Physical Examination Accomplishment and Recording Matrix	U	ISAF Medic	cal Standar	ds & Medical Version 4 - Septemb		ion Requirement	:S
AFSC ITEM Duty Title	1A0X1	1A1X1 Flight Engineer	1A2X1 Aircraft Loadmaster	1A3X1 Airborne Msn Systems Op	1A6X1 Flight Attendant	1A8X1 Airborne Crypto Language Analyst	1A8X2 Airborne ISR Op
	IFC III	IFC III	IFC III	IFC III	IFC III	IFC III	IFC III
Examination Type DD FORM 2807-1 Report of Medical History DD FORM 2808 Report of Medical Examination	X X 48 months	X X 48 months	X X 48 months	X X 48 months	X X 48 months	X X 48 months	X X 48 months
Validity of Medical Examination Height Weight	X X	X X	X X	VITALS X X	X X	X X	X X
Temperature Pulse Blood Presure	X X	X X	X X	X X	X X	X X	X X
Sitting Height Knee to Buttocks Functional Reach	x	x	X	x	X	x	x
Red Lens Test	Х	X	Х	VISION	7	^	
Amsler Grid Cone Contrast Testing (CCT) PIP Color Vision Test	X X	X X	X X	X X	X X	X X	X X
Vivid Red/Green Test Distant Visual Acuity (DVA) Manifest Refraction	х	Х	х	Х	х	X	х
Cycloplegic Refraction ⁶ Near Visual Acuity (NVA)	X X	X X	X X X	X X	X X X	X X	X X X
Heterophoria (ES*, EX*, R.H., L.H) Depth Perception (VTA or OVT) Field of Vision	X X X	X X X	X X X	X X X	X X X	X X X	X X X
Night Vision Intraocular Tension (IOP)	X X	X X	X X	x x	X X	X X	X X
Urinalysis (dipstick) Microscopic Urinalysis	Х	Х	Х	LABORATORY X	Х	Х	Х
Urine HCG (Females only) Hemoglobin/Hematocrit (H/H) Blood Type/RH Factor	X X X - (B/R)	X X X - (B/R)	X X X - (B/R)	X X X - (B/R)	X X X - (B/R)	X X X - (B/R)	X X X - (B/R)
HIV ¹⁰ Urine Drug Screen Blood Alcohol Test (BAT)	X X - Civ only X - Civ only	X X - Civ only X - Civ only	X X - Civ only X - Civ only	X X - Civ only X - Civ only	X X - Civ only X - Civ only	X X - Civ only X - Civ only	X X - Civ only X - Civ only
Pap Smear Complete Blood Count (CBC)	X ¹¹	X ¹¹	X ¹¹	X ¹¹	X ¹¹	X ¹¹	X ¹¹
Syphillis Serology (RPR) G6PD DNA ¹⁵	X X - once in career X - once in career	X X - once in career X - once in career ¹⁵	X X - once in career X - once in career	X X - once in career X - once in career	X X - once in career X - once in career ¹⁵	X X - once in career X - once in career ¹⁵	X X - once in career X - once in career
Fasting Blood Sugar (FBS) Hemoglobin-S	X - if family Hx X - once in career	X - if family Hx X - once in career	X - if family Hx X - once in career	X - if family Hx X - once in career	X - if family Hx X - once in career	X - if family Hx X - once in career	X - if family Hx X - once in career
Lipids (Cholesterol/Triglycerides/HDL/LDL) Hemoccult Test (FOBT) PPD	х	х	х	х	х	X	х
Hepatitic C Serology Hepatitis A Immunization							
Hepatitis B Immunization Audiogram	X	X	X	Х	Х	x	х
12 Lead ECG with Interpretation Reading Aloud Test (RAT)	X X	X	X X	X X	X X	X X	X X
Chest Radiograph (PA View) Chest Radiograph (PA/LAT View) Mammogram	X X if ≥ 40 years old ¹⁸	X X if ≥ 40 years old ¹⁸	X X if ≥ 40 years old 18	X X if ≥ 40 years old ¹⁸	X X if ≥ 40 years old 18	X X if ≥ 40 years old ¹⁸	X X if ≥ 40 years old ¹⁸
Dental Examination (Type 1) ²²	XII 2 40 Years old	XII E 40 Years old	XII 2 40 years old	PROVIDER EXAMINAT		XII E 40 years old	XII E 40 Years ord
Dental Examination (Type 2) ²³ Clinical Examination (Items 17 - 44)	X X	X X	X X	X X	X X	X X	X X
Focused examination of Tympanic Membranes, Lungs, Chest, Heart, Abdomen, and Neurologic Valsalva	х	x	x	x	x	x	x
v disdivd	ARMA	ARMA	ARMA	ARMA	ARMA	ARMA	ARMA
Adaptability Rating Digital Rectal Examination (DRE)							
Comprehensive Neurological Examination - Cranial nerves; Serial 7s; Heel-Toe; Romberg; Gait; Muscle Strength for Deltoid, Bicep, Tricep; Grip, Toe Raises, Heel Raises, Knee Flex; DTRs for Bicep, Tricep, Patellar, Achilles, Brachioradialis; Heel- Shin slide, Sensation							
Modify as needed and record this statement on the DD FORM 2807-1 "Examinee denies personal or family history of diabetes or psychosis, use of contact lenses, history of motion sickness or disturbances of consciousness, irradiation therapy, and all other significant medical or surgical history."	x	x	x	х	x	x	x
Record this statement on DD FORM 2808 - "See DD FORM 2807-1 for complete medical or surgical history."	х	x	х	х	х	х	х
"Applicant possesses no fear of heights, depths, dark, or confined places." "Applicant possesses the ability to hold breath for							
"Applicant possesses the ability to noid breath for 60 seconds subsequent to deep breathing." "(IS) qualified for Initial Flying Class							
III/Airborne/Combat Control or Pararescue or SERE Specialist/Marine Diving Duty." ²⁸							

Physical Examination Accomplishment and Recording

USAF Medical Standards & Medical Examination Requirements

Accomplishment and Recording Matrix				Version 4 - Sep		idilon neq		
AFSC	1A9X1	1C1X1	1C2X1	1C4X1	1C5X1D	1T0X1	1T2X1	1U0X1
Duty Title	Special Msns Aviation	Air Traffic Ctrl	Combat Ctrl	TACP	Cmmd & Ctrl	SERE	Pararescue	RPA Sensor Op
			IFC III	IEC III		IEC III	IFC III	
	IFC III	GBC	GBC SLPD	IFC III GBC	GBC	IFC III SLPD	SLPD HMFF	GBC
Examination Type			HMFF MDD	SLPD	GBC	HMFF	MDD	
DD FORM 2807-1 Report of Medical History	Х	х	X	X	Х	Х	х	Х
DD FORM 2808 Report of Medical Examination	X 48 months	X 48 months	X 48 months ^{2,3,4}	X 48 months ³	X 48 months	X 48 months ^{3,4}	X 48 months ^{2,3,4}	X 48 months
Validity of Medical Examination	48 Months	48 monuis	48 months	48 months VITA		48 months	48 months	48 months
Height Weight	X X	X X	X X	X X	X X	X X	X X	X X
Temperature	^	^	X	X	^	X	X	^
Pulse Blood Presure	X X	X X	X X	X X	X X	X X	X X	X X
Sitting Height		^	^	^			^	^
Knee to Buttocks Functional Reach	Х							
				VISI	ON			
Red Lens Test Amsler Grid	X X		X X	х		X X	X X	
Cone Contrast Testing (CCT)	х	х	х	х	Х	Х	х	Х
PIP Color Vision Test Vivid Red/Green Test								
Distant Visual Acuity (DVA)	Х	х	Х	х	х	Х	Х	Х
Manifest Refraction Cycloplegic Refraction ⁶	x	х	x	x	Х	x	x	Х
Near Visual Acuity (NVA)	X	х	х	Х	х	Х	Х	х
Heterophoria (ES°, EX°, R.H., L.H)	X	х	X X	X X	Х	X X	X X	Х
Depth Perception (VTA or OVT) Field of Vision	X X	х	Х	Х	x	Х	Х	Х
Night Vision	X	X	X	X	X	X	X	X
Intraocular Tension (IOP)	X	Х	Х	X LABOR	X ATORY	X	х	X
Urinalysis (dipstick)	Х	х	x ⁷	Х	Х	Х	x ⁷	Х
Microscopic Urinalysis Urine HCG (Females only)	x	x	X ^{7,8} X ^{7,9}	x	x	x ^s x	X ^{7,8} X ^{7,9}	x
Hemoglobin/Hematocrit (H/H)	Х	х		Х	Х			Х
Blood Type/RH Factor HIV ¹⁰	X - (B/R) X	X - (B/R) X	X - (B/R) X	X - (B/R) X	X - (B/R) X	X - (B/R) X	X - (B/R) X	X - (B/R) X
Urine Drug Screen	X - Civ only	X - Civ only	X - Civ only	X - Civ only	X - Civ only			
Blood Alcohol Test (BAT) Pap Smear	X - Civ only X ¹¹	X - Civ only X ¹¹	X - Civ only X ¹²	X - Civ only X ¹³	X - Civ only X ¹¹	X - Civ only X ¹³	X - Civ only X ¹²	X - Civ only X ¹¹
Complete Blood Count (CBC)			x ⁷	×	*	X	x ⁷	Α
Syphillis Serology (RPR)	X	Х	X ⁷	X	X	X	x ⁷	X
G6PD DNA ¹⁵	X - once in career X - once in career	X - once in career X - once in career	X - once in career X - once in career	X - once in career X - once in career	X - once in career X - once in career	X - once in career X - once in career	X - once in career X - once in career	X - once in career X - once in career
Fasting Blood Sugar (FBS)	X - if family Hx	X - if family Hx	x ⁷	X - if family Hx	X - if family Hx	Х	x ⁷	X - if family Hx
Hemoglobin-S Lipids (Cholesterol/Triglycerides/HDL/LDL)	X - once in career X	X - once in career X	X - once in career	X - once in career X	X - once in career X	X - once in career	X - once in career X ⁷	X - once in career
Hemoccult Test (FOBT)			x ⁷			X	x ⁷	
PPD			X ⁷				X ⁷	
Hepatitic C Serology Hepatitis A Immunization			X ⁷ X ¹⁶				X ⁷ X ¹⁶	
Hepatitis B Immunization			X ¹⁷				X ¹⁷	
Audiogram	х	х	x ⁷	х	х	х	x ⁷	х
12 Lead ECG with Interpretation	X	Х	x ⁷	Х	X	Х	x ⁷	Х
Reading Aloud Test (RAT) Chest Radiograph (PA View)	X X	Х	Х	X X	X	X X	Х	Х
Chest Radiograph (PA/LAT View)			x ⁷	A		Α	x ⁷	
Mammogram	X if ≥ 40 years old ¹⁸	X if ≥ 40 years old ¹⁸	X if ≥ 40 years old 18,19,20	X if ≥ 40 years old 18,20 PROVIDER EX	X if ≥ 40 years old ¹⁸	X if ≥ 40 years old 18,20	X if ≥ 40 years old 18,19,20	X if ≥ 40 years old ¹⁸
Dental Examination (Type 1) ²²				PROVIDER EX	AWIINATION			
Dental Examination (Type 2) ²³	х	x	x	X	X	X	х	х
Clinical Examination (Items 17 - 44)	Х	х	х	х	х	х	Х	Х
Focused examination of Tympanic Membranes,								
Lungs, Chest, Heart, Abdomen, and Neurologic Valsalva	х		X ²⁴	X ²⁴		X ²⁴	X ²⁴	
			ARMA				ARMA	
	ARMA	AR-GBC	AR-GBC AR-SLPD	ARMA AR-GBC	AR-GBC	ARMA AR-SLPD	AR-SLPD	AR-GBC
Adaptability Rating			AR-HMFF AR-MDD	AR-SLPD	AR-GBC	AR-HMFF	AR-HMMF AR-MDD	
Adaptability Rating Digital Rectal Examination (DRE)			AR-MDD X			х	х	
Comprehensive Neurological Examination -								
Cranial nerves; Serial 7s; Heel-Toe; Romberg; Gait; Muscle Strength for Deltoid, Bicep, Tricep; Grip,			X ²⁵	v		v	X ²⁵	
Toe Raises, Heel Raises, Knee Flex; DTRs for Bicep,			X .	х		х	X	
Tricep, Patellar, Achilles, Brachioradialis; Heel- Shin slide, Sensation								
Modify as needed and record this statement on								
the DD FORM 2807-1 "Examinee denies personal								
or family history of diabetes or psychosis, use of contact lenses, history of motion sickness or	x	х	x	x	x	x	х	х
disturbances of consciousness, irradiation								
therapy, and all other significant medical or surgical history." ²⁶								
Record this statement on DD FORM 2808 - "See								
DD FORM 2807-1 for complete medical or surgical history." ²⁷	x	х	х	x	x	x	x	x
"Applicant possesses no fear of heights, depths,			x	x		Х	x	
dark, or confined places." "Applicant possesses the ability to hold breath for				*				
60 seconds subsequent to deep breathing."			х			х	х	
"(IS) qualified for Initial Flying Class III/Airborne/Combat Control or								
Pararescue or SERE Specialist/Marine Diving			X - Combat Control			X - SERE	X - Pararescue	
Duty." ²⁸			<u> </u>					

March Marc	Physical Examination Accomplishment and Recording Matrix		USAF Med	dical Stand		dical Exam eptember 2018	ination Re	quirements	
Note	ITEM								
Second			IFC III SLPD						IFC III
The content of the	DD FORM 2807-1 Report of Medical History DD FORM 2808 Report of Medical Examination	X	Х	Х	Х	Х	Х	Х	Х
Temporary	Height	Х	Х	Х	X	ITALS X	Х	Х	Х
The content of the	Temperature		Х						
Committed Comm	Blood Presure	Х		Х			Х	X	
Table Tabl	Knee to Buttocks								
The content along 1972									
March Marc	Cone Contrast Testing (CCT)								
March State	Vivid Red/Green Test	v	v	v	v	v	v	v	v
Note that	Manifest Refraction								
Seath Principle (CPA of OFT)	Near Visual Acuity (NVA)	х	х	Х	Х	х	Х	Х	х
Variety to the property of t	Depth Perception (VTA or OVT)	Х	Х	Х	X	Х	Х	X	Х
A	Night Vision	Х	Х	Х	Х	Х	Х	Х	Х
Management Man					LABO	DRATORY			
Nonequilibrium Nonequilibrium No.	Microscopic Urinalysis	Х		X	Х	Х	Х	x	х
Minor Burg (Septem	Hemoglobin/Hematocrit (H/H)	Х		Х	Х	Х	Х	Х	Х
March Marc	Urine Drug Screen	X - Civ only							
Special Continues	Pap Smear		X ¹³						
Marine M	Syphillis Serology (RPR)		х						
Management Man	DNA ¹⁵	X - once in career ¹⁵	X - once in career ¹⁵	X - once in career ¹⁵	X - once in career ¹⁵	X - once in career ¹⁵	X - once in career ¹⁵	X - once in career ¹⁵	X - once in career ¹⁵
Name	Hemoglobin-S	X - once in career							
Magnitia	Hemoccult Test (FOBT)	X		X	X	X	Х	X	Х
	Hepatitic C Serology								
Maintage									
Seading Allow Treet (RAY)									
Coast Badingsaph (PA/ATView)	Reading Aloud Test (RAT)	Х	Х	Х	X	Х	Х	Х	Х
PROVIDER EXAMINATION X	Chest Radiograph (PA/LAT View)								
Sental Examination (Type 2) X X X X X X X X X X X X X X X X X X		A II = 40 years old	A II = 40 years Ulu	A II = 40 years old			•	,	A II E 40 years Ulu
Focused examination of Tympanic Membranes, Lungs, Chest, Heart, Abdomen, and Neurologic X	Dental Examination (Type 2) ²³								
ARMA ARMA ARMA ARMA ARMA ARMA ARMA ARMA	Focused examination of Tympanic Membranes,								
ARMA ARMA ARMA ARMA ARMA ARMA ARMA ARMA		х	X ²⁴	х	х	х	х	Х	х
Digital Rectal Examination (DRE) Comprehensive Neurological Examination Comprehensive Neurological Examination Comprehensive Neurological Examination Comprehensive Neurological Examination X To Relabes, Heel-Toe, Romberg: Galt; Muscle Strength for Detiol, Bicep, Tricep; Grip, X To Relabes, Heel-Raises, Knee Flee; DTRs for Bicep, Tricep, Patellar, Achilles, Brachioradialis; Heel-Shin side, Sensation Modify as needed and record this statement on the DF CRIN 2807-Texamine denies personal or family history of diabetes or psychois, use of contact lenses, history of motion sidness or disturbances of consciousness, irradiation therapy, and all other significant medical or surgical history.** As a v v v v v v v v v v v v v v v v v v			AR-SLPD	ARMA	ARMA	ARMA	ARMA		
Canala nerves; Serial 7s; Heel-Toe; Romberg; Galt; Muscle Strength for Deltoid, Bicep, Tricep; Grip, Toe Raises, Heel Raises, Knee Flex; DTRs for Bicep, Tricep, Patellar, Achilles, Brachioradialis; Heel-Shin silde, Sensation Modify as needed and record this statement on the DD FORM 2807-1 "Examinee denies personal or family history of diabetes or psychosis, use of contact lenses, history of motion sickness or disturbances of consciousness, irradiation therapy, and all other significant medical or surgical history." Record this statement on DD FORM 2808 - "See DD FORM 2807-1 for complete medical or surgical history." Applicant possesses no fear of heights, depths, dark, or confined places." Applicant possesses no fear of heights, depths, dark, or confined places." A grain of the properties	Digital Rectal Examination (DRE)		X						
the DD FORM 2807-1 "Examinee denies personal or family history of diabetes or psychosis, use of contact lenses, history of motion sickness or disturbances of consciousness, irradiation therapy, and all other significant medical or surgical history." Surgical history. " Example 1	Cranial nerves; Serial 7s; Heel-Toe; Romberg; Gait; Muscle Strength for Deltoid, Bicep, Tricep; Grip, Toe Raises, Heel Raises, Knee Flex; DTRs for Bicep, Tricep, Patellar, Achilles, Brachioradialis; Heel-		x						
Record this statement on DD FORM 2808 - "See DD FORM 2807-1 for complete medical or surgical X X X X X X X X X X X X X X X X X X X	Modify as needed and record this statement on the DD FORM 2807-1 "Examinee denies personal or family history of diabetes or psychosis, use of contact lenses, history of motion sickness or disturbances of consciousness, irradiation therapy, and all other significant medical or	x	x	х	х	x	х	x	х
"Applicant possesses no fear of heights, depths, dark, or confined places." "Applicant possesses the ability to hold breath for the properties of the prope	Record this statement on DD FORM 2808 - "See DD FORM 2807-1 for complete medical or surgical	х	х	х	х	х	х	х	х
"Applicant possesses the ability to hold breath for 60 seconds subsequent to deep breathing." "Ill/Airborne/Combat Control or Pararescue or SERE Specialist/Marine Diving X	"Applicant possesses no fear of heights, depths, dark, or confined places."		х						
III/Airborne/Combat Control or Pararescue or SERE Specialist/Marine Diving	"Applicant possesses the ability to hold breath for 60 seconds subsequent to deep breathing."		х						
	III/Airborne/Combat Control or		х						

Physical Examination Accomplishment and Recording Matrix		USAF Med	lical Standa	ords & Medic Version 4 - Septe		ition Requi	rements	
AFSC ITEM	13CX	13DX	13LX	13NX	15WX	18XX	43AX	46FX
Duty Title Examination Type	Special Tactics Officer IFC III GBC SLPD HMFF MDD	Combat Rescue Officer IFC III SLPD HMFF MDD	Air Liaison Officer IFC III SLPD GBC	Nuclear and Missile Ops MOD	Special Ops Weather IFC III SLPD HMFF	RPA Pilot	Aerospace Physiology IFC III	Flight Nurse
DD FORM 2807-1 Report of Medical History DD FORM 2808 Report of Medical Examination	X X	X X	X X	X X	X X	X X	X X	X X
Validity of Medical Examination Height	48 months ^{2,3,4}	48 months ^{2,3,4}	48 months ³	48 months VITALS X	48 months ^{3,4}	48 months	48 months	48 months
Weight Temperature Pulse	X X	X X X	X X X	X	X X X	X	X X	X
Blood Presure Sitting Height	X X	X	X	X	X	X X	X	X
Knee to Buttocks Functional Reach				VISION		Х		х
Red Lens Test Amsler Grid	X X	X X	X	VISION	X X	X X	X	X
Cone Contrast Testing (CCT) PIP Color Vision Test	Х	Х	X	Х	X	Х	X	X
Vivid Red/Green Test Distant Visual Acuity (DVA) Manifest Refraction	х	Х	X	X X	X	X	X	X
Cycloplegic Refraction ⁶ Near Visual Acuity (NVA)	X X	X X	X X	X	X X	X X	X X	X X
Heterophoria (ES*, EX*, R.H., L.H) Depth Perception (VTA or OVT)	X X	X X	X X	V	X X	X X	X X	X X
Field of Vision Night Vision Intraocular Tension (IOP)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
Urinalysis (dipstick)	x ⁷	x ⁷	X	LABORATO X	DRY X	Х	X	X
Microscopic Urinalysis Urine HCG (Females only)	X ^{7,8} X ^{7,9}	X ^{7,8} X ^{7,9}	X	X	x ^s X	Х	X	х
Hemoglobin/Hematocrit (H/H) Blood Type/RH Factor HIV ¹⁰	X - (B/R) X	X - (B/R) X	X X - (B/R) X	X X - (B/R) X	X - (B/R) X	X X - (B/R) X	X X - (B/R) X	X X - (B/R) X
Urine Drug Screen Blood Alcohol Test (BAT)	X - Civ only X - Civ only	X - Civ only X - Civ only	X - Civ only X - Civ only	X - Civ only X - Civ only	X - Civ only X - Civ only	X - Civ only X - Civ only	X - Civ only X - Civ only	X - Civ only X - Civ only
Pap Smear Complete Blood Count (CBC)	X ¹²	X ¹² X ⁷	X ¹³	X ¹¹	X ¹³	X ¹¹	X ¹¹	X ¹¹
Syphillis Serology (RPR) G6PD DNA ¹⁵	X ⁷ X - once in career X - once in career ¹⁵	X ⁷ X - once in career X - once in career ¹⁵	X X - once in career X - once in career	X X - once in career X - once in career ¹⁵	X X - once in career X - once in career	X X - once in career X - once in career	X X - once in career X - once in career	X X - once in career X - once in career
Fasting Blood Sugar (FBS) Hemoglobin-S	X - once in career	X - once in career	X - if family Hx X - once in career	X - if family Hx X - once in career	X - if family Hx X - once in career	X - if family Hx X - once in career	X - if family Hx X - once in career	X - if family Hx X - once in career
Lipids (Cholesterol/Triglycerides/HDL/LDL) Hemoccult Test (FOBT)	x ⁷	x ⁷	X	X	X X	Х	X	Х
PPD Hepatitic C Serology Hepatitis A Immunization	x ⁷ x ⁷ x ¹⁶	x ⁷ x ⁷ x ¹⁶						
Hepatitis B Immunization	X ¹⁷	X ¹⁷						
Audiogram 12 Lead ECG with Interpretation	x ⁷ x ⁷	x ⁷ x ⁷	X X	X X	X X	X X	X X	X X
Reading Aloud Test (RAT) Chest Radiograph (PA View) Chest Radiograph (PA/LAT View)	X X	x x ⁷	X X	X	X X	X X	X X	X X
Mammogram	X if ≥ 40 years old 18,19,20	X if ≥ 40 years old 18,19,20	X if ≥ 40 years old ^{18,20}	X if ≥ 40 years old ¹⁸ PROVIDER EXAM	X if ≥ 40 years old 18,20	X if ≥ 40 years old ¹⁸	X if ≥ 40 years old ¹⁸	X if ≥ 40 years old ¹⁸
Dental Examination (Type 1) ²² Dental Examination (Type 2) ²³	X	X	X	X	X	X	X	X
Clinical Examination (Items 17 - 44) Focused examination of Tympanic Membranes, Lungs, Chest, Heart, Abdomen, and Neurologic	Х	X	X	X	х	X	х	х
Valsalva	X ²⁴ ARMA	X ²⁴ ARMA	X ²⁴		X ²⁴ ARMA	х	х	х
Adaptability Rating	AR-GBC AR-SLPD AR-HMFF AR-MDD	AR-SLPD AR-HMFF AR-MDD	ARMA AR-GBC AR-SLPD	AR-MOD	AR-SLPD AR-HMFF	ARMA AR-RPA	ARMA	ARMA
Digital Rectal Examination (DRE) Comprehensive Neurological Examination - Cranial	Х	Х			х			
nerves; Serial 7s; Heel-Toe; Romberg; Gait; Muscle Strength for Deltoid, Bicep, Tricep; Grip, Toe Raises, Heel Raises, Knee Flex; DTRs for Bicep, Tricep, Patellar, Achilles, Brachioradialis; Heel-Shin slide, Sensation	X ²⁵	X ²⁵	x		x			
Modify as needed and record this statement on the DD FORM 2807-1 "Examinee denies personal or family history of diabetes or psychosis, use of contact lenses, history of motion sickness or disturbances of consciousness, irradiation therapy, and all other significant medical or surgical history."	x	x	x	x	x	x	x	x
Record this statement on DD FORM 2808 - "See DD FORM 2807-1 for complete medical or surgical history." 27	х	x	x	x	x	x	x	x
"Applicant possesses no fear of heights, depths, dark, or confined places."	х	х	х	х	х			
"Applicant possesses the ability to hold breath for 60 seconds subsequent to deep breathing."	х	х			х			
"(IS) qualified for Initial Flying Class III/Airborne/Combat Control or Pararescue or SERE Specialist/Marine Diving Duty." ²³	х	х			х			

Fig. Flight Surgeon Flight Surgeon	Dive Duties (MDD) OSF MDD OSF X X X 24 months ² PHA X X X X X X X X X X X X X
Examination Type	X X X X X X 24 months ² PHA X X X X X X X X X X X X X X X X X X X
DO FORM 2807-1 Report of Medical Examination	X
No. No.	X
VITALS VITALS VITALS VITALS	x x x x x x x x x x x x x x x x x x x
Neelpht	X X X X X X X X X X X X X X X X X X X
Pulse	x x x x x x x x x x x x x x x x x x x
Sitting Height	X X X X X X X X X X X X X X X X X X X
Functional Reach	x x
Functional Reach	x x
Red Lens Test X Amsler Grid X Cone Contrast Testing (CCT) X Y X PIP Color Vision Test X - If fails CCT Yivid Red/Green Test X - If fails PIP Distant Visual Acuity (DVA) X X X Manifest Refraction X Cycloplegic Refraction X Near Visual Acuity (NVA) X X X X X X X X X X X X	x x
Cone Contrast Testing (CCT) X X X PIP Color Vision Test X - if fails CCT X X° Vivid Red/Green Test X - if fails PIP X - if fails PIP X - if fails PIP Distant Visual Acuity (DVA) X X X X X° Manifest Refraction X X X° X° X° Cycloplegic Refraction (** X X X X° X° Near Visual Acuity (NVA) X X X X° X° Near Visual Acuity (NVA) X X X° X° X° Neer Visual Acuity (NVA) X X X° X° X° X° Neer Visual Acuity (NVA) X X X° X° X° X° Neer Visual Acuity (NVA) X X X X° X° X° Heterophoria (ES, EC, RAL, LH) X X X X X X X Pield of Vision X X X	x x
Vivid Red/Green Test X - if fails PIP X - if fails PIP Distant Visual Acuity (DVA) X X X Manifest Refraction X X X² Cycloplegic Refraction X X X° Near Visual Acuity (NVA) X X X X° Heterophoria (SS, SS, RH, LH) X X X X° Depth Perception (VTA or OVT) X X X X Field of Vision X X X X Night Vision X X X X Intraocular Tension (IOP) X X if ≥ 40 years old¹ X if LABORATORY LABORATORY X X	x x
Distant Visual Acuity (DVA) X X X X°	х
Cycloplegic Refraction X Y	
Near Visual Acuity (NVA)	
Depth Perception (VTA or OVT) X X Field of Vision X Strip of Vision Night Vision X X Intraocular Tension (IOP) X X if ≥ 40 years old¹ X if LABORATORY LABORATORY LABORATORY Urinalysis (dipstick) X X X	x
Field of Vision X Night Vision X X Intraocular Tension (IOP) X X if ≥ 40 years old¹ X if LABORATORY LABORATORY LABORATORY Urinalysis (dipstick) X X X X	X
Intraocular Tension (IOP) X X if ≥ 40 years old ¹ X if LABORATORY LABORATORY LABORATORY Urinalysis (dipstick) X X X X	X
Urinalysis (dipstick) X X X X X	f ≥ 40 years old
	x ⁷
Microscopic Urinalysis X ⁸	X ^{7,8}
Urine HCG (Females only) X X X X X X X Hemoglobin/Hematocrit (H/H) X	x ^{7,9} x
Blood Type/RH Factor X - (B/R) X X - (B/R)	X - (B/R)
Urine Drug Screen X - Civ only X - Civ only	X
Blood Alcohol Test (BAT) X - Civ only X - Civ only Pap Smear X ¹¹ X ¹⁴ X ¹³ X ¹³	X ¹²
Complete Blood Count (CBC) X	x ⁷
Syphillis Serology (RPR) X X G6PD X - once in career X X - once in career X - once in career	X ⁷ once in career
DNA ¹⁸ X - once in career ¹⁵ X -	once in career
Fasting Blood Sugar (FBS) X - if family Hx X - if family Hx or ≥ 40 years old¹ Hemoglobin-S X - once in career X X - once in career X - once in career	x ⁷ once in career
Lipids (Cholesterol/Inglycerides/HDU/LDL) X X if ≥ 40 years old ¹ X	
Hemoccult Test (FOBT) X if ≥ 50 years old ¹ X PPD	x ⁷
Hepatitic C Serology	x ⁷
Hepatitis A Immunization Hepatitis B Immunization	X ¹⁶
Audiogram X X X X X	x ⁷
12 Lead ECG with Interpretation X X if ≥ 40 years old ¹ X	x ⁷
Reading Aloud Test (RAT) X X Chest Radiograph (PA View) X X	
Chest Radiograph (PA/LAT View)	X ⁷
Mammogram X if ≥ 40 years old ¹⁶ X if ≥ 40 years old ²¹ X if ≥ 40 years old ²⁰	≥ 40 years old ¹⁹
Dental Examination (Type 1) ²²	v
Dental Examination (Type 2) ³³ X X-Visual inspection adequate X X Clinical Examination (Items 17 - 44) X X X	X X
Focused examination of Tympanic Membranes,	x
Lungs, Chest, Heart, Abdomen, and Neurologic	x ²⁴ x
Valsalva X X²⁴ X²⁴	х х
ARMA AR-SLPD AR-HMFF	AR-MDD
Adaptability Rating	
Digital Rectal Examination (DRE) X if ≥ 50 years old ¹ X	
Comprehensive Neurological Examination - Cranial nerves; Serial 7s; Heel-Toe; Romberg; Gait; Muscle	
Strength for Deltoid, Bicep, Tricep; Grip, Toe Raises, Heel Raises, Knee Flex; DTRs for Bicep, X	X ²⁵
Tricep, Patellar, Achilles, Brachioradialis; Heel-Shin	
slide, Sensation	
Modify as needed and record this statement on the DD FORM 2807-1 "Examinee denies personal or	
family history of diabetes or psychosis, use of	
disturbances of consciousness, irradiation therapy,	
and all other significant medical or surgical history." ²⁸	
Record this statement on DD FORM 2808 - "See DD	
FORM 2807-1 for complete medical or surgical X X X X X X Inistory."	x
"Applicant possesses no fear of heights, depths, dark, or confined places."	х
"Applicant possesses the ability to hold breath for	x
60 seconds subsequent to deep breathing." (IS) qualified for Initial Flying Class	
III/Airborne/Combat Control or Pararescue or SERE Specialist/Marine Diving	x
Duty. ^{w2s}	



FOOTNOTES

1) IAW USMEPCOM Regulation 40-1, for applicants over 40 years old, an Over-40 Physical Supplemental Worksheet (USMEPCOM Form 40-1-9) must be completed and submitted with physical. Additionally a FBS, lipids, waist circumference, 12 lead ECG, IOP, and for female applicants a mammogram and pap smear both performed within the preceding 12 months are required. If applicant is over 50 years old, a DRE with FOBT is also required.

(2) Dive physicals are acceptable for courses at the Naval Diving and Salvage Training Center (NDSTC) for up to 24 months to the class convene date.

(3) Static Line Parachute Training/Basic Airborne Training examinations are valid for up to 60 months. If it is older than 24 months the Army Airborne School will require an interim history form to be completed by the examinee. The member should be directed to the Army Airborne School for details regarding the appropriate form to complete.

(4) HALO/Military Free Fall (HMFF) examinations are valid for up to 24 months from date of exam to class convene date.

(5) The following items are disqualifying for Army HMFF training: Uncorrected near visual acuity (14 inches) of worse than 20/50 in the better eye. Uncorrected distant visual acuity of worse than 20/100 in either eye. Distant vision that does not correct to 20/20 in both eyes with spectacle lenses. Any refractive error worse than plus or minus 8 diopters. Failure to pass the PIP or FALANT test for color vision unless the applicant is able to identify vivid red and vivid green as projected by the Ophthalmological Projector or the SVT.

(6) Soft lenses must not be worn for at least 30 days before initial flying physicals. Hard, rigid, gas permeable lenses must not be worn for at least 90 days before the exam. Confirmation of this must be documented on the DD FORM 2808.

(7) For NDSTC dive training, test must be completed within 90 days of the physical examination date. The applicant will be required to provide hardcopies of the EKG with interpretation, audiogram, DD FORM 2766C (Immunization Record), as well as printouts of the chest radiograph interpretation and all required labs. These items should be included in the dive packet. Before leaving for dive school the applicant should also complete NAVPERS 1200/6. This form is intended to serve as an interval medical history from the time of the dive physical was completed to the present.

(8) For urinalysis comment on specific gravity, pH, glucose, protein, ketones, blood as well as microscopic RBCs and WBCs.

(9) In addition to urine HCG testing, during the dive medical exam female applicants will be counseled on the potential hazards to the fetus inherent in diving. This counseling must be documented on the DD Form 2808, block 73.

(10) IAW DoDI 6485.01 military personnel will be routinely screened every 2 years for HIV unless more frequent screenings are clinically indicated. Report current (must be within 2 years for military personnel and within 90 days for civilian personnel) HIV test result.

(11) IAW AFI 44-102 applicants are current if keeping with present nationally recognized guidelines, such as those published by the American College of Obstetricians and Gynecologists (ACOG) or the US Preventive Services Task Force (USPSTF). Record date and result on DD FORM 2808. Women's health examinations may be transcribed and do not have to be repeated if current.

(12) IAW MANMED P117 applicants are current if keeping with the American Society for Clinical Pathology (ASCP) guidelines. Record date and result on DD FORM 2808. Women's health examinations may be transcribed and do not have to be repeated if current.

(13) IAW AR 40-501, applicants for SLPD and HALO/MFF duties require pap smears within 12 months of physical examination as US Army requirement is for annual pap smears unless: 1.) applicants are 30 years of age or older, have no past history of dysplasia and have had 3 consecutive normal pap smears are only required to have a pap every 3 years. 2.) applicants have a hysterectomy for reasons other than cervical dysplasia or cancer, are not required to have paps. Women's health examinations may be transcribed and do not have to be repeated if current.

(14) IAW USMEPCOM Regulation 40-1, enlistment/commissioning physicals from civilian sources are required to have pap smears within 12 months of physical examination if over 40 years of age. However IAW DoDI 6130.03 applicants must not have abnormal gynecologic cytology within the preceding 2 years. Women's health examinations may be transcribed and do not have to be repeated if current (< 12 months).

(15) DNA specimen collection is not required for civilian applicants for initial flying class physicals, special operational duty, enlistment, and commissioning examinations

(16) For entry into NDSTC dive training, applicant must have at least two Hepatitis A vaccinations documented. Titers demonstrating immunity is also acceptable.

(17) For entry into NDSTC dive training, applicant must have at least two Hepatitis B vaccinations documented. Titers demonstrating immunity is also acceptable.

(18) IAW AFI 44-102 applicants are current if keeping with present nationally recognized guidelines, such as those published by the American College of Obstetricians and Gynecologists (ACOG) or the US Preventive Services Task Force (USPSTF). Record date and result on DD FORM 2808. Women's health examinations may be transcribed and do not have to be repeated if current.

(19) IAW MANMED P117 applicants over 40 years old are current if mammogram obtained within 12 months of examination keeping with the American College of Obstetricians and Gynecologists (ACOG) or the American College of Radiology (ACR) guidelines. Record date and result on DD FORM 2808. Women's health examinations may be transcribed and do not have to be repeated if current.

(20) IAW AR 40-501 applicants over age 40 years old require mammography every 1-2 years. Women's health examinations may be transcribed and do not have to be repeated if current.

(21) IAW USMEPCOM Regulation 40-1, enlistment/commissioning physicals from civilian sources are required to have mammograms within 12 months of physical examination if over 40 years of age. Women's health examinations may be transcribed and do not have to be repeated if current (< 12 months).

(22) A Type 1 - Comprehensive Oral Examination. This is the most comprehensive hard and soft tissue examination. It is mouth-mirror examination by the dentist with new or existing appropriate radiographs. Full mouth intraoral periapical or panoramic radiographs with posterior bitewing radiographs are no longer required. The extent of the exam necessary to properly evaluate the patient is left up to the dentist.

(23) A Type 2 - Periodic Oral Examination. This is a comprehensive hard and soft tissue examination. It is mouth-mirror examination by the dentist with new or existing appropriate radiographs. Enlistment/commissioning exams only require visual inspection by the examining provider with appropriate remarks e.g. Oral examination performed by examining flight surgeon. No gross abnormalities noted. Meets enlistment (or commissioning) standards.

(24) Make specific statements on TM mobility with valsalva on the DD FORM 2808, such as: TMs mobile with valsalva bilaterally.

(25) A complete neurological exam must be documented on each Diving Physical. This serves as a useful baseline to rule out DCS Type II if the person is being evaluated post dive for complications. A complete intact neurological examination consists of: Cranial Nerves II-XII grossly intact bilaterally; Strength 5/5 throughout; Sensation intact to light touch throughout; Cerebellar intact (RAM, FTN, HTS); Mental Status NML, A&Ox4, serial 7s intact from 100; Romberg Negative: Gait NML: Reflexes 2+ symmetric bilaterally on heels, patellas, biceps, triceps, brachioradialises.

(26) Edit this statement if the examinee had an affirmative reply to any of the following questions then record the reply in the medical history and omit the co6responding phrase from the denial statement. These questions are: 1.) Is there a history of diabetes in yourself or in you family (parent, sibling, or more than one grandparent)? 2.) Is there a history of psychosis (mental illness) in yourself or in your family (parent or sibling)? 3.) Do you now or have you ever worn contact lenses? 4.) Have you ever had irradiation therapy? 5.) Have you ever experienced motion sickness or disturbance or consciousness? 6.) Are there any other items of medical or surgical history that you have not mentioned?

(27) Include this statement in item 73 of the DD FORM 2808.

(28) Edit this statement to match the purpose of the examination.

Please contact Mr. James Cahill at james.cahill@us.af.mil with improvement suggestions and/or corrections.

IFC = Initial Flying Class
GBC = Ground Based Controller
SLPD = Static Line Parachute Duty
HMFF = HALO/Military Free Fall
HALO = High Altitude Low Opening
MDD = Marine Diving Duty
MOD = Missle Operations Duty
OSF = Operational Support Flying Duty
ARMA = Adaptability Rating for Military Aviation
AR = Adaptability Rating for

References:

AFI 48-123, Medical Examinations and Standards, 5 November 2013

AFI 44-102, Medical Care Mangement, 17 March 2015

AR 40-501, Standards of Medical Fitness, 14 June 2017

DoDI 6485.01, Human Immunodeficiency Virus (HIV) in Military Service Members, 7 June 2013

NAVMED P-117, Manual of the Medical Department, Chapter 15, Medical Examinations (incorporates Change 165), 1 June 2018 USMEPCOM Regulation No. 40-1, Medical Qualification Program, 23 May 2018

v1 - October 2017 Version 1

Unofficial release to PACAF MTFs - Read Only Version

v2 - January 2018 Version 2

Updated Dental Examinations for I/IA examinations to reflect Type I dental examination requirement Added BAT requirement for OCONUS Enlistment/Commissioning

Removed the 70th Birthday Air Force emblem and replaced with the Standard Air Force emblem

v3 - June 2018 Version 3

Removed Near Point of Convergence (PC)

v4 - September 2018 Version 4

Clarified DNA specimen collection not required for civilian applicants Updated references