

FLIGHT SURGEON'S GUIDELINES

AIRCREW MEDICAL SELECTION

- Reference:
- A. CFP 154 – Medical Standards for the Canadian Forces
 - B. CFAO 34-44
 - C. CFAO 34-43
 - D. CFMO 27-05
 - E. Guideline for the Management of Aircrew Medicals at Central Medical Board

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GENERAL

1. All Aircrew applicants whose MOC requires an Air Factor of 1, 2, or 4 require an initial thorough clinical examination by a physician, preferably a Flight Surgeon or in the case of a Canadian Forces Recruiting Centre (CFRC) a delegated medical authority (Physician Assistant 6B).
2. Regardless of who provides the initial assessment, it is imperative that a second-level review/screening of documents occur at the Base level. Normally, this will be provided by the supporting Wing Surgeon/Base Surgeon or alternatively by an experienced Flight Surgeon. Beyond reviewing the history and physical examination, it is also imperative that a screening is conducted to confirm the presence of a complete set of acceptable medical preliminaries. Clearly unfit candidates should be rejected at this time. Borderline or complex cases should be discussed with Canadian Forces Environmental Medicine Establishment (CFEME) at Defence Research and Development Canada (DRDC TORONTO), Central Medical Boards (CMB) prior to approval and forwarding of documents.

TRANSMISSION OF DOCUMENTS

3. It is essential that documentation is complete and the documents reach appropriate authorities as outlined to ensure that all applicants receive equal and timely consideration:

a. Military Personnel

- (1) Pilot/Navigator applicants – these members are normally being processed under Commissioning plans (OCTPM) and require an Air Factor of A1 or A2 for selection. The procedure outlined is necessary due to time constraints and to ensure that no member misses his/her chance to get to the Aircrew Selection Centre;
- (2) Other Aircrew – A2 and A4 or A3 specifically for Helicop program
 - (a) Medical documentation is prepared with completed CF2033 and CF2088. The recommended air factor block is left blank.
 - (b) The complete CF2034 is forwarded from the unit directly to CMB.
 - (c) CMB will review the CF2034 and annotate the CF2033 and CF2088 as Fit/Unfit for the appropriate Air Factor. Exceptional cases may be further reviewed as in para 3a(1)(g) above.
 - (d) If the member is fit, the CF2034 is returned to the member's initiating medical unit.
 - (e) If the member is found unfit the CF2034 is forwarded to 1 CAD/A1 Div Surg for their concurrence. Winnipeg will forward the completed file on to Director Medical Policy (DMed Pol) in Ottawa and DMed Pol will return the file to the unit.

NOTE: It is imperative that the CF2033 be annotated with the classification in which the member is being screened for.

b. Civilian Applicants:

- (1) Pilot/Navigator – documents are held at the CFRC and must be hand carried when the applicant attends ASC. On completion of medical assessment at CMB the CF2034 is returned to the appropriate CFRC. The CFRC is also advised of the results by message.

- (2) Other Aircrew (A2 and A4) – documents are forwarded by CFRETS Borden directly to CMB for awarding of the Air Factor. On completion of the review of documents the CF2034 is returned to the initiating CFRC if found fit. The CFRC is also advised of the results by message. If found unfit the file is returned to CFRETS Borden.

PRELIMINARIES

4. All Aircrew applicant (A1, A2, A4) require that the following medical preliminaries be completed:
 - a. Chest x-ray (not required locally for selection):
 - (1) For Pilot/Navigator candidates: will be done at CMB and is not required at CFRC/Base level.
 - (2) Other aircrew candidates: do not require a chest x-ray (with the exception of SAR-Tech applicants, who require a chest x-ray due to their diving duties, as per CFMO 27-07)
 - b. ECG:
 - (1) For Pilot/Navigator candidates the ECG will be done at CMB (no ECG is required at CFRC/Base level).
 - (2) For all other aircrew candidates, an interpreted ECG should be done locally (computer interpretation is acceptable) and forwarded with the medical documentation to CMB;
 - c. audiogram;
 - d. urinalysis (including microscopy);
 - e. haemoglobin;
 - f. white cell count;
 - g. fasting, total, HDL and LDL cholesterol;
 - h. fasting blood sugar;
 - i. height (Pilot/Navigator only: 157 – 194 cm)
 - j. weight;
 - k. colour vision; and
 - l. complete ophthalmic examination within the preceding 12 months to include corrected/uncorrected visual acuity at 6m, 30-50 cm, and 100 cm, dilated fundoscopy; cycloplegic refraction; muscle balance; visual fields;

and ocular pressures. (Initial examination must be performed by an Ophthalmologist for Pilot, Navigator, AEC and FE. Initial assessment by an Ophthalmic Technician/Optomtrist is acceptable for all other Aircrew).

VISUAL STANDARDS

5. It is essential that candidates have a complete eye examination, and that the results are critically reviewed by the medical support unit. Strict adherence to the visual standards as detailed in the Flight Surgeon Guideline 1/99 will lessen later grief.

CMB SELECTION

6. Pilot/Navigator applicants assessed at CMB undergo additional screening as follows:

- a. EEG (only if considered relevant due to medical history);
- b. Pulmonary function (FVC, FEV1, MEF 50 and MEF 75 routinely plus nitrogen washout, diffusing capacity, pre and post bronchodilator and methacholine challenge as indicated);
- c. M-mode, two dimensional echocardiography and Doppler (Pilot applicants only);
- d. Anthropometry (seated height, thigh length and leg length);
- e. ECG;
- f. Chest x-ray;
- g. Corneal topography; and
- h. Cog Screen.

7. Part of the Guideline may be inconsistent with the current DOADs, CFAOs, CFMOs, and CFP 154. While these documents are under review by D Med Pol Ottawa, their publication is not anticipated in the immediate future. This Guideline, therefore, may be considered the “definitive source” pending formal revision to existing orders.