UNITED STATES OF AMERICA

Department of Transportation

Federal Aviation Administration

MEDICAL CERTIFICATE SECOND CLASS

This certifies that (Full name and address):

THOMAS Michael BADER 4261 Davey Road Gresham NE 68367 USA

Date of Birth	Height	Weight	Hair	Eyes	Sex
09/26/1989	70	182	BLOND	BLUE	М

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

Must use corrective lens(es) to meet vision standards at all required distances.

Limitations

Date of Examination
02/27/2024
Signature
Typed Name
John Wilcox , MD

AIRMAN'S SIGNATURE

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Fold Here

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.

NSN: 0052-00-670-7002 (Cut on dashed line)



Applicant ID: 2002519455

Aviation Safety
Office of Aerospace Medicine
Aerospace Medical Certification Division, AAM-300
P.O. Box 25082
Oklahoma City, OK 73125-9867

Control No.: 200010951252

THOMAS Michael BADER 4261 Davey Road Gresham NE 68367 USA

FAA Form 8500-9 (3-12) Supersedes Previous Edition

Dear Airman:

Above is your new medical certificate. It supersedes any previous one you may have been issued.

To validate this certificate, it is necessary that you sign it in the space provided (Airman's Signature).

This certificate must be in your possession at all times while exercising your pilot privileges.

UNITED STATES OF AMERICA **Department of Transportation** Federal Aviation Administration

MEDICAL CERTIFICATE SECOND CLASS

This certifies that (Full name and address):

TRENAH Jean BADER 4261 Davey Road Gresham NE 68367 USA

Date of Birth	Height	Weight	Hair	Eyes	Sex
10/10/1992	65	147	BLOND	BROWN	F

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

None

Limitations

Examiner's Designation No. Date of Examination 02/20/2024 000013257

Signature Examiner

Typed Name John Wilcox, MD

AIRMAN'S SIGNATURE Much

edes Previous Edition FAA Form 8500-9

2602517642

NSN: 0052-00-670-7002

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)

Fult:Here:

(Cut on dashed line)

· 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.

Aviation Safety

Control No.: 200010941329

Office of Aerospace Medicine Aerospace Medical Certification Division, AAM-300

P.O. Box 25082

Oklahoma City, OK 73125-9867

TRENAH Jean BADER 4261 Davey Road Gresham NE 68367 USA

Dear Airman:

Above is your new medical certificate. It supersedes any previous one you may have been issued.

To validate this certificate, it is necessary that you sign it in the space provided (Airman's Signature).

This certificate must be in your possession at all times while exercising your pilot privileges.