ADGIRALTY FLEET ORDER

MEDICAL INSTRUCTIONS FOR AIRCREW PERSONNEL OF THE FLEET AIR ARM

ADMIRALTY, S.W.1,
14th October, 1943.

The following Order having been approved by My Lords Commissioners of the Admiralty is hereby promulgated for information and guidance and necessary action.

By Command of Their Lordships,

[Signature]

Note:—The scale of distribution is shown in the Admiralty Fleet Order Volume, 1941, Instructions, paragraph 10.
All members of Fleet Air Arm Aircrews (Pilots, Observers, Telegraphist Gunners) will have a flying medical category which will be allocated after a Special Medical Examination for fitness for flying duties.

SECTION I

Flying Medical Category

Flying medical categories indicating medical fitness to perform flying or ground duties within the standards laid down from time to time are recorded as follows:

(1) The letter "A" represents "fitness for flying duties".

The letter "B" represents "fitness for ground duties".

(2) The numerals 1, 2 and 3 placed after the letter "A" denote the type of flying duties for which an individual is medically fit, viz.:—

A.1 ... fit for full flying duties as pilot
A.2 ... fit for limited flying duties as pilot (see below)
A.3 ... fit for observer or T.A.G. (any limitations to be stated).

(3) The following limitations (to be written in full after the flying category) may be applied in the cases of categories A.2 or A.3:

Duration of flight—to be stated both as regards individual flights and the total flying permitted in any one day.

Limitation in height.
Limitation in aerobatics.
Single-engine aircraft only. (Chiefly applied in cases with certain ear defects.)
Dual-engine aircraft only and with another pilot. (Applicable to A.2 only.)

Non-operational flying only.

Daylight flying only.

"Not to fly over the sea."

The letter "p", "t" or "h" will be added after both "A" and "B" to indicate degree of unfitness or limitations of fitness as follows:

"p" ... permanently unfit
"t" ... temporarily unfit
"h" ... home service only.

Examples of flying medical categories:

A.1B ... temporarily unfit for all flying duties—fit for ground duties at home and abroad.

A2hBh (non-operational flying only) ... fit for non-operational flying duties at home—fit for ground duties at home.

A3hB (not to fly over 5,000-ft.) ... fit for observer or T.A.G. duties at home but not to fly over 5,000-ft.—fit for ground duties at home and abroad.
These examinations will be carried out by the medical officer of the ship or establishment when possible. If the necessary apparatus is not available, application is to be made:—

At Home: To Flag Officer, Naval Air Stations or to the Commanding Officer of an aircraft carrier.

Abroad: To the Commanding Officer of an Aircraft Carrier, to the Medical Officer in Charge of a Royal Naval Hospital, or to the appropriate R.N. Air Station.

C.—Sickness of Aircrew Personnel (form required, M.246)

When members of aircrews have been placed on the sick list on board or in hospital form M.246 is to be completed.

On discharge of a patient from an E.M.S. or civil hospital, form M.246 relating to the period in hospital is to be completed by the receiving Naval establishment.

On discharge of the patient to hospital, to a medical board, the flimsy copy of M.246 is to be inserted in form M.247 which will be disposed of in accordance with Section IV of this Order.

2. If, following sickness or injury, the Medical Officer does not consider that a medical board is necessary and that no revision of medical category is required, he is to note on form M.246 under the heading Condition on Discharge—“Medical Category unchanged.”

3. When a neuro-psychiatric case is ready for discharge from a Royal Naval Hospital or a Royal Naval飞行medical establishment, arrangements are to be made for a medical board to be held at the Central Air Medical Board, Lee-on-Solent.

4. When a case is referred to a Specialist for consultation, the Specialist’s report is to be recorded on Form M.246 and signed by a Medical Officer.

D.—Special Medical Boards (forms required, M.250, M.251, M.254)

1. Aircrew personnel are required to be examined by a Special Medical Board under the following circumstances:

(a) When recommended by a medical officer in whose opinion there has been a definite lowering of the medical category of an individual.

(b) When discharge from the Sick List or from a Royal Naval Hospital unless it is considered that the flying medical category remains unchanged.

(c) When any aircrew personnel have remained in hospital in excess of five months in order to determine the probability of their fitness to resume air duties.

(d) When it is proposed to discharge a case to the United Kingdom on medical grounds.

2. Composition of Special Medical Boards.—A Special Medical Board will normally consist of three medical officers of whom the President shall be an officer of or above the rank of Surgeon Lieutenant Commander.

3. Central Air Medical Board.—When a board at Central Air Medical Board is required, application for an appointment accompanied by forms M.247 and M.248, and, if applicable, report under C.A.F.O. 869/43, is to be made direct to the President. No case from Royal Naval Air Stations or Establishments at Home should be referred unless an appointment has been made. The reverse of form M.248 will be utilized for detailed clinical notes on the case.

4. Interim Categories.—If the Special Medical Board considers that an individual will be fit for a permanent category in a few days and that a further Board will be unnecessary, a category of e.g.—“A.I.B in 14 days.” may be given, but the finding must always be qualified to show the category in the interval, e.g.—“A.I.B in 14 days, until then A.t.B.t.”

When sick leave is recommended in the interim the category will read e.g.—“A.I.B in 14 days, until then A.t.B.t.” The whole category as described will be stated fully on forms M.250, M.251 and M.254.

5. Royal Air Force Medical Boards.—When a Special Medical Board, abroad, considers that a case should be examined by an R.A.F. Medical Board, arrangements should be made through the usual channels.
<table>
<thead>
<tr>
<th>Form Number</th>
<th>Occasion for use</th>
<th>Method of Compilation</th>
<th>Disposal of Forms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form M.248</td>
<td>Examination by Medical Officer (vide Section IIIIB).</td>
<td>Card and flimsy to be completed and signed by the Medical Officer.</td>
<td>Flimsy to be placed in Form M.247. Card copy to be forwarded to the Medical Director-General. Retained by the Medical Officer.</td>
</tr>
<tr>
<td>Form M.249</td>
<td>Examination by Medical Officer (vide Section IIIIB).</td>
<td>Card and flimsy to be completed and signed by the Medical Officer.</td>
<td>Flimsy to be placed in Form M.247. Card copy to be forwarded to the Medical Director-General.</td>
</tr>
<tr>
<td>Form M.250</td>
<td>When a Medical Board is held other than on entry.</td>
<td>Card and flimsy to be completed and signed by all Members of the Board.</td>
<td>Four copies to be completed and signed by all Members of the Board.</td>
</tr>
<tr>
<td>Form M.251</td>
<td>When a Medical Board is held other than on entry.</td>
<td>Card and flimsy to be completed and signed by all Members of the Board.</td>
<td>Four copies to be completed and signed by all Members of the Board.</td>
</tr>
<tr>
<td>Form M.252</td>
<td>On despatch of all forms referred to in this Section with the exception of Form M.254.</td>
<td>1. Reason for forwarding documents. 2. Full description of documents.</td>
<td>To accompany documents and for acknowledgment of their receipt.</td>
</tr>
<tr>
<td>Form M.253A</td>
<td>On despatch of all forms referred to in this Section with the exception of Form M.254.</td>
<td>1. Reason for forwarding documents. 2. Full description of documents.</td>
<td>To accompany documents and for acknowledgment of their receipt.</td>
</tr>
<tr>
<td>Form M.254</td>
<td>(Medical Board Summary Form).</td>
<td>In triplicate. To be signed by one member of the Board and counter-signed by the individual to whom it refers.</td>
<td>1 copy to individual to whom it refers. 1 copy to the Commanding Officer of his Ship or Establishment. 1 copy retained by the Medical Board.</td>
</tr>
<tr>
<td>Form M.255</td>
<td>For final medical examination of candidate as to fitness for flying. For use of Final Medical Examining Board only.</td>
<td>1 copy to the Medical Director-General.</td>
<td>Constructed and issued by Medical Director-General on initiation of Form M.247. To Medical Director-General.</td>
</tr>
</tbody>
</table>

**Documentation—General**

1. All medical documents are to be completed in typescript or ink.
2. The medical history envelopes (M.247 and contents) are to be stored in a locked cabinet and being confidential documents, are to be treated as such. They should be transmitted in a sealed envelope or package, marked confidential, and posted in accordance with K.R. & A.I., Article 879. They are invariably to be accompanied by Form M.253 (Receipt for Medical Documents). Under no circumstances is an officer or rating to be allowed access to the contents of his own envelope. Whenever it is required to be delivered by hand it is to be placed under sealed cover.
3. A register is to be kept of all receipts and despatches of Forms M.247. This should record addresses to which the Forms are sent, the date of despatch, and date noted at the foot of Form M.253 (form of receipt).
4. When a medical history envelope (Form M.247) is lost, the Commanding Officer is to make a full investigation into the circumstances and to forward a report to the Admiralty together with an application for a new envelope. The Medical Director-General will issue a new envelope and contents, copied from the records in his custody. When an envelope becomes unserviceable through use, the Medical Officer will copy all entries on to a new envelope and destroy the old one, certifying inside the flap that the old one has been destroyed, with date and signature. In no circumstances is a temporary envelope to be made out.
5. If any enclosure to Form M.247 is missing application is to be made to the Medical Director-General for a new copy from records.
SECTION V
Medical Returns (Form M.179)

A—Naval Air Stations where a Naval Medical Officer is borne, or allowed in the Establishment

Form M.179 ("Medical Officer's Journal") will be rendered in accordance with K.R. & A.I., Articles 1410 and 1411. Forms M.179D and M.179E (Tables iii and iv), however, will pertain to non-flying personnel only. A separate Form M.179G (Alphabetical Sick List) and M.179H (Alphabetical List of Minor Injuries) in respect of flying personnel will be included.

Forms M.179 in respect of Royal Naval Air Stations at home will be rendered to the Medical Director-General through Flag Officer, Naval Air Station, Lee-on-Solent, and through R.A.N.A.S. (N) in the case of Northern Air Stations.

B—H.M. Ships and Naval Establishments

(1) Flying Personnel—A separate Form M.179G (Alphabetical Sick List) and M.179H (Alphabetical List of Minor Injuries) in respect of flying personnel is to be included in the "Medical Officer's Journal" (M.179). Sickness of this personnel is to be omitted from Tables iii and iv (Forms M.179D and M.179E). The average daily numerical strength of the ship's company is not to include flying personnel.

(2) Non-flying personnel are to be regarded as part of the ship's company for purposes of medical returns. Forms M.179 in respect of escort carrier vessels will be rendered to Medical Director-General through F.O.C.T.

SECTION VI

General

1. C.A.F.O. 869/43.—All medical officers in charge of aircrew personnel are to be conversant with the provisions of this C.A.F.O.

2. Optically corrected flying goggles.—Flying goggles fitted with optically corrected lenses will be supplied at the public expense to members of aircrews when recommended by an ophthalmic specialist, either on entry or subsequently, to fit them for or enable them to continue flying duties. The procedure for supply and accounting for these goggles is laid down in A.F.O. 5213/42.

3. Orthoptic Training.—A clinic has been established at the Central Air Medical Board for the treatment of ocular muscle balance defects. Vide A.F.O. 4621/42.

4. Night Vision Acuity.—This is to be tested and recorded as laid down in C.A.F.O. 169/42.

5. Pulmograph Examination.—The date and result of Pulmograph examination of members of aircrews is to be recorded on Form M.247.

6. Decompression Chamber.—When members of aircrews pass through the decompression chamber a record is to be made on Form M.247. A report on Form M.246 will be made by the Medical Officer if for any reason he considers a special report to be desirable or necessary.

7. Flying Log book : Notation of Flying Medical Category.—Medical Officers will ensure that the current flying medical category of an officer or rating member of aircrew is recorded in his flying log book. The entry is to be made at the back of the book in the following pro-forma:—

Flying medical category Date Where Established Signature and rank of M.O.

SECTION VII

Medical Standards for Members of Naval Aircrew

1. The following Flying Medical Categories are required on entry or transfer to aircrew duties:—

(a) As Pilot = A.1.B, i.e. Fit for full flying duties as Pilot.

(b) As Observer or Telegraphist Air Gunner = A.3.B, i.e. Fit for full flying duties as Observer or Telegraphist Air Gunner.

In special circumstances these flying medical categories are modified in individual cases at the discretion of the Medical Director-General.

2. The medical examination of Pilots, Observers and Telegraphist Air Gunners will be carried out in accordance with the procedure laid down in Air Publication 130, "The Medical Examination for Fitness for Flying (Royal Air Force and Civil)" and such amendments thereto as may be issued from time to time.
3. Height and weight requirements for Naval Air Crews:

<table>
<thead>
<tr>
<th>Duties</th>
<th>Height</th>
<th>Leg Length</th>
<th>Weight Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pilot</td>
<td>64 in.</td>
<td>78 in.</td>
<td>200 lb. max.</td>
</tr>
<tr>
<td>Observer or A.P.</td>
<td>62 in.</td>
<td>78 in.</td>
<td>Not applicable</td>
</tr>
<tr>
<td>T.A.G.</td>
<td>78 in.</td>
<td>89 in.</td>
<td>200 lb. max.</td>
</tr>
</tbody>
</table>

In the case of a candidate for pilot with a leg length of just below 39 in. or with a height just less than 64 in., arrangements should be made with a convenient Royal Naval Air Station for a practical test in Service aircraft to ascerttain whether the candidate has:

(a) An unobstructed view from the cockpit, and
(b) ability to manipulate rudder bar and brake.

If the results of this practical test is satisfactory, the candidate can be accepted.

4. The Physical and E.N.T. assessments for fitness for flying are laid down in A.P. 130 and will be the same for Pilot, Observer or Telegraphist Air Gunner.

5. Visual standards are shown in the following table:

<table>
<thead>
<tr>
<th>Visual Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flying Medical Category</td>
</tr>
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</table>

**Note**: Ocular Muscle Balance (applicable to Pilots only). The Red-Green test for ocular muscle balance is to be discontinued, its place being taken by the Maddox Rod Test.

**Note (ii)**: "Y" Scheme Candidates. If it is considered probable that the unaided vision of a candidate will fall below the above standards before he is called up for service on account of a progressive myopic error, he is to be categorised temporarily unfit, and arrangements are to be made for him to be re-examined after a period decided by the Medical Board.

**Note (iii)**: Corrected Goggles are supplied under the terms of A.F.O. 5213/42. They should normally be provided to personnel entered as pilots, when the vision in either eye is below 6/12, and when binocular vision is present with corrected lenses. When reporting to M.D.G. for the fitting of goggles, the officer or rating is to bring with him the prescription for lenses, flying helmet and oxygen mask.

**Note (iv)**: Colour Vision. Colour vision will be recorded Grade I, II or III. The grading, full particulars of which are to be found in the Medical Research Council's Special Reports, Series No. 185, is briefly as follows:

- **Grade I**. Candidates are required to pass a modified Edridge Green Lantern Test, using aperture No. 3. The largest aperture is No. 1.
- **Grade II**. Candidates are required to pass a modified Edridge Green Lantern Test, using the second aperture without neutral or modifying glasses. Sufficient colours must be shown to ensure that the candidate can differentiate between Red, Signal Green and White, without guessing.
- **Grade III** as for Grade II, using the largest aperture, No. 1.

The Naval classification Grade I corresponds approximately to the R.A.E. classification of Colour normal and Colour defective safe, vide A.P. 130.

**Candidates for Pilot and Observer** are to be examined on both Ishihara plates and the Edridge Green Lantern (full test).

**Candidates for Telegraphist Air Gunner** may be examined on the Ishihara plates alone, if no Lantern is available, and accepted if they can read the plates correctly. If found defective on these plates, they must be examined on the Edridge Green Lantern before final classification.

No test for colour vision will be carried out after the initial assessment of flying medical category unless required (a) on medical grounds, (b) when the ability of an officer or rating to distinguish colours or coloured lights in the course of his duties has been questioned. In either case, the examination must be carried out by an Ophthalmic Specialist.

Candidates who held "A" licences before the outbreak of hostilities may be accepted with colour vision below Grade I. They are to be categorised A.2.B (Daylight and non-operational flying only).
Note (v).—Squint.—All cases of squint of any degree are unfit for operational flying.

Note (vi).—If any officer or rating engaged on flying duties is found to be slightly below the standards laid down, but whose efficiency in his special duties has been maintained, the case is to be specially referred to the Medical Director-General.

Note (vii).—These standards may be modified in special circumstances at the discretion of the Medical Director-General.

(A.F.O. 3892/39—not in Annual Volume—is cancelled.)