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Appendix (R)

F/A-18 RIDER LETTER AND MEDICAL QUESTIONNAIRE

Dear Sir or Madam,

Congratulations on being selected as a primary or alternate candidate to fly with the U.S. Navy Blue Angels in the F/A-18 Hornet. The Hornet is a state-of-the-art, high performance strike/fighter aircraft and certain physical requirements must be met in order to have an enjoyable and safe experience in our aircraft. For this reason, you must complete a thorough medical questionnaire for review prior to approval for flight. In addition, you are required to have a routine physical examination by your local physician prior to your flight in order to see if he or she has any reason to believe that you should not participate in this type of strenuous activity. Your doctor will need to review your questionnaire, indicate if you have any contraindications to flight and sign/date the form, which you will then return to the Assistant Events Coordinator. We do not need a copy of the physical exam. To make the most of this flight, here are several suggestions, which may make your day with the Blue Angels more enjoyable:

1. In the weeks prior to the flight, maintain a reasonable level of physical fitness and exercise; you'll feel better, sleep better and have a better time flying.
2. Eat normally and stay well-hydrated in the days prior to the flight, avoid alcohol, and get a good night's sleep the night before. Do not fly on an empty stomach. Eat a light meal 2 - 3 hours prior to the flight, avoiding greasy foods and acidic drinks.
3. It is highly recommended that you remain free of commitments the day of your flight, due to the strenuous physical nature of the flight.
4. If you catch a cold or are otherwise ill the day of the flight, you must inform the crew chief and pilot so that arrangements can be made to fly the alternate media representative. Flying with a cold may cause serious and sometimes permanent injury to the inner ear and sinuses.
5. Due to the height and weight limits of our ejection seats, those individuals taller than 78 inches or weighing more than 235 pounds and less than 100 pounds will be automatically disqualified from flight. **Individuals weighing from 100 to 135 pounds and 214 to 235 pounds will be required to sign a waiver for flight in our ejection seats, due to an increased risk of injury in the event of an ejection.**

If you have any questions at all concerning your flight, please feel free to call me in Pensacola, FL at (850) 452-4175 or in El Centro, CA at (760) 339-2508 (January – March). Have a great time!

Sincerely,

Joseph D. Schwartz, M.D.
Lieutenant Commander, MC, USN
Blue Angels Flight Surgeon

Medical Questionnaire for non-military personnel to fly in U.S. Navy Blue Angels aircraft

Please Read Carefully

****** EACH PROSPECTIVE RIDER MUST COMPLETE THIS FORM ******

You are requesting to fly as a selected passenger with the U.S. Navy Blue Angels. Although this squadron has tremendous experience and an outstanding safety record, these flights are still considered high risk and can require a high level of physical fitness and stamina. You will be required to wear a complete set of flight gear including helmet, gloves, flight suit, parachute harness and survival vest. The flight will be conducted in the F/A-18 Hornet, a high performance, ejection seat equipped strike/fighter aircraft. Actual flight profiles may include sustained high G-forces and high speed aerobatic maneuvering. This medical questionnaire allows our flight surgeon to have a better picture of your past and present health, fitness status, and suitability for this type of flight. Please take time and be complete in filling out the form. Be assured that answering yes to a particular question or questions does not necessarily result in disqualification from the flight, as most people have some type of medical history. **You are also required to see your local physician some time prior to the flight for a routine physical examination, at your own expense, to ensure that he or she has no concerns regarding your participation in this type of strenuous activity.** If you have any questions or concerns, please contact the Blue Angels Events Office at (850) 452-2067. Fax all information to the Assistant Events Coordinator at 850-452-2790.

DIRECTIONS:

BLUE ANGEL LIAISON:

1. Ensure that each Media Rider nominee has a copy of *this* questionnaire.
2. Ensure that they complete it at least 30 days prior to their scheduled flight.

PASSENGER:

1. Immediately schedule an appointment with your physician for a physical exam.
2. During your exam, have the provider review your questionnaire and complete his/her portion of the form.
3. Only exams from a physician (M.D. or D.O.), a Nurse Practitioner, or a Physician Assistant will be accepted. **We cannot accept exams from: chiropractors, podiatrists, optometrists, nurses or holistic healers.**
4. You must fax **ALL MEDICAL** information, including the questionnaire/doctor's statement below and a copy of your press credentials to the Assistant Events Coordinator at 850-452-2790.

THERE IS NO NEED TO FAX IT TO THE AIRSHOW COORDINATOR.

EXAMING PHYSICIAN

1. Perform a thorough physical exam. It is important that the patient can easily valsalva, and has good TM movements.
2. Please comment on any "YES" answers on the questionnaire, medication use (including OTC), surgeries, retained orthopedic hardware, and any other medical condition. This flight is extremely demanding, and not suitable for everyone.

IF THIS INFORMATION IS NOT RECEIVED 30 DAYS PRIOR TO YOUR FLIGHT, YOU WILL BE DISQUALIFIED

Show Site: _____

Name _____
Day/Work Phone Number () _____
Alternate Phone Number () _____

Organization _____
Show site _____
Email _____

Medical History

Press Credentials

Age _____ Height _____ Weight _____ Jacket Size _____

Do you have now, or have you ever had:

- | Y | N | |
|---|---|---|
| D | D | 1. Disease of the eyes, ears, sinuses or seasonal allergies which still require medication? |
| D | D | 2. Difficulty clearing your ears or pain in your ears or sinuses from flying or scuba diving? |
| D | D | 3. Chest pain, angina, heart attack, heart disease, high blood pressure, heart murmur, palpitations, cardiac catheterization, pacemaker or cardiac stress test? |
| D | D | 4. Stroke, phlebitis, blood clots in legs, excessive fatigue with mild exertion? |
| D | D | 5. Asthma, wheezing, emphysema, chronic cough, tuberculosis, collapsed lung, chest surgery of any kind, chest tube placed, or abnormal chest X-ray? |
| D | D | 6. Disease of the bowel, gastric ulcer, rectal bleeding, chronic abdominal or pelvic pain, hernia, kidney stone, disease of the urinary tract. |
| D | D | 7. Arthritis, joint deformity, limited movement of any joint, chronic neck or back pain, neck or back surgery, 'slipped' or herniated disk, neurologic surgery of any kind. |
| D | D | 8. Paralysis, muscle weakness, seizures, epilepsy, loss of consciousness or amnesia. |
| D | D | 9. Mania, depression, schizophrenia, panic attacks, fear of flying or fear of enclosed spaces? |
| D | D | 10. Anemia, sickle cell crisis, diabetes, liver or thyroid disease? |
| D | D | 11. Arterial gas embolism, decompression sickness or the 'bends'? |
| D | D | 12. Are you currently pregnant or planning to become pregnant prior to the flight? |
| D | D | 13. Do you have any acute or chronic condition not listed previously? |
| D | D | 14. Are you currently under care or therapy of a physician or practitioner for any medical condition? |
| D | D | 15. Are you currently taking any medications? List: |
| D | D | 16. Difficulty jogging two (2) miles in 20 minutes or swimming 100 yards? |

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Appendix (R)

I certify that the above information is true and correct and understand that I am required to have a physical examination by my family physician, at my own expense, prior to flying with the Blue Angels.

Applicant Signature _____ Date _____

IF YOU ANSWERED ' YES' TO ANY OF THE ABOVE QUESTIONS (1-16) PLEASE GIVE DETAILS BELOW AND INDICATE IF THE CONDITION RESOLVED.

The following is to be completed by your examining physician:

The above patient was evaluated on _____.

Date of Exam

Please select one of the following:

_____ He/she has no medical contraindication for flight in a high performance aircraft with the Blue Angels.

_____ He/she has a medical condition(s), which may contraindicate a flight in a high performance aircraft.

Please list and explain all conditions and medications:

Signature of Examiner

Date

**Printed name of Examiner
& Credentials (i.e. MD, DO, PA, NP)**

Phone Number

Approved

Disapproved

Blue Angel Flight Surgeon Signature

Date _____