MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign and date each entry)*

SPECIAL SF 600 - PRETESTING CONSENT FORM

PERFORMANCE MAINTENANCE STIMULANT

Selected medications are effective in overcoming fatigue during flight in combat and other sustained operations. Pretesting with the appropriate stimulant before operational use allows aviators to familiarize themselves with the medication and discover any untoward side effects. Use of these medications, *including this pretest*, is voluntary at all times. There will be no flying during the 24 hours of the pretest. No other medications, including over-the-counter medications, should be taken. Keep caffeine and tobacco use to a minimum. Report any adverse effects to your flight surgeon.

Have you ever had any of the following?

YES	NO	
☐	☐	High blood pressure
☐	☐	Racing, pounding, or irregular heart beat
☐	☐	History of drug or alcohol abuse

I have read and understand the pretest consent instructions.

Aviator Signature: Date:

Medication and Dosage: Date:

Adverse Reactions:

Flight Surgeon Signature: Date:

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - Last first, middle; ID No. or SSN; Sex; Date of Birth; Rank/Grade.)*

REGISTER NO.	WARD NO.