



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH, VA 22042

IN REPLY REFER TO
BUMEDINST 6410.9A
BUMED-M9
6 May 2016

BUMED INSTRUCTION 6410.9A

From: Chief, Bureau of Medicine and Surgery

Subj: MEDICAL MONITORING FLIGHT PERSONNEL IN LOCATIONS WHERE
AEROMEDICAL PROVIDERS ARE NOT AVAILABLE

Ref: (a) MANMED, Chapter 15
(b) OPNAVINST 3710.7U

1. Purpose. To provide guidelines for the medical monitoring and issuance of flight grounding and clearance notices for aviation personnel assigned to sea or shore based activities where flight surgeons, aeromedical examiners, or aeromedical physician assistants, (collectively referred to as aeromedical providers (AMPs)) are not available on a regular basis. This is a complete revision and should be read in its entirety.

2. Scope. The provisions of this instruction apply only to Ships and Stations having medical personnel and aviation personnel in those remote areas where the services of an aeromedical provider are not available on a regular basis.

3. Cancellation. BUMEDINST 6410.9 and NAVMED 6410/1.

4. Background. Under modern Navy and Marine Corps operational concepts, aviation activities are deploying to remote shore bases and to ships that do not have flight surgeons. In these instances, routine medical care may be performed by primary care physicians, physician's assistants, nurse practitioners, or Independent Duty Corpsmen (IDC). The adverse effects of many self-prescribed "over-the-counter" type medications, as well as many drugs dispensed by prescription, have been long recognized as detrimental to flight safety. Aircraft accidents caused by such medications have been documented. Other complications unique to flying are inherent in many disease entities and treatment regimens. It is necessary to assure that all flight personnel are physically qualified while engaged in flight operations. A commanding officer of a squadron or officer in charge of an activity may relieve from flying duty an individual deemed physically unfit for such duty upon the recommendation of a medical department representative (not restricted to an aeromedical provider) per references (a) and (b). The commanding officer or officer in charge may authorize resumption of flying duty on the recommendation of an aeromedical provider.

5. Policy

a. The authority to issue a DD 2992, Medical Recommendation for Flying or Special Operational Duty, for the purpose of a grounding recommendation to a commanding officer or officer in charge is given to all medical department personnel.

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b. The authority to issue a DD 2992 for the purpose of an aeromedical clearance recommendation or prior to aircrew members returning to duty involving flying, is the responsibility of aeromedical providers.

c. The authority to issue a DD 2992 may be given to an IDC, physician assistant, or non-aviation trained medical officer when flight personnel are stationed in remote or isolated locations where an aeromedical provider is not available. Follow procedures outlined in paragraph 6a below.

6. Procedure

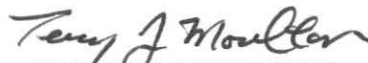
a. Aircrew must be thoroughly evaluated by the medical provider to ensure they have fully recovered from the condition that resulted in the temporary grounding, and no longer require continued therapy, medical or otherwise. The medical provider may then issue an aeromedical clearance notice to the aircrew member after consulting with an AMP via e-mail, verbal communication, or message. The consultation must be obtained from an AMP prior to issuing an aeromedical clearance. An entry into the aircrew member's outpatient medical record providing the following information is required: "Consultation with physician or aeromedical physician assistant (AMP's name), (telephone number and/or e-mail address) of (AMP's command), occurred on (date) and return to a flying status was approved." Under no circumstances will an aircrew member be issued a clearance notice while on medication without concurrence from an AMP.

b. Requests for waiver of the annual aviation physical examination or physiological training for flight personnel falling within the scope of this instruction will be handled per reference (b).

7. Action. The Naval Aerospace Medicine Institute is directed to incorporate the intent of this instruction into the curriculum for AMPs and aerospace medicine technicians, (and their refresher training) prior to reporting to units with an aviation capability.

8. Records. Records created as a result of this instruction, regardless of media and format, must be managed per SECNAV M-5210.1 of January 2012.

9. Forms. DD 2992, Medical Recommendation for Flying or Special Operational Duty, is available at: <http://www.dtic.mil/whs/directives/forms/index.htm> at the forms tab. Local reproduction is authorized.


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Acting

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