

U.S. Department
of Transportation
**Federal Aviation
Administration**

800 Independence Ave., S.W.
Washington, D.C. 20591

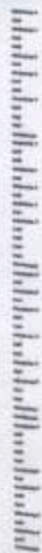
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WA Form 1360-12 (2-92)

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MIR JEFFREY A TALON
10205 ROBINSON AVENUE
GARFIELD HEIGHTS OH 44125 1544



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U.S. Department
of Transportation
**Federal Aviation
Administration**

SEP 02 2009

Office of Aerospace Medicine
800 Independence Ave., SW,
Washington, DC 20591

CERTIFIED MAIL—RETURN RECEIPT REQUESTED

Mr. Jeffrey A. Talon
10205 Robinson Avenue
Garfield Heights, OH 44125-1544

PI # 0810655

RECEIVED
09-15-09

JF

Dear Mr. Talon:

It was a pleasure speaking with you on the phone on yesterday, August 31, 2009, regarding the status of your airman medical certification. I am writing to acknowledge our conversation, and that the Office of Aerospace Medicine is always willing to reconsider previous determinations whenever new clinical information is available. As we discussed, due to the passage of time, new information would be required to assess your current medical status.

At the conclusion of our conversation, we agreed that it would be appropriate for you to start the process by sending a written request by letter to me at the Office of Aerospace Medicine, requesting advice on the information necessary in order for you to be reconsidered for airman medical certification. I specifically noted that the review of newly submitted clinical information often raises further questions requiring more additional information. Also, unfortunately, even submission of all information requested does not guarantee that requirements for medical certification will be met. My impression was that you assented to understanding these points. I also advised you that the time necessary to respond to requests such as yours varies depending on the complexity of the case involved.

As always, our goal is to provide the world's safest aerospace system, and issue a medical certificate whenever an airman is able to safely perform pilot duties and exercise the privileges of the certificate held within the national air space. If you have any additional questions, please contact Valeria Givens at 202-267-3081.

Sincerely,

James R. De Voll, M.D., MPH
Manager, Medical Appeals Branch
Medical Specialties Division
Office of Aerospace Medicine

U.S. Department
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MR JEFFREY A TALON
10205 ROBINSON AVENUE
GARFIELD HEIGHTS OH 44125 1544

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OCT 26 2009

CERTIFIED MAIL—RETURN RECEIPT REQUESTED

Mr. Jeffrey A. Talon
10205 Robinson Avenue
Garfield Heights, OH 44125-1544

PI # 0810655

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11-02-09

JT

Dear Mr. Talon:

Pursuant to your letter of August 31, 2009 and our phone conversations of August 31, 2009 and October 2, 2009, I have reviewed your agency medical file. The available medical evidence reveals a history of: undifferentiated somatoform disorder; personality disorder with narcissistic, dependent and histrionic traits; and occupationally acquired chronic permanent traumatic recalcitrant cervical, thoracic, lumbar, and sacroiliac myalgia, with degenerative disc disease, upper and lower extremity dysesthesia, and history of previous treatment with disqualifying medications. Since you do not have a current application for airman medical certification on file, the Federal Air Surgeon would not be able to render an opinion on your current eligibility.

In order to be reconsidered for first-class airman medical certification, you would need to:

1. Submit copies of all medical, psychiatric, psychological, hospital, or other healthcare provider evaluation/treatment records since 2001. Please do not re-submit any records that you have already sent. *Submit these records directly to the Aerospace Medical Certification Division (AMCD) in Oklahoma City, Oklahoma (see address below) for incorporation into your agency medical file, prior to undergoing the evaluations below.*
2. Submit evaluations of your current medical and psychiatric/psychological status to include:
 - A current, detailed Functional Capacity Evaluation and Independent Medical Examination by a board-certified provider. The evaluation should address your: history of occupationally acquired chronic permanent traumatic recalcitrant cervical, thoracic, lumbar, and sacroiliac myalgia, with degenerative disc disease and upper and lower extremity dysesthesia; medications; disability as determined by your previous examiner(s); current functional status; and prognosis.
 - A current, detailed evaluation by a board-certified physician (M.D. or D.O.) with credentials in the specialty of pain management. The evaluation should address your: history of occupationally acquired chronic permanent traumatic recalcitrant cervical, thoracic, lumbar, and sacroiliac myalgia, with degenerative disc disease and upper and lower extremity dysesthesia; other pain symptoms; current pain; historical and current medications and/or treatments and side-effects (if any); physical findings; diagnosis; prognosis; and treatment or follow-up plan. The evaluation must include copies of reports of any laboratory, imaging, or other studies deemed clinically necessary by the physician.
 - A current, detailed psychiatric evaluation by a board-certified psychiatrist familiar with aviation standards, and a current detailed psychological evaluation (to include

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psychometric testing) by a board-certified psychologist. For these evaluations you may, if you wish, use David B. Altman, M.D. and/or Randy Georgemiller, Ph.D., since they were previously familiar with your case. My office can also assist you and provide you with names of other qualified providers.

You must provide a copy of this letter to each physician, psychologist, or other provider above at the time of your evaluation.

You must provide a signed and dated release to each physician, psychologist, or other provider above, authorizing them to discuss your case directly with your AME, the Aerospace Medical Certification Division (AMCD) in Oklahoma City, and the FAA Office of Aerospace Medicine in Washington, DC.

You must request AMCD to send a complete copy of your agency medical records *directly* to each physician, psychologist, or other provider above, *who must document the review of your agency records in their evaluation*. For further information regarding this process and to request your records, please call 405-954-4821, select option "4" (for duplicate medical certificate or copies of medical records), then "3" (for certified copies of medical records).

3. After submitting the above information, submit a current application for airman medical certification performed by a FAA aviation medical examiner (AME). At the time of your evaluation, you must provide a copy of this letter to your AME. Your AME must defer the application to the AMCD.

Along with your application, you must provide a signed and dated release authorizing your AME, the Aerospace Medical Certification Division (AMCD) in Oklahoma City, and the FAA Office of Aerospace Medicine in Washington, DC, to discuss your case directly with each of your evaluating providers *by name*.

Your providers must forward their reports directly to:

Manager, Aerospace Medical Certification Division, AAM-300
FAA Civil Aerospace Medical Institute
P.O. Box 26080
Oklahoma City, OK 73125

Please note that submitting the above documentation may lead to requests for further additional information. A determination may only be made once all necessary information is received and reviewed. Providing all requested information should not be construed as assurance that a medical certificate will be issued or an authorization for special issuance will be granted.

If you have any additional questions, please contact Valeria Givens at 202-267-3081.

Sincerely,



James R. De Voll, M.D., MPH
Manager, Medical Appeals Branch
Medical Specialties Division
Office of Aerospace Medicine

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WA Form 1360-12 (2-92)

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MR JEFFREY A TALON
10205 ROBINSON AVENUE
GARFIELD HEIGHTS OH 441251544



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Handwritten signature and date: 11-11-09



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NOV 02 2009

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Washington, DC 20591

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Mr. Jeffrey A. Talon
10205 Robinson Avenue
Garfield Heights, OH 44125-1544

PI # 0810655

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Dear Mr. Talon:

In your letter of October 6, 2009, you state that I "refused to respond to your case in writing" during our phone conversation of October 2, 2009. I am disappointed that you misunderstood our conversation on two points:

- (1) No decision or determination regarding your eligibility for airman medical certification was rendered by the FAA on or about October 2, 2009. At your request, I had promised to review your available agency medical files to advise you about what you would need to do to be reconsidered for first-class airman medical certification by the Federal Air Surgeon. You called to inquire about the status of that review. I attempted to give you a realistic timeframe for when my review would be complete and when you would have my recommendations.
- (2) At the time of our phone conversation, I had not completed a review of your case. Thus, there was no appropriate basis or rationale for me to respond in writing at that time. However, I did reiterate my commitment to responding to your case in writing once my review was complete, and that I would do so as soon as possible.

Since October 2, 2009, I have completed my review. My recommendations were sent to you by certified mail on or about October 26, 2009. I am enclosing another copy for your convenience.

I hope this clarifies matters for you. I and my staff remain pleased to address any reasonable concerns you might have to whatever extent we are able. My office can be reached by contacting Valeria Givens at 202-267-3081.

Sincerely,

James R. De Voll, M.D., MPH
Manager, Medical Appeals Branch
Medical Specialties Division
Office of Aerospace Medicine

Enclosure



U.S. Department
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**Federal Aviation
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Office of Aerospace Medicine
800 Independence Ave., SW
Washington, DC 20591

OCT 26 2009

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Mr. Jeffrey A. Talon
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Garfield Heights, OH 44125-1544

PI # 0810655

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James R. De Voll, M.D., MPH
Manager, Medical Appeals Branch
Medical Specialties Division
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