

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

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

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 7/158TH GSAB TASK FORCE (b)(3), (b)(6) DOOR GUNNER

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 28 MAY 2011 10. DATE CLEARANCE EXPIRES 29 FEB 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 /
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 YES NO
GROUND RUNUP DUTIES ALLOWED YES NO

16. TYPED NAME AND GRADE OF FLIGHT SURGEON (b)(3), (b)(6) (b)(3), (b)(6)

SIGNATURE 18. DATE 28 MAY 2011

SECTION C

EW MEMBER

19. I CERTIFY THAT I HAVE BEEN NOTIFIED OF THE RECOMMENDATION ABOVE AND UNDERSTAND THAT I MAY OR MAY NOT PERFORM AVIATION DUTIES AS OF THIS DATE

SIGNATURE 21. DATE (b)(3), (b)(6) 28 MAY 2011

SECTION D - ACTION TAKEN BY COMMANDER

22. THE MEDICAL RECOMMENDATION IS APPROVED DISAPPROVED

23. TYPED NAME AND TITLE OF COMMANDER 25. DATE 26. DATE

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

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

28 MAY 11