Enclosure 8 to PPOM 23-044
Department of Defense Form 2992 (DD 2992) Medical Recommendation for Flying

1. The DD2992 is a medical recommendation by the aviation medicine (AVMED) provider to the aviation commander. To be valid, the expiration date on the DD2992 must be current, and the form must have the aviation medicine provider's, the Service Member's (SM), and the aviation commander's signatures. An example is shown below.

MEDICAL RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY
(Read Privacy Act Statement and Instructions on back before completing form.)

1. TO:	2. FROM:		3. DATE (YYYYMMDD)
Commander	Commander Examining Clinic, City, State		20240101
4. MEMBER NAME (Last, First, Middle Initial)	**5. IDENTIFICATION NUMBER**	**6. GRADE**	**7. DATE OF BIRTH** (YYYYMMDD)
Pilot, Peter, A.	1234567890	W3	19900101
8. ORGANIZATION	**9. TYPE OF DUTY**	**10. FLIGHT PHYSICAL DATE** (YYYYMMDD) (If applicable)	
A CO 1-111st AVN REGT	CLS2 - AVIATOR	20231201	

11. UP: THE ABOVE INDIVIDUAL HAS BEEN FOUND QUALIFIED BY MEDICAL AUTHORITY.

a. X one:

☐ CLEARED AFTER (x): ☐ Temporary medical disqualification ☐ Waiver recommended (Not USAF) ☐ Aircraft mishap
☐ Reporting to new duty station ☐ Waiver granted ☐ Other (See remarks)

☒ CLEARED AFTER FLIGHT DUTY MEDICAL EXAMINATION

b. EFFECTIVE DATE (YYYYMMDD)	c. EXPIRATION DATE (YYYYMMDD)
20231201	20250131

12. DOWN: THE ABOVE INDIVIDUAL HAS BEEN FOUND DISQUALIFIED BY MEDICAL AUTHORITY.

a. X one:

☐ TEMPORARY DISQUALIFICATION DUE TO (x): ☐ Illness or Injury ☐ Aircraft mishap ☐ Other (See remarks)
MAY PARTICIPATE IN (x): ☐ Simulator duties ☐ Ground based flight line duties ☐ Other (See remarks)

☐ PERMANENT DISQUALIFICATION

b. EFFECTIVE DATE (YYYYMMDD)	c. ESTIMATED DURATION OF GROUNDING

13. REMARKS/LIMITATIONS

☐ VISION CORRECTION DEVICES REQUIRED IN THE PERFORMANCE OF FLIGHT DUTIES.

☐ MUST CARRY EXTRA SPECTACLES.

1. FULL FLYING DUTIES (FFD)
2. NO WAIVERS
3. "I UNDERSTAND THAT I MUST BE CLEARED BY A FLIGHT SURGEON/APA/AANP AFTER HOSPITALIZATION OR SICK QUARTERS" (AR 600-105). I UNDERSTAND I MUST INFORM THE FLIGHT SURGEON/APA/AANP AFTER TREATMENT OR OTHER ACTIVITY WHICH MAY REQUIRE RESTRICTION" (AR 40-8). "I HAVE INFORMED THE EXAMINING PROVIDER OF ANY HEALTH RELATED ISSUES."

14. (X one): ☒ **FLIGHT SURGEON** ☐ **OTHER** (Countersignature required for Air Force and Navy upslip)

a. TYPED NAME (Last, First, Middle Initial)	b. GRADE	c. PROVIDER SIGNATURE	d. DATE SIGNED (YYYYMMDD)
PROVIDER, IAM, A	O3	IAM.A.PROVIDER.0123456789 Digitally signed by IAM.A.PROVIDER.0123456789 Date: 2024.08.01 08:46:32 -04'00'	20231201
e. TYPED NAME (Last, First, Middle Initial)	**f. GRADE**	**g. FLIGHT SURGEON COUNTERSIGNATURE**	**h. DATE SIGNED** (YYYYMMDD)

15. MEMBER CERTIFICATION

a. I certify that I understand the above recommendations and that I:	b. AIRCREW MEMBER SIGNATURE	c. DATE SIGNED (YYYYMMDD)
☒ MAY ☐ MAY NOT perform flight duties.	PETER.A.PILOT.1234567890 Digitally signed by PETER.A.PILOT.1234567890 Date: 2024.08.01 08:47:48 -04'00'	20231201

16. ACTION TAKEN BY COMMANDER (Not required for Air Force and Navy) ☒ APPROVE ☐ DISAPPROVE

a. TYPED NAME (Last, First, Middle Initial)	b. TITLE	c. SIGNATURE	d. DATE SIGNED (YYYYMMDD)
COMMANDER, IAM, A		IAM.A.COMMANDER.2345678901 Digitally signed by IAM.A.COMMANDER.2345678901 Date: 2024.08.01 08:48:25 -04'00'	20231212

DD FORM 2992, JAN 2015 **CUI (when filled in)** Controlled by: ARMY

Figure 1. DD Form 2992 (Complete)

2. The following items must be examined to determine eligibility for reappointment using a DD2992:

MEDICAL RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY
(Read Privacy Act Statement and Instructions on back before completing form.)

1. TO:	2. FROM:		3. DATE *(YYYYMMDD)*
Commander	Commander Examining Clinic, City, State		20240101
4. MEMBER NAME *(Last, First, Middle Initial)*	**5. IDENTIFICATION NUMBER**	**6. GRADE**	**7. DATE OF BIRTH** *(YYYYMMDD)*
Pilot, Peter, A.	1234567890	W3	19900101
8. ORGANIZATION	**9. TYPE OF DUTY**	**10. FLIGHT PHYSICAL DATE** *(YYYYMMDD)* *(If applicable)*	
A CO 1-111st AVN REGT	CLS2 - AVIATOR	20231201	

11. UP: THE ABOVE INDIVIDUAL HAS BEEN FOUND QUALIFIED BY MEDICAL AUTHORITY.

a. X one:

☐ CLEARED AFTER *(X)*: ☐ Temporary medical disqualification ☐ Waiver recommended (Not USAF) ☐ Aircraft mishap
☐ Reporting to new duty station ☐ Waiver granted ☐ Other *(See remarks)*

☒ CLEARED AFTER FLIGHT DUTY MEDICAL EXAMINATION

b. EFFECTIVE DATE *(YYYYMMDD)*	c. EXPIRATION DATE *(YYYYMMDD)*
20231201	20250131

Figure 2. DD2992, Blocks 1-11.

a. Blocks 4-6: Must match the officer seeking reappointment.

b. Block 9: Must state “Class 2” **and** “Aviator” or some variation of both terms (e.g. “CLS2-PILOT”). Other classes of physicals, such as Class 1, indicate that the SM is not a rated aviator, and therefore cannot be granted an aviation officer (pilot) DD2992 until the flight physical (FDME/FDHS) has been reviewed by the Army Aeromedical Activity (AAMA) at Fort Novosel.

c. Block 11: Section (a) May **not** have “Waiver recommended” checked. Section (c) must not be expired and extend past the reappointment application date. Aviators pending waivers must wait for AAMA disposition before reappointment.

12. DOWN: THE ABOVE INDIVIDUAL HAS BEEN FOUND DISQUALIFIED BY MEDICAL AUTHORITY.	
a. X one: ☐ TEMPORARY DISQUALIFICATION DUE TO *(X)*: ☐ Illness or Injury ☐ Aircraft mishap ☐ Other *(See remarks)* MAY PARTICIPATE IN *(X)*: ☐ Simulator duties ☐ Ground based flight line duties ☐ Other *(See remarks)* ☐ PERMANENT DISQUALIFICATION	
b. EFFECTIVE DATE *(YYYYMMDD)*	c. ESTIMATED DURATION OF GROUNDING
13. REMARKS/LIMITATIONS ☐ VISION CORRECTION DEVICES REQUIRED IN THE PERFORMANCE OF FLIGHT DUTIES. ☐ MUST CARRY EXTRA SPECTACLES. 1. FULL FLYING DUTIES (FFD) 2. NO WAIVERS 3. "I UNDERSTAND THAT I MUST BE CLEARED BY A FLIGHT SURGEON/APA/AANP AFTER HOSPITALIZATION OR SICK QUARTERS" (AR 600-105). I UNDERSTAND I MUST INFORM THE FLIGHT SURGEON/APA/AANP AFTER TREATMENT OR OTHER ACTIVITY WHICH MAY REQUIRE RESTRICTION" (AR 40-8). "I HAVE INFORMED THE EXAMINING PROVIDER OF ANY HEALTH RELATED ISSUES."	

Figure 3. DD2992, Blocks 12-13.

d. Block 12: Nothing may be checked. Annotations in Block 12 indicate the SM is currently not authorized to conduct flight duties.

e. Block 13: There is no standardized format, but AVMED providers must comment on the SM's ability to perform full-flying duties (FFD) and their status of waivers. For reappointment, the DD2992 must state FFD and no waivers, or waiver granted. Waiver recommended is not permitted; SM must wait for AAMA disposition prior to reappointment.

14. *(X one)*: ☒ FLIGHT SURGEON ☐ OTHER *(Countersignature required for Air Force and Navy upslip)*			
a. TYPED NAME *(Last, First, Middle Initial)* PROVIDER, IAM, A	b. GRADE O3	c. PROVIDER SIGNATURE IAM.A.PROVIDER.0123456789 Digitally signed by IAM.A.PROVIDER.0123456789 Date: 2024.08.01 08:46:32 -04'00'	d. DATE SIGNED *(YYYYMMDD)* 20231201
e. TYPED NAME *(Last, First, Middle Initial)*	f. GRADE	g. FLIGHT SURGEON COUNTERSIGNATURE	h. DATE SIGNED *(YYYYMMDD)*
15. MEMBER CERTIFICATION			
a. I certify that I understand the above recommendations and that I: ☒ MAY ☐ MAY NOT perform flight duties.		b. AIRCREW MEMBER SIGNATURE PETER.A.PILOT.1234567890 Digitally signed by PETER.A.PILOT.1234567890 Date: 2024.08.01 08:47:48 -04'00'	c. DATE SIGNED *(YYYYMMDD)* 20231201
16. ACTION TAKEN BY COMMANDER *(Not required for Air Force and Navy)*		☒ APPROVE ☐ DISAPPROVE	
a. TYPED NAME *(Last, First, Middle Initial)* COMMANDER, IAM, A	b. TITLE	c. SIGNATURE IAM.A.COMMANDER.2345678901 Digitally signed by IAM.A.COMMANDER.2345678901 Date: 2024.08.01 08:48:35 -04'00'	d. DATE SIGNED *(YYYYMMDD)* 20231212

Figure 4. DD2992, Blocks 14-16.

f. Block 14c. Must be signed by and AVMED provider.

g. Block 15a. Must indicate "MAY."

h. Block 15b. Must be signed by the SM.

i. Block 16c. Must be signed by the aviation commander.