

CLEARANCE NOTICE (Aeromedical)

Date: _____
From: _____
To: _____

Name: _____
SSN: _____
Rank/Service: _____
HR Loc: _____

1. Recommend subject individual be found physically qualified and aeronautically adapted for duty involving flight as:

Class 1: SNA SGI SGII SGIII
Class 2: SNFO NFO ATC AC/SAR ACFW Other _____

Waiver has been (recommended) (granted) for: _____

2. Corrective lens required in performance of flight duties.
 Corrective lens required and extra pair must be carried in performance of flight duties (DVA < 20/100). _____

3. Checkin/Annual Physical Examination.
 Following Aircraft Mishap/Incident.
 Return from sick/grounded list.
 Other (specify) _____

4. Date grounded _____ Reason _____

Expiration date of clearance _____

Original to: CO
Copy to: Oper. Off. Trng. Off.

Signature: _____
 FS Other:
if other, received concurrence from: _____

Name _____
Unit _____

NAV/MED 6150/2 _____ by _____ (Date) _____ (Name)

NAV/MED 64102 (Rev. 6-90) S/N 0105-LJ-010-1700