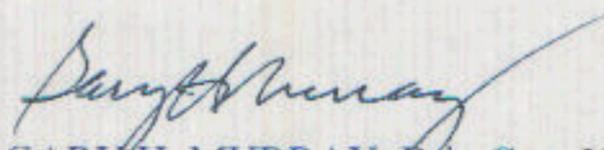




My POC for this issue is Wing Commander Victor Wallace, AFMOA/SGZA, 110 Luke Avenue, Room 405, Bolling AFB, DC 20332-7050, DSN 297-4200, e-mail [victor.wallace@usafsg.bolling.af.mil](mailto:victor.wallace@usafsg.bolling.af.mil).



GARY H. MURRAY, Brig Gen, USAF, DC  
Commander  
Air Force Medical Operations Agency  
Office of the Surgeon General

Attachment:  
"No-Go Pill" Form 1

cc:  
HQ USEUCOM/ECMD  
USCENTCOM/CCSG

|               |   |
|---------------|---|
| HEALTH RECORD | <b>CHRONOLOGICAL RECORD OF MEDICAL CARE</b> |
|---------------|---|

|      |  |
|------|--|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANISATION <i>(Sign each entry)</i> |
|------|--|

**GROUND TESTING OF NO-GO PILLS – PART 1 - TESTING**

|  |   |
|--|---|
|  | Medically cleared for No-Go Pill ground testing based on focused history?: Y <input type="checkbox"/> N <input type="checkbox"/>      |
|  | Instructions for ground testing fully explained: Y <input type="checkbox"/> N <input type="checkbox"/>                                |
|  | Script provided to patient: .....mg po at hs x 1 Y <input type="checkbox"/> N <input type="checkbox"/>                                |
|  | Patient advised to follow up next duty day, or sooner if unusual effects occur: Y <input type="checkbox"/> N <input type="checkbox"/> |
|  | AF Form 1042 signed – patient DNIF during ground testing period: Y <input type="checkbox"/> N <input type="checkbox"/>                |
|  | Suspended from PRP; stamp completed? N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>               |

.....  
*Flight Surgeon signature*                      *Name*                      *Rank* ..... *Date*

**GROUND TESTING OF NO-GO PILLS – PART 2 - RESULTS**

|  |  |
|--|--|
|  | <b>NO-GO PILL:</b> .....mg   |
|  | <b>DATE INGESTED:</b> <b>TIME INGESTED:</b>  |
|  | <b>ADVERSE EFFECTS:</b> Y <input type="checkbox"/> <input type="checkbox"/> Complete FDA 3500 - MedWatch                      N <input type="checkbox"/> |
|  | Comments:  |
|  | <b>PATIENT SATISFIED WITH NO-GO PILL?:</b> Y <input type="checkbox"/> N <input type="checkbox"/>   |
|  | <b>CLEARED TO FLY, AF FORM 1042 COMPLETED AND SIGNED?</b> Y <input type="checkbox"/> N <input type="checkbox"/>  |
|  | <b>DD FORM 2766 UPDATED?</b> Y <input type="checkbox"/> N <input type="checkbox"/>   |
|  | <b>CLEARED FOR OPERATIONAL USE WITH NO EFFECT ON PRP STATUS?</b> Y <input type="checkbox"/> N <input type="checkbox"/>                                   |

.....  
*Flight Surgeon signature*                      *Name*                      *Rank* ..... *Date*

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

|   |                        |               |
|---|------------------------|---------------|
| <b>RECORDS MAINTAINED AT:</b>                       |                        |               |
| PATIENT'S NAME <i>(Last, first, Middle initial)</i> |                        | SEX           |
| RELATIONSHIP TO SPONSOR                             | STATUS                 | RANK/GRADE    |
| SPONSOR'S NAME                                      |                        | ORGANIZATION  |
| DEPART./SERVICE                                     | SSN/IDENTIFICATION NO. | DATE OF BIRTH |

## INSTRUCTIONS FOR USE

No-Go Pill Form 1 is a two-part form. Both parts need to be completed and signed for the patient to be certified to fly.

**Part 1** records all pertinent information pertaining to an aircrew member prior to commencement of No-Go Pill ground testing. It acts as a checklist and must be completed prior to the issue of No-Go Pills. Focused history should center on current medications, alcohol usage and other potentially confounding diagnoses that would preclude a safe or valid ground test.

Aircrew will not fly and will be suspended from PRP status (if applicable) for 12 hours following ingestion of these medications.

Aircrew members should be advised to return on the next duty day, or sooner if unusual symptoms are experienced.

**Part 2** documents the results of ground testing of No-Go Pills and must be completed following each ground test. Authorized medication and dosage should be noted and the patient cleared to fly for that specific medication and dosage (e.g. Temazepam 30mg).

If the aircrew member experiences any adverse effects during No Go Pill ground testing, an FDA Form 3500 – MedWatch should be completed and forwarded as directed. A copy of this form should also be forwarded to MAJCOM SG.

Each form should only be used for one No-Go Pill dosage level (e.g. Zolpidem 10mg). If new dosages or medications are to be tested, a new No-Go Pill Form 1 should be completed.

In addition to Parts 1 and 2 of No-Go Pill Form 1, the following forms must also be completed prior to final authorization of operational No-Go Pill usage, and before the individual is returned to flying duties following ground testing:

- AF Form 1042 (Medical Recommendations for Flying or Special Operational Duty)
- DD Form 2766 (Adult Preventive and Chronic Care Flowsheet)

The medication must also be cleared for operational use with no effect on PRP status (if applicable).

**(Note:** More medication options are expected in the near-term. Check current Air Force policy for the most current listing. It is recommended that crews be ground tested for each pharmacological approved by the Air Force in order to provide maximal operational flexibility for you to help them combat fatigue.)