

The FAA Office of AeroSpace Medicine now requires that we have a signed release form from you, the airman, prior to seeking information from the FAA on the status of your medical certification.

medical ce	rtification.	
I,		give permission for the Experimental Aircraft
Association on any and	n to inquire of the FAA all medical informatio	on my behalf in the matter of my medical certification
	(date)	(signature)
		(print name)
		(birthdate)
		(PI # or Soc Sec #)
		(EAA member number)
narrative o number. V and their p We also re	f the issues surrounding Ve'd also appreciate get hone number.	AA, please include a brief, not to exceed one page, g your case, including your AME's name and phone tting the name of the doctor handling your medical case a copy of the letter you received from the FAA Medicar.
Several op	tions are given below o	on sending it back to us.
Fax to:	EAA Government Relations, Advocacy & Safety, 920-426-4885	
Mail:	EAA Government Relations, Advocacy & Safety P.O. Box 3086 Oshkosh, WI 54903-3086	
E-mail:	_	and other required information and e-mail to ase put "Medical Release Form" on the e-mail subject