



U.S. Department
of Transportation
**Federal Aviation
Administration**

Memorandum

Subject: ATCS HEALTH PROGRAM: Review of Medical
() Examination (X) Report dtd 7/12/2001

Date: January 29, 2002

From: Office of Flight Surgeon

Reply to
Attn. of:

To: Horace Davis, Jr. , Jacksonville ARTCC

1. DETERMINATION:

- () Qualified for assigned duties through _____.
- (X) Qualified with Special Consideration for assigned duties through 11/30/2002 .
- () Medical Restriction recommended through _____.
- () Disqualification recommended; regional approval required.
- () Indefinite incapacitation recommended; regional approval required.
- () Pending.

2. REASON FOR DETERMINATION.

Medical condition requiring Synthroid

3. LIMITATION:

- () None.
- () Shall wear corrective lenses (spectacles or contact lenses) for distant vision.
- (X) Shall wear corrective spectacles, when needed, for near vision.
- () Other:

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. AIRMAN MEDICAL CERTIFICATE:

- () Enclosed.
- () Valid as Issued.
- () None Issued.

6. DRUG TEST REPORT: _____

Jee

Flight Surgeon
Walter D. Davis, M.D.
cc: Facility Manager, Medical Record

Facility Manager