

PERRY-HOUSTON COUNTY AIRPORT UPDATE—MAY 2017



May 2017

Did You Know?

More phone calls are made on Mother's Day than any other day of the year. These holiday chats with Mom often cause phone traffic to spike by as much as 37 percent.

NOTICE FOR HANGAR 120 (SOUTH-MOST HANGAR)

Although your hangar doors DO slide east and west, they are designed to slide **ONLY** to the **WEST**. This allows all hangars to be opened at the same time. Please be considerate of your neighbors.

Self-Serve Fuel Available

Our self-serve fuel pump is now working and available to our customers! Credit/debit card users will receive a ten-cent reduction from the regular price of AvGas. The pump will be available 24/7, so if you're determined to fly out at midnight, you certainly can top off here!



PATSY IS RETIRING!

Patsy Goff, our airport manager for the last 10 years, announced her retirement effective July 1. During Patsy's time as manager, the airport has seen many positive changes, including new hangars, a 100% increase in based aircraft, runway instrumentation and grounds improvement. Our self-serve fuel pump, and ILS ground clearing is also nearing completion. We wish Patsy and her husband, Lyn, a happy and fulfilling retirement.

Welcome to Will Brett, joining the line staff for the summer. Will is a student at Auburn University and will be returning to school activities in September. Glad to have you here, Will!



Special points of interest:

- Mother's Day
- Patsy is retiring
- Self-Serve Fuel
- Welcome to Will Brett
- 120 Hangar advisory



One of our 'infrequent' visitors. Hope to see you more often!



Special days in the Merry Month of May: **1st**—Save the Rhino Day **5th**—Cinco de Mayo **6th**—National Nurses Day **8th**—VE Day **12th**—Limerick Day **13th**—Blame Someone Else Day (1st Friday the 13th of the year) **14th**—Mother's Day **15th**—Police Officer's Memorial Day **19th**—National Bike to Work Day **20th**—Armed Forces Day **25th**—National Wine Day **26th**—Sally Ride Day **29th**—Memorial Day **31st**—World No Tobacco Day

READY FOR YOUR "NEW" MEDICAL??

The Comprehensive Medical Examination Checklist is online at:

https://www.faa.gov/documentlibrary/media/form/faa_form_8700-2.pdf

SECTION 1 – Instructions to the Individual and State-Licensed Physician

This checklist is to be used by individuals seeking to operate certain small aircraft in accordance with Title 14 of Code of the Federal Regulations (14 CFR), § 61.113(i). This rule (BasicMed) allows pilots to use this checklist, and other requirements, in lieu of holding a third-class FAA Airman Medical Certificate. Under BasicMed, an individual may only act as pilot-in-command (PIC) of an aircraft that is authorized to carry not more than 6 occupants, and that has a maximum certificated takeoff weight of not more than 6,000 pounds. 1. The individual must complete SECTION 2 of this checklist and provide the checklist in its entirety (including the completed SECTION 2) to the state-licensed physician performing the medical examination. 2. The state-licensed physician must perform a comprehensive medical examination addressing all items in SECTION 3 of this checklist. The physician completes the "Physician's Signature and Declaration" if the physician determines that he/she is not aware of any medical condition that, as presently treated, could interfere with the individual's ability to safely operate an aircraft. 3. The completed checklist shall be retained in the individual's logbook (in any legible paper or electronic format) and made available on request. 4. In order to act as PIC under BasicMed, an individual must receive a comprehensive medical examination by a state-licensed physician during the previous 48 months in accordance with 14 CFR 61.23(c)(3)(i).

SECTION 2 – Information to be completed by the Airman To operate an aircraft under BasicMed, you may only use this checklist to comply with 14 CFR 61.113(i) if you: • Hold or have held a valid first-, second-, or third-class medical certificate issued by the FAA at any time after July 14, 2006; and • The most recent medical certificate held (including an authorization for a special issuance certificate) must have not been denied, suspended, revoked, or withdrawn. INSTRUCTIONS: After completing all mandatory fields in SECTION 2, provide both SECTION 2 and SECTION 3 to the state-licensed physician who will perform your medical examination. 1. OMITTED: Leave blank 2. OMITTED: Leave blank 3. FULL NAME: List current name. List any former name(s) in the "additional comments or explanation" box found in #18 of the checklist form. 4. SOCIAL SECURITY NUMBER: Entry is optional. 5. ADDRESS: Enter permanent mailing address and country of residence. Include the nine digit ZIP code, if known. (e.g., 20003-3230). Provide your current telephone number, including area code. 6. DATE OF BIRTH: List month, day, and year (e.g., 01/31/1960). COUNTRY OF CITIZENSHIP: Enter citizenship (e.g., USA). 7. COLOR OF HAIR: Specify as black, blond, brown, gray, red, or bald. 8. COLOR OF EYES: Specify actual (not contact lenses) eye color as black, blue, brown, green, gray, or hazel. 9. SEX: Indicate male or female. 10. TYPE OF AIRMAN CERTIFICATE(S) YOU HOLD: Select the checkboxes that apply. If "Other" is selected, write in the name of the type of certificate. 11. OCCUPATION: Enter major employment. Entry is optional. 12. EMPLOYER: Enter your employer. Entry is optional. 13. HAS YOUR FAA AIRMAN MEDICAL CERTIFICATE EVER BEEN DENIED, SUSPENDED, REVOKED, OR WITHDRAWN: Select "Yes" or "No." If "Yes" is selected, list the month and year (e.g., 01/1999) of the action. 14. OMITTED: Leave blank 15. OMITTED: Leave blank 16. DATE OF LAST FAA MEDICAL APPLICATION: Enter month and year. If you have no prior application, you cannot use BasicMed. 17. a. DO YOU CURRENTLY USE ANY MEDICATION (prescription or non-prescription): Select "Yes" or "No." If "Yes" is selected, enter the name of the medication(s), dosage, and frequency used. b. DO YOU EVER USE NEAR VISION CONTACT LENSES WHILE FLYING: Select "Yes" or "No." Example: If you have one contact that is calibrated to give you near vision and one that is calibrated to give you distant vision, check "Yes." If you wear a contact in only one eye to correct for near vision, check "Yes." 18. a – x. MEDICAL HISTORY: Select "Yes" or "No" for each item listed. For every condition you have ever been diagnosed with, had, or presently have, you must answer "Yes." Give the approximate date, description of the condition, its severity, treatment, and any medication(s) you used or continue to use for treatment. You must give an explanation for each item marked "Yes" in the "additional comments or explanation" box. • Do not report common, occasional illnesses such as colds or sore throats. • "Substances" include alcohol, PCP, marijuana, cocaine, amphetamines, barbiturates, opiates, and other psychoactive chemicals. FAA 8700-2 Comprehensive Medical Examination Checklist (04-17) 3 Comprehensive Medical Examination Checklist • "Substance dependence" is defined by any of the following: increased tolerance, withdrawal symptoms, impaired control of use, or continued use despite damage to health, or impairment of social, personal, or occupational functioning. • "Substance abuse" is defined as the following: use of an illegal substance, use of a substance or substances in situations in which such use is physically hazardous, or misuse of a substance when such misuse has impaired health or social or occupational functioning. 18. v. CONVICTION, AND/OR ADMINISTRATIVE ACTION HISTORY: (1) Have you ever been convicted (which may include paying a fine or forfeiting bond or collateral) of an offense involving driving while intoxicated by, or while impaired by, or while under the influence of alcohol or a drug; or (2) Have you ever been convicted, and/or subject to an administrative action by a state or other jurisdiction for an offense for which your driver's license was denied, suspended, cancelled, or revoked or which resulted in attendance at an educational or rehabilitation program? Individual traffic convictions are not required to be reported if they did not involve alcohol/drugs, suspension, revocation, cancellation, or denial of driving privileges, or attendance at an educational or rehabilitation program. If "Yes" is checked, you must give a description of the conviction(s) and/or administrative action(s) in the "additional comments or explanation" box. The description must include: • The alcohol or drug offense for which you were arrested and/or convicted or the type of administrative action involved (e.g., attendance at an alcohol treatment program in lieu of conviction; license denial, suspension, cancellation, or revocation for refusal to be tested; educational safe driving program for multiple speeding convictions, etc.); • The name of the state or other jurisdiction involved; and • The date of the conviction(s) and/or administrative action(s). The FAA may check state motor vehicle driving licensing records to verify your responses. w. HISTORY OF NON-TRAFFIC CONVICTIONS(S) (MISDEANORS OR FELONIES): Have you ever had any other (non-traffic) convictions (e.g., assault, battery, public intoxication, robbery, etc.)? If so, name the charge for which you were convicted and the date of conviction in the "additional comments or explanation" box. 19. VISITS TO HEALTH PROFESSIONAL WITHIN LAST 3 YEARS: List all visits in the last 3 years to a physician, physician assistant, nurse practitioner, psychologist, clinical social worker, or substance abuse specialist for treatment, examination, or medical/mental evaluation. List visits for counseling only if it was related to a personal substance abuse or psychiatric condition. Enter the date of visit as month and year (e.g., 01/1990), name, address, and type of health professional consulted and briefly state reason for consultation. Repeat this process to add all relevant visits to medical professionals in the past 3 years. Multiple visits to one health professional for the same condition may be grouped together on one line. You do not need to report: o Occasional common illnesses such as colds or sore throats that resolved; o Routine dental, eye, and FAA periodic medical examinations; or o Consultations with your employer-sponsored employee assistance program (EAP) unless the consultations were for substance abuse or unless the consultations resulted in referral for psychiatric evaluation or treatment.

Yes, the type is small.... Tried to get it all in....You can expand it on your computer or just go to the web address above and read online.....