CLEARANCE FOR NONMILITARY/NONAIRCREW PERSONNEL TO FLY IN USN/USMC AIRCRAFT

THIS FORM SHALL BE PROVIDED BY THE FLIGHT APPROVING AUTHORITY

TO THE APPLICANT PLEASE READ CAREFULLY: You are requesting clearance to fly in military aircraft as a non-aircrew observer. Prior to flying, you are required to complete aviation physiology and aviation water surival training. These training programs require a high level of fitness and stamina. You will be required to complete training in complete flight gear, including helmet, gloves, boots, flight suit, parachute harness, and survival vest. Training includes a 25-yard surface swim, treading water for 2 minutes, drown proofing for 2 minutes, and orally inflating your life preserver. Underwater egress training requires you to swim 15 yards underwater in a flight suit and boots. Additionally, you will receive hypoxia recognition training in a hypobaric chamber to simulated altitude of 25,000 feet. Actual flight may be in high performance ejection seat aircraft capable of sustained high g-force maneuvering. To obtain clearance to fly in military aircraft, you are required to obtain a physical examination from your personal physician at your expense. Please fill out the medical questionnaire and have your physician fill out the physical examination section of this form. You must then present this completed form to a Navy Flight Surgeon for endorsement for training and flight.

YES	NO	Medical Questionnaire - Do you have or have you ever had:
☐	☐	1. Disease of the eyes, ears, sinuses, seasonal allergies, hayfever, difficulty with clearing your ears, or pain in your ears or sinuses from diving or flying?
☐	☐	2. Chest pain, angina, heart attack, heart disease, heart murmur, palpitations, cardiac catherization,or pacemaker?
☐	☐	3. Hypertension, stroke, blood clots in legs, swelling in feet, or excessive fatigue with mild exertion?
☐	☐	4. Asthma, wheezing, emphysema, chronic cough, tuberculosis, collapsed lung, or shortness of breath with mild exertion?
☐	☐	5. Disease of the bowel, ulcers, rectal bleeding, chronic abdominal pain, hernia, kidney stone, or painful or frequent urination?
☐	☐	6. Arthritis, joint deformity, chronic back pain, or limitation of use of your back or extremities?
☐	☐	7. Paralysis, weakness of muscles, seizures, epilepsy, migraine or other severe headaches, loss of consciousness, or amnesia?
☐	☐	8. Mania, depression, schizophrenia, suicide attempt, alcoholism, panic attacks, fear of flying, fear of heights, fear of enclosed spaces?
☐	☐	9. Anemia, diabetes, cancers, arterial gas embolism, bends, surgery, hospitalization, or other chronic medical conditions not listed?
☐	☐	10. Are you currently pregnant?
☐	☐	11. Are you currently taking any medication? List: _____
☐	☐	12. Can you jog 15 minutes continuously and swim 100 yards?

Applicant's Name _____ Age _____ Sex _____

Address _____ Phone _____

Signature _____ Date _____

TO THE EXAMINING PHYSICIAN

This person is seeking clearance to fly military aircraft as a non-aircrew observer. He or she will be required to complete aviation physiology and water survival training. These training programs are designated as High Risk Training (described on the front of this form) and require a high degree of physiology and psychological stamina. Completion of these training programs may lead to actual flight in high performance ejection seat aircraft capable of sustained high G-force maneuvering. The purpose of this evaluation is to clear this individual for the required training as well as actual flight.

Please Complete and Elaborate on all Abnormal Findings and Positive Responses

Height _____ Weight _____ Temp _____ Pulse _____ Resp _____ B/P _____

Corrected Visual Activity: Right _____ Left _____ Hearing : (Normal/Abnormal) _____

HGB or HCT _____ Urinalysis: Glucose _____ Protein _____ Ketone _____ Sp. Gravity _____

EKG (within last 12 months) _____ Chest XRAY (within last 3 years) _____

NL	ABN		Elaboration and Comments
☐	☐	HEENT (include eustachian tube patency)	
☐	☐	Heart and Vascular	
☐	☐	Chest and Lungs	
☐	☐	Abdomen, Genitalia and Hernia	
☐	☐	Spine, Extremities and Musculoskeletal	
☐	☐	Neurological	
☐	☐	Mental Status	

This Person is medically fit to participate in required aviation physiology and water survival training as well as actual flight in high performance military aircraft.

Examining Physicians Signature _____ Date _____

Flight Surgeons Endorsement: Type Aircraft _____ Qualification: PQ ☐ NPQ ☐
for physiology and water survival training, and flight in military as a selected passenger.

Signature _____ Date _____
(Note: Scope of examination at the discretion of the Flight Surgeon.)

Physiology Training: Curriculum _____ Qualification: Q ☐ CQ ☐ UQ ☐

Authorized Signature _____ Date _____

Water Survival Training: Curriculum _____ Qualification: Q ☐ CQ ☐ UQ ☐

Authorized Signature _____ Date _____

Commanding Officer's Endorsement: Type Aircraft _____ Approved ☐ Disapproved ☐

Signature _____ Date _____