
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
- If you answered yes to PRK or LASIK, answer the following questions
- a. When you read brightly illuminated road signs at night, do you have problems with hazy vision? YES NO
- b. Do you have problems with glare or halos from oncoming headlights at night? YES NO
- c. Do you have problems seeing because of double vision or ghost images? YES NO
- d. Do you have problems seeing people or things at twilight? YES NO
- e. Do you have concerns about your visual ability to perform aviation duty? YES NO
34. Have you ever fainted, had vertigo(spining dizziness), seizures, convulsions, or sustained a head injury resulting in loss of consciousness, loss of memory, concussion, or skull fracture? YES NO
35. Have you ever had a migraine or other severe headache? YES NO

PATIENT'S SIGNATURE

DATE

PATIENT IDENTIFICATION

CONTINUATION SF 93: SPECIAL - AVIATION APPLICANT

LAST NAME: _____ FIRST: _____ M.I: _____

SSN: _____ COMMAND: _____

RATE/RANK: _____

