

MEDICAL RECOMMENDATION FOR FLYING DUTY (Detach Diagnosis for other than medical use of form)									
TO: <b>Commander, 1133rd SAS</b>				FROM: <b>MG USAF MED CTR (SGPF) AAFB</b>				HOSP CODE (1-4) <b>251</b>	
1. LAST NAME-FIRST NAME-MIDDLE INITIAL <b>HARRISON, MARSHALL G.</b>				7. GRADE <b>Major</b>		7A. GRADE (5-6)		8. AGE (7-8) <b>38</b>	
2. CERTIFICATE				9. SSAN (9-17)					
<input type="checkbox"/> (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. <input checked="" type="checkbox"/> 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: <input type="checkbox"/> I HAVE BEEN GROUNDED (OR EXCUSED) BECAUSE OF PHYSICAL DISQUALIFICATION FOR FLYING DUTY. <input checked="" type="checkbox"/> I AM PHYSICALLY QUALIFIED FOR FLYING DUTY.				10. ORGN AND MAJOR COMD OF ASGN <b>1133rd SAS (HQ COMD)</b>		10A. COMD OF ASGN (18)			
SIGNATURE OF FLYER <i>Marshall G. Harrison</i>				11. RATING DESG OR FLYING DUTY <b>Command Pilot</b>		12. COMBAT AIRCRAFT MEMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		11A. RATING (19)	
3. CLEARANCE FOR FLYING DUTY IS GIVEN UNDER THE FOLLOWING CIRCUMSTANCES:  <input type="checkbox"/> REPORTING TO A NEW STATION <input checked="" type="checkbox"/> ANNUAL MEDICAL EXAMINATION <input type="checkbox"/> OTHER REQUIREMENT FOR CLEARANCE (Specify)				13. FLYING CATEGORY <b>Excused</b>		12. ACTUAL DATE MEDICALLY INCAPACITATED TO FLY		13A. CAT (21)	
4. DATE FLIGHT CLEARANCE EXPIRES <b>December 1973</b>				15. MONTH IN WHICH FLT RQMTS WERE LAST MET		16. EST DURATION OF INCAPACITY TO FLY		14A. DATE (22-25)	
5. INDIVIDUAL PRESENTLY SUSPENDED BY				17. SERIOUS ILLNESS, IF "YES", ATTACH SF 88 <input type="checkbox"/> YES <input type="checkbox"/> NO		18. FLYING WITH WAITER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		19. TOTAL FLYING TIME (26-29)	
AERO ORDER NO.				20. GLASSES WILL BE WORN WHILE PERFORMING THOSE DUTIES REQUIRING CORRECTED VISUAL ACUITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA					
HEADQUARTERS				21. TOTAL DAYS (No. of days from actual date of incapacitation (Item 14) to date of certification by competent authority as physically qualified to fly)		21. TOTAL DAYS (30-32)			
PARAGRAPH NO.				22. DAYS DURATION IN MEDICAL FACILITY (Use figure from AF Form 565 "Total to Date")		22. DAYS IN FCLTY (33-35)			
DATE				23. TYPE OF ACTION RECOMMENDED		YEAR AND MONTH		CIRCLE ONE (36)	
6. COMPETENT CERTIFYING AUTHORITY (When box 4, 5, or 6, of item 23 is circled, indicate authority to certify as physically qualified)				EXCUSAL NOT TO EXTEND BEYOND LAST DAY OF				1	
BASE				GROUNDING NOT TO EXTEND BEYOND LAST DAY OF				2	
NO. AIR FORCE				SUSPENSION AS OF FIRST DAY OF				3	
MAJOR COMD				REMOVAL OF EXCUSAL				4	
HQ USAF				REMOVAL OF GROUNDING				5	
REMARKS <b>3 &amp; Doc</b>				REMOVAL OF SUSPENSION				6	
DATE <b>30 Oct 72</b>				TYPED/PRINTED NAME AND GRADE OF FLIGHT SURGEON OR FLIGHT MEDICAL OFFICER <b>GEORGE G CARD CAPT USAF MC FMO</b>		SIGNATURE <i>George G. Card</i>		CODES (PRIMARY DG ONLY) (37-40)	
25. DIAGNOSIS (State most serious condition first. Specify resultant conditions from any diagnosis.)								DG (44-47)	

JAN 18 1973

MEDICAL RECOMMENDATION FOR FLYING DUTY (Detach Diagnosis for other than medical use of form)									
TO: <b>COMMANDER 1133rd SAS</b>				FROM: <b>MG USAF MED CTR (SGPF) AAFB</b>				HOSP CODE (1-4) <b>2451</b>	
1. LAST NAME-FIRST NAME-MIDDLE INITIAL <b>HARRISON, MARSHALL G.</b>				7. GRADE <b>MAJ</b>		7A. GRADE (5-6) <b>04</b>		8. AGE (7-8) <b>38</b>	
2. CERTIFICATE  <input type="checkbox"/> (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. <input checked="" type="checkbox"/> I CERTIFY THAT I HAVE BEEN NOTIFIED OF THE RECOMMENDATIONS BELOW AND UNDERSTAND THE ACTION BEING TAKEN THIS DATE. <input checked="" type="checkbox"/> I HAVE BEEN OFFICIALLY NOTIFIED THIS DATE THAT: <input checked="" type="checkbox"/> I HAVE BEEN GROUNDED <del>(REASON)</del> BECAUSE OF PHYSICAL DISQUALIFICATION FOR FLYING DUTY. <input type="checkbox"/> I AM PHYSICALLY QUALIFIED FOR FLYING DUTY.				10. ORGN AND MAJOR COMB OF ASGN <b>1133rd SAS (HQ COMD)</b>		9. SSAN (9-17)			
10A. COMD OF ASGN (18) <b>P</b>									
SIGNATURE OF FLYER <i>Marshall G. Harrison</i>				11. RATING DESG OR FLYING DUTY <b>Command Pilot</b>		12. COMBAT AIRCREW MEMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		11A. RATING (19) <b>A</b>	
				13. FLYING CATEGORY <b>Excused</b>		14. ACTUAL DATE MEDICALLY INCAPACITATED TO FLY <b>1 May 73</b>		12A. COMBAT (20) <b>2</b>	
3. CLEARANCE FOR FLYING DUTY IS GIVEN UNDER THE FOLLOWING CIRCUMSTANCES:  <input type="checkbox"/> REPORTING TO A NEW STATION <input type="checkbox"/> ANNUAL MEDICAL EXAMINATION <input type="checkbox"/> OTHER REQUIREMENT FOR CLEARANCE (Specify)				15. MONTH IN WHICH FLT RQMTS WERE LAST MET <b>May 73</b>		16. EST DURATION OF INCAPACITY TO FLY <b>1 month</b>		13A. CAT (21) <b>1</b>	
				17. SERIOUS ILLNESS, IF "YES", ATTACH SF 88 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		18. FLYING WITH WAIVER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14A. DATE (22-25) <b>7305</b>	
4. DATE FLIGHT CLEARANCE EXPIRES				20. GLASSES WILL BE WORN WHILE PERFORMING THOSE DUTIES REQUIRING CORRECTED VISUAL ACUITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA		19. TOTAL FLYING TIME (26-29) <b>4500</b>			
				21. TOTAL DAYS. (No. of days from actual date of incapacitation (Item 14) to date of certification by competent authority as physically qualified to fly) →		21. TOTAL DAYS (30-32)			
5. INDIVIDUAL PRESENTLY SUSPENDED BY				22. DAYS DURATION IN MEDICAL FACILITY (Use figure from AF Form 565 "Total to Date") →		22. DAYS IN FCLTY (33-35)			
AERO ORDER NO.				23. TYPE OF ACTION RECOMMENDED		YEAR AND MONTH		CIRCLE ONE (36)	
HEADQUARTERS				EXCUSAL NOT TO EXTEND BEYOND LAST DAY OF				1	
PARAGRAPH NO.				GROUNDING NOT TO EXTEND BEYOND LAST DAY OF		<b>Aug 73</b>		2	
DATE				SUSPENSION AS OF FIRST DAY OF				3	
6. COMPETENT CERTIFYING AUTHORITY (When box 4, 5, or 6. of item 23 is circled, indicate authority to certify as physically qualified)				REMOVAL OF EXCUSAL				4	
				REMOVAL OF GROUNDING				5	
BASE				REMOVAL OF SUSPENSION				6	
NO. AIR FORCE									
MAJOR COMD									
HQ USAF									
REMARKS <b>ON QTRS</b>						24. P U L H E S			
DATE <b>1 May 73</b>						1 1 1 1 1 1 W			
TYPED/PRINTED NAME AND GRADE OF FLIGHT SURGEON OR FLIGHT MEDICAL OFFICER <b>RICHARD D GLAESER CAPT USAF MC FS</b>						SIGNATURE <i>[Signature]</i>			