

# NATP STUDENT SCREENING FORM

NAME (Last, first, initial)		SSAN	GRADE/RATE	
BRANCH SERVICE	PARENT COMMAND	AGE	DATE LAST PHYSICAL	A/C

Flight status: Pilot \_\_\_\_\_ NFO \_\_\_\_\_ Enlisted aircrewman \_\_\_\_\_ Other \_\_\_\_\_ (spec)

Training: \_\_\_\_\_ initial \_\_\_\_\_ refresher      Medical Status: \_\_\_\_\_ up \_\_\_\_\_ down

	Yes	No
1. Have you been sick in the last two weeks?		
2. Have you taken any medication in the last 24 hours? (Prescription or over the counter).		
3. Do you have any problems clearing your ears or sinuses during flights or dives?		
4. Have you had any history of sinusitis or hay fever and /or symptoms in the past 2 weeks?		
5. Are you presently under medical treatment or have you been grounded in the last 30 days?		
6. Have you had any shots or immunizations in the past 12 hours?		
7. Have you had any dental work in the last 7 days? (Excluding cleaning)		
8. Have you donated blood in the last 7 days?		
9. Have you had less than your normal amount of sleep in the last two nights?		
10. Have you had <i>any</i> alcohol in the last 12 hours?		
11. Have you changed your eating habits in the last 24 hours?		
12. Have you been scuba diving in the last 24 hours?		
13. Have you ever had decompression sickness ("the bends")?		
14. Have you had any history of back trouble/joint problems in the last 30 days?		
15. For women: Are you pregnant?		
16. Do you have any physical condition which might be aggravated by our training?		
17. Do you have any physical condition not noted above?		
18. Do you know of any reason for your not going into the chamber or the ejection seat trainer today?		

Note: If you have marked any of the above questions "yes" please provide explanatory remarks on reverse. Identifying by number the question to which reference is made.

DATE	SIGNATURE
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