

Unmanned Aircraft System (UAS) Groups 1 and 2 Physical Worksheet

Examined by Qualified Medical Provider. Any disqualifying conditions or "failed" sections require notation in Block 8 and Medical Officer review. Submit waiver request to Member's Commanding Officer (CO).
See MANMED CH-15 Section IV

Patient Name:	DOD ID:	Pass	Fail
1. General Duty Physical Requirements: Meets all General Duty standards, as noted in MANMED Chapter 15, Section III.			
2. Visual Acuity: Correction to 20/20, passing <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 (Goodlite): at least 20/20-3			
3. Color Vision: Must pass <u>one</u> of the following two tests: a. Pseudisochromatic Plates (PIP): 12/14 correct or better b. Computer-based Color Vision Testing: passing score using any listed MANMED CH-15 test			
4. Oculomotor Balance: Must meet <u>all</u> of the following standards: a. Eso/exophoria: less than 6.00 diopters (6.00 or beyond requires waiver) b. Hyperphoria: less than 1.5 diopters (1.5 or beyond requires waiver) c. Absence of tropia or diplopia in any direction of gaze			
5. Field of Vision: Confrontation visual field testing in all 4 quadrants show "full" in each eye.			
6. Depth Perception: Must pass <u>one</u> of the following three tests: a. AFVT: at least A-B completed with no errors. b. Stereo booklet (Titmus Fly or Randot): 40 arc seconds or lower. c. Verhoeff: 8/8 correct on first trial; or if any are missed, 16/16 on the combined second and third trials.			
7. Intraocular Pressure: Test using non-contact tonometry: a. IntraOcular Pressure less than or equal to 22 mm Hg each eye. b. Less than 5 mm Hg difference between eyes (5 mm Hg or greater difference requires Ophthalmology clearance for waiver).			
8. Disqualifying Conditions: Waiver Recommended (WR) or Waiver Not Recommended (WNR) a. _____ b. _____ c. _____ d. _____		WR	WNR
9. Aeromedical Disposition: Physically Qualified (PQ) Not Physically Qualified (NPQ), CO Waiver granted by: Not Physically Qualified (NPQ), CO Waiver denied by:			
Examining Medical Provider Name and Signature:		Reviewing Medical Officer Name and Signature: (if requesting CO waiver)	
Date:		Date:	