

MEDICAL RECOMMENDATION FOR FLYING DUTY

This form is subject to the Privacy Act Statement of 1974

To:	From:
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1. Name: <i>(Last, First, Middle Initial)</i>	2. SSN:	3. Grade:	4. DOB:
5. Unit:	6. Type of Flying Duty Performed:		

SECTION A - QUALIFYING ACTION RECOMMENDATION 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 Issues of Waiver for Medical Disqualification g. Issue of Waiver for Medical Disqualification h. Other <i>(Explain under remarks)</i>
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8. Required to wear glasses while flying or other duties requiring corrective visual acuity. <i>(Contact lenses are prohibited specifically authorized)</i> . <input type="checkbox"/> Yes <input type="checkbox"/> No	9. Effective Date:	10. Date Clearance Expires:
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SECTION B - DISQUALIFYING ACTION RECOMMENDATION BY MEDICAL AUTHORITY

11. The following action is recommended:

a. <input type="checkbox"/> TEMPORARY MEDICAL SUSPENSION b. <input type="checkbox"/> TEMPORARY MEDICAL SUSPENSION FOLLOWING A/C MISHAP c. <input type="checkbox"/> PERMANENT MEDICAL DISQUALIFICATION d. <input type="checkbox"/> PERMANENT MEDICAL DISQUALIFICATION FOLLOWING A/C MISHAP e. <input type="checkbox"/> OTHER <i>(Explain under remarks)</i>	
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12. Estimated duration of incapacity to fly:	13. Effective Date:
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14. Remarks:

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
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SECTION C - CERTIFIED 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: _____

Member's Signature: _____

SECTION D - ACTION TAKEN BY COMMANDER

20. The Medical Recommendation is: Approved Disapproved

21. Typed Name and Title of Commander:	22. Commander's Signature:	23. Date:
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