



MEDICAL STANDARDS DIRECTORY (MSD)

This document reflects the current medical standards for retention, flying classes, and special operational duty for the USAF. These are the standards referenced in DAFMAN 48-123 and are reviewed annually (at a minimum) through the Medical Standards Working Group. The Chief of Medical Standards Development at the Air Force Medical Readiness Agency is the MAJCOM/SGP point of contact for any updates. If a service member does not meet applicable medical standards, refer to DAFMAN 48-123 for AF required actions.

To refer to a medical standard use “MSD, DATE OF MSD, SECTION LINE”. For example, when referencing Celiac Disease in a Narrative Summary, use “MSD, 10 Feb 2021, I51”.

When a line is deleted in the MSD, it will remain in the MSD with a line through it annotating that the standard no longer exists for 1 year. After 1 year, the line will be removed. Removed items will be kept on document on the KX for the field to view for historical perspective, but the standard will no longer apply.

Changes to the 10 February 2021 MSD are highlighted in yellow. A2 changed to IFCI/IA only. [A35](#) notes changed to reflect that ADHD is exempt from I-RILO. [A2](#) clarification. N18 deletion. [Section I](#) 1-6 complete rework. [Section V](#) added clarification on specific prescribed medications. [Section C](#), Vision standards clarification and updated dilation medication. [Section T](#): expanded CEA standing height standards. [Section S](#) for a summary of SWA and other service school requirements.

For the purpose of Aeromedical Waiver submissions, if there is an applicable chapter in the Aeromedical Waiver Guide ([AMWG](#)) then a “See AMWG” link may be in the comments section. Always check the appropriate Waiver Guide before submitting a waiver package as it is a guide for how to apply current Aeromedical Standards and prepare Aeromedical Waivers. If you have any additional questions, contact your MAJCOM/SGP Office.

DoDI 6130.03 V2, *Medical Military Service Standards: Retention*, released on 4 Sep 2020, now establishes policy, assigns responsibilities, and prescribes procedures for medical standards for retention in the Military Services. Services are still able to prescribe their own standards above and beyond the DoDI standards, if desired. The updated MSD now contains all retention standards as outlined in DoDI 6130.03 V2, in addition to some Air Force specific retention standards, and the flying/special duty standards previously outlined.

Disqualifying conditions for retention will have references to the associated line in DoDI 6130.03 V2, *Medical Military Service Standards: Retention*, if present. AFMS personnel are encouraged to read and familiarize themselves with DoDI 6130.03 V2 in addition to this MSD.

The Knowledge Exchange can be found at [Knowledge Exchange](#).



U.S. AIR FORCE

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Section A: Systemic and other Diseases USAF Medical Standards

Ground Based Operator (GBO): RPA Pilot, RPA Sensor Operator, Missile Operator (MOD).

Special Warfare Airmen (1Z1X1, 1Z2X1, 1Z3X1, 1Z4X1, 13DCX, 13DX, 13LX): Continued service must meet AF SWA standards, [Section S](#).

		"X" = Standard applies								Comments
		Retention	Flying Class I/A	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Systemic and Other Disqualifying Conditions (See DAFMAN 48-123 Chapter 5 for General Items that are also applied)										
A1	Anaphylaxis*: Any recurrent, generalized, systemic reaction with or without an identified cause that induces cardiovascular, pulmonary, or GI symptoms. 5.23.c	X	X	X	X	X	X	X	X	*Anaphylaxis to food, venom, medications do not apply.
A2	Any allergic condition which requires desensitization therapy. allergen immunotherapy .		X*	X*	X*				X*	Aircrew/SOD will not deploy on allergen immunotherapy. X* After waiver, 4-hour verbal DOWN after each immunotherapy administration. Modified 10 Feb 2021. See AMWG
A3	Allergic manifestations: A reliable history of generalized reaction with anaphylaxis to common foods (the eight common foods as per FDA: Milk, Eggs, Wheat, Soy, Peanut, Tree nuts, Shellfish, or Fish), spices or food additives. A reliable history to stinging insect venom manifested by venom anaphylaxis.		X	X	X	X	X	X	X	
A4	History of food-induced anaphylaxis.		X	X	X				X	See AMWG
A5	HIV seropositivity, confirmed. Immunodeficiency, primary or acquired, including HIV. See AFI 44-178, Human Immunodeficiency Virus Program for information on this program. 5.23.b (1)	X	X	X	X	X	X	X	X	See AMWG
A6	Complications or residual of sexually transmitted disease, of such chronicity or degree of severity the individual is incapable of performing flying or AFSC duty. 5.23.d	X	X	X	X	X	X	X	X	
A7	Syphilis, congenital or acquired. Note: A history of primary or secondary syphilis is not disqualifying provided: the examinee has no symptoms of disease, there are no signs of active disease, and no residual thereof. Serologic Venereal Disease Research Laboratory (VDRL) testing rules out reinfection. There is a verified history of adequate treatment. There is no evidence or history of CNS involvement.		X	X	X				X	Neurosyphilis is a retention issue 5.23.d
A8	Tuberculosis, generalized. 5.23.c	X	X	X	X	X	X	X	X	See G1-G5
A9	Amyloidosis, generalized. 5.23.j	X	X	X	X	X	X	X	X	
A10	Dermatomyositis complex. 5.21.o	X	X	X	X	X	X	X	X	
A11	Polymyositis complex. 5.25.g	X	X	X	X	X	X	X	X	
A12	Leprosy, any type.	X	X	X	X	X	X	X	X	
A13	Lupus erythematosus 5.25.a	X	X	X	X	X	X	X	X	
A14	Sarcoidosis 5.23.j	X	X	X	X	X	X	X	X	See AMWG
A15	Myasthenia gravis. 5.26.k	X	X	X	X	X	X	X	X	
A16	Mycoses, active, not responsive to therapy, or requiring prolonged treatment, or when complicated by disqualifying residuals.	X	X	X	X	X	X	X	X	
A17	Panniculitis, relapsing, febrile, nodular. 5.21.a (6)	X	X	X	X	X	X	X	X	
A18	Scleroderma, generalized or of the linear type which seriously interferes with the function of an extremity or body area involved or progressive systemic sclerosis including CREST Syndrome (calcinosis, Raynaud's phenomenon, esophageal hypomotility, sclerodactyly, and telangiectasia). 5.21.j/5.25.c (4)	X	X	X	X	X	X	X	X	
A19	Other autoimmune disease requiring immunomodulating medications. 5.30.e	X	X	X	X	X	X	X	X	

		"X" = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Systemic and Other Disqualifying Conditions (See DAFMAN 48-123 Chapter 5 for General Items that are also applied)										
A20	Eosinophilic granuloma. 5.23.j		X	X	X				X	
A21	Gaucher's disease.		X	X	X				X	
A22	Schuller-Christian disease.		X	X	X				X	
A23	Letterer-Siwe's disease.		X	X	X				X	
A24	Chronic metallic poisoning.		X	X	X				X	
A25	Residual of cold injury, such as deep-seated ache, paresthesia, hyperhidrosis, easily traumatized skin, cyanosis, ankylosis, amputation of any digit, or cold urticaria. 5.30.b	X^	X^*	X^*	X^*	X^	X^	X^	X^*	* Any history of described conditions, regardless of outcome requires a waiver. ^ IRILO and waiver only required if the condition requires medication for control with frequent monitoring by a medical provider due to potential debilitating or serious side effects.
A26	Heat pyrexia (heat stroke or heat exhaustion) if a reliable history indicates an abnormally lowered heat tolerance threshold. 5.30.d (1), (2)	X^	X^*	X^*	X^*	X^	X^	X^	X^*	* Any history of described conditions, regardless of outcome requires a waiver. ^ IRILO and waiver only required if a member has: (1) Three or more episodes of heat exhaustion or heat injury within 24 months. A single episode of heat injury with severe complications (such as compartment syndrome) that affects successful performance of duty or persistent end organ effects. (2) Heat stroke, when symptoms fail to resolve or when sequelae pose significant risks for future operations.
A27	History of malignant hyperthermia.	X	X	X	X	X	X	X	X	
A28	Parasitic infestation, all types until adequately treated.		X	X	X				X	
A29	Other congenital or acquired abnormalities, defects or diseases which preclude satisfactory performance of flying duty.		X	X	X				X	
A30	Motion sickness experienced in aircraft, automobiles, or watercraft after the age of 12 with any significant frequency. Any history of motion sickness is completely explored.		X						X	Refer to Airsickness Management Program IAW AETCI 48-102 for service members in UFT. See AMWG
A31	Airsickness with medical evidence of organic or psychiatric pathology.			X	X				X	
A32	Hemochromatosis. 5.12.1(1)	X	X	X	X	X	X	X	X	See I18, See AMWG
A33	Inflammatory idiopathic diseases of connective tissues.		X	X	X	X				
A34	Exacerbation of any medical condition for which a waiver has been granted.		X	X	X	X	X		X	
A35	Any condition that requires any chronic controlled medications, schedule II-IV, for greater than 90 days. 5.30.f	X	X	X	X	X	X	X	X	NOTE: ADHD is not eligible for DES processing, therefore, I-RILOs should not be submitted. ADHD is subject to administrative separation (Section Q, Note 4). Modified 10 Feb 2021.
A36	Any implantable device, used for long term (≥ 1 year) treatment of an underlying disease/condition, which may restrict deployment.	X	X	X	X	X	X	X	X	

		"X" = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Systemic and Other Disqualifying Conditions (See DAFMAN 48-123 Chapter 5 for General Items that are also applied)										
A37	Any disease or condition that causes chronic or recurrent disability for duty assignment or has the potential of being exacerbated by the hyperbaric environment or diving duty is disqualifying.								X*	*Does not apply to SERE, TACP, ALO
A38	Chronic complications or effects of surgery that present a significant risk of infection, duty limitations, or require frequent specialty care resulting in an unreasonable requirement on mission execution. 5.30.g	X	X	X	X	X	X	X	X	

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Section B: Head and Neck USAF Medical Standards

Ground Based Operator (GBO): RPA Pilot, RPA Sensor Operator, Missile Operator (MOD).
Special Warfare Airmen (1Z1X1, 1Z2X1, 1Z3X1, 1Z4X1, 13DCX, 13DX, 13LX): Continued service must meet AF SWA standards, [Section S](#).

		"X" = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Head and Neck Disqualifying Conditions										
B1	The loss of substance of the skull with or without prosthetic replacement accompanied by residual signs or symptoms that preclude satisfactory performance of duty or unrestricted station assignability. 5.2	X	X	X	X	X	X	X	X	(Also See Neuro section for TBI)
B2	An unprotected skull defect 3 centimeter (cm) in diameter or larger.	X	X	X	X	X	X	X	X	
B3	Loss, defect, or congenital absence of bony substance of the skull, regardless of cause		X	X	X				X	
B4	Uncorrected deformities of the skull, face, or mandible of a degree that would prevent the individual from wearing a protective mask or military headgear		X	X	X				X	
B5	Multiple fractures involving skull or face		X	X	X				X	
B6	Congenital cysts of branchial cleft origin or those developing from the remains of a thyroglossal duct, with or without fistulous tracts, that persist to adulthood or cannot be surgically repaired		X	X	X				X	
B7	Chronic draining fistulae of the neck, regardless of cause.	X	X	X	X				X	
B8	Contractions of the muscles of the neck if persistent or chronic, to the extent that it interferes with the proper wearing of a uniform or military equipment, or is disfiguring to the extent that it interferes with or prevents satisfactory performance of military duty		X	X	X				X	
B9	Symptomatic cervical ribs.		X	X	X				X	
B10	Any anatomic or functional anomaly of head or neck structures, which interfere with normal speech, ventilation of the middle ear, breathing, mastication, swallowing, or wear of aviation or other military equipment.		X	X	X				X	
B11	Persistent symptomatic thoracic outlet syndrome. 5.20.h (1)	X	X	X	X	X	X	X	X	
B12	Limited range of motion of the neck which impairs normal function. 5.9	X	X	X	X	X	X	X	X	

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Section C: Eyes and Vision USAF Medical Standards

Ground Based Operator (GBO): RPA Pilot, RPA Sensor Operator, Missile Operator (MOD).

Special Warfare Airmen (1Z1X1, 1Z2X1, 1Z3X1, 1Z4X1, 13DCX, 13DX, 13LX): Continued service must meet AF SWA standards, [Section S](#).

Eyes and Vision Disqualifying Conditions		“X” = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Controller (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Eyes and Vision										
C1	Any disease, injury, infection process, or sequelae involving the eye that is resistant to treatment and/or results in: distant visual acuity that cannot be corrected to the retention vision standards listed in Item C2, and/or a bilateral concentric visual field constriction to less than 40 degrees interfering with the ability to safely preform duty. 5.3.a/f, 5.4.a	X	X	X	X	X	X	X	X	
C2	Vision Standards. Retention standards for distant and near visual acuity, regardless of cause, both eyes open, best corrected vision of at least 20/40. 5.4.a. For Flying and SOD See Table One.	X	X	X	X	X	X	X	X*	FOR FLYING AND SPECIAL OPERATIONAL DUTY VISION STANDARDS See TABLE ONE AT END OF SECTION. *See Note 10 in Table One
C3	Pterygium which encroaches on the cornea more than 3 mm or interferes with vision, or is progressive, or causes refractive problems.	X	X	X	X	X	X	X	X	
C4	Current aphakia or current or history of dislocation of a lens. 5.3.d	X	X	X	X	X	X	X		
C5	Deficient night vision, as determined by history, of such a degree that the member requires assistance in travel at night. 5.3.h	X	X	X*	X*	X*	X*	X*	X	*In trained assets, history is confirmed by appropriate electrophysiological tests at the ACS.
C6	Glaucoma with demonstrable changes in the optic disc or visual fields or not amenable to treatment.	X	X	X	X	X	X	X	X	
C7	Glaucoma. As evidenced by intraocular pressure of 30 mmHg or greater by applanation tonometry, secondary change in the optic disc, and/or visual field defect associated with glaucoma. Note: Pigmentary dispersion syndrome (PDS) is not medically disqualifying for flying unless associated with elevated intraocular pressures 22 mmHg or greater by applanation tonometry (Initial Flying Class applicants only).		X	X	X	X			X	Trained aircrew with glaucoma require consultation (review or evaluation) with the ACS prior to waiver consideration. See AMWG.
C8	Ocular hypertension (Preglaucoma). Two or more applanation tonometry measurements of 22 mmHg or greater, but less than 30 mmHg, or 4 mmHg or more difference between the two eyes. Note: Abnormal-Pressures greater than 21 mmHg obtained by a noncontact (air puff) tonometer or Schiotz must be verified by applanation tonometry. For initial applicants with an elevated IOP measuring between 24 22 and less than or equal to 26, AND a corneal thickness of greater than 540 um, this is considered within standards.		X*	X*	X*	X*			X	* Disqualifying only for INITIAL not trained See AMWG. Modified 15 May 2020
C9	Enucleated eye or absence of an eye 5.3.g	X	X	X	X	X	X	X	X	
C10	Vision correctable only by the use of bilateral contact lenses or uncommon corrective devices, (e.g. telescopic lenses). 5.4.b	X	X	X	X	X	X	X	X	
C11	Aniseikonia when incapacitating signs or symptoms exist that are not easily treatable with standard ophthalmic spectacle lenses.	X	X	X	X	X	X	X	X	
C12	Diplopia when symptoms are severe, constant, and in a zone less than 20 degrees from the primary position. 5.3.e	X	X	X	X	X	X	X	X	

		“X” = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Controller (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Eyes and Vision Disqualifying Conditions										
C13	Diplopia in any field of gaze, either constant or intermittent, including history of.		X	X	X	X			X	Diplopia noted only at the end point of extreme gaze is considered normal and is not disqualifying.
C14	Any scotoma large enough to impair duty performance including, but not limited to, permanent hemianopsia. 5.4.d	X	X	X	X	X	X	X	X	
C15	Visual Fields: Any peripheral or central scotoma, other than physiologic.		X	X	X	X	X		X	
C16	Contact lenses that correct near visual acuity only or that are bifocal, or that are fit with the monovision techniques.		X	X	X			X		
Lids										
C17	Any chronic or congenital condition of the eyelids which impairs normal eyelid function or comfort, or potentially threatens visual performance.	X	X	X	X	X	X	X	X	
C18	Epiphora, nasolacrimal duct obstruction		X	X	X					
C19	Ptosis, any, except benign etiologies which are not progressive and do not interfere with vision in any field of gaze or direction.		X	X	X				X	
C20	Dacryocystitis, acute or chronic.		X	X	X				X	
C21	Dacryostenosis.		X	X	X					
Conjunctiva										
C23	Trachoma, unless healed without visually significant scarring.		X	X	X				X	
C24	Xerophthalmia (dry eye syndrome).		X	X	X				X	See AMWG
Cornea										
C25	Any corneal disorder (including keratoconus) that demonstrates progression, requires long term treatment, surgical intervention or corneal procedures, including cross linking, or results in spectacle corrected visual acuity below the level specified in item C2 . 5.3.c	X	X	X	X	X	X	X	X	See AMWG Note: Will consider waivers on stable untrained assets s/p crosslinking at 1 year.
C26	Vascularization or opacification of the cornea for any cause which is progressive or reduces vision below standards. 5.3.b	X	X	X	X	X	X	X	X	
C27	Keratitis, chronic or acute, if the condition is recurrent, requires prolonged treatment, or leads to opacification or other sequelae that interferes with vision.		X	X	X	X	X		X	
C28	Corneal ulcers or recurrent corneal erosions.		X	X	X	X	X		X	
C29	History of traumatic corneal laceration unless it does not interfere with vision.		X	X	X				X	
C30	Corneal dystrophy of any type, including keratoconus of any degree and abnormal corneal topography.		X	X	X				X	See AMWG
C31	Corneal refractive therapy (CRT) or orthokeratology (Ortho-K), active use or use within the last 90 days.		X	X	X				X	

		“X” = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Eyes and Vision Disqualifying Conditions										
C33	History of approved keratorefractive surgery procedures, including PRK, LASEK, epi-LASIK, LASIK, ICLs and SMILE accomplished to modify the refractive power of the cornea are disqualifying <u>IF the surgical outcome results in the member's inability to meet established vision standards or interferes with the member's ability to perform his/her duties.</u> History of lamellar keratoplasty (LK), penetrating keratoplasty (PK), conductive keratoplasty (CK), or corneal implants (i.e. INTACS) are disqualifying regardless of visual outcome.	X	X	X	X	X	X	X	X	Aeromedical waiver information on corneal refractive surgery is listed in the AMWG. Pre-surgical refractive error as listed in the AMWG are disqualifying; refer to AMWG. Uncomplicated treatment may not require Aeromedical waiver. Member should be DOWN until vision stabilizes. Certification and waiver for initial applicants for IFCI may be considered as early as 3 months after date of corneal refractive surgery if visual acuity and outcome meets certification criteria at that time. Cases not ready for certification at 3 months should have follow-up at 6 months prior to submission of examination for certification/waiver. NOTE that all UPT candidates will receive optometry examination upon arrival to UPT duty station. Any cases not meeting 20/20 requirements may be ID'd at that time and appropriate corrective lenses prescribed if indicated.
C34	History of refractive surgery not listed as approved in the AMWG accomplished to modify the refractive power of the cornea are disqualifying regardless of outcome and not eligible for aeromedical waiver		X	X	X		X^		X	PRK, LASEK, epi-LASIK, LASIK, SMILE, and ICLs are listed in the AMWG . ^Standard applies only for RPA pilots, not RPA SO or GBO.
Episclera/Sclera										
C36	Episcleritis, chronic or acute, if the condition is recurrent, or requires prolonged or frequent treatment other than artificial tears.		X	X	X					
C37	Scleritis, chronic (> 90 days) any etiology		X	X	X	X	X			
Uveal Tract										
C38	Acute, chronic or recurrent inflammation of the uveal tract (iris, ciliary body, or choroid), except for healed traumatic iritis.		X	X	X				X	

		“X” = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Eyes and Vision Disqualifying Conditions										
Retina/Vitreous										
C39	Retinal detachment, bilateral.	X	X	X	X	X	X	X	X	See AMWG
C40	Retinal detachment, unilateral, which results from organic progressive disease or results in uncorrectable diplopia, or visual acuity or visual field defects worse than retention standards. 5.3.b/e/f	X	X	X	X	X	X	X	X	See AMWG
C41	Retinal detachment and history of same.		X	X	X				X	See AMWG
C42	Degenerations and dystrophies of the peripheral retina that are potentially progressive, associated with vision loss or increase the risk of retinal detachment, including lattice degeneration, atrophic holes and retinoschisis.		X*	X*	X*				X*	* Lattice Degeneration and low risk atrophic retinal holes with refraction <= -5.50 is not disqualifying. Waiver potential for LD and low risk atrophic retinal holes with refraction from -5.75 to -8.00 exists. Risk categories defined in AMWG. See AMWG
C43	Degenerations and dystrophies of the macula, including retinopathies, chorioretinopathies, macular drusen, macular cysts, and macular holes.		X	X	X				X	
C44	Retinitis, chorioretinitis, or other inflammatory conditions of the retina, unless single episode which has healed, produced stable scarring, and is expected not to recur or progress, and does not impair central or peripheral vision.		X	X	X				X	
C45	Angiomatoses, phakomatoses, retinal cysts and other conditions which impair or may impair vision.		X	X	X				X	
C46	Hemorrhages, exudates or other retinal vascular disturbances.		X	X	X				X	
C47	Vitreous opacities or disturbances which may cause loss of visual acuity.		X	X	X				X	
Optic Nerve										
C48	Congenito-hereditary conditions that interfere or may interfere with central or peripheral vision.		X	X	X		X*		X	*Conditions that affect central vision are disqualifying only for initial MOD. Not a retention item for MOD, RPA Pilot, RPA SO.
C49	Optic neuritis, of any kind, including retrobulbar neuritis, papillitis, neuroretinitis, or a documented history of same.		X	X	X				X	See AMWG
C50	Papilledema.		X	X	X				X	
C51	Optic atrophy (primary or secondary) or optic pallor.		X	X	X				X	
C53	Optic neuropathy.		X	X	X				X	See AMWG
C54	Optic nerve head drusen.		X	X	X				X	See AMWG

		“X” = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Eyes and Vision Disqualifying Conditions										
Lens										
C55	Dislocation of a lens, partial or complete.		X	X	X				X	
C56	Opacities, cataracts, or irregularities of the lens, which interfere with vision, or are considered to be progressive.	X	X	X	X	X	X	X	X	See AMWG
C57	Pseudophakia (intraocular lens implant).		X	X	X		X^		X	See AMWG ^Standard applies only for RPA Pilots, not RPA SO or MOD.
C58	Posterior and/or anterior capsular opacification.		X	X	X		X^		X	See AMWG ^Standard applies only for RPA Pilots, not RPA SO or MOD.
C59	Phakic Intraocular Lenses		X	X	X		X^		X	See AMWG ^Standard applies only for RPA Pilots, not RPA SO or MOD.
Other Defects and Diseases										
C60	Abnormal pupils or loss of normal pupillary reflexes, with the exception of physiological anisocoria.		X	X	X				X	
C61	Extraocular muscle restriction, paralysis or paresis with loss of ocular motility or conjugate alignment in any direction.		X	X	X	X			X	
C62	Asthenopia, if severe.		X	X	X				X	
C63	Nystagmus of any type, except on versional end points.		X	X	X	X			X	
C64	Anophthalmos, microphthalmos or exophthalmos, unilateral or bilateral.		X	X	X				X	
C65	Any traumatic, organic, or congenital disorder of the eye or adnexa, not specified above, which threatens, or potentially threatens, to intermittently or permanently impair visual function.		X	X	X	X	X		X	
C67	History of any ocular surgery to include lasers of any type, not otherwise specifically covered in other sections.		X	X	X		X^		X	See AMWG ^Standard applies only for RPA Pilots, not RPA SO or MOD.
C68	Current or history of retained intraocular foreign body.		X	X	X				X	

		“X” = Standard applies								
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Eyes and Vision Disqualifying Conditions										
Heterophoria and Heterotropia										
C69	Esophoria greater than 10 prism diopters, at near or distance.		X	X*#	X*#					*FC II and III required to perform scanner duties (per classification guide) these apply. If not required to perform scanner duties then C75-C78 apply. For the purpose of the MSD scanner duties are defined by the requirement to assist with safety clearance checks of their aircraft from outside obstacles within 200 meters. # Phoria standards apply only at initial qualification. Phorias still will be tested at annual Fly PHA. Abnormal values will only apply if accompanied by diplopia or eye pathology. ^FCIII not required to perform scanner duties. “No scanner duties” is to be included in certification of the examination. # Phoria standards apply only at initial qualification. Phorias still will be tested at annual Fly PHA. Abnormal values will only apply if accompanied by diplopia or eye pathology.
C70	Exophoria greater than 10 prism diopters, at near or distance.		X	X*#	X*#					
C71	Hyperphoria greater than 1.5 prism diopters.		X	X*#	X*#					
C72	Heterotropia, including microtropias and monofixation syndrome, at near or distance.		X	X*	X*					
C74	History of extraocular muscle surgery or strabismus therapies is disqualifying and requires complete evaluation of ocular motility by a competent eye care professional to look for problems.		X	X*	X*					
C75	Esophoria greater than 15 prism diopters.				X^#				X	
C76	Exophoria greater than 15 prism diopters.				X^#				X	
C77	Hyperphoria greater than 2 prism diopters.				X^#				X	
C78	Heterotropia greater than 15 prism diopters, at near or distance.				X^					
C79	Heterophorias. More than 1.5 prism diopter of hyperphoria, 10 prism diopters of esophoria, or 6 prism diopters of exophoria requires a thorough evaluation for other eye pathology motor and sensory abnormalities, by an optometrist or ophthalmologist.					X				
Color Vision and Depth Perception										
C80	Color vision deficit or anomaly of any degree or type as measured by CCT score of less than 55.		X	X	X	X	X*		X	CCT done at initial qualification only. If waived, will get indefinite waiver. * MOD only qualified at CCT >= 35. RPA Pilot and RPA SO still require >=55. SERE able to identify vivid red and/or vivid green as projected by the ophthalmological projector or stereoscope vision testing. See AMWG
C81	Failure of the VTA or OVT (Optec 2300) stereopsis testing is considered disqualifying if the failure occurs with best corrected visual acuity, regardless of level of uncorrected visual acuity, and requires completion of a local ocular motility and macular examination by an ophthalmologist or optometrist and review by member’s MAJCOM and the ACS. Passing is 40 arc sec or “B” on OVT. [NO WAIVER REQUIRED if they get B (40 arc sec) or C (30 arc sec) or D (25 arc sec) or E (20 arc sec) or F (15 arc sec).]		X	X	X*					If waiver needed and granted, it will be indefinite with continued annual testing. *If not required for AFSC per classification guide, place initial waiver in PEPP or AIMWTS without extensive work-up required by other AFSCs.
C82	Presence of a hollow orbital implant is disqualifying.								X	

Additional Items specifically from DoDI 6130.03 V2										
C83	Any chronic eye diseases requiring treatment with systemic immunosuppressant medication. 5.3.i	X	X	X	X	X	X	X	X	
C84	Anisometropia worse than 3.5 diopters (spherical equivalent difference). 5.4.c	X	X*	X*	X*	X*	X*	X*	X*	* See Table 1 for specific standards for Flying and special operations duties

TABLE ONE: Vision & Refractive Error Standards for FC/SOD

(See notes below) [See AMWG](#)

	FC I	FC IA	FC II (Pilot)	FC II (Non-pilot) and FC III	ATC	GBO	SWA *See Note 10	SERE *See Note 10
Distant Vision in each eye (Uncorrected)	--	--	--	--	--	--	20/100 Military Free Fall or MFF Any acuity for SERE/TACP/TACP-O (Note 10)	Visual acuity of any degree
Near Vision in each eye (Uncorrected)	--	--	--	--	--	--	20/50 (Better eye), for Military Free Fall or MFF. Any acuity for SERE/TACP/TACP-O (Note 10)	Visual acuity of any degree
Distant Vision in each eye (Corrected)	20/20	20/20	20/20	20/20	20/20	20/20 (Better eye)	20/20	20/20 (Better eye) and 20/100 (Other eye)
Near Vision in each eye (Corrected)	20/20	20/20	20/20	20/20	20/20	20/20 (Better eye)	20/20	20/40 (Better eye)
Any Meridian (see note 8)	+2.00 to -3.00	+3.00 to -4.50	+3.50 to -4.00	+5.50 to -5.50	--	+5.50 to -5.50 (RPA Pilot Only)	-8.00 to +8.00	-8.00 to +8.00
Astigmatism (see note 9)	3.00	3.00	3.00	3.00	--	3.00 (RPA Pilot Only)	3.00 Modified 10 Feb 2021.	
Anisometropia (see note 8)	2.00	2.50	2.50	3.50	--	3.00 (RPA Pilot Only)		
Note 1: Trained individuals found on routine examination to be 20/20 in one eye and 20/25 with current corrective lenses, but are correctable to 20/20 O.U. and who have normal stereopsis may continue flying until the appropriate corrective lenses arrive. These lenses must be ordered by the most expeditious means.								
Note 2: All aircrew and SWA must be refracted to their best corrected manifest visual acuity. Near vision must be correctable to 20/20 by OVT (Optec 2300). Bifocal prescriptions should be based on visual demands and cockpit working distances for Flying Class II/III and RPA Pilot. The use of spectacles to correct aircrew's distance visual acuity to better than 20/20 is encouraged. Modified 10 Feb 2021.								
Note 3: Cycloplegic Policy: For all initial qualification or for waiver consideration, a cycloplegic refraction must be done using 1% cyclopentolate (Cyclogel®), two drops, 5-15 minutes apart. Examination will be performed no sooner than one hour after the last drop and within two hours of the last drop of cyclopentolate. Required data: (1) minimum cycloplegic refractive power required for each eye to attain a visual acuity of 20/20. If 20/20 visual acuity cannot be attained under cycloplegic conditions, further clinical evaluation may be required.. Tropicamide (1%, 2 gtt q5min x2) is an acceptable option for dilation if individual's refractive error is less than or equal to hyperopic +0.75 or myopic -3.75 either eye.								
Note 4: Use of hard, rigid, or gas permeable (hard) contact lenses no sooner than 4 weeks before the examination or soft contact lenses no sooner than 2 weeks before all initial flying examinations and special operational duty examinations is prohibited. If topography is abnormal, repeat exam at 3 months. Document DD Form 2808 appropriately to ensure this requirement has been met.. Modified 10 Feb 2021.								
Note 5: Complex refractive errors that can be corrected only by contact lenses are disqualifying.								
Note 6: Optional wear of contact lenses for aircrew members is outlined in DAFMAN 48-123 and the Knowledge Exchange .								
Note 7: For MOD, individuals found on routine examination to be 20/20 in one eye and 20/25 with current corrective lenses, but are correctable to 20/20 may continue to perform Missile Operations duties until the appropriate corrective lenses arrive. These lenses must be ordered by the most expeditious means.								
Note 8: Standards of refraction for any meridian and anisometropia shall be used for Initial Flying Class or Special Operational Duty physicals only. Waiver dispositions shall be indefinite as they represent the Air Force's acceptance of the investment risk to bring a Service Member onto flight status.								
Note 9: Astigmatism > 2.0 requires evaluation to rule out pathologic etiology but does not require a waiver if no underlying pathology discovered.								
Note 10: TACP/TACPO/SERE Specialists: Any acuity that corrects to 20/20 in both eyes within 8 diopters of plus or minus refractive error. SWA personnel that fall outside of above referenced standards should reference AF Aerospace Medicine Waiver Guide, AR40-501 and NAVMED 15-102/105 for further guidance. Waiver requests for joint service training must be submitted IAW sister service instructions.								

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Section D: Ears and Hearing USAF Medical Standards

Ground Based Operator (GBO): RPA Pilot, RPA Sensor Operator, Missile Operator (MOD).

Special Warfare Airmen (1Z1X1, 1Z2X1, 1Z3X1, 1Z4X1, 13DCX, 13DX, 13LX): Continued service must meet AF SWA standards, [Section S](#).

		“X” = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Ears and Hearing Disqualifying Conditions										
Ears										
D1	Mastoidectomy or mastoiditis, followed by chronic drainage or chronic infection requiring frequent or prolonged specialized medical care. 5.5.c	X	X	X	X	X	X	X	X	
D2	Infections of ears or mastoids. When satisfactory performance of duty is prevented or because of the requirement for extensive and prolonged treatment. 5.5.c	X	X	X	X	X	X	X	X	
D3	History of mastoidectomy or mastoid surgery.		X	X	X			X	X	
D5	Any surgical procedure in the middle ear that includes fenestration of the oval window or horizontal semicircular canal, any endolymphatic shunting procedure, stapedectomy, the use of any prosthesis or graft, or reconstruction of the stapes.		X	X	X			X	X	See AMWG
D6	Eustachian tube dysfunction. Chronic or recurrent eustachian tube dysfunction (with inability to equalize middle ear pressure by valsalva maneuver).		X	X	X			X	X	See AMWG
D7	Perforation of tympanic membrane or surgical repair of tympanic membrane, until healing is complete and hearing is normal.		X*	X*	X*			X*	X	*For initial applicants, tympanic perforation or surgery is disqualifying until 120 days post-operative and hearing is normal. Traumatic or surgical opening of the tympanic membrane (including PE tubes) after age 12 unless completely healed.
D8	Meniere's syndrome with recurrent attacks or other vestibular dysfunction of sufficient frequency and severity as to require frequent or prolonged medical care or interfere with military duties. 5.5.b	X	X	X	X	X	X	X	X	See AMWG
D9	Current or history of abnormal labyrinthine function, unexplained or recurrent vertigo. A single episode of viral labyrinthitis that resolves without sequelae does not require a waiver.		X	X	X	X		X	X	
D10	Recurrent episodes of vertigo or other disequilibrium. 5.5.b	X*	X	X	X	X	X	X	X	*Only if chronic
D11	Tinnitus when associated with active disease or interfering with social or occupational function.		X	X	X	X	X	X	X	
D12	Any other conditions that interfere with the auditory or vestibular functions.		X	X	X	X	X	X	X	See AMWG

		“X” = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controllers (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Ears and Hearing Disqualifying Conditions										
D13	Atresia, tuberosity, severe stenosis or tumors of the external auditory canal which prevents an adequate view of the tympanic membrane or effective therapeutic access to the entire external auditory canal. Severe external ear deformity that prevents or interferes with the proper wearing of hearing protection or required military equipment. 5.5.a	X	X	X	X	X	X	X	X	
D14	Chronic otitis media, or history of any inner or middle ear surgery (including cochlear implantation). Cholesteatoma or history of surgical removal of cholesteatoma. 5.5.c	X^	X^*	X^*	X^*	X^	X^	X^*	X^*	* Any history of described conditions, regardless of outcome requires a waiver. ^ IRILO and waiver only required if symptoms persist despite appropriate treatment and function impaired to preclude satisfactory performance of required duties. See AMWG Otitis Media or Cholesteatoma
D15	Infection. Any infectious process of the ear until completely healed, except mild asymptomatic external otitis.		X	X	X			X	X	
D16	Auditory ossicular surgery.		X	X	X			X	X	
D17	Acoustic neuroma.	X	X	X	X	X	X	X	X	See L35, L36. See AMWG
D18	Otosclerosis to the extent that it interferes with normal hearing.		X	X	X	X	X	X	X	See AMWG
D19	Any other external, middle, or inner ear condition requiring prolonged medical care or hospitalizations, more than annual follow-up by ENT, otology, or audiology. 5.5.c	X	X	X	X	X	X	X	X	
D20	Any other external, middle, or inner ear condition resulting in H-3 or worse hearing.		X	X	X	X	X	X	X	
D21	Reading Aloud Test (RAT) failure. *Initial applicants only, See AFPC training requirements for other AFSCs.		X*	X*	X*	X*	X*		X*	
Hearing (See below for AUDIOMETRIC THRESHOLD LEVELS)										
D22	Hearing loss that precludes safe, effective performance of duty despite use of hearing aid(s). (i.e. H-4) 5.6	X	X	X	X	X	X	X	X	
D23	Use of hearing aid.		X	X	X	X			X	The requirement for use of hearing aids does not necessarily preclude deployment or mobility status. Member must have adequate unaided hearing to perform duties safely.
D24	Hearing threshold level in either ear that is H-2.		X	X*	X*	X*			X*	- SERE requires H2 - Initial applicants for Flying Class FCI/IA, II, RPA Pilot, III, ATC, SWA must be H1 for selection. - *FC II/RPA Pilot/III/SWA Trained assets with H2 require evaluation for conductive or retrocochlear pathology (includes audiology evaluation and potential ENT evaluation). Restriction from flying is not required during this work-up. No waiver is required for trained personnel unless indicated by audiology/ENT findings.

		"X" = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controllers (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Ears and Hearing Disqualifying Conditions										
D25	Hearing threshold level in either ear that is H-3.		X	X	X	X	X*		X	*H2 required for initial GBO status - See AMWG
D26	Asymmetric hearing loss as evidenced by a 25 dB or greater difference between the left and right ears at any two consecutive frequencies.		X	X	X	X	X		X	*If otherwise asymptomatic, restriction from flying is not required during evaluation and waiver process. See AMWG

TABLE 2: Acceptable audiometric hearing level for Air Force							
Unaided hearing loss in either ear with no single value greater than:							
Frequency (HZ)	500	1000	2000	3000	4000	6000	Comments
H-1	25	25	25	35	45	45	AF enlistment, commission, AF Academy, Class I and IA, initial IFCII, RPA Pilot, IFCIII, ATC, GBO, SWA, SERE, and selected career fields as noted in the Officer and Enlisted Classification Directories (AFOCD/AFECD).
H-2	35	35	35	45	55	—	Continued service for all flyers, SOD; require evaluation for continued flying/SOD (See Aircrew waiver guide for details on the evaluation).
H-3	Any loss that exceeds the values noted above, but does not qualify for H-4.						H-3 profile requires evaluation and MAJCOM waiver for continued flying, and Audiology evaluation for fitness for continued active duty.
H-4	Hearing loss sufficient to preclude safe and effective performance of duty, regardless of level of pure tone hearing loss, and despite use of hearing aids.						This degree of hearing loss is disqualifying for all military duty. These require evaluation for continued service via either ARC Fitness for Duty (FFD), Worldwide Duty (WWD) processing, or review by the DAWG, IAW DAFMAN 48-203 and AFMAN 41-210 for Initial RILO.

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Section E: Larynx, Nose, Pharynx, and Trachea USAF Medical Standards

Ground Based Operator (GBO): RPA Pilot, RPA Sensor Operator, Missile Operator (MOD).

Special Warfare Airmen (1Z1X1, 1Z2X1, 1Z3X1, 1Z4X1, 13DCX, 13DX, 13LX): Continued service must meet AF SWA standards, [Section S](#).

		“X” = Standard Applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Larynx, Nose, Pharynx, and Trachea Disqualifying Conditions										
E1	Paralysis of the larynx. Characterized by bilateral vocal cord paralysis or dysfunction significantly interfering with speech or adequate airway significant enough to cause respiratory compromise upon any exertion. 5.7.a	X	X	X	X	X	X	X	X	
E2	Neoplasm, polyps, granuloma, or ulceration of the larynx if it requires ongoing ENT procedures or follow-up visits more than annually. 5.7.b	X	X	X	X	X	X	X	X	Modified 15 May 2020
E3	Neoplasm, polyps, granuloma, or ulceration of the larynx. if requires ongoing ENT procedures or follow-up visits more than annually.		X	X	X				X	Modified 15 May 2020
E4	Chronic or recurrent laryngitis, hoarseness, or aphonia, interfering with communication.		X	X	X	X	X		X	Clear voice communication as demonstrated by the reading aloud test .
E5	Deformities, injuries, or diseases of the mouth (including teeth), nose, throat, tongue, palate, vocal cords, pharynx, or larynx that interfere with breathing, chewing, swallowing, speech, or clear verbal communication. 5.7.c	X	X	X	X	X	X	X	X	
E6	Speech - any defect in speech that would interfere with clear and effective communication in the English language (e.g. stammering or stuttering).		X	X	X	X	X		X	Clear voice communication as demonstrated by the reading aloud test .
E7	Obstructive edema of the glottis, if recurrent. 5.7.c	X	X	X	X	X	X	X	X	
E8	Stenosis of larynx or trachea causing respiratory compromise 5.7.c	X	X	X	X	X	X	X	X	
E9	Tracheotomy or tracheal fistula.		X	X	X	X		X	X	
E10	Atrophic (not allergic) rhinitis, when severe and chronic and requiring ongoing ENT follow-up. 5.7.b	X	X	X	X	X	X	X	X	
E11	A verified history of allergic, nonallergic, or vasomotor rhinitis, after age 12, unless symptoms are mild and can be controlled by a single approved medication.		X							See AMWG-Modified 10 Feb 2021
E12	Allergic rhinitis, unless mild in degree, controlled by use of approved medications, and considered unlikely to limit the examinee's flying activities.		X	X	X	X		X	X	See AMWG
E13	Nasal polyps resulting in clinical symptoms incompatible with flight/chamber.		X	X	X			X	X	See AMWG
E14	Perforation of the nasal septum.		X	X	X				X	
E15	Deviations of the nasal septum, septal spurs, enlarged turbinates or other obstructions to nasal ventilation which result in clinical symptoms.		X	X	X	X		X	X	
E16	Sinusitis. Severe and chronic, either causing frequent missed duty or requiring ongoing ENT follow-up more than annually. 5.7.b	X	X	X	X	X	X	X	X	
E17	Chronic or recurrent sinusitis and/or surgery to treat chronic sinusitis		X	X	X			X		See AMWG
E18	Any surgical procedure for sinusitis, polyposis or hyperplastic tissue.		X							
E19	Epistaxis, chronic, recurrent (greater than one episode per week of bright red blood		X	X	X				X	

		“X” = Standard Applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Larynx, Nose, Pharynx, and Trachea Disqualifying Conditions										
	from the nose occurring over a 3-month period).									
E20	Recurrent calculi of the salivary glands or ducts.		X	X	X					See AMWG
E21	Permanent anosmia or parosmia.		X	X	X				X	
E22	Salivary fistula.		X	X	X					See AMWG
E23	Deformity, perforation, or extensive loss of substance of the hard or soft palate; extensive adhesions of the soft palate to the pharynx or complete paralysis of the soft palate. Note: Unilateral paralysis of the soft palate which does not interfere with speech or swallowing and is otherwise asymptomatic is not disqualifying.		X	X	X				X	
E24	Chronic pharyngitis and nasopharyngitis.		X	X	X				X	
E25	TMJ – when symptoms are severe enough to require ongoing ENT or Oral Surgery follow-up more than annually, or when they prevent prolonged wear of the gasmask. 5.8	X	X	X	X	X	X	X	X	
E26	Recurrent dislocation of the temporomandibular joint.		X	X	X				X	
E27	Any laryngeal or tracheal framework surgery is disqualifying								X*	*Does not apply to SERE, TACP, ALO

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Section F: Dental USAF Medical Standards

Ground Based Operator (GBO): RPA Pilot, RPA Sensor Operator, Missile Operator (MOD).
Special Warfare Airmen (1Z1X1, 1Z2X1, 1Z3X1, 1Z4X1, 13DCX, 13DX, 13LX): Continued service must meet AF SWA standards, [Section S](#).

		“X” = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Dental Disqualifying Conditions										
F1	Diseases and abnormalities of the jaw or associated tissues which despite treatment prevent normal mastication, normal speech or the wearing of required life support or chemical/biological warfare ensemble, to include effective use of gas mask, or which otherwise interferes with performance. 5.8	X	X	X	X	X	X	X	X	Life support equipment includes required gear for AFSC (SCUBA) and other AFSC equipment as applicable.
F2	Diseases of the jaw or associated structures such as cysts, tumors, chronic infections, and severe periodontal conditions which could interfere with normal mastication, until adequately treated. These include, but are not limited to, temporomandibular disorders and/or myofascial pain that has not been corrected.		X	X	X	X			X	
F3	Severe malocclusion which interferes with normal mastication or requires protracted treatment.		X	X	X				X	
F4	Dental defects such as carious teeth, malformed teeth, defective restorations, or defective prosthesis, until corrected.		X							
F5	Anticipated or ongoing treatment with fixed orthodontic appliances.		X						X	
F6	Aircrew members who have a significant dental defect which may be expected to cause a dental emergency during flight will be grounded.		X	X	X				X	
F7	Personnel wearing orthodontic appliances need not have appliances removed for physical qualification. After consultation with the treating orthodontist, the local flight surgeon may qualify the individual for flying duties if there is no effect on speech or the ability to wear equipment with comfort.		X	X	X				X	
F8	Orthodontic appliances, if they interfere with effective oral communication, or pose a hazard to personal or flight safety.			X	X	X			X	

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Section G: Chest Wall and Pulmonology USAF Medical Standards

Ground Based Operator (GBO): RPA Pilot, RPA Sensor Operator, Missile Operator (MOD).

Special Warfare Airmen (1Z1X1, 1Z2X1, 1Z3X1, 1Z4X1, 13DCX, 13DX, 13LX): Continued service must meet AF SWA standards, [Section S](#).

		"X" = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Chest Wall and Pulmonology Disqualifying Conditions										
G1	Symptoms of chronic or recurrent pulmonary disease, or residuals of surgery, which preclude satisfactory performance of duty, interference with exercise tolerance, causes frequent absences from duty or require ongoing specialty medical care more than annually. 5.10.e	X	X	X	X	X	X	X	X	This may include but not limited to: bronchitis, silicosis, extensive pulmonary fibrosis, and pleural fibrosis.
G2	Other lung or chest wall diseases or abnormalities that preclude satisfactory performance of duty, or require ongoing specialty medical care more than annually. 5.10.d/e	X	X	X	X	X	X	X	X	
G3	Asthma of any degree, reactive airway disease, intrinsic or extrinsic bronchial asthma, exercise-induced bronchospasm, or IgE (Immunoglobulin E) mediated asthma. 5.10.a	X	X*	X*	X*	X*	X	X	X*	*History of asthma requires a waiver for initial qualification.
G5	Airmen with any degree of severity of obstructive sleep apnea (OSA) who continue to have symptoms despite their treatment with Positive Airway Pressure (PAP) machine, oral positional devices, or who require supplemental oxygen, or any chronic medication to maintain wakefulness. 5.27.b	X	X	X	X	X	X	X	X	See L22 - L23 for Sleep Disorders. See AMWG . The diagnosis must be based upon a nocturnal PSG and the evaluation of a provider credentialed and privileged in sleep medicine. Airmen with any degree of obstructive sleep apnea do NOT require an IRILO if their symptoms are well controlled using a PAP machine or oral positional devices. Deployment waiver may still be required per COCOM reporting instructions.
G6	Current or history of sleep apnea (including OSA, mixed/central sleep apnea, regardless of Apnea Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI) values) or other clinical sleep disorders, regardless of prior treatment.		X	X	X	X	X		X	
G8	Active tuberculosis, where curative therapy requires 15 or more months. NOTE: Latent TB infection is not disqualifying but must be evaluated (and given chemoprophylaxis, if appropriate), following current CDC guidelines. 5.10.g	X	X	X	X	X	X	X	X	
G9	Positive PPD (tuberculin skin test) or Quantiferon test, without documented evaluation or treatment.		X	X	X				X	
G10	Active tuberculosis in any form or location, or substantiated history of active tuberculosis within the previous 2 years.		X	X	X				X	
G11	Chronic sequelae from treated tuberculosis, including tuberculous pleurisy or reduced pulmonary function if resulting in frequent absences from duty or the need for ongoing specialty follow-up more than annually. 5.10.g	X	X	X	X	X	X	X	X	
G12	Chronic sequelae from treated tuberculosis, including tuberculous pleurisy or reduced pulmonary function.		X	X	X				X	
G13	Recurrent spontaneous pneumothorax, when the underlying defect is not correctable by surgery. 5.10.f	X	X	X	X	X	X	X	X	

		"X" = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Chest Wall and Pulmonology Disqualifying Conditions										
G14	Spontaneous pneumothorax. This includes a history of spontaneous pneumothorax for IFC exams.		X	X	X			X	X	See AMWG
G15	Pulmonary blebs or bullae, unless corrected by surgical treatment, recovery is complete, and pulmonary function tests are normal.		X	X	X				X	
G16	Bronchiectasis if resulting in frequent absences from duty or the need for ongoing specialty follow-up more than annually. 5.10.e	X	X	X	X	X	X	X	X	
G17	Bronchiectasis.		X	X	X				X	
G18	Sarcoidosis. 5.10.e (4) , 5.23.j	X	X	X	X	X	X	X	X	See AMWG .
G19	Empyema, or unhealed sinuses of the chest wall following surgery for empyema.		X	X	X				X	
G20	Pulmonary emphysema, bullous or generalized. 5.10.e (1)	X	X	X	X	X	X	X	X	
G21	Cystic or cavitary disease of the lung.		X	X	X				X	
G22	History or current abscess of the lung or mediastinum.		X	X	X				X	
G23	Chronic infectious processes of the lung, including but not limited to viral/bacterial/atypical pneumonia, parasitic and fungal infections. Residuals of infection, including cavitation, except for scattered nodular parenchymal and hilar calcifications. NOTE: Acute pulmonary infections that resolve completely with treatment are not disqualifying.		X	X	X				X	
G24	Current foreign body in the trachea or bronchus.		X	X	X			X	X	
G25	Pectus excavatus, pectus carinatum, or other congenital or acquired defects of the lungs, spine, chest wall, or mediastinum, which reduce chest capacity, cause air trapping, or diminish respiratory or cardiac functions, to a degree which interferes with vigorous physical exertion or the wear of required protective equipment. Surgical repair of the condition, if pain or scarring prevents wear of PPE, is also disqualifying. 5.10.d	X	X	X	X	X	X	X	X	
G26	History of pulmonary embolus. 5.10.i	X^	X	X	X				X	See AMWG Modified 15 May 2020 ^ IRILO only required if anticoagulation other than aspirin is required greater than 1 year
G27	Chronic adhesive pleuritis which produces any findings except minimal blunting of the costophrenic angles.		X	X	X					
G28	Chronic pulmonary or pleural disease of any type. 5.10.e	X	X	X	X	X	X	X	X	
G29	Pneumonectomy.	X	X	X	X	X	X	X	X	
G30	History of lobectomy or multiple segmental resections, if symptomatic, interfering with exercise tolerance or duty performance, causing frequent absences from duty, or requiring Pulmonologist follow-up more than annually.	X	X	X	X	X	X	X	X	
G31	Chronic cystic mastitis.		X	X	X					

		"X" = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Chest Wall and Pulmonology Disqualifying Conditions										
G32	Traumatic pneumothorax									Waiver considered after period of 6 months, must include: a) normal PFT b) non-con CT chest c) pulm rec d) DMO approval X* *Does not apply to SERE, TACP, ALO
G33	Diving-related pulmonary barotrauma									X* *Does not apply to SERE, TACP, ALO
Additional items specifically from DoDI 6130.03, V2										
G34	Chronic obstructive pulmonary disease with persistent symptoms, forced expiratory volume between 50 and 79 that cannot pass Service-determined functional assessments, forced expiratory volume of less than 50 despite treatment with inhaled corticosteroids, or that has required more than one hospitalization in the previous 12 months. 5.10.b									
		X	X	X	X	X	X	X	X	
G35	Any condition for which chronic use of supplemental oxygen is indicated. 5.10.i									
		X	X	X	X	X	X	X	X	

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Section H: Heart and Vascular USAF Medical Standards

Ground Based Operator (GBO): RPA Pilot, RPA Sensor Operator, Missile Operator (MOD).

Special Warfare Airmen (1Z1X1, 1Z2X1, 1Z3X1, 1Z4X1, 13DCX, 13DX, 13LX): Continued service must meet AF SWA standards, [Section S](#).

		"X" = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Heart and Vascular Disqualifying Conditions										
Heart and Vascular System										
H1	Arteriosclerotic heart disease, when associated with myocardial infarction, congestive heart failure, persistent major rhythm disturbances, repeated angina attacks, or silent ischemia at a low to moderate workload. 5.11.i	X	X	X	X	X	X	X	X	Note: Refer to ARC supplements when managing cases on ARC members.
H2	Any degree of coronary artery disease.		X	X	X	X	X	X	X	See AMWG
H3	Myocardial infarction. Individuals sustaining a myocardial infarct will have an initial RILO within 90 days of an event. 5.11.i	X	X	X	X	X	X	X	X	
H4	Angina pectoris.	X	X	X	X	X	X	X	X	
H5	Maintenance on any type of medication for the treatment or prevention of angina, congestive heart failure, or major rhythm disturbances (ventricular tachycardia, ventricular fibrillation, symptomatic paroxysmal supraventricular tachycardia, atrial flutter, or atrial fibrillation). 5.11.a/c/e	X	X	X	X	X	X	X	X	
H6	History of myocardial infarction, angina pectoris, or other evidence of coronary heart disease including silent ischemia.		X	X	X	X	X	X	X	See AMWG
H7	Recurrent cardiogenic syncope regardless of etiology (unless clearly identified by a precipitating cause which can be avoided). 5.11.m	X	X	X	X	X	X	X	X	See H37, L14, L15
Conduction Disorders/Arrhythmias										
H8	Supraventricular tachyarrhythmias (including atrial fibrillation, atrial flutter, paroxysmal supraventricular tachycardia), unless successfully ablated, and not associated with structural heart disease. Note: single episode of atrial fibrillation clearly associated with reversible cause and successfully treated is not disqualifying for retention. 5.11.e	X	X	X	X	X	X	X	X	See AMWG
H9	History of symptomatic or asymptomatic major dysrhythmia. Major dysrhythmias include supraventricular tachycardia, atrial tachycardia, atrial flutter, atrial fibrillation, ventricular tachycardia, ventricular flutter, ventricular fibrillation, asystole and syndrome of inappropriate sinus tachycardia.		X	X	X				X	See Aircrew waiver guide and Disposition of ECG Findings guide for additional information.
H10	Ventricular fibrillation or sustained ventricular tachycardia. 5.11.e	X	X	X	X	X	X	X	X	See AMWG
H11	Symptomatic premature ventricular contractions which are significant enough to interfere with satisfactory performance of duty. 5.11.e	X	X	X	X	X	X	X	X	
H12	Symptomatic or asymptomatic second degree Type II or third degree atrioventricular block, or symptomatic second degree I atrioventricular block. Exception is atrioventricular blocks which are clearly associated with reversible cause. 5.11.h	X	X	X	X	X	X	X	X	

		“X” = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Heart and Vascular Disqualifying Conditions										
H13	History of or ECG evidence of Brugada pattern, Congenital Long QT syndrome, arrhythmogenic RV cardiomyopathy (ARVC), or Hypertrophic Cardiomyopathy. 5.11.f	X	X	X	X	X	X	X	X	
H14	Verified history of major electrocardiographic conduction defects, such as Mobitz II second-degree A-V block, third degree A-V block, left bundle branch block (LBBB), Wolff-Parkinson-White (WPW) pattern/syndrome, or Lown-Ganong-Levine (LGL) syndrome. 5.11.g/h	X^	X^*	X^*	X^*	X^*	X^*	X^*	X^*	* Any history of described conditions, regardless of outcome requires a waiver. ^ IRILO only required if symptoms persist despite appropriate treatment and function impaired to preclude satisfactory performance of required duties. See AMWG
H15	Any other resting 12-lead ECG findings considered to be borderline or abnormal by ECG Library review, or known to be serial changes from previous records, unless a cardiac evaluation as directed and reviewed by the ACS/ECG Library reveals no underlying disqualifying disease.		X	X	X				X	See " Disposition for ECG Findings " for guidance whether the aviator/aircrew must be DOWN pending evaluation results and final recommendations from the ACS/ECG Library.
H16	Abnormal noninvasive cardiac studies by ACS/EKG Library review. Note: For rated officers, reports and copies of tracings/images of any cardiac study, (i.e., ECG, Holter monitor, echocardiogram, treadmill, stress myocardial perfusion imaging, CT scan for coronary calcium) accomplished for any clinical or aeromedical indication MUST be forwarded to the ACS ECG Library for review.		X	X	X				X	
H17	Pacemakers or implantable cardioverter-defibrillators. 5.11.d	X	X	X	X	X	X	X	X	Note: including clinical indication.
Inflammatory and Misc.										
H18	Myocarditis and degeneration of the myocardium. 5.11.c	X	X	X	X	X	X	X	X	
H19	Pericarditis. Chronic constrictive pericarditis, unless successful surgery has been performed and return of normal hemodynamics objectively documented. Chronic serous pericarditis. 5.11.i	X	X	X	X	X	X	X	X	
H20	Endocarditis, infectious (acute or subacute), and marantic, if resulting in residual cardiac dysfunction or if associated with valvular, congenital, or hypertrophic myocardial disease. 5.11.c	X	X	X	X	X	X	X	X	
H21	Pericarditis, myocarditis, or endocarditis, or history of these conditions.		X	X	X				X	See AMWG.
H22	Cardiomyopathy of any etiology, including but not limited to: hypertrophic, genetic, ion channel disorders, acquired, dilated, restrictive, and secondary forms. 5.11.c	X	X	X	X	X	X	X	X	See AMWG
H23	History of cardiac failure or cardiomyopathy, regardless of cause.		X	X	X				X	See AMWG
H24	Acute rheumatic valvulitis or sequelae of chronic rheumatic heart disease. 5.11.n	X	X	X	X	X	X	X	X	See valvular heart disease (H26-H32).
H25	Thromboangiitis obliterans.	X	X	X	X	X	X	X	X	
Congenital and Structural Abnormalities										

Heart and Vascular Disqualifying Conditions		“X” = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
H26	History of valvular heart disease to include mitral valve prolapse; bicuspid aortic valve; pulmonic, mitral, and tricuspid valvular regurgitation greater than mild, aortic regurgitation greater than trace, and any degree of valvular stenosis. 5.11.b	X^	X^*	X^*	X^*	X^*	X^	X^*	X^*	* Any history of described conditions, regardless of outcome requires a waiver. ^ IRILO and waiver only required if symptoms persist despite appropriate treatment and function impaired to preclude satisfactory performance of required duties, or if medical clearance cannot be given for safe participation in fitness assessment due to risk of disease progression or adverse cardiac event. See AMWG
H27	Symptomatic mitral valve prolapse requiring treatment. 5.11.b (2)	X	X	X	X	X	X	X	X	See AMWG Treatment includes physical activity restrictions.
H28	Moderate to severe aortic stenosis (valvular, subvalvular or supravalvular), even if asymptomatic. 5.11.b (3)	X	X	X	X	X	X	X	X	See AMWG
H29	Moderate to severe mitral regurgitation, any etiology, if symptomatic or associated with subnormal ejection fraction. Successful mitral repair with preservation of ejection fraction, no need for anticoagulants or anti-arrhythmics may be waived if exercise tolerance is normal, but DAWG review must precede surgery. 5.11.b (2)	X	X	X	X	X	X	X	X	See AMWG
H30	Severe valvular or subvalvular pulmonic stenosis. Successful correction of valvular pulmonic stenosis with balloon valvuloplasty may be waiverable, but DAWG review must precede the procedure. 5.11.b (3)	X	X	X	X	X	X	X	X	Note: DAWG may defer to DP2NP as needed.
H31	Symptomatic mitral stenosis generally associated with mitral valve area less than 1.0 cm sq.	X	X	X	X	X	X	X	X	
H32	Moderate or severe aortic insufficiency or regurgitation if symptomatic, associated with left ventricular dilation/dysfunction, or duty/fitness modifications required to reduce risk of progression/adverse cardiac event. 5.11.b (2)	X	X	X	X	X	X	X	X	See AMWG
H33	Congenital and structural anomalies of the heart that are not normal structural variants. A patent foramen ovale that is not associated with embolic phenomena does not require MEB. 5.11.k1	X	X	X	X	X	X	X	X	
H34	Congenital abnormalities of the heart and/or vessels, including those corrected by surgery or catheter-based therapeutic intervention.		X	X	X				X	See AMWG
H35	History of significant traumatic heart disease.		X	X	X					
H36	Right or left ventricular hypertrophy or cardiac chamber dilation, verified by echocardiogram, unless evaluation and ACS review demonstrates it to be normal physiological response to athletic conditioning or other normal variant.		X	X	X				X	
H37	Orthostatic or symptomatic hypotension, or recurrent vasodepressor syncope.		X	X	X	X	X		X	See H7, L14, L15, neurologic tab, See AMWG
Vascular Disease										
H38	Disease and disorders of the aorta, including surgical or percutaneous therapeutic intervention, including but not limited to aneurysm, dissection, arteriosclerosis, collagen vascular disease, inflammatory conditions, and infectious diseases. 5.20.a	X	X	X	X	X	X	X	X	
H39	Peripheral and central vascular disease, if symptomatic, including claudication, skin changes or cerebrovascular events (including stroke, TIA, CVA, infarcts, etc.).	X	X	X	X	X	X	X	X	See L39

		“X” = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Heart and Vascular Disqualifying Conditions										
	5.20.b/c/d									
H40	Raynaud’s phenomenon, if frequent, severe, associated with systemic disease or would limit worldwide assignability. 5.25.c	X	X	X	X	X	X	X	X	
H41	Diseases and disorders of the arteries, including but not limited to aneurysm, dissection, arteriosclerosis, collagen vascular disease, inflammatory conditions, infectious diseases, Raynaud's or vasospastic disease, erythromelalgia, and diabetic vascular disease.		X	X	X				X	See AMWG
H42	Varicose veins. Severe pain limiting exercise/fitness testing or evidence of skin ulceration. 5.20.e	X	X	X	X	X	X	X	X	
H43	Chronic autoimmune vasculitides or autoimmune diseases including, but not limited to, polyarteritis nodosa, Behçet’s, Takayasu’s arteritis, giant cell arteritis, Anti Neutrophil Cytoplasmic Antibody associated vasculitis, IgG-4 disease, and Henoch-Schonlein Purpura. 5.25.f	X	X	X	X	X	X	X	X	
H44	Post-thrombotic syndrome when symptomatic requiring chronic anticoagulation. 5.20.f	X	X	X	X	X	X	X	X	
H45	Diseases and disorders of the veins, including surgical or percutaneous therapeutic intervention, including but not limited to aneurysm, recurrent thrombophlebitis, varicose veins with more than mild pain or complications, venous insufficiency with edema or skin ulceration, and inflammatory or infectious conditions.		X	X	X				X	
H46	AV fistula of a major vessel.	X	X	X	X	X			X	
H47	Aneurysm or history of repair. 5.20.a	X	X	X	X	X	X	X	X	
H50	Hypertensive cardiovascular disease. Essential hypertension that is not controlled following an adequate period of therapy in an ambulatory status or history of hypertension associated with any of the following: More than minimal demonstrable changes in the brain. Heart disease related to the hypertension, including atrial fibrillation, moderate to severe left ventricular hypertrophy, and symptomatic systolic or diastolic dysfunction. Unequivocal impairment of renal function. Grade III (Keith-Wagener-Parker) changes in the fundi. Multiple drug therapy requiring inordinate amount of medical supervision, or requiring recurrent laboratory monitoring, after initial medical stabilization on medication. 5.20.c	X	X	X	X	X	X	X	X	A member should not be deployed during the initial stabilization period while medication dosage is being adjusted.
H51	Hypertension, not controlled to less than 140/90 with a single approved monotherapy agent (described in Aircrew Waiver Guide). Note: Asymptomatic personnel with average systolic blood pressure ranging between 141 mmHg and 160 mmHg, or average diastolic blood pressure ranging between 91 mmHg and 100 mmHg, may remain on flying status for up to 6 months (from the date the elevated blood pressure was first identified) while undergoing non-pharmacological intervention to achieve acceptable values.		X	X	X	X				See AMWG
H52	Any elevation in blood pressure due to secondary metabolic or pathologic causes until the underlying cause has been corrected, provided the primary condition is not disqualifying.		X	X	X					

		“X” = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Heart and Vascular Disqualifying Conditions										
Surgery										
H53	Surgery of the heart, pericardium, or vascular system. 5.11.p/5.20.g	X	X	X	X	X	X	X	X	
H54	Reconstructive Surgery including: Grafts, prosthetic devices that are attached to or implanted for cardiovascular therapeutic purposes, regardless of result. Fitness for Duty processing is required for ARC members 6-12 months following procedure with associated myocardial damage; three months if no myocardial damage. 5.11.i	X	X	X	X	X	X	X	X	
H55	Coronary vascular surgery, regardless of the result. 5.11.i	X	X	X	X	X	X	X	X	Note: Refer to DAFMAN 48-123, Chapter 9 when managing cases on ARC members. See AMWG
H56	History of cardiac surgery or catheter-based therapeutic intervention. Congenital abnormalities of the heart and/or vessels, including those corrected by surgery or catheter-based therapeutic intervention.		X	X	X				X	See AMWG
H57	Hypertension requiring three or more medications or associated with changes in any organ system								X	
Additional items specifically from DoDI 6130.03 V2										
H58	History of spontaneous coronary artery dissection. 5.11.o	X	X	X	X	X	X	X	X	

Section I: Abdominal and Gastrointestinal USAF Medical Standards

Ground Based Operator (GBO): RPA Pilot, RPA Sensor Operator, Missile Operator (MOD).
Special Warfare Airmen (1Z1X1, 1Z2X1, 1Z3X1, 1Z4X1, 13DCX, 13DX, 13LX): Continued service must meet AF SWA standards, [Section S](#).

		"X" = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Abdominal and Gastrointestinal Disqualifying Conditions										
I1	Esophagitis of any etiology that is uncontrolled despite maximum medical or surgical therapy, results in malnutrition/weight loss, or requires frequent specialty follow-up more than annually. 5.12.a	X	X	X	X	X	X	X	X	Modified 10 Feb 2021.
I2	Esophagitis of any etiology requiring treatment beyond reflux (i.e., GERD) medications listed in "Official Air Force Aerospace Medicine Approved Medications" or "Official Air Force Ground Base Operator Approved Medications."		X	X	X	X	X		X	Modified 10 Feb 2021
I3	Anatomic or functional esophageal disease including, but not limited to, diverticulum, varices, fistula, stricture, Barrett's esophagus, pronounced dilation, achalasia or dysmotility disorders that results in malnutrition/weight loss, recurrent esophageal dilation or surgery, frequent specialty follow-up more than annually, or is refractory to treatment. 5.12	X	X	X	X	X	X	X	X	Modified 10 Feb 2021. See AMWG
I4	Anatomic or functional esophageal disease including, but not limited to, diverticulum, varices, fistula, stricture, Barrett's esophagus, pronounced dilation, achalasia or dysmotility disorders.		X	X	X	X	X		X	Modified 10 Feb 2021.
I5	Eosinophilic esophagitis or other eosinophilic gastrointestinal disorders that requires a restricted diet, is refractory to treatment, or results in malnutrition/weight loss, recurrent esophageal dilation or surgery, or frequent specialty follow-up more than annually. 5.12.a	X	X	X	X	X	X	X	X	Modified 10 Feb 2021
I6	Eosinophilic esophagitis or other eosinophilic gastrointestinal disorders.		X	X	X	X	X		X	Modified 10 Feb 2021.
I7	Gastritis, severe/chronic (confirmed by gastroscopic examination), with repeated symptoms requiring frequent lost duty time. 5.12.c	X	X	X	X	X	X	X	X	
I8	Gastritis or non-ulcerative dyspepsia, chronic or severe, not controlled by medications listed in "Official Air Force Aerospace Medicine Approved Medications". 5.12.c , 5.12.d	X^	X^*	X^*	X^*	X^*	X^*	X^	X^*	* Any history of described conditions, regardless of outcome requires a waiver. ^ IRILO and waiver only required if symptoms persist despite appropriate treatment and function impaired to preclude satisfactory performance of required duties.
I9	Ulcer. Peptic, duodenal or gastric (confirmed by laboratory, imaging, or endoscopy), with repeated incapacitation or absences from duty or requiring frequent specialty follow-up. 5.12.e	X	X	X	X	X	X	X	X	See AMWG
I10	Peptic ulcer disease, active, refractory to treatment, resulting in complications (e.g. hemorrhage, obstruction or perforation), or necessitating long-term PPI therapy for recurrence prevention. 5.12.e	X^	X^*	X^*	X^*	X^*	X^*	X^	X^*	* Any history of described conditions, regardless of outcome requires a waiver. ^ IRILO and waiver only required if symptoms persist despite appropriate treatment and function impaired to preclude satisfactory performance of required duties. See AMWG Modified 15 May 2020
I11	Recurrent, incapacitating abdominal pain of such nature to prevent the member from performing his/her duties, frequent absences from duty, or requiring frequent specialty care. 5.12.m	X	X	X	X	X	X	X	X	

		“X” = Standard applies								Comments
Abdominal and Gastrointestinal Disqualifying Conditions		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
I12	Hiatal hernia with severe symptoms not relieved by dietary therapy, medical therapy or surgery. 5.12.s	X	X	X	X	X	X	X	X	
I13	Other types of hernias, if operative repair is contraindicated for medical reasons, or if not amenable to surgical repair and symptoms interfere with continued military duty. 5.12.s	X	X	X	X	X	X	X	X	
I14	Abdominal wall hernia, other than small asymptomatic umbilical.		X	X	X				X	
I15	Wounds, injuries, scars, or weakness of the muscles of the abdominal wall which are sufficient to interfere with function.	X	X	X	X				X	
I16	Cirrhosis of the liver, if subspecialty follow-up is required or if there are complications, to include abnormal liver function. 5.12.l	X	X	X	X	X	X	X	X	See AMWG
I17	Hepatitis, any type, with EITHER impairment of liver function OR a need for specialty follow-up beyond the first six months. 5.12.k	X	X	X	X	X	X	X	X	See AMWG
I18	Any other chronic liver disease, viral disease carrier state, or sequelae of chronic liver disease, whether congenital or acquired, including but not limited to hemochromatosis, Wilson's disease, or alpha-1 anti-trypsin deficiency. Exception: if uncomplicated Gilbert's disease is the only diagnosis, no I-RILO or waiver is required. 5.12.l	X	X	X	X	X	X	X	X	See A32. See AMWG
I19	Amebic abscess residuals. Persistent abnormal liver function tests and failure to maintain weight and normal vigor after appropriate treatment. 5.12.n	X	X	X	X	X	X	X	X	
I20	Pancreatitis, acute only if complicated or with large persistent pseudocysts.	X	X	X	X	X	X	X	X	See AMWG
I21	Pancreatitis, chronic or recurrent, with steatorrhea, disturbance of glucose metabolism requiring insulin or hypoglycemic agents, or frequent abdominal pain requiring hospitalization or frequent absences from duty. 5.12.o	X	X	X	X	X	X	X	X	See AMWG
I22	Pancreatitis, any acute or chronic, regardless of cause, or history of the same.		X	X	X				X	See AMWG
I23	Peritoneal or other abdominal adhesions causing recurring episodes of intestinal obstruction characterized by abdominal colicky pain, vomiting, and requiring frequent admissions to the hospital or frequent absences from duty.	X	X	X	X	X	X	X	X	
I24	Crohn's disease, regional enteritis, granulomatous enteritis or enterocolitis. 5.12.f (1)	X	X	X	X	X	X	X	X	See AMWG
I25	Ulcerative colitis or proctitis. 5.12.f	X	X	X	X	X	X	X	X	See AMWG
I26	Stricture of rectum. Severe symptoms of obstruction characterized by intractable constipation, pain on defecation, and difficult bowel movements that require the regular use of laxatives, enemas, or repeated hospitalization or frequent absences from duty. 5.12.r	X	X	X	X	X	X	X	X	
I27	Stricture or prolapse of the rectum.		X	X	X				X	
I28	Proctitis, chronic, with moderate to severe symptoms of bleeding, painful defecation, tenesmus, or diarrhea, with repeated admissions to the hospital or frequent absences from duty. 5.12.g	X	X	X	X	X	X	X	X	
I29	Proctitis, chronic, or symptomatic.		X	X	X				X	
I30	Hemorrhoids which cause marked symptoms or internal hemorrhoids which hemorrhage or protrude intermittently or constantly, until surgically corrected.		X	X	X				X	
I31	Anus. Impairment of sphincter control with fecal incontinence. 5.12.r	X	X	X	X	X	X	X	X	
I32	Fecal incontinence.		X	X	X				X	

		“X” = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Abdominal and Gastrointestinal Disqualifying Conditions										
I33	Anal fistula, acute or chronic.		X	X	X				X	
I34	Ischiorectal abscess.		X	X	X				X	

I35	Familial polyposis, or hereditary non-polyposis colon cancer. 5.12.j	X^	X^*	X^*	X^*	X^	X^	X^	X^*	* Any history of described conditions, regardless of outcome requires a waiver. ^ IRILO and waiver only required if symptoms persist despite appropriate treatment and function impaired to preclude satisfactory performance of required duties.
I36	Diverticulitis, symptomatic diverticulosis, or symptomatic Meckel's diverticulum.		X	X	X				X	See AMWG
I37	Congenital abnormalities of the bowel if symptomatic or requiring surgical treatment. Intestinal obstruction if due to any chronic or recurrent disease. Intestinal obstruction requiring surgery (excluding uncomplicated correction of childhood pyloric stenosis or intussusception, with no residual dysfunction).		X	X	X				X	
I38	Colectomy, partial, when hyperdefecation remains. 5.12.i	X	X	X	X	X	X	X	X	
I39	History of partial resection of the large or small intestine (not including appendectomy).		X	X	X				X	
I40	Colostomy, enterostomy, gastrostomy, or ileostomy when permanent or any other permanent artificial openings. 5.12.v	X	X	X	X	X	X	X	X	
I41	Gastrectomy, total. 5.12.u	X	X	X	X	X	X	X	X	
I42	Gastrectomy, subtotal with or without vagotomy, or gastrojejunostomy or pyloroplasty with or without vagotomy, when, in spite of good medical management, the individual: develops incapacitating dumping syndrome, develops frequent episodes of incapacitating epigastric distress with characteristic circulatory symptoms of diarrhea, or continues to demonstrate significant weight loss. 5.12.u	X	X	X	X	X	X	X	X	
I43	History of gastroenterostomy, gastrointestinal bypass, stomach stapling, or surgery for relief of intestinal adhesions.		X	X	X				X	
I44	Sinus or fistula of the abdominal wall.		X	X	X				X	
I45	Pancreatectomy, except for partial pancreatectomy for a benign condition that does not result in residual symptoms. 5.12.p	X	X	X	X	X	X	X	X	
I46	Pancreaticoduodenostomy, pancreaticogastrostomy, and pancreaticojejunostomy. 5.12.q	X	X	X	X	X	X	X	X	
I47	Proctectomy.	X	X	X	X	X	X	X	X	
I48	Proctoplexy, proctoplasty, proctorrhaphy, or proctotomy, if fecal incontinence remains after appropriate treatment. 5.12.r	X	X	X	X	X	X	X	X	
I49	Gastrointestinal bypass or stomach stapling, or any other procedure to alter gastric volume for control of obesity. 5.12.u	X	X	X	X	X	X	X	X	See AFI 44-102 3.5. Use of Weight Control Drugs and Surgery
I50	Gastrointestinal hemorrhage, regardless of cause (excluding minor hemorrhoidal bleeding).		X	X	X	X			X	
I51	Celiac disease or sprue. 5.12.h	X	X	X	X	X	X	X	X	
I52	Malabsorption syndromes that require specialized diet which makes prolonged subsistence on MREs difficult or dangerous, or symptomatic despite medical treatment, or results in frequent medical appointments, need for ongoing specialty follow-up, or frequent missed duty time. 5.12.h	X	X	X	X	X	X	X	X	
I53	Malabsorption syndromes.		X	X	X				X	
I54	Irritable bowel syndrome (functional bowel syndrome) that results in frequent medical appointments, need for ongoing specialty follow-up, or frequent missed duty time. 5.12.i	X	X*	X*	X*	X*	X*	X*	X*	*Disqualifying for flying/SOD unless controlled by diet alone. See AMWG.
I55	Chronic diarrhea, regardless of cause.		X	X	X				X	
I56	Megacolon.		X	X	X				X	
I57	Marked enlargement of the liver from any cause (including hepatic cysts).		X	X	X				X	

I58	Impairment of liver for any reason if chronic and/or requiring ongoing specialty follow-up. 5.12.1.n	X	X	X	X	X	X	X	X	
I59	Impairment of gallbladder function if chronic, not amenable to surgery, and requiring ongoing specialty follow-up. 5.12.m	X	X	X	X	X	X	X	X	
I60	Cholecystitis/cholelithiasis that is symptomatic, chronic, or requires ongoing therapy.		X	X	X	X			X	Currently asymptomatic retained stones may not require surgery. If they become symptomatic, treat appropriately and DOWN.
I61	Sphincter of Oddi dysfunction, or bile duct abnormalities or strictures.		X	X	X				X	
I62	Congenital anomalies, disease of the spleen. Chronic enlargement of the spleen.		X	X	X				X	
I64	Any abdominal surgery								X	Per Army Regulation 40-501, no jumping for 6 months if going to Army training.
I65	History of small bowel obstruction								X*	New Navy Dive and Navy Special Operations Standards. *Does not apply to SERE, TACP, ALO
I66	Presence of gallstones, whether or not symptomatic								X*	Any Dive candidate will need waiver; no waiver for trained assets *Does not apply to SERE, TACP, ALO

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Section J: Genitourinary & Gynecology USAF Medical Standards

Ground Based Operator (GBO): RPA Pilot, RPA Sensor Operator, Missile Operator (MOD).

Special Warfare Airmen (1Z1X1, 1Z2X1, 1Z3X1, 1Z4X1, 13DCX, 13DX, 13LX): Continued service must meet AF SWA standards, [Section S](#).

		"X" = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Genitourinary & Gynecology Disqualifying Conditions										
J1	Congenital anomaly, resulting in the need for frequent absences from duty or ongoing specialty f/u more than annually. 5.15.f	X	X	X	X	X	X	X	X	
J2	Renal transplant. 5.15.h/5.30.c	X	X	X	X	X	X	X	X	
J3	Nephrectomy. When after treatment the remaining kidney, or kidney function, is abnormal.	X	X	X	X	X	X	X	X	See J5 .
J4	Nephrostomy or pyelostomy, if permanent or long-term (> 1 year).	X	X	X	X	X	X	X	X	
J5	Absence of one kidney, regardless of cause, when kidney function is normal.		X	X	X				X	
J6	Horseshoe kidney.		X	X	X				X	
J7	Renal ptosis (floating kidney) causing impaired renal drainage, hypertension, or pain.		X	X	X				X	
J8	Calculus in kidney, symptomatic or incapacitating, not amenable to treatment or occurring with frequency that precludes satisfactory performance of duty or requires ongoing specialty follow-up more than annually. 5.15.n	X	X	X	X	X	X	X	X	
J9	History of recurrent renal colic or single episode of renal colic with retained stone(s).		X	X	X	X	X		X	Single episode of renal colic without retained stone(s) is not disqualifying, but all metabolic risk factors for stone formation must be mitigated. Modified 15 May 2020. See AMWG
J10	Incidentally discovered renal stone(s) without history of renal colic.		X	X	X				X	Modified 15 May 2020. See AMWG
J11	Cystic kidney (polycystic kidney), when renal function is impaired, or when ongoing specialty f/u more than annually is required. 5.15.j	X	X	X	X	X	X	X	X	
J12	Polycystic kidney disease.		X	X	X				X	
J13	Functional impairment of either or both kidneys.		X	X	X				X	See AMWG
J14	Hydronephrosis, causing continuous or frequent symptoms, or when ongoing specialty f/u more than annually is required. 5.15.k	X	X	X	X	X	X	X	X	
J15	Hydronephrosis or pyonephrosis.		X	X	X				X	

J16	Hypoplasia or other congenital or acquired abnormality of the kidney, associated with elevated blood pressure or frequent infections or reduction in renal function, or when ongoing specialty f/u more than annually is required. 5.15.j	X	X	X	X	X	X	X	X	
J17	Nephritis, chronic, with renal function impairment or when ongoing specialty f/u more than annually is required. 5.15.m	X	X	X	X	X	X	X	X	
J18	Pyelonephritis or pyelitis, chronic, which has not responded to medical or surgical treatment, with evidence of persistent hypertension or reduction in renal function or when ongoing specialty f/u more than annually is required. 5.15j	X	X	X	X	X	X	X	X	
J19	Chronic pyelitis or pyelonephritis.		X	X	X				X	
J20	Chronic glomerulonephritis or nephrotic syndrome.	X	X	X	X				X	
J21	Nephrosis (other than mild) or proteinuria, greater than 500mg/24 hours. 5.15.i	X	X	X	X	X	X	X	X	
J22	Proteinuria under normal activity (at least 48 hours post strenuous exercise) greater than 200 mg in 24 hours, or protein to creatinine ratio greater than 0.2 (by random urine sample), or other findings indicative of urinary tract disease unless consultation determines the condition to be benign.		X	X	X				X	See AMWG
J23	Cylindruria, hemoglobinuria or other findings indicative of significant renal disease.		X	X	X				X	
J24	Ureterosigmoidostomy. 5.15.d	X	X	X	X	X	X	X	X	
J25	Ureterostomy. External or cutaneous. 5.15.d	X	X	X	X	X	X	X	X	
J26	Ureterointestinal or direct cutaneous urinary diversion. 5.15.d	X	X	X	X	X	X	X	X	
J27	Urinary diversion.		X	X	X				X	
J28	Ureterocystostomy. When associated with continuous or frequent symptoms or recurrent infections. 5.15.f	X	X	X	X	X	X	X	X	
J29	Ureteroplasty, when associated with continuous or frequent symptoms or recurrent infections. When unilateral procedure is unsuccessful and nephrectomy is necessary, consider on the basis of the standard for nephrectomy. When bilateral and surgical repair is unsuccessful and associated with significant complications or sequelae (for example, hydronephrosis, residual obstruction or therapeutically refractive pyelonephritis). 5.15.f	X	X	X	X	X	X	X	X	
J30	Incontinence of urine resulting in the need for self-catheterization, frequent absences from duty, or ongoing specialty f/u more than annually. 5.13.a/5.14.d/5.15.c	X	X	X	X	X	X	X	X	
J31	Any traumatic, organic, or congenital disorders of the urinary tract of sufficient severity to cause distracting symptoms, require frequent intervention, or interfere with normal functioning.		X	X	X				X	
J32	Urinary fistula.		X	X	X				X	
J33	Acute, recurrent, or chronic urinary tract diseases causing severe symptoms or interfering with normal function, including, but not limited to urethritis and cystitis.		X	X	X				X	
J34	Neurogenic bladder if results in incontinence, the need for self-catheterization, or ongoing specialty f/u more than annually. 5.15.c	X	X	X	X	X	X	X	X	
J35	Neurogenic bladder.		X	X	X	X		X	X	
J36	Cystitis. When complications or residuals of treatment themselves preclude satisfactory performance of duty or when ongoing specialty f/u more than annually is required. 5.15.a	X	X	X	X	X	X	X	X	
J37	Chronic cystitis.		X	X	X				X	
J38	Cystectomy.	X	X	X	X	X	X	X	X	
J39	Cystoplasty. If reconstruction is unsatisfactory or if refractory symptomatic infections persist.	X	X	X	X	X	X	X	X	
J40	Cystostomy.		X	X	X	X			X	
J41	Chronic or recurrent urethritis or urethral stricture or urethrostomy if they result in	X	X	X	X	X	X	X	X	

	incontinence, the need for self-catheterization, frequent absences from duty, or the need for ongoing specialty f/u more than annually. 5.15.e								
J42	Stricture of the urethra.		X	X	X				X
J43	Urethrostomy. External or when a satisfactory urethra cannot be restored. 5.15.e.	X	X	X	X	X	X	X	
J44	Hypospadias. Not amenable to treatment or when ongoing specialty f/u more than annually is required. 5.14.b.	X	X	X	X	X	X	X	
J45	Epispadias or hypospadias with unsatisfactory surgical correction or with subsequent chronic urinary tract infection, urethral stricture, or voiding dysfunction.		X	X	X				X
J46	Amputation of penis which results in incontinence, the need for a catheter, or severe mental symptoms. 5.14.d	X	X	X	X	X	X	X	
J47	Current or history of chronic scrotal pain or unspecified symptoms associated with male genital organs. 5.14.c	X^	X^*	X^*	X^*	X^	X^	X^	X^*
J48	Chronic prostatitis or symptomatic prostatic hypertrophy with urinary retention or abscess of the prostate gland. 5.14.c	X^	X^*	X^*	X^*	X^	X^	X^	X^*
J49	Chronic orchitis, or epididymitis, if causing severe symptoms or interferes with normal function. 5.14.c	X^	X^*	X^*	X^*	X^	X^	X^	X^*
J50	Gonadectomy, when following treatment and convalescent period, if there remain incapacitating mental or physical symptoms, or requirement for injectable hormone replacement. 5.14.a	X	X	X	X	X	X	X	
J51	Undescended testicle. Absence of both testicles.		X	X	X				X
J52	Large or painful left varicocele. Any right varicocele, unless significant underlying pathology has been excluded.		X	X	X				X
J53	Hydrocele, unless small and asymptomatic.		X	X	X				X
J54	All symptomatic congenital abnormalities of the reproductive system.		X	X	X				X
J55	Any traumatic, organic, or congenital disorders of the genitalia of sufficient severity to cause distracting symptoms (including mental health), require frequent intervention, or interfere with normal functioning. 5.13.a/5.14.d	X	X	X	X	X	X	X	
J56	Major abnormalities and defects of the genitalia such as hermaphroditism, change of sex, a history thereof, or complications (adhesions, disfiguring scars, etc.), or residual to surgical corrections of these conditions. 5.13.a/5.14.d	X	X	X	X	X	X	X	

J57	Pregnancy.		X	X*	X*				X*	X**	Flight surgeons shall educate female pilots during annual PHAs that pregnancy results in being DOWN. Consult waiver guide for specific details. Refer to AFRCI 41-104 , Pregnancy of Air Force Reserve Personnel for further guidance on unit assigned reservists. *Pregnancy is not disqualifying for FCI/IA, II, III, and OSF duties. Rather, pregnancy is a temporary DOWN condition. UP status can be achieved in the appropriate setting: not in training, low risk pregnancy, weeks 12-28, non-ejection seat aircraft, with other qualified pilot, up to 10,000 feet (pressurized or naturally). **Special Warfare – from onset of pregnancy through 6 months post partum results in being DOWN. See AMWG
J58	Chronic salpingitis or oophoritis if resulting in recurrent hospitalization, frequent absences from duty, or the need for ongoing specialist f/u more than annually. 5.13.b	X	X	X	X	X	X	X	X	X	
J59	Endometriosis, ovarian cysts, or any other type of chronic pelvic pain, when it results in an inability to perform duties, frequent absences from duty, or the need for ongoing specialty f/u more than annually. 5.13.b	X	X	X	X	X	X	X	X	X	
J60	History of endometriosis		X							X	
J61	Symptomatic persistent ovarian cysts.		X	X	X					X	
J62	Symptomatic uterine fibroids.		X	X	X					X	See AMWG
J63	Dysmenorrhea, menopausal, premenstrual symptoms, and/or abnormal uterine bleeding leading to inability to perform duties, frequent absences from duty or the need for ongoing specialty f/u more than annually. 5.13.b/c	X	X	X	X	X	X	X	X	X	See AMWG
J64	Abnormal uterine bleeding, including but not limited to menorrhagia, metrorrhagia, polymenorrhea, or amenorrhea, when symptomatic, interferes with performance of duties, or causing other conditions (anemia, osteoporosis, etc.). 5.13.d	X	X	X	X	X	X	X	X	X	See AMWG
J65	Malposition of the uterus or vaginal walls (uterovaginal prolapse, cystocele, rectocele), if symptomatic.		X	X	X					X	
J66	Chronic symptomatic vaginitis or vulvitis.		X	X	X					X	
Additional Items specifically from DoDI 6130.03 V2											
J67	Chronic breast pain, so as to prevent satisfactory wearing of military equipment. 5.13.e	X	X	X	X	X	X	X	X	X	
J68	Chronic kidney disease, stage 3A or worse according to the Kidney Disease Improving Global Outcomes Guidelines Standard or any level of chronic kidney disease for which immunosuppressant medications (such as medication for steroid relapsing glomerulonephritis) are required, as reliably diagnosed by a nephrologist. Service member should be referred to DES immediately upon diagnosis. 5.15.l	X	X	X	X	X	X	X	X	X	

Section K: Spine and Extremity USAF Medical Standards

Ground Based Operator (GBO): RPA Pilot, RPA Sensor Operator, Missile Operator (MOD).

Special Warfare Airmen (1Z1X1, 1Z2X1, 1Z3X1, 1Z4X1, 13DCX, 13DX, 13LX): Continued service must meet AF SWA standards, [Section S](#).

		"X" = Standard applies								Comments
		Retention	Flying Class I/A	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support	Flying Duty Special Warfare Airmen (SWA)	
Spine and Extremity Disqualifying Conditions										
Spine/Scapulae/Ribs, and Sacroiliac Joints										
K1	Congenital anomalies presenting functional impairment of a degree to preclude the satisfactory performance of duty. 5.16.e (partially)	X	X	X	X	X	X	X	X	
K2	Spina bifida, with demonstrable signs and moderate symptoms of root or cord involvement. 5.16.g	X	X	X	X	X	X	X	X	
K3	Spina bifida, when more than one vertebra is involved, if there is dimpling of the overlying skin, or a history of surgical repair for spina bifida.		X	X	X				X	
K4	Coxa vara, more than moderate with pain, deformity and arthritic changes. 5.18.d	X	X	X	X	X	X	X	X	
K5	Herniation of nucleus pulposus, when symptoms and associated objective findings are of such a degree as to require repeated hospitalization, significant duty limitations, or frequent absences from duty. 5.16.b	X	X	X	X	X	X	X	X	
K6	History of frank herniated nucleus pulposus or history of surgery or chemonucleolysis for that condition.		X	X	X				X	See AMWG
K7	Ankylosing spondylitis or other inflammatory spondylopathies, if requiring duty restrictions, frequent absences from duty, ongoing specialty follow-up greater than once per year, or immunomodulators/DMARDs. 5.16.a	X	X	X	X	X	X	X	X	See AMWG
K8	Spondylolysis or spondylolisthesis, when symptoms and associated objective findings are of such a degree as to require repeated hospitalization, duty restrictions or frequent absences from duty. 5.16.h	X	X	X	X	X	X	X	X	
K9	Symptomatic spondylolisthesis or spondylolysis.		X	X	X				X	See AMWG
K10	Deviation or curvature of spine. Scoliosis exceeding 30 degrees lumbar or thoracic curvature, or interfering with function, vocation, or wear of military uniform or equipment. Kyphosis/lordosis exceeding 50 degrees or interfering with function, vocation, or wear of military uniform. 5.16.c/d	X	X	X	X	X	X	X	X	See AMWG
K11	Lumbar scoliosis of more than 20 degrees or thoracic scoliosis of more than 25 degrees as measured by the Cobb method. Abnormal curvature of the spine of any degree in which there is a noticeable deformity when the examinee is dressed, in which pain or interference with function is present, or which is progressive.		X	X	X				X*	See AMWG *Lateral deviation of tips of vertebral spinous processes more than an inch
K12	History of disease or injury of the spine or sacroiliac joints, either with or without objective signs, which has prevented the examinee from successfully following a physically active lifestyle or associated with local or referred pain to the extremities, muscular spasms, postural deformities, requires external support, requires frequent treatment, or prevents satisfactory performance of duties.	X	X	X	X				X	
K14	Granulomatous disease of the spine, active or healed.		X	X	X				X	
K15	Fractures or dislocations of the vertebrae.		X	X	X				X	Note: History of fractures of the transverse or spinous processes is not disqualifying if asymptomatic. See AMWG

		“X” = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Spine and Extremity Disqualifying Conditions										
K16	Juvenile epiphysitis with any degree of residual change indicated by x-ray or kyphosis.		X	X	X				X	
K17	Weak or painful back requiring external support.		X	X	X				X	
K18	Chronic back or neck pain, regardless of cause, which requires ongoing duty or deployment restrictions for over a year, or ongoing specialist follow-up more than annually, or frequent duty absences, or chronic/recurrent use of controlled medications, schedule II-IV. 5.16.b	X	X	X	X	X	X	X	X	
K19	Recurrent disabling back pain due to any cause.	X	X	X	X				X	See AMWG
K20	Any surgical spinal fusion. 5.16.e	X^	X^*	X^*	X^*	X^	X^	X^	X^*	* Any history of surgical spinal fusion, regardless of outcome requires a waiver. ^ IRILO and waiver only required if symptoms persist despite appropriate treatment and function impaired to preclude satisfactory performance of required duties. See AMWG
K21	Musculoskeletal, Spine, and Extremities. Any disease, condition, or deformity of the musculoskeletal system, which impairs duty performance or restricts deployments and persists despite appropriate treatment. 5.16 , 5.17 , 5.18 , 5.19	X	X	X	X	X*	X	X	X	*ATC: Include if condition may impair access to control facilities, is likely to progress, or requires frequent use of analgesic or anti-inflammatory medication for control.
Upper Extremities										
K22	Amputation of part or parts of an upper extremity that results in impairment equivalent to the loss of use of a hand. 5.17.b	X	X	X	X	X	X	X	X	
K23	Absence of any segment of the hand or digits.		X	X	X				X	
K24	Resection of a joint other than that of a finger.		X	X	X				X	
K25	Hyperdactylia.		X	X	X				X	
K26	Scars and deformities of the fingers, or hand, which impair circulation, are symptomatic, or impair normal function to such a degree as to interfere with the satisfactory performance of flying/controlling/missile duties.	X	X	X	X	X			X	
K27	Healed disease or injury of the wrist, elbow or shoulder with residual weakness or symptoms of such a degree as to interfere with the satisfactory performance of flying duty. Grip strength of less than 75 percent of predicted normal when compared with the normal hand (non-dominant is 80 percent of dominant grip).		X	X	X				X	
K28	Joint ranges of motion, which impairs normal function to such a degree as to interfere with the satisfactory performance of duties and/or do not equal or exceed the following: Shoulder - Forward elevation to 90 degrees. Abduction to 90 degrees. 5.17.a (DODI does not specify extent of ROM)	X	X	X	X	X	X	X	X	
K29	Joint ranges of motion, which impairs normal function to such a degree as to interfere with the satisfactory performance of duties and/or do not equal or exceed the following: Elbow Flexion to 130 degrees. Extension to 45 degrees of flexion. 5.17.a (DODI does not specify extent of ROM)	X	X	X	X	X	X	X	X*	*See AR 40-501 2-9 for more specific Upper Extremity ROM measurements for Jump and Free Fall.
K30	Shoulder limitation of motion which precludes performance of duty.	X	X	X	X				X	
K31	Chronic dislocation of the shoulder or elbow, when not repairable or when surgery is contraindicated. 5.19.a	X	X	X	X	X	X	X	X	

		“X” = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support	Flying Duty Special Warfare Airmen (SWA)	
Spine and Extremity Disqualifying Conditions										
K32	Persistent symptoms after dislocation, subluxation, or instability of the shoulder that persist despite appropriate treatment and impair function. 5.19.a	X	X	X	X	X	X	X	X	
Lower Extremities										
K33	Persistent symptoms after dislocation, subluxation, or instability of the hip or knee that persist despite appropriate treatment and impair function. 5.19.a	X	X	X	X	X	X	X	X	
K34	Verified history of hip dislocation within 2 years of examination, or degenerative changes on X-ray from old hip dislocation.		X	X	X				X	
K35	Verified history of congenital dislocation of the hip, osteochondritis of the hip (Legg-Perthes disease), or slipped femoral epiphysis of the hip with X-ray evidence of residual deformity or degenerative changes.		X	X	X				X	
K36	Joint ranges of motion, which do not equal or exceed the following: Hip: Flexion to 90 degrees. Extension to 0 degrees. 5.18.a (does NOT specify degree of ROM)	X	X	X	X	X	X	X	X*	*See AR 40-501 2-10 for more specific Lower Extremity ROM measurements for Jump and Free Fall.
K37	Internal derangement of the knee, if results in ongoing duty or deployment limitations for over a year, or requires ongoing specialist f/u more than annually, or causes frequent absences from duty. 5.18.c	X	X	X	X	X	X	X	X	
K38	Weak knee. Dislocation of semilunar cartilages or loose foreign bodies within the knee joint; or residual instability of the knee ligaments; or significant atrophy or weakness of the thigh musculature in comparison with the normal side; or limited range of motion or other symptoms of internal derangement; or a condition which would interfere with the performance of flying/controller duties.	X	X	X	X	X			X	
K39	Shortening of an extremity which exceeds 5 centimeters (2 inches).	X	X	X	X	X	X	X	X	
K40	Difference in leg length of more than 2.5 centimeters (from anterior superior iliac spine to the distal tip of the medial malleolus).		X	X	X				X	
K41	Joint ranges of motion, which do not equal or exceed the following: Knee: Flexion to 90 degrees. Extension to 15 degrees. 5.18.a	X	X	X	X	X	X	X	X*	*See AR 40-501 2-10 for more specific Lower Extremity ROM measurements for Jump and Free Fall.
K42	Chondromalacia or Osteochondritis dissecans if results in ongoing duty or deployment limitations for over a year, or requires ongoing specialist f/u more than annually, or causes frequent absences from duty. 5.18.c	X	X	X	X	X	X	X	X	
K43	Osteochondritis dissecans of the knee, or ankle, if there are X-ray changes.		X	X	X				X	
K44	Chondromalacia, if symptomatic, or there is verified history of joint effusion, interference with function, or residuals from surgery.		X	X	X				X	
K45	Osteochondritis of the tibial tuberosity (Osgood-Schlatter disease), if symptomatic, or with obvious prominence of the part, and X-ray evidence of separated bone fragments.		X	X	X				X	
K46	Limitation of motion in lower extremity that interferes with ability to emergency egress or perform duties.	X	X	X	X				X	
K47	Amputation of a toe or toes that precludes the ability to run or walk without a perceptible limp or to perform duty in a satisfactory manner. 5.18.b (1)	X	X	X	X	X	X	X	X	
K48	Any loss or amputation greater than K49 to include foot, leg, or thigh. 5.18.b (1)	X	X	X	X	X	X	X	X	

		“X” = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Spine and Extremity Disqualifying Conditions										
K49	Amputation or absence of any portion of the foot, or lower extremity, in excess of 1 of the 2nd through 5th toes.		X	X	X				X	
K50	Hallux valgus if results in ongoing duty or deployment limitations for over a year, or requires ongoing specialist f/u more than annually, or causes frequent absences from duty, or prevents the wear of required military footwear. 5.18.b (2)	X	X	X	X	X	X	X	X	
K51	Plantar fasciitis or pes planus, if results in ongoing duty or deployment limitations for over a year, or requires ongoing specialist f/u more than annually, or causes frequent absences from duty, or prevents the wear of required military footwear. 5.18.b (2)	X	X	X	X	X	X	X	X	
K52	Rigid or spastic flatfoot, symptomatic flatfoot, tarsal coalition.		X	X	X				X	
K53	Talipes cavus when severe, with moderate discomfort on prolonged standing and walking, metatarsalgia, or which prevents the wearing of military shoe footwear. 5.18.b (2)	X	X	X	X	X	X	X	X	
K54	Elevation of the longitudinal arch (pes cavus), if of enough degree to cause subluxation of the metatarsal heads and clawing of the toes. Obliteration of the transverse arch associated with permanent flexion of the small toes.		X	X	X				X	
K55	Clubfoot of any degree.		X	X	X				X	
K56	Weak foot with demonstrable eversion of the foot, valgus of the heel, or marked bulging of the inner border due to inward rotation of the talus regardless of the presence or absence of symptoms.		X	X	X				X	
K57	Any condition, disease, or injury to the lower extremities, feet or toes which results in disabling pain, distracting discomfort, inability to satisfactorily perform military duties, or if results in ongoing duty or deployment limitations for over a year, or requires ongoing specialist f/u more than annually, or causes frequent absences from duty, or prevents the wear of required military footwear. 5.18.b (2)/5.18.c	X	X	X	X	X	X	X	X	
K58	Toes-stiffness which interferes with walking, marching, running, or jumping. 5.18.b (2)	X	X	X	X	X	X	X	X	
Fractures of Extremities										
K59	Malunion when, after appropriate treatment, there is severe malunion with marked deformity or more than moderate loss of function. 5.19.c	X	X	X	X	X	X	X	X	
K60	Malunited fractures which interfere significantly with function.		X	X	X	X				
K61	Nonunion when, after an appropriate healing period, the nonunion persists with severe loss of function. 5.19.c	X	X	X	X	X	X	X	X	
K62	Symptomatic nonunion of fractures.		X	X	X				X	
K63	Callus, excessive, following fracture, when functional impairment precludes satisfactory performance of duty and the callus does not respond to adequate treatment. 5.19.c	X	X	X	X	X	X	X	X	
Joints										
K64	Arthroplasty, with severe pain, limitation of motion, and/or limitation of function, if results in ongoing duty or deployment limitations for over a year, or requires ongoing specialist f/u more than annually, or causes frequent absences from duty.	X	X	X	X	X	X	X	X	

		“X” = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Spine and Extremity Disqualifying Conditions										
K65	Joint replacement or joint prosthesis if results in ongoing duty or deployment limitations for over a year, or requires ongoing specialist f/u more than annually, or causes frequent absences from duty. 5.19.d	X	X	X	X	X	X	X	X	
K66	Bony or fibrous ankylosis, with severe pain involving major joints or spinal segments, or ankylosis in unfavorable positions or ankylosis with marked loss of function.	X	X	X	X	X	X	X	X	
K67	Contracture with marked loss of function and the condition is not remediable by surgery. 5.17.a/5.18.a	X	X	X	X	X	X	X	X	
K68	Loose bodies within a joint with marked functional impairment complicated by arthritis to such a degree as to preclude favorable results of treatment.	X	X	X	X	X	X	X	X	
K69	Demonstrable loose body in any joint (includes osteocartilaginous or metallic foreign objects).		X	X	X				X	
K70	Joint replacement.		X	X	X				X	See AMWG
K71	Instability of a major joint, if symptomatic and more than mild, or if subsequent to surgery there is evidence of instability, weakness, or significant atrophy.	X	X	X	X				X	
K72	Unreduced dislocation; substantiated history of recurrent dislocations or subluxations of a major joint, if not satisfactorily corrected.		X	X	X				X	
Miscellaneous										
K73	Arthritis due to infection associated with persistent pain and marked loss of function, with X-ray evidence, and documented history of recurrent incapacitation. 5.19.b	X	X	X	X	X	X	X	X	
K74	Arthritis of any type of more than minimal degree, which interferes with the ability to follow a physically active lifestyle, or may reasonably be expected to preclude the satisfactory performance of duties.	X	X*	X*	X*	X	X	X	X	*Note: Flyers must be able to perform their duties to include evade.
K75	Arthritis due to trauma, when surgical treatment fails or is contraindicated and there is functional impairment of the involved joint so as to preclude satisfactory performance of duty. 5.19.b	X	X	X	X	X	X	X	X	
K76	Osteoarthritis, with severe symptoms associated with CHRONIC impairment of duty performance or deployability, or chronic/recurrent need for controlled medications, schedule II-IV, or need for ongoing specialty f/u more than annually. 5.19.b	X	X	X	X	X	X	X	X	
K77	Rheumatoid arthritis or rheumatoid myositis. 5.25.d	X	X	X	X	X	X	X	X	
K78	Flaccid or spastic paralysis or loss of substance of one or more muscles, producing loss of function, which precludes satisfactory performance of military duty. 5.19.e	X	X	X	X	X	X	X	X	
K79	Muscular paralysis, paresis, contracture, weakness or atrophy, if progressive, or of sufficient degree to interfere with the performance of their duties or deployability. 5.19.e	X	X	X	X	X	X	X	X	
K80	Myotonia congenita, significantly symptomatic. 5.19.e	X	X	X	X	X	X	X	X	
K81	Myotonia congenita.		X	X	X				X	
K82	Any retained orthopedic fixation device that interferes with function or easily subject to trauma.		X	X	X				X	
K83	Osteitis deformans. Involvement of single or multiple bones with resultant deformities, or symptoms severely interfering with function. 5.19.i	X	X	X	X	X	X	X	X	
K84	Osteoarthropathy. Hypertrophic, secondary, with severe pain in one or multiple joints and with moderate loss of function. 5.19.b	X	X	X	X	X	X	X	X	

		“X” = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support	Flying Duty Special Warfare Airmen (SWA)	
Spine and Extremity Disqualifying Conditions										
K85	Osteomyelitis, chronic. Recurrent episodes not responsive to treatment or involving the bone to a degree that interferes with stability and function. 5.19.g	X	X	X	X	X	X	X	X	
K86	Active osteomyelitis, or a verified history of osteomyelitis, unless inactive with no recurrence during the 2 years before examination, and without residual deformity sufficient to interfere with function.		X	X	X				X	
K87	Osteoporosis, osteomalacia, or osteopenia if it results in a fracture with residual symptoms that interferes with wear of required deployment equipment or requires ongoing specialist f/u more than annually. 5.19.f 5.24.i	X	X	X	X	X	X	X	X	
K88	Osteopenia or Osteoporosis.		X	X	X				X	See AMWG
K89	Osteochondromatosis or multiple cartilaginous exostoses.		X	X	X				X	
K90	Disease or injury, or congenital anomaly of any bone or joint, with residual deformity, instability, pain, rigidity, or limitation of motion, if function is impaired to such a degree it interferes with training, physically active lifestyle, or performance of duties.	X	X	X	X	X	X		X	
K91	Synovitis with persistent swelling or limitation of motion.		X	X	X					
K92	Osteonecrosis, to include avascular necrosis. 5.19.h	X^	X^*	X^*	X^*	X^	X^	X^	X^*	* Any history of osteonecrosis, regardless of outcome requires a waiver. ^ IRILO and waiver only required if symptoms persist despite appropriate treatment and function impaired to preclude satisfactory performance of required duties.
K93	Bone fusion defect when manifested by severe pain or loss of function.	X	X	X	X	X	X	X	X	
K94	Tendon transplant. Unsatisfactory restoration of function.	X	X	X	X	X	X	X	X	
K95	Scars, extensive, deep or adherent to the skin and soft tissues or neuromas of an extremity which are painful, interfere with movement, preclude the wearing of equipment, or show a tendency to breakdown.	X	X	X	X				X	
K96	Symptomatic amputation stump (neuroma, bone spur, adherent scar or ulceration).		X	X	X				X	
K97	A history of a single episode of rhabdomyolysis that is idiopathic in nature or determined to be caused by an underlying metabolic or endocrine abnormality OR a history of recurrent rhabdomyolysis of any cause. 5.23.h	X	X	X	X	X	X	X	X*	
K98	Requirement for any medication, brace, prosthesis, or other appliance to achieve normal function.								X	Orthotic shoe inserts are permitted.
K99	Fibromyalgia, requiring regular use of controlled medications, scheduled II-IV, or requiring frequent follow up or duty restrictions. 5.25.h	X	X	X	X	X	X	X	X	
Additional items specifically from DoDI 6130.03 V2										
K100	Chronic tendonitis, tenosynovitis, or tendinopathy, that persists despite appropriate treatment and impair function so as to preclude satisfactory performance of required military duties of the member's office, grade, rank or rating. 5.19.i	X	X	X	X	X	X	X	X	

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Section L: Neurologic USAF Medical Standards

Ground Based Operator (GBO): RPA Pilot, RPA Sensor Operator, Missile Operator (MOD).

Special Warfare Airmen (1Z1X1, 1Z2X1, 1Z3X1, 1Z4X1, 13DCX, 13DX, 13LX): Continued service must meet AF SWA standards, [Section S](#).

		“X” = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Neurologic Disqualifying Conditions										
L1	Amyotrophic lateral sclerosis or related motor neuron diseases. 5.26.e/i	X	X	X	X	X	X	X	X	
L2	Myelopathic muscular atrophy. 5.26.c	X	X	X	X	X	X	X	X	
L3	Progressive muscular atrophy, including residuals of poliomyelitis. 5.26.e	X	X	X	X	X	X	X	X	
L4	Chorea. Chronic and progressive, to include Huntington’s disease and non-inherited chorea disorders. 5.26.d	X	X	X	X	X	X	X	X	
L5	Tremors, dystonia, or other movement disorders which could interfere with normal function. 5.26.m	X	X	X	X	X	X	X	X	
L6	Other inherited degenerative central nervous system disorders. 5.26.e	X	X	X	X	X	X	X	X	
L7	Hereditary or acquired ataxia.	X	X	X	X	X	X	X	X	
L8	Hepatolenticular degeneration (Wilson’s disease).	X	X	X	X	X	X	X	X	
L9	Personal or family history (second degree relative or closer) of hereditary neurologic or muscular diseases, such as neurofibromatosis, Huntington’s disease, hepatolenticular degeneration, acute intermittent porphyria, spinocerebellar ataxia, neuropathy, myopathy or familial periodic paralysis, or disorders affecting the cerebrum, cerebellum, spinal cord, or peripheral nerves.		X	X	X				X	
L10	Degenerative processes, including but not limited to: Parkinson’s disease, Parkinsonian syndromes, basal ganglia disorders, muscular dystrophy, or other chronic myopathies. 5.26.c/e	X	X	X	X	X	X	X	X	
L11	Demyelinating processes, including but not limited to: Multiple sclerosis, transverse myelopathy, or neuromyelitis optica. 5.26.f	X	X	X	X	X	X	X	X	See AMWG
L12	Syringomyelia or other congenital malformations of the central nervous system. 5.26.c	X	X	X	X	X	X	X	X	
L13	Dementia, Alzheimer’s disease, or other permanent or progressive cognitive impairment. 5.26.d	X	X	X	X	X	X	X	X	
L14	Unexplained or recurrent syncope. 5.26.n	X	X	X	X	X	X	X	X	See H7, H37, L15

		“X” = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Neurologic Disqualifying Conditions										
L15	Disturbances of consciousness (not due to head injury), or history of any medically unexplained disturbance of consciousness or where surgical intervention was necessary to correct the precipitating cause. *EXCEPTIONS: An isolated episode of neurocardiogenic or vasovagal syncope associated with venipuncture or prolonged standing (in military formation or similar benign precipitating event), lasting less than 1 minute in duration, followed by rapid and complete recovery, and neurological and cardiovascular evaluation by a flight surgeon reveals no abnormalities. Physiological loss of consciousness (LOC) caused by reduced oxygen tension, general anesthesia, or other medically induced LOC (excluding vasovagal syncope) provided there is full recovery without sequelae. G-induced loss of consciousness (G-LOC) during a centrifuge run (unless there are neurologic sequelae, or evidence that the G-LOC occurrence is associated with coexistent disease or anatomic abnormality). Inflight G-LOC caused by an improperly performed anti-G straining maneuver, or anti-G protective gear malfunction, with no physiologic abnormalities detected by flight surgeon on post-incident examination.		X	X	X	X	X		X	See H7 , H37 , L14 See AMWG
L16	Seizure/epilepsy, when not clearly provoked by an extrinsic factor (such as medication), whether anti-seizure medication is started or not. Note: For ARC members initiate WWD within 90 days of initial event (refer to ARC supplements). Note: Seizures following omission of prescribed medication or ingestion of alcoholic beverages are not indicative of the controllability of the disorder. 5.26.j/k	X	X*	X*	X*	X*	X*	X*	X*	*Seizures associated with febrile illness before age 5, with normal EEG, or post-traumatic seizures may be eligible for waiver. See AMWG.
L17	Seizure or convulsions provoked by trauma or extrinsic factors, including medication-related adverse effects, such as that seen with (but not limited to) Tramadol, Bupropion, Zolpidem, if recurrent more than 6 months after member begins treatment. 5.26.j	X	X	X	X	X	X	X	X	Note: Retention determination to be made on case by case basis with Neurology Consultant to AF/SG or Consultant-designated specialist. See AMWG
L18	Truly epileptiform abnormalities to include generalized, lateralized, or focal spikes, sharp waves, spike-wave complexes, and sharp and slow wave complexes during alertness, drowsiness, or sleep are disqualifying. Generalized, lateralized, or focal continuous polymorphic delta activity or intermittent rhythmic delta activity (FIRDA or OIRDA) during the alert state is disqualifying, unless the etiology of the abnormality has been identified and determined not to be a disqualifying disorder. Benign transients such as Small Sharp Spikes (SSS) or Benign Epileptiform Transients of Sleep (BETS), wicket spikes, 6 Hertz (Hz) (phantom) spike and wave, rhythmic temporal theta of drowsiness (psychomotor variant), and 14 and 6Hz positive spikes are not disqualifying.		X	X	X	X	X		X	See AMWG
L19	Migraine and other headache disorders manifested by attacks requiring frequent absences from duty, mobility restrictions, or frequent specialty followup. 5.26.g	X	X	X	X	X	X	X	X	
L21	History of the following types of headaches: a single incapacitating headache of any type (e.g., associated with loss or alteration of consciousness, aphasia, diplopia, vertigo, paralysis, or other systemic symptoms). History of migraine or its variants, to include acephalgic or ocular migraine. Recurrent headaches of migraine, cluster, or any other types that impair social, vocational,		X	X	X	X	X	X	X	See AMWG.

		“X” = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Neurologic Disqualifying Conditions										
	operational, or academic activities, or require prescription medications for management.									
L22	Narcolepsy, cataplexy, and similar states. 5.27.a	X	X	X	X	X	X	X	X	See G5 for OSA.
L23	Clinical sleep disorders that cause sleep disruption resulting in excessive daytime somnolence or interfere with duty performance. These include, but are not limited to, restless leg syndrome, periodic limb movements of sleep, insomnias, hypersomnias, parasomnias, narcolepsy or the requirement for any chronic medication to maintain wakefulness. See DoDI 1332.18 Paragraph 3 (i) and AFI 36-3208 for list of unsuiting sleep diagnoses. If unsuiting, they are not subject to MEB, but may be subject to administrative discharge at the unit commander’s discretion. (See comment section.) 5.27.a	X	X	X	X	X	X	X	X	-All dx of central hypersomnia (narcolepsy, idiopathic hypersomnia, etc.) must be made using current ICSD criteria at an AASM accredited sleep center at a Military Treatment Facility by a board certified sleep physician. -All dx of central hypersomnia must be made using actigraphy for 2 weeks (demonstrating adequate (>7h/night), consistent sleep and no other explanation for excessive daytime sleepiness) immediately prior to overnight PSG/Multiple Sleep Latency Test (MSLT) performed in accordance with AASM Recommendations. -OSA must be ruled out (AHI<5) or adequately treated (adherence to therapy confirmed and residual AHI<5 demonstrated on overnight PSG prior to MSLT) to make a dx of central hypersomnia -Evaluation must include limited duty (TDY to MTF is highly encouraged if outside catchment area) during actigraphy period. -Patients must be weaned off of sedating medications and stimulant medications for a minimum of 2 weeks prior to PSG/MSLT and should be weaned off antidepressants for 2 weeks prior to PSG/MSLT if clinically able/stable. -For AFRC members, above diagnostic criteria is preferred, but not mandated if unable to obtain. See AMWG.
L24	Peripheral and cranial nerve injuries or conditions such as: Neuralgia, neuritis, radiculopathy or neuropathy, when symptoms are severe, persistent, and do not respond to treatment. Neuritis or paralysis due to peripheral or cranial nerve injury, when manifested by more than moderate, permanent functional impairment. Paralysis, weakness, lack of coordination, sensory disturbance or other specified paralytic syndromes. 5.26.i	X	X	X	X	X	X	X	X	
L25	Any current or history of peripheral or cranial neuritis, neuralgia, or neuropathy, unless the condition has completely subsided (with no chronic functional deficits) and the cause has been determined to be of no future aeromedical concern.		X	X	X	X	X		X	
L26	Polyneuritis, whatever the etiology, unless: Limited to a single episode, the acute state subsided at least 1 year before examination, there are no residual effects which could be expected to interfere with normal function in any practical manner.		X	X	X	X	X			

		“X” = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Neurologic Disqualifying Conditions										
L27	Traumatic brain injury when after adequate treatment, there remain persistent post-traumatic sequelae including but not limited to: focal neurological signs, headache, vomiting, weakness or paralysis of important muscle groups, deformity, incoordination, pain or sensory disturbance, disturbance of consciousness, speech disturbance, disorientation, spatial disequilibrium, impaired memory, poor mental concentration, shortened attention span, dizziness, altered sleep patterns, any other findings consistent with encephalopathy, or personality changes of such a degree as to definitely interfere with the performance of duty. 5.26.h	X	X	X	X	X	X	X	X	See AMWG
L28	History of head injuries associated with any of the following are not waiverable: Penetrating injury. Post-traumatic seizures (exception: seizures at the time of injury). Loss of over 25 cc brain volume on imaging studies. Persistent neurological deficits indicative of significant parenchymal CNS injury, such as hemiparesis or hemianopsia. Evidence of permanent impairment of higher intellectual functions or alterations of personality as a result of injury. Cerebrospinal fluid shunts.		X	X	X	X	X		X	Head trauma with no loss of consciousness, amnesia, or abnormal findings on examination, and symptoms resolved by 30 days post injury, does not require waiver.
L29	History of mild head injury. LOC or amnesia < 30 minutes loss of consciousness or amnesia, with normal clinical examination and brain MRI, may be considered for waiver after 1 month.		X	X	X	X*	X*		X*	*No waiver required when member is asymptomatic (within 30 days of injury) and has normal neurological examination. See AMWG.
L30	History of moderate head injury. LOC or amnesia with > 30 minutes but < 24 hours loss of consciousness or amnesia, or non-displaced skull fracture; normal MRI, may be considered for waiver after 6 months.		X	X	X	X	X		X	See AMWG
L31	Severe (LOC or amnesia > 24 hours; normal MRI or MRI demonstrating inconsequential hemorrhage or evidence of diffuse axonal injury or hemosiderin deposition/plugs, presence of subdural hematoma or brain contusion; penetrating head injury, or MRI demonstrating more significant abnormalities).		X	X	X	X	X		X	See AMWG
L32	Developmental venous anomaly, capillary telangiectasia or other low-pressure cerebrovascular anatomic findings.		X	X	X	X	X		X	
L33	History of diagnostic or therapeutic craniotomy, or any procedure involving penetration of the dura mater or the brain substance including ventricular-peritoneal shunts, evacuation of hematomas, and brain biopsy.		X	X	X	X	X		X	
L34	Leptomeningeal cysts, pneumocephalus, or arteriovenous fistula.		X	X	X	X	X		X	
L35	Intracranial, meningeal, or other neurologic benign or malignant neoplasm.	X	X	X	X	X	X	X	X	See D17, L36.
L36	History of benign or malignant neoplasms of the brain, pituitary gland, spinal cord, or their coverings.		X	X	X				X	See D17, L35.
L37	History or evidence of such defects as basilar invagination, hydrocephalus, premature closure of the cranial sutures, meningocele, and cerebral or cerebellar agenesis, if there is evidence of impairment of normal functions, or if the process is expected to be progressive.	X	X	X	X	X	X	X	X	
L38	History of infectious diseases of the central nervous system, including, but not limited to meningitis, encephalitis, neurosyphilis, or brain abscess.		X	X	X	X	X		X	See AMWG

		“X” = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Neurologic Disqualifying Conditions										
L39	Stroke, transient ischemic attack, hemodynamically significant cerebrovascular arteriosclerosis, intracranial thrombosis, subarachnoid hemorrhage, parenchymal hemorrhage, other intracranial hemorrhages, cerebrovascular aneurysm, arteriovenous malformation, arteriovenous fistula or cavernous hemangioma. . 5.26.b	X	X	X	X	X	X	X	X	See AMWG *For FC I/IA, FC II, RPA Pilot and FCIII also includes history of the above.
L40	History of evidence of immune-related disorders such as myasthenia gravis (unless only involving the extraocular muscles), Lambert-Eaton myasthenic syndrome, autoimmune disorders or paraneoplastic conditions with neurologic dysfunction. 5.26.i	X	X	X	X	X	X	X	X	
L41	Evidence or history of involvement of the nervous system by a toxic, metabolic or disease process, if there is any indication such involvement is likely to interfere with prolonged normal function in any practical manner, is progressive or recurrent, or if there is a significant neurological residual which would interfere with aviation/controlling/chamber duties.		X	X	X	X	X		X	
L42	Other neurological conditions. Any other neurological condition, regardless of etiology, when after adequate treatment, there remain residuals, such as persistent severe headaches, weakness or paralysis of important muscle groups, deformity, incoordination, pain or sensory disturbance, disturbance of consciousness, speech, or mental defects, or personality changes of such a degree as to definitely interfere with the performance of duty. 5.26.c	X	X	X	X	X	X	X	X	
L43	Decompression sickness (DCS) or air embolism with neurologic involvement by history, physical examination or evidence of structural damage on imaging studies. Hypobaric chamber-induced neurologic DCS with symptom resolution within 2 weeks does not require waiver for UP status.		X	X	X			X	X	See AMWG
L44	Any condition which requires an implanted and retained ventricular-peritoneal shunt or spinal cord stimulator.	X	X	X	X	X	X	X	X	

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Section M: Endocrinology and Metabolic USAF Medical Standards

Ground Based Operator (GBO): RPA Pilot, RPA Sensor Operator, Missile Operator (MOD).

Special Warfare Airmen (1Z1X1, 1Z2X1, 1Z3X1, 1Z4X1, 13DCX, 13DX, 13LX): Continued service must meet AF SWA standards, [Section S](#).

		"X" = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Endocrine and Metabolic Disqualifying Conditions										
M1	Acromegaly. 5.24.c	X	X	X	X	X	X	X	X	
M2	Adrenal hyperfunction not responding to therapy or when requiring ongoing specialty f/u more than annually. 5.24.a	X	X	X	X	X	X	X	X	
M3	Adrenal insufficiency (including Cushing's or Addison's Disease.) 5.24.a	X	X	X	X	X	X	X	X	
M4	Adrenal dysfunction of any degree including pheochromocytoma. 5.24.a	X^	X*	X*	X*	X*	X^	X^	X*	* Any history of described conditions, regardless of outcome requires a waiver. ^ IRILO and waiver only required if symptoms persist despite appropriate treatment and function impaired to preclude satisfactory performance of required duties.
M5	Diabetes insipidus. 5.24.d	X	X	X	X	X	X	X	X	
M6	Diabetes mellitus, type 1 or type 2, including diet controlled and those requiring insulin or oral hypoglycemic drugs. Note: Gestational diabetes is not specifically disqualifying; however, these aircrew members are at increased risk of subsequent development of diabetes mellitus and should be closely followed. 5.24.b	X	X	X	X	X	X	X	X	See AMWG.
M7	Persistent glucosuria from any cause, including fasting renal glucosuria is disqualifying. Glucosuria post-prandially, or during glucose loading challenge, is not disqualifying in the absence of any renal disease, or history of recurrent genitourinary infections. However, this finding requires evaluation.		X						X	
M8	Gout, with frequent acute exacerbations in spite of appropriate therapy, or with severe bone, joint, or kidney damage or impairment of function/performance of required duties. 5.24.m	X	X	X	X	X	X	X	X	See AMWG.
M9	Gout.		X	X	X				X	See AMWG.
M10	Hyperinsulinism, when caused by a malignant tumor, or when the condition is not readily controlled. 5.24.n	X	X	X	X	X	X	X	X	
M11	Hyperinsulinism, confirmed, symptomatic.		X	X	X	X			X	
M12	Hyperparathyroidism, when residuals or complications are present, or when requiring ongoing specialty follow-up more than annually. 5.24.e	X	X	X	X	X	X	X	X	
M13	Parathyroid dysfunction.		X	X	X	X			X	
M14	Hyperthyroidism, hypothyroidism, with objective evidence, with severe symptoms that do not resolve with treatment or when requiring ongoing specialty follow-up more than annually. 5.24.h	X	X	X	X	X	X	X	X	
M15	Hyperthyroidism, hypothyroidism, or thyroiditis requiring maintenance medication, ablation, or surgery for control of hormone levels and/or symptoms.		X	X	X	X			X	See AMWG.
M17	Subclinical hyperthyroidism.		X	X	X				X	

M18	Osteomalacia, when residuals after therapy are of such degree or nature as to limit physical activity to a significant degree, if associated w/ pathological fracture, or if condition prevents wearing of military equipment. 5.24.i	X	X	X	X	X	X	X	X	
M19	Adiposogenital dystrophy (Frohlich's syndrome).		X	X	X				X	
M20	Cretinism. 5.24.h	X	X	X	X	X	X	X	X	
M21	Goiter, if associated with pressure symptoms/mass effect, or if enlargement is of such degree as to interfere with wearing of a military uniform or military equipment. 5.24.g	X	X	X	X	X	X	X	X	
M22	Pituitary dysfunction, hyper/hypopituitarism. 5.24.c	X^	X*	X*	X*	X*	X^	X^	X*	* Any history of described conditions, regardless of outcome requires a waiver. ^ IRILO and waiver only required if symptoms persist despite appropriate treatment and function impaired to preclude satisfactory performance of required duties.
M23	Myxedema, spontaneous or postoperative, with clinical manifestations.		X	X	X	X			X	
M24	Nutritional deficiency diseases (including beriberi, pellagra, and scurvy) which are more than mild and not readily amenable to therapy, or in which permanent pathological changes have been established.	X	X	X	X				X	
M25	Porphyria. 5.30.a	X	X	X	X	X	X	X	X	
M26	Other endocrine or metabolic disorders which obviously preclude satisfactory performance of military service, or which require frequent or prolonged treatment. Including (but not limited to) cystic fibrosis, porphyria, amyloidosis. 5.10.i/5.23.j/5.24.n	X	X	X	X	X	X	X	X	
M27	Hypercholesterolemia requiring use of medication other than single approved statin or resin binder for control, or requiring multiple medications for control. See "Official Air Force Aerospace Medicine Approved Medications".		X	X	X					See AMWG
M28	Any confirmed (repeated) serum fasting LDL cholesterol in excess of 190 mg/dl in association with one or no cardiac risk factor, or in excess of 160 mg/dl in association with two or more cardiac risk factors.		X							
M30	Hypoglycemia from any endogenous source (insulinoma or other hypoglycemia inducing tumor). 5.24.l	X^	X*	X*	X*	X*	X*	X^	X*	* Any history of described conditions, regardless of outcome requires a waiver. ^ IRILO and waiver only required if symptoms persist despite appropriate treatment and function impaired to preclude satisfactory performance of required duties.
M31	Any medical condition which requires chronic (greater than 6 months) exogenous hormone therapy. Standard dose contraceptives, thyroid replacement, and hormone treatments for menopause or PCOS treatments do not require an I-RILO.		X	X	X	X		X	X	See J59 - J64 Modified 15 May 2020.
M32	Hypogonadism with medically required injectable hormone replacement. 5.24.k	X	X	X	X	X	X	X	X	
M33	Osteogenesis Imperfecta. 5.24.j	X	X	X	X	X	X	X	X	
M34	Endocrine hyperfunctioning syndromes including, but not limited to, multiple endocrine neoplasia, pheochromocytoma, salt-wasting congenital adrenal hyperplasia, carcinoid syndrome, or endocrine tumors of the gastrointestinal tract. 5.24.n	X	X	X	X	X	X	X	X	

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Section N: Blood, Blood Forming and Tissue USAF Medical Serial Profile Annotation

Ground Based Operator (GBO): RPA Pilot, RPA Sensor Operator, Missile Operator (MOD).

Special Warfare Airmen (1Z1X1, 1Z2X1, 1Z3X1, 1Z4X1, 13DCX, 13DX, 13LX): Continued service must meet AF SWA standards, [Section S](#).

Hematological Disqualifying Conditions		“X” = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Blood and Blood-Forming Tissue Disease										
N1	Anemia (hereditary, acquired, aplastic, or unspecified), symptomatic or when response to therapy is unsatisfactory, or when therapy requires more than annual Hematologist follow-up. 5.22.a	X	X	X	X	X	X	X	X	
N2	Anemia, defined as hemoglobin measurements consistently lower than specified gender/ethnic values listed in the AMWG anemia chapter. Note: Regardless of symptoms or need for treatment, persistently low hemoglobin levels must be clinically evaluated for the purposes of identifying other disqualifying conditions. Resolved nutritional-deficiency anemia without an underlying medical condition is not disqualifying.		X	X	X	X*			X	*For certification of ATC, any anemia must be evaluated. If evaluation shows no etiology, and service members is asymptomatic, no aeromedical waiver is required. See AMWG
N3	Leukopenia or agranulocytosis, chronic, when response to therapy is unsatisfactory, if secondary to a malignancy, or when therapy requires more than annual Hematologist follow-up. 5.22.d	X	X	X	X	X	X	X	X	White blood cell counts must fall within the range of 3,500 to 12,000 cells/mm ³ --counts in the range of 750 to 3,500 cells/mm ³ must be fully evaluated.
N4	Myeloproliferative disorders, to include, but not limited to polycythemia vera, essential thrombocytosis, or primary myelofibrosis. 5.22.e	X	X	X	X	X	X	X	X	See AMWG
N5	Hemolytic disease, chronic, symptomatic or with recurrent crises. 5.22.c/g	X	X	X	X	X	X	X	X	
N6	Polycythemia, symptomatic or requiring treatment. 5.22.e	X	X	X	X	X	X	X	X	Note: Regardless of symptoms or need for treatment, persistently elevated hemoglobin levels (>16.0 g/dL in women or 16.5g/dL in men) or hematocrit (>48% in women or 49% in men) must be clinically evaluated for the purposes of identifying polycythemia vera or other disqualifying conditions. If member requires phlebotomy to maintain these levels of HCT, member does not meet standard.
N7	Hemorrhagic disorders and coagulopathies and vasculitides to include, but not limited to idiopathic thrombocytopenia, Henoch-Schonlein Purpura, or Von Willebrand's Disease. 5.22.c	X	X	X	X	X	X	X	X	See AMWG
N8	Venous thromboembolism: Two or more episodes of deep vein thrombosis, single episode of pulmonary embolism, and/or when extended anticoagulation (>12 months) is required. 5.22.b	X	X	X	X	X	X	X	X	See L39 for CVA & TIA See G26 for PE
N9	Venous thromboembolism: single episode of deep vein thrombosis.		X	X	X				X	
N10	Thrombocytopenia or thrombocytosis. Platelet counts less than 100,000/mm ³ or greater than 400,000 mm ³ are disqualifying and must be evaluated. Transient elevation of platelet counts due to acute illness (acute phase reactant) is not disqualifying. 5.22.c/e	X	X	X	X	X	X	X	X	See AMWG

		“X” = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Hematological Disqualifying Conditions										
N11	Platelet dysfunctions. 5.22.c	X	X	X	X	X	X	X	X	
N12	All lymphomas, including mycosis fungoides and Sezary syndrome. 5.29.a	X	X	X	X	X	X	X	X	
N13	Plasma cell dyscrasias; to include but not limited to multiple myeloma and macroglobulinemia. 5.29.a	X	X	X	X	X	X	X	X	
N14	Other hematological diseases when response to therapy is unsatisfactory or when therapy is prolonged or requires intense medical supervision such as use of anticoagulants or antiplatelet agents other than aspirin. 5.22.b/c	X	X	X	X	X	X	X	X	
N17	Loss of 500 mL or more of blood (includes blood donation, plasma donation, and platelet phoresis) requires DOWN as noted.									X1 = 72 hour DOWN X2 = 8 hour DOWN (FS not required) X3 = 4 hour DOWN (FS not required) **GBO, RPA Pilot/ATC = X2, RPA SO/MOD = X3 See AMWG
N18	Immunotherapy, current.		X1	X1	X1	X2	X**	X1	X2	Aircrew/SOD will not deploy on immunotherapy. X* = After ground trial complete, 4 hour verbal DOWN for each injection. Deleted 10 Feb 2021
N19	Bone marrow donation or biopsy.		X	X	X	X	X		X	No waiver required. DOWN until able to be UP per waiver guide. See AMWG
N20	Generalized lymphadenopathy, transient splenomegaly, until the cause is corrected.		X	X	X				X	
N21	Hemoglobinopathies and thalassemia*. Asymptomatic α - and β - thalassemia trait (minima or minor) are not disqualifying.		X	X	X				X	See AMWG
N22	Homozygous hemoglobin abnormalities.		X	X	X				X	
N23	Chronic systemic inflammatory or auto-immune diseases not otherwise listed. 5.25.f	X	X	X	X	X	X	X	X	
N24	Splenectomy, or absence of spleen, regardless of cause, congenital anomalies or diseases of the spleen.	X*	X	X	X	X	X	X	X	See AMWG *So that ALC code is applied and proper precautions employed prior to deployment.
N25	Splenomegaly, chronic, clinically significant, inoperable. 5.22.f	X	X	X	X	X	X	X	X	
N26	Hodgkin's Disease. 5.29.a	X	X	X	X	X	X	X	X	See AMWG
N27	Immunodeficiency, including, but not limited to, hypogammaglobulinemia, common variable immune deficiency, or complement deficiency. 5.23.b	X	X	X	X	X	X	X	X	See AMWG for HIV specifics.

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Section O: Tumors and Malignancies USAF Medical Standards

Ground Based Operator (GBO): RPA Pilot, RPA Sensor Operator, Missile Operator (MOD).
Special Warfare Airmen (1Z1X1, 1Z2X1, 1Z3X1, 1Z4X1, 13DCX, 13DX, 13LX): Continued service must meet AF SWA standards, [Section S](#).

		"X" = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Tumor and Malignancy Disqualifying Conditions										
O1	Malignant Neoplasms. All malignant neoplasms (i.e. cancer) require I-RILO processing. (Basal cell or squamous cell carcinomas of the skin, and cervical carcinomas-in-situ, after surgical cure are exempt from this requirement if no sequelae.) 5.29.a	X	X	X	X	X	X	X	X	Normally this is accomplished once a prognosis has been established, but under no circumstances should an I-RILO be delayed more than 90 days after the start of treatment.
O2	Benign neoplasms only when the condition prevents the satisfactory performance of duty OR the condition is not remediable, OR a remedial treatment is refused, OR ongoing specialty follow-up is required more than annually. 5.29.c	X	X	X	X	X	X	X	X	Note: Basal cell and squamous cell skin carcinomas which have been adequately excised (as evidenced by pathology report, or basal cell carcinoma which have been treated with electrodesiccation and curettage by a dermatologist credentialed to perform this procedure) are exempted from Tumor Board Action and do not require MEB.
O3	Leukemia, lymphoma, or other neoplastic conditions of lymphoid or blood-forming tissues require I-RILO processing. 5.22.e/5.29.a	X	X	X	X	X	X	X	X	Normally this is accomplished once a prognosis has been established, but under no circumstances should an I-RILO be delayed more than 90 days after the start of treatment. See AMWG .
O4	Carcinoma-in-situ of the cervix, when the condition prevents the satisfactory performance of duty OR the condition is not remediable, OR a remedial treatment is refused, OR ongoing specialty follow-up is required more than annually. 5.29.a	X	X	X	X	X	X	X	X	Note: Carcinoma-in-situ of the cervix which have been adequately excised as evidenced by pathology report are exempted from Tumor Board Action and do not require MEB.
O5	Ganglion neuroma or meningeal fibroblastoma when the brain is involved. 5.26.c	X	X	X	X	X	X	X	X	
O6	Malignancies. History or presence of malignant tumor, cyst or cancer of any sort. Childhood malignancy considered cured may be considered for waiver on a case-by-case basis.		X	X	X				X	Basal cell and squamous cell carcinomas and carcinoma-in-situ of the cervix which have been adequately excised (as evidenced by pathology report, or basal cell carcinoma which have been treated by electrodesiccation and curettage by a dermatologist credentialed to perform this procedure), are exempted from tumor board action, but are reported to tumor registry, and are not disqualifying. See AMWG
O7	Benign tumors which interfere with function or the wear of life support or other required equipment, and tumors which are likely to enlarge or be subjected to trauma during military service or show malignant potential. 5.29.c	X	X	X	X	X	X	X	X	See AMWG

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Section P: Skin USAF Medical Standards

Ground Based Operator (GBO): RPA Pilot, RPA Sensor Operator, Missile Operator (MOD).
Special Warfare Airmen (1Z1X1, 1Z2X1, 1Z3X1, 1Z4X1, 13DCX, 13DX, 13LX): Continued service must meet AF SWA standards, [Section S](#).

		"X" = Standard applies								Comments
		Retention	Flying Class I/A	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Dermatologic Disqualifying Conditions										
P1	Acne, severe, unresponsive to treatment, and interfering with the satisfactory performance of duty or wear of the uniform or use of military equipment. 5.21.a	X	X	X	X	X	X	X	X	See AMWG
P2	Atopic dermatitis or chronic eczema, severe, preventing proper wear of required military uniform/equipment, or requiring frequent absence from duty or duty limitation or when there are repeated exacerbations despite adequate treatment. 5.21.b/c	X	X	X	X	X	X	X	X	
P3	Atopic dermatitis or eczema that requires chronic topical steroids for control.		X	X	X				X	See AMWG
P4	Verified history after age 12 of atopic dermatitis and/or eczema		X						X*	See AMWG *Excludes non jumping SWA.
P5	Cysts (if recurrent, and prevent proper wear of required military uniform/equipment), and tumors (excluding SCC/BCC if adequately excised). 5.21.d/5.21.o	X	X	X	X	X	X	X	X	Refer to Section O .
P6	Dermatitis herpetiformis, which fails to respond to therapy. 5.21.a	X	X	X	X	X	X	X	X	
P7	Any dermatitis herpetiformis.		X	X	X				X	
P8	Elephantiasis or chronic lymphedema, not responsive to treatment. 5.21.e	X	X	X	X	X	X	X	X	
P9	Epidermolysis bullosa. 5.21.a	X	X	X	X	X	X	X	X	
P10	Erythema multiforme, severe, and chronic or recurrent. 5.21.p	X	X	X	X	X	X	X	X	
P11	Exfoliative dermatitis, severe or chronic that prevents proper uniform/equipment wear or requires regular specialty consultant care. 5.21.c	X	X	X	X	X	X	X	X	
P12	Fungal infections, superficial, deep or systemic, if not responsive to therapy, resulting in frequent absences from duty, or that interfere with duty performance or the wear of duty (including life support) equipment. 5.21.m	X	X	X	X	X	X	X	X	
P14	Furunculosis, which is extensive, recurrent or chronic.		X	X	X				X	
P15	Hidradenitis suppurativa and folliculitis decalvans. 5.21.a	X	X	X	X	X	X	X	X	
P16	Hyperhidrosis, when severe enough to interfere with performance of duties or wear of PPE, or complicated by a dermatitis/infection (fungal or bacterial), and not amenable to treatment. 5.21.f	X	X*	X*	X*	X*	X	X	X	* Requires ACS review if treated with other than topical means. No waiver guide exists.
P17	Hyperhidrosis, when requiring escalation of therapies beyond topical antiperspirants (except BoTox for axillary hyperhidrosis only) or when severity could interfere with performance of flying duties.		X*	X*	X*				X	* Requires ACS review if treated with other than topical means, except axillary hyperhidrosis treated by BoTox, which is approved without waiver. See Aircrew Medication list. No waiver guide exists.
P18	Leukemia cutis and mycosis fungoides. 5.21.n	X	X	X	X	X	X	X	X	

		"X" = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Dermatologic Disqualifying Conditions										
P19	Lichen planus, generalized and not responsive to treatment or prevents wear of uniform/military equipment. 5.21.a	X	X	X	X	X	X	X	X	
P20	Any degree of lichen planus.		X	X	X				X	
P21	Lupus erythematosus. 5.21.o	X	X	X	X	X	X	X	X	See A13
P22	Neurofibromatosis, if disfigurement is extensive or when associated with manifestation or other organ system involvement. 5.21.h	X	X	X	X	X	X	X	X	
P23	Neurofibromatosis.	X	X	X	X				X	
P24	Pemphigus. 5.21.a	X	X	X	X	X	X	X	X	
P25	Photodermatosis, unless due to medication.		X	X	X				X	
P26	History of photosensitivity, including, but not limited to any primary sun-sensitive condition, such as polymorphous light eruption or solar urticaria or any dermatosis aggravated by sunlight, such as lupus erythematosus, is disqualifying. 5.21.o	X	X	X	X	X	X	X	X	
P27	Psoriasis or parapsoriasis, and not controlled by treatment OR controllable only with systemic meds or UV light therapy. 5.21.i	X	X	X	X	X	X	X	X	
P28	Psoriasis.		X	X	X				X	See AMWG
P29	Pilonidal cyst, if there is a history of inflammation or discharging sinus in the 2 years preceding examination. Surgery for pilonidal cyst or sinus is disqualifying until the wound is healed, there are no referable symptoms, and no further treatment or medication is required.		X	X	X				X	
P30	Radiodermatitis, if resulting in malignant degeneration at a site not amenable to treatment.	X	X	X	X	X	X	X	X	
P31	Scars and keloids, so extensive they seriously interfere with the function of the body area, muscle movement, or they interfere with proper fit and wear of military equipment; inclusive of, but not limited to, life support equipment, personal protective equipment or any other equipment necessary for performing military duties, or show a tendency to breakdown. 5.21.g	X	X	X	X	X	X	X	X	
P32	Scleroderma.		X	X	X				X	See A18 for retention standards.
P33	Tuberculosis of the skin, if not responsive to therapy. 5.23.c	X	X	X	X	X	X	X	X	Refer to tumors and malignancies tab.
P34	Ulcers of the skin, not responsive to treatment after an appropriate period of time or if they result in frequent absences from duty. 5.21.q	X	X	X	X	X	X	X	X	
P35	Urticaria or angioedema, chronic, severe, and not amenable to treatment. 5.21.i/5.23.c	X	X	X	X	X	X	X	X	See AMWG
P36	Urticaria or angioedema, chronic.		X	X	X				X	See AMWG
P37	Xanthoma, if symptomatic, or accompanied by hypercholesterolemia or hyperlipoproteinemia.		X	X	X				X	
P38	Other skin diseases, if chronic or of a nature that requires frequent specialty medical care or interferes with the satisfactory performance of military duty. 5.21.a	X	X	X	X	X	X	X	X	For Flyers/SOD: severe enough to cause recurrent grounding from flying duties.

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Section Q: Psychiatry and Mental Health

Ground Based Operator (GBO): RPA Pilot, RPA Sensor Operator, Missile Operator (MOD).

Special Warfare Airmen (1Z1X1, 1Z2X1, 1Z3X1, 1Z4X1, 13DCX, 13DX, 13LX): Continued service must meet AF SWA standards, [Section S](#).

Disqualifying Conditions		“X” = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Q1	Mental disorders causing, or expected to cause, persistent duty impairment greater than one year or requiring recurrent duty limitations/modifications to reduce psychological stressors or enhance safety. (See Note 1 below). 5.28.d	X	X	X	X	X	X	X	X	See Note 1 ; for ARC members, also See Note 2 .
Q2	Mental disorders resulting in recurrent hospitalizations. 5.28.d	X	X	X	X	X	X	X	X	See Note 1 ; for ARC members, also See Note 2 .
Q3	Mental disorders which REQUIRE continuing mental health support (e.g. weekly psychotherapy in order to perform their duty) beyond one year. 5.28.d	X	X	X	X	X	X	X	X	See Note 1 ; for ARC members, also See Note 2 .
Q4	Mental disorders requiring psychoactive medications beyond one year, when an appropriately licensed mental health provider is needed to manage those medications. 5.28.d	X	X	X	X	X	X	X	X	See Note 1 . ARC members, also see Note 2 . An appropriately licensed mental health provider whom is needed to help manage medications may include a psychiatrist, a prescribing clinical psychologist, or a psychiatric nurse practitioner.
Q5	Mental disorders requiring use of lithium, anticonvulsants, or antipsychotics beyond 6 months.	X	X	X	X	X	X	X	X	See Note 1 ; for ARC members, also See Note 2 .
Q6	Mental disorders that preclude satisfactory performance of duty or worldwide assignability or deployment that are not considered unsuited IAW DoDI 1332.18 . (Suicide attempt to be addressed per comments section.)	X	X	X	X	X	X	X	X	Substance abuse Q31 and Q32 . Suicide attempts also See Q36 . See Note 1 , Note 3 , and AMWG ; for ARC members, also See Note 2 . See AFI 36-3208 for other unsuitable conditions.
Q7	Neurodevelopmental Disorders, (learning, communication, Attention-deficit/hyperactivity disorder etc.), if the disorder is currently (or has a history of) compromising military duty or training.		X	X	X	X	X	X	X	See Note 1 and Note 4 .
Q8	History of Neurodevelopmental Disorders (Q7) IF in the last 4 years member was diagnosed, or received treatment, or had special accommodations made for job or academic performance.		X	X	X	X	X	X	X	For Retention See Note 4 below. See AMWG for Attention-deficit/hyperactivity disorder or Learning Disorder.
Q9	Schizophrenia Spectrum and Other Psychotic Disorders (to include a psychotic episode) under the current edition of DSM. 5.28.a	X	X	X	X	X	X	X	X	
Q10	History of Schizophrenia in both parents.		X						X	See AMWG
Q11	Bipolar and Related Disorders, to include current or history of a manic episode as defined in the current edition of DSM. 5.28.b/c	X	X	X	X	X	X	X	X	
Q12	History of Bipolar Disorder in both parents.		X						X	See AMWG
Q13	Depressive Disorders, (MDD, Persistent Depressive Disorder, Premenstrual Dysphoric Disorder, etc.) meeting any general criteria listed in Q1-Q6 . 5.28.d	X	X	X	X	X	X	X	X	ANG, See Note 2 .
Q14	Current or history of Depressive Disorders (MDD, Persistent Depressive Disorder, Premenstrual		X	X	X	X	X	X	X	

Disqualifying Conditions		“X” = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
	Dysphoric Disorder, etc.).									
Q15	Anxiety Disorders, meeting any general criteria listed in Q1-Q6 . 5.28.d	X ¹	X*	X*	X*	X*	X*	X*	X	ANG, See Note 2 . X ¹ See Note 1 , Note 5 . X* See Note 6 for Fear of Flying.
Q16	Current or history of Anxiety Disorders.		X	X	X	X	X	X	X	GBO & Ops support: Specifically ensure no Claustrophobia history.
Q18	Obsessive-Compulsive and Related Disorders, meeting any general criteria listed in Q1-Q6 . 5.28.d	X	X	X	X	X	X	X	X	
Q19	Current or history of Obsessive-Compulsive and Related Disorder.		X	X	X	X	X	X	X	
Q20	Trauma and Stressor Related Disorders (including adjustment disorders lasting 6 months or greater), meeting any general criteria listed in Q1-Q6 . 5.28.d	X	X	X	X	X	X	X	X	See Note 1 .
Q21	History of any adjustment disorder or other trauma or stressor related disorder is disqualifying for all initial special duty qualifications if any of the following apply: lasted greater than 60 days, level of care higher than weekly outpatient (inpatient, partial hospitalization, intensive outpatient program), recurrent, or any current diagnosis if symptoms not resolved.		X	X	X	X	X	X	X	See Note 7 , See Q2 .
Q22	Trauma and Stressor Related Disorders (e.g. Acute Stress Disorder, Posttraumatic Stress Disorder, Adjustment Disorder), when symptoms result in DOWN greater than 60 days, or IF, after treatment, disorder recurs with exposure to the operational/trigger environment. (Mild residual symptoms not resulting in a disorder diagnosis, without risk to mission, member or safety of flight, are acceptable.)		X	X	X	X	X	X	X	
Q23	Dissociative Disorders, meeting any general criteria listed in Q1-Q6 . 5.28.d	X	X	X	X	X	X	X	X	
Q24	Current or history of dissociative disorders.		X	X	X	X	X	X	X	
Q25	Somatic Symptom and Related Disorders, meeting any general criteria listed in Q1-Q6 .	X	X	X	X	X	X	X	X	Factitious Disorder – See Note 1 .
Q26	Current or history of Somatic Symptom and Related Disorders.		X	X	X	X	X	X	X	
Q27	Feeding and Eating, and Elimination Disorders, meeting any general criteria listed in Q1-Q6 . 5.28.d	X	X	X	X	X	X	X	X	Enuresis, See Note 1 .
Q28	Current or history of Feeding and Eating, and Elimination Disorders after age 12.		X	X	X	X	X	X	X	
Q29	Disruptive, Impulse-Control and Conduct Disorders, current or history of after age 12.		X	X	X	X	X	X	X	See Note 1 .
Q30	Substance Related and Addictive Disorders, current or history of.		X	X	X	X	X	X	X	See Note 1 .
Q31	Medical complications of an alcohol or substance use disorder (such as but not limited to bleeding varices, cirrhosis, persistent hallucinosis) require preliminary DAWG review and I-RILO (Fitness for duty for ARC) processing when the medical complication calls into question the continued ability of the Airman to meet retention standards.	X	X	X	X	X	X	X	X	If doing an MEB for the sequelae of substance use, the history of the substance use/disorder must also be fully written up and submitted as part of the NARSUM. See Note 8 .
Q32	Neurocognitive Disorders (Delirium, Dementia, and Amnesic Disorders, and Other Cognitive Disorders).	X	X	X	X	X	X	X	X	See NEURO Section and Note 1
Q33	Personality Disorders.		X	X	X	X	X	X	X	See Note 1 .

Disqualifying Conditions		“X” = Standard applies								Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
Q34	Sexual Dysfunctions, Sexual/Gender Identity Disorders (including Gender Dysphoria) and Paraphilic Disorders. This includes transgender members who are transitioning or have transitioned who may not meet these specific diagnoses. 1.1.b, refer to DoDI 1300.28 (All standards). Note: *IRILO is always required. DODI 1300.28 determines criteria for continued service.	X*	X	X	X	X	X	X	X	See Note 1 . *For retention, identifying as gender non-conforming or transgender is not automatically disqualifying from continued service if there is no duty impact. Coordinate with their commander to determine if the condition does not meet unfitting condition standards and may require administrative evaluation. Members diagnosed with Gender Dysphoria, with or without hormonal or surgical treatment, will require an IRILO. Those deemed medically stable will be returned to duty with an ALC to ensure assignments/deployments do not occur where the member does not have adequate medical support.
Disqualifying Conditions (Miscellaneous Criteria and Consideration)										
Q35	Adaptability Rating for Military Aviation - Unsatisfactory ARMA/AR-ATC/AR-MOD/AR-RPA/AR-SWA for applicant's crew position. Maladaptive personality traits (not meeting diagnostic criteria for a personality disorder), or a pattern of maladaptive behavior that significantly interferes with safety of flight, crew coordination, or mission completion. In the absence of maladaptive personality adjustment, traits, or behavior patterns, motivational issues are managed administratively and the AR must be rated satisfactory.		X	X	X	X	X	X	X	See ARMA on KX
Q36	History of attempted suicide or suicidal behavior.		X	X	X	X	X	X	X	See AMWG . See Q6 . For suicide attempts by ARC members See Note 3 .
Q37	Other Conditions that are a focus of clinical attention (V Code problems) when they result in DOWN, or generate a DLC lasting greater than 60 days. Other Conditions that are a focus of clinical attention (V and Z Codes) when they result in DOWN, or generate a DLC lasting greater than 60 days.		X	X	X	X	X	X	X	

Section Q: Psychiatry and Mental Health Notes:

Note 1: Preliminary AMRO Board review and I-RILO are indicated in those instances where a mental disorder, which may be considered a disability by the SECDEF, precludes satisfactory performance of duty, worldwide assignability or deployment. Other mental health diagnoses, not considered disabilities by the SECDEF, can make an Airman potentially unsuitable for further military service and subject to administrative separation. Potentially unsuiting mental health diagnoses and conditions are listed in [AFI 36-3208](#). Incapacity because of disability (i.e., potentially unfit for duty) must be distinguished from lack of motivation or underlying personality disorder, etc. (i.e. potentially unsuitable for duty). Potentially unsuiting mental health diagnoses, when present with potentially unfitting mental disorders can clearly worsen overall impairment and prognosis (e.g. personality disorder and depressive disorder). In cases where more than one mental disorder is present, and the primary source of impairment for military duty cannot be readily determined, the default pathway is for preliminary AMRO Board review and I-RILO processing. If a potentially unfitting mental disorder is present while an Airman is pending administrative separation, the Airman's commander contacts the local MPF and Staff Judge Advocate for specific guidance. Also see Note 3, below. Airmen who are eligible for "legacy" disability evaluation (versus Integrated Disability Evaluation system processing) will follow applicable procedures to accomplish. [3.3/5.28.e](#)

Note 2: For ARC: No additional specific criteria beyond Q1-37. However, mental health diagnoses require annual DAWG review, to include review of all interval clinical documentation. Either new/Initial RILO or Military Mental Health Evaluation is required when:
--there is any ambiguity regarding potential duty impairment or risk for recurrence/exacerbation in military environment.
--member has VA disability rating for mental health diagnosis but current clinical status & world-wide qualification is not well-established.
Following AMRO Board review and/or MMHE, initial RILO will be required for members who are clearly identified as having a potentially disqualifying condition IAW Q1-37. Any questionable cases should also be referred to appropriate ARC/SG for determination.

Note 3: Following any active duty suicide attempt, the MTF SGH will lead a meeting to review the case and determine the medical disposition of the individual; this meeting must include at least one mental health provider. An active duty Airman with a potentially unfitting diagnosis will meet a preliminary DAWG review. For suicide attempts by ARC members, a fitness for duty determination will be instituted.

Note 4: Individuals diagnosed with Attention-deficit/hyperactivity disorder (ADHD) must be carefully evaluated for suitability for continued service. This condition is not considered a disability by the SECDEF and may be managed administratively IAW [AFI 36-3208](#). If treatment with medication is required for adequate duty performance, referral to the unit commander for determination of administrative disposition is appropriate. Use of psychostimulants solely to optimize cognitive performance is strictly prohibited. If the service member does not require treatment with medication for adequate duty performance, the member remains suited for continued military service. The commander may seek administrative separation based on impaired performance. In rare circumstances, the commander may request waiver consideration to allow for continued duty if the value to the unit outweighs risks of requiring medication. This policy does not apply to operational "Go Pill" use.

Note 5: Specific Phobia to Flying requires appropriate mental health evaluation and treatment. High cure rates are expected. If it is not amenable to treatment and it is of sufficient magnitude to preclude military air transportation, it is dealt with administratively.

Note 6: "Fear of Flying" or "manifestation of apprehension" are line terms used when a trained or untrained aviator refuses to fly or exhibits a "reluctance to fly". The aviator may present with medical/psychological reasons for not flying. If no mental disorder is found and medical causes are ruled out the disposition is handled administratively by the command, and is not a medical DQ. Great care must be exercised to distinguish a Specific Phobia to Flying (a highly treatable mental health disorder) from a "fear of flying" which is a rational and/or motivational decision to limit risk. ACS Neuropsych available to help make distinction.

Note 7: Disorders due to a traumatic occupational stressor should be considered temporary and the individual should be allowed to perform their duties to the fullest extent possible (without risk to mission, member or safety of flight). Therapy with occupational exposure to the stressor is first line therapy for many of these disorders. Mild symptoms without risk to mission, member or safety of flight do not require duty restriction.

Note 8: When preparing a narrative summary (NARSUM) for the sequelae of substance use, the history of the substance use/disorder must also be fully written up and submitted as a separate MH NARSUM appended to the medical NARSUM. Airmen with a medical complication due to alcohol use disorder cannot be administratively separated without preliminary DAWG review and I-RILO processing. [See Q31.](#)

Section R: USAF Medical Serial Profile Annotation

	1	2	3	4
P: Physical Condition	Free of any identified organic defect or systemic disease.	Presence of stable, minimally significant organic defect(s) or systemic diseases(s). Capable of all basic work commensurate with grade and position. May be used to identify minor conditions that might limit some deployments to specific locations.	Significant defect(s) or disease(s) under good control. Capable of all basic work commensurate with grade and position.	Organic defect, systemic or infectious disease which requires, or is currently undergoing, an MEB or I-RILO as determined by the Deployment Availability Working Group (DAWG).
U: Upper Extremities	Bones, joints, and muscles normal. Able to do hand-to-hand fighting.	Slightly limited mobility of joints, mild muscular weakness or other musculoskeletal defects that do not prevent hand-to-hand fighting and are compatible with prolonged effort. Capable of all basic work commensurate with grade and position.	Defect(s) causing moderate interference with function, yet capable of strong effort for short periods. Capable of all basic work commensurate with grade and position.	Severely compromised strength, range of motion, or general efficiency of the hand, arm, shoulder girdle, or back (includes cervical and thoracic spine) which requires, or is currently undergoing, an MEB or I-RILO as determined by the DAWG.
L: Lower Extremities	Bones, muscles, and joints normal. Capable of performing long marches, continuous standing, running, climbing, and digging without limitation.	Slightly limited mobility of joints, mild muscular weakness, or other musculoskeletal defects that do not prevent moderate marching, climbing, running, digging, or prolonged effort. Capable of all basic work commensurate with grade and position.	Defect(s) causing moderate interference with function, yet capable of strong effort for short periods. Capable of all basic work commensurate with grade and position.	Severely compromised strength, range of motion, or efficiency of the feet, legs, pelvic girdle, lower back, or lumbar vertebrae which requires, or is currently undergoing, an MEB or I-RILO as determined by the DAWG.
H: Hearing (Ears). See Hearing Section for Hearing Profile.				
E: Vision (Eyes)	Minimum vision of 20/200 correctable to 20/20 in each eye.	Vision correctable to 20/40 in one eye and 20/70 in the other, or 20/30 in one eye and 20/200 in the other eye, or 20/20 in one eye and 20/400 in the other eye.	Vision that is worse than E-2 profile.	Visual defects worse than E-3 which requires, or is currently undergoing, an MEB or I-RILO as determined by the DAWG.
S: Psychiatric Stability	Diagnosis or treatment results in no impairment or potential impairment of duty function, risk to the mission or ability to maintain security clearance.	World Wide Qualified and diagnosis or treatment result in low risk of impairment or potential impairment that necessitates command consideration of changing or limiting duties.	World Wide Qualified and diagnosis or treatment result in medium risk due to potential impairment of duty function, risk to the mission or ability to maintain security clearance.	Diagnosis or treatment resulting in high to extremely high risk to the AF or patient due to potential impairment of duty function, risk to the mission or ability to maintain security clearance which requires, or is currently undergoing, an MEB or I-RILO as determined by the DAWG.

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Section S: Medical Standards for Special Warfare Airmen

1Z1X1, 1Z2X1, 1Z3X1, 1Z4X1, 1T0X1, 13DCX, 13DX, 13LX: Special Warfare Airmen candidates need to meet SWA medical requirements and inter-service school requirements (Army medical requirements for Airborne and Military Free Fall training; Navy medical requirements for Dive training.)

* Flight Surgeons and Medical Technicians who are preparing/certifying exams for candidates for SWA training should cross-check current relevant Army and/or Navy Medical regulations:

Army Regulation 40-501 Standards of Medical Fitness

https://armypubs.army.mil/epubs/DR_pubs/DR_a/pdf/web/ARN8673_AR40_501_FINAL_WEB.pdf

Navy Manual of the Medical Department, Chapter 15, Physical Examinations and Standards for Enlistment, Commission, and Special Duty

<https://www.med.navy.mil/directives/Pages/NAVMEDP-MANMED.aspx>

CCT/STO/PJ/CRO/SR candidates require Airborne, Military Free Fall, and Dive training

TACP/TACP-O candidates require Airborne Training

SERE Specialist candidates require Airborne Training

*Note that initial selection and training for SERE, TACP, TACP-O do NOT require meeting military dive training requirements. (After initial training, TACP, TACP-O or SERE Specialists who are selected for assignment to positions that specifically require dive training must meet dive training requirements.)

Selected Service Requirements (CAO 28Jan2020):

ARMY Airborne:

AR 40-501 5-3. Medical fitness standards for initial selection for airborne training:

- Distant visual acuity of any degree that corrects to at least 20/20 in one eye and 20/100 in the other eye within 8 diopters of plus or minus refractive error, with spectacle lenses
- Able to identify vivid red and/or vivid green as projected by the ophthalmological projector or the stereoscope vision testing (SVT)

Airborne Course Requirement:

<https://www.atrrs.army.mil/atrrscc/prerequisites.aspx?fy=2021&sch=071&crs=2E-SI5P/SQIP/011-SQIP&phase=&clsflag=>]

- Must weigh a minimum of 110 pounds when weighed in the utility uniform and boots. Must have the ability to reach (vertically) 80 inches, with combat equipment rigged and both feet remaining in contact with aircraft deck

ARMY Military Free Fall:

AR 40-501 5-6. Medical fitness standards for initial selection for military free fall parachute training:

- Uncorrected near visual acuity (14 inches) 20/50 in the better eye.
- Uncorrected distant visual acuity better than 20/100 in either eye.
- Distant vision corrects to 20/20 in both eyes with spectacle lenses.
- Refractive error equal to or better than plus or minus 8 diopters.
- Able to identify vivid red and vivid green as projected by the ophthalmological projector or the SVT

Military Free Fall Course Requirement:

[<https://www.atrrs.army.mil/atrrscc/courseInfo.aspx?fy=2021&sch=331&crs=2E-SI4X/ASI4X/011-ASIW8&phase=&clsFlag=>]

- Be a minimum of 160 pounds for an administrative non/tactical (parachute, boots, uniform, helmet, altimeter, and body weight) jump. Not to exceed 450 pounds for a combat equipment, oxygen, night jump.

NAVY Dive Training:

NAVMED MANMED 15-102. Diving Duty:

- All applicants for initial and advanced dive training must have a valid NAVPERS 1200/6, U.S. Military Diving Medical Screening Questionnaire, completed and signed by an Undersea Medical Officer (UMO) not more than 1 month prior to actual transfer to dive training
 - A UMO is defined as a medical officer who has successfully completed the entire UMO course conducted by the Naval Undersea Medical Institute, which includes the diving medical officer course conducted at the Naval Diving and Salvage Training Center, and who is currently privileged in undersea medicine
 - Vision exam to include distant and near visual acuity, auto- or manifest refraction if uncorrected distant or near visual acuity is worse than 20/20, field of vision, intraocular pressures (IOP) if >40 years old, and color vision testing
 - Must have a minimum corrected visual acuity of 20/25 in one eye
 - Uncorrected visual acuity worse than 20/200 in either eye is disqualifying
 - Corneal Refractive Surgery within the preceding 3 months is disqualifying for dive training
 - Color Vision: Must correctly identify at least 10 out of 14 Pseudo-isochromatic Plates (PIP).
 - Dive training candidates require PA and Lateral Chest X-Ray
 - History of Spontaneous pneumothorax is disqualifying. Waivers will not be considered.
- Vision (IOP) if >40 years old, and color vision testing (candidates only, upon program entry--correctly identifying at least 10 out of 14 Pseudo-isochromatic Plates (PIP)). corrected DVA/NVA 20/25 best eye, uncorrected 20/200. No depth perception required

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Section T: USAF Medical Standards for Weight and Anthropometrics

		"X" = Standard applies				Comments
		Flying Class I/IA	Flying Class II	Flying Class III	Special Warfare Airmen (SWA)	
Weight and Anthropometric						
T1	Height requirements vary by operational platform. An anthropometric screening process will be used to identify platforms which meet safety and functional criteria for FCI, FCIA, FCII, and FCIII heights less than 64 inches or more than 77 inches.	X	X	X		See AMWG and Section T CEA Standing Height Table. Modified 10 Feb 21
T2	SWA need to meet MFF height standards: 60 to 80 inches for males; 58 to 80 inches for females.				X*	* Waiver potential exists.
T3	Minimum functional reach for aeromedical evacuation duties is 76 inches, regardless of height.			*		*Initial FC III for 1AXX1, 46FX and 4N0XX (Aeromedical Evacuation Technician only).
T4	Sitting height requirements vary by operational platform. An anthropometric screening process will be used to identify platforms which meet safety and functional criteria for FCI, FCIA, and FCII sitting heights less than 34 inches or more than 40 inches.	X	X			
T5	IFCII (FS) Sitting height greater than 40 inches or less than 33 inches.		X			
T6	FCI Buttock to knee measurement no greater than 27 inches. (FCI or FCII no greater than 26.7 inches for A-10 aircraft only.)	X				
T7	For initial qualification members must meet fitness standards IAW AFI 36-2905 , <i>Fitness Program</i> .	X	X	X	X	Same applies to retention standards.
T8	Additional standard applies for duties in ejection seat aircraft; in no case may weight be less than 103 lbs or greater than 240 lbs for T-38 and 245 lbs for all other ejection seat aircraft. Weights are unclothed (nude) body weight. Note: For UPT students, fighter-track UNT students and trained ejection seat aircrew identified outside of the weight for ejection seat standard, notify Squadron/CC via AF Form 1042 (or DD Form 2992) and/or AF Form 469 action.	X	X	X		
T9	For trained personnel in ejection seat aircraft. Weight may not be less than 103 lbs or greater than 240 lbs for T-38 and 245 lbs for all other ejection seat aircraft. Weights are unclothed (nude) body weight.		X	X		
T10	Any aircrew member assigned to ejection seat aircraft who has failed to attain/maintain weight within the ejection seat standard will be placed DOWN and referred to the Squadron/CC for appropriate administrative action.		X	X		

Career Enlisted Aviator Standing Height Standards

AFSC	Career Field	Min	Max
1A0XX	Inflight Refueling Specialist	60	80
1A1XX	Flight Engineers	62	80
1A2XX	Aircraft Loadmasters	63	80
1A3XX	Airborne Mission Systems Specialist	59	80
1A6XX	Flight Attendant	60	80
1A8X1	Airborne Cryptologic Language Analyst	59	80
1A8X2	Airborne ISR Operator	59	80
1A9XX	Special Mission Aviator	62	80

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Section U: Small Unmanned Aircraft System Operator Medical Standards (SUAS-O)

The following are the minimum medical standards for SUAS-O Group 2 & 3. A SUAS is defined by AF/A3.

U3. SUAS-O must have intact color vision determined by passing CCT with 55 or above. “Passed by record” is adequate if the member has a documented passing CCT result, unless there is a clinical indication for retesting.

U4. SUAS-O must have distant and near visual acuity correctable to 20/20 OU or better.

U5. SUAS-O must have no medical condition present which may incapacitate an individual suddenly or without warning.

U6. Personnel may not perform SUAS-O duty while using any medication whose known common adverse effect or intended action(s) affect alertness, judgment, cognition, special sensory function or coordination. This includes both over the counter and prescription medications.

U7. SUAS-O personnel require INITIAL certification for SUAS duties. This is documented on AF Form 422.

Do not use PEPP or DD Form 2992 for selection, grounding, or duty limitations. Duty restrictions for these members will be managed on AF Form 469.

If a SUAS-O does not meet above vision standards, decision on employment for SUAS-O duty is with the operational commander. Medical waiver is not required

Commercial Off The Shelf (COTS) systems and Group 1 SUAS are excluded from [Section U](#).

For contract SUAS-O, medical management will be accomplished in accordance with the individual operator’s contract.

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Section V: USAF Specific Deployment Standards

In addition to the general DoD deployment criteria listed in [DoDI 6490.07](#), *Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees*, the following criteria must be met in order for USAF members to be considered deployable. Please refer to DAFMAN 48-123 prior to reviewing the additional criteria below. Additional requirements may be required for specific deployments; See COCOM reporting instructions.

- V1. Must be able to perform duties of AFSC for a prolonged period (at least 12 hours).
- V2. Must have adequate night vision to be able to travel unassisted at night.
- V3. At a minimum must be able to carry all required deployment baggage (at least 40 lbs) and additional requirements for duty or deployment AFSC.
- V4. Must be able to run at least 100 yards to take cover.
- V5. Must be able to subsist on field rations for up to 179 days.
- V6. Must be able to perform duties in hot and cold environments, without any known predisposition to heat or cold injury.
- V7. Prescribed medications will not require special handling, storage or other requirements (e.g. refrigeration, cold chain, or electrical power requirements.)

Note: [DoDI 6490.07](#) E3.a.(2) states “Conditions that prohibit immunizations” is a medical condition precluding deployment and requires a waiver.

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Section W: Flight Safety Critical AFSCs

Aircrew that are directly responsible for flight safety are required to have annual medical certifications that are accomplished by a flight surgeon as USAF aircraft transit the national and international airspace. This requirement meets 14 CFR § 61, 91, 141 and 183 and ICAO DOC 8984 AN/895 requirements that a physician trained in aerospace medicine is reviewing the medical status of those members responsible for safety of flight. The following AFSCs require their “fly” portion of their annual “fly-PHA” to be completed by a flight surgeon. Other AFSCs not listed here can receive their DD Form 2992 by any aeromedical provider (flight surgeon, aeromedical physician assistant or aeromedical nurse practitioner). AFSCs not listed below are as equally important in USAF mission completion.

11XX	PILOT
12XX	COMBAT SYSTEMS OFFICER (except E/Experimental Test and G/Generalist)
13MX	AIRFIELD OPERATIONS
18XX	REMOTELY PILOTED AIRCRAFT (RPA) PILOT
19XXA	SPECIAL WARFARE: SPECIAL TACTICS
19XXB	SPECIAL WARFARE: TACTICAL AIR CONTROL PARTY
48XX	FLIGHT SURGEON (explicitly required for those with access to aircraft controls)
92TO	STUDENT PILOT
92T1	STUDENT COMBAT SYSTEMS OFFICER
92T3	STUDENT REMOTELY PILOTED AIRCRAFT PILOT
1A0XX	IN-FLIGHT REFUELING SPECIALIST
1A1XX	FLIGHT ENGINEER
1A2XX	AIRCRAFT LOADMASTER
1A9XX	SPECIAL MISSION AVIATOR
1C1XX	AIR TRAFFIC CONTROL
1U1XX	REMOTELY-PILOTED AIRCRAFT (RPA) PILOT
1Z2XX	COMBAT CONTROL
1Z3XX	TACTICAL AIR CONTROL PARTY (TACP)

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