



DEPARTMENT OF THE NAVY

COMMANDER
TRAINING AIR WING FIVE
7480 USS ENTERPRISE STREET SUITE 205
MILTON, FLORIDA 32570-6017

IN REPLY REFER TO:

COMTRAWINGFIVEINST 1500.20D
N3/N00H
5 Jan 17

COMTRAWING FIVE INSTRUCTION 1500.20D

Subj: PSYCHOLOGICAL SCREENING OF INSTRUCTORS

Ref: (a) CNATRAINST 3710.13G

Encl: (1) CNATRA 3710/15 (Rev. 4-11)
(2) High Risk Instructor Screening SF-600 (Rev. 6-97)
(3) DD Form 2992 (Medical Recommendation for Flying or Special Operational Duty)
(4) CTW-5 Form 1500/22 (Rev. 3-92)
(5) CTW-5 Form 1500/23 (Rev. 11-93)

1. Purpose. To establish the procedures and document psychological qualification evaluations of all Training Air Wing (TRAWING) FIVE instructor pilots per reference (a).

2. Cancellation. COMTRAWINGFIVEINST 1500.20C.

3. Discussion. The intent of the evaluation is to ensure prospective flight instructors can deal with the risk inherent with the flight training environment. The evaluation shall be conducted prior to the assumption of instructor duties.

4. Basic High Risk Instructor Guidelines

a. The following criteria is cause for rejection:

(1) Any chronic disease or injury which hampers the individual's ability to perform training duties.

(2) Any current need for psychiatric care.

(3) Any history of:

(a) Psychosis/Psychotic Disorder

(b) Moderate or Severe Personality Disorder

- (c) Marked Impulsive Behavior
- (d) Manic Depressive Disorder/Bipolar Disorder
- (e) Major Depression (in most cases)

b. The following shall be closely investigated and may be cause for rejection:

(1) History of:

- (a) Situational Reaction of Adult Life/Adjustment Disorder
- (b) Mild Personality Disorder
- (c) Personality Traits (of a maladaptive nature), Not Constituting a Disorder
- (d) "Nervous Breakdown"/"Neurosis"
- (e) Anxiety Disorder
- (f) Phobic Disorder

(2) Any history of psychiatric care shall be investigated in detail.

5. Action. Squadron Commanding Officers shall ensure prospective instructors receive a thorough medical and psychological screening prior to assignment of instructor duties.

a. As a minimum, screening shall consist of a review of the personnel and medical record as specified by enclosure (1) and completion of both enclosures (2) and (3), which shall be maintained in member's medical record.

b. The CO or XO shall conduct a personal interview with the prospective instructor. Enclosure (4) is provided as a guide for this interview.

c. If the review or interview reveal any indication of emotional instability or poor judgment or performance, the prospective instructor shall not be allowed to assume his/her duties until the commanding officer is confident in his/her reliability and judgment.

d. The assistance of the Medical Department for additional psychological evaluation should be sought when questions, confirming impressions, or further characterizing various personality disorders are indicated.

e. Upon satisfactory completion of the screening, enclosure (5) shall be completed and entered in the medical section of the member's NATOPS jacket with copies to member's medical and service records.

6. Forms. Enclosures (1) through (5) shall be used as outlined in paragraph 5. Additional forms may be obtained from the Training Air Wing FIVE Administration Office.


M. T. MURRAY

Distribution:
COMTRAWINGFIVEINST 5216.1U
List II
Flight Surgeon

FLIGHT INSTRUCTOR SCREENING

From: _____ (Medical Officer)	Date
To: Commanding Officer, _____	
Subj: RESULTS OF FLIGHT INSTRUCTOR SCREENING IN THE CASE OF: _____	
Ref: (a) NAVEDTRA 135A (b) CNATRAINST 3710.13G	
1. The medical records review and interview required by references (a) and (b) has been conducted. Information does/does not currently exist which should be considered prior to CO interview.	
_____ Signature of Medical Officer	_____ Date
2. The flight records review required by reference (b) has been conducted. Information does/does not currently exist which should be considered prior to CO interview.	
_____ Signature of Aviation Safety Officer	_____ Date
3. _____ was interviewed and screened per reference (b) and is considered qualified for flight instructor duty.	
_____ Signature of Commanding Officer	_____ Date
Copy to NATOPS Training Jacket	

CNATRAINST 3710/15 (Rev. 4-11)

Enclosure (1)

14 May 11

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION <i>(Sign each entry)</i>

FLIGHT INSTRUCTOR MEDICAL SCREEN, AVIATION MEDICINE, <your MTF, location, state>

(Rev. 11/19/08)

AUTHORITY: CNATRAINST 3710.13G

PRINCIPLE PURPOSE: To determine suitability as a flight instructor

ROUTINE USE: The information obtained herein will be utilized by the undersigned flight surgeon to advise the Commanding Officer of a candidate's physical and emotional suitability as a flight instructor.

DISCLOSURE: Voluntary; however, failure to provide the information may disqualify the candidate for flight instructor duty.

NAME	RATE/RANK	DATE	COMMAND
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1. **CANDIDATE INTERVIEW;** Does the member have a present or past history of:

a. Disease, injury, or infection that may hamper his/her ability to perform training duties? Y / N

b. A psychiatric disorder or undergone psychological counseling or treatment for the same? (i.e., psychosis/psychotic disorder, personality disorder, history of impulsive behavior, problems related to bad judgment, depression or mood disturbance) Y / N

c. History of significant adjustment disorder, personality traits of a maladaptive nature, "nervous breakdown," or "neurosis," anxiety disorder, phobic or panic disorder, poor coping skills, stress related problems. Y / N

d. Work related problems? (i.e., mishaps, FNAEB, FFPB, FEB, passed over for promotion, relieved of duty, formal written or verbal counseling, adverse fitness report) Y / N

e. Discipline problems? (i.e., insubordination, misconduct, failure to comply with rules or regulations, lawful orders, flight violations, NJP) Y / N

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: <i>(For typed or written entries, give: Name - last, first, middle, ID No or SSN; Sex; Date of Birth, Rank/Grade)</i>		REGISTER NO.	WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
 Medical Record
 STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-9.202-1

Enclosure (2)

CNATRAINST 3710.13G

14 May 11

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION <i>(Sign each entry)</i>

f. Alcohol abuse or dependence, alcohol or drug related incidents, undergone substance abuse rehab program? Y / N

g. Spouse or child abuse/neglect? (family advocacy program) Y / N

h. Suicide attempt/gesture or aggressive behavior? (verbal/physical) Y / N

g. Any health problems not in record, seen a civilian provider within the past year, taking any prescribed medications? Y / N

2. **CANDIDATE RECORD REVIEW**

a. Flight Physical is current? Y / N

b. Problem Summary List reviewed/updated? Y / N

c. Medical record reviewed? Y / N

3. **COMMENT(s)** on all (Y) responses in section 1 above and significant findings on medical record review or interview:

4. **RECOMMENDATION:**

The required medical screening has been conducted. Information does / does not currently exist which should be considered prior to CO interview.

Medical Officer Signature:

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART /SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: <i>(For typed or written entries, give Name - last, first, middle, ID No or SSN; Sex; Date of Birth, Rank/Grade)</i>		REGISTER NO	WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
 Medical Record
STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/ICMR
 FIRMR (41 CFR) 201-9.202-1

Enclosure (2.)

MEDICAL RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY <i>(Read Privacy Act Statement and Instructions on back before completing form.)</i>					
1. TO:		2. FROM:		3. DATE (YYYYMMDD)	
4. MEMBER NAME (Last, First, Middle Initial)		5. IDENTIFICATION NUMBER		6. GRADE	7. DATE OF BIRTH (YYYYMMDD)
8. ORGANIZATION		9. TYPE OF DUTY		10. FLIGHT PHYSICAL DATE (YYYYMMDD) (if applicable)	
11. UP: THE ABOVE INDIVIDUAL HAS BEEN FOUND QUALIFIED BY MEDICAL AUTHORITY. a. X one <input type="checkbox"/> CLEARED AFTER (X) <input type="checkbox"/> Temporary medical disqualification <input type="checkbox"/> Waiver recommended (Not USAF) <input type="checkbox"/> Aircraft mishap <input type="checkbox"/> Reporting to new duty station <input type="checkbox"/> Waiver granted <input type="checkbox"/> Other (See remarks) <input type="checkbox"/> CLEARED AFTER FLIGHT DUTY MEDICAL EXAMINATION b. EFFECTIVE DATE (YYYYMMDD) c. EXPIRATION DATE (YYYYMMDD)					
12. DOWN: THE ABOVE INDIVIDUAL HAS BEEN FOUND DISQUALIFIED BY MEDICAL AUTHORITY. a. X one <input type="checkbox"/> TEMPORARY DISQUALIFICATION DUE TO (X) <input type="checkbox"/> Illness or Injury <input type="checkbox"/> Aircraft mishap <input type="checkbox"/> Other (See remarks) <input type="checkbox"/> MAY PARTICIPATE IN (X) <input type="checkbox"/> Simulator duties <input type="checkbox"/> Ground based flight line duties <input type="checkbox"/> Other (See remarks) <input type="checkbox"/> PERMANENT DISQUALIFICATION b. EFFECTIVE DATE (YYYYMMDD) c. ESTIMATED DURATION OF GROUNDING					
13. REMARKS/LIMITATIONS <input type="checkbox"/> VISION CORRECTION DEVICES REQUIRED IN THE PERFORMANCE OF FLIGHT DUTIES. <input type="checkbox"/> MUST CARRY EXTRA SPECTACLES.					
14. (X one): <input type="checkbox"/> FLIGHT SURGEON <input type="checkbox"/> OTHER (Countersignature required for Air Force and Navy upsip)					
a. TYPED NAME (Last, First, Middle Initial)		b. GRADE	c. PROVIDER SIGNATURE		d. DATE SIGNED (YYYYMMDD)
e. TYPED NAME (Last, First, Middle Initial)		f. GRADE	g. FLIGHT SURGEON COUNTERSIGNATURE		h. DATE SIGNED (YYYYMMDD)
15. MEMBER CERTIFICATION a. I certify that I understand the above recommendations and that I: <input type="checkbox"/> MAY <input type="checkbox"/> MAY NOT perform flight duties. b. AIRCREW MEMBER SIGNATURE c. DATE SIGNED (YYYYMMDD)					
16. ACTION TAKEN BY COMMANDER (Not required for Air Force and Navy) <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE					
a. TYPED NAME (Last, First, Middle Initial)		b. TITLE		c. SIGNATURE	d. DATE SIGNED (YYYYMMDD)

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 3031, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 8013, Secretary of the Air Force; 14 U.S.C. 92, Secretary, General Powers; AR 40-501 Standards of Medical Fitness, AFI 48-123 Medical Examinations and Standards, OPNAVINST 3710 NATOPS General Flight and Operating Instruction, and COMDTINST M6410.3A, Coast Guard Aviation Medicine Manual.

PRINCIPAL PURPOSE(S): This form is used to inform the commander about medical fitness to perform flying or special operational duty. It is also used to populate the service specific flight records management system used by the Army, Air Force and Navy.

ROUTINE USE(S):

Law Enforcement Routine Use: If a system of records maintained by a Component to carry out its functions indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute or by regulation, rule, or order issued pursuant thereto, the relevant records in the system of records may be referred, as a routine use, to the agency concerned, whether Federal, State, local, or foreign, charged with the responsibility of investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation or order pursuant thereto.

Congressional Inquiries Disclosure Routine Use: Disclosure from a system of records maintained by a Component may be made to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual.

Disclosure to the Department of Justice for Litigation Routine Use: A record from a system of records maintained by a Component may be disclosed as a routine use to any component of the Department of Justice for the purpose of representing the Department of Defense or the U.S. Coast Guard, or any officer, employee or member of these entities in pending or potential litigation to which the record is pertinent.

Disclosure of Information to the National Archives and Records Administration Routine Use: A record from a system of records maintained by a Component may be disclosed as a routine use to the National Archives and Records Administration for the purpose of records management inspections conducted under authority of 44 U.S.C. 2904 and 2906.

Data Breach Remediation Purposes Routine Use: A record from a system of records maintained by a Component may be disclosed to appropriate agencies, entities, or persons when (1) the Component suspects or has confirmed that the security or confidentiality of the information in the system of records has been compromised, (2) the Component has determined that as a result of the suspected or confirmed compromise there is a risk of harm to economic or property interests, identity theft or fraud, or harm to the security or integrity of this system or other systems or programs (whether maintained by the Component or another agency or entity) that rely upon the compromised information, and (3) the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with the Component's efforts to respond to the suspected or confirmed compromise and prevent, minimize, or remedy such harm.

DISCLOSURE: Voluntary. Failure to provide information or sign may delay determination of medical fitness to perform flying or special operational duty.

INSTRUCTIONS

Blocks 1-8: These may be completed by the clinic staff or the service member.

Block 5: Identification Number

- a. Air Force, Army and Navy – Use DoD ID number.
- b. Coast Guard – Use Employee ID number.

Block 9: Place the Flying Class category and the duty performed using the references below.

- Army – See AR 40-501, Chapter 6.
- Air Force – See AFI 48-123, Chapter 6.
- Navy – See NAVMED P-117, Chapter 15, Article 15-63.
- Coast Guard – See Coast Guard Aviation Medicine Manual, Chapter 1.

Block 10 – Date flight physical was completed.

Block 11 (a-c) – This section is used for qualification. Mark the appropriate boxes.

Block 12 (a-c) – This section is used for disqualification. Mark the appropriate boxes.

Block 13 – Make remarks as appropriate and do not include any protected health information in this section.

Blocks 14 – 16 are self-explanatory except as detailed below.

Block 14 – Other credentialed providers who are not flight surgeons require a countersignature by a flight surgeon. Army aeromedical physician assistants and aviation medicine nurse practitioners do not require a countersignature for Army personnel only.

Block 15 – Selecting "MAY NOT" does not prohibit simulator duties or ground based flight line duties if these boxes are marked in block 12.

TRAINING AIR WING FIVE MEDICAL DEPARTMENT
QUESTIONNAIRE FOR INCOMING AVIATION INSTRUCTORS

Full name: _____ Rank/Service: _____

SSN: _____ Squadron or Unit: _____ Check-in Date: _____

NOTE: This questionnaire is aimed at helping ease your transition into the role of a flight instructor and to provide assistance to you during your tour with this command. It is NOT intended to uncover physical defects or psychological problems which might jeopardize your flight career. Our role is to help you become the best and safest flight instructor you can possibly be.

Please answer the following questions. If you have any "YES" responses, elaborate in the space provided below and/or make an appointment with a flight surgeon to discuss you responses.

1. Do you have any current family or "significant other" problems?
Yes _____ No _____
2. Have you noticed any recent change in sleeping habits?
Yes _____ No _____
3. Have you noticed any recent change in dietary habits?
Yes _____ No _____
4. Have you noticed any recent increase in your consumption of alcohol?
Yes _____ No _____
5. Do you have a waiver or is a waiver pending for alcohol abuse?
Yes _____ No _____
6. Do you have any other waiver for physical or other defects?
Yes _____ No _____
7. Are you experiencing any significant anxiety about your upcoming assignment as a flight instructor?
Yes _____ No _____
8. Do you have any concerns about your current physical health?
Yes _____ No _____
9. Do you have any concerns about your current psychological health?
Yes _____ No _____
10. Do you have any other questions or problems you would like to discuss with a flight surgeon?
Yes _____ No _____

TO MEMBER'S NATOPS JACKET

Per CNATRINST 3710.13G and COMTRAWINGFIVEINST 1500.20D

_____ (Rank, Name, SSN)

was interviewed on _____. There was no evidence that

he/she suffers any psychological or physical impairments which would preclude his/her serving as a flight instructor in this command.

(CO/XO)

SUBJECT MEMBER

Copy to:
Medical Record
Service Record