

UNITED STATES OF AMERICA
Department of Transportation
Federal Aviation Administration

MEDICAL CERTIFICATE SECOND CLASS

This certifies that (Full name and address):

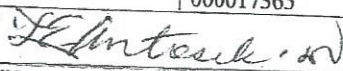
CHARLES Michael GREENE
10 Compass Point
Fort Lauderdale FL 33308 USA

Date of Birth	Height	Weight	Hair	Eyes	Sex
06/28/1956	71	198	GRAY	BLUE	M


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

Limitations	Must have available glasses for near vision.

Date of Examination	Examiner's Designation No.
10/11/2016	000017365

Examiner	Signature
	

Examiner	Typed Name
	L. EDWARD ANTOSSEK, DO

AIRMAN'S SIGNATURE


Applicant ID: 1996395544	Control No.: 200007506034
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