



UNITED STATES AIR FORCE SCHOOL OF AEROSPACE MEDICINE

Aeromedical Consult Services

Medical Flight Standards

Wright Patterson Air Force Base, Dayton, Ohio 45433

Asthma Questionnaire

Please provide all medical documents concerning this condition!

Form with fields for Name, SSN, and seven numbered questions about asthma treatment and medication.

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 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.