

DEPARTMENT OF TRANSPORTATION

CERTIFICATE OF TRUE COPY

I HEREBY CERTIFY that the attached is a true copy of the original

medical record of DEUSCHENDORF JR., HENRY JOHN dating from August 21, 1978,

file in the Aeromedical Certification Division

that I am the legal custodian thereof.

Signed and dated at Oklahoma City, Oklahoma

this 15th day of October, 19 97

by ~~Charles M. Holmes~~
CHARLES M. HOLMES
Supervisor, Medical Records Section
Aeromedical Certification Division
(Title)
Civil Aeromedical Institute

I HEREBY CERTIFY that CHARLES M. HOLMES

who signed the foregoing certificate is now, and was, at the time of signing
the legal custodian of the aforesaid records,

and that full faith and credit should be given his certificate as such.

IN WITNESS WHEREOF, I have hereunto subscribed
my name and caused the seal of the Department of
Transportation to be affixed this 15th
day of October, 19 97
at Oklahoma City, Oklahoma

~~Warren S. Silberman, M.D.~~
WARREN S. SILBERMAN, D.O., M.P.H.
(Signature)
Manager, Aeromedical Certification Division
(Title)

Civil Aeromedical Institute
Department of Transportation



UNITED STATES OF AMERICA
Department of Transportation Federal Aviation Administration

THIS CERTIFIES THAT **HENRY JOHN DEUTSCHENDORF**
P.O. BOX 1587
ASPEN CO 81612

DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX	NATIONALITY
	71"	155	BLOND	BROWN		USA

IX HAS BEEN FOUND TO BE PROPERLY QUALIFIED TO EXERCISE THE PRIVILEGES OF AN AIRMAN'S CERTIFICATE

IL PRIVATE PILOT
RATINGS AND LIMITATIONS
XII AIRPLANE SINGLE ENGINE LAND & SEA
AIRPLANE MULTYENGINE LAND
INSTRUMENT AIRPLANE
XIII GLIDER AERO TOW ONLY LR-JET

SIGNATURE OF HOLDER: *Henry J. Deutschendorf*
DATE OF ISSUE: 06-07-85
FAA Form 8060-2 (5-81)

UNITED STATES OF AMERICA
Department of Transportation
Federal Aviation Administration
MEDICAL CERTIFICATE III CLASS

This certifies that (Full name and address):
Henry John Deutschendorf Jr.
[REDACTED]
Aspen, CO 81612

Date of Birth	Ht.	Wt.	Hair	Eyes	Sex	
[REDACTED]	43	70 1/2	176	BLND	BRN	M

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

Limitations
Holder shall wear correcting lenses while exercising the privileges of his airman certificate.

Date of Examination	Examiner's Serial No.
06/13/96	09473-4

Examiner Signature: *[Signature]*
Typed Name: H.C. WHITCOMB, M.D.

AIRMAN'S SIGNATURE: *[Signature]*

FAA Form 8500-9 (7-92) Supersedes Previous Edition

UNITED STATES OF AMERICA
Department of Transportation
Federal Aviation Administration
MEDICAL CERTIFICATE III CLASS DD. 0832453

This certifies that (Full name and address):
Henry John Deutschendorf
[REDACTED]
Aspen, Co. 81612

Date of Birth	Height	Weight	Hair	Eyes	Sex	
[REDACTED]	43	70 1/2"	169	Blnd	Brn	M

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

Limitations
HOLDER SHALL WEAR CORRECTING LENSES WHILE EXERCISING THE PRIVILEGES OF HIS AIRMAN CERTIFICATE.

Date of Examination	Examiner's Serial No.
7/27/93	09473-4

Examiner Signature: *[Signature]*
Typed Name: H.C. WHITCOMB, JR., M.D.

AIRMAN'S SIGNATURE: *[Signature]*

FAA Form 8500-9 (1-91) Supersedes Previous Edition

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION
MEDICAL CERTIFICATE THIRD CLASS

THIS CERTIFIES THAT (Full name and address):
HENRY JOHN DEUTSCHENDORF
[REDACTED]
ASPEN CO 81612

DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX	
[REDACTED]	43	70"	168	BLND	BRN	M

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

LIMITATIONS
VALID FOR 6 MONTHS FOLLOWING THE MONTH EXAMINED.
MUST WEAR CORRECTIVE LENSES.

DATE OF EXAMINATION	EXAMINER'S SERIAL NO.
08/16/95	09473-4

EXAMINER SIGNATURE: *[Signature]*

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

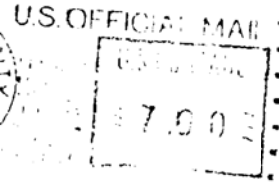
MIKE MONRONEY AERONAUTICAL CENTER
PO BOX 25082
OKLAHOMA CITY OK 73125

Official Business
AC Form 1360-41 (9/91) (NSN 0052-00-577-9000)



CERTIFIED MAIL
RETURN RECEIPT REQUESTED

1-247-6000



RETURNED TO SENDER

REASON CHECKED

Unclaimed

Attempted - Not known

Insufficient Address

No such street

No such office in state

Do not remain in this envelope

1st Notice *11/6*
2nd Notice **NOV 22 1996**
Return *12-2*

DJL AUG 23 1997

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: **PI#** [REDACTED]

MR HENRY DEUSCHENDORF JR
[REDACTED]
ASPEN CO 81612

4a. Article Number
P 390 883 651

- 4b. Service Type
- Registered Certified
 - Express Mail Insured
 - Return Receipt for Merchandise COD

7. Date of Delivery
4-15-91

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X [REDACTED]

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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

Mike Monroney Aeronautical Center
Civil Aeromedical Institute (CAMI)
Aeromedical Certification Division

1169

March 25, 1997

CERTIFIED MAIL

MR HENRY JOHN DEUTSCHENDORF
[REDACTED]
ASPEN CO 81612

P 390 883 551

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to	
HENRY DEUTSCHENDORF	
Street & [REDACTED]	
Post Office, State, & ZIP Code	
Postage	\$
Certified Fee	

Dear Mr. Deutschendorf:

Ref: PI# [REDACTED]
MID # 6 168953

You were informed by our letter dated November 6, 1996, that we cannot consider your certificate valid for any class.

We invite your attention to the provision of Section 61.53 of the FARs and caution you that in view of this finding of disqualification, the exercise of the privileges of your certificate would constitute a violation of that section of the regulations.

Although this letter does not constitute, nor should it be construed as an order or demand for the return of your medical certificate, you may wish to voluntarily surrender it for cancellation.

A self-addressed envelope is enclosed for your convenience. If you do not voluntarily surrender you medical certificate within ten (10) days from the date of this letter, the matter will be referred to the Federal Aviation Administration Regional Office.

Sincerely,

**Original Signed By
Jackie Bivins**

Melchor J. Antuñano, M.D.
Acting Manager, Aeromedical Certification Division
Civil Aeromedical Institute

Enclosure: Envelope

3-25/JWE/mgj

CARBON COPY

225
865
607
200
751
55

645391

6 160953

8500-9 (Medical Certificate) Form 8420-2 (Medical Student Pilot Certificate) (Revised)

EE-0939098
CLASS

MEDICAL CERTIFICATE AND STUDENT PILOT CERTIFICATE

This certifies that (Full name and address):
 Harry John Deutscherdorfer
 Aspen, CO 81612

Date of Birth: [redacted] 20 [redacted] 176 PBLN BRN Y

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

Holder shall wear correcting lenses while exercising privileges of his airman certificate.

Limitations: 02

Date of Examination: 06/13/96
 Examiner's Serial No.: 09473-4

Signature: [Signature]
 Typed Name: H.C. WHITCOMB, M.D.

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: DEUTSCHENDORFER
 First Name: Harry
 Middle Name: [redacted]

4. Social Security Number: [redacted]

5. Address: [redacted]
 Telephone Number: [redacted]

City: ASPEN State/Country: CO Zip Code: 81612

6. Date of Birth: [redacted] 43
 7. Color of Hair: BRN
 8. Color of Eyes: BRN
 9. Sex: M

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

11. Occupation: SINGER
 12. Employer: SELF

13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked?
 Yes No If yes, give date: M M Y 65

Total Pilot Time (Civilian only):
 14. To Date: 2250 HRS
 15. Past 6 months: 15 HRS
 16. Date of Last FAA Medical Application: 09 95
 No Prior Application

17. Do You Currently Use Any Medication (Prescription or Nonprescription)?
 Yes If yes, give name, purpose, dosage, and frequency.
 No
 SYNTHYROID

18. Medical History — Have you ever had or have you now any of the following? Answer "yes" for every condition you have ever had in your life. In the EXPLANATION box below, you may note "PREVIOUSLY REPORTED, NO CHANGE" only if the explanation of the condition was reported on a prior 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. <input type="checkbox"/>	<input checked="" type="checkbox"/>	Frequent or severe headaches	g. <input type="checkbox"/>	<input checked="" type="checkbox"/>	Heart or vascular trouble	m. <input type="checkbox"/>	<input checked="" type="checkbox"/>	Mental disorders of any sort: depression, anxiety, etc.	r. <input type="checkbox"/>	<input checked="" type="checkbox"/>	Military medical discharge
b. <input type="checkbox"/>	<input checked="" type="checkbox"/>	Dizziness or fainting spell	h. <input type="checkbox"/>	<input checked="" type="checkbox"/>	High or low blood pressure	n. <input type="checkbox"/>	<input checked="" type="checkbox"/>	Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 5 years.	s. <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Medical rejection by military service
c. <input type="checkbox"/>	<input checked="" type="checkbox"/>	Unconsciousness for any reason	i. <input type="checkbox"/>	<input type="checkbox"/>	Stomach, liver, or intestinal trouble	o. <input type="checkbox"/>	<input checked="" type="checkbox"/>	Alcohol dependence or abuse	t. <input type="checkbox"/>	<input type="checkbox"/>	Rejection for life or health insurance
d. <input type="checkbox"/>	<input checked="" type="checkbox"/>	Eye or vision trouble except glasses	j. <input type="checkbox"/>	<input type="checkbox"/>	Kidney stone or blood in urine	p. <input type="checkbox"/>	<input checked="" type="checkbox"/>	Suicide attempt	u. <input type="checkbox"/>	<input type="checkbox"/>	Admission to hospital
e. <input type="checkbox"/>	<input checked="" type="checkbox"/>	Hay fever or allergy	k. <input type="checkbox"/>	<input checked="" type="checkbox"/>	Diabetes	q. <input type="checkbox"/>	<input checked="" type="checkbox"/>	Motion sickness requiring medication	v. <input type="checkbox"/>	<input type="checkbox"/>	See v. & w. Below
f. <input type="checkbox"/>	<input checked="" type="checkbox"/>	Asthma or lung disease	l. <input type="checkbox"/>	<input checked="" type="checkbox"/>	Neurological disorders: epilepsy, seizures, stroke, paralysis, etc.	x. <input type="checkbox"/>	<input checked="" type="checkbox"/>	Other illness, disability, or surgery			

Conviction and/or Administrative Action History — See Instructions Page

Yes	No	Condition	Yes	No	Condition
v. <input checked="" type="checkbox"/>	<input type="checkbox"/>	History of conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol, or a drug, or 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 rehabilitation program.	w. <input type="checkbox"/>	<input checked="" type="checkbox"/>	History of nontraffic conviction(s) (misdemeanors or felonies).

Explanations: See Instructions Page

CONVICTED WHILE DRIVING IMPAIRED / ALCOHOL 2-21-93

FOLLOWING GUIDELINES OUTLINED BY FAA

WELL MONITORED BY DR WHITCOMB AND DR JUDITH DAVIS

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
	RODINE ANNUAL PHYSICAL	
	HOMEOPATHIC PRESCRIPTIONS	
	HAROLD WHITCOMB, MD 100 E. MAIN, ASPEN, CO 81611	SDJ JUL 24 1997 JOB MAR 20 1997

- 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: 06 13 96
 M M O O Y Y

PI [REDACTED]



ASPEN CLINIC INTERNAL MEDICINE ASSOCIATES

100 East Main Street
Aspen, Colorado 81611
Telephone: (303) 925-5440
Fax: (303) 920-2282

March 22, 1996

FAA
Medical Certification
6700 South MacArthur
Oklahoma City, OK 73169

Attention: A. A. M. 300, Audie Davis, M.D.

RE: DEUTSCHENDORF, Henry John, Jr.
PI# [REDACTED]

Dear Doctor Davis:

I just had a long communication with Mr. Deutschendorf in regard his status. He has been travelling out of the country, often being accompanied by Malcolm McDonald who was previously mentioned in our communications. In general, he has done remarkably well. For the last three weeks, he has been on a fast and has had absolutely no alcohol, but in general averages two to four drinks of either wine or beer/week when he's travelling. There has been no abuse. The patient seems very happy and balanced at this stage of his life.

He still occasionally forgets his Synthroid but if he stays on it makes a big difference and as I probably mentioned, being off certainly makes him vulnerable to the effects of alcohol.

I think Mr. Deutschendorf is doing very well, and his associate, Mr. McDonald who is also in touch with me, would be the first to let me know if things were otherwise.

This is just to update you.

Most sincerely,

[Handwritten signature of H. C. Whitcomb, Jr.]

H. C. Whitcomb, Jr., M.D.

HCW:pt

RIV: APR 24 1996



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

Mike Monroney
Aeronautical Center

P.O. Box 26080
Oklahoma City, Oklahoma 73126

609

P 166 788 302

November 6, 1996



Receipt for
Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

CERTIFIED MAIL

MR HENRY JOHN DEUTSCHENDORF JR

ASPEN CO 81612

Sent	
PI#	[REDACTED]
Street and No.	
Mr Henry Deutschendorf Jr	
Postage	
	\$

Dear Mr. Deutschendorf:

Ref: PI# [REDACTED]
MID# 6 168953

This will acknowledge receipt of your June 13, 1996, application for FAA medical certification. We had previously received an interim report from H.C. Whitcomb, Jr., M.D., pertinent to your alcohol problem. Dr. Whitcomb reported that "in general averages two to four drinks of either wine or beer/week when he's travelling." He further stated that "there has been no abuse."

Review of your file reveals, of course, that you do have a history of alcoholism, and in our letter of October 18, 1995, (copy enclosed) we specified that your "continued airman medical certification remains contingent upon your total abstinence from use of alcohol."

Based upon review of all the above, we have no alternative except to determine that you do not meet the medical standards prescribed in Part 67 of the Federal Aviation Regulations and are not qualified for any class of medical certificate at this time.

We invite your attention to the provisions of Section 61.53 of the Federal Aviation Regulations and caution you that in view of this finding of disqualification, the exercise of the privileges of your certificate would constitute a violation of that section of the regulations.

Although this letter does not constitute, nor should it be construed as an order or demand for the return of your medical certificate, you may wish to voluntarily surrender it for cancellation. We are enclosing a self-addressed envelope for this purpose.

If you do not wish to voluntarily return your medical certificate, your file may be sent to our Regional Office for appropriate action.

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

Mike Monroney
Aeronautical Center

P.O. Box 26080
Oklahoma City, Oklahoma 73126

Page Two - PI# [REDACTED]
Henry J. Deutschendorf, Jr.

While we sincerely regret the necessity for this action, you will understand that it is required under the existing Federal Aviation Regulations, and is taken in your interest as well as that of aviation safety.

Sincerely,

ORIGINAL SIGNED BY
HENRY K. BOREN, D.D.

Melchor J. Antunano, M.D.
Acting Manager, Aeromedical Certification Division
Civil Aeromedical Institute

Enclosure: Copy 10/18/96 letter
Envelope

cc: H.C. Whitcomb, Jr., M.D.

576d-2/JWE/mgj

Draft

*Phil wanted your
advice on this one
Thank*

May 1, 1996

HENRY JOHN DEUTSCHENDORF JR

██████████
ASPEN CO 645391

Dear Mr. Deutschendorf:

Ref: PI# ██████████

We recently received an interim report from H. C. Whitcomb, Jr., M.D., pertinent to your alcohol problem. However, we have not yet received a follow-up report from Malcolm MacDonald.

Dr. Whitcomb reports that over the last three or four weeks you have been "on a fast and have had absolutely no alcohol, but in general averages two to four drinks of either wine or beer/week when he's travelling." He further stated that "there has been no abuse."

Review of your file reveals, of course, that you do have a history of alcoholism, and in our letter of October 18, 1995, (copy enclosed) we specified that your "continued airman medical certification remains contingent upon your total abstinence from use of alcohol."

Based upon Dr. Whitcomb's report, we are unable to extend your medical certification. While we sincerely regret the necessity for this action, we trust you understand it is taken in the interest of aviation safety. When you can present evidence, etc., etc.

Se Davis

(Phil didn't go any further with this, but suggested you may want to change the above.)

*no action for now -
Certificate has expired*




U.S. Department
of Transportation

Federal Aviation
Administration

Mike Monroney
Aeronautical Center

P O Box 25082
Oklahoma City, Oklahoma 73125

October 18, 1995

HENRY JOHN DEUTSCHENDORF JR


ASPEN CO 81612

Dear Mr. Deutschendorf:

Ref: PI# 

Review of your medical records, including data recently received, has established that you are eligible for a third-class medical certificate.

Enclosed is your medical certificate. It requires your signature.

The certificate is not valid for any class after February 29, 1996. Approximately one month prior to the expiration date, please submit follow-up reports from Malcolm MacDonald, and Dr. Whitcomb, attesting to your continued sobriety.

Please keep this letter for future reference regarding follow-up reports.

Use of the above reference numbers and your complete name on any subsequent correspondence or reports will enable us to locate your file more rapidly.

X Continued airman medical certification remains contingent upon your total abstinence from use of alcohol.

Sincerely,

Audie W. Davis, M.D.
Manager, Aeromedical Certification Division

Enclosure

10-23-95 Becky

Camera #4



SKYEGROUP INTERNATIONAL

September 18, 1995

Audie Davis, M.D.
c/o Phil Cathram

Oklahoma City, OK 73120

Re: John Deutschendorf

Dear Dr. Davis:

I am writing this letter on behalf of John Deutschendorf, or John Denver as he is known. First a little about myself so you know who I am. My work involves health management in a business called Skye Group International. I have two B.A.'s, one in psychology and one in philosophy. I am certified in Family Therapy through seven years' apprenticeship with the Virginia Satir Human Validation Training. Since the age of fifteen I have studied and developed physical therapy and massage techniques, nutrition, and exercise regimens. Presently I run a clinic in Aspen, Colorado and am affiliated with The Aspen Institute, where I've trained the staff and facilitate bodywork treatments and health programs. I also teach my "Do the Right Thing" program for families and teens working with self-esteem and communications. I work often in a therapeutic capacity with alcohol and substance problems.

I have worked with John for seven years to date in all of these capacities, and have supported and advised John through the rigors of touring, after-care at home, and through the traumas of divorce. In the past, John would consume some alcohol, not unusual for this business nor for the stress involved. Also, there were frequent periods of total abstinence. Having traveled nearly full-time with John, I know that never were alcohol or drugs even close to the operation of flying his plane; John has always been fastidious about this. He has had two incidences in the past two years with alcohol and driving, the second was acquitted. Also, for John this was a huge turning point, he realized that alcohol in any amount was not furthering himself, his visions, or his purpose, and to that end he committed himself to Sierra Tucson. John has not had any alcohol in over a year. I have noticed marked improvements in John within this time: everything is better, health, singing, and especially his relationship with himself and family, and a deeper capacity to feel. John has expressed and practiced his commitment to being alcohol-free, and the fruits of our years of work together are ripening. I support John 100% in this new life. I am proud of his perseverance and efforts and he

MALCOLM MACDONALD
P.O. Box 8971
Aspen, Colorado 81612
(303) 925-4922
(303) 925-5457 Fax

23-95 Becky
Camera #4

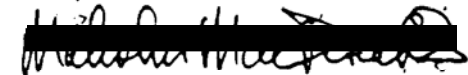
Dr. Audie Davis
September 18, 1995
Page 2

continues to use my resources and support regularly.

I am greatly encouraged and pleased with John's progress as well as his integrity and values. I have every confidence that he is well down this new road.

Any further questions, please don't hesitate to call or write.

Most Sincerely,



Malcolm MacDonald

MM/ljk