

Circle the appropriate copy designator.

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

Copy 3 (Aircrew Member's 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 B-Co, 2-135 Avn, TF (b)(3), (b)(6) FO (b)(3), (b)(6) Afghanistan		6. TYPE FLYING DUTY PERFORMED Flight Engineer	

#### SECTION A - QUALIFYING ACTION RECOMMENDED BY MEDICAL AUTHORITY

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

- a.  TERMINATION OF TEMPORARY MEDICAL SUSPENSION
- b.  MEDICAL EXAMINATION
- c.  REPORTING TO NEW DUTY STATION
- d.  AFTER AIRCRAFT MISHAP
- e.  TERMINATION OF MEDICAL DISQUALIFICATION
- f.  PENDING ISSUE OF WAIVER FOR MEDICAL DISQUALIFICATION
- g.  ISSUE OF WAIVER FOR MEDICAL DISQUALIFICATION
- h.  OTHER (Explain under remarks)

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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	28 JUL 2011	31 MAY 2012

#### SECTION B - DISQUALIFYING ACTION RECOMMENDED BY MEDICAL AUTHORITY

11. THE FOLLOWING ACTION IS RECOMMENDED:

- a.  TEMPORARY MEDICAL SUSPENSION
- b.  TEMPORARY MEDICAL SUSPENSION FOLLOWING A/C MISHAP
- c.  PERMANENT MEDICAL DISQUALIFICATION
- d.  PERMANENT MEDICAL DISQUALIFICATION FOLLOWING A/C MISHAP
- e.  OTHER (Explain under remarks)

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.	SIGNATURE	18. DATE
(b)(3), (b)(6)	(b)(3), (b)(6)		28 JUL 2011

#### SECTION C - CI

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) 28 JUL 2011

#### SECTION D - ACTION TAKEN BY C

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

4. 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  
2900 W LINCOLN HWY  
GRAND ISLAND NE 68603

FROM: Medical Detachment  
2411 W. Butler  
Lincoln, NE 68524

1. NAME (b)(3), (b)(6)

3. ORGANIZATION

CO B 1-35th GSAB

6. TYPE FLYING DUTY PERFORMED

CREW MEMBER

SECTION A - QUALIFYING ACTION RECOMMENDED BY MEDICAL AUTHORITY

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

- a.  TERMINATION OF TEMPORARY MEDICAL SUSPENSION
- b.  MEDICAL EXAMINATION
- c.  REPORTING TO NEW DUTY STATION
- d.  AFTER AIRCRAFT MISHAP
- e.  TERMINATION OF MEDICAL DISQUALIFICATION
- f.  PENDING ISSUE OF WAIVER FOR MEDICAL DISQUALIFICATION
- g.  ISSUE OF WAIVER FOR MEDICAL DISQUALIFICATION
- h.  OTHER (Explain under remarks)

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

03 APR 11

10. DATE CLEARANCE EXPIRES

31 MAR 12

SECTION B - DISQUALIFYING ACTION RECOMMENDED BY MEDICAL AUTHORITY

11. THE FOLLOWING ACTION IS RECOMMENDED:

- a.  TEMPORARY MEDICAL SUSPENSION
- b.  TEMPORARY MEDICAL SUSPENSION FOLLOWING A/C MISHAP
- c.  PERMANENT MEDICAL DISQUALIFICATION
- d.  PERMANENT MEDICAL DISQUALIFICATION FOLLOWING A/C MISHAP
- e.  OTHER (Explain under remarks)

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  NO

TYPED NAME AND TITLE OF SUBJECT  
(b)(3), (b)(6)  
MEDICAL DETACHMENT  
NEARNG

17. F ISSION  
S/PIAPA

17. F

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

18. DATE

03 APR 11

SECTION C - CERTIFICATION BY AIRCREW MEMBER

I CERTIFY THAT I HAVE BEEN NOTIFIED OF THE RECOMMENDATION(S) GIVE AND UNDERSTAND THAT I  MAY OR  MAY NOT PERFORM DUTY AS OF THIS DATE

20. SIGNATURE

21. DATE

SECTION D - ACTION TAKEN BY COMMANDER

THE MEDICAL RECOMMENDATION IS

APPROVED  DISAPPROVED

TYPED NAME AND TITLE OF COMMANDER

(b)(3), (b)(6)  
1-376 S&S BN Commande

24. COMMANDER'S SIGNATURE

25. DATE

15 APR 11