



# UNITED STATES AIR FORCE SCHOOL OF AEROSPACE MEDICINE

Aeromedical Consult Services

Medical Flight Standards

Wright Patterson Air Force Base, Dayton, Ohio 45433

## Gynecological Questionnaire

**Please provide all medical documents concerning this condition!**

Age of onset of menstrual cycle:

*Provide begin/end dates of your last 3 menstrual cycles, regularity, and the type of flow*

Begin Date	End Date	Regular/Irregular	Type of Flow

Does cramping exist? Yes No

Does cramping interfere with normal activities? Yes No N/A

Does cramping interfere with athletics and/or recreational activities? Yes No N/A

What kinds of medication(s) were/are taken for relief (if any)?

Have you been examined by a medical provider (physician, nurse practitioner, physician assistant) for gynecologic/menstrual problems? If so, list dates and diagnoses and treatments. Include medications, diagnostic tests (labs, x-rays, biopsies), procedures, surgical operations.

Date	Reason for Visit	Diagnosis	Treatment

If medication is used, include duration of use and if still taking the medication:

Do you currently take birth control medical? (pill, shot, vaginal device, patch) YES NO  
If yes, state the medication, dose and reason for use. (e.g., contraception, bleeding control, symptom control)

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.