

## US NAVY AVIATION SURVIVAL TRAINING CENTER (ASTC) CHECKLIST

Contact the ALEA Regional Director to request a forms packet for training with the US Navy Aviation Survival Training Institute (NSTI).

Contact CDR Dan Patterson, [Dan.Patterson@med.navy.mil](mailto:Dan.Patterson@med.navy.mil) to express your interest in training; he will also advise as to the best Aviation Survival Training Center (ASTC) to attend.

Make initial contact with the ASTC

Find out your POC

Get permission to attend the **Non-aircrew Underwater Emergency Egress**

Find out the dates of the course

Ask for contact information for the Navy Lodge (you may be able to stay there to save on travel costs).

If you feel it would help, ask them about their Remedial Course (you can go there a few times to practice before the course)

Look at the Welcome to NSTI page on <http://www.med.navy.mil/sites/nmotc/nsti/Pages/default.aspx>, review the Welcome Aboard.

Then select the appropriate location from the left hand column

Look for information such as:

Directions

Course Catalog

Training Requirements

Physical Prerequisites for Participation in the NASTP

What to Bring

Start the process to have the forms 8.30a and 8.30b filled out since 8.30b may take some time. (It would be advisable to plan this around your annual physical since additional tests are required for form 8.30b).

As time gets closer, make sure you:

Confirm with your POC and check on any possible changes

Ensure Form 8-30a is complete

Ensure Form 8-30b is complete and your ME has signed it

Have a copy of your Class 1 or 2 Medical Certificate

Have a letter from your agency stating you are employed by them and they are sponsoring you to attend.

The day you leave for training, ensure you have the following:

Bathing Suit

Towel

Flight Suit/Uniform for classroom sessions

Completed Form 8-30c

Completed Form 8-30d

A copy of your Class 1 or 2 Medical Certificate

Your letter from your agency

NOTE: I recommend you take some unit patches or coins to give to the instructors. The Navy has done so much for us...a token of appreciation would go a long way.

**Medical Clearance for Non-Aircrew / Non-Military Personnel to Participate  
in Naval Aviation Survival Training and Fly in USN/USMC Aircraft**

***THIS FORM SHALL BE PROVIDED BY THE FLIGHT APPROVING AUTHORITY***

**TO THE APPLICANT, PLEASE READ CAREFULLY:** You are requesting clearance to fly in military aircraft as a nonaircrew observer. Prior to flying, you are required to complete high risk training of the Naval Aviation Survival Training Program (NASTP) which may include altitude, egress, parachute and water survival training based upon what aircraft you are flying. NASTP training requires a high level of fitness and stamina. You will be required to complete training in full flight gear, including helmet, gloves, boots, flight suit, parachute harness and survival vest. Training includes a 25- 50 yard surface swim, treading water / drown-proofing for up to 2 minutes each and orally inflating your life preserver. Underwater emergency egress training requires you to swim 15 yards underwater in a flight suit and boots. Additionally, you may receive dynamic hypoxia recognition training in a hypobaric chamber up to simulated altitude of 25,000 feet. Actual flight may be in high performance ejection seat aircraft capable of sustained high g-force maneuvering. To obtain clearance to fly in military aircraft, you are required to obtain a physical examination. Civilian personnel may be required to bear the cost of this examination. Please fill out the medical questionnaire and have your physician fill out the physical examination section of this form. You must then present this completed form to either a FAA AME or Navy Flight Surgeon for endorsement for high risk NASTP training and subsequent flight.

YES NO

**Medical Questionnaire – Do you have or have you ever had:**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Disease of the eyes, ears, sinuses, seasonal allergies, hayfever, difficulty with clearing your ears, or pain in your ears or sinuses from diving or flying?       |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Chest pain, angina, heart attack, heart disease, heart murmur, palpitations, cardiac catheterizations, pacemaker or other cardio-vascular disease not listed here? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Hypertension, stroke, blood clots in legs, swelling in feet, or excessive fatigue with mild exertion?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Asthma, wheezing, emphysema, chronic cough, tuberculosis, collapsed lung, or shortness of breath with mild exertion?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Disease of the bowel, ulcers, rectal bleeding, chronic abdominal pain, hernia, kidney stone, or painful or frequent urination?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Arthritis, joint deformity, chronic back pain, or limitation of use of your back or extremities?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Paralysis, weakness of muscles, seizures, epilepsy, migraine or other severe headaches, loss of consciousness, or amnesia?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Mania, depression, schizophrenia, suicide attempt, alcoholism, panic attacks, fear of flying, fear of heights, fear of enclosed spaces?                            |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Anemia, diabetes, cancers, arterial gas embolism, bends, surgery, hospitalization, or other chronic medical conditions not listed?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Are you currently pregnant?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Are you taking any medication? List:  |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Can you jog 15 minutes continuously and can you swim 100 yards without stopping?  |

Applicant's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical Clearance for Non-Aircrew / Non-Military Personnel to Participate  
in Naval Aviation Survival Training and Fly in USN/USMC Aircraft**

**TO THE EXAMINING PHYSICIAN**

This person is seeking clearance to fly military aircraft as a non-aircrew observer. He or she will be required to complete high risk Naval Aviation Survival Training Program (NASTP) aviation physiology and water survival training. These training programs are designated as High Risk Training (described on the front of this form) and require a high degree of physical and psychological stamina. Successful completion of these training programs may lead to actual flight in high performance ejection seat aircraft capable of sustained high g-force maneuvering. The purpose of this evaluation is to clear this individual for the required high risk NASTP training as well as actual flight.

Please Complete and Elaborate on all Abnormal Findings and Positive Responses

Height \_\_\_\_\_ Weight \_\_\_\_\_ Temp \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ B/P \_\_\_\_\_

Corrected Visual Activity: Right \_\_\_\_\_ Left \_\_\_\_\_ Hearing (Normal/Abnormal) \_\_\_\_\_

HGB or HCT \_\_\_\_\_ Urinalysis: Glucose \_\_\_\_\_ Protein \_\_\_\_\_ Ketone \_\_\_\_\_ SP Gravity \_\_\_\_\_

EKG (within last 12 months) \_\_\_\_\_ Chest XRAY (within last 3 years) \_\_\_\_\_

NL	ABN		Elaboration and Comments
<input type="checkbox"/>	<input type="checkbox"/>	HEENT (include Eustachian tube patency)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Heart and Vascular	_____
<input type="checkbox"/>	<input type="checkbox"/>	Chest and Lungs	_____
<input type="checkbox"/>	<input type="checkbox"/>	Abdomen, Genitalia and Hern	_____
<input type="checkbox"/>	<input type="checkbox"/>	Spine, Extremities and Musculoskeletal	_____
<input type="checkbox"/>	<input type="checkbox"/>	Neurological	_____
<input type="checkbox"/>	<input type="checkbox"/>	Mental Status	_____

**I find no contraindication to this person's participation in required high risk NASTP training as well as actual flight in high performance or other military aircraft.**

Examining Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone # \_\_\_\_\_

FAA AME / Navy Flight Surgeon's Endorsement for Participation in High-Risk NASTP Training/Flight:

Type Aircraft \_\_\_\_\_

Qualification: PQ NPQ

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Note: Scope of examination at the discretion of the FAA AME/ Flight Surgeon)