

403693

PFE

FCR (23 Feb 79) 1st Ind

SUBJECT: Medical Recommendation for Flying Duty.

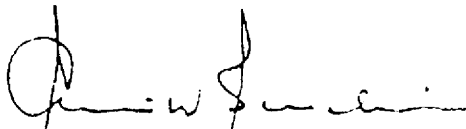
Headquarters, Joint Task Group, Enewetak Atoll, Marshall Islands.
APO San Francisco 96553 26 February 1979.

THRU: Commander, USASCH, ATTN: AFZV-AV, Fort Shafter, Hawaii 96858.

TO: Commander, FORSCOM, ATTN: AFOP-AV, Fort McPherson, Georgia
30330.

1. It is my understanding from USASCH and FORSCOM that temporary sus-
pension issued by the USASCH Aviation Office has been lifted at no loss
of benefits to Captain Myers.

2. Request confirmation.


ROBERT W. BAUCHSPIES
Colonel, USA
Commanding

1 Incl
nc

CF:

LTC Miller, Army Enewetak Coordinator
USASCH

BEST COPY AVAILABLE

PRIVACY ACT MATERIAL REMOVED

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DEFENSE NUCLEAR AGENCY
FIELD COMMAND
JOINT TASK GROUP - ENEWETAK ATOLL
APO, SAN FRANCISCO 96333

FCRR

23 February 1979

SUBJECT: Medical Recommendation for Flying Duty

THRU: Commander
Joint Task Group
Enewetak Atoll, MI
APO San Francisco 96333

Commander
USASCH
ATTN: AFZV-AV
Fort Shafter, Hawaii 96858

TO: Commander
FORSCOM
ATTN: AFOP-AV
Fort McPherson, Georgia 30330.

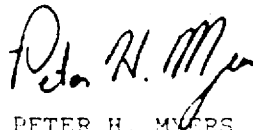
1. Enclosed is a copy of Medical Recommendation for Flying Duty (Incl 1) which verifies that I have been administered a Flight Physical during the 60 day extension period (to my birth month) as authorized by the Aviation Office, Headquarters, FORSCOM.
2. In the certification section of the enclosure I have only checked two blocks, as opposed to the parenthetical instruction to check at least three. Because I was in receipt of the 15 January 1979, letter (Subject: Notification of Temporary Suspension) from the USASCH Aviation Office, I felt that I could not certify that I was on flying status according to current orders. As well, I had no official waiver of medical disqualification for flying duties nor had I a medical disqualification for flying duty.
3. I have had posted to my medical records a copy of the DA Form 4186, dated 2 February 1979, which is inclosure 1.
4. I have the understanding that after the flight physical is reviewed by Fort Rucker, it will be forwarded to Enewetak Medical Clinic for inclosure in my medical records.
5. If there exists any irregularity in the processing of my flight physical

FCRR

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for this year, upon your notification I will make every effort to eliminate it. Thank you.



PETER H. MYERS
CPT, USA
512-48-9965

1 Incl
Medical Recommendation

MEDICAL RECOMMENDATION FOR FLYING DUTY

For use of this form, see AR 40-501; the proponent agency is the Office of The Surgeon General

TO: Joint Task Group Eniwetok Atoll Clean-up APO SF 96333		FROM: Office Flight Surgeon, BGH, FSH, TX		
1. NAME (Last, First, MI)	2. SSN	3. GRADE	4. BRANCH	5. TYPE FLYING DUTY PERFORMED
		O-3	MISC	Pilot
ORGANIZATION: Joint Task Group, Eniwetok Atoll Clean-up Project, APO SF 96333				

CERTIFICATION

(Minimum of three blocks must be checked)

- I certify that I am on flying status according to current orders.
- I certify that I have an official waiver of medical disqualification for flying duties.
- I certify that I have been notified of the recommendations below and understand the action taken this date.
- I have a medical disqualification for flying duty.
- I am medically qualified to perform flying duties.

(Signature of Airman)

MEDICAL CLEARANCE IS GRANTED FOR THE FOLLOWING REQUIREMENT	9. DATE MEDICAL CLEARANCE EXPIRES (Year, Month, Day)												
REPORTING TO NEW STATION <input checked="" type="checkbox"/> MEDICAL EXAMINATION <input checked="" type="checkbox"/> AFTER AIRCRAFT ACCIDENT <input type="checkbox"/>	1980 Feb 28												
OTHER (Give full explanation under REMARKS)	DIAGNOSIS CODES												
WAIVERS OF MEDICAL DISQUALIFICATION FOR FLYING DUTY	<table border="1"> <tr> <th>PREFIX</th> <th>WAIVER CODE</th> <th>SUFFIX</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	PREFIX	WAIVER CODE	SUFFIX									
PREFIX	WAIVER CODE	SUFFIX											

ACTION RECOMMENDED

DISQUALIFYING ACTIONS	QUALIFYING ACTIONS												
13. ESTIMATED DURATION OF INCAPACITY TO FLY (Give duration in days or months as applicable)	14. TERMINATION OF MEDICAL RESTRICTION EFFECTIVE (Year, Month, Day)												
14. MEDICAL RESTRICTION FOLLOWING AIRCRAFT ACCIDENT EFFECTIVE (Year, Month, Day)	15. DA TERMINATION OF SUSPENSION EFFECTIVE (Year, Month, Day)												
15. MEDICAL RESTRICTION EFFECTIVE (Year, Month, Day)	16. AIRCREWMAN WAS HOSPITALIZED <input type="checkbox"/> YES <input type="checkbox"/> NO												
16. DA SUSPENSION EFFECTIVE (Year, Month, Day)	17. PROFILE (Check only if changed from last profile)												
REMARKS	<table border="1"> <tr> <td>P</td> <td>U</td> <td>L</td> <td>H</td> <td>E</td> <td>S</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	P	U	L	H	E	S						
P	U	L	H	E	S								

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J. J. SYLANTSEY, MD COLONEL, MC MASTER FLIGHT SURGEON	SIGNATURE	DATE
	<i>[Signature]</i>	2 Feb 79