

## LIST OF CLINICAL PRIVILEGES – FLIGHT SURGEON

**AUTHORITY:** Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

**PRINCIPAL PURPOSE:** To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

**ROUTINE USE:** Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from military service.

**DISCLOSURE IS VOLUNTARY:** However, failure to provide information may result in the limitation or termination of clinical privileges

### INSTRUCTIONS

**APPLICANT:** In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect your current capability. Sign and date the form and forward to your Clinical Supervisor

**CLINICAL SUPERVISOR:** In Part I, using the facility master privileges list, enter Code 1, 2, 3, or 4 in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form and forward the form to the Credentials Office.

**CODES:** 1. Fully competent within defined scope of practice.

2. Supervision required. (Unlicensed/uncertified or lacks current relevant clinical experience.)

3. Not approved due to lack of facility support. (Reference local facility privilege list. Use of this code is reserved for the Credentials Committee/Function.)

4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

**CHANGES:** Any change to a verified/approved privileges list must be made in accordance with Service specific credentialing and privileging policy.

**NAME OF APPLICANT:**

**NAME OF MEDICAL FACILITY:**

**ADDRESS:**

**Physicians requesting privileges in this specialty must also request privileges in their primary discipline and/or General Medical Officer privileges.**

I. Scope		Requested	Verified
<b>P386916</b>	The scope of privileges for a Flight Surgeon includes the evaluation, diagnosis, treatment and consultation on an outpatient basis of aircrew and special operators. Flight Surgeons are responsible for the care of patients they accompany on transport by rotary or fixed-wing aircraft. These physicians are responsible for identification and prevention of various adverse physiological responses to hostile biologic and physical stresses encountered in the aerospace environment, performance of special operational evaluations and dispositions, evaluation and initial management of decompression illness, and application of operational medicine education to individuals and groups under their care. Flight Surgeons may assess, stabilize, and prepare patients with stable or emergent conditions for aeromedical transport, consistent with medical staff policy.		
<b>Diagnosis and Management (D&amp;M)</b>		<b>Requested</b>	<b>Verified</b>
<b>P388665</b>	Pre- and post-travel health counseling and care		
<b>P389128</b>	Evaluate for aeronautical / special operational duty adaptability not consistent with specific occupation.		
<b>P389130</b>	Perform in-flight medical care of individual aviators / special operators		
<b>P389132</b>	Medical management of operational use of fatigue management medications		
<b>P389134</b>	Medical management of occupational and environmental disease conditions / exposures		
<b>P389136</b>	Initial evaluation and medical management of psychological and sociological stresses of deployment, special warfare, combat operations, sustained operations, and humanitarian operations		
<b>Other (Facility- or provider-specific privileges only)</b>		<b>Requested</b>	<b>Verified</b>
<b>SIGNATURE OF APPLICANT</b>		<b>DATE</b>	

II.

CLINICAL SUPERVISOR'S RECOMMENDATION

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RECOMMEND APPROVAL

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RECOMMEND APPROVAL WITH MODIFICATION  
(Specify below)

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RECOMMEND DISAPPROVAL  
(Specify below)

STATEMENT:

CLINICAL SUPERVISOR SIGNATURE

CLINICAL SUPERVISOR PRINTED NAME OR STAMP

DATE