

MEDICAL EXAMINATION FOR CLASS III FLIGHT DECK PERSONNEL AND PERSONNEL WHO MAINTAIN AVIATOR NIGHT VISION SYSTEMS

Note: Examinations on Flight Deck Personnel shall be performed annually. Flight Deck Personnel not meeting the below standards shall be removed from flight deck operations unless waived by the ship's commanding officer.

Both Flight Deck Personnel and Personnel Who Maintain Aviator Night Vision Systems must meet the standards in MANMED P-117, Chapter 15, Section III, Articles 15-96 through 15-98:

CRITICAL FLIGHT DECK PERSONNEL (Director, Spotter, Checker, Non-Pilot Landing Safety Officer, and Helicopter Control Officer, and Any Other Personnel Specified by the Unit Commanding Officer)

- **DVA/NVA:** Must be corrected to 20/20-0. Correction must be worn at all times while on the flight deck.
- **FIELD OF VISION:** FULL OU.
- **COLOR VISION:** Must meet Class I standards.
- **DEPTH PERCEPTION:** Must meet Class I standards.

NON-CRITICAL FLIGHT DECK PERSONNEL (All personnel not defined as critical).

- DVA and NVA - No limits uncorrected. Must correct to 20/40 or better in one eye, 20/30 or better in the other. Correction must be worn at all times while on the flight deck.

PERSONNEL WHO MAINTAIN AVIATOR NIGHT VISION SYSTEMS:

- **DVA/NVA:** Must be corrected to 20/20.
- **Depth Perception:** Not Required.
- **Color Vision:** Must meet Class I standards.
- **Oculomotor Balance:** No obvious heterotropia or symptomatic heterophoria (NOTOSP).

DVA:	Uncorrected	Corrected
OD	20/	20/
OS	20/	20/

NVA:	Uncorrected	Corrected
OD	20/	20/
OS	20/	20/

Field of Vision: OD Full: Yes / No OS Full: Yes / No

Depth Perception: Test: _____ Score: _____ Pass / Fail

Color Vision: Test: _____ Score: _____ Pass / Fail

Oculomotor Balance (NOTOSP): Pass / Fail

Refer to Optometry: Yes / No

Corrective Lenses Required in Performance of Duties: Yes / No

Are there any significant medical issues that preclude Flight Deck Duty? Yes / No

If Yes, List: _____

Determination: PQ / NPQ as CRITICAL / NON-CRITICAL FLIGHT DECK PERSONNEL

PQ / NPQ as PERSONNEL WHO MAINTAIN AVIATOR NIGHT VISION SYSTEMS

*** If for any reason you are placed on any medications or begin taking medications or supplements, you are required to inform the ship's Medical Department Representative (MDR).***

Has a PHA been completed within the last 12 months? Yes / No (**NOTE:** For IMR **only**, **not** flight deck PQ/NPQ determination)

Signature of Patient: _____ Date: _____

Signature of MDR: _____ Date: _____

PATIENT'S IDENTIFICATION (For typed or written entries, give:
Name - last, first, middle; DOD ID; Sex; Date of Birth;
Rank/Grade)

RECORDS MAINTAINED AT:

PATIENT'S NAME (Last, First, Middle initial)

DATE

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPARTMENT / SERVICE

DOD ID

DATE OF BIRTH