

Incentive or Orientation Flight Health Statement

Email this form back to the 108th Wing's Public Affairs Office at 108arw.pa@ang.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 schedule Incentive or Orientation Flight.

(1) Do you have any medical problems? (Circle One) Yes No

If Yes, specify:

(2) Are you on a Duty Limiting Condition? (Circle One) Yes No

If Yes, specify:

(3) Do you take any medications? (Circle One) Yes No

If Yes, specify:

(4) Do you feel you need to see a flight surgeon? (Circle One) Yes No

If Yes, specify:

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 through 108th Public Affairs Office.

Passenger

Date

Reviewed By:

Flight Surgeon Signature

Date

Flight Surgeon Stamp