

INTERIM (ABBREVIATED) FLYING DUTY MEDICAL EXAMINATION

For use of this form, see AR 40-501; the proponent agency is OTSG

1. EXAM DATE (DD/MM/YY)

2. NAME (Last, First, MI)

3. SSN

4. RANK

5. BIRTH DATE (DD/MM/YY)

6. COMPONENT (Check one or more)

AD-RA AD-USAR USAR-AGR USAR-TPU USAR-IRR

ARNG-AGR ARNG DAC CIV CONTRACTOR RET-MIL

7. AVIATION DUTY (Check one)

AVIATOR FS/APA

AEROSCOUT CLASS 3 ATC (CLASS 4)

8. UNIT OF ASSIGNMENT AND COMPLETE UNIT ADDRESS

9. UNIT PHONE

10. HOME PHONE

12. LIST YOUR MEDICATIONS AND DOSAGES

11. LIST YOUR AEROMEDICAL WAIVERS IN EFFECT

13. I understand that I must be cleared by a flight surgeon after hospitalization or sick in quarters, or after treatment or activities requiring restriction. I am informing the flight surgeon of my medical history or any change in my health since my last FDME. I have read AR 600-105 (Aviation service) and AR 40-8 (Exogenous factors).

PATIENT'S SIGNATURE

14a. EXAM FACILITY ADDRESS

15. BLOOD PRESS

16. PULSE

17. HEIGHT (Ins)

18. WEIGHT (Lbs)

19. %BODY FAT

b. EXAM FACILITY PHONE

c. AEDR FACILITY CODE

20a. DEPTH PERCEPTION TEST

b. TEST SCORE

c. TEST RESULT

VTA VERHOEFF RANDOT CIRCLES

PASS FAIL

21. EYE EXAMINATION

a. DISTANT VISION

b. NEAR VISION

22. INTRAOCULAR PRESSURE

23. AUDIOMETRIC SCREENING (Decibels)

500 Hz

1000

2000

3000

4000

6000

RIGHT

20/ corr to 20/

20/ corr to 20/

mmHg

LEFT

20/ corr to 20/

20/ corr to 20/

mmHg

24. HISTORY AND EXAMINATION. Enter pertinent history and physical findings below as per ATB 2. Continue on reverse, if required. If review of the most recent USAAMA AEDR History Verification Form shows no change in history, enter "No significant Interval history."

25. ELECTROCARDIOGRAM FINDINGS

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26. RECOMMENDATION

QUALIFIED DISQUALIFIED, CONTINUE WAIVERS NEW DISQUALIFICATION, SEND AEROMEDICAL SUMMARY AND SF 88/93

27. AEROMEDICAL PHYSICIAN ASSISTANT STAMP AND SIGNATURE

28. FLIGHT SURGEON STAMP AND SIGNATURE