses	X		39. Anus (Not including digital examination)	X	
28. Mouth and throat	X		40. Skin	X	
29. Ears, general (Internal and external canals; Hearing under item 49)	X		41. G-U system (Not including pelvic examination)	X	
30. Ear Drums (Perforation)	X		42. Upper and lower extremities (Strength and range of motion)	X	
31. Eyes, general (Vision under items 50 to 54)	X		43. Spine, other musculoskeletal		X
32. Ophthalmoscopic	X		44. Identifying body marks, scars, tattoos (Size & location)	X	
33. Pupils (Equality and reaction)	X		45. Lymphatics	X	
34. Ocular motility (Associated parallel movement, nystagmus)	X		46. Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves, coordination, etc.)	X	
35. Lungs and chest (Not including breast examination)	X		47. Psychiatric (Appearance, behavior, mood, communication, and memory)	X	
36. Heart (Precordial activity, rhythm, sounds, and murmurs)	X		48. General systemic	X	

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

49. Hearing	Record Audiometric Speech Discrimination Score Below		Right Ear					Left Ear				
Conversational Voice Test at 6 Feet ☒ Pass ☐ Fail	6	Audiometer Threshold in decibels	500	1000	2000	3000	4000	500	1000	2000	3000	4000

50. Distant Vision

Right	20/ 20	Corrected to 20/
Left	20/ 10	Corrected to 20/
Both	20/ 20	Corrected to 20/

51.a. Near Vision

Right	20/ 30	Corrected to 20/
Left	20/ 20	Corrected to 20/
Both	20/ 20	Corrected to 20/

51.b. Intermediate Vision - 32 Inches

Right	20/ 20	Corrected to 20/
Left	20/ 20	Corrected to 20/
Both	20/ 20	Corrected to 20/

52. Color Vision ☒ Pass ☐ Fail

53. Field of Vision ☒ Normal ☐ Abnormal

54. Heterophoria 20' (in prism diopters)	Esophoria	Exophoria	Right Hyperphoria	Left Hyperphoria

55. Blood Pressure (Sitting, mm of Mercury)	Systolic	Diastolic	56. Pulse (Resting)	57. Urinalysis (if abnormal, give results)	Albumin	Sugar	58. ECG (Date) MM | DD | YYYY
	190 /	110	70	☒ Normal ☐ Abnormal	Neg	Neg	

59. Other Tests Given

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 mailing.)

See Form 8500-8 Continuation Sheet for Comments

FOR FAA USE
Pathology Codes:
Coded By:
Clerical Reject

Significant Medical History ☐ YES ☒ NO **Abnormal Physical Findings** ☐ YES ☒ NO

61. Applicant's Name
STEPHEN CRAIG PADDOCK

62. Has Been Issued -- ☒ Medical Certificate ☐ Medical & Student Pilot Certificate
☐ **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 examined the applicant named on this medical examination report. This report with any attachment embodies my findings completely and correctly.

Date of Examination MM | DD | YYYY	Aviation Medical Examiner's Name	Aviation Medical Examiner's Signature
02/07/2008	PAUL P. SCHORR	
	Street Address: 1324 N. GALLOWAY AVE, STE. 105	AME Serial Number: 000008531
	City MESQUITE State TX Zip Code 75149	AME Telephone: (972) 216-4900

NSN: 0052-00-670-6002

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

Form 8500-8 Continuation Sheet

Applicant Name: STEPHEN CRAIG PADDOCK
Applicant MID: 200003727086 **Transmitted to FAA :** 03/21/2008 09:10:55 am

17.a.Medications (From page 1):

Medication	Previously Reported Yes	Previously Reported No
ALLERGY MEDICATION :	X	

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 DALLAS TX UROLOGIST
KIDNEY STONES

25 - 48. Notes (From page 2):

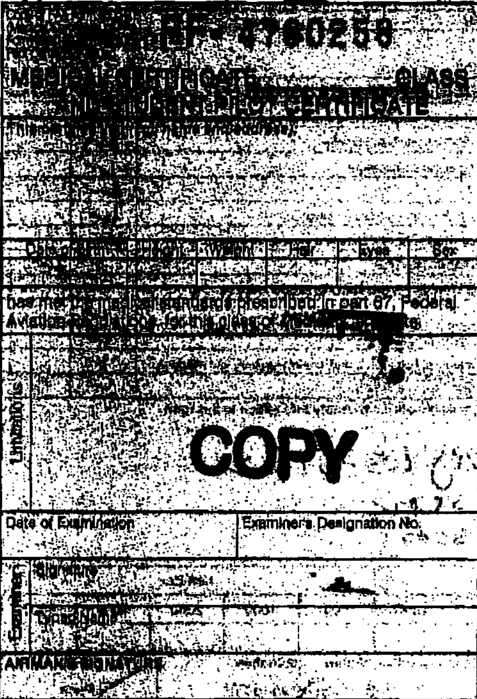
43: PREVIOUS PH SURGERY L5/S1 TIMES TWO, LEFT KNEE SCAR, LUMBO-SACRAL SCAR AND APPENDECTOMY SCAR

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.

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



1. Application For: [X] Airman Medical Certificate [ ] Airman Medical and Student Pilot Certificate

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

3. Last Name	First Name	Middle Name
PADDOCK	STEPHEN	CRAIG

4. Social Security Number 563 - 86 - 6197

5. Address 317 Keswick — Telephone Number (310) 227 - 7094
Number / Street
MESQUITE TX 75150
City — State / Country — Zip Code

6. Date of Birth	7. Color of Hair	8. Color of Eyes	9. Sex
04 / 09 / 1953 (MM / DD / YYYY) Citizenship	BR	BL	M

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

11. Occupation None — **12. Employer** None

13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked? [ ] Yes [X] No — If yes, give date MM / DD / YYYY

Total Pilot Time (Civilian Only)

14. To Date	15. Past 6 months	16. Date of Last FAA Medical Application
850	20	12 30 2005 (MM / DD / YYYY) [ ] No Prior Application

17.a. Do You Currently Use Any Medication (Prescription or Nonprescription)? [ ] No [X] Yes (If yes, below list medication(s) used and check appropriate box). — Previously Reported Yes / No
ALLERGY MEDS — [X] Yes [ ] No
(If more space is required, see 17. a. on the instruction sheet.)

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

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

	Yes	No	Condition		Yes	No	Condition
a.		X	Frequent or severe headaches	g.		X	Heart or vascular trouble
b.		X	Dizziness or fainting spell	h.		X	High or low blood pressure
c.		X	Unconsciousness for any reason	i.		X	Stomach, liver, or intestinal trouble
d.		X	Eye or vision trouble except glasses	j.	X		Kidney stone or blood in urine
e.	X		Hay fever or allergy	k.		X	Diabetes
f.		X	Asthma or lung disease	l.		X	Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.

	Yes	No	Condition		Yes	No	Condition
m.		X	Mental disorders of any sort; depression, anxiety, etc.	r.		X	Military medical discharge
n.		X	Substance dependence or failed a drug test ever, or substance abuse or use of illegal substance in the last 2 years.	s.		X	Medical rejection by military service
o.		X	Alcohol dependence or abuse	t.		X	Rejection for life or health insurance
p.		X	Suicide attempt	u.	X		Admission to hospital
q.		X	Motion sickness requiring medication	x.	X		Other illness, disability, or surgery

Conviction and/or Administrative Action History – See Instructions Page

	Yes	No	
v.		X	History of (1) any conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) history of any conviction(s) or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at any educational or a rehabilitation program.
w.		X	History of nontraffic conviction(s) (misdemeanors or felonies).

Explanations: See Instructions Page — FOR FAA USE Review Action Codes

LUX BACK SURGERY - AS PREVIOUSLY REPORTED
approximately 5 yr Previously reported
will [illegible] was Chlortrimeton & continue
improving report as advised min 48h for flight operations
pt will quit chlortrimeton can use claritin[?] during allergies.

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

Date	Name, Address, and Type of Health Professional Consulted	Reason
Jul 09	VARIOUS Baylor Dallas Tx.	Kidney STONE

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

20. Applicant's National Driver Register and Certifying Declarations

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

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

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

Signature of Applicant [signature] — Date 02 07 2008 (MM / DD / YYYY)

FAA Form 8500-8 (3-99) Supersedes Previous Edition — NSN: 0052-00-670-8002

NOTE: FAA Original Copy of the Report of Medical Examination Must Be TYPED

REPORT OF MEDICAL EXAMINATION

21. Height (inches)	22. Weight (pounds)	23. Statement of Demonstrated Ability (SODA)	24. SODA Serial Number
76	230	☐ YES ☒ NO Defect Noted:	

CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal	CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
25. Head, face, neck, and scalp	✓		37. Vascular system (Pulse, amplitude and character, arms, legs, others)	✓	
26. Nose	✓		38. Abdomen and viscera (including hernia)	✓	
27. Sinuses	✓		39. Anus (Not including digital examination)	✓	
28. Mouth and throat	✓		40. Skin	✓	
29. Ears, general (Internal and external canals; Hearing under item 49)	✓		41. G-U system (Not including pelvic examination)	✓	
30. Ear Drums (Perforation)	✓		42. Upper and lower extremities (Strength and range of motion)	✓	
31. Eyes, general (Vision under items 50 to 54)	✓		43. Spine, other musculoskeletal		✓
32. Ophthalmoscopic	✓		44. Identifying body marks, scars, tattoos (Size & location)	✓	
33. Pupils (Equality and reaction)	✓		45. Lymphatics	✓	
34. Ocular motility (Associated parallel movement, nystagmus)	✓		46. Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves, coordination, etc.)	✓	
35. Lungs and chest (Not including breast examination)	✓		47. Psychiatric (Appearance, behavior, mood, communication, and memory)	✓	
36. Heart (Precordial activity, rhythm, sounds, and murmurs)	✓		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.

Prev. ph. Surg L5-S1 x2
(L) Knee scar
L/S scar
appy scar

COPY

49. Hearing	Record Audiometric Speech Discrimination Score Below		Right Ear 500	1000	2000	3000	4000	Left Ear 500	1000	2000	3000	4000
Conversational Voice Test at 6 Feet ☒ Pass ☐ Fail	6'	Audiometer Threshold in decibels										

50. Distant Vision	51.a. Near Vision	51.b. Intermediate Vision — 32 Inches	52. Color Vision
Right 20/25 Corrected to 20/ 20	Right 20/ 70 Corrected to 20/ 30	Right 20/ 20 Corrected to 20/	☒ Pass
Left 20/ 20 Corrected to 20/ 20	Left 20/ 25 Corrected to 20/ 20	Left 20/ 20 Corrected to 20/	☐ Fail
Both 20/ 20 Corrected to 20/ 20	Both 20/ 20 Corrected to 20/ 20	Both 20/ 20 Corrected to 20/	

53. Field of Vision	54. Heterophoria 20' (in prism diopters)	Esophoria	Exophoria	Right Hyperphoria	Left Hyperphoria
☒ Normal ☐ Abnormal					

55. Blood Pressure (Sitting, mm of Mercury) Systolic / Diastolic	56. Pulse (Resting)	57. Urinalysis (If abnormal, give results)	Albumin	Sugar	58. ECG (Date) MM DD YYYY
190 / 110	70	☒ Normal ☐ Abnormal	⊖	⊖	

59. Other Tests Given

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 mailing.)

Dr. Schwarzman — Talked to — Friday.
Need imaging study results (Kidney spiral CT)
(image report & letter from urologist).
If you have S/S of kidney stones, you are not safe to fly
UA ⊖ for Blood.

Significant Medical History ☒ YES ☐ NO   Abnormal Physical Findings ☐ YES ☒ NO

61. Applicant's Name	62. Has Been Issued — ☐ Medical Certificate ☐ Medical & Student Pilot Certificate
Stephen Paddock	☒ 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 examined the applicant named on this medical examination report. This report with any attachment embodies my findings completely and correctly.

Date of Examination MM DD YYYY	Aviation Medical Examiner's Name	Aviation Medical Examiner's Signature
02/07/2008	Dr. Paul D. Shorr	[signature]
	Street Address 901 N. MacArthur Ave Ste 149	AME Serial Number 05531-1
	City Mesquite State TX Zip Code 75149	AME Telephone 972 216 4900

FAA Form 8500-8 (3-99) Supersedes Previous Edition   NSN: 0052-00-670-6002

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

FAA/ORIGINAL COPY

1. Application For: [X] Airman Medical Certificate [ ] Airman Medical and Student Pilot Certificate

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

3. Last Name: PADDOCK First Name: STEPHEN Middle Name: CRAIG

4. Social Security Number: 563 - 86 - 6197

5. Address: 317 Keswick — Telephone Number (972) 329 - 7094
Number / Street
MESQUITE TX 75150
City — State / Country — Zip Code

6. Date of Birth: 04 09 1953 (MM/DD/YYYY) — Citizenship
7. Color of Hair: BR
8. Color of Eyes: BL
9. Sex: M

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

11. Occupation: None
12. Employer: None

13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked? [ ] Yes [X] No — If yes, give date MM/DD/YYYY

Total Pilot Time (Civilian Only)
14. To Date: 850
15. Past 6 months: 20
16. Date of Last FAA Medical Application: 12 / [illegible] / 2005 (MM/DD/YYYY) [ ] No Prior Application

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

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

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

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

	Yes	No	Condition		Yes	No	Condition		Yes	No	Condition		Yes	No	Condition
a.	[ ]	[X]	Frequent or severe headaches	g.	[ ]	[X]	Heart or vascular trouble	m.	[ ]	[X]	Mental disorders of any sort; depression, anxiety, etc.	r.	[ ]	[X]	Military medical discharge
b.	[ ]	[X]	Dizziness or fainting spell	h.	[ ]	[X]	High or low blood pressure	n.	[ ]	[X]	Substance dependence or failed a drug test ever, or substance abuse or use of illegal substance in the last 2 years.	s.	[ ]	[X]	Medical rejection by military service
c.	[ ]	[X]	Unconsciousness for any reason	i.	[ ]	[X]	Stomach, liver, or intestinal trouble					t.	[ ]	[X]	Rejection for life or health insurance
d.	[ ]	[X]	Eye or vision trouble except glasses	j.	[X]	[ ]	Kidney stone or blood in urine	o.	[ ]	[X]	Alcohol dependence or abuse	u.	[X]	[ ]	Admission to hospital
e.	[X]	[ ]	Hay fever or allergy	k.	[ ]	[X]	Diabetes	p.	[ ]	[X]	Suicide attempt	x.	[X]	[ ]	Other illness, disability, or surgery
f.	[ ]	[X]	Asthma or lung disease	l.	[ ]	[X]	Neurological disorders; epilepsy, seizure, stroke, paralysis, etc.	q.	[ ]	[X]	Motion sickness requiring medication				

Conviction and/or Administrative Action History — See Instructions Page

v. [ ] Yes [X] No — History of (1) any conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) history of any conviction(s) or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at any educational or a rehabilitation program.

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

Explanations: See Instructions Page
[illegible] BACK SURGERY - AS PREVIOUSLY REPORTED
[illegible] appendicitis [illegible] previously reported
[illegible] was Chlortrimeton [illegible] continue
advised [illegible] for flight operations
[illegible] Chlortrimeton [illegible] claritin [illegible] allegra.

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

Date	Name, Address, and Type of Health Professional Consulted	Reason
Jul 07	[illegible] Baylor Dallas TX	Kidney stone
		[illegible]

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

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

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

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

Signature of Applicant: [signature] — Date: 6 / 10 / 2008 (MM/DD/YYYY)

FAA Form 8500-8 (07/2000) Supersedes Previous Edition — NSN: 0052-00-878-5009

COPY

REPORT OF MEDICAL EXAMINATION

21. Height (inches)	22. Weight (pounds)	23. Statement of Demonstrated Ability (SODA)	24. SODA Serial Number
75	230	☐ YES ☒ NO Defect Noted:	

CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal	CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
25. Head, face, neck, and scalp	✓		37. Vascular system (Pulse, amplitude and character, arms, legs, others)	✓	
26. Nose	✓		38. Abdomen and viscera (including hernia)	✓	
27. Sinuses	✓		39. Anus (Not including digital examination)	✓	
28. Mouth and throat	✓		40. Skin	✓	
29. Ears, general (internal and external canals; Hearing under item 49)	✓		41. G-U system (Not including pelvic examination)	✓	
30. Ear Drums (perforation)	✓		42. Upper and lower extremities (Strength and range of motion)	✓	
31. Eyes, general (Vision under items 50 to 54)	✓		43. Spine, other musculoskeletal		✓
32. Ophthalmoscopic	✓		44. Identifying body marks, scars, tattoos (Size & location)	✓	
33. Pupils (Equality and reaction)	✓		45. Lymphatics	✓	
34. Ocular motility (Associated parallel movement, nystagmus)	✓		46. Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves, coordination, etc.)	✓	
35. Lungs and chest (Not including breast examination)	✓		47. Psychiatric (Appearance, behavior, mood, communication, and memory)	✓	
36. Heart (Precordial activity, rhythm, sounds, and murmurs)	✓		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.

Prev. ph/surg L5-S1 x 2
(L) Knee scar
L/S scar
[illegible] scar

49. Hearing	Record Audiometric Speech Discrimination Score Below	Audiometer Threshold in decibels	Right Ear 500	1000	2000	3000	4000	Left Ear 500	1000	2000	3000	4000
Conversational Voice Test at 6 Feet ☒ Pass ☐ Fail	6'											

50. Distant Vision	51.a. Near Vision	51.b. Intermediate Vision — 32 inches	52. Color Vision
Right 20/125 Corrected to 20/ 20	Right 20/ 70 Corrected to 20/ 30	Right 20/ 20 Corrected to 20/	☒ Pass
Left 20/ 200 Corrected to 20/ 20	Left 20/ 20 Corrected to 20/ 20	Left 20/ 20 Corrected to 20/	☐ Fail
Both 20/ [illegible] Corrected to 20/ 20	Both 20/ 20 Corrected to 20/ 20	Both 20/ 20 Corrected to 20/	

53. Field of Vision	54. Heterophoria 20' (in prism diopters)	Esophoria	Exophoria	Right Hyperphoria	Left Hyperphoria
☒ Normal ☐ Abnormal					

55. Blood Pressure (Sitting, mm of Mercury) Systolic	Diastolic	56. Pulse (Resting)	57. Urinalysis (If abnormal, give results)	Albumin	Sugar	58. ECG (Date) MM DD YYYY
140	112	70	☒ Normal ☐ Abnormal	(−)	(−)	

59. Other Tests Given

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 mailing.)

[illegible] imaging study results (KUB or spiral CT) [illegible] report + letter from urologist). [illegible]
UA (−) for Blood.

Significant Medical History ☒ YES ☐ NO — Abnormal Physical Findings ☐ YES ☒ NO

61. Applicant's Name	62. Has Been Issued — ☐ Medical Certificate ☐ Medical & Student Pilot Certificate
Stephen Paddock	☒ 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 examined the applicant named on this medical examination report. This report with any attachment embodies my findings completely and correctly.

Date of Examination (MM DD YYYY)	Aviation Medical Examiner's Name	Aviation Medical Examiner's Signature
03/17/2008	[illegible]	[signature]
	Street Address: 901 N. [illegible] Ave [illegible]	AME Serial Number: [illegible]
	City: Mesquite State Zip Code 75[illegible]	AME Telephone: 972 [illegible]

FAA Form 8500-8 (3-99) Supersedes Previous Edition NSN: 0052-00-670-5002

03/18/2008 13:49 FAX 005/005

U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

ROUTE SLIP

DATE: 2-Oct-17

TO: NAME	ROUTING SYMBOL
Michael Baumberger	AHW-320

- ☒ PER YOUR REQUEST
- ☐ FOR YOUR INFORMATION
- ☐ PER OUR CONVERSATION
- ☐ NOTE AND RETURN
- ☐ DISCUSS WITH ME
- ☐ FOR YOUR APPROVAL
- ☐ FOR YOUR SIGNATURE
- ☐ COMMENT
- ☐ TAKE APPROPRIATE ACTION
- ☐ PLEASE ANSWER
- ☐ PREPARE REPLY FOR SIGNATURE OF

REMARKS:
Here is the (1) non certified copy of medical certification records for Stephen Paddock

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)

Electronic Version (MSWord)

U.S. Department of Transportation
Federal Aviation Administration

OCTOBER 02, 2017

RELEASE OF AIRMAN MEDICAL CERTIFICATION RECORDS
AAM-331

ACCOUNTING OF RECORDS/INFORMATION DISCLOSURE UNDER PRIVACY ACT		FILE RECORD NO 1995158971
NAME OF INDIVIDUAL TO WHOM THE RECORD/INFORMATION PERTAINS Stephen Craig Paddock		**DATE OF DISCLOSURE** 10/02/17
NATURE OF DISCLOSURE ***(include brief description of each type of document disclosed)*** 1 copy		
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	**AUTHORITY FOR RELEASE OF INFORMATION** ***(cite authority or applicable routine use)*** 5 U.S.C. § 552a(b)(1) Need to know within agency	
NAME OF EMPLOYEE MAKING THE DISCLOSURE Brenda Hooper		
COMMENTS		
SIGNATURE Brenda Hooper 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 **Customer Patient ID Number:** PADDOC0000
Ref. Clinician: Paul Schorr, DO
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 unremarkable. No free air is seen.

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

The bones reflect age-related changes.

CONCLUSION:

1. **There are no radiographically evident kidneys stones – consider a CT scan of the abdomen and pelvis for further evaluation if indicated.**
2. **Bowel gas pattern is not obstructive.**

Thank you for the opportunity to provide your interpretation.

Vince Lombardi

Vincent A. Lombardi, MD

VAL/gc-amds
D: 02/08/2008 16:14:47 CT T: 02/08/2008 17:58:55 ET

PS 2/11/08 Called no answer. Lm.

2/18/08 Called no answer. Lm. PS

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 clinicaaly 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

2008 MAR 26 A 11:01
OFFICE OF
AVIATION MEDICINE
OKLAHOMA CITY, OK

(FAX also sent 3/18/08)
405 · 954 - 4300

901 N. Galloway, Suite 149 • Mesquite, TX 75149 • Phone (972) 216-4900 • Fax (972) 216-4903

MED 2000 0139207 (handwritten) — Transmitted (handwritten)

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

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

FF- 2900690

MEDICAL CERTIFICATE THIRD CLASS AND STUDENT PILOT CERTIFICATE

This certifies that (Full name and address:)

Stephen Craig Paddock
3031 Friendship Hill Cr.
Henderson, NV. 89052

Date of Birth	Height	Weight	Hair	Eyes	Sex
04/09/53	76	225	BR[illegible]	[illegible]	M

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

Limitations: Must wear c[illegible] lens[illegible] **COPY**

Date of Examination: 12/20/05 — Examiner's Designation No. 08454-1

Examiner — Signature: [illegible]

Typed Name: Erwin L. Samuelson, M.D.

AIRMAN'S SIGNATURE: [signature]

1. Application For: ☑ Airman Medical Certificate ☐ Airman Medical and Student Pilot Certificate

2. Class of Medical Certificate Applied For: ☐ 1st ☐ 2nd ☑ 3rd

3. Last Name: PADDOCK — First Name: STEPHEN — Middle Name: CRAIG

4. Social Security Number: 563 - 86 - 6197

5. Address — Telephone Number (7 0) 227 - 7094

Number / Street: 3031 FRIENDSHIP Hill Cr.

City: HENDERSON — State / Country: NV. — Zip Code: 89052

6. Date of Birth: 04 09 1953 (MM / DD / YYYY) — Citizenship: USA

7. Color of Hair: BR. — 8. Color of Eyes: BL. — 9. Sex: M

10. Type of Airman Certificate(s) You Hold:
☐ None ☐ ATC Specialist ☐ Flight Instructor ☐ Recreational
☐ Airline Transport ☐ Flight Engineer ☑ Private ☐ Other
☐ Commercial ☐ Flight Navigator ☐ Student

11. Occupation: Retired — 12. Employer: None

13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked? ☐ Yes ☑ No — If yes, give date MM / DD / YYYY

Total Pilot Time (Civilian Only) — 14. To Date: 800 — 15. Past 6 months: 30

16. Date of Last FAA Medical Application: 09 04 2003 (MM / DD / YYYY) ☐ No Prior Application

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

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

17. b. Do You Ever Use Near Vision Contact Lenses While Flying? ☐ Yes ☑ No

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

	Yes	No	Condition
a.	☐	☑	Frequent or severe headaches
b.	☐	☑	Dizziness or fainting spell
c.	☐	☑	Unconsciousness for any reason
d.	☐	☑	Eye or vision trouble except glasses
e.	☑	☐	Hay fever or allergy
f.	☐	☑	Asthma or lung disease
g.	☐	☑	Heart or vascular trouble
h.	☐	☑	High or low blood pressure
i.	☐	☑	Stomach, liver, or intestinal trouble
j.	☐	☑	Kidney stone or blood in urine
k.	☐	☑	Diabetes
l.	☐	☑	Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.
m.	☐	☑	Mental disorders of any sort; depression, anxiety, etc.
n.	☐	☑	Substance dependence or failed a drug test ever, or substance abuse or use of illegal substance in the last 2 years.
o.	☐	☑	Alcohol dependence or abuse
p.	☐	☑	Suicide attempt
q.	☐	☑	Motion sickness requiring medication
r.	☐	☑	Military medical discharge
s.	☐	☑	Medical rejection by military service
t.	☐	☑	Rejection for life or health insurance
u.	☑	☐	Admission to hospital
x.	☑	☐	Other illness, disability, or surgery

Conviction and/or Administrative Action History – See Instructions Page

	Yes	No	
v.	☐	☑	History of (1) any conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) history of any conviction(s) or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at any educational or a rehabilitation program.
w.	☐	☑	History of nontraffic conviction(s) (misdemeanors or felonies)

Explanations (See Instructions Page): U, X - BACK SURGERY - AS PREVIOUSLY REPORTED
E - RARELY REQUIRED

FOR FAA USE — Review Action Codes

19. Visits to Health Professional Within Last 3 Years. ☐ Yes (Explain Below) ☑ No — See Instructions Page

Date	Name, Address, and Type of Health Professional Consulted	Reason

– NOTICE –
Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to $250.00 or imprisoned not more than 5 years, or both. (18 U.S. Code Secs. 1001; 3571).

20. Applicant's National Driver Register and Certifying Declarations

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

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

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

Signature of Applicant: [signature] — Date: 12 20 2005 (MM / DD / YYYY)

FAA Form 8500-8 (3-99) Supersedes Previous Edition — NSN: 0052-00-670-6002

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

REPORT OF MEDICAL EXAMINATION

21. Height (inches)	22. Weight (pounds)	23. Statement of Demonstrated Ability (SODA) ☐ Yes ☐ No Defect Noted:	24. SODA Serial Number

CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal	CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
25. Head, face, neck, and scalp			37. Vascular system (Pulse, amplitude and character, arms, legs, others)		
26. Nose			38. Abdomen and viscera (including hernia)		
27. Sinuses			39. Anus (Not including digital examination)		
28. Mouth and throat			40. Skin		
29. Ears, general (Internal and external canals; Hearing under item 49)			41. G-U system (Not including pelvic examination)		
30. Ear Drums (Perforation)			42. Upper and lower extremities (Strength and range of motion)		
31. Eyes, general (Vision under items 50 to 54)			43. Spine, other musculoskeletal		
32. Ophthalmoscopic			44. Identifying body marks, scars, tattoos (Size & location)		
33. Pupils (Equality and reaction)			45. Lymphatics		
34. Ocular motility (Associated parallel movement, nystagmus)			46. Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves, coordination, etc.)		
35. Lungs and chest (Not including breast examination)			47. Psychiatric (Appearance, behavior, mood, communication, and memory)		
36. Heart (Precordial activity, rhythm, sounds, and murmurs)			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.

49. Hearing	Record Audiometric Speech Discrimination Score Below		Right Ear				Left Ear			
Conversational Voice Test at 6 Feet ☐ Pass ☐ Fail		Audiometer Threshold in decibels	500	1000	2000	3000	4000	500	1000	2000	3000	4000

50. Distant Vision	51.a. Near Vision	51.b. Intermediate Vision – 32 Inches	52. Color Vision
Right 20/ Corrected to 20/	Right 20/ Corrected to 20/	Right 20/ Corrected to 20/	☐ Pass
Left 20/ Corrected to 20/	Left 20/ Corrected to 20/	Left 20/ Corrected to 20/	☐ Fail
Both 20/ Corrected to 20/	Both 20/ Corrected to 20/	Both 20/ Corrected to 20/	

53. Field Vision	54. Heterophoria 20" (in prism diopters)	Esophoria	Exophoria	Right Hyperphoria	Left Hyperphoria
☐ Normal ☐ Abnormal					

55. Blood Pressure (Sitting, mm of Mercury) Systolic / Diastolic	56. Pulse (Resting)	57. Urinalysis (If abnormal, give results) ☐ Normal ☐ Abnormal	Albumin	Sugar	58. ECG (Date) MM DD YYYY

59. Other Tests Given

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 mailing.)

Significant Medical History ☐ YES ☐ NO Abnormal Physical Findings ☐ YES ☐ NO

61. Applicant's Name

62. Has Been Issued – ☐ Medical Certificate ☐ Medical & Student Pilot Certificate
☐ 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 examined the applicant named on this medical examination report. This report with any attachment embodies my findings completely and correctly.

Date of Examination MM DD YYYY	Aviation Medical Examiner's Name	Aviation Medical Examiner's Signature
DEC 20 2005	ERWIN L. SAMUELSON, M.D.	
	Street Address 1970 South Prospect	AME Serial Number
	City Redondo Beach, California 90277 / State / (310) 540-0375 Zip Code	AME Telephone # 08454-1

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

NSN: 0052-00-670-8002

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

Copy of FAA Form 8500-9 (Medical Certificate) or FAA Form 8420-2 (Medical/Student Pilot Certificate) issued. **FF-2900690**

MEDICAL CERTIFICATE THIRD CLASS AND STUDENT PILOT CERTIFICATE

This certifies that (Full name and address):

STEPHEN CRAIG PADDOCK
3031 FRIENDSHIP HILL CIR
HENDERSON, NV 89052-8535

COPY

Date of Birth	Height	Weight	Hair	Eyes	Sex
04/09/1953	76	225	BROWN	BLUE	M

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

Limitations: Must wear corrective lenses.

COPY

Date of Examination	Examiner's Designation No.
12/20/2005	000008454

Examiner — Signature

Typed Name: ERWIN L SAMUELSON

AIRMAN'S SIGNATURE

1. Application For: [X] Airman Medical Certificate [ ] Airman Medical and Student Pilot Certificate

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

3. Last Name: PADDOCK **First Name:** STEPHEN **Middle Name:** CRAIG

4. Social Security Number: 999-51-3313

5. Address: 3031 FRIENDSHIP HILL CIR (Number / Street) — Telephone Number (310) 227-7094
HENDERSON (City) — NV (State / Country) — 89052-8535 (Zip Code)

6. Date of Birth: 04/09/1953 (MM/DD/YYYY) — Citizenship: USA
7. Color of Hair: BROWN
8. Color of Eyes: BLUE
9. Sex: Male

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

11. Occupation: RETIRED
12. Employer: NONE

13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked? [ ] Yes [X] No — If yes, give date ______ MM/DD/YYYY

Total Pilot Time (Civilian Only)
14. To Date: 800
15. Past 6 months: 30

16. Date of Last FAA Medical Application: 09/04/2003 (MM/DD/YYYY) [ ] No Prior Application

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

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

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

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

	Yes	No	Condition
a.		X	Frequent or severe headaches
b.		X	Dizziness or fainting spell
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d.		X	Eye or vision trouble except glasses
e.	X		Hay fever or allergy
f.		X	Asthma or lung disease
g.		X	Heart or vascular trouble
h.		X	High or low blood pressure
i.		X	Stomach, liver, or intestinal trouble
j.		X	Kidney stone or blood in urine
k.		X	Diabetes
l.		X	Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.
m.		X	Mental disorders of any sort; depression, anxiety, etc.
n.		X	Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years.
o.		X	Alcohol dependence or abuse
p.		X	Suicide attempt
q.		X	Motion sickness requiring medication
r.		X	Military medical discharge
s.		X	Medical rejection by military service
t.		X	Rejection for life or health insurance
u.	X		Admission to hospital
x.	X		Other illness, disability, or surgery

Conviction and/or Administrative Action History — See Instructions Page

	Yes	No	Condition
v.		X	History of (1) any conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug or (2) history of any conviction(s) or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.
w.		X	History of nontraffic conviction(s) (misdemeanors or felonies).

Explanations: See Instructions Page

See Form 8500-8 Continuation Sheet for Comments

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

Date	Name, Address, and Type of Health Professional Consulted	Reason

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

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

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

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

Signature of Applicant — Date 12/20/2005 (MM/DD/YYYY)

FAA Form 8500-8 (3-99) Supersedes Previous Edition - COPY — NSN: 0052-00-670-6002

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

REPORT OF MEDICAL EXAMINATION

21. Height (inches)	22. Weight (pounds)	23. Statement of Demonstrated Ability (SODA)	24. SODA Serial Number
76	225	☐ YES ☒ NO Defect Noted:	

CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal	CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
25. Head, face, neck, and scalp	X		37. Vascular system (Pulse, amplitude and character; arms, legs, others)	X	
26. Nose	X		38. Abdomen and viscera (Including hernia)	X	
27. Sinuses	X		39. Anus (Not including digital examination)	X	
28. Mouth and throat	X		40. Skin	X	
29. Ears, general (Internal and external canals; Hearing under item 49)	X		41. G-U system (Not including pelvic examination)	X	
30. Ear Drums (Perforation)	X		42. Upper and lower extremities (Strength and range of motion)	X	
31. Eyes, general (Vision under items 50 to 54)	X		43. Spine, other musculoskeletal	X	
32. Ophthalmoscopic	X		44. Identifying body marks, scars, tattoos (Size & location)		X
33. Pupils (Equality and reaction)	X		45. Lymphatics	X	
34. Ocular motility (Associated parallel movement, nystagmus)	X		46. Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves, coordination, etc.)	X	
35. Lungs and chest (Not including breast examination)	X		47. Psychiatric (Appearance, behavior, mood, communication, and memory)	X	
36. Heart (Precordial activity, rhythm, sounds, and murmurs)	X		48. General systemic	X	

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

49. Hearing	Record Audiometric Speech Discrimination Score Below		Right Ear					Left Ear				
Conversational Voice Test at 6 Feet ☒ Pass ☐ Fail		Audiometer Threshold in decibels	500	1000	2000	3000	4000	500	1000	2000	3000	4000

50. Distant Vision

		Corrected to 20/
Right	20/ 20	20
Left	20/ 200	20
Both	20/ 20	20

51.a. Near Vision

		Corrected to 20/
Right	20/ 40	
Left	20/ 30	
Both	20/ 30	

51.b. Intermediate Vision - 32 Inches

		Corrected to 20/
Right	20/	
Left	20/	
Both	20/	

52. Color Vision ☒ Pass ☐ Fail

53. Field of Vision ☒ Normal ☐ Abnormal

54. Heterophoria 20' (in prism diopters)	Esophoria	Exophoria	Right Hyperphoria	Left Hyperphoria
	0	0	0	0

55. Blood Pressure (Sitting, mm of Mercury)	56. Pulse (Resting)	57. Urinalysis (if abnormal, give results)	Albumin	Sugar	58. ECG (Date) MM | DD | YYYY
Systolic 110 / Diastolic 72	86	☒ Normal ☐ Abnormal	Normal	Normal	

59. Other Tests Given

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 mailing.)

See Form 8500-8 Continuation Sheet for Comments

FOR FAA USE
Pathology Codes:
Coded By:
Clerical Reject

Significant Medical History ☐ YES ☒ NO

Abnormal Physical Findings ☐ YES ☒ NO

61. Applicant's Name
STEPHEN CRAIG PADDOCK

62. Has Been Issued -- ☒ Medical Certificate ☐ Medical & Student Pilot Certificate
☐ **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 examined the applicant named on this medical examination report. This report with any attachment embodies my findings completely and correctly.

Date of Examination	Aviation Medical Examiner's Name	Aviation Medical Examiner's Signature
MM | DD | YYYY	ERWIN L SAMUELSON	
12/20/2005	Street Address: 1970 S PROSPECT AVE	AME Serial Number: 000008454
	City REDONDO BEACH State CA Zip Code 90277	AME Telephone: (310) 540-0375

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

NSN: 0052-00-670-6002

Form 8500-8 Continuation Sheet

Applicant Name: STEPHEN CRAIG PADDOCK
Applicant MID: 200002739277 **Transmitted to FAA :** 01/04/2006 05:37:43 pm

17.a.Medications (From page 1):

Medication	Previously Reported Yes	No

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.

Galaxy MRI & Diagnostic Center

Name:	Stephen Paddock
Birth Date:	04/09/1953
Case Number:	806489 **Customer Patient ID Number:** PADDOC0000
Ref. Clinician:	Paul Schorr, DO
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 unremarkable. No free air is seen.

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

The bones reflect age-related changes.

CONCLUSION:

1. **There are no radiographically evident kidneys stones – consider a CT scan of the abdomen and pelvis for further evaluation if indicated.**
2. **Bowel gas pattern is not obstructive.**

Thank you for the opportunity to provide your interpretation.

Vince Lombardi

Vincent A. Lombardi, MD

VAL/gc-amds
D: 02/08/2008 16:14:47 CT T: 02/08/2008 17:58:35 ET

PS 2/11/08 Called no answer. L.M.

2/11/08 Called no answer. L.M. PS

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

WWW.PROSCAN.COM

PROSCAN Reading Services

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 clinicaaly 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

901 N. Galloway, Suite 149 • Mesquite, TX 75149 • Phone (972) 216-4900 • Fax (972) 216-4903

Fax Cover Sheet

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

Send to: FAA	**From:** PS
Fax number: 405.954.4300	**Date:** 3/18/08

☐ **Urgent** ☐ **Reply ASAP** ☐ **Please comment** ☐ **Please review** ☐ **For your information**

Total pages, including cover:

Comments:

2008 MAR 18 P 2:
OFFICE OF AVIATION MEDICINE
OKLAHOMA CITY, OK

CONFIDENTIAL NOTE: THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS LEGALLY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL NAMED ABOVE. IF YOU HAVE RECEIVED THIS FACSIMILE IN ERROR PLEASE NOTIFY US.

Transcribed MED: 2000169496

SEP 16 2003

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

Copy of FAA Form 8500-9 (Medical Certificate) and AA Form 8500-15 (Medical Certificate and Student Pilot Certificate) issued

FF-2490772

MEDICAL CERTIFICATE THIRD CLASS AND STUDENT PILOT CERTIFICATE

This certifies that (Full name and address):

Stephen Craig Paddock
13629 Kornblum Ave
Hawthorne, CA 90250

Date of Birth	Height	Weight	Hair	Eyes	Sex
04/09/53	75	228	BROWN	BLUE	M

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

Limitations: MUST WEAR ...

COPY

Date of Examination: 09/04/03 | Examiner's Designation No.: [illegible]

Examiner — Signature: [signature] | Typed Name: [illegible], MD

AIRMAN'S SIGNATURE

1. Application For: ☒ Airman Medical Certificate ☐ Airman Medical and Student Pilot Certificate

2. Class of Medical Certificate Applied For: ☐ 1st ☐ 2nd ☒ 3rd

3. Last Name: PADDOCK | First Name: STEPHEN | Middle Name: CRAIG

4. Social Security Number: 563 - 86 - 6197

5. Address: 13629 Kornblum AVE | Telephone Number (310) 644-5341

Number/Street

Hawthorne | CA. | 90250

City | State / Country | Zip Code

6. Date of Birth: 04 09 1953 (MM / DD / YYYY) | Citizenship: USA

7. Color of Hair: BRN | 8. Color of Eyes: BLU | 9. Sex: M

10. Type of Airman Certificate(s) You Hold:

☐ None ☐ Airline Transport ☐ Commercial ☐ ATC Specialist ☐ Flight Engineer ☐ Flight Navigator ☐ Flight Instructor ☒ Private ☐ Student ☐ Recreational ☐ Other

11. Occupation: None | 12. Employer: None

13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked? ☐ Yes ☒ No — If yes, give date MM / DD / YYYY

Total Pilot Time (Civilian Only): 14. To Date: 700 | 15. Past 6 months: 60

16. Date of Last FAA Medical Application: 6 20 2001 (MM / DD / YYYY) ☐ No Prior Application

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

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

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

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

	Yes	No	Condition
a.	☐	☒	Frequent or severe headaches
b.	☐	☒	Dizziness or fainting spell
c.	☐	☒	Unconsciousness for any reason
d.	☐	☒	Eye or vision trouble except glasses
e.	☒	☐	Hay fever or allergy
f.	☐	☒	Asthma or lung disease
g.	☐	☒	Heart or vascular trouble
h.	☐	☒	High or low blood pressure
i.	☐	☒	Stomach, liver, or intestinal trouble
j.	☐	☒	Kidney stone or blood in urine
k.	☐	☒	Diabetes
l.	☐	☒	Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.
m.	☐	☒	Mental disorders of any sort; depression, anxiety, etc.
n.	☐	☒	Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years
o.	☐	☒	Alcohol dependence or abuse
p.	☐	☒	Suicide attempt
q.	☐	☒	Motion sickness requiring medication
r.	☐	☒	Military medical discharge
s.	☐	☒	Medical rejection by military service
t.	☐	☒	Rejection for life or health insurance
u.	☒	☐	Admission to hospital
x.	☒	☐	Other illness, disability, or surgery

Conviction and/or Administrative Action History – See Instructions Page

	Yes	No	
v.	☐	☒	History of (1) any conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) history of any conviction(s) or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.
w.	☐	☒	History of nontraffic conviction(s) (misdemeanors or felonies).

FAA/ORIGINAL COPY

Explanations: See Instructions Page

E. U. X. – PREVIOUSLY REPORTED - NO CHANGE

FOR FAA USE — Review Action Codes

19. Visits to Health Professional Within Last 3 Years. ☐ Yes (Explain Below) ☒ No — See Instructions Page

Date	Name, Address, and Type of Health Professional Consulted	Reason

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

20. Applicant's National Driver Register and Certifying Declarations

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

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

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

Signature of Applicant: [signature] | Date: 09 04 2003 (MM / DD / YYYY)

NSN: 0052-00-670-6002

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

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

REPORT OF MEDICAL EXAMINATION

21. Height (inches)	22. Weight (pounds)	23. Statement of Demonstrated Ability (SODA) ☐ YES ☐ NO Defect Noted:	24. SODA Serial Number

CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal	CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
25. Head, face, neck, and scalp			37. Vascular system (Pulse, amplitude and character; arms, legs, others)		
26. Nose			38. Abdomen and viscera (Including hernia)		
27. Sinuses			39. Anus (Not including digital examination)		
28. Mouth and throat			40. Skin		
29. Ears, general (Internal and external canals; Hearing under item 49)			41. G-U system (Not including pelvic examination)		
30. Ear Drums (Perforation)			42. Upper and lower extremities (Strength and range of motion)		
31. Eyes, general (Vision under items 50 to 54)			43. Spine, other musculoskeletal		
32. Ophthalmoscopic			44. Identifying body marks, scars, tattoos (Size & location)		
33. Pupils (Equality and reaction)			45. Lymphatics		
34. Ocular motility (Associated parallel movement, nystagmus)			46. Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves, coordination, etc.)		
35. Lungs and chest (Not including breast examination)			47. Psychiatric (Appearance, behavior, mood, communication, and memory)		
36. Heart (Precordial activity, rhythm, sounds, and murmurs)			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.

49. Hearing	Record Audiometric Speech Discrimination Score Below		Right Ear					Left Ear				
Conversational Voice Test at 6 Feet ☐ Pass ☐ Fail		Audiometer Threshold in decibels	500	1000	2000	3000	4000	500	1000	2000	3000	4000

50. Distant Vision	51.a. Near Vision	51.b. Intermediate Vision – 32 Inches	52. Color Vision
Right 20/ Corrected to 20/	Right 20/ Corrected to 20/	Right 20/ Corrected to 20/	☐ Pass
Left 20/ Corrected to 20/	Left 20/ Corrected to 20/	Left 20/ Corrected to 20/	☐ Fail
Both 20/ Corrected to 20/	Both 20/ Corrected to 20/	Both 20/ Corrected to 20/	

53. Field of Vision	54. Heterophoria 20' (in prism diopters)	Esophoria	Exophoria	Right Hyperphoria	Left Hyperphoria
☐ Normal ☐ Abnormal					

55. Blood Pressure (Sitting, mm of Mercury)	Systolic	Diastolic	56. Pulse (Resting)	57. Urinalysis (If abnormal, give results) ☐ Normal ☐ Abnormal	Albumin	Sugar	58. ECG (Date) MM DD YYYY
	/						

59. Other Tests Given

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 mailing.)

FOR FAA USE
Pathology Codes:
Coded By:
Clerical Reject

Significant Medical History ☐ YES ☐ NO   Abnormal Physical Findings ☐ YES ☐ NO

61. Applicant's Name	62. Has Been Issued ☐ Medical Certificate ☐ Medical & Student Pilot Certificate ☐ 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 examined the applicant named on this medical examination report. This report with any attachment embodies my findings completely and correctly.

Date of Examination	Aviation Medical Examiner's Name ERWIN L. SAMUELSON, M.D.	Aviation Medical Examiner's Signature
MM DD YYYY	Street Address 1970 South Prospect	AME Serial No. 18544-1
SEP [illegible]	Redondo Beach, California 90277-6003	
	City (310) 540-0375 Zip Code	AME Telephone

FAA Form 8500-8 (3-99) Supersedes Previous Edition   NSN: 0052-00-670-6002

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

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

FF-2490772

MEDICAL CERTIFICATE THIRD CLASS AND STUDENT PILOT CERTIFICATE

This certifies that (Full name and address):

STEPHEN CRAIG PADDOCK
3031 FRIENDSHIP HILL CIR
HENDERSON, NV 89052-8535

Date of Birth	Height	Weight	Hair	Eyes	Sex
04/09/1953	76	218	BROWN	BLUE	M

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

Limitations: Must wear corrective lenses.

COPY

Date of Examination	Examiner's Designation No.
09/04/2003	000008454

Examiner: Signature
Typed Name ERWIN L SAMUELSON

AIRMAN'S SIGNATURE

1. Application For: [X] Airman Medical Certificate [ ] Airman Medical and Student Pilot Certificate

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

3. Last Name PADDOCK **First Name** STEPHEN **Middle Name** CRAIG

4. Social Security Number 999-51-3313

5. Address 3031 FRIENDSHIP HILL CIR — Telephone Number ( ) -
Number / Street
HENDERSON (City) NV (State / Country) 89052-8535 (Zip Code)

6. Date of Birth 04/09/1953 (MM/DD/YYYY) **Citizenship** USA

7. Color of Hair BROWN **8. Color of Eyes** BLUE **9. Sex** Male

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

11. Occupation NONE **12. Employer** NONE

13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked? [ ] Yes [X] No If yes, give date ______ MM/DD/YYYY

Total Pilot Time (Civilian Only) **14. To Date** 700 **15. Past 6 months** 60

16. Date of Last FAA Medical Application 06/20/2001 (MM/DD/YYYY) [ ] No Prior Application

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

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

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

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

	Yes	No	Condition
a.		X	Frequent or severe headaches
b.		X	Dizziness or fainting spell
c.		X	Unconsciousness for any reason
d.		X	Eye or vision trouble except glasses
e.	X		Hay fever or allergy
f.		X	Asthma or lung disease
g.		X	Heart or vascular trouble
h.		X	High or low blood pressure
i.		X	Stomach, liver, or intestinal trouble
j.		X	Kidney stone or blood in urine
k.		X	Diabetes
l.		X	Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.
m.		X	Mental disorders of any sort; depression, anxiety, etc.
n.		X	Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years.
o.		X	Alcohol dependence or abuse
p.		X	Suicide attempt
q.		X	Motion sickness requiring medication
r.		X	Military medical discharge
s.		X	Medical rejection by military service
t.		X	Rejection for life or health insurance
u.	X		Admission to hospital
x.	X		Other illness, disability, or surgery

Conviction and/or Administrative Action History — See Instructions Page

	Yes	No	
v.		X	History of (1) any conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug or (2) history of any conviction(s) or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.
w.		X	History of nontraffic conviction(s) (misdemeanors or felonies).

Explanations: See Instructions Page

See Form 8500-8 Continuation Sheet for Comments

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

Date	Name, Address, and Type of Health Professional Consulted	Reason

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

20. Applicant's National Driver Register and Certifying Declarations

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

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

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

Signature of Applicant — Date 09/04/2003 (MM/DD/YYYY)

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

REPORT OF MEDICAL EXAMINATION

21. Height (inches)	22. Weight (pounds)	23. Statement of Demonstrated Ability (SODA)	24. SODA Serial Number
76	218	☐ YES ☒ NO Defect Noted:	

CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal	CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
25. Head, face, neck, and scalp	X		37. Vascular system (Pulse, amplitude and character; arms, legs, others)	X	
26. Nose	X		38. Abdomen and viscera (Including hernia)	X	
27. Sinuses	X		39. Anus (Not including digital examination)	X	
28. Mouth and throat	X		40. Skin	X	
29. Ears, general (Internal and external canals; Hearing under item 49)	X		41. G-U system (Not including pelvic examination)	X	
30. Ear Drums (Perforation)	X		42. Upper and lower extremities (Strength and range of motion)	X	
31. Eyes, general (Vision under items 50 to 54)	X		43. Spine, other musculoskeletal	X	
32. Ophthalmoscopic	X		44. Identifying body marks, scars, tattoos (Size & location)		X
33. Pupils (Equality and reaction)	X		45. Lymphatics	X	
34. Ocular motility (Associated parallel movement, nystagmus)	X		46. Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves, coordination, etc.)	X	
35. Lungs and chest (Not including breast examination)	X		47. Psychiatric (Appearance, behavior, mood, communication, and memory)	X	
36. Heart (Precordial activity, rhythm, sounds, and murmurs)	X		48. General systemic	X	

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

49. Hearing	Record Audiometric Speech Discrimination Score Below		Right Ear					Left Ear				
Conversational Voice Test at 6 Feet ☒ Pass ☐ Fail		Audiometer Threshold in decibels	500	1000	2000	3000	4000	500	1000	2000	3000	4000

50. Distant Vision
Right 20/ 20 Corrected to 20/ 20
Left 20/ 200 Corrected to 20/ 40
Both 20/ 20 Corrected to 20/ 20

51.a. Near Vision
Right 20/ 20 Corrected to 20/
Left 20/ 20 Corrected to 20/
Both 20/ 20 Corrected to 20/

51.b. Intermediate Vision - 32 Inches
Right 20/ Corrected to 20/
Left 20/ Corrected to 20/
Both 20/ Corrected to 20/

52. Color Vision
☒ Pass
☐ Fail

53. Field of Vision	54. Heterophoria 20' (in prism diopters)	Esophoria	Exophoria	Right Hyperphoria	Left Hyperphoria
☒ Normal ☐ Abnormal		0	0	0	0

55. Blood Pressure (Sitting, mm of Mercury)	Systolic / Diastolic	56. Pulse (Resting)	57. Urinalysis (if abnormal, give results)	Albumin	Sugar	58. ECG (Date) MM / DD / YYYY
	120 / 76	82	☒ Normal ☐ Abnormal	0	0	

59. Other Tests Given

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 mailing.)

See Form 8500-8 Continuation Sheet for Comments

FOR FAA USE
Pathology Codes:
Coded By:
Clerical Reject

Significant Medical History ☐ YES ☒ NO **Abnormal Physical Findings** ☐ YES ☒ NO

61. Applicant's Name
STEPHEN CRAIG PADDOCK

62. Has Been Issued -- ☒ Medical Certificate ☐ Medical & Student Pilot Certificate
☐ **No Certificate Issued --** Deferred for Further Evaluation
☐ **Has Been Denied --** Letter of Denial Issued (Copy Attached)

63. Disqualifying Defects (List by item number)
N/A

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.

Date of Examination	Aviation Medical Examiner's Name	Aviation Medical Examiner's Signature
MM / DD / YYYY	ERWIN L SAMUELSON	
09/04/2003	Street Address: 1970 S PROSPECT AVE	AME Serial Number 000008454
	City REDONDO BEACH State CA Zip Code 90277	AME Telephone (310) 540-0375

Form 8500-8 Continuation Sheet

Applicant Name: STEPHEN CRAIG PADDOCK
Applicant MID: 200001691496 **Transmitted to FAA :**

17.a.Medications (From page 1):

Medication	Previously Reported Yes	Previously Reported No

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

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

MEDICAL CERTIFICATE ___ CLASS AND STUDENT PILOT CERTIFICATE

Must wear corrective lenses

COPY

AIRMAN'S SIGNATURE

1 Application For: [x] Airman Medical Certificate [ ] Airman Medical and Student Pilot Certificate

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

3. Last Name: PADDOCK First Name: STEPHEN Middle Name: CRAIG

4. Social Security Number: 563 - 86 - 6197

5 Address: 13629 Kornblum Ave (Number / Street) Telephone Number (310) 675 - 2370

City: HAWTHORNE State / Country: CA Zip Code: 90250

6 Date of Birth: 04 09 1953 (MM / DD / YYYY) Citizenship: USA

7 Color of Hair: BR

8 Color of Eyes: BL.

9 Sex: M

10 Type of Airman Certificate(s) You Hold

- [ ] None
- [ ] Airline Transport
- [ ] Commercial
- [ ] ATC Specialist
- [ ] Flight Engineer
- [ ] Flight Navigator
- [ ] Flight Instructor
- [x] Private
- [ ] Student
- [ ] Recreational
- [ ] Other ______

11 Occupation: Retired

12 Employer: None

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

Total Pilot Time (Civilian Only)
14. To Date: 550
15 Past 6 months: Ø

16 Date of Last FAA Medical Application: 09 18 1995 (MM / DD / YYYY) [ ] No Prior Application

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

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

17 b Do You Ever Use Near Vision Contact Lens(es) While Flying? [ ] Yes [x] No

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

	Yes	No	Condition
a	[ ]	[x]	Frequent or severe headaches
b	[ ]	[x]	Dizziness or fainting spell
c	[ ]	[x]	Unconsciousness for any reason
d	[ ]	[x]	Eye or vision trouble except glasses
e	[x]	[ ]	Hay fever or allergy
f	[ ]	[x]	Asthma or lung disease
g	[ ]	[x]	Heart or vascular trouble
h	[ ]	[x]	High or low blood pressure
i	[ ]	[x]	Stomach, liver, or intestinal trouble
j	[ ]	[x]	Kidney stone or blood in urine
k	[ ]	[x]	Diabetes
l	[ ]	[x]	Neurological disorders; epilepsy, seizure, stroke, paralysis, etc.
m	[ ]	[x]	Mental disorders of any sort; depression, anxiety, etc.
n	[ ]	[x]	Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years
o	[ ]	[x]	Alcohol dependence or abuse
p	[ ]	[x]	Suicide attempt
q	[ ]	[x]	Motion sickness requiring medication
r	[ ]	[x]	Military medical discharge
s	[ ]	[x]	Medical rejection by military service
t	[ ]	[x]	Rejection for life or health insurance
u	[x]	[ ]	Admission to hospital
x	[x]	[ ]	Other illness, disability, or surgery

Conviction and/or Administrative Action History – See Instructions Page

	Yes	No	
v	[ ]	[x]	History of (1) any conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) history of any conviction(s) or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program
w	[ ]	[x]	History of nontraffic conviction(s) (misdemeanors or felonies)

Explanations See Instructions Page

SURGERY 1990 – PREVIOUSLY REPORTED
NO CHANGES – NO MEDICATION

FOR FAA USE
Review Action Codes

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

Date	Name, Address, and Type of Health Professional Consulted	Reason

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

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

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

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

Signature of Applicant: [signature]

Date: 06 20 2001 (MM / DD / YYYY)

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

NSN 0052-00-670-8002

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

REPORT OF MEDICAL EXAMINATION

21 Height (inches)	22 Weight (pounds)	23. Statement of Demonstrated Ability (SODA) ☐ YES ☐ NO Defect Noted	24. SODA Serial Number

CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal	CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
25 Head, face, neck, and scalp			37 Vascular system (Pulse, amplitude and character arms legs, others)		
26 Nose			38 Abdomen and viscera (Including hernia)		
27 Sinuses			39 Anus (Not including digital examination)		
28 Mouth and throat			40 Skin		
29 Ears, general (Internal and external canals Hearing under item 49)			41 G-U system (Not including pelvic examination)		
30 Ear Drums (Perforation)			42 Upper and lower extremities (Strength and range of motion)		
31 Eyes, general (Vision under items 50 to 54)			43 Spine, other musculoskeletal		
32 Ophthalmoscopic			44 Identifying body marks, scars, tattoos (Size & location)		
33 Pupils (Equality and reaction)			45 Lymphatics		
34 Ocular motility (Associated parallel movement, nystagmus)			46 Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves coordination, etc.)		
35 Lungs and chest (Not including breast examination)			47 Psychiatric (Appearance, behavior, mood, communication and memory)		
36 Heart (Precordial activity rhythm sounds and murmurs)			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

49 Hearing	Record Audiometric Speech Discrimination Score Below		Right Ear					Left Ear				
Conversational Voice Test at 6 Feet ☐ Pass ☐ Fail		Audiometer Threshold in decibels	500	1000	2000	3000	4000	500	1000	2000	3000	4000

50 Distant Vision	51 a Near Vision	51 b Intermediate Vision – 32 Inches	52 Color Vision
Right 20/ Corrected to 20/	Right 20/ Corrected to 20/	Right 20/ Corrected to 20/	☐ Pass
Left 20/ Corrected to 20/	Left 20/ Corrected to 20/	Left 20/ Corrected to 20/	☐ Fail
Both 20/ Corrected to 20/	Both 20/ Corrected to 20/	Both 20/ Corrected to 20/	

53 Field of Vision	54 Heterophoria 20' (in prism diopters)	Esophoria	Exophoria	Right Hyperphoria	Left Hyperphoria
☐ Normal ☐ Abnormal					

55 Blood Pressure (Sitting, mm of Mercury)	Systolic	Diastolic	56 Pulse (Resting)	57 Urinalysis (If abnormal, give results)	Albumin	Sugar	58 ECG (Date) MM DD YYYY
				☐ Normal ☐ Abnormal			

59 Other Tests Given

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 mailing.)

FOR FAA USE
Pathology Codes:
Coded By:
Clerical Reject

Significant Medical History ☐ YES X ☐ NO Abnormal Physical Findings ☐ YES ☐ NO

61 Applicant's Name

62 Has Been Issued — ☐ Medical Certificate ☐ Medical & Student Pilot Certificate
☐ No Certificate Issued — Deferred for Further Evaluation
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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

Date of Examination MM DD YYYY	Aviation Medical Examiner's Name [illegible] M.D.	Aviation Medical Examiner's Signature
JUN 20 2001	Street Address 1970 South Prospect Redondo Beach, California 90277-6903	AME Serial Number 08454-1
	City State Zip Code (310) 540-0376	AME Telephone

FAA Form 8500-8 (3-99) Supersedes Previous Edition NSN 0052-00-870-8002

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

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

FF-0697448

MEDICAL CERTIFICATE THIRD CLASS AND STUDENT PILOT CERTIFICATE

This certifies that (Full name and address):

STEPHEN CRAIG PADDOCK
2768 THUNDER BAY AVE
HENDERSON, NV 89052-6991

Date of Birth	Height	Weight	Hair	Eyes	Sex
04/09/1953	76	225	BROWN	BLUE	M

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

Limitations: Must wear corrective lenses.

COPY

Date of Examination	Examiner's Designation No.
06/20/2001	000008454

Examiner: Signature

Typed Name: ERWIN L SAMUELSON

AIRMAN'S SIGNATURE

1. Application For: [X] Airman Medical Certificate [ ] Airman Medical and Student Pilot Certificate

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

3. Last Name PADDOCK **First Name** STEPHEN **Middle Name** CRAIG

4. Social Security Number 999-51-3313

5. Address 2768 THUNDER BAY AVE (Number / Street) Telephone Number ( ) -
HENDERSON (City) NV (State / Country) 89052-6991 (Zip Code)

6. Date of Birth 04/09/1953 (MM/DD/YYYY) **Citizenship** USA

7. Color of Hair BROWN **8. Color of Eyes** BLUE **9. Sex** Male

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

11. Occupation RETIRED **12. Employer** NONE

13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked? [ ] Yes [X] No If yes, give date ______ MM/DD/YYYY

Total Pilot Time (Civilian Only) **14. To Date** 550 **15. Past 6 months** 0

16. Date of Last FAA Medical Application 09/18/1995 (MM/DD/YYYY) [ ] No Prior Application

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

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

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

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

	Yes	No	Condition
a.	[ ]	[X]	Frequent or severe headaches
b.	[ ]	[X]	Dizziness or fainting spell
c.	[ ]	[X]	Unconsciousness for any reason
d.	[ ]	[X]	Eye or vision trouble except glasses
e.	[X]	[ ]	Hay fever or allergy
f.	[ ]	[X]	Asthma or lung disease
g.	[ ]	[X]	Heart or vascular trouble
h.	[ ]	[X]	High or low blood pressure
i.	[ ]	[X]	Stomach, liver, or intestinal trouble
j.	[ ]	[X]	Kidney stone or blood in urine
k.	[ ]	[X]	Diabetes
l.	[ ]	[X]	Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.
m.	[ ]	[X]	Mental disorders of any sort; depression, anxiety, etc.
n.	[ ]	[X]	Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years.
o.	[ ]	[X]	Alcohol dependence or abuse
p.	[ ]	[X]	Suicide attempt
q.	[ ]	[X]	Motion sickness requiring medication
r.	[ ]	[X]	Military medical discharge
s.	[ ]	[X]	Medical rejection by military service
t.	[ ]	[X]	Rejection for life or health insurance
u.	[X]	[ ]	Admission to hospital
x.	[X]	[ ]	Other illness, disability, or surgery

Conviction and/or Administrative Action History — See Instructions Page

	Yes	No	
v.	[ ]	[X]	History of (1) any conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug or (2) history of any conviction(s) or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.
w.	[ ]	[X]	History of nontraffic conviction(s) (misdemeanors or felonies).

Explanations: See Instructions Page

See Form 8500-8 Continuation Sheet for Comments

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

Date	Name, Address, and Type of Health Professional Consulted	Reason

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

20. Applicant's National Driver Register and Certifying Declarations

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

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

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

Signature of Applicant

Date 06/20/2001 (MM/DD/YYYY)

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

REPORT OF MEDICAL EXAMINATION

21. Height (inches)	22. Weight (pounds)	23. Statement of Demonstrated Ability (SODA)	24. SODA Serial Number
76	225	☐ YES ☒ NO Defect Noted:	

CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal	CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
25. Head, face, neck, and scalp	X		37. Vascular system (Pulse, amplitude and character; arms, legs, others)	X	
26. Nose	X		38. Abdomen and viscera (Including hernia)	X	
27. Sinuses	X		39. Anus (Not including digital examination)	X	
28. Mouth and throat	X		40. Skin	X	
29. Ears, general (Internal and external canals; Hearing under item 49)	X		41. G-U system (Not including pelvic examination)	X	
30. Ear Drums (Perforation)	X		42. Upper and lower extremities (Strength and range of motion)	X	
31. Eyes, general (Vision under items 50 to 54)	X		43. Spine, other musculoskeletal	X	
32. Ophthalmoscopic	X		44. Identifying body marks, scars, tattoos (Size & location)		X
33. Pupils (Equality and reaction)	X		45. Lymphatics	X	
34. Ocular motility (Associated parallel movement, nystagmus)	X		46. Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves, coordination, etc.)	X	
35. Lungs and chest (Not including breast examination)	X		47. Psychiatric (Appearance, behavior, mood, communication, and memory)	X	
36. Heart (Precordial activity, rhythm, sounds, and murmurs)	X		48. General systemic	X	

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

49. Hearing	Record Audiometric Speech Discrimination Score Below		Right Ear					Left Ear				
Conversational Voice Test at 6 Feet ☒ Pass ☐ Fail		Audiometer Threshold in decibels	500	1000	2000	3000	4000	500	1000	2000	3000	4000

50. Distant Vision

	20/	Corrected to 20/
Right	20	20
Left	200	40
Both	20	20

51.a. Near Vision

	20/	Corrected to 20/
Right	20	
Left	20	
Both	20	

51.b. Intermediate Vision - 32 Inches

	20/	Corrected to 20/
Right		
Left		
Both		

52. Color Vision ☒ Pass ☐ Fail

53. Field of Vision ☒ Normal ☐ Abnormal

54. Heterophoria 20' (in prism diopters)	Esophoria	Exophoria	Right Hyperphoria	Left Hyperphoria
	0	0	0	0

55. Blood Pressure (Sitting, mm of Mercury) Systolic 122 / Diastolic 76

56. Pulse (Resting) 80

57. Urinalysis (If abnormal, give results) ☒ Normal ☐ Abnormal — Albumin 0, Sugar 0

58. ECG (Date) MM | DD | YYYY

59. Other Tests Given

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 mailing.)

See Form 8500-8 Continuation Sheet for Comments

FOR FAA USE
Pathology Codes:
Coded By:
Clerical Reject

Significant Medical History ☐ YES ☒ NO **Abnormal Physical Findings** ☐ YES ☒ NO

61. Applicant's Name
STEPHEN CRAIG PADDOCK

62. Has Been Issued – ☒ Medical Certificate ☐ Medical & Student Pilot Certificate
☐ **No Certificate Issued –** Deferred for Further Evaluation
☐ **Has Been Denied –** Letter of Denial Issued (Copy Attached)

63. Disqualifying Defects (List by item number)
N/A

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.

Date of Examination (MM | DD | YYYY)	Aviation Medical Examiner's Name	Aviation Medical Examiner's Signature
06/20/2001	ERWIN L SAMUELSON	
	Street Address: 1970 S PROSPECT AVE	AME Serial Number 000008454
	City REDONDO BEACH State CA Zip Code 90277	AME Telephone (310) 540-0375

Form 8500-8 Continuation Sheet

Applicant Name: STEPHEN CRAIG PADDOCK

Applicant MID: 200000687525 **Transmitted to FAA :**

17.a.Medications (From page 1):

Medication	Previously Reported Yes	No

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

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

00-2046391

MEDICAL CERTIFICATE ________ CLASS AND STUDENT PILOT CERTIFICATE

This certifies that (Full name and address):

STEPHEN CRAIG PADDOCK
PO BOX 2004
CALIFORNIA CITY, CA 93504-0004

COPY

Date of Birth	Height	Weight	Hair	Eyes	Sex
04/09/1953	75	207	BROWN	BLUE	M

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

Limitations: COPY

Date of Examination: 09/18/1995
Examiner's Designation No.: 000013799

Examiner Signature:
Typed Name: MITCHEL J YOUNGBLOOD

AIRMAN'S SIGNATURE

1. Application For: [ ] Airman Medical Certificate [ ] Airman Medical and Student Pilot Certificate

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

3. Last Name PADDOCK **First Name** STEPHEN **Middle Name** CRAIG

4. Social Security Number 999-51-3313

5. Address PO BOX 2004 Telephone Number () -
Number / Street
CALIFORNIA CITY CA 93504-0004
City State / Country Zip Code

6. Date of Birth 04/09/1953 (MM/DD/YYYY)
Citizenship Other (Unknown)

7. Color of Hair BROWN **8. Color of Eyes** BLUE **9. Sex** Male

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

11. Occupation X **12. Employer** XXXX

13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked? [ ] Yes [X] No If yes, give date ______ MM/DD/YYYY

Total Pilot Time (Civilian Only)
14. To Date 700 **15. Past 6 months** 100

16. Date of Last FAA Medical Application ______ MM/DD/YYYY [X] No Prior Application

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

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

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

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

	Yes	No	Condition
a.	[ ]	[X]	Frequent or severe headaches
b.	[ ]	[X]	Dizziness or fainting spell
c.	[ ]	[X]	Unconsciousness for any reason
d.	[ ]	[X]	Eye or vision trouble except glasses
e.	[X]	[ ]	Hay fever or allergy
f.	[ ]	[X]	Asthma or lung disease
g.	[ ]	[X]	Heart or vascular trouble
h.	[ ]	[X]	High or low blood pressure
i.	[ ]	[X]	Stomach, liver, or intestinal trouble
j.	[ ]	[X]	Kidney stone or blood in urine
k.	[ ]	[X]	Diabetes
l.	[ ]	[X]	Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.
m.	[ ]	[X]	Mental disorders of any sort; depression, anxiety, etc.
n.	[ ]	[X]	Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years.
o.	[ ]	[X]	Alcohol dependence or abuse
p.	[ ]	[X]	Suicide attempt
q.	[ ]	[X]	Motion sickness requiring medication
r.	[ ]	[X]	Military medical discharge
s.	[ ]	[X]	Medical rejection by military service
t.	[ ]	[X]	Rejection for life or health insurance
u.	[X]	[ ]	Admission to hospital
x.	[ ]	[X]	Other illness, disability, or surgery

Conviction and/or Administrative Action History — See Instructions Page

	Yes	No	
v.	[ ]	[X]	History of (1) any conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug or (2) history of any conviction(s) or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.
w.	[ ]	[X]	History of nontraffic conviction(s) (misdemeanors or felonies).

Explanations: See Instructions Page

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

Date	Name, Address, and Type of Health Professional Consulted	Reason

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

20. Applicant's National Driver Register and Certifying Declarations

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

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

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

Signature of Applicant ______ Date ______ MM/DD/YYYY

NSN: 0052-00-670-6002

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

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

REPORT OF MEDICAL EXAMINATION

21. Height (inches)	22. Weight (pounds)	23. Statement of Demonstrated Ability (SODA)	24. SODA Serial Number
75	207	☐ YES ☒ NO Defect Noted:	

CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal	CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
25. Head, face, neck, and scalp	X		37. Vascular system (Pulse, amplitude and character; arms, legs, others)	X	
26. Nose	X		38. Abdomen and viscera (Including hernia)	X	
27. Sinuses	X		39. Anus (Not including digital examination)	X	
28. Mouth and throat	X		40. Skin	X	
29. Ears, general (Internal and external canals; Hearing under item 49)	X		41. G-U system (Not including pelvic examination)	X	
30. Ear Drums (Perforation)	X		42. Upper and lower extremities (Strength and range of motion)	X	
31. Eyes, general (Vision under items 50 to 54)	X		43. Spine, other musculoskeletal	X	
32. Ophthalmoscopic	X		44. Identifying body marks, scars, tattoos (Size & location)	X	
33. Pupils (Equality and reaction)	X		45. Lymphatics	X	
34. Ocular motility (Associated parallel movement, nystagmus)	X		46. Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves, coordination, etc.)	X	
35. Lungs and chest (Not including breast examination)	X		47. Psychiatric (Appearance, behavior, mood, communication, and memory)	X	
36. Heart (Precordial activity, rhythm, sounds, and murmurs)	X		48. General systemic	X	

NOTES: Describe every abnormality in detail. Enter applicable item number before each comment. Use additional sheets if necessary and attach to this form.

49. Hearing	Record Audiometric Speech Discrimination Score Below		Right Ear					Left Ear				
Conversational Voice Test at 6 Feet ☐ Pass ☐ Fail		Audiometer Threshold in decibels	500	1000	2000	3000	4000	500	1000	2000	3000	4000

50. Distant Vision

	20/	Corrected to 20/
Right	20	20
Left	200	25
Both		

51.a. Near Vision

	20/	Corrected to 20/
Right	25	25
Left	20	20
Both		

51.b. Intermediate Vision - 32 Inches

	20/	Corrected to 20/
Right		
Left		
Both		

52. Color Vision ☒ Pass ☐ Fail

53. Field of Vision ☒ Normal ☐ Abnormal

54. Heterophoria 20' (in prism diopters)	Esophoria	Exophoria	Right Hyperphoria	Left Hyperphoria

55. Blood Pressure (Sitting, mm of Mercury) Systolic 146 / Diastolic 90

56. Pulse (Resting) 80

57. Urinalysis (if abnormal, give results) ☒ Normal ☐ Abnormal

Albumin	Sugar
N	

58. ECG (Date) MM | DD | YYYY

59. Other Tests Given

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 mailing.)

FOR FAA USE
Pathology Codes:
Coded By:
Clerical Reject

Significant Medical History ☐ YES ☒ NO **Abnormal Physical Findings** ☐ YES ☒ NO

61. Applicant's Name
STEPHEN CRAIG PADDOCK

62. Has Been Issued -- ☒ Medical Certificate ☐ Medical & Student Pilot Certificate
☐ **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 examined the applicant named on this medical examination report. This report with any attachment embodies my findings completely and correctly.

Date of Examination
MM | DD | YYYY
09/18/1995

Aviation Medical Examiner's Name
MITCHEL J YOUNGBLOOD

Aviation Medical Examiner's Signature

Street Address
12370 HESPERIA RD STE 15

City VICTORVILLE State CA Zip Code 92392

AME Serial Number 000013799

AME Telephone (760) 241-7773

NSN: 0052-00-670-6002

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

Form 8500-8 Continuation Sheet

Applicant Name: STEPHEN CRAIG PADDOCK
Applicant MID: 95269694 **Transmitted to FAA :**

17.a.Medications (From page 1):

Medication	Previously Reported Yes	Previously Reported 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)

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

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

MEDICAL CERTIFICATE ______ CLASS AND STUDENT PILOT CERTIFICATE

This certifies that (Full name and address):

STEPHEN CRAIG PADDOCK
NAC
NAC NA NAC

Date of Birth	Height	Weight	Hair	Eyes	Sex
04/09/1953	75	170	BROWN	BLUE	M

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

Limitations: COPY

Date of Examination	Examiner's Designation No.
07/26/1975	000000000

Examiner: Signature / Typed Name

AIRMAN'S SIGNATURE

1. Application For: ☐ Airman Medical Certificate ☐ Airman Medical and Student Pilot Certificate

2. Class of Medical Certificate Applied For: ☐ 1st ☐ 2nd ☐ 3rd

3. Last Name	First Name	Middle Name
PADDOCK	STEPHEN	CRAIG

4. Social Security Number 999-51-3313

5. Address NAC — Telephone Number ( ) -

Number / Street: NAC
City: NAC — State / Country: NA — Zip Code: NAC

6. Date of Birth 04/09/1953 (MM/DD/YYYY) — Citizenship: Other (Unknown)

7. Color of Hair BROWN — **8. Color of Eyes** BLUE — **9. Sex** Male

10. Type of Airman Certificate(s) You Hold:
☐ None ☐ ATC Specialist ☐ Flight Instructor ☐ Recreational
☐ Airline Transport ☐ Flight Engineer ☐ Private ☐ Other
☐ Commercial ☐ Flight Navigator ☐ Student

11. Occupation X — **12. Employer** XXXX

13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked? ☐ Yes ☒ No — If yes, give date ______ MM/DD/YYYY

Total Pilot Time (Civilian Only) — **14. To Date** 300 — **15. Past 6 months** 5

16. Date of Last FAA Medical Application ______ MM/DD/YYYY ☒ No Prior Application

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

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

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

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

	Yes	No	Condition
a.	☐	☒	Frequent or severe headaches
b.	☐	☒	Dizziness or fainting spell
c.	☐	☒	Unconsciousness for any reason
d.	☐	☒	Eye or vision trouble except glasses
e.	☐	☒	Hay fever or allergy
f.	☐	☒	Asthma or lung disease
g.	☐	☒	Heart or vascular trouble
h.	☐	☒	High or low blood pressure
i.	☐	☒	Stomach, liver, or intestinal trouble
j.	☐	☒	Kidney stone or blood in urine
k.	☐	☒	Diabetes
l.	☐	☒	Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.
m.	☐	☒	Mental disorders of any sort; depression, anxiety, etc.
n.	☐	☒	Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years.
o.	☐	☒	Alcohol dependence or abuse
p.	☐	☒	Suicide attempt
q.	☐	☒	Motion sickness requiring medication
r.	☐	☒	Military medical discharge
s.	☐	☒	Medical rejection by military service
t.	☐	☒	Rejection for life or health insurance
u.	☐	☒	Admission to hospital
x.	☐	☒	Other illness, disability, or surgery

Conviction and/or Administrative Action History — See Instructions Page

	Yes	No	
v.	☐	☒	History of (1) any conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug or (2) history of any conviction(s) or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.
w.	☐	☒	History of nontraffic conviction(s) (misdemeanors or felonies).

Explanations: See Instructions Page

19. Visits to Health Professional Within Last 3 Years. ☐ Yes (Explain Below) ☒ No — See Instructions Page

Date	Name, Address, and Type of Health Professional Consulted	Reason

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

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

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

Signature of Applicant — Date ______ MM/DD/YYYY

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

REPORT OF MEDICAL EXAMINATION

21. Height (inches)	22. Weight (pounds)	23. Statement of Demonstrated Ability (SODA)	24. SODA Serial Number
75	170	☐ YES ☐ NO Defect Noted:	

CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal	CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
25. Head, face, neck, and scalp	X		37. Vascular system (Pulse, amplitude and character; arms, legs, others)	X	
26. Nose	X		38. Abdomen and viscera (Including hernia)	X	
27. Sinuses	X		39. Anus (Not including digital examination)	X	
28. Mouth and throat	X		40. Skin	X	
29. Ears, general (Internal and external canals; Hearing under item 49)	X		41. G-U system (Not including pelvic examination)	X	
30. Ear Drums (Perforation)	X		42. Upper and lower extremities (Strength and range of motion)	X	
31. Eyes, general (Vision under items 50 to 54)	X		43. Spine, other musculoskeletal	X	
32. Ophthalmoscopic	X		44. Identifying body marks, scars, tattoos (Size & location)		
33. Pupils (Equality and reaction)	X		45. Lymphatics	X	
34. Ocular motility (Associated parallel movement, nystagmus)	X		46. Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves, coordination, etc.)	X	
35. Lungs and chest (Not including breast examination)	X		47. Psychiatric (Appearance, behavior, mood, communication, and memory)	X	
36. Heart (Precordial activity, rhythm, sounds, and murmurs)	X		48. General systemic	X	

NOTES: Describe every abnormality in detail. Enter applicable item number before each comment. Use additional sheets if necessary and attach to this form.

49. Hearing	Record Audiometric Speech Discrimination Score Below		Right Ear					Left Ear				
Conversational Voice Test at 6 Feet ☐ Pass ☐ Fail		Audiometer Threshold in decibels	500	1000	2000	3000	4000	500	1000	2000	3000	4000

50. Distant Vision	51.a. Near Vision	51.b. Intermediate Vision - 32 Inches	52. Color Vision
Right 20/ 20 Corrected to 20/ 20	Right 20/ 20 Corrected to 20/ 20	Right 20/ Corrected to 20/	☒ Pass
Left 20/ 20 Corrected to 20/ 20	Left 20/ 20 Corrected to 20/ 20	Left 20/ Corrected to 20/	☐ Fail
Both 20/ Corrected to 20/	Both 20/ Corrected to 20/	Both 20/ Corrected to 20/	

53. Field of Vision	54. Heterophoria 20' (in prism diopters)	Esophoria	Exophoria	Right Hyperphoria	Left Hyperphoria
☒ Normal ☐ Abnormal		0	0	0	0

55. Blood Pressure (Sitting, mm of Mercury)	56. Pulse (Resting)	57. Urinalysis (if abnormal, give results)	Albumin	Sugar	58. ECG (Date) MM | DD | YYYY
Systolic 150 / Diastolic 80	80	☒ Normal ☐ Abnormal	N	N	

59. Other Tests Given

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 mailing.)

FOR FAA USE
Pathology Codes:
Coded By:
Clerical Reject

Significant Medical History ☐ YES ☐ NO **Abnormal Physical Findings** ☐ YES ☐ NO

61. Applicant's Name
STEPHEN CRAIG PADDOCK

62. Has Been Issued -- ☐ Medical Certificate ☐ Medical & Student Pilot Certificate
☐ **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 examined the applicant named on this medical examination report. This report with any attachment embodies my findings completely and correctly.

Date of Examination	Aviation Medical Examiner's Name	Aviation Medical Examiner's Signature
MM | DD | YYYY	Street Address	AME Serial Number 000000000
07/28/1975	City State Zip Code	AME Telephone

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

NSN: 0052-00-670-6002

Form 8500-8 Continuation Sheet

Applicant Name: STEPHEN CRAIG PADDOCK
Applicant MID: 75296925
Transmitted to FAA :

	Previously Reported	
17.a.Medications (From page 1):	Yes	No
Medication		

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

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

MEDICAL CERTIFICATE ______ CLASS AND STUDENT PILOT CERTIFICATE

This certifies that (Full name and address):
STEPHEN CRAIG PADDOCK
NAC
NAC, NA NAC

Date of Birth	Height	Weight	Hair	Eyes	Sex
04/09/1953	75	175	BROWN	BLUE	M

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

Limitations: COPY

Date of Examination	Examiner's Designation No.
02/06/1973	000000000

Examiner: Signature / Typed Name

AIRMAN'S SIGNATURE

COPY

1. Application For: ☐ Airman Medical Certificate ☐ Airman Medical and Student Pilot Certificate

2. Class of Medical Certificate Applied For: ☐ 1st ☐ 2nd ☐ 3rd

3. Last Name: PADDOCK — **First Name:** STEPHEN — **Middle Name:** CRAIG

4. Social Security Number: 999-51-3313

5. Address: NAC — Telephone Number ( ) -
Number / Street: NAC
City: NA — State / Country: NA — Zip Code: NAC

6. Date of Birth: 04/09/1953 (MM/DD/YYYY) — Citizenship: Other (Unknown)

7. Color of Hair: BROWN — **8. Color of Eyes:** BLUE — **9. Sex:** Male

10. Type of Airman Certificate(s) You Hold:
☐ None ☐ ATC Specialist ☐ Flight Instructor ☐ Recreational
☐ Airline Transport ☐ Flight Engineer ☐ Private ☐ Other
☐ Commercial ☐ Flight Navigator ☐ Student

11. Occupation: X — **12. Employer:** XXXX

13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked? ☐ Yes ☒ No — If yes, give date ______ MM / DD / YYYY

Total Pilot Time (Civilian Only) — **14. To Date:** 220 — **15. Past 6 months:** 2

16. Date of Last FAA Medical Application: ______ MM/DD/YYYY ☒ No Prior Application

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

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

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

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

	Yes	No	Condition
a.	☐	☒	Frequent or severe headaches
b.	☐	☒	Dizziness or fainting spell
c.	☐	☒	Unconsciousness for any reason
d.	☐	☒	Eye or vision trouble except glasses
e.	☐	☒	Hay fever or allergy
f.	☐	☒	Asthma or lung disease
g.	☐	☒	Heart or vascular trouble
h.	☐	☒	High or low blood pressure
i.	☐	☒	Stomach, liver, or intestinal trouble
j.	☐	☒	Kidney stone or blood in urine
k.	☐	☒	Diabetes
l.	☐	☒	Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.
m.	☐	☒	Mental disorders of any sort; depression, anxiety, etc.
n.	☐	☒	Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years.
o.	☐	☒	Alcohol dependence or abuse
p.	☐	☒	Suicide attempt
q.	☐	☒	Motion sickness requiring medication
r.	☐	☒	Military medical discharge
s.	☐	☒	Medical rejection by military service
t.	☐	☒	Rejection for life or health insurance
u.	☐	☒	Admission to hospital
x.	☐	☒	Other illness, disability, or surgery

Conviction and/or Administrative Action History — See Instructions Page

	Yes	No	
v.	☐	☒	History of (1) any conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug or (2) history of any conviction(s) or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.
w.	☐	☒	History of nontraffic conviction(s) (misdemeanors or felonies).

Explanations: See Instructions Page

19. Visits to Health Professional Within Last 3 Years. ☐ Yes (Explain Below) ☒ No — See Instructions Page

Date	Name, Address, and Type of Health Professional Consulted	Reason

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

20. Applicant's National Driver Register and Certifying Declarations

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

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

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

Signature of Applicant — Date ______ MM/DD/YYYY

NSN: 0052-00-670-6002

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

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

REPORT OF MEDICAL EXAMINATION

21. Height (inches)	22. Weight (pounds)	23. Statement of Demonstrated Ability (SODA)	24. SODA Serial Number
75	175	☐ YES ☐ NO Defect Noted:	

CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal	CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
25. Head, face, neck, and scalp	X		37. Vascular system (Pulse, amplitude and character; arms, legs, others)	X	
26. Nose	X		38. Abdomen and viscera (Including hernia)	X	
27. Sinuses	X		39. Anus (Not including digital examination)	X	
28. Mouth and throat	X		40. Skin	X	
29. Ears, general (Internal and external canals; Hearing under item 49)	X		41. G-U system (Not including pelvic examination)	X	
30. Ear Drums (Perforation)	X		42. Upper and lower extremities (Strength and range of motion)	X	
31. Eyes, general (Vision under items 50 to 54)	X		43. Spine, other musculoskeletal	X	
32. Ophthalmoscopic	X		44. Identifying body marks, scars, tattoos (Size & location)	X	
33. Pupils (Equality and reaction)	X		45. Lymphatics	X	
34. Ocular motility (Associated parallel movement, nystagmus)	X		46. Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves, coordination, etc.)	X	
35. Lungs and chest (Not including breast examination)	X		47. Psychiatric (Appearance, behavior, mood, communication, and memory)	X	
36. Heart (Precordial activity, rhythm, sounds, and murmurs)	X		48. General systemic	X	

NOTES: Describe every abnormality in detail. Enter applicable item number before each comment. Use additional sheets if necessary and attach to this form.

49. Hearing	Record Audiometric Speech Discrimination Score Below		Right Ear					Left Ear				
Conversational Voice Test at 6 Feet ☐ Pass ☐ Fail		Audiometer Threshold in decibels	500	1000	2000	3000	4000	500	1000	2000	3000	4000

50. Distant Vision
Right 20/ 20 Corrected to 20/ 20
Left 20/ 20 Corrected to 20/ 20
Both 20/ Corrected to 20/

51.a. Near Vision
Right 20/ 20 Corrected to 20/ 20
Left 20/ 20 Corrected to 20/ 20
Both 20/ Corrected to 20/

51.b. Intermediate Vision - 32 Inches
Right 20/ Corrected to 20/
Left 20/ Corrected to 20/
Both 20/ Corrected to 20/

52. Color Vision
☒ Pass
☐ Fail

53. Field of Vision
☒ Normal ☐ Abnormal

54. Heterophoria 20' (in prism diopters)	Esophoria	Exophoria	Right Hyperphoria	Left Hyperphoria
	0	0	0	0

55. Blood Pressure (Sitting, mm of Mercury) Systolic 110 / Diastolic 72

56. Pulse (Resting) 68

57. Urinalysis (If abnormal, give results) ☒ Normal ☐ Abnormal — Albumin: N; Sugar: N

58. ECG (Date) MM | DD | YYYY

59. Other Tests Given

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 mailing.)

FOR FAA USE
Pathology Codes:
Coded By:
Clerical Reject

Significant Medical History ☐ YES ☐ NO **Abnormal Physical Findings** ☐ YES ☐ NO

61. Applicant's Name
STEPHEN CRAIG PADDOCK

62. Has Been Issued – ☐ Medical Certificate ☐ Medical & Student Pilot Certificate
☐ **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 examined the applicant named on this medical examination report. This report with any attachment embodies my findings completely and correctly.

Date of Examination	Aviation Medical Examiner's Name	Aviation Medical Examiner's Signature
MM | DD | YYYY	Street Address	AME Serial Number 000000000
02/06/1973	City State Zip Code	AME Telephone

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

NSN: 0052-00-670-6002

Form 8500-8 Continuation Sheet

Applicant Name: STEPHEN CRAIG PADDOCK
Applicant MID: 73036826 **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)