

**MEDICAL RECORD - Continuation of SF 93 : Special - Aviation Applicant**

**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**

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

a. If you were disqualified, do you have a waiver? YES  NO

26. 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

27. 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), barbiturates (downers), amphetamines (speed, uppers), heroin, LSD, steroids or any other substance considered illegal or dangerous drugs by the U.S. Government? YES  NO

28. 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

29. Have you ever used alcohol to excess resulting in: legal problems to include arrest for driving under the influence (DUI/DWI), absence from work or school, loss of job; impairment of health to include liver disease, ulcers, pancreatitis, blackouts (loss of memory), or marital problems? YES  NO

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

a. What is your weekly consumption of alcohol?

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

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

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

34. 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

PATIENT IDENTIFICATION

CONTINUATION SF 93 : Special - AVIATION APPLICANT

Name: Last First M.I.

SSN: Member's Unit Rank or Rate: Examining Facility

**SF 507 CONTINUATION OF SF 93: AVIATION APPLICANT (Reverse)**

35. Have you ever had a migraine or other severe headache? YES  NO
36. Since the age of 12, have you had asthma or wheezing at any time? YES  NO
37. Do you have any history of generalized or severe reaction to stinging or biting insects or common foods? YES  NO
38. 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 above symptoms? YES  NO
39. Do you smoke or use any tobacco products? YES  NO   
 a. If so, what kind and how much?

**Flight Surgeon Comments**

Item Block	Comment	CD / NCD	Waiver Requested
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PATIENT'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

FLIGHT SURGEON'S SIGNATURE \_\_\_\_\_ STAMP: \_\_\_\_\_

PATIENT IDENTIFICATION

CONTINUATION SF 93 : Special - AVIATION APPLICANT

Name: Last      First      M.I.

SSN:      Rank or Rate: