

27 SOW Family Day 2025 Medical Screening Form – Orientation Flight

Name of Passenger: _____ Today's Date: _____

DOB: _____ Phone Number: _____

Email: _____ Spouses Sq/First Shirt: _____

Please answer if you have any of the following:

- | | |
|---|----------|
| 1. Heart or Lung Problems | YES / NO |
| 2. Neurological Problems | YES / NO |
| 3. Impaired mobility | YES / NO |
| 4. Vision or Hearing Problems | YES / NO |
| 5. Moderate to Severe Nasal Congestion | YES / NO |
| 6. Severe or Frequent Motion Sickness | YES / NO |
| 7. Currently Pregnant | YES / NO |
| 8. Any previous health concerns during flight | YES / NO |
| 9. Currently taking prescription medication | YES / NO |

Please drop off your completed form to the Flight Medicine clinic on the second floor of the 27 SOMDG NLT 7 May 25. Clearance is only valid for 30 days from the day of completion.

If you answered NO to all of the above, you will be medically approved to fly on any 27 SOW aircraft as a participant in the 27 SOW Spouse Orientation Flights.

If you answered YES to any of the above, your answers will be evaluated by an aerospace medicine provider. You may be contacted for additional information and will be notified regarding your clearance to fly.

If you have any questions or concerns, please contact the clinic at 575-784-7801.

Office use only below this line:

☐ No further evaluation necessary.

☐ Additional evaluation completed: individual is ☐ Approved ☐ Not Approved for flight.

Flight Surgeon Signature