C-9 Interval Medical History Statement

Complete the following C-9 Interval Medical History Statement and forward it by fax or mail to:

NASA Johnson Space Center
Human Test Support Group – Mail Code SD37
Houston, Texas 77058
Attention: Physiological Training Officer
FAX: 281 792 5731

Have you had any medical problems, surgeries, or injuries since your last flight physical? ☐ Yes ☐ No

Have you had LASIK or any other eye surgery in the past 6 months? ☐ Yes ☐ No

Are you taking any prescription, "over-the-counter" medications (Sudafed, Advil, Aspirin, etc.), or health related products other than vitamins or contraceptives? ☐ Yes ☐ No

Females Only: Are you pregnant? ☐ Yes ☐ No

PLEASE explain any "**YES**" or "**NOT SURE**" ANSWERS:

_____
Print: Last name, First name, MI

_____ _____
Signature Date

_____
Full name of your institution