

# Annex A - The Medical Category System

A-MD-154-000/FP-000

## The Medical Category

1. The medical category includes seven factors written in numeric form. It is expressed as:

- a. **V** - Visual Acuity
- b. **CV** - Colour Vision
- c. **H** - Hearing
- d. **G** - Geographical Factor
- e. **O** - Occupational Factor
- f. **A** - Air Factor
- g. **U** - Undersea Factor

Examples of how this could be written include:

V	CV	H	G	O	A	U
3	1	2	3	2	4	5

OR 3/1/2/3/2/4/5 OR V3 CV1 H2 G3 O2 A4 U5

## V - Visual Acuity

2. Visual acuity and refractive standards refer to the eye in its normal physiological state; that is, not wearing contact lenses or glasses. Visual acuity is expressed in grades from V1 to V5 according to the testing instructions shown at Appendix 1. If the member has had corrective laser eye surgery, refer to CF H Svcs Gp Instruction 4020-01, Laser Eye Surgery, Para 14 for guidance regarding updating the visual category following eye surgery. If an Aircrew has had corrective laser eye surgery, refer to AMA Directive 400-02, Laser Refractive Surgery for CAF Aircrew.

## **CV - Colour Vision**

3. Colour vision measurement refers to the eye in its normal state and not to measurement through coloured contact lenses designed to "correct" colour vision defects. The instructions for the testing of colour vision are shown at Appendix 2. Three grades of colour vision are recognized: CV1, CV2 and CV3.

## **H - Hearing - Auditory Acuity**

4. The ability to hear the spoken voice or audible signals, often against a considerable background of concurrent noise, is of paramount importance in certain trades. Auditory acuity is expressed in grades from H1 to H4, with increasing numerical value indicating a decrease in auditory acuity and applying the findings as shown at Appendix 3. Hearing aids are not to be worn during measurement of auditory acuity. The numerical H factor does not address ability to understand speech.

## **G - Geographical Factor - General**

5. This factor is based on the requirements for appropriate medical care, both in type and accessibility, it includes the requirement for scheduled medical care, as well as an assessment of the risk of recurrence or exacerbation of the medical condition and the level of medical care that would be required. It is graded from 1 to 6 with increasing numerical value indicating greater requirement for medical care.

### **Geographical Factors**

6. The following table describes the circumstances associated with the assignment of specific geographic factors.

<b>Geographic Factor</b>	<b>Is assigned to a member ...</b>
<b>G1</b>	<ul style="list-style-type: none"><li>• who has successfully passed the stringent medical requirements for the unique duty of astronaut training (Not used).</li></ul>
<b>G2</b>	<ul style="list-style-type: none"><li>• who has no geographical limitations due to a medical condition; and</li><li>• who is considered healthy and, at most, requires only routine, periodic or scheduled medical services no more frequently than every twelve (12) months (see Chapter 3).</li></ul>

G3	<ul style="list-style-type: none"> <li>• who has a known requirement for scheduled medical service (see Chapter 3) but no more frequently than every six (6) months;</li> <li>• whose limitations resulting from a known medical condition do not pose an unacceptable risk to the health and/or safety of the individual or fellow workers in the operational/work environment;</li> <li>• who may require and take prescription medications, the unexpected discontinuance (unavailability) of which will not create an unacceptable risk to the member's health and/or safety (e.g., thyroid, stable BP);</li> <li>• who may require a specific medical evaluation before selection for an operational environment or tasking to a remote location;</li> <li>• who should require only basic levels of medical care in the case of a recurrence or exacerbation of the known medical condition, and/or</li> <li>• whose assessed risk and level of care required equates to a "Green" area on the Medical Risk Matrix (Annex F)</li> </ul>
G4	<ul style="list-style-type: none"> <li>• who generally requires scheduled medical follow-up more frequently than every six (6) months;</li> <li>• requires regular access to laboratory services/diagnostic imaging/allied health care providers more frequently than every six (6) months; and/or</li> <li>• whose assessed level of risk equates to a "Yellow" area on the Medical Risk Matrix.</li> </ul>
G5	<ul style="list-style-type: none"> <li>• who requires scheduled specialist follow-up more frequently than every six (6) months; and</li> <li>• whose assessed risk and level of care required equates to a "Red" area on the Medical Risk Matrix (insert link).</li> </ul>
G6	<ul style="list-style-type: none"> <li>• who requires continuing medical care in an in-patient facility or equivalent.</li> </ul>

## O - Occupational Factor - General

7. This factor is based on the physical and mental activity and the stress associated with employment within a specific MOSID. Physical and mental health conditions can limit a member's capability and performance of duties. The occupational factor is graded from 1 to 6 with increasing numerical value indicating greater limitations in employment within the work environment. The demands on the member may vary with the MOSID, as well as with the geographical locale. In general, the associated mental stress is not described in any detail, unless a specific MOSID or medical condition(s) (usually psychiatric) so dictates. In these

cases, consultation with a psychiatrist or psychologist should describe acceptable levels of mental stress for the particular member. Annex B serves as a concise guide to the expected tasks and duties of all military personnel. Members with medical conditions which impose limitations should be assessed against both the Generic and the MOSID Task Statements. In this way, an appropriate O factor can be assigned.

## **Occupational Factors**

8. The following table describes the circumstances associated with the assignment of specific occupational factors.

<b>Occupational Factor</b>	<b>Is assigned to a member ...</b>
O1	<ul style="list-style-type: none"><li>• who has successfully completed medical screening for astronaut training.</li></ul>
O2	<ul style="list-style-type: none"><li>• who has no Medical Employment Limitations (MELs).</li></ul>
O3	<ul style="list-style-type: none"><li>• who has some specific MELs which can be clearly and specifically detailed, and which may prevent the member from fully participating in common military tasks.</li></ul>
O4	<ul style="list-style-type: none"><li>• who may be unable to tolerate the inherent psychological stress of an operational environment;</li><li>• who is generally restricted to light duties only, i.e., general office tasks, including delivering mail, parcels and supplies and maintaining a stock room (these tasks involve lifting and carrying objects of variable weight and bulk and require the ability to walk and climb stairs while carrying out these duties);</li><li>• is unable to perform one or more tasks listed on the Generic Task Statement (see Annex B);</li><li>• who is capable of working a full eight (8) hours per day; and / or who is considered fit for shift work as long as it is stable (i.e., shifts don't change rapidly).</li></ul>

O5	<ul style="list-style-type: none"> <li>• who is generally restricted to sedentary duties such as clerical / desk work only, which do not involve lifting and carrying objects or climbing stairs or ladders with these materials (typically these individuals are capable of acting as a receptionist, answering telephones, and doing typing and some light office filing);</li> <li>• who is capable of working up to eight (8) hours per day but generally at their own pace;</li> <li>• who is not considered fit for shift work; and/or</li> <li>• who is unable to tolerate any military work.</li> </ul>
O6	<ul style="list-style-type: none"> <li>• who is unable to work in any capacity.</li> </ul>

## A - Air Factor - General

9. The CAF medical category system includes an Air Factor. The Air Factor designates the medical fitness for flight duties for CAF Aircrew and the medical fitness for flight as a passenger for non-aircrew. All of these delegated authorities are referenced in the AMA Directive 100-01 Medical Standards for CAF Aircrew.

### Air Factors

10. The following table describes the circumstances associated with the assignment of specific air factors.

Air Factor	<b>Is assigned to a member ...</b>
A1	<ul style="list-style-type: none"> <li>• who is a pilots (00183) medically fit for unrestricted duties.</li> </ul>
A2	<ul style="list-style-type: none"> <li>• who is an Air Combat Systems Officers (ACSO) (00182), Flight Engineers (00021), Airborne Electronic Sensor Operators (AESOP) (00019), Flight Test Engineer (FTE) (00185), and Mission Specialists medically fit for unrestricted duties in air operations.</li> </ul>
A3	<ul style="list-style-type: none"> <li>• Assigned to any CF member with a medical operational flying or flight controlling restriction. The specific restriction must be defined as part of A3.</li> </ul>

	<ul style="list-style-type: none"> <li>• who is a Search and Rescue (SAR) Specialists (00101), Aerospace Controllers (AEC) (00184 including Air Traffic, Air Weapons), Aerospace Control Operators (AC Op) (00337 including Air Traffic, Air Weapons), Loadmasters (00170), Flight Stewards (00165), Flight Attendants, Aeromedical Training Officers (AMTO) (00197), Aviation Physiology Technicians (00373), Flight Surgeons (00196), Flight Nurses (00195), Flight Medical Technicians (00334), Airborne Sensor Intelligence Operators (ASI Op) (00120), and Hyper Spectral Imaging Operators (HSI Op) (00357) who are medically fit for unrestricted duties in air operations.</li> </ul>
A4	
A5	<ul style="list-style-type: none"> <li>• who is a non-aircrew CAF personnel medically fit to fly as passengers in CAF aircraft.</li> </ul>
A6	<ul style="list-style-type: none"> <li>• who is a CAF personnel unfit to fly in CAF aircraft.</li> </ul>
A7	<ul style="list-style-type: none"> <li>• who is a CAF aircrew medically unfit to carry out MOSID-specific aircrew duties.</li> </ul>

**Note:** On occupational transfer to or re-enrolment in a non-aircrew MOSID, CAF aircrew assigned an Air Factor of A7 shall have their Air Factor changed to A5. This change in Air Factor should be implemented locally at the PHA for, or immediately following, occupational transfer or upon medical examination for re-enrollment and does not require approval by CFEME or ASCS. Such individuals meet the minimum Air Factor for any MOSID requiring Air Factor of A5.

## U- Undersea Factor – General

11. The CAF medical category system includes an Undersea Factor. The Undersea Factor designates the medical fitness for employment in an undersea environment – including as a diver, as a submariner, or as a diving support trade. All of these delegated authorities are referenced in the CFHS Instr 5020-81 Compliance with Undersea Medicine Guidelines, CFHS Instr 4000-04 Diver Periodic Health Assessment and Medical Administration, CFHS Instr 4030-71 Periodic Health Assessment – Submariners, and the RCN Surgeon Undersea Medicine Guideline 100-01 Diver Periodic Health Assessments.

### Undersea Factors

12. The following table describes the circumstances associated with the assignment of specific undersea factors.

Undersea Factor	Is assigned to a member....
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<b>U1</b>	<ul style="list-style-type: none"> <li>• who is a Deep Water Diver including Clearance Diver (00342), Clearance Diving Officer (00207), or Port Inspection Diver (00226), medically fit for unrestricted duties.</li> </ul>
<b>U2</b>	<ul style="list-style-type: none"> <li>• who is a Submariner (various MOSIDs), medically fit for unrestricted duties.</li> </ul>
<b>U3</b>	<ul style="list-style-type: none"> <li>• who is an undersea operator with an undersea environment restriction.</li> </ul>
<b>U4</b>	<ul style="list-style-type: none"> <li>• who is a Shallow Water Diver including Ship Diver (various MOSIDs), Search and Rescue Technician (00101), Combat Diver (00339), Special Operations Forces Diver (various MOSIDs), or other MOSIDs requiring shallow water diver qualification, medically fit for unrestricted duties.</li> </ul>
<b>U5</b>	<ul style="list-style-type: none"> <li>• who is a CAF member not medically assessed for CAF training or employment in an undersea environment.</li> </ul>
<b>U6</b>	<ul style="list-style-type: none"> <li>• who is a diving support trade including Diving Medical Officer (00393), Diving Medical Specialist (00390), Diving Physician Assistant (00374), Diving Nurse Practitioner (00195), Diving Medical Technician (00334), Diving BioScience Officer (00197) or other MOSIDS who require qualification as inside attendant, medically fit for unrestricted duties.</li> </ul>
<b>U7</b>	<ul style="list-style-type: none"> <li>• who is an undersea operator, medically unfit for employment in an undersea environment.</li> </ul>

## **Temporary Categories (TCats) and Permanent Categories (PCats)**

13. Frequently, it becomes necessary to temporarily change one or more of the medical category factors while waiting for a medical condition to stabilize enough to allow for it to revert back to the previous Med Cat. The validity of most temporary changes shall not exceed six (6) months, but a TCat may be renewed if required (i.e., maximum 18 months temporary medical category status).

14. An initial TCat may be assigned for 12 months in exceptional circumstances where there is no benefit to the member to be re-assessed at the 6 month point. Examples would include pregnancy or situations where there will be a prolonged delay in accessing definitive therapy.

15. An 18 month time frame should allow an accurate assessment of the prognosis for most medical conditions. A statement regarding prognosis shall be made in the PHA at the earliest reasonable time. As soon as the member's condition has plateaued and/or is not expected to significantly improve in the foreseeable future, a PCat should be assigned, even before the end of the 18-month period of TCat. Permanent MELs are required when the long-term prognosis indicates that the impairment, or disability, is either stable, or is unlikely to improve to the degree that MELs would not be required.

16. In the rare case where additional temporary status beyond 18 months may be warranted for extenuating circumstances, the case must be reviewed and approved by D Med Pol /Medical Standards section. Guidelines for the application of and approval authorities for TCats and PCats are in CF H Svcs Gp Instruction 5020-07, Changes of Medical Category or Employment Limitations.

## TCat for Air Crew, Divers and Submariners

17. Guidelines for the application and approval authorities for TCats and PCats for Aircrew, Divers and Submariners can be found in the following Orders and Instructions respectively:

- a. 1 Cdn Air Div Orders Flight Surgeon Guidelines
- b. AMA Directive 100-01, Medical Standards for CF Aircrew
- c. DAOD 8009-0, Canadian Forces Diving
- d. CF H Svcs Gp Instruction 4000-04, Diver Periodic Health Assessment and Medical Administration
- e. DAOD 5003-7, Service in Submarines
- f. CF H Svcs Gp Instruction 4030-71, Medical Fitness for Submarine Service and Wet Pressurized Escape Training

## Medical Standards for Enrolment

18. CAF applicants undergo comprehensive individualized medical screening and medical file review. Based on this medical assessment, an applicant is assigned a medical category and any required Medical Employment Limitations (MELs).

19. An applicant's eligibility for enrollment is based on whether any assigned MELs would preclude them from safely participating in basic training as defined by the basic training essential tasks, or from meeting Universality of Service as defined in DAOD 5023-1, Minimum Operational Standards Related to Universality of Service.

20. An applicant's eligibility for a specific MOSID may be further limited based on the requirements of that MOSID. The Minimum Medical Standards for individual MOSIDs are detailed in Annex E - Minimum Medical Standards for Officers and Non-Commissioned

**Members.** These standards apply on enrollment except where specific MELs have been assessed by the Occupational Authority as compatible or incompatible with enrolment in the MOSID.

21. All new CAF members are expected to fulfill the probationary period requirements outlined in **CAFMPI 05/24, CAF Probationary Period.**

22. The minimum medical standard for enrolment into COATS is V4 CV3 H3 G3 O3 A5 U5. Though, under special circumstances, Canadian Forces Recruiting Group may waive this standard for some COATS applicants up to a V5 G4 O4. There are no minimum medical standards for enrolment into Canadian Rangers.

## **Medical Standards for Military Occupations**

23. The minimum medical category required for members in the various MOSIDs is shown at Annex E.

24. Any CAF member of the Canadian Rangers, COATS or Supp Res is required to meet the minimum operational standards if attached, seconded or transferred on consent to the Reg F or P Res. See DAOD 5023-1 Minimum Operational Standards Related to Universality of Service.

## **Medical Category on Release**

25. A Medical Examination for Release is required for all Regular Force members. It is also required for all Reserve Force members who report a duty-related illness or injury, no more than 6 months prior to the projected date of release. An updated medical category and appropriate MELs are to be assigned in the same way as during a Periodic Health Assessment. Any new MELs are to be processed through DMed Pol/Med Stds Section. Guidance for policies related to Release Medicals can be found in CF H Svcs Gp Instruction 4000-03, Release Health Assessment.

26. Temporary MELs may not be awarded on a Release Medical. For a condition that is not yet stable, the proposed MELs should reflect the expected outcome of treatment or the overall prognosis. For example, if the member is leaving with a recently broken ankle, then the MEL should be based on expected outcomes in 18 to 24 months (which would be the anticipated length of TCats prior to a PCat).

27. It is also important that the MELs reflect the most up to date MELs for that particular condition. For example, a member with MELs granted 10 years prior for a condition that D Med Pol now gives different MELs for should have their MELs updated.

28. In rare cases, there may not be time to make appropriate assessments prior to the Release Date. In that situation, consideration should be given to awarding an MEL of:

“G3 requires assessment by a Medical Officer prior to re-enrolment”

# Appendices to this Annex

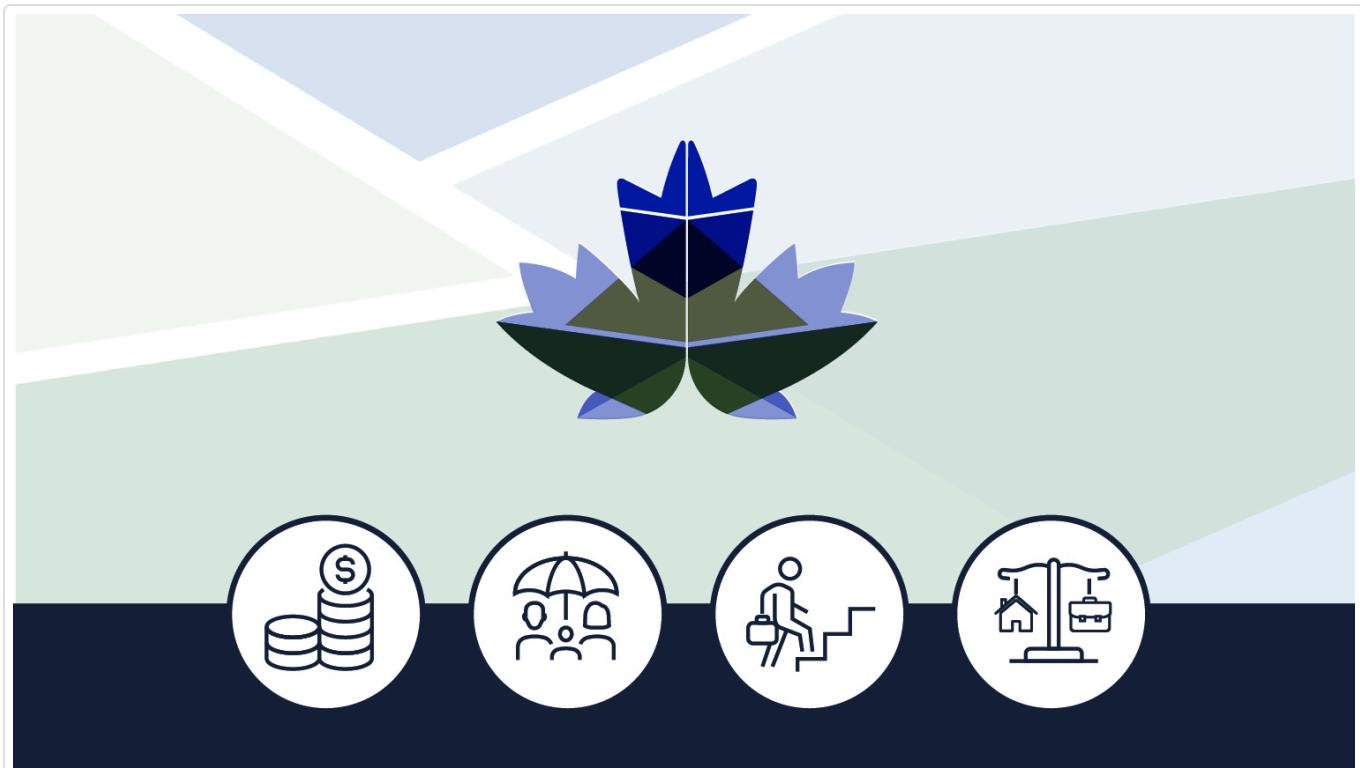
[Appendix 1](#) - Instructions for Testing Visual Acuity

[Appendix 2](#) - Instruction for Testing Colour Vision

[Appendix 3](#) - Table of Hearing Standards

## Departmental priorities

### The CAF Offer



## **Sexual misconduct**



## **Total Health and Wellness Strategy**



## Conduct, culture, diversity and inclusion



**Date modified:**

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