

GROUNDING NOTICE (Aeromedical)

Date: _____
From: _____
To: _____

Name: _____
SSN: _____
Rank: _____
HR Loc: _____

1. Recommend subject individual be temporarily suspended from duty involving flight due to:

- Failed checkin/Annual physical examination.
- Aircraft mishap evaluation.
- Place on sick/ground list.
- Other/diagnosis _____

2. Disposition:

- Hospitalized.
- Sick in quarters/No duty.
- May participate in non-flying duties.
- May participate in simulator training

3. Expected duration of grounding _____

Original to: CO
Copy to: Oper. Off. Trng. Off.

Signature: _____
 FS Other:
if other, specify _____

NAVMED 6150/2 _____ by _____ (Name)
(Date)