Print Form

APPLICATION PACKAGE REQUIREMENTS CHECKLIST TOPKNIFE

The following documents must be submitted with this application.

1. ☐ Report on Individual Personnel (RIP). Must bear the following statement with member's signature:
" *I certify that the information in this document is true and correct.* " RIP **must** indicate **SECRET** clearance.
(RIP is obtained from your Personnel Section)

Current weight:_____ Maximum Allowable Weight:_____

2. ☐ (Body Fat Measurement, if needed)_____
Individuals weighing <103 and >245 pounds nude weight cannot be accepted due to ejection seat requirements.

3. ☐ One copy each of **current** AF Form 1042, AF Form 702, SF88, and SF93 or AF 1446.
(AF Form 1042 - Medical Flight Clearance or equivalent)
(AF Form 702 - Physiological Training Certification)
Current Altitude Chamber Clearance, Centrifuge Training*
(SF88 - Physical)
(SF93 - Medical History)
(AF1446 - Short Fly PE)

4. ☐ Copy of **current** Flying History Report
Acquire from Flight Records

5. ☐ Intra/Inter Facility Medical Transfer Brief (see AFI 44-119, Oct 95, Attach 3). Brief must be signed by medical unit commander and be accompanied by member's AF Form 1540 or current civilian privilege list from civilian medical facility (ANG/AFRES). Ref.: AFI 44-119, Par 3.32.2.

6. ☐ Endorsement of application by medical unit commander.

7. ☐ Copy of Emergency Information Card (acquire from Personnel Flight).

8. ☐ Copy of SGLI Form (acquire from Personnel Flight).

9. ☐ Mail complete package to:

173MDS/SGI
211 Arnold Ave, Suite 15
Kingsley Field
Klamath Falls, OR 97603-2111

10. ☐ Name and E-Mail address of member's unit POC: _____

It is now mandatory for all Flight Surgeons attending the TOP KNIFE course to have DOCUMENTED Centrifuge training, no matter what operational aircraft , or branch of service they may be assigned to IAW established AFI's.