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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: _____ FROM: _____

1. NAME (Last, First, MI) _____ 2. SSN _____ 3. GRADE _____ 4. DATE OF BIRTH _____

5. ORGANIZATION _____ 6. TYPE FLYING DUTY PERFORMED _____

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 _____ 10. DATE CLEARANCE EXPIRES _____

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 _____

15. WHILE IN A DUTY NOT INVOLVING FLYING STATUS

SIMULATOR DUTIES ALLOWED YES NO

GROUND RUNUP DUTIES ALLOWED YES NO

16. DIAGNOSIS CODE

17. TYPED NAME AND GRADE OF FLIGHT SURGEON _____ 18. FLIGHT SURGEON SIGNATURE _____ 19. DATE _____

SECTION C - CERTIFICATION BY AIRCREW MEMBER

20. 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

21. SIGNATURE _____ 22. DATE _____

SECTION D - ACTION TAKEN BY COMMANDER

23. THE MEDICAL RECOMMENDATION IS APPROVED DISAPPROVED

24. TYPED NAME AND TITLE OF COMMANDER _____ 25. COMMANDER'S SIGNATURE _____ 26. DATE _____