

Circle the appropriate copy designator.

Copy 1 (Individual's Health Record)
Copy 2 (Aviation Unit Commander)

Copy 3 (Aircrew Member File Copy)

MEDICAL RECOMMENDATION FOR FLYING DUTY

For use of this form, see AR 40-501; the proponent agency is the Office of The Surgeon General

TO
Commander

FROM
Flight Surgeon
TF (b)(3), (b)(6), FO (b)(3), (b)(6) Afghanistan
APO AE 09364

| | | | |
|---|-------------------------------|----------|------------------|
| 1. NAME (Last, First, MI) | 2. SSN | 3. GRADE | 4. DATE OF BIRTH |
| | (b)(3), (b)(6) | | |
| 5. ORGANIZATION | 6. TYPE FLYING DUTY PERFORMED | | |
| B-Co, 2-135 Avn, TF (b)(3), (b)(6) FO (b)(3), (b)(6) Afghanistan | Pilot | | |

SECTION A - QUALIFYING ACTION RECOMMENDED BY MEDICAL AUTHORITY

7. MEDICAL CLEARANCE IS RECOMMENDED FOR THE FOLLOWING REASON(S): (Check one or more)

- | | |
|--|--|
| a. <input type="checkbox"/> TERMINATION OF TEMPORARY MEDICAL SUSPENSION | g. <input type="checkbox"/> ISSUE OF WAIVER FOR MEDICAL DISQUALIFICATION |
| b. <input type="checkbox"/> MEDICAL EXAMINATION | h. <input type="checkbox"/> OTHER (Explain under remarks) |
| c. <input checked="" type="checkbox"/> REPORTING TO NEW DUTY STATION | |
| d. <input type="checkbox"/> AFTER AIRCRAFT MISHAP | |
| e. <input type="checkbox"/> TERMINATION OF MEDICAL DISQUALIFICATION | |
| f. <input type="checkbox"/> PENDING ISSUE OF WAIVER FOR MEDICAL DISQUALIFICATION | |

| | | |
|--|-------------------|----------------------------|
| 8. REQUIRED TO WEAR GLASSES WHILE FLYING OR OTHER DUTIES REQUIRING CORRECTED VISUAL ACUITY. (CONTACT LENSES ARE PROHIBITED UNLESS SPECIFICALLY AUTHORIZED) | 9. EFFECTIVE DATE | 10. DATE CLEARANCE EXPIRES |
| <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 28 JUL 2011 | 31 JUL 2012 |

SECTION B - DISQUALIFYING ACTION RECOMMENDED BY MEDICAL AUTHORITY

11. THE FOLLOWING ACTION IS RECOMMENDED:

- | | |
|---|---|
| a. <input type="checkbox"/> TEMPORARY MEDICAL SUSPENSION | d. <input type="checkbox"/> PERMANENT MEDICAL DISQUALIFICATION FOLLOWING-A/C MISHAP |
| b. <input type="checkbox"/> TEMPORARY MEDICAL SUSPENSION FOLLOWING A/C MISHAP | e. <input type="checkbox"/> OTHER (Explain under remarks) |
| c. <input type="checkbox"/> PERMANENT MEDICAL DISQUALIFICATION | |

| | |
|---|--------------------|
| 12. ESTIMATED DURATION OF INCAPACITY TO FLY | 13. EFFECTIVE DATE |
| | |

14. REMARKS
FFD

(b)(3), (b)(6) I understand that I must be cleared by a Flight Surgeon / APA after hospitalization or sick quarters (AR 600-105); I must inform the Flight Surgeon / APA after treatment or other activity which may require restriction (AR 40-8). I have read AR 40-8. I have informed the examining provider of any changes in my health since my last examination.

15. WHILE IN A DUTY NOT INVOLVING FLYING STATUS

SIMULATOR DUTIES ALLOWED YES NO

GROUND RUNUP DUTIES ALLOWED YES NO

| | | |
|--|------------------------------|-------------|
| 16. TYPED NAME AND GRADE OF FLIGHT SURGEON | 17. FLIGHT SURGEON SIGNATURE | 18. DATE |
| (b)(3), (b)(6) | (b)(3), (b)(6) | 28 JUL 2011 |

SECTION C - CERTIFICATION BY FLIGHT SURGEON

| | |
|--|-------------|
| 19. I CERTIFY THAT I HAVE BEEN NOTIFIED OF THE RECOMMENDATION(S) ABOVE AND UNDERSTAND THAT I <input checked="" type="checkbox"/> MAY OR <input type="checkbox"/> MAY NOT PERFORM AVIATION DUTIES AS OF THIS DATE | 21. DATE |
| (b)(3), (b)(6) | 28 JUL 2011 |

SECTION D - ACTION TAKEN BY COMMANDER

22. THE MEDICAL RECOMMENDATION IS APPROVED DISAPPROVED

| | | |
|---------------------------------------|---------------------------|-----------|
| 23. TYPED NAME AND TITLE OF COMMANDER | 24. COMMANDER'S SIGNATURE | 25. DATE |
| (b)(3), (b)(6) | (b)(3), (b)(6) | 28 Jul 11 |

Circle the appropriate copy designator.

Co (Indiv's Health Record)
Co (Avia Unit Commander)

Copy 3 (Airc Membr File Copy)

MEDICAL RECOMMENDATION FOR FLYING DUTY

For use of this form, see AR 40-501; the proponent agency is the Office of The Surgeon General

TO
COMMANDER
B/2-135TH GSAB
19070 E SUNLIGHT WAY, BAFB, CO 80011

FROM
FLIGHT SURGEON
COARNG
19070 E SUNLIGHT WAY, BAFB, CO 80011

| | | | |
|---|--------|--|------------------|
| 1. NAME (Last, First, MI) (b)(3), (b)(6) | 2. SSN | 3. GRADE (b)(3), (b)(6) | 4. DATE OF BIRTH |
| 5. ORGANIZATION B CO, 2/135TH GSAB 19070 E SUNLIGHT WAY, BAFB, CO 80011 | | 6. TYPE FLYING DUTY PERFORMED PILOT | |

SECTION A - QUALIFYING ACTION RECOMMENDED BY MEDICAL AUTHORITY

7. MEDICAL CLEARANCE IS RECOMMENDED FOR THE FOLLOWING REASON(S): (Check one or more)

- | | |
|--|--|
| <input type="checkbox"/> a. TERMINATION OF TEMPORARY MEDICAL SUSPENSION | <input type="checkbox"/> g. ISSUE OF WAIVER FOR MEDICAL DISQUALIFICATION |
| <input checked="" type="checkbox"/> b. MEDICAL EXAMINATION | <input type="checkbox"/> h. OTHER (Explain under remarks) |
| <input type="checkbox"/> c. REPORTING TO NEW DUTY STATION | |
| <input type="checkbox"/> d. AFTER AIRCRAFT MISHAP | |
| <input type="checkbox"/> e. TERMINATION OF MEDICAL DISQUALIFICATION | |
| <input type="checkbox"/> f. PENDING ISSUE OF WAIVER FOR MEDICAL DISQUALIFICATION | |

8. REQUIRED TO WEAR GLASSES WHILE FLYING OR OTHER DUTIES REQUIRING CORRECTED VISUAL ACUITY. (CONTACT LENSES ARE PROHIBITED UNLESS SPECIFICALLY AUTHORIZED.)

YES NO

9. EFFECTIVE DATE

15 MAY 11

10. DATE CLEARANCE EXPIRES

31 JUL 12

SECTION B - DISQUALIFYING ACTION RECOMMENDED BY MEDICAL AUTHORITY

11. THE FOLLOWING ACTION IS RECOMMENDED:

- | | |
|---|---|
| <input type="checkbox"/> a. TEMPORARY MEDICAL SUSPENSION | <input type="checkbox"/> d. PERMANENT MEDICAL DISQUALIFICATION FOLLOWING A/C MISHAP |
| <input type="checkbox"/> b. TEMPORARY MEDICAL SUSPENSION FOLLOWING A/C MISHAP | <input type="checkbox"/> e. OTHER (Explain under remarks) |
| <input type="checkbox"/> c. PERMANENT MEDICAL DISQUALIFICATION | |

12. ESTIMATED DURATION OF INCAPACITY TO FLY

13. EFFECTIVE DATE

14. REMARKS

FFD

15. WHILE IN A DUTY NOT INVOLVING FLYING STATUS

SIMULATOR DUTIES ALLOWED YES NO

GROUND RUNUP DUTIES ALLOWED YES

16. TYPED NAME AND GRADE OF FLIGHT SURGEON

(b)(3), (b)(6) SP, APA

(b)(3), (b)(6)

RE

18. DATE

15 MAY 11

SECTION C - CERTIFICATION BY AIRCREW MEMBER

19. I CERTIFY THAT I HAVE BEEN NOTIFIED OF THE RECOMMENDATION(S)

ABOVE AND UNDERSTAND THAT I MAY OR MAY NOT PERFORM AVIATION DUTIES AS OF THIS DATE

(b)(3), (b)(6)

21. DATE

15 MAY 11

SECTION D - ACTION TAKEN BY COMMANDER

22. THE MEDICAL RECOMMENDATION IS

APPROVED DISAPPROVED

23. TYPED NAME AND TITLE OF COMMANDER

24. COMMANDER'S SIGNATURE

25. DATE

(b)(3), (b)(6)