FSG 100-06 OUTCAN AEROMEDICAL SCREENING REQUIREMENTS FOR RCAF AIRCREW

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References:

A. US Medical Screening Requirements for Training | Policy and Direction – Aide Memoire - CF International Military Student Screening

B. AMA 100-01 - AMA Directive 100-01 Medical Standards for CF Aircrew

C. NATO Standards, AAMedP-1.10, Interchangeability of NATO aircrew medical categories, Chapter 2

D. AFIC, Air Standards ASM 1078 Ed 1 v3, Interchangeability of Aircrew Medical Standards

E. Immunization Information for International Travel, prepared by the Division of Foreign Quarantine, Bureau of State Services, Public Health Service, Department of Health and Human Services, https://travel.state.gov/content/travel/en/us-visas/immigrate/vaccinations.html

Record of Amendments:

yyyy-mm-dd	Amendment

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GENERAL

1. The determination of aircrew medical fitness when on assignment to fly with allied forces is governed by interoperability agreements (ref C and D). In general, the host nation will accept the determination of fitness to fly of the parent nation in regard to any medical condition lasting longer than 28 days. The parent nation has the responsibility to provide the Aircrew Medical Examination Report, Medical Certificate detailing fitness to fly, and advice of currency of aerospace medical training (ref D). The host nation will carry out any on site required medical care as well as aircrew periodic health examinations in keeping with their own standards and requirements for new conditions only.

2. To avoid delays in training and the risk of repatriation, the provision of a medical waiver letter as part of the pre-screening package to address any pre-existing medical conditions or ongoing medication requirements is required.

3. This guideline describes and assists in the process of completing all screening requirements including producing an aircrew waiver letter for eligible aircrew members. This guideline should be read in conjunction with the references that further elaborate on the examination process to be conducted in support of medical and dental fitness screening of CAF members who will travel OUTCAN for aircrew training and courses.

UNITED STATES NAVY NAVAL AEROSPACE MEDICAL INSITITUTE (NAMI)

4. The following list outlines the required medical screening and documentation for NAMI.

   a. In accordance with Ref A, provide a fully completed DD-2807, DD-2808, and DD-2813, not simply annotated;
   b. Labs: Urinalysis (macroscopic: glucose, protein & blood; if positive for blood, microscopic: WBC and RBCs), HIV testing, Hep C testing, syphilis RPR, CBC, lipid profile, hemoglobin A1C, fasting glucose
   c. Chest x-ray with radiology report
   d. Audiogram
   e. ECG (not just a report, documented as within normal limits, signed/stamped by flight surgeon)
   f. All documentation must be in English.

5. The following require a documented Waiver Letter:

   a. Any medical condition for which permanent medical employment limitations have been assigned
   b. Current medical conditions requiring ongoing follow-up, surveillance, or treatment
   c. Significant past medical history

d. Any interval changes between the last medical and departure need to be documented and relevant conditions shall be discussed with CAF Medical Liaison Officer in Washington for consideration of the need of a Waiver Letter. Refer to Appendix A for directions to complete this.

6. Access of care while in the United States including routine or noncomplicated issues should be managed locally but anything more complex (non-emergent surgeries, etc) should be discussed with the CAF Medical Liaison Officer in Washington.

UNITED STATES AIR FORCE EURO-NATO Joint Jet Pilot Training Program (ENJJPT)

7. The following list outlines the required medical screening and documentation for ENJJPT. Ref A does not apply as there are significant deviations from this process.

a. Fully completed DD-2807 and DD-2808 including documenting all laboratory findings with the value and units.
b. Copy of their initial and most recent aircrew medical
c. Chest x-ray with radiology report
d. Audiogram
e. ECG (not just a report)
f. Panoramic dental films on a CD
g. Immunizations (Ref E) recorded on an International Certificate of Immunization
h. All documentation must be in English
i. Members will hand carry all medical information above.

8. The following require a documented Waiver Letter:

a. Any medical condition for which permanent medical employment limitations have been assigned
b. Current medical conditions requiring ongoing follow-up, surveillance, or treatment
c. Significant past medical history
d. Any interval changes between the last medical and departure need to be documented and relevant conditions shall be discussed with CAF Medical Liaison Officer in Washington for consideration of the need of a Waiver Letter. Refer to Appendix A for directions to complete this.

9. Access of care while in the United States including routine or noncomplicated issues should be managed locally but anything more complex (non-emergent surgeries, etc) should be discussed with the CAF Medical Liaison Officer in Washington.

ITALY LEAD IN FIGHTER TRAINING (LIFT)

10. The following list outlines the required medical screening and documentation for Italy LIFT.

a. Ref A does not apply as there are significant deviations from this process.
b. Provide shadow file with current aircrew medical
c. MDN confirming Fit to fly worded: *IAW NATO STANDARD AAMedP-1.10 and AMA Directive 100-01 Medical Standards for CF Aircrew, Capt Bloggins meets the Canadian aircrew medical requirements for foreign service as of date xyz. They have a valid aeromedical category with no restrictions on pilot duties. Blood Type is X. EEG is unavailable.*
d. Note that although an EEG is requested, this will not be completed for CAF pilots.
e. All documentation must be in English.

11. Access of care while in Italy: Routine/noncomplicated issues should be managed locally in Italy but anything more complex (non-emergent surgeries, etc) should be discussed with Det Geilenkirchen.

WAIVER LETTER CONTENT

12. As above, any medical condition for which permanent medical employment limitations have been assigned, current medical conditions requiring ongoing follow-up, surveillance, or treatment, significant past medical history, or any interval changes between the last medical and departure need to be documented and relevant conditions shall be discussed with CAF Medical Liaison Officer in Washington for consideration of the need of a Waiver Letter.

13. Waiver letters should refer to the diagnosis, current stability, treatment and follow-up requirements. All confirmatory documentation, e.g. original and most recent specialist consult reports, recent test results, etc, should be included.

14. Annex A provides a Waiver Letter template to use when completing an aircrew medical assessment and granting a waiver for the subject aircrew member. The highlighted text shall be replaced by the corresponding information before FSurg signature and distribution. This document should be scanned into CFHIS under the administrative section and a copy should be provided to the member.

ANNEX A – WAIVER LETTER TEMPLATE

PROTECTED B when completed

P.O. Box 17000 Stn Forces
Winnipeg, Manitoba R3J 3Y5

File Ref

Date

To: Naval Medicine Operational Training Command

QUALIFICATION FOR DUTY INVOLVING FLYING CPL A. BLOGGING, A12 345 678

References: A. NATO Standards, AAMedP-1.10, Interchangeability of NATO aircrew medical categories, Chapter 2, Edition B, Version 1, March 2021
B. AMA Directive 100-01 Medical Standards for CAF Aircrew

1. The Royal Canadian Air Force Division Surgeon has been informed and concurs with the history provided for the consideration of disqualifying condition(s) of Cpl A. Blogging, namely:

   a. Stable hypothyroidism diagnosed 2022 with recent TSH=2mU/L on Synthroid 75mcg po od (labs attached)
   b. Stable immune thrombocytopenia diagnosed 2000 with recent platelet=150x10^9/L requiring annual CBC (labs and hematology consult attached)
   c. Psorasis controlled with Betaderm required annual dermatology follow-up (dermatology consult attached)

2. In accordance with references A and B, the precondition(s) named above are not considered disqualifying for flight performance duties [add relevant info and/or reasons, opt.]. Cpl Blogging holds a valid aeromedical category with no restrictions on flight duties associated with their trade as a [trade].

3. This is the formal approval for the Naval Medicine Operational Training Command to grant the mentioned trainee the recommended waiver and approve them for the flight training program.

A. WSurgeon
Rank
Title/Position

PROTECTED B when completed