

**BY ORDER OF THE
COMMANDER**

NJANG INSTRUCTION 48-123



8 January 2011

Medical

**MEDICAL EXAMINATIONS FOR FIGHTER AIR
ORIENTATION FLIGHTS**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

ACCESSIBILITY: This publication is available electronically digitally on the 108th ARW and 177th FW Local Area Network.

RELEASABILITY: There are no releasability restrictions on this publication.

OPR: JFHQ NJANG/SAS
(Lt Col Mark Leone)
Supersedes NJANGR 160-13, 20 Dec 89

Certified by: NJANG/CC
(Maj Gen Maria Falca-Dodson)
Pages: 7

This instruction implements portions of AFI 48-123, *Medical Examinations and Standards*. The purpose of this instruction is to establish policies and procedures for medical examinations given by the New Jersey Air National Guard for orientations flights. This instruction requires the collection and maintenance of information protected by the *Privacy Act of 1974* and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, *Management of Records* and disposed of in accordance with the *Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS)* located at <https://www.my.af.mil/gcss-af61a/afirms/afirms/>.

SUMMARY OF CHANGES

This publication is updated to reflect changes in updating the publication series, guidance and procedures in the processing of physical examinations for orientation flights and updated forms required.

- 1. PURPOSE:** Establishes the policy governing medical clearance for orientation flights in high performance aircraft and medical observations relative to flight in fighter aircraft.
- 2. APPLICABILITY:** Applies to New Jersey Air National Guard organizations possessing high performance aircraft that have approval for participation of non-rated or civilian personnel in orientation flights of advanced fighter aircraft.
- 3. OBJECTIVES:** The maintenance and continued enhancement of public support of the New

Jersey Air National Guard military mission sometimes requires demonstration of high performance aircraft, current weapons systems and mission requirements to civilian or non-rated individuals.

3.1. Actual flight experience in advanced fighter aircraft is the most effective method of demonstrating mission capabilities in order to thoroughly educate key decision making individuals and non-rated members of the New Jersey Air National Guard.

3.2. These individuals frequently present an unknown state of physical fitness and medical suitability for the rigors of the aerospace environment. From the aerospace medical perspective, individuals participating in orientation flights must be medically fit to enter the high performance flight environment. The first exposure to a fighter operational flight is a tremendously exciting time. Donning of the personal flight equipment and strapping into the aircraft are generally arduous tasks for the initiated. Therefore, anxiety and workload stress are significant even before takeoff. In flight, the major concern is related to sudden incapacitation. Any medical condition which predisposes an individual to sudden incapacitation in flight must be identified in advance.

3.3. Above all, flight safety is an absolute requirement during orientation to high speed, high stress flight. It is therefore essential to ensure that minimal medical standards are established to assure the safety of these civilian or non-rated individuals.

4. RESPONSIBILITIES: It is incumbent upon both operational and medical personnel of the New Jersey National Guard to assure:

4.1. Optimal safety for all individuals flying in NJANG assigned aircraft.

4.2. Conservative flight regimes are carefully considered and defined which coincidentally accomplish orientation objectives.

4.3. Flight medical considerations, which ensure the safety of non-rated individuals during flight in advanced aircraft, are a part of the flight orientation process.

5. PROCEDURES: USAF Medical standards have been established, and should be basis for medical fitness to enter the aerospace environment. Orientation flights for non-rated personnel may be considered to be less rigorous; however, most of the same considerations still apply. Altitude and acceleration stress are both part of any flight and adequate consideration must be given to them when considering medical clearance. The best aeromedical judgment remains the foundation for a safe flight which results in a thorough understanding and appreciation of the mission of the Air National Guard.

5.1. Non-rated individuals participating in orientation flights do not necessarily have to meet established USAF flying class I, II or III medical standards. A suggested minimal aeromedical

evaluation is provided in Figure 1. Recommendation for flight medical clearance properly resides within the judgment of the flight surgeon. Given at least a one week advance notification, a non-rated individual should have no difficulty obtaining this flight medical evaluation from a flight surgeon assigned to the NJANG or an active USAF installation.

5.2. Medical standards for meeting USAF flying class II requirements are not mandatory. Final medical clearance resides within the judgment of the flight surgeon. Flights above 18,000 feet of 3 G's require completion of USAF physiologic training and the medical examination prerequisite to entering that training course. Medical examination should be documented on an SF 600 with an appropriate recommendation. If a recommendation for an orientation flight is made, an AF Form 1042 should be completed.

5.3. AF Form 1042, Medical Recommendation for Flying, should be issued. This would be valid for a period of six months as shown in Figure 2. The accomplishment of the forms in Figure 1 and 2 should assist in documenting our safety and health concerns for orientation flight participants and also provide a method of communicating the completion of the medical evaluation. It should be noted that this medical clearance is valid for flights below 18,000 feet and not to exceed 3 G's. Flights exceeding these limits require completion of USAF physiologic training, which itself requires a complete medical examination in accordance with AFR 50-27, para 2.

5.4. All participants in New Jersey Air National Guard Orientation Flights will sign the attached "Hold Harmless" Agreement (Figure 3) prior to participating in any Orientation Flights.

5.5. Ensuring the safety and well-being of any individual flying in our unit aircraft is a primary goal.

6. Adopted Forms.

SF 600, *Medical Record - Chronological Record of Medical Care*

AF IMT 1042, *Medical Recommendation for Flying or Special Operational Duty*

MARIA A. FALCA-DODSON
Major General, NJANG
Commander

Attachment 1

Standard Form 600 – Medical Record - Chronological Record of Medical Care

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
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PRIVACY ACT STATEMENT: This information is subject to the Privacy Act of 1974 (5 U.S.C. Section 552a). This information may be provided to appropriate Government agencies when relevant to civil, criminal or regulatory investigations or prosecutions. The Social Security Number, authorized by Public Law 93-579 Section 7 (b) and Executive Order 9397, is used as a unique identifier to distinguish between employees with the same names and birth dates and to ensure that each individual's record in the system is complete and accurate and the information is properly attributed.

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION <i>(Sign each entry)</i>
	Orientation Flight Medical Evaluation
	Past Medical Problems, Surgery, Injuries:
	Current Medical Conditions and Medications:
	Blood Pressure: HR & Rhythm:
	Normal/Completed: Abnormal:
	Ears, include Valsalva: Eyes: VA: R: L:
	Sinuses: Teeth: Lungs: Heart:
	Abdomen, include Hernias: Hemorrhoids:
	Spine: Evident Neurological/Psychiatric Problem:
	Other:
	Comments (include all abnormal findings)

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPARTMENT/SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SOCIAL SECURITY/ID NUMBER	RELATIONSHIP TO SPONSOR	
<small>PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID NUMBER or Social Security Number; Gender; Date of Birth; Rank/Grade.)</small>		REGISTER NUMBER	WARD NUMBER

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 11/2010)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

Attachment 2

AF IMT 1042 – Medical Recommendation for Flying or Special Operational Duty

MEDICAL RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY (This Form is Subject to the Privacy Act of 1974 - Use Blanket PAS DD Form 2005)						
TO: (HOSM/Unit Scheduling Officer) or (Commander/Duty Section)			FROM:		DATE	
NAME (Last, First, Middle Initial)				GRADE		SSN
RATING FLYING OR SPECIAL OPERATIONAL DUTY	ASC	ACTIVE FLYING <input type="checkbox"/> YES <input type="checkbox"/> NO		ORGANIZATION	MAJCOM	
THE ABOVE INDIVIDUAL HAS BEEN FOUND (Check appropriate boxes):						
<input type="checkbox"/>	MEDICALLY RESTRICTED FROM FLYING OR SPECIAL OPERATIONAL DUTY (DNIF)					
<input type="checkbox"/>	MEDICALLY CLEARED FOR FLYING OR SPECIAL OPERATIONAL DUTY FOLLOWING AN ILLNESS OR INJURY					
<input type="checkbox"/>	MEDICALLY CLEARED FOR FLYING DUTY FOLLOWING:					
<input type="checkbox"/>	INITIAL MEDICAL EXAMINATION	<input type="checkbox"/>	PERIODIC MEDICAL EXAMINATION	<input type="checkbox"/>	INITIAL CLEARANCE (This Base)	<input type="checkbox"/>
<input type="checkbox"/>	REQUIRED TO WEAR VISION CORRECTION DEVICES WHILE PERFORMING FLYING OR SPECIAL OPERATIONAL DUTY.					
<input type="checkbox"/>	RATED OFFICER: ILLNESS OR INJURY WILL NOT BE RESOLVED WITHIN 180 DAYS.					
<input type="checkbox"/>	NONRATED OFFICER OR ENLISTED PERSONNEL: ILLNESS OR INJURY WILL NOT BE RESOLVED WITHIN 90 DAYS.					
ACTUAL DATE FOUND DNIF	ESTIMATED DURATION OF DNIF	ACTUAL DATE FOUND MEDICALLY CLEARED		TOTAL DAYS DNIF THIS ILLNESS/INJURY		
REMARKS Valid only for flights below 18,000 feet (unless Flyer has received physiological training) and not to exceed 3G's.						
DATE MEDICAL CLEARANCE EXPIRES				MEDICAL EXAMINATION MAY BE ACCOMPLISHED IN THE MONTH AND YEAR INDICATED: 		
TYPED OR PRINTED NAME AND GRADE OF FLIGHT SURGEON				SIGNATURE		DATE
I CERTIFY that I have been notified and understand the above actions and recommendations.						
I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT wear contact lenses while performing flying or special operational duty.						
SIGNATURE OF FLYER OR INDIVIDUAL					DATE	

Attachment 3

Informed Consent

“HOLD HARMLESS AGREEMENT”

I, _____, voluntarily elect to participate in an orientation flight in a _____ aircraft, to be piloted by a member of the New Jersey Air National Guard. Said flight is scheduled to occur at _____(Location), NJ on _____, 20____. The duration of the flight shall be approximately _____, during which time the aircraft will perform aerial maneuvers which simulate its actual combat mission; high rate of speed, unusual aircraft altitudes, and rapid altitude increases/decreases may occur.

I am aware that I will experience certain physiological sensations and physiological/physical reactions to the flight not limited to high stress and anxiety, shortness of breath, rapid heartbeat, nausea, vomiting, headaches, dizziness, “red-out or gray-out”, sinus blockage, and excessive “G” forces.

With full knowledge of the possible effects of flight, I still voluntarily elect to participate in the orientation flight heretofore described.

Member’s Signature