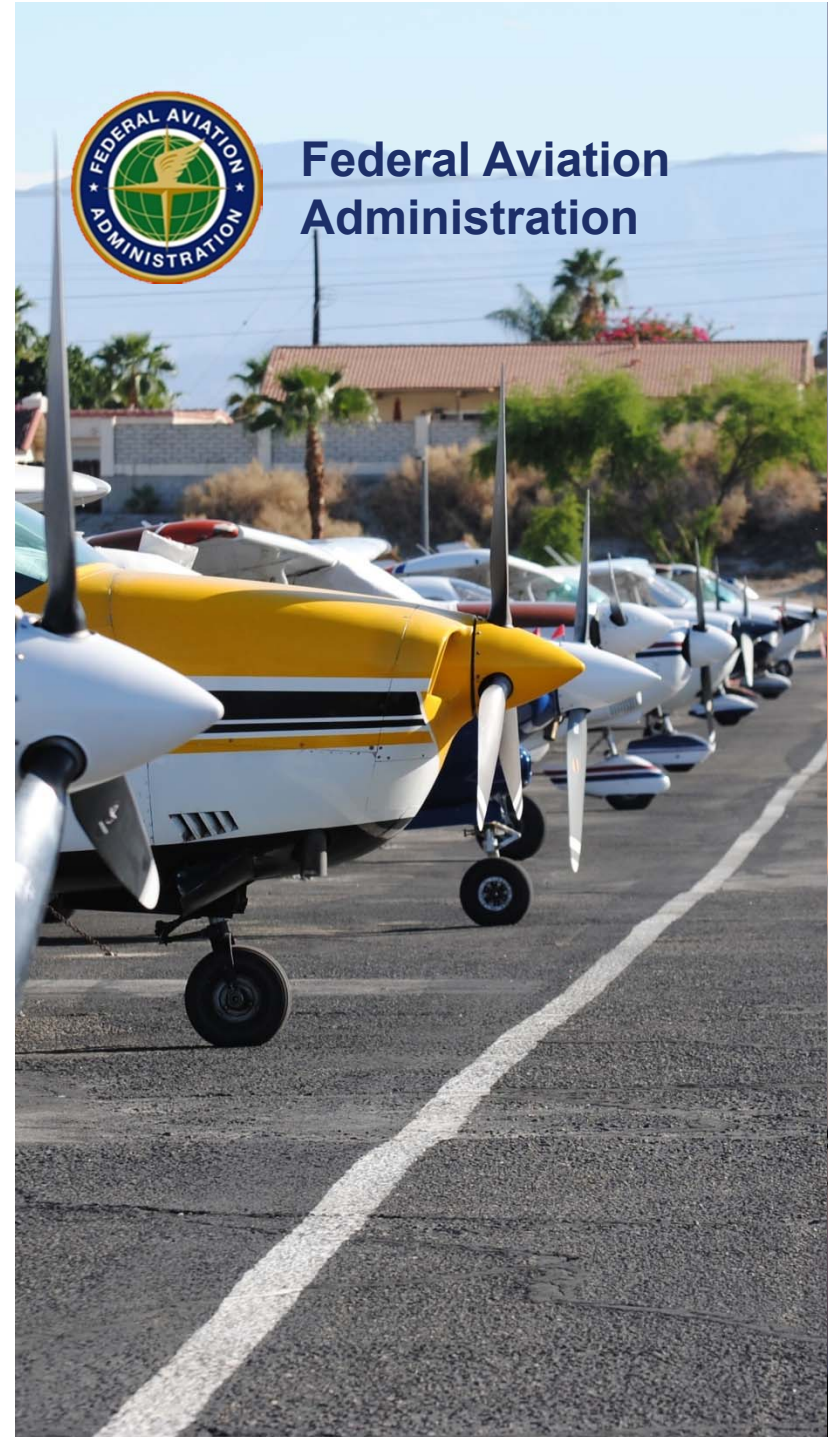


Mastering the Basics of BasicMed

Presented to: Sun 'n Fun – FAA Safety Center

By: John Linsenmeyer, Flight Standards

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BasicMed Resources

- [faa.gov/go/basicmed](https://www.faa.gov/go/basicmed)
- Advisory Circular 68-1
- 9-awa-afs-basicmed@faa.gov



The Basics:

What do I need to use BasicMed??

- A valid U.S. driver's license
- An FAA medical that was valid at any time after July 14, 2006.
- Your most recent application for a medical certificate was not denied.
- Your most recent medical certificate was not revoked, suspended, or withdrawn.
- You get one special issuance for certain conditions (e.g., heart attack, epilepsy, etc.)



What do I have to do to use BasicMed? Just two things!

Requirement #1

Get a physical exam from any state-licensed physician.

- Print the comprehensive medical examination checklist (CMEC) FAA Form 8700-2 from faa.gov/go/basicmed
- Be sure your physician's handwriting is legible!
- Keep your completed checklist somewhere safe
- Valid for 48 months



Comprehensive Medical Examination Checklist

Comprehensive Medical Examination Checklist

BASICMED SECTION 2: INDIVIDUAL INFORMATION
(To be completed by the airman)

1-2	Omitted			
3	Name: Last	First	Middle	4 SS #
5	Address/street		Telephone () _____ - _____	
	City	State/Country	Zip Code:	
6.	Date of birth:	Country of Citizenship:		
7	Color of hair:	8 Color of eyes:	9	Sex:
10	Type of airman certificate(s) you hold:	<input type="checkbox"/> Airline Transport <input type="checkbox"/> ATC Specialist <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Flight Navigator <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Student <input type="checkbox"/> None <input type="checkbox"/> Other _____		
11	Occupation:	12 Employer:		
13	Has your FAA Airman Medical Certificate ever been denied, suspended, revoked, or withdrawn?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, give date ____/____/____ MM/YYYY	14. Omitted 15. Omitted
16	Date of Last FAA Medical Application	____/____/____ MM/YYYY or <input type="checkbox"/> No Prior Application (If no prior application, STOP. You cannot use BasicMed.)		
17	Do You Currently Use Any Medication? (Prescription or over-the-counter)	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, list medication(s) and dosage used below.)		
	If additional space is needed, check this box <input type="checkbox"/> and list information on an additional sheet of paper	_____		

17b.	Do you ever use near vision contact lens(es) while flying	<input type="checkbox"/> No <input type="checkbox"/> Yes Answer "Yes" if you wear a contact in one eye only to correct for near vision or if you have one contact that adjusts for near vision and one in the other eye that adjusts for distant vision.		
18	Medical History: Mark "Yes" if you have or had any of the following conditions at ANY TIME in your life. Explain when it occurred, the severity, how it was treated, and if you are currently taking any medication or having treatment for the condition or have to see a physician for the condition. Discuss any "Yes"	Additional comments or explanations: (Give details in the space below)		



Comprehensive Medical Examination Checklist

Physician's Signature and Declaration

In accordance with section 2307(b)(2)(C)(iv), of the FAA Extension, Safety, and Security Act of 2016 (Public Law 114-190), I certify that during the medical examination, I discussed all items on this checklist with the individual/patient whose name, signature, and other identifying information appears in SECTION 2 of this checklist and who is listed below under "Patient/Pilot Name"; discussed any medications the individual is taking that could interfere with his or her ability to safely operate an aircraft or motor vehicle; and performed an examination that included all of the items on this checklist. I certify that I am not aware of any medical condition that, as presently treated, could interfere with the individual's ability to safely operate an aircraft.

Patient/Pilot Name (printed) _____
Patient/Pilot Date of Birth

 Signature of Physician who performed the exam

Physician's Information

+	Full name of physician who performed the exam:	Last :	First:	Middle Initial:
1.	Printed or Stamp			
2.	State license number:	State	Medical license number	
3.	Telephone number:	() _____ - _____		
4.	Street address:	Address:	Suite:	
		City:	State:	Zip Code:
5.	Date of Examination:	____ / ____ / ____ MM/ DD/ YYYY		



What do I have to do to use BasicMed? Just two things!

Requirement #2

Take the free online course:

- See faa.gov/go/basicmed for a list of course providers.
- When taking the course, you must:
 - Provide the physician's name, state license number, address, and phone.
 - Attest to your health and consent to a National Driver Registry check.
- You have to have taken a course in the past 24 calendar months.



Assess your fitness before every flight



- Is there any medical deficiency (see 14 CFR 61.53) that makes me unsafe for flying?
- Do I pass the IMSAFE checklist?
- Am I clear of the effects of prescription and over-the-counter drugs?
- Do I have any risk factor for sudden incapacitation?
- Is there any degradation of sensory capacity?



How soon can I start using BasicMed?

If you meet the requirements, you can fly under BasicMed on May 1, 2017



What aircraft may I fly under BasicMed?

- Any aircraft authorized under federal law to carry not more than 6 occupants
- Maximum certificated takeoff weight of not more than 6,000 pounds



What can I do under BasicMed?

Operating requirements & limitations

- Passengers *Not more than five*
- Flight rules *VFR or IFR*
No operation for compensation/hire
No speed beyond 250 knots
Less than 18,000 feet MSL
- Location: *Only within the United States*



Where can I go to learn more?

BasicMed Resources:

- [faa.gov/go/basicmed](https://www.faa.gov/go/basicmed)
- Section 61.113 and new Part 68
- Advisory Circular 68-1
- Questions? 9-awa-afs-basicmed@faa.gov
john.linsenmeyer@faa.gov

