



UNITED STATES AIR FORCE SCHOOL OF AEROSPACE MEDICINE

Aeromedical Consult Services

Medical Flight Standards

Wright Patterson Air Force Base, Dayton, Ohio 45433

Allergy Questionnaire

Please provide all medical documents concerning this condition!	
Name:	SSN:
1. Do you experience seasonal allergies? (e.g., allergic rhinitis, hay-fever, etc.) Please list allergy: Please explain the type of reaction:	
2. Do you treat your allergies with medication? (Claritin, Allegra, over the counter meds) Please list all medications and how often you take them: Please explain the type of reaction:	
3. Do you have contact allergies? (chemicals, wool, pet dander, latex, etc) Please list allergy: Please explain the type of reaction:	
4. Do you have any food allergies: (seafood, milk, nuts, eggs, etc.) Please list allergy: Please explain the type of reaction:	
5. Do you have medication allergies: (Penicillin, Amoxicillin, Sulpha meds, etc.) Please list allergy: Please explain the type of reaction:	
6. Do you experience any complications from your allergies? If yes, please explain (e.g., sinusitis, ear blocks, etc., and treatment for complications)	
7. Have you ever had any past or present skin problems? (e.g., eczema, atopic dermatitis, hives, or urticaria, et.): If yes, explain (condition, treatment and/or medication, and date of last treatment)	

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.