

MEDICAL SCREENING FOR CLASS III FLIGHT DECK PERSONNEL AND PERSONNEL WHO MAINTAIN AVIATOR NIGHT VISION STANDARDS

Note: Screening exams on Flight Deck Personnel shall be performed annually. Flight Deck Personnel not meeting the below standards shall be removed from flight deck operations.

****Because of the safety concerns inherent in performing duties in the vicinity of turning aircraft, flight line workers should meet the same standards as their flight deck counterparts.****

Both Critical and Non-Critical Flight Deck Personnel must meet the standards in MANMED P-117, Chapter 15, Section III (Physical Standards) except:

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).

PERSONNEL WHO MAINTAIN AVIATOR NIGHT VISION STANDARDS:

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

DVA: Uncorrected Corrected NVA: Uncorrected Corrected

OD OD
OS OS

Field of Vision: _____

20/	20/
20/	20/

20/	20/
20/	20/

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 STANDARDS

*** 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: _____

RECORDS MAINTAINED AT:			
PATIENT'S NAME (<i>Last, First, Middle initial</i>)		DATE	
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPARTMENT / SERVICE	DOD ID	DATE OF BIRTH	

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*)

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