

Incentive or Orientation Flight Health Statement

Email this form back to the 108th Public Affairs Office at: 108.WG.Public.Affairs.Org@us.af.mil

Date of Scheduled Flight:

Name of Participating Organization/Group:

In accordance with Air Force Instructions 48-123, this health statement must address any history of or current medical problems, medications currently taken, and any physical limitations. This form must be submitted no later than 30 days before the scheduled Incentive or Orientation Flight.

(1) Do you have any medical problems? *(Check One)* If YES, specify: Yes No

(2) Are you on a Duty Limiting Condition? *(Check One)* If YES, specify: Yes No

(3) Do you take any medications? *(Check One)* If YES, specify: Yes No

(4) Do you feel you need to see a flight surgeon? *(Check One)* If YES, specify: Yes No

Passengers must be able to safely egress the aircraft in an emergency without endangering life or limb.

Clearances will be valid for no longer than 40 days.

I agree that should any of the above questions change from a negative response to positive I will complete a new health statement immediately and resubmit to the 108th Wing Executive Officer.

Passenger Printed Name

Passenger Signature

Date

Reviewed by:

Flight Surgeon Signature

Date

Flight Surgeon Stamp