

## COMPLETION OF PREGNANCY AEROMEDICAL SUMMARY

**Date:** \_\_\_\_\_ **Service:** \_\_\_\_\_ **Rank:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **First Name:** \_\_\_\_\_  
**Command Name:** \_\_\_\_\_ **Command UIC:** \_\_\_\_\_  
**Exam Facility:** \_\_\_\_\_ **Facility UIC:** \_\_\_\_\_  
**POC Phone #:** \_\_\_\_\_ **POC Email:** \_\_\_\_\_

**Outcome:** \_\_\_\_\_ Spontaneous Miscarriage  
(Check One) \_\_\_\_\_ Elective Abortion  
\_\_\_\_\_ Normal Vaginal Delivery  
\_\_\_\_\_ Caesarian Section

Date of pregnancy completion: \_\_\_\_\_

Weeks of gestation at completion: \_\_\_\_\_

Report of any complications encountered during pregnancy: \_\_\_\_\_

Information on the health of the child and mother following delivery: \_\_\_\_\_

Post-Partum Course: \_\_\_\_\_

Other Notes: \_\_\_\_\_

\*Attach post-partum obstetrical note

Flight Surgeon Signature