Date: [Insert Date]

To:
Federal Aviation Administration (FAA)
Aeromedical Certification Division
[Insert Address or Regional Office Details]

Subject: Petition for Medical Exemption / Special Issuance for [Pilot Full Name]

Pilot Information:
Name: [Full Name]
Certificate Number: [Certificate Number]
Date of Birth: [DOB]
Medical Class Held: [e.g., First Class / Second Class]

To the Federal Air Surgeon,

I am writing to formally request a medical exemption or Special Issuance of a Medical Certificate under the provisions of [Insert Relevant Regulation, e.g., 14 CFR Part 67]. This request is made in relation to a diagnosis of [Insert Medical Condition].

Attached to this letter is a comprehensive medical evaluation conducted by my treating physician, [Physician Name], specializing in [Specialty]. The enclosed documentation provides evidence that the condition is currently managed, stable, and does not pose a risk to aviation safety or the performance of pilot duties.

The following supporting documents are included for your review:

- Detailed clinical progress notes and treatment history.
- Results of recent diagnostic testing (e.g., Blood work, ECG, Imaging).
- Current medication list and absence of side effects affecting cognitive or motor function.
- A personal statement regarding lifestyle management and symptom monitoring.

I am committed to adhering to all monitoring requirements or limitations the FAA may deem necessary to ensure continued safety of flight. I request that you review this petition to allow for my continued contribution to the aviation industry.

Thank you for your time and consideration of this matter.

Sincerely,

[Signature]
[Printed Name]
[Phone Number]
[Email Address]