

INTERIM (ABBREVIATED) FLYING DUTY MEDICAL EXAMINATION For use of this form, see AR 40-501; the proponent agency is OTSG						1. EXAM DATE (DD/MM/YY)											
2. NAME (<i>Last, First, MI</i>)				3. SSN		4. RANK		5. BIRTH DATE (DD/MM/YY)									
6. COMPONENT (<i>Check one or more</i>) <input type="checkbox"/> AD-RA <input type="checkbox"/> AD-USAR <input type="checkbox"/> USAR-AGR <input type="checkbox"/> USAR-TPU <input type="checkbox"/> USAR-IRR <input type="checkbox"/> ARNG-AGR <input type="checkbox"/> ARNG <input type="checkbox"/> DAC <input type="checkbox"/> CIV CONTRACTOR <input type="checkbox"/> RET-MIL						7. AVIATION DUTY (<i>Check one</i>) <input type="checkbox"/> AVIATOR <input type="checkbox"/> FS/APA <input type="checkbox"/> AEROSCOUT <input type="checkbox"/> CLASS 3 <input type="checkbox"/> ATC (CLASS 4)											
8. UNIT OF ASSIGNMENT AND COMPLETE UNIT ADDRESS				9. UNIT PHONE		10. HOME PHONE											
11. LIST YOUR AEROMEDICAL WAIVERS IN EFFECT				12. LIST YOUR MEDICATIONS AND DOSAGES													
13. I understand that I must be cleared by a flight surgeon after hospitalization or sick in quarters, or after treatment or activities requiring restriction. I am informing the flight surgeon of my medical history or any change in my health since my last FDME. I have read AR 600-105 (Aviation service) and AR 40-8 (Endogenous factors).						PATIENT'S SIGNATURE											
14a. EXAM FACILITY ADDRESS				15. BLOOD PRESS		16. PULSE		17. HEIGHT (Ins)		18. WEIGHT (Lbs)		19. %BODY FAT					
b. EXAM FACILITY PHONE		c. AEDR FACILITY CODE		20a. DEPTH PERCEPTION TEST <input type="checkbox"/> VTA <input type="checkbox"/> VERHOEFF <input type="checkbox"/> RANDOT CIRCLES				b. TEST SCORE		c. TEST RESULT <input type="checkbox"/> PASS <input type="checkbox"/> FAIL							
21. EYE EXAMINATION				22. INTRAOCULAR PRESSURE		23. AUDIOMETRIC SCREENING (<i>Decibels</i>)											
a. DISTANT VISION		b. NEAR VISION				500 Hz		1000		2000		3000		4000		6000	
RIGHT		20/ corr to 20/		20/ corr to 20/		mmHg											
LEFT		20/ corr to 20/		20/ corr to 20/		mmHg											
24. HISTORY AND EXAMINATION. Enter pertinent history and physical findings below as per ATB 2. Continue on reverse, if required. If review of the most recent USAAMA AEDR History Verification Form shows no change in history, enter "No significant Interval history."						25. ELECTROCARDIOGRAM FINDINGS											
						THIS BOX IS FOR USAAMA USE ONLY											
26. RECOMMENDATION <input type="checkbox"/> QUALIFIED <input type="checkbox"/> DISQUALIFIED, CONTINUE WAIVERS <input type="checkbox"/> NEW DISQUALIFICATION, SEND AEROMEDICAL SUMMARY AND SF 88/93																	
27. AEROMEDICAL PHYSICIAN ASSISTANT STAMP AND SIGNATURE						28. FLIGHT SURGEON STAMP AND SIGNATURE											