ANTHROPOMETRY FAX COVER SHEET FOR FLIGHT SURGEON APPLICANTS

From: _____
(applicant rank, name, and SSN)

To: Naval Aviation Schools Command (Code 03D), FAX (850) 452-2290/DSN 922-2290

Pages: Two, including cover

Encl: (1) NAVMED 6410/9 (or DAVID Report)

1. My return fax number is: _____.
My e-mail address is: _____.
My pager number is: _____.
My telephone number is: _____.

RETURN COVER SHEET

From: Naval Aviation Schools Command (Code 03D)
To: Flight Surgeon Applicant

1. The analysis of your anthropometry measurements has been completed. You are:

- ❑ Anthropometrically compatible with all naval aircraft.
- ❑ Anthropometrically incompatible with at least one type of naval aircraft. You may contact my office at (850) 452-4701 for further information.

2. I will provide a copy of these results to the Naval Aerospace Medical Institute (NAMI), Code 342, and to the Bureau of Medicine and Surgery (BUMED), Code M3F8.