NATO STANDARD

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INTERCHANGEABILITY OF NATO AIRCREW MEDICAL CATEGORIES

Edition B, Version 1

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NORTH ATLANTIC TREATY ORGANIZATION

ALLIED AEROMEDICAL PUBLICATION

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NATO LETTER OF PROMULGATION

26 March 2021

1. The enclosed Allied Publication AAMedP-1.10, Edition B, Version 1, INTERCHANGEABILITY OF NATO AIRCREW MEDICAL CATEGORIES, which has been approved by the nations in the Military Committee Air Standardization Board, is promulgated herewith. The agreement of nations to use this publication is recorded in STANAG 3526.

2. AAMedP-1.10, Edition B, Version 1, is effective upon receipt and supersedes AAMedP-1.10, Edition A, Version 1, which shall be destroyed in accordance with the local procedure for the destruction of documents.

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4. This STANAG shall be handled in accordance with C-M(2002)60.

Zoltán GULYÁS Brigadier General, HUNAF Director, NATO Standardization Office

RESERVED FOR NATIONAL LETTER OF PROMULGATION

RECORD OF RESERVATIONS

CHAPTER	RECORD OF RESERVATION BY NATIONS

Note: The reservations listed on this page include only those that were recorded at time of promulgation and may not be complete. Refer to the NATO Standardization Document Database for the complete list of existing reservations.

RECORD OF SPECIFIC RESERVATIONS

[nation]	[detail of reservation]
GRC	The off duty time lapse of 30 days, which is mentioned in the STANAG, cannot be applied to the HAF Officers because, according to national military directives a HAF Officer can be off duty for maximum 10 days period of time, after which a re-examination is required.
MNE	Montenegro will apply the principles described in AAMedP-1.10 Edition B, but does not have human and materiel resources for the full implementation of this Standard.
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Chapter 1 INTRODUCTION

1.1 RELATED DOCUMENT

NATO E-3A Component (SHAPE) - FLIGHT SURGEON'S MANUAL

1.2 AIM

The aim of this publication is to establish the medical procedures for the exchange and assignment of aircrews among NATO nations.

Chapter 2 INTERCHANGEABILITY OF NATO AIRCREW MEDICAL CATEGORIES

2.1 MEDICAL PROCEDURES

In the following paragraphs the responsibilities and procedures are written down for those of the parent nation and those of the host nations or responsible flight surgeon.

2.1.1 The responsibilities of parent nations

- 1. The following factors remain the responsibility of parent nations:
 - a. Standards for primary selection.
 - b. Permanent medical disqualification.
 - c. Determination of temporary flying disabilities exceeding 30 days.

2.1.2 The responsibilities and procedures for all participating nations

1. Participating nations will apply the following procedures, with regard to the medical categories concerning the flying status of aircrew.

- a. When aircrew are sent for temporary flying duty to another nation or become part of a combined NATO unit, the host nation or NATO unit will accept the medical category concerning the flying status issued by the parent nation, including the expiration date.
- b. Aircrew proceeding on such duty for periods of more than 30 days are to be accompanied by a medical statement in English or French, describing their medical fitness for flying duties. Nations will also forward:
 - (1) Latest flight physical report with pertinent medical information.
 - (2) Documentation helpful for post-accident identification purposes (fingerprints, dental charts, etc.).
 - (3) Periodic Flight Physical Examinations will be conducted by attending flight surgeons in accordance with the Host Nation's aircrew physical standards and physical examination periodicity policy. For the aircrew of NATO Airborne Early Warning and Control Force 'NAEW&CF) E-3A Component, the Flight Physical Examinations will be conducted according the physical standards of the Flight Surgeon's Manual of NATO E-3A Component. A copy

of the flight physical report will be forwarded to the appropriate aeromedical authority of the parent nation. The medical authority of the host nation or NATO unit shall only apply their medical standards to new medical problems.

- Whenever aviation personnel are deployed as part of a (4) multinational force, or when on temporary assignment in another NATO country, their routine Role/Echelon 1 medical care may be provided by a military Flight Surgeon of any NATO nation. This care may involve routine sick call, care for medical conditions found, and temporary grounding or ungrounding of aviation personnel. Any physician or dentist who feels that an aviator is unfit for flight may temporarily ground that aviator in accordance with his own national procedures. In clinics where no physician is available, other healthcare professionals have the authority to ground aircrew. But in all cases only a Flight Surgeon may return the aviator to flying duties. The medical determination as to when an aviator may return to flying duties will be determined by the servicing Flight Surgeon in accordance with his experience and training, using his own nation's Aviation Medicine Regulations for reference as needed. If conditions are found which in the opinion of the attending Flight Surgeon mandate long-term (more than 30 days) or potentially permanent disqualification, cases will be referred to the parent nation for action in accordance with their regulations.
- c. Participating nations will apply the following procedures, with regard to the transfer of medical records and information.
 - (1) Transfer of medical records and information can only take place according the laws and regulations of the different nations.
 - (2) If national laws and regulations do not allow transfer of information without permission of the individual, a written consent is necessary. If the individual chooses to withhold consent, the only information that will be given to the parent nation will be a statement of fitness/unfitness for flying duties.

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