

**AIRCREW
STANDARDIZATION / EVALUATION
RECORDS**

Date Reviewed	Signature

A3C SMITH, RANDALL A.

1 APR

SECTION I

AF FORM 8/AFSC FORM 108 COVERING:

1. CURRENT PROFICIENCY CHECK.
2. INITIAL QUALIFICATION CHECK.
3. UPGRADING CHECK.
4. PILOT'S CURRENT INSTRUMENT CHECK.
5. LATEST REQUALIFICATION CHECK.

CERTIFICATE OF AIRCREW QUALIFICATION

TYPE OF CHECK	AFM 60-1 <input checked="" type="checkbox"/> PROFICIENCY <input type="checkbox"/> INSTRUMENT	MAJOR COMMAND <input type="checkbox"/> TACTICAL MISSION	OTHER (Specify) PHASE I & II	DATE DUE N/A	DATE COMPLETED 20 Sept 66
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I. AIRCREW IDENTIFICATION

NAME OF EXAMINEE (Last, First, Middle Initial) SMITH, RANDALL A.	GRADE A2C	AFSN AF15691644	DATE OF BIRTH 4 Apr 45
ORGANIZATION 4449th CCr Tng Sq.		BASE Lawson AAF, Ft Benning, Ga.	
TYPE AIRCRAFT (Model/Series) CV-2B	CREW POSITION Flight Mechanic	CREW NUMBER (If applicable)	

II. PREREQUISITES

AERONAUTICAL RATING	FLYING STATUS CODE	ELIGIBLE FOR CHECK <input type="checkbox"/> YES <input type="checkbox"/> NO	AS OF DATE	ORGANIZATION
DATE	TYPED NAME AND GRADE OF CERTIFYING OFFICIAL		SIGNATURE	

III. QUALIFICATION

GROUND PHASE			FLIGHT PHASE		
EXAMINATION/CHECK	DATE	GRADE	MISSION/CHECK	DATE	TIME
Written Proficiency	14 Sept 66	98%	Prof./Tng Eval	20 Sept 66	3:50

STATUS/GRADE (IAW Command directives) QUALIFIED TACR 60-2	RESTRICTION (As applicable)	EXPIRATION DATE OF RESTRICTION
INSTRUMENT RATING (Pilot only) <input type="checkbox"/> NO. 1 <input type="checkbox"/> NO. 2	UPGRADE (Include date) <input type="checkbox"/> NO. 1	EXPIRATION DATE OF FLIGHT CHECK

DATE 20 Sept 66	NAME AND GRADE OF EXAMINEE (Typed) SMITH, RANDALL A. A2C	SIGNATURE <i>Randall A Smith</i>
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IV. CERTIFICATION

The above aircrew member has demonstrated satisfactory unsatisfactory performance and knowledge of procedures, techniques, equipment, and directives which would would not assure the safe and successful accomplishment of his assigned flying duties.

1	CHECK AS APPLICABLE (Use reverse side for remarks) <input checked="" type="checkbox"/> REMARKS	ORGANIZATION 4449th CCr Tng Sq.	DATE 20 Sept 66
TYPED NAME AND GRADE OF FLIGHT EXAMINER Francisco Archibeyue SSgt		SIGNATURE <i>Francisco Archibeyue</i>	
2	CHECK APPLICABLE BOX(S) (Use reverse for remarks) <input type="checkbox"/> REMARKS <input checked="" type="checkbox"/> CONCUR <input type="checkbox"/> DO NOT CONCUR	ORGANIZATION 4449th CCr Tng Sq.	DATE 20 SEP 66
TYPED NAME AND GRADE OF REVIEWING OFFICER PHILIP L. GRINDSTAFF MAJ. USAF		SIGNATURE <i>Philip L Grindstaff</i>	
3	CHECK APPLICABLE BOX(S) (Use reverse for remarks) <input type="checkbox"/> REMARKS <input checked="" type="checkbox"/> CONCUR <input type="checkbox"/> DO NOT CONCUR	ORGANIZATION 4449th CCr Tng Sq.	DATE 20 SEP 66
TYPED NAME AND GRADE OF FINAL APPROVING OFFICER WAYNE J. WITHERINGTON Lt/Col USAF		SIGNATURE <i>Wayne J Witherington</i>	

Flem J of B before exterior inspection.

Failed to determine true status of Aircraft.
Aircraft was on ground Red cross. He determined
it was ~~on~~ a dash 076.

Item II of Heating and ventilating ~~sys~~:

Has very little knowledge of heating system
Although knew the emergency shut down
procedures very well.

AIRCREW FLIGHT CHECK GRADING			DATE: 10 Apr 67
Last Name, First Name, Middle Initial SMITH, RANDALL A.		Rank ALC	Organization 457th TCS
CREW POSITION FE	TYPE AIRCRAFT C-7A	TYPE CHECK Proficiency/Tactical	FLYING TIME 7:30
OVERALL GRADE Qualified		SEFE NAME AND RANK FRANK A. LORD, TSgt, USAF	

FLYING PERFORMANCE

U	Q		U	Q	
	X	** MISSION PLANNING, BRIEFING			FORMATION
	X	** GROUND CHECKS, LOADING, WT & BAL			** IFR PROCEDURES
		* TAKEOFF AND JOIN-UP, CLIMB, MAX PERF.			** HOLDING
		* ENROUTE NAVIGATION, MID, LOW LEVEL			** PENETRATION
		AIR REFUELING			** ILS/GCA VOR/ADF
		TARGET AND/OR FAC ACQUISITION (DZ/EZ)			VFR LANDING PATTERN
		* RADIO PROCEDURES			* LANDING NORMAL/STOL
		TIMING (AR, TOT, T.O.) HD/LAPES		X	** CRITIQUE
		WEAPONS DELIVERY TECHNIQUES HD/PER/LAPES			FLIGHT LEAD CHECK
		WEAPONS ACCURACY AIR DROP/LAPES			INSTRUCTOR CHECK
		RE-JOIN PROCEDURES		X	** AIRCREW COORDINATION
	X	** EMERGENCY PROCEDURES		X	** AIRCRAFT SYSTEMS
		NIGHT WEAPONS DELIVERY			

* Required all Flight Checks (P), # REQUIRED FM CK ** Required for Instrument Flight Checks (P)

REMARKS:

(2) RECOMMENDED CORRECTIVE ACTION.

(3) CORRECTIVE ACTION TAKEN (OPERATIONS OFFICER).

CERTIFICATE OF AIRCREW QUALIFICATION

TYPE OF CHECK	AFM 60-1 <input checked="" type="checkbox"/> PROFICIENCY <input type="checkbox"/> INSTRUMENT	MAJOR COMMAND PACAF <input checked="" type="checkbox"/> TACTICAL MISSION	OTHER (Specify) Semi-Annual	DATE DUE 4 Apr 67	DATE COMPLETED 9 Apr 67
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I. AIRCREW IDENTIFICATION

NAME OF EXAMINEE (Last, First, Middle Initial) SMITH, RANDALL A.	GRADE A1C	AFSN AF15691644	DATE OF BIRTH 4 Apr
ORGANIZATION 457th Troop Carrier Sq	BASE APO 96326		
TYPE AIRCRAFT (Model/Series) C-7A	CREW POSITION FE	CREW NUMBER (If applicable) N/A	

II. PREREQUISITES

AERONAUTICAL RATING N/A	FLYING STATUS CODE N/A	ELIGIBLE FOR CHECK <input type="checkbox"/> YES <input type="checkbox"/> NO	AS OF DATE N/A	ORGANIZATION N/A
DATE N/A	TYPED NAME AND GRADE OF CERTIFYING OFFICIAL N/A		SIGNATURE N/A	

III. QUALIFICATION

GROUND PHASE			FLIGHT PHASE		
EXAMINATION/CHECK	DATE	GRADE	MISSION/CHECK	DATE	TIME
Written/Tact/Prof	3 Apr 67	93%	Prof/Tact/Eval	9 Apr 67	7:30

STATUS/GRADE (IAW Command directives) Qualified IAW 7AFR 60-1	RESTRICTION (As applicable) N/A	EXPIRATION DATE OF RESTRICTION N/A
INSTRUMENT RATING (Pilot only) <input type="checkbox"/> NO. 1 <input type="checkbox"/> NO. 2 N/A	UPGRADE (Include date) <input type="checkbox"/> NO. 1 N/A	EXPIRATION DATE OF FLIGHT CHECK 4 Oct 67
DATE 10 Apr 67	NAME AND GRADE OF EXAMINEE (Typed) RANDALL A. SMITH, A1C, USAF	SIGNATURE <i>Randall A. Smith</i>

IV. CERTIFICATION

The above aircrew member has demonstrated satisfactory unsatisfactory performance and knowledge of procedures, techniques, equipment, and directives which would would not assure the safe and successful accomplishment of his assigned flying duties.

1	CHECK AS APPLICABLE (Use reverse side for remarks) <input checked="" type="checkbox"/> REMARKS	ORGANIZATION 457th TCS	DATE 10 Apr 67
TYPED NAME AND GRADE OF FLIGHT EXAMINER FRANK A. LORD, TSGT, USAF		SIGNATURE <i>Frank A. Lord</i>	
2	CHECK APPLICABLE BOX(S) (Use reverse for remarks) <input type="checkbox"/> REMARKS <input checked="" type="checkbox"/> CONCUR <input type="checkbox"/> DO NOT CONCUR	ORGANIZATION 457th TCS	DATE 10 Apr 67
TYPED NAME AND GRADE OF REVIEWING OFFICER ERNEST H. RICKARD, LT COL, USAF		SIGNATURE <i>Ernest H. Rickard</i>	
3	CHECK APPLICABLE BOX(S) (Use reverse for remarks) <input type="checkbox"/> REMARKS <input checked="" type="checkbox"/> CONCUR <input type="checkbox"/> DO NOT CONCUR	ORGANIZATION 457th TCS	DATE 10 Apr 67
TYPED NAME AND GRADE OF FINAL APPROVING OFFICER HENRY A. GLOVER, LT COL, USAF		SIGNATURE <i>Henry A. Glover</i>	

REMARKS (Identify by indicating officer's certification 1, 2, or 3)

1. Airman Smith has a very good knowledge of the operation and systems of the C-7A aircraft.

AIRLIFT AIRCREW FLIGHT CHECK GRADING

(C-119/C-130) CV-2B

DATE

20 Sept 66

LAST NAME - FIRST NAME - MIDDLE INITIAL

SMITH, RANDALL A.

GRADE

A2C

CREW POSITION

FLIGHT MECHANIC

ORGANIZATION

4449th CGr Tug Sq.

P/CP						NAV						FM/LM						AREA	STATUS	P/CP						NAV						FM/LM						AREA	STATUS	
P		I		T		P		T		P		T		C	U	P				I		T		P		T		P		T		C	U							
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X - C-119 ONLY

O - C-119 ONLY

■ - C-119/C-130

SECTION II

Rated History

1. COPY OF AERONAUTICAL ORDER.
2. COPY OF ORDER AUTHORIZING INDIVIDUAL TO PARTICIPATE
IN FREQUENT AND REGULAR AERIAL FLIGHTS.
3. COPY OF ORDER AWARDING HIGHEST AERONAUTICAL RATING.
4. COPY OF ORDER SUSPENDING FROM FLYING STATUS.
5. COPY OF FLYING STATUS CODE ORDER.
6. COPY OF INSTRUCTOR, FLIGHT EXAMINER, MULTIPLE CURRENCY
AUTHORIZATION, APPROPRIATE WAIVERS, ATTACHING INDIVIDUAL
TO SPECIFIC ORGANIZATION FOR FLYING ORDERS.

Headquarters
Air Force Special Weapons Center
 Air Force Systems Command
 United States Air Force
 Kirtland Air Force Base, New Mexico

Military Pay Order No.
Organization
Date

AERONAUTICAL ORDER
 15

12 March 1965

1. SSGT GRAYSON L MASSEY, AF13418206, Hq AFSWC (AFSC), Kirtland AFB, NMex, is designated as a crew member per Par 5-6a, AFM 35-13 and is required to participate frequently and regularly in aerial flights for an indefinite period effective 15 March 1965. Duty to be performed is essential to the accomplishment of the mission of the aircraft to which assigned. This order remains in effect after discharge and immediate reenlistment at the same station provided there is no break in service or change in duty assignment. Airman will comply with Par 126, AFM 10-3. Authority: Paragraph 5.5, AFM 35-13 and AFSC Sup 1 to AFM 35-13.

2. The following named airmen, 4925th Orgn Maint Sq, AFSWC, Kirtland AFB, NMex are designated as crew members per Par 5-6a, AFM 35-13 and are required to participate frequently and regularly in Aerial Flights, effective 17 March 1965. Duty to be performed is essential to the accomplishment of the mission of the aircraft to which assigned. This order remains in effect after discharge and immediate reenlistment at the same station, provided there is no break in service or change in duty assignment. Airmen will comply with Par 126, AFM 10-3. Authority: Par 5-5, AFM 35-13 and AFSC Sup 1 thereto.

<u>GRADE</u>	<u>NAME</u>	<u>AFSN</u>
A2C	JAMES H ALLISON	AF14821293
A2C	JOHN W BAGG	AF12692963
A3C	RANDALL A. SMITH	AF15691644

FOR THE COMMANDER:



WALLACE G. ...
 Lt Colonel USAF
 Director of Administrative
 Services

DISTRIBUTION:
 SWBPP- 48
 SWD - 16
 SWBPM-3 - 40
 Hq USAF (AFPMPED) Wash, DC -20330 - 4
 Hq USAF (AFPMEC) Wash, DC -20330 - 4
 Hq AFSC (SCPMS) - 8
 Dep TIG USAF (AFIAS) Norton AFB,
 Calif - 4

Symbol No. (Entered by D.O.)	Typed Name and Grade of Certifying Officer	Signature of Certifying Officer
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PERSONNEL ACTION REQUEST		DATE 22 Jan 67	ORGANIZATION AND LOCATION 457 TOS AFU San Francisco 96326					
LAST NAME FIRST NAME MIDDLE INITIAL WILLIAMS, Donald A.		GRADE 2C	AFSN AF15691644	PERSONNEL ACTION NR 1873				
TO: 12 Obed Spt Gp (AFU) AFU San Francisco 96326		FROM: 457 TOS AFU San Francisco 96326						
SECTION I		REQUESTED ACTION						
<input checked="" type="checkbox"/> AWARD AFSC 44131A AS secondary AFSC		<input type="checkbox"/> WITHDRAW AFSC						
<input checked="" type="checkbox"/> CHANGE PAFSC FROM 443151A TO 443550		<input type="checkbox"/> WITHDRAW PRO PAY RATING _____ AFSC _____						
<input type="checkbox"/> CHANGE CAFSC FROM 1/E TO _____		EFFECTIVE _____						
<input type="checkbox"/> CHANGE FLYING STATUS CODE TO _____		<input type="checkbox"/> OJT: EFFECTIVE _____						
<input type="checkbox"/> CHANGE FUNCTIONAL CATEGORY TO _____		<input type="checkbox"/> ENTER AFSC _____ CODE _____						
<input type="checkbox"/> CHANGE ANNOUNCE (ODSD) (DEROS) TO _____		<input type="checkbox"/> CONTINUE AFSC _____ CODE _____						
<input type="checkbox"/> CHANGE AD SVC COMMITMENT TO _____		<input type="checkbox"/> WITHDRAW AFSC _____ CODE _____						
<input type="checkbox"/> ASSIGN RATED POSITION IDENTIFIER _____		<input type="checkbox"/> COMPLETED AFSC _____ CODE _____						
<input type="checkbox"/> ASSIGN FUNCTIONAL ACCOUNT CODE _____		<input type="checkbox"/> ASSIGN PROGRAM ELEMENT CODE _____						
<input type="checkbox"/> ASSIGN PRO PAY RATING _____ AFSC _____		<input type="checkbox"/> ADJUST DOS TO _____						
EFFECTIVE _____		<input type="checkbox"/> ADJUST (FAFMSD) (PAY DATE) TO _____						
<input type="checkbox"/> ASSIGN DAFSC _____ DUTY TITLE _____		EFFECTIVE _____						
<input type="checkbox"/> RPTG OFFL IS _____		AND FOR _____						
<input type="checkbox"/> OTHER _____								
<input checked="" type="checkbox"/> AUTHORITY Change "1" to 37-1, effective 1 Jan 67, and 37-1.								
TYPED NAME, GRADE AND POSITION TITLE Frank A. Gould		SIGNATURE OF SUPERVISOR/REQUESTING OFFICIAL <i>Frank A. Gould</i>						
SECTION II		CONCURRENCE						
<input checked="" type="checkbox"/> DO <input type="checkbox"/> DO NOT CONCUR		SIGNATURE OF INDIVIDUAL CONCERNED <i>Randall A. Smith</i>						
SECTION III		DUTY STATUS CHANGE						
CHANGE DUTY STATUS FROM _____ TO _____								
EFFECTIVE _____ HOURS _____ 19 _____ LOCATION: _____								
SECTION IV		ASSIGNMENT ACTION						
EDCSA _____ ASSIGNMENT ACTION NUMBER _____ REPT NLT _____								
ASSIGN FROM _____ TO _____								
SECTION V			APPROVAL BY COMMANDER OR AUTHORIZED REPRESENTATIVE					
FOR THE COMMANDER			DATE 30 Jan 67					
TYPED NAME, GRADE AND POSITION TITLE Walter F. Kasper			SIGNATURE <i>Walter F. Kasper</i>					
SECTION VI			ACTION BY CBPO OFFICER					
<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> BOARD ACTION REQUIRED			DATE 8 Feb 67					
HEADQUARTERS 12th Obed Spt Gp AFU SF 96326			SIGNATURE					
FOR THE COMMANDER			TYPED NAME, GRADE AND POSITION TITLE J. B. McCLAREY, 1SGT USAF 12CGO, Career Control Branch					
THIS AUTHORIZATION REMAINS IN EFFECT AFTER AIRMAN'S DISCHARGE AND IMMEDIATE REENLISTMENT AT THE SAME STATION, PROVIDED THAT HE HAS NO BREAK IN MILITARY SERVICE.								
SECTION VII		REMARKS						
WILLIAMS, Donald A. is converted from 443151A to 443550 effective 1 Jan 67. A flight instructor specialist. No change in control or duty station. Review an evaluation accomplished in accordance with Change "1" to 47-1.								
SECTION VIII								
CBPO COORDINATION RECORD								
ADM	ASGMTS	C&T	OJT	FT	R&S	SA	ER/PR	RP
6		1						
OR	AR	I & OP	MA	MR	MP	CM	PA	
	2		3					

SECTION III

1. CURRENT MEDICAL RECOMMENDATION FOR FLYING DUTY (AF FORM 1042).
2. CURRENT RECORD OF PHYSIOLOGICAL TRAINING (AF FORM 702).

457723

MEDICAL RECOMMENDATION FOR FLYING DUTY

(Detach Diagnosis for other than medical use of form)

DATE

15 Jan 67

TO:

457th TCS
Cam Ranh AB, RVN

FROM:

12th USAF Hospital
Cam Ranh AB, RVN

HOSP
CODE

CERTIFICATE

(FOR INCOMING FLYING PERSONNEL ONLY)
I CERTIFY THAT I AM ON FLYING STATUS ACCORDING TO CURRENT ORDERS AND THAT I HAVE HAD NO ILLNESS OR INJURY SINCE LEAVING MY LAST STATION, EXCEPT AS RECORDED BELOW.

I CERTIFY THAT I HAVE BEEN NOTIFIED OF THE RECOMMENDATIONS BELOW AND UNDERSTAND THE ACTION BEING TAKEN THIS DATE.

I HAVE BEEN OFFICIALLY NOTIFIED THIS DATE THAT I (have been grounded because of physical disqualification for flying duty) (am physically qualified for flying duty).

SIGNATURE OF FLYER

Randall A. Smith

CLEARANCE FOR FLYING DUTY IS GIVEN UNDER THE FOLLOWING CIRCUMSTANCES

1. REPORTING TO A NEW STATION
2. ANNUAL MEDICAL EXAMINATION
3. OTHER REQUIREMENT FOR CLEARANCE (Specify)

1. LAST NAME—FIRST NAME—MIDDLE INITIAL

SMITH, RANDALL A.

2. GRADE

A2C

CODE

3. SERVICE NUMBER

AF 15691644

4. AGE

21

5. TOTAL FLYING TIME

-

6. ORGANIZATION AND MAJOR COMMAND OF ASSIGNMENT

457th TCS (PACAF)

CODE

7. MONTH IN WHICH FLIGHT REQUIREMENTS WERE LAST MET

-

8. RATING, DESIGNATION OR FLYING DUTY

Crew Chief

CODE

9. ACTUAL DATE FOUND MEDICALLY INCAPACITATED TO FLY (Day, Month, Year)

CODE

10. ESTIMATED DURATION OF INCAPACITY TO FLY

11. STANDARD FORM 88 IS ATTACHED

YES

NO

12. SERIOUS ILLNESS

(If answer is "yes", attach Standard Form 88)

YES

NO

13. AERO ORDERS

INDIVIDUAL PRESENTLY SUSPENDED BY

AERO ORDER NO.

HEADQUARTERS

PARAGRAPH NO.

DATE

14. TYPE OF ACTION RECOMMENDED

(Check one)

MONTH AND YEAR

(1) EXCUSAL NOT TO EXTEND BEYOND LAST DAY OF

(2) GROUNDING NOT TO EXTEND BEYOND LAST DAY OF

(3) SUSPENSION AS OF FIRST DAY OF

(4) REMOVAL OF EXCUSAL

(5) REMOVAL OF GROUNDING

(6) REMOVAL OF SUSPENSION

15. COMPETENT CERTIFYING AUTHORITY (When box (4), (5), or (6) in Item 14 is checked, indicate authority to certify as physically qualified.)

BASE

NO. AIR FORCE

MAJOR AIR COMMAND

HQ USAF

16. TOTAL DAYS (Number of days from actual date of incapacitation (Item 9) to date of certification by competent authority as physically qualified to fly).

DAYS DURATION IN MEDICAL FACILITY

REMARKS

In accordance with Hq PACAF (SG) Ltr, Interm changes to AFM 160-1, 14 Dec 65, Annual physical requirement is waived. Flying clearance expires upon return to CONUS, and will not extend beyond two years from last flying physical examination.

TYPED OR PRINTED NAME AND GRADE OF FLIGHT SURGEON OR AVIATION MEDICAL EXAMINER

MORRIS A. KUGLER CAPT USAF MC FMO

SIGNATURE

M. A. Kugler

MEDICAL RECOMMENDATION FOR FLYING DUTY

(Detach Diagnosis for other than medical use of form)

DATE

19 Jul 1966

TO: 4900th Operations

FROM: Flight Surgeon's Office
4900th USAF Dispensary
Kirtland AFB, NMex

HOSP
CODE

3252

CERTIFICATE

- (FOR INCOMING FLYING PERSONNEL ONLY)
I CERTIFY THAT I AM ON FLYING STATUS ACCORDING TO CURRENT ORDERS AND THAT I HAVE HAD NO ILLNESS OR INJURY SINCE LEAVING MY LAST STATION, EXCEPT AS RECORDED BELOW.
- I CERTIFY THAT I HAVE BEEN NOTIFIED OF THE RECOMMENDATIONS BELOW AND UNDERSTAND THE ACTION BEING TAKEN THIS DATE.
- I HAVE BEEN OFFICIALLY NOTIFIED THIS DATE THAT I (have been grounded because of physical disqualification for flying duty) (am physically qualified for flying duty).

1. LAST NAME--FIRST NAME--MIDDLE INITIAL SMITH, Randall A.		2. GRADE A3C	CODE
3. SERVICE NUMBER AF-15691644	4. AGE	5. TOTAL FLYING TIME	
6. ORGANIZATION AND MAJOR COMMAND OF ASSIGNMENT 4925th OMS AFSC			CODE
7. MONTH IN WHICH FLIGHT REQUIREMENTS WERE LAST MET	8. RATING, DESIGNATION OR FLYING DUTY Crew Member		CODE
9. ACTUAL DATE FOUND MEDICALLY INCAPACITATED TO FLY <small>(Day, Month, Year)</small>			CODE
10. ESTIMATED DURATION OF INCAPACITY TO FLY		11. STANDARD FORM 88 IS ATTACHED	YES NO
12. SERIOUS ILLNESS <small>(If answer is "yes", attach Standard Form 88)</small>		YES	NO

SIGNATURE OF FLYER

CLEARANCE FOR FLYING DUTY IS GIVEN UNDER THE FOLLOWING CIRCUMSTANCES

- | |
|--|
| <input type="checkbox"/> 1. REPORTING TO A NEW STATION |
| <input checked="" type="checkbox"/> 2. ANNUAL MEDICAL EXAMINATION 19 Jul 66 |
| <input type="checkbox"/> 3. OTHER REQUIREMENT FOR CLEARANCE <small>(Specify)</small> |

13. AERO ORDERS		
AERO ORDER NO.	INDIVIDUAL PRESENTLY SUSPENDED BY	SUSPENSION CONFIRMED BY
HEADQUARTERS		
PARAGRAPH NO.		
DATE		

15. COMPETENT CERTIFYING AUTHORITY <small>(When box (4), (5), or (6) in Item 14 is checked, indicate authority to certify as physically qualified.)</small>			
BASE	NO. AIR FORCE	MAJOR AIR COMMAND	HQ USAF

14. TYPE OF ACTION RECOMMENDED <small>(Check one)</small>		MONTH AND YEAR
<input type="checkbox"/> (1) EXCUSAL NOT TO EXTEND BEYOND LAST DAY OF		
<input type="checkbox"/> (2) GROUNDING NOT TO EXTEND BEYOND LAST DAY OF		
<input type="checkbox"/> (3) SUSPENSION AS OF FIRST DAY OF		
<input type="checkbox"/> (4) REMOVAL OF EXCUSAL		
<input type="checkbox"/> (5) REMOVAL OF GROUNDING		
<input type="checkbox"/> (6) REMOVAL OF SUSPENSION		

16. TOTAL DAYS (Number of days from actual date of incapacitation (Item 9) to date of certification by competent authority as physically qualified to fly).

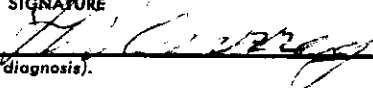
DAYS DURATION IN MEDICAL FACILITY ¹

REMARKS

Flight clearance expires 4 April 1967.
Glasses will be worn while performing those aircrew duties requiring the corrected visual acuity.

TYPED OR PRINTED NAME AND GRADE OF FLIGHT SURGEON OR AVIATION MEDICAL EXAMINER
THOMAS W. CURREY CAPT USAF MC FMO

SIGNATURE



DIAGNOSIS (State most serious condition first. Specify resultant conditions from any diagnosis).

CODES

D
AL
CA

¹ Use figure from DD Form 481, Item 27, "ALL"

MEDICAL RECOMMENDATION FOR FLYING DUTY

(Detect Diagnosis for other than medical use of form)

DATE

6 Oct 1965

TO: Commander
4925th OMS
Kirtland AFB, NMex

FROM: Flight Surgeon's Office
4900th USAF Dispensary
Kirtland AFB, NMex

HOSP CODE
3252

CERTIFICATE

- (FOR INCOMING FLYING PERSONNEL ONLY)
I CERTIFY THAT I AM ON FLYING STATUS ACCORDING TO CURRENT ORDERS AND THAT I HAVE HAD NO ILLNESS OR INJURY SINCE LEAVING MY LAST STATION, EXCEPT AS RECORDED BELOW.
- I CERTIFY THAT I HAVE BEEN NOTIFIED OF THE RECOMMENDATIONS BELOW AND UNDERSTAND THE ACTION BEING TAKEN THIS DATE.
- I HAVE BEEN OFFICIALLY NOTIFIED THIS DATE THAT I (have been grounded because of physical disqualification for flying duty) (~~am physically qualified for flying duty~~).

SIGNATURE OF FLYER

Randall A. Smith

CLEARANCE FOR FLYING DUTY IS GIVEN UNDER THE FOLLOWING CIRCUMSTANCES

- 1. REPORTING TO A NEW STATION
- 2. ANNUAL MEDICAL EXAMINATION
- 3. OTHER REQUIREMENT FOR CLEARANCE (Specify)

1. LAST NAME—FIRST NAME—MIDDLE INITIAL

SMITH, Randall A.

2. GRADE

A3C

3. SERVICE NUMBER

AF-15691644

4. AGE

20

5. TOTAL FLYING TIME

220

6. ORGANIZATION AND MAJOR COMMAND OF ASSIGNMENT

4925th OMS
AFSC

CODE

HA

7. MONTH IN WHICH FLIGHT REQUIREMENTS WERE LAST MET

Sep 1965

8. RATING, DESIGNATION OR FLYING DUTY

Crew Member

CODE

9. ACTUAL DATE FOUND MEDICALLY INCAPACITATED TO FLY (Day, Month, Year)

6 October 1965

CODE

1065

10. ESTIMATED DURATION OF INCAPACITY TO FLY

3 - 4 days

11. STANDARD FORM 88 IS ATTACHED

YES

NO

12. SERIOUS ILLNESS (If answer is "yes", attach Standard Form 88)

YES

NO

13. AERO ORDERS

	INDIVIDUAL PRESENTLY SUSPENDED BY	SUSPENSION CONFIRMED BY
AERO ORDER NO.		
HEADQUARTERS		
PARAGRAPH NO.		
DATE		

14. TYPE OF ACTION RECOMMENDED (Check one)

- (1) EXCUSAL NOT TO EXTEND BEYOND LAST DAY OF
- (2) GROUNDING NOT TO EXTEND BEYOND LAST DAY OF
- (3) SUSPENSION AS OF FIRST DAY OF
- (4) REMOVAL OF EXCUSAL
- (5) REMOVAL OF GROUNDING
- (6) REMOVAL OF SUSPENSION

MONTH AND YEAR

Dec 1965

15. COMPETENT CERTIFYING AUTHORITY (When box (4), (5), or (6) in Item 14 is checked, indicate authority to certify as physically qualified.)

BASE	NO. AIR FORCE	MAJOR AIR COMMAND	HQ USAF
------	---------------	-------------------	---------

16. TOTAL DAYS (Number of days from actual date of incapacitation (Item 9) to date of certification by competent authority as physically qualified to fly).

DAYS DURATION IN MEDICAL FACILITY ¹

REMARKS

TYPED OR PRINTED NAME AND GRADE OF FLIGHT SURGEON OR AVIATION MEDICAL EXAMINER

CHARLES C. ROBINSON CAPT, USAF MC FM

SIGNATURE

Charles C. Robinson

DIAGNOSIS (State most serious condition first. Specify resultant conditions from any diagnosis).

Bronchitis, acute; organism undetermined.

CODES

D	5000
AL	-
CA	-

¹ Use figure from DD Form 481, Item 27, "ALL"

MEMO ROUTING SLIP

FOR USE FOR APPROVALS, DISAPPROVALS,
CONCURRENCES, OR SIMILAR ACTIONS

1	NAME OR TITLE <i>SWM MO-4/S</i>	INITIALS <i>skh</i>	CIRCULATE
	ORGANIZATION AND LOCATION	DATE	COORDINATION
2			FILE
			INFORMATION <i>x</i>
3			NECESSARY ACTION
			NOTE AND RETURN
4			SEE ME
			SIGNATURE

REMARKS

FROM NAME OR TITLE

SWDMF

DATE

12 Oct

ORGANIZATION AND LOCATION

TELEPHONE

2364

DD FORM 1 FEB 50 95

Replaces DA AGO Form 895, 1 Apr 48, and AFHQ Form 12, 10 Nov 47, which may be used.

c48-16-74067-2
GPO

MEDICAL RECOMMENDATION FOR FLYING DUTY

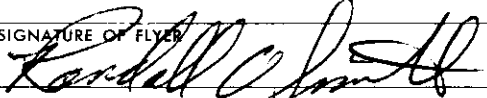
(Detach Diagnosis for other than medical use of form)

DATE

12 Oct 1965

TO: Commander 4925th OMS Kirtland AFB, NMex	FROM: Flight Surgeon's Office 4900th USAF Dispensary Kirtland AFB, NMex	HOSP CODE 3252
---	---	-------------------

CERTIFICATE (FOR INCOMING FLYING PERSONNEL ONLY) <input type="checkbox"/> I CERTIFY THAT I AM ON FLYING STATUS ACCORDING TO CURRENT ORDERS AND THAT I HAVE HAD NO ILLNESS OR INJURY SINCE LEAVING MY LAST STATION, EXCEPT AS RECORDED BELOW. <input type="checkbox"/> I CERTIFY THAT I HAVE BEEN NOTIFIED OF THE RECOMMENDATIONS BELOW AND UNDERSTAND THE ACTION BEING TAKEN THIS DATE. <input type="checkbox"/> I HAVE BEEN OFFICIALLY NOTIFIED THIS DATE THAT I (have been grounded because of physical disqualification for flying duty) (am physically qualified for flying duty).	1. LAST NAME—FIRST NAME—MIDDLE INITIAL SMITH, Randall A.	2. GRADE A2C	CODE	
	3. SERVICE NUMBER AF-15691644	4. AGE 20	5. TOTAL FLYING TIME 220	
	6. ORGANIZATION AND MAJOR COMMAND OF ASSIGNMENT 4925th OMS AFSC			CODE HA

SIGNATURE OF FLYER 	7. MONTH IN WHICH FLIGHT REQUIREMENTS WERE LAST MET Sep 1965	8. RATING, DESIGNATION OR FLYING DUTY Crew Member	CODE
---	--	---	------

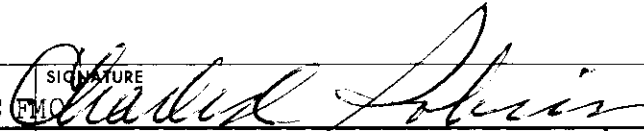
CLEARANCE FOR FLYING DUTY IS GIVEN UNDER THE FOLLOWING CIRCUMSTANCES	9. ACTUAL DATE FOUND MEDICALLY INCAPACITATED TO FLY (Day, Month, Year) 6 October 1965	CODE 1065
--	---	---------------------

1. REPORTING TO A NEW STATION	10. ESTIMATED DURATION OF INCAPACITY TO FLY 3 - 4 days	11. STANDARD FORM 88 IS ATTACHED	YES	NO
2. ANNUAL MEDICAL EXAMINATION				
3. OTHER REQUIREMENT FOR CLEARANCE (Specify)				
	12. SERIOUS ILLNESS (If answer is "yes", attach Standard Form 88)		YES	NO
				X

13. AERO ORDERS		14. TYPE OF ACTION RECOMMENDED (Check one)		MONTH AND YEAR
	INDIVIDUAL PRESENTLY SUSPENDED BY	SUSPENSION CONFIRMED BY	(1) EXCUSAL NOT TO EXTEND BEYOND LAST DAY OF	
AERO ORDER NO.			(2) GROUNDING NOT TO EXTEND BEYOND LAST DAY OF	
HEADQUARTERS			(3) SUSPENSION AS OF FIRST DAY OF	
PARAGRAPH NO.			(4) REMOVAL OF EXCUSAL	
DATE			(5) REMOVAL OF GROUNDING	
			(6) REMOVAL OF SUSPENSION	

15. COMPETENT CERTIFYING AUTHORITY (When box (4), (5), or (6) in Item 14 is checked, indicate authority to certify as physically qualified.)					16. TOTAL DAYS (Number of days from actual date of incapacitation (Item 9) to date of certification by competent authority as physically qualified to fly).	
<input checked="" type="checkbox"/> BASE		NO. AIR FORCE	MAJOR AIR COMMAND	HQ USAF	6	
REMARKS					DAYS DURATION IN MEDICAL FACILITY ¹ 0	

REMARKS

TYPED OR PRINTED NAME AND GRADE OF FLIGHT SURGEON OR AVIATION MEDICAL EXAMINER CHARLES C. ROBINSON CAPT, USAF MC FMO	SIGNATURE 
--	---

DIAGNOSIS (State most serious condition first. Specify resultant conditions from any diagnosis). Bronchitis, acute; organism undetermined.	CODES
	D 5000
	AL -
	CA -

¹ Use figure from DD Form 481, Item 27, "ALL"

MEDICAL RECOMMENDATION FOR FLYING DUTY

(Detach Diagnosis for other than medical use of form)

DATE

18 Feb 1965

TO: 4900th Operations

FROM: Flight Surgeon's Office
4900th USAF Dispensary
Kirtland AFB, NMex

HOSP
CODE

CERTIFICATE

- (FOR INCOMING FLYING PERSONNEL ONLY)
I CERTIFY THAT I AM ON FLYING STATUS ACCORDING TO CURRENT ORDERS AND THAT I HAVE HAD NO ILLNESS OR INJURY SINCE LEAVING MY LAST STATION, EXCEPT AS RECORDED BELOW.
- I CERTIFY THAT I HAVE BEEN NOTIFIED OF THE RECOMMENDATIONS BELOW AND UNDERSTAND THE ACTION BEING TAKEN THIS DATE.
- I HAVE BEEN OFFICIALLY NOTIFIED THIS DATE THAT I (have been grounded because of physical disqualification for flying duty) (am physically qualified for flying duty).

1. LAST NAME—FIRST NAME—MIDDLE INITIAL SMITH, Randall A.	2. GRADE A/3C	CODE
--	-------------------------	------

3. SERVICE NUMBER AF-15691644	4. AGE	5. TOTAL FLYING TIME
---	--------	----------------------

6. ORGANIZATION AND MAJOR COMMAND OF ASSIGNMENT 4925th OMS AFSC	CODE
---	------

7. MONTH IN WHICH FLIGHT REQUIREMENTS WERE LAST MET	8. RATING, DESIGNATION OR FLYING DUTY	CODE
---	---------------------------------------	------

SIGNATURE OF FLYER
Randall A Smith

CLEARANCE FOR FLYING DUTY IS GIVEN UNDER THE FOLLOWING CIRCUMSTANCES

9. ACTUAL DATE FOUND MEDICALLY INCAPACITATED TO FLY <small>(Day, Month, Year)</small>	CODE
--	------

- | | |
|---|------------------------------------|
| 1. REPORTING TO A NEW STATION | |
| 2. ANNUAL MEDICAL EXAMINATION | 11 Feb 65 |
| 3. OTHER REQUIREMENT FOR CLEARANCE <small>(Specify)</small> | x Initial Flying, Class III |

10. ESTIMATED DURATION OF INCAPACITY TO FLY	11. STANDARD FORM 88 IS ATTACHED	YES	NO

12. SERIOUS ILLNESS <small>(If answer is "yes", attach Standard Form 88)</small>	YES	NO

13. AERO ORDERS	
INDIVIDUAL PRESENTLY SUSPENDED BY	SUSPENSION CONFIRMED BY
AERO ORDER NO.	
HEADQUARTERS	
PARAGRAPH NO.	
DATE	

14. TYPE OF ACTION RECOMMENDED <small>(Check one)</small>		MONTH AND YEAR
<input type="checkbox"/> (1) EXCUSAL NOT TO EXTEND BEYOND LAST DAY OF		
<input type="checkbox"/> (2) GROUNDING NOT TO EXTEND BEYOND LAST DAY OF		
<input type="checkbox"/> (3) SUSPENSION AS OF FIRST DAY OF		
<input type="checkbox"/> (4) REMOVAL OF EXCUSAL		
<input type="checkbox"/> (5) REMOVAL OF GROUNDING		
<input type="checkbox"/> (6) REMOVAL OF SUSPENSION		

15. COMPETENT CERTIFYING AUTHORITY (When box (4), (5), or (6) in Item 14 is checked, indicate authority to certify as physically qualified.)

BASE	NO. AIR FORCE	MAJOR AIR COMMAND	HQ USAF
------	---------------	-------------------	---------

16. TOTAL DAYS (Number of days from actual date of incapacitation (Item 9) to date of certification by competent authority as physically qualified to fly).

DAYS DURATION IN MEDICAL FACILITY ¹

REMARKS

Flight clearance expires 4 April 1966.
Glasses will be worn while performing those aircrew duties requiring the corrected visual acuity.

TYPED OR PRINTED NAME AND GRADE OF FLIGHT SURGEON OR AVIATION MEDICAL EXAMINER CHARLES E. MASON CAPT, USAF MC FMO	SIGNATURE <i>C. E. Mason</i>
---	---------------------------------

DIAGNOSIS (State most serious condition first. Specify resultant conditions from any diagnosis).

	CODES
	D
	AL
	CA

I. INDIVIDUAL PHYSIOLOGICAL TRAINING RECORD

(For officers this record will be kept as a permanent part of AF Form 846, "Aircrew Standardization/Evaluation Records." For airmen this record will be kept as a permanent part of the Field Medical Record.)

LAST NAME-FIRST NAME-MIDDLE INITIAL Smith, Randall A.		GRADE A3C		AFSN AF 156,164
TYPE OF TRAINING	PERCENT GRADE	AIR FORCE BASE	DATE	SIGNATURE OF TRAINING OFFICER
ORIGINAL PHASE	89	CANNON AFB, N. M.	17 SEP 1965	<i>Joseph G. DeVincentis</i> JOSEPH G. DEVINCENTIS, CAPT. USAF BSC
REFRESHER PHASE				
PASSENGER PHASE				
NIGHT VISION TRAINER		CANNON AFB, N. M.	17 SEP 1965	<i>Joseph G. DeVincentis</i> JOSEPH G. DEVINCENTIS, CAPT. USAF BSC
EJECTION SEAT TRAINER				
PARTIAL PRESSURE SUIT				
FULL PRESSURE SUIT				
PRESSURE SUIT REFRESHER				
RAPID DECOMPRESSION		CANNON AFB, N. M.	17 SEP 1965	<i>Joseph G. DeVincentis</i> JOSEPH G. DEVINCENTIS, CAPT. USAF BSC
MISCELLANEOUS				
REMARKS				

SECTION IV

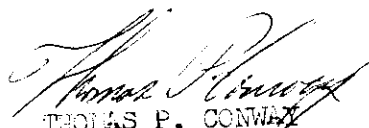
TRAINING HISTORY

1. CURRENT CERTIFICATE OF RECORD OF SURVIVAL TRAINING.
2. CURRENT RECORD OF EJECTION SEAT TRAINING.
3. CURRENT TYPE OF TRAINING COMPLETED IN WEAPON SYSTEM.
4. INFORMATION PERTAINING TO COMPLETION OF GROUND SCHOOL, SIMULATOR, FIELD/MOBILE TRAINING COURSE FOR INITIAL (CURRENT) AIRCRAFT QUALIFICATION.

4900TH AIR BASE GROUP
KIRTLAND AIR FORCE BASE, NEW MEXICO

C E R T I F I C A T E

This is to certify that ASG R.A. SMITH attended Survival
Refresher Training on 16 Apr 65.



THOMAS P. CONWAY

TSGT, USAF

NCCIC, Survival Training

DEPARTMENT OF THE AIR FORCE
4449th COMBAT CREW TRAINING SQUADRON (TAC)
FORT BENNING, GEORGIA 31905

CLEARANCE

NAME: SMITH RANDALL RANK: A2C CLASS: 167C-3

GAINING ORGN:

ACTIVITY:	BLDG NR.	IN		OUT	
VEHICLE REGISTRATION (Perm Party)	215				
DISPENSARY NR. 3 (Perm Party will handcarry Medical Records)	2285	/			
BOQ OFFICE	2521				
CLEARANCE FOR UNIT ADMINISTRATION SECTION:		YES	NO	YES	NO
MEDICAL RECORDS				/	
DENTAL RECORDS				/	
PAY RECORDS				/	
FIELD PERSONNEL RECORDS				/	
FORM 846 FOLDER					
DD FORM 220 OR 714 (INDICATE)					
DD FORM 345 (LOWER FOUR)					
DD FORM 1175 (MAIL)					
LOCATOR CARD					
FLIGHT CLEARANCE				/	
VEHICLE REGISTRATION				/	

Supply go to [unclear]

I CERTIFY THAT I HAVE CANCELLED OR MADE PROPER ARRANGEMENTS FOR CANCELLATION OF ALL OBLIGATIONS ENTERED INTO WHILE STATIONED AT FORT BENNING, GEORGIA.

SIGNATURE: Randall Smith

SECTION V

LOCAL USE

1. LOCAL SPECIALIZED TRAINING, EVALUATION OR OTHER REQUIREMENTS (WINCH OPERATOR, SCUBA DIVER, LOADMASTER, ETC).