

Short Form PE (Flight status)

Aviation Medicine
757-953-8859 / 8863

Name: _____
Last Four: _____
Command: _____
Work #: _____
Cell #: _____
D.O.B.: _____
Today's Date: _____
Waiver Required: <u>YES/NO</u>
Annual Requirements: <u>YES/NO</u>

Pilot/Aircrew Check List

	Prelims: Walk-in hours: M-F 0730-1100 <i>(Aviation Medicine Clinic – 2nd Deck)</i>
	Immunizations: Walk-In <i>(Located off the main clinic lobby – Middle corridor)</i>
	Laboratory: Walk-In Standard lab: HIV Waiver labs: _____ <i>(Located off the main clinic lobby - Aft Starboard corridor)</i>
	Dental: Walk-In Dental Class (Circle one): I II <input checked="" type="checkbox"/> III IV Not Qualified ☹ <i>(Located in building CD2 and CD3 – 1647 Admiral Taussig Blvd) DATE OF EXAM:</i>
	Audiology - Occupational Medicine: Walk-In <i>(Located off the main clinic lobby – Aft Starboard corridor)</i>
	Females: Must see Aviation Medicine or Squadron Corpsman to schedule Require PAP smear every 3yrs (21-29 years old) and 3-5yrs (30+years)
	Optometry: Must call 866-645-4584 to schedule eye exam If SG1: MUST be 20/20-0, if not must see optometry If Glasses: MUST have optometry visit within the last 2 years If Contacts: MUST have optometry visit within the last year <i>(Located off the main clinic lobby – Middle Corridor)</i>
HM: Last name	Record Review: Mon, Tues, Wed and Fri 0730-1430, Thu 0730-1200 <i>Aviation Medicine Clinic – 2nd Deck)</i>

AVT Check list

	Additional labs/procedures ordered?	YES	NO
	Specialty follow up required done?	YES	NO
	All evaluations within standards?	YES	NO
	Waiver requirements completed?	YES	NO
	Prelims in 6410/10 / Vital signs recorded in encounter		
	Notes:		