

**Medical Clearance for Non-Aircrew / Non-Military Personnel to Participate
in Naval Aviation Survival Training and Fly in USN/USMC Aircraft**

THIS FORM SHALL BE PROVIDED BY THE FLIGHT APPROVING AUTHORITY

TO THE APPLICANT, PLEASE READ CAREFULLY: You are requesting clearance to fly in military aircraft as a nonaircrew observer. Prior to flying, you are required to complete high risk training of the Naval Aviation Survival Training Program (NASTP) which may include altitude, egress, parachute and water survival training based upon what aircraft you are flying. NASTP training requires a high level of fitness and stamina. You will be required to complete training in full flight gear, including helmet, gloves, boots, flight suit, parachute harness and survival vest. Training includes a 25- 50 yard surface swim, treading water / drown-proofing for up to 2 minutes each and orally inflating your life preserver. Underwater emergency egress training requires you to swim 15 yards underwater in a flight suit and boots. Additionally, you may receive dynamic hypoxia recognition training in a hypobaric chamber up to simulated altitude of 25,000 feet. Actual flight may be in high performance ejection seat aircraft capable of sustained high g-force maneuvering. To obtain clearance to fly in military aircraft, you are required to obtain a physical examination. Civilian personnel may be required to bear the cost of this examination. Please fill out the medical questionnaire and have your physician fill out the physical examination section of this form. You must then present this completed form to either a FAA AME or Navy Flight Surgeon for endorsement for high risk NASTP training and subsequent flight.

YES NO

Medical Questionnaire – Do you have or have you ever had:

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Disease of the eyes, ears, sinuses, seasonal allergies, hayfever, difficulty with clearing your ears, or pain in your ears or sinuses from diving or flying? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Chest pain, angina, heart attack, heart disease, heart murmur, palpitations, cardiac catheterizations, pacemaker or other cardio-vascular disease not listed here? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Hypertension, stroke, blood clots in legs, swelling in feet, or excessive fatigue with mild exertion? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Asthma, wheezing, emphysema, chronic cough, tuberculosis, collapsed lung, or shortness of breath with mild exertion? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Disease of the bowel, ulcers, rectal bleeding, chronic abdominal pain, hernia, kidney stone, or painful or frequent urination? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Arthritis, joint deformity, chronic back pain, or limitation of use of your back or extremities? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Paralysis, weakness of muscles, seizures, epilepsy, migraine or other severe headaches, loss of consciousness, or amnesia? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Mania, depression, schizophrenia, suicide attempt, alcoholism, panic attacks, fear of flying, fear of heights, fear of enclosed spaces? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Anemia, diabetes, cancers, arterial gas embolism, bends, surgery, hospitalization, or other chronic medical conditions not listed? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Are you currently pregnant? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Are you taking any medication? List: |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Can you jog 15 minutes continuously and can you swim 100 yards without stopping? |

Applicant's Name _____ Age _____ Sex _____

Address _____ Phone _____

Signature _____ Date _____

**Medical Clearance for Non-Aircrew / Non-Military Personnel to Participate
in Naval Aviation Survival Training and Fly in USN/USMC Aircraft**

TO THE EXAMINING PHYSICIAN

This person is seeking clearance to fly military aircraft as a non-aircrew observer. He or she will be required to complete high risk Naval Aviation Survival Training Program (NASTP) aviation physiology and water survival training. These training programs are designated as High Risk Training (described on the front of this form) and require a high degree of physical and psychological stamina. Successful completion of these training programs may lead to actual flight in high performance ejection seat aircraft capable of sustained high g-force maneuvering. The purpose of this evaluation is to clear this individual for the required high risk NASTP training as well as actual flight.

Please Complete and Elaborate on all Abnormal Findings and Positive Responses

Height _____ Weight _____ Temp _____ Pulse _____ Resp _____ B/P _____

Corrected Visual Activity: Right _____ Left _____ Hearing (Normal/Abnormal) _____

HGB or HCT _____ Urinalysis: Glucose _____ Protein _____ Ketone _____ SP Gravity _____

EKG (within last 12 months) _____ Chest XRAY (within last 3 years) _____

NL	ABN		Elaboration and Comments
<input type="checkbox"/>	<input type="checkbox"/>	HEENT (include Eustachian tube patency)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Heart and Vascular	_____
<input type="checkbox"/>	<input type="checkbox"/>	Chest and Lungs	_____
<input type="checkbox"/>	<input type="checkbox"/>	Abdomen, Genitalia and Hern	_____
<input type="checkbox"/>	<input type="checkbox"/>	Spine, Extremities and Musculoskeletal	_____
<input type="checkbox"/>	<input type="checkbox"/>	Neurological	_____
<input type="checkbox"/>	<input type="checkbox"/>	Mental Status	_____

I find no contraindication to this person's participation in required high risk NASTP training as well as actual flight in high performance or other military aircraft.

Examining Physician's Signature _____

Date _____

Phone # _____

FAA AME / Navy Flight Surgeon's Endorsement for Participation in High-Risk NASTP Training/Flight:

Type Aircraft _____

Qualification: PQ NPQ

Signature _____ Date _____

(Note: Scope of examination at the discretion of the FAA AME/ Flight Surgeon)

**Medical Clearance for Contractor to Participate in
Naval Aviation Survival Training and Fly in USN/USMC Aircraft**

THIS FORM SHALL BE PROVIDED BY THE FLIGHT APPROVING AUTHORITY

TO THE APPLICANT, PLEASE READ CAREFULLY: You are requesting clearance to fly in military aircraft as a non-military or non-aircrew member. Prior to flying, you are required to complete high risk training of the Naval Aviation Survival Training Program (NASTP) which may include altitude, egress, parachute and water survival training based upon what aircraft you are flying. NASTP training requires a high level of fitness and stamina. You will be required to complete training in full flight gear, including helmet, gloves, boots, flight suit, parachute harness and survival vest. Training includes a 25- 50 yard surface swim, treading water / drown-proofing for up to 2 minutes each and orally inflating your life preserver. Underwater emergency egress training requires you to swim 15 yards underwater in a flight suit and boots. Additionally, you may receive dynamic hypoxia recognition training in a hypobaric chamber up to simulated altitude of 25,000 feet. Actual flight may be in high performance ejection seat aircraft capable of sustained high g-force maneuvering. To obtain clearance to fly in military aircraft, you are required to obtain a physical examination. Civilian personnel may be required to bear the cost of this examination. Please fill out the medical questionnaire and have your physician fill out the physical examination section of this form. You must then present this completed form to an FAA AME or other qualified physician for endorsement for high risk NASTP training and subsequent flight.

YES	NO	<u>Medical Questionnaire – Do you have or have you ever had:</u>
<input type="checkbox"/>	<input type="checkbox"/>	1. Disease of the eyes, ears, sinuses, seasonal allergies, hayfever, difficulty with clearing your ears, or pain in your ears or sinuses from diving or flying?
<input type="checkbox"/>	<input type="checkbox"/>	2. Chest pain, angina, heart attack, heart disease, heart murmur, palpitations, cardiac catheterizations, pacemaker or other cardio-vascular disease not listed here?
<input type="checkbox"/>	<input type="checkbox"/>	3. Hypertension, stroke, blood clots in legs, swelling in feet, or excessive fatigue with mild exertion?
<input type="checkbox"/>	<input type="checkbox"/>	4. Asthma, wheezing, emphysema, chronic cough, tuberculosis, collapsed lung, or shortness of breath with mild exertion?
<input type="checkbox"/>	<input type="checkbox"/>	5. Disease of the bowel, ulcers, rectal bleeding, chronic abdominal pain, hernia, kidney stone, or painful or frequent urination?
<input type="checkbox"/>	<input type="checkbox"/>	6. Arthritis, joint deformity, chronic back pain, or limitation of use of your back or extremities?
<input type="checkbox"/>	<input type="checkbox"/>	7. Paralysis, weakness of muscles, seizures, epilepsy, migraine or other severe headaches, loss of consciousness, or amnesia?
<input type="checkbox"/>	<input type="checkbox"/>	8. Mania, depression, schizophrenia, suicide attempt, alcoholism, panic attacks, fear of flying, fear of heights, fear of enclosed spaces?
<input type="checkbox"/>	<input type="checkbox"/>	9. Anemia, diabetes, cancers, arterial gas embolism, bends, surgery, hospitalization, or other chronic medical conditions not listed?
<input type="checkbox"/>	<input type="checkbox"/>	10. Are you currently pregnant?
<input type="checkbox"/>	<input type="checkbox"/>	11. Are you taking any medication? List:
<input type="checkbox"/>	<input type="checkbox"/>	12. Can you jog 15 minutes continuously and can you swim 100 yards without stopping?

Applicant's Name _____ Age _____ Sex _____
 Address _____ Phone _____
 Signature _____ Date _____

**Medical Clearance for Contractor to Participate in High-Risk
Naval Aviation Survival Training**

TO THE EXAMINING PHYSICIAN

This person is seeking clearance to fly military aircraft as a civilian contractor. He/she will be required to complete high risk Naval Aviation Survival Training Program (NASTP) aviation physiology and water survival training. This training program is designated as High-Risk Training and requires a high degree of physical and psychological stamina. This training may include altitude, egress, parachute and water survival training based upon what aircraft flown. He/she will be required to complete training in full flight gear, including but not limited to helmet, gloves, boots, flight suit, parachute, harness, g-suit and survival vest. Training includes such elements such as 25-50 yard surface swim, treading water / drown-proofing for up to 2 minutes each and orally inflating a life preserver. Underwater emergency egress training requires swimming 15 yards underwater in flight suit and boots. He/she may receive dynamic hypoxia recognition training in a hypobaric chamber up to simulated altitude of 25,000 feet. Successful completion of NASTP training is required for flight in high performance ejection seat aircraft capable of sustained high g-force maneuvering. The purpose of this evaluation is to clear this individual for the required high-risk NASTP training as well as actual flight. This completed form must be presented along with current a FAA Flight Physical for participation in high-risk NASTP training.

I find no contraindication to this person's participation in required high risk NASTP training as well as actual flight in high performance or other military aircraft.

Type Aircraft Screened For: _____

Examining FAA AME / Physician's Signature _____

Date _____ Phone # _____

(Note: Scope of examination at the discretion of the FAA AME)