

LOCAL FORM TITLE

WS-GERD (Gastroesophageal Reflux Disease Worksheet)

REQUIRING DOCUMENT (*Title and Number*)
Aeromedical Reference and Waiver Guide

ISSUANCE DATE
30 August 2015

Submit this completed form, **electronic Aeromedical Summary** (you may use N/A in fields other than Disqualifying Conditions fields) and current physical exam to NAMI Code 53HN via AERO. If desired, contact NAMI Code 53HN to expedite processing.

NEW WAIVER REQUEST

Health record reviewed and aeromedical status checked. Member is in compliance with all previous waivers and/or physical exam submission requirements.
 I have discussed lifestyle changes with the member: weight loss, raise head of bed, avoiding trigger foods, quit smoking, decrease or avoid alcohol, avoid large and late meals.

Alarm signs/symptoms:

Are any of the following present? Yes No
 *1. Dysphagia or odynophagia
 *2. Symptoms present or progressive on therapy
 *3. Bleeding or iron deficiency
 *4. Unexplained weight loss
 *5. Extra-esophageal symptoms (cough, choking, chest pain, asthma)

Effect of therapy:

*Are symptoms persistent with therapy? Yes No

Diagnosis:

K21.9 Esophageal reflux
 Z79.899 Long term use of medications

Medication:

Aeromedical disposition:

NPQ/AA DIF _____, WR routine submission

Member's commanding officer is aware of and concurs with waiver recommendation. Yes No

Member issued 90 day up chit via LBFS? Yes No

With your digital signature, you are certifying that all above is true. Errors/omissions may be brought to attention of your clinical supervisor and/or privileging authority.

Flight Surgeon digital signature:

Any other comments should be included in discussion section of AERO AMS.

***If yes, or if member previously grounded by Waiver Authority, do not use this worksheet, fully describe case in AMS in AERO, LBFS not authorized.**

CONTINUATION REQUEST

Health record reviewed and aeromedical status checked. Member is in compliance with all previous waivers and/or physical exam submission requirements.
 I have discussed lifestyle changes with the member: weight loss, raise head of bed, avoiding trigger foods, quit smoking, decrease or avoid alcohol, avoid large and late meals.

Alarm signs/symptoms:

Are any of the following present? Yes No
 *1. Dysphagia or odynophagia
 *2. Symptoms present or progressive on therapy
 *3. Bleeding or iron deficiency
 *4. Unexplained weight loss
 *5. Extra-esophageal symptoms (cough, choking, chest pain, asthma)

Diagnosis:

K21.9 Esophageal reflux
 Z79.899 Long term use of medications

Medication:

Aeromedical disposition:

NPQ/AA DIF _____, WR-continue routine submission

Member's commanding officer is aware of and concurs with waiver recommendation.

With your digital signature, you are certifying that all above is true. Errors/omissions may be brought to attention of your clinical supervisor and/or privileging authority.

Flight Surgeon digital signature:

Any other comments should be included in discussion section of AERO AMS.

***If yes, or if member previously grounded by Waiver Authority, do not use this worksheet, fully describe case in AMS in AERO, member is med down until NAMI review completed.**

Date

Name

Aviation Duty

DOD ID #