

MEDICAL RECOMMENDATION FOR FLYING DUTY (Detach Diagnosis for other than medical use of form)				
TO: Commander, 1133rd SAS		FROM: MG USAF MED CTR (SGPF) AAFB		HOSP CODE (1-4) 251
1. LAST NAME-FIRST NAME-MIDDLE INITIAL HARRISON, MARSHALL G.		7. GRADE Major		7A. GRADE (5-6) 8. AGE (7-8) 38
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 RE-RECORDED BELOW.				10. ORGN AND MAJOR COMD OF ASN 1133rd SAS (HQ COMD)
<input checked="" type="checkbox"/> I CERTIFY THAT I HAVE BEEN NOTIFIED OF THE REC-OMMENDATIONS BELOW AND UNDERSTAND THE ACTION BEING TAKEN THIS DATE.				10A. COMD. OF ASN (18)
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.				
SIGNATURE OF FLYER <i>Marshall S. Harrison</i>				
3. CLEARANCE FOR FLYING DUTY IS GIVEN UNDER THE FOLLOWING CIRCUMSTANCES:				
<input type="checkbox"/> REPORTING TO A NEW STATION				15. MONTH IN WHICH FLT RQMTS WERE LAST MET
<input checked="" type="checkbox"/> ANNUAL MEDICAL EXAMINATION				16. EST DURATION OF INCAPACITY TO FLY
<input type="checkbox"/> OTHER REQUIREMENT FOR CLEARANCE (Specify)				17. SERIOUS ILLNESS, IF "YES", ATTACH SF 88
				18. FLYING WITH WAI-VER
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
				19. TOTAL FLYING TIME (26-29)
4. DATE FLIGHT CLEARANCE EXPIRES December 1973				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
				21. TOTAL DAYS. (No. of days from actual date of incapacitation (Item 14) to date of certification by competent authority as physical 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 FCL TY (33-35)
AERO ORDER NO.		23. TYPE OF ACTION RECOMMENDED		YEAR AND MONTH
		EXCUSAL NOT TO EXTEND BEYOND LAST DAY OF		
HEADQUARTERS		GROUNDING NOT TO EXTEND BEYOND LAST DAY OF		
PARAGRAPH NO.		SUSPENSION AS OF FIRST DAY OF		
DATE		REMOVAL OF EXCUSAL		
		REMOVAL OF GROUNDING		
		REMOVAL OF SUSPENSION		
REMARKS				24. P U L H E S
				3 2 D 2
DATE 30 Oct 72	TYPED/PRINTED NAME AND GRADE OF FLIGHT SURGEON OR FLIGHT MEDICAL OFFICER GEORGE G CARD CAPT USAF MC FMO			SIGNATURE <i>George G. Card</i>
25. DIAGNOSIS (State most serious condition first. Specify resultant conditions from any diagnosis.)				CODES (PRIMARY DG ONLY) (37-40)
				DG (44-47)
				JAN 18 1973

MEDICAL RECOMMENDATION FOR FLYING DUTY (Detach Diagnosis for other than medical use of form)					
TO: COMMANDER 1133rd SAS		FROM: MG USAF MED CTR (SGPF) AAFB		HOSP CODE (1-4) 2451	
1. LAST NAME-FIRST NAME-MIDDLE INITIAL HARRISON, MARSHALL G.			7. GRADE MAJ	7A. GRADE (7-8) 04 5-6	8. AGE (7-8) 38
2. CERTIFICATE			9. SSAN (9-17)		
<p><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 RE-RECORDED BELOW.</p> <p><input checked="" type="checkbox"/> I CERTIFY THAT I HAVE BEEN NOTIFIED OF THE RECOMMENDATIONS BELOW AND UNDERSTAND THE ACTION BEING TAKEN THIS DATE.</p> <p>I HAVE BEEN OFFICIALLY NOTIFIED THIS DATE THAT:</p> <p><input checked="" type="checkbox"/> I HAVE BEEN GROUNDED (REASON) BECAUSE OF PHYSICAL DISQUALIFICATION FOR FLYING DUTY.</p> <p><input type="checkbox"/> I AM PHYSICALLY QUALIFIED FOR FLYING DUTY.</p>					
10. ORGN AND MAJOR COMD OF ASGN 1133rd SAS (HQ COMD)			10A. COMD OF ASGN (18) P		
11. RATING DESG OR FLYING DUTY Command Pilot		12. COMBAT AIRCREW MEMBER	11A. RAT-ING (19) A	12A. COM-BAT (20) 2	
13. FLYING CATEGORY Excused		14. ACTUAL DATE MEDICALLY INCAPACITATED TO FLY 1 May 73	13A. CAT (21) 1	14A. DATE (22-25) 7305	
15. MONTH IN WHICH FLT RQMTS WERE LAST MET May 73		16. EST DURATION OF INCAPACITY TO FLY 1 month			
17. SERIOUS ILLNESS, IF "YES", ATTACH SF 88 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		18. FLYING WITH WALKER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	19. TOTAL FLYING TIME (26-29) 4500		
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					
21. TOTAL DAYS. (No. of days from actual date of incapacitation (Item 14) to date of certification by competent authority as physical qualified to fly) →					
22. DAYS DURATION IN MEDICAL FACILITY (Use figure from AF Form 565 "Total to Date") →					
23. TYPE OF ACTION RECOMMENDED			YEAR AND MONTH	CIRCLE ONE (36)	
EXCUSAL NOT TO EXTEND BEYOND LAST DAY OF				1	
GROUNDING NOT TO EXTEND BEYOND LAST DAY OF				2	
SUSPENSION AS OF FIRST DAY OF				3	
REMOVAL OF EXCUSAL				4	
REMOVAL OF GROUNDING				5	
REMOVAL OF SUSPENSION				6	
REMARKS ON QTRS 32 Dec					
24. P U L H E S					
DATE 1 May 73	TYPED/PRINTED NAME AND GRADE OF FLIGHT SURGEON OR FLIGHT MEDICAL OFFICER RICHARD D GLAESER CAPT USAF MC FS				SIGNATURE <i>Glaser</i>