

2.0 WAIVERS OF PHYSICAL STANDARDS

2.1 INTRODUCTION

Aircrew personnel and applicants who do not meet physical standards may be considered for a waiver of standards. Waivers may be granted on the need of the service, consistent with training, experience, performance, and proven safety of the aircrew personnel. In general, applicants are held to a stricter standard than designates and are less likely to be recommended for a waiver.

2.2 GENERAL REQUIREMENTS

In addition to the criteria mentioned above, waivers are also based upon risk management and how it is applied to the following nine criteria:

1. It must be acceptable for unrestricted general military duty as per the Manual of the Medical Department (MANMED/NAVMED P-117).
2. It cannot jeopardize the successful completion of a mission.
3. The disqualifying defect must not pose a risk of sudden incapacitation.
4. It must not pose any potential risk for subtle incapacitation that might not be detected by the individual but would affect alertness, special senses, or information processing.
5. It must not be subject to aggravation by military service or continued flying.
6. It must be resolved or stable at the time of the waiver (i.e. non-progressive).
7. If the possibility of progression or recurrence exists, the first signs or symptoms must be easily detectable and cannot constitute an undue hazard to the individual or to others.
8. It cannot require uncommonly available tests, regular invasive procedures, non-routine medications or frequent absences to monitor stability or progression especially during deployment or assignment to austere areas.
9. It cannot involve unconventional medical treatments that are outside of standard of care.

2.3 GRANTING AUTHORITY

Waivers are granted by BUPERS, CMC (ASM), or other appropriate waiver granting authority. NAMI Code 342 must review all waiver requests and forward their recommendations to BUPERS or CMC as appropriate. It is important to note that the BUMED endorsement letter recommending a disposition on an aircrew member is not the final action and requires BUPERS or CMC endorsement. In other words, a waiver is not truly granted until BUPERS or CMC acts. Until that time, the waiver is still in a “recommended” status.

2.4 REQUESTING AUTHORITY

Waivers may be requested by the following individuals:

1. The service member initiates the waiver request in most circumstances.
2. The commanding officer of the member may initiate a waiver request.

3. The examining or responsible medical officer may initiate a waiver request.
4. In certain cases the initiative to request or recommend a waiver will be taken by BUMED; the Commanding Officer, Naval Reserve Center; CMC; or NAVPERSCOM. In no case will this initiative be taken without informing the member's local command.
5. All waiver requests shall be either initiated or endorsed by the member's commanding officer.

2.5 ROUTING OF WAIVER REQUESTS

Except in rare cases, the waiver request will begin at the member's command either with the member or the commanding officer. All waiver requests must be routed through the member's commanding officer and contain a statement indicating that the commanding officer is aware of the request for a waiver, the Aeromedical recommendation, and whether the commanding officer concurs with this recommendation. A formal command endorsement typed on command letterhead must accompany all waiver requests for alcohol disorders. After review by the member's commanding officer, all waiver requests shall be forwarded to NAMI Code 342 for review and endorsement. NAMI Code 342 will review all waiver requests and forward their recommendation to the appropriate waiver granting authority (BUPERS or CMC) via formal BUMED letter. Copies of this BUMED letter are also sent to the member's command and the medical treatment facility that examined the member. Copies of the BUMED letter shall be placed in the member's health record along with the waiver request.

2.6 WAIVER SUBMISSION REQUIREMENTS

The submitter should refer to the appropriate section of the Aeromedical Reference and Waiver Guide (ARWG) for specific submission requirements for each defect or disqualifying diagnosis. All waiver submissions require ALL OP REPORTS pertaining to the waiver (as indicated), an Aeromedical Summary (AMS), to include applicants, and the following items:

APPLICANTS:

1. Complete applicant physical exam
2. A detailed history, review of systems, and physical findings associated with the defect shall be recorded on the physical exam
3. All supporting documentation required by the appropriate section of the ARWG (i.e. laboratory, radiology, consultant reports...)
4. Flight Surgeon's recommended disposition

DESIGNATED:

1. The member's most recent flight physical
2. All supporting documentation required by the appropriate section of the ARWG (i.e. laboratory, radiology, consultant reports, etc...)
3. All information required for continuation of previous waivers
4. The AERO website should be reviewed prior to submission to ensure that the member has all prior waivers and physical exams up-to-date
5. Once complete, the waiver request shall be submitted within 10 working days to NAMI Code 342 via the member's commanding officer

2.7 WAIVER CONTINUATION

Waiver continuation requests must be submitted to NAMI Code 342 for review. Refer to the BUMED endorsement letter to determine how frequently submission is required and what information must be submitted. The continuation request must include the member's annual physical exam (long or short form) and all required additional information as specified by BUMED letter and/or the pertinent section of the ARWG.

2.8 AEROMEDICAL CLEARANCE

A "waiver granted" normal duration Aeromedical Clearance Notice (up-chit) may only be issued after a waiver has been granted by BUPERS or CMC. A temporary up-chit may be issued if:

1. NAMI Code 342 has endorsed the waiver request and recommended a waiver of standards be granted
2. A Local Board of Flight Surgeons (LBFS) may issue a temporary up-chit in accordance with MMD Chapter 15-80. See criteria below

A temporary up-chit **may not exceed 90 days in duration**. If the member holds a grounding letter issued by BUPERS or CMC stating that a waiver has previously been denied, a **temporary up-chit shall not be issued**. The member must wait until a waiver is granted by appropriate authority before any up-chit is issued.

2.9 LOCAL BOARD OF FLIGHT SURGEONS

A Local Board of Flight Surgeons (LBFS) provides an expedient way to return a grounded aviator to flight status pending official BUMED endorsement and granting of a waiver by BUPERS or CMC. A LBFS is convened by the member's commanding officer based on the recommendation of the flight surgeon or higher authority. It must consist of at least three medical officers, two of whom shall be flight surgeons. The findings of the LBFS may be recorded as an Aeromedical Summary (AMS).

The senior flight surgeon on the board may issue a temporary, 90 day up-chit if the following criteria are met:

1. The condition is addressed by the ARWG
2. The member has completed all tests and required information as specified by the ARWG
3. The member has met all criteria for a waiver as specified in the ARWG
4. The member has not been previously grounded by BUPERS or CMC

A LBFS shall NOT issue an up-chit to personnel whose condition is not addressed by the ARWG. In those cases a waiver request should be forwarded to NAMI Code 342 with a request for expedited review if required. A LBFS shall NOT issue an up-chit if the member currently has a grounding letter by BUPERS or CMC.

2.10 SPECIAL BOARD OF FLIGHT SURGEONS

This board consists of members appointed by the OIC of NAMI. The board evaluates medical cases, which, due to their complexity or uniqueness, warrant a comprehensive aeromedical evaluation. A Special Board of Flight Surgeons should not be requested merely to challenge a physical standard or disqualification without evidence of special circumstances. Refer to MANMED 15-81 for specific instructions on how to request a Special Board of Flight Surgeons and more details regarding its proceedings.

2.11 SENIOR BOARD OF FLIGHT SURGEONS

This board is the final appeal board to review aeromedical dispositions as requested by NAVPERSCOM, CNO, or CMC. The board consists of a minimum of five members, three of whom must be flight surgeons and one of whom shall be a senior line officer assigned by the CNO or CMC. The presiding officer shall be the Deputy Chief, BUMED, Operations and assisted by the Director, Aerospace Medicine. Refer to MANMED 15-82 for additional information.

2.12 THE AEROMEDICAL SUMMARY

The Aeromedical Summary (AMS) is required for all initial waiver requests (designated, applicant and members currently in aviation training). An AMS allows the Flight Surgeon to write a detailed summary of the member's condition and how it relates to his current flying duty. It should be directed to the member's specific condition and include a detailed history of present illness (HPI), directed physical exam, and include results of all pertinent ancillary studies. The AMS should provide enough detail so that the reviewer can make an appropriate aeromedical decision based solely on this document. As stated earlier, the waiver request shall include the AMS, all ancillary consultant, laboratory, radiological and op reports, and the member's current physical exam. A LBFS may detail its findings and recommendations in an AMS, but not every AMS necessarily serves as a LBFS. At the end of this section is an AMS template. This general format should be followed when submitting an AMS for review. A PRK AMS template and a Hypertension AMS template are also available for download in the forms section of the ARWG as well as their respective medical sections (ophthalmology and cardiology). An AMS **MUST BE** associated with a physical that is dated the same day or prior.

*AERO requires a UIC for the medical facility and the member's command.

A template and instructions on how to complete an AMS are contained below

2.13 HOW TO SUBMIT A WAIVER REQUEST

Waiver requests shall be submitted to NAMI Code 342 for review and appropriate endorsement.

All physicals and AMSs should be submitted through the web-based program AERO (<https://vfso.rucker.amedd.army.mil/>).

Fax: (850) 452-3883 or DSN 922-3883. Please use the fax cover sheet available in the [forms](#) section of the ARWG

Email: You can email a file of the scanned documents to NOMI-Code342@med.navy.mil. Whenever possible the file type.pdf should be used. If necessary, .tif, or .jpg can also be sent. E-MAIL SHOULD ONLY BE USED WHEN ON A SHIP AND INTERNET PROBLEMS DUE TO DEPLOYMENT.

Mail: Do not send original documents, they should remain in the member's medical record. Make legible copies and send them by one of the following means:

Code 342
Naval Aerospace Medical Institute
220 Hovey Road
Pensacola, FL 32508

2.14 HOW TO CHECK ON THE STATUS OF A WAIVER REQUEST

Log on to AERO website: <https://vfso.rucker.amedd.army.mil/>. This will give you access to check both the current status of aviation personnel and track your waiver request as it makes its way through the process. Access to this site requires your CAC card and PIN and a user account (<http://www.med.navy.mil/sites/navmedmpte/nmotc/nami/arwg/Pages/AeromedicalElectronicResourceOffice.aspx> has specific requirements for requesting an account).

2.15 AEROMEDICAL SUMMARY TEMPLATE

Aeromedical Summary (AMS) Template

Date:

Patient Identification:

LT John Doe, 000-00-0000/XXXX(designator), (ensure that member is USN, USNR, USNR-R, USNR-FTS, USMC, USMCR, USCG) is a 24 y/o Caucasian male aviator, with 3000 flying hours in the F14, P3, etc. Current job is flying F14s and he has flown 100 hours in the last six months. Member is stationed at _____. The purpose of this AMS is to request a waiver for _____ (diagnosis).

Member's Organization's name and UIC/RUC: _____.

Medical Treatment Facility name and UIC: _____

Flight Surgeon email point of contact: _____ with phone _____.

Member's designation code is: _____.

Previous Waivers and status: Please give the status of *all* previous waivers and *update required information* (i.e., member has a previous waiver for HTN granted in 2000 and provide labs, EKG, etc... as required for annual submission).

Significant Medical History: Same as History of Present Illness.

Consultant reports: Need dates, consultant diagnosis, prognosis, treatment, and follow-up. Submit copies of the consultant reports along with the AMS

Physical Examination: Include vital signs, and a targeted physical exam that focuses on the waiver(s) requested (i.e., cardiac examination for hypertension waiver).

Lab test: Review lab tests that are pertinent to the evaluation of the disqualifying diagnosis. Either type in the actual results or send copies of the laboratory reports.

Information required: Consult the ARWG for required medical tests and consults for both the waiver requested and any previous waivers. Remember to include any information required for previous waivers.

Diagnosis: (ICD-9:) Use current ICD-9 diagnostic terminology. ICD-9 codes are available in respective sections of the waiver guide.

Aeromedical recommendations: Include appropriate aeromedical justification for each recommendation.

Command endorsement: The member's commanding officer is aware and concurs with this member's diagnosis, prognosis, waiver requirements and waiver recommendation in this Aeromedical Summary. Official command endorsement (typed letter on command letterhead, signed by the CO) is required for alcohol waivers (with SF 88 and 93 as per BUMEDINST 5300.8).

FS signature *** FS signature *** Physician signature***