



WARNING

In accordance with National Defence Security Orders and Directives (NDSOD), form **DND 4266-E - Physiological / Aeromedical Incident Investigation Report** is designated "**Protected B**" information once completed.

Completed "**Protected B**" forms **MUST NOT BE SAVED UNENCRYPTED** on any network and workstation drive or storage media. "**Protected B**" forms, when completed, **MUST BE ENCRYPTED USING THE DND ISSUED PKI SMARTCARD**. Failure to respect this requirement will result in a breach of security and administrative measures shall be applied in accordance with the policy.

Physiological / Aeromedical Incident Investigation Report

SN	Last name	First name	DOB (yyyy-mm-dd)
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Section A: Medical assessment and toxicology sampling *(if additional space required please use Annex A on page 6)*

HR	RR	BP	Temp	O2 Sat
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Subjective

Objective: Include comments on mental state, coherence of speech, agitation, sweating, collapse, injuries, burns, state of ALSE clothing.

Labs (Blood and/or urine toxicology screening): Taken Not Taken

Consider also: Hb, Hct, ESR, Lactate, WBC and differential, COHb, glucose, alcohol, urine (including microscopy), cyanide (consider empiric treatment for cyanide poisoning if patient presents physiologically or mentally altered after smoke inhalation).

Assessment

Plan

SN	Last name	First name	DOB (yyyy-mm-dd)
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Section A: Medical assessment and toxicology sampling (cont'd)

Disposition (Grounding status, follow-up requirements)
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Section B: Narrative (if additional space required please use Annex A on page 6)

Brief description of incident

Section C: Information concerning aircraft and sortie (if additional space required please use Annex A on page 6)

1. Aircraft type and mark / version:	
2. Aircraft ID letters / numbers:	
3. Aircraft nationality and unit:	
4. Date of flight (yyyy-mm-dd):	
5. Type of mission:	
6. Stage of mission:	
7. Usual air base:	
8. Take-off base:	
9. Time of reporting duty (hh:mm):	
10. Time of take off (hh:mm):	
11. Weather conditions:	
12. Visibility in direction of flight:	
13. Time of landing (hh:mm):	

Section D: Information concerning the examined person involved (if additional space required please use Annex A on page 6)

1. Nationality:	2. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	3. Age:	4. Height (cm):	weight (kg):
5. Marital status:				
6. Living accommodations (mess, quarter, etc.):				
7. Crew type (pilot, engineer, pax, etc.) and MOS ID:				
8. Crew position during incident:				
9. Medical category (current):	V:	CV:	H:	G: O: A:
10. Total flying hours:				
11. Hours on type:	Hours on day of incident:			
12. Meals in the past 48 hours:				

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Section D: Information concerning the examined person involved (cont'd)

<p>13. Smoking habit:</p>																																																																																																									
<p>14. Presence of infections / Illness:</p>																																																																																																									
<p>15. List of drugs / meds in past 7 days including Pharmacological Fatigue Countermeasures:</p>																																																																																																									
<p>16. List of non-Pharmacological Fatigue Countermeasures:</p>																																																																																																									
<p>17. Sleep pattern:</p> <p>Sleep quality reference:</p> <p>Poor: 4-6 interruptions per hour or sleeping seated (eg. a 40 degree incline airline seat or lounge chair);</p> <p>Fair: 2-4 interruptions per hour or cot equivalent (eg. lie-flat seat or aircraft bunk);</p> <p>Good: 1-2 interruptions per hour or sleeping in non-ideal environment (eg. hotel); or,</p> <p>Excellent: No interruptions and sleeping in ideal environment (eg. at home in own bed).</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center; font-size: small;">Start sleep</td> <td style="width: 50%;"></td> <td style="text-align: center; font-size: small;">End sleep</td> </tr> <tr> <td>Sleep time:</td> <td> <input style="width: 100px; height: 20px;" type="text"/> <small>Date (yyyy-mm-dd)</small> </td> <td> <input style="width: 100px; height: 20px;" type="text"/> Z <small>Time (hh:mm)</small> </td> <td> <input style="width: 100px; height: 20px;" type="text"/> <small>Date (yyyy-mm-dd)</small> </td> <td> <input style="width: 100px; 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Section D: Information concerning the examined person involved (cont'd)

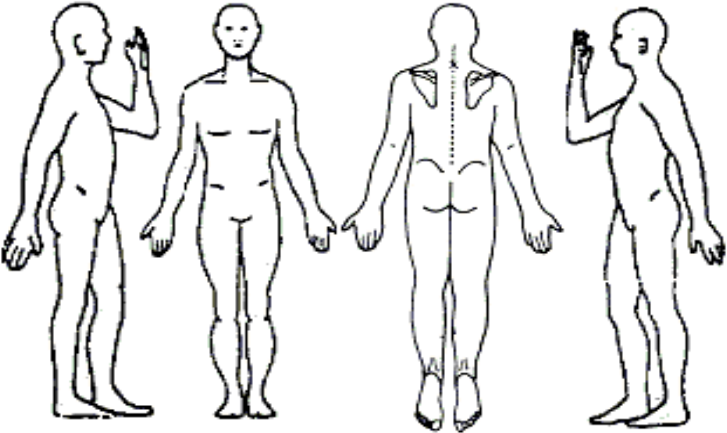
17. Sleep pattern (cont'd):	<p style="text-align: center;">Start sleep End sleep</p> <p>Sleep time: <input type="text"/> <input type="text"/> Z <input type="text"/> <input type="text"/> Z <small>Date (yyyy-mm-dd) Time (hh:mm) Date (yyyy-mm-dd) Time (hh:mm)</small></p> <p>Sleep quality: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent</p> <p style="text-align: center;">Start work End work</p> <p>Work time: <input type="text"/> <input type="text"/> Z <input type="text"/> <input type="text"/> Z <small>Date (yyyy-mm-dd) Time (hh:mm) Date (yyyy-mm-dd) Time (hh:mm)</small></p> <p><input type="checkbox"/> No work Number of time zones crossed _____ <input type="checkbox"/> East <input type="checkbox"/> West</p>
18. Last leave period:	Start date (yyyy-mm-dd): <input type="text"/> End date (yyyy-mm-dd): <input type="text"/>
19. Unusual pattern of activities over past 72 hours:	
20. Alcohol in past 72 hrs. (units):	<input type="text"/>
21. Domestic / Occupational stress:	<input type="text"/>
22. Previous accidents or incidents (flight, dive, chamber) and significant medical history:	
23. Date / Place of last aviation physiology training:	Date (yyyy-mm-dd): <input type="text"/> Location: <input type="text"/>
24. SCUBA diving in past 24hrs:	<input type="checkbox"/> Yes <input type="checkbox"/> No Max depth (meters): <input type="text"/>

Section E: Details of incident (if additional space required please use Annex A on page 6)

1. Incident time:	Date (yyyy-mm-dd): <input type="text"/>	Time (hh:mm): <input type="text"/>
2. Nature of first symptoms:	<input type="text"/>	
3. Time course of subsequent symptoms:	<input type="text"/>	
4. Duration of symptoms and presence after landing:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hours: <input type="text"/>
5. Actions taken to report symptoms:	<input type="text"/>	
6. Actions taken to overcome symptoms:	<input type="text"/>	
7. Aircraft altitude (feet):	<input type="text"/>	
8. Cabin altitude (feet):	<input type="text"/>	
9. Aircraft altitude:	<input type="checkbox"/> Level <input type="checkbox"/> Climbing <input type="checkbox"/> Descending <input type="checkbox"/> Turning <input type="checkbox"/> Aerobatics <input type="checkbox"/> Unknown	
	G-load:	<input type="checkbox"/> Unknown Amount: <input type="text"/> <input type="checkbox"/> Positive <input type="checkbox"/> Negative
10. Presence of vibration:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Type of O2 system:		Setting: <input type="checkbox"/> Normal <input type="checkbox"/> Emergency <input type="checkbox"/> 100%
12. Type / Size / Fit of O2 mask and condition of assembly:	<input type="text"/>	
13. Flying clothes worn:	<input type="text"/>	
14. O2 contents at time of incident and on landing (confirm sample taken):	<input type="text"/>	

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Section E: Details of incident (cont'd)

15. Operation of magnetic indicators:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	
16. Breathing difficulty:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
17. Change in rate or depth of breathing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
18. Change in O2 system pressure (confirm regulator serviceability):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
19. Visual disturbances:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
20. Tremor or loss of coordination:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
21. Difficulty concentrating:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
22. Change in hearing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
23. Tingling hands, feet, lips:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
24. Nausea:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
25. Headache:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
26. Pain / discomfort in any site (including joints, abdomen, chest, ears, sinuses). Describe character, intensity, frequency, alleviating or exacerbating factors:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
27. Mental state at time of incident (relaxed, bored, tense):			
28. Thermal comfort:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
29. Unusual smells / Smoke (noted by occupants or ground personnel):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
30. Other human factors problems:			

Rank	Name of examiner, Flight Surgeon or BAVMed	Date (yyyy-mm-dd)	Time (hh:mm)	Signature of examiner, Flight Surgeon or BAVMed
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SN	Last name	First name	DOB (yyyy-mm-dd)
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Annex A: Additional information