

MEDICAL RECORD

Report on _____
or
Continuation of DD 2807-1 Special Aviation Applicant
(Strike out one line) (specify type of examination or data)

(Sign and date)

CAUTION: Concealment of medical history will be reported to higher authority and may result in **PERMANENT DISQUALIFICATION. ALL POSITIVE RESPONSES REQUIRE ELABORATION ON THE REVERSE BY A FLIGHT SURGEON.**

31. Have you ever been medically disqualified for any flight or other physical at any time? YES NO

32. If question 31 is YES, do you have a waiver? List the waiver: _____ N/A YES NO

33. Since your last physical or in the last 18 months, have you been sick, injured, consulted a physician, used medication (including over the counter), or been hospitalized for any reason? YES NO

34. Have you ever used or experimented with drugs (other than medications prescribed for you by a physician to treat a specific medical condition) to include: cocaine, crack, hashish, marijuana, PCP (angel dust), barbituates (downers), amphetamines (speed, uppers), heroin, LSD, steroids or any other substance considered illegal or dangerous drugs by the U.S. Government? YES NO

35. Have you ever been evaluated for or treated for any psychiatric problems, depression, stress, anxiety, nervous breakdown, schizophrenia, mania, psychosis, anorexia, bulimia, binge eating, self-induced vomiting, personality disorder or other mental illness, marital problems, or been told you had a learning disability? YES NO

36. Has your use of alcohol caused any problems including, but not limited to, the following: legal problems (i.e., minor in possession charges, open container charges, public intoxication or disorderly conduct, driving under the influence (DUI/DWI)), absence from work or school, loss of job, impairment of health (i.e., liver disease, ulcers, pancreatitis, anemia, blackouts (loss of memory)), or marital problems? YES NO

37. Have you ever been diagnosed or had any level of treatment for alcohol abuse or dependence? YES NO

38. What is your weekly consumption of alcohol (example: 3 mixed drinks, 4 beers)? _____

39. Have you ever been told in the past that your uncorrected vision was worse than 20/20 in either eye? YES NO

40. Do you wear or have you ever worn contact lenses? YES NO

41. Have you ever had eye surgery or any operation or manipulation to correct poor vision such as radial kerotomy (RK), Photorefractive Keratectomy (PRK, ALK, or LASIK), Orthokeratology (Ortho-K) or eye rubbing to reshape the cornea (clear part)? YES NO

If you answered yes to PRK or LASIK, answer the following questions:

a. When you read brightly illuminated road signs at night, do you have problems with hazy vision? YES NO

b. Do you have problems with glare or halos from oncoming headlights at night? YES NO

c. Do you have problems seeing because of double vision or ghost images? YES NO

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO.

WARD NO.

CONTINUATION OF 2807-1

Medical Record
STANDARD FORM 507 (REV. 7-91)
Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1

d. Do you have problems seeing people or things at twilight? YES NO

e. Do you have concerns about your ability to perform aviation duty? YES NO

42. Have you ever fainted, had vertigo (spinning/dizziness), seizures, convulsions, or sustained a head injury resulting in loss of consciousness, loss of memory, concussion, or skull fracture? YES NO

43. Have you ever had a migraine or other severe headache? YES NO

44. Have you ever been diagnosed with asthma? YES NO

45. Do you have any history of generalized or severe reaction to stinging or biting insects or common foods? YES NO

46. Have you ever had hay fever, seasonal allergies, allergies to pollen, sinus problems, or used antihistamines, decongestants, nasal steroids, or allergy shots for relief of symptoms? YES NO

47. Do you smoke or use any tobacco products? YES NO
a. If so, what kind and how much? _____

Applicant Signature

Date

Flight Surgeon Comments (any positive responses must be elaborated on by the Flight Surgeon)

Item Block	Comment	CD/NCD	Waiver Requested
	*Item 38 comment required by the Flight Surgeon		

Flight Surgeon Signature

Date