## **ABBREVIATED AVIATION MEDICINE EXAMINATION**

 Facility:
 Phone:
 UIC:
 E-mail POC:

 Purpose of exam:
 if Other:
 Date (dd mmm yyyy):

Bit         Symptom         VES         NO         Pitt         Symptom         VES         NO           1         Injured. hospitalized, or received medical care         15         Significant changes to your appetite, thirst, weight, include or reductions, over the current medications, vertines, suppresentation medications, over the performance enhances         16         Black, body, or class, class weight, include yes urgary         17         Abdominal plan or camps         1           3         Undergone ary surgories, to include yes urgary         17         Abdominal plan or camps         1           4         Any vision changes (affeculty anight, double of class, weitigo, or sisues with balance         12         21         Jaundice or yellowing of the skin         1           5         Dizziness, vertigo, or issues with balance         221         Ear or sinus plan         1           6         Numbanes, ingling, or loss of sensation in limbs         221         Ear or sinus plan         1           6         Numbanes, ingling, or loss of sensation in limbs         221         Ear or sinus plan         1           7         Ai, eag, or car sickness         223         Any of the following skin abnormalities: changes in sizu (a cordino, or sialing         1           8         Muscular weakness         23         Any of the following skin abnormalities: changes in sizu (a cordino), or sisutesed o	A. H	History: Have you experienced any of the fo	llowing	g <u>since</u>	e your	last flight physical?		
2         Use of any prescription medications, over the performance enhances         i	Blk	Symptom	YES	NO	Blk		YES	NO
accounter medications, vitamins, supplements, or parformance enhances       if yes, was it associated with part or camps         3       Undergone any surgeries, to include eye surgery       17       Abdominal pain or camps       iiii         4       Any vision, trouble reading, floaters, inability to wear wision, trouble reading, floaters, inability to wear wision, trouble reading, floaters, inability to wear wision, trouble reading, or issues with balance       20       Socielen jmph nodes       iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	1				15			
performance enhancers         image: state of the s	2				16			
4       Any vision changes (difficulty at right, double of which is the interview of a construction of darrhea is the interview of a construction of a construction of darrhea is the interview of a construction of a constructing constructing and constructing construction or constr						5		
vision, trouble reading, floaters, inability to wear       10       Excessive or abnormal bruising or slow blood         5       Dizziness, vertigo, or issues with balance       20       Swollen lymph nodes         6       Numbness, tinging, or loss of sensation in limbs       21       Jaundice or yellowing of the skin       1         7       Ar, sea, or car sickness       22       Ear or sinus pain       1         8       Muscular weakness       23       Ary of the following skin abnormalities: changes in size, color, or texture of skin growths, itching, ulceration, or scaling       1         10       Ary changes to your memory, energy, appetite, or searclogits for any reason       24       Rapid or irregular heartbeat, pablitations, or visited a cardiologits for any reason       1         11       Any symptoms of depressed mood, mood instability, or concerning feelings of irritability/anxiety       26       Flight-related back pain       1         12       Undergone any counseling or psychiatric valuation       27       Decompression sickness or diving infunes       1         14       Frequent or paintig urination, blood or discharge in urine, kidney stone, or orelial feelons or interflate or alconor       1       1         28       Been explauled form flying       30       Undergone any surgery that required a flight waiver       1         29       Basue diaguilled from flying       30 </td <td>3</td> <td>Undergone any surgeries, to include eye surgery</td> <td></td> <td></td> <td>17</td> <td>Abdominal pain or cramps</td> <td></td> <td></td>	3	Undergone any surgeries, to include eye surgery			17	Abdominal pain or cramps		
NVGs)       19       Coditing       Coditing         5       Dizziness, vertigo, or issues with balance       20       Swollen lymph nodes       Image: Coditing         6       Numbess, tingling, or ioss of sensation in limbs       21       Jaundice or yellowing of the skin       Image: Coditing         7       Air, sea, or car sickness       22       Ear or sinus pain       Image: Codition       Image: Codition <t< td=""><td>4</td><td></td><td></td><td></td><td>18</td><td>Constipation or diarrhea</td><td></td><td></td></t<>	4				18	Constipation or diarrhea		
6       Numbness, lingling, or loss of sensation in limbs       21       Jaundice or yellowing of the skin         7       Air, sea, or car sickness       22       Ear or sinus pain		<b>3</b>			19	8		
7       Air, sea, or car sickness       22       Ear or sinus pain	5	Dizziness, vertigo, or issues with balance			20	Swollen lymph nodes		
a       Muscular weakness       23       Any of the following skin abnormalities: changes in size, color, or texture of sking growths, itching, ulceration, or scaling         9       A seizure or been evaluated for any neurological color of scaling       24       Rapid or irregular heartheat, palpitations, or visited a cardiologist for any reason         10       Any changes to your memory, energy, appetite, or sleep data cardiologist for any reason       24       Rapid or irregular heartheat, palpitations, or visited a cardiologist for any reason         11       Any symptoms of depressed mood, mood initability or concerning feelings of initability or poly output evaluation or aircrew?       25       Flight-related back pain if yes, aoy our outlinely wear NUG?       26         12       Undergone any counseling or psychiatric evaluation       26       Flight-related neck pain if yes, do you routlinely wear NUG?       27         13       Suicidal or homicidal thoughts       27       Decompression sickness or diving injuries       11         14       trine, kidney stones, or genital lesions       27       Decompression sickness or diving injuries       12         13       Suicidal or homicidal thoughts       27       Decompression sickness or diving injuries       14         14       trine, kidney stones, or genital lesions       29       Been disqualified from flying       30       Undergone any surgery that required a flight waiver       Anery significant h-light pres	6	Numbness, tingling, or loss of sensation in limbs			21	Jaundice or yellowing of the skin		
9       A seizure or been evaluated for any neurological condition       size, color, or texture, or scaling         10       Any changes to your memory, energy, appetite, or size patterns       size patterns         11       Any symptoms of depressed mood, mood instability, or concerning feelings of instability, any concerning feelings of instability, or concerning feelings of instability, any concerning feelings of instability, or concerning feelings of instability, or concerning feelings of instability, any constraints, any concerning feelings of instability, any constraints, any constrainty any constrease of wing injuries in yestraints, any of the follow	7	Air, sea, or car sickness			22	Ear or sinus pain		
a Solution       Any changes to your memory, energy, appetite, or sleep a patterns       idepration of the patterns       idepration of the patterns         10       Any changes to your memory, energy, appetite, or sleep a patterns       idepratema       idepration of the patterns         11       Any symptoms of depressed mood, mood initiation of the patterns       instability, or concerning feelings of initiability and the patterns       idepration of a patterns         12       Undergone any counseling or psychiatric evaluation in trity set, and you an element with a inductive or painful unitation, blood or discharge in unite, kidney stores, or genital lesions       if yes, do you routinely wear a helmet with a inductive or a increv?         13       Suicidal or homicidal thoughts       if yes, do you routinely wear a helmet with a inductive or a increv?       if yes, do you routinely wear a helmet with a inductive or a increv?         14       Frequent or painful unitation, blood or discharge in unite, kidney stores, or genital lesions       if yes, did you receive oxygen in a inductive or a increv?         28       Been evaluated, diagnosed, or treated for alcohol abuse or dependency.       if yes, are you on a waiver for flight status?         29       Been evaluated, diagnosed, or treated for alcohol abuse or dependency.       if yes, nerguar helps mean?         31       Any significant in-flight when the pay smean?       if yes, are you on a waiver for flight status?         32       Could you be or are you currently pregnant? <t< td=""><td>8</td><td>Muscular weakness</td><td></td><td></td><td>23</td><td></td><td></td><td></td></t<>	8	Muscular weakness			23			
sileep patterns       a cardiologist for any reason	9							
instability or concerning feelings of instability/anxiety       If yes, are you a helicopter aviator or aircrew?         12       Undergone any counseling or psychiatric evaluation       26         evaluation       If yes, do you routinely wear a helmet with a routine or aincrew?         13       Suicidal or homicidal thoughts       27       Decompression sickness or diving injuries routinely wear helmet with a routine or aincrew?         14       Frequent or painful urination, blood or discharge in routinely wear a helmet with a routine or aincrew?       27         28       Been disqualified from flying       30       Undergone any surgery that required a flight waiver       29         29       Been evaluated, diagnosed, or treated for alcohol abus?       31       Any significant in-flight pressure fluctuations or base of dependency       14         30       Could you be or are you	10				24			
irritability/anxiety       0       0       1 (bits are over)       1 (bits are over)         12       Undergone any counseling or psychiatric evaluation       26       Flight-related neck pain	11				25	Flight-related back pain		
evaluation       If yes, ado you routinely wear NVG?         If yes, was this marital or relationship       If yes, do you routinely wear a helmet with a         13       Suicidal or homicidal thoughts       If yes, are you a helicopter aviator or aircrew?         14       Frequent or painful urination, blood or discharge in urine, kidney stones, or genital lesions       If yes, did you receive oxygen in a hyperbaric chamber?         14       Frequent or painful urination, blood or discharge in urine, kidney stones, or genital lesions       If yes, did you receive oxygen in a hyperbaric chamber?         14       Frequent or painful urination, blood or discharge in urine, kidney stones, or genital lesions       If yes, are you a helicopter aviator or aircrew?         28       Been disqualified from flying       30       Undergone any surgery that required a flight waiver         29       Been evaluated, diagnosed, or treated for alcohol abuse or dependency       31       Any significant in-flight pressure fluctuations or been in a flight when the environmental control system maffunctioned?         20       Could you be or are you currently pregnant?       34       Have you ever experienced any memory memory memory in a memory memory in a memory memory in a hyperbain or abnormal Pap smear?         32       Could you be or are you currently pregnant?       34       Have you ever miscarried, experienced any memory in a memory memory in a memory in a memory in a memory in a memory in a m		irritability/anxiety				aircrew?		
If yes, was this marital or relationship       If yes, do you routinely wear a helmet with a HUD/HUNCS?         13       Suicidal or homicidal thoughts       If yes, are you a helicopter aviator or aircrew?         14       Frequent or painful urination, blood or discharge in urine, kidney stones, or gental telesions       If yes, are you a helicopter aviator or aircrew?         28       Been disqualified from flying       30       Undergone any surgery that required a flight waiver         29       Been valuated, diagnosed, or treated for alcohol abuse or dependency       31       Any significant in-flight pressure fluctuations or been in a flight when the environmental control system malfunctioned?         31       fyour gender is female, complete questions 32-35.       32       Could you be or are you currently pregnant?       34       Have you ever experienced any menstrual irregularity/pain, or abnormal Pap smear?         33       Are you currently taking or planning to take fertility       35       Have you ever experienced unexplained breast tendernees, swelling, masses, lumps, or discharge?         34. Are you on a waiver?       Yes / No       If yes, please elaborate on frequency:	12				26			
counseling?       HUD/LHMCS?         13       Suicidal or homicidal thoughts       If yes, are you a helicopter aviator or aircrew?         14       Frequent or painful urination, blood or discharge in urine, kidney stones, or genital lesions       If yes, are you a helicopter aviator or aircrew?         Have you ever experienced any of the following?       Ease disqualified from flying       30       Undergone any surgery that required a flight waiver         28       Been disqualified from flying       30       Undergone any surgery that required a flight waiver         29       Been evaluated, diagnosed, or treated for alcohol abuse or dependency       31       Any significant in-flight pressure fluctuations or been in a flight when the environmental control system matfunctioned?         32       Could you be or are you currently pregnant?       34       Have you ever experienced any mestrual irregulantly/pain, or abnormal Pap smear?         33       Are you currently taking or planning to take fertility       35       Have you ever experienced unexplained breast tenderones, swelling, masses, lumps, or discharge?         36. Do you use tobacco products of any kind, including but not limited to cigarettes, chewing tobacco?       No       If yes, please elaborate on frequency:         yaping/e-cigarettes, cigars, and pipe tobacco?       Yes / No       If yes, for what condition?       PATIENT IDENTIFICATION         Name:								
13       Suicidal or homicidal thoughts       27       Decompression sickness or diving injuries         14       Frequent or painful urination, blood or discharge in urine, kidney stones, or genital lesions       14       Frequent or painful urination, blood or discharge in urine, kidney stones, or genital lesions       14       14       Frequent or painful urination, blood or discharge in urine, kidney stones, or genital lesions       14       14       Frequent or painful urination, blood or discharge in hyperbaric chamber?         28       Been disqualified from flying       30       Undergone any surgery that required a flight waiver and blood or discharge in a flight when the environmental control suse or dependency       11       Any spinficant in-flight pressure fluctuations or been in a flight when the environmental control system malfunctioned?         29       Been evaluated, diagnosed, or treated for alcohol abuse or dependency       31       Any spinficant in-flight pressure fluctuations or been in a flight when the environmental control system malfunctioned?         31       fy our gender is female, complete questions 32-35.       32       Could you be or are you currently pregnant?       34       Have you ever experienced any medications?         33       Are you currently taking or planning to take fertility       35       Have you ever experienced unexplained breast tenderness, welling, masses, lumps, or discharge?       36. Do you use tobacco products of any kind, including but not limited to cigarettes, chewing tobacco?       No       If yes, please elaborate on								
14       Frequent or painful urination, blood or discharge in urine, kidney stones, or genital lesions       If yes, did you receive oxygen in a hyperbaric chamber?         Have you ever experienced any of the following?         28       Been disqualified from flying       30       Undergone any surgery that required a flight waiver         29       Been evaluated, diagnosed, or treated for alcohol abuse or dependency       31       Any significant in-flight pressure fluctuations or been in a flight when the environmental control system malfunctioned?         31       Fyes, are you on a waiver for flight status?       34       Have you ever miscarried, experienced any menstrual irregularity/pain, or abnormal Pap smear?         32       Could you be or are you currently pregnant?       34       Have you ever experienced unexplained breast tenderness, swelling, masses, lumps, or discharge?         33       Are you currently taking or planning to take fertility       35       Have you ever experienced unexplained breast tenderness, swelling, masses, lumps, or discharge?         36. Do you use tobacco products of any kind, including but not limited to cigarettes, chewing tobacco?       Yes / No       If yes, please elaborate on frequency:         37. Are you sexually active with any of the following groups:       Men / Women / Both / Not currently active       Service:       DoB:         94. THENT IDENTIFICATION       Image:       Men       MoE:       ME:       ME:       ME: <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>								
Interplaction painted unitable, poor discharge in the poor discharge in the painted unitable, poor discharge is the painted unitable, p	13	Suicidal or homicidal thoughts			27			
28       Been disqualified from flying       30       Undergone any surgery that required a flight waiver         29       Been evaluated, diagnosed, or treated for alcohol abuse or dependency       31       Any significant in-flight pressure fluctuations or been in a flight when the environmental control system malfunctioned?         1f your gender is female, complete questions 32-35.       32       Could you be or are you currently pregnant?       34       Have you ever miscarried, experienced any menstrual irregularity/pain, or abnormal Pap smear?         33       Are you currently taking or planning to take fertility       35       Have you ever experienced unexplained breast tenderness, swelling, masses, lumps, or discharge?         36. Do you use tobacco products of any kind, including but not limited to cigarettes, chewing tobacco, snuff, yes / No       If yes, please elaborate on frequency:         vaping/e-cigarettes, cigars, and pipe tobacco?       37. Are you sexually active with any of the following groups:       Men / Women / Both / Not currently active         38. Are you on a waiver?       Yes / No       If yes, please elaborate on frequency:         PATIENT'S SIGNATURE	14							
29       Been evaluated, diagnosed, or treated for alcohol abuse or dependency if yes, are you on a waiver for flight status?       31       Any significant in-flight pressure fluctuations or been in a flight when the environmental control system malfunctioned?         31       fyour gender is female, complete questions 32-35.         32       Could you be or are you currently pregnant?       34       Have you ever miscarried, experienced any menstrual irregularity/pain, or abnormal Pap smear?         33       Are you currently taking or planning to take fertility medications?       35       Have you ever miscarried, experienced any menstrual irregularity/pain, or abnormal Pap smear?         36. Do you use tobacco products of any kind, including but not limited to cigarettes, chewing tobacco, snuff, vaping/e-cigarettes, cigars, and pipe tobacco?       Yes / No       If yes, please elaborate on frequency:         37. Are you sexually active with any of the following groups:       Men / Women / Both / Not currently active       Set / No         38. Are you on a waiver?       Yes / No       If yes, for what condition?         PATIENT IDENTIFICATION       Mame:	Hav	e you <u>ever</u> experienced any of the following?						-
abuse or dependency If yes, are you on a waiver for flight status?       image: the provided equation is t	28				30	Undergone any surgery that required a flight waiver		
If yes, are you on a waiver for flight status?       system malfunctioned?         31       If your gender is female, complete questions 32-35.         32       Could you be or are you currently pregnant?       34       Have you ever miscarried, experienced any menstrual irregularity/pain, or abnormal Pap smear?         33       Are you currently taking or planning to take fertility medications?       35       Have you ever experienced unexplained breast tenderness, swelling, masses, lumps, or discharge?         36. Do you use tobacco products of any kind, including but not limited to cigarettes, chewing tobacco, snuff, yaping/e-cigarettes, cigars, and pipe tobacco?       Yes / No       If yes, please elaborate on frequency:         37. Are you a waiver?       Yes / No       If yes, for what condition?         PATIENT'S SIGNATURE	29				31	Any significant in-flight pressure fluctuations or		
istatus?       istatus?       istatus?       istatus?         if your gender is female, complete questions 32-35.       istatus?       istatus?       istatus?         istatus?       istatus?       istatus?       istatus?       istatus?         istatus?       istatus?       istatus?       istatus?       istatus?         istatus?       istatus?       istatus?       istatus?       istatus?         istatus?       could you be or are you currently pregnant?       istatus?       istatus?       istatus?         istatus?						system malfunctioned?		
32       Could you be or are you currently pregnant?       34       Have you ever miscarried, experienced any menstrual irregularity/pain, or abnormal Pap smear?         33       Are you currently taking or planning to take fertility medications?       35       Have you ever experienced unexplained breast tenderness, swelling, masses, lumps, or discharge?         36. Do you use tobacco products of any kind, including but not limited to cigarettes, chewing tobacco, snuff, Yes / No       If yes, please elaborate on frequency:         37. Are you sexually active with any of the following groups:       Men / Women / Both / Not currently active         38. Are you on a waiver?       Yes / No       If yes, for what condition?         PATIENT IDENTIFICATION								
33       Are you currently taking or planning to take fertility       35       Have you ever experienced unexplained breast tenderness, swelling, masses, lumps, or discharge?         36. Do you use tobacco products of any kind, including but not limited to cigarettes, chewing tobacco, snuff, yes / No       If yes, please elaborate on frequency:         37. Are you sexually active with any of the following groups:       Men / Women / Both / Not currently active         38. Are you on a waiver?       Yes / No       If yes, for what condition?         PATIENT'S SIGNATURE	If yo	our gender is female, complete questions 32-3	5.	,				,
33       Are you currently taking or planning to take fertility       35       Have you ever experienced unexplained breast tenderness, swelling, masses, lumps, or discharge?         36. Do you use tobacco products of any kind, including but not limited to cigarettes, chewing tobacco, snuff, yes / No lif yes, please elaborate on frequency:	32	Could you be or are you currently pregnant?			34			
36. Do you use tobacco products of any kind, including but not limited to cigarettes, chewing tobacco, snuff, Yes / No       If yes, please elaborate on frequency:	33	Are you currently taking or planning to take fertility			35	Have you ever experienced unexplained breast		
but not limited to cigarettes, chewing tobacco, snuff, Yes / No If yes, please elaborate on frequency:   vaping/e-cigarettes, cigars, and pipe tobacco?   37. Are you sexually active with any of the following groups: Men / Women / Both / Not currently active   38. Are you on a waiver? Yes / No If yes, for what condition?   PATIENT'S SIGNATURE   PATIENT IDENTIFICATION Name: Last First MI DoD ID: DoB ID: DoB: UIC/RUC: UIC/RUC:		medications?				tenderness, swelling, masses, lumps, or discharge?		
38. Are you on a waiver?       Yes / No If yes, for what condition?         PATIENT'S SIGNATURE         PATIENT IDENTIFICATION         Name:	but r	not limited to cigarettes, chewing tobacco, snuff,	Yes /	No	lf	yes, please elaborate on frequency:		
PATIENT'S SIGNATURE         PATIENT IDENTIFICATION         Name:	37. A	Are you sexually active with any of the following groups	: M	en/ \	Nomer	n / Both / Not currently active		
PATIENT'S SIGNATURE         PATIENT IDENTIFICATION         Name:	38. A	Are you on a waiver? Yes / No If yes, for y	what co	ndition?				
Name:          DoD ID:         Age:         DoB:	ΡΑΤ	IENT'S SIGNATURE						
Gender: M / F Rank (Rate): Designator/NEC/MOS: Service: UIC/RUC:	PAT							
Gender: M / F Rank (Rate): Designator/NEC/MOS: Service: UIC/RUC:	Nan	ne: Last First			DoD	DID: Age: DoB:		
Phone: Patient's Command: Aircraft: Flight Hours: Total Last 6 Months:	Gen		D		ator/N	EC/MOS: Service: UIC/	RUC:	
	Pho	ne: Patient's Command:		Aircraf	ť:	Flight Hours: Total Last 6 M	onths:	

B. Physical E	xam								
39. Sitting Blood	Pressure:	/	40. Pulse		Height:	4	2. Weight:		
43. Tympanic Me	mbrane Exam			embranes normal pe ight in anterior inferi		th central co	ncavity	Yes /	No
Positive Vals	alva Both Ears (AU	)?	Yes /	Positive Right Ear	/ Positive Le	eft Ear / N	egative Bo	oth Ears	
44. Does the pati	ent wear corrective	lenses?	Yes /	No If Yes, date*	of last exam by o *	eye professio Current eye exar		nded within	he past 2 ye
45. DISTANT VISUAL	ACUITY (DVA):		46. NEAR \	/ISUAL ACUITY (NVA):		47. COLOR V	SION (Test u	sed and resi	ılt):
SNELLEN	AFVT		SNELLE	N AFVT		PIP N	NUMBER CO	RRECT:	/ 14
GOODLITE			SLOAN	NOTATION NEARPOINT	CARD		PASS	FAIL	
RIGHT 20/	CORR TO 20/		20/	CORR TO 20/		CB CVT	PASS	FAIL	
LEFT 20/	CORR TO 20/		20/	CORR TO 20/			FAGG		
BOTH 20/	CORR TO 20/		20/	CORR TO 20/		FALANT	PASS	FAIL	
48. HETEROPHORIA			207	001111020		49. INTRAOCI	JLAR PRESS	URE:	
or: NOTOSP (N	ES	EX	F	RH LH		OD	OS		
50. DEPTH PERCEPT	,	AFVT:			STEPEO BO	OKLET (Titmus o	r Pandat):		
UNCORRECTED /			at least A – B	with no misses) / FAI		40 arc sec) /	FAIL (greater	r than 40 arc	sec)
51. Audiogram	500 Hz		00 Hz	2000 Hz	3000 Hz		0 Hz	6000	,
Right Ear									
Left Ear									

CD/NCD Waiver

C. Flig	ght Medicine Provider Comments
Item #	Comment

PQ Class	I DIACA [SG 1 /	2 / 3] II /	III / V DI	F:	UAS Gro	oup:	
NPQ	NAVMED 6150/2 Ent	try Made Me	dical Recom	mendation for Flying Is	sued (DD 2992)		
AA	NAA Evaluation Requ	uested For					
Waiver:	Recommended / N	lot Recommended /	Pendina /	Granted (Date)	Rec. Continue?	Yes /	No
Waiver Rest	rictions and Maintenand	ce/Submission Requ	irements:				
Waiver Rest		ce/Submission Requ	irements:				
GHT MEDICINE	rictions and Maintenand	ce/Submission Requ	irements:				