

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

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

ISSUANCE DATE
30 August 2015

LOCAL FORM TITLE

QS-MS (Motion Sickness Questionnaire)

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.

During your physical examination, you marked *yes* on the DD Form 2807 (Report of Medical History) for the item concerning *Car, Train, Sea or Air Sickness*. Please answer the following questions fully:

Which mode of transportation gives you motion sickness?

How often do you get sick?

When was the last occurrence?

Do you ever go on rides at carnivals?

If yes, do you ever get sick?

If yes, which rides make you sick?

If no, what is the reason?

If you suffer from airsickness, which types of aircraft make you sick?

How often do you suffer from airsickness?

If you suffer from sea sickness, what type (size) ships or boats seem to bother you most?

How often do you get car sickness?

If you suffer from car sickness, do you ever do anything that makes this worse? (e.g. reading etc.)

What is the severity of your motion sickness?

Have you ever required any medication?

If yes, give name, dosage, and frequency.

If any item has been missed concerning your motion sickness, please explain in detail:

Applicant Signature

Date

Name

Aviation Duty

AERO Encounter ID