

Recommendations for Flying Duty (DA Form 4186)

Introduction

Flight surgeons and aviation physician assistants (APAs) are advisors to the commander, much like other staff officers. Flight providers make aeromedical recommendations on the flight fitness of aircrew members to the local Commander. In the aviation community, the Commander is the approval authority who decides whether to approve or disapprove aeromedical recommendations. In cases requiring ETPs or waivers (excluding most Class 3 waivers), the respective aircrew member's command (e.g. PERSCOM, NGB) is the final ETP/waiver authority that decides whether to approve or disapprove the ETP/waiver requests. Note: The local flight provider still needs to communicate to the local commander about any ETP/waiver requests and the final actions of the ETP/waiver authority.

After completing this lesson you will be able to:

- Define terms used when making aeromedical recommendations for flying duty
- Identify the form used for making aeromedical recommendations for flying duty
- State the purpose of DA Form 4186
- Identify personnel authorized to issue DA Form 4186
- Identify personnel requiring DA Form 4186
- Identify aeromedically qualifying and disqualifying situations requiring DA Form 4186
- Identify the primary aeromedical dispositions used on DA Form 4186
- Select appropriate aeromedical disposition(s) used on DA Form 4186 for particular situation(s) encountered
- Identify the validity period of a DA Form 4186 for particular situation(s) encountered
- Identify proper filing locations for DA Form 4186 copies
- Identify distribution/routing methods for DA Form 4186

Common Terms

Common terms used when making aeromedical recommendations for flying duty:

- FFD (Full Flying Duties)
 - Aircrew member is qualified to perform aviation duties (i.e. meets the aeromedical standards for aviation service IAW AR40-501 and the APL's)
- DNIF (Duties Not Including Flight)
 - An aircrew member is NOT qualified to perform aviation duties (i.e. does NOT meet the aeromedical standards for aviation service IAW AR40-501 and the APL's)
- Flying Duty Performed
 - Any member on flight status as listed in AR 600-105 and AR 600-106 (e.g. Flight Student, Pilot, FS, APA, Medical Student, Aeromedical

Psychologist, Aeromedical Optometrist, Flight Nurse, Flight Medic, Crew Chief, Flight Engineer, Flight Steward, UAV Operator, Air Traffic Controller)

- Aircrew Member:
- Ground run-up duty:
 - Starting engines and performing a series of checks on the aircraft, short of actually taking off
- Effective Date
- Aeromedical Waiver Authority
- Aeromedical Approval Authority
- Birth Month
- Birth Month Realignment

Aeromed Recommendations

What form is used by the Army to make aeromedical recommendations for flying duty?

- DA Form 4186 (more commonly known as the “upslip” or “downslip”, depending on the aeromedical recommendation) is the official document used when aircrew members are examined by health care providers in US Army. Crew members are required to obtain an aeromedical disposition recommendation to provide to their Commander.

- Inter-service and international agreements with allies permit the use of their forms equivalent to the DA Form 4186 when aircrew members are examined by health care providers in non-US Army MTFs. These same agreements allow flight providers in the US Army to complete a DA Form 4186 on non-US Army aircrew members. Non Army DoD services currently do not universally recognize aeromedical physician assistants as having authority for DA4186 upslip signature without consultation with a flight surgeon.

Flight Provider Tip

The DA Form 4186 is similar to, but more specific, than a sick-call slip. Both forms communicate limitations (or lack thereof) to the commander; however, the DA Form 4186 was developed specifically for aircrew members and their duties.

DA 4186

What is the purpose of DA Form 4186?

The DA Form 4186 is the official means for health care providers to communicate to commanders the aeromedical disposition for aircrew members to perform aviation duties.

Flight Provider Tip

The DA 4186 upslip is the only means that flight operations personnel or the Commander has to verify that an aircrew member's flight physical has been completed. The DA 4186 is also the means to communicate that a change in health status has occurred that could affect flying. Without a valid DA 4186, the aircrew member is not allowed to perform aviation duties and can even lose flight pay when the current DA Form 4186 expires.

Personnel

Identify personnel requiring DA Form 4186:

All aviation aircrew members, military or civilian, that fly in US Army aircraft or work in US Army air traffic control towers must have a current DA Form 4186 that indicates that they are fit for flight duty.

Flight Provider Tip

- In order to fly, an aircrew member must be aeromedically qualified and possess a DA Form 4186 stating such. When an aircrew member is aeromedically disqualified, a DA Form 4186 is also required stating such (see the following sections that specifically describe the aeromedically qualifying and disqualifying situations requiring DA Form 4186).
- IAW AR 600-105, aviators in non-operational (i.e. non-flying) positions must also continue to follow these DA Form 4186 requirements to include completing an annual Class 2 physical evaluation to obtain a DA Form 4186.

Authorization

Who is authorized to issue DA Form 4186?

IAW AR 40-501:

- Any healthcare provider can prepare a DA Form 4186
- Any healthcare provider can recommend and sign disqualifying actions (DNIF)

- Only a flight surgeon (FS), aeromedical physician assistant (APA), aeromedical nurse practitioner (AMNP) or an aeromedical examiner (AME) can recommend and sign qualifying actions (FFD) for U.S. Army crew members. Currently, only a flight surgeon can recommend and sign qualifying actions for U.S. Air Force and U.S. Navy crew members.
- Non-FS physicians can recommend and sign when FS is not available provided case-by-case communication with the FS is given and the name of the FS consulted is annotated in the remarks section of the DA Form 4186 and the SF 600.

Flight Provider Tip

If the DA Form 4186 is signed by a medical officer who is not a FS, the words "flight surgeon" should also be lined out in blocks 17 & 18.

Primary Disposition

What are the primary aeromedical dispositions used on DA Form 4186?

One of two primary aeromedical recommendation dispositions can be recommended:

- a qualifying action fit for flight duty (FFD) (complete Section A)
- or a disqualifying action: duties not including flight (DNIF) (complete Section B)

However, in many situations, qualifiers must be attached to these recommendations to allow the commander to make personnel decisions for mission planning in order to maximize unit effectiveness. These qualifiers need to be explained in Block 14 (Remarks) along with any other pertinent remarks the commander needs to know.

Flight Provider Tip

- The health care provider completes the appropriate qualifying (Section A) or disqualifying (Section B) action on DA Form 4186 depending the given situation IAW AR 40-501, AR 40-8, APLs and ATBs.
- However, commanders have been accustomed to and like to quickly look in Block 14 (Remarks) to see if either "FFD" or "DNIF" has been written somewhere in the remarks section of the DA Form 4186.
- Although writing FFD or DNIF in the comment section seems redundant, it has become a matter of tradition.
- Although the DA Form 4186 could theoretically be used for both a disqualifying and qualifying action on the same form in rare exceptions (e.g. aircrew member has a minor illness during the weekend and no FS/APA is available, so aircrew member takes a grounding OTC medication; aircrew member then comes in on earliest sick-call day with a resolved condition) this practice creates significant confusion and is strongly discouraged. **Note: The DA Form 4186 will be distributed throughout the Unit, so the health care provider must be judicious with**

any additional comments to avoid violating patient confidentiality. Contact the Commander personally off-line if patient confidentiality might be a concern.

Disposition Comments

What are the most commonly used aeromedical disposition comments?

One of two primary aeromedical recommendation dispositions can be recommended:

- Qualifying Actions
- Disqualifying Actions

Qualifying Actions

Flight Provider Tip

When using the Temporary FFD, ensure that you specify the length of time that recommendation will be valid.

- FFD
- FFD, no waiver(s) required (i.e. a waiver request is sent, but determined to be noted for information only by USAAMA)
- FFD, continue waiver(s) (i.e. has previously granted waiver(s) and no changes recommended)
- FFD, with waiver(s) granted (i.e. new waiver(s) just granted with no restrictions)
- FFD, with the waiver(s) granted, but with the following specified restrictions (e.g. FFD, with waiver granted, but aviator must fly with another rated aviator)
- FFD, removal of permanent DNIF/termination of flight duties (e.g. FFD, removal of permanent DNIF/termination of flight duties granted by PERSCOM for resolution of permanent DNIF Condition)
- FFD, With 30-day extension to complete Flight Physical Evaluation (i.e. aircrew member unable to complete flight physical evaluation and requests extension before the end of the birth-month)
- Temporary FFD (e.g. Temporary FFD x 30 days to complete lab work)
- Temporary FFD with the following restrictions (e.g. temporary FFD x 45 days, but must fly with another rated aviator until completion of medical evaluation and clearance by the FS/APA)
- Temporary FFD, pending waiver(s) (i.e. a waiver request is sent that is likely to be approved and no restrictions need to be recommended)
- Temporary FFD with the following restrictions, pending waiver(s) (e.g. temporary FFD x 60 days, waiver pending, but must fly with another rated aviator until waiver granted per discussion with USAAMA)

Flight Provider Tip

- This last example is typically used as a result of our cardiac risk program.
- Aircrew members failing level 2 screening, but asymptomatic can continue to perform aviation duties pending level 3 screening as long as another rated aviator is at the other set of controls and USAAMA has been contacted and given approval.
- **Note how this is worded - preserve as much patient confidentiality as possible while affording the Commander enough information needed for mission planning.**

Disqualifying Actions

Disqualifying Actions:

- DNIF (e.g. DNIF x 1 week for Illness)
- DNIF, pending waiver(s) (i.e. waiver(s) requested for permanently disqualifying condition(s) that are expressly restricted but have potential for waiver(s); however, USAAMA recommends DNIF until further review)
- Permanent DNIF (e.g. permanent DNIF, medical condition expected to last 1-2 years)
- Permanent DNIF/termination of flight status (e.g. permanent DNIF/termination of flight status, waiver not granted)
- DNIF, with simulator duties only (i.e. can safely ingress/egress the simulator, but controls might not be safely managed with the given medical condition or medications taken)
- DNIF, with simulator & ground run-up duties (i.e. can safely ingress/egress the simulator, and controls can be safely managed despite the medical condition or medications taken)
- DNIF with simulator duties only, pending waiver(s) (i.e. waiver(s) requested for permanently disqualifying condition(s) that are expressly restricted but have potential for waiver(s); however, USAAMA recommends DNIF with simulator duties only until further review)
- DNIF with simulator & ground run-up duties, pending waiver(s) (i.e. waiver(s) requested for permanently disqualifying condition(s) that are expressly restricted but have potential for waiver(s); however, USAAMA recommends DNIF with simulator and ground run-up duties until further review)
- DNIF, failure to initiate FDME within birth-month window (i.e. aircrew member unable to complete flight physical evaluation, and fails to request an extension before the end of the birth-month)

Flight Provider Tip

When using the DNIF, ensure you specify the length of time you estimate the pilot will be disqualified. Also, check “Block 15” to indicate whether simulator and/or ground run-up duties are recommended (do not use this block if FFD is recommended). Coordinating with the Commander or safety officer will help ensure you make the correct decision. Generally speaking, simulator duties are relatively “safe” and can be authorized for

anyone who can safely ingress/egress the simulator; whereas, ground run-up duties should only be authorized in few select situations when controls can be safely managed despite the medical condition or medications taken (e.g.:

- if the examinee is placed on quarters, then neither ground run-up or simulator duties would be indicated;
- if the examinee has a sinus infection, then generally both ground run-up and simulator duties could be indicated;
- if the examinee has a cast on the foot, ground run-up duties are not indicated, but simulator duties might be--in this case, we are concerned that the aircrew member will be unable to egress the aircraft quickly and safely in the event of an emergency or won't be able to apply sufficient pressure on the rudder pedal in case of an accidental take-off).

Qualifying Situations

What situations require DA Form 4186?

The following aeromedically qualifying conditions require that a health care provider completes a DA Form 4186:

- **Terminating Temporary Medical Suspensions**

For clearing illnesses or injuries that:

- Are no longer an issue to perform aviation duties safely IAW AR 40-501, AR 40-8, APLs and ATBs
- Were not permanently disqualifying, and
- Did not become permanently disqualifying or are resolved within 365 days from the effective date of disqualification (DNIF)
- Examples: resolution of common cold, ankle sprain, broken arm, appendicitis, use of aeromedically disqualifying medications, exogenous factor conditions listed in AR 40-8; return from receipt of treatment by a non-flight provider in an inpatient, outpatient, rehabilitation program or any other medical setting

- **Medical Examinations**

- For completion of the annual flight physical evaluation (FDME or FDHS) requirement

- **Reporting to a New Duty Station**

- For informing the gaining commander on whether the new aircrew member has met all aeromedical requirements and is fit for flying duties
- Reporting to a new duty station includes changing units at the same duty station or changing assignment from non-operational to operational flying

duties (i.e. aviator changing from a staff or simulator only duty to a flying duty position).

- **After Aircraft Mishap**
 - For aeromedically clearing aircrew members after aircraft accidents
 - The term mishap is not defined in any Army Regulations but refers Class A through D accidents (those that involve injury or exceed \$2000 in damages IAW AR 385-40).
 - A local commander might establish an SOP to also evaluate all Class E or F incidents (those that involve no injury or damages that are less than \$2000), since any incident might be upgraded to a Class A through D accident upon additional findings.

- **Terminating Medical Disqualifications**
 - For removal from a previous permanent medical disqualification status (i.e. removal from “termination of flight status”) as a result of an improvement in health or change in aeromedical policy

- **Pending Issue of a Waiver for Medical Disqualification**

For aeromedical waiver requests that were sent to the respective waiver authority for decision but are NOT:

- Expressly restricted (e.g. MI, Seizure disorders, skull fracture or other significant head trauma, substance abuse, or any other condition which obviously impairs personal safety, safe flight or mission completion)
- Expressly restricted without aeromedical waiver authority approval (e.g. alcohol dependency, permanent medical disqualification/termination from flight status)
- Expressly restricted without USAAMA approval (e.g. Level 2 or higher CAD screen failure, cancer, CVAs, CNS disorders, unexplained LOC, significant visual disturbances)
- Compromising to personal health, aviation safety or mission completion

Flight Provider Tip

- This a very useful block, if used judiciously, because it allows the flight provider to assist the Commander to maximize utilize the workforce by allowing continued flight duties without jeopardizing safety.
- It can be used for routine or common conditions that almost universally receive a waiver (e.g., high frequency hearing loss with good speech discrimination, hypertension that is well controlled on medication, etc.).

- If in doubt, discuss the case with AAMA prior to using this alternative. For all expressly restricted conditions, you must recommend a disqualifying action.
- Copies of aeromedical waiver requests are to be maintained in the HREC. HIPPA compliant HRC or NGB waiver letters must be maintained in the IFRF (See ATB on Temporary Clearance Pending Receipt of Waiver).

- **Issuing a Waiver for Medical Disqualification**

- For aeromedical waivers approved by the waiver authority (DA, NGB, etc.) and returned to the MTF health care provider
- A waiver is ultimately a personnel action based on a medical recommendation and needs to be communicated to the local Commander.
- A copy of the waiver letter is to be maintained in the HREC and IFRF. The IFRF copy must be HIPPA compliant

- **Other (Requires a comment in Block 14 Remarks)**

- For clearing any other condition not specified above (e.g., granting an one-month extension for an aircrew member awaiting completion of a flight physical evaluation beyond the birth month-window)
- Reconstructing a lost/missing upslip
- Successfully passing a Flying Evaluation Board (FEB)
- Successfully passing an In-Flight Examination (IFE)

Disqualifying Situations

What aeromedically disqualifying situations require DA Form 4186?

The following aeromedically disqualifying conditions require a health care provider to complete a DA Form 4186:

- **Temporary Medical Suspension**

- For illnesses or injuries (not related to aircraft accidents) that are not considered permanently disqualifying aeromedically and expected to resolve within 365 days from the effective date of disqualification (DNIF)
- Examples: common cold, ankle sprain, broken arm, appendicitis, use of aeromedically disqualifying medications, exogenous factor conditions listed in AR 40-8; receipt of treatment by a non-flight provider in an inpatient, outpatient, rehabilitation program or any other medical setting

- **Temporary Medical Suspension Following A/C Mishap**
 - For aircraft accidents resulting in conditions that are not permanently disqualifying aeromedically and are expected to resolve within 365 days from the effective date of disqualification (DNIF)

- **Permanent Medical Disqualification**

For permanently disqualifying aeromedical conditions other than aircraft accidents that are expressly restricted from FFD as stated below:

- Restricted (e.g. MI, seizure disorders, skull fracture or other significant head trauma, substance abuse, or any other condition which obviously impairs personal safety, safe flight or mission completion)
 - Restricted until aeromedical waiver authority approval (e.g. alcohol dependency, permanent medical disqualification/termination from flight status)
 - Restricted until USAAMA approval (e.g. Level 2 or higher CAD screen failure, cancer, CVAs, CNS disorders, unexplained LOC, significant visual disturbances)
 - Restricted if expected to last more than 365 days from the effective date of disqualification (DNIF)
- **Permanent Medical Disqualification Following A/C Mishap**
 - For aircraft accidents resulting in conditions that are permanently disqualifying aeromedically without waiver granted or are expected to last more than 365 days from the effective date of disqualification (DNIF)
 - **Other** (Requires a comment in Block 14 Remarks)
 - For any other aeromedically disqualifying condition not specified above
 - Examples: failure to obtain a flight physical evaluation beyond the birth month-window or to get an one-month extension for it; awaiting a Flying Evaluation Board (FEB); or awaiting an In-Flight Examination (IFE)

Appropriate Dispositions

What are appropriate aeromedical disposition(s) used on DA Form 4186 for commonly encountered situations?

- **Recommendations made for flight physical evaluations:**

If the aircrew member is qualified and has no waivers:

- FFD: Full Flying Duties

If the aircrew member is qualified and has waiver(s), but no new ones:

- FFD, Continue Waiver(s)

If the aircrew member becomes qualified due to a policy change or resolution of a permanently disqualifying condition:

- FFD, Removal of Permanent DNIF (Removal of Termination of Flight Duties)

If the aircrew member has a disqualifying condition and needs a Waiver Request, use a 2-visit process:

1. Initial Action options based on the aeromedical situation:

- Permanent DNIF (Termination of Flight Status)
- DNIF, Pending Waiver(s)
- DNIF, With Simulator &/or Ground Run-Up Duties
- Temporary FFD (for specified number of days), With (Specified) Restrictions, Pending Waiver(s)
- Temporary FFD, Pending Waiver(s)

2. Follow-up Action options:

- Permanent DNIF (Termination of Flight Status)
- FFD, With the Waiver(s) Granted, but With the Following (Specified) Restrictions
- FFD, With Waiver(s) Granted
- FFD. No Waiver(s) Required

- **Recommendations made for sick call visits:**

If the aircrew member has no restrictions, then no upslip is needed.

If the aircrew member has a time-limited DNIF due to exogenous factors, then consider one of the two options:

- For minor situations, use a verbal DNIF followed by an automatic FFD when the condition is no longer a factor (e.g. immunizations, certain medications)
- Other situations, use a 2-visit process:

1. Initial Action options based on the aeromedical situation:

- DNIF, With Estimated Time of Incapacitation
- Permanent DNIF (Termination of Flight Status)
- DNIF, Pending Waiver(s)
- DNIF, With Simulator &/or Ground Run-Up Duties
- Temporary FFD, With (Specified) Restrictions, Pending Waiver(s)
- Temporary FFD, Pending Waiver(s)

2. Follow-up Action options based on the aeromedical situation:

- Permanent DNIF (Termination of Flight Status)
- FFD, With the Waiver(s) Granted, but With the Following (Specified) Restrictions

- FFD, With Waiver(s) Granted
- FFD, No Waiver(s) Required
- FFD

- **Recommendations Made for Aircraft Mishaps:**

If the aircrew member requires no further action and has no restrictions, then FFD

If the aircrew member requires further action or has restrictions, then use a 2-visit process:

1. Initial Action options:
 - DNIF, With Estimated Time of Incapacitation
 - Permanent DNIF (Termination of Flight Status)
 - DNIF, Pending Waiver(s)
 - DNIF, With Simulator &/or Ground Run-Up Duties
 - Temporary FFD, With (Specified) Restrictions, Pending Waiver(s)
 - Temporary FFD, Pending Waiver(s)
2. Follow-up Action options:
 - Permanent DNIF (Termination of Flight Status)
 - FFD, With the Waiver(s) Granted, but With the Following (Specified) Restrictions
 - FFD, With Waiver(s) Granted
 - FFD, No Waiver(s) Required
 - FFD

- **Recommendations made for Reporting to New Duty Station:**

If qualified after reviewing the HRECs:

- FFD, With the Waiver(s) Granted, but With the Following (Specified) Restrictions
- FFD, With Waiver(s) Granted
- Temporary FFD, With (Specified) Restrictions, Pending Waiver(s)
- FFD

If NOT qualified after reviewing the HRECs:

- DNIF, With Estimated Time of Incapacitation
- Permanent DNIF (Termination of Flight Status)
- DNIF, Pending Waiver(s)
- DNIF, With Simulator &/or Ground Run-Up Duties

- **Recommendations made for aeromedical certification extensions:**

If before the end of the birth-month

- FFD, With 1-month Extension to Complete Flight Physical Evaluation

If after the end of the birth-month

- DNIF, Failure to Initiate FDME Within Birth-Month Window

Validity Period

What are the validity periods of a DA Form 4186?

- Aeromedical clearance to fly typically expires when the current flight physical evaluation is no longer valid.
- If a flight physical evaluation is completed within the birth month window, it is usually valid until the last day of the birth month the following year.
- Usually, that would be 12 months when synchronized with the birth month; however this could be:
 - As short as 9 months (e.g. aircrew member with birthday in January gets flight physical evaluation 31 January for the current year then gets the next one on 1 Nov for the next year)
 - As long as 15 months (e.g. aircrew member with birthday in January gets flight physical evaluation 1 Nov for the current year then gets the next one on 31 January for the next year)

Flight Provider Tips:

1. **Flight Provider Tip:** The flight provider can actually make the validity period shorter to ensure an aircrew member shows for a follow-up.

Example: an aircrew member born in July starts the flight physical examination on 15 July, but requires an MRI, orthopedic evaluation and treatment that might take 1-2 months to complete, which if not expressly restricted, the flight provider could recommend a “Temporary FFD x 60 days to complete Physical Exam Testing” at which time the aircrew member would come in for a follow-up on the results and obtain the appropriate aeromedical disposition recommendation prior to 15 September.

2. **Flight Provider Tip:** If a flight physical evaluation was completed “before” the next birth month window, the validity period can be valid until the last day of the latest birth month possible up to 18 months based on the application of birth

month realignment rules (Exception: the “FT Rucker Abbreviated” flight physical evaluation completed for initial entry rotary-wing (IERW) flight school training at FT Rucker can be valid for up to 24 months to minimize lost training time).

Situations of when flight physical evaluations might be completed “before” the next birth month window include:

- Post-aircraft accident
- Flying Evaluation Board (FEB)
- In Flight Evaluation (IFE)
- Termination from aviation service
- Return to aviation service after medical termination
- Retirement
- Recall to aviation service
- Preparation for deployment
- Return from deployment
- Initial FDME
- “FT Rucker Abbreviated” flight physical evaluation

The routine extension of the physical exam requirement beyond 12 months is strongly discouraged however. Army operational readiness, signified in AKO by the green light, is currently assessed through an annual requirement for medical assessment. AERO data does not populate this system automatically.

3. **Flight Provider Tip:** Since the validity period for evaluations (excluding “FT Rucker Abbreviated” flight physical evaluations) could be:

- As long as 18 months (e.g. an aircrew member has a July birth month, but had a post-mishap FDME in January; the flight provider can extend the validity period of that FDME until July of the following year instead of performing another flight physical evaluation in six months--making the FDME validity period 18 months)
- As short as 7 months (e.g. an aircrew member has a July birth month, but had an FEB FDME in December; the FS/APA cannot extend the validity period of that FDME beyond July of the upcoming year--making the FDME validity period 7 months)

We strive to realign the crewmember with the birth month and avoid performing excessively frequent flight physical evaluations without compromising safety. To avoid confusion in the individual flight record file (IFRF) if the extended validity period is used, the flight provider must clearly document “birth month realignment” in “Block 14 (Remarks)” of the DA Form 4186.

Extensions

If the flight physical evaluation cannot be started before the end of the birth month window (i.e. after the birth month window) and the aircrew member requests an extension before the end of the last day of the birth month, then a one calendar month extension may be granted, (e.g. an aircrew member born in July fails to start the flight physical evaluation before 31 July, but requests an extension on 31 July; the flight provider can issue an upslip to extend the validity through 31 August to complete the flight physical evaluation)

If the aircrew member fails to request an extension before the end of the last day of the birth month, then a one calendar month extension may not be granted, the aircrew member must be grounded, and the aircrew member's Commander must decide on the appropriate action (e.g. an aircrew member born in July fails to start the flight physical evaluation before 31 July, but requests an extension on 15 Aug; the flight provider must ground the aircrew member and should contact the Commander for further guidance)

If the aircrew member was granted an extension, but fails to start the flight physical evaluation prior to the end of the month of the extension, the aircrew member must be grounded, and the aircrew member's Commander must decide on the appropriate action; under no circumstance can an extension exceed one calendar month, nor can back-to-back extensions be granted—no exceptions (e.g. an aircrew member born in July obtained an one-month extension, but fails to start the flight physical evaluation before 31 August; the flight provider must ground the aircrew member and should contact the Commander for further guidance)

If the aircrew member was granted an extension, starts a flight physical evaluation, but cannot complete it prior to the end of the extension because of additional testing, then a "Temporary FFD" can be issued for a reasonable time frame to complete the exam, provided it is otherwise expected that the aircrew member will have FFD recommended at the completion of the flight physical evaluation (e.g. an aircrew member born in July obtains an extension through 31 August and starts the flight physical examination on 15 August, but requires a Level 2 CAD screening that won't be complete until early September, then the flight provider could recommend a "Temporary FFD x 30 Days to Complete Physical Exam Testing" at which time the aircrew member would come in for a follow-up on the results and obtain the appropriate aeromedical disposition recommendation)

If a temporary disqualification occurs that does not require a flight physical evaluation (e.g. most sick-call visits; and some post-aircraft accidents, FEBs, IFEs, preparation for deployment or return from deployment), then the temporary restriction from flying will expire when the disqualification is resolved and the expiration date will revert back to the expiration date that was established as a result of the last flight physical evaluation (i.e. the last date of the next birth month).

4. **Flight Provider Tip:**

The validity period for an extension is not to exceed 1 month.

- After expiration of the extension, the aircrew member must have completed the flight physical evaluation and be aeromedically qualified or disqualified.
- A “Temporary FFD” for a specified time can be issued if the flight physical evaluation tests are pending and you suspect no disqualifying conditions to arise.
- If the aircrew member simply fails to get the flight physical evaluation, then the commander should consider administrative grounding (non-medical DQ) and FEB.

Exception to the Extension Rule (AR 600-105): medically disqualified rated aircrew members have 365 days to complete their FDME and request a waiver to continue flying duties despite the disqualification. Medical termination from aviation service is mandatory if the condition is not waivable within 365 days (AR 600-105), or is found to be non-waivable based on AR 40-501, policy letters (APLs) or consultation with USAAMC. For non rated crew members, entitlement to HDIP for Flying Duty will be terminated if removal from flying status is for medical unfitness, including failure to maintain a current medical examination IAW AR 600-106.

5. **Flight Provider Tip:**

For temporary disqualifications it is important to estimate the duration of incapacity to fly as accurately as possible since this assists the Commander in mission planning; however, it is understood that this estimated time is non-binding.

- The effective date is typically the date of medical incapacitation (i.e. the date the disqualifying medical condition was diagnosed by history, examination, tests, or consultation).
- This date might precede the date the DA Form 4186 was actually completed by the flight provider (e.g. an aircrew member developed acute appendicitis while on leave and is now seeing the flight provider for the first time since coming off leave; the effective date of his grounding would not be the day he sees the flight provider but rather the date he developed appendicitis).
- Though it is common to backdate the effective date of a disqualification as mentioned above, you should “never” backdate your signature.
- It is acceptable for this date to be different than the effective date in “block 9 or 13”, or in “Section C or D”.

Filing DA 4186

How do we file the DA Form 4186?

The current DA Form 4186 consists of a set of four copies; however, only three copies are required and should be filed as described below (copy 3 of the set is not required):

Copy 1

- Put in the Individual's Health Record (HREC)
- Filed on the top left-hand side for the 2-part HREC or on top of Part II for the 4-part HREC by the flight provider or via the records clerk (for more details, see separate lesson on "Managing HRECs")

Copy 2

- Give to the Aviation unit Commander:
- Filed in the Medical Section of the IFRF by the flight records clerk after going for signature through the aircrew member's Unit Commander or designated authority where the aircrew member flies.

Copy 3

- Evaluation & Review, USAAMA
- Not used: DO NOT send to AAMA
- Optional uses:
 - Keep for aviation medicine clinic for records
 - Give to the individual as an additional copy
 - Send to the commander for personal office records
 - Destroy

Copy 4

- Aircrew Member's File Copy
- Give to the aircrew member for personal files or use

Routing/Distribution

How is the DA 4186 routed/distributed?

The flight provider and the aircrew member's Commander must develop an SOP for routing/distributing DA Form 4186s between each other. The most expedient means is to

have it hand carried to the Commander by the individual; however, some Commanders prefer to have it sent by a courier system and keep it out of the hands of the aircrew member.

- **Copy 1** (Individual's Health Record): Should almost always be immediately filed in the HREC by the flight provider or via the records clerk upon completion of the form (for more details, see separate lesson on "Managing HRECs")

Options after Copy 1 is put into the HRECs:

Option 1: All remaining copies can be sent for signature to the Commander (or designated authority) where the aircrew member flies, then:

- **Copy 2** (Aviation Unit Commander) is forwarded to flight records clerk for inclusion into the IFRF via the designated distribution system
- **Copy 3** (Eval & Review, USAAMA), per unit SOP, can be:
 - Returned to the aviation medicine clinic for records via the designated distribution system
 - Given to the individual as an additional copy
 - Filed in commander's personal office records
 - Destroyed (DO NOT send to AAMA)
- **Copy 4** (Aircrew Member's File Copy) is given to the aircrew member (with the commander's or designated authority's signature) for flight-line verification and personal records

Option 2:

- **Copy 2** (Aviation Unit Commander) only is forwarded to the Commander via designated distribution system for signature, then is given to the flight records clerk for inclusion into the IFRF
- **Copy 3** (Eval & Review, USAAMA), per unit SOP can be:
 - Kept by the aviation medicine clinic for records
 - Given to the individual as an additional copy
 - Destroyed (DO NOT send to AAMA)
- **Copy 4** (Aircrew Member's File Copy) is given to the aircrew member (without the Commander's or designated authority's signature) for flight-line verification personal records

Note: DA 4186 Distribution:

1. Flight provider completes DA 4186 and gives one copy to the aircrew member.
2. Flight provider submits copy to be placed in aircrew member's health records at the MTF.
3. One copy of DA 4186 is transferred to Flight Operations of the aircrew member's duty station.
4. Flight Operations submits DA 4186 to unit Commander for authorization.

5. Once authorized, the signed form is forwarded to the flight records officer for inclusion in the flight records in accordance with AR95-1.

Flight Provider Tip

- It is a good idea to frequently monitor the distribution system to ensure the DA Form 4186 forms make it in a timely fashion to the Commander and ultimately get filed into the IFRF.
- The ARMS inspectors will evaluate this.