

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															
Create		Admin Notes													
New Encounter		There are no Admin Notes. Add New Note													
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
<input type="button" value="Create New Encounter"/> <input type="button" value="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.

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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):				
<input type="radio"/> 02-JUL-2012 P2C NAVY, SALLY A.				
<input checked="" type="checkbox"/> Populate demographic data from last physical on file?				
Association	Demographic	History	Description	Menu

- 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, COMmercial** 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 **Temporary 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. N/A is an acceptable entry if appropriate.

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Association Demographic **History** Description Menu

AEROMEDICAL SUMMARY		DATE OF AMS (YYYYMMDD)	SOCIAL SECURITY NUMBER
		20120711	333224444
DISQUALIFYING CONDITION	Reference	ICD9	ICD9 Description
1. Hypertension	3.14 Hypertension	4019	ESSENTIAL HYPERTENSION, UNSPECIFIED
2. Use of ACE Inhibitor, Lisinopril	3.14 Hypertension	MDA25	ACE INHIBITOR (LISINAPRIL)
3.			
4.			
5.			
6.			
HOW CONDITION WAS DISCOVERED / CHIEF COMPLAINT			
See Uploaded AMS			
PAST MEDICAL HISTORY		SOCIAL AND FAMILY HISTORY	
N/A		N/A	
MILITARY / OCCUPATIONAL HISTORY		AVIATION HISTORY	
N/A		N/A	

Association Demographic **History** Description Menu

- 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). Completion of the remaining AMS fields is useful but not required. At a minimum, complete the **Disqualifying Condition** block and in this block (**Chief Complaint**) enter “See Uploaded AMS”. The remaining blocks can remain N/A.
- 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. N/A is an acceptable entry if appropriate.

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 Logged in as : US NAVY

Association	Demographic	History	Description	Menu
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AEROMEDICAL SUMMARY		DATE OF AMS (YYYYMMDD) 20120711	SOCIAL SECURITY NUMBER 333224444
PHYSICAL EXAM (Pertinent findings) N/A		LAB AND XRAY DATA (IHW 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
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- Physical Exam** – any relevant physical findings relating to the condition.
- 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.
- 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 needs to be known about my patient’s condition and its resolution or implications? If not, elaborate further.**
- 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.

Requirements / Standards
<ul style="list-style-type: none">• How condition was discovered is required but missing.• AKO Email is required but missing.• Military / Occupational history is required but missing.• Unit Address Line 1 is required but missing.• Aviation History is required but missing.• Unit City is required but missing.• Social and Family history is required but missing.• Unit State is required but missing.• Unit Zip is required but missing.• Past medical history is required but missing.• Physical Exam (Pertiant findings) is required but missing.• Lab and xray data is required but missing.• Discussion is required but missing.• Recommendation is required but missing.• Procedure is required but missing.• Primary SSI is required but missing.• Flight surgeon is required but missing.• Years civilian is required but missing.• Primary aircraft is required but missing.• Surgeon Email is required but missing.
-- Does not meet standards --

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

Requirements / Standards
-- 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 AMS to NAMI*. Click the *Submit* button, and you are done! You will be taken back to the **AERO Home** screen after you click *Submit*.

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US NAVY

Data Entry

Name: NAVY, SALLY A. Patient ID: 1301653 FDME Date: 11-JUL-2012 Class: AMS

NAMI Status : Pending

Data Entry	Admin Flow								
<p>AMS</p> <p>Transcription Check Update Encounter Delete Encounter*</p>	<table border="1"> <thead> <tr> <th>Mod DATE</th> <th>Mod User</th> <th>Flow Type</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>11-JUL-2012 11:54:45</td> <td>DAVID.W.GIBSON</td> <td>CS</td> <td>Encounter created by flight surgeon</td> </tr> </tbody> </table> <p>Status: OPEN</p> <p style="text-align: center;">Flow Type</p> <p>SAS: Submit AMS to NAMI <input type="button" value="Submit"/></p> <p>Please note, the Flight Surgeon Status is "Qualified recommended."</p>	Mod DATE	Mod User	Flow Type	Description	11-JUL-2012 11:54:45	DAVID.W.GIBSON	CS	Encounter created by flight surgeon
Mod DATE	Mod User	Flow Type	Description						
11-JUL-2012 11:54:45	DAVID.W.GIBSON	CS	Encounter created by flight surgeon						
<p>Associated Physical</p> <p>P2C Physical</p>	<p>Requirements / Standards</p> <p>-- PASS --</p>								
<p>Scanned Documents</p> <p>Upload Documents</p>									
<p>Reports</p> <p>Cover Sheet Print Standards Print Reports History Summary</p>									
<p>Navigation</p> <p>Patient Search Patient Home Encounter Home My Briefcase Msg Re:Encounter</p>									