

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

<b>DATE</b>	<b>SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)</b>		
	<b>101 Medical Group, 109 Pesch Circle, Suite 423, Bangor, Maine 04401</b>		
<b>Date</b>	Name:		
(Valid for 14 days)	Rank or Civilian Job: STUDENT		
<b>(NOTE: ARC clearances will be valid for no longer than 40 days)</b>	<b>Age:</b>	<b>Gender: M</b>	<b>F</b>
	<b>The following questions must be asked prior to a flight in a non-ejection seat aircraft (KC-135):</b>		
	<b>1. Do you have any medical problems?</b>	<b>Yes</b>	<b>No</b>
	<b>2. Are you on a duty limiting condition (DLC) (military only)?</b>	<b>Yes</b>	<b>No</b>
	<b>3. Do you have any medical restrictions?</b>	<b>Yes</b>	<b>No</b>
	<b>4. Do you feel you need to see a military provider (flight surgeon)?</b>	<b>Yes</b>	<b>No</b>
	<b>5. Do you feel that you would have problems egressing (evacuating) the aircraft?</b>	<b>Yes</b>	<b>No</b>
	<b>6. Do you take any medications?</b>	<b>Yes</b>	<b>No</b>
	<b>Patient (PARENT/GAURDIAN) Signature:</b> _____		
<b>Military Medical Technician</b>	<b>Individual is referred to see a military provider (flight surgeon)</b>	<b>Yes</b>	<b>No</b>
<b>Military Provider (flight surgeon)</b>	<b>Individual is medically cleared for orientation flight</b>	<b>Yes</b>	<b>No</b>
<b>Date:</b>	Flight surgeon printed name:		Flight surgeon's Signature
<b>Expires:</b>			

**PATIENT'S IDENTIFICATION** (Use this space for Mechanical Imprint)

<b>RECORDS MAINTAINED AT:</b>	101 Medical Group Bangor, ME 04401-8027		
<b>PATIENT'S NAME (Last, First, Middle initial)</b>		<b>SEX</b>	
<b>RELATIONSHIP TO SPONSOR</b>	<b>STATUS</b>	<b>RANK/GRADE</b>	
SELF	-----		
<b>SPONSOR'S NAME</b>		<b>ORGANIZATION</b>	
SELF			
<b>DEPART./SERVICE</b>	<b>SSN/IDENTIFICATION NO.</b>	<b>DATE OF BIRTH</b>	
MeANG	20 /		

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION <i>(Sign each entry)</i>
	101 MEDICAL SQUADRON, BANGOR ANG BASE, MAINE