

ALTITUDE CHAMBER REACTION REPORT
 NAVMED 6410/4 (Rev. 1-72)

NAME AND ADDRESS OF REPORTING STATION			DATE
NAME OF PATIENT (<i>Surname first</i>)	GRADE/RATE	SOCIAL SECURITY NO.	TYPE OF REACTION
FLIGHT STARTED (<i>Date and time</i>)	TYPE O ₂ MASK USED	TYPE OF REGULATOR USED	
TYPE FLIGHT	RATE OF ASCENT	REGULATOR SETTING ___ NORMAL ___ 100%	
MAXIMUM ALTITUDE ATTAINED BY PATIENT	PRESSURE SUIT USED ___ YES ___ NO		
ALTITUDE AT ONSET OF SYMPTOMS	DURATION OF TIME AT 30,000 FEET OR ABOVE		
ALTITUDE SYMPTOMS RELIEVED	TOTAL TIME OF PRE-OXYGENATION PRIOR TO FLIGHT		
DESIGNATION OR NEC	ORGANIZATION AND HOME STATION		
AGE	WEIGHT <input type="checkbox"/> MEASURED ___ LBS. <input type="checkbox"/> ESTIMATED	HEIGHT <input type="checkbox"/> MEASURED ___ INCHES <input type="checkbox"/> ESTIMATED	

ACTIVITY IN PREVIOUS TWENTY-FOUR HOUR PERIOD

AMOUNT OF SLEEP (<i>Hrs.</i>)	PHYSICAL EXERCISE ___ AVERAGE ___ VIGOROUS	ALCOHOL (<i>Quantity and Time</i>)
DIET (<i>Time, quantity & quality</i>)		
LAST AERIAL FLIGHT (<i>Date</i>)	DURATION	CABIN ALTITUDE (<i>Maximum</i>)
LAST CHAMBER FLIGHT (<i>Date</i>)	TYPE AND ALTITUDE (<i>Max</i>)	PREVIOUS ALTITUDE REACTIONS (<i>Date and Type</i>)
MEDICAL OFFICER IN ATTENDANCE	AEROSPACE PHYSIOLOGIST IN ATTENDANCE	

SIGNS AND SYMPTOMS

SIGNS & SYMPTOMS	INTENSITY (<i>mild, mod., sev.</i>)	ANATOMICAL LOCATION	DURING CHAMBER RUN	AFTER DESCENT
LOCALIZED JOINT PAIN				
CHOKES				
SKIN LESIONS				
MUSCULAR WEAKNESS				
PARESTHESIA				
PARALYSIS				
VISUAL DISTURBANCES				
CYANOSIS				
DIZZINESS				
APPREHENSION				
NUMBNESS				
MUSCLE SPASM				
MENTAL CONFUSION				
UNCONSCIOUSNESS				
HYPERVENTILATION				
HEADACHE				
NAUSEA OR VOMITING				
CONVULSIONS				
ABDOMINAL DISTENSION (<i>Pain</i>)				
AEROTITIS				
AEROSINUSITIS				