

INTERIM (ABBREVIATED) FLYING DUTY MEDICAL EXAMINATION						1. EXAM DATE (DD/MM/YY)
For use of this form, see AR 40-501; the proponent agency is OTSG						
2. NAME (Last, First, MI)			3. SSN	4. RANK	5. BIRTH DATE (DD/MM/YY)	
6. COMPONENT (Check one or more)			7. AVIATION DUTY (Check one)			
<input type="checkbox"/> AD-RA <input type="checkbox"/> AD-USAR <input type="checkbox"/> USAR-AGR <input type="checkbox"/> USAR-TPU <input type="checkbox"/> USAR-IRR <input type="checkbox"/> ARNG-AGR <input type="checkbox"/> ARNG <input type="checkbox"/> DAC <input type="checkbox"/> CIV CONTRACTOR <input type="checkbox"/> RET-MIL			<input type="checkbox"/> AVIATOR <input type="checkbox"/> FS/APA <input type="checkbox"/> AEROSCOUT <input type="checkbox"/> CLASS 3 <input type="checkbox"/> ATC (CLASS 4)			
8. UNIT OF ASSIGNMENT AND COMPLETE UNIT ADDRESS			9. UNIT PHONE		10. HOME PHONE	
11. LIST YOUR AEROMEDICAL WAIVERS IN EFFECT			12. LIST YOUR MEDICATIONS AND DOSAGES			
13. I understand that I must be cleared by a flight surgeon after hospitalization or sick in quarters, or after treatment or activities requiring restriction. I am informing the flight surgeon of my medical history or any change in my health since my last FDME. I have read AR 600-105 (Aviation service) and AR 40-8 (Exogenous factors).			PATIENT'S SIGNATURE			
14a. EXAM FACILITY ADDRESS		15. BLOOD PRESS	16. PULSE	17. HEIGHT (Ins)	18. WEIGHT (Lbs)	19. %BODY FAT
b. EXAM FACILITY PHONE		c. AEDR FACILITY CODE	20a. DEPTH PERCEPTION TEST		b. TEST SCORE	c. TEST RESULT
			<input type="checkbox"/> VTA <input type="checkbox"/> VERHOEFF <input type="checkbox"/> RANDOT CIRCLES			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
21. EYE EXAMINATION			22. INTRAOCULAR PRESSURE	23. AUDIOMETRIC SCREENING (Decibels)		
	a. DISTANT VISION		b. NEAR VISION	500 Hz	1000	2000
				3000	4000	6000
RIGHT	20/ corr to 20/		20/ corr to 20/	mmHg		
LEFT	20/ corr to 20/		20/ corr to 20/	mmHg		
24. HISTORY AND EXAMINATION. Enter pertinent history and physical findings below as per ATB 2. Continue on reverse, if required. If review of the most recent USAAMA AEDR History Verification Form shows no change in history, enter "No significant Interval history."				25. ELECTROCARDIOGRAM FINDINGS		
				THIS BOX IS FOR USAAMA USE ONLY		
26. RECOMMENDATION						
<input type="checkbox"/> QUALIFIED <input type="checkbox"/> DISQUALIFIED, CONTINUE WAIVERS <input type="checkbox"/> NEW DISQUALIFICATION, SEND AEROMEDICAL SUMMARY AND SF 88/93						
27. AEROMEDICAL PHYSICIAN ASSISTANT STAMP AND SIGNATURE				28. FLIGHT SURGEON STAMP AND SIGNATURE		