

CLEARANCE NOTICE (Aeromedical)

Date: _____

From: _____

To: _____

Name: _____

SSN: _____

Rank/Service: _____

HR Loc: _____

1. Recommend subject individual be found physically qualified and aeronautically adapted for duty involving flight as:

Class 1: SNA SGI SGII SGIII

Class 2: SNFO NFO ATC AC/SAR AC/FW Other _____

Waiver has been (recommended) (granted) for: _____

- 2. Corrective lens required in performance of flight duties.
- Corrective lens required and extra pair must be carried in performance of flight duties (DVA < 20/100). _____

- 3. Checkin/Annual Physical Examination.
- Following Aircraft Mishap/Incident.
- Return from sick/grounded list.
- Other (specify) _____

4. Date grounded _____ Reason _____
Expiration date of clearance _____

- Original to: CO
- Copy to: Oper. Off.
- Trng. Off.

Signature: _____
 FS Other:
if other, received concurrence from: _____

NAVMED 6150/2 _____ by _____
(Date) (Name) Name _____
Unit _____