MEMORANDUM FOR SEE DISTRIBUTION

FROM: AFM OA/CC
110 Luke Avenue, Room 405
Bolling AFB, DC 20332-7050


On 20 Feb 01, the HQ USAF/XO issued a message (Attach 1) on fatigue countermeasures for CAF aircrew rescinding the HQ USAF/XO message of 27 June 1996 on the use of Go Pills (dextroamphetamine). On 9 March 01, the HQ USAF/XO issued a further message clarifying the policy changes (Attach 2). Attachment 3 contains the HQ ACC Guidance to the Aircrew Fatigue Management Program. Attachment 4 contains all applicable forms for obtaining informed consent, ground testing, operational use, and reporting. MAJCOM/SGs will implement the following procedures:

a. All eligible aircrew must receive informed consent prior to use in accordance with 10 USC 1107(f) regarding off label use of a medication. Per HQ USAF/JA, this need only be done once. However, it must be documented in the member’s medical record and be repeated if the dosage changes (i.e., if they were given informed consent for 5 mg, it must be redone for 10 mg). See Go Pill Form 1.

b. All eligible aircrew not previously tested at 10 mg must be ground tested utilizing Go Pill Forms 2A through 2C.

c. Successful ground testing should be documented in the member’s medical record on a SF 600 and on the DD Form 2766 (or AF Form 1480A).

d. Operational use will be documented and reported via Go Pill Forms 4 (Go Pill Daily Worksheet), 5 (Daily Administration of Go Pills), 7 (Weekly Go Pill Usage Report), 8 (Operation Summary Sheet – Use of Go Pills), and 9 (End of Operation Report – Use of Go Pills).

e. All adverse reactions must be reported to the appropriate MAJCOM aerospace medicine function via Go Pill Form 6 and documented in the patient medical record.

f. MAJCOMs must develop a procedure to document flight surgeon and Wing Commander (or deployed equivalent commander) approval. A possible method is Go Pill Form 3.
The recommended dosage of dextroamphetamine is also increased from 5 mg to 10 mg. Recent research clearly demonstrates improved efficacy. Two representative report summaries can be found at Newhouse et al, *The Effects of D-Amphetamine on Arousal, Cognition and Mood After Prolonged Total Sleep Deprivation*, Neuropsychopharmacology, 2:153-164 1989, or Caldwell et al, *Efficacy of Dextroamphetamine for Maintaining Aviator Performance During 64 hours of Sustained Wakefulness: A Simulator Study*, Aviation, Space, and Environmental Medicine, 71:7-18, 2000.

The POCs for this matter are Lt Col Susan Northrup and Wing Commander Victor Wallace, AFMOA/SGZA, 110 Luke Avenue, Room 405, Bolling AFB, DC 20332-7050, DSN 297-4200.

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

Attachments:
1. HQ USAF/XO Msg, 20 Feb 01
2. HQ USAF/XO Msg, 9 Mar 01
3. HQ ACC/DO Msg, 20 Mar 01
4. Go-Pills Forms
DISTRIBUTION LIST

HQ ACC/SG
HQ AFIA/SG
HQ AFMC/SG
HQ AFPC/DPAM
AFMSA/CC
HQ AFRC/SG
HQ AFSOC/SG
HQ AFSPC/SG
HQ AMC/SG
HQ AETC/SG
HQ PACAF/SG
HQ USAFE/SG
HQ USAFA/SG
HQ AFA/SG
311 HSW/CC
NGB/SG
ANGRC/SG
USAFSAM/CC/FEC
11 MG/CC

cc:
HQ USEUCOM/ECMD
USCENTCOM/CCSG
UNCLAS

SUBJECT: AIRCREW FATIGUE MANAGEMENT PROGRAM

REF: HQ USAF/XO MSG 271600Z JUN 96, SAME SUBJECT: MESSAGE RESCINDED

1. THE USE OF "GO PILLS" IN SUPPORT OF PEACETIME AND OPERATIONAL MISSIONS IS APPROVED. GO PILL USE SHOULD NORMALLY BE LIMITED TO SORTIES OVER EIGHT HOURS IN A SINGLE-PILOT FIGHTER OR 12 HOURS IN A DUAL-PILOT BOMBER. HOWEVER, THERE ARE CIRCUMSTANCES WHEN GO PILL USE MAY BE BENEFICIAL FOR MISSIONS OF SHORTER DURATION.

2. THE WING/CC (OR DEPLOYED CC EQUIVALENT) IS THE APPROVAL AUTHORITY FOR EVERY APPLICATION OF GO PILLS, PROVIDED THE WING'S SENIOR FLIGHT SURGEON (OR DEPLOYED FS EQUIVALENT) FINDS SUCH USE TO BE MEDICALLY WARRANTED AND APPROPRIATE. APPROVAL, WHICH MUST BE TIME AND/OR MISSION SPECIFIC, MUST BE DOCUMENTED AND SIGNED BY THE WING/CC (OR DEPLOYED CC EQUIVALENT) AND SENIOR FLIGHT SURGEON (OR DEPLOYED FS EQUIVALENT). GO PILLS SHOULD ONLY BE USED IN CONJUNCTION WITH AND/OR AFTER ALL OTHER FATIGUE MANAGEMENT TOOLS HAVE BEEN EXHAUSTED. WHEN AUTHORIZED, GO PILLS WILL ONLY BE USED WITH THE MEMBER'S INFORMED CONSENT AND USE IS COMPLETELY VOLUNTARY AT THE DISCRETION OF THE PILOT.

3. MAJCOMS ARE RESPONSIBLE FOR INSTITUTING PROPER CONTROL AND SUPERVISORY PROCEDURES FOR USING GO PILLS. MAJCOM GUIDANCE WILL INCLUDE UNECHannel REPORTING REQUIREMENTS TO INSURE MAJCOM DO AND SG OVERSIGHT AND ACCOUNTABILITY.

4. ONLY DEXTROAMPHETAMINE IS CURRENTLY APPROVED FOR USE AS A GO PILL.

5. THE HQ ACC POCs FOR THIS ISSUE ARE MAJOR STEPHEN MOUTTON, DOTO, DSN 574-7787 AND COLONEL PETER DIMITRY, DBX, DSN 574-2417. THE HQ USAF POCs ARE CMSGT TODD NELSON, XOP, DSN 222-6160 AND COLONEL TOM TRAVIS, AFMQA/SGOA, DSN 297-4200.

BT
UNCLASS

SUBJECT: AIRCREW FATIGUE MANAGEMENT PROGRAM

REF: HQ USAF/XO MSG 200958Z FEB 01, SAME SUBJECT: MESSAGE RESCINDED

1. THE FOLLOWING CHANGES ARE PROVIDED TO CLARIFY THE RECENT CHANGE OF
   POLICY FOR USE OF GO PILLS (HQ USAF/XO MSG 200958Z FEB 01.)

2. THIS POLICY APPLIES TO FIGHTER AND BOMBER AIRCRAFT ONLY:
   THE USE OF "GO PILLS" IN SUPPORT OF PEACETIME AND OPERATIONAL
   MISSIONS IS APPROVED. GO PILL USE SHOULD NORMALLY BE LIMITED TO
   SORTIES OVER EIGHT HOURS IN A FIGHTER AIRCRAFT OR 12 HOURS IN A
   BOMBER AIRCRAFT. HOWEVER, THERE ARE CIRCUMSTANCES WHEN GO PILL USE
   MAY BE BENEFICIAL FOR MISSIONS OF SHORTER DURATION.

3. THE WING/CC (OR DEPLOYED CC EQUIVALENT) IS THE APPROVAL AUTHORITY
   FOR EVERY APPLICATION OF GO PILLS, PROVIDED THE WING'S SENIOR FLIGHT
   SURGEON
   (OR DEPLOYED FS EQUIVALENT) FINDS SUCH USE TO BE MEDICALLY WARRANTED
   AND
   APPROPRIATE. APPROVAL, WHICH MUST BE TIME AND/OR MISSION SPECIFIC,
   MUST BE
   DOCUMENTED AND SIGNED BY THE WING/CC (OR DEPLOYED CC EQUIVALENT) AND
   SENIOR
   FLIGHT SURGEON (OR DEPLOYED FS EQUIVALENT). GO PILLS SHOULD ONLY BE
   USED IN
   CONJUNCTION WITH FATIGUE MANAGEMENT TOOLS OR AFTER ALL FATIGUE
   MANAGEMENT
   TOOLS HAVE BEEN EXHAUSTED. WHEN AUTHORIZED, GO PILLS WILL ONLY BE USED
   WITH
   THE MEMBER'S INFORMED CONSENT AND USE IS COMPLETELY VOLUNTARY AT THE
   DISCRETION OF THE AIRCREW.

4. MAJCOMS ARE RESPONSIBLE FOR INSTITUTING PROPER CONTROL AND
   SUPERVISING PROCEDURES FOR USING GO PILLS. MAJCOM GUIDANCE WILL
   INCLUDE
   UPCHANNEL REPORTING REQUIREMENTS TO INSURE MAJCOM DO AND SG OVERSIGHT
   AND
   ACCOUNTABILITY.

5. ONLY DEXTROAMPHETAMINE IS CURRENTLY APPROVED FOR USE AS A GO
   PILL.

6. THE HQ ACC POC'S FOR THIS ISSUE ARE MAJOR STEPHEN MOULTON, DOTO,
   DSN 574-7787 AND COLONEL PETER DEMITRY, DRX, DSN 574-2417. THE HQ
   USAF POC'S ARE CMSGT TODD NELSON, XOOP, DSN 222-6160 AND COLONEL TOM
   TRAVIS,
   AFMOA/SGOA, DSN 297-4200.

BT
The purpose of this message is to provide HQ ACC guidance for implementation of HQ USAF/XO MSG 090935Z MAR 01, AIRCREW FATIGUE MANAGEMENT PROGRAM. This message supersedes HQ ACC/SG policy letter 96-11, operational use of alertness enhancers ("go pill"), 29 Oct 96. A separate HQ ACC/SG message will follow this message providing ground testing instructions and record-keeping forms and procedures.

1. Lessons learned from Kosovo employment revealed the necessity to administer anti-fatigue techniques in the early phases of contingency air campaigns. The CAF sustained operations (SUSOPS) fatigue policy review working group (FPWG) utilized the principles of operational risk management (ORM) in establishing the new
AF/XO policy for countering the effects of fatigue. This policy only applies to fighter and bomber aircrew.

3. IAW para 4, new AF/XO policy, Majcoms are responsible for instituting proper control and supervisory procedures for using go pills. Majcom guidance will include upchannel reporting requirements to insure Majcom DO and SG oversight and accountability.

4. Wing/CC's (or deployed CC equivalent) are reminded that go pills should only be used in conjunction with fatigue management tools or after all fatigue management tools have been exhausted. When authorized, go pills will only be used with the aircrew member's informed consent, and use is completely voluntary at the aircrew member's discretion. For clarification, go pill usage is available to all aircrew positions on fighter and bomber aircraft.

5. The Wing's senior flight surgeon (or deployed FS equivalent) will ensure all aircrew requiring the use of go pills will be ground tested IAW ACC/SG procedures. The new standard dose of dexedrine is 10 mg. Previous ground testing at other than the 10 mg dosage will require re-testing. During the period of ground testing, aircrew will be in DNF status, and, if applicable, PRP will be temporarily suspended. Following successful ground testing,

PAGE 03 RHDDAAA1910 UNCLASSIFIED

Subsequent operational use of go pills will not affect flying or PRP status.

6. To initiate go pill usage, Wing/CC (or deployed CC equivalent) and senior flight surgeon (or deployed FS equivalent) will first determine if the use of go pills is appropriate. Then, provided that the senior flight surgeon (or deployed FS equivalent) finds the use of go pills to be medically warranted, both will sign the "go pill use approval" form found on the ACC/DO web site, HTTPS://DO.ACC.AF.MIL/GO_PILL_FORM.DOC. This form authorizes the use of go pills for either a specific or for an extended operation. In all cases, the types of situations for which use of go pills would be authorized must be time and/or mission specific and specified on the form. Note: The use of no-go pills and other counter-fatigue measures are at the discretion of the flight surgeon (and do not require approval by the wing commander).

7. The "go pill use approval" form must be sent (transmitted, faxed as appropriate) at least 24 hours prior to planned go pill usage to ACC/DO and ACC/SG. Operational security (OPSEC) concerns will take priority and will justify delays in forwarding this paperwork. It is expected that in these cases, ACC/DO notification

PAGE 04 RHDDAAA1910 UNCLASSIFIED

Via secure communications will suffice until the official paperwork can be forwarded. In all cases, Wing/CC's and flight surgeons will follow good judgment in balancing the need for ACC accountability and OPSEC.

8. The Wing's senior flight surgeon (or deployed FS equivalent) will report weekly go pill usage to ACC/SG for medical surveillance. In addition, Wings will notify ACC/DO and ACC/SG in writing within 24 hours after the cessation of extended flying operations requiring go pill usage.
9. A COMPREHENSIVE CD SET WILL BE DISTRIBUTED SHORTLY WITH ALL FORMS, PREDICTIVE SOFTWARE, AND TRAINING MATERIALS FOR COMMANDERS, FLIGHT SURGEONS, AIRCREW, AND PA PERSONNEL.
10. ANY PUBLIC OR MEDIA REQUESTS FOR INFORMATION REGARDING THIS PROGRAM WILL BE REFERRED TO SAF/PA OR HQ ACC/PA.
11. HQ ACC POCS FOR THIS ISSUE ARE MAJOR STEPHEN MOULTON, DOTO, DSN 574-7787 AND LT COL KURT MCCARTNEY, SGOP, DSN 574-1326.// BT

AIR STAFF
ACTION CSAF-CC(*) CSAF-CC(*) (A, B, F)
INFO IG(*) SE(*) RE(*) XO(*) AF ACP-AIG(*) MI(*) OS(*)
FILE COPY(*) AF-SE-SMTP(*) XO-SMTP(*) RE-SMTP(*)
IG-SMTP(*) OS-SMTP(*)

BAFB
ACTION
INFO DCNG(*) SG(1) IOC COPY(1) (A, F)

#1910 TOTAL COPIES REQUIRED 2

NNNN
INFORMED CONSENT FOR USE OF DEXTROAMPHETAMINE AS A "GO PILL" IN MILITARY OPERATIONS

It has been explained to me and I understand that the U.S. Food & Drug Administration has not approved the use of dextroamphetamine (e.g. Dexedrine® [brand of dextroamphetamine sulfate]) to manage fatigue. However, I understand that dextroamphetamine previously has been approved for the treatment of narcolepsy (a sleeping disorder) and attention deficit disorders (Citation: Physicians’ Desk Reference®, Medical Economics Company, Inc., Montvale, NJ, 54th Edition, pp. 2992-2993, 2000). In addition, it has been found effective in the treatment of symptoms of chronic fatigue (Citation: "The Efficacy of Dexedrine® for the Sustainment of Helicopter Pilot Performance During 64 Hours of Continuous Wakefulness," U.S. Army Aeromedical Research Laboratory [USAARL Report No. 99-01], Fort Rucker, AL, October 1998) and has been used by the USAF for over 30 years. I understand that I will be provided a small supply of the medication at any one time to help control the symptoms of fatigue. I understand that, before taking the medication on an operational basis, I will be pre-tested with a similar dose and will not engage in flight operations immediately thereafter. Subsequently, I will be asked to take the medication in an operational environment within guidelines established by the US Air Force. I further understand that the decision whether and when to take this medication is mine alone.

I understand that possible common side effects of dextroamphetamine include insomnia, nervousness, anxiety and appetite loss. Possible gastrointestinal disturbances include diarrhea, constipation, and dryness of the mouth. Other known, but less common side effects are rapid heart beat, heart palpitations, elevation of blood pressure, tremor, headache, euphoria and depression. Addiction and tolerance are also risks with prolonged use at increased dosages. Questions regarding the use of dextroamphetamine and associated risks to the embryo, fetus, or nursing infant should be directed to my supporting flight surgeon.

I have been informed and understand that the use of dextroamphetamine simultaneous with the use of certain foods and other prescription or over-the-counter medications may not be advised*. I have or will inform the flight surgeon of any other medications that I am taking at this time.

My decision to take dextroamphetamine is will be voluntary. I understand that I am NOT being required to take the medication. The alternative to taking dextroamphetamine is to not take the medication. I understand that my refusal to take dextroamphetamine will not result in any penalty, punishment, loss of benefits or adverse action of any type. Likewise, I understand that if I choose to take dextroamphetamine, I may, at any time, discontinue taking the medication without any resulting penalty, punishment, loss of benefits or adverse action of any type. If, however, I choose not to take, or discontinue taking dextroamphetamine under circumstances where its use has been deemed appropriate and likely necessary, I understand that safety considerations may compel my commander, following consultation with a qualified flight surgeon, to determine whether or not I should be considered unfit to fly a given mission. Such a finding will not be used against me in any manner.

I understand that a copy of this notice, with my signature acknowledging all the information on this form, shall be inserted into my medical record and will be available to those authorized access to my records by applicable law or regulations. If I have any questions regarding the administration of dextroamphetamine, I understand that I may raise them with the flight surgeon listed below.

Member - printed name, signature, and SSAN

Date Signed

Witness - printed name and signature

Date Signed

Flight Surgeon's provider stamp (or printed name)
Flight Surgeon’s Phone No.

Flight Surgeon’s Signature

*Use of the following drugs, foods and compounds simultaneous with dextroamphetamine is not advised: glutamic acid, ascorbic acid (fruit juices), antacids with alkalinizing agents (e.g. sodium bicarbonate, other gastrointestinal and urinary alkalinizing agents), antihistamines, chlorpromazine (Thorazine, a tranquilizer, anti-emetic), ethosuxamide (Zarontin, an anti-convulsant), haloperidol (Haldol, an anti-psychotic), antihypertensives, meperidine (Demerol), norepinephrine (for extreme hypertension), phenytoin (Dilantin, an anti-convulsant), propoxyphene (Darvon, Darvocet, an analgesic), beta-adrenergic blockers (for hypertension, dysrhythmias, prophylaxis of angina pectoris), digitalis (Digoxin), lithium carbonate, tricyclic/sympathomimetic anti depressants, MAO antidepressants (monoamine oxidase inhibitors).
INSTRUCTIONS FOR USE

Go Pill Form 1 - Informed Consent is to be completed and signed by the aircrew member, a witness and the flight surgeon prior to the issuing of Go Pills for ground testing purposes.

The completed and signed form must be filed in the patient’s medical record. Completion of the form is to be annotated on Go Pill Form 2A – Ground Testing of Go Pills Part 1 – Testing and on Go Pill Form 5 – Daily 600 when used in the operational setting.
# CHRONOLOGICAL RECORD OF MEDICAL CARE

**DATE**

**SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANISATION (Sign each entry)**

## GROUND TESTING OF GO PILLS – PART 1 - TESTING

Medically cleared for stimulant ground testing based on focused history?:  Y □  N □

Comments:

Informed Consent explained, completed, signed and witnessed:  Y □  N □

Instruction Sheet (Form 2B) provided and explained to aircrew member:  Y □  N □

All aircrew questions were answered:  Y □  N □

Script provided to patient: Dexedrine ......mg po q4hrs x 2 :  Y □  N □

AF Form 1042 signed – patient DNIF during ground testing period:  Y □  N □

Patient advised to follow up in 24 hours, or sooner if unusual effects occur:  Y □  N □

Suspended from PRP; stamp completed?  N/A □  Y □  N □

**COMMENTS:**

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Flight Surgeon signature

Name  

Rank ......  

Date  

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

<table>
<thead>
<tr>
<th>RECORDS MAINTAINED AT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATIENT'S NAME (Last, first, Middle initial)</td>
</tr>
<tr>
<td>RELATIONSHIP TO SPONSOR</td>
</tr>
<tr>
<td>SPONSOR'S NAME</td>
</tr>
<tr>
<td>DEPARTMENT/SERVICE</td>
</tr>
<tr>
<td>DATE OF BIRTH</td>
</tr>
</tbody>
</table>

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CHRONOLOGICAL RECORD OF MEDICAL CARE  
STANDARD FORM 600
INSTRUCTIONS FOR USE

Go Pill Form 2A records all pertinent information pertaining to an aircrew member prior to commencement of Go Pill ground testing. It acts as a checklist and must be completed prior to the issue of Go Pills. It should not be completed until Go Pill Form 1 – Informed Consent has been explained, completed, signed and witnessed. Go Pill Form 2B – Patient Instructions for Ground Testing should be issued to the individual undergoing testing as part of this checklist.

Focused history should center on current medications, alcohol usage and other potentially confounding diagnoses that would preclude a safe or valid ground test. (See informed consent for a specific list of medications to inquire about.)

Each completed Form 2A should be filed in the individual’s medical documents.

Each form should only be used for one Go Pill dosage level. The recommended starting dosage is Dexedrine 10mg. If a different new dosage (e.g. 5mg) or other medications (see note below) are to be tested, a new Form 2A should be completed.

In addition to Go Pill Forms 1 and 2A, the following must also be completed prior to final authorization of operational Go Pill usage, and before the individual is returned to flying duties following ground testing:

- Go Pill Form 2C - Ground Testing of Go Pills – Part 2
- DD Form 2766 (Adult Preventive and Chronic Care Flowsheet)
- AF Form 1042 (Medical Recommendations for Flying or Special Operational Duty)

Aircrew members should be advised to return in 24 hours following completion of ground testing or sooner if unusual symptoms occur.

(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.)
GROUND TESTING OF GO PILLS

AIRCrew INSTRUCTIONS

You are volunteering to ground test Go Pills in order to be certified. Please follow the regimen detailed on the following page.

This certification and documentation is absolutely essential in order for you to have access to these pharmaceuticals during operational contingencies.

If at anytime during the testing you experience unusual or concerning symptoms, including but not limited to those listed below, please cease taking the medication and consult your flight surgeon.

The purpose of this effort is two-fold:
1. You must evaluate for yourself the benefit you derive from using the Go Pill.
2. You alone must determine if you suffer from any side effects that would negate the benefit of your using this type of pharmaceutical. (Note: Flight Surgeons can provide smaller doses that may provide desired efficacy without negative side effects.)

REMEMBER: Usage of this pharmacological adjunct will always be voluntary.

Go Pills are pharmacological adjuncts that should help you stay alert. Depending on previous sleep, you can expect its effects to wear off around 4 hours after your last dose.

If you have not been previously ground tested for No-Go pills, you may be asked to undergo a ground test for these medications immediately after completion of your Go Pill testing. Your Flight Surgeon will provide you with these pills and information about the testing procedures after completion of your Go Pill ground testing.

Once again, please discuss with your Flight Surgeon any concerns you may have regarding use of pharmacological adjuncts to help you counter the negative effects of fatigue in conducting air operations. Remember, this program is for you.

POSSIBLE GO PILL SIDE EFFECTS

- Insomnia
- Nervousness
- Anxiety
- Appetite loss
- Dryness of mouth
- Rash
- Diarrhea, constipation
- Rapid heart beat
- Heart palpitations
- Tremor
- Headache
- Euphoria
GO PILL GROUND TESTING PROTOCOL

DAY 1

0800 – See Flight Surgeon to be DNIF’ed and make PRP notification (if appropriate). (Note: If you have decided to participate in ground testing of Go Pills, do not leave the office without signing the “Informed Consent Form.”)

~1400 – Take 10mg of Dexamphetamine between 1300 and 1500

~1800 – Take the second 10mg dose 4 hours after the first dose

~2200 – Go to bed at your normal bedtime.

DAY 2

Awaken naturally without setting alarm.

See Flight Surgeon at least 12 hours after last dose of the medication.

You must bring your immunization record (Aviator’s PHS Form 731 “International Certificate of Vaccination”) with you, and ensure your Flight Surgeon annotates completion of ground testing for the appropriate pharmacological adjunct.

For Return to Flying Status, appropriate documentation must be made on AF Form 1042 (Medical Recommendations for Flying of Special Operational Duty).
**Go Pill Form 2C**

**Health Record**

**Chronological Record of Medical Care**

**Date**

Symptoms, Diagnosis, Treatment, Treating Organisation *(Sign each entry)*

**Ground Testing of Go Pills – Part 2 - Results**

**Go Pill:** Dextedrine ......mg ☐

**Date Ingested:**

**Time of Doses:**

<table>
<thead>
<tr>
<th>Dose 1</th>
<th>Dose 2</th>
</tr>
</thead>
</table>

**Adverse Effects:** Y ☐ Complete Form 6 – Unexpected Occurrence Reporting N ☐

Comments:

**Patient Satisfied with Go Pill?:**

Y ☐ N ☐

Comments:

**Cleared to Fly?:**

Y ☐ N ☐

**AF Form 1042 for RTFS Completed and Signed?:**

Y ☐ N ☐

**DD Form 2766 Updated?:**

Y ☐ N ☐

**Cleared for Operational Use with No Effect on PRP Status?:**

Y ☐ N ☐

*Flight Surgeon signature*

Name Rank……… Date

**Patient's Identification (Use this space for Mechanical Imprint)**

<table>
<thead>
<tr>
<th>Records Maintained At:</th>
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<tbody>
<tr>
<td>Patient's Name <em>(Last, first, Middle initial)</em></td>
</tr>
<tr>
<td>Relationship to Sponsor</td>
</tr>
<tr>
<td>Sponsor's Name</td>
</tr>
<tr>
<td>Department/Service</td>
</tr>
</tbody>
</table>

**Chronological Record of Medical Care**

**Standard Form 600**
INSTRUCTIONS FOR USE

Go Pill Form 2C documents the results of ground testing of 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. Dexedrine 10mg).

Each Form 2C should only be used for one Go Pill dosage level. The recommended dosage is Dexedrine 10mg. If a different new dosage (e.g. 5mg) or other medications (see note below) are to be tested, a new Form 2A should be completed.

Each completed Form 2C should be filed in the individual's medical documents.

The following forms must also be completed prior to final authorization of operational Go Pill usage, and before the individual is returned to flying duties following ground testing:

- Go Pill Form 1 – Informed Consent
- Go Pill Form 2A – Go Pill Ground Testing Part 1 - Testing
- DD Form 2766 (Adult Preventive and Chronic Care Flowsheet)
- AF Form 1042 (Medical Recommendations for Flying or Special Operational Duty)

In addition to the above, many Flight Surgeons (SMEs) keep a spreadsheet with a current list of their crews along with ground tested pharmaceuticals and dosing which may be useful in a deployment scenario.

(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.)
## GO PILL USE APPROVAL

<table>
<thead>
<tr>
<th>Command</th>
<th>.............................................</th>
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<tbody>
<tr>
<td>Squadron(s)</td>
<td>.............................................</td>
</tr>
<tr>
<td>Air Frame</td>
<td>.............................................</td>
</tr>
<tr>
<td>Types of missions or circumstances where Go Pill use is authorized:</td>
<td></td>
</tr>
<tr>
<td>☐ Missions over 8 hours duration (fighters)</td>
<td></td>
</tr>
<tr>
<td>☐ Missions over 12 hours duration (bombers)</td>
<td></td>
</tr>
<tr>
<td>☐ Night Operations</td>
<td></td>
</tr>
<tr>
<td>☐ Change in time zones greater than ____ hours for the first ____ days of the operation/exercise</td>
<td></td>
</tr>
<tr>
<td>☐ Other – please specify:</td>
<td></td>
</tr>
<tr>
<td>Medication and dosage</td>
<td>.............................................</td>
</tr>
<tr>
<td>Projected date(s) of use</td>
<td>____ to ____</td>
</tr>
</tbody>
</table>

The wing commander and flight surgeon hereby certify that all other fatigue management tools have been considered and will be used to the maximum extent possible. The flight surgeon further certifies that the approved use is medically warranted and appropriate. Although authorized, Go Pill use is completely voluntary at the discretion of the pilot.

<table>
<thead>
<tr>
<th>Flight Surgeon Signature</th>
<th>.............................................</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flight Surgeon Rank, Name, Title</td>
<td>........... Rank Name SME</td>
<td></td>
</tr>
<tr>
<td>Wing Commander Signature</td>
<td>.............................................</td>
<td>Date</td>
</tr>
<tr>
<td>Wing Commander Rank, Name, Title</td>
<td>........... Rank Name Commander</td>
<td></td>
</tr>
</tbody>
</table>

Note: 1. A copy of this form is to be forwarded to MAJCOM DO and SG 24 hours prior to use of Go Pills.
2. The original is to be retained at the Wing Flight Surgeons Office for 1 year after termination of the stimulant usage.

FOR OFFICIAL USE ONLY
INSTRUCTIONS FOR USE

Go Pill Form 3 - Approval is to be completed and signed by both the Wing Commander and the designated Wing Flight Surgeon. It authorizes the use of Go Pills for either a specific mission or for an extended operation. In all cases, the types of situations for which use of Go Pills is authorized must be specified.

The use of No-Go Pills and other counter-fatigue measures are at the discretion of the flight surgeon and does not require approval by the Wing Commander.

Use of Go Pills should only be considered after all other options for effective fatigue management are exhausted.

This form should be sent (transmitted, faxed as appropriate) 24 hours prior to planned Go Pill usage to the MAJCOM DO and SG. Operational Security (OPSEC) concerns will take priority and will justify delays in forwarding this paperwork. It is expected that in these cases MAJCOM DO notification via secure communications will suffice until the official paperwork can be forwarded. In all cases, Flight Surgeons and Commanders will follow good judgement in balancing the need for MAJCOM accountability and OPSEC.
# Go Pill Daily Worksheet

**Operation:**

**Squadron:**

**Air Frame:**

**Mission(s):**

<table>
<thead>
<tr>
<th>Item</th>
<th>Date Issued</th>
<th>Time Required</th>
<th>Charge Date</th>
<th>Tow Source</th>
<th>Advise Bits</th>
<th>Accounting</th>
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**TOTAL: 0 0 0 0 0 0**

**Date:**

**Flight Surgeon:**
Go Pill Daily Worksheet
INSTRUCTIONS FOR USE

Go Pill Form 4 – Daily Worksheet is designed for use by Flight Surgeons to track the daily distribution of Go Pills in the Squadron. It is not to be filed in individual patient records nor sent to MAJCOM SG for tracking. It merely serves as an aid to completion of both Go Pill Form 5 - Daily 600 (for each individual in the squadron) and Go Pill Form 7 - Weekly Report (to be sent to the MAJCOM SG).

For accountability reasons it is suggested that providers file these forms amongst their professional files as a further record of daily Go Pill distribution and usage. It is the responsibility of the individual Flight Surgeon to decide the need for retention of these forms, how they should be filed and for how long these files should be retained. However it should be noted that this is the only written record of the number of Go Pills issued by the Flight Surgeon to Squadron members and therefore may prove useful to the Flight Surgeon at a later date.

Note:
Operation is the name of the Operation that the Sqn is involved in.
Squadron Start Date is the date the Sqn begins participation in the Operation for this period of authorized Go Pill use. e.g. the date of deployment.
Mission(s) refers to the type of mission(s) flown by the Sqn on this day e.g. deployment, re-deployment, night flying, 30 hour bombing operations etc.
Go Pill Form 5

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANISATION (Sign each entry)

DAILY ADMINISTRATION OF GO PILLS

DAY OF OPERATION

SQN START DATE:

SQN

AIRFRAME:

MISSION:

MEDICATION:  Dextedrine  5mg  □  10mg  □

NO. OF DOSES:

SORTIES (type, duration, no.):

ADVERSE EFFECTS:  Y  □  ▶ Complete Form 6 – Unexpected Occurrence Reporting  N  □

Comments:

OTHER COMMENTS:

Informed Consent Verified:  Y  □  N  □

Flight Surgeon signature

Name  □  Rank  □□□□  Date

PATIENT’S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:

PATIENT’S NAME (Last, first, Middle initial)  SEX

RELATIONSHIP TO SPONSOR  STATUS  RANK/GRADE

SPONSOR’S NAME  ORGANIZATION

DEPART./SERVICE  SSN/IDENTIFICATION NO.  DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE  STANDARD FORM 600
INSTRUCTIONS FOR USE

Go Pill Form 5 – Daily 600 is to be completed each day for every Squadron aircrew member taking Go Pills using information obtained from Go Pill Form 4 – Daily Worksheet. It is to be filed in the individual’s medical documents but does not require forwarding to MAJCOM SG unless requested. It is the only official documentation of individual daily Go Pill usage.

Any adverse reaction or unusual occurrence which may be related to Go Pill usage is to be noted on this form. If such an occurrence is noted, Go Pill Form 6 – Unusual Occurrence Report should also be completed and forwarded to MAJCOM SG.

A Go Pill Form 5 does not need to be completed on aircrew who were issued Go Pills but returned them to the Flight Surgeon unused.
### UNEXPECTED OCCURRENCE REPORTING FOR GO PILLS

<table>
<thead>
<tr>
<th>Patient Information</th>
<th>Name</th>
<th>Rank</th>
<th>SSAN</th>
<th>Age</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational Details</td>
<td>Operation</td>
<td>Sqn Start Date</td>
<td>Sqn</td>
<td>Air Frame</td>
<td></td>
</tr>
<tr>
<td>Mission Type</td>
<td></td>
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<tr>
<td>Suspect Medication</td>
<td>D dexedrine</td>
<td>Go Pill</td>
<td>Dose</td>
<td>Frequency</td>
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<td>Therapy Dates</td>
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<tr>
<td>Date/type of reaction</td>
<td>Date</td>
<td>Type</td>
<td>Comments:</td>
<td></td>
<td></td>
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<tr>
<td>Outcome</td>
<td></td>
<td>Comments:</td>
<td></td>
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<td>Brief Description of the reaction</td>
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<td>Event abated after use stopped?</td>
<td>Y □</td>
<td>N □</td>
<td>Comments</td>
<td></td>
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<td>Relevant Tests/Investigations</td>
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<td>Other meds, therapy</td>
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<tr>
<td>Other relevant history</td>
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<tr>
<td>Was the reaction related to Go Pills?</td>
<td>Y □</td>
<td>N □</td>
<td>Comments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reporting Flight Surgeon, date</td>
<td>Signature</td>
<td>Name</td>
<td>Rank</td>
<td>Date</td>
<td></td>
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</tbody>
</table>
INSTRUCTIONS FOR USE

Go Pill Form 6 – Unexpected Occurrence Report is to be completed for every adverse reaction or unexpected occurrence which may be associated with the use of Go Pills. One copy should be filed in the patient's medical documents and a second copy should be forwarded to the MAJCOM SG for official recording purposes.
WEEKLY GO PILL USAGE REPORT

INSTRUCTIONS FOR USE

Go Pill Form 7 records the overall weekly Squadron usage of Go Pills. It is to completed on a weekly basis and is compiled from Form 4 - Daily Worksheets. After completion it is to be forwarded to the MAJCOM SG.

The section "Unusual Events" should include not only unusual reactions to Go Pills but also changes to the operational schedule or any other significant event. For example the arrival of several new pilots into the Squadron mid tour should be documented on this form. Any relevant information that may influence the use or rate of Go Pill consumption should be included.

Note:
Operation is the name of the Operation that the Sqn is involved in.
Squadron Start Date is the date the Sqn begins participation in the Operation for this period of authorized Go Pill use e.g the date of deployment.
Mission(s) refers to the type of mission(s) flown by the Sqn on this day e.g deployment, re-deployment, night flying, 30 hour bombing operations etc.
OPERATION SUMMARY SHEET – USE OF GO PILLS

OPERATION NAME:

DATES OF OPERATION:

MEDICATION: Dextroamphetamine 5mg □ 10mg □

NO. OF DAYS USED:

TOTAL NO. OF GO PILLS TAKEN:

ADVERSE EFFECTS: Y □ N □

Comments:

OTHER COMMENTS:

STATEMENT:

☐ I have examined and debriefed this aircrew member on the use of go pills. The pills were used in an appropriate manner and I find no evidence of substance abuse.

Flight Surgeon signature

PATIENT’S IDENTIFICATION (Use this space for Mechanical Imprint)

Name □ Rank □□□□ Date

RECORDS MAINTAINED AT:

PATIENT’S NAME (Last, first, Middle initial) □ SEX

RELATIONSHIP TO SPONSOR □ STATUS □ RANK/GRADE

SPONSOR’S NAME □ ORGANIZATION □

DEPARTMENT/SERVICE □ SSN/IDENTIFICATION NO. □ DATE OF BIRTH □

CHRONOLOGICAL RECORD OF MEDICAL CARE STANDARD FORM 600

ACC/SG Overprint
INSTRUCTIONS FOR USE

Go Pill Form 8 – Operation Summary 600 is to be completed for each individual immediately at the end of the operation and is a summary of individual Go Pill usage. Information required for completion of this form can obtained from either Form 4 – Daily Worksheets or Form 5 – Daily 600s.

The form should be completed following an interview with the individual at which the flight surgeon ascertains whether or not Go Pill usage has been appropriate. Any concerns raised at this final interview should be reported to the MAJCOM SG.