

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
MEDICAL RECOMMENDATION FOR FLYING DUTY

This form is subject to the Privacy Act Statement of 1974

To:	From:		
1. Name: <i>(Last, First, Middle initial)</i>	2. EMPLID:	3. Grade:	4. DOB:
5. Unit:	6. Type of Flying duty Performed:		

SECTION A – QUALIFYING ACTION RECOMMENDATION BY MEDICAL AUTHORITY

7. Medical clearance is recommended for the following reason(s): *(Check one or more)*

a. Termination of Temporary Medical Suspension	e. Termination of Medical Disqualification
b. Medical Examination	f. Pending Issues of Waiver for Medical Disqualification
c. Reporting to New Duty Station	g. Issue of Waiver for Medical Disqualification
d. After Aircraft Mishap	h. Other <i>(Explain under remarks)</i>

8. Required to wear glasses while flying or other duties requiring corrective visual acuity. <i>(Contact lenses are prohibited specifically authorized).</i> Yes No	9. Effective Date:	10. Date Clearance Expires:
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SECTION B – DISQUALIFYING ACTION RECOMMENDATION BY MEDICAL AUTHORITY

11. The following action is recommended:

- a. TEMPORARY MEDICAL SUSPENSION
- b. TEMPORARY MEDICAL SUSPENSION FOLLOWING A/C MISHAP
- c. PERMANENT MEDICAL DISQUALIFICATION
- d. PERMANENT MEDICAL DISQUALIFICATION FOLLOWING A/C MISHAP
- e. OTHER *(Explain under remarks)*

12. Estimated duration if incapacity to fly:	13. Effective date:
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14. Remarks:

15. While in a duty not involving flying status:
 Simulator Duties Allowed: Yes No Ground Run-up Duties Allowed: Yes No

16. Typed Name and Grade of Flight Surgeon:	17. Flight Surgeon Signature:	18. Date:
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SECTION C – CERTIFIED BY AIRCREW MEMBER

19. I certify that I have been notified of the recommendation(s) above and understand that I may or may not
 Perform aviation duties as of this date: _____
 Member's Signature: _____

SECTION D – ACTION TAKEN BY COMMANDER

20. The Medical Recommendation is: Approved Disapproved

21. Typed Name and Title of Commander:	22. Commander's Signature:	23. Date:
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Privacy Act Statement for Medical Recommendation For Flying Duty

AUTHORITY: 5 U.S.C. 301; 44 U.S.C. 3101; 10 U.S.C. 1071-1107; 14 U.S.C.93(a)(17); and 14 U.S.C. 632
PRINCIPAL PURPOSES: To determine suitability of personnel for flight duty assignments, to develop automated information relating to medical readiness for flight duty status and contingency operations, and to document members' readiness-to-fly.
ROUTINE USES: To use by the Coast Guard in determining suitability of personnel for flight duty assignments.
DISCLOSURE: Mandatory for military personnel.