

SPOUSES INCENTIVE FLIGHT QUESTIONNAIRE

MEDICAL CLEARANCE TO FLY IN USAF NON-EJECTION SEAT AIRCRAFT AT CANNON AFB, NM

This Form will be provided by the Flight Approval Authority.

TO THE APPLICANT PLEASE READ CAREFULLY: You are requesting clearance to fly in military aircraft as a non-aircrew observer. Please review the following questions and provide a copy of your Active Duty dependent Identification Card. A "YES" answer is not necessarily disqualifying, but will result in a local flight surgeon medical evaluation. The purpose of this medical clearance is to ensure your safety and the safety of your host crew. Your cooperation is appreciated.

MEDICAL QUESTIONNAIRE: Please circle the correct response and explain when needed.

1. Do you have any medical problems? YES NO
If yes, what is the problem and how long have you had symptoms? _____

If yes, are you currently under a providers care for this problem? YES NO
2. Are you on a DLC/work restriction? YES NO N/A
If yes, what are your limitations? _____

If female, are you pregnant? YES NO
If yes, what is your expected delivery date? _____
If no, when was the first day of your last cycle? _____
3. Do you take any medications? YES NO
If yes, what is the medication name; how long have you been taking it; what is the reason for the medication? _____
4. Do you feel you need to see a flight surgeon? YES NO
If yes, why? _____

This questionnaire will be maintained until two weeks after the flying event.

Print Full Name: _____ Date: _____
Sponsor SSAN: _____ Signature: _____
Contact Number: _____

If you answered "YES" to any question, a Flight Surgeon may need to evaluate you further. Depending on the circumstances, they may contact you to schedule an appointment.

Reviewed by:
Print Full Name: _____ Date: _____
Signature: _____

MEDICALLY CLEARED FOR INCENTIVE FLIGHT? YES NO