Unmanned Aircraft System (UAS) Physical Worksheet

Groups 1 and 2: Examined by Qualified Medical Provider, Waiver approved by Commanding Officer (CO) locally Groups 3, 4, and 5: Examined by Qualified Aeromedical Officer (AMO), submit to Naval Aeromedical Institute (NAMI)

Patient Name:	Aeromedical Electronic Resource Office (AERO) ID#:	Pass	Fail
1. General Duty physical requirements: Must meet ALL General Duty Standards, as noted in MANMED Chapter 15, Section III. If any disqualifying condition(s) exist, requires notation in Block 9 and AMO review.			
2. Visual Acuity: Must be corrected to 20/20, passing any <u>one</u> of the following two tests: a. Armed Forces Vision Tester (AFVT): at least 7/10 on 20/20 line b. Sloan Crowded Letter Chart (Good-lite): at least 7/10 on the 20/20 line			
3. Color vision: Must pass any <u>one</u> of the following two tests: a. PseudoIsochromatic Plates (PIP): 12/14 correct or better b. Computer-based Color Vision Testing (CBCVT): passing grade			
4. Oculomotor Balance: Must pass <u>all</u> of the following tests: a. Eso/exophoria must be less than 6.0 diopters b. Hyperphoria must be less than 1.5 diopters c. No tropia or diplopia in any direction of gaze			
5. Field of Vision: Must be grossly full.			
6. Depth Perception: Only stereopsis is tested. Must pass any <u>one</u> of the following three tests: a. AFVT: at least A-D completed with no errors b. Stereo booklet (Titmus Fly or Randot): 40 arc second circles c. Verhoff: 8/8 correct on first trial; or if any are missed, 16/16 on the combined second and third trials			
7. Intraocular Pressure: Must pass <u>all</u> of the following tests: a. IntraOcular Pressure (IOP) less than or equal to 22 mmHg OU b. Less than 5 mmHg difference between eyes (5 mmHg or greater difference requires Ophthalmology clearance for waiver)			
8. Read Aloud Test: "Banana Oil" read aloud with no impediments (per MANMED Chapter 15)			

9. Disqualifying Conditions: **Waiver Recommended (WR) or Waiver Not Recommended (WNR)**	WR	WNR
a. _____		
b. _____		
c. _____		
d. _____		

10. UAS Groups 1 and 2:
         Qualified
         Not qualified, Local Waiver Granted By:
         Not qualified, Local Waiver Denied By:

11. UAS Groups 3, 4, and 5. Must be submitted to NAMI via AERO with electronic Physical and AMS.
         Qualified
         Not qualified, Waiver Recommended by AMO
         Not qualified, Waiver NOT Recommended by AMO

Medical Provider Signature:	Aeromedical Officer Signature (required for Group 3-5):
Printed Name & Date:	Printed Name & Date: