



**Dr. Robert J. Gordon, D.O.**

**Senior/HIMS AME**

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### **Designation and Medical Release**

I hereby designate **Robert J. Gordon, D.O, Senior/HIMS AME #21056**, as my medical sponsor for the Federal Aviation Administration (FAA). AS my medical sponsor, Dr. Gordon, I hereby authorize to request and obtain copies of my past, present, and future medical, surgical and /or psychiatric records, examination and treatments. I further authorize Dr. Gordon to correspond with my employer and its representatives, my family members, and other individuals he or the FAA may feel have information regarding my eligibility to hold and maintain a FAA Airman's Medical Certificate.

I further Authorize Dr. Gordon, the FAA, my employer to request blood, urine, hair, nail, or any other specimen from me any time for the purpose of testing the presence of alcohol and/or drugs/substances that should not be in my body. Dr. Gordon is further authorized to request such other tests throughout my monitoring as he may deem necessary and appropriate, or as deemed required by the FAA, to monitor my progress.

I understand that it is my responsibility to request and arrange for the shipment of any of my medical, work, legal records or any other documents that Dr. Gordon or the FAA may request. It is not Dr. Gordon's or the FAA's responsibility to arrange for these records to be prepared or sent to the FAA. After said records have been received by Dr. Gordon, I hereby authorized him to forward and transmit those records to the appropriate entity, **HIMS psychiatrist/psychologist, FAA, ETC**, needed for my monitoring, obtaining and maintaining my FAA Airman's Medical Certificate.

I hereby authorize the release and transmission to Dr. Gordon of all of my medical, surgical and/or psychiatric records, examination, and treatments pertaining to the undersigned.

I further authorize release and transmission to dr. Gordon of all my work and employment records, including job and performance evaluations, as Dr. Gordon, the FAA, or anyone else involved in my obtaining or maintaining my FAA Airman's Medical Certificate requests.

Upon receipt and evaluation of this information Dr. Gordon is hereby authorized and directed to review and evaluate said information and transmit the material reviewed to the FAA Aero Medical Certification Division, or such other divisions as may be necessary for me to obtain and maintain an exemption (Special Issuance) from the medical standard contained in the F.A.R. Part 67.

**Any records or communications required by Dr. Gordon to obtain, send, review or discuss with the FAA or any other person involved in obtaining/maintaining of the FAA Airman's Medical Certificate I understand there will be a fee that must be paid in full before the records are obtain, reviewed, discussed or sent to the appropriate entity.**

Pilot Name \_\_\_\_\_

Date: \_\_\_\_\_

Pilot Signature \_\_\_\_\_

