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THIS IS PART OF A LIMITED USE NAVAL AIRCRAFT INVESTIGATION REPORT  
 THIS FORM CONTAINS ONLY PRIVILEGED INFORMATION AND SHOULD BE PLACED IN  
 PART B OF THE SAFETY INVESTIGATION REPORT  
 DO NOT ATTACH THIS FORM TO A JAG INVESTIGATION

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(Continue on additional sheets as necessary)

Flight Surgeon's Name: \_\_\_\_\_ Rank/Grade: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Phone Number: DSN \_\_\_\_\_ Commercial \_\_\_\_\_

Flight Surgeon's Email address: \_\_\_\_\_

Date Aeromedical Analysis Submitted: \_\_\_\_\_

Did Flight Surgeon participate fully in AMB Proceedings? Yes No

Hours spent in investigation: \_\_\_\_\_

AMSO or Others Who Assisted: \_\_\_\_\_

AMSO Telephone Number (DSN): \_\_\_\_\_ Commercial: \_\_\_\_\_

AMSO's Email address: \_\_\_\_\_

Reporting Custodian \_\_\_\_\_  
Date of Mishap: \_\_\_\_\_  
Aircraft Model: \_\_\_\_\_

Mishap Severity: \_\_\_\_\_  
Mishap Category: \_\_\_\_\_  
BUNO: \_\_\_\_\_

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#### Instructions

Submission criteria: The flight surgeon member of the AMB shall submit this form whenever: (1) human factor error is suspected as a cause of the mishap, or as a cause of any damage or injury directly or indirectly resulting from the mishap; (2) personal injuries or other relevant medical findings result from the mishap; or (3) aircrew try, whether successfully or not, to eject, bail out, or otherwise egress the aircraft.

Aeromedical Analysis Review: See chapter 7 paragraph 716 and appendix J for directions.

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 (SIR Form 3750/15) for each person involved.
2. Post Mishap History and Physical Examination and Medical records extracts.
3. Copies of 2 prior physical examinations and waiver letters.
4. AFIP reports (Blue report).
5. Electronic Copy of AA on disk to (Safety Center Code 14 only)
6. Reports or photographs of personal or sensitive material. (Seal in envelope and mark PASS DIRECTLY TO THE AEROMEDICAL DIVISION CODE 14 NAVAL SAFETY CENTER)
7. Other documents that meet the criteria for privilege that need to be enclosed to clarify or support the Aeromedical Analysis.

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Reporting Custodian \_\_\_\_\_  
Date of Mishap: \_\_\_\_\_  
Aircraft Model: \_\_\_\_\_

Mishap Severity: \_\_\_\_\_  
Mishap Category: \_\_\_\_\_  
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