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:

_____
Name

_____
Unit

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

NAVMED 6410/2 (Rev. 5-90) S/N 0105-LF-010-1700