

CLEARANCE NOTICE (AEROMEDICAL)

Date: _____

Name: _____

From: _____

SSN: _____

To: _____

Rank/Service: _____

HR Loc: _____

1. Recommend subject individual be found physically qualified and aeronautically adapted for duty involving flight as:

Class 1: SNA SGI SGII SGIII

Class 2: SNFO NFO ATC AC/SAR AC/FW Other _____

Waiver has been (recommended) (granted) for: _____

2. Corrective lens required in performance of flight duties.

Corrective lens required and extra pair must be carried in performance of flight duties (DVA <20/100). _____

3. Check in/Annual Physical Examination.

Following Aircraft Mishap/Incident.

Return from sick/grounded list.

Other (specify)

4. Date grounded _____ Reason _____

Expiration date of clearance _____

Original to: CO

Copy to: Oper. Off.

Trng. Off.

Signature: _____

FS Other:

if other, received concurrence from: _____

NAVMED 6150/2 _____ by _____
(Date) (Name)

Name

Unit