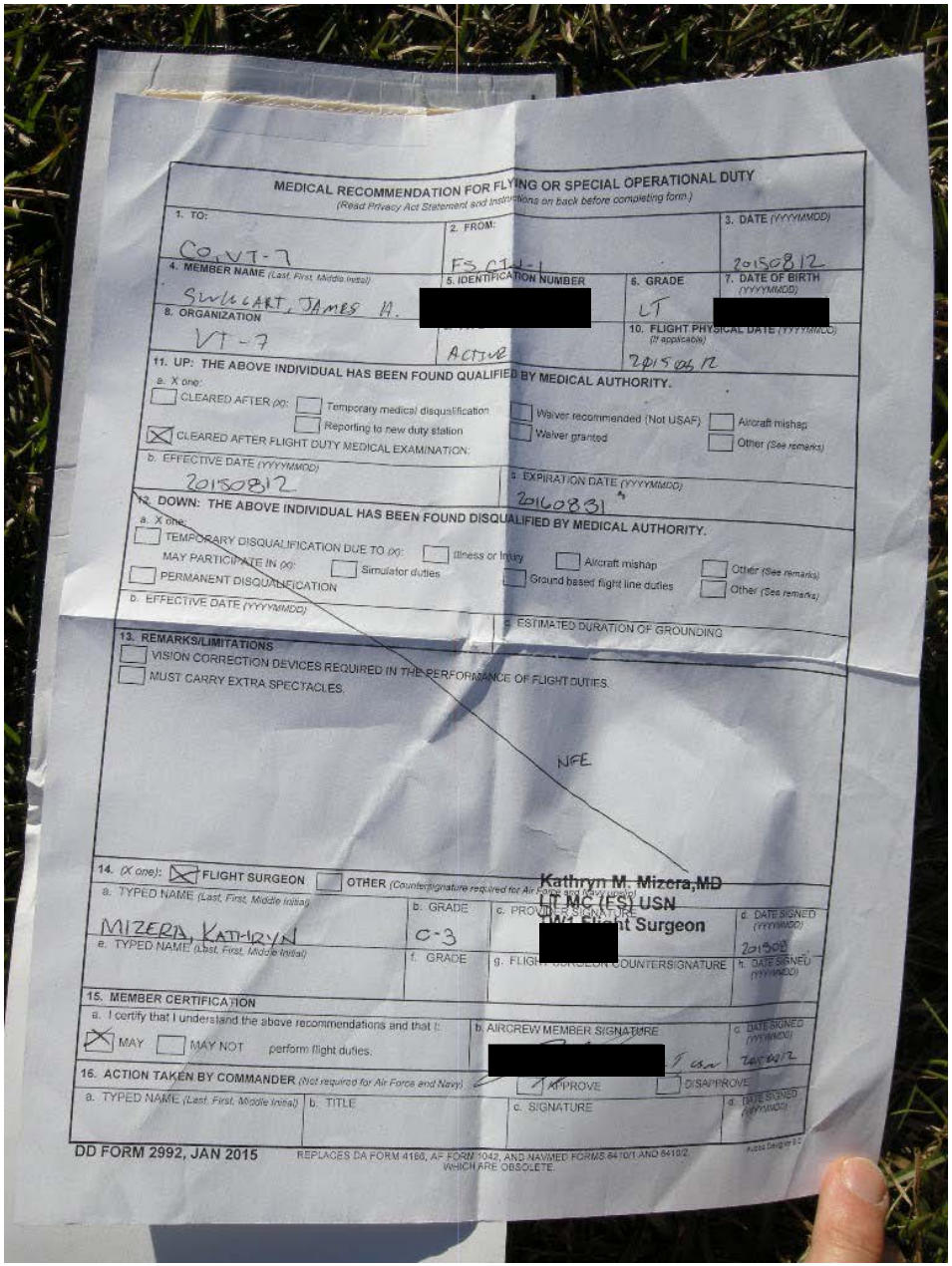

MEDICAL RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY

(Read Privacy Act Statement and Instructions on back before completing form.)

1. TO: CO, VT-7
2. FROM: FS CTW-1
3. DATE (YYYYMMDD): 20150812
4. MEMBER NAME (Last, First, Middle Initial): SINCLAIR, JAMES M.
5. IDENTIFICATION NUMBER: [redacted]
6. GRADE: LT
7. DATE OF BIRTH (YYYYMMDD): [redacted]
8. ORGANIZATION: VT-7
9. [illegible] ACTIVE
10. FLIGHT PHYSICAL DATE (YYYYMMDD) (If applicable): 20150612

11. UP: THE ABOVE INDIVIDUAL HAS BEEN FOUND QUALIFIED BY MEDICAL AUTHORITY.

a. X one:
- [ ] CLEARED AFTER (X): [ ] Temporary medical disqualification [ ] Reporting to new duty station
- [ ] Waiver recommended (Not USAF) [ ] Waiver granted
- [ ] Aircraft mishap [ ] Other (See remarks)
- [X] CLEARED AFTER FLIGHT DUTY MEDICAL EXAMINATION:

b. EFFECTIVE DATE (YYYYMMDD): 20150812
c. EXPIRATION DATE (YYYYMMDD): 20160831

12. DOWN: THE ABOVE INDIVIDUAL HAS BEEN FOUND DISQUALIFIED BY MEDICAL AUTHORITY.

a. X one:
- [ ] TEMPORARY DISQUALIFICATION DUE TO (X): [ ] Illness or Injury [ ] Aircraft mishap [ ] Other (See remarks)
- MAY PARTICIPATE IN (X): [ ] Simulator duties [ ] Ground based flight line duties [ ] Other (See remarks)
- [ ] PERMANENT DISQUALIFICATION

b. EFFECTIVE DATE (YYYYMMDD):
c. ESTIMATED DURATION OF GROUNDING:

13. REMARKS/LIMITATIONS
- [ ] VISION CORRECTION DEVICES REQUIRED IN THE PERFORMANCE OF FLIGHT DUTIES.
- [ ] MUST CARRY EXTRA SPECTACLES.

NFE

14. (X one): [X] FLIGHT SURGEON [ ] OTHER (Countersignature required for Air Force and Navy use only)

a. TYPED NAME (Last, First, Middle Initial): MIZERA, KATHRYN
b. GRADE: O-3
c. PROVIDER SIGNATURE: Kathryn M. Mizera,MD LT MC (ES) USN [illegible] Flight Surgeon
d. DATE SIGNED (YYYYMMDD): 20150[illegible]
e. TYPED NAME (Last, First, Middle Initial):
f. GRADE:
g. FLIGHT SURGEON COUNTERSIGNATURE:
h. DATE SIGNED (YYYYMMDD):

15. MEMBER CERTIFICATION

a. I certify that I understand the above recommendations and that I:
- [X] MAY [ ] MAY NOT perform flight duties.

b. AIRCREW MEMBER SIGNATURE: [redacted] USN
c. DATE SIGNED (YYYYMMDD): 20150812

16. ACTION TAKEN BY COMMANDER (Not required for Air Force and Navy)
- [ ] APPROVE [ ] DISAPPROVE

a. TYPED NAME (Last, First, Middle Initial):
b. TITLE:
c. SIGNATURE:
d. DATE SIGNED (YYYYMMDD):

DD FORM 2992, JAN 2015 REPLACES DA FORM 4186, AF FORM 1042, AND NAVMED FORMS 6410/1 AND 6410/2 WHICH ARE OBSOLETE.

Photo 1 – DD Form 2992