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/afrims/afrims/.

**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
### 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 8397, 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.

### MEDICAL RECORD

<table>
<thead>
<tr>
<th>DATE</th>
<th>SYMPTOMS</th>
<th>DIAGNOSIS</th>
<th>TREATMENT</th>
<th>TREATING ORGANIZATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Orientation Flight Medical Evaluation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Past Medical Problems, Surgery, Injuries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Current Medical Conditions and Medications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Blood Pressure: HR &amp; Rhythm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Normal/Completed: Abnormal</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ears, include Valsalva:</td>
<td>Eyes:</td>
<td>VA:</td>
<td>R:</td>
</tr>
<tr>
<td></td>
<td>Sinuses: Teeth:</td>
<td>Lungs:</td>
<td>Heart:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Abdomen, include Hemias: Hemorrhoids</td>
<td></td>
<td></td>
<td>Evident Neurological/Psychiatric Problem</td>
</tr>
<tr>
<td></td>
<td>Spine:</td>
<td>Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Comments (include all abnormal findings)</td>
<td></td>
<td></td>
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</tr>
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</table>

### CHRONOLOGICAL RECORD OF MEDICAL CARE

<table>
<thead>
<tr>
<th>HOSPITAL OR MEDICAL FACILITY</th>
<th>STATUS</th>
<th>DEPARTMENT/SERVICE</th>
<th>RECORDS MAINTAINED AT</th>
</tr>
</thead>
</table>

| SPONSOR'S NAME | SOCIAL SECURITY/ID NUMBER | RELATIONSHIP TO SPONSOR | \* | \* |

| PATIENT'S IDENTIFICATION: (For typed or written entries; give: Name - Last, first, middle; ID NUMBER or Social Security Number, Confer, Date of Birth, Rank/Grade) | REGISTRY NUMBER | WARD NUMBER | \* | \* |

**CHRONOLOGICAL RECORD OF MEDICAL CARE**

Medical Record

**STANDARD FORM 600 (REV. 11/2010)**

Prescribed by SSA/CMR

FMR 41 CFR 205.2.203-1

PREVIOUS EDITION IS NOT UsABLE

AUTHORIZED FOR LOCAL REPRODUCTION
## Standard Form 600 – Medical Record - Chronological Record of Medical Care (BACK)

<table>
<thead>
<tr>
<th>DATE</th>
<th>SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Comments Continued:</td>
</tr>
<tr>
<td></td>
<td>Training:</td>
</tr>
<tr>
<td></td>
<td>Valsalva Maneuver: 1/L1:</td>
</tr>
<tr>
<td></td>
<td><strong>Not Medically Cleared for Orientation Flight</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Medically Cleared for Orientation Flights: Valid for 6 Calendar Months</strong></td>
</tr>
<tr>
<td></td>
<td>Flight Surgeon Signature</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I understand that I need to consult a Flight Surgeon prior to any orientation flight should any medical problems arise in the interim. Examinee Signature</td>
</tr>
</tbody>
</table>

STANDARD FORM 600 (REV. 11/2010) BACK
Attachment 2

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

<table>
<thead>
<tr>
<th>MEDICAL RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>(This Form is Subject to the Privacy Act of 1974 - Use Blanket PAS DO Form 2000)</td>
</tr>
</tbody>
</table>

**TO:** (PHS/Unit Scheduling Office) or (Commander/Unit Section)  
**FROM:**  
**DATE:**

**NAME (Last, First, Middle Initial):**

**GRADE:**

**SSN:**

**RATING/FLYING OR SPECIAL OPERATIONAL DUTY:**

**ASC:**

**ACTIVE FLYING:**

**YES**

**NO**

**ORGANIZATION:**

**MAJCOM:**

---

**THE ABOVE INDIVIDUAL HAS BEEN FOUND (Check appropriate boxes):**

- MEDICALLY RESTRICTED FROM FLYING OR SPECIAL OPERATIONAL DUTY (DNIF)
- MEDICALLY CLEARED FOR FLYING OR SPECIAL OPERATIONAL DUTY FOLLOWING AN ILLNESS OR INJURY
- MEDICALLY CLEARED FOR FLYING DUTY FOLLOWING:
  - INITIAL MEDICAL EXAMINATION
  - PERIODIC MEDICAL EXAMINATION
  - INITIAL CLEARANCE (7th Base)
  - AIRCRAFT MISHAP
  - REQUIRED TO WEAR VISION CORRECTION DEVICES WHILE Performing FLYING OR SPECIAL OPERATIONAL DUTY.
  - RATED OFFICER: ILLNESS OR INJURY WILL NOT BE RESOLVED WITHIN 180 DAYS.
  - 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**

**DO**

**DO NOT wear contact lenses while performing flying or special operational duty.**

**SIGNATURE OF FLYER OR INDIVIDUAL:**

**DATE:**

---

AF IMT 1042, 19920201, V2  
PREVIOUS EDITION WILL BE USED.
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