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### 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)  
FOB (b)(1)1.4a

1. NAME (Last, First, MI)	2. SSN	3. GRADE	4. DATE OF BIRTH
(b)(3), (b)(6)			
5. ORGANIZATION B CO 7/158TH AVN, TF (b)(3), (b)(6)		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	14 MAY 2011	31 OCT 2011

#### 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
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14. REMARKS

FFD /  
My signature below confirms that I understand that I must be cleared by a Flight Surgeon prior to resuming flight duties after being treated at an emergency center, specialty clinic or after an aircraft mishap. I certify that i have not participated in activites or received treatment for which flying restrictions may be appropriate.

15. WHILE IN A DUTY NOT INVOLVING FLYING STATUS
SIMULATOR DUTIES ALLOWED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
GROUND RUNUP DUTIES ALLOWED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

16. TYPED NAME AND GRADE OF FLIGHT SURGEON	17. F	18. DATE
(b)(3), (b)(6)	(b)(3), (b)(6)	14 MAY 2011

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	20. SIGNATURE	21. DATE
	(b)(3), (b)(6)	14 MAY 2011

#### SECTION D - ACTION TAKEN BY COMMANDER

22. THE MEDICAL RECOMMENDATION IS <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		
23. TYPED NAME AND TITLE OF COMMANDER	24. COMMANDER'S SIGNATURE	25. DATE
(b)(3), (b)(6)	(b)(3), (b)(6)	14 MAY 2011

**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: **CON** FROM: **AVN WTEI, FT LUNIK**

1. NAME (Last, First, MI) [Redacted] (b)(3), (b)(6)

5. ORGANIZATION: **B 7/158th AVN REGT** 6. TYPE FLYING DUTY PERFORMED: **AIRCREW**

**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: **9/7/10**

10. DATE CLEARANCE EXPIRES: **31 OCT 2011**

**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**

I understand I must be cleared by a flight surgeon and hospitalization or sick in quarters (AR 600-105) and must inform him/her after any treatment or activities which may require restriction (AR 40-8). I have read AR 40-8 and I have informed the examining physician of any changes in my health since my last physical (b)(3), (b)(6)

15. WHILE IN A DUTY NOT INVOLVING FLYING STATUS

SIMULATOR DUTIES ALLOWED YES  NO

GROUND RUNUP DUTIES ALLOWED YES  NO

16. TYPE OF DUTY: [Redacted] (b)(3), (b)(6) 17. DATE: **9/7/10**

**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

20. SIGNATURE: [Redacted] (b)(3), (b)(6) 21. DATE: **2010 Sep 07**

**SECTION D - ACTION TAKEN BY COMMANDER**

22. THE MEDICAL RECOMMENDATION IS  APPROVED  DISAPPROVED

23. TYPED NAME AND TITLE OF COMMANDER: [Redacted] (b)(3), (b)(6) 24. DATE: **7 Sep 10**