

COMPLETION OF PREGNANCY AEROMEDICAL SUMMARY

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1. DATE:	2. SERVICE:	3. RANK:	4. AGE:
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5. LAST NAME:	6. MIDDLE INITIAL:	7. FIRST NAME:
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8. COMMAND NAME:	9. COMMAND UIC:
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10. POINT OF CONTACT PHONE NUMBER:

11. POINT OF CONTACT E-MAIL:

12. OUTCOME (*check one*):

SPONTANEOUS MISCARRIAGE

ELECTIVE ABORTION

NORMAL VAGINAL DELIVERY

CAESARIAN SECTION

13. DATE OF PREGNANCY COMPLETION:

14. WEEKS OF GESTATION AT COMPLETION:

15. REPORT OF ANY COMPLICATIONS ENCOUNTERED DURING PREGNANCY:

16. INFORMATION ON THE HEALTH OF THE CHILD AND MOTHER FOLLOWING DELIVERY:

17. POST-PARTUM COURSE:

18. OTHER NOTES:

19. FLIGHT SURGEON SIGNATURE: