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

IN REPLY REFER TO

COMTRAWINGFIVEINST 1500.20C CH-2
Code N3
15 Mar 12

COMTRAWING FIVE INSTRUCTION 1500.20C CHANGE TRANSMITTAL 2

Subj: PSYCHOLOGICAL SCREENING OF INSTRUCTORS

Encl: (1) Enclosure (1) - Flight Instructor Screening
(2) Enclosure (2) - Chronological Record of Medical Care

1. Purpose. To provide a change to the basic instruction.

2. Action. Make the following change to the basic instruction:

a. Change Reference (a) to read as "CNATRAINST 3710.13G".

b. Replace Enclosure (1) with attached Enclosure (1).

c. Replace Enclosure (2) with attached Enclosure (2).

d. Enclosure (5) change References to read as "CNATRAINST 3710.13G" and "COMTRAWINGFIVEINST 1500.20C".

J. D. GRACE

Distribution:
COMTRAWINGFIVEINST 5216.1S
List II
Flight Surgeon

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

IN REPLY REFER TO
COMTRAWINGFIVEINST 1500.20C CH-1
N3
12 Apr 07

COMTRAWINGFIVE INSTRUCTION 1500.20C CHANGE TRANSMITTAL 1

From: Commander, Training Air Wing FIVE

Subj: PSYCHOLOGICAL SCREENING OF INSTRUCTORS

Ref: (a) CNATRAINST 1500.4F

Encl: (1) CNATRA 3710/15 (Rev. 2-06)

1. Purpose. To provide changes to the basic instruction.

2. Action

a. Page 1, Enclosure line (1), Change Revision date of CNATRA Form 3710/15 to read "Rev. 2-06."

b. Remove current Enclosure (1) and replace with new Enclosure (1).

D. P. MALONEY

Distribution:
COMTRAWINGFIVEINST 5216.1P
List II

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

CH-1 (TO) 12 Apr 07

IN REPLY REFER TO
COMTRAWINGFIVEINST 1500.20C
Code N3
8 Dec 04

COMTRAWING FIVE INSTRUCTION 1500.20C

Subj: PSYCHOLOGICAL SCREENING OF INSTRUCTORS

Ref: (a) CNATRAINST ~~1500.4F~~ 3710.13G | CH-2

Encl: (1) CNATRA 3710/15 (Rev. ~~4-99~~ 2-06)
(2) High Risk Instructor Screening SF-600 (Rev. 6-97)
(3) Administrative Up Chit
(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 1500.20B.

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.

T. G. JONES

Distribution:
COMTRAWINGFIVEINST 5216.1M
List II

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)

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

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: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*	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

DATE:_____

Branch Medical Clinic Naval Air Station Whiting Field
Milton, FL. 32570-6146

Administrative Up Chit (rev. 03SEP04)

1. Are you taking any medications at this time? Y / N
2. Have you taken any medications in the past two months? Y / N
3. Are you taking any herbal medications? Y / N
4. Are you taking any vitamins? Y / N
5. Are you taking any nutritional supplements? Y / N
6. Do you have any medical illnesses or conditions? Y / N
7. Have you **EVER** been hospitalized? Y / N
8. Have you **EVER** had any type of surgery (including oral)? Y / N
9. Do you have any allergies or adverse reactions to medications? Y / N
10. Are you allergic to anything else? Y / N
11. Do you currently use alcohol? Y / N

11a. if YES, How many drinks per week?_____

11b. What type of drink? i.e. liquor, beer, wine…_____

12. Do you currently use tobacco products? Y / N

12a. if YES, How much per day? i.e. packs, cans…._____

Please respond to any yes answers in the space provided below. (specify dates, names of medications, etc.)

_____

_____

_____

_____

_____

I am presently: (circle one) MED-UP / MED- DOWN

Member signature:_____ Date:_____

Glasses: Not Required Must Wear Corrective Lenses While Flying

Waiver: NONE RECOMMENDED GRANTED (date)_____

If in receipt of medical waiver, please state the reason._____

Last physical exam date:_____ **Location:**_____

PQ / NPQ & AA DIACA SNA / SGI / SGII / SGIII / USAF FCII

Please provide if applicable:

Work Phone #:_____ Cell Phone #:_____

Home Phone #:_____ E-mail:_____

----------**FLIGHT SURGEON USE ONLY**----------

Physical exam reviewed by:_____(Flight Surgeon)

Health Record reviewed by:_____(AVT)

NAME: LAST, FIRST, MI	**UNIT/SQUADRON:**	**RANK:**
SSN: - -	**STATUS:**	**Sex:** M / F
Records maintained at:	**Service:** USN USMC USAF USCG USA **OTHER:**	**DOB:** DD MON YYYY **AGE:**

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 trouble 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

In accordance with CNATRAINST ~~1500.4D~~ 3710.13G and COMTRAWINGFIVEINST ~~1500.20B~~ 1500.20C CH-2

_____
(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