

CHAPTER 2

MEDICAL HISTORY AND EXAMINATION

s22

s22

s47E(d)

Edition 1

AL47
OFFICIAL

s22



ENTRY LEVEL MEDICAL EXAMINATION

2.21 **Preliminary medical examination procedures.** s22



s22

Preliminary tests

conducted on all candidates include:


s22



e. colour perception

f. visual acuity

s47E(d)



Edition 1

AL47

- g. point of care refractive error testing for candidates that fail to meet MVR1

s22



²⁴ <https://www.legislation.gov.au/C2004A02711/latest/versions>

s22



Referral to ophthalmologist or optometrist

2.32 Minimum visual requirements (MVRs) for ADF entry are detailed in

[Appendix 2C1](#). s22

s22



Annexes:

s22



2C [Preliminary medical examination procedures](#)

s22



ANNEX 2C

PRELIMINARY MEDICAL EXAMINATION PROCEDURES

s22



s47E(d)

Edition 1

s22



18. **Standard for near vision.** The standard for near vision for SF, clearance diving candidates and aviation-related occupations for all ages is N5 at 30–35 cm and N14 at one metre with or without visual correction. s22

s47E(d)

s22

COLOUR PERCEPTION

20. The Australian Defence Force (ADF) uses the Ishihara Pseudoisochromatic Plates Test (PIP Test), Konan Cone Contrast Test – High Definition (CCT-HD) and Farnsworth D15 test to screen for colour perception (CP) deficiencies. CP is only to be tested by an operator who is CP1. Candidates must be checked to ensure that they are not wearing contact lenses or tinted lenses, which may interfere with the accuracy of CP testing. The test is to be administered under natural daylight (not direct sunlight) or under lighting provided by daylight tubes. Table 2C-2 defines the CP classifications.

Table 2C-1: Colour perception classifications

| Classification | Definition by test results | Result of test |
|----------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CP1 | PIP normal – pass | A pass is 12 or better correct responses from 14 plates |
| CP2 | Fail PIP Pass Konan CCT-HD | If the PIP test result is less than 12 correct, Konan CCT-HD testing is required. A classification of CP2 is a score of 60 or more for both L-cones and M-cones. |
| CP2A | Fail PIP Fail Konan CCT-HD Pass D15 | Army and Air Force only |
| CP3 | Fail PIP Fail Konan CCT-HD (Navy) Fail D15 (Army and Air Force) | A classification of CP3 is a fail on PIP test, and a score of less than 60 for either L-cones or M-cones (or both) on the Konan CCT-HD. |

Pseudoisochromatic plates test

21. The Ishihara colour test is a test for red-green colour deficiencies. Tritan testing is not conducted in the current ADF test series. The 38 plate series is to be used, specifically the 'best plates' listed in the table below. These plates have been shown to have the best sensitivity and specificity, and are divided into the following categories:

- a. **Introduction plate.** Seen by all observers
- b. **Transformation plates.** Those with abnormal colour vision give different responses to those with normal colour vision. These are the plates numbered two to nine inclusive

- c. **Vanishing plates.** Only the normal observer is meant to recognise the coloured pattern. These are plates 10–17.
- d. **Hidden digit plates.** Only those with abnormal colour vision should see the pattern. These are plates 18–21 inclusive. The test will determine those who are CP1 from those who are CP2 or CP3. The only acceptable PIP test is the Ishihara 38 plate series (NSN 6515–996639390) of which the ‘best plates’ listed in the following table are to be used.

Table 2C-2: Pseudo Isochromatic Plates to be used for Australian Defence Force colour vision testing

| Category | 38-plate series | Best plate |
|----------------|-----------------|------------|
| Introductory | 1 | 1 |
| Transformation | 2 | 2 |
| Transformation | 3 | 3 |
| Transformation | 4 | NA |
| Transformation | 5 | 5 |
| Transformation | 6 | 6 |
| Transformation | 7 | 7 |
| Transformation | 8 | 8 |
| Transformation | 9 | NA |
| Vanishing | 10 | 10 |
| Vanishing | 11 | 11 |
| Vanishing | 12 | 12 |
| Vanishing | 13 | NA |
| Vanishing | 14 | 14 |
| Vanishing | 15 | 15 |
| Vanishing | 16 | 16 |
| Vanishing | 17 | NA |
| Hidden | 18 | NA |
| Hidden | 19 | 19 |
| Hidden | 20 | 20 |
| Hidden | 21 | NA |

22. **Procedure for PIPS Test.** The interpretation of error score holds only when the test is administered under the standard source of illumination, standard distance and standard timing. Operation of the plates is to be conducted as follows:

- a. when the PIP Test is used, the test must be performed using a daylight fluorescent lamp (balanced spectral distribution approximating daylight).

Failure to do so may alter the test results, and particularly result in false positive results for deutan defects

- b. the candidate's line of sight should be at right angles to the plates and the eyes should be at a distance of approximately one metre (plates just out of arms' reach). The candidate should not face an open window or other strong light. Nearby incandescent lights should be shielded so that they do not illuminate the plates.

23. **Administration of PIPS Test.** The test is to be conducted as follows:

- a. CP is to be tested on both eyes at the same time unless an acquired cause is suspected (eg eye injury, head injury) in which case CP must be tested on each eye separately. Where the eyes are tested separately, the order of the plates must be different for each eye
- b. the candidate to be tested should be told by the examiner to 'please read the numbers'. The candidate should not be given any further instructions or asked other questions. The candidate is not allowed to trace patterns or touch the test plates. When not in use the book of plates is to be kept under lock and key. Soiled or unserviceable books are to be replaced
- c. the candidate should be shown the introductory plate first (a red 12 on a blue background). The selected 14 plates are then shown. About two seconds should be allowed for a response to each plate. If a candidate hesitates the examiner should ask them again to 'read the numbers'. If there is still no response or an incorrect answer, the examiner should turn the next plate without comment. If a candidate makes a partial completion error (eg reads a three as an eight) this is not strictly an error and should not be counted as such. In plates with two digit numbers incorrect responses to either number is a failure for the plate. Any queries about partial completion errors should be directed to CMO DFR
- d. with the exception of the introductory plate which is always first, the examiner must change the order of the plates frequently. The change should be made at least weekly and more often if there is suspicion that the numbers have been learned in serial order by candidates.

24. **Interpretation of PIP Test.** The test is to be scored as follows:

- a. a score of 12 or better from the 14 test plates correct represents a pass (CP1)
- b. candidates who score less than 12 are considered to have failed the PIP test and must proceed to the Konan CCT-HD
- c. the introductory plate is not considered in scoring.

s22

s22

Konan Cone Contrast Test – High Definition

26. The Konan CCT-HD test is used for all candidates who fail the PIP Test to differentiate CP2 from CP3. The test provides instructions for set up and administration, including a User Manual and videos. The device is to be set up, with log-in details, internet connection (if desired) and printer connection.
27. The ADF standard for the Konan CCT-HD test is 60 for the L-cone (protan) and M-cone (deutan). To pass the test, both the L-cone and M-cone scores need to be at or above 60. Candidates with scores below 60 for either the L-cone or M-cone (or both) are deemed to have failed the test.
28. Calibration of the test must be verified every 30 days. The Konan CCT-HD will not allow testing to commence if verification of calibration has not been undertaken within the last 30 days. To verify calibration:
- a. Turn the test on for 15 minutes before performing calibration. Select the Calibration tab.
 - b. Plug the calibration device into the monitor. Hang the device over the monitor using the counterweight to balance it. The calibration device must be facing the monitor in the area designed on the screen.
 - c. Commence verification of calibration. This takes 2 to 5 minutes.
29. Test set-up is as follows (once selected, the settings should not change):
- a. Setup: Standard.
 - b. Results format: Linear Log CCT-HD.
 - c. Pass/Fail line: in the custom box type "60" and in the description box next to that type *DFR*.
 - d. Print Report Format: Detailed.
 - e. Report Customisation: Enter the name of the DFRC and UI Options: Answer tones: High/Low.
 - f. Tool tips: No.
30. **Conduct of Konan CCT-HD test.** The test is to be conducted in a normally lit room. The lighting in the room should not be unduly bright and there should not be reflections or other lights that might shine into the candidate's eyes and affect their performance.
- a. The test is conducted seated, with the candidate's eyes 0.6 metres from the monitor. Adjust the candidate's seat so that the candidate's eyes are level with centre of the monitor.

- b. The response pad has 4 direction arrow buttons. Plug the pad into the monitor and position it so it is within comfortable reach of the candidate's dominant hand. Ensure the response pad is properly orientated. The Konan Medical name and logo should be in the bottom left corner.
- c. Using the Patients tab, enter the candidate's name, date of birth and identity number.
- d. On the Test tab, select OU (the binocular test option). Ensure the Adaptive buttons on the screen for L-cone (P) and M-cone (D) are both selected. Note: at this stage, it is not necessary to select the S-cone (T) button. Select the green tick and move to the next screen.
- e. This screen provides the test instructions for the candidate. They say: *'A letter "C" shape is shown briefly in one of four directions and may be one or more colours. Use the arrows to match the direction of the opening of the "C". A high tone indicates "correct", a low tone indicates "wrong", then the next shape/s displayed. The test calculates the limit of what you can see. When the shape fades to be difficult and then purposely impossible to see, make your best guess. The test ends after several wrong answers and the times to answer are recorded ... try to answer as quickly as practical. Start the test by selecting the tick symbol or with long press of any arrow button.'* Go through these instructions with the candidate. Before proceeding to the test screen, encourage the candidate to use the demonstration on this screen. There is a letter "C" on this screen. When the candidate presses the arrow correctly corresponding the gap in the letter, the high tone (ding) sounds, and when the candidate presses the wrong arrow, the low tone (buzzer) sounds. When the candidate is happy with this operation, the tick symbol is selected and the test starts.
- f. At the end of the test, the results page will be displayed. Print the results page and save to pdf, using the pdf button on the screen.
- g. For candidates who fail the PIP Test, the CP standard in relation to Konan CCT-HD scores is as per Table 2C-4.

Table 2C-3: Konan CCT-HD colour perception standard

| L-cone score | M-cone score | Navy | Army and Air Force |
|---------------------|---------------------|-------------|---------------------------------------------|
| 60 or above | 60 or above | CP2 | CP2 |
| 60 or above | Below 60 | CP3 | CP2a or CP3 based on Farnsworth D-15 result |
| Below 60 | 60 or above | CP3 | CP2a or CP3 based on Farnsworth D-15 result |
| Below 60 | Below 60 | CP3 | CP2a or CP3 based on Farnsworth D-15 result |

s22

Farnsworth D15 test

32. Candidates who do not meet CP1 or 2 require additional testing with the D15 kit. The candidate is required to arrange the 15 movable discs in natural progression of the colours, beginning with the fixed 'pilot/reference disc'. The D15 kit should be stored in a cool dry place and kept wrapped in its plastic container and protected from light.

33. **Test environment:**

- a. test table surface is to be matt black and the test is to be conducted at a working distance of 50cms.
- b. the candidate and test administrator (ie nurse) are required to wear non-powdered disposable gloves to prevent soiling of the test surface.
- c. testing with contact lenses or tinted glasses is not permitted. Candidates are permitted to wear non-tinted glasses.
- d. time allowed for testing is 2 minutes.

34. **Test procedure:**

- a. testing is binocular (ie both eyes together) unless otherwise clinically indicated
- b. empty removable discs onto the table and re-arrange the discs numbered 1-15 in random order on the desk coloured side facing up (disc numbered '0' remains in the case side facing up)
- c. place the test case in front of the candidate with the fixed disc ('0') to the candidate's left. Instruct the candidate to start at the fixed disc and match the colour of each disc as closely as possible to the preceding disc.
The candidate proceeds disc by disc until all the discs are in the case.
Candidate is permitted to re-arrange the discs until they are satisfied that all the discs are in the correct order
- d. once the candidate has completed the test close the case and turn it upside down onto the desk and record the results on Farnsworth D15 Colour Perception test score sheet (Figure 3C-2)
- e. candidates are not permitted a second attempt unless specific approval is sought from CMO DFR following an appeal from the candidate.

s22

38. **Management of colour perception deficient candidates.** Deficient CP will not preclude entry, per se, but will limit employment choices. Suitable occupations according to colour perception results are in [DHM Level 2 Part 5 Chapter 5](#).

39. **Stereoscopic Test.** Candidates applying for the role of RAAF – geospatial air intelligence analyst (AIA GEOINT) are to undergo stereoscopic testing as part of the ELME preliminary test requirements. The test is to be administered using the “Circle Test” which is contained within the Random Dot Stereo Butterfly book. The animal and butterfly tests, also in the Random Dot Stereo Butterfly book, are not to be used for DFR purposes.

40. The stereoscopic test is a once only requirement and the test result does not time expire. The test however, should be repeated if the candidate sustains a significant eye injury or undergoes a significant eye operation.

41. The random dot stereo butterfly book is to be stored in a cool dry place when not in use as exposure to high heat and humidity may cause fading of the test pages. Liquid and other cleaning agents are not to be used to clean the random dot stereo butterfly book contents or the 3D stereo optical glasses. The book and glasses may only be cleaned with the use of a soft, slightly damp cloth.

42. **Test Environment.** The test is to be administered under good light conditions and book surface reflection is to be avoided.

43. **Test Procedure:**

- a. only the ‘circular test’ is to be used (first test in the book)
- b. the test is a binocular test (ie both eyes together)
- c. the stereo optical glasses, included in the test kit, are to be worn by the candidate during the test
 - (1) The stereo optical glasses are to be worn over prescription glasses
 - (2) For candidates who wear bifocal glasses, the book is to be positioned for near-point viewing
 - (3) Candidates who have removed contact lenses in preparation for assessment day testing are to be tested wearing prescription glasses
 - (4) Candidates who fail to bring prescription glasses on assessment day will need to undergo stereoscopic testing on another day or approval will need to be sought for testing to be conducted by an optometrist for regional candidates
- d. the test book should be held straight before the candidate to maintain the proper axis of polarization. The candidate may hold the book and adjust the distance to suit
- e. test distance is to be at approximately 16 inches / 40 centimetres

- f. there is no specified time that the test must be performed within, however, it is estimated that the test should not take any longer than 2 minutes
- g. within each square are four circles, only one of the circles has a degree of crossed disparity. It should appear forward of the plane of reference for those having normal fusion (ie only one of the circles is a 3D-image that will protrude out from the other 3 circles within the square)
- h. instruct the candidate to 'look at each of the four circles (within each of the squares/boxes) and identify which one of the circles "seems to come out closer to you – top, bottom, right or left"
- i. record the test result on the stereoscopic test score sheet (3C-3)
- j. continue the test through each of the circled sections until the candidate finishes the test (if the candidate makes two successive mistakes and accordingly fails the test; the full test is to be completed irrespective on when the two successive mistakes were made).

s22



Appendices:

- 1. [Australian Defence Force minimum visual requirements](#)

s22



APPENDIX 2C1

AUSTRALIAN DEFENCE FORCE MINIMUM VISUAL REQUIREMENTS

General

1. Specific visual requirements apply to Army explosive ordnance personnel employment category number (ECN) 432 and technician ammunition ECN 401.
2. Aviation Visual Requirements (AVRs) for aviation related occupations are in Defence Health Manual (DHM) [Level 2 Part 5 Chapter 6](#)³⁹—‘Health requirements for aviation-related occupations’ [Appendix 2C3](#).
3. For information on specific conditions of the visual system, refer to [DHM Level 2 Part 5 Chapter 5](#)⁴⁰—‘Causes of and reasons for rejection’ Annex 5K.

Table 2C1–1: Australian Defence Force minimum visual requirements

| Category | Visual Acuity Unaided | | Visual Acuity Aided | | Refractive Error (cycloplegia) |
|-------------|---------------------------------|-------|-------------------------------|------|---------------------------------------------|
| | Right | Left | Right | Left | |
| MVR1 | 6/12 | 6/12 | 6/6 | 6/6 | +/- 8.00 dioptres spherical in either eye |
| MVR2 | 6/120 | 6/120 | 6/9 | 6/9 | |
| MVR3 | 6/120 | 6/120 | 6/12 | 6/12 | |
| MVR4 | 6/120 | 6/120 | ≤ 6/12 one eye & > 6/12 other | | +/- 8.00 dioptres spherical in either eye |
| MVR5 | ≤ 6/120 one eye & > 6/120 other | | ≤ 6/12 one eye & > 6/12 other | | |
| MVR7 | Does not achieve MVR 5 | | | | |
| MVR8 | | | | | > +/- 8.00 dioptres spherical in either eye |

s47E(d)

| Category | Visual Acuity Unaided | Visual Acuity Aided | Refractive Error (cycloplegia) |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------|
| MVR: Specific roles | <ul style="list-style-type: none">• Army ECN 432 explosive ordinance disposal• Army ECN 401 technician ammunition Refer DHM Level 2 Part 5 Chapter 4 ⁴¹ appendix 4B4 | | |

OFFICIAL

DHM Level 2 Part 5

ANNEX 2E

MANDATED INVESTIGATIONS FOR ENTRY TO GENERAL AND SPECIFIC OCCUPATIONS

s22

A horizontal grey bar redacting a line of text.

s22

A large rectangular grey block redacting the majority of the page's content.

s47E(d)

A rectangular grey block redacting a section of text.

Edition 1

AL47
OFFICIAL

s22



Table 2E-3: Mandated medical examination requirements for specific occupations

| Occupation | s22 | Near vision | s22 | Reference |
|------------|-----|-------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Divers | | Yes | | DHM Level 2 Part 5 Chapter 2 and DHM Level 2 Part 5 Chapter 7⁵³ —'Health requirements for divers' |

s47E(d)



DHM Level 2 Part 5

2E-2

| Occupation | s22 | Near vision | s22 | Reference |
|----------------|-----|-------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Submariners | | No | | DHM Level 2 Part 5 Chapter 2 and DHM Level 2 Part 5 Chapter 8 ⁵⁴ —'Health requirements for submariners' |
| Special forces | | Yes | | DHM Level 2 Part 5 Chapter 2 and DHM Level 2 Part 5 Chapter 7 |

s47E(d)

Edition 1

s22



- d. **Near vision testing.** Candidates for special forces, non destructive inspection (NDI) technicians, ammunition technician, explosive ordnance disposal and diving candidates are required to undergo near vision testing.

s22



s22



- (2) **Standard.** The standard for near vision for all ages is N5 at 30–35 cm and N14 at one metre with or without visual correction.

s22



Refractive surgery

15. Whilst refractive surgery provides an excellent alternative to the wearing of spectacles or contact lenses, it is important to understand that it is NOT a means for candidates to overcome uncorrected refractive errors which are outside existing ADF entry standards. Allocation of an MVR or AVR is based on the post-operative corrected refractive error and not on the pre-operative uncorrected error. s22

s22



18. Any candidate who has had refractive surgery must meet the following requirements:

- a. only Photo Refractive Keratotomy (PRK), Laser Epithelial Keratomileusis (LASEK) and Laser in situ keratomileusis (LASIK) are acceptable for ADF entry. Candidates who have had Radial Keratotomy, orthokeratology or the implantation of phakic intra-ocular lens are not acceptable for ADF entry
- b. at least three months must have elapsed post-surgery
- c. at least six months must have elapsed post-surgery for aircrew candidates who have undergone refractive surgery to correct hypermetropia
- d. two refractions are to be performed post-surgery by an ophthalmologist, at least one month apart and both at least one month post-surgery, with less than 0.5 dioptres of refractive difference, and less than 10 degrees of axis deviation, between the two measurements in the same eye
- e. there must be no history or evidence of unwanted symptoms or post-operative effects (including but not confined to: decrease in best corrected VA, raised intra-ocular pressure, corneal haze, reduced contrast sensitivity, corneal ulcers, pain, blurred vision, glare or flare, halos around lights or objects, night vision, aberrations, no alteration in colour perception etc.) with special note of haze and the absence of corneal aberrations
- f. all topical eye drops including steroids or anti-inflammatory agents must have been discontinued but artificial tears may be used as needed
- g. vision standards of the trade or specialisation must be met.

s22



CHAPTER 4
OCCUPATION SPECIFIC – MEDICAL STANDARDS

s22




POLICY

ENTRY MEDICAL STANDARDS

s22




s47E(d)



s22



Occupation specific requirements


4.6 Colour perception (CP), minimum visual requirement (MVR) s22  for specific occupations in the RAN, Army and RAAF are in [Annex 4A](#), [4B](#) and [4C](#) respectively. Medical standards for candidates for special forces are in [Appendix 4B3](#). Visual standards for explosive ordnance disposal and technician ammunition personnel are in [Appendix 4B4](#).

s22



Annexes:

- 4A [Royal Australian Navy visual s22 !\[\]\(cce35a2c52529b070361b2523157f4e1_img.jpg\) standards for entry](#)
- 4B [Army entry standards for officers and soldiers, excluding aircrew and divers](#)
- 4C [Royal Australian Air Force visual s22 !\[\]\(6aa823e13d214f4083c5d148abf3da05_img.jpg\) standards for entry](#)

s47E(d) 

ANNEX 4A

**ROYAL AUSTRALIAN NAVY VISUAL ^{s22}
STANDARDS FOR ENTRY**

NAVY OFFICERS

Table 4A–1: Seaman officers

| Branch/Category | Minimum visual requirement (MVR) | Colour perception (CP) |
|----------------------------------------------------------------|-----------------------------------------|-------------------------------|
| Maritime warfare officer | 3 | 1 |
| Principal warfare officer | 3 | 1 |
| Surface warfare officer | 3 | 1 |
| Maritime and Clearance Diving officer | 3 | 1 |
| Information warfare officer | 3 | 2 |
| Maritime geospatial officer – M (Meteorology and Oceanography) | 3 | 1 |
| Maritime geospatial officer – H (Hydrography) | 3 | 1 |
| Maritime human resource officer | 3 | 3 |

Table 4A–2: Engineering officers

| Branch/Category | MVR | CP |
|------------------------|------------|-----------|
| Electrical | 3 | 2 |
| Mechanical | 3 | 2 |
| Aeronautical | 3 | 2 |

Table 4A–3: Maritime logistics

| Branch/Category | MVR | CP |
|----------------------------------------------|------------|-----------|
| Maritime logistics officer (MLO) | 3 | 3 |
| Legal | 3 | 3 |
| Training systems | 3 | 3 |
| Operational logistics officer (Reserve Only) | 3 | 3 |

Table 4A-4: Health services

| Branch/Category | MVR | CP |
|-----------------------------|------------|-----------|
| Medical | 3 | 3 |
| Dental | 3 | 3 |
| Nursing | 3 | 3 |
| Psychology | 3 | 3 |
| Navy health service officer | 3 | 3 |

Table 4A-5: Submariner officers

| Branch/category | MVR | CP |
|-----------------------------------------|------------|-----------|
| Maritime warfare officer submariner | 3 | 1 |
| Non-maritime warfare officer submariner | 3 | 1 |

Table 4A-6: Miscellaneous officers

| Branch/Category | MVR | CP |
|---------------------------|------------|-----------|
| Public relations | 3 | 3 |
| Intelligence | 3 | 3 |
| Maritime trade operations | 3 | 3 |
| Band | 3 | 3 |
| Chaplain | 3 | 3 |

NAVY SAILORS

Table 4A-7: Aviation branch

| Branch/Category | Abbreviation | MVR | CP |
|---------------------------------------------|---------------------|------------|-----------|
| Aviation technician aircraft | ATA | 3 | 2 |
| Aviation technician avionics | ATV | 3 | 2 |
| Aviation support | AVN | 3 | 2 |
| Navy Gap Year - aviation support technician | NGY-AST | 3 | 2 |
| Imagery specialist | IS | 3 | 2 |

Table 4A-8: Communication branch

| Branch/Category | Abbreviation | MVR | CP |
|-----------------------|--------------|-----|----|
| Communication systems | CIS-C | 3 | 2 |
| Cryptologic linguist | CTL | 3 | 2 |
| Cryptologic system | CTS | 3 | 2 |
| Cryptologic network | CT-N | 3 | 2 |
| Electronic warfare | EW | 3 | 1 |
| Information systems | CIS-I | 3 | 2 |

Table 4A-9: Engineering and electrical

| Branch/Category | Abbreviation | MVR | CP |
|-----------------------|--------------|-----|----|
| Marine technician | MT | 3 | 2 |
| Electronic technician | ET | 3 | 2 |

Table 4A-10: Seaman branch

| Branch/Category | Abbreviation | MVR | CP |
|--------------------------------------|--------------|-----|----|
| Boatswain mate | BM | 3 | 1 |
| Combat systems operator mine warfare | CSOMW | 3 | 1 |
| Naval police coxswain | NPC | 3 | 1 |
| Physical trainer | PT | 3 | 1 |
| Hydrographic survey | HSO | 3 | 1 |
| Combat systems operator | CSO | 3 | 1 |

Table 4A-11: Maritime logistics branch

| Branch/Category | Abbreviation | MVR | CP |
|-----------------------------------------|--------------|-----|----|
| Maritime logistics-personnel operations | ML-P or P | 3 | 3 |
| Maritime logistics supply chain | ML-SC or SC | 3 | 3 |
| Maritime logistics chef | ML-C or C | 3 | 3 |
| Maritime logistics support operations | ML-S | 3 | 3 |

Table 4A-12: Medical and dental

| Branch/Category | Abbreviation | MVR | CP |
|-----------------|--------------|-----|----|
| Medical | MED | 3 | 3 |
| Dental | DEN | 3 | 3 |

Table 4A-13: Submariner sailor

| Branch/Category | Abbreviation | MVR | CP |
|-------------------------------------------------|--------------|-----|----|
| Acoustic warfare analyst submarine | AWA SM | 3 | 1 |
| Cryptologic systems submarine | CTS SM | 3 | 1 |
| Electronic technician submarine | ET SM | 3 | 2 |
| Electronic warfare submarine | EW SM | 3 | 1 |
| Marine technician submarine | MT SM | 3 | 2 |
| Communication and information systems submarine | CIS SM | 3 | 2 |
| Maritime logistics support operations | ML-S SM | 3 | 3 |
| Maritime logistics chef | ML-C SM | 3 | 3 |
| Maritime logistics supply chain | ML-SC SM | 3 | 3 |
| Medical submariner (e) | MED SM | 3 | 1 |

Table 4A-14: Miscellaneous

| Branch/Category | Abbreviation | MVR | CP |
|---------------------------|--------------|-----|----|
| Musician | MUS | 3 | 3 |
| ADF gap year participants | ADF-GY | 3 | 3 |
| Non category sailor entry | NCSE | 3 | 1 |

Notes:

- (a) Aircrew standards are in Defence Health Manual (DHM) [Level 2 Part 5 Chapter 6](#)⁹⁷—‘Health requirements for aviation-related occupations’.
- (b) Diver standards are in [DHM Level 2 Part 5 Chapter 7](#)⁹⁸—‘Health requirements for divers’.

s47E(d)

DHM Level 2 Part 5

4A-2

- (c) Submariner standards are in [DHM Level 2 Part 5 Chapter 8](#)⁹⁹—'Health requirements for submariners'.
- (d) Re-entry candidates who are below the entry hearing standard but comply with serving hearing standard may be acceptable. Applications for waiver of standard should be referred to Chief medical officer Defence Force Recruiting for a decision.
- (e) Medical submariners have dual responsibilities, including some of the electronic warfare (EW) and acoustic warfare (AW) jobs (notably lookout) and therefore need the same CP as EW and AW.

ANNEX 4B

ARMY ENTRY STANDARDS FOR OFFICERS AND SOLDIERS, EXCLUDING AIRCREW AND DIVERS

s22



2. Occupation specific colour perception and minimum visual requirement standards for Army entry for employment category numbers for:

- a. Officer Corps are in [Appendix 4B1](#)
- b. Soldiers are in [Appendix 4B2](#).


3. The minimum entry medical standard for Australian Defence Force (ADF) gap year (GY) participants is in accordance with the applicable employment classification number (ECN) being applied under the GY scheme. Medical standards for candidates for Special Forces are in [Appendix 4B3](#). Medical standards for explosive ordnance disposal and technician ammunition personnel (Army) are in [Appendix 4B4](#).

4. Medical standards may vary depending on whether a candidate is applying for Arms Corps or non-Arms Corps roles, s22

s22



s47E(d)




s22



Appendices:

- 4B1 [Minimum colour perception and minimum visual requirements standards - officers](#)
- 4B2 [Minimum colour perception and minimum visual requirements standards – soldiers](#)
- 4B3 [Minimum visual requirement standards – Special Forces direct recruiting scheme](#)
- 4B4 [Minimum visual requirement standards –Explosive ordnance disposal and technician ammunition personnel \(Army\)](#)

s47E(d)



APPENDIX 4B1

**MINIMUM COLOUR PERCEPTION AND MINIMUM VISUAL
REQUIREMENTS STANDARDS – OFFICERS****Table 4B1–1: Minimum colour perception (CP) and minimum visual
requirements (MVR) standards – officers**

| Corps | Abbreviation | CP | MVR |
|-------------------------------------------------------------------------------------|---------------------------------------------------------|----|------------------------------------------------|
| General Officers | ASC | 3 | 3 |
| Senior Officers | ASC | 3 | 3 |
| Royal Australian Armoured Corps | RAAC | 2A | 3 |
| Royal Australian Artillery | RAA | 2 | 3 |
| Royal Australian Artillery | RAA – OPUAS Operator Uncrewed Aircraft Systems | 1 | Aviation visual requirements (AVR) 3 (a) |
| Royal Australian Engineers | RAE | 2 | 3 |
| Royal Australian Signal Corps | RA SIGS | 3 | 3 |
| Royal Australian Infantry | RA INF | 2A | 3 |
| Australian Army Aviation | AA AVN | 3 | 3 |
| Australian Army Aviation | AA AVN - Pilots | 2 | AVR1A (a) |
| Australian Intelligence Corps | Aust Int Corps | 3 | 3 |
| Royal Australian Chaplains Department | RAA Ch D | 3 | 3 |
| Royal Australian Corps of Transport | RACT | 3 | 3 |
| Royal Australian Army Medical Corps | RAAMC | 3 | 3 |
| Royal Australian Army Dental Corps | RAADC | 3 | 3 |
| Royal Australian Army Ordnance Corps | RAAOC | 3 | 3 |
| Royal Australian Electrical & Mechanical Engineers (includes Aerospace Engineer) | RAEME | 3 | 3 |
| Royal Australian Army Education Corps | RAAEC | 3 | 3 |
| Australian Army Public Relations Service | AAPRS | 3 | 3 |
| Australian Army Catering Corps | AACC | 3 | 3 |
| Royal Australian Army Pay Corps | RAAPC | 3 | 3 |
| Australian Army Legal Corps | AALC | 3 | 3 |
| Royal Australian Corps of Military Police | RACMP | 2A | 3 |
| Australian Army Psychology Corps | AA PSYCH | 3 | 3 |
| Australian Army Band Corps | AABC | 3 | 3 |
| Royal Australian Nursing Corps | RAANC | 3 | 3 |
| Philanthropic representatives | | 3 | 3 |
| Officer Cadets | | 3 | 3 |

| Corps | Abbreviation | CP | MVR |
|----------------------------|---------------------|-----------|-------------|
| Staff Cadets | | 3 | 3 |
| Special Force (SF) Officer | SF | 2 | MVR3-SF (b) |

Notes:

- (a) Apply in so far as consistent with aircrew MVR. Refer Defence Health Manual (DHM) [Level 2 Part 5 Chapter 6](#)¹⁰³—‘Health requirements for aviation-related occupations’ [Appendix 6B3](#)
- (b) Staff need to be cognisant that MVR3-SF differs to the general MVR3 standard

APPENDIX 4B2

MINIMUM COLOUR PERCEPTION AND MINIMUM VISUAL REQUIREMENTS STANDARDS – SOLDIERS**Table 4B2–1: Minimum colour perception (CP) and minimum visual requirements (MVR) standards – soldiers**

| ECN | Corps | Employment designation | Abbreviation | CP | MVR |
|-----|---------|--------------------------------------|-----------------------|-------------|-------------|
| N/A | RAA | Artillery Recruit to Segment Trainee | Artillery RTS | 3 | 3 |
| 003 | AUSTINT | Analyst Intelligence Operations | ANALYST INT OPS (AIO) | 3 | 3 |
| 013 | RAEME | Artificer Ground | ARTGND | 3 | 3 |
| 029 | RAADC | Dental Assistant | DEN ASST | 3 | 3 |
| 034 | RAEME | Technician Assistant | TECHASST | 3 | 3 |
| 035 | RACT | Operator Movements | OP MOV | 3 | 3 |
| 060 | RAAC | Armoured Cavalry | ARMD CAV | 2A | 3 |
| 062 | RAAC | Cavalry Scout | CAVSCT | 2A | 3 |
| 072 | RAE | Carpenter | CARPT | 2 | 3 |
| 079 | SF | Strike and Recovery Operator | S&R | 2, note (c) | 3, note (c) |
| 084 | AACC | Cook | COOK | 3 | 3 |
| 096 | RAE | Combat Engineer | CBT ENGR | 2 | 3, note (e) |
| 099 | RACT | Air Dispatcher | AD | 3 | 3 |
| 101 | RAE | Draughting Technician | FTTECH | 1 | 3 |

OFFICIAL

DHM Level 2 Part 5

4B2-2

| ECN | Corps | Employment designation | Abbreviation | CP | MVR |
|------------|--------------|-------------------------------------------------------------|---------------------------|-----------|-----------------------------------------------|
| 104 | RAOOC | Distribution Operator | DIST OP | 3 | 3 |
| 125 | RAE | Electrician | ELECTRICIAN | 1 | 3 |
| 141 | RAE | Combat Rescue | CR | 2 | 3 |
| 146 | RAEME | Weapon Technician | WPNTECH | 3 | 3 |
| 150 | RAAOC | Command Support Clerk | COMD CLK SPT | 3 | 3 |
| 162 | RAA | Artillery Gunner | ARTYGNR | 3 | 3 |
| 163 | AAAVN | Aircrew Operator | AC OP | 2A | Aviation visual requirements (AVR)2, note (a) |
| 164 | AAAVN | Aviation Groundcrew | AVN G | 3 | 3 |
| 165 | AAAVN | Aviation Operations Specialist | AO SPEC | 2A | 3 |
| 171 | RACT | Cargo Specialist | CARGO SPEC | 3 | 3 |
| 180 | AUSTINT | Multimedia Technician | MULTIMEDIA TECH | 1 | 3 |
| 185 | RAAMC | Physical Training Instructor | PTI | 3 | 3 |
| 190 | RACMP | Australian Defence Force Investigator | ADFI | 2A | 3 |
| 217 | RAE | Manager Works, Supervisor Works and Supervisor Construction | MNGR WKS/SPVRWKS/SPVRECON | 2 | 3 |
| 218 | RACT | Marine Specialist | MARINE SPEC | 2 | 3 |
| 222 | RAEME | Marine Technician | MARTECH | 3 | 3 |
| 226 | RAEME | Recovery Technician | RECTECH | 2 | 3 |
| 229 | RAEME | Vehicle Technician | VEHTECH | 3 | 3 |
| 235 | RAEME | Material Technician | MATTECH | 3 | 3 |
| 237 | RAA | Operator Ground Based Air Defence | OPGBAD | 2A | 3 |

OFFICIAL

DHM Level 2 Part 5

4B2-3

| ECN | Corps | Employment designation | Abbreviation | CP | MVR |
|-------------------------------------------|----------------------|----------------------------------------------------------|---------------------|-----------|----------------------|
| 240 | AABC | Musician | MUSN | 3 | 3 |
| 250-1 250-3 250-5 250-7 | RAA SERCAT 6,7 | Operator Uncrewed Aerial System | OPUAS | 1 | AVR3 , note (a), (i) |
| 250-0 250-2 250-4 250-6 205-8 | RAA SERCAT 5 | Operator Uncrewed Aerial System | OPUAS | 2 | 3, note (i) |
| 254 | RAA | Artillery Command System Operator | ACSO | 3 | 3 |
| 255 | RAA | Artillery Surveillance Reconnaissance and Targeting | ARTYSRT | 2 | 3 |
| 269 | RAAOC | Operator Petroleum | OP PETRL | 3 | 3 |
| 270 | RAE | Operator Plant | OP PLANT | 2 | 3 |
| 274 | RACT | Driver Specialist | DVR SPEC | 3 | 3 |
| 304 | RAINF | Patrolman Regional Force Surveillance Unit | PTLN RFSU | 2A | 3 |
| 305 | RAINF | Combat Support Operator Regional Force Surveillance Unit | CSO RFSU | 3 | 3 |
| 312 | AAPRS | Army Imagery Specialist | AIS | 2 | 3 |
| 314 | RAE | Plumber | PLBR | 2 | 3 |
| 315 | RACMP | Military Police | MP | 2A | 3 |
| 322 | RAAMC | Preventive Medicine | PVNT MED | 3 | 3 |

OFFICIAL

DHM Level 2 Part 5

4B2-4

| ECN | Corps | Employment designation | Abbreviation | CP | MVR |
|------------|--------------|----------------------------------------------------------|---------------------|------------------------|---------------------|
| 342 | AAPRS | Reporter | REPORTER | 2, note (b) | 3 |
| 343 | RAINP | Rifleman | RFN | 2A | 3 |
| 345 | RAAOC | Rigger Parachute | RIG PRCHT | 3 | 3 |
| 353 | SF | Special Reconnaissance Operator | SAS TPR | 2, note (c) | 3, note (c) |
| 357 | RAA | Manager Operations Offensive Support | MANOPS OS | 3 | 3 |
| 368 | RAAMC | Army Medic | AMED | 3 | 3 |
| 401 | RAAOC | Ammunition Technician | AMMOTECH | 2 | MVR, note (d) |
| 411 | RAEME | Aircraft Technician | ACFTTECH | 2 | 3 |
| 412 | RAEME | Avionics Technician | AVTECH | 2 | 3 |
| 418 | RAEME | Energy Technician | ENERGYTECH | 2A | 3 |
| 421 | RAEME | Electronics Technician | ELECTRONTECH | 2 | 3 |
| 423 | AUSTINT | Geospatial Technician | GT | 1 | 3 |
| 430 | RAA | Manager Surveillance Target Acquisition | MNGRSTA | 3 | 3 |
| 500 | | Recruit – Open Employment Category , note (f) and (g) | ROEC | 3, note (f) and (g) | 3, note (f) and (g) |
| 661 | RASIGS | Information Systems | INFO SYS | 2A | 3 |
| 662 | RASIGS | Communication Systems | COMMS SYS | 2A | 3 |
| 663 | RASIGS | Electronic Warfare | EW | 3 | 3 |
| 664 | RASIGS | Cyber Warfare Specialist | CWS | 3 | 3 |
| 665 | RASIGS | Telecommunications Network Engineering | TELS NWK ENG | 2A | 3 |
| 900 | SF | Special Warfare Operator | SWOP | 2 | 3, note (c) |

OFFICIAL

DHM Level 2 Part 5

4B2-5

Notes:

- (a) Apply in so far as consistent with aircrew MVR. Refer Defence Health Manual (DHM) [Level 2 Part 5 Chapter 6](#)¹⁰⁴—‘Health requirements for aviation-related occupations’ [Appendix 6B3](#). Candidates who meet AVR standards but fail to meet PULHEMS in accordance with Army Standing Instructions (Personnel) (ASI(P)) [Part 8 Chapter 3](#)¹⁰⁵—‘The application of the military employment classification system and PULHEEMS employment standards in the Australian Army’ are not to be classified Class 4 until medical classification has been confirmed by the Institution of Aviation Medicine.
- (b) Colour perception 3 personnel must be able to pass a trade test and must not be posted to a digital post.
- (c) Refer appendix 3 for medical requirements for initial applicants for special forces.
- (d) For occupational specific visual requirements for explosive ordnance personnel and technician ammunition refer [DHM Level 2 Part 5 Chapter 4](#)¹⁰⁶—‘Occupation specific – medical standards’ [Appendix 4B4](#)
- (e) Combat engineer (Army work diver) needs to meet MVR 2 to align with diving requirements. MVR 2 is to be applied to those undertaking diving training and employment, and general Combat Engineer remains at MVR3.
- (f) Candidates entering as employment category number (ECN)500 will be allocated a new employment category via a Corps Allocation Board (CAB) whilst undertaking recruit training. Noting this candidates with any history of asthma are to be informed that they will be medically unsuitable for ECN154 aircraft life support fitter in accordance with [DHM Level 2 Part 5 Chapter 5](#)¹⁰⁷—‘Causes of and reasons for rejection’. Defence Force Recruiting medical officer (DFR MO) is to advise the candidate that they are medically unsuitable for ECN154 and document on the entry level medical examination (ELME) and attestation medical that the candidate has been advised of the restriction.
- (g) Candidates enlisting under ECN500 who are assessed as unsuitable for combat roles are to have the ELME and attestation medical clearly annotated with ‘UNFIT FOR COMBAT ROLES’. DFR MO is to advise the candidate that they are medically unsuitable for combat roles and document on the ELME that the candidate has been advised of the restriction.
- (h) All other roles not covered in this enclosure are to be referred to [ASI \(P\) Part 8 Chapter 3](#).

s47E(d)



OFFICIAL

DHM Level 2 Part 5

4B2-2

- (i) Refer to [DHM Level 3 Part 6 Chapter 3](#)¹⁰⁸—‘In-service health requirements for aviation occupations’.

s47E(d)

Edition 1

AL47
OFFICIAL

APPENDIX 4B3

**MINIMUM VISUAL REQUIREMENT STANDARDS FOR
SPECIAL FORCES DIRECT RECRUITING SCHEME**

1. The following table summarises the medical requirements for Special Forces direct recruiting scheme (SFDRS) applicants. The medical should confirm that the applicant is capable of withstanding the severe physical and environmental stresses associated with special forces operations in addition to any primary combat duties.

Table 4B3–1: Medical Standards for Special Forces Direct Recruiting Scheme

| Factor | Requirement |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| s22 | |
| Distance vision | Minimum visual requirement 3. Refraction limits are +5 dioptres/-8.00 dioptres in either axis in either eye and must correct to minimum 6/12 in both eyes with spectacles |
| Near vision | N5 at 30–35 cm or N14 at one metre |
| Colour vision | Colour perception 2 minimum |
| s22 | |
| Refractive surgery | Photo refractive keratectomy, laser epithelial keratomileusis, laser assisted in situ keratomileusis—good result, stable vision—acceptable three months post-surgery in accordance with Defence Health Manual (DHM) Level 2 Part 5 Chapter 2 ¹⁰⁹ —‘Medical history and examination’ Annex 2D, and DHM Level 2 Part 5 Chapter 5 ¹¹⁰ —‘Causes of and reasons for rejection’ Annex 5K. |

s22

s47E(d)

APPENDIX 4B4

**MINIMUM VISUAL REQUIREMENT STANDARDS FOR
EXPLOSIVE ORDNANCE DISPOSAL AND TECHNICIAN
AMMUNITION PERSONNEL (ARMY)**

Table 4B4–1: Minimum visual requirement standards for explosive ordnance disposal and technician ammunition personnel (Army)

| Factor | Explosive ordnance disposal personnel employment category number (ECN) 432 | Technician ammunition ECN 401 |
|------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Visual Acuity | Unaided 6/9 6/9 Aided 6/6 6/6 | Unaided 6/120 6/120 (3/60 3/60) Aided 6/6 6/6 |
| Refraction Limits with cycloplegia | Not applicable | For all refractive errors: Refraction limits are +/- 5.00 dioptres in either axis |
| Hypermetropia | +2.25 dioptres | Not applicable |
| Hypermetropic astigmatism | +1.00 dioptre | Not applicable |
| Myopia | -1.00 dioptre | Not applicable |
| Myopic astigmatism | -1.00 dioptre | Not applicable |
| Accommodation (Age years) | Not applicable | Not applicable |
| 17–20 | 10–11 cm | Not applicable |
| 21–25 | 11–12 cm | Not applicable |
| 26–30 | 13–14 cm | Not applicable |
| 31–35 | 14–16 cm | Not applicable |
| 36–40 | 16–20 cm | Not applicable |
| 40–45 | 20–30 cm | Not applicable |
| 45–50 | 30–60 cm | Not applicable |
| Convergence | 10 cm or less | Not applicable |
| Fields of vision | The fields of vision should be normal to confrontation, or cases of doubt to perimetry | The fields of vision should be normal to confrontation or, in cases of doubt, to perimetry |

| Factor | Explosive ordnance disposal personnel employment category number (ECN) 432 | Technician ammunition ECN 401 |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Near vision | N5 at 30–35 cm and N14 at one metre or better with or without correction | N5 at 30–35 cm and N14 at one metre or better with or without correction |
| Refractive Surgery | Refer Defence Health Manual (DHM) Level 2 Part 5 Chapter 2 ¹¹³ —‘Medical history and examination’ Annex 2D and DHM Level 2 Part 5 Chapter 5 ¹¹⁴ —‘Causes of and reasons for rejection’ Annex 5K | Refer DHM Level 2 Part 5 Chapter 3 Annex 3D and DHM Level 2 Part 5 Chapter 6 Annex 6K |

s47E(d)

ANNEX 4C

ROYAL AUSTRALIAN AIR FORCE VISUAL STANDARDS FOR ENTRY

Table 4C–1: Royal Australian Air Force visual (colour perception (CP) and minimum visual requirements (MVR)) standards and hearing standards (HS) for entry – Officers

| Type | MVR | CP |
|-----------------------------------|-----|----|
| Aerospace Engineer – Aeronautical | 3 | 3 |
| Aerospace Engineer – Armament | 3 | 3 |
| Airfield Engineer | 3 | 2 |
| Chaplain | 3 | 3 |
| Cyberspace Warfare Officer | 3 | 3 |
| Dental | 3 | 3 |
| Electronics Engineer - Avionics | 3 | 3 |
| Electronics Engineer - Networks | 3 | 3 |
| Environmental Health | 3 | 3 |
| Intelligence | 3 | 3 |
| Laboratory | 3 | 3 |
| Legal | 3 | 3 |
| Logistics | 3 | 3 |
| Medical | 3 | 3 |
| Nursing | 3 | 3 |
| Operations | 3 | 2a |
| Personnel Capability Officer | 3 | 3 |
| Pharmacist | 3 | 3 |
| Physiotherapist | 3 | 3 |
| Psychologist | 3 | 3 |
| Public Affairs | 3 | 3 |
| Radiographer | 3 | 3 |
| Security Forces Officer | 3 | 2a |
| Training Systems Officer | 3 | 3 |

Note:

- (a) Trained standards listed are for Australian Defence Force (ADF) applicants with previous experience in the military specialisation applying for re-enlistment.

MUSTERINGS

Table 4C-2: Business, administration and education musterings

| Mustering | Abbreviation | MVR | CP |
|---------------------------------|--------------|-----|----|
| ADF Gap Year participants | ADFGY-AF | 2 | 2 |
| ADF Gap Year - Aviation | ADFGY-AVN | 2 | 2 |
| Personnel Capability Specialist | PCS | 3 | 3 |
| Warrant Officer Disciplinary | WOD | 3 | 2a |

s22

Table 4C-3: Combat and security musterings

| Mustering | Abbreviation | MVR | CP |
|------------------------------|--------------|-----|----|
| Airbase Protection | ABP | 3 | 2a |
| Airfield Defence Guard | ADG | 3 | 2a |
| Air Force Police | AFPOL | 3 | 2a |
| Air Force Security | AFSEC | 3 | 2a |
| Firefighter | FIREFTR | 2 | 2 |
| Physical Training Instructor | PTI | 2 | 3 |
| Regional Compliance Officer | RCO | 3 | 2a |

s22

Table 4C-4: Communications, IT and intelligence musterings

| Mustering | Abbreviation | MVR | CP |
|--------------------------------------------------------|--------------|-----|----|
| Advanced Communications Electronic Technician | ADCETECH | 3 | 2 |
| Air Force Imagery Specialist | AFIS | 2 | 2a |
| Air Intelligence Analyst – Geospatial Intelligence (c) | AIAGEOINT | 2 | 2a |
| Air Intelligence Analyst – Operational Intelligence | AIAOPINT | 3 | 3 |
| Air Intelligence Analyst – Signals Intelligence | AIASIGINT | 3 | 3 |
| Air Surveillance Operator | ASOP | 2 | 2a |
| Communications Information Systems Controller | CISCON | 3 | 3 |
| Cyberspace Warfare Analyst | CWA | 3 | 3 |
| Network Technician | NET TECH | 3 | 3 |

s22

Table 4C-5: Healthcare and science musterings

| Mustering | Abbreviation | MVR | CP |
|-----------------------|---------------------|------------|-----------|
| Dental Assistant | DENTASST | 3 | 3 |
| Laboratory Technician | LABTECH | 3 | 3 |
| Medical Assistant | MEDASST | 3 | 3 |

Table 4C-6: Logistics, hospitality and support musterings

| Mustering | Abbreviation | MVR | CP |
|--------------------------|---------------------|------------|-----------|
| ADF Gap Year - Movements | ADFGY-MOV | 3 | 3 |
| Cook | COOK | 3 | 3 |
| Motor Transport Driver | MTD | 3 | 3 |
| Movements | MOV | 3 | 3 |
| Musician | MUSN | 3 | 3 |
| Supply | SUP | 3 | 3 |

Table 4C-7: Trade musterings

| Mustering | Abbreviation | MVR | CP |
|-------------------------------------------------------------|---------------------|------------|-----------|
| Aircraft Fitter | AFITT | 3 | 2a |
| Advanced Aircraft Technician Aircraft Systems Technician | ASYTECH | 3 | 2a |
| Advanced Avionics Technician | ADAVTECH | 3 | 2a |
| Aeronautical Life Support Fitter(b) | ALSFITT | 3 | 2a |
| Aircraft Armament Technician | ARMTECH | 3 | 2 |
| Aircraft Structural Technician | ASTFITT | 3 | 2 |
| Aircraft Surface Finisher(b) (Spray Painter) | ASURFIN | 3 | 2a |
| Aircraft Technician | ATECH | 3 | 2a |
| Avionics Fitter | AVFITT | 3 | 2a |
| Avionics Mechanic | AVMECH | 3 | 2 |
| Avionics System Technician | AVSYSTECH | 3 | 2a |
| Avionics Technician | AVTECH | 3 | 2a |
| Carpenter | CARP | 3 | 2a |
| Communications Electronic Fitter | CEFITT | 3 | 2 |
| Communications Electronics Systems Technician | CESYTECH | 3 | 2 |

| Mustering | Abbreviation | MVR | CP |
|----------------------------------------------------------|--------------|-----|----|
| Communications Electronics Technician | CETECH | 3 | 2 |
| Electrician | ELECN | 3 | 2a |
| Fitter and Turner (Ground Mechanical Engineering Fitter) | GMEFITT | 3 | 2 |
| General Hand | GHAND | 3 | 2a |
| (Motor Mechanic) Ground Support Engineering Technician | GSETECH | 3 | 2 |
| Ground Support Equipment Fitter | GSEFITT | 3 | 2 |
| Plant Operator | PLANTOP | 3 | 2a |
| Plumber | PLUMB | 3 | 2a |

s22

Notes:

- (a) Trained standards are listed for ADF applicants with previous ADF experience applying for re-enlistment or applicants who do not require initial trade training, eg carpenters, electricians and plumbers.
- (b) For aeronautical life support fitter and aircraft surface finisher musterings. A history of asthma disqualifies, irrespective of the asthma free period.
- (c) All candidates for this role are to pass stereoscopic testing as outlined in Defence Health Manual (DHM) [Level 2 Part 5 Chapter 2](#)¹¹⁵—'Medical history and examination' Annex 2C.

s47E(d)

CHAPTER 6

HEALTH REQUIREMENTS FOR AVIATION-RELATED OCCUPATIONS

s22



POLICY

AVIATION CLASSES AND MEDICAL FITNESS STANDARDS

6.4 [Annex 6A](#) lists the aviation-related occupations covered by this chapter. [Annex 6B](#) provides the medical requirements for each aviation occupation.

s22



s22



s22

Annexes:

- 6A [Aviation-related occupations](#)
- 6B [Initial entry or re-entry medical requirements for occupation-related occupations](#)
- 6C [Medical requirements for in-Service transfer to aviation-related occupations](#)
- 6D [Minimum medical requirements for officer aviation candidates to proceed to the aviation screening program](#)

ANNEX 6A

AVIATION-RELATED OCCUPATIONS

Aviation Class 1

1. Aviation Class 1 medical standards are for aircrew who have responsibility for the actual flight or navigation of an aircraft or who have a critical cockpit role in the event of an emergency. Medical officers (MOs) are to apply specialist employment classification (SPEC) Ax to the following:

a. Navy:

- (1) pilot
- (2) aviation warfare officer (AvWO)
- (3) flight test engineer (FTE), see notes (a) and (d).

b. Army:

- (1) pilot
- (2) flight test engineer (FTE), see note (a).

c. Air Force:

- (1) pilot
- (2) weapons system officer (WSO)
- (3) flight test engineer (FTE), see notes (a).

Aviation Class 2: Mission aircrew

2. Aviation Class 2 medical standards are for aircrew who do not have a role in the cockpit of an aircraft, but may complement the pilot handling the aircraft and be involved in the safety of the aircraft, and/or be critical to the efficiency of the mission. MO are to apply SPEC Ax to the following:

a. Navy:

- (1) aircrewman
- (2) flight test engineer (FTE), see notes (a) and (d)
- (3) fighter controller - air, see note (a)

b. Army:

- (1) Aircrewman.

- c. Air Force:
- (1) air mobility officer – air refuelling operator (AMO-ARO)
 - (2) air mobility officer – combat systems operator (AMO-CSO)
 - (3) maritime patrol and response officer (MPRO)
 - (4) airspace battle manager - air (ABM-A), see note (c)
 - (5) loadmaster (LOADM)
 - (6) airborne electronics analyst - air (AEA-A), see note (f)
 - (7) crew attendant (CREWATT)
 - (8) enlisted fighter controller Air Force – air, see note (h).

Aviation Class 3: Mission controllers

3. Aviation Class 3 medical standards apply to ground-based personnel who have a direct responsibility for the control and separation of an airborne aircraft, and have a responsibility for mission completion of a flying operation. MO are to apply SPEC Cx.

- a. Navy:
- (1) remote pilot warfare officer (RPWO)
 - (2) fighter controller – ground.
- b. Army: operator uncrewed aircraft system:
- (1) Service category (SERCAT) 7 operator uncrewed aircraft systems (ECN 250)
 - (2) any operator of a tactical uncrewed aerial system.
- c. Air Force:
- (1) air traffic controller (ATC)
 - (2) airspace battle manager - ground (ABM-G), see note (c)
 - (3) airborne electronics analyst – ground (AEA-G), see note (f)
 - (4) airborne electronics analyst – mission payload operator (AEA-MPO), see notes (f) and (g)
 - (5) remote pilot (RP), see note (b)
 - (6) enlisted Fighter Controller Air Force – ground, see note (h).

Notes:

- (a) This specialisation is not open to initial candidates; however, serving members may be selected for aircrew training and will then be employed in an airborne capacity.
- (b) AF RPs will enter via the Officer Aviation – Mission pathway, and will be streamed to RP through Air Mission Training School (AMTS). They will be required to meet a CASA CPL, and complete initial pilot training via RMIT (non-PC-21), before transitioning to the uncrewed aircraft system.
- (c) ABM can be employed in the airborne or ground environment. Members with an Aviation Class 3 will be restricted to employment in the ground environment.
- (d) Navy FTE may conduct duties that require flying in high performance aircraft. Although the entry standard for Navy FTE is Aviation Class 2, all FTE candidates are to be assessed against Aviation Class 1. Candidates confirmed as Aviation Class 1 may be considered for duties that require flying in high performance aircraft.
- (e) Fighter Controller can be employed in the airborne or ground environment. Members with an Aviation Class 3 will be restricted to employment in the ground environment.
- (f) Airborne Electronics Analyst can be employed in the airborne or ground environment. Members with an Aviation Class 3 will be restricted to employment in the ground environment.
- (g) Airborne Electronics Analyst – Mission Payload Operator are employed with uncrewed aircraft systems.
- (h) Enlisted Fighter Controller Air Force can be employed in the airborne or ground environment. Members with an Aviation Class 3 will be restricted to employment in the ground environment.

ANNEX 6B


**INITIAL ENTRY OR RE-ENTRY MEDICAL REQUIREMENTS
FOR AVIATION-RELATED OCCUPATIONS**

s22



s

s47E(d)



¹⁴⁸ [http://drnet.defence.gov.au/Army/EMPA/ASI/P8/Pages/ASI\(P\)_Part_8.aspx](http://drnet.defence.gov.au/Army/EMPA/ASI/P8/Pages/ASI(P)_Part_8.aspx)

OFFICIAL

DHM Level 2 Part 5

6B-2

s22

A large rectangular area of the document is redacted with a solid grey fill.

AVIATION CLASS 1 AND AVIATION CLASS 2: MISSION AIRCREW

s22

A very large rectangular area of the document is redacted with a solid grey fill, covering most of the page's content.

s22



Colour perception standard

11. The colour perception (CP) standards are in [Appendix 6B1](#). CP is only valid for two years for aviation-related occupations.

s22



s22



Specialist health assessments

18. The following specialist health assessments are required:

s22



b. **Visual examination.** All candidates are to be examined consistent with [DHM Level 2 Part 5 Chapter 2](#), Table 2.1. Minimum aviation visual requirements (AVR) for specific aviation-related occupations are listed in [Appendix 6B3](#). s22



s22



s22

Refractive surgery

21. Candidates must not be advised to have refractive surgery as a means of meeting Australian Defence Force (ADF) entry standards if they are outside of the required uncorrected minimum visual requirement limits. Candidates who have had refractive surgery are to meet the standards in [Appendix 6B5](#) of this chapter and in Annex 6K of DHM Level 2 Part 5 Chapter 6.

AVIATION CLASS 3: MISSION CONTROLLERS

s22

23. **Colour perception standard.** CP standards are in [Appendix 6B1](#). CP is only valid for two years for aviation-related occupations.

s22

25. **Specialist health assessments.** The following specialist health assessments are required:

s22

b. **Visual examination.** As for Aviation Class 1 and 2.

s22

f. **Refractive surgery.** As for Aviation Class 1 and 2.

MEDICAL EXAMINATIONS FOR AVIATION-RELATED OCCUPATIONS

Table 6B1–1: Medical examinations for Aviation Class 1

| Specialisation | CP | AVR (c) |
|---------------------------------|----|---------|
| Pilot | 2 | 1 |
| WSO | 2 | 1 |
| FTE Air Force/ Army/Navy (e) | 2 | 1 |
| AvWO | 2 | 1 |

Notes:

s22

- (c) The initial ophthalmology examination is valid for 12 months for officer aviation (OA) candidates. For all other aviation candidates, the initial ophthalmology examination is valid for 24 months.

s22

OFFICIAL

DHM Level 2 Part 5

6B1-2

Table 6B1-2: Medical examinations for Aviation Class 2

| Specialisation | CP | AVR (b) |
|---------------------------------------|----|----------------------------------------|
| AMO - ARO | 2 | 1; with stereopsis <=/= 40 arc seconds |
| AMO - CSO | 2 | 2 |
| MRPO | 2 | 2 |
| ABM - Air (e) | 2 | 3 |
| LOADM | 2 | 2 |
| AEA - Air (f) | 2 | 2 |
| CREWATT | 3 | 3 |
| Aircrewman Navy | 2 | 1 |
| Aircrewman Army | 2 | 2 |
| FTE Navy (d) | 2 | 2 |
| Fighter Controller - Air (h) | 2 | 3 |
| Enlisted Fighter Controller - Air (h) | 2 | 3 |

Notes:

s22

OFFICIAL

DHM Level 2 Part 5

6B1-3

(b) The initial ophthalmology examination is valid for 12 months for OA candidates. For all other aviation candidates, the initial ophthalmology examination is

s22

(d) The entry standard for Navy FTE is Aviation Class 2; however, all candidates are to be assessed against Aviation Class 1. Candidates confirmed as Aviation Class 1 may be considered for duties that may require flying in high performance aircraft.

(e) ABM can be employed in the airborne or the ground environments. Individuals with an Aviation Class 3 will be restricted to employment in the ground environment.

(f) AEA can be employed in the airborne or the ground environments. Individuals with an Aviation Class 3 will be restricted to **employment in the ground environment.**

s22

(h) Fighter controller and enlisted fighter controller Air Force can be employed in the airborne or the ground environments. Individuals with an Aviation Class 3 will be restricted to employment in the ground environment.

OFFICIAL

DHM Level 2 Part 5

6B1-4

Table 6B1-3: Medical examinations for Aviation Class 3

| Specialisation | CP | AVR (c) |
|-------------------------------------------------------------|----|---------|
| ATC | 2 | 3 |
| ABM - G (f) | 2 | 3 |
| RP | 1 | 1 |
| AEA - MPO | 1 | 3 |
| AEA – Ground (g) | 2 | 2 |
| RPWO | 1 | 3 |
| SERCAT 7 OPUAS Army | 1 | 3 |
| Operator Tactical UAS Army | 1 | 3 |
| Fighter Controller Navy – Ground (h) | 2 | 3 |
| Enlisted Fighter Controller Air Force – Ground (h) | 2 | 3 |

Notes:

s22

- (c) The initial ophthalmology examination is valid for 12 months for OA candidates. For all other aviation candidates, the initial ophthalmology examination is valid for 24 months.

OFFICIAL

DHM Level 2 Part 5

6B1-5

s22



- (f) ABM can be employed in the airborne or the ground environments. Individuals with an Aviation Class 3 will be restricted to employment in the ground environment.
- (g) AEA can be employed in the airborne or the ground environments. Individuals with an Aviation Class 3 will be restricted to employment in the ground environment.
- (h) Fighter Controller can be employed in the airborne or the ground environments. Individuals with an Aviation Class 3 will be restricted to employment in the ground environment.

AVIATION VISUAL REQUIREMENTS

Table 6B3–1: Aviation visual requirements

| Factor (note a) | AVR1 | AVR2 | AVR3 |
|---------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Visual acuity (each eye separately) | Unaided 6/18 Corrected 6/6 | Unaided 6/60 Corrected 6/6 | Unaided 6/120 Corrected 6/6 |
| Near vision (corrected) | N5 at 30–50 cms N14 at 100 cms | N5 at 30–50 cms N14 at 100 cms | N5 at 30–50 cms N14 at 100 cms |
| Hypermetropia | +3.00 dioptres | +4.00 dioptres | +6.00 dioptres |
| Hypermetropic astigmatism | +2.00 dioptres in any axis | +2.00 dioptres in any axis | N/A |
| Myopia | -3.00 dioptres | -4.00 dioptres | -6.00 dioptres |
| Myopic astigmatism | -2.00 dioptres in any axis | -2.00 dioptres in any axis | N/A |
| Anisometropia | 2.00 | 2.00 | 2.00 |
| Heterophoria (Eso or Exophoria) | Must not exceed 6 prism dioptres | Must not exceed 6 prism dioptres | N/A |
| Hyperphoria or Hypophoria | Must not exceed 1 prism dioptres | Must not exceed 1 prism dioptres | N/A |
| Convergence | 10 cm or less | 10 cm or less | N/A |
| Contrast Sensitivity (pre and post refractive surgery and corneal cross linking only) | Must not be ≤ 1.50 | Must not be ≤ 1.50 | Must not be ≤ 1.50 |

Note:

- (a) Testing for refraction limits with cycloplegia using Cyclopentolate Hydrochloride 1%, two drops, 5 to 15 minutes apart. Examination performed no sooner than one hour after last drop and within two hours of the last drop of Cyclopentolate.

OFFICIAL

DHM Level 2 Part 5

6B3-2

Table 6B3-2: Accommodation

| Age | AVR1 | AVR2 | AVR3 |
|-------------|-------------|-------------|-------------|
| 17-20 years | ≤10 cm | ≤10 cm | N/A |
| 21-25 years | ≤12 cm | ≤12 cm | N/A |
| 26-30 years | ≤14 cm | ≤14 cm | N/A |
| 31-35 years | ≤16 cm | ≤16 cm | N/A |
| 36-40 years | ≤20 cm | ≤20 cm | N/A |
| 40-45 years | ≤30 cm | ≤30 cm | N/A |
| 45-50 years | ≤60 cm | ≤60 cm | N/A |

Table 6B3-1 Other visual requirements for all aviation classes

| Factor | Requirement |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Diseases of the eye or eyelids | Acute conditions to be treated first. Chronic conditions (to include congenital conditions, eg strabismus) may result in rejection. Seek ophthalmological opinion. |
| Alternating strabismus | Must meet Phoria limits AND have stereopsis of ≤60 seconds of arc. |
| Pterygium | Class 4 if encroaches on the cornea more than 3 mm or interferes with vision, or is progressive, or causes refractive problems. |
| Lens | Class 4 if current aphakia, or current or history of dislocation of a lens. |
| Night vision | Class 4 if deficient night vision, as determined by history, of such a degree that the applicant requires assistance in travel at night. |

OFFICIAL

DHM Level 2 Part 5

6B3-3

| Factor | Requirement |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Glaucoma / pre-glaucoma / elevated intra-ocular pressures not meeting the diagnostic criteria for glaucoma | Class 4 if demonstrable changes in the optic disc, or changes in the visual fields, or not amenable to treatment. If no demonstrable changes in the optic disc, or changes in the visual fields, or amenable to treatment, then acceptable Class 1— requires annual ophthalmology review, with tonometry and perimetry. |
| Enucleated or absence of an eye | Class 4 |
| Contact lenses | Class 4 if vision correctable only by the use of contact lenses. |
| Aniseikonia | Class 4 if incapacitating signs or symptoms exist that are not easily treatable with standard ophthalmic spectacle lenses. |
| Diplopia | Class 4 in any field of gaze, either constant or intermittent, including history of. |
| Hemianopsia | Class 4 |
| Eyelids | Class 4 if any condition of the eyelids which impairs normal eyelid function or comfort or potentially threatens visual performance. |
| Epiphora, nasolacrimal duct obstruction, dacryostenosis | Class 4. Class 1 if treated, and symptom free. |
| Ptosis | Class 4. Class 1 if benign and non-progressive aetiology, which does not interfere with vision in any field of gaze or direction. |
| Dacryocystitis | Acute. Class 1 if treated and symptom free, without previous history. Class 4 if chronic or more than a single episode. |
| Conjunctivitis, chronic, allergic | Class 4. |
| Trachoma | Class 4. Class 1 if treated, symptom free and without visually significant scarring. |

| Factor | Requirement |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Xerophthalmia | Class 4. |
| Keratoconus or any other corneal diagnoses or dystrophy including topographical patterns suggestive of keratoconus, that demonstrates progression, requires long term treatment or surgical intervention | Class 4. Class 1 if treated with collagen crosslinking (CXL) with <0.75D change in astigmatism in the subsequent 12 months. |
| Vascularisation or opacification of the cornea for any cause which is progressive or reduces vision below standards | Class 4. |
| Keratitis, chronic or recurrent, or leads to or has led to opacification or other sequelae that interferes with vision | Class 4. |
| Corneal ulcers/erosions, chronic or recurrent | Class 4. |
| History of traumatic corneal laceration | Class 4. Class 1 if nil adverse sequelae including normal intraocular pressure, nil scarring that interferes with vision in any field of gaze or direction. |
| Corneal refractive surgery | See Defence Health Manual (DHM) Level 2 Part 5 Chapter 5 ¹⁵¹ — 'Causes of and reason for rejection' Annex K. Refraction is required to be stable for 3 months following correction of myopia and 6 months following correction of hypermetropia. |
| Episcleritis, chronic or recurrent | Class 4. |
| Scleritis, acute, chronic or recurrent | Class 4. |
| Inflammation of uveal tract, acute, chronic or recurrent | Class 4. Class 1 if healed traumatic iritis, with nil adverse sequelae. |

s47E(d)

OFFICIAL

DHM Level 2 Part 5

6B3-5

| Factor | Requirement |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| History of retinal detachment – unilateral or bilateral | Class 4. |
| Degeneration or dystrophy of the peripheral retina that are potentially progressive, associated with visual loss or increase the risk of retinal detachment, including lattice degeneration, atrophic holes and retinoschisis | Class 4. |
| Degeneration or dystrophy of the macula, including retinopathies, chorioretinopathies, macular drusen, macular cysts, and macular holes | Class 4. |
| Retinitis, chorioretinitis, or other inflammatory conditions of the retina | Class 4. |
| Angiomatoses, phakomatoses, retinal cysts and other retinal / vitreous conditions which impair or may impair vision | Class 4. |
| Haemorrhages, exudates, or other retinal vascular disturbances | Class 4. |
| Vitreous opacities or disturbances | Class 4. |
| Congenito-hereditary conditions of the optic nerve which impair or may impair central or peripheral vision | Class 4. |
| Optic neuritis, of any kind, to include history | Class 4. |
| Papilloedema | Class 4. |
| Optic atrophy or pallor | Class 4. |
| Optic nerve cupping greater than 0.4 or an asymmetry between the cups of greater than 0.2, unless proven to be physiologic after comprehensive evaluation by an ophthalmologist | Class 4. If physiologic cupping, Acceptable Class 1—requires annual ophthalmology review. |
| Optic neuropathy | Class 4. |
| Optic nerve head drusen | Class 4. |
| Opacities, cataracts or irregularities of the lens | Class 4. |

OFFICIAL

DHM Level 2 Part 5

6B3-6

| Factor | Requirement |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pseudophakia (intraocular lens implant) | Monofocal lens only: Acceptable Class 1 if otherwise meets the visual standard. Multifocal intraocular lens – non-diffractive: IAM to make final classification decision (in consultation with aviation ophthalmologist). Multifocal intraocular lens – diffractive: Class 4. |
| Posterior and / or anterior capsular opacification | Class 4 until treated then Class 1 as per Pseudophakia |
| Intraocular contact lenses | Class 4. |
| Abnormal pupils or loss of normal papillary reflexes, with the exception of physiological anisocoria | Class 4. If physiologic anisocoria, Acceptable Class 1. |
| Extraocular muscle restriction, paralysis, or paresis with loss of ocular motility or conjugate alignment in any direction | Class 4. |
| Asthenopia, if not resolved with refractive correction | Class 4. |
| Nystagmus of any type, except on versional end points | Class 4. |
| Anophthalmos, microphthalmos or exophthalmos, unilateral or bilateral | Class 4. |
| History of extraocular muscle surgery or strabismus therapies | Class 3R. |
| Any traumatic, organic, or congenital disorder of the eye or adnexa, not otherwise specified, which threatens or potentially threatens to intermittently or permanently impair visual function | Class 4. |
| History of any ocular surgery to include lasers of any type, not otherwise specified | Class 3R. |
| Current or history of retained intraocular foreign body | Class 3R. |

**HEALTH REQUIREMENTS FOR AVIATION CLASS 1 AND AVIATION
CLASS 2: MISSION AIRCREW**

s22



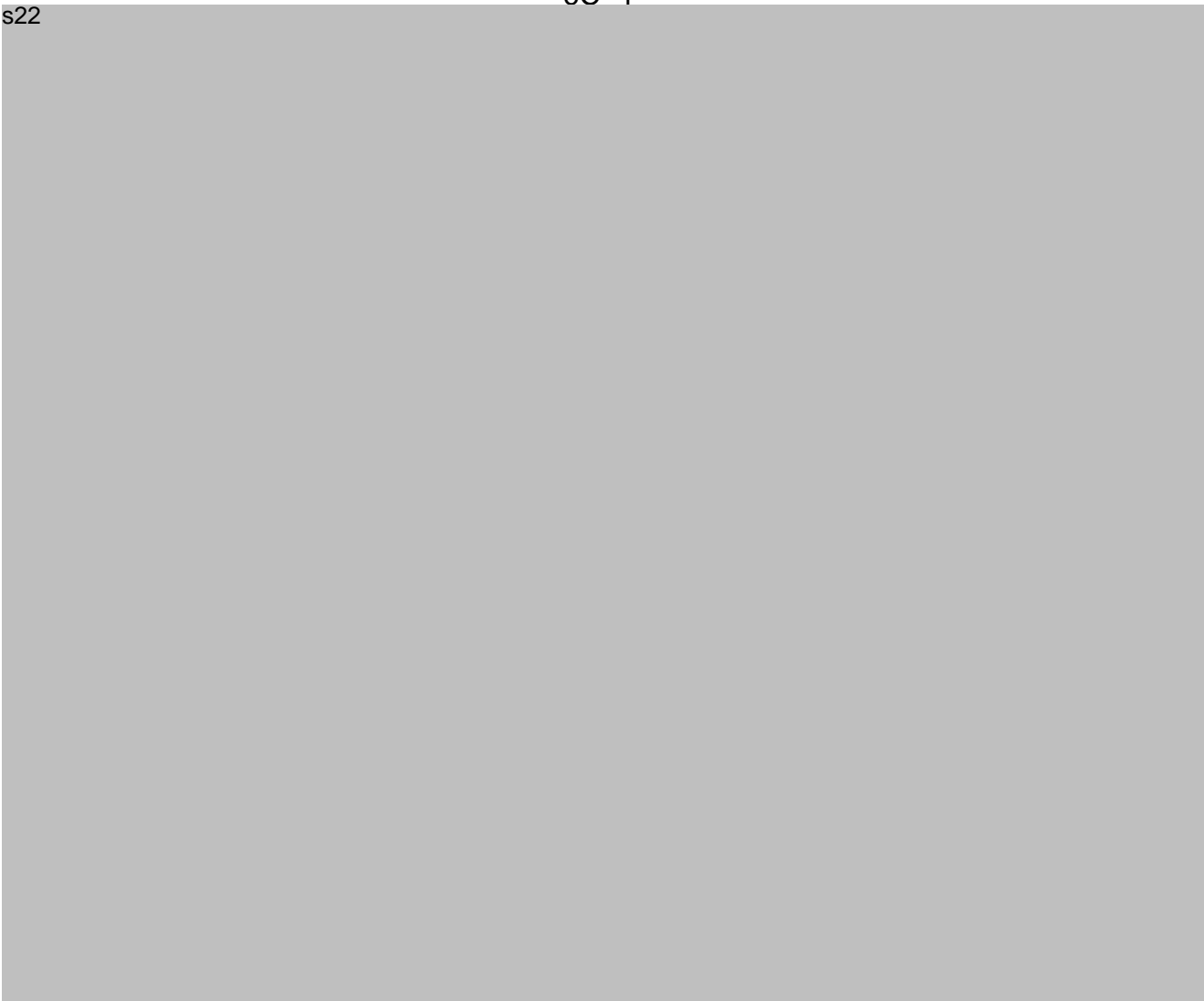
Colour perception standard

14. The colour perception (CP) standards are in [Appendix 6B1](#). CP is only valid for two years for aviation-related occupations.

s22



s22



Specialist health assessments

21. The following specialist health assessments are required:

a.

s22



b. **Visual examination.** All candidates are to be examined consistent with DHM Level 2 Part 5 Chapter 3, Table 3-1. Minimum aviation visual requirements (AVR) for specific aviation-related occupations are listed in [Appendix 6B3](#).

s22



c.

s22



d.

s22

Refractive surgery

24. s22

Candidates who have had refractive surgery are to meet the standards in [Appendix 6B5](#) of this chapter and in Annex K of DHM Level 2 Part 5 Chapter 5.

AVIATION CLASS 3: MISSION CONTROLLERS

s22

26. **Colour perception standard.** CP standards are in [Appendix 6B1](#). CP is only valid for two years for aviation-related occupations.

s22

28. **Specialist health assessments.** The following specialist health assessments are required:

s22

b. **Visual examination.** As for Aviation Class 1 and 2.

s22

f. **Refractive surgery.** As for Aviation Class 1 and 2.

ANNEX 6D

**MINIMUM MEDICAL REQUIREMENTS FOR OFFICER
AVIATION CANDIDATES TO PROCEED TO THE AVIATION
SCREENING PROGRAM**

1. This chapter provides the minimum medical requirements for initial entry or re-entry candidates applying for the officer aviation (OA) role. It does not apply to in-Service candidates for OA roles.


OFFICER AVIATION ROLE

2. The OA role includes the following occupations:
- a. pilot (Army, Navy and Air Force)
 - b. weapons system officer (WSO)
 - c. aviation warfare officer (AvWO)
 - d. maritime patrol and response officer (MPRO)
 - e. airspace battle manager - airborne (ABM-A)
 - f. airspace battle manager - ground environment (ABM-G)
 - g. air mobility officer - air refuelling officer (AMO-ARO)
 - h. air mobility officer - combat systems operator (AMO-CSO)
 - i. air traffic controller (ATC)
 - j. remote pilot (RP)
 - k. remote pilot warfare officer (RPWO).

s22



s47E(d)



s22

- b. The minimum requirements for OA candidates to proceed to aviation screening program (ASP) are in Table 6D-1.

s22

Table 6D-1: Minimum requirements for OA applicants to proceed to ASP

| Examination | Minimum requirement |
|---------------------|-------------------------------------------|
| s22 | |
| Colour perception | 2 |
| s22 | |
| Visual requirements | Ophthalmology report – AVR 3 (see note b) |
| s22 | |

s22

s47E(d)

s22

A large rectangular area of the document is redacted with a solid grey fill.

- (b) As a minimum, candidates must meet minimum visual requirements (MVR) 3 at Defence Force Recruiting Centre (DFRC) in order to proceed to ASP. Ophthalmology assessment with Form PM086—'Eye examination - aviation' is to be completed as soon as practicable.

s22

A very large rectangular area of the document is redacted with a solid grey fill, covering most of the page's content.

CHAPTER 7

HEALTH REQUIREMENTS FOR DIVERS

s22

POLICY

DIVER CATEGORIES

7.4 **Clearance diver.** Clearance divers (CDs) undertake extensive training on various forms of diving equipment including surface supplied breathing apparatus (SSBA), closed circuit breathing apparatus (CCBA) and compressed air breathing apparatus (CABA). For CDs, diving is a full-time occupation which also involves specialist skills including weapons handling and explosive ordnance disposal (land and maritime).

7.5 **Compressed air breathing apparatus diver.** CABA divers undertake a short basic diving course using compressed air. Their diving work is part-time and in addition to their usual Navy occupational duties. They are generally known as ship's divers or SCUBA air divers (SAD).

7.6 **Combat engineer diver (CED).** CED use CABA and SSBA for underwater work including construction and demolitions. Personnel with these qualifications were formally referred to as Army work divers (AWD).

7.7 **Special Forces (SF) diver.** SF diving includes all forms of underwater and assault swimming on CABA or CCBA.

7.8 **Hyperbaric attendant health personnel.** Underwater medics (UM), underwater medicine medical officers (UMMO) and some nursing officers (NO) have specialist qualifications to support diving activities. These personnel must be medically suitable to treat casualties in a recompression chamber which involves breathing gas under pressure for extended periods

s22




INITIAL OR RE-ENTRY CANDIDATES

s22



s47E(d)



ANNEX 7A

MEDICAL STANDARDS FOR DIVING

s22



Vision, colour perception and hearing standards

5. [DHM Level 2 Part 5 Chapter 4](#)¹⁷²—‘Occupation specific – medical standards’ provides the minimum requirements for all ADF occupations. For diving, the minimum visual requirements (MVR), colour perception (CP) s22 [redacted] in [Table 7A–1](#) also apply:

s47E(d)



Table 7A-1: Minimum visual requirements, colour perception standards for divers

| Branch or category | MVR | CP |
|---------------------------------------------------------------|-----|----|
| Clearance diver (CD) | 2 | 1 |
| Compressed air breathing apparatus (CABA) diver | 2 | 3 |
| Navy reserve diver | 2 | 3 |
| Navy underwater medics (UM) and Underwater medicine MO (UMMO) | 3 | 3 |
| Army divers | 2 | 3 |
| Special forces (SF) divers | 2 | 1 |

s22

s22

s47E(d)