

Diagnosis/Treatment for ADD/ADHD

Please provide all medical documents concerning this condition!	
NAME	SSAN
1. Have you been diagnosed with ADD or ADHD?	YES NO
➢ If yes at what age:	
Please provide all College Transcripts	
2. Where you prescribed medication for your ADD/ADHD?	YES NO
If yes, please list the medication/s	
3. Do you currently take medications for your ADD/ADHD?	YES NO
If no, when did you last take medications?	
ADD/ADHD Regulatory Guidance:	
AFI 48-123, paragraph 6.45.17.1. Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder or Perceptual/Learning Disorder(s), are disqualifying unless the individual can demonstrate passing academic performance and there has been no use of medication(s) in the past 12 months.	
You will need to provide all medical/academic documentation to us prior to your FC I exam. AFROTC Cadets please see your Det NCO for assistance, all others please see your program manager for assistance.	

By signing below, I certify that the above information is true and accurate to the best of my knowledge.

Applicant's Signature

Date

Privacy Act Statement Authority: 5 USC §552a And Executive Order 9397Purpose(s): To determine medical acceptability or update a medical file as a part of the Flying Class I examination. Routine uses: This information may be disclosed to medical personnel

engaged in the examination process. **Disclosure:** Voluntary; however, failure to furnish the requested information will impede the examination process and hamper your application. Use of Social Security Number (SSN) is used for positive identification of records.