



PREGNANCY OF AIR FORCE RESERVE PERSONNEL

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

This instruction implements AFD 41-1, *Health Care Programs and Resources*. It establishes procedures to carry out the policies of the Air Force Reserve Command Surgeon in the management of pregnant Reserve members. It assigns responsibilities, explains Reserve participation while pregnant, and defines procedures for accepting pregnant active duty members and members in inactive Reserve status into the active Reserve program. It also defines entitlements to military medical care for pregnant Reserve members. This instruction applies to all unit assigned reservists and those individuals requesting entry into the Reserve program.

Section A--General

1. Precautions. When pregnancy occurs, precautions should be taken to minimize risk factors that might adversely affect an otherwise normal pregnancy. Potential exposure to toxic chemicals, gases, ionizing radiation, hypoxia, etc., should be closely monitored. AFI 44-102, *Patient Care and Management of Clinical Services*, describes appropriate measures for monitoring pregnant members, with additional guidance provided in this instruction. Routine immunizations should be discontinued during pregnancy. Vaccines are given only when susceptibility and exposure are highly probable and the disease to be prevented is more hazardous to the woman or fetus. Since pregnant reservists are not monitored on a continuing basis by a military obstetrician, the member, her supervisor, commander, and medical personnel must be especially aware of the appropriate procedures to follow.

Section B--Responsibilities

2. Air Force Reserve Command Surgeon (HQ AFRES/SG). Establishes Reserve medical policy for the management of pregnant Air Force Reserve members.

3. Air Force Reserve Aerospace Medicine Division (HQ AFRES/SGP). Implements policy and establishes procedures for the management of pregnant Air Force Reserve members.

4. Wing Commander. Ensures all commanders, supervisors, and reservists assigned to the wing are educated and knowledgeable about their responsibilities in the management of pregnant Reserve members.

5. Commanders and Supervisors. Commanders and supervisors are responsible for ensuring:

5.1. Each female member within their unit is knowledgeable of their responsibilities during pregnancy.

5.2. The supporting medical squadron is notified of a Reserve member's pregnancy.

5.3. The member is seen at the medical squadron.

5.4. Pregnant members have been cleared by the medical facility before participating in any military duties.

5.5. Workplace environment and activities do not exceed the duty limitations or physical restrictions set by medical personnel.

6. Flying Squadron Commanders. Determine if it is safe to allow pregnant aircrew members to continue flying during pregnancy according to AFI 48-123, *Medical Examination and Standards*.

7. Supporting Reserve/Active Duty Medical Squadron (RMS/ADMS). Educates wing personnel on their responsibilities in the management of pregnant Reserve members. Interviews pregnant reservists and educates them on their responsibilities when performing military duty while pregnant. Places appropriate physical restrictions on pregnant reservists and, when necessary, prohibits Reserve participation for pay or points. Conducts evaluation of the member's workplace as appropriate according to applicable directives. Follows guidance set forth in this instruction in the management of pregnant Reserve members.

8. Flight Surgeon. Immediately places a pregnant aircrew member in duty not including flying (DNIF) status when their condition becomes known. If requested by the member, and there is no contradiction to flying safety or the members personal safety, requests a flying waiver according to AFI 48-123. (The request to continue flying duties during pregnancy is entirely voluntary and must be initiated by the pregnant aircrew member.)

9. Member. Immediately notifies commander, supervisor, and supporting medical squadron of pregnancy. Provides medical squadron with all available civilian medical documentation relating to the pregnancy and any other documentation deemed necessary by appropriate medical personnel. Observes physical restrictions and duty limitations set by civilian health care providers and appropriate military medical personnel. If an aircrew member, voluntarily requests a waiver to continue flying duties according to AFI 48-123.

Section C--Participation

10. Restrictions. Most pregnancies are uncomplicated and ordinary physical activity requires little or no restriction before delivery. However, a limited number of Air Force jobs involve activities requiring strength and agility beyond the capabilities of a pregnant member to do safely or effectively, such as climbing poles or ladders, crawling through aircraft passageways, or walking on aircraft wings during maintenance procedures. In such cases, it is extremely important that appropriate physical restrictions be indicated on AF Form 422, **Physical Profile Serial Report**. *Unless medically indicated, complete excusal from military duties is seldom indicated before the 34th week of the pregnancy.* Members assigned to units within the continental United States (CONUS) are restricted to active duty (AD) or inactive duty training (IDT) participation in the 48 contiguous states. Overseas deployments or training is prohibited. Because of the small number involved and sometimes limited training opportunity, members assigned in Alaska, Guam, or Hawaii may perform school tours within the CONUS when a requirement exists. Transoceanic deployment or training is specifically prohibited.

11. Scheduling. A member will not be scheduled for AD or IDT until she obtains a letter from her private physician documenting her expected date of delivery, possible or actual medical complications, restrictions regarding physical activities, approval for travel, or any other factor that the attending physician deems relevant to the care of the patient. Letters from private physicians and military medical officer evaluations must be accomplished within 30 days of any AD when the tour of duty is to be conducted away from home station. A military medical officer evaluates the member and approves/disapproves military participation on AF Form 422. A military physician may excuse members from all military duties before the 34th week of pregnancy or limit military participation to home duty station only for those members who experience complications of pregnancy or other medical problems. Members will not perform duty beyond the 34th week of pregnancy or return to duty earlier than 6 weeks after delivery.

11.1. Members may retrain or perform school tours if the Air Force specialty code (AFSC) physical requirements for the course of training are met, member is otherwise qualified, and the course can be completed before the 34th week of pregnancy. If this is not possible, schedule class or course start dates no early than 6 weeks after delivery. Approval for retraining is not applicable to those members applying for retraining into a new aircrew AFSC since they cannot meet the initial qualifications and are not considered fully qualified for the new AFSC.

11.2. Participation in AD tours within the CONUS but performed away from the home station is dependent on available medical facilities at the training site, physical condition of the member, and approval of the medical squadron physician. At collocated bases, an AD physician assigned to the host base facility may approve an active duty tour when a Reserve medical squadron physician is not available.

Section D--Medical Evaluations

12. Military Evaluation. The pregnant member presents documentation from her private health care provider to her supporting RMS. The RMS physician examines the patient and completes an AF Form 422 (see attachment 2). The RMS physician then refers the pregnant member, along with her AF Form 422, to the RMS public health (PH) technician for a medical pregnancy interview and education. In the absence of a PH technician, the medical interview and education is accomplished by a medical service technician (4N0X1) or nurse corps officer in consultation with the servicing bioenvironmental engineering section.

13. Pregnancy Interview. The interview includes the briefing statement at attachment 5 and the supervisor's letter at attachment 6. The interviewer signs both documents and the member signs the briefing statement. File the original briefing statement in the member's medical records and give a copy to the member. The letter to the supervisor is given to the member to pass on to her commander or supervisor.

13.1. If the interview indicates that the pregnant member does not work in a potentially hazardous environment (for example, industrial workplace) the interviewer annotates the Standard Form 513, **Medical Record--Consultation Sheet**, and gives it, the briefing statement, and commander's letter to the RMS physician. The physician reviews all information, documents appropriate comments on the SF 513, and gives the briefing statement and commander's letter to the member if she is found medically qualified for continued participation.

13.2. If the interview indicates that a potentially hazardous situation exists, the medical squadron air reserve technician (ART) requests an evaluation of the pregnant member's work area by the active duty PH office (for collocated units) or a medical service technician (4N0X1) or nurse corps officer in consultation with the servicing bioenvironmental engineer (for non collocated units) and provides a copy of the AF Form 422, and SF 513. Use AFRES Form 20, **Pregnancy Workplace Evaluation**, to record the results of the work area evaluation.

14. Non-collocated Bases. On non-collocated bases, the assigned bioenvironmental engineering or PH personnel conducts the required interview and workplace evaluation. The medical commander may also assign a medical service technician (4N0X1) or nurse corps officer to conduct the interview and workplace evaluation in consultation with the servicing bioenvironmental engineer.

15. Military Physician. Upon receipt of the completed package (AFRES Form 20, SF 513, AF Form 422, briefing statement, and the member's job description obtained from the member's supervisor by the active duty PH office), the military physician documents any additional restrictions on the AF Form 422 and gives the member a copy of the briefing statement and the supervisor's letter. The completed package is filed in the patient's medical record.

16. Medical Squadron. Each medical squadron sets up a suspense file to ensure pregnant members are adequately monitored and periodic progress reports from the member's civilian health care provider are received. Periodic progress reports detailing any special medical problems, complications, restrictions, etc. are provided to the medical squadron at least every 60 days. Individuals who do not submit required progress reports should be restricted from Reserve participation.

17. Profile Officer. The designated profile officer in the medical squadron monitors all pregnancy profiles. See attachment 2, attachment 3, or attachment 4 for appropriate AF Form 422 format.

17.1. The estimated date of delivery and medical recommendations concerning specific physical restrictions are included on AF Form 422 under "Individual defects/restrictions." Administrative instructions and other comments from the military physician may be recorded in the "Remarks" section.

17.2. Place the original AF Form 422 in the member's medical record and forward copies to the member's RMS. Give one copy to the member or mail it to her home address. Member should be verbally advised of all necessary restrictions and a note included in the medical record that the member was advised. Advise member to carry the AF Form 422 on their person when participating in Reserve training activities.

Section E--Return To Duty

18. Return to Duty. No later than 6 weeks following delivery, the member provides the medical squadron with a statement from her civilian health care provider indicating her current health and any physical restrictions. The military physician reviews the letter and determines if the member's profile will be revised to what it previously was or if other action is

appropriate. If the member had medical complications from her pregnancy, the member's supporting RMS takes the appropriate action to determine the members medical qualifications for continued military duty according to AFI 48-123.

19. Failure to Comply. Medical squadrons manage those members who fail to return to the RMS 6 weeks from the date of delivery in the following manner:

19.1. Revise the member's profile to a "P-3" and prepare AF Form 422 in the format at attachment 4.

19.2. Forward a copy of the AF Form 422 to the member's commander for appropriate administrative action; and to the member's supporting MPF and finance office.

19.3. Advise the member's commander that subject member may not participate for pay or points until cleared by appropriate medical authority. Request assistance from the commander to have the member return for appropriate return to duty action and further advise the commander that no further notification will come from the RMS.

Section F--Weight/Fitness Programs

20. Deferrals. Pregnant women are temporarily medically deferred from meeting the Air Force weight and fitness standards. The deferral for both programs expires 6 months after the date the member is returned to military duty. However, for the weight management program, commanders may defer pregnant members for up to 18 months from their date of delivery. Document the deferral on AF Form 422.

21. Disenrollment. Disenroll women who were entered into the weight or fitness programs for failing to meet standards and who are less than 6 months from the date they were returned to duty following termination of pregnancy.

21.1. Remove from the file any administrative actions taken on these women based on their failure to meet weight and fitness standards.

21.2. When 6 months have elapsed from the date the member was returned to duty, she becomes immediately subject to the weight and fitness standards.

Section G--Military Medical Care

22. Maternity Care. Maternity care is not authorized past the period of AD or AD including IADT orders. Refer pregnant members to a private health care provider or facility after termination of orders. Pregnancy is a natural condition and is not considered a disease or injury for purposes of line of duty (see AFI 36-2910, *Line of Duty (Misconduct) Determinations*). Pregnant members on extended active duty (EAD) who are discharged or relieved from EAD under honorable conditions are eligible for maternity care. Issuance or extension of orders for obtaining maternity or obstetrical care is prohibited.

Section H--Assignment Actions

23. Assignment to the Reserve Program. Pregnancy is considered a temporary condition and, therefore, is an exception to the general medical disqualification procedures. Although considered a limiting factor, pregnancy does not permanently alter a member's medical qualification for worldwide duty and is not considered a disqualifying medical condition for continued military assignment. This is, of course, contingent upon a member being otherwise medically qualified and who has no complications which would prevent satisfactory participation. Although the possible mobilization of a unit is of primary consideration, allowing a pregnant member to transfer immediately from active duty into the Reserve program serves to provide continuity of training. A pregnant member serving on active duty while pregnant is no less qualified to participate in the Reserve program.

23.1. An active duty member who transfers to the Reserve program immediately upon discharge or separation and is going through an uncomplicated pregnancy, has a completed DD Form 2697, **Record of Medical Assessment**, showing the member is otherwise medically qualified for military duty, is eligible for entry into the Reserve program. This does not apply to those members who have a break in service and did not initiate enlistment processing prior to discharge or separation or who do not meet other administrative requirements.

23.2. Pregnant members desiring transfer from the inactive Reserve to active Reserve status should have a current letter from their private health care provider documenting an uncomplicated pregnancy and showing that they meet other administrative requirements for transfer.

24. Aircrew Members. To prevent loss of trained resources, female active duty members currently serving in an aircrew AFSC or other special occupation should not be considered disqualified for entry into the Reserve program due to pregnancy. The assignment of pregnant aircrew members must have the prior approval of the gaining flying squadron commander. This does not apply to those members applying for retraining or initial entry into a new aircrew AFSC since they cannot meet the initial qualification requirements for the flying position and are not considered fully qualified.

25. Nonflying Retraining. Active duty members requesting retraining into a new AFSC in the Reserve program must obtain prior approval from the gaining commander since pregnant reservists cannot participate beyond the 34th week of pregnancy. In cases such as this it could be as long as 6 weeks after the date of delivery before the member would be eligible to attend formal training.

26. Appointment or Enlistment:

26.1. Accession or Commission. Commission or enlistment physicals will not be accomplished on pregnant applicants.

26.2. Physicals may be accomplished after delivery when normal menses has returned or as early as 6 weeks after delivery if the individual presents a letter from her private physician stating there are no restrictions to strenuous physical activity.

26.3. Enlistees will not be cleared for basic military training until two normal menses after delivery and clearance from the individual's private physician stating there are no restrictions to strenuous physical activity.

27. Forms Prescribed. AFRES Form 20, **Pregnancy Workplace Evaluation.**

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Assistant Vice Commander

6 Attachments

1. Glossary of References, Abbreviations, and Acronyms
2. Pregnancy Profile - Participation
3. Pregnancy Profile - Nonparticipation
4. Pregnancy Profile - Failure to Return for Follow-Up
5. Briefing Statement
6. Letter for Member's Commander

GLOSSARY OF REFERENCES, ABBREVIATIONS, AND ACRONYMS***References***

AFI 36-2910 *Line of Duty (Misconduct) Determination*
AFI 44-102 *Patient Care and Management of Clinical Services*
AFI 48-123 *Medical Examination and Standards*

Abbreviations and Acronyms

AD	active duty (ADS, ADT, MPA, RPA, etc.)
AFSC	Air Force Specialty Code
ART	air reserve technician
CONUS	Continental United States
DNIF	duty not including flying
IADT	initial active duty for training
IDT	inactive duty training
MPF	Military Personnel Flight
PH	public health

PREGNANCY PROFILE - PARTICIPATION

PHYSICAL PROFILE SERIAL REPORT									
PATIENT ID (Use plastic card or type/print name) Pregnancy Profile-Participation					GRADE			DATE	
					AFSC			SSN	
					UNIT				
					BASE				
PROFILE	P	U	L	H	E	S	SUFFIX	BLOOD GROUP DATA	
PREVIOUS	See	Note						TYPE AND RH	
REVESED TEMPORARY	3						T	G6PD	DEFICIENCY <input type="checkbox"/> NO <input type="checkbox"/> YES
REVESED PERMANENT								HEMOGLOBIN-S	SICKLE CELL TRAIT <input type="checkbox"/> NO <input type="checkbox"/> YES
RELEASE DATE OF TEMPORARY PROFILE OR DUTY RESTRICTION					WORLD-WIDE QUALIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
INDIVIDUAL DEFECTS/RESTRICTIONS					PASSES COLOR VISION <input type="checkbox"/> YES <input type="checkbox"/> NO				
Individual will not participate for any pay or point gaining activities after her 34th week of pregnancy which will be on (enter date here). All overseas deployments are prohibited. Member is restricted to military duty within CONUS only.									
For MPF: Update deployment-availability-status-physical (DINKCC) to "49". Expiration date is 6 weeks following expected date of delivery.									
MEDICAL DEFECT/CONDITION REQUIRES MEB OR PEB PROCESSING. ASSIGNMENT AVAILABILITY CODE (A) APPLIES.									
As shown by examination or review of Health Record or current course of treatment, individual is cleared for									
OVERSEAS ASSIGNMENT					RETIREMENT/SEPARATION WITHIN ONE (1) YEAR				
REMOTE/ISOLATED TOUR					OTHER (Specify)				
REMARKS Subject member is temporarily deferred from the weight and fitness programs. This deferment expires 6 months following the date subject member is returned to duty. Refer to AFRESI 41-104 for further guidance.									
TYPED OR PRINTED NAME AND GRADE OF HEALTH CARE PROVIDER					SIGNATURE				
TYPED OR PRINTED NAME AND GRADE OF PES MANAGER					SIGNATURE				
TYPED OR PRINTED NAME AND GRADE OF PROFILE OFFICER					SIGNATURE				
DPMUO	DPMUM	DPMUR	DPMFC	DPMAR					
Note: 1. Always record previous profile.									

AF FORM 422, APR 89 (EF-VI) (PERFORM PREVIOUS EDITION WILL BE USED)

COPY 1 - HEALTH RECORD

Attachment 2. Pregnancy Profile - Participation.

PREGNANCY PROFILE - NONPARTICIPATION

PHYSICAL PROFILE SERIAL REPORT									
PATIENT ID (Use plastic card or type/print name) Pregnancy Profile-Nonparticipation					GRADE			DATE	
					AFSC			SSN	
					UNIT				
					BASE				
PROFILE	P	U	I	H	R	S	SUFFIX	BLOOD GROUP DATA	
PREVIOUS	3						T	TYPE AND RH	
REVISED TEMPORARY	4						T	G6PD	DEFICIENCY <input type="checkbox"/> NO <input type="checkbox"/> YES
REVISED PERMANENT								HEMOGLOBIN-S	SICKLE CELL TRAIT <input type="checkbox"/> NO <input type="checkbox"/> YES
RELEASE DATE OF TEMPORARY PROFILE OR DUTY RESTRICTION					WORLD-WIDE QUALIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
INDIVIDUAL DEFECTS/RESTRICTIONS					PASSES COLOR VISION <input type="checkbox"/> YES <input type="checkbox"/> NO				
For MPF. Update duty status (DIN KAA) to code "14". Expiration date will be 6 weeks following expected date of delivery.									
MEDICAL DEFECT/CONDITION REQUIRES MEB OR PEB PROCESSING. ASSIGNMENT AVAILABILITY CODE (A) APPLIES.									
<i>As shown by examination or review of Health Record or current course of treatment, individual is cleared for</i>									
OVERSEAS ASSIGNMENT					RETIREMENT/SEPARATION WITHIN ONE (1) YEAR				
REMOTE/ISOLATED TOUR					OTHER (Specify)				
REMARKS									
TYPED OR PRINTED NAME AND GRADE OF HEALTHCARE PROVIDER					SIGNATURE				
TYPED OR PRINTED NAME AND GRADE OF PES MANAGER					SIGNATURE				
TYPED OR PRINTED NAME AND GRADE OF PROFILE OFFICER					SIGNATURE				
DPMLD	DPMLM	DPMU(R)	DPMPC	DPMAR					

AF FORM 422, APR 89 (EF-VI) (P e r F O R M P R E V I O U S E D I T I O N W I L L B E U S E D.)

COPY 1 - HEALTH RECORD

Attachment 3. Pregnancy Profile - Nonparticipation.

PREGNANCY PROFILE - FAILURE TO RETURN FOR FOLLOW-UP

PHYSICAL PROFILE SERIAL REPORT									
PATIENT ID (Use plastic card or type/print name) Pregnancy Profile-Failure to Return for Follow-up					GRADE			DATE	
					AFSC			SSN	
					UNIT				
					BASE				
PROFILE	P	U	L	H	E	S	SUFFIX	BLOOD GROUP DATA	
PREVIOUS	4						T	TYPE AND RH	
REVISED TEMPORARY	3						T	G6PD	DEFICIENCY <input type="checkbox"/> NO <input type="checkbox"/> YES
REVISED PERMANENT								HEMOGLOBIN-S	SICKLE CELL TRAIT <input type="checkbox"/> NO <input type="checkbox"/> YES
RELEASE DATE OF TEMPORARY PROFILE OR DUTY RESTRICTION					WORLD-WIDE QUALIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
INDIVIDUAL DEFECTS/RESTRICTIONS					PASSES COLOR VISION <input type="checkbox"/> YES <input type="checkbox"/> NO				
For MPF: Update deployment-availability-status-physical (DIN KCC) to "41" (not qualified for deployment) and assignment-availability-status- (DIN ΔBA) as "3I" (not qualified for reassignment). Expiration dates for this action will be the same as those in the "release date" block of this form. See note.									
MEDICAL DEFECT/CONDITION REQUIRES MEB OR PEB PROCESSING. ASSIGNMENT AVAILABILITY CODE(A) APPLIES.									
<i>As shown by examination or review of Health Record or current course of treatment, individual is cleared for</i>									
OVERSEAS ASSIGNMENT					RETIREMENT/SEPARATION WITHIN ONE (1) YEAR				
REMOTE/ISOLATED TOUR					OTHER (Specify)				
REMARKS Subject member has not returned for her medical evaluation following end of pregnancy IAW AFRESI 41-104. She does not meet the medical standards set forth in AFI 48-123. IAW AFM 36-8001, subject member may not participate in any pay or point gaining activities until she has been cleared by appropriate medical authority.									
TYPED OR PRINTED NAME AND GRADE OF HEALTHCARE PROVIDER					SIGNATURE				
TYPED OR PRINTED NAME AND GRADE OF PES MANAGER					SIGNATURE				
TYPED OR PRINTED NAME AND GRADE OF PROFILE OFFICER					SIGNATURE				
DPMLD	DPMLM	DPMLR	DPMLC	DPMLA	DPMLB	DPMLC	DPMLD	DPMLE	DPMLF
Notes: 1. The date in the "release date block" will be no longer than one year from the date this AF 422 is initiated.									

AF FORM 422, APR 89 (EF-VI) (PERFORM PREVIOUS EDITION WILL BE USED.)

COPY 1 - HEALTH RECORD

Attachment 4. Pregnancy Profile - Failure to Return for Follow-Up.

BRIEFING STATEMENT

1. While pregnant, you may participate in a restricted status until your 34th week of pregnancy. You must be cleared by a military physician prior to continued participation.
2. A military physician may restrict you from Reserve participation at any time the physician determines such action is appropriate.
3. You must bring in a letter from your private health care provider summarizing your current health, physical restrictions and expected date of delivery.
4. A periodic medical progress report from your personal physician will be required every 60 days or more often if needed to determine continued fitness for military duties.
5. Military duty within CONUS performed away from home station must be cleared through this medical squadron by a military physician.
6. For military duty away from home station, a statement from your private health care provider, accomplished within 30 days of departure, must be submitted through this medical squadron to a military physician for approval of travel.
7. The letter from your private health care provider must include potential or actual medical complications, restrictions regarding physical activities, approval for travel, or any other facts deemed relevant to your care.
8. Six weeks post delivery you must come back in to the medical squadron for evaluation by a military physician and to be cleared for return to military duty.

Member's Signature DATE

_____ _____

Medical Squadron Medical Interviewer DATE

_____ _____ _____

LETTER TO MEMBER'S SUPERVISOR

1. Subject member may participate in a restricted status while pregnant (see attached AF Form 422). She may participate until enter date (her 34th week of pregnancy) unless restricted earlier by a military physician.
2. Any duty away from home station will require a statement of the member's current medical status from her private health care provider. This statement must be submitted 30 days prior to departure to this medical squadron and travel approved by a military physician.
3. Six weeks post delivery the member must return to this medical squadron for evaluation by a military physician and to be cleared for return to military duty.
4. Subject member is deferred from weight/fitness programs for a period of 6 months following her return to duty.
5. Member will not participate in mask confidence training.
6. Wear of the CWDE will be dependent upon the ambient temperature until 20 weeks gestation age or until the CWDE no longer fits.
 - a. If the ambient temperature is below 70 degrees Fahrenheit, full participation is allowed.
 - b. If the temperature is greater than 70 degrees Fahrenheit, only mask, hood, and helmet are worn. The flak vest is not worn or carried.
7. After 20 weeks gestation, the member will demonstrate proficiency in donning the mask at the commencement of an exercise or training. After completing the proficiency demonstration, the member will carry the mask but is not required to use it. The helmet, flak vest, web belt, and chemical protective suit will not be carried or worn.

Medical Squadron Medical Interviewer signature DATE

Attachment
AF Form 422