DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
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Canc: Jul 2027

BUMEDNOTE 6410
BUMED-N10
22 Jul 2026

BUMED NOTICE 6410

From: Chief, Bureau of Medicine and Surgery

Subj: AUTHORIZATION FOR LICENSED CLINICIANS TO PERFORM FLIGHT PHYSICAL EXAMINATIONS WITH REMOTE FLIGHT SURGEON REVIEW AND ENDORSEMENT

Ref: (a) U.S. Navy Aeromedical Reference and Waiver Guide of June 2026
(b) NAVMED P-117
(c) BUMEDINST 6410.9B

Encl: (1) Aviation History and Physical Guidelines

1. Purpose. To establish policy and procedural guidance temporarily authorizing non-aeromedically trained clinicians to conduct the clinical portions of aviation medical examinations, provided these examinations are reviewed and co-signed locally or remotely by a privileged and practicing naval flight surgeon (FS) or aeromedical examiner (AME).

2. Background. The annual "summer surge" of officer and enlisted applicants at Navy and Marine Corps accession locations generates a significant, temporary demand for aeromedical examinations. The limited number of geographically co-located flight surgeons during these peak periods can create bottlenecks, delaying accession pipelines and training timelines. Some fleet locations may also temporarily have inadequate flight surgeon coverage for required operational flight screenings. Other clinicians performing physical examinations with local or remote FS and AMEs providing oversight and aeromedical disposition optimizes throughput, eliminates delays, and maintains rigorous aviation safety standards throughout the enterprise.

3. Policy

a. Where necessary due to insufficient flight medicine access and in close consultation with a flight surgeon providing oversight, licensed clinicians may perform the required history, physical examination, and associated lab work, studies, and consultations as necessary to meet the requirements of the individual’s flight physical. Independent duty corpsman (IDC) may assist with this process but are not authorized to perform the patient interview and physical examination.

b. The examining clinician will conduct and report the flight physical history and physical examination per the guidance in enclosure (1). Historical and current medical conditions requiring or potentially requiring additional work-up or an aeromedical waiver must be discussed with the supervising flight surgeon and evaluated per reference (a), which can be accessed at: https://www.med.navy.mil/Navy-Medicine-Operational-Training-Command/Naval-Aerospace-Medical-Institute/Aeromedical-Reference-and-Waiver-Guide/

c. The examining clinician will be assisted by an aviation medical technician (AVT) to review the flight physical package for completeness. Applicant, comprehensive, and annual-submission abbreviated flight physicals will be subsequently uploaded to the Aeromedical Electronic Resource Office (AERO) for flight surgeon review. Abbreviated flight physicals with no annual submission requirement may be sent directly to the supervising FS or AME for review. Use of digitally fillable forms is strongly encouraged for this reason. The AVT will be present at the examining location whenever feasible but may be remote if necessary.

d. The supervising FS or AME must conduct a comprehensive review of the flight physical package to ensure compliance with reference (a) and inclusion of all required supporting documentation. Upon satisfactory completion of this review, the FS or AME will submit the physical in AERO if required, or otherwise into Genesis in the case of an abbreviated flight physical. The supervising FS or AME assumes responsibility for the aeromedical qualification determination and waiver recommendations (if applicable) in a manner identical to any other flight physical submission. Reviewing flight surgeon will sign in block 85a of the DD Form 2808 Report of Medical Examination to indicate ownership of the physical.

e. When appropriate, the supervising FS or AME will issue a DD Form 2992 Medical Recommendation for Flying or Special Operational Duty. The DD Form 2992 must be signed by the examining clinician in block 14c and countersigned by the supervising FS or AME in block 14g Digital completion, signature, and transmission of this form is encouraged.

4. Action

a. Commanders, commanding officers, and officers in charge of medical treatment facilities and clinics supporting accession sites (e.g., Naval Station Great Lakes, Naval Academy, Navy Officer Candidate School, The Basic School at Quantico) are authorized to implement this policy to manage surge requirements.

b. Accession command senior medical officers (SMO) will coordinate with the respective type commander (TYCOM) or regional aeromedical leadership to establish "reach-back" support from remote flight surgeons.

c. SMOs will ensure non-aeromedically trained clinicians performing these exams receive appropriate orientation regarding the specific clinical and physical standards outlined in reference (b).

d. All other Fleet locations who have identified inadequate coverage for flight physicals may request support through their respective TYCOM or regional aeromedical leadership to identify supporting FS or AME capability.

5. Records Management

a. Records created as a result of this notice, regardless of format or media, must be maintained and dispositioned per the records disposition schedules found on Directives and Records Management Division portal page at https://www.secnav.navy.mil/doni/Records%20Management%20Schedules/Forms/AllItems.aspx.

b. For questions concerning the management of records related to this notice or the records disposition schedules, please contact the local records manager or the Office of the Chief of Naval Operations (OPNAV) Records Management Program (DNS-16).

6. Forms and Information Management Control

a. Forms. The DD forms listed in this notice are available at: https://www.esd.whs.mil/directives/forms:

(1) DD Form 2807-1 Report of Medical History

(2) DD Form 2808 Report of Medical Examination.

(3) DD Form 2992 Medical Recommendation for Flying or Special Operational Duty

b. Information Management Control. Reports required of this notice are exempt from reports control per Secretary of the Navy manual 5214.1 of December 2005, part IV, subparagraph 7k.

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AVIATION HISTORY AND PHYSICAL GUIDELINES

1. Administrative and Patient History Setup (DD Form 2807-1 and DD Form 2808).
Please Note: Before the physical exam begins, ensure the listed foundational blocks are populated to prevent delays during BUMED review.

DD Form 2808 Block	Description	Key Requirements
Blocks 1 - 16	Demographics and Administrative Data	Ensure Name, Date of Birth (DOB), and Department of War (DoW) Identification (ID) and Social Security Number (SSN) match the medical record exactly on every page.
Block 15c	Purpose of Examination	Must state "Aviation" (e.g., Student Naval Aviator, Naval Aircrew, etc.).
DD 2807-1	Report of Medical History	Complete and sign. Any "YES" answers in Blocks 10 through 28 must be thoroughly explained by the provider in Block 29.

2. Physical Examination Components (DD Form 2808).
Please Note: Mark every block as Normal or Abnormal (do not leave blank, and do not use "NE" unless specifically allowed).

DD Form 2808 Block	Exam Component	Focus Areas for Non-Aeromedical Providers
Block 17	Head, Face, Neck, Scalp	Check for deformities, scars, or limitation of movement.
Block 18	Nose	Assess patency, turbinates, and septum deviation (crucial for equalization).
Block 19	Sinuses	Palpate for tenderness (sinus barotrauma risk).
Block 20	Mouth & Throat	Assess airway, tonsils, and palate.

Block 21	Ears - General	Inspect external canals and general ear health.
Block 22	Tympanic Membranes	Perform and document the Valsalva maneuver.
Block 23 through 29	Eyes, Lungs, Heart, Vascular	Standard clinical auscultation and inspection. Note any murmurs or arrhythmias.
Block 30 through 34	Abdomen, Hernia, GI and GU	Standard clinical palpation and inspection. If applicable, ensure well woman exams are up to date.
Block 35 through 38	Musculoskeletal and Skin	Note all scars, tattoos, and structural anomalies. Document flat feet (pes planus) status.
Block 39	Neurological Exam	Perform and document a complete neuro screen: Mental status, Cranial Nerves (II-XII), Motor or Sensory, Coordination, and Deep Tendon Reflexes.
Block 42	Psychiatric	Evaluate emotional stability, coping skills, and adaptiveness.
Block 43	Dental	Must document Dental Class 1 or 2. Requires signature of a dentist in Block 83a.
Block 44	Clinical Notes	Use this block to expand on any abnormalities found in Blocks 17 through 42, and to detail the neuro exam and Valsalva results.

3. How to Perform and Document the Valsalva Test. Aviation personnel must be able to equalize middle ear pressure during rapid altitude changes.

a. The Test: Have the examinee pinch their nose, close their mouth, and gently blow out to pressurize the nasopharynx while you look through the otoscope.

b. What to Look For: You must observe tympanic membrane (TM) move outward (lateral flare) or see the light reflex shift, confirming patent eustachian tubes.

c. Documentation:

(1) Check the appropriate box in Block 72b (e.g., mark "SAT" for satisfactory).

(2) Crucial: In Block 44 (Notes), explicitly write: "Valsalva SAT bilaterally" or “Active TM movement visualized bilaterally with Valsalva."

4. Ancillary Diagnostics and Vitals (Non-FS can order or administer). Ensure these tests are completed and documented on the form:

a. Blocks 53 through 58: Vital signs (blood pressure, pulse, height, weight).

b. Blocks 61 through 66: Detailed vision screening (distant, near, depth perception, and color vision using PIP or FALANT).

c. Block 71a: Audiometer results (and machine calibration dates).

d. Block 73 (Labs): Urinalysis, Human Immunodeficiency Virus (date and result annotated), Sickle Cell, G6PD, and HCG (pregnancy test for females).

5. Common Pitfalls to Avoid

a. Missing Signatures: Ensure the dentist signs Block 83a, the examinee signs the DD Form 2807-1, and you sign as the examining provider in Block 83b.

b. Unexplained "Yes" Answers: Every positive mark on the DD Form 2807-1 history sheet must have a matching, detailed clinical note on the form.

c. Using "NE" (Not Evaluated): This is a red flag for aeromedical review boards. Evaluate all systems.