Matrix AFSC ITEM		OSAF IVIEUI	ical Standar	rds & Medical  Version 5 - July 20:		on Requirements	
	1A0X1	1A1X1	1A2X1	1A3X1	1A6X1	1A8X1	1A8X2
Outy Title	In-Flight Refueling Spc	Flight Engineer	Aircraft Loadmaster	Airborne Msn Systems Spc	Flight Attendant	Airborne Crypto Language Analyst	Airborne ISR Op
Examination Type	IFC III	IFC III	IFC III	IFC III	IFC III	IFC III	IFC III
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
Validity of Medical Examination	48 months	48 months	48 months	48 months	48 months	48 months	48 months
Height	X	x	X	VITALS X	X	X	X
Weight Temperature	x	X	х	X	X	X	X
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	Х	X	X VISION	Х	Х	X
Red Lens Test Amsler Grid	X X	X X	X X	X X	x	X	x
Cone Contrast Testing (CCT) PIP Color Vision Test	Х	х	х	Х	х	Х	х
Vivid Red/Green Test					,		
Distant Visual Acuity (DVA)  Manifest Refraction	х	х	Х	Х	Х	х	х
Cycloplegic Refraction <sup>6</sup> Near Visual Acuity (NVA)	x x	x x	X X	x x	X X	x x	x x
Heterophoria (ES*, EX*, R.H., L.H)	Х	х	X	X	X	Х	х
Depth Perception (VTA or OVT) Field of Vision	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
Corneal Topography Optical Coherence Tomography (OCT)	X X	X X	X X	X X	X X	X X	X X
Urinalysis (dipstick)	X	x	x	LABORATORY X	x	X	x
Microscopic Urinalysis							
Urine HCG (Females only) Hemoglobin/Hematocrit (H/H)	X X	x x	X X	X X	X X	X X	X X
Blood Type/RH Factor	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 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
Pap Smear	X - CIV Only	X - Civ only X <sup>11</sup>	X - Civ only X <sup>11</sup>	X - Civ only X <sup>11</sup>	X - Civ only X <sup>11</sup>	X - CIV ONLY	X - Civ only X <sup>11</sup>
Complete Blood Count (CBC) Syphillis Serology (RPR)	X	x	x	X	x	X	x
G6PD DNA <sup>15</sup>	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 - once in career 15 X - if family Hx	X - once in career <sup>15</sup> X - if family Hx	X - once in career <sup>15</sup> X - if family Hx	X - once in career 15 X - if family Hx	X - once in career <sup>15</sup> X - if family Hx	X - once in career <sup>15</sup> X - if family Hx	X - once in career <sup>15</sup> X - if family Hx
Hemoglobin-S  Lipids (Cholesterol/Triglycerides/HDL/LDL)	X - once in career	X - once in career X	X - once in career X	X - once in career X	X - once in career X	X - once in career X	X - once in career
Hemoccult Test (FOBT)							
TB Screening (PPD or IGRA) Hepatitic C Serology							
Hepatitis A Immunization Hepatitis B Immunization							
						v	
Audiogram  12 Lead ECG with Interpretation	X X	x x	X X	X X	X X	X X	X X
Reading Aloud Test (RAT) Chest Radiograph (PA View)	X X	X X	X X	X X	X X	X X	X X
Chest Radiograph (PA/LAT View)	X if ≥ 40 years old <sup>18</sup>	X if ≥ 40 years old <sup>18</sup>	X if ≥ 40 years old <sup>18</sup>	X if ≥ 40 years old <sup>18</sup>	X if ≥ 40 years old <sup>18</sup>	X if ≥ 40 years old <sup>18</sup>	X if ≥ 40 years old <sup>18</sup>
Mammogram	X II 2 40 years old	X II 2 40 years old	X II 2 40 years old	PROVIDER EXAMINATION		X II 2 40 years old	X II 2 40 years old
Dental Examination (Type 1) <sup>22</sup> Dental Examination (Type 2) <sup>23</sup>	x	x	x	X	x	x	x
Clinical Examination (Items 17 - 44)	х	x	x	х	х	х	x
Focused examination of Tympanic Membranes, Lungs, Chest, Heart, Abdomen, and Neurologic							
Valsalva	х	x	x	Х	х	х	x
	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, Babinski Reflex, 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	x	x	x	x	x	x	x
contact lancae history of maties at the contact							
contact lenses, history of motion sickness or disturbances of consciousness, irradiation therapy, and all other significant medical or surgical							
disturbances of consciousness, irradiation therapy, and all other significant medical or surgical history.* <sup>88</sup> Record this statement on DD FORM 2808 - "See DD			l .		x		x
disturbances of consciousness, irradiation therapy, and all other significant medical or surgical history.** <sup>10</sup> Record this statement on DD FORM 2808 - "See DD FORM 2807-1 for complete medical or surgical history.** <sup>21</sup>	x	x	x	х	^	х	^
disturbances of consciousness, irradiation therapy, and all other significant medical or surgical history." <sup>38</sup> Record this statement on DD FORM 2808 - "See DD FORM 2807-1 for complete medical or surgical	х	х	х	X	^	x	^
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 the ability to hold breath for	х	х	x	x	^	x	^
disturbances of consciousness, irradiation therapy, and all other significant medical or surgical nistory.**  Record this statement on DD FORM 2808 - "See DD FORM 2807-1 for complete medical or surgical nistory.**  Applicant possesses no fear of heights, depths, dark, or confined places."	х	x	x	x	^	x	*

Physical Examination Accomplishment and Recording Matrix		USAF Med	lical Standa	ards & Med		nation Req	uirements	
AFSC	1A9X1	1C1X1	1C2X1	1C4X1	1C5X1D	1T0X1	1T2X1	1U0X1
Duty Title	Special Msns Aviator	Air Traffic Ctrl	Combat Ctrl	TACP	Cmmd & Ctrl	SERE	Pararescue	Sensor Op
	IFC III	GBC	IFC III GBC SLPD HMFF	IFC III GBC SLPD HMFF	GBC	IFC III SLPD HMFF	IFC III SLPD HMFF MDD	GBC
Examination Type DD FORM 2807-1 Report of Medical History	Х	х	MDD X	x	х	х	х	х
DD FORM 2808 Report of Medical Examination  Validity of Medical Examination	X 48 months	X 48 months	X 48 months <sup>2,3,4</sup>	X 48 months <sup>3,4</sup>	X 48 months	X 48 months <sup>3,4</sup>	X 48 months <sup>2,3,4</sup>	X 48 months
	X	X	X	VIT.		X	X	Х
Height Weight	X	x	Х	х	x	Х	Х	X
Temperature Pulse	Х	x	X X	X X	x	X X	X X	х
Blood Presure Sitting Height	Х	X	X	X	х	X	Х	X
Knee to Buttocks Functional Reach	X							
				VISI	ION			
Red Lens Test Amsler Grid	X X		x x	x		x x	X X	
Cone Contrast Testing (CCT) PIP Color Vision Test	Х	X	X	X	X	X	Х	х
Vivid Red/Green Test								
Distant Visual Acuity (DVA)  Manifest Refraction	Х	x x	х	х	x x	х	X	X X
Cycloplegic Refraction <sup>6</sup>	X		x	x		x	X	
Near Visual Acuity (NVA) Heterophoria (ES*, EX*, R.H., L.H)	X X	x x	x x	x x	x x	x x	X X	X X
Depth Perception (VTA or OVT) Field of Vision	X X	x	X X	x x	x	x x	X X	x
Night Vision	X	х	х	Х	х	Х	Х	Х
Intraocular Tension (IOP) Corneal Topography	X X	x x	x x	x x	x x	x x	X X	X X
Optical Coherence Tomography (OCT)	Х	х	х	X LABOR	X ATORY	х	х	х
Urinalysis (dipstick)	х	х	X <sup>7</sup>	х	х	X	X <sup>7</sup>	х
Microscopic Urinalysis Urine HCG (Females only)	х	x	x <sup>7,8</sup> x <sup>7,9</sup>	x	x	x <sup>8</sup>	X <sup>7,8</sup> X <sup>7,9</sup>	x
Hemoglobin/Hematocrit (H/H) Blood Type/RH Factor	X X - (B/R)	X X - (B/R)	X - (B/R)	X X - (B/R)	X X - (B/R)	X - (B/R)	X - (B/R)	X X - (B/R)
HIV <sup>10</sup>	X	х	х	х	х	Х	X	Х
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	X <sup>11</sup>	X <sup>11</sup>	X <sup>12</sup>	X <sup>13</sup>	X <sup>11</sup>	X <sup>13</sup>	X <sup>12</sup>	X <sup>11</sup>
Complete Blood Count (CBC) Syphillis Serology (RPR)	х	x	x <sup>7</sup> x <sup>7</sup>	x	x	x x	x <sup>7</sup> x <sup>7</sup>	х
G6PD DNA <sup>15</sup>	X - once in career X - once in career <sup>15</sup>	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 <sup>7</sup>	X - if family Hx	X - if family Hx	х	x <sup>7</sup>	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 - once in career X	X - once in career	X - once in career  X <sup>7</sup>	X - once in career X
Hemoccult Test (FOBT)			X <sup>7</sup>			x	x <sup>7</sup>	
TB Screening (PPD or IGRA) Hepatitic C Serology			x <sup>7</sup>				x <sup>7</sup> x <sup>7</sup>	
Hepatitis A Immunization			X <sup>16</sup>				X <sup>16</sup>	
Hepatitis B Immunization			X <sup>17</sup>				X <sup>17</sup>	
Audiogram	X X	X X	x <sup>7</sup> x <sup>7</sup>	x x	x x	X X	x <sup>7</sup> x <sup>7</sup>	x x
12 Lead ECG with Interpretation Reading Aloud Test (RAT)	X	X	X	х	X	х	X	X
Chest Radiograph (PA View) Chest Radiograph (PA/LAT View)	Х		x <sup>7</sup>	X		x	x <sup>7</sup>	
Mammogram	X if ≥ 40 years old <sup>18</sup>	X if ≥ 40 years old 18	X if ≥ 40 years old <sup>18,19,20</sup>	X if ≥ 40 years old <sup>18,20</sup>	X if ≥ 40 years old <sup>18</sup>	X if ≥ 40 years old <sup>18,20</sup>	X if ≥ 40 years old 18,19,20	X if ≥ 40 years old <sup>18</sup>
Dental Examination (Type 1) <sup>22</sup>				PROVIDER EX	KAMINATION			
Dental Examination (Type 2) <sup>23</sup> Clinical Examination (Items 17 - 44)	X X	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 <sup>24</sup>	X <sup>24</sup>		X <sup>24</sup>	X <sup>24</sup>	
	ARMA	AR-GBC	ARMA AR-GBC AR-SLPD AR-HMFF	ARMA AR-GBC AR-SLPD	AR-GBC	ARMA AR-SLPD AR-HMFF	ARMA AR-SLPD AR-HMMF AR-MDD	AR-GBC
Adaptability Rating Digital Rectal Examination (DRE)			AR-MDD X			x	х	
Comprehensive Neurological Examination - Cranial nerves; Serial 7s; Heel-Toe; Romberg; Gait; Muscle Strength for Deltoid, Bicep, Tricep; Grip, Toe Raises, Heel Fakies, Knee Flex; DTRS for Bicep, Tricep, Patellar, Achilles, Brachioradialis; Heel-Shin			X <sup>25</sup>	х		х	X <sup>25</sup>	
slide, Babinski Reflex, 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	х	x	x	х	x	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	х
history." <sup>27</sup>	^	^	^	^	^	^	^	^
"Applicant possesses no fear of heights, depths, dark, or confined places."			x	x		x	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." <sup>28</sup>			X - Combat Control			X - SERE	X - Pararescue	

Physical Examination Accomplishment and Recording Matrix		USAF Me	dical Stand		dical Exam	ination Red	quirements	
AFSC								
ITEM Outy Title	1U1X1 Enlisted RPA Pilot	1W0X2 Special Ops Weather	X3N0X5 Photojournalist	4M0X1 AOP Tech	X4N0X1 AE Tech	11XX Pilot	12XX Combat Systems Officer	13BX Air Battle Manager
	IFC II	IFC III SLPD HMFF	IFC III	IFC III	IFC III	IFC I	IFC IA	IFC III GBC
Examination Type DD FORM 2807-1 Report of Medical History	х	х	х	х	x	x	x	х
DD FORM 2808 Report of Medical Examination  Validity of Medical Examination	X 48 months	X 48 months <sup>3,4</sup>	X 48 months	X 48 months	X 48 months	X 48 months	X 48 months	X 48 months
Height	х	x	X	X	/ITALS X	x	x	X
Weight Temperature	X	x x	x	x	x	X	x	x
Pulse	x	х	x	x	x	x	x	x
Blood Presure Sitting Height	X X	х	X X	Х	Х	X X	X X	х
Knee to Buttocks Functional Reach	X		X		x	X	X	
Red Lens Test	x	x		\	/ISION	X	x	
Amsler Grid Cone Contrast Testing (CCT)	X X	X X	X X	X X	X X	X X	X X	X X
PIP Color Vision Test							^	~
Vivid Red/Green Test Distant Visual Acuity (DVA)	x	х	х	x	x	x	x	х
Manifest Refraction Cycloplegic Refraction <sup>6</sup>	Х	x	x	х	x	X	x	х
Near Visual Acuity (NVA)	х	х	х	х	х	x	х	х
Heterophoria (ES*, EX*, R.H., L.H)  Depth Perception (VTA or OVT)	X X	X X	X X	X X	X X	X X	X X	X X
Field of Vision Night Vision	X X	X X	X X	X X	X X	x x	X X	X X
Intraocular Tension (IOP) Corneal Topography	X X	x x	X X	X X	X X	X X	X X	X X
Optical Coherence Tomography (OCT)	X	x	x	X	X	x	x	X
Urinalysis (dipstick)	x	x	х	X	X	х	x	х
Microscopic Urinalysis Urine HCG (Females only)	x	x <sup>8</sup>	x	x	x	x	x	x
Hemoglobin/Hematocrit (H/H)	Х		х	х	х	х	х	х
Blood Type/RH Factor HIV <sup>10</sup>	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 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	X <sup>11</sup>	X <sup>13</sup>	X <sup>11</sup>	X <sup>11</sup>	X <sup>11</sup>	X <sup>11</sup>	X <sup>11</sup>	X <sup>11</sup>
Complete Blood Count (CBC) Syphillis Serology (RPR)	х	х	х	х	x	х	x	х
G6PD DNA <sup>15</sup>	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 - if family Hx X - once in career	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	X - once in career	X - once in career	X - once in career X	X - once in career X	X - once in career
Hemoccult Test (FOBT) TB Screening (PPD or IGRA)		x						
Hepatitic C Serology								
Hepatitis A Immunization Hepatitis B Immunization								
Audiogram	x	x	x	x	x	x	x	х
12 Lead ECG with Interpretation	X	х	Х	х	х	Х	х	х
Reading Aloud Test (RAT) Chest Radiograph (PA View)	X X	x x	X X	X X	x x	x x	x x	X X
Chest Radiograph (PA/LAT View) Mammogram	X if ≥ 40 years old <sup>18</sup>	X if ≥ 40 years old 18,20	X if ≥ 40 years old <sup>18</sup>	X if ≥ 40 years old <sup>18</sup>	X if ≥ 40 years old <sup>18</sup>	X if ≥ 40 years old <sup>18</sup>	X if ≥ 40 years old <sup>18</sup>	X if ≥ 40 years old <sup>18</sup>
	XII 2 40 years old	An 1 40 years ord	X 11 2 40 years ord		EXAMINATION		·	An 140 years on
Dental Examination (Type 1) <sup>22</sup> Dental Examination (Type 2) <sup>23</sup>	x	x	х	х	x	х	х	х
Clinical Examination (Items 17 - 44)	х	x	x	х	x	х	х	х
Focused examination of Tympanic Membranes, Lungs, Chest, Heart, Abdomen, and Neurologic								
Valsalva	x	X <sup>24</sup>	х	х	х	x	x	х
	ARMA	ARMA					ARMA	ARMA
	AR-RPA	AR-SLPD AR-HMFF	ARMA	ARMA	ARMA	ARMA	AR-RPA (12UX)	AR-GBC
Adaptability Rating Digital Rectal Examination (DRE)		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, Tricep, Patellar, Achiles, Brachioradialis; Heel-Shin slide, Babinski Reflex, Sensation		х						
Modify as needed and record this statement on the DD FORM 2807-1 "Examinee denies personal or amily 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	х	x	х	x	x	x
Record this statement on DD FORM 2808 - "See DD FORM 2807-1 for complete medical or surgical	х	x	x	х	x	x	x	х
history." <sup>27</sup>	^	^	^	^		^	^	^
"Applicant possesses no fear of heights, depths, dark, or confined places."		х						
"Applicant possesses the ability to hold breath for 60 seconds subsequent to deep breathing."		x						
"(IS) qualified for Initial Flying Class III/Airborne/Combat Control or Pararescue or SERE Specialist/Marine Diving Duty." <sup>28</sup>		x						

Physical Examination Accomplishment and Recording	U	SAF Medical	Standards & M	ledical Exami	nation Requi	rements	
Matrix  AFSC				on 5 - July 2019	·		
ITEM	13CX	13DX	13LX	13NX	13M	15WX Special Ops Weather	18XX
Duty Title	Special Tactics Officer  IFC III	Combat Rescue Officer  IFC III	Air Liaison (ALO)/TACP Officer	Nuclear and Missile Ops	Airfield Operations (ATC)	Special Ops Weather  IFC III	RPA Pilot
	GBC SLPD	SLPD	SLPD	MOD	GBC	SLPD	IFC II
	HMFF	HMFF MDD	HMFF GBC	MOD	GDC	HMFF	
Examination Type DD FORM 2807-1 Report of Medical History	MDD X	x	X	X	X	x	х
DD FORM 2808 Report of Medical Examination	х	X	х	Х	х	х	Х
Validity of Medical Examination	48 months <sup>2,3,4</sup>	48 months <sup>2,3,4</sup>	48 months <sup>3,4</sup>	48 months VITALS		48 months <sup>3,4</sup>	48 months
Height Weight	X X	X X	X X	X X	X X	X X	X X
Temperature	х	X	х			Х	
Pulse Blood Presure	X X	X X	X X	X X	X X	X X	X X
Sitting Height							х
Knee to Buttocks Functional Reach							Х
Red Lens Test	х	x		VISION	T	x	х
Amsler Grid	Х	Х	X			Х	Х
Cone Contrast Testing (CCT) PIP Color Vision Test	X	X	X	X	X	X	Х
Vivid Red/Green Test	u u			,			v
Distant Visual Acuity (DVA)  Manifest Refraction	Х	X	X	X X	X X	X	Х
Cycloplegic Refraction <sup>6</sup>	Х	x	X			X	Х
Near Visual Acuity (NVA) Heterophoria (ES*, EX*, R.H., L.H)	X X	X X	X X	X	X X	X X	X X
Depth Perception (VTA or OVT)	Х	Х	Х			Х	х
Field of Vision Night Vision	X X	X X	X X	X X	X X	X X	X X
Intraocular Tension (IOP)	X	х	х	х	х	Х	х
Corneal Topography Optical Coherence Tomography (OCT)	X X	x x	X X		X X	X X	X X
	x <sup>7</sup>	X <sup>7</sup>	Х	LABORATORY X	x	X	х
Urinalysis (dipstick) Microscopic Urinalysis	χ <sup>7,8</sup>	X <sup>7,8</sup>	^		^	x <sup>8</sup>	^
Urine HCG (Females only)	X <sup>7,9</sup>	X <sup>7,9</sup>	X	X	X	Х	X
Hemoglobin/Hematocrit (H/H) Blood Type/RH Factor	X - (B/R)	X - (B/R)	X X - (B/R)	X X - (B/R)	X X - (B/R)	X - (B/R)	X X - (B/R)
HIV <sup>10</sup> Urine Drug Screen	X X - Civ only	X X - Civ only	X - Civ only	X X - Civ only	X X - Civ only	X X - Civ only	X X - Civ only
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
Pap Smear Complete Blood Count (CBC)	x <sup>12</sup> x <sup>7</sup>	x <sup>12</sup> x <sup>7</sup>	X <sup>13</sup>	X <sup>11</sup>	X <sup>11</sup>	X <sup>13</sup>	X <sup>11</sup>
Syphillis Serology (RPR)	x <sup>7</sup>	x <sup>7</sup>	Х	х	х	х	х
G6PD DNA <sup>15</sup>	X - once in career X - once in career <sup>15</sup>	X - once in career X - once in career	X - once in career X - once in career	X - once in career X - once in career <sup>15</sup>	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 - Once in career	X - Once in career	X - if family Hx	X - if family Hx	X - if family Hx	X - if family Hx	X - if family Hx
Hemoglobin-S Lipids (Cholesterol/Triglycerides/HDL/LDL)	X - once in career  X <sup>7</sup>	X - once in career	X - once in career X	X - once in career X	X - once in career X	X - once in career	X - once in career X
Hemoccult Test (FOBT)	x <sup>7</sup>	x <sup>7</sup>				x	
TB Screening (PPD or IGRA)	X <sup>7</sup>	X <sup>7</sup>					
Hepatitic C Serology  Hepatitis A Immunization	X <sup>7</sup> X <sup>16</sup>	x <sup>7</sup> x <sup>16</sup>					
Hepatitis B Immunization	X <sup>17</sup>	X <sup>17</sup>					
Audiogram	x <sup>7</sup>	x <sup>7</sup>	Х	X	х	X	x
12 Lead ECG with Interpretation	x <sup>7</sup>	x <sup>7</sup>	X	X	X	X	X
Reading Aloud Test (RAT) Chest Radiograph (PA View)	Х	X	X X	X	X	X	X
Chest Radiograph (PA/LAT View)	X <sup>7</sup>	X <sup>7</sup>				X18.20	
Mammogram	X if ≥ 40 years old 18,19,20	X if ≥ 40 years old <sup>18,19,20</sup>	X if ≥ 40 years old 18,20 PROV	X if ≥ 40 years old <sup>18</sup> IDER EXAMINATION	X if ≥ 40 years old <sup>18</sup>	X if ≥ 40 years old <sup>18,20</sup>	X if ≥ 40 years old <sup>18</sup>
Dental Examination (Type 1) <sup>22</sup>	,						v
Dental Examination (Type 2) <sup>23</sup> Clinical Examination (Items 17 - 44)	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	X <sup>24</sup> ARMA	X <sup>24</sup>	X <sup>24</sup>			X <sup>24</sup>	х
	AR-GBC	ARMA AR-SLPD	ARMA		_	ARMA AR-SLPD	ARMA
	AR-SLPD	AR-HMFF	AR-GBC	AR-MOD	AR-GBC	AR-HMFF	AR-RPA
	AR-HMFF		AR-SLPD				
Adaptability Rating	AR-HMFF AR-MDD	AR-MDD	AR-SLPD				
Digital Rectal Examination (DRE)	AR-HMFF		AR-SLPD			x	
Digital Rectal Examination (DRE)  Comprehensive Neurological Examination -	AR-HMFF AR-MDD	AR-MDD	AR-SLPD			x	
Digital Rectal Examination (DRE)  Comprehensive Neurological Examination - Cranial nerves; Serial 7s; Heel-Toe; Romberg; Gait; Muscle Strength for Deltoid, Bicep, Tricep; Grip,	AR-HMFF AR-MDD	AR-MDD	AR-SLPD			x	
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	AR-HMFF AR-MDD X	AR-MDD X					
Digital Rectal Examination (DRE)  Comprehensive Neurological Examination - Cranial nerves; Serial 75; Heel-Toe; Romberg; Gait; Muscle Strength for Deltoid, Bicep, Tricep; Grip, Toe Raises, Heel Raises, Knee Flex; DTRs for Bicep,	AR-HMFF AR-MDD X	AR-MDD X					
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, Babinski Reflex, Sensation  Modify as needed and record this statement on	AR-HMFF AR-MDD X	AR-MDD X					
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, Babinski Reflex, Sensation  Modify as needed and record this statement on the DD FORM 2807-1 "Examinee denies personal	AR-HMFF AR-MDD X X <sup>25</sup>	AR-MDD X x <sup>25</sup>	х			х	
Digital Rectal Examination (DRE)  Comprehensive Neurological Examination - Cranial nerves; Serial 7s; Heel-Toe; Romberg; Gait; Muscle Strength for Deltoid, licep, Tricep; Grip, Toe Raises, Heel Raises, Knee Flex; DTRs for Bicep, Tricep, Patellar, Achilles, Brachioradialis; Heel-Shin slide, Babinski Reflex, 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	AR-HMFF AR-MDD X	AR-MDD X		x	х		x
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 silde, Babinski Reflex, 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	AR-HMFF AR-MDD X X <sup>25</sup>	AR-MDD X x <sup>25</sup>	х	x	х	х	x
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, Babinski Reflex, 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."  In the control of the significant medical or surgical history."  In the control of the significant medical or surgical history."	AR-HMFF AR-MDD X X <sup>25</sup>	AR-MDD X x <sup>25</sup>	х	x	х	х	x
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, Babinski Reflex, 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	AR-HMFF AR-MDD X X <sup>25</sup>	AR-MDD X x <sup>25</sup>	х	x	x	х	x
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 side, Babinski Reflex, 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."	AR-HMFF AR-MDD X X <sup>25</sup>	X X X Z S X X	x x			x	
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 Hex; DTRs for Bicep, Tricep, Patellar, Achilles, Brachioradialis; Heel-Shin slide, Babinski Reflex, 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 therappy, and all other significant medical or surgical history." <sup>58</sup> Record this statement on DD FORM 2808 - "See DD FORM 2807-1 for complete medical or surgical history." <sup>57</sup> "Applicant possesses no fear of heights, depths, dark, or confined places."	AR-HMFF AR-MDD X X <sup>25</sup>	X X X Z S X X	x x			x	
Digital Rectal Examination (DRE)  Comprehensive Neurological Examination - Cranial nerves; Serial 7s; Heel-Toe; Romberg; Gait; Muscle Strength for Deltoid, Bicep, Tricep; Grip, Toe Ralses, Heel Raises, Knee Flex; DTRs for Bicep, Tricep, Patellar, Achilles, Brachioradialis; Heel-Shin slide, Babinski Reflex, 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." Sense of the properties of	AR-HMPF AR-MDD X  X <sup>25</sup> X	X  X  X  X  X	x x	х		x x	
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, Babinski Reflex, 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 therappy, and all other significant medical or surgical history."  Record this statement on DD FORM 2808 - "See DD FORM 2907-1 for complete medical or surgical history."  "Applicant possesses no fear of heights, depths, dark, or confined places."  "Applicant possesses the ability to hold breath for 60 seconds subsequent to deep breathing."  "IS) qualified for Initial Flying Class	AR-HMFF AR-MDD X  X  25  X	X  X  X  X  X	x x	х		x x x	
Digital Rectal Examination (DRE)  Comprehensive Neurological Examination - Cranial nerves; Serial 7s; Heel-Toes, 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, Babinski Reflex, Sensation  Modify as needed and record this statement on the DD FORM 2807-1 "Examinee denies personal or family history of diabetes or bysychosis, use of contact lenses, history of motion sickness or disturbances of consciousness, irradiation therapy, and all other significant medical or surgical history." <sup>58</sup> Record this statement on DD FORM 2808 - "See DD FORM 2807-1 for complete medical or surgical history." <sup>57</sup> "Applicant possesses no fear of heights, depths, dark, or confined places." "Applicant possesses no fear of heights, depths, dark, or confined places." "Applicant possesses he ability to hold breath for 60 seconds subsequent to deep breathing."	AR-HMFF AR-MDD X  X  25  X	X  X  X  X  X	x x	х		x x x	

Physical Examination Accomplishment and Recording	USAF Medical Standards & Medical Examination Requirements							
Matrix	Version 5 - July 2019							
AFSC ITEM	-24V	4554	4000	OCONUS Enlistment/Commissioning	Charles I (Ch.) Describe to Destina			
Duty Title	43AX Aerospace Physiology	46FX Flight Nurse	48XX Flight Surgeon	OCONOS Enlistment/Commissioning	Static Line (SL) Parachute Duties			
	IFC III	IFC III	IFC II	Enlistment/Commission <sup>1</sup>	SLPD			
Examination Type	ı							
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			
Validity of Medical Examination	48 months	48 months	48 months	24 Months	60 months <sup>3</sup>			
Height	X	VITALS X	х	VITAL:	X			
Weight Temperature	Х	Х	Х	х	X X			
Pulse	X	X	X	X	Х			
Blood Presure Sitting Height	Х	x	X X	X	X			
Knee to Buttocks Functional Reach		x	Х					
Red Lens Test		VISION	х	VISIO	1			
Amsler Grid	X	x	X					
Cone Contrast Testing (CCT) PIP Color Vision Test	X	X	х	X X - If fails CCT	X			
Vivid Red/Green Test					X - if fails PIP			
Distant Visual Acuity (DVA)  Manifest Refraction	X	X	х	X X	X			
Cycloplegic Refraction <sup>6</sup>	X	x	X					
Near Visual Acuity (NVA) Heterophoria (ES*, EX*, R.H., L.H)	X X	x x	X X	X X	X			
Depth Perception (VTA or OVT) Field of Vision	X X	X X	X X	x				
Night Vision	X	X	X					
Intraocular Tension (IOP) Corneal Topography	X X	X X	X X	X if ≥ 40 years old¹				
Optical Coherence Tomography (OCT)	X	X LABORATORY	х	LABORAT	ORY			
Urinalysis (dipstick)	Х	X	х	X	X			
Microscopic Urinalysis Urine HCG (Females only)	X	x	x	x	X			
Hemoglobin/Hematocrit (H/H)	X	х	Х		<b>n</b>			
Blood Type/RH Factor HIV <sup>10</sup>	X - (B/R) X	X - (B/R) X	X - (B/R) X	x x	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 <sup>11</sup>	X - CIV ONLY	X - Civ only X <sup>11</sup>	X - Civ only X <sup>14</sup>	X <sup>13</sup>			
Complete Blood Count (CBC)	X	x	x					
Syphillis Serology (RPR) G6PD	X - once in career	X - once in career	X - once in career	x				
DNA <sup>15</sup> Fasting Blood Sugar (FBS)	X - once in career <sup>15</sup> X - if family Hx	X - once in career <sup>15</sup> X - if family Hx	X - once in career <sup>15</sup> X - if family Hx	X - if family Hx or ≥ 40 years old <sup>1</sup>				
Hemoglobin-S	X - once in career	X - once in career	X - once in career	Х				
Lipids (Cholesterol/Triglycerides/HDL/LDL) Hemoccult Test (FOBT)	X	X	X	X if ≥ 40 years old <sup>1</sup> X if ≥ 50 years old <sup>1</sup>				
TB Screening (PPD or IGRA)				,				
Hepatitic C Serology  Hepatitis A Immunization								
Hepatitis B Immunization								
Audiogram	х	x	х	x	x			
12 Lead ECG with Interpretation	X X	X	X X	X if ≥ 40 years old <sup>1</sup> X				
Reading Aloud Test (RAT) Chest Radiograph (PA View)			Α					
Chart Radiograph (RA / ATA/iaw)	x	x x	Х	~				
Chest Radiograph (PA/LAT View)	х	х			X if > 40 years old <sup>20</sup>			
Mammogram	X X if ≥ 40 years old <sup>18</sup>		X X if ≥ 40 years old <sup>18</sup>	X if ≥ 40 years old <sup>21</sup> PROVIDER EXA	X if ≥ 40 years old <sup>20</sup> JINATION			
Mammogram  Dental Examination (Type 1) <sup>22</sup>	X X if ≥ 40 years old <sup>18</sup>	X X if ≥ 40 years old <sup>18</sup>		X if ≥ 40 years old <sup>21</sup>				
Mammogram	X X if ≥ 40 years old <sup>18</sup> P	X  X if ≥ 40 years old <sup>18</sup> PROVIDER EXAMINATION	X if ≥ 40 years old <sup>18</sup>	X if ≥ 40 years old <sup>21</sup> PROVIDER EXA	MINATION			
Mammogram  Dental Examination (Type 1) <sup>12</sup> Dental Examination (Type 2) <sup>23</sup> Clinical Examination (Items 17 - 44)  Focused examination of Tympanic Membranes,	X  X if ≥ 40 years old <sup>18</sup> P	X  X if ≥ 40 years old <sup>18</sup> PROVIDER EXAMINATION  X	X if ≥ 40 years old <sup>18</sup>	X if ≥ 40 years old <sup>23</sup> PROVIDER EXAL  X -Visual inspection adequate	VINATION X			
Mammogram  Dental Examination (Type 1) <sup>22</sup> Dental Examination (Type 2) <sup>25</sup> Clinical Examination (Items 17 - 44)	X  X if ≥ 40 years old <sup>18</sup> P	X  X if ≥ 40 years old <sup>18</sup> PROVIDER EXAMINATION  X	X if ≥ 40 years old <sup>18</sup>	X if ≥ 40 years old <sup>23</sup> PROVIDER EXAL  X -Visual inspection adequate	VINATION X			
Mammogram  Dental Examination (Type 1) <sup>22</sup> Dental Examination (Type 2) <sup>23</sup> Clinical Examination (Items 17 - 44)  Focused examination of Tympanic Membranes, Lungs, Chest, Heart, Abdomen, and Neurologic	X  X if ≥ 40 years old <sup>18</sup> P  X  X	X  X if ≥ 40 years old is  PROVIDER EXAMINATION  X  X	X if ≥ 40 years old <sup>18</sup> X  X	X if ≥ 40 years old <sup>23</sup> PROVIDER EXAL  X -Visual inspection adequate	X X			
Mammogram  Dental Examination (Type 1) <sup>22</sup> Dental Examination (Type 2) <sup>23</sup> Clinical Examination (Items 17 - 44)  Focused examination of Tympanic Membranes, Lungs, Chest, Heart, Abdomen, and Neurologic	X  X if ≥ 40 years old <sup>18</sup> P  X  X	X  X if ≥ 40 years old is  PROVIDER EXAMINATION  X  X	X if ≥ 40 years old <sup>18</sup> X  X	X if ≥ 40 years old <sup>23</sup> PROVIDER EXAL  X -Visual inspection adequate	X X			
Mammogram  Dental Examination (Type 1) <sup>22</sup> Dental Examination (Type 2) <sup>23</sup> Clinical Examination (Items 17 - 44)  Focused examination of Tympanic Membranes, Lungs, Chest, Heart, Abdomen, and Neurologic	X  X if ≥ 40 years old <sup>18</sup> P  X  X  X	X  X if ≥ 40 years old <sup>18</sup> PROVIDER EXAMINATION  X  X	X if ≥ 40 years old <sup>18</sup> X  X	X if ≥ 40 years old <sup>21</sup> PROVIDER EXAM  X -Visual inspection adequate  X	X X X			
Mammogram  Dental Examination (Type 1) <sup>12</sup> Dental Examination (Type 2) <sup>13</sup> Clinical Examination (Items 17 - 44)  Focused examination of Tympanic Membranes, Lungs, Chest, Heart, Abdomen, and Neurologic Valsalva	X  X if ≥ 40 years old <sup>18</sup> P  X  X  X	X  X if ≥ 40 years old <sup>18</sup> PROVIDER EXAMINATION  X  X	X if ≥ 40 years old <sup>18</sup> X  X	X if ≥ 40 years old <sup>23</sup> PROVIDER EXAL  X -Visual inspection adequate	X X X			
Mammogram  Dental Examination (Type 1) <sup>12</sup> Dental Examination (Type 2) <sup>23</sup> Clinical Examination (Items 17 - 44)  Focused examination of Tympanic Membranes, tungs, Chest, Heart, Abdomen, and Neurologic Valsalva  Adaptability Rating  Digital Rectal Examination (DRE)  Comprehensive Neurological Examination - Cranial	X  X if ≥ 40 years old <sup>18</sup> P  X  X  X	X  X if ≥ 40 years old <sup>18</sup> PROVIDER EXAMINATION  X  X	X if ≥ 40 years old <sup>18</sup> X  X	X if ≥ 40 years old <sup>21</sup> PROVIDER EXAM  X -Visual inspection adequate  X	X X X			
Mammogram  Dental Examination (Type 1) <sup>12</sup> Dental Examination (Type 2) <sup>18</sup> Clinical Examination (Type 2) <sup>18</sup> Clinical Examination (Tymanic Membranes, Lungs, Chest, Heart, Abdomen, and Neurologic Valsalva  Adaptability Rating  Digital Rectal Examination (DRE)  Comprehensive Neurological Examination - Cranial nerves; Serial 7s; Heel-Toe; Romberg; Galt; Muscle Strength for Deltoli, Bicep, Tricep; Grip, Toe	X  X if ≥ 40 years old <sup>18</sup> P  X  X  X	X  X if ≥ 40 years old <sup>18</sup> PROVIDER EXAMINATION  X  X	X if ≥ 40 years old <sup>18</sup> X  X	X if ≥ 40 years old <sup>21</sup> PROVIDER EXAM  X -Visual inspection adequate  X	X X X			
Mammogram  Dental Examination (Type 1) <sup>12</sup> Dental Examination (Type 2) <sup>18</sup> Clinical Examination (Items 17 - 44) Focused examination of Tympanic Membranes, Lungs, Chest, Heart, Abdomen, and Neurologic Valsalva  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	X  X if ≥ 40 years old <sup>18</sup> P  X  X  X	X  X if ≥ 40 years old <sup>18</sup> PROVIDER EXAMINATION  X  X	X if ≥ 40 years old <sup>18</sup> X  X	X if ≥ 40 years old <sup>21</sup> PROVIDER EXAM  X -Visual inspection adequate  X	X X X  AR-SLPD			
Mammogram  Dental Examination (Type 1) <sup>12</sup> Dental Examination (Type 2) <sup>23</sup> Clinical Examination (Items 17 - 44) Focused examination of Tympanic Membranes, Lungs, Chest, Heart, Abdomen, and Neurologic Valsalva  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	X  X if ≥ 40 years old <sup>18</sup> P  X  X  X	X  X if ≥ 40 years old <sup>18</sup> PROVIDER EXAMINATION  X  X	X if ≥ 40 years old <sup>18</sup> X  X	X if ≥ 40 years old <sup>21</sup> PROVIDER EXAM  X -Visual inspection adequate  X	X X X  AR-SLPD			
Mammogram  Dental Examination (Type 1) <sup>12</sup> Dental Examination (Type 2) <sup>18</sup> Clinical Examination (Items 17 - 44)  Focused examination of Tympanic Membranes, Lungs, Chest, Heart, Abdomen, and Neurologic Valsalva  Adaptability Rating  Digital Rectal Examination (DRE)  Comprehensive Neurological Examination - Cranial nerves; Serial 7s; Heel-Toe; Romberg; Gait; Muscle Strength for Deltoid, Bitep, Tricep; Grip, Toe Raises, Heel Raises, Knee Flex; DTRs for Bitcep, Tricep, Patellar, Achilles, Brachioradialis; Heel-Shin slide, Babinski Reflex, Sensation  Modify as needed and record this statement on the	X  X if ≥ 40 years old <sup>18</sup> P  X  X  X	X  X if ≥ 40 years old <sup>18</sup> PROVIDER EXAMINATION  X  X	X if ≥ 40 years old <sup>18</sup> X  X	X if ≥ 40 years old <sup>21</sup> PROVIDER EXAM  X -Visual inspection adequate  X	X X X  AR-SLPD			
Mammogram  Dental Examination (Type 1) <sup>12</sup> Dental Examination (Type 2) <sup>18</sup> Clinical Examination (Items 17 - 44) Focused examination of Tympanic Membranes, Lungs, Chest, Heart, Abdomen, and Neurologic Valsalva  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, Heaf Ease, There Fies; DTRs for Bicep, Tricep, Patellar, Achilles, Brachioradialis; Heel-Shin slide, Babinski Reflex, Sensation  Modify as needed and record this statement on the DD FORM 2807-1 "Examinee denies personal family history of diabetes or psychosis, use of	X  X if ≥ 40 years old 18  P  X  X  X  X  ARMA	X  X if ≥ 40 years old is  PROVIDER EXAMINATION  X  X  X  ARMA	X if ≥ 40 years old is X X X X ARMA	X if ≥ 40 years old <sup>21</sup> PROVIDER EXAM  X -Visual inspection adequate  X  X if ≥ 50 years old <sup>1</sup>	X X X  AR-SLPD			
Mammogram  Dental Examination (Type 1) <sup>12</sup> Dental Examination (Type 2) <sup>18</sup> Clinical Examination (Type 2) <sup>18</sup> Focused examination of Tympanic Membranes, Lungs, Chest, Heart, Abdomen, and Neurologic Valsalva  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, Babinski Reflex, 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  X if ≥ 40 years old <sup>18</sup> P  X  X  X	X  X if ≥ 40 years old <sup>18</sup> PROVIDER EXAMINATION  X  X	X if ≥ 40 years old <sup>18</sup> X  X	X if ≥ 40 years old <sup>21</sup> PROVIDER EXAM  X -Visual inspection adequate  X	X X X  AR-SLPD			
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Physical Examination Accomplishment and Recording Matrix	USAF Medical Standa	USAF Medical Standards & Medical Examination Requ				
AFSC ITEM	HALO/Military Free Fall (HMFF)	Marine Dive Duties (MDD)	OSF			
Outy Title						
	HMFF	MDD	OSF			
xamination Type D FORM 2807-1 Report of Medical History	x	х	X			
D FORM 2808 Report of Medical Examination alidity of Medical Examination	X 24 months <sup>4</sup>	X 24 months <sup>2</sup>	PHA			
leight	X	VITALS X				
Veight	X	X	X			
emperature ulse	X X	X X	x			
lood Presure tting Height	X	X	Х			
nee to Buttocks unctional Reach						
ed Lens Test		VISION				
msler Grid one Contrast Testing (CCT)						
P Color Vision Test	X <sup>5</sup>	x				
vid Red/Green Test stant Visual Acuity (DVA)	X - if fails PIP X <sup>5</sup>	x				
anifest Refraction /cloplegic Refraction <sup>6</sup>	x <sup>s</sup>	X				
ear Visual Acuity (NVA)	χ <sup>s</sup>	x				
eterophoria (ES*, EX*, R.H., L.H)  epth Perception (VTA or OVT)		x				
eld of Vision ight Vision		X				
etraocular Tension (IOP) orneal Topography		X if ≥ 40 years old				
ptical Coherence Tomography (OCT)		LABORATORY				
rinalysis (dipstick)	X vs	X <sup>7</sup> X <sup>7,8</sup>				
licroscopic Urinalysis rine HCG (Females only)	x <sup>s</sup> x	X <sup>7,9</sup>				
emoglobin/Hematocrit (H/H) lood Type/RH Factor		X - (B/R)	Х			
IV <sup>10</sup> rine Drug Screen	х	x				
ood Alcohol Test (BAT)						
ap Smear omplete Blood Count (CBC)	x <sup>13</sup> x	x <sup>12</sup> x <sup>7</sup>				
yphillis Serology (RPR) 6PD	X X - once in career	X - once in career				
NA <sup>15</sup>	A since in curee.	X - once in career				
asting Blood Sugar (FBS) emoglobin-S	X - once in career	X' X - once in career				
pids (Cholesterol/Triglycerides/HDL/LDL) emoccult Test (FOBT)	x x					
B Screening (PPD or IGRA)		x <sup>7</sup>				
epatitic C Serology epatitis A Immunization		x <sup>7</sup> x <sup>16</sup>				
epatitis B Immunization		X <sup>17</sup>				
udiogram	х	x <sup>7</sup>				
2 Lead ECG with Interpretation eading Aloud Test (RAT)	X	x <sup>7</sup>				
hest Radiograph (PA View) hest Radiograph (PA/LAT View)	x	x <sup>7</sup>				
lammogram	X if ≥ 40 years old <sup>20</sup>	X if ≥ 40 years old <sup>19</sup> PROVIDER EXAMINATION				
ental Examination (Type 1) <sup>22</sup>						
ental Examination (Type 2) <sup>23</sup> inical Examination (Items 17 - 44)	x x	x x				
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ings, Chest, Heart, Abdomen, and Neurologic	X <sup>24</sup>	X <sup>24</sup>	x			
alsalva	X	X	^			
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daptability Rating						
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mily history of diabetes or psychosis, use of ntact lenses, history of motion sickness or						
sturbances of consciousness, irradiation therapy, and all other significant medical or surgical						
story." <sup>26</sup>						
ecord this statement on DD FORM 2808 - "See DD DRM 2807-1 for complete medical or surgical	x	x				
story." <sup>27</sup> Applicant possesses no fear of heights, depths,	X	x				
Applicant possesses the ability to hold breath for	^					
) seconds subsequent to deep breathing."  IS) qualified for Initial Flying Class		x				
(S) qualified for Initial Flying Class  /Airborne/Combat Control or  Irarescue or SERE Specialist/Marine Diving		х				
		T.	Í.			



#### 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. Manifest refraction not required if applicant 20/20 or better for both DVA and NVA with/without correction.

(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, tests must be completed within 90 days of the physical examination date. TB screening is required within 6 months of the physical examination date and completion of the Tuberculosis Risk Exposure Assessment (NAVMED 6224/8). 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

(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/ROTC 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

(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. Tympanic membrane mobility must be doccumented in blocks 44 and 72.b. of the DD FORM 2808.

(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, Babinski Reflex downgoing bilaterally.

(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.

ATC = Air Traffic Controller 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 166), 20 December 2018

USMEPCOM Regulation No. 40-1, Medical Qualification Program, 23 May 2018

USMEPCOM Form 40-1-9, 40 and Over Physical Supplement Worksheet Sheet, 1 April 2017

### 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/ROTC applicants Updated references

# v5 - July 2019 Version 5

Updated naming for 1A0X1, 1A3X1, 1A9X1, 1U0X1, and 13LX in line with the Air Force Enlisted and Officer Classification Directories

Added HMFF requirement to 1C4X1

Added HMFF requirement to 13LX

Added 13M AFSC column

Added Corneal Topography requirement to all IFC/SOD examinations

Added Optical Coherence Tomography (OCT) requirement to all IFC/SOD examinations

Removed ABO, Syphilis, and Night Vision requirements for MDD that are not required for AFSC duties

Changed PPD to TB Screening (PPD or IGRA)

Added Babinski Reflex to Comprehensive Neurological Examination

Updated references and abbreviations