

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION <i>(Sign each entry)</i>		
	2. <u>Technician Record Review:</u>		
	Is the AF Form 2100 series folder neat, marked correctly and contents filed		
	IAW AFI 41-210?	Y	N
	DD Form 2005 (Privacy Act Statement part 3) on file?	Y	N
	AF Form 137 (footprints part 3) legible and on file?	Y	N
	Baseline EKG on file?	Y	N
	DD Form 2215(audiogram part 3) on file?	Y	N
	Is AF Form DD Form 2766 filled out completely and dated (1480A transferred to DD Form		
	2766)? (DNA, HgbS, ABO, and G6PD)	Y	N
	Has 2766 Addendum been placed in the record and filled out?	Y	N
	If member is on waiver; has waiver been transferred in AIMWTS?	Y	N
	Is waiver current? Y/N	Is patient due for follow-up evaluations/testing?	Y N
	Ground Test Medication: Y/N	Nutritional Supplement Approval: Y/N	
	Amsler Grid Results: PASSES FAILS		
	Date of last PHA:	Date of last PAP:	
	<u>Transcribed into ASIMS:</u>	<u>Technician Stamp/Signature:</u>	
	3. <u>Provider Entry:</u>		
	S: Flying member here for incoming clearance/annual flying physical.		
	O: Gen – NAD		
	Pertinent findings:		
	A: Healthy Active Duty Member		
	P: 1. AF Form 1042 completed:	CLEARED	DNIF
	2. Follow-up:	PRN	Other:
	<u>Provider:</u>		

