LOCAL FORM TITLE		
WS-AUA-SI (American Urologic Association Symptom Index)		
REQUIRING DOCUMENT (Title and Number)	ISSUANCE DATE	
Aeromedical Reference and Waiver Guide	30 August 2015	
Submit this completed form cleathonic According Summary and summary hybrid around to NAMI Code 5211N vie		
Submit this completed form, <b>electronic Aeromedical Summary</b> and current physical exam to NAMI Code 53HN via AERO. If desired, contact NAMI Code 53HN to expedite processing.		
	in code sonn ( to expedite processing.	
Enter American Urologic Association Index score from		
American Urologic Symptom Index found at:		
https://www.auanet.org/common/pdf/education/clinical-		
guidance/Benign-Prostatic-Hyperplasia.pdf		
<u>guidance, Demgn Prostance Tryperplasta.pdr</u>		
With your digital signature you a	re cortifying that all above is true	
With your digital signature, you are certifying that all above is true.		
Errors/omissions may be brought to attention of your clinical supervisor and/or		
privileging authority.		
Flight Surgeon digital signature:		
	LBFS <u>not</u> authorized.	
Date Aviation Duty	Name DOD ID #	

Category: Treatment

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