

FLIGHT MEDICAL CLEARANCE FORM

APPLICANT MUST COMPLETE THIS MEDICAL HISTORY

PLEASE TYPE OR PRINT CLEARLY IN DARK INK

	LAST NAME	FIRST NAME	MIDDLE NAME				
	STREET ADDRESS		CITY	STATE	ZIP DAY PHONE # ()		
	DOB (MM/DD/YY)	GENDER	EVENING PHONE # ()		CELL PHONE # ()		
DO YOU CURRENTLY USE ANY MEDICATION (prescription or non-prescription)? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list name, purpose dosage & frequency of use. (Attach additional sheet if needed).							
MEDICAL HISTORY Have you EVER HAD, or do you NOW HAVE, any of the following conditions? Answer "YES" for every condition you have ever had in your life. Please describe the condition and the approximate date of occurrence in the explanation box provided below.							
	YES	NO	CONDITION		YES	NO	CONDITION
A			FREQUENT OR SEVERE HEADACHES	I			STOMACH, LIVER OR INTESTINAL TROUBLE
B			DIZZINESS OR FAINTING SPELLS	J			KIDNEY STONE OR BLOOD IN URINE
C			UNCONSCIOUSNESS FOR ANY REASON	K			DIABETES
D			EYE OR VISION TROUBLE (EXCEPT GLASSES)	L			NEUROLOGICAL DISORDERS: EPILEPSY, SEIZURES, STROKE, PARALYSIS, ETC.
E			HAY FEVER OR ALLERGY	M			MENTAL DISORDERS OF ANY SORT: DEPRESSION, ANXIETY, ETC.
F			ASTHMA OR LUNG DISEASE	N			SUBSTANCE DEPENDENCE OR FAILED DRUG TEST (EVER), OR SUBSTANCE ABUSE OR USE OF ILLEGAL SUBSTANCE IN THE LAST FIVE YEARS.
G			HEART OR VASCULAR TROUBLE	O			ALCOHOL DEPENDENCE OR ABUSE
H			HIGH OR LOW BLOOD PRESSURE	P			SUICIDE ATTEMPT
EXPLANATIONS: If you answered "yes" to any of the above items, describe the condition and the approximate date of occurrence. Use additional page if necessary.							
HAVE YOU VISITED A HEALTH PROFESSIONAL WITHIN THE LAST 3 YEARS? <input type="checkbox"/> YES (LIST BELOW) <input type="checkbox"/> NO							
DATE	NAME, ADDRESS & TYPE OF HEALTH PROFESSIONAL						REASON FOR VISIT
ADDITIONAL COMMENTS:							
SIGNATURE OF APPLICANT							DATE

When complete, FAX or Mail Form to: Gregg A. Bendrick MD, MPH
 Senior Flight Surgeon
 NASA Dryden Flight Research Center
 PO Box 273, Mailstop 4822
 Edwards AFB, CA 93523-0273
FAX: (661) 276-2392