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**MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA**

For use of this form, see requiring document. Form is not valid without Requiring Document, Issuance Date, Local Form Number, and Edition Date

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**REQUIRING DOCUMENT** (*Title and Number*)  
**Aeromedical Reference and Waiver Guide**

**ISSUANCE DATE**  
**30 August 2015**

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**LOCAL FORM TITLE**

**WS-AUA-SI (American Urologic Association Symptom Index)**

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Submit this completed form, **electronic Aeromedical Summary** and current physical exam to NAMI Code 53HN via AERO. If desired, contact NAMI Code 53HN 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>

**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 not authorized.**

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| Date          | Name              |
|---------------|-------------------|
| Aviation Duty | AERO Encounter ID |

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