



Medical Exemption Petition
(Operational Questionnaire)

Medical Form No. 3

1. Date:

NAME:(Last, First, Middle)

PI#

ADDRESS (No, Street, City, State, Postal Code)

DATE OF BIRTH (YYYY-MM-DD)

Check applicable item(s) in each category indicating how you plan to use the medical certificate for which you are applying. If additional space is needed for explanation, use reverse side of this form.

1. TYPES OF AIRCRAFT

☐ Single Engine ☐ Multi-engine ☐ Helicopter ☐ Jet ☐ Sea or Skiplane ☐ Experimental

Special aircraft equipment. Give details:

Other: Give details.

2. TYPES OF OPERATIONS

☐ Acrobatics	☐ Daylight Operations	☐ Mountainous (_____ feet elevation)
☐ Aerial Application (crop-dusting, etc.)	☐ Night Operations	☐ Remote (pipeline patrol, ranching)
☐ Aerial Patrol (police, fire, border, etc.)	☐ Instrument Flying	☐ Self-employed, Private
☐ Air Taxi Operations	☐ Supersonic Flying	☐ Flying involving carrying passengers for compensation or hire
☐ Altitudes above 8,000 feet	☐ Travel Club	☐ Flying involving carrying cargo for compensation or hire
☐ Corporate or Business	☐ Transoceanic, Over Water	☐ High Density Traffic, Metropolitan Areas

Other: Give details.

3. DUTIES

☐ Pilot-In-Command ☐ Co-pilot ☐ Flight Engineer ☐ Instructor, Flight Training ☐ Proficiency ☐ Line Check Pilot

Other: Give details.

4a. Maximum Daily Flight Time (Circle AM or PM)

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4c. Scheduling Irregular

From: AM
PM

From: AM
PM

☐ No ☐ Yes

To: AM
PM

To: AM
PM

5. Will you be under any medical supervision in your flight operations, other than that provided by the JCAA regulations? If YES, explain. ☐ No ☐ Yes

6. In carrying out your flight activity, will there be another qualified pilot in the cockpit on all flights? If YES, explain. ☐ No ☐ Yes

7. In the event you are found not qualified for the class of medical certificate sought, would you accept a lower class? If YES, explain. ☐ No ☐ Yes