UNITED STATES OF AMERICA Department of Transportation

Federal Aviation Administration

## MEDICAL CERTIFICATE SECOND CLASS

This certifles that (Full name and address):

GREG ALAN FROST I 1810 Gulf Shore Blvd N Naples FL 34102 USA

Hair Eyes Sex Height Weight Date of Birth BLUE M GRAY 07/22/1950 64 153

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

Must wear corrective lenses. Not valid for any class after 12/31/2017.

Limitations

Date of Examination 12/16/2016

Signature

Typed Name

David O'Brien, MD **AIRMAN'S SIGNATURE** 

Applicant ID:

1999845650

Examiner's Designation No.

Fold Here"

000080083

Control No.: 200007587977

NSN: 0052-00-670-7002 FAA Form 8500-9 (3-12) Supersedes Previous Edition

## CONDITIONS OF ISSUE

The holder of this certificate must:

- Have it in his or her personal possession at all times while exercising privileges of an airman certificate. (14CFR § 61.3)
- Understand that the issuance of a medical certificate by an Aviation Medical Examiner may be reversed by the FAA within 60 days. (14CFR § 67.407)
- Comply with validity standards specified for first-, second-, and third-class medical certificates. (14CFR § 61.23)
- Comply with any statement of functional, operational, and/or time limitation issued as a condition of certification. (14CFR § 67.401)
- · Comply with the standards relating to prohibitions on operation during medical deficiency. (14CFR §§ 61.53, 63.19, and 65.49)

For International Operations Only: Some holders may be affected by certain international medical standards. Consult the U.S. Aeronautical Information Publication for U.S. differences with ICAO Annex 1 medical standards.