

## UNITED STATES AIR FORCE SCHOOL OF AEROSPACE MEDICINE

Aeromedical Consult Services
Medical Flight Standards
Wright Patterson Air Force Base, Dayton, Ohio 45433

## Asthma Questionnaire

Na	me:	SSN:	
1.	Have you ever been medically treated for a breathing problem?		
	If yes, please explain (emergency room vis	ts, hospitalizations, etc,)	
2.	,		
	<ul><li>wheezing or shortness of breath?</li><li>If yes, please explain (emergency room vis</li></ul>	ts hospitalizations etc.)	
	, in yes, prease explain (emergency room vis	to, hospitalizations, etc.,	
3.	What age did it start?		
4.	Date of last episode/attack?		
т.	Dute of fast episode/attack.		
5.	Date of last treatment or medication?		
	Specify medication:		
6.	PFT: YES: NO: Please prov	ide documentation.	
7.	Frequency of medication used: (e.g., daily, week needed)	y, seasonal, prior to athletic/recreational ac	tivities, or a
signing l	pelow, I certify that the above information is true	and accurate to the best of my kno	wledge.
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**Privacy Act Statement Authority**: 5 USC §552a And Executive Order 9397**Purpose(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.