Memorandum

U.S. Department
of Transportation
Federal Aviation
Administration

Subject: ATCS HEALTH PROGRAM: REVIEW OF MEDICAL Date: Jan 24, 2002
(X) Examination ( ) Report dtd 07-16-01

Reply to
Attn of:

From: Office of Flight Surgeon

To: Kenneth C. McConahay, ATCS, Atlanta ATCT

1. DETERMINATION:
   ( ) Qualified for assigned duties through
   (X) Qualified with Special Consideration for assigned duties through 02-24-02
   ( ) Medical Restriction recommended through _
   ( ) Disqualification recommended; regional approval required.
   ( ) Indefinite incapacitation recommended; regional approval required.
   ( ) Pending.
2. REASONS FOR DETERMINATION.
Medical condition requiring Allegra.
Provide informtion regarding item #19 of FAA 8500-8 (copy attached)
3. LIMITATION:
   (X) None.
   ( ) Shall wear corrective lenses (spectacles or contact lenses) for distant vision.
   ( ) Shall wear corrective spectacles, when needed, for near vision. 4. ( ) OTHER:

   ( ) Your visual acuity does not meet standards. You must demonstrate correction of visual deficiency by reexamination or by statement from eye specialist; cost of examination and/or corrective lenses shall be at your expense.
   ( ) Provide copy of your current eyeglass (not contact lenses) prescription.
   ( ) Report of functional test required, for
   ( ) Specialist examination required; see attached. ( ) Other:

5. AIRMEN MEDICAL CERTIFICATE:
   ( ) Enclosed. ( ) Valid as Issued. ( )None Issued.
6. DRUG TEST REPORT: ____

[redacted]
Flight Surgeon
. Walter D. Davis, M.D>

[redacted]
Facility Manager

cc: Facility Manager, Medical Record

SO Form 3920-2 (6-87)

FACILITY MANAGER

Memorandum

U.S. Department
of Transportation
Federal Aviation
Administration

Subject: ATCS HEALTH PROGRAM: REVIEW OF MEDICAL (X) Examination ( ) Report dtd 07-16-01 Date: Nov 30, 2001

From: Office of Flight Surgeon Reply to Attn of:

To: Thomas Roberts, ATCS, Atlanta ATCT

1. DETERMINATION:
   (X) Qualified for assigned duties through 07-31-02
   ( ) Qualified with Special Consideration for assigned duties through
   ( ) Medical Restriction recommended through _
   ( ) Disqualification recommended; regional approval required.
   ( ) Indefinite incapacitation recommended; regional approval required.
   ( ) Pending.
2. REASONS FOR DETERMINATION.

3. LIMITATION:
   ( ) None.
   (X) Shall wear corrective lenses (spectacles or contact lenses) for distant vision.
   (X) Shall wear corrective spectacles, when needed, for near vision. 4. ( ) OTHER:
   -
   ( ) Your visual acuity does not meet standards. You must demonstrate correction of visual deficiency by reexamination or by statement from eye specialist; cost of examination and/or corrective lenses shall be at your expense.
   ( ) Provide copy of your current eyeglass (not contact lenses) prescription.
   ( ) Report of functional test required, for
   ( ) Specialist examination required; see attached. ( ) Other:

5. AIRMEN MEDICAL CERTIFICATE:
   ( ) Enclosed. ( ) Valid as Issued. (X)None Issued.
6. DRUG TEST REPORT: n/a

[redacted]
Flight Surgeon
Walter D. Davis, M.D.

[redacted]
Facility Manager

cc: Facility Manager, Medical Record

SO Form 3920-2 (6-87) FACIL[illegible]

Memorandum

S. Department
Transportation

Federal Aviation
Administration

Subject: ATCS HEALTH PROGRAM: Review of Medical (x)Examination ( ) Report dtd 08-20-01

Date: October 12, 2001

From: Office of Flight Surgeon

Reply to Attn. of: ASO-300

To: Robert Smelley, ATCS, Atlanta ATCT

1. DETERMINATION:
   (X) Qualified for assigned duties through 08-31-02
   ( ) Qualified with Special Consideration for assigned duties through
   ( ) Medical Restriction recommended through _
   ( ) Disqualification recommended; regional approval required.
   ( ) Indefinite incapacitation recommended; regional approval required.
   ( ) Pending.
2. REASONS FOR DETERMINATION.

3. LIMITATION:
   ( ) None.
   (x) Shall wear corrective lenses (spectacles or contact lenses) for distant vision.
   (X) Shall wear corrective spectacles, when needed, for near vision. 4. ( ) OTHER:

   ( ) Your visual acuity does not meet standards. You must demonstrate correction of visual deficiency by reexamination or by statement from eye specialist; cost of examination and/or corrective lenses shall be at your expense.
   ( ) Provide copy of your current eyeglass (not contact lenses) prescription.
   ( ) Report of functional test required, for
   ( ) Specialist examination required; see attached. ( ) Other:

5. AIRMEN MEDICAL CERTIFICATE:
   ( ) Enclosed. ( ) Valid as Issued. ( )None Issued.
6. DRUG TEST REPORT: n/a

[redacted]
Flight Surgeon
Walter D. Davis, M.D.

[redacted]
Facility Manager

cc: Facility Manager, Medical Record

SO Form 3920-2 (6-87)

FACILITY MANAGER