

Attachment 12 (Added-PACAF)

SAMPLE HEALTH STATEMENT FOR INCENTIVE/ORIENTATION FLIGHT ON
NON-EJECTION SEAT AIRCRAFT**A12.1. (Added) Health Statement for Incentive/Orientation Flight on non-ejection seat aircraft.****Figure A12.1. (Added-PACAF) Sample Health Statement For Incentive/Orientation Flight On Non-Ejection Seat Aircraft**

PURPOSE: This form is required per AFI 48-123, paragraph.6.48.8.2.1. to identify incentive/orientation flyers that require evaluation by a flight surgeon prior to flight

WHO MUST COMPLETE THIS FORM: All incentive/orientation flyers prior to flight on non-ejection-seat aircraft

CAUTION: DO NOT PUT SPECIFIC MEDICAL INFORMATION ON THIS FORM

NAME (RANK IF APPLICABLE): _____

TELEPHONE NUMBER WHERE YOU CAN BE CONTACTED BY THE FLIGHT SURGEONS OFFICE IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS

(_____) _____-- _____

PLEASE ANSWER THE FOLLOWING SIX (6) QUESTIONS:

- | | | |
|---|-----|----|
| 1) DO YOU HAVE ANY MEDICAL PROBLEMS? | YES | NO |
| 2) DO YOU TAKE ANY PRESCRIPTION MEDICATIONS? | YES | NO |
| 3) IF YOU ARE ON ACTIVE DUTY WITH THE MILITARY, DO YOU HAVE ANY DUTY LIMITING CONDITIONS? (For example, an AF Form 469 or a "profile" or other medical restriction that keeps you from performing all duties of your rank and duty position?) Circle one) | YES | NO |
| 4) IF YOU ARE NOT ON ACTIVE DUTY IN THE MILITARY, HAVE YOU EVER HAD A CHRONIC OR SIGNIFICANT MEDICAL PROBLEM? (For example, surgery on your sinuses or chest, or a seizure or heart attack?) | YES | NO |
| 5) DO YOU NEED TO OR WOULD YOU LIKE TO SEE A FLIGHT SURGEON TO DETERMINE YOUR ABILITY TO FLY PRIOR TO YOUR INCENTIVE/ORIENTATION FLIGHT? | YES | NO |
| 6) WOULD YOU HAVE DIFFICULTY GETTING OUT OF AN AIRCRAFT SAFELY WITHOUT ENDANGERING LIFE OR LIMB? | YES | NO |

FOR FLYING UNIT USE ONLY BELOW THIS LINE

ORIENTATION PASSENGER'S LAST 4 SSN: _____

ORIENTATION PASSENGER'S WEIGHT: _____ LBS

NEXT OF KIN (FIRST LAST NAME): _____ PHONE: _____

FOR CIVILIAN INCENTIVE/ORIENTATION FLYERS:

- 1) Send this form to the Flight Medicine Element (FME) for an AF Form 1042
- 2) The FME may require an appointment with the incentive/orientation flyer by their personal health care provider and/or the FME prior to completing the AF Form 1042
- 3) The AF Form 1042 may be valid for NO MORE THAN fourteen (14) days from the date of issue

FOR MILITARY INCENTIVE/ORIENTATION FLYERS:

- 1) If all answers on this form are "NO", no AF Form 1042 is required for this incentive/orientation flight; ensure that this form is completed WITHIN fourteen (14) days of the incentive/orientation flight
- 2) If any answers are answered "YES", send this form to the FME for an AF Form 1042
- 3) The FME may require an appointment prior to completing the AF Form 1042
- 4) The AF Form 1042 may be valid for NO MORE THAN fourteen (14) days from the date of issue