

MEMO ROUTING SLIP

NEVER USE FOR APPROVALS, DISAPPROVALS,
CONCURRENCES, OR SIMILAR ACTIONS

1	NAME OR TITLE General Bullen, CSG-1	INITIALS	CIRCULATE
	ORGANIZATION AND LOCATION	DATE	COORDINATION
2			FILE
			INFORMATION
3			NECESSARY ACTION
			NOTE AND RETURN
4			SEE ME
			SIGNATURE

REMARKS

Request your review of the attached presentation on flying status which Dr. Berry is to give to the Command Surgeons Conference. This presentation is written in more detail than can be given in the time allotted but this is done in order to have staff concurrence on all points in order that other material can be used if questions arise.

A copy of this paper has also been sent to CSG 20 and 30.

FROM: NAME OR TITLE: *Robert E. Nuernberger*
Colonel, USAF, MC

DATE 5 DEC 1960

ORGANIZATION AND LOCATION: Director of Professional Services
Office of the Surgeon General

TELEPHONE

DD FORM 1 FEB 50 95

Replaces DA AGO Form 895, 1 Apr 48, and AFHQ Form 12, 10 Nov 47, which may be used.

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GPO