MFS Personal Data Form

Last Name, First Name, FULL Middle Name:	SSN:	☐ Male ☐ Female
Date Scheduled:	☐ AFROTC CADET ☐ RESERVE ☐ GUARD ☐ ACTIVE DUTY	
Home of Record (Address)	Emergency contact: (Name, Relation, Address, and Phone Number)	
Current Address	Date of Birth Day: Month: Year:	Place of Birth
Home Phone (include area code)	☐ White ☐ Black ☐ American Indian/Alaska Native ☐ Hispanic White ☐ Hispanic Black ☐ Asian Pacific Islander	
Cell Phone (include area code)	Duty Phone: DSN:	Email Address:
ACTIVE DUTY, GUARD, AND RESERVE How long have you been in the military? Years: Months: Rank: Major Command: Base: Squadron and Unit:	**AFROTC CADETS** Det #: College: Det NCO & Phone #:	**Please specify duty you are applying for:** ☐ Pilot ☐ RPA ☐ Flight Surgeon ☐ ABM ☐ CSO

1	**Have you had corneal refractive surgery (CRS) (IF YES, CLICK LINK FOR WORKSHEET)? Example: PRK, LASEK, or LASIK eye surgery** ☐ No ► Continue to next question ☐ Yes ► You must send all pre and post-surgery reports and 6 month eval 45 days prior to your appointment.		
2	**A) Do you have a family history of diabetes? If so, please specify relation of family member.** ☐ Yes ☐ No	**B) Were you born premature, prior to 37 weeks? If so, please specify gestational age.** ☐ Yes ☐ No	**C) Did you ever have "childhood" asthma?** ☐ Yes ☐ No
3	**Women: Please provide copies of both your PAP results (cytology) AND GYN Exam Notes (office notes) from your provider within the last 11 months, if applicable. We must have both or your Flying Physical will be on hold.**		
4	**Have you had an FAA exam within the past 36 months? (FAA CLASS III – CIVILIAN STUDENT PILOT CERT'S NOW VALID FOR 5 YEARS – THIS ALLOWS FOR TIME PERIOD BETWEEN FCI EXAM DATE AND FIRST IFS TRAINING DATE)** ☐ Yes ☐ No ► **If no, CLICK HERE to register for your FAA Class 3 exam and enter your FAA MedXpress confirmation number here:**		
5	**Do you have a DOD/Military ID card?** ☐ Yes ☐ No ► Please provide Driver's License information below		

Driver's License State:	Driver's License #:

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If you have ever had or have (birth to present) any of the medical conditions listed below, we will require more information. Please go to our website to obtain the questionnaire(s), please answer all questions. You must submit the completed questionnaire(s) along with all other required documents. You can find questionnaires at: **https://www.wpafb.af.mil/afrl/711hpw/USAFSAM/fci/**

ADD or ADHD

Motion sickness
Sleepwalking
Bedwetting
Kidney stones
History of asthma

Head injury or loss of consciousness
Headaches
Allergies
Corneal Refractive Surgery (PRK, LASIK, or LASEK) checklist
GYN (Women only)

Ophthalmology Questionnaire

Please check YES or NO to the following questions and explain in the space provided.

	YES	NO
1. Have you ever had any type of eye surgery to include: refractive eye surgery (PRK or LASIK), eye muscle surgery, eye lid surgery, cataract surgery, etc.?	☐	☐
If yes, please list type and when:		
2. Have you ever been diagnosed with lazy eye or amblyopia? Did you have to wear an eye patch as a child or glasses in childhood?	☐	☐
If yes, please list when:		
3. Have you ever had any trauma to or around your eye? Have you ever broken a bone in your facial area?	☐	☐
If yes, list where and when:		
4. Have you ever worn contact lenses to include soft and hard contacts, or the one's you sleep in at night and take them out in the morning? **(Soft contacts must be out for 30 days and hard contacts must be out for 90 days prior to date of appointment or your Flying physical will not be completed and will be deferred)**	☐	☐
If yes, please indicate what type and list the last time you wore them, even for an hour:		
5. Have you ever failed depth perception or had any known issues with depth perception?	☐	☐
If yes, please explain:		
6. Have you ever failed color vision or had any known issues with color vision?	☐	☐
If yes, please explain:		