AEROMEDICAL ANALYSIS FORM
Aeromedical Review, Discussion, Conclusions and Recommendations

THIS IS PART OF A LIMITED USE NAVAL AIRCRAFT MISHAP INVESTIGATION REPORT.
LIMITED DISTRIBUTION AND SPECIAL HANDLING REQUIRED IN ACCORDANCE WITH OPNAVINST 3750.6.

(Continue on additional sheets as necessary)

Flight Surgeon's Name: _____ Rank/Grade: _____
Mailing Address: _____

Phone Number: AUTOVON _____ Commercial _____
Date Aeromedical Analysis Submitted: _____

Did Flight Surgeon participate fully in AMB Proceedings? Yes ☐ No ☐
Hours spent in investigation? _____

AMSO or Others Who Assisted _____ Telephone Number (AV) _____
Date of mishap _____ Mishap severity _____
Reporting custodian _____ Mishap category _____
BUNO _____ Aircraft model _____

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INSTRUCTIONS FOR COMPLETION OF THE AEROMEDICAL ANALYSIS FORM

Aeromedical Review, Discussion, Conclusions, and Recommendations

Submission criteria: The flight surgeon member of the Aircraft Mishap Board shall submit this form whenever: (1) there is suspected human factor error as a cause of the mishap or as a cause of any damage or injury resulting from or associated with the mishap, (2) personal injuries or other relevant medical findings result from the mishap, or (3) an attempt is made, whether successful or not, to eject, bail out, or otherwise egress the aircraft.

Aeromedical Analysis Review

A chronological review of the entire mishap sequence. Extend the review from before and after the mishap proper sufficiently for the review to compare all of the causal factors of the mishap and all the causal factors of damage and injury that occurred in the course of the mishap: flight planning to egress/rescue/medevac would be a minimum. The review should include a brief medical and psychosocial profile of each person involved. Be sure to include any pre-existing aeromedical conditions. The flight surgeon will review sensitive, personal or speculative topics as pertinent in this section. From this review the reader should be able to understand the mishap readily without referring to the MIR message.

Discussion of Aeromedical Conditions:

All pertinent aeromedical conditions are discussed. Causative and non-causative conditions are discussed. The human factor areas of Appendix L must be considered and addressed as appropriate. The flight surgeon will discuss sensitive, personal or speculative topics as pertinent in this section.

Aeromedical Conclusions:

All findings from the aeromedical discussion section are listed in this section. In subsection A.1, all of the aeromedical conditions that were felt to be causative of the mishap are listed. In subsection A.2, all the aeromedical conditions that were felt to be causative of the additional damage or injury are listed. In subsection B all of the aeromedical conditions that were present but non-contributory to either the mishap or additional damage or injury are listed.

Aeromedical Recommendations:

Each causative aeromedical conclusion should lead to at least one recommendation. The recommendations, if incorporated, would prevent the mishap from reoccurring. Recommendations should also be made that would prevent or limit the severity of additional damage or injury. Recommendations should be as specific and definitive as possible.

Jargon

Avoid language that may confuse a reader who is not intimate with the mishap aircraft's community.

Enclosures to the Aeromedical Analysis:

Supporting documents should be held to a minimum. However, the following enclosures may be necessary to fully understand the Aeromedical Analysis and, if so, must be included:

1. The chronological account of activities of the previous 72 hours (Aeromedical Analysis Enclosure Form 01) for each person involved.
2. Witness or survivor statements.
3. Medical record extracts.
4. AFIP reports.
5. Reports detailing personal or sensitive material.
6. Other documents that meet the criteria for privilege that need to be enclosed to clarify or support the Aeromedical Analysis.

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