



ALTERNATE METHOD FOR CLASS 3 MEDICAL

February 2017

Volume 59 Issue 2

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Next Event

February 11
Lunch Meeting
1130
Chapter 35 Club-house

Runway 35 is published monthly by EAA chapter 35.
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Chuck Fisher

Your editor had a fascinating technical article all ready to go, but it has been pre-empted by the big buzz in general aviation – “Class 3 medical reform”. Advocates are bruising themselves with chest thumping and hyperbole, so I want to try to clarify what all the hoopla is about, and maybe correct some misinformation.



<https://zaccupples.files.wordpress.com/2013/06/rectal-exam-cartoon.jpg>

On January 9 the FAA released guidance allowing for an alternative method of certification for private pilots. There has been NO “Class 3 medical reform”.

Huh?

That is correct, the class 3 medical exam, along with the class 1 and 2, remain in place totally unchanged. Although they continue to evolve with a growing list of conditions an AME can certify and special issuances that can be locally issued. All of

those processes and regulations remain completely unchanged and pilots who don't wish to, or

cannot use the alternative process will just keep doing their exams as they always have.

What the EAA and AOPA are calling “Class 3 Medical Reform” is a congressionally mandated alternative method for some private, not for hire, pilots to satisfy the requirement for a medical

clearance. This alternative method was codified in law with the backing of the EAA and AOPA, but over the objections of professional pilot organizations, Civil Aviation Medicine Association and the FAA. So, basically the FAA has just taken the final rule (law) and turned it into an Advisory Circular almost verbatim. They have not actually “changed” anything.

Thus, the actual term for the new Class 3 medical option is “Alternative Pilot Physical Examination”

(Continued on page 4)



NEXT PROGRAM

Jim Schlattman

*The SportCruiser (alias PiperSport)
And lessons on buying a
Light Sport aircraft*

PRESIDENTS COCKPIT

**Steve Jones**

Your Board of Directors met prior to the January general meeting to discuss several key topics. Board members and chairpersons worked together with your Treasurer, Dee Brame to hammer out a responsible and forward-leaning budget capable of financing crucial chapter functions into the coming year.

The board also considered Hondo's request to hold a pancake breakfast during their fly-in, now scheduled for April 29th. (this date was updated to accommodate a visit by Dick Cole) We will be requesting additional information from the Hondo Area Chamber of Commerce to make sure we're positioned to deliver a quality experience to pilots, passengers and guests. Pencil in April 29th, it's a go!

Phil Vaneau advised the board he's in the planning stages for a Young Eagles rally at Stinson Airport in May. This will be our third event at Stinson. The venue is outstanding and the City of San Antonio is very supportive.

Your newsletter editor and accomplished physician Chuck Fisher presents information you need to know about the upcoming change to FAA medical fitness for flight options for private pilots beginning May 1st. Look for his article in this issue. Great news: if you or your doctor have reservations about BasicMed, the Class III medical certificate is still an option.

The January meal showed beyond any doubt, Chapter 35 is ready to take on a new year. Danny and Roxanne Beavers volunteered their time and talent to bring you a delightful spaghetti meal with an absolutely delicious homemade spaghetti sauce. Salads, desserts, tiramisu? This chapter knows how to party! Thank you all for coming together to share your time and a meal.

The Board of Directors moved ahead with your new member benefit: engraved magnetic name badges for all members. I said this last month but bear with me, I want to be sure you take advantage of this benefit: You need to be a member in good standing for the year 2017 - your dues ensure you're a current member as this program kicks into gear. Be sure you email Ron O'Dea or Brian Goode if you would like to participate. Let them know that you would like a new name badge and, VERY IMPORTANTLY, tell them exactly how you want your name to appear.

We are all about the Spirit of Aviation. As this issue goes to press, your Vice President, Darren Medlin is back in California flying off his phase 1 flight restriction as he prepares to bring his new creation home to the family.

As always, please, fly safe and have fun doing it.



Gone West

Ron Paduh

It is hard to believe, sometimes, that a friend won't be where they always have been. I suspect many of you will recognize this feeling.

Most evenings, with my head somewhere in the bowels of my plane, I could count on the silent whir of a golf-cart announcing that Ron had arrived. Framed in the partially opened hangar opening, he'd entertain with jovial banter. Ron knew more about planes and rules and techniques than I could gather from a lifetime of reading. He loved engines and anything that went fast...or in the case of his L2—slow.

Ron was a life member of our chapter, a neighbor to many, an advisor to more, and an unassuming friend to everyone—always ready with a quick wit and a smile.

Ron wasn't ready to make his final flight—not by a long-shot. But he has joined many friends now. As the shadows grow long, if I am still in my hangar, I sometimes hear the whir of a golf-cart and look up still. But there is no one there. He's gone west with that setting sun, and only it's glow through my hangar door remains. We will miss him.



MEMBERSHIP

Chapter 35 continues to grow. Please welcome:

Mike McBain

Mike lives in San Antonio. He is a Network Security Architect as well as an Auto Mechanic, and flies airplanes. He is also an accomplished private pilot having flown C-172, C-210, Cherokees, Mooney's, Rans s_19, J3 Cubs and others. You may contact Mike at 361-438-2647

So, it is a new year and that means two things:

- 1) Your dues are due. We have kept the dues at a very manageable level for another year so you have no excuse. Please get them in ASAP so we can get a new member directory out to everyone.
- 2) Each year we ask you to resolve to bring a friend, colleague, neighbor, neighbor's kid....whatever....and introduce them to our chapter. Did you do so last year? Please make it a resolution to introduce someone new to aviation and chapter 35 this year. You may change a life!



CHAPTER BULLETIN BOARD

Hangar Space Available

Building a Project? Assembling a kit?

Chapter 35 has a First-Class building space will be available for a nominal fee. You are not like find a fully equipped wide access hangar anywhere in the San Antonio area. First to contact Lew Ma 210-688-9072 lewnan@sbcglobal.net gets it—

EAA Chapter 35 February Meal – Rekindling the Flame

February Menu:

- Sumptuous chicken marinated and batter-fried
- Home style biscuits ready to soak up the delicately seasoned gravy...
- If there's any left after drizzling this luscious savory goodness over the mashed potatoes
- Succulent sweet corn
- Refreshing iceberg lettuce, tomatoes, carrots, and other crisp veggies make for a traditional salad with your choice of superb dressings



(We still love desserts) If you have a favorite and would like to share, we're so happy to host yours at the dessert table. This month's theme: St Valentine's Day

To drink:

Iced tea Unsweetened and sweetened. HOT coffee, Soft drinks, Lemonade, and, of course, water.

Please thank Danny and Roxanne Beavers, our first Chapter meal volunteers of 2017! Despite a busy schedule, the Beavers prepared a delightful homemade ragu meat sauce for the January spaghetti meal. Roxanne and Peggy Fisher joined me in the kitchen to make sure 49 members and guests did not go away hungry.

June Goode and Roxanne brought wonderful salads, and I have to say a lot of members have taken to a healthier diet for 2017 – the salads were a big hit.

If we could enjoy nothing beyond spaghetti, salad and great company, it would be enough, but our members came through with wonderful desserts! There were pies and cookies, delightful ice cream and even tiramisu!

Thank you all for making this an outstanding social event. If you would like to volunteer to prepare a meal, contact me at (210) 570-9435 or via email at ea35facility@gmail.com. We have so much fun when we work together.

YOUR Articles Needed

This Newsletter is YOUR newsletter. I put the articles in it, but **you** have to write 'em! Your chapter needs YOUR contributions. Please share your experiences, skills and wisdom, photos, humor and announcements with our membership. What may be common knowledge to you, may be priceless for a new pilot or builder. Even if you are not a Pulitzer level author—send me your words, I'll buff up the grammar if needed. Send input to: ea35news@gmail.com

BASICMED (CONTINUED)

(Continued from page 1)

and it has been dubbed “BasicMed”. The guidance is contained in [advisory circular 68-1](#).

Pilots may choose to use the alternate examination method if they have held a valid medical certificate of any class that was still valid July 15, 2006 that has not been suspended, revoked or denied and who have a current, valid US driver’s license that also has not been revoked or denied. International or non-US drivers’ licenses are not acceptable.

Pilots, who have not held a valid medical certificate since 2006 or whose certificate was revoked or denied will have to undergo a standard class 3 exam with the AME first to re-hack their eligibility, then then can use the alternative examination process thereafter if they wish.

Pilots may use the alternative examination as long as they operate aircraft not exceeding 6000 lbs with 5 passengers up to 18,000 feet and for personal use only. They may not do

so for hire or with paying passengers. Because prior FAA rulings do not consider flight instruction to be flying for hire and thus only require class 3, CFI also may use the BasicMed as long as they are operating as the pilot in command. Different employers may require a class 2 though. Note also that pilots using “BasicMed” are not compliant with international rules, thus until those countries (for example: Canada, Mexico, Bahamas) specifically endorse this method, pilots using BasicMed as their medical clearance would not be able to legally fly in their airspace. Be sure to check before you go.

The essence of the alternative examination process is that pilots will have their personal physician perform a comprehensive examination every four years instead of an AME. The examination is almost identical to the AME flight physical and even uses a form that is almost identical to the paper exam we used to use. There is not a requirement for vision and urine testing, but the physician does have to certify that your near, distant and intermediate (this is a new requirement) vision and field of vision are normal – so may still need you to do testing. The History and Physical form should look familiar to most pilots. This form is being called a “Checklist”. Every four

years the pilot will print out the “Checklist” and take it to a physician of their choice to be completed with their comprehensive, head to toe physical. As of this writing, the “Checklist” is not listed on the FAA webpage as available for download but I’ve put the preliminary version at the end of this electronic document on [page 22](#)

Just a word of advice: your eye doctor or gastroenterologist is probably not going to do a head to toe physical – so choose a Family Physician to do this. Your physician – and the FAA specifies physician as defined by your state (not physician assistant or nurse practitioner) will sign a statement at the end of the examination stating

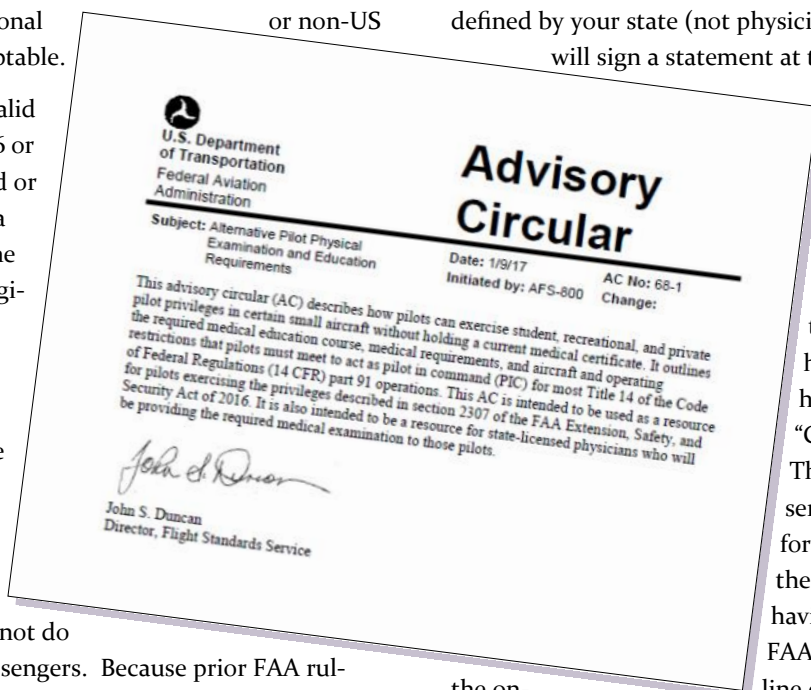
they are aware of no conditions that could interfere with the pilots ability to safely operate an aircraft.

Every other year the pilot using the alternate method will do online training (free). And, the pilot will have to keep documentation that he has done the training and the “Checklist” in his logbook or files.

The “Checklist” (examination) is not sent to the FAA unless they request it for cause. This is, frankly, the core of the whole “reform” initiative – to avoid having medical information sent to the FAA. However, as part of the credit for line education, each pilot will provide the on- the name and license number of the physician who performed the exam, the date of the exam and certification by the pilot that all the checklist items were done.

Sounds simple – and maybe it will be. However for folks with medical issues, BasicMed may or may not be an option. Individuals who have medical problems that have been granted a Special Issuance (waiver) will be able to use the BasicMed process as long as their condition remains stable and is being treated by the physician. However, individuals with certain psychiatric disorders including substance dependence; neurological disorders including seizures or passing out; heart diseases like heart attacks, stents, and valve replacements who have not previously been granted a waiver will require a class 3 examination by an AME and an FAA granted special issuance before they can use BasicMed for future exams. Any condition that prompts the state to revoke a driver’s license or cause recommendation not to operate a motor vehicle (for example seizures, blindness, mental health disorders) has the same effect on the FAA’s

(Continued on page 5)



BASICMED (CONTINUED)

(Continued from page 4)

authorization to operate an aircraft.

Moreover, your personal physician will ultimately decide for what conditions he or she is comfortable certifying “...I am not aware of any medical condition that, as presently treated, could interfere with the individual’s ability to safely operate an aircraft.” For a doctor, any statement with the words “any” and “could” is pretty scary because they are so broad. Almost every medical condition “could” pose a risk to flight safety. The AME is specially trained to understand the degree of risk and help guide the pilot to safely assess it. Most personal physicians are not.

Therefore, to use BasicMed most effectively, the pilot must be proactive and informed. Your personal physician or the physician treating your medical conditions is not likely to be well versed in which medications the FAA allows or in the potential concerns your condition might pose in an aviation environment. Therefore, pilots will need to be well-informed about their own medical conditions, medications, and potential aviation risks of each. Each pilot will sign a statement at the end of their exam, and should already be aware that they may not knowingly fly with any condition that could pose a risk. So even if the physician signs the form, if YOU know a condition is not allowed, you should not fly.

I would encourage pilots who use a medication to look up that medication on the FAA’s website or one of the various other advice sites (AOPA for example) and bring a printed copy of the “okay” to the visit. If you do have a medical condition, research what the FAA

considers safe and acceptable and bring that to your visit too. By being pro-active, you will help your doctor to be comfortable approving your BasicMed exam and be comfortable with your safety.

Conversely, this should not be viewed as a means to push the risk envelope. If you have a medical condition or require a medication that you or your doctor is unsure about or that he/she thinks might be a bad bet in the cockpit, you will probably find most physicians will not sign off on an exam. In that case you might be

better off seeing an AME using the normal class 3 process.

The alternative BasicMed process will be well received by some pilots, but it is not required and it may not be right for you.

Pilots with medical problems will have to establish a trusting relationship with their physician, and be well prepared to help their doctor validate that they are safe to fly. Those pilots

who do use BasicMed are self-certifying their own health and safety to fly

and won’t have the safety-net of an aviator/ AME to help them assess risk.

Therefore, as always, pilots who find themselves not totally comfortable with their medications or medical condition should ground themselves and consult with their physician or an AME before resuming flying. And, since BasicMed is an elective alternative method, pilots who do not wish to use this pathway may continue to visit their friendly aviation-experienced AME for a regular class 3 exam as always.

Chuck Fisher is a board certified aerospace medicine specialist, Family Physician, Occupational medicine physician, Senior AME, and editor of Runway 35. When not in one of his clinics, he is either fixing or flying one of his 70 year old L-17B’s.



BASICMED SECTION 2: INDIVIDUAL INFORMATION
(To be completed by the airman)

1-2	Controlled	
3	Name: Last, First, Middle	4) SS#
5	Address/Street	Telephone: () - -
	City, State/Country	Zip Code
6	Date of birth	Country of Citizenship
7	Color of hair	8) Color of eyes
10	Type of airman certification you hold	9) Sex

Airman's Signature and Declarations

In accordance with section 2307(b)(2)(A) of the FAA Extension, Safety, and Security Act of 2016 (Public Law 114-190), I affirm that:

[] the answers provided by me on this checklist, including my answers regarding my medical history, are true and complete;

[] I understand that I am prohibited under Federal Aviation Administration regulations from acting as pilot in command, or in any other capacity as a required flight crewmember, if I know or have reason to know of any medical deficiency or medically disqualifying condition that would make me unable to operate the aircraft in a safe manner; and

[] I am aware of the regulations pertaining to the prohibition on operations during medical deficiency and I have no medically disqualifying conditions in accordance with applicable law.

1	Chronic or recurring illness	<input type="checkbox"/> No <input type="checkbox"/> Yes
2	Phonocardiogram for any reason	<input type="checkbox"/> No <input type="checkbox"/> Yes
3	Eye or vision trouble (except for glasses)	<input type="checkbox"/> No <input type="checkbox"/> Yes
4	May fever or allergy	<input type="checkbox"/> No <input type="checkbox"/> Yes
5	Asthma or lung disease	<input type="checkbox"/> No <input type="checkbox"/> Yes
6	Heart or vascular trouble	<input type="checkbox"/> No <input type="checkbox"/> Yes
7	High or low blood pressure	<input type="checkbox"/> No <input type="checkbox"/> Yes
8	Stomach, liver, or intestinal trouble	<input type="checkbox"/> No <input type="checkbox"/> Yes
9	Kidney stone or blood in urine	<input type="checkbox"/> No <input type="checkbox"/> Yes
10	Diabetes	<input type="checkbox"/> No <input type="checkbox"/> Yes

Patient name:	Abnormalities	Explain any "YES" answers in space below:
1. Head, face, neck and scalp:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
2. Nose, sinuses, mouth, and throat:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Ears, general:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
4. Eyes (general), ophthalmoscopic, pupils, equality and reaction), and ocular motility (associated parallel movement, nystagmus):	<input type="checkbox"/> No <input type="checkbox"/> Yes	
5. Lungs and chest: (Not including breast examination):	<input type="checkbox"/> No <input type="checkbox"/> Yes	
6. Heart: (precordial activity, rhythm, sounds, and murmurs):	<input type="checkbox"/> No <input type="checkbox"/> Yes	
7. Vascular system: (pulse, amplitude, and character and arms, legs, and others)	<input type="checkbox"/> No <input type="checkbox"/> Yes	
8. Abdomen and viscera: (including hernia)	<input type="checkbox"/> No <input type="checkbox"/> Yes	
9. Anus: (not including digital examination):	<input type="checkbox"/> No <input type="checkbox"/> Yes	
10. Skin:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
11. G-U system: (not including pelvic examination)	<input type="checkbox"/> No <input type="checkbox"/> Yes	
12. Other:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Physician's Signature and Declaration

[] In accordance with section 2307(b)(2)(C)(iv), I certify that during the medical examination, I discussed all items on this checklist with the individual whose name and other identifying information appears in Section 2 of this checklist, discussed any medications the individual is taking that could interfere with his or her ability to safely operate an aircraft or motor vehicle, and performed an examination that included all of the items on this checklist. I certify that I am not aware of any medical condition that, as presently treated, could interfere with the individual's ability to safely operate an aircraft.

13	Weight, near, and intermediate vision, field of vision, color vision, and ocular alignment)	<input type="checkbox"/> No <input type="checkbox"/> Yes
14	Blood pressure and pulse	<input type="checkbox"/> No <input type="checkbox"/> Yes
15	Anything else the physician, in his or her medical judgment, considers necessary	<input type="checkbox"/> No <input type="checkbox"/> Yes

SAFETY NOTES & NOTAMS

THE IMPOSSIBLE TURN

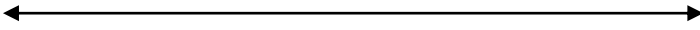


Ron O'Dea

As a continuation of the subject from last month about having your "Brain in the Game" from preflight to takeoff and departure and being prepared to deal with emergencies during the takeoff and departure phase of the flight, here is an excellent article by Jay Hopkins who once wrote for flying magazine. Jay does an excellent job of covering "The Push" and "The Impossible Turn"!

Keep you brain in the game!

Be safe out there!



The Human Factor: Big Push, Improbable Turn Engine Failure on takeoff and 180s.

By Jay Hopkins January 14, 2011

December 2010 — It starts out as a typical flight. You complete your preflight planning and load the airplane. The engine starts quickly and everything is normal during the run-up, so you taxi onto the runway, add full power and then smoothly lift off for another enjoyable flight. Then, just as you are thinking ahead to the departure sequence, there is sudden, unexpected, shocking silence. It takes many precious seconds for your brain to recognize and comprehend what has happened, consider the options and then decide on a course of action. The problem is that you don't have that much time.

Like others, I had been disturbed by the number of stall/spin accidents following a loss of power shortly after takeoff, but until I started writing this article, I had never put myself in the seat of a pilot experiencing a sudden loss of power on departure to truly understand the precarious situation that pilot would be in. The airplane is flying in a nose-high climb attitude not far above stall speed, so the airspeed bleeds off rapidly as the airplane stops climbing and then quickly begins to sink toward the ground. The combination of shock and fear can produce an overwhelming desire to pull back on the control wheel to stop the descent. With right rudder likely still being held to compensate for the no-longer-present torque and P-factor, all the requirements are present for a stall/spin accident. Without the proper response, it will be over in a matter of seconds.

What is required almost immediately after the engine fails while in the initial climb, let's say between 50 feet and wherever you reduce the pitch attitude to cruise climb, is a surprisingly forceful push forward on the controls to an even more surprisingly nose-low attitude in order to keep the airplane flying. In an airplane with high drag, such as a biplane, you may need to push hard enough to feel light in the seat. Even in a low-drag, streamlined airplane, the push required will be close to that. At altitude a push like this would feel very strange, but would not be that scary or difficult to accomplish. However, following an engine failure on takeoff, you are not at altitude; you are only a few hundred feet above the ground. You would have to overcome every cell in your brain screaming at you to hold the wheel back to stop the descent. Many pilots have given in to that desperate plea, resulting in an almost immediate stall/spin following the engine failure.

So now let's say you actually managed to do the big push. The nose is very low but the airplane is still flying with at least a small margin above stall speed. If you were really low when the engine failed (up to about 300 feet), there is no question about what comes next. The airplane is descending rapidly and the ground is coming up equally fast, so the only option available is a slight turn if necessary to avoid any serious objects directly ahead of you, followed by a pull just before hitting the ground to flare or at least try to cushion the force of the impact. While the landing gear may be damaged or even collapse, the odds are that you and your passengers will have few if any injuries.

The problem comes when you have made it past 300 feet before the engine fails. Assuming you manage to avoid an immediate stall by getting the nose down quickly, you would typically start hearing the siren call of the runway you just took off from. It seems so close! Perhaps you can still see a bit of the runway or the airport beneath you. Rather than a crash landing off the airport, wouldn't it be better to make a quick turn back to the runway? Even if you don't make it all the way around the turn, you would at least be landing on the relatively flat surface of the airport. Why not at least give it a try?

The fact that many pilots even consider turning back to the air-

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THE IMPOSSIBLE TURN

(Continued from page 6)

port shows that most pilots, like myself, have never researched the maneuver and carefully considered what the options really are. They don't call it "the impossible turn" for nothing. The problem is that the phrase "impossible turn" is really a misnomer. Pilots have in fact had an engine failure in the 300- to 600-foot zone and managed to turn back to the airport successfully. Under the Air Safety Institute tab at aopa.org, the AOPA Air Safety Foundation even has a Real Pilot Stories video, "The Impossible Turn," made by a pilot who experienced just such an event shortly after installing a video camera in his airplane. The pilot wisely advises other pilots that they not try this maneuver in their own airplane, and yet the evidence is clear — he made it back onto the runway without any damage and even managed to turn off onto the taxiway at the end of the runway. He just cleared the trees, barely managed to line up with the runway and landed just short of the other end of the runway, but he did make it.

Let's analyze what you would have to do to accomplish such a feat. Having completed the "big push," you are now in a nose-low attitude not far above stall speed descending at about 1,000 feet per minute. Doing the math, even from 500 feet you would have only about 30 seconds to make the turn. Based on many briefings about keeping bank angle shallow at low speeds, many pilots make a fairly shallow turn, probably 30 degrees maximum, to reduce the chance of a stall in the turn. Figuring about twice standard rate at that bank angle, it would take around 30 seconds to complete the 180-degree turn. Sounds like maybe you just could make it, except there is one small problem. Depending on wind direction and speed, you are now more than a half-mile to the side of the runway heading downwind. You would have to turn another 30 degrees toward the runway and require anywhere up to another minute to reach it.

Because of the time and angles problem, the only way to have any chance to make the turn back starting below 500 feet is to bank very steeply — around 45 degrees. At that angle of bank, the turn takes only about 15 seconds, and the offset from the runway requires only around 10 degrees more turn to get back to the runway. To keep the airplane from stalling, the nose has to be kept even lower, so what we are talking about is a steep turn just above the ground in a rapid descent of more than 1,000 fpm. This would be a difficult maneuver even for a pilot who has ex-

perience flying near the ground. For most pilots, seeing nothing but the earth rotating only a few hundred feet in front of the windshield while the stall warning is blaring would be terrifying. Few would have the willpower to avoid pulling back on the wheel, but to do so leads to an immediate accelerated stall.

There are many other negative factors that I have not even mentioned:

- Four seconds is the minimum time to respond for a pilot not anticipating an engine failure. In real-life scenarios, pilots have been observed to take 10 seconds or longer before starting a turn.
- It will likely be a downwind turn, followed by a downwind landing.
- There may be an airplane already taking off behind you.

Since it is obvious the odds of successfully completing this maneuver are very slim, it is important to consider the stakes we are playing for. For the few pilots who do manage to complete the turn and land on the runway, typically there is little or no damage to the airplane or its occupants. On the other hand, most of the people in the airplanes that did not complete the turn were seriously injured or killed, so you are literally betting your life against the value of your airplane that you will be able to complete the turn in time without stalling. With those kinds of odds and that kind of penalty, it's just not worth it.

This maneuver is so dangerous that there have been many fatalities involving pilots and even instructors with students practicing turning back to the runway, typically from 500 feet. If you want to try it out to see how you would do, climb to at least 3,000 feet above the ground along a highway and then start a climb at best rate or best angle. If you want to see what would happen at 500 feet above the ground, as you climb through 3,500 feet quickly close the throttle. To make it realistic, slowly count to five before taking any action, then dump the nose, wrap the airplane into a steep 180-degree turn and finally do whatever is necessary to get lined back up with the highway. You may be shocked at how much altitude you have lost. Now add 25 percent to that loss to allow for longer recognition time and an engine without the advantage of idle thrust, and you will begin to

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THE IMPOSSIBLE TURN

(Continued from page 7)

have an idea of how challenging it is to complete this maneuver successfully starting at 500 feet agl.

A few hundred feet off the ground is no place for a mental debate about whether to turn around or not, so it is best to decide right now what your turn-back "floor" will be. Many pilots who have studied this issue have picked 1,000 feet. The minimum probably should be at least 800 feet for a straight-out departure, or whenever you start your turn to the crosswind leg if you are staying in the pattern.

Before every takeoff, prepare yourself for a possible engine failure with a short briefing stating out loud what you will do if the engine fails on the runway, below your minimum turnaround altitude and above that altitude. Then make a quick callout as

you climb through your minimum turnaround altitude.

That way, if the engine fails on takeoff, your decision is easy. If you haven't made the minimum altitude call, you don't even consider turning around. Just get the nose down, keep the airplane flying, and look within about a 60-degree arc for the best place to set the airplane down. The bad news is that someone will almost certainly have to call your insurance company. The good news is that you will almost certainly be able to make the call yourself.



Electronic readers: See [Where are YOU going to Land on page 30](#)

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FROM HEADQUARTERS AND OTHER NEWS

More Aircraft Types Approved for Dynon STC

January 12, 2017 - A long-anticipated expansion of the approved model list (AML) for EAA's Accessible Safety STC to install the Dynon EFIS-D10A and EFIS-D100 flight displays has been granted by the FAA. The AML now includes the following type series:

Beechcraft Bonanza/Debonair, Cessna 175, Maule M-4/5/6/7, Beechcraft Musketeer/Sundowner/Sierra, Cessna 177/177RG, Mooney M20, Beechcraft Skipper, Cessna 182, Piper PA-24, Cessna 150, Cessna 180/185, Piper PA-28, Cessna 152, Cessna 205/206/207, Piper PA-32, Cessna 170, Cessna 210, Piper PA-38, Cessna 172, Grumman AA-1/AA-5, ,

EAA STC, LLC., EAA's subsidiary for STC development, will immediately begin taking orders for all listed types. The STCs sell for \$100 to EAA members and allow for the installation of the Dynon unit as either a primary or backup attitude indicator in eligible aircraft. The display is connected to the aircraft's pitot-static system and it will back up all primary flight instrumentation. A magnetometer, outside air temperature probe, and angle of attack probe are optional peripherals that expand the system's functionality.

The STC's instructions for continued airworthiness have also been updated to clarify that the Dynon unit may be used either as primary instrumentation or as a backup.

See <http://www.eaa.org/en/ea/ea-news-and-aviation-news/news/01-12-2017-more-aircraft-types-approved-for-dynon-stc>

**Webinars**

Registration is required, and space is limited. (click links or check EAA website)

2/1/17 8 p.m. CST GA and Big Data (Part 1)

Qualifies for FAA Wings and AMT credit. Mike Busch

Do headwinds occur more frequently than tailwinds? Do piston airplanes designed in the 21st century have better engine cooling than those designed in the 20th? Do odd-numbered cylinders run hotter than even-numbered ones?

2/8/17 7 p.m. CST Exploring the Zenith 750 Cruiser Design in SOLIDWORKS

Qualifies for FAA Wings and AMT credit. Sebastien Heintz, Zenith Aircraft Co.

This webinar will provide attendees with an insider's look at the 750 Cruiser design by Zenair design engineers, along with a discussion on popular builder design modifications.

2/22/17 7 p.m. CST Introduction to Modern Gyroplane Flying

Qualifies for FAA Wings credit. Robert Snyder, AutoGyro USA

Join Bob Snyder from AutoGyro USA as he provides an introduction to the world of gyroplanes.

SPORT AIR WORKSHOPS

None scheduled in Texas



THE BUILDER'S CORNER

MAKE AN ADS-B IN RECEIVER

Mark Julicher

We all know it. We can't avoid it. We are moving toward the ADS-B environment; an improvement in safety and situation awareness but another drain on our limited aviation budgets. However, if you can read instructions and use a screwdriver, you can assemble an ADS-B in receiver at a very attractive price!

You have probably seen articles on inexpensive ADS-B receiver kits in several aviation publications. Sport Aviation, Aviation Safety, and Aviation Consumer have all published excellent articles on the subject. I read several of these articles and found them interesting, but really had not paid them close attention until one day Ed Seffel walked into Hangar 64 and showed me his kit ADS-B receiver and how well it worked.

Cool! Want one!

The magazine articles all quoted prices in the \$120 dollar range for a kit. The actual figure depends on how you configure your kit, but no matter how you go about assembling your own receiver, you will save at least \$100 over a pre-assembled kit. That sounded good to me so I gathered up some parts and dug out a few hand tools.

What You Need

In a nutshell you need a power source, a tablet computer running your favorite electronic flight bag software and an ADS-B receiver. Lets break that down into finer detail.

Power: The system needs 5 volts DC power at about 2 amps. This can be supplied by batteries such as the many portable phone chargers on the market or by cigarette lighter adapter or by USB outlet directly connected to the aircraft bus. Many USB converters/outlets are limited to 1 amp so read the label and be

sure you provide enough power. The power into the receiver must come through a micro-USB connector. This is important, however USB to micro-USB adapters are available everywhere.

Please note that the power solution for an experimental aircraft may be very different than for a certified aircraft and remember that some cigarette lighter adapters generate unacceptable radio noise.

Tablet: The word on the street is that just about any tablet running just about any electronic flight bag software will work. The tablet is your display for traffic and weather. I use an i-pad mini running Foreflight.

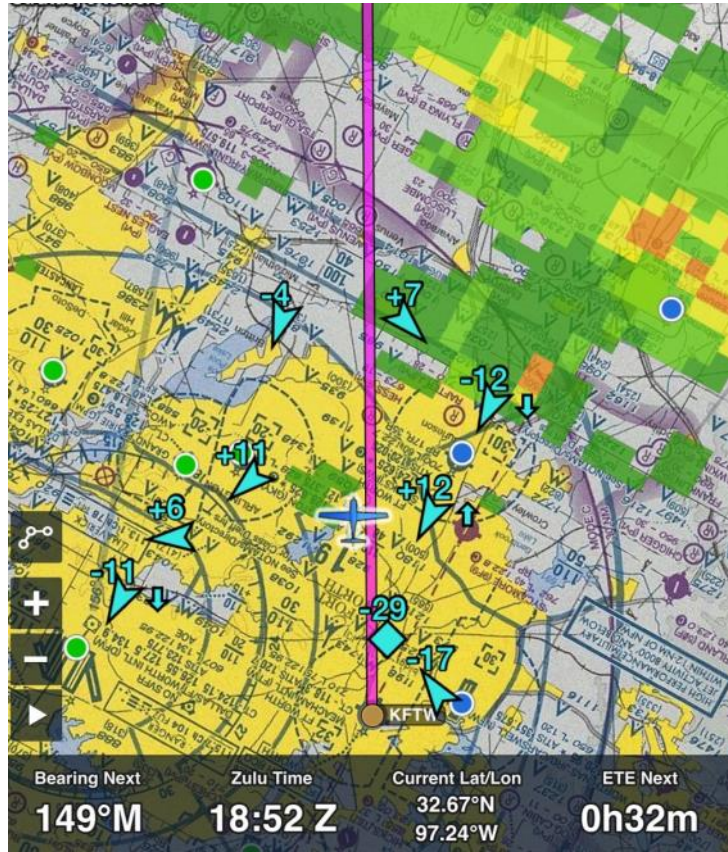
Receiver: The ADS-B receiver is a collection of plug and play parts. You can gather up parts using the shopping list at stratux-me.com or Openflightsolutions or Flightaware. Amazon even has a page of stuff by various companies in-

cluding Nooelectric. Are you ready to do this? OK! Here is your shopping list:

Raspberry Pi. This is a compact computer used for single purpose applications. Everything from video games to robots uses Raspberry Pi. It was developed as a teaching tool has become a favorite baby computer among hobbyists and professionals alike. Cost; about \$41

Case. You need some sort of box in which to house and protect all the components. Stratux makes a very nice case complete with cooling fan for about \$20. There are fancy cases for up to \$40 and there are 3D printed cases that you can produce yourself with open source software and a 3D printer. Some cases leave the SDRs attached outside the enclosure and others keep everything inside.

(Continued on page 12)



<https://foreflight.files.wordpress.com/2014/04/ai-adsb.jpg>

JANUARY MEETING AND PRESENTATION



JANUARY MEETING AND PRESENTATION



THE BUILDER'S CORNER CONTINUED

(Continued from page 9)

SDRs. That is Software Defined Radios. You need one SDR for 1090 MHz and a second SDR for 978 MHz. The SDRs are modules that plug directly into the USB ports on the Raspberry Pi. If you prefer, you can build a single frequency ADS-B receiver and just get one SDR.

Side Bar on SDR: In its very essence, a radio receiver detects electromagnetic oscillations (radio waves) and heterodynes (combines) these oscillations with other oscillations and then filters out unwanted noise leaving the desired signal (intelligence) to be displayed or put through a speaker. A computer can do all the tasks that a traditional radio receiver can do and even add a few tricks in the process.

Antenna(s). The requisite antennas are tuned to match the SDRs so be sure to purchase the correct antenna (and plug it in to the correct SDR.) Antennas come in various styles. There are antennas that mount directly onto the case and there are antennas that magnetically mount to structure a short distance from the case. Some antennas are more sensitive than others.

I purchased a matched set of two SDRs, two antennas, and two connecting cables from Nooelectric for about \$40. My antennas are rated at 5dBi gain – in other words they are more sensitive than the more common 3dBi antennas and cost a couple dollars more.

Software. The beauty of the Raspberry Pi is that all the software is on a micro-SD card slotted directly into the motherboard. (SD, you know, it is a memory just like the one in your camera or phone.) Change the SD card and you make the computer do something entirely different. If you want to program the ADS-B yourself you can do that by downloading Open Source software and using a SD slot on your PC or Mac. For now, I elected to purchase an already programmed micro-SD card for \$14, but I think I will learn how to program my own SD card just for the fun of it.

GPS is optional, but nice to have. There are GPS modules that plug directly into the Raspberry Pi and there are GPSs that connect using a six-foot cord and allow the GPS antenna to be placed for best performance. A GPS module will cost about \$14.

Power cord. I discovered that most of the chargers and junk I had lying around did not have a micro-USB output so I purchased a USB-A to micro-USB adapter cord for \$6. Convenient. Then I discovered that my portable phone charger is only rated at 1 amp output, which is insufficient. For now I use power directly from a 3-amp cigarette lighter adapter, but I will be looking to purchase a more robust battery pack. There are many choices on the market – for one example see the EasyAcc 6000mAh Ultra-Slim External Battery, which is able to put out 2.4 amps and costs about \$20.



Photo 1: Components of ADS-B Receiver Kit. The clear plastic case is at the left. At the right are both hi and low gain antennas but only one or the other set is required.

from Stratux. The instructions were NOT IN THE BOX! Yahhhhhh! No wait, the instructions are on their website and the instructions are very good indeed. The graphics are large and detailed, so to download the instructions took a couple minutes. Be patient. The instructions have useful tidbits such as the order of assembly, how NOT to handle the delicate cables, and how NOT to zap the SD card with static electricity. You can assemble it all in about an hour using a small screwdriver and two needle nose pliers. Not too tough.

Does it work?

In a word – YES. When you insert the power connector it is ON. A red LED shows that power is applied. There is no on-off switch. Give it few seconds to boot up and you get a little, re-assuring, green, flashing light.

There you have it. My shopping list came out to about \$145, a little above the price in the magazine articles, but well under the \$250 dollar price of the pre-built unit.

Is it difficult to assemble?

I purchased (mostly) the components



Photo 2: Beginning assembly. The Pi is in the case. Technically speaking, unless you are over-clocking the cpu, the metal heat sinks should be sufficient and the little muffin fan can be left off.

(Continued on page 13)

THE BUILDER'S CORNER CONTINUED

(Continued from page 12)

The device connects to your tablet using WiFi. Go to the WiFi setting page on your device and you will see the ADS-B as a WiFi connection option – go ahead and connect to it.

Next, open your electronic flight bag software and open the moving map. You will see ADS-towers and air traffic – just like that!

If you want to know what the Raspberry Pi is doing/seeing/ thinking you can open a page in your web browser – you know – [https:// ###.###.###.###yadayada](https://###.###.###.###yadayada) – it is all in the directions. Up comes a page showing the cpu temperature, gps satellites in view, signals being received on each frequency, and the current sunspot cycle. OK, I made that last one up.

Is there a downside?

Actually yes, there are some limitations.

First, since this receiver is not integrated with onboard equipment it will not filter out your own ADS-B out signal. In other words, you will see yourself as traffic in close formation with yourself.

Second, the Raspberry Pi was developed as a teaching tool, not a piece of robust, bulletproof equipment. One of the tradeoffs is that the memory is on an SD card and SD cards are known to fail. Sometimes they fail quickly and sometimes they go for years, but with all the memory and programming on the SD card, eventually the receiver will go stupid. This is especially true because there is no on-off switch on this device. That means there is no elegant start up and shut down routine. Plug in power – it is on, power down and it is off. This can be tough on any computer. Replacing the SD card will usually solve the problem, but unless you have a



Photo 3: Assembled! Everything plugs in or screws in. The only hassle was that the power cord I wanted to use would not fit through the hole in the case. That was easily fixed with a needle file.

pre-programmed, swappable SD card handy, you will need to re-program your SD card or purchase another one.



Photo 4: A portable device charger powering the ADS-B receiver

Third, the Raspberry Pi was developed to work in a relatively benign environment. The cpu will not be happy if it is cooked in a hot cockpit in the Texas sunshine.

What is Next?

Attitude Heading Reference System (AHRS) is under development – amazing! Twenty years ago I worked on development of

AHRS for military planes. Glass cockpit stuff was still very new and insanely expensive, but along came developments in the cell phone and gaming industries in which chip-set accelerometers became common and inexpensive.

If you can obtain accurate six-degree-of-freedom acceleration you can mathematically determine attitude and heading. Don't expect this to become certified equipment, but as a safety of flight reference it has value so stay tuned for further developments.



Mark Julicher is an EAA technical advisor and frequent contributor to this newsletter for which the editor is immensely grateful. He can usually be found at his busy maintenance facility at Bulverde Airpark and would love to help you with your technical issues. His contact information is in the back of this Newsletter.

JANUARY MYSTERY PLANE REVEALED

By Doug Apsey

I didn't get any responses to our January mystery airplane. Hopefully everyone was busy enjoying the Holidays rather than spending time at the computer trying to figure out what it was. I really thought someone might spot the ad for this airplane in Trade-a-Plane or on Barnstormers, though. If you are in the market for a Kinner Playboy R-5 from the Heritage Aircraft collection, it's currently for sale.



Wikipedia.org

The Kinner Playboy R-5 is a two seat sport monoplane designed by Max Harlow and built by the Kinner Airplane and Motor Corporation out of Glendale, California. The original Playboy "R" first flew in 1933. The R-5 is the production version with only twelve of these being built before Kinner went bankrupt and stopped all aircraft production in 1937. In addition to the twelve closed cockpit R-5's, there was one modified Playboy produced that was an open-cockpit version called the Playboy R-1.

Typical of many small aircraft of that era, the Playboy has wood wings and steel tube fuselage that are fabric covered.

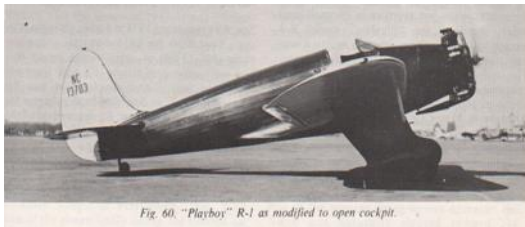


Fig. 60. "Playboy" R-1 as modified to open cockpit.

cloverfield.org

It is powered by the Kinner R-5-2

160 hp, 5 cylinder radial engine. Wingspan is 32 feet, 9 inches. Empty weight is 1461 while maximum take-off weight is 2270. Maximum cruise speed is 138 mph and normal cruise speed is 125 mph. Stall speed is listed as 55 mph.

I could only find one Playboy R-5, NC14963, listed in the FAA registry however one source mentions a second one may exist.

For more pictures and a video of the Heritage Aircraft Playboy R-5, visit:

<http://www.heritageaircraft.net/aircraft/kinner-playboy-r-5/>

Sources for this article include:

https://en.wikipedia.org/wiki/Kinner_Playboy

<http://www.heritageaircraft.net/aircraft/kinner-playboy-r-5/>

<http://cloverfield.org/airplanes/NC13703/index.php>

<https://www.globalair.com/aircraft-for-sale/ListingDetail/Playboy-R-5?AdId=75099>



heritageaircraft.net

heritageaircraft.net



NAME THE PLANE

Our February, 2017, mystery airplane comes to you courtesy of our newsletter editor. Who will be the first to email me at dapsey@satx.rr.com with the following information?



1. Who designed and built it?
2. What was its designation and name? i.e. C-172 Skyhawk, PA-24 Comanche, etc.?
3. What year did it first fly?
4. How many were produced?
5. What was the primary purpose of the design (cargo hauler, people transporter, bomber, etc)?





Country Store



Brian Goode

OFFICIAL EAA CHAPTER NAME BADGES.

We are preparing the order for the official EAA Chapter 35 name badges and still have not received everybody's input as far as the way you want your names to appear on the badges. If you have not let it be known to either Ron O'Dea or Brian Goode how you would like your name to appear, please do it today. If you don't tell



us, your name will be spelled the way the latest Membership Directory has it listed. Some of you have already signed up for badges, so you will not have to email us again unless you want to purchase a badge for your spouse or other family members. The modest cost for those additional badges is only going to be \$5.00, due to our high order volume.

Email the information to : ladybgoode@msn.com. You can pay for any additional badges when they arrive.

SHIRT NEWS

Chapter 35 Country Store has plenty of Fishing shirts and yellow safety shirts in inventory. We have just made a order for

some special sizes and colors. They should be here by the next meeting.

WASH WAX ALL

The Country Store is selling Wash Wax All aircraft care products. These fine products are manufactured locally by Aero Cosmetics. We just placed a large order in response to the presentation at the January meeting. The products work better than the presentation did.

Our prices for EAA Chapter 35 members are better than other outlets because we have no overhead. We don't advertise the prices, but they are posted at the monthly meetings at the Country Store. Stop by and pick up a supply. It works well on automobiles, snow mobiles, boats, jet skis, trucks, golf carts, motor homes as well as aircraft. You could even wax your hangar floor with it. The Degreaser also works well in cleaning stove tops at home.



We have ve instructional literature available as well as information on which product is good for what job, so come on down to the Country Store. You will be glad you did.

MERCHANDISE FOR SALE AT THE COUNTRY STORE

"Fishing Shirts"	Men's & Lady's	\$40.00
Logoed Safety Yellow polo shirts	SM - XL	\$30.00
Cloth Baseball Caps	EAA or Chapter 35	\$11.00
Mesh Top Logo Baseball Caps		\$3.00
Official EAA engraved Name Badges		\$5.00
Chapter 35 Sew-On Logo Patches		\$3.00
Chapter 35 Bumper Stickers		\$1.00
Wheel Chocks - Aluminum (pink or yellow)	Two pairs = a set	\$45.00
"Wash Wax All" Products	Check the prices at the next meeting.	

All prices include 6.75% sales tax

For merchandise please call Brian or June @ 727-709-1159 or ladybgoode@msn.com

CLASSIFIED ADVERTISEMENTS

Hangar for Rent: 40x30 "T" hangar, electricity, near runway, easy access. Call Richard at 210-846-5134 (Expires APR 2017)

Hangar for sale or rent, 30x40 on the runway, all utilities. Call 210-710-6063 (Expires APR 2017)

To post a classified—contact the editor at ea35news@gmail.com

- You must be an EAA Chapter 35 member.
- Ads are FREE and will run for 3 Months from the last date you re-verify that the item is still for sale.
- PLEASE Notify me when your item sells!!
- You must contact the editor by e-mail or phone to extend your ad beyond the expiration date

Upcoming Local/Texas Events and Airshows

Aviation Calendar of Events websites

- Aero Vents <http://AeroVents.com>
- EAA <http://www.eaa.org/calendar>
- Fly-ins <http://www.flyins.com>
- Fun Places <http://funplacestofly.com>
- Social Flight <http://socialflight.com>
- Council of Air Shows <https://www.airshows.aero/Page/ASCalendar>

March 18-19 Heart of Texas Airshow
TSTC Waco

April 1-2 Wings over South Texas
NAS Corpus Christi

May 19-21 MODAERO Festival and Air Show
Conroe TX

May 19-20 7th Annual Armed Forces Weekend Celebration
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Curtis Field (BBD), Brady, TX



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CHAPTER CALENDAR — CONTACT EAA35VP@GMAIL.COM - PROGRAMS ARE TENTATIVE AND SUBJECT TO CHANGE!

FEBRUARY	11	LUNCH MEETING Program "James' New Baby (The SportCruiser)	EAA Chapter 35 Clubhouse Lunch 11:30 pm Meeting/Program 12:30 pm
MARCH	11	Fourth Annual San Geronimo Hangar Tour 	EAA Chapter 35 Clubhouse Lunch 11:30 Tour to Follow
APRIL 	8	FLY-IN BREAKFAST EVENT <u>Chef, Prep Cooks, Servers Needed</u> BOD Meeting	EAA Chapter 35 Clubhouse 9:00 - 12:00 am 12:30 am
	29	HONDO AIRPORT DIAMOND JUBILEE	VOLUNTEERS NEEDED FOR PANCAKE BREAKFAST
MAY 	13	SPRING CLEANING! Yard/Chapter Building Work Party	EAA Chapter 35 Clubhouse 10:00 am – 12:00 pm Lunch Served at Noon
		YOUNG EAGLES RALLY	DETAILS TBA
JUNE	10	ANNUAL CHAPTER 35 PICNIC <u>Chef, Prep Cooks, Servers Needed</u>	EAA Chapter 35 Clubhouse 11:30 am to?
JULY 	8	FLY-IN BREAKFAST EVENT <u>Chef, Prep Cooks, Servers Needed</u> BOD Meeting	EAA Chapter 35 Clubhouse 9:00-12:00 am 12:30 am
AUGUST	12	LUNCH MEETING	EAA Chapter 35 Clubhouse Lunch 11:30 am Meeting/Program 12:30 pm
SEPTEMBER	9	LUNCH MEETING	EAA Chapter 35 Clubhouse Lunch 11:30 am Meeting/Program 12:30 pm
OCTOBER 	14	FLY-IN BREAKFAST EVENT <u>Chef, Prep Cooks, Servers Needed</u> BOD Meeting	EAA Chapter 35 Clubhouse 9:00 - 12:00 am 12:30 am
NOVEMBER 	11	ANNUAL CHILI COOKOFF EAA Chapter 35 Fly-mart Annual Membership Meeting and Election of Officers Lunch and Chili Judging	EAA Chapter 35 Clubhouse 10:00 – 11:30 am 11:30 am Immediately following the meeting
DECEMBER 	9	CHRISTMAS PARTY Christmas gathering 11-12 Lunch catered Gift Exchange ~\$15 target for gifts but that's up to you!	EAA Chapter 35 Clubhouse Social Hour 11:00 pm Lunch Served Noon-1:00 pm Gift Exchange 1:30 to 3:00 pm

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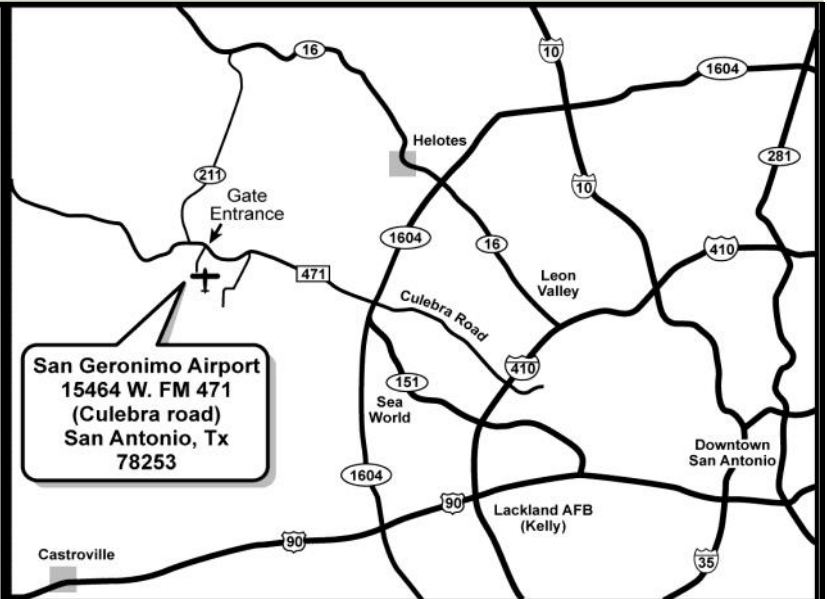
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The Official Newsletter of EAA
Chapter 35, San Antonio, TX

Chapter 35 meets
Each Second Saturday of the Month
February 11
Lunch Meeting
Program by Jim Schlattman
1130
Chapter 35 Clubhouse



EAA Chapter 35 is part of the worldwide network of EAA chapters. EAA embodies the spirit of aviation through the world's most engaged community of aviation enthusiasts. EAA's 170,000 plus members enjoy the fun and camaraderie of sharing their passion for flying, building and restoring recreational aircraft. Our clubhouse and building facilities are located at San Geronimo Airpark (8T8) located off FM 471 (Culebra Rd) West of San Antonio.

For over 50 years Chapter 35 has represented aviators of creativity who share a passion for flying. Come join us!

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AeroDiaper
Soft, absorbent, lint-free, 100% cotton 1-ply diaper for all your cleaning and polishing needs.



NEW

Waterless Wash Wax Mop Starter Kit
All you need to get started with the new Wash Wax Mop.



Starter Kit
All you need to get started with Wash Wax ALL.



Leather/Vinyl Kit
All you need to clean, restore and protect leather and vinyl in one kit.



Cabin Cleaner
Cleans and removes beverage spills and stains from carpets, seats, tray tables, side panels, cockpit, and galleys.



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Restores, moisturizes, conditions, and protects leather and vinyl. Repels dust and dirt without leaving oily residue. Provides long lasting protection.



Rubber Care
Easy to use water-based rubber and de-ice boot care product. Restores and protects rubber, giving that new semi-gloss look, without leaving an oily residue. Excellent on weather stripping, tires or any rubber or plastic item.



Water Spot Remover
Quick, easy, safe way to remove hard water spots from paint, plastic, vinyl, clear coat, gel-coat, bare metal, and other hard surfaces. Use Wash Wax ALL to prevent hard water spots.



PolishALL
Easy-on, easy-off liquid polish. Removes oxidation and fine scratches from paint, plastic, aluminum, silver, and other metals. Can be used by hand or with power polisher.



Wash Wax Clay
Safely removes surface contaminants allowing wax to bond better. Removes overspray, tree sap, acid rain, & rail dust. Safe to use on paint, plastic, glass, chrome, gelcoat, and other hard surfaces.



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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 Chapter 14 of Code of Federal Regulations (14 CFR), Section 61.113(i). This rule (BasicMed) allows pilots to use this checklist, and other requirements, in lieu of holding third-class FAA Airman Medical Certificate. Under BasicMed, an individual may only act as pilot-in-command 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 must complete 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 (either as a hard copy or electronically) and made available on request.
4. In order to act as a pilot-in-command 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).

NOTICE: Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willingly falsifies, conceals or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to \$250,000 or imprisoned not more than 5 years, or both. (18 U.S. Code Secs. 1001; 3571)

Paperwork Reduction Act Statement:

The information collected on this form is necessary to determine applicant eligibility for operating under BasicMed. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid OMB control number. The OMB control number associated with this collection of information is 2120-####. Comments concerning the accuracy of this burden and suggestions for reducing the burden should be directed to the FAA at: 800 Independence Avenue SW, Washington, DC 20591, Attn: Information Collection Clearance Officer, ABA-20.

SECTION 2 – Information to be completed by the Airman

For individuals seeking to operate certain small aircraft in accordance with 14 CFR 61.113(i), you may only use this checklist to comply with 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 EXAMINATION:** 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.
- "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, 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 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.

18. 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:

- Occasional common illnesses such as colds or sore throats that resolved;
- Routine dental, eye, and FAA periodic medical examinations; or
- 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.

NOTE: After completing SECTION 2, carefully review and read the affirmation statements under the "Airman's Signature and Declaration." If you agree with the statements, sign and date the document. Once you have completed, signed, and dated SECTION 2, you must provide **ALL sections** (SECTION 1-3) of this checklist to the state-licensed physician who will perform and complete the comprehensive medical examination, as required by Section 2307(a)(7) of FESSA.

BASICMED SECTION 2: INDIVIDUAL INFORMATION

(To be completed by the airman)

1-2	Omitted			
3	Name: Last	First	Middle	
			4 SS #	
5	Address/street		Telephone () _____ - _____	
	City	State/Country	Zip Code:	
6.	Date of birth:	Country of Citizenship:		
7	Color of hair:	8 Color of eyes:	9 Sex:	
10	Type of airman certificate(s) you hold:	<input type="checkbox"/> Airline Transport <input type="checkbox"/> ATC Specialist <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Flight Navigator <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Student <input type="checkbox"/> None <input type="checkbox"/> Other _____		
11	Occupation:	12	Employer:	
13	Has your FAA Airman Medical Certificate ever been denied, suspended, revoked, or withdrawn?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, give date ____/____/____ MM/ YYYY	
			14. Omitted 15. Omitted	
16	Date of Last FAA Medical Application	____/____/____ MM / YYYY or <input type="checkbox"/> No Prior Application (If no prior application, STOP. You cannot use BasicMed.)		
17	Do You Currently Use Any Medication? (Prescription or over-the-counter) If additional space is needed, check this box <input type="checkbox"/> and list information on an additional sheet of paper	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, list medication(s) and dosage used below.)		

17b.	Do you ever use near vision contact lens(es) while flying	<input type="checkbox"/> No <input type="checkbox"/> Yes Answer "Yes" if you wear a contact in one eye only to correct for near vision or if you have one contact that adjusts for near vision and one in the other eye that adjusts for distant vision.		
18	Medical History: Mark "Yes" if you have or had any of the following conditions at ANY TIME in your life. Explain when it occurred, the severity, how it was treated, and if you are currently taking any medication or having treatment for the condition or have to see a physician for the condition. Discuss any "Yes" responses with the physician doing this exam.		Additional comments or explanations: (Give details in the space below)	
	a.	Frequent or severe headaches:		<input type="checkbox"/> No <input type="checkbox"/> Yes
	b.	Dizziness or fainting spell:		<input type="checkbox"/> No <input type="checkbox"/> Yes
	c.	Unconsciousness for any reason:		<input type="checkbox"/> No <input type="checkbox"/> Yes
	d.	Eye or vision trouble (except for glasses):		<input type="checkbox"/> No <input type="checkbox"/> Yes
	e.	Hay fever or allergy:		<input type="checkbox"/> No <input type="checkbox"/> Yes
	f.	Asthma or lung disease:		<input type="checkbox"/> No <input type="checkbox"/> Yes
	g.	Heart or vascular trouble:		<input type="checkbox"/> No <input type="checkbox"/> Yes
	h.	High or low blood pressure:		<input type="checkbox"/> No <input type="checkbox"/> Yes
	i.	Stomach, liver, or intestinal trouble:		<input type="checkbox"/> No <input type="checkbox"/> Yes
	j.	Kidney stone or blood in urine:		<input type="checkbox"/> No <input type="checkbox"/> Yes
	k.	Diabetes:		<input type="checkbox"/> No <input type="checkbox"/> Yes

l.	Neurological disorders (epilepsy, seizures, stroke, paralysis, etc.):	<input type="checkbox"/> No <input type="checkbox"/> Yes																																																	
m.	Mental disorders of any sort (depression, anxiety, etc.):	<input type="checkbox"/> No <input type="checkbox"/> Yes																																																	
n.	Substance dependence, failed a drug test ever, or substance abuse or use of illegal substance in the last 2 years:	<input type="checkbox"/> No <input type="checkbox"/> Yes																																																	
o.	Alcohol dependence or abuse:	<input type="checkbox"/> No <input type="checkbox"/> Yes																																																	
p.	Suicide attempt:	<input type="checkbox"/> No <input type="checkbox"/> Yes																																																	
q.	Motion sickness requiring medication:	<input type="checkbox"/> No <input type="checkbox"/> Yes																																																	
r.	Military medical discharge:	<input type="checkbox"/> No <input type="checkbox"/> Yes																																																	
s.	Medical rejection by military service:	<input type="checkbox"/> No <input type="checkbox"/> Yes																																																	
t.	Rejection for life or health insurance:	<input type="checkbox"/> No <input type="checkbox"/> Yes																																																	
u.	Admitted to a hospital:	<input type="checkbox"/> No <input type="checkbox"/> Yes																																																	
x.	Other illness, disability, or surgery:	<input type="checkbox"/> No <input type="checkbox"/> Yes																																																	
v.	History of (1) any conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) history of any conviction(s) or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program:	<input type="checkbox"/> No <input type="checkbox"/> Yes																																																	
w.	History of non-traffic conviction(s) (misdemeanors or felonies): (e.g. battery, assault, public intoxication, robbery, etc.)	<input type="checkbox"/> No <input type="checkbox"/> Yes																																																	
19.	Any visits to a health professional within the last 3 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes																																																	
	<p>If "Yes," list the date, name, address, type of provider and why you saw them.</p> <p>If additional space is needed, check this box <input type="checkbox"/> and list information on an additional sheet of paper</p>	<table border="1"> <thead> <tr> <th>Date</th> <th>Name</th> <th>Address</th> <th>Type of Provider</th> <th>Reason</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date	Name	Address	Type of Provider	Reason																																												
Date	Name	Address	Type of Provider	Reason																																															

Airman's Signature and Declarations

In accordance with section 2307(b)(2)(A) of the FAA Extension, Safety, and Security Act of 2016 (Public Law 114-190), I affirm that:

[] the answers provided by me on this checklist, including my answers regarding my medical history, are true and complete;

[] I understand that I am prohibited under Federal Aviation Administration regulations from acting as pilot in command, or in any other capacity as a required flight crewmember, if I know or have reason to know of any medical deficiency or medically disqualifying condition that would make me unable to operate the aircraft in a safe manner; and

[] I am aware of the regulations pertaining to the prohibition on operations during medical deficiency and I have no medically disqualifying conditions in accordance with applicable law.

Printed Name

Airman Signature

Date

NOTE: You must provide ALL sections (SECTION 1-3) of this checklist to your State-Licensed physician who will perform and complete the comprehensive medical examination as required by Section 2307(a)(7) of FESSA.

BasicMed SECTION 3: Instructions for State-Licensed Examining Physician

This checklist is being submitted by an individual seeking to operate certain small aircraft in accordance with 14 CFR 61.113(i). This rule (BasicMed) allows pilots to use this checklist, and other requirements, in lieu of holding third-class FAA Airman Medical Certificate. The examination checklist may only be completed by a state-licensed physician. Under BasicMed, an individual may only act as pilot-in-command 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.

As the examining physician, you are required to:

1. Review all sections of the checklist, particularly SECTION 2 completed by the airman.
2. Conduct a comprehensive medical examination in accordance with the checklist by:
 - a. Checking each item specified;
 - b. Exercising medical discretion, address, as medically appropriate, any medical conditions identified; and
 - c. Exercising medical discretion, determine whether any medical tests are warranted as part of the comprehensive medical examination.
3. Review and discuss all prescription and non-prescription medication(s) the individual reports taking and any potential to interfere with the safe operation of an aircraft or motor vehicle.
4. Complete the Physician's Signature and Declaration.
5. Complete the Physician's Information.

You should consider consulting available aeromedical resources on the flight hazards associated with medical conditions/ medications, to include:

- [The FAA Guide for Aviation Medical Examiners \(AME Guide\)](http://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/ame/guide/pharm/dni_dnf/); and the FAA Pharmaceuticals (Therapeutic Medications) Do Not Issue - Do Not Fly list at http://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/ame/guide/pharm/dni_dnf/
- **Chapter 8** of the [FAA's Aeronautical Information Manual](#) (AIM 8-1-1), which addresses medical facts for pilots;
- FAA flight safety websites and the websites of non-profit and not-for-profit general aviation stakeholders.

NOTICE: Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willingly falsifies, conceals or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to \$250,000 or imprisoned not more than 5 years, or both. (18 U.S. Code Secs. 1001; 3571)

BASICMED SECTION 3: MEDICAL EXAMINATION

(To be performed by state-licensed physician only)

Physician Use Only			
Patient name:		Abnormalities	Explain any "YES" answers in space below:
Patient Date of Birth:			
1.	Head, face, neck and scalp:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
2.	Nose, sinuses, mouth, and throat:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Ears, general: (Internal and external (canals) and eardrums (perforation):	<input type="checkbox"/> No <input type="checkbox"/> Yes	
4.	Eyes (general), ophthalmoscopic, pupils, (equality and reaction), and ocular motility (associated parallel movement, nystagmus):	<input type="checkbox"/> No <input type="checkbox"/> Yes	
5.	Lungs and chest: (Not including breast examination)	<input type="checkbox"/> No <input type="checkbox"/> Yes	
6.	Heart: (precordial activity, rhythm, sounds, and murmurs):	<input type="checkbox"/> No <input type="checkbox"/> Yes	
7.	Vascular system: (pulse, amplitude, and character and arms, legs, and others):	<input type="checkbox"/> No <input type="checkbox"/> Yes	
8.	Abdomen and viscera: (including hernia)	<input type="checkbox"/> No <input type="checkbox"/> Yes	
9.	Anus: (not including digital examination):	<input type="checkbox"/> No <input type="checkbox"/> Yes	
10.	Skin:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
11.	G-U system: (not including pelvic examination)	<input type="checkbox"/> No <input type="checkbox"/> Yes	
12.	Upper and lower extremities: (strength and range of motion)	<input type="checkbox"/> No <input type="checkbox"/> Yes	
13.	Spine and other musculoskeletal:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
14.	Identifying body marks, scars, and tattoos (size and location):	<input type="checkbox"/> No <input type="checkbox"/> Yes	
15.	Lymphatics:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
16.	Neurologic: (tendon reflexes, equilibrium, senses, cranial nerves, coordination, etc.):	<input type="checkbox"/> No <input type="checkbox"/> Yes	
17.	Psychiatric: (appearance, behavior, mood, communication, and memory)	<input type="checkbox"/> No <input type="checkbox"/> Yes	
18.	General systemic:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
19.	Hearing:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
20.	Vision: (distant, near, and intermediate vision, field of vision, color vision, and ocular alignment)	<input type="checkbox"/> No <input type="checkbox"/> Yes	
21.	Blood pressure and pulse:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
22.	Anything else the physician, in his or her medical judgment, considers necessary:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

In accordance with 14 CFR 68.5, the examining physician is instructed to:

- Exercise medical discretion to address, as medically appropriate, any medical conditions identified, and to exercise medical discretion in determining whether any medical tests are warranted as part of the comprehensive medical examination; and
- Discuss all drugs the individual reports taking (prescription and nonprescription) and their potential to interfere with the safe operation of an aircraft or motor vehicle.

Physician's Signature and Declaration

[] In accordance with section 2307(b)(2)(C)(iv), I certify that during the medical examination, I discussed all items on this checklist with the individual whose name and other identifying information appears in Section 2 of this checklist, discussed any medications the individual is taking that could interfere with his or her ability to safely operate an aircraft or motor vehicle, and performed an examination that included all of the items on this checklist. I certify that I am not aware of any medical condition that, as presently treated, could interfere with the individual's ability to safely operate an aircraft.

Patient Name

Patient Date of Birth

Signature of Physician who performed the exam

Date examination completed

Physician's Information

1.	Full name of physician who performed the exam:	Last :	First:	Middle Initial:
2.	State license number:	State	Medical license number	
3.	Telephone number:	() _____ - _____		
4.	Street address:	Address:	Suite:	
		City:	State:	Zip Code:
5.	Date of Examination:	<div style="text-align: center;"> ____ / ____ / ____ MM/ DD/YYYY </div>		

Where are you going to land?

In this issue our safety officer presents a discussion of the impossible turn. As part of your thought processes, and take-off briefing even if to yourself, have you actually decided where you will go and how you will turn? You should. This is a Google Map view of 8T8 with some avoid areas and possible landing areas marked. You will have about zero seconds to decide what you are going to do, so it is nice to have done that deciding in advance.

Generally, to the West is civilization and some really big powerlines. To the East, mostly (for now) flat open fields. So, engine failure on takeoff to the south—probably a left turn. To the north, a right turn.

Typically that turn will also turn you into the wind maybe helping to push you toward the runway.

To the south there is a “straight ahead option” just to the right of the farmhouse at the end of the runway. But beyond that are houses, so this is an option for a low altitude failure only.

To the north, the straight ahead options are poor. The neighborhood park/pool overrun is partially obstructed. If you have altitude, the area 30 degrees to the right by the storage buildings is an option or, if you can clear the powerlines, there is an open field across Culebra.

The rings on the map are 1/2 mile circles. Unless you are flying a glider, you probably aren't going much further than that from less than 1000 feet power off.

Think about these now...before you need to!



Google

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