Aeromedical Electronic Resource Office (AERO) User's Guide
Completing an AMS in AERO

Enter an AMS for any physical (including applicant and grounding) which requires endorsement by NAMI (BUMED) and action by the Waiver Authority.

1. From the **Log In/Patient Search** screen, type in the service member's SSN, Patient ID, or name; click *Search*; and select the patient.

   Search

   Patient Search Results

SSN	Last Name	First	M.I.	Suffix	DOB	Service
333224444	NAVY	SALLY	A	~	04-JUL-1989	NV

2. Under the **Create** menu select *New Encounter* (left-hand column).

   Logged on as : US NAVY

   Patient Home

   Name: NAVY, SALLY A. Patient ID: 1301653 SSN: 333-22-4444 DOB: 04-JUL-1989 US NAVY

Reports	Encounter Report										
History Summary	FDME Date	Last Name	First	M.I.	SX	Class	NAMI Date	NAMI Status	Waiver Status	Service	Assoc Enc	Lock	Docs
Audiology	02-JUL-2012	NAVY	SALLY	A	~	P2C				NV	11-JUL-2012	NAMI	
CadRisk	11-JUL-2012	NAVY	SALLY	A	~	AMS				NV	02-JUL-2012	SURGEON	
Refraction													
Reason Returned													

   Admin Notes
   There are no Admin Notes.
   Add New Note

   Create
   New Encounter

   Navigation
   Patient Search
   My Briefcase
   Msg Re:Patient

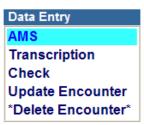3. On the **Create New Encounter** screen, type in the:

   Name: NAVY, SALLY A. Patient ID: 1301653 SSN: 333-22-4444 DOB: 04-JUL-1989 US NAVY

   Create New Encounter
   SSN   333224444
   Last Name   NAVY
   First Name   SALLY
   Middle Name A
   Suffix
   Physical Date 11-Jul-2012
   Physical Class Aero-Medical Summary for all classes
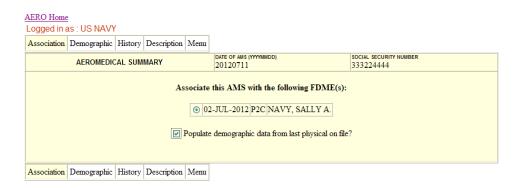   [Create New Encounter] [Cancel]

   a. **Physical Date** in YYYYMMDD format or select the date from the pop-up calendar (generally should be the same date as the associated physical, can be dated later than the physical but cannot be dated earlier)
      i. *Note: If waiver is not recommended to PERS/CMC (grounding), member generally has 12 months from this date to resolve any issues preventing waiver recommendation before ACIP (flight pay) stops; therefore consider entering a new, recent physical if grounding is recommended/anticipated.*
   b. **Physical Class**: select *Aero-Medical Summary for all classes* (from drop down menu).
   c. Click *Create New Encounter* button.

4. You are directed to the **Data Entry** screen. Under the **Data Entry** menu, select *AMS*.

Data Entry
AMS
Transcription
Check
Update Encounter
Delete Encounter

5. You are directed to the AMS data entry input area, **Association** tab. Select the appropriate physical to associate with this AMS, and select the check box to populate the demographics from that physical into the AMS (e.g. do you want the exam facility, return address, flight surgeon, unit, etc. for the AMS to be the same as in the associated physical. Normally you will want to check this box, as it will save you time re-entering demographics). You will only see this check box the first time you view the **Association** tab. Make sure the demographics are complete on the physical (Rank, Designator, current duty) BEFORE you check this box or you will need to enter this information into the AMS directly.

AERO Home
Logged in as : US NAVY

| Association | Demographic | History | Description | Menu |

AEROMEDICAL SUMMARY	DATE OF AMS (YYYYMMDD) 20120711	SOCIAL SECURITY NUMBER 333224444

Associate this AMS with the following FDME(s):

⊙ 02-JUL-2012 P2C NAVY, SALLY A.

☑ Populate demographic data from last physical on file?

| Association | Demographic | History | Description | Menu |

6. Click the **Demographic** tab. Complete all relevant data that has not been auto-populated from the associated physical. It is possible to change the auto-populated entries by using the *Search* buttons, drop downs, and text boxes to make new entries. (**Note: your entries are not saved until you click into another tab. If you use your browser's Back button, your entries will be lost). Make sure that the member's Rank, Designator and current duty are completed for all submissions**.

AERO Home
Logged in as : US NAVY

Association | Demographic | History | Description | Menu

AEROMEDICAL SUMMARY

DATE OF AMS (YYYYMMDD)
20120711

SOCIAL SECURITY NUMBER
333224444

EXAM FACILITY ADDRESS
OFFICER IN CHARGE
BRANCH MEDICAL CLINIC
ATTN PHYSICAL EXAMS
JACKSONVILLE FL 32212

b. EXAM FACILITY PHONE   c. UIC
   None   N32673
Search here to update facility:
Search String: %
☐ Search All Facilities?
[Search]

RETURN FACILITY ADDRESS
OFFICER IN CHARGE
BRANCH MEDICAL CLINIC
ATTN PHYSICAL EXAMS
JACKSONVILLE FL 32212

b. EXAM FACILITY PHONE   c. UIC
   None   N32673
Search here to update return facility:
Search String: %
☐ Search All Facilities?
[Search]

AEROMEDICAL PHYSICIAN ASSISTANT STAMP AND SIGNATURE
Surgeon (Assistant) Not Selected
Last Name %
First Name %
[Search] Search here to modify the physician assistant.
Email

FLIGHT SURGEON STAMP AND SIGNATURE
GIBSON, DAVID W.
Last Name %
First Name %
[Search] Search here to modify the surgeon.
Email david.gibson@navy.mil

NAME
LAST NAVY
FIRST SALLY
MIDDLE A   SUFFIX [ ]

GRADE
Military
O3: LT
Civilian
[ ]

DATE OF BIRTH (YYYYMMDD)
19890704
FDME AGE: 23 (Auto Calculated)

COMPONENT
☑ Active Duty
☐ Reserve
☐ Student

Designator / NEC / MOS (4-6 numbers)
1310

TOTAL YEARS GOVERNMENT SERVICE
MILITARY 4
CIVILIAN 0

b. PHYSICAL PROFILE   P-Permanente T-Temporary (1-Highly Fit 2-Some Limitation 3-Significant Limitation 4-Drastic Limitation)
P [ ] U [ ] L [ ] H [ ] E [ ] S [ ] X [ ]

AEROMEDICAL WAIVERS IN EFFECT

HOME ADDRESS
LN 1 123 MAIN ST   COM PH 904-771-4444
LN 2   DSN PH ~
CITY JACKSONVILLE   STATE FL   ZIP 32222
Email   (optional)

UNIT ADDRESS
UNIT VP-30   UIC 12345   COM PH 904-333-4444
LN 1 COMMANDING OFFICER PATROL SQUADRON 30   DSN PH 123-
LN 2 BOX 24 NAS
CITY JACKSONVILLE   STATE FL   ZIP 32212-0024
Email COVP30@NAVY.MIL

PRIMARY AIRCRAFT
P-3

TOTAL FLYING TIME (hours)
200

LAST SIX MONTHS (hours)
30

CURRENT DUTY
PIC

FLYING POSITION
Pilot

GROUNDED Yes ▾
DATE GROUNDED 20120415
TEMP CLEARANCE Yes ▾
DATE CLEARANCE 20120702
DATE OF ONSET OF CONDITION 20120415
Recommend Date of Medical Incapacitation DOMI (YYYYMMDD)

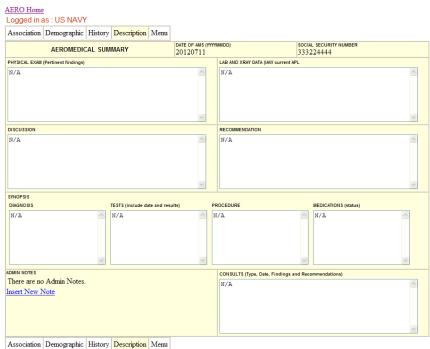Association | Demographic | History | Description | Menu

a. **Exam Facility Address, Phone** and **UIC** should be on the left side of the first block, with **Return Facility Address, Phone** and **UIC** on the right side.
b. Next block is the **Aeromedical Physician Assistant** name (leave blank) and then the **Flight Surgeon** name (mandatory) and **Email** address.
c. Next block is the **Last** name, **First** name, **Middle** initial and **Suffix** of the aviator.
d. Next block is the **Grade** – drop down menu for military or civilian.
e. Next block is the **Date of Birth**.
f. Next block must contain the **Component**, selected by check box, except for contract and GS civilians.
g. Next block is the member's primary military occupational **Designator**.
h. Next block is the **Total Years Government Service, Military** and/or **Civilian**. Both must be completed. Enter 0 if none.
i. Next block, **Physical Profile**, may be left blank for Navy, or complete in accordance with AR 40-501, Chapter 7, Table 7-1 (Remember the Army uses this form too) .

j.   Next block – **Aeromedical Waivers in Effect** - automatically lists any aeromedical waivers currently in effect for that aviator. *(If the member has waivers which do not appear, please list them on the* **Description** *tab, see #8i below)*.

k.   Next block – please complete the aviator's **Home Address**, **Unit Address**, **COM**mercial and **DSN** phone numbers and at least one **Email** address (military).

l.   Next block is **Primary Aircraft**, or enter N/A.

m. Next block is **Total Flying Time** (military), or enter N/A.

n.   Next block is the amount of flight time in the **Last Six Months**, or enter N/A.

o.   Next block is the **Current Duty** performed by the individual.

p.   Next block is the **Flying Position** (e.g. pilot, NFO, aircrew, ATC, etc.).

q.   Next block – was the aviator grounded for the condition the AMS refers to? (drop down – yes or no).

r.   Next block – **Date Grounded**.

s.   Next block – was **Temp**orary **Clearance** given? (e.g. 90-day up chit via a LBFS; drop down – yes or no).

t.   Next block – **Date** temporary up chit was issued.

u.   Next block – **Date of Onset of Condition**.

v.   Next block – **Date of Medical Incapacitation DOMI**. This is only used when Suspension from Flight Duties is being recommended. It is the date the diagnosis, and concomitant prognosis, was established, and the aviator was locally grounded.

7. Click on the **History** tab. Every box must contain text, but all of the boxes except **Disqualifying Condition** are pre-filled for you with N/A: *you must fill in data for your particular patient*

a. Type in the **Disqualifying Condition** - why the AMS is being written, and what a waiver is being requested for or why the aviator is being grounded. May be more than one condition, e.g. Hypertension and Chronic Medication Usage for Hypertension, ACE Inhibitor. You can list up to six conditions.

b. Type under **Reference** the Navy ARWG topic section that pertains if there is one, e.g. 3.14 Hypertension. This block can be left blank.

c. Enter the **ICD9** code that applies. Frequently this can be obtained from the codes listed in the Navy ARWG. Enter without the decimal point, e.g. 401.9 should be entered as 4019. This is a quirk of AERO. If it is an **ICD9** code that AERO recognizes, if you click into another tab and then click back into the **History** tab, a description will appear under **ICD9 Description**. The **ICD9** field can also be left blank.

d. **How Condition Was Discovered / Chief Complaint** – for example, was this noted at annual physical, on a routine sick call visit, status post a motor vehicle accident, presentation to an emergency room, etc. **Note:** (1) If this is an applicant physical, completion of the remaining fields is preferred but not required. At a minimum, complete the **Disqualifying Condition** block and in this block (**Chief Complaint**) enter "Applicant, see 2807/2808". The remaining blocks can remain N/A, but you must ensure that all of the information required to support the waiver requested is contained in the 2807, 2808, and/or uploaded documents. (2) If this is a grounding physical, completion of the remaining fields is useful but not required. At a minimum, complete the **Disqualifying Condition** block and in this block (**Chief Complaint**) enter "Grounding, see 2808". The remaining blocks can remain N/A, but you must ensure that you have entered at least the minimum information in the 2808 as required by MANMED 15-78 (1) (d). (3) If a waiver is being requested for one of the conditions that require use of an AMS template (Hypertension, PRK, LASIK, Pregnancy), use the template and upload it as a PDF file from the **Scanned Documents** menu, *Upload Documents*, on the **Data Entry** screen (see #9a, below).

e. **Past Medical History**.

f. **Social and Family History**.

g. **Military / Occupational History**.

h. **Aviation History** – i.e. military and civilian aviation history, mishap history, all aircraft qualifications. Please list all aircraft and number of flight hours in each type. List also any special qualifications (e.g. instructor, NATOPS instructor, etc).

8. Click on the **Description** tab. Every box must contain text, but all of the boxes are pre-filled for you with N/A: *you must fill in data for your particular patient*

Logged in as : US NAVY

| Association | Demographic | History | Description | Menu |

| AEROMEDICAL SUMMARY | DATE OF AMS (YYYYMMDD) 20120711 | SOCIAL SECURITY NUMBER 333224444 |

PHYSICAL EXAM (Pertinent findings)
N/A

LAB AND XRAY DATA (IAW current APL
N/A

DISCUSSION
N/A

RECOMMENDATION
N/A

SYNOPSIS
DIAGNOSIS
N/A

TESTS (include date and results)
N/A

PROCEDURE
N/A

MEDICATIONS (status)
N/A

ADMIN NOTES
There are no Admin Notes.
Insert New Note

CONSULTS (Type, Date, Findings and Recommendations)
N/A

| Association | Demographic | History | Description | Menu |

a. **Physical Exam** – any relevant physical findings relating to the condition.
b. **Lab and XRay** – list any chemistries, cultures, or blood work that may have been done along with the dates. Also list any radiographic procedures (diagnostic or therapeutic) with their dates. If none, list as N/A. Please use this section to report any "Required Information" as outlined in the Navy ARWG.
c. **Discussion** – the main body of the AMS. The rank, name, age, airframe, type rating and total military flight hours are normally summarized in the first sentence; e.g. " CDR Smith is a 46-year-old H-53 instructor pilot with 1750 total military flying hours who presents with elevated blood pressure at his annual physical". The contents of the discussion are preferred as a narrative summary covering the presentation, diagnosis, treatment, medications, doses, side effects, course, clinical stability, prognosis, etc. *__Recognize that you, the Flight Surgeon, are the one who knows the patient and serves as his/her advocate. At NAMI, we are here to serve as an impartial reviewer of the data. Ask yourself, does this discussion convey what n eeds t o be kn own abou t m y pati en t's con diti on an d its__ __resolution or implications? If not, elaborate further.__*
d. **Recommendation** – based on the aeromedical decision-making process, does this condition pose a risk of sudden or subtle incapacitation, or is the condition stable and/or resolved? Is there a possibility of progression or recurrence; is it subject to aggravation by military service, especially extended periods of time in an austere environment? Does this condition require frequent testing, invasive procedures or

non-routine laboratory tests? Use these ideas to formulate an argument for one of the following dispositions:
   i. Waiver Recommended
   ii. Waiver NOT Recommended
   iii. Information Only status for the condition/medication
   iv. Waiver Recommended with restrictions
e. **Diagnosis** – this should match the original disqualifying condition.
f. **Tests** – with their results and dates. If none, list as N/A.
g. **Procedures** – with their results and dates. If none, list as N/A. Operative reports should be uploaded as a PDF files from the **Scanned Documents** menu, *Upload Documents*, on the **Data Entry** screen (see #9a, below).
h. **Medications** – along with dosage. If none, list as None.
i. **Admin Notes** – please use the *Insert New Note* option to list any previously requested and/or granted waivers and the appropriate date of the letter which made the recommendation (BUMED letter) or granted the waiver (PERS/CMC letter) not automatically listed on **Demographics** tab (see #6j, above).
j. **Consults** – with results and dates. If none, list as N/A.

9. The **Menu** tab returns you to the **Data Entry** screen. Requirements and standards are displayed on the bottom of the page, in the **Requirements / Standards** box. Correct any items that are listed as missing.

Once all missing items are corrected you will see a green PASS.

a. Use the **Scanned Documents** menu – *Upload Documents* option (left hand column) to add any supporting documentation, including what is outlined in the pertinent Navy ARWG topic. Also use this option to upload AMS's which require a template (Hypertension, PRK, LASIK, Pregnancy) (see #7d, above).

    i. Notes on Scanning:
1. Make sure to upload only .pdf files.
2. For ease of review, please group like documents together and give each a good description (i.e. Lab Results, ECG, Eye Exam, X-ray Reports, AHLTA Notes, etc.). Do NOT use a separate upload for each test, lab result, etc. Pertinent lab tests, x-ray reports, etc. can alternatively be cut and pasted from AHLTA into the appropriate block on the **Description** tab.
3. Please limit the quality /resolution set for the scans, i.e. please use the lowest setting which still results in a usable image thereby limiting the resulting uploaded file size.
4. Please scan color images in color while scanning black and white documents as such.
5. Please also keep in mind that doing two-sided scanning with a one-sided source document will result in a scan which is twice as large with every other page being blank.
6. Please also try to orient each page in the same direction since "flipped pages" are difficult to read.

10. At any point before submitting the AMS to NAMI, you can change the AMS date by selecting *Update Encounter* in the **Data Entry** menu. You can also select **Delete Encounter** to delete the entire AMS and start over. To return to the patient's home screen (which lists all of their encounters) you can select *Patient Home* from the **Navigation** menu, or click on the patient's *Name* near the top of the screen. To return to the main AERO log in page, you can select *Patient Search* from the **Navigation** menu, or click on *AERO Home* at the top of the screen.

11. When your AMS is complete, in the Admin Flow box, use the drop down under Flow Type to select *SAS: Submit AlvfS to N.Alvfl.* Click the *Submit* button, and you are done! You will be taken back to the AERO Home screen after you click *Submit.*

AERO Home

US NAVY

Data Entry

Name: NAVY. SALLY A. Patient 1O: 1301653   FDME Date: 11.JUL·2012 Class: AMS

NAMI Status . Pending

| AMS |
| Transcription |
| Check |
| Update Encounter |
| –Delete Encounter – |

Associated Physical
P2C Physical

Upload Documents

Cover Sheet
Print Standards
Print Reports
History Summary

Patient Search
Patient Home
Encounter Home
My Briefcase
Msg Re:Encounter

dmin Flow

| Mod DATE | Mod User | Flow Type | Description |

11-JUL-2012 11:54:45 DAVID.W.GIDSON   CS   Encounter created by flight surgeon
Status:OPEN

Flow Type
|iif.!§Wjii§,.IIM·4$f+B.M¥h v| | Submit]

Please note, the Flight Surgeon Status is ·Qualified reconunended.-

-- PASS --