

LOCAL FORM TITLE**WS-ASTHMA (History of Childhood Asthma or Inhaler use Worksheet – NEW Waiver)****REQUIRING DOCUMENT** (*Title and Number*)
Aeromedical Reference and Waiver Guide**ISSUANCE DATE**
30 September 2015Submit this completed form, **electronic Aeromedical Summary** (you may use N/A in fields other than Disqualifying Conditions fields) and current physical exam to NAMI Code 53HN via AERO. If desired, contact NAMI Code 53HN to expedite processing.**MEMBER SECTION**

DIAGNOSIS	YES	NO	INHALER USE	YES	NO
Have you ever been diagnosed with asthma?			Have you ever used an inhaler?		
Was a measured breathing test (spirometry or peak flow) ever performed?			Age at first inhaler USE:		
Have you ever been diagnosed with:			Frequency of inhaler use:		
• Reactive airway disease?			Circumstances of inhaler use:		
• Wheezy bronchitis?			Date of last inhaler or other asthma medication prescription:		
• Airway hyperresponsiveness?			Age at last inhaler use:		
SYMPTOMS LEADING TO DIAGNOSIS/TREATMENT					
Breathlessness?			Have you ever been prescribed steroid pills for respiratory complaints?		
Chest tightness/constriction?			Do you have aspirin allergy?		
Wheeze?			Do you have atopic dermatitis, eczema, allergic rhinitis or conjunctivitis?		
Cough?			Does anyone in your family have atopic dermatitis, eczema, allergic rhinitis or conjunctivitis?		
Waking at night with shortness of breath or cough?			Does anyone in your family have asthma, cystic fibrosis, or other lung problems?		
Recurrent (>1/yr) bronchitis?			Have you ever smoked?		
Activity limitations?			Do you smoke now?		
Missed school or work?					
Emergency room visits?					
Hospitalizations?					
Any symptoms in past 5 years?					

I CERTIFY that the above is TRUE to the best of my knowledge _____
MEMBER signature Date**FLIGHT SURGEON SECTION**

Baseline spirometry is normal (within 1yr of application, per pulmonary interpretation; upload report to AERO)	YES	NO	Aeromedical disposition:
MCCT is negative (within 1yr of application, per pulmonary interpretation; upload report to AERO)			NPQ/AA DIF , WR routine submission
<input type="checkbox"/> Health record reviewed and aeromedical status checked. Member is in compliance with all previous waivers and/or physical exam submission requirements.			With your signature, you are certifying that all above is true. Errors/omissions may be brought to attention of your clinical supervisor and/or privileging authority.

Diagnosis:
Z87.09 Personal history of other diseases of respiratory system
FLIGHT SURGEON signature/stamp DateDate Name
Aviation Duty DOD ID #