

# NASA GSFC WFF FLIGHT MEDICAL CLEARANCE FORM

To be completed by crewmember and submitted to Cognizant NASA Project Manager

LAST NAME		FIRST NAME		MIDDLE NAME	
STREET ADDRESS			CITY	STATE	ZIP
DAY PHONE # ( )			PHONE # ( )		E-MAIL ADDRESS
DOB (MM/DD/YY)	Sex (CIRCLE) MALE FEMALE		WEIGHT (LBS)		HEIGHT (INCHES)

**PHYSICAL CAPABILITIES:** Have you EVER HAD, or do you NOW HAVE, any of the following physical limitations? Answer "YES" for every limitation you have /ever had in your life..

YES	NO	CONDITION	YES	NO	CONDITION
		Do you use a cane or walker?			Is your vision uncorrectable to at least 20/40?
		Do you require any splints, braces, or prosthetics?			Do you require hearing aids?
		Are you unable to climb a ladder without assistance?			Are you afraid of heights?
		Are you unable to climb 2 flights of stairs without difficulty?			Are you afraid of confined or small spaces?
		Are you unable to walk for 30 minutes without resting?			Are you intolerant to heat?
		Are you unable to jump safely from a 5 foot height?			Are you intolerant to cold?
		Do you need to go to the bathroom more than every 2 hours?			Do you have problems at high altitude?
		Do you have urinary or fecal incontinence?			Are you incapable of wearing a tightly fitting respirator mask?

**EXPLANATIONS:** Explain any "YES" answer from above. Please describe the condition and/or the approximate date of occurrence. Use additional page if necessary.

**MEDICAL CONDITIONS:** Have you EVER HAD, or do you NOW HAVE, any of the following conditions? Answer "YES" for every condition you have ever had in your life. .

YES	NO	CONDITION	YES	NO	CONDITION
		any heart or lung problems?			any open wounds/sores requiring a dressing?
		a stroke (CVA) or TIA?			a colostomy or indwelling catheter?
		surgery?			a pacemaker or internal defibrillator?
		a blood clot (DVT or pulmonary embolism)?			having surgery within 6 weeks of your flight?
		ear/sinus trouble?			pregnant at the time of your flight?
		diabetes?			use a CPAP device?
		a persistent cough?			use inhalers and/or supplemental oxygen?
		seizures or fainting spells?			take insulin?

**EXPLANATION OF MEDICAL CONDITIONS** Explain any "YES" answer from above. Please describe the condition and/or the approximate date of occurrence. Use additional page if necessary.

**DO YOU CURRENTLY USE ANY MEDICATION** (prescription or non-prescription)?  YES  NO If yes, list name, purpose dosage & frequency of use. (Attach additional sheet if needed).

**DO YOU HAVE ANY ALLERGIES?**  YES  NO If yes, list the substance and/or /drug and describe allergic symptoms.

**MEDICAL RECOMMENDATIONS** Have you received any of the following medical recommendations, treatments, or dispositions? Answer "YES" for every condition you have /ever had in your life.

YES	NO	CONDITION	YES	NO	CONDITION
		Have you been medically rejected for military service?			Have you received treatment for drug/alcohol dependence?
		Have you been medically denied insurance coverage?			Have you been medically advised not to fly?
		Do you now, or have you, received medical disability?			Have you been medically advised not to scuba dive?

**EXPLANATIONS:** If you answered "yes" to any of the above items, describe the condition and the approximate date of occurrence. Use additional page if necessary.

SIGNATURE OF APPLICANT	DATE
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# NASA GSFC WFF Flight Medical Clearance Form

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## Instructions

Read these instructions carefully to properly complete this form. If you need more space to complete an answer, use a separate sheet of paper. Write your name at the top of each sheet, and indicate the title of the item that refers to each answer.

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### What is the purpose of this form?

All personnel that will be flying onboard a NASA aircraft as Qualified Non-Crewmembers are required to obtain medical certification to ensure the person is medically fit for flight. This form allows you, the Qualified Non-Crewmember, to evaluate your medical condition and communicate this to NASA directly. A NASA physician will review your responses and determine fitness for flight. If medical questions or concerns arise, the NASA physician may contact you prior to flight.

### What information is required?

Provide answers to all information to the best of your ability. You can complete the form using Microsoft Word, then print the completed form prior to signing. If you are unable to use Microsoft Word, please type or print neatly using black ink. If the space provided on the form is not sufficient, you may include additional sheets by following the instructions above. All relevant information will be evaluated by the NASA physician to determine your fitness for flight.

### Will my information be secure?

Your information is classified as SENSITIVE BUT UNCLASSIFIED (SBU). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552) or other applicable laws or restricted from disclosure based on NASA policy. It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with NASA policy relating to SBU information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized NASA official (see NPR 1600.1).

### How do I submit this form?

After you have completed the form, be sure to sign and date it. Please fax, or scan and email, the completed form to the attention of the appropriate Project Manager.

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A log of your submission will be maintained to ensure that the completed NASA Medical Flight Medical Clearance Form is received prior to the required flight date.

Additional NASA Wallops Flight Facility Aircraft Office Representatives

Catherine Easmunt 757-824-1525  
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