AEROSPACE PHYSIOLOGY TRAINING REPORT
NAVMED 6410/3 (Rev. 1-72)

Read instructions on reverse before completing

REPORT SYMBOL MED 6410-3

ACTIVITY

QUARTER ENDING

SECTION I - ALTITUDE TRAINING

TYPE RUN	PROCEDURE	NO. OF EVENTS	A AVIATOR	B NFO	C AIRCREW	D STUDENT	E AIR FORCE	F ARMY	G CIV.	H OTHER	TOTAL	CHAMBER REACTIONS					
												EAR	SINUS	TOOTH	ABDOM	DECOM	COLLAPSE
TYPE I-25,000 FT.	LECTURE																
	LPC FLIGHTS																
TYPE II-40,000 FT.	LECTURE																
	LPC FLIGHTS																
TYPE III-FPS	LECTURE																
	LPC FLIGHTS																
TYPE IV-DECOMP	LECTURE																
	LPC FLIGHTS																
SPECIAL *	LECTURE																
	LPC FLIGHTS																
SUBTOTAL TRAINED (Lectures)												← TOTAL TRAINED (Lectures)					
SUBTOTAL TRAINED (LPC)												← TOTAL TRAINED (LPC)					

SECTION II - SENSORY TRAINING

CATEGORY	PRO-CEDURE	NO. OF EVENTS	A NA	B NFO	C AC	D STUD.	E AF	F ARMY	G CIV.	H OTHER	TOTAL
VISUAL PROBLEMS	LECTURE										
	DEMO										
FLASH BLINDNESS	LECTURE										
	DEMO										
SPATIAL ORIENTATION	LECTURE										
	DEMO										

SECTION III - EJECTION SEAT TRAINING

CATEGORY	TYPE	NO. OF EVENTS	A NA	B NFO	C AC	D STUD.	E AF	F ARMY	G CIV.	H OTHER	TOTAL	DUMMY LOADS
REGULAR	LECTURE											
	TR SHOTS											
SPECIAL *	LECTURE											
	TR SHOTS											

NO. OF MISFIRES _____ HANGFIRES _____ *

SECTION IV - WATER SURVIVAL TRAINING

CATEGORY	PROCEDURE	NO. OF EVENTS	A NA	B NFO	C AIRCREW	D STUDENT	E AIR FORCE	F ARMY	G CIV.	H OTHER	TOTAL	REMARKS
SWIMMING	LECTURE											
	DEMO											
DUNKER	LECTURE											
	DEMO											
PARA RELEASE	LECTURE											
	DEMO											
HELO-HOIST	LECTURE											
	DEMO											

* EXPLANATION

SECTION V - ROSTER OF PERSONNEL ASSIGNED

NAME	GRADE OR RATE	SOCIAL SECURITY NO.	DESIGNATOR OR NEC	STATION OR UNIT	DATE REPORTED OR DETACHED	HDIP	CHAMBER FLIGHTS					CHAMBER TIME
							TYPE I	TYPE II	TYPE III	TYPE IV	SPEC.	

SECTION VI - MISCELLANEOUS INFORMATION

SECTION VII - SIGNATURES

SUBMITTED: _____
Aerospace Physiologist

APPROVED: _____
Medical Officer

SECTION VIII - INSTRUCTIONS

1. GENERAL
Forward one copy of Aerospace Physiology Training Report to Chief of the Bureau of Medicine and Surgery (Code 512) for each quarter of calendar year. Prepare reports for quarters ending 31 March, 30 June, 30 September and 31 December and forward not later than 15th day of month following quarter reported upon. Each report shall contain training statistics for 3 month period ending on date recorded under QUARTER ENDING. Control and supply of NAVMED 6410/3 will be by Bureau of Medicine and Surgery. Activities required to submit NAVMED 6410/3 will be resupplied with blank forms upon submitting a letter request addressed to Chief of the Bureau of Medicine and Surgery (Code 512), Navy Department, Washington, D.C. 20390.
2. SECTION I – ALTITUDE AND OXYGEN TRAINING
a. NUMBER OF EVENTS – indicate total number of lecture sessions, and total number of chamber flights for prescribed altitudes.
b. A through H – indicate total number of personnel given each type of physiological training.
c. TOTAL – indicate the sum of A through H.
d. CHAMBER REACTIONS:
(1) Indicate total number of personnel experiencing each type of chamber reaction.
(2) Submit chamber reaction report (NAVMED 6410/4) as enclosure to this report for each incident of decompression illness and collapse.
(3) Chamber reactions which require admission to sick list shall be reported by message to Bureau of Medicine and Surgery (Code 512).
3. SECTION II – SENSORY TRAINING DURING MINIMIZE ELECTRICAL TRANSMISSION is authorized.
a. NUMBER OF EVENTS – indicate total number of lecture sessions and demonstrations for each category.
b. A through H – indicate number of personnel given each type of sensory training.
c. TOTAL – indicate sum of A through H.
4. SECTION III – EJECTION SEAT TRAINING
a. NUMBER OF EVENTS – indicate total number of lecture sessions, trainer shots, and special demonstrations for each category.
b. A through H – indicate total number of personnel given each type of egress training.
c. TOTAL – indicate sum of A through H.
d. Submit completed Standard Form 600 as enclosure to this report for each injury incurred as result of ejection seat training.
5. SECTION IV – WATER SURVIVAL TRAINING
If only one lecture is given at each session, list under category–SWIMMING. Otherwise, indicate as appropriate.
6. SECTION V – ROSTER OF PERSONNEL ASSIGNED
a. Place asterisk after names of personnel assigned on part time basis.
b. STATION OR UNIT – enter S for all personnel permanently assigned to a station billet. Enter T for squadron, air wing, and personnel assigned to station in TAD status.
c. DATE REPORTED OR DETACHED – enter day, month, and year (Example: 28 Feb 68)
d. HDIP – enter Yes or No. If HDIP received during any part of quarter enter number of months or fraction thereof.
e. CHAMBER FLIGHTS – enter total number of flights for each altitude.
f. CHAMBER TIME – enter total chamber time this quarter, using flight time point system where 1.0 equals 60 minutes.
7. SECTION VI – MISCELLANEOUS INFORMATION
a. Include information requiring amplification concerning personnel, equipment, and unusual events considered to be of interest.
b. Include information concerning open houses, tours, speeches, participation in professional meetings and any community relations activities that have occurred during this reporting period.