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SECRETARY OF THE AIR FORCE**

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MANUAL 48-123**



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**Aerospace Medicine**

**MEDICAL EXAMINATIONS AND  
STANDARDS**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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This manual implements Department of the Air Force Policy Directive (DAFPD) 48-1, *Aerospace & Operational Medicine Enterprise (AOME)* and HAF MD 1-48, *The Air Force Surgeon General*. It prescribes procedures and references the authority for retiring, discharging, or retaining members who, because of physical disability, are unfit to perform their duties. This manual applies to all applicants for service in the Department of the Air Force (DAF). It applies to members of the Regular Air Force and Space Force (RegAF), Air Force Reserve (AFR), Air National Guard (ANG), and associated reserve components. It also applies to Pre-Trained Individual Manpower (PIM) Air Force personnel and civilian government employees engaged in flying or special operational duties as ordered by the Department of the Air Force. [**Note:** ANG and AFR will be collectively referred to as the Air Reserve Component (ARC)]. This manual requires the collection and or maintenance of information protected by the Privacy Act of 1974 authorized by Title 10 USC § 9013, *Secretary of the Air Force*. The applicable System of Records Notice F044 F SG E, *Electronic Medical Records System*, is available at: <https://dpcl.d.defense.gov/privacy/SORNS.aspx>. Ensure all records created as a result of processes prescribed in this publication are maintained in accordance with AFI 33-322, *Records Management and Information Governance Program*, and disposed of in accordance with the Air Force Records Disposition Schedule located in the Air Force Records Information Management System. The use of the name or mark of any specific manufacture, commercial product, commodity, or service in this publication does not imply endorsement of the Air Force. Refer recommended changes and questions about this publication to the OPR using the AF Form 847, *Recommendation for Change of Publication*. Route AF Forms 847 from the field through the appropriate functional chain of command. This manual may be supplemented at any level, but

all supplements that directly implement this manual must be routed to Air Force Medical Readiness Agency (AFMRA/SG3/4) for coordination prior to certification and approval. The authorities to waive wing/unit level requirements in this publication are identified with a Tier (“T-0, T-1, T-2, T-3”) number following the compliance statement. See DAFI 33-360, *Publications and Forms Management*, for a description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate Tier waiver approval authority, or alternately, to the requestor’s commander for non-tiered compliance items.

## **SUMMARY OF CHANGES**

This manual has been thoroughly revised and should be reviewed in its entirety. Major changes include: incorporated the previous Guidance Memoranda, clarified certification/waiver authorities, updated references, and restructured the contents. AF Form 1042, *Medical Recommendation for Flying or Special Operational Duty* has been replaced with DD Form 2992, *Medical Recommendation for Flying or Special Operational Duty*. **Chapter 6** has been completely updated to incorporate DoDI 6040.46, *The Separation History and Physical Examination (SHPE) for the DoD Separation Health Assessment (SHA) Program*. Introduced the concept of a flight or special operational duty (SOD) qualification exam as a unique type of exam, applicable to a subset of service members with unique medical requirements. Identified the preventive health assessment (PHA), applicable to every service member, as a requirement independent of any other medical qualification requirement. Eliminated AFMRA-retained flight and SOD waiver authority to allow flexibility. Waiver authority changes are reflected in **Attachment 2**. Changed Battlefield Airmen nomenclature to align with the new nomenclature Special Warfare Airmen (SWA). The ground based controller standard was renamed to air traffic controller. Consolidated medical standards applicable to remotely piloted aircraft (RPA) pilots, RPA sensor operators and missile operators under a ground based operator (GBO) standard. Additionally, initial qualification standards for RPA pilot applicants, originally called Flying Class II, is now called ground based operator. Aeromedical provider roles have expanded, to include flight surgeons (FS), aeromedical physician assistants (APA) and aeromedical nurse practitioners (ANP). Outlined APA and ANP medical qualifications and exam requirements.

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## Chapter 1

### OVERARCHING COMPLIANCE AREAS

**1.1. Scope.** This manual establishes medical standards and medical examination requirements relevant to military service in the Department of the Air Force (DAF), to include accession and retention as well as separation and retirement from the AF, United States Air Force Academy (USAFA), and Air Force Reserve Officer Training Corps (AFROTC).

**1.2. Medical standards applicability.**

1.2.1. Applicants for enlistment, commission, and training in the AF and ARC, USAFA, AFROTC (scholarship and non-scholarship), Health Professions Scholarship Program (HPSP), and the Uniformed Services University of Health Sciences.

1.2.2. Members of all components on extended active duty (EAD) and officers who have commissioned and await EAD orders.

1.2.3. Actively participating ARC.

1.2.4. Members of the DAF PIM activated for mobilization exercises and/or actual contingency/wartime operations.

1.2.5. Return, Re-Entry or Re-Accession to uniformed military service after a break in service.

1.2.6. Civilian government employees flying USAF aircraft must meet appropriate military flying, civilian flying, or SOD medical standards per the position description as determined by the hiring agent.

**1.3. Medical Standards.**

1.3.1. Disqualifying medical conditions for military service are listed in DoDI 6130.03V1, *Medical Standards for Military Service: Appointment, Enlistment or Induction*, DoDI 6130.03 V2, *Medical Standards for Military Service: Retention*, this manual, and its companion the medical standards directory (MSD) located on the knowledge exchange (KX) at the flight medicine/medical standards Air Force medical service (AFMS) knowledge junction.

1.3.2. Accession medical standards are used for military service candidates (usually civilians wishing to serve in the military) and are typically more restrictive than medical standards for service members currently serving. **Chapter 3** provides supplemental guidance to DoDI 6130.03V1.

1.3.3. Retention medical standards are covered in DoDI 6030.03V2, **Chapter 4** and the MSD and are used to determine whether a service member is medically qualified to continue service. Fitness-for-duty cases include review in lieu of medical evaluation board (RILOMEB), medical evaluation board (MEB), or world-wide duty (WWD) determination.

1.3.4. Flying and SOD medical standards are described in **Chapter 5** and are used to determine whether a service member is medically qualified for special duties such as flying or special operational duties. Flight and SOD standards are typically more restrictive than retention standards or accession standards.

1.3.5. Disorders of substance abuse or dependence are generally disqualifying for service. See AFI 44-121, *Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program* for guidance and duty restrictions.

1.3.6. Conditions that interfere with military service (henceforth known as unsuiting disorders) are managed administratively through the service member's chain of command in accordance with AFI 36-3206, *Administrative Discharge Procedures for Commissioned Officers*, AFI 36-3207, *Separating Commissioned Officers*, AFI 36-3208, *Administrative Separation of Airmen*, and AFI 36-3209, *Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members*.

1.3.6.1. Conditions that interfere with military service (unsuiting) are not entered into the Disability Evaluation System (DES) in accordance with DoDI 1332.18, *Disability Evaluation System (DES)*, whereas unfitting conditions are eligible for DES processing in accordance with DoDI 1332.18, AFI 36-3212, *Physical Evaluation for Retention, Retirement, and Separation*, and AFMAN 41-210, *TRICARE Operations and Patient Administration*.

1.3.6.2. The terms "unsuiting" and "unfitting" describe medical conditions that affect military service. Once identified, they are handled differently; unsuiting conditions are handled administratively and unfitting conditions are handled through DES processing. Often unsuiting and unfitting conditions coexist in a single person. See AFI 36-3206, AFI 36-3208 and AFI 36-3209 for further instructions.

#### **1.4. Medical Examinations.**

1.4.1. AF/SG3P, in coordination with the owner of the functional and operational requirements, establishes the required exam elements, certification authority, waiver availability, and waiver authority (when applicable) of medical qualification examinations as delegated by the AF/SG.

1.4.2. Medical examinations require a review of an individual's medical history, available medical records, and, in most cases, a physical examination.

1.4.2.1. The military medical examination process requires all individuals to authorize AF medical staff unrestricted access to all their medical records prior to an exam for accessioning into and/or for qualifying for specific duties as a service member in the regular DAF or ARC. This requirement exists regardless of the individual's prior military affiliation. Individual's failure to grant access to all available medical records or failure to submit requested medical records from sources outside the Department of Defense (DoD) may result in delay and/or disqualification.

1.4.2.2. Access to medical records maintained by DoD medical treatment facilities can be authorized using the DD Form 2870, *Authorization for Disclosure of Medical or Dental Information*. Personnel granting access to DoD medical records should complete DD Form 2870 before processing fitness-for-military-service/duty determinations using the verbiage "from birth to present" in section 4, checking "Both" in section 5, "Air Force Medical Staff" in section 6a, checking "Other" and specifying "US Air Force/AFR accession & duty qualifications" in section 7, and "My entire medical record, including any and all mental health records" in section 8, and checking "Action Completed" in section 10. Section 6 can use the verbiage "any medical facility or physician that has

provided services to me” or can specify particular medical facilities or physicians as needed. The DD Form 2870 can also be used to obtain records maintained outside the DoD, though civilian healthcare entities may require use of locally-generated authorization forms.

1.4.3. Medical examinations determine whether an examinee meets relevant medical standards. Medical examinations serve three major purposes: initial qualification, continued (or periodic) qualification, and disability evaluation. A medical examination may serve more than one purpose so long as all requirements for each intended purpose are met. Following is an incomplete list of occasions requiring medical examinations.

1.4.3.1. Entrance into active military service, ARC, AFROTC, USAFA, and Officer Training School (OTS).

1.4.3.2. Initial entry into flying or other special operational training (see [Chapter 5](#)).

1.4.3.3. Continued military service as outlined by AFI 44-170, *Preventive Health Assessment* and [Chapter 4](#) of this manual.

1.4.3.4. Continued service in flying or other SOD, usually on a recurring basis, to maintain medical qualification ([Chapter 5](#)).

1.4.3.5. Termination of service as specified in accordance with DoDI 6040.46, and [Chapter 6](#) of this manual.

1.4.3.6. Return or Re-Entry to RegAF after a break in service.

1.4.3.7. As required for General Officer Boards.

1.4.3.8. Enlisted members applying for commission.

1.4.3.8.1. Enlisted service members applying for commission may use their most current PHA and completed AF Form 422, *Notification of Air Force Member's Qualification Status*, noting qualified for accession without a deployment limitation, in lieu of accomplishing another physical for the specific purpose of commissioning.

1.4.3.8.2. A complete examination for commission is required if a service member has a deployment limitation or potential deployment limitation that has not been fully adjudicated for fitness for continued duty.

1.4.3.9. Transfer from EAD to ARC. Applicants accessioned into the ARC from any service component (who transfer within 12 months of their separation) must provide a current AF Form 422 or equivalent to include Physical Profile Serial Chart (PULHES) profile, current DD Form 2697, *Report of Medical Assessment*, and their last PHA. **(T-1)**.

1.4.3.10. Inter-Service transfers. The position in which the member is transferring into, dictates the need for medical examination and the standard that applies. Inter-Service transfers of rated officers to the DAF and the United States Air Force Reserve from other military services must be in accordance with AFMAN 11-402, *Aviation and Parachutist Service*. **(T-1)**.

1.4.3.11. ARC to EAD. Participating ARC members ordered to EAD with the RegAF do not need an additional physical examination since they need only meet standards in



**Chapter 4** and the MSD. Most recent PHA can be used for determining suitability to be mobilized. For nonparticipating service members of the ARC see **Chapter 9** of this manual.

1.4.4. Examiners. All personnel, prior to entrance into the military service, will have an examination completed by either Department of Defense Medical Examination Review Board (DoDMERB) contracted personnel, Military Entrance Processing Stations (MEPS) or a military medical facility. **(T-0)**. For all other examinations, the following personnel can complete the required examination:

1.4.4.1. Flight safety critical exam. All pilots (manned and unmanned platforms), CISO and individuals that control aircraft (i.e. ATC and TACP) will receive their examination by a flight surgeon (FS) in accordance with International Civil Aviation Organization (ICAO) DOC 8984 AN/895, *Manual of Civil Aviation Medicine*, and 14 CFR § 61, 91,141 and 183. **(T-0)**. A FS will be a physician and have completed training in aerospace medicine. **(T-0)**. FS will exercise their certification authority in accordance with 14 CFR § 183. **(T-0)**. The MSD will list AFSCs that require a FS exam. A FS will maintain appropriate flight medicine privileges in accordance with AFMAN 48-149, *Flight and Operational Medicine Program (FOMP)*. **(T-1)** **Note:** DAF FS training is accomplished at 711 Human Performance Wing. Any US Military FS can provide dispositions on DAF flying and SOD exams after training in DAF standards by the local SGP. Flight safety critical exam certification and waiver authorities are tabulated in **Table A2.1**

1.4.4.2. Mission completion exam. **Chapter 5** describes additional special duty exams that require additional standards to ensure mission completion. An aeromedical provider with appropriate flight medicine privileges in accordance with AFMAN 48-149, shall perform this type of exam. **(T-1)**. An aeromedical provider includes APA, ANP and FS. Mission completion exam certification and waiver authority are tabulated in **Table A2.2**. Examples of this type of exam include sensor operators, aeromedical evacuation, and operational support exams.

1.4.4.3. Non-flying medical examinations may be accomplished by credentialed providers employed by the armed services, regardless of RegAF status, to include TRICARE providers and United States Coast Guard (USCG) credentialed providers. **Table A2.3** provides the certification and waiver authority of non-flying exams.

1.4.5. Examination Locations. Physical examinations are normally accomplished at the following locations depending on the purpose of the examination:

1.4.5.1. MEPS or DoDMERB contracted sites will accomplish accession physical examinations. **(T-0)**.

1.4.5.2. MEPS accomplishes ARC enlistment physicals for ARC candidates.

1.4.5.3. OCONUS military medical facilities may accomplish accession exams for individuals without access to a MEPS or DODMERB contracted site. The exams will be submitted to Air Force Recruiting Service (AFRS)/Chief Medical Officer (CMO) for certification.

1.4.5.4. The medical flight standards branch (USAFSAM/FECM) is an arm of the aeromedical consultation service (ACS) at the USAF School of Aerospace Medicine (USAFSAM) located at Wright-Patterson Air Force Base (AFB) in Ohio.

1.4.5.4.1. USAFSAM/FECM conducts initial flight qualification examinations for USAF pilot applicants (manned and remotely piloted platforms) at Wright-Patterson AFB.

1.4.5.4.2. USAFSAM/FECM also conducts and manages medical flight screening (MFS) for USAF pilot applicants (manned and remotely piloted platforms). MFS is conducted at Wright-Patterson AFB and the USAFA. MFS is a subset of a complete initial flight qualification examination (includes color vision testing, vision examination, anthropometric measurements) plus a battery of MFS neuropsychiatric testing (MFS-N) done for baseline purposes.

1.4.5.5. Local military medical facilities are authorized to complete other types of exams (i.e., commissioning).

1.4.5.6. Medical services such as lab, imaging studies or hospitalization of civilian applicants in military or government hospitals is authorized under limited circumstances in accordance with AFMAN 41-210. In the event a new diagnosis or potential diagnosis of a new disease is noted during an examination of a non-beneficiary applicant, the examining provider should counsel the applicant and make every effort to secure positive transfer of care to the applicant's private physician.

1.4.5.7. The ACS, located at the USAFSAM, conducts specialized aeromedical evaluations (case reviews and in-person) as requested by MAJCOM, FLDCOM and AFMRA. The ACS makes recommendations to the waiver authority on whether to grant waiver or not; they provide a medical risk assessment of medically disqualifying conditions relevant to flying and SOD.

#### 1.4.6. Required Baseline Tests and Sample Collections:

1.4.6.1. Blood type and rhesus factor. Defense Health Agency Procedural Instruction (DHA-PI) 6490.03, *Deployment Health Procedures*, requires blood typing for deployment. **(T-0)**.

1.4.6.2. Glucose-6-phosphate dehydrogenase (G6PD). All service members initially identified with a G6PD deficiency require notification and medical education in accordance with DoDI 6465.01, *Erythrocyte Glucose-6-Phosphate Dehydrogenase Deficiency and Sickle Cell Trait Screening Programs*. **(T-0)**.

1.4.6.3. Hemoglobin-S. The medical provider will confirm positive tests with electrophoresis. All service members initially identified with confirmed positive result for this trait require notification and medical education documented in the medical record system in accordance with DoDI 6465.01. **(T-0)**. For those confirmed positive for disease the medical provider will apply appropriate retention standards in accordance with DoDI 6130.03V2 and this manual. **(T-0)**.

1.4.6.4. Human immunodeficiency virus (HIV) antibody. Medical provider will consult AFI 44-178, *Human Immunodeficiency Virus Program* for additional details. **(T-1)**.

1.4.6.5. Color vision testing: Pseudo isochromatic plate (PIP) testing to determine color vision perception will be completed at accession, and the results will be recorded in examinee's record, see MEPCOM 40-1 for details. **(T-0)**. Color vision is a medical standard that must be met for many duties to include flying and SOD. In the DAF, additional color vision testing is conducted using the cone contrast test (CCT or its equivalent) and is available at an AF military medical facility. Requirements for color vision (and acceptable testing) are set in the MSD as well as the Air Force enlisted classification directory (AFECD) or Air Force officer classification directory (AFOCD). **Note:** "Normal color vision" is defined as documented history of 75 on the CCT or 12/14 on the PIP. A 55 on the CCT or 10/14 on the PIP is considered mild color deficiency. Contact lenses (CLs), other than those to correct for visual acuity, are prohibited for color vision testing.

1.4.6.6. DNA specimen collection, for genetic deoxyribonucleic acid analysis sample storage in accordance with DoDI 3020.41, *Operational Contract Support (OCS)*, DoDI 5154.30, *Armed Forces Medical Examiner System (AFMES) Operations*, DoDI 6025.19, *Individual Medical Readiness (IMR)*, and DoDI 6490.03, *Deployment Health*. **(T-0)**. Regular AF service members getting an annual exam do not need to have a DNA specimen repeated if one is already on file. Do not collect DNA from applicants or ROTC personnel who are not officially accessioned. DNA will be collected upon first military entry point or at their first duty station. **(T-0)**. **Note:** Results from genetic testing are not considered disqualifying for accession or retention unless specifically addressed in DoDI 6130.03V1&2, **Chapter 3**, or **Chapter 4** of this manual.

1.4.6.7. Urine drug screen. See DoDI 1010.16, *Technical Procedures for the Military Personnel Drug Abuse Testing Program*. **Note:** OS applicants excluding Alaska, Hawaii, and Puerto Rico can get their urine drug screen collected, analyzed and results recorded within 72 hours after arriving at their first training base. OS Air Force military treatment facility (MTF) must note on the DD Form 2808, *Report of Medical Examination* that the test was not done, and must be completed upon arrival at their first training location/base. **(T-0)**. See DoDI 1010.01, *Military Personnel Drug Abuse Testing Program*.

1.4.7. Testing Locations. If the above tests are not completed at MEPS, a medical provider will accomplish the tests at the following locations:

1.4.7.1. AF no-prior-service recruits at Joint Base San Antonio-Lackland, Texas, during basic training. **(T-1)**.

1.4.7.2. Basic Officer Training students at Maxwell AFB, Alabama, during OTS training. **(T-1)**.

1.4.7.3. Commissioned Officer Training (COT) students at their first permanent duty station or OTS training, whichever is earliest. **(T-1)**.

1.4.7.4. USAFA cadets will be tested at USAFA. **(T-0)**.

1.4.7.5. All other entrants (e.g. AFROTC, prior-service enlisted recruits and AF pre-trained individual manpower Airmen) will be tested at their entry point or first permanent duty station. **(T-1)**. Entrants with a requirement for sickle-cell trait (or Hemoglobin-S)

testing prior to reaching their entry point or first permanent duty station may obtain such testing at the closest USAF MTF. **(T-1)**.

1.4.8. The following regulations describe protections required when transmitting medical examinations and supporting documents: DoDI 6025.18, *Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule Compliance in DoD Health Care Programs*, DoDM 6025.18 *Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Role in DoD Health Care Program*, and AFI 41-200, *Health Insurance Portability and Accountability Act (HIPAA)*.

**1.5. Accomplishment and Recording.** The purpose of a medical examination dictates procedures used to accomplish and record the exam.

1.5.1. Medical History Form. DD Form 2807-2, *Accessions Medical History Report* (or approved substitute), is the form used to record medical history for special-purpose exams (accession, flying/SOD, separation). DD Form 2807-2 is required for the following:

1.5.1.1. Appointment or enlistment in the RegAF or ARC.

1.5.1.2. Retirement or separation from RegAF.

1.5.1.3. Whenever an examination is sent for higher authority review.

1.5.1.4. Whenever considered necessary by the examining medical provider; for example, after a significant illness or injury or commander directed physical assessment.

1.5.2. Interval Medical History.

1.5.2.1. If accomplishing a medical exam when a DD Form 2807-2, already exists for one of the reasons above, a new one is not required if the individual acknowledges that the information is current and correct.

1.5.2.2. If DD Form 2807-2 requires updates, only significant items of medical history since the date of the last DD Form 2807-2 are recorded. The medical provider will update the medical history to include current date, followed by any significant items of medical history since last examination.

1.5.2.3. Interval medical history for exams not listed in [paragraph 1.5.1](#) and special purpose exams are recorded in the electronic health record (EHR).

1.5.2.4. Denial Statement. After recording the interval medical history, the following denial statement is recorded: "No other significant medical or surgical history to report since last DD Form 2807-2 or last examination (enter the date of that examination in parentheses)."

1.5.2.5. No Interval Medical History Statement. If the examinee had no interval medical history, the current date will be recorded by the medical provider and followed by the statement: "Examinee denies, and review of outpatient medical record fails to reveal, any significant interval medical or surgical history to report since last examination dated (enter the date of that examination in parentheses)."

1.5.3. Medical Examination Form. The results of medical examinations are recorded on DD Form 2808 or approved substitutes.

1.5.4. Adult Periodic and Chronic Care Flowsheet.

1.5.4.1. Clinic staff will record key data generated as a result of medical exams described in this manual on the electronic DD Form 2766, *Adult Preventive and Chronic Care Flowsheet*. (T-2).

1.5.4.2. Results of tests (such as blood type, G6PD, DNA), flyer/SOD ground testing, flying/SOD waiver information, etc., will be recorded on the DD form 2766 which also may be used as a deployment document in accordance with AFI 10-403. (T-1). **Note:** ASIMS electronic DD 2766 must be updated as required by AFI 10-403.

#### 1.5.5. EHR Systems.

1.5.5.1. Physical examination and processing program (PEPP) is a web-based computer system to record and store flight and SOD physical examinations using an electronic DD Form 2807-2 and DD Form 2808. Once the forms are completed and certified, the aeromedical provider will place the reports into the member's EHR e.g. Armed Forces Health Longitudinal Technology Application (AHLTA), Health Artifact and Image Management Solution (HAIMS), or MHS GENESIS™ for inclusion and completeness of the EHR. **Note:** The Army and Navy use an electronic system for flight physicals and waivers called aeromedical electronic resource office (AERO).

1.5.5.2. Aeromedical information management waiver tracking system (AIMWTS) is a web-based computer system that stores aeromedical summaries for flying and SOD waivers. It allows for review and disposition by various waiver authorities. Aeromedical providers will place certified waivers into the member's EHR.

1.5.5.3. The ASIMS is a DAF database that contains information on medical readiness qualifications of service members for deployment, flying and SOD and retention.

### 1.6. Administrative Validity.

1.6.1. Enlistment. The medical examination is valid up to 24 months from the date of examination for entry into RegAF or ARC duty.

1.6.2. Entrance to USAFA. The medical examination is valid up to 24 months from the date of examination for entry into the Academy.

1.6.3. Entry into Professional Officers Course (POC), AFROTC, USUHS, or HPSP. The medical examination is valid up to 24 months from the date of certification for entry into the program.

#### 1.6.4. Commission.

1.6.4.1. USAFA Cadets. The USAFA entrance physical may be used as the commissioning physical with the following provisions:

1.6.4.1.1. The cadet's medical condition must not have changed significantly since the entrance physical.

1.6.4.1.2. All laboratory tests for DNA, HIV and drug/alcohol tests must have been accomplished during the cadet's tenure.

1.6.4.1.3. A DD Form 2807-2 must be completed prior to commission.

1.6.4.1.4. A focused medical examination must be performed if clinically indicated.

1.6.4.1.5. The exam is medically certified/waived within 24 months of date of entry into the academy.

1.6.4.1.6. Initial flight qualification exam or SOD qualification exam must still be performed in their entirety. **(T-1)**.

1.6.4.2. Civilian applicants. The medical examination is valid up to 24 months from the date of examination for entry into RegAF or ARC duty.

1.6.4.3. Entry into POC, AFROTC (non-contracted cadet), USUHS, and HPSP. Commissioning physical examination is valid for 24 months from the date of the exam. AFROTC (contracted cadets) commissioning physical examination is valid for 48 months from the date certified.

1.6.4.4. AFROTC, HPSP, USAFA program graduates. Commissioning physical examination is valid for 48 months from the date certified.

1.6.4.5. Enlisted members applying for commission. The exam's expiration date is the PHA expiration date.

1.6.5. Initial flight qualification exam: flight training.

1.6.5.1. Rated flight training. Undergraduate flying training (UFT) includes initial flight screening, all tracks of undergraduate pilot training (UPT), specialized undergraduate pilot training (SUPT), undergraduate combat systems operator training, and undergraduate RPA remotely piloted aircraft training (URT). UPT or SUPT refers specifically to manned aviation piloted platforms and has four tracks: fighter/bomber, airlift/tanker, multiengine turboprop, and helicopter. Air Force Operational Medicine (AFOM) is rated flight training for FSs.

1.6.5.2. All other flight training, requires an initial flight qualification exam that meets relevant flying class medical standards specified for the duty.

1.6.5.3. Applicants for all flight training, as defined above, are required to have a valid and certified initial flight qualification exam accomplished prior to entering training. (See course/curriculum reporting instructions as well as the AFOCD or AFECD to identify any medical requirements for course or air force specialty code (AFSC) selection.)

1.6.5.3.1. Initial flight qualification exams are valid for 48 months from the date certified. (For example, accession medical waiver division AFRS/RGS certifies examination on 01 Jan 2019 therefore the 48-month period expires 01 Jan 2023.)

**Note:** The 48-month validity period is to establish clearance to attend training schools.

1.6.5.3.2. Annual PHAs during this 48-month time period are still required in accordance with AFI 44-170.

1.6.5.3.3. Flight qualification exams will be required annually once an applicant begins initial training, and should be done in conjunction with the PHA (in combination is commonly known as the fly PHA). **(T-1)**. Applicants for all flight training, as defined above, will have a valid and certified initial flight qualification exam accomplished prior to entering training. **(T-1)**. (See course/curriculum

reporting instructions as well as the AFOCD or AFECD to identify any medical requirements for course or AFSC selection.)

1.6.5.3.4. If the start of training is more than 48 months from the flying class exam certification date, applicant must receive a new medical examination. **(T-1)**. The 48 month validity is meant to eliminate the need to re-accomplish an initial flight qualification exam while awaiting training.

1.6.5.3.5. Medical history (DD Form 2807-2) must be verified as current within 12 months prior to start of training. Changes in medical history may drive a review by appropriate certification/waiver authority prior to start of training.

1.6.5.3.6. A certified flying class I/IA examination qualifies an applicant for entry into training for any flying duties and SOD. It is the most stringent standard. An applicant who meets the flying class I/IA standard qualifies for all other flying and SOD standards. The term of validity remains unchanged. No supplemental examination is required.

#### 1.6.6. Initial SOD Qualification Exams.

1.6.6.1. SOD are duties with a medical qualification component significant enough to drive the need for a certified examination. Examples include: air traffic controllers (ATC), RPA sensor operators, SWA and missileers.

1.6.6.2. Applicants for all SOD training, generally are required to have a valid and certified Initial SOD qualification exam accomplished prior to entering training. (See course/curriculum reporting instructions as well as the AFOCD or AFECD to identify any medical requirements for course or AFSC selection.)

1.6.6.3. Certified initial SOD medical qualifications are valid for 48 months. **Note:** This does not remove annual PHA or the annual SOD Qualification exam requirements that begin at the time training starts.

#### 1.6.7. Retraining Flying Class III.

1.6.7.1. Non-rated applicants for retraining to another flying duty requiring the same class of standards (i.e., flight engineer required to meet Flying Class III standards retraining to loadmaster also required to meet Flying Class III standards), who are currently medically qualified (without waiver) and performing flying duty, do not require new initial qualification medical exam, additional review and certification or reexamination.

1.6.7.2. If the applicant is medically acceptable with waiver for Flying Class III duties, review and renewal of the medical waiver is required in light of the retraining AFSC. Refer to waiver renewal criterion from the aircrew waiver guide to understand the retraining AFSC waiver requirement. A new aeromedical summary relevant to the retraining AFSC must be submitted to the appropriate certification and waiver authority through AIMWTS with the most recent flight qualification exam/PHA with full medical history. **(T-1)**. Based on review by HQ AFRS/RGS or appropriate ARC/SGP a full physical may be required.

#### 1.6.8. PHA.

1.6.8.1. All service members (RegAF and ARC) require a PHA annually in accordance with AFI 44-170. **(T-0)**.

1.6.8.2. The service member with flight/SOD qualification exam requirements must have a current PHA in addition to the flight/SOD qualification exam (fly PHA). **(T-0)**.

1.6.9. Return or re-entry to RegAF programs following a break in service.

1.6.9.1. Applicants for re-entry in the RegAF following a break in service due to separation, or retirement (for instance, voluntary retired return to active duty participants) who elect to return to RegAF require a medical examination.

1.6.9.2. If the date of projected re-entry is less than 12 months from the date of separation on DD Form 214, *Certificate of Release or Discharge from Active Duty*, or separation orders as applicable, and the last flight/SOD qualification exam or PHA are current through the date of re-entry, those exams will serve as an applicant's entrance exam. **(T-1)**.

1.6.9.3. If the date of projected re-entry is greater than 12 months since the date of separation on DD Form 214 or separation orders as applicable, the entrance medical examination (enlistment/commissioning/flight/SOD qualification) must be accomplished. **(T-1)**.

1.6.10. Continued flight and SOD.

1.6.10.1. Flight/SOD Qualification Exams are required annually. Medical certification expires no later than 15 months after the date of the annual qualification examination. Medical certifications are due at 12 months, with a three-month grace period to obtain the annual qualification.

1.6.10.2. The initial flight or SOD qualification exam no longer serves to maintain medical qualification once initial training starts. The annual exam is required no later than the end of the member's birth month after arrival at their initial training location.

1.6.10.3. Extension of the 15-month timeframe is possible with MAJCOM(FLDCOM)/SGP concurrence. If an extension is approved, base-level SGP will include a statement in block 13 of the DD Form 2992 with the extension expiration date. **(T-1)**.

## 1.7. Disposition.

1.7.1. Certification. The review and final disposition of a medical examination results in certification of the medical examination. When an applicant or service member submits to a medical examination for military service (e.g., accession and flight or SOD), one of several outcomes is possible. An examinee can be found to meet standards (qualified), meet standards with waiver (medically acceptable) or disqualified. Dispositions may be rendered at many levels of the AFMS depending on risk. Those authorities are also summarized in [Attachment 2](#) of this AFMAN.

1.7.2. Waiver. When an examination reveals a medical condition that is disqualifying (does not meet applicable medical standards), waiver of the medical standard(s) may be allowed.

1.7.2.1. Waivers are considered on a case-by-case basis where the needs of the Air Force are better served by accepting applicants with disqualifying medical conditions, and



where potential risks (to applicant and to mission) are deemed acceptable after strategic and operational adjudication by the Air Force and delegated authorities.

1.7.2.2. The authority to waive the relevant medical standard is described in **Chapter 5** and **Attachment 2** of this AFMAN.

1.7.2.3. The process to seek a waiver depends on whether an accession standard, retention standard or flying/SOD standard is not met. Each has unique nomenclature, and processes to waive a given medical standard is based on whether it is for accession, retention or flying/SOD purposes. See **Chapter 5** of this AFMAN for further information.

1.7.2.4. Retention and Flying/SOD standards that were reviewed and waived typically require periodic re-evaluation to ensure compatibility with continued service and duties. This creates a time-limited period of validity for the waiver and the expectation of stability. Indefinite waivers are reserved for conditions that are expected to remain stable for the foreseeable future.

1.7.2.5. The service member may appeal a waiver disposition. Member should present their appeal in writing to the waiver authority. Appeals typically involve consideration of information not previously considered. Waiver authority should consult the next higher waiver authority in consideration of denial of appeals. Example: AFMRA/SG3PF medical standards will be involved with MAJCOM(FLDCOM)/SGP appeals.

1.7.2.6. Exceptions to Policy (ETP) for medically disqualifying conditions (for accessions and trained assets) are against SG formal guidance. They are the purview of the SecAF to choose to accept risk beyond what is advised by the AF/SG.

1.7.2.6.1. Line directed ETPs for medical conditions that sufficiently worsen which result in additional duty restrictions need a DES referral in accordance with **Chapter 4** and/or the member being removed from flight status and considered for disqualification as the conditions of the ETP is be no longer valid.

1.7.2.6.2. The validation of ETP stability is outlined below:

1.7.2.6.2.1. Members who have received an appropriate Line of the Air Force ETP for medical standards for accession (**Chapter 3**), flying duty, or special operations duty (**Chapter 5**) will be tracked by Air Education and Training Command (AETC)/SGP to ensure stability of the underlying condition. **(T-1)**. **Note:** Retention decisions ultimately reside with Air Force Personnel Center (AFPC)/PEB and are outside the SG purview.

1.7.2.6.2.2. ETPs granted to medical standards for accession (**Chapter 3**) will be coordinated with AFPC/DP2NP for ALC assignment. **(T-1)**. The ETP condition will be monitored for stability using the normal ALC process at a frequency set by AFPC/DP2NP via the Form Letter 4. **(T-1)**.

1.7.2.6.2.3. ETPs granted to medical standards for flying or special operations duty (**Chapter 5**) will be coordinated with AFMRA/SG3PF medical standards for annotation in AIMTWS. **(T-1)**. AFMRA/SG3PF medical standards will determine the appropriate clinical follow up (i.e. ACS consultation) and frequency needed to ensure stability. **(T-1)**.

1.7.2.6.2.4. AFMRA/SG3PF medical standards will notify FAA for any ETP granted for a flight safety critical exam that is specifically disqualifying according to 14 CFR § 67. **(T-0)**.

1.7.2.6.3. Service members that develop another disqualifying medical condition will require a review by the retention authority and/or a new aeromedical summary combining the ETP condition and the new condition.

## Chapter 2

### DUTIES AND OBLIGATIONS

#### 2.1. Roles and Responsibilities.

#### 2.2. The AF Surgeon General (AF/SG).

2.2.1. Establishes medical standards and examination policy in accordance with Headquarters Air Force (HAF) Mission Directive 1-48, *The Air Force Surgeon General*.

2.2.2. As delegated from the Secretary of the Air Force:

2.2.2.1. Certifies AF examinees as medically qualified or unqualified relative to AF specific medical standards.

2.2.2.2. Waives medical standards, as appropriate, to meet the needs of the AF.

2.2.2.3. Delegates authority to certify medical qualification examinations and grants medical standards and waivers as appropriate.

**2.3. Director of Medical Operations (AF/SG3/4).** Promulgates medical standards and examinations policy in support of military operational and functional requirements.

#### 2.4. Chief Aerospace Medicine Policy & Operations AF/SG3P.

2.4.1. Chief advisor to AF/SG and AF/SG3/4 regarding medical standards and examinations.

2.4.2. Must have professional aerospace medicine training and must be an aerospace medicine specialist (48A).

2.4.3. Establishes medical requirements necessary to support military operational and functional requirements

2.4.4. Develops programs and policies in support of operational and functional requirements.

2.4.5. Manages the activities of the AOME as it relates to establishing medical standards, establishing and fulfilling medical examination requirements, and managing certifications of medical examinations and waivers of medical standards when applicable.

2.4.6. As delegated, certifies AF applicants as medically acceptable or unqualified for accession into specific AF career fields relative to AF-specific medical standards.

2.4.7. Will certify flight safety critical exams in accordance with 14 CFR § 61, 91,141 and 183. **(T-0)**.

2.4.8. Serves as the senior waiver authority on behalf of the AF/SG and administers the medical standard waiver functions referenced in this manual (for those who don't meet Flying or Special Duty standards).

2.4.9. Delegates authority to certify medical qualification examinations and grant medical standards waivers as appropriate.

2.4.10. Approves exceptions to delegation of authority for certification of medical examinations and waiver of medical standards.

2.4.11. In consultation with the MAJCOM(FLDCOM)/SGPs updates the MSD and medication lists discussed in [Chapter 5](#).

## 2.5. AFMRA/SG3PF Medical Standards.

2.5.1. AFMRA/SG3PF medical standards assists AF/SG3P in oversight and administration of medical exams and standards criteria referenced in this manual.

2.5.2. AFMRA/SG3PF medical standards assists AF/SG3P in oversight of AFMS application of medical standards and adjudication of waivers requiring centralized execution.

## 2.6. MAJCOM/FLDCOM Command Surgeon (MAJCOM/SG).

2.6.1. Ensures MAJCOM/FLDCOM-specific operational and functional requirements are communicated to AF/SG3P and appropriately addressed by AF medical standards and examinations.

2.6.2. Ensures medical standards and examinations are appropriately adhered to and accomplished by units subordinate to the MAJCOM/FLDCOM.

2.6.3. Ensures the authority delegated to each MAJCOM/FLDCOM (including AFR and ANG) for certification of qualification examinations and waiver of medical standards resides with the MAJCOM(FLDCOM)/SGP which must be an aerospace medicine specialist - 48A3/4 or experienced FS – 48G/48R.

## 2.7. MAJCOM(FLDCOM)/SGP.

2.7.1. As delegated from MAJCOM/SG or FLDCOM/SG, certifies qualification exams medically qualified, medically acceptable or medically disqualified relative to AF duty-specific medical standards.

2.7.2. As delegated from AF/SG3P, certifies flight safety critical qualification exams.

2.7.3. May delegate authority to certify medical qualification examinations and grant medical standards waivers as appropriate (i.e., to the base level).

2.7.3.1. Delegation must identify specific individuals in writing and must be commensurate to their training and experience. This delegated certification or waiver authority cannot be delegated further by the delegate. **(T-1)**.

2.7.3.2. Aerospace medicine specialists (48A) are preferred for base-level or military medical facility delegation.

2.7.3.3. Ongoing provider practice evaluation should be accomplished in accordance with Defense Health Agency Procedures Manual (DHA-PM) 6025.13, *Clinical Quality Management in the Military Health System* on certification and wavier decisions conducted through delegated authority.

2.7.3.4. **Attachment 3** is an example delegation letter.

2.7.4. Manages the activities of the AOME within the MAJCOM/FLDCOM as it relates to applying medical standards, executing medical examination requirements, managing certifications of medical examinations and waivers of medical standards when applicable and appeals.

2.7.5. Coordinates MAJCOM/FLDCOM-specific operational and functional requirements with AF/SG3P and advocates for appropriate changes AF medical standards.

## **2.8. Accession Medical Waiver Division (AFRS/CMO).**

2.8.1. The AFRS/CMO is aligned with the Total Force Recruiting Center and the AFRS.

2.8.2. The AFRS/CMO is the unified voice on all medical accession matters on behalf of the AF/SG, maintaining the equities of the four recruiting avenues of the USAFA, NGB, AFR, and other active-duty components.

2.8.3. As delegated from AF/SG, may grant medical standards waivers as appropriate for accession into the Department of the Air Force relative to specific medical standards for the Total Force in collaboration with the owning recruiting command (AETC, AFRC NGB, USAFA) as specified in [Attachment 2](#).

2.8.4. As delegated from AF/SG3P, may grant medical standards waivers as appropriate for initial entry into flying or special duties careers relative to Department of the Air Force specific medical standards for the Total Force in collaboration with the owning recruiting command (AETC, AFRC, NGB, USAFA) as specified in [Attachment 2](#).

2.8.5. The AFRS/CMO will be an aerospace medicine specialist (48A3/4) to certify flight safety critical exams. **(T-0)**.

**2.9. Military Medical Facility, Medical Squadron, Medical Group (MDG) or ARC equivalent (Reserve medical Unit (RMU)/Guard medical unit (GMU)).** Will ensure adequate resourcing, timely scheduling, and appropriate completion of required examinations and consultations. **(T-1)**.

## **2.10. Chief of Aerospace Medicine (SGP).**

2.10.1. The SGP will be a FS. **(T-0)**. As a delegated certifier of flight safety critical exams, this position mandates a physician with aeromedical training. **(T-0)**. SGP serves as the installation subject matter expert on medical standards and physical qualification examinations. The SGP is the installation focal point in handling matters of medical standards application and resolving problems associated with conducting assessments, documentation and required follow-up of complicated or sensitive cases, and other matters that may call for resolution.

2.10.2. The SGP is appointed in accordance with AFMAN 48-149.

2.10.3. Manages base-level implementation of medical standards and examination programs in accordance with AFI 48-101, *Aerospace Medicine Enterprise*, AFMAN 48-149, AFI 48-133, *Duty Limiting Conditions*, and AFI 44-170.

## **2.11. Primary Care (to include flight medicine) Staff.**

2.11.1. Will determine whether service members meet retention and/or deployment standards in accordance with [Chapter 4](#) and the MSD. **(T-2)**

2.11.2. Determines whether service members are able to perform duties required by their AFSC, and do fitness assessment.

2.11.3. Determines whether service members need to be prescribed Duty Restrictions (including Mobility Restrictions and Fitness Program restrictions and exemptions) using the

AF Form 469, *Duty Limiting Condition Report*, as described in AFI 48-133 and documents such in the EHR.

2.11.4. Actively manages service members with Duty Restrictions to facilitate the return to unrestricted duty as efficiently as possible as described in AFI 48-133.

2.11.5. Determines whether a referral to the Airmen Medical Readiness Optimization (AMRO) Board is warranted as described in AFI 48-133.

2.11.6. Initiates and completes all MEB or RILOMEB required for continued service for empaneled personnel. Initiates and completes all MEB or RILOMEB as required for continued service for non-empaneled personnel as per AFMAN 41-210 and AFI 36-3212 requirements at the direction of the base-level SGH or equivalent.

2.11.7. Ensures ASIMS is reviewed at every encounter and addresses due and overdue items as required.

## **2.12. AF Flight and Operational Medicine Clinic (FOMC).**

2.12.1. Performs medical qualification examinations for flight and SOD personnel.

2.12.2. Facilitates requests for disqualifications and/or waivers to relevant medical waiver authorities (see [Attachment 2](#)) when appropriate.

## **2.13. AF Public Health (force health management element) or equivalent.**

2.13.1. Performs screening audiograms in support of prescribed medical flight and SOD qualification examinations or occupational surveillance requirements.

2.13.2. Manages occupational hearing conservation program in accordance with AFI 48-127, *Occupational Noise and Hearing Conservation Program*. **Note:** See AFI 48-145, *Occupational and Environmental Health Program*, for information on fulfilling occupational and environmental health medical requirements, including audiograms, for ARC personnel.

## **2.14. Base Operational Medicine Clinic (BOMC) or ARC equivalent.**

2.14.1. Receives requests for many types of medical clearances (PHA, retraining, OS clearance, accession, etc.) and conducts reviews according to AF/SG-approved workflow standards to ensure service members are medically qualified for entry into the AFSC(s) for which they are applying or permanent change of station (PCS).

2.14.2. Medical provider will ensure PULHES assessment (see Section R of the MSD) is updated in accordance with AFI 48-133. **(T-1).**

2.14.3. Medical provider will perform replacement civilian examinations, occupational health qualification examination and/or surveillance examinations for all workplaces with specialized requirements, unless a separate occupational medicine clinic located at the military medical facility is performing these examinations. **(T-3).**

## **2.15. Service Member Commander.**

2.15.1. Commander will ensure the service member is available for and completes medical requirements to include examinations, and necessary follow-up studies to make final medical dispositions. **(T-3).**

2.15.2. Commander will ensure medical and occupational duty restrictions are relayed to supervisors while protecting sensitive health information. **(T-3)**.

2.15.3. Commander will discuss revision of duty restrictions with the prescribing medical provider (or appropriate surrogate) when restrictions conflict with independent observations or additional relevant information. If a mutual agreement cannot be made, either commander or medical provider may initiate consultation with the MTF SGP and SGH for resolution.

**2.16. Supervisor will ensure availability of subordinate for required examinations and follow-up. (T-3). Note:** ANG coordinates with MDG personnel and will ensure service member follows up with civilian primary care manager for care as needed. **(T-3)**.

**2.17. Service member will present for scheduled medical appointments as directed. (T-3).**

2.17.1. Service member should inform unit supervisor of required follow-up evaluations and appointments to ensure availability for these appointments.

2.17.2. Service member will report all medical or dental treatment obtained through civilian sources to the primary care team or ARC medical unit. **(T-3)**. Service member should assist with coordination of communication of treatment to the servicing MTF, especially for any medical condition that may impact duty completion or deployment readiness. See **Chapter 9** for additional guidance regarding ARC members.

### Chapter 3

## MEDICAL STANDARDS FOR ACCESSION: APPOINTMENT, ENLISTMENT, AND INDUCTION

### 3.1. Applicability.

3.1.1. Applicants for enlistment in the RegAF for the first six months of duty. Medical conditions or physical defects identified within the first six months of RegAF, not previously waived for entry and not aggravated in the line of duty (LOD) during the current enlistment are considered predating original enlistment (existing prior to service (EPTS)). Service members who have medical conditions identified as EPTS may be subject to administrative separation.

3.1.2. Applicants for enlistment in the ARC (Reserve or ANG). Accession medical standards apply during the enlistee's initial period of active duty for training until their return to their Reserve component units for medical conditions or physical defects predating original enlistment (EPTS), not previously waived for entry and not aggravated in the LOD during such time of service.

3.1.3. Prior service members after a break in service greater than 12 months. Applicants for re-accession in the Regular and Reserve components and in federally recognized units or organizations of the ANG after a period of more than 12 months have elapsed since the date of separation on DD Form 214 or separation orders as applicable, in accordance with DODI 6130.03V1.

3.1.4. Applicants for the Service Academies, ROTC, USUHS, and all other DoD Component special officer personnel procurement programs.

3.1.5. USAFA cadets and students enrolled in ROTC scholarship programs applying for retention in their respective programs.

3.1.6. Applicants for appointment as commissioned officers in the Active and Reserve components. This includes current DoD enlisted personnel applying for commission. For currently serving enlisted personnel with an ALC C1 or C2, accession waiver is possible. **Note:** Once officers are commissioned, unless they are applying for flying or SOD (which drives the need to also meet the flying or SOD standards), they need only meet retention standards for continued service.

3.1.6.1. All individuals being inducted into the Military Services.

3.1.6.2. Individuals on Temporary Disability Retirement List (TDRL) who have been found fit upon reevaluation and elect to return to RegAF or to active status in the Air Reserve Component within the time standards described. These individuals are exempt from the procedures in this manual only for the conditions for which they were found fit on reevaluation by the DES. Applicants must meet all other medical standards contained in this section with the exception for the medical condition for which they were placed on the TDRL. **(T-1). Note:** Individuals on TDRL are considered retired from RegAF, (generally for a period of at least 12 months before their first re-examination as a TDRL-designated service member), and therefore, fall under accession standards prior to re-entering military service.



**3.2. Medical Standards.** DoDI 6130.03V1 and DoDI 1308.3, *DoD Physical Fitness and Body Fat Programs Procedures*, establish the medical standards for accessions. See **Chapter 5** and the MSD for additional requirements for flying and SOD applicants.

**3.3. Certification.** Applicants are either medically qualified for military service or disqualified.

3.3.1. Applicants who meet accession medical standards may be certified as medically qualified for accession.

3.3.1.1. USMEPCOM and DODMERB certification authority. Certification of an applicant's medical qualification rests with the authority conducting the accession medical examination (USMEPCOM or DODMERB) if there are no disqualifying conditions.

3.3.1.2. OS Certification Authority. When an accession/induction physical examination is accomplished OS by an Air Force military medical facility the examining provider will ensure appropriate documentation is submitted through PEPP to AFRS/CMO. **(T-1)**.

3.3.1.3. When an applicant also wishes to apply for flying/SOD, additional considerations apply. DAF authorities manage certification of flying or SOD qualification exams. See **Chapter 5** and **Attachment 2** for DAF certification and waiver authority for flying/SOD.

3.3.1.4. Active Guard/Reserve Tours Certification Authority. Certification for Guard or Reserve for Active Guard/Reserve (AGR) tours is in accordance **Attachment 2** of this publication or in accordance with ARC/SGP delegation.

3.3.2. Applicants who do not meet accession medical standards are medically disqualified for accession. Accession medical standard waiver requests are handled by the Service Waiver Authority (specifically, AFRS/CMO).

3.3.2.1. The disqualifying medical standard may be waived on a case-by-case basis in order to meet the needs of the AF and where any potential risks (to applicant and mission) are acceptable to the AF. **Attachment 2**, lists the Service Waiver Authority for Accessions.

3.3.2.1.1. To be eligible for consideration, applicants are required to meet certain criteria to demonstrate that a waiver is in the best interest of both the applicant and the Air Force. Some of these requirements are detailed in DoDI 6130.03V1.

3.3.2.1.2. Waiver requests require the applicant provide medical documentation to adjudicate the medical facts for potential waiver.

3.3.2.2. If warranted, the service waiver authority may deem the applicant medically acceptable with waiver for military service.

3.3.2.3. The service waiver authority may deem the applicant ineligible for waiver and the disqualification is sustained.

## Chapter 4

### MEDICAL STANDARDS FOR CONTINUED MILITARY SERVICE (RETENTION)

#### 4.1. Applicability. Retention standards apply to:

4.1.1. RegAF, unless excluded from DES by applicable directives (e.g., punitive actions).

4.1.2. USAFA cadets. Accession standards must be maintained for continued training at the Academy in accordance with DoDI 6130.03V1. **(T-0)** If a Cadet does not meet accession standards and that medical standard is not waived by AFRS/CMO, then the Cadet is subject to DES processing, including review by the informal physical evaluation board and accompanying rights of appeal in accordance with AFI 36-3212.

4.1.3. ROTC cadets. Accession standards must be maintained for continued training in ROTC in accordance with DoDI 6130.03V1. **(T-0)** If the cadet does not meet accession standards and that medical standard is not waived by the AFRS/CMO, then the cadet's condition is not subject to DES processing.

4.1.4. Service members who separated or retired from any of the regular armed services within 12 months of their separation. If a prior service member is reenlisting/re-entering/re-accessioning in the RegAF or ARC and no more than 12 months have elapsed from the date of the separation, those prior service members need only meet AF retention standards. If more than 12 months have elapsed, accession standards apply (see [Chapter 3](#)).

4.1.5. ARC service members who are:

4.1.5.1. Ordered to EAD with the RegAF and who are eligible for fitness for duty (FFD) evaluation under applicable directives.

4.1.5.2. Reenlisting in the RegAF when no more than 12 months have elapsed between separation exam with any regular armed service and reenlistment or entry. If more than 12 months have elapsed, accession standards apply.

4.1.5.3. Actively participating ARC members.

4.1.5.4. Entering AGR tours.

4.1.5.5. ANG service members entering EAD statutory tours (Title 10) or AGR tours (Title 32 United States Code Section 502).

4.1.5.6. Officers and enlisted service members from any service component requesting entrance into ARC. When no Separation History and Physical Exam (SHPE) was accomplished at the time of separation, the PHA may substitute for the SHPE. **Note:** Accession medical standards ([Chapter 3](#)) apply when more than 12 months have elapsed from the time of the separation. If less than 12 months from the separation, retention standards apply (this chapter and retention column of the MSD).

**4.2. Medical Standards.** Refer to DoDI 6130.03V2, this chapter and the MSD for medical conditions and defects that are disqualifying and/or preclude continued military service or deployment in all components of the DAF. The MSD lists specific disqualifying conditions for retention in all components of the DAF. An "X" in the row ("medical condition") and "retention" column denotes a disqualifying condition for retention. These standards are not all

inclusive and other diseases, conditions, or defects may be cause for rejection of continued service based on the medical judgement of the examining healthcare provider and/or certifying official. Medical conditions previously reviewed for FFD generally need periodic review to determine continued military service.

4.2.1. Retention Standards. Retention standards are the minimum standards required for continued service in all components of the USAF. Flying and SOD standards (see [Chapter 5](#)) are in addition to the minimum retention standards.

4.2.2. Service members with disqualifying conditions listed in DoDI 6130.03V2, this chapter and the MSD under the “retention” column require evaluation for continued military service. **(T-0)**.

4.2.2.1. Mobility Standards in DAF. For the purposes of this manual, mobility status is an ongoing requirement that a Service member is reasonably free from any medical conditions or limitations that would preclude an AF deployment or temporary duty (TDY) for six months in field conditions. A deployment (as defined in this manual) is any temporary duty where contingency, exercise, or deployment TDY orders are issued, and the TDY location is outside of the United States. For ANG members, deployments are defined as the movement of resources in/out of an operational area, during time of war or national emergencies. It is not dependent on duration. **Note:** For DoD civilian employees, DoDD 1400.31, *DoD Civilian Work Force Contingency and Emergency Planning and Execution*, and DoDI 1400.32, *DoD Civilian Work Force Contingency and Emergency Planning Guidelines and Procedures*, DoDI 6490.07, *Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees* and AFI 36-129, *Civilian Personnel Management and Administration* apply. Civilian contractors follow DoDI 3020.41.

4.2.2.2. DoDI 6490.07, describes the minimum necessary medical standards to maintain mobility status.

4.2.2.3. Combatant command reporting instructions also contains restrictions on individuals tasked to deploy that may be more stringent than listed in this manual or the applicable DoDIs. Pre-deployment clearance is accomplished in accordance with combatant command specific reporting instructions and may effectively limit deployment in spite of meeting retention standards.

**4.3. Medical Examination.** The PHA is done annually in accordance with AFI 44-170. The PHA serves as the recurring medical examination for retention and deployment purposes.

4.3.1. Unfitting medical defects and condition considerations. In addition to the specific conditions listed as retention standards in the MSD, any condition which renders the individual unable to perform the duties of their office, rank, rating, and grade might be unfitting. AFI 48-133 governs profiling procedures and actions. The military healthcare provider rendering medical care to a service member should consider how the impact of this care on retention and mobility. See AFI 48-133 for details.

4.3.2. Mobility Considerations.

4.3.2.1. Medical evaluators must consider climate, altitude, rations, housing, duty assignment, and medical services available in the deployed location when deciding

whether an individual with a specific medical condition is deployable. **(T-0)**. In general, a service member must be able to perform duties in an austere environment with no special food, billeting, medical or equipment support for the duration of the deployment. **(T-0)**.

4.3.2.2. Conditions which may seriously compromise the near-term well-being if an individual were to deploy, are disqualifying for mobility status or deployment duty.

4.3.3. A fitness for deployment determination is an assessment of current medical condition. Any individual who cannot maintain mobility status for a chronic or recurrent medical condition must undergo an evaluation for continued military service. **(T-0)**.

#### **4.4. Accomplishment and Recording.**

4.4.1. Annual health care evaluations. AFI 44-170 implements the DoD requirement to conduct an annual PHA.

4.4.2. The BOMC workflows use published guidance to develop standardized approaches to execute what is mandated by DoDI, AFI and/or AFMAN.

4.4.3. Injuries and Illnesses.

4.4.3.1. When a medical condition is identified as potentially disqualifying or meeting criteria outlined in this chapter, an evaluation for continued military service and commander notification is required.

4.4.3.2. AFI 48-133 establishes procedures for the documentation and management of service members with injuries or illnesses that may impact their ability to perform their military duty either temporarily or for the long term.

4.4.3.3. Use AF Form 469, as appropriate to prescribe duty restrictions. The AF Form 469 is used to communicate duty and/or mobility and/or fitness restrictions to a member's commander.

4.4.3.4. Acute medical problems, injuries, or their appropriate therapy (expected to resolve) which impair safe and effective performance of duty may be cause for withholding or deferring medical certification for initial training or temporarily restricting the individual from duties until the problem is resolved.

#### **4.5. Evaluation for Continued Military Service Procedures.**

4.5.1. The evaluation of a medical condition that may be incompatible with continued military service begins with an initial review in lieu of (RILO) MEB, a package of information that contains the pertinent medical facts that is submitted to AFPC/DP2NP or appropriate ARC/SGP for a preliminary integrated disability evaluation system (IDES) disposition. AFI 48-133 and AFMAN 41-210, are the authoritative guidance that provide detailed information on how to conduct an evaluation for continued military service when a service member does not meet retention standards outlined in this chapter and the MSD.

4.5.2. Unfitting medical conditions are eligible for continued military duty determination/DES processing in accordance with DoDI 1332.18, AFI 36-3212, and AFMAN 41-210.

4.5.3. Unsuiting conditions are not eligible for DES processing. Both unsuiting and unfitting conditions can coexist in one member and when they do, the unsuiting conditions are not eligible for disability compensation. See AFI 36-3206, AFI 36-3207, AFI 36-3208, AFI 36-3209, and AFI 36-3212 for further instructions and for further discussion of unsuiting and unfitting conditions, see the terms section of [Attachment 1](#).

4.5.4. LOD Considerations for ARC.

4.5.4.1. ANG Airmen must first undergo LOD determination. **(T-1)**.

4.5.4.2. AFR Airmen may first undergo LOD determination in accordance with AFI 36-2910, *Line of Duty (LOD) Determination, Medical Continuation (MEDCON) and Incapacitation (INCAP) Pay*, although completion of the LOD is not essential for the initial RILO submission.

4.5.4.3. For all ARC members, if the disqualifying condition is duty-related (LOD-yes) refer to the AMRO BOARD for RILO MEB and/or MEB processing. If the disqualifying condition is not duty-related (LOD-no) refer to the AMRO Board for FFD evaluation (see [Chapter 9](#)).

**4.6. IDES.** Once AFPC/DP2NP or appropriate ARC/SGP renders a decision that the service member's condition requires a full MEB, the case moves through the IDES, in accordance with AFMAN 41-210. Appeals are governed by the IDES.

## Chapter 5

### FLYING AND SPECIAL OPERATIONAL DUTY

**5.1. Applicability.** This chapter applies to service members who perform flying and SOD in the DAF. In order to medically qualify for these duties, a service member must first have qualified for accession into the military (see [Chapter 3](#)) and remain qualified to serve by meeting retention standards (see [Chapter 4](#)). **(T-1)**. Flying or SOD standards are operationally relevant and often more strict than accession or retention standards. Flying and SOD standards apply in the following situations:

5.1.1. Initial selection for duty. Individual applying for initial flying duty (all classes) or SOD require an exam which is referred to as the initial flight qualification exam or the initial SOD qualification exam. **Note:** Initial in this case refers to the untrained applicant.

5.1.2. Continuing duties. Trained individuals maintaining medical qualification for continued flying duty (all classes) or SOD or individuals who have started training require an exam annually and is otherwise referred to as the annual flight qualification exam (e.g. Fly PHA) for flyers and annual SOD qualification exam. **Note:** Exceptions to the annual requirement are possible when assignments preclude access to a qualified FS.

5.1.3. Inter-Service Transfers.

5.1.3.1. Rated personnel holding comparable status in other US military services applying for AF aeronautical ratings as an inter-service transfer, must meet relevant DAF flight class/GBO standards for trained assets. **(T-1)**.

5.1.3.2. Enlisted personnel or non-rated officers seeking comparable status in the DAF must meet relevant standards for trained assets. **(T-1)**.

5.1.4. Personnel directed to participate in frequent and regular flight. All personnel who are directed to participate in frequent and regular aerial flight as defined by AFI 11-401, *Aviation Management* will comply with medical evaluation standards appropriate for the type of flight duty. **(T-1)**.

5.1.5. Return to RegAF after break in service. Participants in the voluntary retired return to active duty program must meet retention standards and trained asset standards appropriate to crew positions. **(T-1)**. Aeromedical providers will ensure compliance with appropriate standards is documented and forwarded to appropriate certification or waiver authority as defined in [Attachment 2](#). **(T-1)**.

### 5.2. Medical Standards.

5.2.1. The medical conditions listed in [Chapter 4](#), this chapter, or the MSD are cause to reject an applicant for initial duty (untrained) or continued duty (trained) unless a waiver is granted.

5.2.2. These standards are not all inclusive, and other diseases, defects, or conditions can be cause for rejection based upon the medical judgment of the examining aeromedical provider. **Note:** Acute medical problems, injuries, or their appropriate therapy (expected to resolve) which impair safe and effective performance of duty are cause for withholding qualification of initial training or temporarily restricting the individual from duties until the problem is

resolved. Aeromedical providers should use AF Form 469, AF Form 422, or DD Form 2992 as appropriate.

5.2.3. MSD. The medical standards for flying and SOD are based on AFSC with inputs from the line. Specific disqualifying conditions for DAF flying and SOD are listed in the MSD. An “X” in the row (medical condition) and column (flying or SOD standards) denotes a disqualifying condition for those duties. Many of the conditions listed in the MSD are only disqualifying for flying or SOD and are not disqualifying for retention. However, when the condition is also disqualifying for retention, initial RILOMEB should be considered before flying or SOD waiver is sought.

5.2.3.1. Flight Duty Medical Standards. Flight duty refers to aviation career duties carried out by aircrew (e.g. pilots, combat systems officers, FSs, navigators, in-flight refuelers, flight engineers, loadmasters). These medical standards are deemed relevant to the operational stresses of flying (altitude, G forces). The applicable columns in the MSD are Flying Class I/IA, Flying Class II, and Flying Class III. AFSCs required to perform frequent and regular aerial flights may also need to meet Flying Class III standards, as indicated in the AFOCD or AFECD.

5.2.3.2. Air traffic controller (ATC) medical standards. ATC personnel standards are in the ATC column of the MSD.

5.2.3.3. Ground based operator (GBO). GBO personnel include RPA pilots, (11UX), RPA sensor operators (1U0X1), and missile operators (MOD) (13N). Medical standards that apply to these AFSCs are in the GBO column of the MSD.

5.2.3.4. Operational Support Flight (OSF) Duty. Operational support applies to personnel fully qualified in non-aircrew specialties and required to temporarily perform duties of the specialty in-flight. OSF duty Airmen are required to occasionally fly. Since the service member's primary full-time duties do not require regular duty on board an aircraft, performance of in-flight duties is a SOD in certain career fields. Examples of operational support flyers include critical care air transport team members, maintenance engineering support personnel and officers with an “X” prefix. Medical standards that apply to OSF Duty are in the OSF duty column of the MSD.

5.2.3.5. SWA Medical Standards. SWA are a defined group of SOD AFSCs. They are currently governed by DAFPD 10-35, *Battlefield Airmen*, which identifies affected AFSCs. The AFOCD and the AFECD serve as the formal requirements for the AFSC duties and training requirement. The service member must meet USAF medical standards required of their AFSCs as identified in the respective AFOCD or AFECD. (T-1). Additionally, these AFSCs need to meet medical clearance standards of required training fulfilled by other military service schools. Staff performing these clearance exams should be familiar with the other military service school's requirements at the time of the exam. Medical standards that apply to these AFSCs are in the SWA column of the MSD. Additionally, specific AFSC shreds may drive specific training medical clearances. For example: combat controller AFECD requires attendance at dive + airborne + free fall schools to be fully qualified. Each school has its own medical clearance standard. For instance, the tactical air control party (TACP) AFECD requires airborne training to be fully qualified. Airborne school is with the Army and has its own medical clearance standard.

5.2.4. The AFOCD and AFECD may include medical qualifications (standards). Aeromedical providers should reference these documents for additional exam requirements. These documents are located on the myPers website.

5.2.5. Medication use for flying (all classes) is regulated. Service members will become medically “down” with unauthorized use. **(T-1)**.

5.2.5.1. General rules of medication use. Member is expected to inform FS of all medications as part of their medication reconciliation during any/all appointments. Members will not use any medications with potential to impair ability to perform operational duties while performing these duties.

5.2.5.1.1. Prescription medications. Aeromedical providers may prescribe medications as detailed on approved medication lists. Aeromedical providers will seek approval through appropriate waiver authorities when prescribing medications that are not approved. **(T-1)**.

5.2.5.1.2. Over the counter (OTC) medications. Service members will inform medical providers of all OTC medication use during their medical care. **(T-1)**. Flyers will only use medications as described on the approved OTC medication list in consultation with their FS. **(T-1)**.

5.2.5.1.3. Non-FDA regulated supplements (i.e., vitamins, supplements, herbal medications, etc.). Flying and SOD personnel can only use herbal medications and any supplements after discussion with the aeromedical provider. Aeromedical provider and member should ensure intended use is appropriate. Aeromedical provider should evaluate risk of underlying conditions.

5.2.5.2. Approved medication lists.

5.2.5.2.1. Aircrew and ATC medication list. The official Air Force aerospace medicine approved medications describes what flyers and ATCs may take and under what circumstances.

5.2.5.2.1.1. Medications not on this list will require waiver to use while conducting flying or ATC duties. **(T-1)**.

5.2.5.2.1.2. RPA pilots in URT will follow medication in the approved aircrew medication list. **(T-2)**. **Note:** After completion of URT, while working only from the ground, RPA pilots will comply with the GBO medication list. **(T-2)**.

5.2.5.2.2. GBO approved medication list. The ground based operators medication list defines medications approved for use by MOD personnel, RPA pilots, and RPA sensor operators. Medications not on this list will require waiver to use while conducting flying duties. **(T-1)**.

5.2.5.3. OTC approved medication list. The Official Air Force Aerospace Medicine Approved Medication List includes (OTC) medications that aircrew are allowed to take while conducting flying and ATC duties. The listed OTC medications are allowed without the need for a FSs approval. **(T-1)**. **Note:** GBO will follow OTC instructions as printed on the GBO approved medication list.



5.2.5.4. SWA and OSF fliers. There are no approved medication lists for OSF or SWA; however, OSF and SWA personnel should not take medications that impair their ability when expected to perform their SOD function.

5.2.6. Medical clearance for other military services. Medical clearances for other military services must be complied with when DAF service members apply to their schools and programs. Refer to US Army Regulation (AR) AR 40-501, *Standards of Medical Fitness* for most current requirements for attendance at Army schools. See NAVMED P-117, *Manual of the Medical Department (MANMED)* for attendance at Navy schools. Other military service school medical requirements are maintained on the KX flight and operational medicine branch junction.

5.2.7. Inter-Service Transfers. Aviators who have completed other military service flight training are considered trained aviators and are required to meet the flying class medical standard appropriate to the DAF aeronautical rating and medical standards for trained assets. **Note:** Should the inter-service pilot applicant transferring to the DAF require undergraduate pilot training, they are considered untrained and meet the flying class I medical standard.

### 5.3. Medical Examinations.

5.3.1. Flying. Flight qualification exams are well established in the USAF and are broken down into classes based on aircrew positions employed on USAF airframes. A distinction is made between initial entry (untrained) and continued duty (trained).

#### 5.3.1.1. Initial Flight Qualification Exams.

5.3.1.1.1. Flying class I (FCI) flight qualification exam. Medically qualifies applicants for entry into SUPT to become a pilot in any manned airframe. Upon SUPT completion (granting of pilot AFSC), these flyers will meet flying class II (FCII) standards for continued flying duties. **(T-1). Note:** Current DAF RPA pilots cross-training to become manned platform pilots and are in active RPA flying assignments must meet flying class I standards. **(T-1).**

5.3.1.1.2. Flying class IA (FCIA) flight qualification exam. Medically qualifies applicants for entry into undergraduate combat system officer, navigator and the special operations combat system officer training. Candidates must have a current, certified flying class IA flight qualification exam on record. Upon training completion (granting of combat system operator AFSC), these flyers will meet flying class II (FCII) standards for continued flying duties. **(T-1). Note:** Flying class IA medical standards are similar to flying class I except for vision and refractive errors. Further guidance is found in the most current MSD, Table One: Vision & Refractive Error Standards for FC/SOD.

5.3.1.1.3. Initial flying class II (IFCII) flight qualification exam. Medically qualifies applicants for entry into FS training (AFOM). Candidates must have a current, certified initial flying class II flight qualification exam on record and be qualified for flying class II duties while attending training. Once FS training (AFOM) is complete, these individuals will continue to meet flying class II (FCII) standards. **(T-1).**

5.3.1.1.4. RPA pilot initial certification. To be medically qualified for entry into undergraduate RPA training (URT), applicants must have a current, certified federal

aviation administration class III medical certificate on record and be qualified for GBO duties while attending training. Once undergraduate RPA training (URT) is completed, these individuals will then need only to meet GBO standards.

5.3.1.1.5. Rated inter-service transfers (i.e., fully trained military pilots from sister-services) must meet flying class II standards for manned platforms and must have a certified flight qualification exam (flying class II) on record. RPA platform transfers must meet GBO standards and must have a certified GBO qualification exam on record. **(T-1)**.

5.3.1.1.6. MFS is managed by the ACS and is conducted at the medical flight standards branch (USAFSAM/FECM) at Wright-Patterson AFB and the USAFA. MFS is a subset of a complete initial flight qualification examination (color vision testing, vision examination, anthropometric measurements) plus a battery of MFS-N done for baseline purposes. MFS uses standardized medical screening techniques (list of screening tests approved by AFMRA/SG3PF medical standards and maintained at ACS) to ensure pilot candidates are in compliance with standards described in this manual.

5.3.1.1.6.1. Applicants who come to the medical flight standards branch for MFS only, already have an initial flight qualification examination from a local base flight medicine clinic on record. Their initial flight qualification examination is pending successful completion of MFS prior to being fully certified. Applicants who come to the medical flight standards branch for their complete initial flight qualification examination effectively accomplish MFS while at Wright-Patterson AFB.

5.3.1.1.6.2. Pilot applicants who must meet flying class I standards must pass MFS prior to beginning SUPT and have a certified flight qualification (flying class I) exam on record. **(T-1)**.

5.3.1.1.6.3. RPA pilot candidates applying to undergraduate RPA training must have a certified flight qualification exam on record and undergo MFS. Current USAF manned platform pilots cross-training to become RPA pilots (who have previously completed MFS in conjunction with flying class I) and are in active flying assignments must meet ground based operator (GBO) standards and do not require repeat MFS or an initial GBO physical so long as they have maintained their medical qualification exam. **(T-2)**.

5.3.1.1.6.4. If records of previous medical flight screening are readily available, inter-service transfers do not require repeat MFS or MFS-N. **Note:** Incomplete records of previous medical flight screening requires MFS/MFS-N. **(T-1)**.

5.3.1.1.7. Initial flying class III (IFCIII) flight qualification exam. Medically qualifies applicants for entry into aviation careers as indicated the AFOCD or AFECD.

5.3.1.1.7.1. Candidates must have a current, certified initial flying class III flight qualification exam on record and be qualified for flying class III duties while attending training. **(T-1)**. Personnel are not considered trained assets until graduation from training school.

5.3.1.1.7.2. AFECDs and AFOCDs will serve as the source guidance when determining what AFSCs require an initial flying Class III exam, as determined by the HAF career field manager (CFM) in accordance with AFI 36-2101, *Classifying Military Personnel (Officer and Enlisted)*. **(T-1)**. **Note:** Do not confuse a rated air liaison officer (11XXU) with the specialty shred out air liaison officer (U suffix to the AFSC) or the air liaison officer (13LX); the rated air liaison officer (11XXU) is a pilot applicant and requires an initial flying class I flight qualification exam while the air liaison officer shred out (XXXXU) or air liaison officer (13LX) requirements are in accordance with the AFOCD for that AFSC.

5.3.1.2. Continued flight qualification exams. Flying class II (FCII) and GBO (for RPA pilots only) are for rated positions and flying class III (FCIII) positions are non-rated (officer and enlisted) positions. They require an annual flight qualification exam to continue their duties.

5.3.1.2.1. Annual flying class II (FCII) flight qualification exam. Qualifies rated officers for continued duties as pilots, navigators, FSs, electronic warfare officers, and special operations combat systems officers.

5.3.1.2.2. Annual GBO qualification exam for RPA pilots qualifies rated officers for continued duty as RPA pilots only. **Note:** Pilots with AFSCs 11X or 12X will be required to meet flying class II standard before a return to manned aviation platforms.

5.3.1.2.3. Annual flying class III (FCIII) flight qualification exam qualifies individuals for duties as indicated in the AFOCD or the AFECD.

5.3.1.3. Inactive Flyers. Inactive rated and career enlisted aviators who do not receive aviation pay in accordance with AFMAN 11-402 are not required to maintain their respective medical standards as outlined in this chapter, and the MSD. Inactive rated and career enlisted aviators who do receive aviation pay still need to meet the medical standards within their flight class category and need annual physical exams to validate their status. An aeromedical provider may complete aeromedical waivers for inactive flyers or SOD if service member intends to return to active status in the future, in accordance with this chapter, and the MSD.

5.3.1.4. Return to Flying After Medical Disqualification. AFMAN 11-402 provides guidance on return to aviation duties following suspension or disqualification. Disqualification from aviation service is an administrative action, is either permanent or non-permanent, and is possible for a variety of reasons. When the disqualification is for medical reasons, the effective date is based on the DD Form 2992. The medically relevant reasons for disqualification include: substantiated substance abuse, failure to maintain medical fitness (down > 365 days or waiver results in medical disqualification) and failure to maintain medical certification (annual flight qualification exam expires).

5.3.1.4.1. If the duration of medical disqualification was less than one year, the local aeromedical provider may clear the service member for flying duty once any waivers required are reviewed and approved by the appropriate waiver authority.

5.3.1.4.2. If the duration of medical disqualification is over one year, the host aviation resource management (HARM) requires MAJCOM concurrence to reverse a

disqualification for medical reasons. **(T-1)**. A complete initial flight qualification exam is not required. Forward exam and/or waiver documents electronically to the appropriate waiver authority as defined **Attachment 2** for review and certification. Once MAJCOM concurrence is achieved, forward the documentation to the member's gaining local flight medicine office/element to transcribe the annual flight qualification exams to a DD Form 2992 for aviation, missileer and parachutist service administrative actions outlined in AFMAN 11-402 and AFMAN 11-421, *Aviation Resource Management*.

5.3.1.4.3. Air sickness may be managed in accordance with AETCI 48-102, *Management of Medical Support to Flying Training Missions*. If there is no underlying medical pathology and service member remains unresponsive to the measures in accordance with AETCI 48-102, this becomes an administrative function.

5.3.1.5. Inter-Service Transfers. Transfer of aircrew from other military service into the USAF (RegAF or ARC) are governed by AFMAN 11-402 and meet an Aeronautical Rating Board to determine USAF training required to get a USAF aeronautical rating.

5.3.1.5.1. Other military service Rated Aircrew (fighter, rotary wing, non-fighter fixed wing and RPA pilots) transferring into the USAF require a qualifying physical exam. Flying class II or GBO standards for RPA pilots apply as appropriate. All requirements for the pilot's age will be completed by the aeromedical provider in accordance with the flight qualification exam/PHA and ASIMS guidelines. This exam will be entered into PEPP for baseline comparison and into AIMWTS (if flying medical waiver required). **(T-1)**. This exam is valid for 48 months.

5.3.1.5.2. Other military service career enlisted aviators transferring into the USAF require a physical exam. Flying class III standards apply. This physical will be entered into PEPP as an initial flying class III exam and into AIMWTS (if a flying medical waiver is required). **(T-1)**. It is valid for 48 months.

5.3.1.6. Conditions that interfere with military aviation. "Fear of flying" or "manifestation of apprehension" are line terms used when a trained or untrained aviator refuses to fly or exhibits a "reluctance to fly." The aviator may present with medical/psychological reasons for not flying. If no mental disorder is found and medical causes are ruled out, the disposition is handled administratively by the command, and is not a medical disqualification. The aeromedical provider will exercise great care to distinguish a specific phobia to flying (a highly treatable mental health disorder) from a "fear of flying" which is a rational and/or motivational decision to limit risk. See AFMAN 11-402.

5.3.2. SOD qualification exams qualify individuals for duties that require they meet medical standards in addition to retention standards as identified in the AFOCD or AFECD. SOD exams span a heterogeneous group of AFSCs. Medical standards are the same for initial (untrained) and continued (trained) service. The qualification exam is conducted to assure the service member meets applicable medical standards. Currently, SOD includes ATC, SWA, and GBO.

5.3.3. OSF duty. Personnel who perform aviation duties as an OSF fall under the "operational support flying duty" column of the MSB but have no requirement to have their

examinations submitted for certification. They are simply required to have a normal examination of tympanic membranes, lungs and chest, heart, abdomen, neurologic, hemoglobin, weight, blood pressure and pulse documented in their health record for an initial examination. The exam's expiration date can be as early as the PHA expiration date but no later than 15 months (12 months plus 3 month grace period) from the date of examination. **Note:** Personnel who perform aviation duties in ejection seat aircraft are required to meet anthropometric measurements as defined in [Table 5.1](#) for incentive and orientation flights.

5.3.4. Other military service clearance/qualification exams. All personnel who require upgrade training or specialty training at other military service schools must meet any additional other military service medical requirements (which may be different than USAF). **(T-2)**. See other military service requirements below under accomplishment and recording.

5.3.5. Extension of qualification exams. Medical qualification for flight and SOD may require extension of qualification exam in special circumstances. Extensions are permitted as follows:

5.3.5.1. Deployments that are extended after the service member leaves.

5.3.5.2. PCS assignments to OS locations without ready access to a qualified FS. In those circumstances, the servicing military medical facility with a qualified aeromedical provider and MAJCOM/FLDCOM SGP concurrence may extend the medical qualification. This requires access to ASIMS to complete the DD Form 2992.

5.3.5.3. When initial training is delayed beyond the initial validity of the qualification exam of 48 months. In those circumstances, the local SGP may extend the medical qualification in coordination with the MAJCOM/FLDCOM SGP. **Note:** Flight training units will not send trainees back to home station for updated PHA or flight qualification exam, but will work with the local SGP to accomplish the necessary actions to maintain medical qualification.

**5.4. Accomplishment and recording.** Not all medical qualification exams require the same scope, recording and certification processing. The purpose for the exam and medical standards required for that particular AFSC guides the scope of the exam, recording and certification (if needed) procedures. **Note:** The BOMC junction on the KX contains detailed information on the paraprofessional examination matrix (PEM) and other military service requirements.

5.4.1. Hearing evaluation. Any flight or SOD status member (to include inactive flyers) with a hearing medical standard will undergo a hearing conservation audiogram documented on a DD Form 2216, *Hearing Conservation Data*. **(T-2)**. The aeromedical provider will review the result for further referrals/recommendations as part of the medical qualification exam (initial or annual). **(T-2)**.

5.4.2. Adaptability Rating. Adaptability rating for military aviation (ARMA), adaptability rating for ATC (AR-ATC), RPA (AR-RPA), or MOD (AR-MOD) etc., is the responsibility of the examining aeromedical provider, as is the scope and extent of the interview. For initial qualification examinations (entry into training), unsatisfactory adaptability ratings are usually rendered for maladaptive personality traits, inappropriate motivation, poor motivation for aviation, insufficient adaptability for SOD, or evidence of potential safety of flight risk. The current MSD and the flight medicine medical standards AFMS KX contain further guidance on the adaptability rating.

5.4.3. Scope of Medical Examination. Initial qualification exams have a greater scope and requirements than the annual qualification exams and are directed by this manual. Interval medical evaluations for acute illness/injury or chronic illness/injury are guided by the reason for the visit and may ultimately create administrative requirements because of the service member's duties. Other medical evaluations, with scope to be determined by the examining aeromedical provider, are required when:

5.4.3.1. Flying personnel have been involved in an aircraft accident.

5.4.3.2. A commander or aeromedical provider becomes aware a service member's medical qualifications for flying duty have changed.

5.4.4. All accession/induction physical examinations accomplished OS by a military medical facility must be submitted through the accepted electronic medical system to AFRS/CMO. **(T-1)**.

5.4.5. Initial flight (all classes) and SOD qualification exams. Initial certification exams will be submitted using PEPP. **(T-1)**. When applicable, the aeromedical provider will submit an aeromedical summary and supporting documents for review of any conditions that did not meet medical standards using AIMWTS. **(T-1)**.

5.4.6. Annual flight (all classes) and SOD qualification exam. Annual qualification exams require that the service member meet applicable medical standards and that exam findings be recorded in the EHR. In addition to the qualification exam, the service member must complete the PHA annually (ideally at the same time). **(T-0)**. Conditions identified that do not meet applicable medical standards require a waiver entered into the AIMWTS. If retention standards are also not met, follow the procedures outlined in **Chapter 4** before submitting the aeromedical summary.

5.4.7. OSF duty exams. Personnel who perform duties in an OSF capacity have minimal medical requirements and this examination does not need to be entered into PEPP. An aeromedical provider will document exam findings in the electronic health record if qualified based on the exam findings and issue a DD Form 2992 as appropriate. **Note:** DD Form 2992 is issued as satisfactory evidence of completion of the requirements outlined for training and duty.

5.4.8. Other military service requirements. All personnel who require upgrade training or specialty training at other military service schools must meet medical standards and exam recording requirements for specified training. Refer to AR 40-501 for most current requirements for attendance at Army schools. See *NAVMED P-117* for attendance at Navy schools. Applicants may need to provide a copy of the AF exam to the medical staff of the other military service school with their application.

5.4.9. Special cases requiring medical clearance. The following circumstances warrant medical evaluation and clearance.

5.4.9.1. Physiological training participation. Individuals must have the appropriate medical clearance to be eligible for physiological training (including hypobaric chamber, reduced oxygen breathing device [ROBD] and centrifuge training). **(T-1)**. **Note:** AFI 11-403, *Aerospace Physiological Training Program* and AFMAN 11-404, *Fighter Aircrew Acceleration Training Program* contains additional information.

5.4.9.1.1. Aeromedical providers may annotate on DD Form 2992 limitations for hypobaric chamber training. **Note:** Normobaric hypoxia training may meet requirements of AFMAN 11-202V1, *Aircrew Training*.

5.4.9.1.2. Documentation requirements. All clearances must have a specific expiration date ensuring the trainee is medically cleared through the duration of training. **(T-1)**.

5.4.9.1.3. US military or government service civilians. Copy of current DD Form 2992, or current equivalent National Aeronautics and Space Administration (NASA) or Federal Aviation Administration (FAA) flight medical certification form, indicating that a flying class I, II, or III physical has been completed is required. Civilian government employees must meet appropriate military flying, civilian flying, or SOD medical standards as documented on the member's position description. **(T-1)**.

5.4.9.1.4. Foreign military. North Atlantic Treaty Organization (NATO) and other foreign military personnel may use the local base clearance or annual physical DD Form 2992 prepared by home station FSs based on the standards of medical fitness for flying duties issued by the parent country in accordance with **Chapter 8** of this manual. The supporting USAF FS(s) may provide medical clearances for physiological training only for foreign military personnel.

5.4.9.1.5. Service academy cadets, ROTC cadets or midshipmen.

5.4.9.1.5.1. Instructors and students participating in USAFA airmanship programs may use documentation of or evidence of medical qualification for hypobaric chamber training if accomplished within previous 12 months prior to this training. The FS's office supporting the aerospace & operational physiology training unit scheduled to provide this training must provide adequate oversight to ensure all cadets are medically qualified, to include clearing any current medical issues.

5.4.9.1.5.2. AF, Army, or Navy ROTC cadets not participating in airmanship programs will present evidence of satisfactory completion of DD Form 2808, or DD Form 2351, *DODMERB Report of Medical Examination*, accomplished within 48 months of the scheduled physiological training. **(T-2)**. **Note:** Before scheduling cadets for training, the ROTC detachment must send copies of the DD Form 2808, and DD Form 2807-2, or DD Form 2351, with DD Form 2492, *DoD Medical Examination Review Board (DODMERB) Report of Medical History* to the aerospace & operational physiology training unit. The aerospace & operational physiology unit will have the local FS's office review these forms and stamp these documents "Qualified to Participate in Altitude Chamber Training" for all cadets physically qualified. **(T-2)**. DD Form 2992, is not required for this group of trainees, but any current medical problems must be cleared by the local aeromedical provider.

5.4.9.1.6. Government Contractors, Non-DoD Government Civilians and Non-Government Civilians (to include Distinguished Visitors). Required to meet medical standards as documented on the position description as determined by the hiring

agent. The local aeromedical provider should assist the aerospace & operational physiology training unit CC in evaluating the medical suitability of any individual who does not appear to have the physical health commensurate with high-risk physiological training. Alternatively, civilians undergoing physiological training may use a valid DD Form 2992.

5.4.9.1.7. Physiological training participants without a DD Form 2992 or the above completed, will complete a medical history and examination based upon [paragraph 5.3.3](#) for OSF Exams. **(T-2)**.

#### 5.4.9.2. Duty Requiring Use of Night Vision Goggles (NVG).

5.4.9.2.1. Aircrew and SOD personnel who wear NVG in the performance of their duties are required to achieve at least 20/50 visual acuity in the pre-flight test lane. Aircrew who fail visual acuity standards for their flying class, complain of visual problems either with or without NVG, or fail to achieve 20/50 visual acuity in the NVG pre-flight test lane must be referred for a clinical eye examination. Additional guidance may be found in AL-SR-1992-0002, *Night Vision Manual for the Flight Surgeon*.

5.4.9.2.2. Personnel required to inspect, maintain or certify NVGs for use by aircrew must possess at least distance and near visual acuity correctable to 20/20 in accordance with career field development and AFECD. Prior to being assigned these duties, technicians will be referred for a comprehensive clinical eye examination. **(T-2)**. Results will be documented in their electronic health records and re-certified annually once their duties include NVG inspection, maintenance, or certification. Technicians who cannot attain visual acuity of 20/20 (corrected or uncorrected) in both eyes (near and distant) will be restricted from performing NVG inspection, maintenance or certification. **(T-2)**.

5.4.9.2.3. Each aircrew or SOD member who requires corrective lenses in order to meet the visual acuity standards for flying, and who are required to wear NVGs in the performance of flying duties, are encouraged to wear soft contact lenses (SCLs) with appropriate correction. Service members who cannot, or do not wish to, wear SCLs are to wear industrial safety lenses (polycarbonate or 3.0 mm thick CR-39 plastic) when using NVGs. Instructions for the ordering and use of SCL are located on the optometry/ophthalmology technicians' junction of the KX.

5.4.9.3. Incentive and orientation flights in ejection seat aircraft. All incentive and orientation flight candidates scheduled to fly in an ejection seat aircraft will be referred to the flight medicine clinic for a medical clearance prior to the flight. **(T-2)**.

5.4.9.3.1. An aeromedical provider will accomplish a medical records review and a physical examination (scope of examination to be determined locally). **(T-2)**. In lieu of medical record review, civilians must provide a statement of health from their physician to include a summary of medical problems and medications. All individuals (military and civilian) identified for incentive rides or orientation flights must be able to safely eject without unduly endangering life or limb. **(T-2)**.



5.4.9.3.2. An aeromedical provider will communicate medical clearance and recommendations and/or restrictions to the flying unit on DD Form 2992. This clearance will be valid for no longer than 40 days (including ARC). **(T-1)**.

5.4.9.3.3. A signed parental consent form is required if the candidate is not a member of the RegAF and is under the age of 18.

5.4.9.3.4. Body weight, buttock-to-knee and sitting height measurements must be within minimums and maximums as specified in **Table 5.1 (T-2)**. Anthropometric standards are a function of component engineering constraints which allow for effective and safe operation of those components and apply to aircrew as well as incentive and orientation flyers. (Section T of the MSD lists aircrew anthropometric standards.)

**Table 5.1. Anthropometric Standards for Incentive and Orientation Flights.**

Airframe	Weight		Buttock-to-Knee	Sitting Height	
	Minimum	Maximum		Minimum	Maximum
B-1	103 lbs	245 lbs	28.0 inches	31.2 inches	44.4 inches
B-2	103 lbs	245 lbs	30.6 inches	32.8 inches	55.3 inches
B-52	132 lbs	201 lbs	28.4 inches	34.3 inches	53.0 inches
F-15	103 lbs	245 lbs	27.2 inches	34.9 inches	44.1 inches
F-16	103 lbs	245 lbs	27.1 inches	34.5 inches	39.7 inches
T-6A	103 lbs	245 lbs	27.9 inches	29.1 inches	41.5 inches
T-38 Martin Baker Ejection Seat	103 lbs	245 lbs	28.3 inches	32.0 inches	40.8 inches
T-38 Northrop Ejection Seat	103 lbs	240 lbs	28.0 inches	34.1 inches	40.0 inches
T-38C MBA Mk-16T Seat	103 lbs	245 lbs	28.3 inches	32.0 inches	40.8 inches
U-2	103 lbs	245 lbs	27.0 inches	34.1 inches	40.0 inches

5.4.9.3.4.1. Individuals selected for incentive or orientation flights who do not meet anthropometric standards will be medically disqualified and referred to the flying unit or wing commander (O-6 or above) for authoritative final disposition. **(T-2)**. While anthropometric restrictions are an operational limitation and not a medical limitation, the medical system is used to screen and record outcomes of screening.

5.4.9.3.4.2. ACES-II ejection attempts above 340 Knots Equivalent Air Speed

(KEAS) can result in increased injury risk due to limb flail and drogue chute opening shock for body weights below 140 pounds.

5.4.9.3.4.3. ACES-II ejection attempts above 400 KEAS with body weights in excess of 211 pounds increase the risk of injury.

5.4.9.3.4.4. Commanders may consider weight and sitting height waivers and/or impose airspeed restrictions in the incentive or orientation flight profiles. Commanders waiving weight and/or sitting height specifications must ensure the individual selected for incentive or orientation flight is briefed on the increase of injury risk prior to flight.

5.4.9.3.4.5. Buttock-to-knee waivers to exceed maximum length are not authorized. The examining FS and MAJCOM(FLDCOM)/SGP will not waive orientation and incentive excessive buttock-to-knee waivers. **(T-2)**.

#### 5.4.9.4. Incentive and orientation flights in non-ejection seat aircraft.

5.4.9.4.1. Incentive and orientation flight candidates scheduled to fly in non-ejection seat aircraft will answer a locally generated health screening questionnaire which asks the candidate: (1) Do you have any medical problems; (2) Are you on a duty limiting profile; (3) Do you take any medications; (4) Do you feel you need to see a FS. The flying unit will refer those candidates with a positive response (YES) on any of the questions to the FS for review, appropriate medical examination if deemed necessary and medical recommendation for incentive and orientation flying. **(T-2)**.

5.4.9.4.2. Candidates must be able to safely egress the aircraft in an emergency without endangering life or limb. **(T-2)**.

5.4.9.4.3. All civilians selected for incentive or orientation flights will complete a locally generated screening health questionnaire. These screening health questionnaires must address any history of or current medical problems, medications the individual is currently taking, and any physical limitations. The flying unit will send all health statements on civilians to the aeromedical provider for review, referral for appropriate medical examination to their health care provider if deemed necessary, and medical recommendation for incentive and orientation flying. **(T-2)**.

5.4.9.4.4. FS will communicate medical clearance, recommendations and/or restrictions to the flying unit on DD Form 2992. **(T-2)**. Medical clearances that raise questions about physical capability must be referred to the flying unit for final determination. **(T-3)**. Medical clearances for incentive and orientation flights are valid for no longer than 40 days (including ARC) with the exception of AFOM candidates. See the AFOM website for further information.

5.4.9.4.5. Passengers scheduled to fly onboard AF aircraft are not routinely referred to the FS office.

5.4.9.5. Instructors and students participating in USAFA airmanship programs. The medical standards for these duties are generally the same as the medical standards and grounding management for flying duty. Flying Class II standards apply to all soaring/powered flight courses. GBO standards apply to all dean of faculty (DF) RPA

programs. Flying Class III standards apply to DF parachute courses. The following exceptions apply:

5.4.9.5.1. Refractive error, no standards.

5.4.9.5.2. Applicants for programs in this section may be cleared by an aeromedical provider to fly if uncorrected visual acuity is not less than 20/25 in one eye and 20/20 in the other; while the applicant awaits delivery of corrective spectacles.

5.4.9.5.3. Color vision, no standard.

5.4.9.5.4. Depth perception. No standard for DF flight, parachute, RPA, and student soaring programs provided the soaring instructor pilot has normal depth perception. Participants with abnormal depth perception are disqualified from solo flight.

5.4.9.5.5. FAA third class medical certificates are an acceptable standard of medical examination for civilian flight and parachute jump instructors, and USAFA Flying Team cadets.

5.4.9.5.6. Clearance to perform DF flight, student parachute, cadet jumpmaster, student soaring, cadet soaring instructor pilot, RPA, and powered flight programs are performed prior to flight and is contingent upon the cadet meeting the following requirements:

5.4.9.5.6.1. Clearance is accomplished by review of all available medical documentation and appropriate physical examination to ensure standards are met.

5.4.9.5.6.2. Cadet optometry clinic performs a targeted optometry exam, if necessary, to determine at a minimum: refractive error, color vision, depth perception, and presence of any other disqualifying ocular pathology.

5.4.9.5.6.3. Cadets receive risk communication in freshman year regarding airsickness, self-medication, crew rest, not flying with a cold, alcohol and flying, and personal responsibility for seeing, or notifying, an aeromedical provider for medical problems.

5.4.9.5.6.4. Cadets receive physiology training prior to flight or at least prior to solo flight.

5.4.9.5.6.5. Cadet/flight medicine clinic FSs issue a medical clearance for DF flight, soaring, flying team, RPA and parachute programs. The USAFA clearance will contain risk communication statements. Participants initial these risk communication statements on the clearance document acknowledging their understanding. Cadets performing pilot-in-command or jump instructor/jumpmasters duties must have their medical clearance reviewed annually. A USAFA DD Form 2992, will be generated prior to performing flying operations in USAFA owned aircraft. **(T-2)**.

5.4.9.5.6.6. Grounding management of all cadet participants will convey temporary disqualification and clearances following illness or injury to the local HARM. **(T-2)**. For grounding management purposes, civilians will comply with all FAA regulations and guidance. **(T-0)**.

5.4.9.5.6.7. The USAFA airmanship program medical clearance expires upon

graduation. While attending USAFA, the ability to continue performing USAFA airmanship program flying duties is continually evaluated and potentially altered based on routine medical encounters and the required commissioning or Flying Class physical examination performed prior to graduation.

5.4.9.5.6.8. USAFA flying clearance (for DF, parachute, soar, RPA, or flight programs) does not imply meeting any other Air Force initial flying class or SOD requirements such as I/IA/II/III, ATC, or GBO standards. An AFRS/CMO certified flying class I physical examination must be completed prior to entering SUPT after graduation from USAFA. **(T-1)**.

5.4.9.6. APA and ANP Duty. Duties within the clinic and outside the clinic are outlined in AFMAN 48-149. It is important to note that flying is on a non-interference basis.

5.4.9.6.1. Medical Standards. Unlike FSs who must meet flying class II standards, APAs and ANPs will be required to meet OSF standards. **(T-1)**. When the APA or ANP is expected to participate in physiological training (centrifuge and hypobaric chamber/ROBD), they must have a DD Form 2992 that effectively conveys their medical clearance to participate. **(T-1)**. (See [paragraph 5.4.9.1](#)). Likewise, a DD Form 2992 that conveys medical clearance to participate in flying activities is required.

5.4.9.6.2. Medical clearance considerations depends on the airframes at their duty location and fall into ejection seat and non-ejection seat categories. (See [paragraphs 5.4.9.3](#) and [5.4.9.4](#))

5.4.9.7. Hyperbaric Duty.

5.4.9.7.1. Medical Standards. The conditions listed in this paragraph are disqualifying for personnel conducting hyperbaric duties within the hyperbaric chamber: history of spontaneous pneumothorax, inability to equalize ears or sinuses, mobility limitations (neurologic or musculoskeletal) that would preclude hyperbaric chamber duties as an inside attendant or patient transfer such as lifting, known patent foramen ovale, significant anxiety or claustrophobia, asthma or other pulmonary condition that would put the chamber diver at increased risk, hearing aids or other medical devices (lithium battery) and pregnancy (managed with duty restrictions on AF Form 469 for RegAF). These standards are not all inclusive and other diseases, defects, or conditions may be cause for rejection based upon the judgment of the examining aeromedicine provider.

5.4.9.7.2. Physical examination should focus on function of tympanic membranes and Eustachian tubes (Valsalva), exam of the heart and lungs, and neuro/musculoskeletal. The blood pressure should be under 159/99. The findings of the exam are documented in their health record. Medical waiver authority is at the local level (if delegated by MAJCOM(FLDCOM)/SGP) with consultation with a hyperbaric medicine specialist. The exam's expiration date is the Periodic Health Assessment expiration date. **Note:** DD Form 2992 is issued as satisfactory evidence of completion of the requirements outlined for training and duty with an expiration date making the exam valid for 12 months. This examination does not need to be entered into Physical Examination Processing Program nor would any waived

disqualifying conditions need to be entered into Aeromedical Information Management Waiver Tracking System. The exam and waiver (if any) are documented in the electronic health record.

5.4.9.8. Small Unmanned Aircraft Systems (SUAS) Operators. Small unmanned aircraft system operations are considered an additional duty for many and varied AFSCs. For instance, a firefighter may use a commercial off-the-shelf SUAS to conduct observation of a fire ground. This group of operators are governed by DAFPD 11-5, *Small Unmanned Aircraft Systems* and subordinate documents (AFMAN 11-502, *Small Unmanned Aircraft Systems*). RegAF SUAS Operators must meet standards listed in Section U: SUAS Standards of the MSD. **(T-1)**.

**5.5. Disposition.** Dispositions may be rendered at many levels and by various personnel of the AFMS depending on medical standards, type of medical examination as well as medical risk. See AFMAN 48-149 for additional information.

5.5.1. Aeromedical dispositions. The most basic assessment of a flyer's medical qualification for flight duties is the aeromedical disposition made as a result of a healthcare encounter. The aeromedical disposition is an assessment of a service member's ability to conduct their flying or SOD that results in either grounding (down status on DD Form 2992) or a return to duties (up status on DD Form 2992) or continuation of duties.

5.5.1.1. Considerations when making aeromedical dispositions. If enough concern exists about an aviator's ability to safely fly, that aviator should be grounded until enough data is available to feel confident it is safe to fly regardless of how much time it takes to make the final determination.

5.5.1.2. Temporary medical conditions. Acute medical problems, injuries, or their appropriate therapy are cause for withholding certification for entry into any rated, not-rated, or career enlisted aviator crew position training, or temporarily restricting the individual from flying until the problem is resolved, using DD Form 2992 and typically do not require a waiver.

5.5.1.3. Flight safety critical positions. Flight safety critical medical qualification examinations (initial and annual) will be signed by a flight surgeon. **(T-1)**. The parent MAJCOM(FLDCOM)/SGP, or its delegate, must review and certify a flight qualification exam performed by a non-FS if no FS is available at that location. **(T-2)**.

5.5.1.4. Grounding actions. Any military (military or civilian) medical provider may ground flying personnel via the DD Form 2992. The FOMC must be notified of such action. **(T-2)**.

5.5.1.5. Non-aeromedical healthcare. Service members currently in an "up" status on DD Form 2992 will notify an aeromedical provider when they receive care outside the FOMC. **(T-2)**. The aeromedical provider can render an aeromedical disposition on non-aeromedical healthcare.

5.5.1.6. Dental treatment. Personnel on flying or SOD status who receive dental treatment requiring restrictions expected to exceed 8 hours are managed in accordance with AFMAN 47-101, *Managing Dental Services*.

5.5.1.7. Aeromedical disposition of ARC personnel on air sovereignty alert (ASA), total force initiative (TFI) units or federal RPA missions.

5.5.1.7.1. ARC aviation personnel performing ASA, TFI, or operating large RPA systems in support of a federal mission are eligible for RegAF grounding management (up or down status) and care for acute medical conditions that if not addressed would negatively impact completion of that mission. **Note:** Routine medical care is not authorized and remains the responsibility of the Airman via their regular health care provider. ARC service members not otherwise entitled to routine healthcare are still eligible for grounding management by the supporting RegAF military medical facility FOMC.

5.5.1.7.2. If an aeromedical provider is not co-located with the flying operation, these aircrew may be seen by a non-aeromedical health care provider (military or civilian). The aircrew must inform the provider that written or verbal communication of the details of the visit (including history, physical, and treatment provided) must be submitted to the appointed military aeromedical provider immediately following the visit. **(T-1)**. The aeromedical provider may render an aeromedical disposition determination remotely if they have sufficient information, after communicating both with the provider and the aircrew member. The aeromedical provider must be confident that there has been sufficient resolution of symptoms and treatment side effects. All relevant medical and medication standards still apply. Aeromedical disposition decision must be communicated immediately to the aircrew's unit. **(T-1)**. The DD Form 2992 must be sent electronically to the aircrew's unit the morning of the next duty day. **(T-1)**.

5.5.1.7.3. Aircrew and SOD personnel in locations not co-located with an RegAF base may be returned to flying status to perform alert, combat or national air defense duties when their unit FS is not available. These personnel may be returned to flying/SOD status after being examined by a military or civilian physician via reach-back consultation with a military aeromedical provider as designated by AFMRA/SG3PF medical standards.

5.5.1.7.4. ARC aeromedical providers who maintain active credentials and privileges in flight medicine may use their flight medicine credentials to make aeromedical dispositions while employed in a civilian flight medicine aeromedical provider role.

5.5.2. Certification and waiver authority. This section outlines credentials needed and which level of authority may certify flight/SOD qualification exams and waive relevant medical standards. **Attachment 2** summarizes certification and waiver authorities.

5.5.2.1. Development, application, and waiver of medical standards are core competencies of aerospace medicine and occupational medicine specialties. At each level of the organization, waiver authority for medical standards should reside in personnel with appropriate, ideally specialized, medical training and operational knowledge of the pertinent functional requirements (aerospace medicine specialist/48A or FS with commensurate depth of experience/48X).

5.5.2.2. MAJCOM(FLDCOM)/SGP certification and waiver authority for flying and SOD medical standards must reside with a qualified aerospace medicine specialist (AFSC

48A) and is delegated from AF/SG3P. MAJCOM/FLDCOM staffs that do not have an aerospace medicine specialist will coordinate a waiver or alternative plan of execution with AF/SG3P. **(T-1)**.

5.5.2.3. RegAF entering ARC. RegAF members transitioning into ARC positions must have their medical qualifications certified by the gaining ARC MAJCOM. Waiver of disqualifying defects by the RegAF authority does not guarantee waiver for AF Reserve/Guard duty.

5.5.2.4. ARC entering RegAF. AFRS/CMO is the certification and waiver authority for all ARC service members entering the RegAF. Before ARC service members are considered for waiver for entry in the RegAF, all disqualifying defects must be noted, reviewed, evaluated and waived by the ARC waiver authority. Retention or waiver by the ARC authority does not guarantee entry or waiver for RegAF duty.

5.5.2.5. Active Guard/Reserve Tours. The appropriate ARC MAJCOM-delegated authority is the certification/waiver authority for AGR tour applicants, all MAJCOM-level tours, and for AGR tours with no supporting ARC medical unit. **(T-1)**.

5.5.2.6. DAF assigned to NASA. The certification and waiver authority for DAF flying personnel assigned to the NASA is NASA.

5.5.2.7. USAF test pilot school applicants. AFMC/SGP has certification and waiver authority for USAF test pilot school applicants and all USAF flight test engineers (62EXF) and development engineers (61XX). May be further delegated at AFMC/SGP discretion.

5.5.2.8. Agencies that fall outside of the typical base/MAJCOM construct have certification and waiver authority for flying and SOD delegated as follows:

5.5.2.8.1. Air Force District of Washington certification and waiver authority for flying and SOD resides with AMC/SGP office.

5.5.2.8.2. Air Force Element (AFELM), Defense Intelligence Agency (DIA), Air Force Operational Test and Evaluation Center (AFOTEC), if not otherwise specified in **Attachment 2**, the MAJCOM/(FLDCOM)/SGP office servicing the medical facility that submits the aeromedical waiver examination package will assume certification and waiver authority. **(T-1)**.

5.5.2.8.3. AFIA waiver authority for flying and SOD resides with the most senior FS (AFSC 48X) on staff with the AFIA/SG office.

5.5.2.8.4. NORTHCOM waiver authority for flying and SOD resides with the most senior FS (AFSC 48X) on staff with the U.S. Space Force Command Surgeon (USSF/SGP).

5.5.2.9. Special circumstances for waiver authority.

5.5.2.9.1. RegAF will not certify/waive ARC aircrew (trained flying/SOD assets). **(T-1)**.

5.5.2.9.2. Authority to grant flying class III waivers to rated personnel who have been medically disqualified for flying class II may not be delegated lower than the service member's MAJCOM/FLDCOM of assignment.

5.5.2.9.3. MAJCOM/FLDCOMs may delegate certification and waiver authority for a limited scope MTF to a base-level aerospace medicine specialist at another MTF with concurrence of both facilities.

5.5.2.9.4. ANG. If no waiver of medical standards is necessary, NGB/SGP may delegate review and certification authority to current, trained and designated state air surgeon for flying class (FC) III qualification exams.

5.5.2.9.5. AF/SG3P, as assisted by AFMRA/SG3PF medical standards, reserves the right to retain waiver authority for certain medically disqualifying conditions, examination classes or circumstances as detailed in the MSD. **Attachment 2** and this manual specifies appropriate waiver authority.

5.5.2.9.6. MAJCOM(FLDCOM)/SGP should defer to AFMRA/SG3PF medical standards for waiver disposition of any waiver that may represent conflict of interest or that may have significant implication for establishment of medical standards.

5.5.2.9.7. If a service member is undergoing a PCS, the gaining MAJCOM(FLDCOM)/SGP will be the waiver authority. For example a service member's MAJCOM is ACC, but they are assigned PCS to USAFE, USAFE/SGP is the waiver authority.

5.5.2.9.8. When the service member belongs to a tenant unit of one MAJCOM/FLDCOM and the tenant unit is on the base of another MAJCOM, then the medical waiver belongs to the tenant unit's MAJCOM/FLDCOM. For example, a C-21 pilot stationed at Keesler AFB (AETC) is a member of the AMC tenant unit located at Keesler AFB; AMC/SGP is the waiver authority for delegated conditions.

5.5.3. Initial exam certification stamp. Examinations that revealed no disqualifying conditions for initial qualification for flying and SOD, are certified by the appropriate authority using PEPP. The physical examination form (DD Form 2808) is stamped accordingly in the PEPP.

5.5.3.1. Other military service requirements. Certification by USAF does not guarantee other military service acceptance. Applicants may need to provide a copy of the AF exam to the medical staff of the other military service school with their application and follow relevant other military service guidance.

5.5.3.2. Initial exam disqualifications. Local medical facilities do not have permanent disqualification authority for medical cause. This includes potentially disqualifying medical conditions discovered during medical record review or from a medical history. Examining aeromedical provider will provide the required elements to the waiver authority. **(T-1)**. When a potentially disqualifying condition has low likelihood of being waived, the examining aeromedical provider must take the following actions:

5.5.3.2.1. Completely identify, describe and document the disqualifying defects and enter demographics and disqualifying diagnosis into PEPP and AIMWTS, with a brief aeromedical summary with pertinent information. **(T-1)**. Complete the examination, regardless of the nature of disqualifying defect.

5.5.3.2.2. Sign, date and forward to certification/waiver authority. Examining aeromedical provider will forward aeromedical disqualifications to appropriate



certification and waiver authority. **(T-1)**. No further specialty consultations or auxiliary services (lab, radiology, optometry, etc.) must be accomplished, unless directed by waiver authority.

5.5.3.3. Incomplete exams. Incomplete physical examinations or those where the individual no longer is pursuing a flying/SOD qualifying exam, should have the reason for termination and/or the attempts by the military medical facility to ensure the individual completes the examination documented in PEPP. The military medical facility aerospace medicine specialist may sign the certification tab to complete the PEPP entry. The aerospace medicine specialist will certify that service member is qualified for retention and is not qualified for flying/SOD secondary to incomplete examination or that individual no longer desires a qualification exam. If a physical examination record was closed (for incompleteness), a new physical examination is required if the member reapplies for flying/SOD.

5.5.4. Waiver of standards for flight or SOD required. The medical conditions listed in this manual and the MSD are cause to reject an applicant for entry into any rated, not-rated, career enlisted aviator crew position training (all classes), or SOD or continued flying duty/SOD unless a waiver is granted. These standards are not all inclusive and other diseases, defects, or conditions may be cause for rejection based upon the judgment of the examining aeromedicine provider.

5.5.4.1. General waiver considerations. In order for a potentially disqualifying condition to be considered for waiver, the aeromedical provider has determined that:

5.5.4.1.1. The condition shall not pose a risk of sudden incapacitation. **(T-1)**.

5.5.4.1.2. The condition shall pose minimal potential for subtle performance decrement, particularly with regard to the higher senses. **(T-1)**.

5.5.4.1.3. The condition is resolved or stable, and expected to remain so under the stresses of the aviation or special operational environment.

5.5.4.1.4. If the possibility of progression or recurrence exists, the first symptoms or signs should be easily detectable and not pose a risk to the individual or the safety of others.

5.5.4.1.5. The condition cannot require exotic tests, regular invasive procedures, or frequent absences to monitor for stability or progression.

5.5.4.1.6. The condition must be compatible with the performance of sustained flying operations or SOD.

5.5.4.1.7. If the disqualifying condition is also a retention medical standard, the aeromedical provider will ensure that the initial RILOMEB is processed. **(T-1)**.

5.5.4.2. Validity of waivers. The waiver authority establishes the term of validity of waivers.

5.5.4.2.1. An expiration date is placed on a waiver for any conditions that may progress or require periodic reevaluation.

5.5.4.2.2. Waivers are valid for the specified condition. Any significant exacerbation of the condition, or other changes in the service member's medical status,

automatically invalidates the waiver, and require that service members are placed in down status until the medical evaluation is complete, and a new waiver is requested and approved.

5.5.4.2.3. If a condition resolves (condition waived not a disqualification) and service member is qualified, or the condition no longer requires a medical waiver due to policy change, and the individual has no other conditions requiring medical waiver, MTF aeromedical providers may document retirement of the waiver using AIMWTS with concurrence of waiver granting authority. The individual who retires the waiver must annotate reason and waiver authority point of contact who concurred (by name including the office symbol) in the "Reason for Retirement" block, before signing in AIMWTS. **(T-2)**.

5.5.4.3. Documents required in support of waiver requests.

5.5.4.3.1. The aeromedical provider will submit to the waiver authority an aeromedical summary with all supporting documents necessary to determine member safety, flight safety, and operational risks. **(T-1)**. The aeromedical provider may refer to the USAF aircrew waiver guide (on the KX) for clinical practice guidance that describes information typically necessary to process an aeromedical or SOD waiver related to specific conditions.

5.5.4.3.2. Aeromedical provider should include the results of AFPC/DP2NP or appropriate ARC/SGP adjudication, indicating the service member has been returned to duty following RILO, MEB, or physical evaluation board (PEB) if these results are available, or state why these results are not available at the time of waiver submission.

5.5.4.4. Flying class II and III (FCII, FCIII) categorical designations (restrictions). Flying class categorical designators are an alpha suffix that follows the flying class designator when a waiver of a medical standard warrants special restriction. Granting categorical waivers does not guarantee operational utilization but merely provides the restrictions that exist for that service member in that flying class. Categorical restrictions will be documented in the remarks section of the DD Form 2992. **(T-1)**. The organization placing the categorical restriction will report categorical restrictions for rated positions to AFPC. **(T-1)**.

5.5.4.4.1. Flying class IIA qualifies rated officers for duty in low-G aircraft (e.g. tanker, transport, bomber, T-43, T-1).

5.5.4.4.2. Flying class IIB qualifies rated officers for duty in non-ejection seat aircraft.

5.5.4.4.3. Flying class IIC qualifies rated officers for aviation duty as specified. Example: Restricted to multi-place aircraft.

5.5.4.4.4. Flying class IIU no longer used but may still exist and be valid. RPA pilots now must meet GBO standards. GBO categorical restriction qualifies rated officers for continued duty as RPA pilot only. Pilots who have been granted a flying class IIU categorical waiver follow the GBO standards. Approved flying class IIU waivers currently in the system remain valid as defined per their waiver authority. As

flying class IIU waivers come up for renewal or if a pilot with AFSCs 11X or 12X planning to return to manned aviation platforms requires removal of restrictions, the new waiver is required to convert to current nomenclature and support the conversion depending on the circumstances.

5.5.4.4.5. Flying class IIIC qualifies individuals for aviation duty as specified. Example: Restricted to current and previously qualified systems. If using new systems requiring interpretation of different color symbology, an operational evaluation is required to verify capability to accurately recognize and respond to all display information.

5.5.4.4.6. Flying class IIID qualifies individuals for aviation duties that do not require stereopsis per the CFM, as documented in the AFOCD or AFECD. No aeromedical summary in AIMWTS is necessary for flying class IIID designation if defective depth perception is the only condition identified.

#### 5.5.4.5. Waiver processing.

5.5.4.5.1. Waiver extensions. If the examination cannot be completed prior to expiration due to reasons beyond the service member's control, and the service member has a flying medical waiver that will expire, the examining FS may request a waiver extension from the granting authority. **(T-1)**.

5.5.4.5.1.1. For cases in which AFMRA/SG3PF medical standards is waiver authority, interim waiver or waiver extension authority by subordinate commands is possible if specifically delegated by AFMRA/SG3PF medical standards (for an individual case or in a delegation memo).

5.5.4.5.1.2. Waiver extensions must be recorded in AIMWTS and a new waiver renewal initiated at base level.

5.5.4.5.1.3. Extensions are communicated to HARMS using a DD Form 2992.

#### 5.5.4.5.2. Waiver routing.

5.5.4.5.2.1. All waiver requests referred to AFMRA/SG3PF medical standards must be submitted through the MAJCOM(FLDCOM)/SGP or AFRS/CMO. **(T-1)**. MAJCOM(FLDCOM)/SGP should provide a recommendation on the case to AFMRA/SG3PF medical standards through AIMWTS in the forwarding remarks.

5.5.4.5.2.2. If a waiver requires an ACS evaluation or review, the MAJCOM(FLDCOM)/SGP or AFRS/CMO must request the ACS evaluation/review. **(T-1)**. If waiver requires AFMRA/SG3PF medical standards review, the MAJCOM/SGP will not forward to AFMRA/SG3PF medical standards until the ACS evaluation/review results are completed and documented in AIMWTS. **(T-1)**. **Note:** In the case of unapproved medications, MAJCOM(FLDCOM)/SGP will send to AFMRA/SG3PF medical standards. **(T-1)**. AFMRA/SG3PF medical standards can determine appropriate action and/or request ACS evaluation/review.

5.5.4.5.3. Disqualification. For trained assets, if a waiver of a condition resulted in a disqualification by the waiver authority, a FS will advise the service member they are medically disqualified from their flying or SOD. **(T-2)**. FS will document the

notification of medical disqualification in the health record. **(T-2)**. FS will ensure that the following notifications are completed. **(T-2)**.

5.5.4.5.3.1. Notification to service member's unit. **(T-2)**.

5.5.4.5.3.2. Notification to military personnel flight (MPF). **(T-2)**. The AF Form 422 is used in retraining actions. **(T-2)**.

5.5.4.5.3.3. Notification to HARM of disqualification. **(T-1)**. The AF Form 422 or DD Form 2992 may be used, with appropriate comments in the remarks section indicating the permanent medical disqualification from flying or SOD.

5.5.4.5.3.4. Notification to FAA. For flight safety critical personnel who are disqualified, MAJCOM(FLDCOM)/SGP will notify AFMRA/SG3PF medical standards. **(T-1)**. AFMRA/SG3PF medical standards will notify FAA of medical disqualification for flight safety critical positions only. **(T-1)**. This includes ARC.

5.5.4.5.3.5. Notification to aerospace medicine consultant. For FSs who are disqualified or restricted (categorical waiver), the USAF SG aerospace medicine consultant must be notified. **(T-1)**.

5.5.4.5.4. Aeromedical summary in electronic health record. Once the certifying authority certifies and renders a decision on the waiver, flight medicine ensures an electronic copy of the certified aeromedical summary document is placed into the EHR in accordance with AFMAN 41-210 (uploaded into the HAIMS).

5.5.4.5.5. General officers. All flying waivers and disqualifications on general officers, regardless of reason, require a notification letter to AF/DPG. AFMRA/SG3PF medical standards will send notifications of any general officer waiver action to: AF/DPG, 1040 Air Force Pentagon, Washington, DC, 20330-1040. **(T-1)**. **Note:** ARC does not have a requirement to forward categorical waivers to AF/DPG.

5.5.4.5.6. Categorical waivers or removal of categorical restrictions. All categorical waivers require special processing.

5.5.4.5.6.1. Grades below Colonel require a notification letter of the waiver action sent to: AFPC/DP2ORC, 550 C Street West Suite 31, Randolph AFB, TX 78150.

5.5.4.5.6.2. Colonels (0-6) require a notification letter of the waiver action sent to: AF/DPO 1040 Air Force Pentagon, Washington DC 20330-1040.

5.5.4.5.6.3. The ARC does not have a requirement to notify AF/DPO or AF/DPG of categorical waivers.

5.5.4.5.7. Flying waivers no longer required. Flying waivers that are no longer required due to personnel separation and/or retirement should be retired in AIMWTS only if they do not intend to join the Guard or Reserve; if they are uncertain, the waiver may be allowed to expire. **Note:** Service members transferring to the ARC under PALACE CHASE and PALACE FRONT require a valid and unexpired waiver and should be transferred to their new ARC unit in AIMWTS.

5.5.5. Repatriated prisoners of war (RPW) exams. The medical standards management element sends a copy of each medical examination (DD Form 2808, DD Form 2807-2, or DD Form 2697) to USAFSAM/FEC, 2947 Fifth Street Wright-Patterson AFB, OH 45433-7913, and to the Office of Special Studies, Naval Aerospace Operational Medicine Institute (NAMI), Code 25, NAS Pensacola, FL 32508-5600. **Note:** The purpose for examination should also include "RPW."

5.5.6. DD form 2992. All USAF MTFs, RMUs or GMUs will use the DD form 2992 to communicate to outside agencies updates and changes to medical qualification for flying or SOD. **(T-1).** Flight or SOD personnel are defined as any AF service member with an aviation service code (ASC), AFSC or duty position that must meet special entry and continuing medical qualification exams. The FOMC prepares and forwards the DD Form 2992. See AFMAN 48-149 for details.

5.5.6.1. Purpose. Generally a DD Form 2992 is required after initial qualification exam is certified as qualified, disqualified, or when medical conditions dictate temporary restrictions from special duties and returns to unrestricted duties.

5.5.6.2. Dates. The date in Block 10. Flight physical date is the date the service member was examined. The date in Block 11.b. is the effective date the service member was found qualified by medical authority and the date in Block 12.b. is the effective date the service member was found disqualified by medical authority. If the DD Form 2992 cannot be completed on the date of examination due to reasons beyond personnel control (i.e., computer system failures), the remarks section of the DD Form 2992 can be used to communicate accurate dates.

5.5.6.3. Remarks. The aeromedical provider can utilize the "remarks" field to convey additional information.

5.5.6.3.1. Initial qualification. The aeromedical provider can copy the PEPP certification stamp verbiage and provide the expiration date for the initial qualification examination. **Note:** A flight (all classes) or SOD qualification exam is required on an annual basis once an applicant begins training and is valid for 12 months plus a 3 month grace period.

5.5.6.3.2. Does not meet standards. An aeromedical provider may communicate more details if the condition is not temporary. For example: "requires a waiver" or "medically disqualified." **Note:** The aeromedical provider will not reflect any medical diagnoses in the remarks. **(T-0).**

5.5.6.3.3. Other duties. When an aviator or operator is in a down status and temporarily restricted from usual flying or special operational duties (previously referred to as duty not involving flying, duty not involving controlling, duty not involving jump, duty not including alert), there may be other duties that can be performed. Clearance for simulator training, ground-based flight line duties (to include supervisor of flying, instructor instruction) and/or other duties may be annotated on the DD Form 2992.

5.5.6.3.4. Categorical Restrictions. The remarks field can be used to convey categorical restrictions associated with waivers. For example: "Member has flying class IIC waiver and is restricted to flying with another qualified pilot. Waiver

expiration is 'date'." **Note:** The aeromedical provider will not reflect any medical diagnoses in the remarks.

5.5.6.4. Aircrew Members must maintain a medical clearance from the aeromedical provider to perform in-flight duties. **(T-1).** Medical or dental treatment obtained from any source must be cleared by an aeromedical provider prior to reporting for flight duty. **(T-1).**

5.5.6.5. Active MOD personnel may require a DD Form 2992 for acute illnesses and their treatments, in accordance with AFGSCI 13-5301V3, *Rapid Execution and Combat Targeting (REACT) Crew Operations*.

5.5.6.6. ASIMS manages the creation and distribution of DD Forms 2992 and are not required to be filed in the electronic or hardcopy medical record as ASIMS is a system of record. **Note:** This does not relieve the aeromedical provider of the duty to make and document the Aeromedical Disposition in the medical record system.

5.5.6.7. Inactive Flyers (individuals in inactive ASC in accordance with AFMAN 11-402) do not require a DD Form 2992 when the condition is temporary or doesn't require a waiver. Completion of the DD Form 2992 for these exceptions notifies ARMS that service member completed their annual flight qualification exam and/or a potentially permanent disqualifying condition is recognized, or an aeromedical waiver may be required.

5.5.6.8. Inactive MOD do not require DD Form 2992 for acute illnesses or medications unless the underlying condition or medication requires a medical waiver.

## 5.6. ACS.

5.6.1. General. The ACS conducts specialized aeromedical evaluations and makes recommendations to the waiver authority on whether to grant waiver or not; they provide a medical risk assessment of medically disqualifying conditions relevant to flying and SOD. At the discretion of the AFRS/CMO, MAJCOM(FLDCOM)/SGP or AFMRA/SG3PF medical standards, initial ACS evaluations of inactive flyers may be conducted if reassignment to active flying is pending. ACS evaluation appointments for 6J, 7J, 8J, and 9J aviators are invitational only, and are not mandatory medical evaluations (funding may be local or personal). Eligibility Requirements. Persons eligible for referral to ACS include:

5.6.1.1. RegAF and ARC personnel on flying/SOD status, or as requested by the MAJCOM(FLDCOM)/SGP or AFMRA/SG3PF medical standards. Persons previously medically disqualified when approved by the MAJCOM(FLDCOM)/SGP or AFMRA/SG3PF medical standards.

5.6.1.2. Members of active ACS clinical management groups not on flying status (inactive flyers and disqualified service members).

5.6.1.3. Army and Navy personnel with approval of U.S. Army Aeromedical Center, Fort Rucker, AL, or NAMI, Pensacola, FL.

5.6.1.4. USCG personnel with approval of CG Health, Safety, and Work-Life Service Center Operational Medicine, Norfolk, VA.

5.6.1.5. Military personnel of foreign countries when approved by the State Department and AFMRA/SG3PF medical standards.

5.6.1.6. Applicants for flying and SOD with approval by AFRS/CMO or AFMRA/SG3PF medical standards.

5.6.1.7. Under special circumstances, astronauts may be given Secretarial Designee Status for ACS evaluation.

#### 5.6.2. Referral Procedures.

5.6.2.1. Referrals to the ACS are only in conjunction with an Aeromedical Summary using AIMWTS or equivalent electronic system.

5.6.2.2. Referral is approved and made by either MAJCOM(FLDCOM)/SGP, AFRS/CMO or AFMRA/SG3PF medical standards. **Note:** The waiver guide contains information recommended for waiver submission. Certain medical studies are required to physically reach the ACS. Mailing address is: U.S. Air Force School of Aerospace Medicine, 2510 5th Street, Bldg. 840, Wright- Patterson AFB, OH 45433-7913.

5.6.2.3. The MAJCOM(FLDCOM)/SGP, ARC/SGP, AFRS/CMO or AFMRA/SG3PF medical standards requesting the ACS evaluation will acknowledge the ACS report. **(T-1)**.

#### 5.6.3. Scheduling Procedures.

5.6.3.1. The ACS notifies the military medical facility of the appointment date and furnishes reporting instructions. The ACS will make every effort to schedule appointments as soon as possible after referral request. **(T-1)**. The ACS will only reschedule appointments due to mission essential reasons. **(T-3)**. Any requested documentation must be forwarded in sufficient time to reach the ACS 10 days prior to appointment. **(T-1)**.

5.6.3.2. The local FOMC will brief service members scheduled for ACS evaluations regarding ACS requirements and reporting instructions. **(T-2)**.

5.6.3.3. The local military medical facility publishes the TDY orders and provides the funds to support the TDY (for ARC personnel, the service member's squadron publishes orders and provides funds for the TDY).

5.6.3.4. The orders state that the TDY is for aeromedical evaluation and that 10 days, in addition to travel time, is authorized.

5.6.3.5. If requested by ACS, the local FOMC should send hard copy health records by certified mail to arrive at the ACS 10 days before the scheduled appointment.

#### 5.6.4. Consultation Procedures.

5.6.4.1. The ACS evaluates and makes recommendations to the waiver authority. The ACS is not a waiver authority.

5.6.4.2. The ACS report and recommendation is communicated electronically to the waiver authority using AIMWTS or equivalent electronic system within 3 workdays of the ACS date of recommendation.

5.6.4.3. If an in-person ACS evaluation is not required, the ACS will make recommendations via an aeromedical letter to the waiver authority and enter this into AIMWTS. **(T-2)**.

5.6.4.4. The final ACS report and recommendation patient status report is sent electronically to the waiver authority within 60 workdays following service member's departure. The ACS will also attach the patient status report into AIMWTS. **(T-2)**.

## 5.7. USAF Aircrew Corrective Lenses.

### 5.7.1. USAF Aircrew Contact Lens Use.

5.7.1.1. Aircrew are authorized to use CLs for vision correction provided they are in compliance with the requirements detailed at Air Force optometry/ophthalmic technicians junction on the knowledge exchange.

5.7.1.2. Aeromedical Waivers. Aircrew required to wear CLs outside the scope of the USAF aircrew soft contact lens (ASCL) program must obtain an aeromedical waiver after review or evaluation by the ACS (USAFSAM/FECO). **(T-2)**.

5.7.1.3. Eligibility for civilian flight instructors. USAF-contracted DoD civilian aviators and flight instructors electing to wear SCLs while performing in-flight duties, may use any FDA-approved SCL, but must provide documentation annual examination to the local FOMC. **Note:** This must include documentation of at least 20/20 vision in each eye with current spectacles and SCL for both near and distant vision. Bifocal spectacles used in combination with SCL to correct near vision to 20/20 are permitted with certain restrictions.

5.7.1.4. Bifocal and monovision fit SCLs are prohibited.

### 5.7.1.5. Policy Administration/Funding.

5.7.1.5.1. RegAF Flying Classes II and III will receive fitting, prescription and follow-up at local military medical facility providing capability exists. **(T-3)**.

5.7.1.5.2. ARC Class II and III may receive fitting, prescription, and follow-up at local ARC MTF if an eye specialist is assigned. If this capability does not exist at military medical facility, fitting, prescription, and follow-up can be provided by a civilian eye care professional but **paragraph 5.7.1.2** still applies. **Note:** ANG service members are responsible for costs incurred with civilian eye care, SCLs and related solutions.

5.7.1.5.3. Flying squadron commanders may purchase SCLs and supplies with unit funds if operational justification to fly with SCLs exists. **Note:** UFT Service members are not authorized funding for SCLs or related supplies.

### 5.7.1.6. Aircrew Responsibilities

5.7.1.6.1. Aircrew will maintain the currency of SCL prescriptions by accomplishing an annual eye exam from the military medical facility. **(T-2)**. Service member may go to non-military eye care provider only if military medical facility does not have eye care services; evaluation must meet requirements in the ASCL program. **(T-2)**.



5.7.1.6.2. Aircrew purchasing their own CLs and supplies are responsible to ensure these materials comply with the current AF-approved list or have a current aeromedical waiver authorizing CLs not on the approved list.

#### 5.7.1.7. Flight Medicine Clinic Responsibilities

5.7.1.7.1. Ensure all contact lens related operational incidents, medical complications and down days are reported to USAFSAM/FECO.

5.7.1.7.2. Remind aircrew who wear CLs to get their annual eye exam during their annual flight physical.

#### 5.7.1.8. Optometry Clinic Responsibilities

5.7.1.8.1. Examine, fit and prescribe SCLs in accordance with the “USAF approved SCLs and related solutions list” for all eligible RegAF aircrew, including eligible ARC aircrew.

5.7.1.8.2. Following initial contact lens dispense for new SCL wearers; inform service member that during the first seven days of wear, he/she must not wear SCL in flight. **(T-2)**. Once the seven day “ground test” period and the SCL follow-up is completed without issue, inform service member that he/she is authorized to use SCL in flight.

5.7.1.8.3. Report all aircrew contact lens-related incidents and complications to local FSO and USAFSAM. The USAF aircrew contact lens incident report located in ASIMS and KX may be used for reporting.

5.7.2. USAF aircrew authorized spectacles (USAF aviation spectacle frame program). USAF military, civil service or USAF-contracted aircrew personnel who wear spectacle-based prescription eyewear (clear and/or sun protection) and/or spectacle-based non-prescription sun protection are required to wear USAF approved eyewear while performing in flight duties in accordance with military operational and safety requirements. Permitted eyewear, including sunglasses (with or without prescription), will only come from the DoD optical fabrication enterprise (OFE). **(T-1)**. No other spectacle frames are authorized for use in USAF aircraft by USAF aircrew or USAF-contracted aircrew for in-flight duties. **Note:** RPA pilots that require spectacles must wear spectacles issued by the military medical facility optometry clinic. **(T-3)**. Aircrew flight frame use for RPA pilots is optional.

#### 5.7.2.1. Vision Correction.

5.7.2.1.1. The military medical facility optometry clinic will coordinate (prescribing, ordering, fitting, as required) spectacle-based vision correction for USAF aircrew. **(T-1)**.

5.7.2.1.2. The military medical facility will use the DoD OFE to fabricate prescription clear and/or neutral density gray (N-15) sun protection as prescribed in an authorized spectacle frame. **(T-2)**. No other sun protection tint or spectacle frame is authorized for use in USAF aircraft by USAF military, civil service or contracted aircrew.

5.7.2.1.3. USAF aircrew requiring prescription eyewear are authorized four sets of aircrew flight frame (AFF) spectacles per year, or as required. Contractor aircrew

requiring prescription eyewear are authorized two sets of approved spectacles per year, one set with clear prescription lenses and one set with neutral density gray (N-15) sunglasses. USAF military, civil service or USAF-contracted aircrew who use NVG are also authorized an additional frame with polycarbonate lenses.

#### 5.7.2.2. Sunglasses.

5.7.2.2.1. Non-prescription AFF sun protection is obtained through local individual equipment issue or equivalent supply office using service member's unit funds through the electronic Catalog.

5.7.2.2.2. Authorized non-prescription sun protection found in the electronic Catalog consists of an AFF series spectacle frame with neutral density gray (N-15) lenses. No other sun protection tint, polarized lenses or spectacle frame is authorized for use in USAF aircraft by USAF aircrew or USAF-contracted aircrew.

5.7.2.2.3. Aircrew not requiring prescription sun protective eyewear or who wear contact lenses for in-flight duties are authorized two sets of non-prescription sun protection eyewear (two pairs of spectacles) for flight duties purchased with unit funds through the electronic catalog.

5.7.2.2.4. Aircrew with defective color vision and a valid waiver may wear issued neutral density gray tinted sunglasses and laser eye protection when operationally authorized. However, aircrew with defective color vision are not authorized to wear the yellow High Contrast Visor.

5.7.2.3. Ballistic Eye Protection. The Air Force authorizes the use of ballistic protective eye protection to all deploying service members and utilizes the Army's authorized protective eyewear list (APEL) for all Warfighter Ballistic Eye Protection, which are managed by the Army's program executive office (PEO) soldier.

5.7.2.3.1. APEL-qualified eyewear will carry the APEL logo on the eyewear itself. APEL items are intended for warfighter use, and eyewear not on the APEL, even if marked ANSI Z87.1 compliant, do not meet military impact requirements and are not authorized for wear during combat, training, or when there is risk of impact injury to the eyes.

5.7.2.3.2. Non-prescription APEL products are obtained through the local supply office via the electronic catalog. Prescription inserts are available for specific APEL products and are ordered by the local military medical facility's optometry clinic via the spectacle request transmission system. PEO soldier updates the APEL on a regular, periodic basis. The most up-to-date APEL list can be found at the PEO soldier website.

5.7.2.3.3. The flight protective eyewear list (FPEL) contains ballistic protection specifically designed for aircrew. The AFF series are not to be used in place of flight-approved ballistic protection. Non-prescription flight ballistic protective spectacles and goggles are to be obtained through the local supply office via the electronic catalog. Prescription inserts are available for specific FPEL products and will be ordered by the local military medical facility's optometry clinic via the approved DoD optical fabrication enterprise ordering system. Possession of a

ballistic protective spectacle system, with prescription inserts when applicable, may count towards the two-spectacle readiness requirement. Additional APEL/FPEL guidance is available on the knowledge exchange at the optometry and ophthalmic technicians' page.

5.7.2.4. Aircrew Laser Eye Protection (ALEP): Prescription Requirements. The ALEP program requirements are prescribed in AFI 11-301V1, *Aircrew Flight Equipment (AFE) Program* and only Air Force approved ALEP is authorized. Per this AFMAN, local aerospace medicine personnel, in concert with optometrists, ophthalmologists, and/or bioenvironmental engineers will ensure aircrew members are familiar with the different effects lasers have on ocular tissues and vision. In conjunction with AFE and the aircrew flight equipment training (LL06), optometrists will ensure refractive ALEP devices meet individual corrective vision specifications, interpupillary distance measurements are obtained, and prescribed ALEP is properly fitted. **(T-2)**. Local commanders control ALEP wear policies based on the threat environment and AFE will select appropriate ALEP in conjunction with aircrew and intelligence personnel for each mission. **(T-2)**. The optometry clinic will order prescription ALEP inserts and record refractive prescriptions from the approved DoD OFE source. Aircrew enrolled in the aircrew soft contact lens program (ACSCLP) may wear approved contact lenses in conjunction with ALEP.

5.7.2.5. Personnel who operate in an environment where they could be exposed to Class 3B or 4 lasers are required to receive an occupational health eye screening. This examination will document the condition of the eye before working in the laser environment. A comparative examination will be conducted upon termination of duties. **(T-2)**. Optometry/ophthalmology clinics will coordinate this screening, to include visual history, visual acuity, color vision assessment, and central visual field test in each eye, with the installation laser safety officer in compliance with AFI 48-139, *Laser and Optical Radiation Safety Program*. Dilation and fundus photography of the posterior pole is a recommended practice.

5.7.2.6. Personnel who suspect exposure to laser radiation will immediately report to the AM flight or the nearest emergency room for care by medical personnel. Care will be coordinated between providers, to include optometry/ophthalmology, the MAJCOM/FLDCOM, and the Tri-Service Laser Injury Hotline at 1-800-473-3549 as directed by AFI 48-139. **(T-1)**.

5.7.3. Refractive Surgery. Corneal refractive surgery is authorized for eligible aircrew personnel who request this surgery as part of the USAF refractive Surgery Program. Complete details can be found on the refractive surgery page of the KX.

## Chapter 6

### MEDICAL EXAMINATIONS FOR SEPARATION AND RETIREMENT

#### **6.1. This section implements the DoD SHPE in accordance with DoDI 6040.46.**

#### **6.2. Law Governing Disability Evaluation.**

6.2.1. Title 10, United States Code Section 1101, outlines benefits and service for service members being separated from the armed forces.

6.2.2. Title 38 United States Code, administered by the Department of Veterans Affairs governs disability compensation for ratable service-connected defects.

6.2.3. Title 10 United States Code § 1145 directs conduct of separation examinations on specific individuals leaving the armed forces.

6.2.4. For service members undergoing an administrative separation, refer to AFI 36-3206, AFI 36-3207, AFI 36-3208, AFMAN 41-210 and AFI 44-172, *Mental Health*, regarding specific Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI) and sexual assault screening and examination requirements.

6.2.5. DoD Responsibilities when SHPE Performed at the Veterans Administration (VA) facility are defined by DoDI 6040.46.

6.2.6. Allegation of Sexual Assault Requires Special Consideration. Medical providers will refer to DoDI 6040.46. **(T-0)**.

#### **6.3. Purpose.** The SHPE provides a focused medical exam to address medical conditions that began or were aggravated during military service. It serves the following purposes:

6.3.1. Identifies medical conditions which require ongoing medical care so that applicable medical benefits will be immediately available upon separation.

6.3.2. Identifies any medical conditions which are unfitting for continued military service so that they can be appropriately treated and evaluated in the DES prior to separation.

6.3.3. Identifies any claimed conditions for processing by the VA to ensure benefits are available as soon as possible.

#### **6.4. Medical Hold.** Service members will schedule their SHPE exams prior to their scheduled date of separation or retirement to complete a medical examination unless medical hold is approved by AFPC/DP2NP. **(T-0)**.

6.4.1. AFMAN 41-210 may be used for further guidance on medical hold authority and related topics.

6.4.2. Medical Hold may only be approved by AFPC/DP2NP or the appropriate ARC/SGP.

#### **6.5. SHPE Applicability.**

6.5.1. See DoDI 6040.46 to determine RegAF and ARC service member's eligibility.

6.5.2. SHPEs may be waived only in cases where the service member is not under control of the Secretary of the Air Force, such as unauthorized absences or civilian incarceration. Waiver authority rests with SAF/MR. See SHPE Guide for waiver process.

6.5.3. Medical staff completing SHPE exams will ensure that any non-compliance of the separating service member regarding the SHPE requirements are communicated to the Unit Commander. **(T-0)**.

## **6.6. Examination requirements.**

6.6.1. Timing, components and documentation of the SHPE. DoDI 6040.46 may be used for further guidance on the timing, components and documentation requirements of the SHPE. Air Force medical facilities completing SHPE exams will utilize AFMRA/SG3P approved standard workflow to ensure that all requirements are fulfilled. **(T-3)**.

6.6.2. The local servicing VA staff should accomplish SHPEs whenever possible. They should be accomplished consistent with the memorandum of agreement between the VA and DoD, as well as DoDI 6040.46. In the case of the ARC, the appropriate DoD contractor will accomplish the SHPE. When it is not possible for the local servicing VA staff or DoD contractor to accomplish the task, the servicing military medical facility staff will complete SHPE examinations. **(T-0)**.

6.6.2.1. If time allows, ARC service members may complete the SHPE through the VA. If not completed by the VA, ARC service members should complete the mandated SHPE as directed by the military medical facility, ARC Medical Unit or SHPE program guide.

6.6.2.2. Travel costs will be included as applicable. (See component-specific SHPE guide for further guidance.)

6.6.3. For RegAF not enrolled to a military medical facility (including TRICARE OS Prime Remote or TRICARE Prime Remote), the supporting military medical facility responsible for out processing the service member will complete SHPE requirements. **(T-2)**.

6.6.4. USAF facilities should instruct Navy and Army Reserve Component service members to complete their examinations through their mobilization/demobilization facilities or to other locations directed by their service.

6.6.5. When no SHPE was accomplished at the time of separation, the PHA may substitute for the SHPE.

## **6.7. Additional Testing and Follow up.** Refer to DoDI 6040.46 for complete information.

6.7.1. RegAF service members transferring into the ARC under PALACE CHASE and PALACE FRONT who have a disqualifying medical condition must undergo evaluation for assignment limitation code or an Initial RILOMEB prior to any PALACE CHASE and PALACE FRONT action. **(T-2)**.

6.7.2. New diagnoses discovered in the SHPE not already listed on the service member's automated problem list must be entered. As for any health care visit, the clinician selects the most specific diagnosis that is supported by available evidence. Additional evaluation is not required unless the clinician determines that further care for the condition prior to separation is necessary.

6.7.3. If a medical condition is noted during a SHPE or VA Separation Health Assessment (SHA) review that does not meet retention standards, the reviewing provider will submit a Modified RILOMEB in accordance with AFMAN 41-210. In addition, they will inform medical standards management element and/or AMRO Board of potential delay. **(T-1)**.

**6.8. Disposition.**

6.8.1. An ARC service member completing a period of RegAF as outlined in DoDI 6040.46 are not leaving military service and therefore must meet retention medical standards in accordance with this manual and the MSD. The healthcare provider completing the exam will communicate medical conditions identified during the SHPE to the respective ARC/SG and update the AF Form 422. **(T-2).**

6.8.2. RegAF service members transferring to the ARC via PALACE CHASE/PALACE FRONT are not leaving military service and therefore must meet retention medical standards in accordance with this AFMAN and the MSD. The healthcare provider completing the exam will communicate medical conditions identified during the SHPE to the respective ARC/SG and update the AF Form 422. **(T-2).**

**6.9. SHPE Metrics.** DoDI 6040.46 defines requirements for data tracking regarding SHPE exams. Air Force medical facilities completing SHPE exams will complete necessary reports in accordance with AFMRA/SG3P-approved standard workflow to complete these reports. **(T-1).**

## Chapter 7

### MEDICAL CLEARANCE FOR JOINT OPERATIONS OR EXCHANGE TOURS

**7.1. Applicability.** USAF personnel must meet USAF standards while in joint assignments, or inter-Service exchange tours. **(T-2).** For USAF aircrew personnel on foreign exchange tours, the principles of **Chapter 8** apply.

7.1.1. Waiver authority is the Air Component/SG (i.e., AFCENT/SG for CENTCOM; AFSOUTH/SG for SOUTHCOM; AFNORTH/SG for NORTHCOM; AFSOC/SG for SOCOM and USSOCOM; STRATCOM/SG for STRATCOM and AMC/SG for TRANSCOM), or the MAJCOM(FLDCOM)/SG responsible for management of the service member's medical qualification.

7.1.2. In cases where no qualified USAF FS is assigned to the Air Component SG's office, or the waiver authority is uncertain, waiver authority is AFMRA/SG3PF medical standards.

7.1.3. Medical examinations performed by other services are acceptable, but the appropriate USAF waiver authority must review and approve the examinations. **(T-2).**

7.1.4. Waivers for flying or other SOD positions granted by another service or nation may be discontinued upon return to USAF command and control.

### **7.2. Joint Training.**

7.2.1. The USAF accepts waivers granted by the parent service prior to the start of training unless there is a serious safety concern or information is available which was not considered by the waiver authority.

7.2.2. After a student in-process at the host base, the administrative requirements and medical management policies of the host base apply.

7.2.3. Students must meet the physical standards of the parent Service. **(T-1).**

7.2.4. If individuals develop medical problems while in training, waiver authority must document concurrence of both the host and parent services prior to medical clearance for resumption of training. **(T-3).**

7.2.5. If the host and parent services cannot agree on whether a member should continue with joint training, the host service decision takes precedence.

## Chapter 8

### US, NATO AND OTHER FOREIGN MILITARY FLYING/SPECIAL OPERATORS

**8.1. Applicability.** Subject to applicable international arrangements and, in relation to foreign military personnel, DoDI 6015.23, this chapter applies to DAF personnel assigned to either NATO or attached to foreign military services, and foreign military personnel attached to DAF units.

#### **8.2. Definitions and Responsibilities.**

8.2.1. “Parent nation” refers to nation that assigns an individual for utilization in a NATO or foreign military service and expects to resume command of that individual after their period of service with the NATO or foreign forces. The parent nation should:

8.2.1.1. Select forces to assign to NATO forces according to parent nation standards.

8.2.1.2. Disposition permanent medical disqualification.

8.2.1.3. Disposition medical qualification of flying impairments exceeding 30 days.

8.2.1.4. Provide aircrew, proceeding on such duty for periods of more than 30 days, a medical statement in English or French, describing their medical fitness for flying duties. Nations will also forward:

8.2.1.4.1. Latest Flight Qualification Exam report with pertinent medical information.

8.2.1.4.2. Documentation helpful for post-accident identification purposes (e.g., fingerprints, dental charts, etc.). **Note:** Generation of additional examinations and documents is not required solely for this purpose.

8.2.2. “Host nation” refers to the nation which receives forces and/or supplies from allied nations and/or North Atlantic Treaty Organization to be located on, to operate in, or to transit through its territory. Subject to existing international arrangements, DAF flight surgeons will accept foreign military service medical certificate including expiration dates when acting as the host nation certify authority.

#### **8.3. DAF personnel assigned or attached, as applicable, to NATO or Foreign Military Services, deployed as part of multinational force or temporarily assigned to a NATO Country.**

8.3.1. Subject to existing international arrangements, DAF personnel may receive routine Role/Echelon 1 medical care by a military provider of any NATO nation. Typically, host nation FSs will be the primary healthcare providers to DAF aircrew assigned under the command or control of NATO or foreign military services.

8.3.1.1. Host nation FSs will treat and aeromedical disposition medical conditions in which groundings of less than 30 days is anticipated.

8.3.1.2. Medical conditions that warrant long-term (more than 30 days) or potentially permanent disqualification will be referred to a DAF FS.



8.3.2. Any DAF FS can provide aeromedical services to US military personnel assigned to NATO or foreign military service units but will use applicable NATO or foreign military service standards.

8.3.2.1. Care received from US medical services during this assigned period must be coordinated and shared with the host nation.

8.3.2.2. The DAF FS will assess aviators referred from host nation FSs for conditions in which grounding for more than 30 days is anticipated. Those not meeting DAFF and NATO/foreign military aeromedical standards will be medically managed according to all DoD and DAF guidance. Those not meeting DAF military aeromedical standards but still meeting NATO/foreign military aeromedical standards, will be allowed to continue to fly with their current unit (as outlined above). The DAF FS will manage the aeromedical and or retention issue so that upon completion of NATO/foreign military assignment, the DAF will then make a disposition on the aviator's continued service.

8.3.3. Flight Qualification Examinations.

8.3.3.1. DAF aircrew pending a NATO assignment must have a current DAF Flight qualification exam within 12 months of arriving to their foreign duty assignment. The aeromedical provider will document completion and currency of this exam on a DD Form 2992 and ensure availability of this documentation to the aircrew member.

8.3.3.2. Subsequent annual Flight Qualification Exams will be conducted by a host nation FS according to host nation aircrew physical standards and physical examination periodicity policy.

8.3.3.2.1. For the aircrew of NATO Airborne Early Warning 3A Component, the Flight Qualification Examinations will be conducted according to the physical standards of the FS's Manual of NATO E-3A Component.

8.3.3.2.2. The medical authority of the host nation or NATO unit shall only apply their medical standards to new medical problems.

#### **8.4. Foreign Military Personnel Attached to DAF Units.**

8.4.1. Pre-existing conditions, waived by the parent NATO nation will be accepted by the DAF as long as health or safety is not compromised. Pre-existing conditions waived by non-NATO parent nations will be accepted in accordance with the agreement between DAF and parent nation. **(T-0)**.

8.4.2. If a pre-existing disqualifying condition or new disqualifying condition is identified, the NATO aviator requires a waiver. Base flight surgeon will coordinate with AETC/SGP and parent nation liaison officer for NATO students, and will coordinate with respective MAJCOM(FLDCOM)/SGP and specific nation liaison for non-student cases (see [Paragraph 8.6.4](#)).

#### **8.5. Transfer of Medical Records and Information.**

8.5.1. Transfer of medical records and information can only take place according the laws and regulations of the different nations.

8.5.2. Laws and regulations of some partner nations do not allow transfer of health information without permission of the individual. In these cases a written consent is

necessary prior to transmission of this information. If the individual chooses to withhold consent, any AFMS medical staff asked to transmit information will only release a statement of fitness/unfitness for duties (e.g., flying, SOD, general service, deployment, etc.). **(T-0)**.

#### **8.6. Medical Qualification for Security Cooperation Education and Training Program (SCETP) Flying (Non-NATO Students).**

8.6.1. All medical qualification documentation will be forwarded through SCETP to the training military medical facility SGP, where the case will be reviewed and any missing items will be added and forward to AETC/SGP NLT 30 days before training or Defense Language Institute start date. **(T-0)**.

8.6.2. AETC/SGP will determine if the flying student candidate possesses adequate physical examination documentation and is qualified under **Chapter 5** and the MSD in accordance with AFI 16-105, *Joint Security Cooperation Education and Training*. **(T-1)**.

8.6.2.1. AETC/SGP will certify the student as medically acceptable with waiver or medically qualified on the DD Form 2808 in the PEPP and will attach relevant documents to exam in PEPP. **(T-1)**.

8.6.2.2. An aeromedical summary in AIMWTS is not required on these students.

8.6.3. AETC medical certification is required prior to issuing Invitational Travel Order in accordance with Joint Security Cooperation Education and Training.

8.6.4. Any student who fails to meet flying medical standards will be managed on an individual basis by HQ AETC/SGP and HQ/AETC/IA, who will in turn coordinate with AF/SG3P (via AFMRA/SG3PF medical standards) and with SAF/IA as appropriate. **(T-1)**.

## Chapter 9

### EXAMINATION AND CERTIFICATION OF ARC SERVICE MEMBERS NOT ON EAD

**9.1. Purpose.** Establishes procedures for accomplishing, reviewing, certifying, and administratively processing medical examinations for ARC service members not on EAD or RegAF who are assigned to the ready reserve and standby reserve when procedures differ from those detailed for the RegAF component.

#### **9.2. Applicability.**

9.2.1. ARC Unit, individual service members of the ANG and AFR, and individual mobilization augmentees.

9.2.2. ARC service members of the ready reserve:

9.2.2.1. ANG is managed by NGB/SGP.

9.2.2.2. AFR Units, individual mobilization augmentees, and participating individual ready reserve (IRR) service members are managed by HQ Air Force Reserve Command (AFRC)/SGP--aerospace medicine division.

9.2.3. Nonparticipating service members of the ready, standby, and retired reserve. These service members are ordered to EAD only in time of war or national emergency declared by the Congress.

**9.3. Retention medical standards policy.** Each ARC individual must be medically qualified for deployment and continued military service according to [Chapter 4](#), and the MSD. **(T-1)**.

#### **9.4. Responsibilities.**

9.4.1. Commander or Supervisor.

9.4.1.1. Ensures an ARC service member is medically qualified for WWD.

9.4.1.2. Notifies the servicing medical facility when he/she becomes aware of any changes in an ARC service member's medical status.

9.4.2. ARC service member.

9.4.2.1. Reports within 72 hours any illness, injury, disease, operative procedure or hospitalization not previously reported to their commander or supervisor and to the supporting medical facility personnel in accordance with AFI 36-2910.

9.4.2.2. Any concealment or claim of disability made with the intent to defraud the government may result in legal action and subsequent discharge from the ARC.

9.4.3. ARC Healthcare Provider. Determines ARC service member's medical qualifications for continued military service in accordance with this manual and appropriate ARC supplemental guidance.

9.4.4. ARC Medical Unit.

9.4.4.1. Establishes health and dental records for each ARC service member.

9.4.4.2. Records any illness, injury or disease incurred or aggravated by ARC service members during any training period on appropriate medical forms and initiates a line-of-duty determination which may be used as the basis for government claims leading to potential benefits and entitlements in accordance with AFI 36-2910.

9.4.4.3. Forwards original individual mobilization augmentee medical examinations to the RegAF military medical facility where the individual's medical records are maintained.

9.4.4.3.1. When a disqualifying condition is identified, the medical unit will generate an AF Form 469 and forward to the PEB liaison officer at the servicing military medical facility. **(T-1)**.

9.4.4.3.2. Initial RILOMEB packages will be submitted by military medical facility of the empaneled augmentee to ARC/SG. **(T-1)**.

9.4.4.3.3. HQ AFRC/SGPO retains authority to assign Assignment Limitation Code C (ALC-C) codes for individual mobilization augmentees returned to duty in accordance with AFMAN 41-210.

9.4.4.4. Maintains medical examinations of unit-assigned and individual mobilization augmentee service members of the AFR and, as required, submits them to AFRC/SGP to certify medical qualification for continued military duty.

9.4.4.5. Maintains ANG medical examinations and, as required, submits them to NGB/SGP to certify medical qualification for continued participation.

9.4.4.6. ARC medical unit will send complete medical case files to appropriate authority for disposition of ARC service members with questionable medical conditions or members identified with medically disqualifying conditions.

## **9.5. Reactivation from Inactive/Retired Reserve.**

9.5.1. Eligibility. Applicants currently assigned to the inactive or retired reserve or retired from active military service for less than 5 years may request entry to active reserve status.

9.5.2. Medical Standards.

9.5.2.1. Applicants currently assigned to inactive or retired reserve or retired from active military service for less than 12 months since the date of separation on DD Form 214 or separation orders as applicable use retention standards from the medical standard directory.

9.5.2.2. Applicants currently assigned to inactive or retired reserve or retired from active military service when more than 12 months have elapsed since the date of separation on DD Form 214 or separation orders as applicable use accession standards from DoDI 6130.03V1.

9.5.2.3. When no SHPE was accomplished at the time of separation, the PHA may substitute for the SHPE.

9.5.3. Medical Examinations and Forms.

9.5.3.1. Current DD Form 2807-2.

9.5.3.2. DD Form 2808 or equivalent that is a current enlistment/appointment examination as appropriate.

9.5.3.2.1. PHA with associated paperwork may be used in lieu of the DD Form 2808 and physical examination if less than 12 months from date of separation or last PHA.

9.5.3.2.2. Current PHA with supporting documentation for positive responses to questions (AFR only).

9.5.3.3. **Note:** The requirement for a current PHA is independent of the need for a flight or SOD qualification exam.

9.5.3.4. Flight qualification exam and/or SOD qualification exam. If applying for a flying or SOD position for which the applicant was previously qualified and for which the applicant was not subsequently disqualified, a Flight qualification exam and/or SOD qualification exam is required.

9.5.3.5. Initial flight and/or SOD qualification exam. If applying for a new flight or SOD position, rather than the one previously held, an initial flight qualification exam is required.

## 9.6. PALACE FRONT and PALACE CHASE.

9.6.1. Applicants may find specific eligibility criteria for PALACE actions in AFI 36-3205, *Applying for the PALACE CHASE and PALACE FRONT Programs*.

9.6.2. Medical Standards. The healthcare provider completing exam will ensure that the applicant is worldwide qualified. **(T-2).** **Note:** Per AFI 36-3205, Table 1.1, officers on ALC code cannot PALACE CHASE. Neither officer nor enlisted members on ALC-C3 can PALACE CHASE given rule 3 of **Table 1.1** Pregnancy does not constitute an ALC.

9.6.3. Disposition. Applicants for PALACE FRONT and PALACE CHASE should submit documentation to the gaining RMU or GMU for initial review. Gaining commander must not sign AF Form 1288 until applicant has been medically certified or waived. **(T-3).** For AFR, if applicants are qualified, then RMU may certify and recommend endorsement of AF Form 1288. If RMU does not certify application then the RMU will refer application to the appropriate waiver authority prior to endorsement of AF Form 1288. **(T-2).** For ANG, applicants will initiate medical clearance via ASIMS medical clearance module. If applicants are qualified, GMU may recommend endorsement and provide an interim clearance.

9.6.4. Reenlistment. An ARC service member will have a current PHA to reenlist. **(T-1).**

**9.7. ANG General Officers and Wing CCs.** ANG medical units will maintain the annual PHA accomplished on General Officers and ANG Wing Commanders in the medical records. **(T-2).**

**9.8. AFR Wing CCs.** RMUs will forward to HQ AFRC/SGP, a copy of all physical examinations accomplished on Reserve Wing Commanders. **(T-2).**

**9.9. AGR Tours.** The AGR program requires individual applicants to contact the appropriate ARC medical unit, or RegAF military medical facility, to request the appropriate medical evaluation. The following guidance along with AFI 36-2110, *Total Force Assignments*, and ANGI 36-101, *Air National Guard Active Guard Reserve (AGR) Program*, will be used to manage these requests.

9.9.1. Eligibility requirements and procedures to process identified disqualifying conditions through the IDES process are defined in AFI 36-3212.

9.9.2. Medical Standards.

9.9.2.1. Active military affiliation (RegAF, ARC applicants for non-flight and SOD assignments) retention medical standards in **Chapter 4** and MSD apply.

9.9.2.2. Prior service applicants for non-aircrew assignments within 12 months of the date of separation on DD Form 214 or separation orders as applicable use the same standards as active military affiliation.

9.9.2.3. Prior service applicants whose separation is greater than 12 months from the date of separation on DD Form 214 or separation orders as applicable will require an accession examination and will meet accession medical standards in **Chapter 3. (T-1)**.

9.9.3. Medical Examinations and Forms.

9.9.3.1. Applicants with a concurrent AGR assignment must have a current PHA on file. **(T-1)**.

9.9.3.2. Applicants with no service affiliation require an accession physical exam, which would be valid for 24 months prior to AGR assignment. **Chapter 3** contains accession medical standards for applicants, as well as **Chapter 5** for flight and SOD applicants.

9.9.3.3. For applicants with active military affiliation (RegAF, ARC applicants for non-flight and SOD assignments) examining provider may use PHA with associated documentation less than 12 months from date of separation. Service members must also be current in all IMR requirements. **(T-2)**. AF Form 422, must be dated within 60 days prior to tour start date. **(T-2)**. Retention medical standards in **Chapter 4** and MSD apply. If documentation is greater than 12 months from date of separation, then provider completing exam will either complete appropriate enlistment/appointment examination or accomplish PHA so that it is current. **(T-1)**.

9.9.3.4. For prior service applicants for non-aircrew assignments examining provider may use PHA with associated documentation or SHPE if less than 12 months from the date of separation. If documentation is greater than 12 months from date of separation, then provider must submit documentation of appropriate enlistment/appointment examination. **(T-1)**.

9.9.3.5. IRR applicants follow section **paragraph 9.5**

9.9.3.6. For aircrew assignments into the applicant's current aircrew AFSC, annual flight qualification exam/PHA with associated paperwork less than 12 months from date of separation may be used. If more than 12 months from date of separation, the service member will undergo an annual flight qualification exam.

9.9.3.7. Applicants for new aircrew assignments require an initial flying qualification examination.

**9.10. Involuntary Reactivation to EAD for participating ARC members.**

9.10.1. Eligibility. An ARC service member may be ordered to EAD due to a mobilization order.

9.10.2. Medical Standards. An ARC member ordered to EAD is medically processed in accordance with mobilization order. The ARC service member's medical status must be established within 30 days of mobilization. **(T-2)**.

9.10.3. Medical Examination and Forms. Within 30 days of mobilization, the health records of the ARC service member will be reviewed for disqualifying defects according to **Chapter 4** and MSD and to determine if the service member's PHA is current. Providers will evaluate service members found medically disqualified or questionably qualified for WWD are evaluated in accordance with AFMAN 41-210, unless otherwise directed by the mobilization order. **(T-1)**. **Note:** ARC service members involuntarily ordered to RegAF will not delay such action because of an expired PHA. See AFI 44-170 for details.

**9.11. Annual Training or RegAF for Training or Inactive Duty for Training (IDT).** Commanders ensure service members reporting for duty are medically qualified. Service members with medical conditions which render questionable their medical qualifications for continued WWD, are evaluated for FFD.

### **9.12. Inactive Duty for Training.**

9.12.1. ARC service members who are ill, sustain an injury, or do not consider themselves medically qualified for military duty can request excusal from training.

9.12.2. If a service member reports for duty and does not consider believe they are medically qualified for continued military service based on a diagnosis from a Primary Care Manager, the ARC commander or RegAF supervisor will schedule the service member for a medical evaluation during the IDT period. **(T-2)**. If the service member is not qualified for WWD, a medical evaluation is sent to AFRC/SGP, or NGB/SGPA as appropriate. **(T-2)**. The service member is excused from training pending a review of the case. **Note:** ARC duty and/or mobility restrictions will be placed on an AF Form 469 in accordance with AFI 48-133.

9.12.3. When a commander, supervisor, or medical personnel determines an ARC service member's medical condition renders them potentially unfit, the service member is evaluated by the servicing medical squadron and is excused from all military duties pending further medical disposition.

### **9.13. Medical Requirements.**

#### 9.13.1. General Information

9.13.1.1. Medical personnel perform medical examinations according to this manual and instructions found within the physical examination techniques on the KX.

9.13.1.2. All personnel undergo a periodic dental examination according to the PHA grid at the time of the PHA. Bitewing radiographs are accomplished at the discretion of the examining dental officer for diagnostic assistance.

9.13.1.3. The PHA is an annual requirement for service members of the ARC, in accordance with AFI 44-170.

9.13.1.4. The GMU may notify an ANG member's commander using the AF Form 469 when a service member cannot continue the unit training assembly because of a medical condition.

#### 9.13.2. Dental Class III.

9.13.2.1. ARC service members placed in dental class III are not qualified for military duty other than at home station until returned to dental class I or II. ANG service members placed in dental readiness Class III are not IMR-ready and are non-deployable. Service members are placed on an AF Form 469 code 31 for mobility restrictions.

9.13.2.2. Service members in dental class III lasting for more than one year will be processed administratively in accordance with AFI 36-3209 unless the service member has a dental defect defined in this manual.

9.13.2.3. Service members with a dental defect that does impact retention, as defined in this manual and the MSD, will be processed for Initial RILOMEB, MEB or WWD in accordance with AFMAN 47-101.

9.13.2.4. The examining military dental officer has the authority to allow AFR in dental class III to continue reserve participation at home duty station only while undergoing corrective dental treatment. The dental officer will determine the length of time (not to exceed 1 year) given to a Service member to complete dental treatment or improve to at least dental class II. **(T-3)**.

9.13.2.4.1. Aircrew in dental class III will be placed in down flying status unless the examining dental officer determines the AFR service member may continue reserve participation and the aeromedical provider determines flying safety will not be compromised. **(T-3)**.

9.13.2.4.2. Aircrew in this status will be limited to local sorties only. **(T-3)**.

9.13.3. Scheduling PHA. The service member will schedule a PHA in accordance with current ARC directives.

9.13.4. Medical Evaluations to Determine FFD.

9.13.4.1. Triggers. Reasons to accomplish medical evaluations in determination of medical and dental qualification for military duty:

9.13.4.1.1. Potentially disqualifying or questionable medical conditions discovered during the annual assessment.

9.13.4.1.2. Notification or awareness of a change in the service member's medical status.

9.13.4.1.3. ARC service member believes he or she is medically disqualified for military duty.

9.13.4.2. Process. Reservists and ANG service members with medical or dental conditions which are questionable or disqualifying for military duty must have an evaluation accomplished and forwarded to the appropriate ARC/SG for review and appropriate action. **(T-2)**. Service members will be given a minimum of 60 days from the date of notification to provide civilian medical or dental information to the medical squadron prior to case submission to the ARC/SG. **(T-2)**. Local military member may give the service member more time to provide the requested information; however, the local military provider will not give more than one year. **(T-2)**. **Note:** Members who are in the IRR with a pending obligation to return to RegAF will have their cases submitted through ARPC to AFPC/DP2NP.



9.13.4.3. Notification. The commander or supervisor notifies the ARC service member, in writing, to report for the medical evaluation.

9.13.4.4. Required Documents. The following documents are included in the reports forwarded to the appropriate Component SG for review. **Note:** For AFR, service members will submit documents through the electronic case tracking system.

9.13.4.4.1. For unit-assigned or individual mobilization augmentee reserve service members:

9.13.4.4.1.1. Civilian medical and dental documentation.

9.13.4.4.1.2. Current letter from service member's private physician or dentist.

9.13.4.4.1.3. AF Form 469 properly formatted.

9.13.4.4.1.4. SF 502, *Medical Record - Narrative Summary (Clinical Resume)*, must provide a clear picture of the service member's current medical health as well as the circumstances leading to it. **(T-2)**.

9.13.4.4.1.5. Medical evaluation for military duty fact sheet.

9.13.4.4.1.6. PEB election.

9.13.4.4.1.7. PEB fact sheet.

9.13.4.4.1.8. AF Form 422.

9.13.4.4.1.9. Unit commander memorandum.

9.13.4.4.1.10. Service member utilization questionnaire.

9.13.4.4.2. For ANG service members:

9.13.4.4.2.1. Unit commander's endorsement

9.13.4.4.2.2. SF 502, narrative summary must include: Date and circumstance of occurrence, response to treatment, current clinical status, proposed treatment, current medications, the extent to which the condition interferes with performance of military duty, prognosis. **(T-2)**.

9.13.4.4.2.3. Civilian medical documentation. Medical documentation from the service member's civilian health care provider will be included in all waiver cases submitted on ARC service members. **(T-2)**. The provider will review this information and reference it in the SF 502, narrative summary. **(T-2)**.

9.13.4.4.2.4. Commander's input. A written statement from the service member's immediate commanding officer describing the impact of the service member's medical condition on normal duties, ability to deploy or mobilize, and availability of a non-deployable (ALC-C) position.

9.13.4.4.3. Reports. A service member who is unable to travel submits a report from their attending physician to their commander or supervisor who, in turn, submits the report to the servicing ARC medical squadron for review and determination of FFD.

9.13.5. Failure to Complete Medical Requirements. ARC service members who fail to complete medical/dental requirements are referred to their commanders in writing in

accordance with AFMAN 36-2136, *Reserve Personnel Participation* and are processed in accordance with AFI 36-3209 and AFMAN 41-210.

9.13.5.1. Refusal. A service member of the ARC with a known medical or dental condition who refuses to comply with a request for medical information or evaluation is considered medically unfit for continued military duty and is referred to their immediate commander for processing in accordance with AFI 36-3209.

9.13.5.2. Noncompliance. Reservists or Guardsmen who fail to provide documents or appear for scheduled appointments are considered to be non-compliant and will be referred to their Commander in writing for administrative separation in accordance with AFI 36-3209.

#### **9.14. IRR members with an expected entry or return to RegAF.**

9.14.1. Members who are in the IRR with an expected entry or return to RegAF service to complete an EAD obligation (such as HPSP and Financial Assistance Program students, commissioned ROTC graduates, career intermission program participants) and are identified as having potentially disqualifying conditions will have their cases submitted to AFPC/DP2NP for review and appropriate action. **(T-1)**.

9.14.2. ARPC (ARPC/JA or other designated office) will coordinate collection of clinical documentation and case submission to AFPC/DP2NP. **(T-1)**.

9.14.3. ARPC will notify member of AFPC/DP2NP determination. If outcome results in further case processing, ARPC will continue to coordinate both collection of information/documentation and provision of required briefings to member. **(T-1)**.

9.14.4. If assistance from a military medical provider and/or (PEB) liaison officer is required for case preparation or processing, this will be performed at the AF MTF which is geographically closest to member's location. **(T-2)**.

DOROTHY A. HOGG  
Lieutenant General, USAF, NC  
Surgeon General

## Attachment 1

## GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

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DD Form 2697, *Report of Medical Assessment*

DD Form 2766, *Adult Preventive and Chronic Care Flowsheet*

DD Form 2807-2, *Accessions Medical History Report*

DD Form 2808, *Report of Medical Examination*

DD Form 2870, *Authorization for Disclosure of Medical or Dental Information*

DD Form 2992, *Medical Recommendation for Flying or Special Operational Duty*

AF Form 469, *Duty Limiting Condition Report*

AF Form 422, *Notification of Air Force Member's Qualification Status*

AF Form 847, *Recommendation for Change of Publication*

### ***Abbreviations and Acronyms***

**AAMedP**—AeroMedical Publications

**ACS**—Aeromedical Consultation Service

**ACSCLP**—Aircrew Soft Contact Lens Program

**AFECD**—Air Force Enlisted Classification Directory

**AERO**—Aeromedical Electronic Resource Office

**AETC**—Air Education and Training Command

**AF**—Air Force

**AFB**—Air Force Base

**AFF**—Aircrew Flight Frame

**AFECD**—Air Force Enlisted Classification Directory

**AFELM**—Air Force Element

**AFIA**—Air Force Inspection Agency

**AFI**—Air Force Instruction

**AFMAN**—Air Force Manual

**AFMRA**—Air Force Medical Readiness Agency

**AFMS**—Air Force Medical Service

**AFOCD**—Air Force Officer Classification Directory

**AFOM**—Air Force Operational Medicine

**AFOTEC**—Air Force Operational Test and Evaluation Center

**AFPC**—Air Force Personnel Center

**AFPD**—Air Force Policy Directive

**AFR**—Air Force Reserve

**AFRC**—Air Force Reserve Command

**AFRIMS**—Air Force Records Information Management System

**AFROTC**—Air Force Reserve Officer Training Corps

**AFRS**—Air Force Recruiting Service

**AFSC**—Air Force Specialty Code

**AF/SG**—Headquarters United States Air Force Surgeon General

**AF/SG3P**—Headquarters United States Air Force Chief, Aerospace Medicine Policy and Operations

**AGR**—Active Guard/Reserve

**AHLTA**—Armed Forces Health Longitudinal Technology Application

**AIMWTS**—Aeromedical Information Management Waiver Tracking System

**ALC-C**—Assignment Limitation Code C

**ALEP**—Aircrew Laser Eye Protection

**AMRO**—Airmen Medical Readiness Optimization

**ANG**—Air National Guard

**ANP**—Aeromedical Nurse Practitioner

**AOME**—Aerospace & Operational Medicine Enterprise

**APA**—Aeromedical Physician Assistant

**APEL**—Authorized Protective Eyewear List

**ARC**—Air Force Reserve and Air National Guard (AFR and ANG)

**ARMA**—Adaptability Rating for Military Aviation

**ARPC**—Air Reserve Personnel Center

**ASA**—Air Sovereignty Alert

**ASC**—Aviation Service Code

**ASCL**—USAF aircrew soft contact lens

**ASIMS**—Aerospace Medicine Information Management System

**BOMC**—Base Operational Medical Clinic

**CCT**—Cone Contrast Test

**CFM**—Career Field Manager

**CL**—Contact Lenses

**CMO**—Chief Medical Officer

**COCOM**—Combatant Command

**COT**—Commissioned Officer Training

**CRO**—Combat Rescue Officer

**DES**—Disability Evaluation System  
**DF**—Dean of Faculty  
**DIA**—Defense Intelligence Agency  
**DoD**—Department of Defense  
**DoDD**—Department of Defense Directive  
**DoDI**—Department of Defense Instruction  
**DoDMERB**—Department of Defense Medical Examination Review Board  
**EAD**—Extended Active Duty  
**EHR**—Electronic Health Record  
**EPTS**—Existing Prior to Service  
**FAA**—Federal Aviation Administration  
**FC**—Flying Class  
**ETP**—Exceptions to Policy  
**FDA**—Food and Drug Administration  
**FFD**—Fitness for Duty  
**FLDCOM**—Space Force Field Command  
**FPEL**—Flight Protective Eyewear List  
**FS**—Flight Surgeon  
**GBO**—Ground Based Operator  
**GMU**—Guard Medical Unit  
**G6PD**—Glucose-6-phosphate dehydrogenase  
**HAIMS**—Health Artifact and Image Management Solution  
**HAF**—Headquarters Air Force  
**HARM**—Host Aviation Resource Management  
**HIPAA**—Health Insurance Portability and Accountability Act  
**HIV**—Human Immunodeficiency Virus  
**HPSP**—Health Professions Scholarship Program  
**IDES**—Integrated Disability Evaluation System  
**IDT**—Inactive Duty for Training  
**IMR**—Individual Medical Readiness  
**IRR**—Individual Ready Reserve  
**KEAS**—Knots Equivalent Air Speed



**KX**—Knowledge Exchange  
**LOD**—Line of Duty  
**MAJCOM**—Major Command  
**MDG**—Medical Group  
**MDG/CC**—Medical Group Commander  
**MEB**—Medical Evaluation Board  
**MEPS**—Military Entrance Processing Station  
**MFS**—Medical Flight Screening  
**MFS-N**—Medical Flight Screening Neuropsychiatric Testing  
**MOD**—Missile Operation Duty  
**MPF**—Military Personnel Flight  
**MSD**—Medical Standards Directory  
**MTF**—Military Treatment Facility  
**NAMI**—Naval Aerospace Operational Medicine Institute  
**NASA**—National Aeronautics and Space Administration  
**NATO**—North Atlantic Treaty Organization  
**NVG**—Night Vision Goggle  
**OFE**—Optical Fabrication Enterprise  
**OPR**—Office of Primary Responsibility  
**OS**—Overseas  
**OSF**—Operational Support Flight  
**OTC**—Over the Counter  
**OTS**—Officer Training School  
**PCS**—Permanent Change of Station  
**PEB**—Physical Evaluation Board  
**PEM**—Paraprofessional Exam Matrix  
**PEO**—Program Executive Office  
**PEPP**—Physical Examination and Processing Program  
**PHA**—Preventive Health Assessment  
**PIM**—Pre-Trained Individual Manpower  
**PIP**—Pseudo isochromatic Plates  
**POC**—Professional Officers Course

**PTSD**—Post Traumatic Stress Disorder  
**PULHES**—Physical Profile Serial Chart  
**RCHRA**—Reserve Component Health Risk Assessment  
**RDS**—Records Disposition Schedule  
**RegAF**—The Regular Department of the Air Force  
**RILOMEB**—Review in Lieu of Medical Evaluation Board  
**RMU**—Reserve Medical Unit  
**ROBD**—Reduced Oxygen Breathing Device  
**ROTC**—Reserve Officer Training Corps  
**RPA**—Remotely Piloted Aircraft  
**RPW**—Repatriated Prisoner of War  
**SCETP**—Security Cooperation Education and Training Program  
**SCL**—Soft Contact Lenses  
**SHA**—Separation Health Assessment  
**SHPE**—Separation Health Physical Examination  
**SOD**—Special Operational Duty  
**STANAG**—Standardization Agreements  
**SUPT**—Specialized Undergraduate Pilot Training  
**SUAS**—Small Unmanned Aircraft Systems  
**SWA**—Special Warfare Airmen  
**TACP**—Tactical Air Control Party  
**TBI**—Traumatic Brain Injury  
**TDRL**—Temporary Disability Retirement List  
**TDY**—Temporary Duty  
**TFI**—Total Force Initiative  
**UFT**—Undergraduate Flying Training  
**UPT**—Undergraduate Pilot Training  
**URT**—Undergraduate Remotely Piloted Aircraft Training  
**USAF**—United States Air Force  
**USAFA**—United States Air Force Academy  
**USAFSAM**—United States Air Force School of Aerospace Medicine  
**USCG**—United States Coast Guard

**USSF/SG**—United States Space Force Command Surgeon

**VA**—Veterans Administration

**WWD**—World Wide Duty

### *Terms*

**Accession**—Bringing civilian into military service. Typically done by appointment, enlistment, or induction.

**Active Guard and Reserve**—National Guard and Reserve members who are on voluntary active duty providing full-time support to National Guard, Reserve, and Active Component organizations for the purpose of organizing, administering, recruiting, instructing, or training the Reserve Components. Also called AGR.

**Adaptability Rating**—Unsatisfactory adaptability ratings are usually rendered for maladaptive personality traits, inappropriate motivation, poor motivation for aviation, insufficient adaptability for SOD, or evidence of potential safety of flight risk, etc.

**Aeromedical Consultation Service (ACS)**—Conducts specialized aeromedical evaluations (case reviews and in-person) as requested by MAJCOM(FLDCOM) and AFMRA. The ACS makes recommendations to the waiver authority on whether to grant waiver or not; they provide a medical risk assessment of medically disqualifying conditions relevant to flying and SOD.

**Aeromedical Information Management Waiver Tracking System (AIMWTS)**—A web-based application used to record and process waiver requests for those conducting flying and special operational duties in the USAF that do not meet required medical standards.

**Aeromedical Nurse Practitioner (ANP)**—A nurse practitioner who graduated from AMP and carries the AFSC or special identifier, credentialed to provide health care to flight and SOD personnel in accordance with AFMAN 48-149. They conduct shop visits and fly on a non-interference basis on airframes served by their clinic.

**Aeromedical Physician Assistant (APA)**—A physician assistant who graduated from AMP and carries the AFSC or special identifier, credentialed to provide health care to flight and SOD personnel in accordance with AFMAN 48-149. They conduct shop visits and fly on a non-interference basis on airframes served by their clinic.

**Aerospace Medicine Primary (AMP)**—A USAFSAM course introducing concepts relevant to flight and operational medicine. Additionally, qualifies physicians to be flight surgeons, nurse practitioners to be aeromedical nurse practitioners and physician assistants to be aeromedical physician assistants.

**Aerospace Medicine Information Management System (ASIMS)**—Web-based computer system that houses key medical and duty data elements for service members concerning medical qualifications for duties, retention.

**Aeromedical Provider**—A health care provider (physician, physician assistant or nurse practitioner) who graduated from AMP and carries the AFSC or special identifier. Aeromedical providers are credentialed to provide health care to flight and SOD personnel in accordance with AFMAN 48-149. They conduct shop visits and fly on airframes served by their clinic.

**Aeromedical Summary**—Narrative medical document submitted to the waiver authority for medical conditions that are disqualifying. It contains the relevant features of the medical condition to support a disposition for qualification with waiver or disqualification.

**Aircrew Soft Contact Lens (ASCL) Policy**—Policy authorizing use of USAF approved soft contact lenses and solutions by USAF aircrew.

**Laser**—An acronym for light amplification by stimulated emission of radiation. Any device that can be made to produce or amplify electromagnetic radiation in the x-ray, UV, visible, and infrared or other portions of the spectrum by the process of controlled stimulated emission of photons.

**Air Reserve Component**—The component of the USAF that includes the AFR and ANG.

**Annual Flight Qualification Exam**—Medical examination conducted for purposes of assessing a member's medical qualifications to perform flying duties.

**ARC SG**—The command surgeon general for the two elements of the Air Reserve Component. For the AFR, the office symbol is AFRC/SG; for the Air National Guard, the office symbol is NGB/SGP.

**Career Enlisted Aviator**—Comprised of 9 distinct AFSCs: 1A0X1 – boom operator, 1A1X1 – flight engineer, 1A2X1 – aircraft loadmaster, 1A3X1 – airborne mission systems operator, 1A6X1 – flight attendant, 1A9X1 – special missions aviation, 1U0X1 – remotely piloted aircraft (RPA) sensor operator, 1U1X1 – remotely piloted aircraft (RPA) pilot.

**Deployment**—The rotation of forces into and out of an operational area.

**Fitness For Duty**—Evaluation to determine if member is fit for duty (meets retention medical standards). In the case of ARC, an additional determination needs to be made to adjudicate whether the condition was in the line of duty. If it was (LOD-YES), then the condition is eligible for the integrated disability evaluation system considerations. If it was not found in the line of duty (LOD-NO), the condition is not eligible for the integrated disability evaluation system consideration.

**Flight or SOD Qualification Exam**—Medical examination that conveys medical qualification for flying or SOD at initial selection and annually.

**Flight Surgeon**—A physician who graduated from AMP and carries the AFSC 48X. They are credentialed to provide health care to flight and SOD personnel in accordance with AFMAN 48-149. They conduct shop visits and fly on airframes served by their clinic. They are rated aircrew and must maintain medical qualifications (meet flying class II standards) in order to fly.

**Inactive Duty Training**—Authorized training performed by a member of a Reserve Component not on active duty or active duty for training and consisting of regularly scheduled unit training assemblies, additional training assemblies, periods of appropriate duty or equivalent training, and any special additional duties authorized for Reserve Component personnel by the Secretary concerned, and performed by them in connection with the prescribed activities of the organization in which they are assigned with or without pay.

**Individual Mobilization Augmentee**—An individual reservist attending drills who receives training and is preassigned to an active component organization, a selective service system, or a

federal emergency management agency billet that must be filled on, or shortly after, mobilization.

**Inactive Status**—Status of reserve members on an inactive status list of a Reserve Component or assigned to the Inactive Army National Guard.

**Initial Flight Qualification Exam**—The medical examination done to certify that an applicant for flight duty is medically qualified to enter flight training.

**Initial Flying Class II (IFCII) Flight Qualification Exam**—The medical examination done to certify an applicant requiring flying class II medical standards have been met. Flying class II standards are required of flight surgeon applicants.

**Initial Flying Class III (IFCIII) Flight Qualification Exam**—The medical examination done to certify an applicant requiring flying class III medical standards have been met.

**Line of Duty (LOD) Determination**—An inquiry to determine whether an injury or illness was incurred when the service member was in a military duty status. If the service member was not in a military duty status, whether it was aggravated by military duty; or whether it was incurred or aggravated due to the service member's intentional misconduct or willful negligence.

**Medical Evaluation Board**—For service members entering the DES, the MEB conducts the medical evaluation on conditions that potentially affect the service member's fitness for duty. The MEB documents the service member's medical condition(s) and history with an MEB narrative summary as part of an MEB packet.

**Medical Flight Screening**—The medical flight standards branch (USAFSAM/FECM) is an arm of the aeromedical consultation service (ACS) at the USAF School of Aerospace Medicine (USAFSAM) located at Wright-Patterson AFB in Ohio. USAFSAM/FECM conducts standardized initial flight qualification examinations, as well as medical flight screening (MFS), for USAF pilot applicants (manned and remotely piloted platforms). MFS is a subset of a complete initial flight qualification examination (includes color vision testing, vision examination, anthropometric measurements) plus a battery of MFS-N done for baseline purposes. Applicants who come to the medical flight standards branch for MFS only, already have an initial flight qualification examination from a local base flight medicine clinic on record. Their initial flight qualification examination is pending successful completion of MFS prior to being fully certified.

**Medical Standards**—The minimum state of health to medically qualify for a category or classification of service or specified duty, and medical standards are developed in support of the operational and functional requirements of a category or classification of service or specified duty.

**Medical Standard Directory**—A list of medical conditions that are disqualifying for retention in the USAF, flight duty, SOD, operational support flying duty, and special warfare airman.

**Medical Waiver**—A formal request to consider the suitability for service of an applicant who, because of current or past medical conditions, does not meet medical standards. Upon the completion of a thorough review, the applicant may be considered for a waiver. The applicant must have displayed sufficient mitigating circumstances and provided medical documentation that clearly justify waiver consideration. The Secretaries of the Military Departments may delegate the final approval authority for all waivers.

**MHS GENESIS**—Electronic health record for the military health system that provides a single health record for all patient care.

**Parent**—As used in this manual in conjunction with the words, “MAJCOM,” “country,” “service” and “nation,” the term “parent” refers to the organization or nation to which the subject of the sentence belongs. Examples: Airman Jones’ parent MAJCOM is the MAJCOM to which Jones is regularly assigned; medical rules of the aviator’s parent nation are the rules in Germany if the aviator is a German national).

**Physical Examination and Processing Program (PEPP)**—Web-based computer system to record, store and certify flight and SOD physical examinations.

**Ready Reserve**—The Selected Reserve and Individual Ready Reserve members or units in a legal status that allows them to be ordered to active duty service, as prescribed by Title 10 United States Code Section 10142, Title 10 United States Code Section 12301, and Title 10 United States Code Section 12302.

**Regular Air Force**—The RegAF is the component of the Department of the Air Force that consists of persons whose continuous service on active duty in both peace and war is contemplated by law, and of retired members of the RegAF. The RegAF includes (1) the officers and enlisted members of the RegAF; (2) the professors, registrar, and cadets at the USAFA; and (3) the retired officers and enlisted members of the RegAF as defined in 10 USC 9066. RegAF is specifically for the USAF, however, in this document the use also applies to Regular Space Force members.

**Review in Lieu of (RILO) Medical Evaluation Board**—USAF service members who do not meet retention standards will have their medical condition reviewed by AFPC/DP2NP using a narrative summary describing their medical condition and history. This is the precursor to entering the DES. Possible outcomes: return to duty (RTD) with or without an assignment limitation code, refer to MEB (at which point the DES processing starts).

**Reserve Component**—Consists of the Army National Guard of the United States, the Army Reserve, the Navy Reserve, the Marine Corps Reserve, the ANG of the United States, the AFR, and the Coast Guard Reserve.

**Selected Reserve**—Those units and individuals within the ready reserve designated by their respective Services and approved by the Joint Chiefs of Staff as so essential to initial wartime missions that they have priority over all other reserves.

**Special Operational Duty (SOD)**—Non-flight duties which require special administrative and operational controls to certify medical qualifications for duty on a recurring basis for regular employment. SOD includes air traffic controllers (ATC), special warfare airmen (SWA), and ground based operators (GBO).

**Special Warfare Airmen (SWA)**—The special warfare initiative includes: combat rescue officers (CRO, 13DX prior to 30 Apr 2020, 19ZXC after 30 Apr 2020), special tactics officers (STO, 13CX prior to 30 Apr 2020, 19ZXA after 30 Apr 2020), air liaison officers (ALO, 13LX prior to 30 Apr 2020, 19ZXB after 30 Apr 2020), pararescue (PJ, 1T2XX prior to 31 Oct 2019, 1Z1XX after 31 Oct 2019), combat control (CCT, 1C2XX prior to 31 Oct 2019, 1Z2XX after 31 Oct 2019), tactical air control party (TACP, 1C4XX prior to 31 Oct 2019, 1Z3XX after 31 Oct

2019), and special operations weather team (SOWT, 1W0X2 prior to 30 Apr 2019, 1Z4XX after 30 Apr 2019).

**Transfer**—The movement of a service member from an Active or Reserve Component of a uniformed service by discharge and subsequent enlistment or appointment within 24 hours, to another Regular or Reserve Component of a military service.

**Uniformed Service**—Refers to the Army, the Navy, the Marine Corps, the Air Force, the Space Force, the USCG, the Commissioned Corps of the United States Public Health Service, or National Oceanic and Atmospheric Administration Corps.

**Unfitting**—Those conditions that render an individual medically ineligible for military service. Typically these conditions are eligible for integrated disability evaluation system processing if they occurred in the line of duty.

**Unfitting Condition(s)**—A disability that prevents a service member from performing the duties of their office, grade, rank, or rating. These duties include those performed during a remaining period of Reserve obligation. This also includes condition wherein if the service member were to continue on active duty or in an active Reserve status, the disability would represent a decided medical risk to the health of the service member or to the welfare or safety of other service members, or would impose unreasonable requirements on the military to maintain or protect the service member.

**Unsuited Condition(s)**—Term used to describe medical conditions that interfere with military service but are not eligible for DES processing; these conditions are not compensable in the disability system. These conditions can be of enough significance that they interfere with military service and can be cause for administrative discharge. Some examples include: sleep walking, learning disabilities, bed wetting.

## Attachment 2

## CERTIFICATION &amp; WAIVER AUTHORITY

Table A2.1. Certification &amp; Waiver Authority of Flight Safety Critical Exams.

Category	Certification Authority	Waiver Authority
<b>Flying Class I, IA</b> Includes Active Duty, Reserve, ANG	AFRS/CMO	AFRS/CMO
<b>Flying Class II and GBO Pilot<sup>1</sup></b>		
Active Duty Initial	AFRS/CMO	AFRS/CMO
Reserve (interservice transfer or FS)	AFRC/SGP	AFRC/SGP
ANG (interservice transfer or FS)	ANG/SGP	ANG/SGP
Test Pilot School Flying Class II	AFMC/SGP	AFMC/SGP
Continued Flying Class II and GBO Pilot*	FS	MAJCOM/SGP
<b>Flying Class III*</b>		
Active Duty Initial	AFRS/CMO	AFRS/CMO
Reserve Initial	AFRC/SGP	AFRC/SGP
ANG Initial	ANG/SGP	ANG/SGP
Flight Test Engineers and Developmental Engineers Initial	AFMC/SGP	AFMC/SGP
Continued Flying Class III	FS	MAJCOM/SGP
<b>ATC and Controlling SOD*</b>		
Active Duty Initial	AFRS/CMO	AFRS/CMO
Reserve Initial	AFRC/SGP	AFRC/SGP
ANG Initial	ANG/SGP	ANG/SGP
Continued ATC and Controlling SOD*	FS	MAJCOM/SG
USAFA Cadet Flight Programs	USAFA/SGP	USAFA/SGP
<b>Note 1:</b> See MSD for AFSCs that are flight safety critical		



**Table A2.2. Certification & Waiver Authority of Mission Completion Exams.**

<b>Category</b>	<b>Certification Authority</b>	<b>Waiver Authority</b>
<b>Flying Class III<sup>1</sup> GBO<sup>1</sup> Non-Controlling SOD<sup>1</sup></b>		
Active Duty Initial	AFRS/CMO	AFRS/CMO
Reserve Initial	AFRC/SGP	AFRC/SGP
ANG Initial	ANG/SGP	ANG/SGP
Continued Flying Class III Continued Non-Pilot GBO Continued Non-Controlling SOD	Aeromedical Provider	MAJCOM/SGP
<b>MOD</b>		
Initial MOD	AFGSC/SGP	AFGSC/SGP
Continued MOD	Aeromedical Provider	MAJCOM/SGP
<b>Operational Support Flight (OSF) Duty</b>		
Active Duty / Reserve / Guard	Aeromedical Provider	Local Base Waiver Authority <sup>3</sup>
<b>Static Line, Free Fall, HALO, Jump Master</b>		
Initial AFSC Entry	AFRS/CMO	AFRS/CMO
Trained Asset: Upgrade and Additional Duty Training (Required for AFSC)	Local Base Certification Authority <sup>3</sup>	MAJCOM/SGP
Additional Training (Not required for AFSC) Active Duty / Reserve / Guard	Local Base Certification Authority <sup>3</sup>	MAJCOM/SGP
<b>Note 2: Chapter 5</b> exams for AFSCs not specified as flight safety critical; MOD addressed separately		
<b>Note 3:</b> When delegated by MAJCOM. If not delegated, authority rests with servicing MAJCOM.		

**Table A2.3. Certification & Waiver Authority of Accessions and Retention Exams.**

<b>Category</b>	<b>Certification Authority</b>	<b>Waiver Authority</b>
<b>Initial Commission</b>		
Entering RegAF	MEPS	AFRS/CMO
EAD (Res/ANG to AD)	AFRS/CMO	AFRS/CMO

Entering Reserve	MEPS for non-prior service, AFRC/SG for prior service	AFRS/CMO for non-prior service, AFRC/SG for prior service
Entering ANG	MEPS for non-prior service, ANG/SG for prior service	AFRS/CMO for non-prior service, ANG/SG for prior service
USAFA	USAFA/SG	USAFA/SG
<b>Change In Commission Status without Break in Service</b>		
Active Duty	Local Base Certification Authority <sup>3</sup>	AFPC/DP2NP
Reserve Program	AFRC/SGP	AFRC/SGP
ANG	ANG/SGP	ANG/SGP
<b>Officer Program Applicants</b>		
USAFA	DODMERB	AFRS/CMO
ROTC	DODMERB	AFRS/CMO
Uniformed Services University of Health Sciences	DODMERB	USUHS appointed physician in consultation with AFRS/CMO
HPSP	MEPS	AFRS/CMO
Special Officer Procurement	AFRS/CMO	AFRS/CMO
<b>Note 3:</b> When delegated by MAJCOM. If not delegated, authority rests with servicing MAJCOM		
<b>AF Initial Enlistment</b>		
Active Duty	MEPS	AFRS/CMO
Reserve	MEPS IRR (AFRC/SGP)	AFRS/CMO
ANG	MEPS	AFRS/CMO
<b>Continued Military Service or WWD following MEB</b>		
Active Duty (MEB)		AFPC/DP2NP
Reserve		AFRC/SG

ANG		ANG/SG
Return to Active Duty following break in service >12 months	MEPS	AFRS/CMO
Recall to Active Duty from ARC		AFPC/DP2NP
Recall to Active ARC Status	ARC/SG	ARC/SG
<b>PALACE CHASE or PALACE FRONT</b>		
Reserve	Local Base Certification Authority <sup>3</sup>	AFRC/SGP
ANG	Local Base Certification Authority <sup>3</sup>	ANG/SGP
<b>Base Level AGR Tour (ANG Title 32)</b>		
Reserve	AFRC/SG	AFRC/SG
ANG	ANG/SG	ANG/SG
<b>MAJCOM Level AGR Tour (ANG Title 10)</b>		
Reserve	AFRC/SG	AFRC/SG
ANG	ANG/SG	ANG/SG
<b>Note 3:</b> When delegated by MAJCOM. If not delegated, authority rests with servicing MAJCOM.		

## Attachment 3

## SAMPLE DELEGATION LETTER

**A3.1.** MAJCOM/SG may delegate authority to certify medical qualification examinations and grant medical standard waivers. A sample delegation letter is shown in [Figure A3.1](#)

**Figure A3.1. Sample Delegation Letter.**

MEMORANDUM FOR AF/SG3P	DATE
<p>FROM: BEST MAJCOM/SGP  SUBJECT: Delegation of Aeromedical Certification and/or Waiver Authority</p>	
<p>1. This memorandum delegates the following individuals as the local certification authority in accordance with DAFMAN 48-123:</p>	
<p>Rank Name (Position) Y/N Specialist in Aerospace Medicine</p>	
<p>2. Physicals not meeting (define left and right bounds) should continue to be forwarded to BEST MAJCOM/SGP.</p>	
<p>3. Certifying physical exams constitutes clinical decision making, as such I will be conducting ongoing provider practice evaluation on medical decision making.</p>	
<p>4. This memorandum rescinds all previous BEST MAJCOM Delegation of Aeromedical Certification and Waiver Authority policy letters and remains valid until further notice.</p>	
<p>Signature Block</p>	
<p>CC: Delegated Individuals</p>	