BY ORDER OF THE COMMANDER AIR EDUCATION AND TRAINING COMMAND

AIR EDUCATION AND TRAINING COMMAND INSTRUCTION 48-102

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Aerospace Medicine

MANAGEMENT OF MEDICAL SUPPORT TO FLYING TRAINING MISSIONS

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This instruction implements AFPD 48-1, *Aerospace Medicine Enterprise*. It establishes procedures and assigns responsibility for the medical management of US and foreign personnel entered into undergraduate flying training (UFT) and Special Warfare (SW) Airman training programs, including personnel undergoing the medical flight screening (MFS) program and the Security Assistance Training Program (SATP). It applies to all AETC units conducting undergraduate and graduate aircrew training for both officer and enlisted aircrew members. It does not apply to Air Force Reserve Command, Air National Guard, or medical units of other US Armed Services. This instruction requires the collection and maintenance of information protected by the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Authority to collect and maintain records prescribed in this AFI are outlined in Title 10, United States Code, Section 8013. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, *Management of Records* and disposed of in accordance with the Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS). The reporting requirements in this instruction will comply with AFI 33-324 *The Information Collections and Reports Management Program; Controlling Internal, Public, and Interagency Air Force Information Collections*. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF Form 847s from the field through the appropriate functional chain of command. The authorities to waive wing/unit level requirements in this publication are identified with a Tier ("T-0, T-1, T-2, T-3") number following the

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SUMMARY OF CHANGES

This is a major revision and must be reviewed. The entire AETCI has been reorganized and edited for content and continuity. Requirements for supporting Medical Treatment Facility commanders are described. Mission-Essential Tasks/Activities for Line Support (METALS) are described for support of the flying training mission (reference AFI 48-149); administrative requirements have been streamlined. Medical support requirements for all AETC flying training (not solely undergraduate programs) and Special Warfare Airman training programs are included.

Section A—Medical Standards and Certification Authorities

1. Guidelines: Air Force Instruction 48-123, *Medical Examination and Standards* establishes the medical standards for all USAF undergraduate flying and Special Warfare Airman training programs.

1.1. All student aviators and Special Warfare Airmen will be managed under the same USAF student aviator administrative medical requirements IAW AFI 48-123 (for example physiological training, airsickness management, sick-call procedures, and administrative hold procedures), except as noted in this AETCI. The DD Form 2992, *Medical Recommendation for Flying or Special Operational Duty* will document medical grounding and clearance to fly recommendations.

2. Other US Armed Forces (or Joint Aviator Training):

2.1. All student aviators and Special Warfare Airmen must meet the physical standards of their parent Service, regardless of where training is conducted. Initial waivers of physical standards required prior to the start of training must be granted by the parent Service. Students must arrive to AETC UFT locations with the appropriate service specific certified physical examination current by parent-Service directives.

2.2. An initial clearance to fly, DD Form 2992, will be issued following review of history/medical records and based on the the appropriate service specific physical examination and certification .

2.3. Physical examinations performed during the student tour of duty will be conducted in accordance with the administrative procedures of the USAF. The medical standards of the parent Service will apply.

2.4. Any new or permanent disqualifying condition or defect discovered during the tour of duty will be submitted through AETC/SGP, to the parent-Service waiver authority, and, if necessary, to AFMSA/SG3P for waiver determination.

3. Non-US Pilot Training Program Students:

3.1. Students will have evidence of a parent-nation medical exam and clearance in their health record, such as a North Atlantic Treaty Organization (NATO) medical statement. The USAF will accept preexisting conditions waived by the parent nation, unless there is serious concern about health or safety.

3.2. An initial clearance to fly, DD Form 2992 will be issued following review of history/medical records and based on the parent nation's physical examination and certification. Routine temporary medical groundings will be processed in the same manner as for USAF students and as noted in this AETCI (see paragraph **3.4**).

3.3. Physical examinations performed during the tour of duty will be conducted in accordance with the administrative procedures of the USAF. The medical standards of the parent nation shall apply.

3.4. For non-US students, the local flight surgeon will coordinate medical disqualifications from flying training and groundings exceeding 30 days through the AETC/SGP, who will coordinate with AFMSA/SG3PF and the appropriate parent-nation liaison at AFSAT.

4. Security Assistance Training Program (SATP) Students:

4.1. Unless the student has been previously medically certified, the appropriate physical examination will be performed by the Defense Language Institute contracted physician, JBSA Lackland AFB TX. They will accomplish any required medical examinations on each SATP student scheduled for UFT or Special Warfare Airman training.

4.2. These examinations should be accomplished early in the language training period to permit review and certification by AETC/SGPS, before the student goes to training. These examinations are valid for 48 months from the date they are certified.

Section B—Arrival to Flying Training and Initial Clearance

5. Clearance Authority: The base flight surgeon issues an initial clearance to fly DD FORM 2992 when clearance requirements below are met, including non-US students with valid physicals and waivers from their home country.

6. Clearance Requirements: Unless a "pipeline" accession from Basic Military Training, students will arrive to AETC flying and Special Warfare Airman training locations with a current physical examination certified by the USAF (see AFI 48-123), the student's parent-Service medical authority or the parent nation's medical authority. Local flight surgeons should coordinate any discrepancies with AETC/SGPS.

6.1. Each individual reporting to Medical Flight Screening (MFS) should possess a current FCI or FCII/RPA medical examination. Exception will be those students scheduled to obtain their FCI or FCII/RPA examination at United States Air Force School of Aerospace Medicine (USAFSAM), in conjunction with MFS.

6.2. USAF students inprocessing for UFT/Special Warfare Airman training will have a current flying class/special duty medical examination (as required by their AFSC) on record. The examination must be current within 48 months prior to starting UFT. For SW airman, the exam is valid for 24 months from the date when the exam was started (as opposed to the certification date). The student must have a current Preventive Health Assessment (PHA), in addition to the certified examination, IAW AFI 11-402_AETCSUP. An initial certification examination does not exempt active duty applicants from accomplishing their required PHA while awaiting training, IAW DoDI 6200.06.

6.2.1. Those students attending Initial Flight Training (IFT) and RPA initial Flight Training (RFT) must possess a valid Federal Aviation Administration (FAA) Third-Class medical certificate (normally obtained at MFS).

6.3. Specialized undergraduate pilot training (SUPT) and U.S. ENJJPT students must have a current, certified FC I examination on record, meet FC I standards for entry into SUPT or ENJJPT at inprocessing, and pass the MFS examination at USAFSAM.

6.3.1. Each student will obtain a PHA physical examination and meet FC I standards (with or without waiver),prior to beginning active flying in SUPT.

6.4. Undergraduate Combat System Officer Training (UCT) students must have a current, certified FCI or IA examination on record and meet FC IA medical standards, including PHA (with or without waiver), prior to beginning active flying in UCT.

6.5. Remotely Piloted Aircraft (RPA) pilot students must have a current, certified FC II examination on record and meet FC II medical standards, including PHA (with or without waiver) prior to beginning active flying in RPA training. RPA students must pass the appropriate MFS examination at USAFSAM.

6.6. Career Enlisted Aviator (CEA) students must have a current, certified FC III examination on record and meet FC III medical standards, including PHA (with or without waiver), prior to beginning active flying training.

6.7. Special Warfare Airman students must have a current, certified SW Medical Clearance (with PJ/CCT endorsement, if applicable) on record, prior to beginning training.

6.8. Flying training unit students must have a current “fly-PHA” on record in the Aeromedical Services Information Management System (ASIMS), meet medical standards appropriate for their AFSC, and have a current DD FORM 2992 recommending flying duties.

7. Operational Medication Ground Testing Program. All USAF UFT and SW students will undergo approved medication ground testing as appropriate for their career field, prior to graduation. For protocols and documentation requirements, reference AFI 48-149, *Flight and Operational Medicine program*, and Official Air Force Aerospace Medicine Approved Medications Guide.

8. PHA: All USAF and non-US active duty members will have an annual PHA accomplished IAW AFI 44-170, *Preventive Health Assessment* and AFI 48-123, as well as DODI 6200.06, AFI 11-402_AETCSUP and AFI 10-250, *Individual Medical Readiness*.

Section C—Grounding Management of Flying Training Students

9. Grounding Management: All joint and non-US student aviators will be managed under the same administrative medical requirements for USAF student aviators. DD Form 2992 will document medical grounding (duty not including flying or DNIF) and clearance-to-fly recommendations.

9.1. Local MTF/CCs will establish procedures to minimize student and instructor time lost to training from aviator DNIF. Local SGPs will regularly attend Training Group and Squadron meetings where, "Students Not In Training," (SNIT) are discussed (including Training Health Working Groups, where conducted); and they coordinate with owning commanders to decrease SNIT time.

9.2. All student groundings should be promptly and carefully coordinated with the instructor cadre and squadron leadership.

10. Training Delay—Medical:

10.1. Flying unit commanders will place students in Training Delay—Medical (TDM) status when their medical condition does not resolve after 30 days. TDM status in such cases is effective on the 31st day of DNIF. Coordination between local SGP and line leadership is critical.

10.2. Students with remedial or temporarily medically disqualifying conditions may be kept in TDM status up to 3 months. Refer to the appropriate volume of AETCI 36-2605V1 (e.g. for pilot training, *Formal Flying Training Administration and Management*) for administrative procedures for delays greater than 3 months. The AETC/SGP review confirms local SGP assessment of duration of DNIF and likelihood of RTFS.

10.3. Students who must remain in TDM status for periods greater than 6 months up to 12 months must be approved IAW AETCI 36-2605V1. Use AIMWTS to disqualify students who are permanently removed from training for medical reasons, or to request a waiver if needed prior to returning to UFT/SW training. AETC/SGP review confirms local SGP assessment of duration of DNIF and likelihood of RTFS.

11. Medical Requirements before Graduating from UFT/SW Training. Local Military Treatment Facility Commanders(MTF/CCs) will establish procedures to ensure students complete all medical requirements for currency before they depart the UFT/SW training base. Preventive Health Assessment (PHA) will be current ("green" in ASIMS) IAW AFI 44-170. Ground testing will be accomplished for required chemoprophylactic and fatigue management ("Go/No-Go") medications IAW AFI 48-149 and the Official Air Force Aerospace Medicine Approved Medications list posted on the Knowledge Exchange. Upon graduation from UFT, the applicable medical standards change from those appropriate for untrained Airmen to trained Airmen; for example FC I standards no longer apply after a pilot is granted their wings, they fall under FC II medical standards. Graduated students will not depart a base in a medically disqualified status, unless there has been coordination with receiving base SGP and AETC/SGP.

Section D—Special Considerations

12. Visual Acuity Problems: Rule out progressive ocular pathology on students whose visual acuity and refraction is significantly changed from the previous examination or found to exceed flying class standards.

12.1. If a student's vision and refraction are confirmed to be within flying class standards without progressive ocular pathology, qualify the student locally for flying duty and continuation of training.

12.2. Submit students whose vision and refraction exceed flying class standards, or who have an aeromedically significant vision problem, to AETC/SGP for medical review and disposition.

12.3. Vision screening information will not invalidate prior vision waivers or exceptions to policy, but will be used to provide students with appropriate corrective lenses before initiation of the flying phase of training, unless a new vision condition is noted.

12.4. Order aviator lenses for students with substandard visual acuity needing correction under the "downed pilot" priority category using the Department of Defense (DoD) optical fabrication laboratory's Spectacle Request and Transmission System (SRTS). The SRTS can provide same-day processing and ship back to the requesting location in 24-48 hours. At the discretion of the military treatment facility (MTF) commander, one pair of lenses may be purchased locally to reduce the DNIF time. Use local civilian procurement as the last alternative. MTFs must ensure these lenses meet current Air Force safety standards. Individuals who have had substantial deterioration of their visual acuity since their Flying Class I examination will be fully re-evaluated to rule out underlying pathology.

13. Contact Lens Use: UFT students are authorized to use soft contact lenses in accordance with AFI 48-123, if the following criteria are met:

13.1. Students must be experienced with approved lenses in order to qualify for use of soft contact lenses. An "experienced" user is defined as someone who has worn approved contact lenses problem-free for at least 6 months. Use of soft contact lenses in UFT will be voluntary.

13.2. Pilot candidates are not authorized to wear contact lenses within 30 days prior to reporting to the MFS.

14. Pregnancy: Flight surgeons will brief each incoming female student on the consequences pregnancy would have on training.

15. Airsickness:

15.1. Airsickness is an active (vomiting) or significant passive (disabling or disruptive nausea) maladaptive coping response to specific environmental conditions that can differ from individual to individual. In most cases, airsickness is of brief duration and is related to multi-axial accelerations, pulling Gs, and unfamiliar factors (looking for new landmarks, new flight patterns, new flight profiles, spatial disorientation, etc.). Airsickness is a common problem for student fliers, and it often interferes with progression through UFT. Most students adjust to the flying environment quickly, but others require help to overcome airsickness. Recommendations to help students prevent and manage airsickness include early

intervention with education, training, and, if necessary, pharmacological and physiologic therapy.

15.2. The Airsickness Management Program (AMP) provides Team Aerospace with the necessary tools to aggressively manage airsickness in UFT students. Timely, coordinated efforts between the flight surgeon, aerospace physiologist, and flying supervisors are vital to the success of this program. The goal is to restore the student's confidence and thereby his/her ability to continue training, using any or all methods at the team's disposal. Additional administrative guidance pertinent to the management of airsickness is found in the appropriate volume of AETCI 36-2605V1. The airsickness management program will be reviewed in the weekly Flight Medicine Working Group, or other appropriate forum. Send a copy of your AMP worksheet to AETC/SGP monthly.

15.2.1. During the academic phase of training, a flight surgeon, aerospace physiologist, or an aerospace physiology technician (under the supervision of a flight surgeon or aerospace physiologist), will brief UFT students on airsickness before they participate in flight or simulator training. This briefing will cover the provisions of AETCI 36-2605V1, as well as the causes of airsickness, and provide details on strategies to prevent, manage, and treat airsickness.

15.2.2. At the first episode of airsickness, the flight surgeon should perform a thorough medical evaluation. If no underlying medical cause is found, determine if the proper preventive measures learned in the academic phase were followed. Review all academic phase resources, if necessary. Consider early pharmacological intervention in situations where a student's prior history of air or motion sickness is identified, or where he or she manifests unusually high anxiety levels not believed to be associated with manifestation of apprehension (MOA). Refer to the most recent *Official Air Force Aerospace Medicine Approved Medications* guide for approved treatment options. Pharmacological therapy is given 1 to 2 hours prior to flight for three consecutive flights. Refer to the appropriate volume of AETCI 36-2605V1 for guidance on which flights medical therapy is authorized.

15.2.3. UFT students who continue to be airsick will receive progressive relaxation training and may continue or begin pharmacologic therapy at the discretion of the flight surgeon. If a student gets airsick while on medication, ground-test the student with the medication prior to the next flight to rule out the potential for medication-induced nausea. At each base, available qualified personnel will teach relaxation training by demonstrating breathing techniques, providing biofeedback, and using imagery skills. Personnel may use personal instruction and/or audiovisual media to accomplish this training.

15.2.4. After three or more airsickness episodes, students should receive physiologic adaptation with the Barany chair IAW AFI 11-403, *Aerospace Physiological Training Program*, and any local OIs. A refresher spin in the Barany chair is recommended with any additional airsickness episode. If for any reason a student has missed several days of flying, a refresher spin should be given prior to flying. Concurrently, flight surgeons should begin to examine the student's motivation to continue training. This may require frank discussions with instructors and squadron leadership. Individuals who maintain safe aircraft control during active or passive episodes of airsickness without the need for

IP intervention should be assessed as having high motivation and generally encouraged to continue in training. Consider involving mental health to evaluate for MOA as indicated.

15.2.5. For UPT students, the use of medication to treat airsickness is prohibited beginning five sorties prior to their initial T-6A solo sortie and remains so until graduation. Subsequent to this flight treatment is limited to psychological and physiologic interventions. For other UFT students, close collaboration between the flight surgeon and the student's instructors/supervisors will determine a course of action and what constitutes a reasonable trial of interventions and failure of the program.

15.2.6. Student aviators who relapse after successful adaptation due to a period away from flying (DNIF, emergency leave, etc.), should continue in training with the expectation that re-adaptation will occur more rapidly.

15.2.7. Students with refractory airsickness should be eliminated from flying training administratively for lack of adaptability (See paragraph **20**). Student aviators with persistent airsickness need not be eliminated for airsickness alone unless it prevents the aviator from satisfactorily accomplishing his or her duties, or is associated with an MOA or some organic or psychiatric cause.

16. G-Intolerance: Students will receive formal instruction in factors contributing to G tolerance IAW AFI 11-404, *Fighter Aircrew Acceleration Training Program*. Students experiencing recurring difficulties meeting training objectives due to the effects of G forces will be evaluated jointly by the flight surgeon, aerospace physiologist, and flying squadron supervisors. The student will be placed in DNIF status during the evaluation. If a medical condition is suspected of diminishing the student's G-tolerance or G-endurance, a medical waiver will be required for continued flying duties. MTF/CCs will establish procedures to ensure prompt access to exercise physiology or physical therapy support, if conditioning is a potential contributor to student G intolerance. A healthy student unable to perform satisfactorily under G forces despite appropriate conditioning and repeat centrifuge training will be handled administratively.

17. Ejection Seats: A student whose weight is not within ejection seat weight standards will be placed on DNIF status and evaluated to rule out underlying medical conditions. Unless the condition is secondary to a medical problem, refer students to their squadron commander for appropriate administrative action until their weight is corrected.

Section E—Elimination From UFT Programs

18. Overview: Categories under which students may be withdrawn from UFT programs are listed in AETCI 36-2605V1. Medical disenrollment takes precedence over the other categories. Paragraphs **19** through **22** provide further information about student elimination.

19. Medical Deficiency.

19.1. Thoroughly evaluate any medical condition that renders a student incapable of meeting training requirements and standards. Prepare a current Aeromedical summary via the Aeromedical Information Management Waiver Tracking System (AIMWTS) that addresses the medical condition and recommends waiver or disqualification.

19.2. Withhold disenrollment action for medical deficiency until AETC/SGP certifies the medical disqualification. Additionally, AETC/SGP will determine possibility of medical qualification for other flying classes.

19.3. Following receipt of the certified Aeromedical summary, complete an AF Form 422, *Notification of Air Force Member's Qualification Status*. Record the student's status, whether he or she is qualified for further aircrew training, and note any other medical restrictions. Send the AF Form 422 and a copy of the certified DD Form 2992 to the student's squadron for completion of the disenrollment action.

19.4. Do not medically eliminate non-US students without decertification from their parent country. Send AETC/SGP a copy of all pertinent information for coordination. Discuss questionable cases with the parent country's flying liaison officer and AETC/SGP. When a question arises regarding a non-US student's capability to fly safely, the student may be temporarily grounded pending medical evaluation.

20. Lack of Adaptability.

20.1. Persistent airsickness. A UFT student who does not exhibit an ability to adapt to the aviation environment due to active airsickness prior to initial flight solo (SUPT and ENJJPT), prior to the student's eleventh T-6A sortie (UCT), or initial checkride (CEA) should be eliminated administratively for lack of adaptability, unless an organic or psychiatric etiology requires medical disqualification.

20.2. Fear of flying. UFT students with a stated fear of flying must meet DSM criteria for phobia to be medically disqualified. Fear of flying is considered a lack of adaptability, unless an organic or psychiatric etiology requires a medical disqualification action.

21. Manifestations of Apprehension(MOA) :

21.1. MOA is defined as a state of psychological anxiety, apprehension, and/or physical impairment. A student may exhibit MOA through tension, anxiety, loss of appetite, sleeplessness, vague medical complaints, or airsickness.

21.2. The flight surgeon will interview a student with suspected MOA. In the absence of an underlying medical or psychiatric condition, the student's suitability for flying duty becomes an operational decision made by the line commander.

22. Procedures for Other Flying Training Disenrollments:

22.1. A flight surgeon will evaluate each student recommended for non-medical flying training disenrollment to ensure there are no medical contraindications for continued flying training. A student must be medically qualified for flying duty at the time of any nonmedical disenrollment.

22.2. If the student under review is on a medical waiver or is a member of an Aeromedical Consultation Service study group, the reviewing flight surgeon will notify AETC/SGP by memorandum, after the student is disenrolled.

22.3. Flight surgeons and aerospace/operational physiologists may be tasked to serve as Flying Evaluation Board members or witnesses, IAW AFMAN 11-402, *Aviation and Parachutist Service*. MTF/CCs will ensure that, if tasked, flight surgeons and aerospace/operational physiologists participate in flying evaluation boards.

Section F—Reporting Requirements

23. Mission-Essential Tasks/Activities for Line Support: Local base SGPs will generate METALS lists and submit these lists to their MTF/CC, who will in turn submit to AETC/SGP annually. Local base SGPs will develop a mechanism to plan, schedule, and track METALS accomplishment and include this in each Flight and Operational Medicine Working Group meeting IAW AFI 48-149. Local base SGPs will determine the frequency that METALS metrics are briefed and reviewed by the Aerospace Medicine Council IAW AFI 48-101, *Aerospace Medicine Enterprise*. MTF/CCs at flying and SW training bases will include support to any of the programs described in this Instruction, as well as, any syllabus-driven Aerospace Medicine activities on their METALS list. In addition, SGPs will include the following METALS as appropriate for the training missions they support:

23.1. Participation in training events:

23.1.1. Flying: Flight surgeons (FS) and aerospace/operational physiologists (AOPs) and aerospace/operational physiology technicians (AOPTs) will fly with all assigned aircraft, not just their primary aircraft. If there is not an available crew duty position, they will obtain simulator time (space available), flight training device time, and/or participate in aviator briefs/debriefs.

23.1.2. Participation in non-flying aviator training events: FS, AOPs, and AOPTs will participate in didactic and field training events to understand physical, cognitive, and emotional demands placed on trainees, and to understand when to restrict or adapt training to accommodate trainee illness or injury.

23.2. Direct observation of training events.

23.3. Coordination with training unit commanders on students with complex or significant medical issues affecting training.

23.4. Coordinating with individual instructors and students with medical issues:

23.4.1. Care coordination to ensure time lost to training due to medical is minimized.

23.4.2. Coaching individual students on improved performance and illness/injury prevention or “prehabilitation.”

23.5. Coordination with training unit commanders and their units on high-risk training.

23.5.1. Participation in and presentation during instructor and other aviator meetings. Instrument refresher courses, safety meetings, commander’s calls.

23.5.2. Participating in and presentation during training unit staff meetings.

23.5.3. Assisting commanders and schedulers in avoiding training environments and situations conducive to illness or injury.

23.5.3.1. Facilitating “smart” scheduling with tools like SAFTE-FAST, predicting times of higher risk to mission or Airmen and suggesting appropriate countermeasures.

23.5.3.2. Operational Risk Management worksheet review and analysis.

23.5.3.3. Application of the Fighter Index of Thermal Stress (FITS) or other tools to avoid thermal injury.

23.5.3.4. Conducting surveys of students and instructors to better understand training or operational stresses contributing to or resulting from illness or injury.

23.6. Research and development of solutions to novel training problems.

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Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

DoDI 6200.06 Perodic Health Assessment Program

AFPD 48-1, *Aerospace Medicine Enterprise*, 23 August 2011

AFI 10-250, *Individual Medical Readiness*, 16 April 2014

AFI 11-403, *Aerospace Physiological Training Program*, 30 November 2012

AFI 11-404, *Fighter Aircrew Acceleration Training Program*, 09 June 2017

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AFI 33-360, *Publications and Forms Management*, 01 December 2015

AFI 44-170 *Preventive Health Assessment*, 30 January 2014

AFI 48-101, *Aerospace Medicine Enterprise*, 08 December 2014

AFI 48-123, *Medical Examination and Standards*, 05 November 2013

AFI 48-149, *Flight and Operational Medicine Program*, 12 November 2014

AFI 11-402_AETCSUP, *Aviation and Parachutist Service Aeronautical Ratings and Aviation Badges*, 10 July 2012

AFMAN 11-402 *Aviation and Parachutist Service*, 24 January 2019

AFMAN 33-363, *Management of Records*, 01 March 2008

AETCI 36-2605V1, *Flying Training Administration and Management*, 16 February 2018

Prescribed Forms

No Forms Prescribed

Adopted Forms

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

AF Form 847, *Recommendation for Change of Publication*

DD Form 2807-1, *Report of Medical History*

DD Form 2808, *Report of Medical Examination*

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

Standard Form 600, *Medical Record – Chronological Record of Medical Care*

Abbreviations and Acronyms

AETC/SGP—Chiefof Aerospace Medicine

AETC/SGPS—Chief, Medical Standards Branch

AIMWTS—Aeromedical Information Management Waiver Tracking System

AMP—Airsickness Management Program

CEA—Career Enlisted Aviator

CSO—Combat Systems Operator

DNIF—duty not including flying

DSM—Diagnostic and Statistical Manual of Mental Disorders

ENJJPT—Euro-NATO joint jet pilot training program

FMWG—Flight Medicine Working Group

HIPAA—Health Insurance Portability and Accountability Act of 1996

IP—instructor pilot

IFT—Initial Flight Training

MFS—Medical Flight Screening

MOA—manifestation of apprehension

MTF—military treatment facility

PHA—preventive health assessment

RFT—RPA initial Flight Training

SATP—Security Assistance Training Program

SUPT—Specialized Undergraduate Pilot Training

SW—Special Warfare

TDM—Training Delay Medical

UCT—Undergraduate Combat Systems Officer Training

UFT—Undergraduate Flying Training