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Operations

DUTY LIMITING CONDITIONS

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This publication implements Air Force Policy Directive (AFPD) 10-2, *Readiness*. This Instruction describes how to communicate to Commanders the individual restrictions for Airmen due to medical reasons throughout the Air Force (AF). The application of restrictions is a Commander's program that is based on medical recommendations. This Instruction applies to all Regular Air Force (RegAF), Air National Guard (ANG) and Air Force Reserve Command (AFRC) Airmen (for the purposes of this Instruction, the term Airmen refers only to military members). It interfaces with AFPD 44-1, *Medical Operations*, and AFPD 48-1, *Aerospace Medicine Program*. This publication may be supplemented at any level, but all supplements must be routed to the Office of Primary Responsibility (OPR) listed above for coordination prior to certification and approval. Refer recommended changes and questions about this publication to the OPR listed above using the AF Form 847, *Recommendation for Change of Publication*; route AF Forms 847 from the field through the appropriate chain of command. The authorities to waiver wing/unit level requirements in this publication are identified with a Tier ("T-0, T-1, T-2, T-3") number following the compliance statement. See AFI 33-360, *Publications and Forms Management*, Table 1.1. for a description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate tier waiver approval authority, or alternately, to the publication OPR for non-tiered compliance items. 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). Authority to collect and maintain records prescribed in this AFI are outlined in Title 10, United States Code, Sections 1071-1097b. The applicable Privacy Act System Notice is F044 F SG E, Electronic Medical Records System. 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

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SUMMARY OF CHANGES

This document has been substantially revised and must be completely reviewed. The major changes include: Tiers were added for waiver authority for Wing Level or below requirements. Clarification was made on the location of initial Review-in-lieu-of Medical Board (RILO) review for the Air Reserve Component (ARC) to align with AFI 41-210, *TRICARE Operations and Patient Administration Functions*. Updates were made to realign Public Health and Medical Standards Management Element functions. The Exercise Physiologist and exercise prescription references were removed. There is no longer a requirement by this AFI for an exercise prescription.

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Chapter 1

GENERAL PROVISIONS

1.1. Purpose. This Instruction establishes procedures for the documentation and administrative management of Airmen with injuries or illnesses that may impact their ability to perform their military duty. These procedures have been developed to ensure maximum utilization and readiness of personnel, while preserving their health and minimizing risk of further injury or illness. This Instruction and AFI 41-210, *TRICARE Operations and Patient Administration Functions*, describe appropriate courses of action for Integrated Disability Evaluation System (IDES) pre-screening disposition when individuals have medical conditions potentially affecting their continued retention for military service or deployability in the Air Force (AF), as outlined by the standards per AFI 48-123, *Medical Examinations and Standards*.

1.1.1. This Instruction provides a method to communicate medical recommendations to Commanders. This will allow optimum utilization of Airmen in their charge within the guidelines of the medical recommendations and ensure timely return to duty following medical evaluations related to potentially unfitting conditions.

1.1.2. Commanders may consult with the medical unit's Senior Profiling Officer (SPO) to maximize use of personnel with Duty Limiting Conditions (DLCs). An assessment based on operational risk of personnel assigned to a unit is critical to maintaining unit readiness at the highest degree possible.

1.1.3. Purpose of AF Form 422, *Duty Limiting Condition Report*. The AF Form 469 is used to describe physical limitations and recommend duty restrictions (DR) to the Commander when there is a potential risk to an Airman's health, safety and well-being, the safety of the mission, or the ability of the Airman to effectively accomplish the mission. Additionally, the AF Form 469 is used to convey limitations related to the AF Fitness Program (FP) as well as Fitness Assessment Exemptions (FAE). In general, the AF Form 469 will describe an Airman's limitations and Fitness Assessment Clearance/Exemptions.

1.1.4. Purpose of AF Form 422, *Notification of Air Force Member's Qualification Status*. The AF Form 422 is used for initial qualification, qualification for retirement or separation, military retraining, Permanent Change of Station (PCS), Professional Military Education (PME), and similar functions as directed in this or other guidance. The AF Form 422 describes what an Airman is qualified to do based on medical assessment (unless specifically directed otherwise, as in paragraph 3.3.2.1 of this Instruction).

1.2. Physical Profile System to include Physical Profile Serial Chart (PULHES). The physical profile system classifies individuals according to physical/functional abilities and long term availability for worldwide duty IAW AFI 36-2101, *Classifying Military Personnel (Officer and Enlisted)*, Air Force Officer Classification Directory (AFOCD) and enlisted structure found in the Air Force Enlisted Classification Directory (AFECD).

1.2.1. Applicability. The physical profile system applies to the following categories of personnel:

1.2.1.1. Applicants for appointment, enlistment, and induction into military service.

1.2.1.2. AD, and ARC Airmen; USAF Academy and Reserve Officers' Training Corps (ROTC) cadets; and students in the Uniformed Services University of Health Sciences (USUHS) and Health Professions Scholarship Program (HPSP).

1.2.2. Profiles. Profiles are descriptions of transient or permanent limitations to functioning which are used for establishing suitability for career fields or Air Force Specialty Codes (AFSC). A profile can be established on a DD Form 2808, *Report of Medical Examination*, an AF Form 422, or other forms as directed. Once a profile is established, it is considered current unless updated during a Preventive Health Assessment (PHA), the Airman has undergone a RILO (with or without initiation of an Assignment Limitation Code C (ALC-C)), Medical Evaluation Board (MEB), or a World Wide Duty (WWD) or Fitness for Duty (FFD) evaluation (ARC only), or has a current duty or mobility restriction (MR) of at least 6 months duration. See paragraph 3.1.2. of this Instruction for further guidance.

1.3. Duty limitations. Duty limitations are entered on the AF Form 469. Duty limitations will indicate what the member cannot do based on their current occupational duties with resultant mobility and/or fitness restrictions if appropriate. (T-2) The maximum allowable duration of the AF Form 469 following RILO or MEB is 15 months. (T-2) For any other restrictions the maximum allowable duration of the AF Form 469 is 365 days. (T-2) DLCs annotated on an AF Form 469 must be reviewed for appropriateness and accuracy at every clinical encounter between the Airman and a provider. (T-2) Additionally, the AF Form 469 must be re-validated and renewed or revised, as appropriate, at each PHA at a minimum. (T-1) See Chapter 3 of this Instruction for further guidance.

1.3.1. Any DLC which restricts mobility for a cumulative period of 365 days or may be considered unfitting for continued military service must undergo a review by the Deployment Availability Working Group (DAWG) for an Initial RILO referred to HQ AFPC Medical Retention Standards Branch (DPANM), or the appropriate ARC Chief of Aerospace Medicine (SGP), IAW AFI 48-123 and AFI 41-210. (T-1) The Initial RILO at DPANM or ARC SGP may result in Return To Duty (RTD) without restrictions, RTD with ALC-C, referral for MEB, or other outcomes as directed by DPANM or ARC SGP. See paragraph 4.2 of this Instruction for further guidance.

1.3.2. Aeromedical Services Information Management System (ASIMS) can track up to three DLCs simultaneously; however, an Airman may only have one active AF Form 469 at a time. (T-1) If a provider desires to add a new diagnosis to an existing AF Form 469, the mobility impact of the restriction and desired release date of the new functional limitations secondary to the new diagnosis must be considered in light of the existing AF Form 469 functional restrictions and dates (see AFI 10-203 Supplemental Guidance). (T-1) If the new diagnosis is mobility restricting and the release date will not exceed the maximum duration of the existing AF Form 469, the provider can edit the existing AF Form 469 and add the new functional limitations due to the new diagnosis. If the new diagnosis is mobility restricting and will exceed the maximum duration of the existing AF Form 469, the provider must re-accomplish an AF Form 469 including any pre-existing limitations. (T-1) If the new diagnosis is not mobility restricting, the existing AF Form 469 will allow the addition of the new diagnosis and an extended release date not greater than 365 days. **Note:** ASIMS maintains a record of all previous AF Form 469s.

1.3.3. Individuals may have up to three distinct medical conditions requiring DRs, MRs and/or FRs on an AF Form 469 with up to three separate expiration dates. If there is more than one diagnosis on the AF Form 469, the provider will indicate functional limitations (if any) and expiration date of each duty or MR in the "Restrictions" section, as well as limitations to fitness activities. (T-2) This will prevent the medical staff from having to initiate a new AF Form 469 when one set of restrictions reaches the expected release date, but the patient's status in terms of the AF Form 469 remains otherwise unchanged. If a MR expires prior to a DR, the AF Form 469 will allow an extended release date for the DR. (T-2)

1.4. Special Considerations.

1.4.1. ARC unique issues. For ARC Airmen, refer to AFI 48-123 and AFI 36-3209, *Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members*.

1.4.1.1. For purposes of this Instruction, the term Medical Treatment Facility (MTF) will be used to refer to all AD and ARC Medical Units, unless otherwise specified as AD MTF for AD, Reserve Medical Unit (RMU) for AFRC, or Guard Medical Unit (GMU) for ANG units.

1.4.1.2. Medical Standards Management Element (MSME) is an AD element. The function of the MSME is executed by a 4N0X1 in AFRC and a full-time health technician for the ANG, or otherwise as directed. For the purpose of this Instruction, the term MSME will be used to include the AD and ARC functions.

1.4.2. Refusal to obtain medical evaluation or treatment. After evaluation by medical consultants, Airmen who refuse to obtain further medical evaluations or treatment for potentially disqualifying defects, as required or recommended, will be referred by the DAWG to DPANM or ARC SGP as applicable for Initial RILO or Fit for Duty (FFD) determination IAW AFI 41-210. (T-1) DPANM or ARC SGP will consider the Airman's retainability in the service with the medical condition in its current state and the probability of progression of disease or worsening of the medical condition without the recommended medical treatment. Depending on the final disposition of the case, the Airman may not be eligible for military disability payment and may be subject to involuntary separation under AFI 36-3206, *Administrative Discharge Procedures for Commissioned Officer*; AFI 36-3208, *Administrative Separation of Airmen*; AFI 36-3209, or AFI 48-123.

1.4.2.1. Second opinion. Any Airman with a potentially disqualifying condition has the option of seeking a second opinion to explore treatment options. The second opinion must be provided by a consultant arranged through MTF referral processes, unless an ARC member is seeking a second opinion during a Fitness for Duty (FFD)/World-wide Duty (WWD) determination for a condition found Not in the Line of Duty (NILOD). (T-1) When both medical opinions agree and the Airman refuses all treatment options provided, an Initial RILO must be accomplished. (T-1) If the medical opinions differ, the Airman may choose one of the treatment options given. Further medical opinions will only be considered upon appeal to the MTF SGH who will determine whether the evaluation or treatment is a covered benefit which is deemed by the SGH to be medically necessary. (T-2)

Chapter 2

ROLES AND RESPONSIBILITIES

2.1. Chief of Staff of the Air Force. Establishes AF personnel readiness goals and standards and is responsible for Force Readiness, including medical readiness to ensure the AF can meet national requirements.

2.2. Air Force Surgeon General. Establishes medical standards and procedures for recommending duty limitations.

2.3. Air Force Medical Operations Agency (AFMOA) Aerospace Medicine.

2.3.1. Provides implementation guidance to Major Commands (MAJCOM) and MTFs on medical standards and procedures.

2.3.2. Acts as liaison between MAJCOMs and Air Force Medical Support Agency (AFMSA).

2.4. MAJCOM SGP or ARC/SGP shall:

2.4.1. Act as liaison between the MTF and AFMOA.

2.4.2. Provide MAJCOM trend analysis (using de-identified, aggregate data) on duty limitations and reports to MAJCOM/CC as requested.

2.4.3. Act as liaison between MTFs and the Combatant Command (COCOM) SG for DLC issues that might impact the COCOM mission. See paragraphs 2.7.2. and 3.4.1.1. of this Instruction for additional guidance.

2.4.4. **(ARC/SGP only)** review all RILO/FFD cases as required by AFI 41-210.

2.4.5. Identifies Total Force Enterprise medical manpower requirements to accomplish requirements within this AFI and incorporates them into the Business Case Analysis and Program Operational Memorandum process. See AFI 48-149, *Flight and Operational Medicine Program*, for additional requirements.

2.5. Installation Communications Squadron/Group shall.

2.5.1. Assist the MTF to ensure communication requirements for the DLC program are met. (T-2)

2.5.2. Ensure providers/clinical staff, MSME, SGP, Public Health (PH) and Chief of the Medical Staff (SGH) access to the ASIMS Web and Armed Forces Health Longitudinal Technology Application (AHLTA), as applicable. (T-2)

2.6. MTF Commander (MTF/CC) shall: Note: MTF/CC for ARC medical units may delegate these responsibilities to SGP or SGH as deemed appropriate.

2.6.1. Ensure timely scheduling and appropriate completion of required examinations and consultations for Airmen with mobility limiting conditions (does not apply to ARC Airmen with non-duty related conditions) IAW this Instruction and supplemental guidance. (T-2)

2.6.2. Ensure timely submission of RILOs to DPANM or ARC SGP as applicable. (T-2)

2.6.3. Develop policies and/or guidance to ensure that a process for expeditious referrals (e.g. within 72 hours) is available for providers when such determination is necessary for an Airman to avoid delay or to prevent failure of a mobility mission, IAW AFI 44-176, *Access to the Care Continuum*, and AFMOA/CC guidance.

2.6.4. Ensure ARC Airmen with a non-duty related medical issues Existing Prior to Service (EPTS)/NILOD are directed to follow-up with their civilian providers. (T-2) Any delays in Airmen providing civilian medical records that affect the ability to establish the Individual Medical Readiness (IMR) requirements will be reported to the Airman's Commander IAW AFI 10-250, *Individual Medical Readiness*. (T-2)

2.7. MTF SGP shall:

2.7.1. Be appointed in writing IAW AFI 48-101, *Aerospace Medicine Enterprise*.

2.7.2. Advise MAJCOM/SGP or ARC/SGP for cases in which a unit commander and the next higher commander choose to non-concur with a MR recommendation (See 3.4.2.). (T-2)

2.7.2.1. Report aggregate profile, DLC, and deployment availability statistics (using de-identified, aggregate data) to MAJCOM/SGP or ARC/SGP as requested. (T-2)

2.7.2.2. Is responsible for ensuring profiling and duty limitation standards are met. (T-1)

2.7.2.3. Monitor the AF Form 422 and AF Form 469 processes; ensures timeline compliance. (T-1)

2.7.2.4. Monitor quality of DLC determinations, FAE, and applied medical standards as documented on AF Form 422 or AF Form 469. (T-1)

2.7.3. Serve as chairman of the DAWG. (T-2) Alternatively, the SGH may serve as the DAWG chairman if the MTF/CC determines that the SGP is not available or capable of overseeing the DAWG. In these instances, the MTF/CC will advise the MAJCOM/SGP or ARC/SGP of the change in DAWG Chair. Any other DAWG Chair waivers for this requirement will be approved by AFMOA/SGP.

2.7.4. Share responsibility with the SGH for training all providers and answering questions related to the appropriate completion of profiles and duty (including fitness) limitations and the MEB process (See AFI 10-203 Supplemental Guidance for additional information). (T-2)

2.7.4.1. The SGP will ensure that all Primary Care Management (PCM) providers understand the purpose of the DAWG and the processes used by the DAWG to meet its mission. (T-2)

2.7.5. Ensure, with assistance of the MSME, a method is in place for trigger events to be reported to the MSME and/or DAWG. (T-2)

2.7.6. RMU/GMU SGP shall: During Unit Training Assemblies (UTA), the SGP will ensure all open AF Forms 422 and AF Form 469 are finalized by the close of business (COB) of the last day of the UTA unless specific circumstances prevent it. (T-2)

2.8. MTF SPO shall:

2.8.1. Be the MTF/SGP IAW AFI 48-101. In rare instances where no credentialed Flight Surgeon (FS) is assigned to the MTF, the senior credentialed physician may serve as the SPO. (T-2)

2.8.1.1. For ANG - waiver requests must be submitted to NGB/SGP where the SPO is not a FS. (T-2)

2.8.2. Attend the DAWG. (T-2)

2.8.3. Serve as the installation's final medical authority on DR and/or MR and the application of medical standards as it applies to AF Forms 422 and AF Form 469. (T-1)

2.8.4. Coordinate with MSME to report profile, DLC, and deployment availability statistics to the DAWG. (T-1)

2.9. MTF SGH shall:

2.9.1. Share responsibility with the SGP for training all providers (see 2.7.4 and Supplemental Guidance). (T-2) This may include results of RILO reviews and quality reviews of DLC determinations (see 2.9.2. and 2.9.4.)

2.9.2. Be responsible for the clinical review and quality control of all documents and packages sent to DPANM or ARC SGP as applicable for RILO. (T-2)

2.9.2.1. For ARC personnel, the AD MTF is responsible for quality control and completion of Initial RILOs and MEBs only for duty-related conditions. (T-2)

2.9.2.2. RMU/GMU SGH is responsible for quality control and completion of non-duty related FFD/WWD determinations. (T-2)

2.9.3. Ensure clinical standards of care are met at each patient encounter IAW AFI 44-119, *Medical Quality Operations*.

2.9.4. Monitor quality of DLC determinations, FAE, and applied medical standards as documented on AF Form 422 or AF Form 469. (T-2) Ensure training is provided to the professional staff and teams to address any gaps of application of medical standards. (T-2)

2.9.5. Attend the DAWG. (T-2)

2.10. Clinic Providers (including specialty providers within the MTF) shall: Note: ARC Physical Examination Sections will ensure these actions are accomplished in an appropriate manner for ARC members seen by civilian providers. Please see the AFI 10-203 Supplemental Guidance for additional information.

2.10.1. Determine if conditions identified during patient encounters and special purpose examinations, specifically PHAs, affect the Airman's ability to: 1) meet deployment standards, 2) perform the duties of the assigned Air Force Specialty Code (AFSC), 3) meet retention medical standards, and/or 4) complete the Fitness Assessment (FA). (T-1)

2.10.1.1. The provider will use AF Form 469 to communicate duty and functional limitations and FAE to the unit Commander, in accordance with AFI 10-203 Supplemental Guidance. (T-1)

2.10.1.2. On initiation of an AF Form 469, providers must ensure Airmen understand the DLC process. (T-2)

2.10.2. Complete or coordinate clinical follow-ups/consultations needed to confirm diagnoses, determine and document the appropriate treatment plan, and estimate the expected timeline and level of recovery. (T-2) Every effort should be made to expedite evaluation/

treatment to ensure maximum functional recovery. This should be a high priority if Airman cannot perform their duties of their AFSC or do not meet mobility requirements.

2.10.2.1. Documentation from consultant evaluations, laboratory evaluations and other studies will be made available as needed to the DAWG for tracking and oversight, ideally in the notes section for the most current DLC in ASIMS. (T-2) Providers will actively coordinate referrals for consultant evaluations and studies recommended by the DAWG. (T-2)

2.10.2.2. ARC medical units will coordinate with AD MTFs or TRICARE to obtain follow-up and/or consultations for duty connected issues and any LOD determination in progress IAW AFI 36-2910, *Line of Duty (Misconduct) Determination*. (T-2) ARC Airmen with non-duty connected issues will be directed to see their civilian provider for additional evaluation with explicit instructions to provide clinical information to the medical unit in a timely manner. (T-2)

2.10.3. Refer a case to the DAWG for Initial RILO consideration when it is determined that an Airman may not meet retention standards IAW AFI 48-123 or is mobility restricted for a period that will, or is reasonably anticipated to, exceed 365 days. (T-1) If case is referred by DAWG for initial RILO, the provider will meet all requirements IAW AFI 41-210. (T-1) See Refer to DAWG feature on Knowledge Exchange for additional information.

2.10.4. Assess the impact of medical conditions or functional limitations on an Airman's ability to participate in unit physical fitness training as well as the impact on the FA. (T-1) Fitness Restrictions (FR) and/or FAE will be described by the provider on the AF Form 469 and will be processed IAW this Instruction and AFI 36-2905, *Fitness Program*. (T-1) See Chapter 3 of this Instruction for additional guidance.

2.10.5. Complete medical examinations required for assignment, retraining, or deployment. (T-1) Additionally, providers will assist MSME by making recommendations for patients with medical conditions that may affect assignment, retraining, or deployment. (T-1)

2.10.6. Will not notify an Airman's commander when an Airman self-refers or is medically referred for mental health care or substance misuse/abuse education services unless disclosure is authorized (this includes Mental Health providers), as described in DoDI 6490.08, *Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members* or as noted below. (T-0, DoDI 6490.08)

2.10.6.1. For a situation that might require a deployment waiver IAW DoDI 6490.07, *Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees*, Enclosure 3, and AFI 48-123; an AF Form 469 must be initiated in order to inform the Airman's commander to initiate the waiver if the service member is tasked to deploy. (T-0, DoDI 6490.07)

2.10.6.1.1. The local SGH and SGP will develop local protocol which covers all temporary medical treatment and evaluation that limit deployments, but meets retention standards. They will also identify non-Mental Health providers to sign the AF Form 469 when a mental health condition is the reason for a AF Form 469. If none are assigned the Airman's PCM will be responsible for signing the AF Form 469. See supplement for additional information. Any waivers for this requirement will be directed to AFMOA/SGP.

2.10.6.1.2. Comments placed on the AF Form 469 will be generic and apply to all medical conditions that meet retention standards but may be waived if requested (T-1). For example; “service member undergoing medical evaluation and/or treatment for a condition that precludes deployment at this time. A deployment waiver may be considered if tasked to deploy prior to expiration date. Contact (SGP/MSME/PCM) if tasked for deployment.”

2.10.6.1.3. The local policy will apply to all conditions (not only mental health) to include but not limited to potential malignancies undergoing work-up that preclude deployment, symptomatic hypothyroid initiating medication, severe hypertension not stabilized with medication, and also initiation of medication for mental health diagnoses.

2.10.6.1.4. Providers must carefully weigh the rigors of potential assignments carefully to avoid exacerbations of conditions brought on by the rigors of contingency operations. See DoDI 6490.07, Enclosure 3, paragraph h, for a description of mental health situations that are disqualifying for deployment. (T-0, DoDI 6490.07)

2.10.6.2. If Command notification is not warranted per DoDI 6490.08, DoDI 6490.07, or AFI 48-123, an AF Form 469 will not be created for the specific encounter or clinical concern. (T-0: DoDI 6490.08)

2.11. Competent Medical Authority (CMA).

2.11.1. For Airmen requiring continuous monitoring after administrative qualification for Personnel Reliability Program (PRP), the CMA will report any medical condition requiring generation of an AF Form 469 to the losing Commander, gaining certifying official and the gaining CMA IAW DoD 5210.42-R_AFMAN 10-3902, *Nuclear Weapons Personnel Reliability Program*. (T-0: DoD 5210 .42-R_AFMAN 10-3902)

2.11.2. Once the gaining CMA (at installations with active PRP Airmen assigned) is notified that the incoming Airman has received an AF Form 469, the gaining CMA shares responsibility to monitor AHLTA, or equivalent for the ARC, for medical conditions which may preclude the Airman from assignment to the gaining base and PRP. (T-0: DoD 5210.42-R_AFMAN 10-3902) Care will be taken to ensure that distribution of a patient’s protected health information (PHI) is limited to the minimum necessary and that these disclosures are properly accounted for IAW AFI 41-210. (T-1)

2.12. Clinical Consultants shall:

2.12.1. Provide timely, complete, and concise summaries (narrative summary or clinical encounter documentation) regarding an Airman’s clinical status including specific functional limitations. (T-1)

2.12.1.1. Reports from clinical consultants in MTFs will be completed and returned to the requesting MTF within 30 days of the Airman’s encounter with the consultant. (T-2) This may be delayed if significant studies are pending, but will not exceed 30 days following definitive diagnosis. **Note:** Consults on ARC Airmen must be completed within 30 days if the Airman is receiving care for a line of duty condition; otherwise they must be done within 90 days. (T-2)

2.12.1.2. If the case involves questions about the Airman's qualification for continued military service or deployability, the MTF clinical consultant shall include specific recommendations in the medical record or narrative summary regarding these issues and will communicate these recommendations to MSME within one duty day of the clinical encounter for referral to the DAWG. (T-1) See AFI 10-203 Supplement for additional guidance.

2.12.1.3. If a clinical consultant in an MTF determines an Airman requires a duty limitation, the consultant will initiate an AF Form 469 (or equivalent form specific for the service of the consultant), and will communicate this duty limitation to the Airman's PCM. (T-2) If the assigned PCM is not a provider in an AF MTF, the consultant's recommendation will be forwarded to the MSME office (or ARC equivalent) in the AF MTF nearest the Airman's duty location. (T-2) See AFI 10-203 Supplemental Guidance for additional guidance.

2.12.2. Only consider recommendations from civilian (non-MTF) clinical consultants that are related to, or describe, functional limitations. (T-2) AF providers are the final authority on deployment, medical retainability, and physical limitation recommendations (see paragraph 3.7 of this Instruction). (T-1) **Note:** ARC Airmen will ensure the ARC medical unit receives civilian provider medical documentation within 90 days of the encounter (T-1).

2.13. Profiling Officer (PO) shall:

2.13.1. Be appointed in writing by the MTF/CC. (T-1)

2.13.2. Be a FS(s) credentialed in Aerospace Medicine and familiar with these Instructions: AFI 48-123; AFI 48-149; AFI 44-170, *Preventive Health Assessment*; and AFI 36-2905. If no FS is assigned, the MDG/CC appoints the most qualified physician. (T-2)

2.13.3. Perform final review and co-signs all AF Forms 469 which include MRs of more than 30 days duration within one duty day of notification (or by COB on the next UTA for the ARC). (T-2)

2.13.4. Perform final review and co-signs all AF Forms 469 completed by the healthcare provider when the FAE duration is > 180 days (T-1). The PO should accomplish this review within one duty day of notification (or by COB on the next UTA for the ARC). (T-2)

2.13.5. When considering superseding a provider's recommendations, will communicate the reason(s) to the provider, the SGH, and the SPO. In cases where there is disagreement on profiling, duty limitations or FAE, the SPO will make the final determination after review of the records and, when appropriate, consultation with the unit Commander. (T-2)

2.14. MSME shall:

2.14.1. Manage the profiling/duty limitation system IAW this Instruction, the AFI 10-203 Supplement and AFI 48-149. (T-1)

2.14.1.1. Review and sign all AF Forms 469 except those initiated for FR or FAE of \leq 180 days duration. (T-1) MSME will review and sign all AF Forms 422. (T-1)

2.14.1.2. Ensure all AF Form 469s are appropriately accomplished by medical providers (exception: AF Form 469s that include only FR and FAE \leq 180 days in duration), and accomplishes a quality review using MTF acceptable and approved practices. (T-1)

2.14.1.3. Perform administrative quality reviews of DLCs, FAE with durations >180 days, physical examinations for qualification purposes, profiles, and appropriate clearances before these documents are finalized (exceptions: routine PHAs, RILO packages). (T-1) See AFI 10-203 Supplement.

2.14.1.4. Refer names of members with new AF Form 469 for pregnancy to PH for processing IAW paragraph 3.5 of this Instruction. (T-2)

2.14.1.5. Through ASIMS, ensure distribution of AF Forms 422 and AF Form 469 as directed in this instruction to the Airman's Commander (and/or the commander's designees IAW AFI 41-210) (T-1). Care will be taken to ensure that distribution of a patient's PHI is limited to the minimum necessary and that these disclosures are properly accounted for IAW AFI 41-210. (T-1)

2.14.1.5.1. Will coordinate with the ASIMS administrator on actions to include interfacing with units for transmission of information via ASIMS. (T-2)

2.14.1.6. Perform administrative quality control review on AF Forms 422 and AF Form 469 after Initial RILO, FFD, MEB or Physical Evaluation Board (PEB) processing as applicable. (T-1) Ensures ALC-C restrictions (or their removal) are correctly applied on the AF Form 469 as directed by DPANM or ARC SGP and IAW AFI 41-210. (T-1)

2.14.2. Serve as the liaison between unit Commanders, health care providers, PO, and Airmen. (T-1)

2.14.3. Perform requirements for personnel referred by MPF, or applicable agency, for retraining, PCS, Separation/Retirement, or special duty clearance. (T-2) This includes but are not limited to: Airmen recommended for retraining; applicants for special duty assignments or Palace Chase; PME or other formal school clearances; Airmen identified for overseas PCS clearances; Airmen requiring security clearance; or other physical qualification actions. (T-1)

2.14.3.1. The MPF will include available AFSCs and job descriptions for Airmen referred for retraining. (T-1)

2.14.3.2. Retraining Personnel: MSME will review retraining applications to ensure Airmen are qualified for entry into AFSC(s) specified for potential retraining. (T-1) The AF Form 422 will indicate each of the selected AFSCs the Airman is and is not qualified to enter. (T-1) See AFI 48-123 and AFI 10-203 Supplemental Guidance for additional information.

2.14.3.3. Will review assignment actions to ensure Airmen are qualified for PCS to gaining base IAW applicable Personnel Processing Codes (PPC). (T-1) The AF Form 422 will contain a statement as indicated by PPC listing. (T-1)

2.14.3.4. Palace Chase Applicants: The MSME will review applicant medical records to ensure AD members applying for Palace Chase meet retention standards IAW AFI 48-123. (T-1) AF Form 422 "PULHES" categories will not be upgraded for the purpose of Palace Chase. (T-1) If disqualifying medical conditions are discovered, the member will be referred to the PCM and/or the DAWG for further evaluation/review. (T-1)

2.14.4. Screen Officers who have been matched to overseas senior command position through the Command Screening Board (CSB) for mobility restrictions as soon as possible after being notified of their assignment. (T-1)

2.14.4.1. For these officers, MSME will not wait for deployment orders before initiating clearance. (T-1) The Colonels Management Office (A1/DPO) will instruct matched officers to initiate clearance immediately through their servicing MSME. A1/DPO will also provide the names to AF/SG3P (Public Health Branch) who will distribute them through the appropriate MAJCOMs to the members' servicing MSME. MSME will inform A1/DPO of any matched officers with mobility restrictions. (T-1)

2.14.4.2. Pre-deployment requirements that must be accomplished closer to the required report date do not need to be included in this initial clearance.

2.14.5. Attend the DAWG and produces metrics and required reports IAW this Instruction and per SGP direction. (T-1) ARC DAWG members and PH representatives are highly encouraged to attend co-located AD DAWG meetings.

2.14.5.1. Performs the required reviews as indicated in Chapter 4 of this Instruction in preparation for the DAWG. (T-1)

2.14.5.2. Provides support to the Physical Evaluation Board Liaison Officer (PEBLO) as needed for initial DAWG review for any case in which a provider believes that an Airman's condition may not meet retention standards IAW AFI 48-123 or, in the opinion of the provider, the Airman will not be expected to return to full, unrestricted duty within 365 days of the initiation of a condition not compatible with mobility. (T-1)

2.14.5.3. Assist the PCM and PEBLO, via the DAWG, in identifying other Airmen who require RILO. (T-1)

2.14.6. Accomplish a DLC review (and medical record review if indicated) for Incoming Base Personnel when referred by PH. (T-1)

2.14.6.1. MSME will refer questions about duty limitations to the PCM. (T-1) Questionable limitations may also be made available to the PO to determine acceptable DRs, in consultation with the individual's Commander and SPO as needed.

2.14.6.2. During this record review process, MSME will notify the PEBLO of any newly arrived Airmen who have ALC-Cs in order to facilitate tracking of Annual RILO requirements. (T-1)

2.14.7. For ARC medical unit MSME. During UTA, MSME will prepare all open AF Forms 422 and AF Form 469 for signature and finalization by the SGP by COB of the last day of the UTA unless specific circumstances prevent it. (T-2) The MSME must discuss with the SGP those circumstances that prevent closure of the forms. (T-2)

2.15. PH (or ARC equivalent) shall:

2.15.1. Review ASIMS for all AF personnel arriving on the installation on PCS orders. (T-1)

2.15.1.1. Personnel with current DLCs or ALCs will be referred to MSME for further review. (T-1)

2.15.1.2. Personnel with medical readiness issues (immunizations, dental, PHA, etc.) will be referred to the appropriate section of the MTF or gaining commander/unit health monitor to accomplish required actions. (T-1)

2.15.2. Manage pregnancy DLCs IAW paragraph 3.5. of this Instruction. (T-1)

2.15.3. Usually designated as the MTF ASIMS administrator. (T-2)

2.15.3.1. MTF ASIMS administrator will regularly update/validate unit contact information to ensure currency/accuracy for ASIMS notifications. (T-1)

2.15.3.2. MTF ASIMS administrator will coordinate with the MTF HIPAA Privacy officer to ensure that the unit Commander designates in writing those members of the unit approved to receive HIPAA-protected information, as well as those members allowed role-based access to ASIMS. (T-1) This information must be updated on a regular basis. (T-1)

2.16. Women's Health Clinic (not applicable to ARC).

2.16.1. On a monthly basis, the Women's Health Clinic (or equivalent section that manages pregnant Airmen) will provide MSME with an updated list of all pregnant Airmen on the installation. (T-1) The clinic representative will coordinate with MSME to ensure that this list is consistent with the ASIMS query for active Assignment Availability Code (AAC) 81 (pregnancy) cases IAW paragraph 4.1.3.4. of this Instruction. (T-1) This function will be performed by the fetal protection program managers for the ARC. (T-2)

2.17. Unit Commander shall:

2.17.1. Ensure unit and individual medical readiness IAW AFI 10-250.

2.17.2. Ensure unit Airmen are available for and complete examinations including required follow-up studies and final disposition in a timely manner. (T-2)

2.17.3. Work with MSME and/or the ASIMS administrator to ensure appropriate unit staff are designated to receive notification via ASIMS of information on individual Airmen IAW AFI 41-210. (T-0; DoD 6025.18-R, C7.11.1.2.1) Ensures adequate task cross-coverage and redundancy to allow the notification process to function despite individual absences (leaves, Temporary Duty assignments (TDY), deployments etc.) (T-1) Ensures their contact information is current and accurate and provides that information to MSME. (T-1)

2.17.4. Ensure that AF Forms 422 and AF Form 469 are issued to unit Airmen. (T-2) Ensures Airmen receiving an AF Form 422 or AF Form 469 are counseled and/or provided written instructions on duties and responsibilities when appropriate. (T-2)

2.17.4.1. For AF Form 469 actions which do not limit mobility, the Commander is not required to sign the form and may delegate these requirements to the Unit First Sergeant and the Airman's supervisor. (T-2)

2.17.4.2. For AF Form 469 actions limiting mobility, the Commander can concur with MR and must sign the AF Form 469 prior to issuing it to the Airman. (T-2)

2.17.4.2.1. If Commander non-concurs with mobility restriction on an AF Form 469, the Commander will contact the MTF/SGP within seven duty days. (T-2) See paragraph 3.4.2. of this Instruction for further guidance. (T-2)

2.17.5. Know the Fitness for Duty (FFD) status of the service members under their command. (T-1) The HIPAA privacy rule permits disclosures of PHI to Commanders and their designees without the patient's authorization, but these disclosures must be tracked. (T-0; 45 CFR §§164.512(k) and 164.528, DoD 6025.18-R, C7.11 and C13.1) Refer to AFI 41-210 for more information on Commander access to medical information.

2.17.6. Contact the SGP or SGH if there are concerns about the fidelity of past and/or present duty or MRs. (T-2) Specifically where the medical condition of an Airman appears to resolve or develop in close association with a new assignment, training opportunity, or deployment tasking.

2.17.7. Ensure Unit Airmen understand their roles and responsibilities in this Instruction. (T-2)

2.17.8. Report any trigger events (see 4.1.3.3.3. for details) to the SGP, and/or MSME; prefer to use the "Refer to DAWG Tool". (T-2)

2.18. Airman shall:

2.18.1. Report any new medical condition, medical conditions that potentially affect deployability, or any change in medical status, to the appropriate medical provider at the time of onset. (T-1) The Airman must also report all medical/dental treatment obtained through civilian sources to the appropriate military medical authority IAW AFI 41-210. (T-1) See AFI 48-123 for additional guidance regarding ARC Airmen.

2.18.2. Attend all scheduled medical appointments as directed and should inform unit supervisor of required follow-up evaluations and appointments. (T-3)

2.18.3. Make all attempts to resolve medical conditions in a timely manner. (T-1) This includes, but is not limited to, attendance at all appointments, active participation in rehabilitation, and using medications as prescribed by their health care provider. Failure to meet this requirement as determined by an appropriate medical authority and the Airman's Commander may result in MEB, FFD, and resultant administrative separation from the AF, without medical disability compensation. See AFI 48-123 for additional guidance regarding ARC Airmen.

2.18.4. When an Airman's failure to comply with medical assessment requirements renders the Air Force Medical Service (AFMS) unable to determine the Airman's current medical status, the following actions are deferred: clearance actions for deployment, PCS, retraining, attendance at service academies or PME, Military Personnel Appropriation (MPA) or Reserve Personnel Appropriation (RPA) orders, or any other orders status to include medical continuation (MEDCON) orders (ARC). **NOTE:** See AFI 36-2910 for guidance relating to MEDCON orders. (T-2)

2.19. Military Personnel Flight or Section (MPF, FSS or MPS).

2.19.1. Upon request, provides a listing of personnel with AACs of 31, 37, and 81 (pregnancy) from Military Personnel Data System (MilPDS) to MSME. (T-2) See section 4.1.3.5. of this AFI for details on management of this list.

2.19.2. Refers to MSME any Airman requiring special medical clearance actions as required with the appropriate information regarding the requirements. (T-1)

2.20. AFPC/DPANM (ARC/SGP).

2.20.1. DPANM reviews all AD RILO cases; members of ARC are reviewed by respective ARC/SGP IAW AFI 41-210.

2.20.2. The Colonels Management Office (A1/DPO) will provide DPANM a list of officers matched to senior leadership positions through the Command Screening Board (CSB) as soon as CSB results are available. (T-2) DPANM will review the list and notify A1/DPO of any CSB-matched officer with a duty limiting condition which would preclude taking the assignment. (T-2)

Chapter 3

ESTABLISHING AND DISSEMINATING DUTY LIMITATIONS

3.1. General Requirements.

3.1.1. **Completion of an AF Form 469.** When a provider determines an Airman needs a duty limitation, the following describe the minimum steps for completion of the AF Form 469. (T-1) See AFI 10-203 Supplemental Guidance for additional information.

3.1.1.1. The healthcare provider (or designee) will enter demographic data, diagnosis, physical limitations and/or restrictions and then specify resulting DRs, MRs, and/or FRs, and with a release date/s into ASIMS. (T-1) The provider or clinic staff must cross-check the Airman's organization and duty phone with the Airman. (T-2) In order to properly complete the AF Form 469, the provider must check a box for MR (see 3.4), DR (see 3.3), or FR (see 3.2), or some combination thereof. (T-1) Only specific limitations will be entered in the comments section as noted in 3.1.1.2. (T-1) Diagnoses will be recorded in the appropriate section of the AF Form 469 electronic interface, but will not be printed on the form. (T-0: 45 CFR §164.514(d), DoD 6025.18-R, C8.2) The provider will then electronically sign the "Health Care Provider" line on the form. (T-1)

3.1.1.2. The AF Form 469 is used solely to describe physical limitations, functional impairments, or specific restrictions. (T-1)

3.1.1.2.1. Functional limitations noted on the AF Form 469 will convey necessary detail to allow the Commander to make informed decisions concerning the management of his/her personnel. (T-1) Limitations will be timely, accurate and unambiguous and be written in simple terms understandable by non-medical leadership and supervisors. (T-1)

3.1.1.2.2. The AF Form 469 will contain no positive affirmations regarding the Airman's workplace or what the Airman can do in the workplace. (T-1) However, the AF Form 469 may contain positive ("should", "can", "will", etc.) instructions regarding an Airman's medical management. (Example: for an Airman who has undergone foot surgery, the AF Form 469 may state: "Airman should use hard orthopedic shoe in place of uniform footwear and should use crutches.") Refer to AFI 36-2903, *Dress and Personal Appearance of Air Force Personnel* for the alterations that are authorized.

3.1.1.2.3. If additional medical management inputs are included such as follow-up care appointments, do not include any reference that would describe the diagnosis. For example, instead of stating "member to follow-up with Infectious Disease Clinic in 90 days," state "member to follow-up with specialty care clinic in 90 days". This allows the command to know this is important for Airman to be released for appointments that are critical to return the Airmen to work or complete their medical evaluation, but does not disclose the diagnosis or type of clinic the patient may require.

3.1.2. **Completion of a AF Form 422.** The AF Form 422 is a profile containing descriptions of long-standing or permanent physical limitations which are used for

establishing suitability for career fields or AFSC. (T-1) The AF Form 422 also may be used by the DAWG to communicate to the commander and member that the member had a trigger event that was reviewed by the DAWG with the updated PULHES.

3.1.2.1. The AF Form 422 is updated when completing other medically related personnel functions, which include initial qualification, military retraining, PCS (if appropriate), PME, and similar functions as directed in this or other guidance. (T-1)

3.1.2.2. The AF Form 422 is updated after a RILO (with or without initiation of an ALC-C), MEB, WWD or FFD evaluation. (T-1) In these cases, re-accomplish a profile (PULHES) on an AF Form 422 to reflect updates from the RILO, MEB, WWD, or FFD determination. (T-1) If a member has an ALC-C removed during another DPAMN or ARC/SGP review, the AF Form 422 will be updated to reflect the new PULHES. (T-1)

3.1.2.3. Information noted on the AF Form 422 will convey necessary detail to allow the Commander and personnel system specialists to make informed decisions concerning the management of personnel. (T-1) Information will be timely, accurate and unambiguous and be written in simple terms understandable by non-medical leadership and personnel system specialists. (T-1) The diagnosis or other medical justification for the statements will not be placed on the AF Form 422 (T-0; 45 CFR §164.514(d), DoD 6025.18-R, C8.2). The requirements for follow-up care should not be included on the AF Form 422.

3.1.3. When AF Forms 422 and/or AF Form 469 are completed and MTF staff confirms that unit notification is indicated, the ASIMS program will automatically email the appropriate information to the Airman's commander or commander's designee(s).

3.1.3.1. Notifications made using the automated features of ASIMS are sent via un-encrypted email. The email contains a link to the ASIMS program that restricts access to those approved to receive PHI by the MTF HIPAA Privacy Officer (HPO) using Common Access Card (CAC) certificates. Notifications made outside of the ASIMS program must follow guidance in AFI 41-210 in order to protect PHI.

3.1.4. Any AFRC Airman with a condition that is disqualifying from his/her specific duties and/or has an AAC 31 is not allowed to participate in any pay or point gaining activity until the condition has resolved or waiver is granted IAW AFI 36-2254 V1, *Reserve Personnel Participation*.

3.2. FRs and FAEs.

3.2.1. If an Airman has a medical condition affecting fitness, but not impacting mobility, retention, or AFSC duties, an AF Form 469 will be generated by the provider who initially assesses the condition. (T-1) The AF Form 469 will detail functional limitations, specific FRs (to include restrictions from unit fitness activities if appropriate), and FAE. (T-1) See AFI 10-203 Supplemental Guidance for additional information. **NOTE:** These actions will be accomplished by the ARC MLO (or other appropriate designee) for ARC Airmen IAW AFI 36-2905.

3.2.1.1. If the FR and/or FAE is ≤ 180 days duration, the AF Form 469 will be signed and closed by the provider (or ARC MLO), a copy will be provided to the Airman at the time of the clinical encounter, and an electronic copy will be transmitted to the unit. (T-1)

3.2.1.2. If the FR or FAE is for a duration of > 180 days, or if it is a component exemption specifically for abdominal circumference (AC), the AF Form 469 must be signed (but not closed) by the provider (or ARC MLO), then reviewed by MSME as well as a PO, prior to closing the AF Form 469 and transmitting to the unit. (T-1) The Airman may be provided a draft printout of the restriction, however the provider will ensure that the Airman understands that this is only a draft that may be changed after review. The unit will not receive the FR or FAE from the MTF until after the AF Form 469 is reviewed by a PO. (T-1)

3.2.1.2.1. AC exemptions must be reviewed by the DAWG before final closure by any MTF PO and transmission to the unit. (T-1) (Exception: AC exemptions for pregnancy do not require DAWG review.)

3.2.1.2.2. The unit commander may choose to apply the draft FAE if the final AF Form 469 has not been received at the time of FA, however the final AF Form 469 will supersede the draft recommendations for all future FAs.

3.2.1.2.3. If an Airman has a chronic medical condition affecting fitness, the AF Form 469 may include FR and FAE with a term of validity of up to 365 days. These long-standing AF Form 469 will be reviewed by the PCM at the PHA. (T-1) The review will determine the need for restriction continuance, or any changes in the condition that may necessitate an Initial or other RILO. (T-1) Medical conditions impacting the FA only and not impacting mobility, retention, or AFSC duties do not automatically require Initial RILO. All FAE written for 365 days will be referred by the provider and/or MSME to the DAWG for review. (T-1) There are no permanent FA/FAE exemptions.

3.2.2. If an Airman has a valid AF Form 469 and changes duty location (PCS etc.), the AF Form 469 are valid at the gaining installation for FRs and FAEs. (T-2)

3.3. DRs Only.

3.3.1. For DRs with no mobility, retention, retraining, or fitness implications, the AF Form 469 signed by the health care provider will be made available electronically via ASIMS to MSME for review and signature. (T-1) Following MSME signature, the information will be made available via ASIMS email notification to the Airman's unit. PO review/signature is not required. See paragraph 3.1.3.1. of this Instruction for guidance on protecting PHI.

3.3.2. DRs that could permanently affect an Airman's ability to perform their AFSC-specific duties, but do not affect continued military service, will be handled administratively beginning with AFSC disqualification IAW AFI 36-2101 (Chapter 4) and AFI 48-123. (T-1)

3.3.2.1. The provider will initiate a new AF Form 422 stating "Member meets AF retention standards for continued service but does not meet AFSC-specific physical standards and is therefore disqualified for AFSC XXXX".(T-1) The diagnosis or other medical justification for the statement will not be placed on the AF Form 422 (T-0; 45 CFR §164.514(d), DoD 6025.18-R, C8.2).

3.3.2.2. MSME will review the AF Form 422 with the Airman (T-2). MSME will edit the AF Form 422 to annotate medical qualification statements for any prior AFSCs that have been held by the Airman.(T-1) **Note:** If MSME assesses that the Airman may not

be eligible for retraining, the case will be referred to the DAWG for Initial RILO consideration. (T-1) See AFI 10-203 Supplemental Guidance for additional information.

3.4. MR.

3.4.1. When a medical condition will prevent an Airman from deploying, with or without duty or fitness limitations, the provider will check the MR box on the AF Form 469 and enter the release date of the restriction. (T-1)

3.4.1.1. After electronic signature by the provider, the form will be automatically forwarded to MSME which will assess the form and determine if the condition will require an AAC 31 (release date of 31 to 365 days) or 81 (pregnancy). If an AAC 31 or 81 is needed, MSME will check the appropriate AAC box and sign the form which will then automatically forward to the PO.(T-1) (**Note:** MRs <31 days duration do not require AAC 31 or PO review/signature.)

3.4.1.2. The PO will review the restrictions and the coding and validate by electronic signature, and then forward the form electronically to the Airman's unit Commander via ASIMS email notification for concurrence/non-concurrence. (T-1) The AF Form 469 should be forwarded to the Squadron Commander within one duty day of initiation by the provider, but no later than two duty days (except for Code 81 which has up to 5 days). (T-2) For ARC Airmen, the AF Form 469 will be forwarded to the Commander prior to the Airman's next duty day. (T-2)

3.4.1.3. The Commander or designated representative will issue the form to the Airman following signature by the Commander. (T-2)

3.4.2. If a Commander chooses to non-concur on the MR, the Commander must contact the MTF/SGP within 7 duty days (COB on last day of UTA for ARC) of receipt of the mobility restricting AF Form 469 (no contact from the Commander will be considered concurrence). (T-2)

3.4.2.1. The MTF/SGP, with assistance from MSME, will collect and review pertinent medical data, consulting as needed with the provider who initiated the MR. (T-2) The MTF/SGP may override the provider's recommendation and revise or remove the MR in order to resubmit to the Airman's Commander. If the MTF/SGP agrees with the provider, the MTF/SGP will discuss the case with the Airman's Commander. (T-2)

3.4.2.2. If the MTF/SGP and Unit Commander disagree, the Airman can be placed on mobility status with the concurrence of the Commander's next reporting official (normally the Airman's Group Commander). If the second level Commander non-concurs as well, the final Commander acting on the AF Form 469 issues a completed copy to the Airman after the MTF/SGP notifies MSME of the action and MSME generates a new AF Form 469. (T-2) The new AF Form 469 will still reflect the MR and initial AAC but will include a statement indicating that the Airman's Squadron/Group Commander non-concurred and the Airman will be considered available for mobility/deployment. (T-2) Rationale for the decision will be documented by the MTF/SGP in the Airman's medical record. (T-2)

3.4.2.3. A specified deployment may have medical requirements determined by the COCOM. Thus, while a Commander may place an individual on mobility regardless of

medical recommendations, the gaining COCOM may not accept the Airman for deployment. For a defined deployment, the MTF will coordinate through its MAJCOM to the gaining COCOM regarding waiver of defined medical requirements.(T-1)

3.4.2.4. In the event of a Commander's non-concurrence on an AF Form 469 for an Airman with a condition which is unfitting for continued military service, an Initial RILO will still be prepared and forwarded to DPANM IAW AFI 41-210 (or to appropriate ARC SGP). (T-1)

3.4.3. Permanent MRs (e.g. ALC-C) may only be determined by DPANM or ARC SGP. These mobility limitations will be displayed on the AF Form 469 permanently at the bottom of the physical limitations/restrictions portion and once assigned, will not be changed, removed, or overridden by any local DLC or profile action (additional restrictions may be added as appropriate). (T-1) Only waiver authorities as described in AFI 41-210 may authorize deployment for individuals placed on ALC restrictions. Unit commanders may not non-concur with MRs directed by DPANM or ARC SGP (i.e. ALCs).

3.5. Pregnancy-related Duty Limitations.

3.5.1. When an Airman is diagnosed as pregnant, PH will be notified via direct referral from the provider or clinic staff, by an AF Form 469 initiated by the provider, or through other appropriate means, IAW AFI 44-102. (T-1) (For ARC, the Airman is required to notify the medical unit and provide proof of pregnancy). (T-1) If MSME receives a new AF Form 469 for pregnancy, it will be immediately forwarded to PH for appropriate action as the action office for the Fetal Protection Program. (T-1)

3.5.1.1. PH, in coordination with the PCM and if applicable the Women's Health Provider, will issue an initial AF Form 469 within 5 duty days of notification to PH or MSME of a positive pregnancy test. (T-1) The AF Form 469 will include standard DRs, MRs, and FRs (IAW para 3.5.2. of this Instruction). (T-1) For the ARC, the AF Form 469 will be processed the next UTA (T-1).

3.5.1.2. For pregnant Airmen assigned to a workplace monitored as part of the Occupational and Environmental Health Program (OEHP), standard duty limitations may require additional or altered limitations, based on workplace-specific hazards IAW AFMAN 48-146, *Occupational and Environmental Health Program Management*. (T-1) If indicated by the OEHP, the Airman's worksite will be evaluated for hazards that could affect the mother or fetus.(T-1) If this evaluation indicates the need for a change in the standard duty limitations, the AF Form 469 will be modified within 15 duty days (within two UTAs for ARC) of initial PH notification with restrictions tailored to the hazards of the Airman's workplace. (T-1) Bioenvironmental Engineering (BE) will provide a written workplace evaluation to PH based on either the latest workplace survey (if conducted within the last 12 months) or a specific site visit to identify workplace hazards. (T-1) PH will, in turn, coordinate with the installation Occupational and Environmental Health Consultant and the women's health provider or PCM to finalize the duty limitations on the AF Form 469. (T-1) ARC may have civilian OB/GYN consultation on duty limitations.

3.5.1.3. Duty limitations associated with pregnancy may require temporary removal from certain AFSC duties. Retraining will not be required.

3.5.2. The Obstetrics and Gynecology (OB-GYN) Consultants to the AF/SG will validate the AF standard DRs, MRs, and FRs for pregnancy annually and produce an updated AF Form 469 pregnancy overprint or template. The DAWG may approve changes to the standard template when deemed appropriate. Changes will be documented in the DAWG minutes. (T-1)

3.6. Multiple Action AF Form 469.

3.6.1. If an Airman requires an AF Form 469 be initiated for multiple purposes (mobility, duty, and/or fitness), MRs always have highest priority in processing. (T-1) This means that management of the AF Form 469 must follow the process described in paragraph 3.4. of this Instruction. (T-1) If there are no MRs, but there are DRs and FRs, then process the AF Form 469 following paragraph 3.3. of this Instruction. EXCEPTION: Pregnancy-related AF forms 469 will be processed IAW section 3.5. of this Instruction.

3.6.2. FR/FAE issued with either (or both) MR and DR may be printed and provided to the Airman by the provider as a draft (the provider would only sign in one place). Follow guidance in paragraph 3.2.1.2. of this Instruction on issuing a draft AF Form 469 for the Airman while the DR and MR follow the review processes described herein. (T-2)

3.7. External duty limitations (civilian or sister service). All AF personnel must report changes in physical status to their AF military medical unit. (T-1) Duty limitations from a non-AF provider are a recommendation and must be entered on an AF Form 469. (T-1) AF providers retain final mobility recommendation authority. (T-1)

3.8. Dental.

3.8.1. When an Airmen is placed into Dental Readiness Classification (DRC) 3, an AF Form 469 will be initiated (T-1). The AF Form 469 will be the primary means of notifying commanders that a member is in DRC 3 (T-1). See AFI 47-101, *Managing Air Force Dental Services*, for more information.

3.8.2. DRC 4 generally does not require an AF Form 469. However, if the class 4 extends beyond 30 days without resolution, an AF Form 469 may be used, at the discretion of the Chief of Dental Services in consultation with the SGP, as an additional tool to communicate the non-deployable status of the Airman to the unit. For the AFRC, if the Airman is in DRC 4 they will be placed in a No Pay, No Points status. (T-1)

Chapter 4

DAWG CASE MANAGEMENT REVIEW

4.1. Routine DAWG Case Reviews.

4.1.1. Purpose. The DAWG will be established at each wing/base level and will meet at least monthly to review personnel with a DLC that affects mobility, retention, or long-term physical fitness. (T-1) The DAWG will identify personnel not deployment eligible (Not Mission Capable, NMC) and track progress of the medical condition through resolution or definitive disposition. (T-1) They will further identify cases exceeding prescribed time limits, review a representative sample of DLCs, and provide feedback to PCM teams, including providers, via the SGH. (T-1) The DAWG will produce and provide a report to the MTF executive committee via the Aerospace Medicine Council (AMC). (T-1) The DAWG will also review cases referred for potentially unfitting medical conditions. (T-1)

4.1.1.1. The DAWG at ARC installations should meet monthly, but not less than quarterly. (T-2) At co-located bases, ARC representatives are highly encouraged to participate in the RegAF host base DAWG to ensure ARC Airmen requiring Initial RILOs and/or MEBs are managed appropriately (e.g. through RegAF channels for duty-related conditions or through ARC for non-duty related FFD/WWD conditions).

4.1.1.2. In certain circumstances, disclosures of an Airman's PHI by the DAWG are required by law and must be accounted for IAW AFI 41-210.

4.1.2. Membership will consist of the SGP, SGH, SPO, all available POs, MSME, PEBLO (or ARC equivalent), a PCM representative, and, as appropriate, an ARC Wing Fitness Program Manager (WFPM). Others may be assigned or invited to attend as needed (e.g. DoD/Veterans Affairs (VA) military services coordinator). Any invitees must be authorized to receive the PHI being discussed, otherwise attendance would not be permitted IAW AFI 41-210.

4.1.2.1. A mental health representative may be invited or appointed to the DAWG depending on the number and complexity of mental health cases to be reviewed.

4.1.2.2. Any member of the medical management team (Health Care Integrator, Case Manager, Utilization Manager, or Disease Manager) may be invited or appointed to provide clinical case management expertise, as desired. Similarly, a referral management specialist may be invited or included. (**Note:** Not applicable for ARC bases.) If this individual is not a nurse, the DAWG may consider including a clinical nurse to provide clinical case management input, support, and guidance to MSME.

4.1.2.3. A representative from the Women's Health Clinic (or equivalent section managing pregnant Airmen) may be invited or included as a member of the DAWG, at the discretion of the Chair, if indicated for better management of AAC 81 cases.

4.1.2.4. Providers who have empanelled cases being considered at the DAWG, or who initially referred a case or are involved in the clinical management of the case, may be invited to attend the DAWG based on the discretion of the DAWG Chair and the availability of the provider.

4.1.2.5. The DAWG Chair may invite attendees who are not assigned to the MTF staff, but only for those portions of the meeting that do not address individually identifiable health information. For PHI-related portions of the meeting, DAWG attendance by personnel not assigned to the MTF staff should be limited. If it is necessary for a unit commander/designees to attend, these personnel may only attend portions of the DAWG applicable to Airmen under their designated command structure.

4.1.3. The DAWG will review and provide oversight of the following processes: (T-1)

4.1.3.1. Airmen with DLCs which do not affect mobility. For Airmen with DLCs \geq 365 cumulative days in duration but who are still mobility qualified (to include DR, FR, and/or FAE), the MSME will review each case following the review by the PCM as part of the PHA process. (T-1) Medical conditions affecting the fitness assessment only and not impacting mobility, retention, or AFSC duties do not automatically require Initial RILO.

4.1.3.2. AAC 31 Review. An ASIMS generated list of all personnel with an AAC 31 will be reviewed by MSME prior to the DAWG. (T-1) For cases identified for DAWG review, MSME will review the medical records, in consultation with the provider as appropriate, and be prepared to present issues and potential solutions for these cases. (T-1) Providers may be required to attend the DAWG meeting, at the discretion of the DAWG Chair, if deemed appropriate to discuss cases.

4.1.3.2.1. AAC 31 Review minimum reviews. Any AF Form 469 with an AAC 31 that has been in effect for 90 days or more will be reviewed to ensure the MR are applied appropriately to the clinical condition. (T-1) Once this 90-day review has been accomplished on a specific AF Form 469, it does not need to be reviewed again until it has reached 300 days in effect.

4.1.3.2.2. The issuing provider (or PCM if more appropriate) will be notified by MSME when an AF Form 469 with an AAC 31 reaches 300 days cumulative time (or will reach 300 days by the time of the next DAWG meeting) for a single condition in preparation for referral to DAWG. (T-1) If the DAWG determines that it is probable that the restrictions will not be lifted before one year has passed, an Initial RILO or FFD will be initiated immediately without waiting for 365 cumulative days under restriction to pass. (T-1) For ARC FFDs will follow the same timeline as initial RILOs. (T-2)

4.1.3.3. Potentially Unfitting Cases are reported to the DAWG through five trigger events. (T-1) A trigger event is a condition or occurrence which may indicate a service member has (a) medical and/or mental health condition(s) that is/(are) inconsistent with retention standards or deployability. Each DAWG should establish procedures and guidelines for reporting trigger events at its respective MTF; but the preferred method is the "Refer to DAWG" Tool in ASIMS. (T-1) See User Guide for Refer to DAWG Tool for additional details. Preliminary review of a trigger event should occur at the next scheduled DAWG meeting, and not more than 45 days after the case is referred to the PEBLO or MSME by the provider. See 4.2. for details of DAWG Review. (T-1) Trigger events include, but are not limited to, the following:

4.1.3.3.1. Provider, after discovering a potential or questionable service-disqualifying medical condition for any Airman regardless of rank, is responsible for submitting the case to the DAWG.

4.1.3.3.2. DAWG Surveillance Tracking determines that a member has a chronic condition which may preclude him/her from performing AFSC duties, deploying to field conditions, have an unfitting condition and/or will not return to mobility status prior to cumulative 365 days for condition or related issue(s). Regardless of the diagnosis, after 12 months of cumulative AAC 31 status for the same or related issue(s), the full case must be referred to DPANM via an initial RILO for adjudication review. (T-1)

4.1.3.3.3. Commander requests evaluation of unit service members due to poor duty performance or deployment concerns stemming from a potential medical or mental health condition.

4.1.3.3.4. DPANM (or ARC/SGP) directs. DPANM may identify conditions via an Annual or Modified RILO and direct the MTF to submit an Initial RILO package.

4.1.3.3.5. PCS, TDY or Deployment Cancellation or Curtailment for a medical or mental health reason.

4.1.3.4. AAC 81, Pregnancy Reviews. The MSME function will query ASIMS for all AAC 81 cases monthly and the continued pregnancy status will be confirmed by the Women's Health Clinic (or equivalent section that manages pregnant airmen). (T-1) Discrepancies will be resolved to ensure the earliest possible return of the Airman to unrestricted duty. (T-1) MSME will report to the DAWG on the overall rate of AAC 81 cases and the status of discrepancies. (T-1)

4.1.3.5. MPF Reconciliation. At least annually, and when deemed appropriate by the DAWG, MSME will request from the installation MPS a list of all personnel with an AAC 31, 37, and 81 for reconciliation with ASIMS data. (T-2) This reconciliation will be documented in the DAWG minutes, but will only need further discussion/investigation if significant discrepancies are found. (T-2)

4.1.3.6. Modified RILO due dates. The PEBLO (or ARC equivalent) will track Modified RILO due dates for all personnel with an ALC-C. (T-1) MSME (or PH) will assist in keeping this list current by advising the PEBLO of any new RILO cases (Airmen with an existing ALC-C) identified during the in-processing medical record review process (T-1). Prior to each DAWG, the PEBLO will review these records to identify problems which require attention. (T-1) Those cases that are identified with problems (overdue, complex diagnoses, etc.) will be reviewed at the DAWG with status updates provided by both the PEBLO and the PCM on cases currently being worked. (T-1) The ARC physical examination section will track ALC-C RILO due dates for WWD cases. (T-2)

4.1.3.7. MEDCON cases. The DAWG shall review initial medical continuation (MEDCON) cases for IDES consideration and will collaborate with the ARC Case Management Office on subsequent referrals to IDES. (T-2) See AFI 36-2910 for further information on management of MEDCON cases. For ARC DAWG, all MEDCON and Incapacitation Pay cases are to be reviewed. (T-2)

4.1.3.8. DLC quality review. The SGP and SGH will direct or conduct a review of the quality of DLC determinations and FAE as documented on AF Form 469 and present monthly statistics (quarterly for the ARC) on this review. (T-1) See AFI 10-203 Supplemental Guidance for additional information.

4.1.3.8.1. This review may be accomplished through the facility provider peer review program or other means as deemed appropriate by the DAWG, and will address questions per the AFI 10-203 Supplemental Guidance. The results will be presented to the Professional Staff (or ARC equivalent) at least annually or more frequently as determined by the DAWG. (T-2)

4.1.3.8.2. The proportion of DLCs to be reviewed will be determined by the DAWG (and documented in the minutes at least annually) but shall be an adequate sample to provide an accurate representation of the quality of DLCs in the MTF. (T-2) A specified portion of the DLCs must include FAE. (T-2)

4.1.3.9. Any potential adverse medical events (ie. Delay in diagnosis or medical error) noted at the DAWG should be reported to the SGH and MTF Healthcare Risk Manager IAW AFI 44-119.

4.2. DAWG Review for Initial RILO.

4.2.1. For cases referred to the DAWG, the DAWG will determine whether an Airman's condition(s) meets standards for continuing military service IAW AFI 48-123. (T-1) Once a case is referred to the DAWG, it should be reviewed at the next scheduled DAWG meeting, but no more than 45 days after the referral is made (for ARC 90 days). (T-1) The DAWG review will take into account all available and appropriate information related to the case. (T-1) The disposition of the DAWG review can be documented within the ASIMS "Refer to DAWG" Tool and may include:

4.2.1.1. Case dismissal. If the Airman is found to be fit for continued military service and mobility based on the information considered, the AF Form 469 may be updated appropriately and the case dismissed to routine medical care.

4.2.1.1.1. Case dismissal does not preclude the Airman being considered for DAWG review again in the future for the same condition if the Airman's status changes.

4.2.1.1.2. A note will be placed in the Airman's medical record indicating that the condition was reviewed for possible MEB or FFD and found to be fit without need for Initial RILO or MEB. (T-1) See AFI 10-203 Supplement and ASIMS "Refer to DAWG" Tool Guidance for additional information.

4.2.1.2. Initial RILO or FFD referral. The condition does not meet medical retention standards and/or the Airmen is not capable of deploying without some restrictions. In these cases, Initial RILO will be initiated IAW paragraph 4.2 of this Instruction and AFI 41-210. (T-1) For those cases where the Airman's hospitalization or treatment progress appears to have medically stabilized but the final prognosis or outcome may not be known for more than a year, the referral for Initial RILO will not be delayed as long as the course of recovery is relatively predictable and a reasonable determination can be made that the condition will be unlikely to resolve or improve to meet standards IAW

AFI 48-123 within 12 months. (T-1) See AFI 10-203 Supplemental Guide for additional information.

4.2.2. Initial RILO. Once the DAWG Chair directs that an Initial RILO is indicated, MSME will initiate an AAC 37 on the Airman's AF Form 469. (T-1) Individual providers will not initiate the AAC 37. (T-1) Once applied, the AAC 37 will remain in effect until DPANM directs removal via the AFPC/FL 4 or ARC SGP by memorandum. (T-1)

4.2.2.1. Once the Code 37 is initiated by the DAWG, the PEBLO will coordinate bringing the Initial RILO package to the next DAWG meeting IAW AFI 41-210. (T-1) If the Initial RILO package is not ready to present at the next DAWG meeting, the case must be tracked as an open item in the DAWG minutes, with an explanation of why it is delayed, until the package is complete and has been reviewed by the DAWG. (T-1) The MSME will also coordinate having the provider attend the DAWG if the DAWG Chair deems this appropriate. (T-1)

4.2.2.2. Once the Initial RILO package is complete (to include all specialty consultations and special studies), the entire package must be reviewed by the DAWG and signed off by either the SGH or SGP to ensure that it is complete and accurate. (T-1) This step serves as a final quality review and will be completed no more than 30 days (one UTA for ARC) after the case was initially reviewed at the DAWG. (T-1) If the final review is delayed beyond 30 days, the reason for the delay will be documented in the DAWG minutes. (T-1)

4.2.2.3. The Initial RILO packages will be forwarded to DPANM or ARC SGP as applicable for adjudication with a recommendation from the DAWG for either MEB or RTD (this recommendation is not binding on the adjudication by DPANM or ARC SGP) IAW AFI 41-210. (T-1)

4.2.3. DPANM or ARC SGP Adjudication. DPANM or ARC SGP as applicable will review the Initial RILO packages and will advise the PEBLO of the disposition via the AFPC Form 4 or as communicated from the ARC SGP. The disposition by DPANM or ARC SGP is final and has the same effect and authority as a MEB. The PEBLO will follow instructions noted below and in AFI 41-210. (T-1) The MSME will ensure below actions occur. (T-1)

4.2.3.1. RTD. If DPANM or ARC SGP directs that the Airman is RTD, the PEBLO will notify MSME and the provider. (T-1) MSME will immediately release the AAC 37. (T-1) AF Forms 422 and AF Form 469 will be initiated or updated (as appropriate) to reflect ongoing restrictions deemed appropriate by the DAWG. (T-1) A disposition of RTD does not preclude the Airman being considered for Initial RILO again for the same condition if the condition changes or deteriorates enough to warrant re-consideration.

4.2.3.2. ALC-C. DPANM or ARC SGP may direct RTD with application of an ALC-C. The PEBLO will notify MSME and the provider, and MSME will immediately release the AAC 37. (T-1) AF Forms 422 and AF Form 469 will be initiated or updated (as appropriate) with language directed by DPANM or ARC SGP as applicable and ongoing restrictions deemed appropriate by the DAWG. (T-1) MSME will use specific ALC-C language as outlined in AFI 41-210. (T-1)

4.2.3.2.1. DPANM is the authority to assign or remove the ALC-C on AD Airmen. The appropriate ARC SGP is the authority to assign or remove the ALC-C for ARC

Airmen. An assigned ALC-C code may be stratified based on risk to the individual as well as medical requirements. The code may be valid indefinitely, but must be reviewed and renewed IAW AFI 41-210 or specific guidance from DPANM or the appropriate ARC SGP for ARC Airmen.

4.2.3.2.2. For Initial RILOs returned from DPANM or ARC SGP with direction for RTD or ALC-C, MSME, in coordination with the provider and PO, will ensure that appropriate long-term FR and FAE are included on the AF Form 469 if indicated for review with annual PHA. (T-1)

4.2.3.3. Refer for MEB. If DPANM or ARC SGP determines that the Airman may be unfit for military duty, an MEB will be directed. (**Note:** Does not apply to NILOD conditions for ARC, see paragraph 4.2.4. of this Instruction) The PEBLO will notify MSME to ensure that the AAC 37 stays valid. (T-1) The PEBLO will initiate the VA Form 21-0819 *VA/DoD Joint Disability Evaluation Board Claim*, then forward the form to the provider for further clinical information and signature to initiate the Veteran's Affairs (VA) evaluation as part of the IDES IAW AFI 41-210 and other applicable regulations within 10 duty days of receiving the Form 4 from DPANM. (T-1)

4.2.3.4. Other. DPANM or ARC SGP may send a case back to the MTF for ongoing medical management, they may return with no action (reason will be provided), or they may request additional information. In each of these cases, appropriate restrictions and MTF actions will be detailed on the AFPC Form 4 or ARC SGP memorandum, to include disposition of the AAC 37. (T-1)

4.2.4. ARC Airmen with non-service connected issues will have a FFD/WWD determination. The respective ARC SGP will generally use the same Initial RILO package requirements for FFD/WWD determinations as AD Initial RILOs, but may specify additional (or fewer) criteria and processes. AD units supporting ARC Airmen will obtain and maintain a copy of applicable guidance. (T-2)

4.2.5. The authority to deploy an Airman with an ALC-C is based on stratification levels, or as specified in the reporting instructions for a defined deployment. A description of ALC stratification and the process for waiver requests are detailed in AFI 41-210.

4.3. Metrics.

4.3.1. The MSME function will develop a report from ASIMS data reflecting the current status of their wing and supported units, reporting through the DAWG to the MTF executive function and wing Commander (as required) via the AMC. (T-1) Components of the report will include:

4.3.1.1. Fully Mission Capable (FMC, formerly Medically Mobility Ready (MMR)) percentage. These Airmen are "green" for all ASIMS requirements and are capable of deploying with no medical actions required.

4.3.1.2. Partially Mission Capable (PMC, formerly Medically Mobility Capable (MMC)) percentage. These Airmen do not have an AAC 31, 37, or 81. They do have unmet ASIMS requirements that could be resolved within 30 days.

4.3.1.3. Not Mission Capable (NMC, formerly Medically Mobility Limited (MML)) percentage. These Airmen would require >30 days to become FMC and include those

with AAC 31, 37, or 81. It also includes Airmen with an ALC, regardless of stratification.

4.3.2. **Diagnosis and Medication Surveillance.** At least ten times per year, MSME will present findings to the DAWG of selected diagnostic or medication using queries as directed by the SGH to ensure Airmen with certain medical conditions do not remain unidentified in the mobility reporting system. (T-1) MSME will ensure the reviews are performed and will present findings at the DAWG, e.g., cases that may need DLC action or Initial RILO to the DAWG. (T-1) The SGH will ensure these findings are also presented at the Professional Staff or other appropriate forum at least annually. (T-2) See AFI 10-203 Supplemental Guidance for additional instructions. ARC should perform no less than quarterly.

4.3.3. In addition to the above metrics, the DAWG will track the following data each month and report to the MTF Executive committee via the AMC (quarterly for the ARC): (T-1)

4.3.3.1. Timelines and outcomes related to Initial RILOs/MEBs, as follows:

4.3.3.1.1. Average duration from the date a potential Initial RILO case via a trigger event is identified to the PEBLO/MSME until the DAWG determination for Initial RILO or case dismissal. (T-2) Metric is < 45 days. Each case that exceeds the metric will be documented in the DAWG minutes including the cause for the delay. (T-2)

4.3.3.1.2. Average duration from DAWG determination for Initial RILO until the case is transmitted to DPANM or ARC SGP as applicable (cases dismissed by the DAWG will not be included). (T-2) Metric < 30 days. Each case that exceeds metric will be documented in the DAWG minutes. (T-2)

4.3.3.1.3. Average duration from DPANM or ARC SGP notification to the MTF to conduct an MEB until referral into the IDES system. (T-2) Metric within 10 duty days (ARC next UTA). Each case that exceeds metric will be documented in the DAWG minutes. (T-2)

4.3.3.1.4. IDES Metrics as stated by AFI 41-210 and other guidance to PEBLO to monitor the IDES process. Each case that exceeds metric will be documented in the DAWG minutes. (T-2)

4.3.3.2. Overdue rate for Annual RILO cases (#cases overdue at time of DAWG meeting/total ALC-C cases in MTF rosters). (T-2)

4.3.3.3. Results of clinical quality review and recommended actions for significant trends identified. (T-2) See 4.1.3.8.

4.3.4. This list of metrics for the DAWG report is not exclusive of other metrics deemed appropriate by the DAWG or higher authority.

Chapter 5

FITNESS FOR DUTY (FFD)/ WORLD WIDE DUTY (WWD) AND PRESUMPTION OF FITNESS

5.1. ARC Airmen. ARC Airmen entitled to disability processing IAW 36-3212, *Physical Evaluation for Retention, Retirement, and Separation*, will undergo Initial RILO processing by RegAF MTFs. (T-2) ARC Airmen with non-duty related issues will undergo FFD/WWD processing by the ARC medical unit and be reviewed by the appropriate ARC SGP. (T-2) ARC SGP will provide additional guidance as needed. For FFD purposes, Commanders and their designees must receive medical information for fitness for duty determinations. Only the minimum information necessary will be provided. If disclosures of this information have not been specifically authorized by the Airman, the MTF will account for the disclosures IAW AFI 41-210. (T-0) DoDI 1332.38, 45 CFR §§164.502(b), 164.508, 164.512(k), DoD 6025.18-R, C8.2).

5.2. Presumption of Fitness. The existence of a physical defect or condition does not in itself necessarily provide justification for or entitlement to an Initial RILO, MEB, ALC, or FFD. For most Airmen approaching retirement, a full MEB is not necessary (see AFI 41-210, paragraph 4.53.1.4.). DPANM will review the Initial RILO package and determine the appropriate case disposition. Review by ARC SGP for the ARC will suffice unless the presumption of fitness is in doubt; ARC SGP retains the authority for medical hold in cases where presumption of fitness is in doubt for ARC Airmen. See AFI 36-3212, paragraph 3.17. for further guidance regarding presumption of fitness.

Chapter 6

LIMITED SCOPE MEDICAL TREATMENT FACILITIES (LSMTF) AND MEDICAL AID STATIONS (MAS)

6.1. Definitions.

6.1.1. LSMTFs are medical elements, flights, or small medical squadrons with a credentialed medical provider that do not provide the scope of services found in a medical group. LSMTFs are typically assigned to a line squadron or group (e.g. Air Base Squadron, Mission Support Group or Air Base Group). In some cases, a LSMTF may report directly to a wing or MAJCOM.

6.1.2. MAS are small medical elements without a credentialed medical provider and are typically located at a geographically separated unit (GSU) or a Munitions Support Squadron (MUNSS) site.

6.1.2.1. MUNSS sites are GSUs responsible for receipt, storage, maintenance and control of United States War Reserve Munitions in support of the North Atlantic Treaty Organization (NATO) and its strike missions. See AFI 21-200, *Munitions and Missile Maintenance Management*.

6.1.2.2. GSUs are units that are not at the same physical location or base as the parent unit.

6.2. Responsibilities.

6.2.1. MAJCOM/SG. The MAJCOM/SG for the supported GSU and MUNSS (LSMTF, MAS, and GSU without LSMTF or MAS) will assign the nearest AD AF MTF as the supporting MTF (with written concurrence of the MAJCOM/SG for the supporting MTF if assigned to a different MAJCOM), for each GSU and MUNSS within their area of responsibility to assist with the documentation and administrative management of Airmen with DLC.

6.2.2. Supporting MTF/CC

6.2.2.1. Is ultimately responsible for the documentation and administrative management of Airmen with DLCs as defined in this AFI at the GSU and MUNSS sites and will ensure appropriate support is provided. (T-1)

6.2.2.2. Will administer the Program Objective Memorandum (POM) for additional MTF personnel to meet the requirements to support assigned GSU and MUNSS sites based on current manpower models and increased workload. (T-1)

6.2.2.3. Will ensure a credentialed provider, preferably a PO, is available to counsel Airmen placed on AAC 31, 37, or 81 at the GSU and MUNSS sites. (T-2) This counseling may occur via video teleconference or telephone when circumstances do not allow face-to-face contact but will be documented by the credentialed provider in the Airman's electronic medical record. (T-1)

6.2.3. MTF SGP at supporting MTF. Will ensure appropriate documentation and administrative management of Airmen with DLCs at the GSU or MUNSS sites. (T-1)

6.2.4. PO at the supporting MTF will perform PO duties for Airmen assigned to supported GSU or MUNSS sites who require an AF Form 422 or AF Form 469. (T-1)

6.2.4.1. If the GSU or MUNSS site Airman is not empanelled to a PCM at the supporting MTF and receives duty limitation recommendations from a civilian provider, the PO at the supporting MTF will initiate an AF Form 469 using the civilian provider's recommendations as a guide. (T-1) If the GSU or MUNSS Airman is empanelled, the PCM will perform this function. (T-1) The AF provider that transcribes the civilian provider's recommendations retains final authority on the restrictions placed on the AF Form 469. (T-1)

6.2.5. DAWG at the supporting MTF will administratively manage the DLC, AAC 31, 37, 81, ALC-C, and RILO (Initial and Annual) cases from the GSU and MUNSS sites as outlined in this Instruction. (T-1)

6.2.6. MSME at the supporting MTF will perform the MSME functions as outlined in this instruction for the supported GSU and MUNSS sites. (T-1) Video teleconferencing, teleconferencing, or electronic data and communication systems may be used to facilitate these functions. (T-1)

6.2.7. The PEBLO at the supporting MTF will perform their functions as outlined in this Instruction and AFI 41-210 for the supported GSU and MUNSS sites. (T-1) Video teleconferencing, teleconferencing, or electronic data and communication systems may be used to facilitate these functions. (T-1)

6.2.8. LSMTF Officer in Charge (OIC) or Non-commissioned Officer in Charge (NCOIC).

6.2.8.1. Will ensure that patients presenting for care are evaluated, treated and/or referred as appropriate by a credentialed provider. (T-1) **Note:** Credentialed providers at a LSMTF will have the same scope of responsibility as providers at the supporting MTF to include the appropriate evaluation, clinical management, referral, DLC and profile disposition, and narrative summary preparation as appropriate for their patients.

6.2.8.2. Will ensure that information for patients with DLCs is entered into ASIMS and, when indicated, made available electronically to the supporting MTF for MSME review and PO approval IAW this Instruction. (T-1)

6.2.8.3. Will ensure that medical records and provider staff are made available for the supporting MTF DAWG. (T-1)

6.2.8.4. Will coordinate with GSU and MUNSS site Commanders to ensure Airmen obtain the required exams and studies. (T-1)

6.2.8.5. Will ensure that LSMTF credentialed providers prepare an appropriate narrative summary when required within the time specified by policy and provide all supporting documents and information for Initial and Annual RILOs, MEB, or other IDES processing to the supporting MTF. (T-1)

6.2.8.6. If no LSMTF credentialed provider is available, the LSMTF OIC/NCOIC will ensure Airmen with a DLC that restricts mobility (AAC 31, 37, or 81) are referred to the supporting MTF to receive counseling by a credentialed provider, preferably a PO. (T-1) This counseling may occur via video teleconference or telephone when circumstances do

not allow face-to-face contact but will be documented by the credentialed provider in the Airman's electronic medical record. (T-1)

6.2.9. OIC overseeing MAS:

6.2.9.1. Will ensure that patients presenting for care are evaluated, treated and/or referred as appropriate under the supervision of a credentialed provider. (T-1) **Note:** MAS medical personnel will provide documentation and management of Airmen with DLCs as defined in this Instruction within their scope of training, manpower, and equipment. (T-1)

6.2.9.2. Will ensure that information for patients with a DLC are entered into ASIMS and, when indicated, made available electronically to the supporting MTF for MSME review and profile officer approval. (T-1) If ASIMS is not available at the supported site, then will ensure DLC information is forwarded to the supporting MTF for entry into ASIMS. (T-1) MSME will serve as the point of contact for this purpose. (T-1)

6.2.9.3. Will ensure that medical records and medical element staff are made available for the supporting MTF DAWG. (T-1)

6.2.9.4. Will coordinate with GSU or MUNSS site Commanders to ensure Airmen obtain the required exams and studies. (T-1)

6.2.9.5. Will ensure Airmen with a DLC that restricts mobility (AAC 31, 37, or 81) are referred to the supporting MTF to receive counseling by a credentialed provider, preferably a profile officer. (T-1) This counseling may occur via video teleconference or telephone when circumstances do not allow face-to-face contact but will be documented by the credentialed provider in the Airman's electronic medical record. (T-1)

BURTON M. FIELD, Lt Gen, USAF
DCS Operations, Plans and Requirements

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

Title 10 United States Code Section 8013

Executive Order (EO), 9397, *Numbering System for Federal Accounts Relating to Individual Persons*, November 22, 1943, as amended by EO 13476, *Amendments to EO 9397 Relating to Federal Agency Use of Social Security Numbers*, November 20, 2008.

DoDD 1332.18 *Separation or Retirement for Physical Disability*, December 1, 2003

DoDI 6490.07, *Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees*, February 5, 2010

DoDI 6490.08, *Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members*, August 17, 2011

DODR5210.42R_AFMAN 10-3902 *Nuclear Weapons Personnel Reliability Program (PRP)*, 2 November 2010

AFPD 10-2 *Readiness*, 30 October 2006

AFPD 44-1 *Medical Operations*, 1 September 1999

AFPD 48-1 *Aerospace Medicine Enterprise*, 23 August 2011

AFI 10-250 *Individual Medical Readiness*, 9 March 2007

AFI 21-200 *Munitions and Missile Maintenance Management*, 13 November 2009

AFI 33-324 *The Information Collections and Reports Management Program: Controlling Internal, Public and Interagency Air Force Information Collections*, 1 June 2000

AFI 36-2101 *Classifying Military Personnel (Officer and Enlisted)*, 14 Jun 2010

AFI 36-2254, Volume 1 *Reserve Personnel Participation*, 26 May 2010

AFI 36-2905 *Fitness Program*, 1 July 2010

AFI 36-2910 *Line of Duty (Misconduct) Determination*, 4 October 2002

AFI 36-3206 *Administrative Discharge Procedures for Commissioned Officers*, 9 June 2004

AFI 36-3208 *Administrative Separation of Airmen*, 9 July 2004

AFI 36-3209 *Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members*, 14 April 2005

AFI 36-3212 *Physical Evaluation for Retention, Retirement, and Separation*, 2 February 2006

AFI 41-210 *TRICARE Operations and Patient Administration Functions*, 6 June 2012

AFI 44-109 *Mental Health and Military Law*, 1 March 2000

AFI 44-119 *Medical Quality Operations*, 16 August 2011

AFI 44-170 *Preventive Health Assessment*, 22 February 2012

AFI 44-172, *Mental Health*, 14 March 2011

AFI 44-176 *Access to the Care Continuum*, 12 September 2011

AFI 47-101 *Managing Air Force Dental Services*, 1 June 2009

AFI 48-101 *Aerospace Medicine Enterprise*, 19 October 2011

AFI 48-123 *Medical Examinations and Standards*, 24 September 2009

AFI 48-145 *Occupational and Environmental Health Program*, 15 September 2011

AFI 48-149 *Flight and Operational Medicine Program (FOMP)*, 29 August 2012

AFMAN 33-363 *Management of Records*, 1 March 2008

Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule

Prescribed Forms

None

Adopted Forms

AF Form 422, *Notification of Air Force Member's Qualification Status*, 25 October 2007

AF Form 469, *Duty Limiting Condition Report*, 25 October 2007

AF Form 847, *Recommendation for Change of Publication*, 22 September 2009

DD Form 2808, *Report of Medical Examination*

VA Form 21-0819, *VA/DOD Joint Disability Evaluation Board Claim*

Abbreviations and Acronyms

AAC—Assignment Availability Code

AD—Active Duty

AETC—Air Education and Training Command

AF—Air Force

AFECD—Air Force Enlisted Classification Directory

AFI—Air Force Instruction

AFMOA—Air Force Medical Operations Agency

AFMS—Air Force Medical Service

AFMSA—Air Force Medical Support Agency

AFOCD—Air Force Officer Classification Directory

AFPC—Air Force Personnel Center

AFPC/DPANM—Air Force Personnel Center, Medical Standards Department

AFPD—Air Force Policy Directive

AFRC—Air Force Reserve Command

AFSC—Air Force Specialty Code
AF/SG—Air Force Surgeon General
AHLTA—Armed Forces Health Longitudinal Technology Application
ALC—C —Assignment Limitation Code-C
AMC—Aerospace Medicine Council
AMP—Aerospace Medicine Primary
ANG—Air National Guard
ARC—Air Reserve Component
ASIMS—Aeromedical Services Information Management System
BE—Bioenvironmental Engineering
CAC—Command Access Card
CC—Commander
CMA—Competent Medical Authority
COB—Close of Business
COCOM—Combatant Commander
DAWG—Deployment Availability Working Group
DLC—Duty Limiting Condition
DoD—Department of Defense
DoDD—Department of Defense Directive
DoDI—Department of Defense Instruction
DPANM—Headquarters Air Force Personnel Command, Medical Retention Standards Branch
DR—Duty Restriction
E-Publishing—Air Force document publishing website (www.e-publishing.af.mil)
EPTS—Existing Prior to Service
FA—Fitness Assessment
FAE—Fitness Assessment Exemption
FFD—Fitness for duty
FMC—Fully Mission Capable
FPM—Fitness Program Manager
FR—Fitness Restriction
FS—Flight Surgeon
GMU—Guard Medical Unit

GSU—Geographically Separated Unit
HIPAA—Health Insurance Portability and Accountability Act
IAW—In accordance with
IDES—Integrated Disability Evaluation System
IMR—Individual Medical Readiness
KX—Knowledge Exchange
LOD—Line of Duty
LSMFT—Limited Scope Medical Treatment Facility
MAJCOM—Major Command
MAS—Medical Aid Stations
MDG—Medical Group
MEB—Medical Evaluation Board
MEDCON—Medical Continuation
MilPDS—Military Personnel Data System
MLO—Medical Liaison Officer
MMC—Medically Mobility Capable
MML—Medically Mobility Limited
MMR—Medically Mobility Ready
MPA—Military Personnel Appropriation
MPS—Military Personnel Section
MR—Mobility Restriction
MSME—Medical Standards Management Element
MTF—Medical Treatment Facility
MUNSS—Munitions Support Squadron
N/A—Not Applicable
NARSUM—Narrative Summary
NATO—North Atlantic Treaty Organization
NGB—National Guard Bureau
NILOD—Not in Line of Duty
NMC—Not Mission Capable
OB—GYN —Obstetrics and Gynecology
OCONUS—Outside the Contiguous United States

OEHP—Occupational and Environmental Health Program

OIC—Officer in Charge

OPR—Office of Primary Responsibility

PCM—Primary Care Manager

PCS—Permanent Change of Station

PEB—Physical Evaluation Board

PEBLO—Physical Evaluation Board Liaison Officer

PH—Public Health

PHA—Preventive Health Assessment

PHI—Protected Health Information

PMC—Partially Mission Capable

PME—Professional Military Education

PO—Profile Officer

POC—Point of Contact

POM—Program Objective Memorandum

PPC—Personnel Processing Code

PRP—Personal Reliability Program

PULHES—Physical Profile Serial Chart

RAM—Residency in Aerospace Medicine

RDS—Records Disposition Schedule

REG AF—Regular Air Force

RILO—Review In Lieu Of

RMU—Reserve Medical Unit

ROTC—Reserve Officer Training Corp

RPA—Reserve Personnel Appropriation

RTD—Return to Duty

SGH—Chief of the Medical Staff

SGP—Chief, Aerospace Medicine

SPO—Senior Profile Officer

TDY—Temporary Duty

TRICARE—The Triple Option Benefit Plan

UCMJ—Uniform Code of Military Justice

UDM—Unit Deployment Manager

UFPM—Unit Fitness Program Manager

UHM—Unit Health Monitor

USC—United States Code

USUHS—Uniformed Services University of Health Sciences

UTA—Unit Training Assemblies

VA—Veterans Affairs

WWD—World Wide Duty

Terms

ARC SGP—Chief of Aerospace Medicine for the appropriate Air Reserve Component, either Air Force Reserve Command or Air National Guard. When specific concerns are different for the two Reserve Components, the components will be specified by name (i.e. ANG/SGP and AFRC/SGP).

Disqualifying Defect—a medical condition that is unfitting for service in the Air Force IAW AFI 48-123, Chapter 5 (Retention Standards).

Duty Limitation—a recommendation resulting from a medical evaluation which, if applied explicitly, limits or restricts an Airman's ability to perform primary and/or additionally assigned duties, deploy (mobility), or participate in fitness activities.

Duty Limiting Condition—a medically-related condition (injury or illness) that results in a duty limitation. Commonly referred to as a DLC in this AFI, it is often used as an abbreviated term for the AF Form 469, *Duty Limiting Condition Report*. DLCs refers to DRs, MRs, and FRs.

Duty Restriction—a recommendation resulting from a medical evaluation which, if applied explicitly, restricts the activities that an Airman may perform in carrying out any and/all required or directed Air Force duties or responsibilities. While maintaining physical fitness is a responsibility of all Airmen, for purposes of this AFI, fitness activities are not included in the definition of Duty Restrictions.

Fitness Assessment Exemption—a recommendation resulting from a medical evaluation which, if applied explicitly, restricts one or more components of the Air Force Fitness Assessment

Fitness for Duty— Refers to the evaluation process when a service member has a condition which is questionable or disqualifying for military duty and not be in the line of duty. See AFI 48-123, Chapter 10 for additional details.

Fitness Restriction—a recommendation resulting from a medical evaluation which, if applied explicitly, restricts activities that an Airman may perform as part of a personal, unit-based fitness program, and/or Air Force Fitness Assessment.

Functional (or Physical) Limitation—the inability of an Airman to perform specific physical movements or actions based on an assessment of the Airman's injury or illness by a medical professional.

Functional (or Physical) Restriction—a report of an Airman’s injury or illness, based on evaluation by a medical professional, that describes specific physical activities or functions that are recommended for the Airman to avoid to allow recovery or reduce risk of further injury.

Mobility Restriction—a recommendation resulting from a medical evaluation which, if applied explicitly, limits or restricts an Airmen’s participation in deployment or mobility actions. Mobility qualifications are outlined in AFI 48-123.

Physical Profile—a long-standing or permanent assessment of an Airman’s ability to participate in military activities. The physical profile is described using the PULHES system IAW AFI 48-123 with additional information in the Medical Standards Directory. It is validated annually at the PHA and as needed for actions related to Air Force career development.

Preventive Health Assessment (PHA)—A recurring assessment of an Airman’s health status IAW AFI 44-170.