

## PAPER WORK REDUCTION ACT

This data is collected to establish qualifications of eligibility to receive physiological training and will be used as proper evidence of training. The public reporting burden for this collection of information is estimated to average 5 minutes per response. Response is required to obtain benefit. Information will be protected in accordance with provisions of the Privacy Act. This information is part of the Privacy Act system of records DOT/FAA 828. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a current valid OMB control number. OMB control number for this collection is OMB 2120-0101.

U.S. DEPARTMENT OF TRANSPORTATION  
FEDERAL AVIATION ADMINISTRATION  
MIKE MONRONEY AERONAUTICAL CENTER  
OKLAHOMA CITY, OKLAHOMA

FORM APPROVED  
OMB No: 2120-0101

### PHYSIOLOGICAL TRAINING INFORMATION AND APPLICATION

#### WHAT IS IT?

Physiological training is a program directed toward understanding and surviving in the flight environment. Flying represents a hostile environment that imposes physical, physiological, and psychological demands on the human body. Physiological training addresses the nature and magnitude of these problems during high and low altitude flights and recommends methods and procedures to prevent and/or minimize them.

#### WHO NEEDS IT?

14 CFR Part 61.31 (g)(1)(I), indicates that no person may act as pilot in command of a pressurized airplane that has a service ceiling or maximum operating altitude, whichever is lower, above 25,000 feet MSL unless that person has completed ground training that includes instruction on respiration; effects symptoms, and causes of hypoxia and any other high altitude sicknesses; duration of consciousness without supplemental oxygen; effects of prolonged usage of supplemental oxygen; causes and effects of gas expansion and gas bubble formations; preventive measures for eliminating gas expansion, gas bubble formations, and high altitude sicknesses; physical phenomena and incidents of decompression; and any other physiological aspects of high altitude flight.

Physiological training is recommended for all pilots (private, commercial, and air transport) and not only those covered under 14 CFR Part 61.31 (g)(1)(I). It is recommended for other personnel including flight navigators, flight engineers, flight attendants, air traffic controllers, and aviation medical examiners.

#### WHERE CAN YOU GET IT?

A resident physiological training course is offered (free of charge) at the Mike Monroney Aeronautical Center, Civil Aeromedical Institute in Oklahoma City. In addition, through an FAA/USAF training agreement, the following military facilities offer physiological training for non-Government personnel (\$35 fee) involved in civil aviation activities:

Andrews AFB, Clinton, Maryland  
Beale AFB, Marysville, California  
Brooks AFB, San Antonio, Texas  
Columbus AFB, Columbus, Mississippi  
Fairchild AFB, Spokane, Washington  
Holloman AFB, Alamogordo, New Mexico

Langley AFB, Norfolk, Virginia  
Laughlin AFB, Del Rio, Texas  
Little Rock AFB, Little Rock, Arkansas  
Offutt AFB, Omaha, Nebraska  
Peterson AFB, Colorado Springs, Colorado  
Randolph AFB, San Antonio, Texas

Shaw AFB, Sumter, South Carolina  
Sheppard AFB, Wichita Falls, Texas  
Vance AFB, Enid, Oklahoma

#### WHAT IS CONTAINED IN THIS COURSE?

The physiological training course is designed to address safety-related aeromedical topics including: physics of the atmosphere, respiration and circulation, trapped gasses, decompression sickness, hypoxia and hyperventilation, oxygen use-and equipment familiarization, cabin pressurization systems, spatial disorientation and disorientation, air sickness/motion sickness, principles and problems of vision in aviation, thermal stress, noise and vibration, acceleration, exposure, human performance and limitations, and self-imposed stress (alcohol, medications, drugs, caffeine, smoking, fatigue, emotional stress, dehydration, inadequate diet and nutrition, overweight, poor physical fitness, etc.). This training also includes practical demonstrations (OPTIONAL) of rapid decompression (8 to 18K feet), hypoxia symptoms (25K feet) and proper use of oxygen equipment in an altitude chamber, as well as a practical demonstration of spatial disorientation.

#### FOR FURTHER INFORMATION:

Contact the FAA Civil Aeromedical Institute, Aeromedical Education Division (AAM-400), Airman Education Programs, P.O. Box 25082, Oklahoma City, Oklahoma 73125. Phone (405) 954-4837 or 6212. FAX (405) 954-8016. Please do NOT mail completed applications or fees to this address. (See over for mailing address)

### APPLICATION MUST BE COMPLETED AND SIGNED BEFORE TRAINING IS APPROVED

APPLICANTS should not contact USAF military facilities to request individual scheduling for physiological training. To schedule training location and date, applicants must call the FAA Aeromedical Education Division (AAM-400), Airman Education Programs, Civil Aeromedical Institute, Oklahoma City, Oklahoma at (405) 954-4387. Depending upon availability, applicants will be scheduled for physiological training in the facility of their choice (FAA or USAF). Physiological training is not available during weekends. A copy of this application will be mailed to each applicant who requested scheduling for physiological training by telephone. Once the completed application form and applicable fee (see reverse side) are received by the FAA, the training schedule for the applicant is confirmed. Each applicant will receive, by mail, a written confirmation of training schedule and reporting instructions 30 days prior to the scheduled training date. Completion of physiological training does not satisfy the requirements for flying in military aircraft.

**APPROVAL FOR PARTICIPANTS** in the altitude chamber flight portion of the physiological training course is subject to the following considerations:

(i) Applicants must hold a valid FAA medical certificate (or acceptable proof of a military flight medical examination) and must present it to the appropriate personnel at the facility (FAA or USAF) where they are scheduled to receive physiological training. Applicants must hold as minimum a valid FAA Class 3 medical certificate.

(ii) Applicants will not be allowed to participate in altitude chamber training:

- 1) if less than 18 year of age
- 2) during periods of acute respiratory and/or systemic infections. If previously scheduled, they should cancel and reschedule at a later date
- 3) if they have a beard
- 4) within a period of less than 24 hrs after SCUBA diving
- 5) within a period of less than 24 hrs after donating one unit (500ml) of blood or less than 72 hrs after donating more than one unit of blood.
- 6) within 8 hrs after the consumption of any alcoholic beverage, or while under the influence of alcohol
- 7) until they have completed the academic portion of the physiological training course.

**FEE FOR PHYSIOLOGICAL TRAINING AT USAF MILITARY FACILITIES:** Effective January 1, 1998, the USAF is reimbursed \$35 for each trainee scheduled (confirmed) to receive physiological training at a USAF facility. A check or money order for \$35, payable to the Federal Aviation Administration must accompany this application if you are scheduled to participate in physiological training at a USAF facility. The fee will be non-refundable once the training schedule has been confirmed between the applicant and Aeromedical Education Division, Airman Education Programs. If the applicant does not show up at the USAF facility on the scheduled training date, the training fee will not be refunded to the applicant and will be retained by the USAF.

**DO NOT MAIL THIS APPLICATION FORM UNTIL YOU OBTAIN A SCHEDULED TRAINING DATE AND LOCATION FROM THE AEROMEDICAL EDUCATION DIVISION, AIRMAN EDUCATION PROGRAMS**

**MAIL THE COMPLETED APPLICATION AND FEE TO:**

MIKE MONRONEY AERONAUTICAL CENTER  
 GENERAL ACCOUNTING BRANCH, AMZ-320  
 POST OFFICE BOX 25770  
 OKLAHOMA CITY, OKLAHOMA 73125

**PRIVACY ACT STATEMENT**

**PRIVACY ACT STATEMENT:** The submission of this information is authorized by the Federal Aviation Reauthorization Act of 1996 (Title 49, U.S.C.). It is necessary to establish qualifications of eligibility to receive physiological training and will be used as proper evidence of training. Collection of this information is voluntary; however, failure to provide information will result in the denial of your request for physiological training. The information will become part of the Privacy Act system of records DOT/FAA-828, Physiological Training System. The routine uses of the information will be by the Aeromedical Education Division, Airman Education Programs to determine training qualifications and provide proper evidence of training, and by the General Accounting Branch for receipt and transfer of training funds.

**APPLICATION AND AGREEMENT FOR PHYSIOLOGICAL TRAINING  
 (Please Print)**

**Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Med Cert Date:** \_\_\_\_\_ **Med Cert Class:** \_\_\_\_\_

**Training Date:** \_\_\_\_\_ **Base Name:** \_\_\_\_\_

**CONSENT FOR RELEASE OF APPLICATION DATA AND ASSUMPTION OF RISK**

Any data on this Application and Agreement may be released by the Federal Aviation Administration to any Federal agency, department, or military service.

In consideration of the approval of this application, of the receiving of the proposed training, and of the professional, aeronautical, and personal benefits to be gained therefrom, I voluntarily assume all risk of accident or damage to my person and property, and do hereby for myself, and my heirs, executors and administrators, release the United States and its executive offices and agencies (together with its officers, agents and employees) from all claims demands, and causes of action found in personal harm occurring during the physiological training. And in addition I hereby authorize any medical treatment necessary for conditions that may arise in connection with or as a result of this training and understand that I am responsible for payment for any and all services required for said treatment.

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Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

(Applicant must be 18 years of age or older)