COVER SHEET FOR 8500-8 ADDITIONAL INFORMATION

Mail To:

Mike Monroney Aeronautical Center Civil Aeromedical Institute (CAMI) Aeromedical Certification Division, AAM-300 P.O. Box 26080 Oklahoma City, OK 73126

Or Fax To: 405-954-4300

Please find the accompanying attachments to the physical examination on:

Today's Date:
Airman:
SSN:
MID:
(circle action taken): ISSUED / DEFERRED / DENIED
Exam Date:
Date transmitted via AMCS:
AME Name:
AME #: