## **Comprehensive Medical Examination Checklist**

In accordance with 14 CFR 68.5 and 68.7, the examining physician is instructed to:

- Exercise medical discretion to address, as medically appropriate, any medical conditions identified, and to exercise medical
  discretion in determining whether any medical tests are warranted as part of the comprehensive medical examination; and
- Discuss all drugs the individual reports taking (prescription and nonprescription) and their potential to interfere with the safe
  operation of an aircraft or motor vehicle.

## 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 I discussed all items on this checklist with the individual during my examination, discussed any medications the individual is taking that could interfere with their 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.

LAWRENCE OPOLINER	06/27/1952	
Patient/Pilot Name (printed)	Patient/Pilot Date of Birth	
Signature of Physicken who performed the exam	17-17-202/.	

## Physician's Information

1.	Full name of physician who performed the exam:	Last: TODD	First: Kathleen	Middle Initial:
	Printed or Stamp	h		
2.	State license number:	State FL	Medical license number	
3.	Telephone number:	407-646-5500		
4.	Street address:	Address: 5201 Raymond	Sylvanian Suite:	
		City: ORLAND O	State: FZ	Zip Code:
5.	Date of Examination:	12/17/2021 (MM/DD/YYYY).		