

**Medical Clearance for Non-Aircrew / Non-Military Personnel to Participate
in Naval Aviation Survival Training and Fly in USN/USMC Aircraft**
THIS FORM SHALL BE PROVIDED BY THE FLIGHT APPROVING AUTHORITY

TO THE APPLICANT, PLEASE READ CAREFULLY: You are requesting clearance to fly in military aircraft as a nonaircrew observer. Prior to flying, you are required to complete high risk training of the Naval Aviation Survival Training Program (NASTP) which may include altitude, egress, parachute and water survival training based upon what aircraft you are flying. NASTP training requires a high level of fitness and stamina. You will be required to complete training in full flight gear, including helmet, gloves, boots, flight suit, parachute harness and survival vest. Training includes a 25-50 yard surface swim, treading water / drown-proofing for up to 2 minutes each and orally inflating your life preserver. Underwater emergency egress training requires you to swim 15 yards underwater in a flight suit and boots. Additionally, you may receive dynamic hypoxia recognition training in a hypobaric chamber up to simulated altitude of 25,000 feet. Actual flight may be in high performance ejection seat aircraft capable of sustained high g-force maneuvering. To obtain clearance to fly in military aircraft, you are required to obtain a physical examination. Civilian personnel may be required to bear the cost of this examination. Please fill out the medical questionnaire and have your physician fill out the physical examination section of this form. You must then present this completed form to either a FAA AME or Navy Flight Surgeon for endorsement for high risk NASTP training and subsequent flight.

Medical Questionnaire - Do you have or have you ever had:

- | | YES | NO |
|---|-------------------------------------|--------------------------|
| 1. Disease of the eyes, ears, sinuses, seasonal allergies, hayfever, difficulty with clearing your ears, or pain in your ears or sinuses from diving or flying? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Chest pain, angina, heart attack, heart disease, heart murmur, palpitations, cardiac catheterizations, pacemaker or other cardio-vascular disease not listed here? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Hypertension, stroke, blood clots in legs, swelling in feet, or excessive fatigue with mild exertion? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Asthma, wheezing, emphysema, chronic cough, tuberculosis, collapsed lung, or shortness of breath with mild exertion? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Disease of the bowel, ulcers, rectal bleeding, chronic abdominal pain, hernia, kidney stone, or painful or frequent urination? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Arthritis, joint deformity, chronic back pain, or limitation of use of your back or extremities? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Paralysis, weakness of muscles, seizures, epilepsy, migraine or other severe headaches, loss of consciousness, or amnesia? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Mania, depression, schizophrenia, suicide attempt, alcoholism, panic attacks, fear of flying, fear of heights, fear of enclosed spaces? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Anemia, diabetes, cancers, arterial gas embolism, bends, surgery, hospitalization, or other chronic medical conditions not listed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Are you currently pregnant? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you taking any medication? List: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Can you jog 15 minutes continuously and can you swim 100 yards without stopping? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Applicant's Name Matthew Marino Address 1 Wilson Rd, Annapolis MD Signature [Signature]
Age 21 Phone (602) 621-9876 Date 04 APR 18
Sex M