Date

FEDERAL EXPRESS
or CERTIFIED MAIL
(RETURN RECEIPT REQUESTED)

Pilot Name
Pilot Address

Directive to Report for Section 20 Medical Evaluation

Dear Pilot,

You were sent a letter on (date) requesting you to submit medical documentation to AA Medical/Occupational Health Services - Marsha Reekie no later than (date) to substantiate your absence for date(s). AA Medical/Occupational Health Services has advised me they are not in receipt of this documentation or that the information you sent is insufficient to substantiate your absence.

The Company is sincerely concerned about your well-being as brought into question by your recent absence. In order to determine a clear and accurate picture of your absence, you are hereby directed to report to Dr. (name) on (date) at (time) to submit to a physical examination as provided in Section 20 of the collective bargaining agreement. The purpose and object of any Company physical examination for a pilot shall be to diagnose the true and actual physical condition as it relates to your recent absence. Information regarding mandatory physical examination can be found in Section 20 of the collective bargaining agreement.

Failure to follow the above directive will be considered a violation of American Airlines Rules of Conduct, Rule 7, American Airlines Rule of Conduct Rule 7 states:

> Rule 7 – Follow instructions received from supervisors. Insubordination will not be tolerated.

In order for AA Medical to complete your Section 20 evaluation and determine your true and actual physical condition as it relates to your recent absence, you must provide AA Medical with your written treatment records and the following written information relating to your absence:

- ✓ Diagnosis
- ✓ results of diagnostic testing
- ✓ prognosis
- ✓ treatment including medications
- ✓ expected return to work date, if applicable
- ✓ expected return to work status, if applicable

Please contact me should you have any questions.

Sincerely,

Captain Name
Director of Flight, Base

cc: AA Medical/Occupational Health Services – Marsha Reekie FAX 817-963-1189
APA Legal
Personnel File