Date: [Date]

TO: Federal Aviation Administration (FAA)
Aerospace Medical Certification Division
RE: Psychiatric Evaluation Clearance

Pilot Name: [Pilot Full Name]

Date of Birth: [DOB]

FAA Reference Number (PI#): [PI Number]

To Whom It May Concern,

I am a Board-Certified Psychiatrist. I have conducted a formal psychiatric clinical evaluation of [Pilot Name] on [Date of Evaluation] to determine their psychological fitness for flight duties.

My evaluation included a review of the pilot's medical records, psychiatric history, medication history, and a comprehensive mental status examination. [Optional: Mention specific testing or FAA protocols used].

Based on my clinical findings:

- The patient does not currently meet the diagnostic criteria for any psychiatric disorder that would preclude them from performing aviation duties.
- There is no evidence of psychosis, significant personality disorder, or active substance use disorder.
- The patient is not currently prescribed any psychotropic medications that are prohibited by FAA regulations.
- The patient demonstrates sound judgment, cognitive stability, and emotional regulation necessary for the safe operation of an aircraft.

In my professional opinion, [Pilot Name] is psychiatrically fit for aviation duty and I recommend medical clearance for their FAA Medical Certificate.

Please contact my office at [Phone Number] or [Email] if you require further documentation or have additional questions.

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Board Certification/License Number]
[Clinic Name/Address]