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**ADMINISTRATIVE GUIDE FOR THE FLIGHT
SURGEON AND THE AEROMEDICAL TECHNICIAN:
PERFORMING MEDICAL EXAMINATIONS**

John C. Hausmann, Jr., Technical Sergeant, USAF

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Final Report for Period August 1990 - October 1990

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USAF SCHOOL OF AEROSPACE MEDICINE
Human Systems Division (AFSC)
Brooks Air Force Base, TX 78235-5301



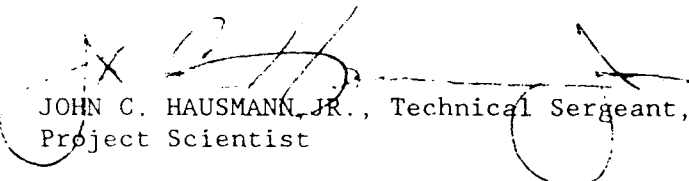
NOTICES

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The Office of Public Affairs has reviewed this report, and it is releasable to the National Technical Information Service, where it will be available to the general public, including foreign nationals.

This report has been reviewed and is approved for publication.



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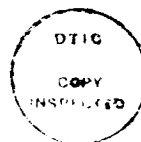
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TABLE OF CONTENTS

| | | |
|-----|---|----|
| 1. | WHO NEEDS A PHYSICAL?..... | 1 |
| 2. | FREQUENCY AND PERIOD OF VALIDITY OF MEDICAL EXAMINATIONS..... | 2 |
| 3. | WHO CAN ACCOMPLISH A PHYSICAL?..... | 3 |
| 4. | FORMS USED IN COMPLETION OF MEDICAL EXAMINATIONS..... | 4 |
| 5. | USEFUL REFERENCES FOR CONDUCTING MEDICAL EXAMINATIONS..... | |
| 6. | DISPOSITION AND REVIEW OF THE COMPLETED EXAMINATION..... | 5 |
| 7. | MOST COMMON ERRORS FOUND ON PHYSICALS..... | 6 |
| 8. | WHEN THE FLIGHT PHYSICAL IS RETURNED FOR MORE INFORMATION..... | 6 |
| 9. | ISSUING THE AF FORM 1042..... | 7 |
| 10. | WAIVER OF MEDICAL CONDITIONS..... | 8 |
| 11. | REQUIRED DOCUMENTATION WHEN SUBMITTING EXAMINATIONS FOR REVIEW..... | 9 |
| 12. | ATTACHMENTS : | |
| | A. EXAMINATION REQUIREMENTS BY MEDICAL STANDARDS CLASS..... | 11 |
| | B. SF 88 (REPORT OF MEDICAL EXAMINATION)..... | 13 |
| | C. SF 93 (REPORT OF MEDICAL HISTORY)..... | 34 |
| | D. AF FORM 1446 (MEDICAL EXAMINATION - FLYING PERSONNEL)..... | 53 |
| | E. WAIVER AND CERTIFICATION AUTHORITIES..... | 55 |
| | F. AEROMEDICAL VISION STANDARDS SUMMARY SHEET..... | 57 |

1. WHO NEEDS A PHYSICAL?**a. Medical Examinations for Flying (AFR 160-43, Paragraph 1-5c):**

- (1) All applicants for Flying Training (Flying Class I/IA)
- (2) Initial Flying Class II (Flight Surgeon applicants)
- (3) Other flying duty applicants (Initial Flying Class III)
- (4) Officers holding comparable status in other U.S. military services applying for U.S. Air Force aeronautical duties
- (5) Personnel, including personnel of the Air Reserve Forces, who are ordered to participate in frequent and regular aerial flight
- (6) Flying personnel, including personnel of Air Reserve Forces, who have been suspended from flying status for 12 months or more for medical reasons, applying for return to flying duties
- (7) Flying personnel ordered to appear before a Flying Evaluation Board (FEB) (See AFR 35-13)
- (8) Flying personnel who have been involved in an aircraft accident (See AFR 127-4)
- (9) When the member's medical qualifications for flying duty may have undergone a change since last examination
- (10) When flying personnel report to a new base
- (11) Within 3 months preceding the last day of the birth month for all members on flying status.

b. Medical Examinations for Missile Launch Crew Duty and Space Operations Duty (AFR 160-43, Paragraph 1-6c):

- (1) For Missile Launch Crew or Space Operations duty, within 24 months of entry into training
- (2) When reporting to a new base
- (3) When qualifications for missile launch crew or space operations duty may have undergone a change since the last scheduled examination

c. Standard Medical Examination (AFR 160-43, Paragraph 1-3b):

- (1) Entrance into active military service
- (2) Termination of active military service (see paragraph 1-d below)
- (3) Appointment or enlistment in the Air Reserve Forces
- (4) Appointment to the Air Force Academy
- (5) Appointment to Officer Training School
- (6) Acceptance to the Air Force Reserve Officers' Training Corps (AFROTC)
- (7) Periodically, as required by AFR 160-43, Attachment 3
 - (a) Non-flying personnel - every 5 years beginning at age 25, within 6 months preceding the last day of the birth month
 - (b) Flying personnel - annually, within 3 months preceding the last day of the birth month
 - (c) General officers - annually, within 3 months preceding the last day of the birth month

d. Medical Examination for Separation or Retirement is mandatory when (AFR 160-43, paragraph 1-4c):

- (1) Member has not had a standard medical examination (SF 88) within 5 years for separation and 3 years for retirement
- (2) Medical authority believes an examination should be done for either clinical or administrative reasons
- (3) Member has a "4" physical profile serial
- (4) Member is on Limited Assignment Status
- (5) Separation is involuntary, or voluntary in lieu of court martial, or retirement in lieu of involuntary administrative separation
- (6) Member is an Air National Guard (ANG) member separating from federal service
- (7) Member has been approved for PALACE CHASE and it has been more than 2 years since the last examination
- (8) Member is a repatriated prisoner of war (POW)

2. FREQUENCY AND PERIOD OF VALIDITY OF MEDICAL EXAMINATIONS (AFR 160-43, paragraph 1 11):

a. Enlistment:

- (1) Examination must be completed as near as possible to the date of entry on active duty, but within 24 months of date of entry on active duty.

b. Commission:

- (1) Civilian Applicants: within 1 year of application and within 2 years of entry on active duty.
- (2) Military and AFROTC Applicants:
 - (a) For enlistment into Professional Officers Course (POC) and AFROTC scholarships, examination must be within 36 months from date of entry.
 - (b) For commission and entry onto active duty in a not rated status, must be within 1 year of application and within 24 months of entry into active duty.
- (3) Air Force Academy: Must be within 24 months of entry on active duty.
- (4) Indefinite Reserve Status Applicants: Must be within 1 year of application when examination is required by AFR 36-14.

c. Flying Training (Flying Class I/IA): Must be within 24 months of entry into training.

- d. Annual Flying Class II (Rated Officers):
 - (1) The Initial Flying Class (IFC) I/IA examination may be used for the purpose of rating and placing on flying status at the time of graduation.
 - (2) The IFC I/IA examination is valid for the remainder of the month in which it was accomplished and for seventeen additional months.
- e. Initial Flying Class II and Initial Flying Class III:
 - (1) Examination must be completed within 18 months of entry into training, and will be valid as follows:
 - (a) If accomplished more than 6 months before the individual's birth month, the examination will expire at the end of the first birth month after entering training.
 - (b) If accomplished within 6 months of the individual's birth month, the examination will be valid through the impending birth month and will expire at the end of the next birth month.
 - (c) No IFC II or IFC III examination will be valid longer than 18 months.
- f. Personnel on Active Duty: Medical examinations are valid for 1 year or more depending on the category of examination specified in Attachment 3, AFR 160-43. The examination will expire at the end of the individual's birth month.

3. WHO CAN ACCOMPLISH A PHYSICAL? (AFR 160-43, Paragraph 1-3c, 1-5d)

- a. Except for flying examinations, standard medical examinations will be accomplished by a medical officer or physician employed by the Armed Services regardless of active duty status, as well as by designated Air Force physician assistants or primary care nurse practitioners under the supervision of and subject to review by a physician.
- b. Flying Examinations:
 - (1) Only flight surgeons may conduct medical examinations for flying.
 - (2) Departments of the Army and Navy medical officers trained as flight surgeons are included to the extent of their authorization by their respective departments.
 - (3) Only U.S. Air Force flight surgeons on (extended) active duty may conduct medical examinations for flying training (flying Class I and IA).

4. FORMS USED IN COMPLETION OF MEDICAL EXAMINATIONS:

a. For periodic examinations submit in the order listed:

- | | | |
|-----|--------------|--|
| (1) | SF 88 | Report of Medical Examination |
| (2) | SF 93 | Report of Medical History |
| (3) | SF 520 | Electrocardiogram (when indicated) |
| (4) | SF 513 | Specialty Consultation (when indicated) |
| (5) | SF 519-B | X-Ray Report (when indicated) |
| (6) | AF Form 1226 | Pulmonary Function Test (when indicated) |

NOTE: If a cover sheet is provided, place patient identification on it. Place Aeromedical Summary as first document if included in the packet.

b. When eligible to take abbreviated flight physical:

- | | | |
|-----|--------------|--|
| (1) | AF Form 1446 | Interim Medical Examination (Short Form) |
|-----|--------------|--|

c. When individual is on or applying for flying status:

- | | | |
|-----|--------------|---|
| (1) | AF Form 1042 | Medical Recommendation for Flying or Special Operational Duties |
|-----|--------------|---|

d. When requested by the examinee and flight surgeon is a designated Federal Aviation Administration Aviation Medical Examiner (FAA-AME):

- | | | |
|-----|-----------------|----------------------------|
| (1) | FAA Form 8500-8 | Airman Medical Certificate |
|-----|-----------------|----------------------------|

5. USEFUL REFERENCES FOR CONDUCTING MEDICAL EXAMINATIONS

a. AFR 160-43 - Medical Examinations and Medical Standards

- | | | |
|------|-------------|---|
| (1) | Chapter 1: | General Information and Administrative Procedures |
| (2) | Chapter 2: | Physical Profiling |
| (3) | Chapter 3: | Medical Evaluation for Continued Worldwide Military Service |
| (4) | Chapter 4: | Medical Standards for Appointment, Enlistment, and Induction |
| (5) | Chapter 6: | Medical Standards for Air Traffic Controller (ATC) Duty |
| (6) | Chapter 7: | Medical Standards for Flying Classes II and III |
| (7) | Chapter 8: | Medical Standards for Flying Training |
| (8) | Chapter 9: | Medical Standards - Miscellaneous Categories |
| (9) | Chapter 10: | Examination and Certification of Air Reserve Forces Members Not on Extended Active Duty |
| (10) | Chapter 11: | Medical Examination - Accomplishment and Recording |
| (11) | Chapter 12: | Special Evaluation Requirements |
| (12) | Chapter 13: | Occupational Health Examinations |

- (13) Attachments: 1 - List of Abbreviations
2 - Certification and Waiver Authority
3 - Periodic Medical Examination and Scope
4 - Hearing Standards
5 - Physical Profile Serial Chart
6 - Measurement of Ankylosis and Joint Motion -
Upper and Lower Extremities
7 - Height and Weight Tables
8 - Accommodative Power

- b. AFR 160-13 - Medical Examination of Applicants for a United States Service Academy, 4-Year Reserve Officer Training Corps (ROTC) Scholarship, and the Uniformed Services University of the Health Sciences (USUHS)
- c. AFR 160-17 - Physical Examinations Techniques
- d. AFR 160-37 - Department of Defense Medical Examination Review Board (DODMERB)
- e. AFP 161-18 - Flight Surgeon's Guide
- f. AFR 161-23 - Aerospace Medicine Consultant Service
- g. AFR 161-33 - The Aerospace Medicine Program
- h. AFR 161-35 - Hazardous Noise Exposure
- i. AFR 161-36 - Medical Recommendation for Flying or Special Operational Duty

6. DISPOSITION AND REVIEW OF THE COMPLETED EXAMINATION (AFR 160-43, paragraph 1-7d)

- a. For qualified personnel, the report will be filed in the member's health record (AF Form 2100 or 2100A record)
- b. Personnel on flying status or special operational duty who do not meet the appropriate standards will be further evaluated in sufficient detail to determine whether request for waiver is warranted. Send one copy of the SF 88 and supporting documents through MAJCOM/SG to HQ USAF/SGPA on all flying personnel who have been medically suspended or found permanently disqualified for aviation service.
- c. Personnel whose qualification for worldwide service is questionable will be presented to a Medical Evaluation Board.

7. MOST COMMON ERRORS FOUND ON PHYSICALS:

a. Failure to:

- (1) Write legibly (no felt-tip pens please)
- (2) Use only authorized abbreviations (refer to AFR 160-43)
- (3) Transcribe all tests and lab results to SF 88
- (4) Perform all required tests
- (5) Use only authorized entries (see Appendix B)
- (6) Adequately describe defects / conditions
- (7) Assemble the forms in the correct order (see Paragraph 5, above)
- (8) Staple packet in upper left corner ONLY
- (9) Have a physician read and sign electrocardiogram (ECG) report or tracing
- (10) Submit an aeromedical summary with the examination when disqualifying conditions are noted during the examination
- (11) Forward dental X-Rays to dental clinic, on other than Flying Training Examinations

8. WHEN THE FLIGHT PHYSICAL IS RETURNED FOR MORE INFORMATION:

a. If the examination is returned for more information, the reviewer has found:

- (1) A possible clerical error.
- (2) An item in which a required entry has not been made.
- (3) An entry which is outside the normal range but not commented on by the flight surgeon on the SF 88/93 or attached documents.
- (4) A response which requires elaboration before a disposition can be made by the staff at the review/certification authority.

b. These returns can be minimized by:

- (1) Carefully reviewing the examination before submitting it.
- (2) Repeating any tests which are out of the normal range.
- (3) Commenting on all positive responses in the history.
- (4) Thoroughly exploring and documenting all abnormal findings, especially if those findings are potentially disqualifying.

c. HQ USAF/SGPA and MAJCOM/SGPA have published Aeromedical Policy Letters on a number of common disqualifications. These letters should be referred to for guidelines on what diagnostic tests to perform and what medications should be tried before requesting a waiver. An Aeromedical Summary should be submitted for disqualifying conditions. The Policy Letters will usually give guidelines on what the aeromedical disposition will be for a given condition.

d. When an examination is returned for more information, the reviewer will specify what information is needed. Obtain the information, enter it in the proper space, or attach extra sheets as necessary. Do not submit the examination for review a second time without the requested information. Doing so may result in the aviator being disqualified for failure to complete the examination.

9. ISSUING THE AF FORM 1042 - MEDICAL RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY (AFR 161-36, Chap 2):

- a. When the flight surgeon determines that an individual qualified for flying or special operational duty is temporarily medically unfit to perform the required duties, the flight surgeon immediately completes an AF Form 1042 and sends a signed and dated copy to the HOSM (Host Operations System Management) office and the flying unit for flying personnel, or the commander and duty section for special operational duty personnel.
 - (1) Rated officer: If the illness or injury will not resolve within 180 days, indicate so on AF Form 1042.
 - (2) Nonrated officer or airmen: If the illness or injury will not resolve within 90 days, indicate so on AF Form 1042.
- b. To remove a temporary medical restriction from flying or special operational duty.
- c. To qualify medically for flying duty following a period of disqualification for aviation service. Rated officers require certification by HQ USAF/SG if the period of aviation service disqualification exceeds 1 year. See AFR 160-43, Attachment 2, for nonrated officers and airmen certification authority.
- d. For continued medical clearance for flying or special operational duty following initial or periodic medical examination, incoming clearance to a new base, and post aircraft mishap evaluations.
 - (1) Issue an AF Form 1042 with the periodic flight physical, dated the day of the examination. DO NOT backdate AF Form 1042.
 - (a) Failure to complete the physical before the end of the birth month for any reason within the control of the individual requires no action by the flight surgeon. The Host Operations System Management (HOSM) will automatically suspend the individual.
 - (b) Failure to complete the physical due to an illness or injury found at the time of the examination requires Duties Not Involving Flying (DNIF) action.
 - (2) Incoming permanent change of station (PCS) review will be accomplished by a senior aeromedical technician (901) reviewing the records. The flight surgeon examines the member for fitness for duty, and will brief the member on local procedures (sick call, DNIF, self-medication, scheduling physicals, etc).
- e. As evidence of clearance for foreign military personnel. See AFR 160-39 (Medical Clearance for Flying Duty of Foreign Military Personnel / North Atlantic Treaty Organization (NATO) Personnel).

10. WAIVER OF MEDICAL CONDITIONS (AFR 160-43, paragraph 1-9)

a. Authority to Grant Waivers:

- (1) The authority to grant waivers is determined by the type of examination, and is listed in AFR 160-43, Attachment 2.
- (2) There is no authority to waive physical defects which interfere with worldwide duty according to Chapter 3, AFR 160-43.
- (3) A waiver granted for a static medical condition that was present at the time of entry into initial active duty need not be periodically reviewed.
- (4) Waivers for continued duty are not appropriate except for duties for which special medical fitness standards are prescribed (flying, air traffic controller, parachutist, missile launch crew, etc).

b. Initiating Waivers: When it is believed that a waiver is justified, the examining flight surgeon will recommend a waiver on SF 88, Item 75, and the waiver request with appropriate reports (including Aeromedical Summary) will be submitted to the appropriate review authority.

c. Term of Validity of Waivers:

- (1) The term of validity will be established by the reviewing authority.
- (2) Waiver for defects are considered indefinite for:
 - (a) Defects present at the time of entry to active duty
 - (b) Items of history
 - (c) Static defects
- (3) An expiration date is placed on waivers for conditions that may progress, or when periodic reevaluation is required.
- (4) If the condition is resolved so that the member is qualified by the appropriate medical standards, it is not necessary to remove the waiver, but it is necessary to notify the waiver authority to allow inclusion of this information in the Waiver File. Categorical waivers (IIA, IIB, IIC) must not be removed or altered except by HQ USAF action.

d. Flying Training

- (1) Undergraduate Flying Training (UPT, UNT, and UHT):
 - (a) Graduates of the AFA, ROTC, OTS, and officers on active duty who do not meet standards in Chapter 8, AFR 160-43, and have only minor defects may be considered for a medical waiver on an individual basis. HQ USAF/SGPA is the final waiver authority for all flying training applicants. HQ A^TC/SGPS may grant waivers for conditions other than those listed in AFR 160-43, paragraph 1-9(e).

- (b) Applicants for AFA, ROTC, or OTS as pilots or navigators must meet Flying Training Standards. Waivers will not be considered.
- (2) Flight Surgeon and Flight Nurse Training:
 - (a) Applicants for Flight Surgeon training must meet Flying Class II standards. Certification and review authority is listed in AFR 160-43, Attachment 2.
 - (b) Flight Nurse applicants must meet Flying Class III standards. Certification and waiver authority is HQ MAC/SG. HQ AFRES/SG and ANG/SG are certification and waiver authority for flight nurses entering or assigned to their commands.
 - (3) Flying Duty: Any defect listed in Chapter 7, AFR 160-43 as disqualifying may be waived by the MAJCOM surgeon. Conditions listed in Paragraph 1-9e(1) (a) through (y) can only be waived by HQ USAF/SGPA.
- e. Delegation of Waiver Authority for Flying Personnel:
- (1) Authority is delegated to MAJCOM/SG to renew waivers initially granted by HQ USAF/SGPA for those conditions listed in paragraph 1-9e(1) except for those conditions which were granted categorical waivers. HQ USAF/SGPA retains review/certification authority in those cases.
 - (2) Command surgeons may delegate waiver authority to another command surgeon when personnel of their own command are tenants on bases of the other command.

11. REQUIRED DOCUMENTATION WHEN SUBMITTING EXAMINATIONS FOR REVIEW (AFR 160-43, Paragraph 1-10b):

- a. Send the following typewritten documents in the quantities indicated to the reviewing authority (as indicated):
 - (1) SF 88, three copies.
 - (2) SF 93, three copies (examinee's responses on the SF 93 will be handwritten).
 - (3) SF 502, Medical Record - Narrative Summary (Clinical Resume), if hospitalized. Three copies.
 - (4) SF 513, Medical Record - Consultation Sheet. Three copies.
 - (5) AF Form 1042, one set (Do not separate or remove carbons).
 - (6) AF Form 1139, Request for Tumor Board Appraisal and Recommendation, in cases of malignancy. Three copies.
 - (7) SF 515, Medical Record - Tissue Examination, in cases of malignancy. Three copies.
 - (8) SF 520, Clinical Record - Electrocardiograph. One mounted with tracing (includes exercise tolerance test).

- (9) Report from Aerospace Medicine Consultant Service, three copies.
- (10) Report of in-flight evaluation (to include detailed comments of aeromedical evaluator and instructor pilot), three copies.
- (11) Report of simulated flight in low pressure chamber, three copies.
- (12) AF Forms 1352, Hyperbaric Patient Information and Therapy Record, and 1354, Hyperbaric Chamber Operation Record, three copies.
- (13) AF Form 618, Medical Board Report, three copies.
- (14) Aeronautical suspension orders, one copy.
- (15) Aeromedical Summary, three copies.
- (16) DD Form 2216, Hearing Conservation Data, one copy of latest evaluation along with additional detailed follow-up forms (one copy each) and one copy of DD Form 2215, Reference Audiogram.
- (17) AF Form 1226, Pulmonary Function Studies, three copies.

| AFR 160-43 CHAPTER | 8 | 7 | 6 | 4 | 3 | 3 |
|------------------------|------|----------------|---------------|----------|-----|---------|
| PURPOSE OF EXAMINATION | I/IA | INITIAL FLYING | ANNUAL FLYING | ENL COMM | WWD | SEP RET |
| SF 93 | Y | (1) | (1) | Y | N | Y |
| SF 88 | | | | | | |
| 1 NAME | Y | Y | Y | Y | Y | Y |
| 2 GRADE | Y | Y | Y | Y | Y | Y |
| COMPONENT | Y | Y | Y | Y | Y | Y |
| 3 SSN | Y | Y | Y | Y | Y | Y |
| 5 PURPOSE | Y | Y | Y | Y | Y | Y |
| 6 DATE | Y | Y | Y | Y | Y | Y |
| 7 SEX | Y | Y | Y | Y | Y | Y |
| 8 RACE | Y | Y | Y | Y | Y | Y |
| 10 AGENCY | Y | Y | Y | Y | Y | Y |
| 12 DOB | Y | Y | Y | Y | Y | Y |
| 15 EXAMINING FACILITY | Y | Y | Y | Y | Y | Y |
| 18-43 CLINICAL EVAL | Y | Y | Y | Y | Y | Y |
| 23 VALSALVA | Y | Y | Y | N | N | N |
| 32 DIGITAL RECTAL | Y | Y | (4) | Y | (4) | (1,4) |
| STOOL GUIAC | Y | Y | (4) | Y | (4) | (1,4) |
| 44 DENTAL EXAMINATION | Y | Y | N | Y | N | Y |
| 45A U/A-SP GRAVITY | Y | Y | Y | Y | Y | Y |
| 45B ALBUMIN | Y | Y | Y | Y | Y | Y |
| 45C SUGAR | Y | Y | Y | Y | Y | Y |
| 45D MICROSCOPIC | Y | Y | Y | Y | Y | Y |
| 46 CHEST X-RAY | | | | | | |
| PLACE | Y | Y | (2) | Y | (2) | Y |
| DATE | Y | Y | (2) | Y | (2) | Y |
| RESULT | Y | Y | (2) | Y | (2) | Y |
| 47 SEROLOGY | Y | Y | (2) | Y | (2) | (1,2) |
| 48 ECG | Y | Y | Y | Y | (7) | Y |
| 50 OTHER TESTS | | | | | | |
| HCT / HGB | Y | Y | Y | Y | Y | Y |
| HIV (10) | Y | Y | Y | Y | Y | Y |
| SICKLEDEX | Y | (3) | (3) | (3) | (3) | (1,3) |
| FBS | (2) | (2) | (2) | (2) | (2) | (2) |
| CHOLESTEROL | Y | Y | Y | Y | Y | Y |
| HDL CHOL | Y | Y | Y | Y | Y | Y |
| TRIGLYCERIDES | Y | Y | Y | Y | Y | Y |
| 51 HEIGHT | Y | Y | Y | Y | Y | Y |
| 52 WEIGHT | Y | Y | Y | Y | Y | Y |
| 57 BLOOD PRESSURE | | | | | | |
| A SITTING | Y | Y | Y | Y | Y | Y |
| B-C REMAINDER | Y | Y | (2) | (2) | (2) | (2) |
| 58 PULSE | | | | | | |
| A SITTING | Y | Y | Y | Y | Y | Y |
| B-C REMAINDER | Y | Y | (2) | (2) | (2) | (2) |

| PURPOSE OF EXAMINATION | | I/IA | INITIAL FLYING | ANNUAL FLYING | ENL COMM | WWD | SEP RET |
|------------------------|--------------------|------|----------------|---------------|----------|-------|---------|
| 59 | DISTANT VISION | Y | Y | Y | Y | Y | Y |
| 60 | REFRACTION | | | | | | |
| | CYCLOPLEGIC | Y | N | N | N | N | N |
| | MANIFEST | N | (6) | (6) | (6) | (6) | (6) |
| 61 | NEAR VISION | Y | Y | Y | Y | Y | Y |
| 62 | HETEROPHORIA | | | | | | |
| | TEST/DISTANCE | Y | Y | Y | N | N | N |
| | ESOPHORIA | Y | Y | Y | N | N | N |
| | EXOPHORIA | Y | Y | Y | N | N | N |
| | HYPERPHORIA | Y | Y | Y | N | N | N |
| | COVER TEST | Y | Y | N | N | N | N |
| | NPC | Y | Y | N | N | N | N |
| 63 | ACCOMMODATION | Y | N | N | N | N | N |
| 64 | COLOR VISION | Y | Y | (3) | Y | (3) | (3) |
| 65 | DEPTH PERCEPTION | Y | Y | Y | N | N | N |
| 66 | FIELD OF VISION | Y | Y | Y | N | N | N |
| 67 | NIGHT VISION (9) | Y | Y | Y | Y | Y | Y |
| 68 | RED LENS TEST | Y | N | N | N | N | N |
| 69 | IOP | Y | Y | (2,4) | Y | (2,4) | (2,4) |
| 71 | AUDIOMETRY | Y | Y | Y | Y | Y | Y |
| 72 | PSYCHOLOGICAL | | | | | | |
| | ARMA | Y | Y | (2) | (2) | (2) | (2) |
| | RAT | Y | Y | (2) | (2) | (2) | (2) |
| 73 | NOTES | | | | | | |
| | STATEMENT | N | Y | Y | Y | Y | Y |
| | OPTOM SIGN | Y | N | N | N | N | N |
| | AMS SIGNATURE | Y | N | N | N | N | N |
| 74 | SUMMARY OF DEFECTS | Y | Y | Y | Y | Y | Y |
| 75 | RECOMMENDATIONS | Y | Y | Y | Y | Y | Y |
| 76 | PHYSICAL PROFILE | Y | Y | Y | Y | Y | Y |
| 77 | QUALIFICATION | Y | Y | Y | Y | Y | Y |
| 78 | DQ'ING DEFECTS | Y | Y | Y | Y | Y | Y |
| 79 | NCOIC, PES | Y | Y | Y | Y | Y | Y |
| 80 | EXAMINER | Y | Y | Y | Y | Y | Y |
| 81 | DENTIST | Y | Y | N | Y | N | N |
| 82 | DBMS | Y | Y | N | Y | N | Y |

- NOTES: (1) Required on all Initial Flight physicals;
(2) Required if medically indicated;
(3) If previously done, enter: Result, Date, "By Record";
(4) Required on all examinations age 40 and over;
(5) Required if individual exceeds the Maximum Allowable Weight table;
(6) Required when individual wears corrective lenses;
(7) Required on all examinations age 35 and over;
(8) Perform if the fasting cholesterol is greater than 230 mg%;
(9) Only if indicated by history, otherwise "NIBH";
(10) Perform when available.

- A. Physical examinations are accomplished in accordance with the procedures in AFR 160-43. The findings are recorded on SF 88 in a standard format. Refer to AFR 160-43, Table 11-1.
- B. Items 1 through 17 of SF 88 contain identification data on the examinee. You are responsible for establishing the accuracy of this information and for making sure the entries are in the standard format.
1. Item 1 - LAST NAME - FIRST NAME - MIDDLE NAME: Have the examinee print his/her last name, first name and middle name. "Jr.", "III" etc., will be entered, when appropriate, as the last entry for this item.

SAMPLE ENTRIES:

1. LAST NAME--FIRST NAME--MIDDLE NAME

JONES, JOHN PAUL (with middle name)

1. LAST NAME--FIRST NAME--MIDDLE NAME

JOHNSON, BRUCE - (with no middle name or initial)

1. LAST NAME--FIRST NAME--MIDDLE NAME

ANDERSON, JAMES ALLEN JR. (Jr. III etc.)

2. Item 2 - GRADE AND COMPONENT OR POSITION: This item requires the examinee's grade (rank) and component (USAF). Medical service identifiers will be entered in parentheses when applicable and only on those currently assigned. If the examinee has no military grade, or has separated from active duty and is not a member of the inactive reserve, enter "civilian."

SAMPLE ENTRIES:

2. GRADE AND COMPONENT OR POSITION

TSgt USAF (active military)

2. GRADE AND COMPONENT OR POSITION

Col (MC) USAF (active military with medical identifier)

2. GRADE AND COMPONENT OR POSITION

Civilian (civilian applicant)

3. Item 3 - IDENTIFICATION NO: The examinee's social security number is entered in this item. For enlisted personnel use the following two letter PREFIX. For officers use the same two letters as a SUFFIX. "FR" for active duty, "FV" for Reserves, and "FG" for Air National Guard. If the examinee is a civilian, enter the social security number without the letters.

SAMPLE ENTRIES:

3. IDENTIFICATION NO.
012-34-5678 FR Officer (regular Air Force)
3. IDENTIFICATION NO.
123-45-5678 FV Officer (Reserve)
3. IDENTIFICATION NO.
FR 123-45-6789 Enlisted (active duty)
3. IDENTIFICATION NO.
123-45-5678 Civilian
4. Item 4 - HOME ADDRESS: Have the examinee record the permanent home of record in this item. The following information should be recorded: house number and name of the street (avenue), or rural route and box number; city and state; and ZIP code. Either spell the name of the state/country completely out or use correct abbreviation.

SAMPLE ENTRY

4. HOME ADDRESS (number, street or RFD, City or Town,...)

123 Main Avenue
Boston, MA 01023
5. Item 5 - PURPOSE OF EXAMINATION: This item states the purpose of the physical examination. The specific type of physical examination is recorded. (Refer to notes on Types of Physical Examinations)

SAMPLE ENTRIES: NOT LIMITED TO JUST THESE TITLES

- | | |
|--|--|
| 5. PURPOSE OF EXAMINATION Flying Training | 5. PURPOSE OF EXAMINATION MEB |
| 5. PURPOSE OF EXAMINATION Commissioning | 5. PURPOSE OF EXAMINATION 114X0 |
| 5. PURPOSE OF EXAMINATION Periodic Flying | 5. PURPOSE OF EXAMINATION Periodic Non Flying |

6. Item 6 - DATE OF EXAMINATION: The date of the physical examination is entered. The entry must be in military format (day of the month, first three letters of the month, and the year).

6. DATE OF EXAMINATION

14 Nov 88

7. Item 7 - SEX: Enter the examinee's sex. Do not abbreviate.

SAMPLE ENTRIES:

| | |
|--------|--------|
| 7. SEX | 7. SEX |
| Male | Female |

8. Item 8 - RACE: Enter the examinee's race. Do not abbreviate.

SAMPLE ENTRIES:

| | | |
|--------------------|-----------------------|---------------------|
| 8. RACE | 8. RACE | 8. RACE |
| Caucasian | Negroid (or Black) | Oriental |
| 8. RACE | 8. RACE | 8. RACE |
| American Indian | Puerto Rican | Mexican American |

9. Item 9 - TOTAL YEARS GOVERNMENT SERVICE: The examinee must enter the total active duty service time in this item. The entry is expressed in years, plus the number of remaining months, if any, over 12 (as a fraction). The entry is recorded after the word "military." If the examinee is a full-time civil service or federal employee, enter the time after the word "civilian." Enter a dash for civilian examinees that have no past or present military or civil service time. Reserve time is entered in item # 16.

SAMPLE ENTRY:

| | | |
|----|--------------------------------|---------------------------|
| 9. | TOTAL YEARS GOVERNMENT SERVICE | Examinee has 9 yrs, 6 mos |
| | MILITARY 9 6/12 CIVILIAN 2/12 | of Active Duty and 2 mos |
| | | in Federal Civil Service. |
| 9. | TOTAL YEARS GOVERNMENT SERVICE | Examinee has 8 yrs and |
| | MILITARY 8 1/12 CIVILIAN - | 1 mo of Active Duty |
| | | service |

10. Item 10 - AGENCY: If the examinee is Active duty military, the entry for this item is "DAF" (Department of the Air Force). Enter a dash for civilian examinees.

SAMPLE ENTRIES:

| | | | |
|------------|--------------|------------|--------------|
| 10. AGENCY | 10. AGENCY | 10. AGENCY | 10. AGENCY |
| DAF | DA | - | DN |
| Dept of AF | Dept of Army | Civilian | Dept of Navy |

11. Item 11 - ORGANIZATION UNIT: Enter the examinee's present organization, Major Command in parentheses, and base of assignment. Do not enter ZIP codes. Enter a dash for civilian examinees. Do not enter the gaining unit unless already assigned.

SAMPLE ENTRIES:

11. ORGANIZATION UNIT
2nd Bomb Wing (SAC) Murphy AFB, TX

12. Item 12 - DATE OF BIRTH: The examinee must record the date of birth (in military style) in this item. Also, following the date, the examinee must record the present age, in parentheses.

SAMPLE ENTRIES:

12. DATE OF BIRTH
10 Jul 60 (29)

13. Item 13 - PLACE OF BIRTH: The town or city and state where the examinee was born is entered. If the examinee was not born in a town/city, enter the county and state. If born in a foreign country, enter the city and country. Either spell the names completely out or use correct abbreviations.

SAMPLE ENTRIES:

| | |
|--------------------|--------------------|
| 13. PLACE OF BIRTH | 13. PLACE OF BIRTH |
| Sacramento, CA | London, England |
| 13. PLACE OF BIRTH | |
| Braxton County, WV | |

14. Item 14 - NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN: The examinee must enter the name, relationship and address of next of kin (NOK) (the person to be notified in case of accident or death of the examinee).

Record the name and relationship of the NOK in parentheses. Also, include the complete address. If the address is the same as that entered in item 4, the examinee may so state. If no NOK, then enter "None."

SAMPLE ENTRIES:

14. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN (address is
Mrs. Mary T. Jones (Mother) different
100 Post Road, Hartford, CT 06132 from #4)
14. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN
Mrs. Betty K. Smith (Wife)
Same as item #4

15. Item 15 - EXAMINING FACILITY OR EXAMINER, AND ADDRESS: The complete name of the facility and the base is entered. Every hospital or clinic has a name, even though that name may be the same as the base.

SAMPLE ENTRY:

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS
USAF Clinic Brooks (ATC) Brooks AFB, TX 78235-5001

16. Item 16 - OTHER INFORMATION: Enter the duty Air Force specialty code (DAFSC) and title on nonrated and all enlisted personnel. Enter the date of service termination on separation and retirement examinations. If the individual is rated, the current Aviation Service Code (ASC) should be entered here. If overseas, enter the dates estimated to return from overseas (DEROS). Enter a dash if not used. Reserve time is entered in this item also.

SAMPLE ENTRIES:

16. OTHER INFORMATION Rated Flyers
ASC: 1A
16. OTHER INFORMATION Non-Flyers
DAFSC: Duty Title:
16. OTHER INFORMATION Separation or Retirement
DOS:
16. OTHER INFORMATION Non-Rated Flyers
DAFSC: Duty Title:

17. Item 17 - RATING OR SPECIALTY, TIME IN THIS CAPACITY (TOTAL) AND LAST 6 MONTHS: The examinee must enter the flying rating/crew position in this item. If the examinee is rated, also enter the type of aircraft, in parentheses, following the rating. Time in this capacity requires the examinee to enter the flying hours. "Last 6 months" requires the flying hours for the past 6 month period. The last two entries are only required for those personnel on flying status. For civilian examinees, enter a dash for all three items.

SAMPLE ENTRIES:

| | Rated | |
|-------------------------|-----------------------|---------------|
| 17. RATING OR SPECIALTY | TIME IN THIS CAPACITY | LAST 6 MONTHS |
| Pilot (FB-111) | 2000 | 60 |

| | Non-Rated | |
|-------------------------|-----------------------|---------------|
| 17. RATING OR SPECIALTY | TIME IN THIS CAPACITY | LAST 6 MONTHS |
| Loadmaster (C-130) | 4000 | 150 |

| | Civilian | |
|-------------------------|-----------------------|---------------|
| 17. RATING OR SPECIALTY | TIME IN THIS CAPACITY | LAST 6 MONTHS |
| - | - | - |

- C. Items 18 through 43 contain the Clinical Evaluation. This evaluation is accomplished by a physician assistant or physician for non-flying examinations and a flight surgeon for flying examinations. There are some required items that must always be entered on flying physical examinations. There are three general rules to follow when making a statement about the clinical evaluation.

1. Record the information opposite the item you are referencing whenever possible.
2. Always precede the information you are recording with the reference item number.
3. Only enter what can be seen and/or felt (more information on this will be provided in later paragraphs)

The following entries are highlights of the more common items.

1. ITEM 21 - MOUTH AND THROAT: A common entry for this item is a reference to the tonsils being removed. The physician would write "TE" for this item. This symbol is an abbreviation for "Tonsils Enucleated" (which means the tonsils were totally and cleanly removed surgically). Because the tonsils were removed, this finding requires a check in the "Abnormal" column.

SAMPLE ENTRY:

| | |
|------------------------|------------------------|
| 21. MOUTH AND THROAT X | 21. Tonsils Enucleated |
|------------------------|------------------------|

2. Item 23 - DRUMS (PERFORATION): On every complete flying physical examination, the flight surgeon must make sure the examinee can perform a Valsalva maneuver (equalize the air pressure in the middle ears). If the examinee can perform this maneuver, the flight surgeon will write "VNB". This symbol means "Valsalva Normal Bilaterally." Obviously, this item is checked normal, if the examinee can valsalva with both ears. This test is required on flying and some special duty examinations only. Not required for Non-Flying examinations.

SAMPLE ENTRY:

X 23. Drums (PERFORATION) 23. Valsalva Normal Bilaterally

3. Item 28 - LUNGS AND CHEST: Screening pulmonary function studies are no longer required during periodic flying and nonflying military examinations. Pulmonary function tests (PFTs) will continue to be required as part of other occupational medicine examinations, as determined by the Aeromedical Council, or when clinically indicated.

When performed, record on AF Form 1226, Pulmonary Function Studies. This form will be properly completed, signed, and attached to the Time Volume Curve (TVC) produced during the test. Medical personnel who administer screening pulmonary function studies must ensure these tests are accomplished according to the procedures in AFR 160-17.

An examination of the breasts will be performed on all female examinees with the examinee properly draped and a female attendant present.

SAMPLE ENTRY:

X 28. LUNGS AND CHEST 28. See attached AF Fm 1226 for PFT results

X 28. LUNGS AND CHEST 28. Breast examination normal no masses or tenderness

4. Item 31 - ABDOMEN AND VISCERA: Record scars from abdominal surgery in this item and describe them by length in centimeters, direction, location, and condition.

SAMPLE ENTRY:

31. Abdomen & Viscera 31. 5 cm linear diagonal scar.
(include hernia) RLQ, WHNS.

5. Item 32 - RECTUM AND PROSTATE: The physician must accomplish a digital examination of the rectum and/or prostate on all examinees who are age 40 or older. Also, the examinee must have the feces examined for occult blood (blood present in small amounts or detected only by chemical analysis). A definite statement concerning accomplishment of these requirements must be recorded (see the sample entry below). If the rectum and prostate are normal, and no occult blood is found, this item is checked "Normal."

SAMPLE ENTRY:

X 32. RECTUM AND PROSTATE 32. Rectum and prostate normal to digital examination. Stool negative for occult blood.

6. Items 35, 36, 37 - UPPER EXTREMITIES, FEET, LOWER EXTREMITIES: If the examinee has a history of a fracture or dislocation of an extremity, the physician must make a definite statement concerning the strength, any deformity, and/or limitation of motion of that extremity. When making a statement, refer only to the extremity and not the specific bone or joint that was fractured/dislocated. It is not possible to tell if the radius, for example, has good strength and full range of motion. It is possible, however, to determine the strength and range of motion of the forearm.

SAMPLE ENTRY:

X 35. UPPER EXTREMITIES 35. For history of fractured right ulna: No weakness, deformity, or limitation of motion, right forearm.
 X 36. FEET
 X 37. LOWER EXTREMITIES

7. Item 39 - IDENTIFYING BODY MARKS, SCARS, TATTOOS: The physician must record significant (2.5cm or longer) traumatic scars, birthmarks, tattoos, etc., of the examinee. Only traumatic scars (injuries) are recorded in this item. Surgical scars are recorded with the item that describes its location. The same format used for recording surgical scars is used for recording traumatic scars (see 4 above).

SAMPLE ENTRY:

39. IDENTIFYING BODY MARKS, SCARS, X TATTOOS 39. 7.5 cm traumatic diagonal scar, right wrist, WHNS

8. Item 43 - PELVIC: A pelvic examination will be performed on all female examinees. The examination will include bimanual palpation, visual inspection of the vaginal canal and cervix, and a Papanicolaou (PAP) smear, unless one has been accomplished on annual screening within the last 11 months. Statements like "PAP pending" are not appropriate.

- D. Item 44 - DENTAL EXAMINATION: A dental officer examines the mouth and supporting structures and summarizes the results. Enter the type of dental examination required.

Initial examinations for flying training require full mouth x-ray (type I). Examinations for Air Force commissions and entrance to the U.S. Service Academy require bite wing x-rays only (Type II).

Personnel on active duty and Air Force Academy cadets are required to have a periodic dental examination. An additional examination for the purpose of a complete medical examination is not required.

There are three dental "types":

- Type I - full mouth x-ray
- Type II - bite wing x-rays only
- Type III - mirror examination only

There are four dental "classes":

- Class 1 - the examinee does not require dental treatment (no caries)
- Class 2 - dental conditions exist that are unlikely to result in a dental emergency within 12 months.
- Class 3 - dental conditions exist that are likely to result in a dental emergency within 12 months.
- Class 4 - A dental examination is required.

When the SF 88 is finalized, the results of the dental examination must be entered in Item 44. Besides recording the appropriate symbols above the tooth number, the following information should be recorded: type dental examination, dental class, and a statement as to whether or not the examinee is dentally qualified. The dentist should make it very clear whether an individual is qualified for worldwide duty or for the type of examination.

SAMPLE ENTRY:

| Flying Training | | | | | | | | | | | | | | | | REMARKS | |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---------|-----------|
| 44. DENTAL (Place appropriate symbols...) | | | | | | | | | | | | | | | | | |
| x | | | | | | | | | | | | | | | | x | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | Type I | |
| 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 | Class 1 | |
| x | | | | | | | | | | | | | | | | x | Qualified |

E. Laboratory Data - Items 45 through 50

1. Item 45 - URINALYSIS: Routine urinalysis testing is no longer part of a periodic nonflying physical. Perform it as clinically indicated. Urinalysis will continue to be part of enlistment/commissioning, retirement/separation, and all flying physicals.
 - a. Item 45A - SPECIFIC GRAVITY: Minimum Required - 1.006.
 - b. Item 45B, C, D, - ALBUMIN, SUGAR, MICROSCOPIC: The urine should not contain albumin or sugar. Pus cells, white blood cells, etc., may be found during the microscopic examination.

SAMPLE ENTRY:

| | | | |
|----------------|----------|---------------------|----------|
| 45. URINALYSIS | | A. SPECIFIC GRAVITY | 1.012 |
| B. ALBUMIN | Negative | D. MICROSCOPIC | |
| C. SUGAR | Negative | | Negative |

2. Item 46 - CHEST X-RAY: Chest x-ray examinations will not be performed for routine screening purposes as part of periodic flying and non-flying examinations. Chest x-rays will be accomplished on initial enlistment, commissioning and initial flying medical examinations as well as separation and discharge examinations. The size of the x-ray film; the film number; results of the x-ray; date of the x-ray; and the place where the x-ray was taken must be recorded.

46. CHEST X-RAY (Place, date, film # and results)

| | | |
|---------|-----------|----------------|
| 14X17 | Normal | USAF Clinic |
| 89-1234 | 14 Nov 89 | Brooks AFB, TX |

3. Item 47 - SEROLOGY: Serologic testing for syphilis is no longer required on Air Force periodic physical examinations. Testing will continue to be performed on all Air Force accession (enlistment / commission) and termination (separation / retirement) examinations. When performed, record the test used, and results of the test.

SAMPLE ENTRY:

47. SEROLOGY (Specify test used and results)
RPR Nonreactive

4. Item 48 - ECG: All examinations for initial flying, commissioning, and entry on commissioned extended active duty require a 12-lead electrocardiogram. All military members will have a baseline ECG on record and then on each complete physical on or after they reach the age of 35. The required procedure for this item is to: (1) enter the results of the ECG if normal, or (2) if not normal, refer to the document that describes the abnormality (either SF 520, Electrocardiographic Record, or Cardiology Consultation). All applicants for initial flying, commission or commissioned extended active duty must have an exercise tolerance ECG if they are age 40 or over.

SAMPLE ENTRIES:

| | | |
|---------|--------------|------------------|
| 48. ECG | 48. ECG | 48. ECG |
| Normal | See attached | Normal on record |
| | SF 520 | |

5. Item 49 - BLOOD TYPE: An entry is required in every physical examination. Once the blood type has been determined, it is not necessary to repeat this test. You may record the blood type and the phrase "on record."

SAMPLE ENTRIES:

| | |
|------------------------------|------------------------------|
| 49. BLOOD TYPE AND RH FACTOR | 49. BLOOD TYPE AND RH FACTOR |
| A Positive | B Negative on record |

6. Item 50 - OTHER TESTS: There are some further tests that must be accomplished on every physical examination, and some performed only on certain specific examinations.
- HEMOGLOBIN (Hgb): This test is required on all complete physical examinations. The test determines the percentage of oxygenated red blood cells in a given volume of blood.
 - CHOLESTEROL: A baseline serum cholesterol is required on all examinations for Flying Training and Initial Flying Class II and III examinations. A serum cholesterol, triglycerides and high density lipoprotein (HDL) cholesterol are accomplished on all complete physicals starting at age 25 and thereafter.
 - HEMOGLOBIN - S (Hgb-S): This test is recorded on all examinations. After the initial determination, results may be copied onto subsequent examinations and annotated "by record." This test is a laboratory test for sickle cell anemia.
 - GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD): The requirements for this test are the same as those for Hemoglobin-S.
 - HIV: This test is required on all initial flying, enlistment, and commissioning.
 - FASTING BLOOD SUGAR (FBS): When an examinee gives a family history of diabetes, this test must be accomplished. To record the results of the FBS, enter the following information: results and the values considered to be normal by the laboratory performing the FBS.
 - Other laboratory tests may be accomplished at the discretion of the examining physician. When they are performed, enter the results in this item or in item 73.

SAMPLE ENTRY:

| | Flying Training | Periodic Fly |
|----------------------------|------------------------------|--------------|
| 50. OTHER TESTS | 50. OTHER TESTS | |
| Hgb: results (lab values) | Hgb: results (lab values) | |
| Hgb-S: results | Hgb-S: results by record | |
| G6PD: results | G6PD: results by record | |
| HIV: results | Chol: results (lab values) | |
| Chol: results (lab values) | Trigly: results (lab values) | |
| | HDL: results (lab values) | |

F. Certain combinations of Items 51 - 73 will be completed on different types of physical examinations. When an item is not completed, enter a dash for that item. By entering a dash, you let the reviewing official know you intentionally did not place an entry in that item.

1. Item 51 - HEIGHT: An entry is required on every physical examination. Height is recorded to the nearest 1/4 inch. Again, a reminder: you do not record the unit of measurement, as it is standard. On physical examinations for Flying Training (Class I & IA), you will also record the sitting height on examinees in this item. The sitting height is recorded in parentheses following the standing height.

SAMPLE ENTRIES:

| | | | |
|------------|--------------------|------------|---------------------------|
| 51. HEIGHT | Flying Training | 51. HEIGHT | all other examinations |
| 72 (38) | | 73 1/2 | |

2. Item 52 - WEIGHT: Weight is determined on every examinee undergoing a physical examination. It is recorded to the nearest full pound. Also see AFR 160-43, Attachment 7.

SAMPLE ENTRY:

52. WEIGHT
171

3. Item 53 and 54 - COLOR HAIR AND COLOR EYES: An entry is required in these items on every physical examination. The technician will make this determination and is not to ask the examinee. Do not abbreviate.

SAMPLE ENTRY:

| | |
|----------------|----------------|
| 53. COLOR HAIR | 54. COLOR EYES |
| Brown | Blue |

4. Item 55 - BUILD: This item is no longer used. Enter a dash on all examinations.

SAMPLE ENTRY:

| | | | | |
|-----------|---------|--------|-------|-------|
| 55. BUILD | SLENDER | MEDIUM | HEAVY | OBESE |
| - | - | - | - | - |

5. Item 56 - TEMPERATURE: The examinee's temperature is not routinely taken during a physical examination. The standard entry for this item is to enter a dash.

SAMPLE ENTRY:

56. TEMPERATURE
-

6. Item 57 - BLOOD PRESSURE: All three blood pressures are accomplished and recorded on all initial examinations for flying. On all other physical examinations (non-fly and periodic fly) accomplish only the sitting blood pressure.

SAMPLE ENTRIES:

Flying training and initial fly

57. BLOOD PRESSURE (arm at heart level)

| | | | | | | | | |
|---------|-----|-----|-----------|-----|-----|----------|-----|-----|
| A. | SYS | 130 | B. | SYS | 124 | C. | SYS | 134 |
| SITTING | DIA | 80 | RECUMBENT | DIA | 74 | STANDING | DIA | 86 |

Periodic Fly

57. BLOOD PRESSURE (arm at heart level)

| | | | | | | | | |
|---------|-----|-----|-----------|-----|---|----------|-----|---|
| A. | SYS | 130 | B. | SYS | - | C. | SYS | - |
| SITTING | DIA | 80 | RECUMBENT | DIA | - | STANDING | DIA | - |

All other examinations

57. BLOOD PRESSURE (arm at heart level)

| | | | | | | | | |
|---------|-----|-----|-----------|-----|---|----------|-----|---|
| A. | SYS | 130 | B. | SYS | - | C. | SYS | - |
| SITTING | DIA | 80 | RECUMBENT | DIA | - | STANDING | DIA | - |

7. Item 58 - PULSE: The requirements for accomplishing and recording the pulse are the same as those for blood pressure recordings.

SAMPLE ENTRIES:

Flying Training and Initial Fly

58. PULSE (arm at heart level)

| | | | | |
|------------|-------------------|----------------|--------------|--------------------------|
| A. SITTING | B. AFTER EXERCISE | C. 2 MIN AFTER | D. RECUMBENT | E. AFTER STANDING 3 MINS |
| 80 | 112 | 88 | 76 | 84 |

Periodic Fly

58.

| | | | | |
|------------|-------------------|----------------|--------------|--------------------------|
| A. SITTING | B. AFTER EXERCISE | C. 2 MIN AFTER | D. RECUMBENT | E. AFTER STANDING 3 MINS |
| 80 | - | - | - | - |

Non-Fly

58

| | | | | |
|------------|-------------------|----------------|--------------|--------------------------|
| A. SITTING | B. AFTER EXERCISE | C. 2 MIN AFTER | D. RECUMBENT | E. AFTER STANDING 3 MINS |
| 72 | - | - | - | - |

8. Item 59 - DISTANT VISION: The uncorrected distant vision of the examinee is entered first. If the examinee does not wear glasses, enter a dash in the spaces for corrected vision. If the examinee does wear glasses, enter the corrected vision (with glasses on). This is required on all physical examinations.

SAMPLE ENTRY:

59. DISTANT VISION
 RIGHT 20/20 CORR.TO 20/ - No glasses being worn
 LEFT 20/20 CORR.TO 20/ -

59. DISTANT VISION
 RIGHT 20/100 CORR.TO 20/20 With glasses worn
 LEFT 20/ 70 CORR.TO 20/17

9. Item 60 - REFRACTION: On Flying Training examination, a cycloplegic refraction is required. After the examinee has completed the eye tests, drops are instilled into the examinee's eyes. These drops (the specific type varies from hospital to hospital) anesthetize the examinee's ciliary muscle. The optometrist can then obtain the "true" refractive error of an examinee. Enter the word "Cycloplegic" after the word "Refraction" in this item.

On all physical examinations, except Flying Training, an entry is required only if the examinee has defective distant or near visual acuity. The refraction may be obtained manifest (out of the medical records) or by lens (off the lens of eye glasses). If the examinee has at least 20/20 distant and near visual acuity, enter dashes for this item, except for Flying Training examinations as stated above.

Contact lenses will not be worn for 3 months preceding examinations for Flying Training. They will not be worn for 3 days preceding Initial Flying Class III and not at all for Periodic Flying examinations. May be worn up to the day of the examination for other physicals.

SAMPLE ENTRIES:

| | | | |
|-----|----------------|-------------|----------------------------|
| 60. | REFRACTION | Cycloplegic | |
| BY | -0.25 S. +0.25 | CX 090 | Flying Training |
| BY | -0.50 S. +0.50 | CX 180 | |
| 60. | REFRACTION | Manifest | Examinations with |
| BY | -1.50 S. +0.75 | CX 079 | <u>corrected</u> distant & |
| BY | -1.00 S. +0.50 | CX 173 | near vision worse |
| | | | than 20/20 |
| 60. | REFRACTION | By Lens | Examinations with |
| BY | -1.25 S. +1.50 | CX 125 | no change in |
| BY | -0.50 S. -1.25 | CX 084 | corrected vision |

10. Item 61 - NEAR VISION: The near vision of the examinee is determined on every physical examination. Record the examinee's uncorrected near vision. If glasses are worn, also record the corrected near vision. If glasses are not worn, enter dashes for the corrected vision entries.

If the examinee has defective near vision, an entry is required after the word "BY" in this item. If the refraction recorded in Item 60 corrects for the near and distant vision, record the word "SAME" after "BY." If examinee has a presbyopic correction (wearing bifocals), "same" is assumed. Enter the amount of presbyopic correction (in other words, the examinee is wearing bifocals; enter the prescription of the bifocal area of the glasses). If there is no entry required for this item (near vision is 20/20 or better), enter a dash.

SAMPLE ENTRIES:

| | | | | | | |
|-----|-------------|----------|-------|----|-------|----------------------------------|
| 61. | NEAR VISION | | | | | No presbyopic correction |
| | 20/100 | Corr. to | 20/20 | BY | Same | |
| | 20/70 | Corr. to | 20/20 | BY | Same | |
| 61. | NEAR VISION | | | | | Presbyopic correction (bifocals) |
| | 20/70 | Corr. to | 20/17 | BY | +1.50 | |
| | 20/70 | Corr. to | 20.15 | BY | +1.50 | |
| 61. | NEAR VISION | | | | | Normal near vision |
| | 20/20 | Corr. to | - | BY | - | |
| | 20/20 | Corr. to | - | BY | - | |

11. Item 62 - HETEROPHORIA: Entries for the vertical and lateral phorias are required on every complete flying physical examination only. When these phorias are determined using the far drum of the VTA-ND machine (which is the required procedure), record "VTA-ND (FAR)" after the statement "(SPECIFY DISTANT)" in Item 62.

Enter a dash for "Prism DIV" (prism divergence); line through "PRISM CONV." If the eyes were orthophoric on the Cover Test, enter "Ortho" next to the letters "CT." A point of convergence is required on all flying training and periodic fly physical examinations. Enter the results of this test below the letters "PC." On all physical examinations, enter a dash under the letters "PD."

SAMPLE ENTRIES:

| | | | | | | | | |
|-----|---------------------------------|----|------|--------------|-----------|------------|----|----|
| | Flying Training/Periodic Fly | | | | | | | |
| 62. | HETEROPHORIA (Specify Distance) | | | VTA-ND (FAR) | | | | |
| | ES | EX | R.H. | L.H. | PRISM DIV | PRISM-CONV | PC | PD |
| | 0 | 0 | 1.0 | 0 | - | CT Ortho | 15 | - |
| | All Other Examinations | | | | | | | |
| 62. | HETEROPHORIA (SPECIFY distance) | | | | | | | |
| | ES | EX | R.H. | L.H. | PRISM DIV | PRISM-CONV | PC | PD |
| | - | - | - | - | - | CT - | - | - |

12. Item 63 - ACCOMMODATION: This test is performed only on examinees for Flying Training. Enter dashes on all other examinations.

SAMPLE ENTRIES:

63. ACCOMMODATION
 Right 10.0 Left 10.1 Flying Training
63. ACCOMMODATION
 Right - Left - All other examinations

13. Item 64 - COLOR VISION: An entry is required on all physical examinations. There are three possible entries for this item:
- a. VTS - CV Passes (this entry is required when the test is actually given and the examinee passes). It must be accomplished on ALL Initial Flying examinations.
 - b. VTS-CV Passes by Record (once the examinee has passed the screening test, there is usually no reason to repeat it; a repeat would be indicated only if the examinee has had some type of eye or central nervous system disorder; the examining physician is responsible for making the determination of whether or not a repeat test is necessary.)
 - c. VTS-CV Fails, Number of Plates Missed (if the examinee fails the VTS-CV, Farnsworth Lantern is administered; the results of this latter test are entered in Item 73 of the SF 88.

SAMPLE ENTRIES:

64. COLOR VISION (Test used and result) VTS-CV Passes
64. COLOR VISION (Test used and result) VTS-CV Passes by record
64. COLOR VISION (Test used and result) VTS-CV Fails, 8
14. Item 65 - DEPTH PERCEPTION: The examinee's depth perception is determined on Flying Training, Flying Class II physical examinations and when specified. The three depth perception tests used in the Air Force are:
- a. Vision Test Apparatus-Near and Distant (VTA-ND) (PRIMARY TEST)
 - b. Depth Perception Apparatus-Verhoeff (DPA-V) (BACKUP)
 - c. Howard-Dolman Apparatus (H-D) (BACKUP)

The name of the test used and the results, both uncorrected and corrected, are recorded in Item 65. If the corrected block is not used, enter a dash. Enter a dash for the entire item on all other physical examinations.

NOTE: If an examinee fails the VTA-ND test, enter the results in Item 65 and proceed with the backup test. These results are entered in Item 73.

SAMPLE ENTRIES:

| | | | |
|-----|--|-------------|------------|
| 65. | DEPTH PERCEPTION (Test used and result) | UNCORRECTED | Passes (F) |
| | VTA-ND | CORRECTED | - |

| | | | |
|-----|--|-------------|-------|
| 65. | DEPTH PERCEPTION (Test used and result) | UNCORRECTED | Fails |
| | VTA-ND | CORRECTED | Fails |

15. Item 66 - FIELD OF VISION: An entry is required for this item on flying physical examinations only, unless required by other directives. The standard test employed is the confrontation test.

If this test is normal, the entry for this item is "Confrontation Normal." If an abnormality is suspected or confirmed, the examinee's field of vision is determined using the perimeter and tangent screen.

SAMPLE ENTRY:

66. FIELD OF VISION

Confrontation Normal

16. Item 67 - NIGHT VISION: The examinee's night vision is not routinely tested. Night vision is tested only if there is reason to suspect a night-vision deficiency because of family or personal history, eye disorders, the examinee's behavior in dim light, etc. If the examinee indicates NO night vision problems, the normal entry for this item would be "NOT INDICATED BY HISTORY" or "NIBH."

If there is reason to suspect a night-vision deficiency (examinee answers "YES" to your question), the examinee's night vision is tested using the Landolt Ring.

SAMPLE ENTRY:

67. NIGHT VISION (Test used and result)
NIBH

17. Item 68 - RED LENS TEST: This test is required only on physical examinations for flying training. If the examinee does not report diplopia or suppression during the test, record "Passes." If an abnormality is found, record "Fails."

SAMPLE ENTRIES:

| | | | |
|-----|-------------------------|-----|------------------------|
| 68. | RED LENS TEST Passes | 68. | RED LENS TEST Fails |
|-----|-------------------------|-----|------------------------|

18. Item 69 - INTRAOCULAR TENSION: The intraocular tension of an examinee is not routinely determined until the examinee reaches age 40, and then it is determined on every complete physical examination thereafter. When the intraocular tension is not determined, enter a dash in this item.

SAMPLE ENTRIES:

| | | | | |
|-----|---------------------|---------|-----|--------------------|
| 69. | INTRAOCULAR TENSION | | 69. | INTRACULAR TENSION |
| | 10.1 OS | 10.3 OD | | 14.1 OU |

19. Item 70 - HEARING: This item is not used.
20. Item 71 - AUDIOMETER: An examinee's hearing is evaluated with audiometer on all physical examinations. The entries for this item include: entering the type of machine (Maico, Rudmose, etc.,) between "71" and the word "AUDIOMETER"; and recording the calibration of the machine (ANSI-1969) after the word "AUDIOMETER." Record the results of the audiometer on the examinee at all frequencies except 250 and 8000 (enter dashes for these).

SAMPLE ENTRY:

| | | | | | | | | | |
|-----|---------|------------|-----|------|------|------|---------|------|------|
| 71. | Rudmose | AUDIOMETER | | | | | ANSI-69 | | |
| | | 250 | 500 | 1000 | 2000 | 3000 | 4000 | 6000 | 8000 |
| | RIGHT | - | 5 | 5 | 5 | 10 | 10 | 10 | - |
| | LEFT | - | 10 | 10 | 10 | 15 | 15 | 15 | - |

21. Item 72 - PSYCHOLOGICAL AND PSYCHOMOTOR: This item requires the use of the Adaptability Rating. The rating is accomplished by the flight surgeon during his interview with those examinees taking any class of initial flying physical examination or special duty examination.

During the interview the flight surgeon determines the examinee's: motivation toward the type of duty applied for; emotional stability; reaction to stress; etc.

When this interview is conducted for Flying Training, it is known as the Adaptability Rating for Military Aeronautics, or ARMA.

If the rating is considered satisfactory, record the Rating and "Sat" in this item. If unsatisfactory, record the Rating and "Unsat" (the reasons for the unsatisfactory rating must be explained in Item 73 of the SF 88).

Enter a dash for this on all non-flying examinations and Periodic Flying physical examinations.

NOTE: For all other physical examinations not mentioned above, Item 42 serves a similar purpose.

SAMPLE ENTRIES:

72. PSYCHOLOGICAL AND PSYCHOMOTOR
(Test used and score) Flying Training
ARMA Sat
72. PSYCHOLOGICAL AND PSYCHOMOTOR
(Test used and score) Non-fly/Periodic fly
-

22. Item 73 - NOTES (CONTINUED) AND SIGNIFICANT OR INTERVAL HISTORY: The entries for this item are determined by the type of examination being taken.

FLYING TRAINING

The first entry in this item is the signature block and signature of the optometrist who performed the cycloplegic refraction. This signature and the statement "NO EVIDENCE OF RADIAL KERATOTOMY" verifies that Item 60 is correct and there is no evidence of keratorefractive surgery.

The second entry is a list (by item number) of any previous items on the SF 88 that had to be continued. For example, you may have had to continue the information that should be recorded in Item 50 (other tests).

Do not record the complete (or initial) medical history here. Record it in Item 25 of SF 93.

Last entry for flying training is the signature block and signature of the Chief of Aerospace Medicine.

SAMPLE ENTRY:

73. NOTES (CONTINUES) AND SIGNIFICANT OR INTERVAL HISTORY

I. C. Ewe, Capt USAF, BSC _____
No Evidence of Radial Keratotomy

#50. Hgb-S: results Chol: Results (lab values)

For complete medical history see SF 93 Item 25.

Chief, Aerospace Medicine _____

ALL OTHER PHYSICAL EXAMINATIONS

The first entry in Item 73 on these types of physical examinations is a continuation of any previous items on the SF 88.

The second entry (if an SF 93 WAS NOT accomplished) is any significant medical or surgical history the examinee has had since the last physical examination ("significant" is considered any condition that caused the examinee to be seen by a health professional or hospitalized). There are two ways to obtain this information: (1) ask the examinee, and (2) review the medical records.

After recording any significant medical or surgical conditions, you should record the following denial statement: "Examinee denies, and review of medical records fails to reveal, any other significant medical or surgical history since last examination (enter date of that examination in parentheses here)."

If the examinee did not have any significant medical or surgical history since the last physical examination, you record the statement above, omitting the word "other."

SAMPLE ENTRY:

73. NOTES (CONTINUES) AND SIGNIFICANT OR INTERVAL HISTORY

#50. Chol: results (Lab values)

(Significant interval medical or surgical history since last physical)

Examinee denies, and review of medical records fails to reveal, any other significant medical or surgical history since last examination (17 Nov 88)

23. Item 79 - This first signature block is reserved for the Physical Examination Section supervisor who is responsible for the clerical and technical aspects of the physical examination. This signature is required on all physical examinations. The PES supervisor's signature certifies the accuracy and completeness of Items 1 thru 17 and 45 thru 71.

In the heading of the item, line through the word "PHYSICIAN" and type or print the word "EXAMINER." Also type or print the PES supervisor's signature block. The examiner signs the physical examination in the space provided to the right of the signature block and also enters the date the examination was signed.

SAMPLE ENTRY:

| | | |
|-----|--|-----------|
| | EXAMINER | |
| 79. | TYPE OR PRINT NAME OF PHYSICIAN | SIGNATURE |
| | Rusty Bedsprings, TSgt, USAF | |

24. Item 80 - The second signature block is that of the examining physician. This signature is required on every physical examination. This signature certifies the accuracy and completeness of Items 18 thru 43 and 72 thru 77 and complete review of Items 1 - 77. For all flying physicals a flight surgeon must sign here.

Type or print the examining physician's signature block. The examining physician signs to the right of the signature block and also enters the date the examination was signed.

SAMPLE ENTRY:

| | | |
|-----|---------------------------------|-----------|
| 80. | TYPE OR PRINT NAME OF PHYSICIAN | SIGNATURE |
| | Ima Nurd, Major, USAF, MC, FS | |

25. Item 81 - This space is used by the dentist. The dentist's signature is required only on Flying Training physical examinations. The signature authenticates the accuracy of the dental information recorded in Item 44.

Type or print the dentist's signature block on Flying Training physical examinations. Line through the words "OR PHYSICIAN" in the item heading. The dentist signs to the right of the signature block and also enters the date.

SAMPLE ENTRY:

| | | |
|-----|---|-----------|
| 81. | TYPE OR PRINT NAME OF DENTIST OR PHYSICIAN | SIGNATURE |
| | Howe I. Pullum, Lt Col, USAF, DC | |

26. Item 82 - The Director of Base Medical Services (DBMS); Chief, Hospital Services; or Chief, Aerospace Medicine, reviews and signs separation and retirement examination and all other examinations submitted to higher headquarters for review.

The DBMS reviews and signs all flying training examinations. This function will not be delegated.

Writing the "complete" medical history is a four step process as was the case with the interval medical history. The information you obtain from the examinee from now on must be done in private.

- (1) **FIRST STEP: (Initial Questions) (AFR 160-17, Para 9-4, a.)** To begin, you need to ask the examinee some questions. You should have a piece of notebook paper (or something similar) to record the information on; the interview must be in a private setting.
 - (a) What childhood diseases did you have? (refer to Childhood Diseases, AFR 160-17, Attachment 3, page 75, # 12, for the necessary information to record; affirmative responses are **grouped** together.)
 - (b) Did you have any operations as a child, and if so, what were they for? (refer to Childhood Operations in AFR 160-17, Attachment 3, page 75, #14, each is listed **separately**.)
 - (c) Do you have scars from injuries suffered in childhood accidents? (you are interested in traumatic scars that are 1 in. or 2.5 cm or longer; refer to Childhood Injuries, AFR 160-17, Attachment 3, page 75, #13.)
 - (d) Do not record negative responses to above questions. (EXCEPTION: If negative responses are made to ALL questions).

- (2) **SECOND STEP (Review / Elaboration of SF 93)** After Step One "initial question" information has been obtained and recorded on scratch paper, you're ready to inspect SF 93, item by item, for completeness and correctness and to start elaborating on each "yes or don't know." In order to accomplish this review and elaboration, you **MUST HAVE AFR 160-17 opened to Attachment 3, pages 78 through 83**. As you can see in Attachment 3, the full date (day, month, year) when an item of medical history occurred must be recorded.
 - (a) Item 1 through 7: Correct ?
 - (b) Item 8: If the examinee has made a comment in Item 8 that his/her health is less than good and or he/she is taking **ANY** medications, a comment in the medical history must be made. **AFR 160-17, Attachment 3, #57 and #67**).
 - (c) Items 9, 10, 11, 12, and 15 through 24: As stated previously, comments are needed for any "Yes" or "Don't Know's." Although the examinee is required to explain affirmative responses to Items 15 through 24, you must elaborate further. Remember, all this information is recorded on a separate piece of scratch paper. making note of the age and date of occurrence. You **MUST** be using AFR 160-17, Attachment 3, for all affirmative and/or don't know answers. Lastly, insure the examinee has printed the name, read the statement above Item 25, and signed the SF 93.

(3) **THIRD STEP** (Denial Statement Questions:) (AFR 160-17,9-5e(1)) After elaboration of ALL affirmative responses found on the SF 93, you **MUST** ask the examinee the following "Long" Denial Statement questions and record affirmative responses: (Any affirmative responses **MUST** be explained (See AFR 160-17, Attachment 3))

- (a) Is there a history of diabetes in yourself or in your family? (parent, sibling, more than one grandparent.)
- (b) Is there a history of psychosis (mental illness) in yourself or in your family? (parent or sibling)
- (c) Do you now or have you ever worn contact lenses?
- (d) Have you ever had irradiation therapy?
- (e) Have you ever experienced motion sickness or disturbance of consciousness?
- (f) Are there any other items of medical or surgical history that you have not mentioned? (Obviously, examples cannot be provided for this entry. You are advised to record any affirmative responses in the following format: condition, date, treatment, complications, sequela.)
- (g) Any positive responses to the denial statement questions will come as the last item of history prior to the "Denial Statement."
(EXCEPTIONS: If the response falls under Items 9 through 24. Then it will be inserted chronologically into the body of the history.)
- (h) Omit the corresponding phrase from the typed denial statement, if applicable; otherwise record the complete denial statement.

.. **FOURTH STEP** (Final Draft) (See AFR 160-17, paragraph 9-5)

- (a) The FINAL DRAFT of the "complete" medical history is recorded in Item 25 of the SF 93 and, if need be, continue on the SF 507, Continuation sheet.
 - (1) This information is typed. That's one reason for recording the medical history on a separate piece of paper.
 - (2) As stated previously, the medical history is recorded in chronological order starting from birth and progressing to the present day. That is another reason for recording the medical history on a separate piece of scratch paper. To avoid confusion and the chance of overlooking an affirmative answer, the SF 93 should be scanned systematically, with the information recorded as you review the SF 93.

Obviously, by using this method, the information will not necessarily be recorded chronologically. When the medical history is completed, you can then go back and number your entries chronologically on the separate piece of paper.

- (b) Type the medical history in the following order: (**Remember, CHILDHOOD is considered age 11 and before**).
- (1) **Childhood Diseases:** common childhood diseases (measles, mumps, chickenpox) will be grouped together, but you must name each; other diseases occurring in childhood will be listed separately.
 - (2) **Childhood Operations:** again, list the operations the examinee had before age 12.
 - (3) **Significant Traumatic Scars Resulting From Childhood Accidents**
 - (4) List all other items of medical history (from SF 93) in chronological order, noting age of occurrence, **no matter what the condition.**
 - (5) List any affirmative answers to the "**Denial Statement**" questions you asked the examinee after reviewing the SF 93.
- (c) If the examinee responded with negative replies to all questions, enter the following **long denial statement** after the last item of medical history:

Examinee denies personal or family history of diabetes or psychosis, use of contact lenses, history of motion sickness or disturbances of consciousness, irradiation therapy, and all other significant medical or surgical history.

- (d) If the examinee had an affirmative reply to any of the denial statement questions, record the required information for that affirmative reply at the end of the medical history in accordance with AFR 160-17, Attachment 3 and omit the corresponding phrase from the statement. For example, if the examinee gave a history of motion sickness, the following statement would be recorded:

Examinee denies personal or family history of diabetes or psychosis, use of contact lenses, disturbances of consciousness, irradiation therapy, and all other significant medical or surgical history.

(EXCEPTIONS: If the affirmative response is also an item in Items 9 through 24, the information will be inserted into the history chronologically.)

- (e) If the medical history is too long to fit in Item 25 of the SF 93, the SF 507, Continuation Sheet, will be used for the portion that will not fit in Item 25 of the SF 93.
- (f) Attachment 3 in AFR 160-17 contains instructions and examples for recording the medical history. This attachment is an alphabetical listing of required entry information for Items 8 through 24. Following each item is an example entry. The items in Attachment 3 have been arranged alphabetically, using the wording (first letter of first word) as it appears on the SF 93. Do not become confused as the SF 93 IS NOT alphabetized. You **MUST** use the instructions and examples in AFR 160-17, Attachment 3.

AMPLIFICATION OF POSITIVE HISTORICAL ITEMS, STANDARD FORM 93

On the following pages you will find **basic** instructions and examples to follow when recording the affirmative answers to items checked "YES" on Standard Form 93. This information is **only** for recording a medical history. Refer to AFR 160-43 for further studies that may have to be accomplished because of a certain item of medical history.

1. Adverse reaction to serum, drug, or medicine

- a. Diagnosis (Dx), date, manifestations, treatment (Rx), recurrence, use of agent since, complications, sequelae.
- b. Example: Adverse reaction to penicillin, childhood, manifested by urticaria, no recurrence, none taken since, NCNS.

2. Arthritis, Rheumatism, or Bursitis

- a. Dx, joint affected, date, date of last symptoms, cause (if applicable), Rx, recovery, recurrence, complications, sequelae.
- b. Example: Arthritis of both ankles and knees, first occurred 1973, manifested by joint pain after exercise, relieved by weight reduction, aspirin and heat, last symptoms 1976, NCNS.

3. Asthma

- a. Dx, date, Rx, recovery, recurrence, complications, sequelae.
- b. Example: Asthma, childhood, treated symptomatically, full recovery, no recurrence since, NCNS.

4. Attempted suicide

- a. Statement, date, how attempted, reason(s), any further attempts.
- b. Example: Attempted suicide, 1975, drug overdose, due to family and financial problems, no further attempts.

5. Bed wetting since age 12

- a. Dx, date of last occurrence (age in parentheses), number of episodes since age 10, cause (organic or psychological), recurrence.
- b. Example: Enuresis, last occurrence 1976 (age 17), occurred 14 times in 16 days, no organic disease found, attributed to emotional conflict with parents, no recurrence.

6. Been a sleepwalker

- a. Dx, date of first occurrence (age in parentheses), date of last occurrence (age in parentheses), total number of episodes, statement of any episodes during the year before the examination.
- b. Example: Somnambulism, first occurrence in 1963 (age 4), last occurrence 1976 (age 14), total of three episodes, no recurrence within 1 year of this examination.

7. Been treated for a female disorder

- a. Dx, date, Rx, recurrence, complications, sequelae.
- b. Example: Essential dysmenorrhea, 1975, treated with physical activity and postural exercises, no recurrence, NCNS.

8. Bled excessively after injury or tooth extraction

- a. Dx, date, cause (if applicable), Rx, recovery, complications, sequelae.
- b. Example: Bled excessively after extraction of lower two molars, 1976, repacked by dentist, full recovery, NCNS.

9. Broken Bones

- a. Dx (to include location), date, cause, Rx, recovery, complications, sequelae.
- b. Example: Fractured left femur, 1975, due to football injury, treated with cast for 6 weeks, full recovery, NCNS.

10. Car, train, sea or airsickness

- a. Dx, date, environmental or psychological factors (as applicable), exposure to cause since.
- b. Example: Airlsickness, 1970-1976, airsick on all exposures to flying, fear of flying.
- c. Example: Airlsickness, 1974, during rough weather, most other passengers also sick, frequent flights since without sickness.

11. Childhood diseases: common ones (mumps, measles and chickenpox) may be grouped together

- a. Dx, date, treatment (if applicable) complications, sequelae.
- b. Example: Measles, mumps, childhood, NCNS.
- c. Example: Pertussis, childhood, NCNS.

12. Childhood injuries

- a. Statement, location, cause, date, Rx (if applicable), recovery, complications, sequelae.
- b. Example: 5-cm irregular traumatic scar, posterior left thigh, accidental knife laceration, childhood, sutured, well-healed, NCNS.

13. Childhood operations

- a. Operation, date, complications, sequelae.
- b. Example: Tonsillectomy, childhood, NCNS.
- c. Example: Right inguinal herniorrhapy, childhood, NCNS.

14. Chronic cough

- a. Dx, date, cause, Rx, recovery, recurrence, complications, sequelae.
- b. Chronic cough, 1969 - 1974, associated with colds, treated symptomatically, full recovery, no recurrence, NCNS.

15. Chronic or frequent colds

- a. Dx, frequency, severity, dates of occurrence, geographical influence, Rx, recovery, recurrence, complications, sequelae.
- b. Example: Frequent colds, 10 times a year, mild to severe, present from 1970 - 1976, while living in Oregon, treated symptomatically, full recovery, no recurrence, NCNS.

16. Contact lenses

- a. Type, date first used, date last worn.
- b. Example: Soft lens contact worn since 1975, not worn within 3 weeks of this examination.

17. Coughed up blood

- a. Dx, cause, date, Rx, recovery, recurrence (if applicable), complications, sequelae.
- b. Example: Coughed up blood, due to acute pneumonia, 1973, hospitalized for 2 weeks, no recurrence, NCNS.

18. Cramps in legs

- a. Dx, date, cause, Rx, recovery, complications, sequelae.
- b. Example: Cramps in legs, 1976 - 1977, following athletic exercise, subsided with rest, full recovery, NCNS.

19. Depression or excessive worry

- a. Dx, date, cause, frequency, Rx (to include hospitalization, if applicable), date of last occurrence.
- b. Example: Depression, 1975, due to family problems, lasted for 10 days, abated with resolution of problems, no treatment required, no recurrence.

20. Disturbances of consciousness

- a. Dx, date, cause, time period, hospitalization, results of neurological evaluation, recovery, complications, sequelae.
- b. Example: Unconscious, 1972, due to being hit on head with baseball bat, unconscious for approximately 10 minutes, admitted to hospital overnight for observation, neurological evaluation at that time was normal, full recovery, NCNS.
- c. See also "Dizziness or fainting spells" in this Attachment, as appropriate.

21. Dizziness or fainting spells

- a. Dx, date (age in parentheses), body position, symptoms before fainting/dizziness, time of unconsciousness (if applicable), post-unconsciousness mental state (if applicable), contributing factors or associated stresses.
- b. Example: Syncope, 1976 (age 19, had symptoms of influenza for 3 days before the episode, unconscious for approximately 2 minutes, well oriented upon gaining consciousness, attributed to viral illness.
- c. Example: Dizziness, 1975 (age 21), standing up quickly from a sitting position, no symptoms before episode, did not lose consciousness, no known contributing factors/associated stresses.

22. Ear, nose or throat trouble

- a. Dx, date of occurrence, cause(s), Rx (including surgery and date), recovery, recurrence, complications, sequelae.
- b. Example: Ear trouble, childhood, due to acute otitis media, treated with penicillin, full recovery, no recurrence, NCNS.

23. Epilepsy or fits

- a. Dx, date, cause, manifestations, frequency, Rx, date, date of last occurrence, complications, sequelae.
- b. Example: Idiopathic epilepsy, 1973, manifested by petit mal seizures, seizures for about 5-7 months, spontaneous remission 1974, no attacks since 1974, NCNS.

24. Eye trouble

- a. Dx, date of occurrence, surgery and date (if applicable), recurrence, recovery, complications, sequelae.
- b. Example: Pterygium, left eye, 1974, surgically corrected, full recovery, no recurrence, NCNS.

25. Family history of diabetes

- a. Relationship, Rx, present health, results of tests on Examinee.
- b. Example: Father with history of diabetes mellitus, treated by diet, otherwise in good health, FBS (or 2 hr PP, 5 hr GTT) on Examinee is normal.

26. Family history of psychosis

- a. Relationship, Dx, Rx, present status.
- b. Example: Father with history of chronic anxiety reactions, not institutionalized, presently under care of a psychiatrist.

27. Foot trouble

- a. Dx, date, cause, Rx, complications, sequelae.
- b. Example: Hammertoe, left second toe, 1972, residual of poliomyelitis, surgically corrected 1974, NCNS.

28. Frequent indigestion

- a. Dx, date, Rx (including surgery, if applicable), recurrence, complications, sequelae.
- b. Example: Frequent indigestion, 1974, while stationed in Greenland, attributed to food in the area, treated with Maalox, no recurrence since returning to CONUS, NCNS.

29. Frequent or painful urination

- a. Dx, date, cause, Rx, recurrence, complications, sequelae.
- b. Example: Painful urination, 1972, secondary to urinary tract infection, treated with sulfa drugs, no recurrence, NCNS.

30. Frequent or severe headaches

- a. Dx, date of first occurrence, date of last occurrence, frequency, causative agent, disability during attacks, medications used.
- b. Example: Severe headaches, migraine, first occurred 1970, last occurrence 1974, weekly, disabling, relieved with Cafergot.

31. Frequent trouble sleeping

- a. Dx, date, cause, frequency, date of last occurrence.
- b. Example: Insomnia, 1976, due to scholastic problems, lasted for 1 week, no recurrence.

32. Gall bladder trouble or gallstones

- a. Dx, date, Rx (including surgery, if applicable), recurrence, complications, sequelae.
- b. Example: Gallstones, 1972, surgically removed, no recurrence, NCNS.

33. Had a change in menstrual pattern

- a. Dx, date, cause, recurrence, complications, sequelae.
- b. Example: Irregular menstrual patterns, 1973, due to emotional problems, regular cycles since, NCNS.

34. Have vision in both eyes (NEGATIVE RESPONSES ONLY)

- a. Dx, cause for loss of vision or loss of eye, date vision/eye was lost.
- b. Example: Lost vision in left eye, 1973, secondary to industrial accident.
- c. Example: Eucleated right globe, 1969, due to trauma.

35. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses?
- If the disease mentioned is already described in this Attachment, record the entry according to those directions.
 - If not described, record the Dx, date, and, if applicable, cause, manifestations, Rx, hospitalization, recovery, recurrence, complications, sequelae.
36. Have you ever been a patient in any type of hospital?
- Statement, date, reason, name and address of hospital.
 - Example: Admitted to hospital, 1973, appendectomy, Divine Hospital, Williamsport, PA
37. Have you every been denied life insurance?
- Statement and reason, date, subsequent Rx (if applicable), results.
 - Example: Denied life insurance because of recent glomerulonephritis, 1970, granted in 1971 after follow-up examinations were negative for renal disease or dysfunction.
38. Have you ever been discharged from military service because of physical, mental, or other reasons?
- Type of discharge, service discharged from, date, reasons, disability received (if applicable).
 - Example: Honorably discharged from USAF in 1973 following expiration of term of service.
39. Have you ever been refused employment or been unable to hold a job or stay in school because of:
- Sensitivity to chemicals, dust, sunlight, etc.
 - Inability to perform certain motions.
 - Inability to assume certain positions.
 - Other medical reasons.
 - Reason, date, Rx (if applicable), recovery (if applicable), date of last symptoms (if applicable).
 - Example: Was unable to hold a job on a farm because of pollen sensitivity (hay fever), 1972, received desensitization, full recovery, no recurrence.

- (3) Example: Unable to hold job as control tower operator because of duodenal ulcer, 1973, treated medically, good recovery, no recurrence.
40. Have you ever had any illness or injury other than those already noted?
- Dx, date, cause of injury (if applicable), Rx (if applicable), recovery (if applicable), recurrence (if applicable) complications, sequelae.
 - Example: Pneumonia, 1972, hospitalized for 3 days, full recovery, no recurrence, NCNS.
41. Have you ever been treated for a mental condition?
- Dx, date, Rx (to include hospitalization, if applicable), name and address of doctor/hospital, recovery, recurrence, complications, sequelae.
 - Example: Chronic anxiety reactions, 1974, hospitalized for 3 months, Danville State Hospital, Danville, PA, treated by Dr. U. R. Nuttz, full recovery, no recurrence, NCNS.
42. Have you had, or have you been advised to have, any operations?
- Operation, date, recovery, complications, sequelae, subsequent symptoms if surgery not performed.
 - Example: Appendectomy, 1973, full recovery, NCNS.
 - Example: Advised to have adenotonsillectomy in childhood, surgery not performed, no symptoms since.
43. Have you received, is there pending, or have you applied for pension or compensation for existing disability?
- Pension, pending or received, date, reason, amount of pension.
 - Example: Received disability pension since 1970, for chronic symptomatic duodenal ulcer, 10%.
 - Example: Intends to apply for disability pension for diabetes mellitus upon retirement, no action taken to date.
 - Example: Received 15% disability pension, 1971-1974 for duodenal ulcer, disability waived 1974 upon return to active duty, has been asymptomatic since 1974, do not intend to reapply.
- 43A. Hay Fever - see Item 71 (Sinusitis)

44. Head Injury

- a. Dx, date, cause, Rx, hospitalization, loss of consciousness, recovery, complications, sequelae.
- b. Example: 5cm laceration to left forehead, 1972 due to hitting head on dashboard during automobile accident, closed with 8 sutures, not hospitalized, no loss of consciousness, full recovery, NCNS.

45. Hearing loss

- a. Dx, date, cause (if applicable), Rx, results.
- b. Example: Bilateral high frequency hearing loss, first noted 1972, contributed to working on flight line without proper ear protection, has worn hearing aid since 1972 with good results.

46. Heart trouble

- a. Dx, date, cause (if applicable), Rx, results.
- b. Example: Systolic ejection murmur, Grade II/VI, childhood, due to rheumatic fever, still present, innocent.

47. High or low blood pressure

- a. Dx, date, cause (if applicable), Rx, recurrence, complications, sequelae.
- b. Example: High blood pressure, 1971, attributed to being overweight, returned to normal following weight loss, no recurrence, NCNS.

48. Jaundice or hepatitis

- a. Dx, date, Rx, recurrence, complications, sequelae.
- b. Example: Jaundice, due to infectious hepatitis, 1974, treated with bed rest and diet for 4 weeks, no recurrence, NCNS.

49. Lived with anyone who had tuberculosis

- a. Person lived with, length of time, results and frequency of x-rays on examinee.
- b. Example: Mother with tuberculosis, examinee lived with her for 6 months, annual chest x-rays on examinee normal.

50. Loss of finger or toe

- a. Dx, date, cause, complications, sequelae.
- b. Example: Traumatic amputation of distal phalanx, left 5th finger, 1972, automobile accident, NCNS.

51. Loss of memory or amnesia

- a. Dx, date, duration, cause, unconsciousness.
- b. Example: Amnesia, 1972, 2 months duration, psychogenic cause, no loss of consciousness.

52. Medication use

- a. Medication (to include whether prescribed by physician or not), reason for taking, amount being taken, date of last usage.
- b. Example: Examinee is currently taking self-prescribed medication (Dristan) for congestion, 3 times a day, none taken on the day of this physical examination.

53. Motion sickness

- a. Dx, date, environmental or psychological factors (as applicable), exposure to cause since.
- b. Example: Airsickness, 1970-1976, airsick on all exposures to flying, fear of flying.
- c. Example: Airsickness, 1974, during rough weather, most other passengers also sick, frequent flights since without sickness.

54. Nervous trouble of any sort

- a. Dx, date, duration, date of last occurrence.
- b. Example: Nervous trouble, 1973, due to job pressures, lasted for 2 weeks, cleared when quit job, no recurrence.

55. Neuritis

- a. Dx, date, cause (if applicable), Rx, recovery, recurrence, complications, sequelae.
- b. Example: Guillain-Barre syndrome, 1971, hospitalized for 3 months, full recovery, no recurrence, NCNS.

56. Pain or pressure in chest

- a. Dx, date, cause, Rx, recovery, complications, sequelae.
- b. Example: Chest pain, 1970, due to epidemic pleurodynia, treated by taping chest and bed rest, full recovery, NCNS.

57. Painful or "trick" shoulder or elbow

- a. Dx, date, cause, frequency, manifestations and severity, disability, Rx, date of last occurrence.
- b. Example: Painful shoulder, 1971, incurred during football game, 2 occasions, manifested by joint swelling, moderately severe, minimal disability, treated with physical therapy, last occurred 1972.

58. Palpitation or pounding heart

- a. Dx, date, cause, Rx, recovery, complications, sequelae.
- b. Example: Pounding heart, 1971 - 1972, following prolonged exertion (athletic exercise), subsided following short rest period, NCNS.

59. Paralysis (including infantile)

- a. Dx, date, cause (if applicable), Rx, recovery, complications, sequelae.
- b. Example: Paralytic poliomyelitis, 1961, hospitalized for 6 weeks, has mild weakness of muscles of left leg.

60. Periods of unconsciousness

- a. Dx, date, cause, time period, hospitalization, results of neurological evaluations, recovery, complications, sequelae.
- b. Example: Unconscious, 1972, due to being hit on head with baseball bat, unconscious about 10 minutes, admitted to hospital overnight for observation, neurological evaluation at that time was normal, full recovery, NCNS.

61. Piles or rectal disease

- a. Dx (including location, if applicable), Rx (including surgery), recurrence, complications, sequelae.
- b. Example: External hemorrhoids, 1973, treated with sitz baths, no recurrence, NCNS.

62. Present health

- a. Statement, reason.
- b. Example: Examinee feels present health is poor due to items listed in medical history.

63. Recent gain or loss of weight

- a. Dx, date(s), amount of weight lost or gained cause.
- b. Example: Lost 14 pounds, Jan-Mar 1975, due to dieting.

64. Recurrent back pain

- a. Dx, date, how incurred (if applicable), Rx, duration, disability, recurrence, complications, sequelae.
- b. Example: Back strain, 1974, while lifting heavy boxes, wore back brace for 3 weeks, minimal disability, no recurrence, NCNS.

65. Rheumatic fever

- a. Dx, date of occurrence, manifestations, recurrence, complications, sequelae.
- b. Example: Rheumatic fever, childhood, manifested by transient heart murmur, no recurrence, NCNS.

66. Rupture/hernia

- a. Dx, location, date, Rx (including surgery), recurrence, complications, sequelae.
- b. Example: Right inguinal hernia, 1970, surgically corrected, no recurrence, NCNS.

67. Scarlet fever, erysipelas

- a. Dx, date complications, sequelae.
- b. Example: Scarlet fever, childhood, NCNS.

68. Severe tooth or gum trouble

- a. Dx, date, cause, Rx, recovery, recurrence, complications, sequelae.
- b. Example: Tooth trouble, 1971, 5 teeth extracted, full recovery, NCNS.

69. Shortness of breath

- a. Dx, date, cause, Rx, complications, sequelae.
- b. Example: Shortness of breath, 1971 - 1972, following prolonged exertion (athletic competition), abated following short rest periods, NCNS.

70. Skin disease

- a. Lx, date, cause, Rx, recovery, recurrence, complications, sequelae.
- b. Example: Urticaria, 1972, due to reaction to unknown allergen, cleared spontaneously, no recurrence, NCNS.

71. Sinusitis

- a. Dx, frequency, severity, duration, date of first occurrence, date of last occurrence, geographical influences (if any), Rx, recovery, complications, sequelae.
- b. Example: Acute sinusitis, average of 4 episodes a year, severe, lasted 10-14 days each episode, 1970-1974, occurred while living in Arizona, no recurrence since leaving Arizona, treated with antibiotics, full recovery, NCNS.

72. Stomach, liver, or intestinal trouble

- a. Dx, date, Rx, recurrence, complications, sequelae.
- b. Example: Pyloric stenosis, 1973, treated by myotomy, 1973, no recurrence of obstructive symptoms, NCNS.

73. Stutter or stammer habitually

- a. Dx, date of first occurrence (age in parentheses), duration, date of last occurrence (age in parentheses).
- b. Example: Stuttered, first occurrence 1969 (age 9), continued to 1973 (age 13), recurs under stressful situations.

74. Swollen or painful joints

- a. Dx, date of occurrence, cause, recurrence, complications, sequelae.
- b. Example: Swollen right ankle, 1968, caused by reaction to penicillin, no recurrence, NCNS.

75. Sugar or albumin in urine

- a. Dx, date, cause (if known), Rx, recurrence, complications, sequelae.
- b. Example: 2+ sugar in urine, 1974, found during routine college entrance physical, etiology unknown, repeat urinalysis normal, no recurrence, NCNS.

76. Thyroid trouble

- a. Dx, date, Rx, recovery, recurrence, complications, sequelae.
- b. Example: Gout, 1974, treated with full recovery, no recurrence, NCNS.

77. "Trick" or locked knee

- a. Dx, date, cause, frequency, manifestations, severity, disability, Rx, date of last occurrence.
- b. Example: Locked right knee, 1971, incurred during a hockey game, 2 occasions, manifested by joint swelling, moderately severe, minimal disability, treated with physical therapy, last occurred 1972.

78. Tuberculosis

- a. Dx, date of occurrence, Rx (including surgery and any complications), follow-up studies, sequelae.
- b. Example: Pulmonary tuberculosis, minimal, 1969, therapeutic pneumothorax, 1969, no complications, follow-up studies to date have been negative for active disease, no sequelae.

79. Tumor, growth, cyst, cancer

- a. Dx, location (if applicable), date, Rx, surgery (if applicable), recurrence, complications, sequelae.
- b. Example: Pilonidal cyst, 1968, surgically removed, no recurrence, NCNS.

80. VD - Syphilis, gonorrhea, etc.

- a. Dx, date, Rx, recovery, complications, sequelae.
- b. Example: Gonorrhea, 1976, treated with streptomycin, full recovery, NCNS.

81. Wear a brace or back support

- a. Dx, date, how incurred (if applicable), duration worn, recurrence, complications, sequelae.
- b. Example: Sprained lumbar spine, 1973, treated with a back brace for 6 weeks, no recurrence, full recovery, NCNS.

82. Wear a hearing aid

- a. Dx, date of onset, how long worn, results.
- b. Example: Mixed deafness, bilateral, hearing aid first worn 1973, has worn since with good results.

83. Wear glasses or contact lenses

- a. Statement, date first worn, date last worn, statement as to adequacy of present prescription.
- b. Example: Wears glasses for myopia, 1961 to present, present prescription adequate.

1. **NAME:** Have the examinee print last name, first name, and middle name. "Jr," "III," etc., will be entered, when appropriate, as the last entry for this item.
2. **GRADE:** Indicate either the rank (SSgt, Lt Col, etc), or pay grade (E-4, O-5, etc) of the examinee.
3. **SSAN:** Enter the examinee's Social Security Account Number. Prefixes and suffixes are not required.
4. **DOB:** Enter the examinee's date of birth in military format (DD MON YY).
5. **AGE:** Enter the examinee's age as of the date of the examination.
6. **SEX:** Enter MALE or FEMALE.
7. **RACE:** Enter the examinee's race. DO NOT abbreviate.
8. **AGENCY:** This item is already filled in.
9. **UNIT OF ASSIGNMENT:** Enter the examinee's present unit of assignment.
10. **MAJCOM:** Enter the major command to which the examinee is assigned.
11. **DATE OF EXAMINATION:** In military format (DD MON YY)
12. **NAME AND BASE OF EXAMINING FACILITY:** Enter the complete name, MAJCOM, and base of the facility where the examination was accomplished.
13. **FLIGHT DUTY PERFORMED:** Enter a description of the examinee's in-flight duties (Senior Pilot, Loadmaster, Master Navigator, Flight Surgeon, etc) along with the type of aircraft.
14. **ASC:** Enter the Aviation Service Code from AFM 300-4, Vol 1 (also available from their aeronautical orders).
15. **TOTAL FLYING HOURS:** Enter total military flying hours logged.
16. **TOTAL FLYING HOURS LAST 6 MONTHS:** Enter the amount of flying time logged during the past 6 months.
17. **BLOOD PRESSURE:** Enter the sitting systolic and diastolic blood pressure.
18. **HEIGHT:** Enter the height to the nearest half-inch or full centimeter, with the examinee in stocking feet.
19. **WEIGHT:** Enter the examinee's weight to the nearest pound or half kilogram.
20. **VISUAL ACUITY:** Record the best uncorrected distant and near vision and best corrected distant and near vision.

- 21. **AUDITORY ACUITY:** Leave this block blank. Audiometric results are recorded in the blocks below this one. Be sure to check off which calibration standard was used (generally ANSI-69)
- 22. **TYPE OF INSTRUMENT USED:** Enter the brand name of the audiometer used.
- 23. **HISTORY AND REMARKS:** Enter significant history since the last complete medical examination and any other remarks pertinent to the examinee.
- 24. **TYPE OR PRINT NAME OF MEDICAL OFFICER:** Self-explanatory
- 25. **SIGNATURE:** Self-explanatory

AV

| CATEGORY OF EXAMINATION | CERTIF AUTHORITY | WAIVER AUTHORITY |
|--|--|---|
| Flying Class I/IA USAFA Graduates AFROTC Graduates All other applicants (OTS, EAD, AFRES, ANG, etc) | ATC/SG ATC/SG ATC/SG | ATC/SG ATC/SG ATC/SG |
| Flying Class II Rated Officers Medical Officers | MAJCOM/SG USAFSAM / EDK | MAJCOM/SG HQ USAF/SGPA |
| Flying Class IIA, IIB, IIC | HQ USAF/SGPA | HQ USAF/SGPA |
| Flying Class III Officers Airmen Primary Aircrew Optional Aircrew Parachutists Airmen, Other Nurses prior to Flt Nrs Tng | MAJCOM/SG MAJCOM/SG MAJCOM/SG MAJCOM/SG MAJCOM/SG MAJCOM/SG DBMS MAC/SG, AFRES/SG, ANG/SG, USAFSAM | MAJCOM/SG MAJCOM/SG MAJCOM/SG MAJCOM/SG MAJCOM/SG MAJCOM/SG DBMS MAC/SG, AFRES/SG, ANG/SG |
| Flying Class I/IA / II / III for conditions listed in 1-9(e)(1) Flying Training Applicants Rated Officers All Other Aircrew | HQ USAF/SGPA HQ USAF/SGPA MAJCOM/SG | HQ USAF/SGPA HQ USAF/SGPA MAJCOM/SG |
| Air Traffic Controllers and Combat Controllers (Off & Enl) | MAC/SG | MAC/SG |
| Weapons Controller (17XX) | MAJCOM/SG | MAJCOM/SG |
| Missile Launch Crew | SAC/SG | SAC/SG |
| Continued Missile Launch Crew | MAJCOM/SG | MAJCOM/SG |
| Commissioning Programs Reserve, Initial Appointment Line, DC, NC, BSC, MSC AFRES ANG MC, Chaplain Judge Advocate Regular, Initial Appointment Line USAFA Cadets | ATC/SG AFRES/SG, ARPC/SG ANG/SG AFMPC/SG HQ USAF/SGPA ATC/SG USAFA/SG | ATC/SG AFMPC/SG AFMPC/SG AFMPC/SG HQ USAF/SGPA ATC/SG USAFA/SG |

| CATEGORY OF EXAMINATION | CERTIF AUTHORITY | WAIVER AUTHORITY |
|--|---|--|
| Commissioning Programs (cont.) | | |
| Reg Appt of Reserve Officers MC, DC, NC, BSC, MSC Line, Chaplain, Legal | AFMPC/SG DBMS | AFMPC/SG DBMS |
| Indef Reserve Status Line Component | DBMS AFMPC/SG | DBMS AFMPC/SG |
| Recall to Active Duty Line ANG Component AFRES | AFMPC/SG ANG/SG AFMPC/SG ARPC/SG, AFMPC/SG | AFMPC/SG AFMPC/SG AFMPC/SG AFMPC/SG |
| Airmen Initial Enlistment Recall to Active Duty ANG Reserve Retired | MEPS ANG/SG ARPC/SG, AFMPC/SG ARPC/SG | ATC/SG AFMPC/SG AFMPC/SG AFMPC/SG |
| USUHS | DODMERB | AFMPC/SG |
| HPSP Civilian Active Duty, Line ROTC | ATC/SG AFMPC/SG | ATC/SG AFMPC/SG |
| USAFA Applicants | DODMERB | USAFA/SG |
| AFROTC Applicants | DODMERB | ATC/SG |
| PALACE Chase | DBMS | ANG/SG ARPC/SG AFRES/SG |
| Space Operations Duty | ATC/SGPS | ATC/SGPS |
| Continued Space Operations Duty | MAJCOM | MAJCOM |

| | CLASS I Flying Training (Pilot) | CLASS IA Flying Training (Navigator) | CLASS II Flying Training Completed |
|------------------------------|---|--|--|
| DISTANT VISUAL ACUITY | 20/20 Each Eye | Age < 21 20/100 each eye Age ≥ 21 20/200 each eye Correctable to 20/20 each eye | 20/200 each eye (pilot) 20/400 each eye (nav) Correctable to 20/20 each eye |
| NEAR VISUAL ACUITY | 20/20 Each Eye | Age < 21 20/20 each eye Age ≥ 21 20/40 each eye All ages: Correctable 20/20 ou | Correctable to 20/20 each eye |
| REFRACTIVE ERROR | Age < 21 Total: Plano +2.00 D Age ≥ 21 Total: -0.25 D +2.00 D All ages Astig: 0.75 D Aniso: 2.00 D No contact lenses x3 mos No keratorefractive surgery | Age < 21 Total: -1.50 D +3.00 D Age ≥ 21 Total: -2.75 D +3.00 D All ages Astig: 2.00 D Aniso: 2.00 D No contact lenses x3 mos No keratorefractive surgery | Total: -2.50 D Pilot +3.50 D -4.00 D Navig +4.00 D Astigmatism 2.00 D Anisotropia 2.50 D No contact lenses x3 mos No keratorefractive surgery |
| MOTILITY | Esophoria ≤ 10 D Exophoria ≤ 5 D Hyperphoria ≤ 1.5 D NPC ≤ 70 mm No Heterophoria History of extraocular muscle surgery requires ophthalmology evaluation | Same as Class I | Same as Class I |
| ACCOMMODATION | At least minimum for age See AFR 160-43, Atch 8 | Same as Class I | Same as Class I |
| DEPTH PERCEPTION | Must pass one: VTA-ND (no errors A>D), or Verhceff (8/8 correct), or Howard Dolman (avg err ≤ 30mm) | Same as Class I | Same as Class I |
| COLOR VISION | Must pass one: VTS-CV Plates (10/14 correct) FALANT (9/9 correct) | Same as Class I | Same as Class I |
| NIGHT VISION | Not required unless indicated by history | Same as Class I | Same as Class I |
| VISUAL FIELDS (MONOCULAR) | 15° contraction in any meridian or scotoma disqualifies | Same as Class I | 15° contraction or scotoma due active pathology disqualifies |
| RED LENS TEST | Diplopia or suppression within 20° of the center of the screen in any of the cardinal directions requires an Ophthalmology evaluation | | No Standards |

ATTACHMENT F - AEROMEDICAL VISION STANDARDS SUMMARY SHEET

| | CLASS III Flying, Not in Primary Control of aircraft | AIR TRAFFIC CONTROL | COMMISSION ENLISTMENT, AND INDUCTION |
|------------------------------|---|--|--|
| DISTANT VISUAL ACUITY | 20/400 each eye correctable to 20/20 in one eye and 20/30 in the other | 20/100 each eye, correctable to 20/20 (glasses or contacts) (See AFR 160-43, para 6-6) | Correctable by spectacle lens: 20/40 and 20/70, or 20/30 and 20/100, or 20/20 and 20/400, or better, if not 2 ^o progressive disease |
| NEAR VISUAL ACUITY | Correctable to 20/20 in one eye and 20/30 in the other | Correctable to 20/40 each eye | Correctable to 20/40 in one eye |
| REFRACTIVE ERROR | Total: +5.50 D Astig: 3.00 D Aniso: 3.50 D No contact lenses x 3 days No keratorefractive surgery | No Standards | No more than -8.00 D or +8.00 D in spherical equivalent. Must not require contact lenses. No keratorefractive surgery. |
| MOTILITY | Esophoria ≤ 15 D Exophoria ≤ 8 D Hyperphoria ≤ 2 D Heterotropia ≤ 15 D History of extraocular muscle surgery requires ophthalmal eval | Esophoria ≤ 6 D Exophoria ≤ 6 D Hyperphoria ≤ 1 D No Heterotropia | Heterotropia ≤ 39 D No diplopia or nystagmus |
| ACCOMMODATION | No Standards | Must be able to read official aeronautical charts / maps | No Standards |
| DEPTH PERCEPTION | No Standards | No Standards | No Standards |
| COLOR VISION | Must pass one: VTS-CV Plates (10/14 correct) FALANT (9/9 correct) | Must be able to distinguish aviation green, red, and white at a minimum | No standards unless job requires color perception |
| NIGHT VISION | Not req'd unless indicated | No Standards | No Night Blindness |
| VISUAL FIELDS (MONOCULAR) | 15 ^o contraction in any meridian or scotoma due to active patho | Any visual field defect disqualifies | See AFR 160-43, para 4-12i |
| RED LENS TEST | No Standards | No Standards | No Standards |

INTRAOCULAR TENSION: Disqualifying: A: FC I and IA - glaucoma or ocular hypertension/preglaucoma. B: FC II and III - glaucoma (IOP > 30 mmHg or changes in the optic disc/visual fields) or ocular hypertension/preglaucoma (two or more IOP ≥ 22 mmHg or a difference of 4 mmHg between the eyes). Ocular hypertension requires thorough evaluation by qualified ophthalmologist prior to disqualification. C: Commission, Enlistment, or Induction - glaucoma or ocular hypertension/glaucoma (IOP > 25 mmHg or secondary changes in the optic disc or visual fields).

CONTACT LENSES:

Aircrew members are prohibited from using contact lenses, unless specifically prescribed and issued by USAFSAM. A waiver has been granted by HQ USAF/SGPA. See AFR 160-43, paragraphs 1-9(o) and 7-8; and AFR 160-12, para 29(d).