[Student Name]
[Student Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Aviation Medical Examiner Name]
[Clinic/Facility Name]
[Address]
[City, State, Zip Code]

Dear Dr. [Examiner Last Name],

I am writing to formally request an appointment for a [Class Level, e.g., First, Second, or Third] Class Medical Certificate examination. I am currently pursuing flight training as a student pilot at [Name of Flight School] and require this certification to exercise the privileges of a student pilot certificate.

I have completed the initial portion of my application via the FAA MedXPress system. My confirmation number for this application is: **[MedXPress Confirmation Number]**.

Please let me know your availability for an examination or if there are any specific documents I should bring to the appointment regarding my medical history. I look forward to completing this requirement for my pilot certification.

Sincerely,

[Signature]

[Printed Name]