No Cover Sheet Required For FAX

Medical History Statement

To be completed by individuals who will be participating in the chamber flight

Human Test Support Group must be in receipt of this Medical History Statement prior to attendance for any scheduled physiological training course. Failure to comply may preclude completion of training on scheduled class date.

Complete the following Medical History Statement and forward it by fax or mail to:

Human Test Support Group
13000 Space Center Blvd
Houston, TX 77059-3594
Mail Code SD-37
ATTN: Physiological Training Officer

FAX: 281.792.5731
Phone: 281.792.5722, 5724, 5754

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 medications, 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

PRINT LEGIBLY PLEASE explain any "**YES**" answers: _____

Date of Physiological Training _____

_____
Print: Last name, First name, MI

_____
Date scheduled for training

_____
Email

_____
Phone

_____
Signature

_____
Date