

**Change 126**  
**Manual of the Medical Department**  
**U.S. Navy**  
**NAVMED P-117**

**12 Aug 2005**

To: Holders of the Manual of the Medical Department

1. **This Change** Completely revises Chapter 15, Physical Examinations and Standards for Enlistment, Commission, and Special Duty.

2. **Summary of Changes.** This document represents the first major revision of Chapter 15 of the Manual of the Medical Department in 10 years and the first top to bottom revision, including special duty examinations, in more than 20 years. In addition to re-numbering of the document, many articles have been revised to clarify language or maintain consistency with other governing instructions that have been modified but the overall intent has remained predominantly unchanged. However, many significant changes have been introduced in other articles and these changes are summarized in bullets below. While a complete reading of the entire chapter is necessary to discover all the changes, the following list captures the major revisions.

a. **Enlistment, Commission, Affiliation, Continued Service, and Separation**

(1) Clarification as to the role of this chapter as guidance on screening or qualifying examinations rather than guidance on population health or other clinically indicated evaluations.

(2) Consistent with item #1 above, periodic examinations, including Flag officers, are no longer required. Based on data from the Armed Forces Epidemiology Board as well as the Air Force, routine examinations are not efficient or effective in maintaining the health of the Naval Force. Rather, the use of the Periodic Health Assessment should be used to meet this goal.

(3) Also consistent with item #1 above, the section on Women's Preventive Health Care has been moved to MANMED chapter 22. In the event that this chapter is published before the revised chapter 22, the current guidance on Women's Preventive Health Care is included in Section V.

(4) Disparities between Section III (Standards for Enlistment and Commission) and the parent instruction (DOD Instruction 6130.4) have been eliminated. Previous differences between these instructions, especially for hearing and allergy immunotherapy, created problems for recruiting as well as recruit screening. The DOD Instruction authorizes additional service-specific standards for programs leading to a commission and color vision, which are essentially unchanged from the most recent Manual of the Medical Department (MANMED).

(5) The physical qualification processes for affiliation and retention of reservists have been significantly revised to improve clarity and internal consistency as well as making it possible for service members (officers and enlisted) to be found physically qualified to affiliate with the reserves more easily within the first 6 months of separation from active duty service. These changes were requested and then endorsed by both Commander, Naval Reserve Recruiting Command (CNRRC) and Naval Personnel Command (NAVPERSCOM).

(6) The processes for physically qualifying enrollees in programs leading to a commission for actual commissioning have been formalized and streamlined.

(7) The authority to recommend a waiver of the physical standards to various line commands has been formalized and is now consistent with the other parallel instructions that govern application and acceptance to these programs.

(8) Separation and Retirement evaluations have been streamlined and clarified to satisfy changes in Federal law, desires for smooth transitions to care via the Veteran's administration, and current recommendations for clinical practice.

(9) Use of the Standard Forms 88 and 93 have been eliminated in favor of the forms DD 2807-1 and DD 2808 for recording complete physical examinations consistent with BUMED guidance issued in various ways over the last 4 years.

(10) Increased use of references to parallel instructions within specific articles, especially the Military Personnel Manual (MILPERSMAN) and Marine Corps Separations Manual, to aid patient administrators as well as medical examiners in fulfilling their dual roles as Naval Officers and patient advocates.

(11) A references and resources section has been added that provides guidance on other sources of related information not specifically addressed in this chapter.

#### **b. Aviation Duty**

(1) Class I aviation standards have been completely revised with Service Group categories no longer based on visual performance.

(2) Aviation special duty standards have been aligned with revised entry and commissioning standards (as defined by DOD Instruction 6130.4) in mind.

(3) Integrated changes made in the last two revisions of NATOPS General Flight and Operating Instructions (OPNAVINST 3710.7 series). Inconsistencies between NATOPS and MANMED have been eliminated.

(4) New validity and periodicity guidelines have been established that better support fleet and Marine Force sustainment requirements.

(5) The aeromedical waiver process has been streamlined.

(6) The previously approved recommendations from several Aeromedical Advisory Council meetings have been codified. The new standards apply to both applicant as well as designated aviation personnel of all three classes.

**c. Diving Duty**

(1) This chapter is rewritten with the requirement for a annual health review (PHA) for divers in addition to maintaining the 5-year periodic examination. Particularly new is the requirement for a cardiology examination for Patent Foramen Ovale (PFO) after a decompression sickness event.

(2) MRI scanning after central nervous system (CNS) decompression sickness (DCS) and acute gas embolism (AGE) is now required.

(3) Laser corneal refractive surgery is no longer disqualifying when there is a successful outcome.

(4) Although a NAVPERS program, Alcohol Abuse and Dependency Treatment guides must be followed before resumption of Diving Duty.

(5) All requests for waiver from the standards listed will be processed from the member's parent command to NAVPERS via type commander (TYCOM) medical endorsement and BUMED endorsement.

**d. Special Warfare/Special Operations Duty**

(1) The section on Special Warfare/Special Operations Duty (NSW/SO) is brand new. A small portion was previously covered under Diving Duty. It is the purpose of this chapter to define the physical standards that will support the physical demands and hazardous duty experienced by the NSW/SO service member. Included in the section are combat swimmer diving and basic and free-fall parachute duties covered by the physical standards that are outlined.

(2) Standards include disqualification of accession applicants with a history of drug and steroid abuse as well as necessity for freedom from chronic diseases that might deteriorate when in isolated non-medically supported environments, psychotropic medication use, and the option of waiver for designated operators who require prosthetic appliances.

(3) All requests for waiver from the standards listed will be processed from the member's parent command to NAVPERS via TYCOM medical endorsement and BUMED endorsement.

**e. Submarine Duty**

(1) Prohibition of use of psychoactive medications have been updated and defined for purpose of waiver consideration.

(2) Prohibition of surgery for weight loss has been added.

(3) Disorders of sleep are frequent and these disorders are now required to have specific medical documentation in order for disqualification or waiver to be considered.

(4) The duration of waiting time before a return to duty in a service member who has had a single idiopathic seizure has been added.

(5) The guidance for waiver of color perception deficiency has been added. A supervisor statement that the service member can satisfactorily distinguish color differences necessary in his employment is required.

(6) The requirements for evaluation and waiver consideration of nephrolithiasis have been listed.

(7) All requests for waiver from the standards listed will be processed from the member's parent command to NAVPERS via TYCOM medical endorsement and BUMED endorsement.

**f. Nuclear Field Duty**

(1) The guidance for waiver of color perception deficiency has been added. A supervisor statement that the service member can satisfactorily distinguish color differences necessary in his employment is required.

(2) Prohibition of use of psychoactive medications have been updated and defined for purpose of waiver consideration.

**3. Action**

- a. Remove Chapter 15 and replace with the new Chapter.
- b. Record this Change 126 in the Record of Page Changes.



D. C. ARTHUR  
Chief, Bureau of  
Medicine and Surgery

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## **Chapter 15**

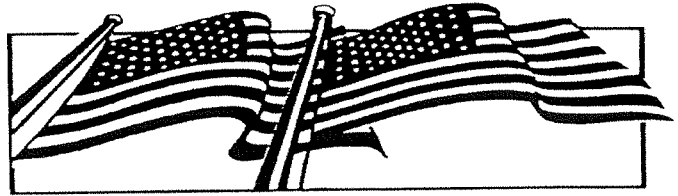
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# **Physical Examinations and Standards for Enlistment, Commission, and Special Duty**

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# Chapter 15

## CONTENTS



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<b>Sections</b>	<b>Page</b>
Section I.    Administrative Aspects of Performing and Recording Physical Examinations	15-3
Section II.    Common Medical Examinations	15-9
Section III.   Standards for Enlistment and Commissioning	15-23
Section IV.    Special Duty Examinations and Standards	15-47
Section V.    References and Resources and Annual Health Assessment Recommendations for Active Duty Women	15-105

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# Section I

## ADMINISTRATIVE ASPECTS OF PERFORMING AND RECORDING PHYSICAL EXAMINATIONS

Article		Page
15-1	Introduction	15-3
15-2	Purposes of Medical Examinations	15-4
15-3	Interpretation and Application of Physical Standards	15-4
15-4	Conducting and Recording the Examination	15-5
15-5	Special Studies	15-6
15-6	Personnel Already on Active Duty	15-6
15-7	Validity Periods of Examinations	15-7

### 15-1

#### Introduction

(1) This chapter of the Manual of the Medical Department provides guidance on performing, recording, and interpreting the results of physical examinations conducted for a wide variety of screening and qualifying purposes. The purposes of these examinations are specific for a wide range of duties or qualifications but are not guidance on population health or clinically indicated evaluations.

(2) The chapter is divided into five sections (which include an appendix).

(a) Section I discusses the application, recording, validity, and other issues that apply to all examinations. Instructions on applying for a waiver of the standards are now included in this section.

(b) Section II provides guidance for specific groups of individuals who may require physical examinations.

(c) Section III lists the disqualifying conditions for general duty enlistment and commissioning. Instructions on applying for a waiver of the standards are now included in the beginning of this section.

(d) Section IV provides guidance on conducting examinations for certain special duty purposes (e.g. Aviation).

(e) Section IV, Appendix A, is a new section that lists references for related topics and resources.

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*Note. The section titled "Annual Health Maintenance Examination Recommendations for Active Duty Members" has been moved to Manual of the Medical Department Chapter 22 (Preventive and Occupational Medicine).*

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(3) This chapter applies to all applicants and individuals already on active duty service within the Department of the Navy including the Marine Corps. Any reference to "service member" or "applicant" includes both organizations unless otherwise specifically stated.

(4) The standards contained in this chapter are based on the DOD Instruction 6130.4. Additional requirements, including laboratory tests, resulted from an analysis of guidelines from the US Preventive Services Task Force, the US Navy Committee on Disease Prevention and Health Promotion, the Armed Forces Epidemiology Board, and other published recommendations from recognized specialty organizations. Also, the unique operational need to maintain a fit and ready Naval force was considered.

## 15-2

### Purposes of Medical Examinations

(1) The primary purposes of medical examinations are to ensure that individuals undergoing these examinations are:

(a) Physically capable of performing assigned and prospective duties without unnecessary risk of injury or harm to themselves or other service members.

(b) Physically capable of performing assigned and prospective duties without assignment limitations or modifications to existing equipment and systems.

(c) Not likely to incur a physical disability as a result of military service.

(2) Based upon the needs of the Naval Service and DOD, as well as ongoing changes in the understanding of many physical or medical conditions, the standards contained in this chapter are frequently reviewed and modified. Please ensure that the most current version is in use.

(3) As stated in article 15-1, the purposes of the medical examinations contained in this chapter are not population or preventive health in nature, but rather are specific screening criteria developed to answer specific duty or qualification questions.

## 15-3

### Interpretation and Application of Physical Standards

(1) For examinations conducted for the purpose of entry into Navy or Marine Corps service or specific special duty service, the standards contained in this chapter are intended to be as specific and as unambiguous as possible. For many conditions the mere presence of the defect (e.g., hearing loss) would be a cause for disqualification even if the condition has not adversely affected the applicant. For other conditions (e.g., recurrent headaches) the impact on the applicant's health or functionality is of paramount importance. The evaluation of these latter conditions will be significantly more qualitative in nature and appropriate clinical judgment remains a critical element in effectively conducting an examination.

(2) While clinical judgment is critical, examiners should be reluctant to find qualified those individuals who report concerning medical histories, but cannot present pertinent past medical records for review, or who are able to meet a particular requirement only after coaching or multiple repeat tests with only a single passing result.



**15-4****Conducting and  
Recording the  
Examination**

(1) A Licensed Independent Practitioner or Physician Assistant may perform all physical examinations covered in this chapter unless otherwise indicated. A General Medical Officer may independently perform examinations if he or she has successfully completed an accredited internship. All examiners, regardless of clinical specialty, performing and recording physical examinations must be familiar with the standards outlined herein. Some special duty examinations (e.g., Aviation) must be performed or co-signed by examiners with specific training and/or qualifications, review Section IV for further guidance.

(2) All complete physical examinations will include forms DD 2807-1 "Report of Medical History" and DD 2808 "Report of Medical Examination." Examiners will carefully and objectively record all medical history and physical examination findings in the appropriate blocks on forms DD 2807-1 and DD 2808 using commonly accepted medical language. Also, ensure blocks on the form prompting identifying data, such as name or social security number, are properly completed on all pages. Use of the Standard Form (SF) 88 and 93 or NAVMED 6120/2 is not appropriate unless specifically required as part of a special duty evaluation.

(a) Examinees will be carefully questioned about their medical history. Examiners should review form DD 2807-1 and comment on all affirmative or uncertain answers.

(b) Physical examination findings should be recorded on form DD 2808 with particular emphasis on positive or negative results related to any items noted on form DD 2807-1. Dental officers should perform dental evaluations when available.

(c) Examiners should request past medical records, additional diagnostic tests or specialty consultation when further information is deemed necessary.

(3) The examiner shall review and comment on all pertinent entries noted on forms DD 2807-1 and DD 2808 in sufficient detail to facilitate review by another qualified provider. Comments about positive responses on form DD 2807-1 or findings on form DD 2808 that do not constitute a significant diagnosis should be included solely in block 30 of form DD 2807-1 or block 73 of form DD 2808. All significant diagnoses shall also be listed in block 77 of form DD 2808. For each condition or diagnosis and based upon the purpose of the examination (e.g., enlistment), notation should be made regarding whether the condition is or is not disqualifying for service. See article 15-3 above for further guidance.

(a) For a condition or diagnosis that is deemed to be within the standards outlined in Section III or Section IV as appropriate, the notation NCD for Not Considered Disqualifying should be made at the end of the description of the condition or diagnosis.

(b) For a condition or diagnosis that *is not* deemed to be within the standards outlined in Section III or Section IV as appropriate, the notation CD for Considered Disqualifying should be made at the end of the description of the condition or diagnosis.

(c) For a condition or diagnosis that the examiner is *uncertain* whether it is or is not within the standards outlined in Section III or Section IV as appropriate, the notation PD for Potentially Disqualifying should be made at the end of the description of the condition or diagnosis. This category should be used only temporarily until further information is available and should then be updated to either NCD or CD as appropriate. Use of block 78 of form DD 2808 may be used to describe additional data required to make a final qualification decision.

(d) If a condition deemed disqualifying by the examiner is ultimately granted a waiver (see article 15-31) by an appropriate authority, notation should be made in block 76 or 77 of DD 2808. Notation should include the date and authority granting the waiver. These conditions may subsequently be deemed disqualifying for duties or programs not covered in the original waiver request.

(4) The examiner shall indicate the final determination regarding qualification by checking the appropriate box on form DD 2808 block 74 (a).

(5) For an examination to be considered valid, it must bear the signature and legibly printed, stamped, or typed name of the provider who performed the exam.

(6) All physical examinations will be permanently filed in the member's outpatient health record. See Manual of the Medical Department (MANMED), Chapter 16 for further guidance.

(7) Facilities conducting physical examinations will keep a copy of the examination and any supporting documents on file for 2 years.

(8) Examinations will be conducted with appropriate regard for privacy and following current standards of care regarding standby attendants.

## **15-5**

### **Special Studies**

(1) The results of the studies listed below, in addition to any other studies deemed necessary by the examiner, will be entered on form DD 2808 in the appropriate sections of blocks 45-52 and 61-71.

(2) The following studies shall be recorded for all complete medical examinations:

(a) The result of a current human immunodeficiency virus (HIV) test.

(b) The results of a current audiometric test.

(c) The results of a current visual acuity test. If uncorrected distant or near visual acuity is less than 20/20, the results of a current manifest refraction.

(d) The results of a current dental examination (see Chapter 6, article 6-99).

(e) The result of Sick Cell screening if not previously recorded in health record.

(f) The result of G-6-PD screening if not previously recorded in health record.

(g) For females age 21 and older at the time of the examination, the results of a current Pap smear.

(3) Enlisted service applicants do not need a Pap smear result recorded before reporting to their respective recruit training commands.

(4) For all applicants for commission or a program leading to a commission the results of color vision testing.

(5) Specific laboratory results will be recorded using current medical terminology.

## **15-6**

### **Personnel Already on Active Duty**

(1) In general the standards contained in this chapter are applicable only to initial entry into the United State Navy and Marine Corps, active and Reserve, or entry into special programs. See article 15-11 for guidance on recruits with disqualifying conditions discovered within the first 179 days of enlisted service.

(2) Qualification for continued active duty service or retention, reenlistment, or separation should be based on the ability of a service member to perform the functions of his or her rate, rank, or occupational specialty without physical or medical limitations.

(a) Examiners should consult SECNAVINST 1850.4 series (Disability Evaluation Manual) and Manual of the Medical Department (MANMED), Chapter 18 for guidance regarding service members who are unable to perform their duties as a result of a physical defect or medical condition.

(b) In situations where a member is unable to perform their duties secondary to a physical condition not considered a disability, guidance may be found in MANMED, Chapter 18 as well as MIL-PERSMAN articles 1920 series (officers), 1910-120 (enlisted), and the Marine Corps Separations Manual, Chapter 8.

**15-7****Validity Periods  
of Examinations**

(1) All complete physical examinations recorded on forms DD 2807-1 and DD 2808, assuming appropriate in scope, are valid for 2 years. This standard does not apply to:

(a) *Some Special Duty Examinations.* Review Section IV of this chapter.

(b) Applicants applying for affiliation with the Navy and Marine Corps Reserves. Review article 15-22 of this chapter.

(c) Enrollees in programs leading to a commission. Review the specific program heading in Section II of this chapter.

(2) In cases not covered above, when a complete physical examination is required and more than 90 days, but less than 2 years has elapsed since the most recent examination was conducted, an updated form DD 2807-1 will be completed by the examinee and reviewed by an appropriate examiner (see article 15-4). This DD 2807-1 should be annotated "Addendum to Medical History dated (note the date of previous DD 2807-1)" on the top of the form.

(a) If there are no changes since the recording of the previous DD 2807-1 the statement "No significant interval history since last evaluation dated (note the date of previous DD 2807-1)" should be recorded

in block 30. The examiner's determination regarding qualification for the duty or assignment sought will also be included in block 30 (e.g., "Member is qualified for commission"). The examiner must sign the DD 2807-1. No further documentation or laboratory data is required.

(b) If significant new medical history is obtained, each item should be specifically reviewed and commented on by the examiner in block 30.

(1) If the updated information does not warrant any type of physical exam then the statement "No physical examination performed" will be included in block 30 of the DD 2807-1. The examiner's determination regarding qualification for the duty or assignment sought will also be included in block 30 (e.g., "Member is qualified for commission").

(2) If the updated information warrants physical examination of applicant, the results should be recorded on form DD 2808. The statement "Addendum to Physical Examination dated (note the date of previous DD 2808)" should be recorded on the top of the form. All pertinent administrative data (e.g., name, date, and social security number) must be included on the DD 2808, but only the specific area(s) examined and any new laboratory results should be recorded on the applicable parts of the form. The examiner must sign form DD 2808. The examiner's determination regarding qualification for the duty or assignment sought will also be included in block 77 (e.g., "Member is qualified for commission").

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## Section II

# COMMON MEDICAL EXAMINATIONS

Article		Page
15-8	Purpose	15-10
15-9	Periodic Examinations for Active Duty Personnel	15-10
15-10	Applications for Enlistment	15-10
15-11	Recruit Screening	15-10
15-12	Reenlistment	15-11
15-13	Applications for Commission	15-12
15-14	United States Naval Academy	15-12
15-15	United States Merchant Marine Academy	15-13
15-16	Naval Reserve Officer Training Corps (NROTC) and State Maritime Academies	15-13
15-17	Programs Leading to a Superseding Commission	15-14
15-18	Platoon Leadership Course	15-15
15-19	Uniformed Services University of Health Sciences (USUHS)	15-16
15-20	Separation from Active Duty	15-16
15-21	Retirement from Active Duty	15-17
15-22	Affiliation with the Naval And Marine Reserves	15-18
15-23	Retention in the Naval and Marine Reserves	15-20
15-24	Civilian Employees	15-21

<b>Article</b>		<b>Page</b>
15-25	Deserters	15-21
15-26	Prisoners	15-21
15-27	Fitness for Duty	15-22
15-28	Physical Evaluation Board Submissions	15-22
15-29	Temporary Disability Retired List (TDRL)	15-22

## 15-8

### Purpose

(1) The specific reasons for conducting a physical examination and/or evaluation contained in this section are not all-inclusive but provided to give additional guidance for some of the common situations in which an examination is indicated.

## 15-9

### Periodic Examinations for Active Duty Personnel

(1) Routine periodic physical examinations are no longer required for active duty personnel including flag officers. Please see OPNAVINST 6120.3 series for guidance on the Preventive Health Assessment.

## 15-10

### Applications for Enlistment

(1) All applicants for enlistment must have a complete physical examination conducted within the previous 2 years of application per Section I of this Chapter. If more than 90 days, but less than 2 years have elapsed since completion of the most recent examination and formal application, see article 15-7 for further guidance.

## 15-11

### Recruit Screening

(1) Recruit Screening evaluations are conducted at Recruit Training Commands and Marine Corps Recruit Depots for the purposes of detecting medical disorders that may have been missed or concealed during the recruit's initial examination, or that may have developed during the period from initial examination to enlistment.

(2) Recruit screening examinations should be conducted within 14 days of reporting to recruit training.

(3) Applicable studies listed in article 15-5 will be conducted if not completed prior to arrival at recruit training.

(4) The results of recruit screening evaluations, including any laboratory testing, shall be recorded on an SF 600 and filed in the service member's outpatient health record and included on form DD 2766 (Summary of Care Flow Sheet) if indicated. Use of a pre-formatted SF 600 is encouraged.

(5) For recruits with less than 180 days of active service since enlistment who are discovered to have a disqualifying medical condition per Section III of this chapter that existed prior to enlistment and that has ***not materially changed since in receipt of base pay***, recruit training commands may pursue one of two options:

(a) For recruits not recommended for retention on active duty, separate the service member under the provisions of MILPERSMAN 1910-130 or the Marine Corps Separations Manual. The procedures outlined in article 15-20 in this chapter are not required for these separating service members.

(b) For recruits recommended for retention on active duty, the Director, BUMED Qualifications and Standards will issue, on request, a recommendation regarding retention of the member on active duty to the member's recruit training command commander. Send requests including all pertinent medical data along with the relevant sections of the recruit's most recent complete physical examination (forms DD 2807-1 and 2808) to the Director, Bureau of Medicine and Surgery, Qualifications and Standards for review. The Director, Bureau of Medicine and Surgery, Qualifications and Standards will issue a recommendation regarding retention to the member's recruit training command commander who will make the final determination regarding retention or separation from active duty service.

## 15-12

### Reenlistment

(1) Reenlistment examinations and evaluations are conducted for the purpose of ensuring that no new medical conditions have developed or no previously diagnosed conditions have materially changed that might prevent the service member from safely or effectively fulfilling the responsibilities of their rank or rating.

***(2) Reenlistment evaluations will include as a minimum:***

(a) Completion of form DD 2807-1 by the service member.

(b) Review of the completed DD 2807-1 by an appropriate examiner (see article 15-4 and article 15-12(2)(e) below) with specific comments on any new medical conditions that have arisen or conditions that have materially changed since the most recent enlistment or reenlistment.

(c) A focused physical examination and laboratory test results, as indicated, for any new or materially changed medical conditions discovered.

(d) Determination by the examiner if the service member is physically qualified for continued active duty service.

(e) At the discretion of the member's commanding officer, Independent Duty Corpsmen assigned to independent duty may conduct reenlistment evaluations.

(3) The completed form DD 2807-1 and the results of the evaluation outlined in article 15-12(2)(c) and 15-12(2)(d) above will be placed in the service member's outpatient medical record. The results of the evaluation, including any laboratory results obtained, will be recorded via an SF 600 entry. Use of a pre-formatted SF 600 is encouraged. If a member is deemed not to be physical qualified for continued active duty service, the planned course of action (e.g., referral to Physical Evaluation Board (PEB) should also be stated.

(4) While not a requirement, a reenlistment screening is an excellent opportunity to review cyclical medical and administrative requirements such as current immunization status, most recent Preventive Health Assessment, pre- or post-deployment health surveys (if indicated), current outpatient medical record status (see chapter 16), and HIV periodicity.

## 15-13

### Applications for Commission

(1) All applicants for commission or warrant officer, including those personnel already on active duty, must have a complete physical examination conducted within 2 years of application following Section I of this Chapter. If more than 90 days, but less than 2 years have elapsed since completion of the most recent examination and formal application; see article 15-7 for further guidance.

(a) Different procedures apply to individuals who are applying for a commission who are already enrolled in a program leading to a commission or superseding commission (e.g., U.S. Naval Academy, Seaman to Admiral Program, Health Professions Scholarship Program). Review the specific program guidance contained in this section.

## 15-14

### United States Naval Academy

(1) For applicants to the U.S. Naval Academy the Department of Defense Medical Examination Review Board (DODMERB) has the exclusive responsibility for scheduling and reviewing all medical examinations.

(2) All enrollees at the U.S. Naval Academy who are applying for commission will adhere to one of the following procedures:

(a) If a complete and current physical examination is not required for special duty screening (see Section IV), then the following documentation should be forwarded to BUMED Qualifications and Standards for review:

(1) Original DODMERB physical examination.

(2) Completion of form DD 2807-1 by the service member.

(3) Review of the completed DD 2807-1 by an appropriate examiner (see article 15-4) with specific comments on any new medical conditions that have arisen or conditions that have materially changed since enrolling at the U.S. Naval Academy.

(4) A focused physical examination and laboratory test results, as indicated, for any new or materially changed medical conditions that have developed since enrolling at the U.S. Naval Academy.

(5) Determination by the examiner if the service member is physically qualified for commission and if not, if a waiver of the standards is recommended.

(6) The results of a current HIV test, the results of a current Pap smear for females age 21 and older, the results of any other test deemed appropriate, and the results of a current (within 1 year of date of submission) dental evaluation.

(7) The determination of the examiner from article 15-14(2)(a)(5) above and the data from 15-14(2)(a)(4) and 15-14(2)(a)(6) above should be recorded via an SF 600 entry. Use of a pre-formatted SF 600 is encouraged.

(b) If a complete and current physical examination is required for special duty screening (see Section IV), then submit this completed examination to BUMED Qualifications and Standards for review.

(3) In instances when an enrollee's physical qualification for continuation at the U.S. Naval Academy is under consideration, see SECNAVINST 1850.4 series.



**15-15****United States  
Merchant Marine  
Academy**

(1) For applicants to the United States Merchant Marine Academy, DODMERB has the exclusive responsibility for scheduling and reviewing all medical examinations.

(2) All enrollees at the United States Merchant Marine Academy who are applying for commission in the U.S. Navy (including the U.S. Navy Reserves (USNR) or Merchant Marine Reserves (MMR) program) will adhere to one of the following procedures:

(a) If a complete and current physical examination is not required for special duty screening (see Section IV), then the following documentation should be forwarded to the Director, BUMED Qualifications and Standards for review:

(1) Original DODMERB physical examination.

(2) Completion of form DD 2807-1 by the service member.

(3) Review of the completed DD 2807-1 by an appropriate examiner (see article 15-4) with specific comments on any new medical conditions that have arisen or conditions that have materially changed since enrolling at the United States Merchant Marine Academy.

(4) A focused physical examination and laboratory test results, as indicated, for any new or materially changed medical conditions that have developed since enrolling at the United States Merchant Marine Academy.

(5) Determination by the examiner if the service member is physically qualified for commission, and if not, if a waiver of the standards is recommended.

(6) The results of a current HIV test, the results of a current Pap smear for females age 21 and older, the results of any other test deemed appropriate, and the results of a current (within 1 year of date of submission) dental evaluation.

(7) The determination of the examiner from article 15-5(5) above and the data from article 15-15(2)(a)(4) and 15-15(2)(2)(6) above should be recorded via an SF 600 entry. Use of a pre-formatted SF 600 is encouraged.

(b) If a complete and current physical examination is required for special duty screening (see Section IV), then submit this completed examination to the Director, BUMED Qualifications and Standards for review.

(3) In instances when an enrollee's physical qualification for continuation in the United States Merchant Marine Academy (including the USNR/MMR program) or physical qualification for placing a Midshipman on or removing a Midshipman from a medical leave of absence (MLOA) is under consideration, contact the Director, BUMED Qualifications and Standards for further guidance.

**15-16****Naval Reserve Officer  
Training Corps (NROTC)  
and State Maritime  
Academies**

(1) For applicants to the NROTC and State Maritime Academies the DODMERB has the exclusive responsibility for scheduling and reviewing all medical examinations.

(2) All enrollees in the NROTC and United States Merchant Marine Academy will complete a form NAVMED 6120/3 annually. This form will be reviewed and signed by the appropriate administrative personnel in the unit.

(3) All enrollees in the NROTC and United States Merchant Marine Academy who are applying for commission will adhere to one of the following procedures:

(a) If a complete and current physical examination is not required for special duty screening (see Section IV) then the following documentation should be forwarded to the Director, BUMED Qualifications and Standards for review:

(1) Original DODMERB physical examination.

(2) All "Annual Certificate of Physical Condition" forms (NAVMED 6120/3) completed during period of enrollment.

(3) The results of a current HIV test, the results of a current Pap smear for females age 21 and older, and the results of a current (within 1 year of date of submission) dental evaluation should be included on the NAVMED 6120/3 or as a separate enclosure.

(4) Copies of treatment records for significant or concerning medical conditions that have developed since enrollment.

(5) The commanding officer's endorsement for commissioning the enrollee.

(b) If a complete and current physical examination is required for special duty screening (see Section IV), then submit this completed examination to the Director, BUMED Qualifications and Standards for review.

(4) In instances when an enrollee's physical qualification for continuation in the NROTC program or State Merchant Marine Academy or physical qualification for placing a Midshipman on or removing a Midshipman from a MLOA is under consideration, contact the Director, BUMED Qualifications and Standards for further guidance.

## 15-17

### Programs Leading to a Superseding Commission

(1) All applicants to a program leading to a superseding commission (see below) must have a complete physical examination conducted within 2 years of application per Section I of this Chapter. If more than 90 days, but less than 2 years have elapsed since completion of the most recent examination and formal application, see article 15-7 for further guidance.

(2) For enrollees in the following programs leading to a superseding commission, the Commander, Naval Recruiting Command (CNRC) has the exclusive responsibility to set the policies governing the commission of enrollees at the time of their graduation; see current CNRC guidance issued for the enrollee's specific program.

(a) Medical Enlisted Commissioning Program (MECP).

(b) Health Professions Scholarship Program (HPSP).

(c) Chaplain.

(d) Baccalaureate Degree Commissioning Program.

(e) Nurse Commissioning Program.

(f) Medical Service Corps/Inservice Procurement Program.

(g) Financial Assistance Program.

(3) For enrollees in the Seaman to Admiral programs leading to a superseding commission, the Commander, Naval Services Training Command (NSTC) has the exclusive responsibility to set the policies governing the commission of enrollees at the time of their graduation; see current Naval Education and Training Command (NETC) guidance issued for the enrollee's specific program.

(4) For enrollees in the following programs leading to a superseding commission, Commander, Marine Corps Recruiting Command (MCRC) has the exclusive responsibility to set the policies governing the commission of enrollees at the time of their graduation; see current MCRC guidance issued for the enrollee's specific program.

(a) Marine Enlisted Commissioning Education Program.

(b) Reserve Enlisted Commissioning Program.

(c) Enlisted Commissioning Program.

(d) Meritorious Commissioning Program.

(e) Broadened Opportunity for Officer Selection and Training.

(5) In instances when an enrollee's physical qualification for continuation in a program leading to a superseding commission is under consideration, contact the appropriate program manager who will review with the senior medical officer, CNRC, or the Director, BUMED Qualifications and Standards as indicated.

(3) All enrollees in the Platoon Leadership Course Program applying for commission in the United States Marine Corps will adhere to one of the following procedures:

(a) If a complete and current physical examination is not required for special duty screening (see Section IV), then the following documentation should be forwarded to the Director, BUMED Qualifications and Standards for review:

(1) Original complete physical examination (forms DD 2807-1 and 2808).

(2) All "Annual Certificate of Physical Condition" forms (NAVMED 6120/3) completed during period of enrollment.

(3) The results of a current HIV test, the results of a current Pap smear for females age 21 and older, and the results of a current (within 1 year of date of submission) dental evaluation should be included on the NAVMED 6120/3 or as a separate enclosure.

(4) Copies of treatment records for significant or concerning medical conditions that have developed since enrollment.

(5) The commanding officer's endorsement for commissioning the enrollee.

(b) If a complete and current physical examination is required for special duty screening (see Section IV), then submit this completed examination to the Director, BUMED Qualifications and Standards for review.

(4) In instances when an enrollee's physical qualification for continuation in the Platoon Leadership Course Program is under consideration, contact the Director, BUMED Qualifications and Standards for further guidance.

## **15-18**

### **Platoon Leadership Course**

(1) All applicants for the Platoon Leadership Course Program must have a complete physical examination conducted within 2 years of application per Section I of this Chapter. If more than 90 days, but less than 2 years have elapsed since completion of the most recent examination and formal application; see article 15-7 for further guidance.

(2) All enrollees in the Platoon Leadership Course Program will complete a form NAVMED 6120/3 annually. This form will be reviewed and signed by the appropriate administrative personnel in the unit.

**15-19****Uniformed Services  
University of Health  
Sciences (USUHS)**

(1) For applicants to the USUHS, the DOD-MERB has the exclusive responsibility for scheduling and reviewing all medical examinations.

(2) For enrollees at the USUHS applying for a superseding commission at the time of graduation, the Dean of the USUHS has exclusive responsibility for establishing these policies and procedures.

**15-20****Separation from  
Active Duty**

(1) Separation examinations and evaluations, including members of the Navy and Marine Corps Reserves serving on active duty for 31 or more consecutive days, shall be performed for all separating service members within 180 days of the member's last active duty day. These comprehensive evaluations are conducted for the purposes of ensuring that service members have not developed any medical conditions while in receipt of base pay that might constitute a disability that should be processed by the PEB and to ensure service members are physically qualified for recall to additional periods of active duty. Thus, the standards for being physically qualified to separate are the same as those for being qualified to continue active duty service. See SECNAVINST 1850.4 series and MANMED Chapter 18, Medical Evaluation Boards, for further guidance. If the service member has recently returned from a deployment, while not specifically part of the separation evaluation, ensure appropriate completion of post-deployment health screening. A separate process exists for the unique situation of returned deserters being processed for separation (see article 15-25).

(2) *To meet the goals outlined above, separation evaluations will include at a minimum:*

(a) Completion of form DD 2807-1 by the service member.\*

(b) Interview of the service member and review of the completed DD 2807-1 by an appropriate examiner (see article 15-4) with specific comments on any new medical conditions that have arisen or have materially changed since beginning active duty service (this should include a review of the member's outpatient medical record).\*

(c) A focused physical examination and laboratory test results, as indicated, for any new or materially changed medical condition discovered.\*

(d) Determination by the examiner if the service member is physically qualified for separation.

(e) Completion of form DD 2697.

(f) All service members over the age of 35 at their effective date of separation shall be offered screening for the presence of hepatitis C antibodies.

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*\*Note. In lieu of articles 15-20(2)(a) through 15-20(2)(c) above, providers may accept a current Veteran's Administration compensation and pension (C&P) history and physical.*

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(3) The completed form DD 2807-1 and the results of the evaluation outlined in articles 15-20(c) and 15-20(d) above will be placed in the service member's outpatient medical record. The results of the evaluation, including any laboratory test results obtained will be recorded via an SF 600 entry. If the scope to the evaluation based on the 2807-1 is of sufficient breadth, use of the DD 2808 is also acceptable and may be more appropriate. DD 2697 will be sent to the appropriate Veteran's Affairs location. If a member is found not to be physical qualified for separation, the planned course of action (e.g., referral to PEB) should also be stated. For reservists found not physically qualified for separation, see MIL-PERSMAN 1916 series. Members found physically qualified to separate shall also read and initial the following statement:

**Reading Text:** You have been evaluated because of your planned separation or retirement from active duty service. You have been found physically qualified to separate or retire, which means that no medical condition has been noted that disqualifies you from the performance of your duties or warrants disability evaluation system processing. To receive disability benefits from the Department of the Navy, you must be unfit to perform the duties of your office, grade, or rating because of a disease or injury incurred or exacerbated while in receipt of base pay. Some conditions, while not considered disqualifying for separation or retirement, may entitle you to benefits from the Department of Veteran's Affairs. If you desire additional information regarding these benefits, contact the Department of Veteran's Affairs at 1-800-827-1000 or view the Web site at: <http://www.va.gov>.

(4) Use of a pre-formatted SF 600 to record separation evaluations is encouraged.

(5) Hepatitis C screening is voluntary and the results of any testing or delays in obtaining results will not interfere with release from active duty. Members who request screening must complete NAVMED 6230/1, this form will be placed in the outpatient medical record.

(6) For service members separating from service after serving 30 or fewer consecutive days on active duty, a different separation process applies. An authorized examiner will interview each service member focusing on any new or materially changed medical conditions occurring since the start of active duty and, if indicated, conduct a focused physical examination. An SF 600 entry will be made stating "I have evaluated this service member and reviewed available medical record entries and found him or her physically qualified for release from active duty." For members found not qualified due to a service-incurred or service-aggravated injury or illness, a Notice of Eligibility (NOE) may be appropriate, see SECNAVINST 1770.3 series.

(7) For service members being separated following a finding of "unfit for continued Naval service" by the PEB, the procedures outlined in article 15-20(2) through 15-20(6) above do not apply. Instead, an SF 600 entry will be made stating that the service member has been found unfit and is being processed for separation from active duty service.

(8) Separations or discharges characterized as adverse (i.e., other than honorable, bad conduct, dishonorable) affect how medical conditions fit into the separation process but do not change the requirements for the evaluation outlined in article 15-20(2) and 15-20(3) above. See MILPERSMAN article 1910-216 (enlisted), MILPERSMAN 1920 articles (officers), and the Marine Corps Separations Manual, sections 1011 and 8508. See article 15-25 for specific guidance on separation evaluations of deserters.

## 15-21

### Retirement from Active Duty

(1) Retirement examinations and evaluations shall be performed for all retiring service members within 180 days of the member's last active duty day. These comprehensive evaluations are conducted for the purpose of ensuring that service members have not developed any medical conditions that might constitute a disability that should be processed by the PEB. The "standards" for being physically qualified to retire must include the presumption of fitness that comes with reaching retirement eligibility, and the threshold for referral to the PEB for a member who has successfully reached years of service qualifying for retirement is different than a member who has not reached this threshold. See SECNAVINST 1850.4 series and MANMED Chapter 18 for further guidance. If the service member has recently returned from a deployment, while not specifically part of the retirement evaluation, ensure appropriate completion of post-deployment health screening.

(2) *To meet the goals outlined above, retirement evaluations will include at a minimum:*

(a) Completion of form DD 2807-1 by the service member.\*

(b) Review of the completed DD 2807-1 by an appropriate examiner (see article 15-4) with specific comments on any new medical conditions that have arisen or have materially changed since beginning active duty service.\*

(c) A focused physical examination and laboratory test results, as indicated, for any new or materially changed medical conditions discovered.\*

(d) Determination by the examiner if the service member is physically qualified for retirement.

(e) Completion of form DD 2697.

(f) All service members over the age of 35 at their effective date of retirement shall be offered screening for the presence of hepatitis C antibodies.

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*\*Note. In lieu of articles 15-21(2)(a) through 15-21(2)(c) above, providers may accept a current Veteran's Administration compensation and pension (C&P) history and physical.*

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(3) The completed form DD 2807-1 and the results of the evaluation outlined in articles 15-21(2)(c) and 15-21(2)(d) above will be placed in the service member's outpatient medical record. The results of the evaluation will be recorded via an SF 600 entry. If the scope to the evaluation based on the 2807-1 is of sufficient breadth, use of DD 2808 is also acceptable and may be more appropriate. DD 2697 will be sent to the appropriate Veteran's Affairs location. If a member is found not to be physically qualified for separation, the planned course of action (e.g., referral to PEB) should also be stated. Members found physically qualified for retirement shall also read and initial the following statement:

**Reading Text:** You have been evaluated because of your planned separation or retirement from active duty service. You have been found physically qualified to separate or retire, which means that no medical condition has been noted that disqualifies you from the performance of your duties or warrants disability evaluation system processing. To receive disability benefits from the Department

of the Navy, you must be unfit to perform the duties of your office, grade, or rating because of a disease or injury incurred or exacerbated while in receipt of base pay. Some conditions, while not considered disqualifying for separation or retirement, may entitle you to benefits from the Department of Veteran's Affairs. If you desire additional information regarding these benefits, contact the Department of Veteran's Affairs at 1 (800) 827-1000 or view the Web site at: <http://www.va.gov>.

(4) Use of a pre-formatted SF 600 to record retirement evaluations is encouraged.

(5) Hepatitis C screening is voluntary and the results of any testing or delays in obtaining results will not interfere with release from active duty. Members who request screening must complete NAVMED 6230/1, this form will be placed in the outpatient medical record.

## 15-22

### Affiliation with the Naval and Marine Reserves

(1) For all applicants (enlistment or commission) to the Naval and Marine Corps Selected Reserves who have been separated from Naval active duty service within the previous 6 months or were drilling reservists within the previous 6 months whose separation from active duty and/or drill status was not related to a medical condition (i.e., PEB finding of unfitness, administrative separations for: fraudulent enlistment, defective enlistment, a physical condition not considered a disability, not being world wide assignable, or personality disorder) an affiliation evaluation will include:

(a) A copy of the DD 2807-1 completed by the member as part of the separation evaluation or a copy of the Veteran's Administration compensation and pension history and physical if used in lieu of the DD 2807-1.

(b) Completion of a new or updated DD 2807-1 by the applicant.

(c) Review of the new or updated form DD 2807-1 by an appropriate examiner (see article 15-4) with specific comments on any new medical conditions that have arisen or have materially changed since leaving active duty service.

(d) A focused physical examination and laboratory tests, as indicated, for any new or materially changed medical conditions discovered.

(e) A review of the applicant's DD 214 to confirm nature of separation or discharge.

(f) If no new conditions have developed or materially changed since active duty or active reserve duty separation, the applicant *is physically qualified for affiliation*.

(g) Both the DD 2807-1 (or a Veteran's Administration compensation and pension history and physical) and the results of the evaluation outlined in articles 15-22(1)(d) and 15-22(1)(e) above will be placed in the service member's outpatient medical record. The results of the evaluation will be recorded via an SF 600 entry. Use of a pre-formatted SF 600 is encouraged.

(h) If a new condition has developed, or a previously existing condition has materially changed, an initial screening of the condition(s) using the standards outlined in Section III in this Chapter will be performed. If as a result of screening, the new or changed condition(s), using affiliation standards the condition(s) are considered disqualifying, see article 15-22(1)(i) below.

(i) For applicants who do not meet the standards in Section III on initial screening, send information from articles 15-22(1)(a) through 15-22(1)(h) to CNRC (Navy) or the Director, Bureau of Medicine and Surgery, Qualifications and Standards (Marine Corps) for determination of qualification for affiliation with the active reserves.

(2) For all applicants (enlistment or commission) to the Navy and Marine Corps Selected Reserves, who have been separated from active duty Navy or Marine Corps service or active drill status for more than 6 months, but who are in the Individual Ready Reserve (e.g., secondary to residual military service

obligation), a determination must be made whether these applicants are physically qualified for retention in the Reserves. Because these personnel are not currently associated with a reserve military unit, the procedures outlined in article 15-23 are not appropriate. Instead, a medical retention package including the following will be created:

(a) If available, a copy of the DD 2807-1 must be completed by the member as part of the separation evaluation or a copy of the Veteran's Administration compensation and pension history and physical, if used in lieu of the DD 2807-1.

(b) A current (within previous 6 months) complete physical examination as outlined in articles 15-3 through 15-5.

(c) A current statement, signed by the applicant, describing his or her current level of activity and any restrictions secondary to active physical or medical conditions.

(d) Copy of the applicant's DD 214.

(e) Although a reserve retention package, an initial screening of the current physical examination (per article 15-22(2)(b) above), using the standards outlined in Section III in this Chapter will be performed. If after review by appropriate medical personnel (see current directives), no disqualifying conditions exist per these affiliation standards, the applicant should be found physically qualified for retention and no higher level authority review is required.

(f) If as a result of screening the current physical examination, using affiliation standards, conditions that are considered disqualifying for affiliation are discovered, the entire package will be forwarded to CNRC (Navy) or to the Director, BUMED Qualifications and Standards (Marine Corps) for review. A recommendation of Risk Classification (Navy) or BUMED Physical Qualification for Retention in the Reserves (Marine Corps) will then be forwarded to the Navy Personnel Command (NAVPERSCOM) or Marine Force Reserve as appropriate where the final determination regarding retention in the reserves will be made.

(3) For all other applicants not included in article 15-22(1) or 15-22(2) above, a complete physical examination is required, even in instances when a complete physical examination has been conducted within the previous 2 years. Follow the procedures outlined in articles 15-3 through 15-5. A disqualifying medical condition (see Section III) that existed during a previous active duty period that did not interfere with the service member's ability to safely and effectively fulfill the responsibilities of their rank and rating must still be classified as "considered disqualifying" by the examiner. While considered disqualifying for affiliation, previous successful active duty periods in spite of the presence of a disqualifying medical condition will be factored into the waiver evaluation process at CNRC. See article 15-31 for guidance on waivers of the physical standards.

## 15-23

### Retention in the Navy and Marine Corps Reserves

(1) The structure of the Navy and Marine Corps Reserves differ from those of the full time active duty components and as such unique processes exist in the medical evaluation of reservists for retention. Additional guidance is contained in MILPERSMAN 6110-020 and the Marine Corps Separations Manual.

(2) All members of the Navy and Marine Corps Reserves shall annually complete a preventive health assessment.

(3) The unit Medical Department Representative (MDR) will review each preventive health assessment and evaluate all new or materially changed medical conditions. MDRs are encouraged to obtain additional information from reservists via outpatient medical records or other sources as appropriate to develop as complete an understanding as possible of the condition(s).

(4) If an MDR determines that a reservist has developed or had a material change in a medical condition that will likely prevent the service member from safely or effectively fulfilling the responsibilities of their rank or rating or interfere with mobilization:

(a) The member should be classified "temporarily not physically qualified" as appropriate.

(b) The following documentation will be assembled: all available medical information including copies of outpatient medical records, the 3 previous years of preventive health assessments, a commanding officer's statement regarding any limitations in the reservist's performing of required duties and potential for future military service, and any DD 2807-1 and DD 2808 forms completed within the previous 3 years.

(c) The documentation outlined in article 15-23(4)(b) will be sent, via appropriate chain of command, to the Director, BUMED Qualifications and Standards for review.

(1) When a recommendation can be made regarding retention in the reserves, the Director, Bureau of Medicine and Surgery, Qualifications and Standards will send the recommendation to NAVPERSCOM or Marine Corps Personnel Command (MMSR-4) for final action.

(2) If a recommendation can not be made regarding retention (e.g., incomplete information, condition not yet stable), the Director, Bureau of Medicine and Surgery, Qualifications and Standards will send requests for information and/or guidance directly to the reservist's unit.

(d) For reservists whose medical condition is newly diagnosed and/or not yet stabilized or appropriately treated, MDRs may delay submission of a retention package until sufficient medical information is available. However, at no time should submission of a retention package be delayed more than 180 days.

(5) If an MDR is not able to determine whether or not a reservist's medical condition will likely prevent the service member from safely and effectively fulfilling the responsibilities of their rank and rating or interfere with mobilization, contact the Director, Bureau of Medicine and Surgery, Qualifications and Standards directly for additional guidance. Retention packages as outlined in article 15-23(4) above may not be necessary for some conditions.



(6) If an MDR determines that a medical condition will not prevent the service member from safely and effectively fulfilling the responsibilities of their rank and rating or interfere with mobilization then the reasoning for this determination should be documented on an SF 600 and entered into the reservist's outpatient medical record. An entry on DD 2766 should also be made when indicated.

(7) For screening of reservists ordered to active duty see OPNAVINST 3060.7 series and BUPERS-INST 1001.39 series.

## 15-24

### Civilian Employees

(1) For guidance on performance of medical examinations of civilian employees by Medical and Dental Corps officers; see NAVMEDCOMINST 6320.3 series.

## 15-25

### Deserters

(1) For deserters being detained at a Naval place of confinement; review SECNAVINST 1640.9 series.

(2) For returned deserters being processed for separation with a discharge characterized as "other than honorable", "bad conduct", or "dishonorable", separation evaluations will include:

(a) Completion of DD 2807-1 by the service member.

(b) Review of the completed DD 2807-1 by an appropriate examiner (medical officer, physician assistant, or nurse practitioner) with specific attention to any medical conditions that may pose an immediate danger of death or may be extremely severe.

(c) A focused physical examination and laboratory test results, as indicated, for any medical condition(s) that may pose an immediate danger of death or may be extremely severe.

(d) Determination by the examiner if the service member is physically qualified for separation. A service member who is felt to be free of medical conditions that may pose an immediate danger of death or that are extremely severe should be found qualified to separate.

(e) Completion of DD 2697.

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*Note. Obtaining previous active duty records is no longer required. A psychiatric evaluation is no longer required in all cases and should be obtained only if deemed necessary in determining if a condition poses an immediate danger of death or is extremely severe.*

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(3) The completed DD 2807-1 and the results of the evaluation outlined in article 15-25(2)(c) and 15-25(2)(d) above will be placed in the service member's outpatient medical record. The results of the evaluation, including any laboratory test results obtained, will be recorded via an SF 600 entry. Use of a preformatted SF 600 to record these evaluations is encouraged.

## 15-26

### Prisoners

(1) For prisoners being detained at a naval place of confinement; review SECNAVINST 1640.9 series.

**15-27****Fitness  
for Duty**

(1) For service members suspected of being under the influence of drugs or alcohol, guidance on conducting and recording their examinations can be found in BUMEDINST 6120.20 series.

**15-28****Physical Evaluation  
Board Submissions**

(1) For complete physical examinations conducted for the purpose of submission to the PEB as part of a Medical Board Report (see SECNAVINST 1850.4 series and MANMED Chapter 18) follow the procedures outlined in articles 15-3 through 15-5 in this chapter.

**15-29****Temporary Disability  
Retired List (TDRL)**

(1) Statutory regulations require that members carried on the TDRL be examined at least once every 18 months. Please see SECNAVINST 1850.4 series for further guidance on conducting these examinations.

(2) For members removed from the TDRL by being found fit for duty who choose to return to active duty service, conduct a complete physical under the guidelines in articles 15-3 through 15-5 in this Chapter. The condition leading to placement on the TDRL that has now been deemed compatible with active duty service does not require a waiver of the physical standards. Additionally, disqualifying medical conditions (see Section III) that existed while the service member was previously on active duty that have not materially changed and did not interfere with their ability to safely and effectively fulfill the responsibilities of their rank and rating should be classified as “not considered disqualifying.” New or materially changed conditions require a waiver of the physical standards, see article 15-31 of this Chapter.

## Section III

# STANDARDS FOR ENLISTMENT AND COMMISSIONING

Article		Page
15-30	Purpose	15-25
15-31	Waivers of the Physical Standards	15-25
15-32	Introduction to the Physical Standards	15-26
15-33	Head	15-26
15-34	Eyes	15-26
15-35	Vision-Enlistment	15-28
15-36	Vision-Commission and Programs Leading to a Commission	15-28
15-37	Ears	15-30
15-38	Hearing	15-30
15-39	Nose, Sinuses, Mouth, and Larynx	15-30
15-40	Dental	15-31
15-41	Neck	15-32
15-42	Lungs, Chest Wall, Pleura, and Mediastinum	15-32
15-43	Heart	15-33
15-44	Abdominal Organs and Gastrointestinal System	15-34

<b>Article</b>		<b>Page</b>
15-45	Female Genitalia	15-35
15-46	Male Genitalia	15-35
15-47	Urinary System	15-36
15-48	Spine and Sacroiliac Joints	15-36
15-49	Upper Extremities	15-37
15-50	Lower Extremities	15-38
15-51	Miscellaneous Conditions of the Extremities	15-39
15-52	Vascular Diseases	15-40
15-53	Skin and Cellular Tissues	15-40
15-54	Blood and Blood-Forming Tissues	15-41
15-55	Systemic Diseases	15-41
15-56	Endocrine and Metabolic Disorders	15-43
15-57	Neurological Disorders	15-43
15-58	Psychiatric and Behavioral Disorders	15-44
15-59	General and Miscellaneous Conditions and Defects	15-46
15-60	Tumors and Malignant Diseases	15-46
15-61	Miscellaneous	15-46

**15-30****Purpose**

(1) The primary purposes of the physical standards contained in this section are to ensure individuals applying for enlistment or commission are:

(a) Physically capable of performing assigned and prospective duties without unnecessary risk of injury or harm to themselves or other service members.

(b) Physically capable of performing assigned and prospective duties without assignment limitations or modifications to existing equipment and systems.

(c) Not likely to incur a physical disability as a result of military service.

(2) Many individuals will be physically qualified to enlist or commission, but not be physically qualified for some special duties or assignments; see Section IV for further guidance.

(3) Based upon the needs of the Naval Service and DOD, as well as ongoing changes in the understanding of many physical or medical conditions, the standards contained in this chapter are frequently reviewed and modified; ensure that the most current version is in use.

**15-31****Waivers of the Physical Standards**

(1) For some applicants, their current level of functioning and/or state of health in spite of the presence of a disqualifying medical condition warrants a waiver of the standards.

(2) Waivers of the standards do not make an applicant "physically qualified" but rather provide the applicant the opportunity to enlist or commission despite the fact that a disqualifying condition exists.

(3) The authority to grant a waiver lies with the commander charged with enlisting or commissioning the applicant and the specific program desired (e.g., Commander, Marine Corps Recruiting Command is the authority for applicants desiring enlistment in the Marine Corps). The medical authority to recommend a waiver of the standards to these various commands resides with the Chief, Bureau of Medicine and Surgery. By direction authority to carry out this function has been granted to:

(a) *The Director, BUMED Qualifications and Standards.* Provides waiver recommendations to: Commander, Marine Corps Recruiting Command; Commander, Naval Services Training Command (NROTC entry, commission of NROTC enrollees, commission of MMR, USNR enrollees); Commander, Naval Medical Education and Training Command; Commander, Officer Candidate School; Superintendent, U.S. Naval Academy; Superintendent, United States Merchant Marine Academy (USMMA entry); Commander, Navy Recruiting Command (Health Professions Scholarship Program, Nurse Commissioning Program). Additionally, the Director, Bureau of Medicine and Surgery, Qualifications and Standards provides guidance to the Navy and Marine Corps Reserve commands regarding physical qualification for retention of service members in the reserves and to the recruit training commands regarding retention of recruits found to have disqualifying medical conditions.

(b) *The Senior Medical Officer, Naval Recruiting Command.* Provides waiver recommendations to: Commander, Naval Recruiting Command (including Reserve Recruiting Command, excepting the programs listed in article 15-31(3)(a) above).

(c) *The Navy Brigade Surgeon, Uniformed Services University of Health Sciences.* Provides waiver recommendations to: Assistant Secretary of Defense for Health Affairs (enrollment and graduation commissions).

(4) The processes for requesting a waiver vary based on the program the applicant is seeking. Review the pertinent guidance issued by the enlisting or commissioning authority above. However, regardless of the specific procedures involved, most delays in waiver recommendations result from inadequate

information provided with the waiver request. When assembling a waiver request package ensure, at a minimum, the following information is included: most recent complete physical examination, all pertinent past medical records, documentation regarding past and current limitations of activity associated with the condition, and the results of any laboratory testing or specialty evaluation initiated by the examiner.

(5) Results of waiver requests (approved or denied) should be recorded in block 76 or 77 of the DD 2808.

(6) Waiver processes for special duty examinations and assignments are contained in Section IV within the description of the standards for each specific program.

## 15-32

### Introduction to the Physical Standards

(1) The following list of disqualifying physical and medical conditions is organized generally by organ system and from the head down. If an applicant currently or by history (as appropriate) has none of these conditions then he or she will be found "physically qualified." See articles 15-3 and 15-4 for additional guidance on application of the standards and recording of the examination.

## 15-33

### Head

(1) Uncorrected deformities of the skull, face, or mandible (754.0) of a degree that will prevent the individual from properly wearing a protective mask or military headgear are disqualifying.

(2) Loss, or absence of the bony substance of the skull (756.0 or 738.1) not successfully corrected by reconstructive materials, or leaving residual defect in excess of 1 square inch (6.45cm<sup>2</sup>) or the size of a 25-cent piece is disqualifying.

## 15-34

### Eyes

#### (1) Lids

(a) Current blepharitis (373.0), (chronic, or acute until cured (373.00)) is disqualifying.

(b) Current blepharospasm (333.81), is disqualifying.

(c) Current dacryocystitis, (acute or chronic (375.30)) is disqualifying.

(d) Deformity of the lids (374.4), (complete or extensive lid deformity) sufficient to interfere with vision or impair protection of the eye from exposure is disqualifying.

(e) Current growths or tumors of the eyelid, other than small non-progressive, asymptomatic benign lesions are disqualifying.

#### (2) Conjunctiva

(a) Current chronic conjunctivitis (372.1), including but not limited to trachoma (076), and chronic allergic conjunctivitis (372.14) is disqualifying.

(b) Current or recurrent pterygium (372.4) if condition encroaches on the cornea in excess of 3 millimeters, or interferes with vision, or is a progressive peripheral pterygium (372.42), or recurring pterygium after two operative procedures (372.45) is disqualifying.

(c) Current xerophthalmia (372.53) is disqualifying.

#### (3) Cornea

(a) Current or history of corneal dystrophy, of any type (371.5), including but not limited to keratoconus (371.6) of any degree is disqualifying.

(b) History of Keratorefractive surgery including, but not limited to Lamellar (P11.7) and/or penetrating keratoplasty (P11.6), radial keratotomy and astigmatic keratotomy are disqualifying. Refractive surgery performed with an eximer laser (P11.7), including but not limited to photorefractive

keratectomy (commonly known as PRK), laser epithelial keratomileusis (commonly known as LASEK) and laser-assisted in-situ keratomileusis (commonly known as LASIK) is disqualifying if *any* of the following conditions are met:

(1) Pre-surgical refractive error in either eye exceeds the standards for the program sought (i.e.,  $\pm 8.00$  diopters for enlistment and commission,  $\pm 6.00$  diopters for program leading to a commission).

(2) Less than 6 months has passed since the last refractive or augmenting procedure and the time of the evaluation.

(3) There is currently a continuing need to ophthalmic medications or treatment.

(4) Post-surgical refraction in each eye is not considered stable as demonstrated by two separate refractions obtained at least 1 month apart differing by more than  $\pm 0.50$  diopters for spherical correction and/or more than  $\pm 0.25$  diopters for cylinder correction.

(5) Post-surgical refraction in each eye has not been measured at least one time 3 months or longer after the most recent refractive or augmenting procedure.

(c) Current keratitis (370) (acute or chronic), including but not limited to recurrent corneal ulcers, erosions (abrasions), or herpetic ulcers (054.42) is disqualifying.

(d) Current corneal vascularization (370.6) or corneal opacification (371) from any cause that is progressive or reduces vision below the standards prescribed in article 15-34 is disqualifying.

(e) Current or history of uveitis or iridocyclitis. (364.3) is disqualifying.

#### (4) *Retina*

(a) Current or history of retinal defects and dystrophies, angiomas (759.6), retinoschisis and retinal cysts (361.1), phakomas (362.89), and other congenito-retinal hereditary conditions (362.7) that impair visual function, or are progressive is disqualifying.

(b) Current or history of any chorioretinal or retinal inflammatory conditions, including but not limited to conditions leading to neovascularization, chorioretinitis, histoplasmosis, toxoplasmosis, or vascular conditions of the eye (to include Coats' Disease and Eales' Disease) (363) is disqualifying.

(c) Current or history of degenerative changes of any part of the retina (362) is disqualifying.

(d) Current or history of detachment of the retina (361), history of surgery for same, or peripheral retinal injury, defect (361.3) or degeneration that may cause retinal detachment is disqualifying.

#### (5) *Optic Nerve*

(a) Current or history of optic neuritis (377.3) is disqualifying, including but not limited to neuroretinitis, secondary optic atrophy, or documented history of retrobulbar neuritis.

(b) Current or history of optic atrophy (377.1) or cortical blindness (377.75) is disqualifying.

(c) Current or history of papilledema (377.0) is disqualifying.

#### (6) *Lens*

(a) Current aphakia (379.31), history of lens implant, or current or history of dislocation of a lens is disqualifying.

(b) Current or history of opacities of the lens (366) that interfere with vision or that are considered to be progressive, including cataract (366.9) are disqualifying.

#### (7) *Ocular Mobility and Motility*

(a) Current diplopia (368.2) is disqualifying.

(b) Current nystagmus (379.50) other than physiologic "end-point nystagmus" is disqualifying.

(c) Esotropia (378.0) and hypertropia (378.31): For entrance into Service academies and officer programs, additional requirements may be set by the individual Military Services. Special administrative criteria for assignment to certain specialties shall be determined by the Military Services.

**(8) Miscellaneous Defects and Diseases**

(a) Current or history of abnormal visual fields due to diseases of the eye or central nervous system (368.4), or trauma (368.9) is disqualifying.

(b) Absence of an eye, clinical anophthalmos, (unspecified congenital (743.00) or acquired) or current or history of other disorders of globe (360.8) is disqualifying.

(c) Current asthenopia (368.13) is disqualifying.

(d) Current unilateral or bilateral non-familial exophthalmos (376) is disqualifying.

(e) Current or history of glaucoma (365), including but not limited to primary, secondary, pre-glaucoma as evidenced by intraocular pressure above 21 mmHg, or changes in the optic disc or visual field loss associated with glaucoma is disqualifying.

(f) Current loss of normal pupillary reflex, reactions to accommodation (367.5) or light (379.4), including Adie's Syndrome is disqualifying.

(g) Current night blindness (368.60) is disqualifying.

(h) Current or history of retained intraocular foreign body (360) is disqualifying.

(i) Current or history of any organic disease of the eye (360) or adnexa (376), not specified in article 15-31(1) through 15-31(8)(a) through 15-31(8)(h) above, which threatens vision or visual function is disqualifying.

**15-35****Vision-Enlistment**

The standards for enlistment, commission, and entry into a program leading to a commission are different; refer to the appropriate section.

**(1) For Enlistment**

(a) Current distant visual acuity of any degree that does not correct with spectacle lenses to at least one of the following (367) is disqualifying:

(1) 20/40 in one eye and 20/70 in the other eye.

(2) 20/30 in one eye and 20/100 in the other eye.

(3) 20/20 in one eye and 20/400 in the other eye.

(b) Current near visual acuity of any degree that does not correct to 20/40 in the better eye (367) is disqualifying.

(c) Current refractive error [hyperopia (367.0), myopia (367.1), astigmatism (367.2)] or history of refractive error prior to any refractive surgery manifest by any refractive error in spherical equivalent of worse than -8.00 or +8.00 diopters is disqualifying.

(d) Current complicated cases requiring contact lenses for adequate correction of vision, such as corneal scars (371) and irregular astigmatism (367.2) are disqualifying.

**15-36****Vision-Commission  
and Programs  
Leading to a Commission**

The standards for enlistment, commission, and entry into a program leading to a commission are different; refer to the appropriate section.

(1) *For commission in the Navy Unrestricted Line* and/or commission of officers with intended designators of 611x, 612x, 616x, 621x, 622x, 626x, 648x, 711x, 712x, 717x, 721x, 722x, 727x, 748x:

(a) Current distant or near visual acuity of any degree that does not correct with spectacle lenses to 20/20 in each eye is disqualifying.

(b) Current refractive error [hyperopia (367.0), myopia (367.1), astigmatism (367.2)] or history of refractive error prior to any refractive surgery manifest by any refractive error in spherical equivalent of worse than -8.00 or +8.00 diopters is disqualifying.



(c) Current complicated cases requiring contact lenses for adequate correction of vision, such as corneal scars (371) and irregular astigmatism (367.2) are disqualifying.

(d) Lack of adequate Color Vision is disqualifying. Adequate color vision is demonstrated by:

(1) Correctly identifying 12, 13, or 14 out of 14 Pseudo-Isochromatic Plates (PIP). Applicants failing the PIP should be tested via the Farnsworth Lantern (FALANT) as described below.

(2) Passing the FALANT test. A passing FALANT score is obtained by correctly identifying 9 out of 9 presentations on the first test series. If any incorrect identifications are made, a second consecutive series of 18 presentations is administered. On the second series, a passing score is obtained by correctly identifying 16, 17, or 18 presentations.

**(2) For Entry into a Program Leading to a Commission in the Navy Unrestricted Line**

(a) Current distant and near visual acuity of any degree that does not correct with spectacle lenses to 20/20 in each eye is disqualifying.

(b) Current spherical refractive error [hyperopia (367.0), myopia (367.1)] or history of spherical refractive error prior to any refractive surgery of worse than -6.00 or +6.00 diopters is disqualifying.

(c) Current cylinder refractive error [astigmatism (367.2)] or history of cylinder refractive error, prior to any refractive surgery, of worse than -3.00 or +3.00 diopters is disqualifying.

(d) Current complicated cases requiring contact lenses for adequate correction of vision, such as corneal scars (371) and irregular astigmatism (367.2) are disqualifying.

(e) Lack of adequate Color Vision is disqualifying. Adequate color vision is demonstrated by:

(1) Correctly identifying 12, 13, or 14 out of 14 PIP. Applicants failing the PIP should be tested via the FALANT as described below.

(2) Passing the FALANT test. A passing FALANT score is obtained by correctly identifying 9 out of 9 presentations on the first test series. If any incorrect identifications are made, a second consecutive series of 18 presentations is administered. On the second series a passing score is obtained by correctly identifying 16, 17, or 18 presentations.

**(3) For Commission in the Navy Restricted Line, Staff Corps, and designators not included in article 15-37(3) above.**

(a) Current distant or near visual acuity of any degree that does not correct with spectacle lenses to 20/20 in each eye is disqualifying.

(b) Current refractive error [hyperopia (367.0), myopia (367.1), astigmatism (367.2)], or history of refractive error, prior to any refractive surgery manifest by any refractive error in spherical equivalent of worse than -8.00 or +8.00 diopters is disqualifying.

(c) Current complicated cases requiring contact lenses for adequate correction of vision, such as corneal scars (371) and irregular astigmatism (367.2) are disqualifying.

**(4) For Commission in the United States Marine Corps**

(a) Current distant and near visual acuity of any degree that does not correct with spectacle lenses to 20/20 in each eye is disqualifying.

(b) Current refractive error [hyperopia (367.0), myopia (367.1), astigmatism (367.2)], or history of refractive error prior to any refractive surgery manifest by any refractive error in spherical equivalent of worse than -8.00 or +8.00 diopters is disqualifying.

(c) Current complicated cases requiring contact lenses for adequate correction of vision, such as corneal scars (371) and irregular astigmatism (367.2) are disqualifying.

**(5) For Entry into a Program Leading to a Commission in the United States Marine Corps**

(a) Current distant or near visual acuity of any degree that does not correct with spectacle lenses to 20/20 in each eye is disqualifying.

(b) Current spherical refractive error [hyperopia (367.0), myopia (367.1)], or history of spherical refractive error prior to any refractive surgery of worse than -6.00 or +6.00 diopters is disqualifying.

(c) Current cylinder refractive error [astigmatism (367.2)] or history of cylinder refractive error prior to any refractive surgery of worse than -3.00 or +3.00 diopters is disqualifying.

(d) Current complicated cases requiring contact lenses for adequate correction of vision, such as corneal scars (371) and irregular astigmatism (367.2) are disqualifying.

## 15-37

### Ears

(1) Current atresia of the external ear (744.2) or severe microtia (744.23), congenital or acquired stenosis (380.5), chronic otitis externa (380.2), severe external ear deformity (744.3) that prevents or interferes with the proper wearing of hearing protection is disqualifying.

(2) Current or history of mastoiditis (383.9), residual with fistula (383.81), chronic drainage, or conditions requiring frequent cleaning of the mastoid bone is disqualifying.

(3) Current or history of Meniere's syndrome or other chronic diseases of the vestibular system (386) is disqualifying.

(4) Current or history of chronic otitis media (382), cholesteatoma (385.3), or history of any inner (P20) or middle (P19) ear surgery (including cochlear implantation), excluding myringotomy or successful tympanoplasty is disqualifying.

(5) Current perforation of the tympanic membrane (384.2) or history of surgery to correct perforation during the preceding 120 days (P19) is disqualifying.

## 15-38

### Hearing

(1) **Audiometric Hearing Levels.** Audiometers calibrated to the International Standards Organization (ISO 1964) or the American National Standards Institute (ANSI 1996) shall be used to test the hearing of all applicants.

(2) Current hearing threshold level in either ear greater than that described below is disqualifying:

(a) Pure tone at 500, 1000, and 2000 cycles per second for each ear of not more than 30 dB on the average with no individual level greater than 35 dB at those frequencies.

(b) Pure tone level not more than 45 dB at 3000 cycles per second or 55 dB at 4000 cycles per second for each ear.

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*Note. There is no standard for 6000 cycles per second.*

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(3) Current or history of use of hearing aids (V53.2) is disqualifying.

## 15-39

### Nose, Sinuses, Mouth, and Larynx

(1) Current allergic rhinitis (477.0) due to pollen (477.8) or due to other allergen or cause unspecified (477.9) if not controlled by oral medication or topical corticosteroid medication is disqualifying. History of allergic rhinitis immunotherapy within previous year is disqualifying.

(2) Current chronic non-allergic rhinitis (472.0) if not controlled by oral medication or topical corticosteroid medication is disqualifying.

(3) Current cleft lip or palate defects (749) not satisfactorily repaired by surgery is disqualifying.

(4) Current leukoplakia (528.6) is disqualifying.

(5) Current chronic conditions of larynx including vocal cord paralysis (478.3), chronic hoarseness, chronic laryngitis, larynx ulceration, polyps, or other symptomatic disease of larynx, vocal cord dysfunction not elsewhere classified (478.7) are disqualifying.

(6) Current anosmia or parosmia (781.1) is disqualifying.

(7) History of recurrent epistaxis with greater than one episode per week of bright red blood from the nose occurring over a 3-month period (784.7) is disqualifying.

(8) Current nasal polyp or history of nasal polyps (471), unless greater than 12 months has elapsed since nasal polypectomy, is disqualifying.

(9) Current perforation of nasal septum (478.1) is disqualifying.

(10) Current chronic sinusitis (473) or current acute sinusitis (461.9) is disqualifying. Such conditions exist when evidenced by chronic purulent discharge, hyperplastic changes of nasal tissue, symptoms requiring frequent medical attention, or x-ray findings.

(11) Current or history of tracheostomy (V44.0) or tracheal fistula (530.84) is disqualifying.

(12) Current or history of deformities or conditions or anomalies of upper alimentary tract (750.9), of the mouth, tongue, palate, throat, pharynx, larynx, and nose that interferes with chewing, swallowing, speech, or breathing is disqualifying.

(13) Current chronic pharyngitis (462) and chronic nasopharyngitis (472.2) are disqualifying.

## 15-40

### Dental

(1) Current diseases of the jaws or associated tissues that prevent normal functioning are disqualifying. Those diseases include but are not limited to temporomandibular disorders (524.6) and/or myofascial pain that has not been corrected.

(2) Current severe malocclusion (524), which interferes with normal mastication or requires early and protracted treatment, or a relationship between the mandible and maxilla that prevents satisfactory future prosthodontic replacement is disqualifying.

(3) Current insufficient natural healthy teeth (521) or lack of a serviceable prosthesis that prevents adequate incision and mastication of a normal diet and/or includes complex (multiple fixtures) dental implant systems with associated complications are disqualifying. Individuals undergoing endodontic care are qualified for entry in the Delayed Entry Program only if a civilian or military provider provides documentation that active endodontic treatment will be completed prior to being sworn into active duty.

(4) Current orthodontic appliances for continued treatment (V53.4) are disqualifying. Retainer appliances are permissible, provided all active orthodontic treatment has been satisfactorily completed. Individuals undergoing orthodontic care are qualified for enlistment in the Delayed Entry Program only if a civilian or military orthodontist provides documentation that active orthodontic treatment will be completed prior to being sworn into active duty.

**15-41****Neck**

(1) Current symptomatic cervical ribs (756.2) are disqualifying.

(2) Current or history of congenital cyst(s) (744.4) of branchial cleft origin or those developing from the remnants of the thyroglossal duct, with or without fistulous tracts is disqualifying.

(3) Current contraction (723) of the muscles of the neck (spastic, pain or non-spastic), or cicatricial contracture of the neck to the extent it interferes with the proper wearing of a uniform or military equipment, or is so disfiguring as to interfere with or prevent satisfactory performance of military duty is disqualifying.

**15-42****Lungs, Chest Wall,  
Pleura, and  
Mediastinum**

(1) Current abnormal elevation of the diaphragm (either side) is disqualifying. Any nonspecific abnormal findings on radiological and other examination of body structure, such as lung field (793.1), other thoracic or abdominal organ (793.2) is disqualifying.

(2) Current abscess of the lung or mediastinum (513) is disqualifying.

(3) Current or history of acute infectious processes of the lung, including but not limited to viral pneumonia (480), pneumococcal pneumonia (481), bacterial pneumonia (482), pneumonia other specified (483), pneumonia infectious disease classified elsewhere (484), bronchopneumonia organism unspecified (485), pneumonia organism unspecified (486) are disqualifying until cured.

(4) Current or history of asthma (493) (including reactive airway disease, exercise induced bronchospasm or asthmatic bronchitis) reliably diagnosed and symptomatic after the 13th birthday is disqualifying. Reliable diagnostic criteria may include any of the following elements: substantiated history of cough, wheeze, chest tightness and/or dyspnea which persists or recurs over a prolonged period of time, generally more than 12 months.

(5) Current bronchitis (490) (acute or chronic symptoms over 3 months occurring at least twice a year (491)) is disqualifying.

(6) Current or history of bronchiectasis (494) is disqualifying.

(7) Current or history of bronchopleural fistula (510), unless resolved with no sequelae, is disqualifying.

(8) Current or history of bullous or generalized pulmonary emphysema (492) is disqualifying.

(9) Current chest wall malformation (754), including but not limited to pectus excavatum (754.81) or pectus carinatum (754.82), if these conditions interfere with vigorous physical exertion, is disqualifying.

(10) History of empyema (510) is disqualifying.

(11) Current pulmonary fibrosis from any cause, producing respiratory symptoms is disqualifying.

(12) Current foreign body in lung, trachea, or bronchus (934) is disqualifying.

(13) History of lobectomy (P32.4) is disqualifying.

(14) Current or history of pleurisy with effusion (511.9) within the previous 2 years is disqualifying.

(15) Current or history of pneumothorax (512) occurring during the year preceding examination if due to trauma or surgery or occurring during the 3 years preceding examination from spontaneous origin is disqualifying.

(16) History of recurrent spontaneous pneumothorax (512) is disqualifying.

(17) History of open or laparoscopic thoracic or chest wall (including breasts) surgery during the preceding 6 months (P54) is disqualifying.

(18) Current atypical chest wall pain, including but not limited to costochondritis (733.6) or Tietze's syndrome is disqualifying.

(19) Current or history of other diseases of lung, not elsewhere classified (518.89) to the extent it is so symptomatic as to interfere with or prevent satisfactory performance of military duty is disqualifying.

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## 15-43

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### Heart

(1) Current or history of all valvular heart diseases, congenital (746) or acquired (394) including those improved by surgery, are disqualifying. Mitral valve prolapse or bicuspid aortic valve is not disqualifying unless there is associated tachyarrhythmia, regurgitation, aortic stenosis, insufficiency, or cardiomegaly.

(2) Current or history of coronary heart disease (410) is disqualifying.

(3) Current or history of supraventricular tachycardia [cardiac dysrhythmia (427.0)] or any arrhythmia originating from the atrium or sinoatrial node, such as atrial flutter and atrial fibrillation, unless there has been no recurrence during the preceding 2 years while off all medications is disqualifying. Premature atrial or ventricular contractions sufficiently symptomatic to require treatment or result in physical or psychological impairment are disqualifying.

(4) Current or history of ventricular arrhythmias (427.1) including ventricular fibrillation, tachycardia, or multifocal premature ventricular contractions are disqualifying. Occasional asymptomatic unifocal premature ventricular contractions are not disqualifying.

(5) Current or history of ventricular conduction disorders, including but not limited to disorders with left bundle branch block (426.2), Mobitz type II second degree AV block (426.12), third degree AV block (426.0), and Lown-Ganong-Levine Syndrome (426.81) associated with an arrhythmia are disqualifying.

(6) Current or history of Wolff-Parkinson-White syndrome (426.7) is disqualifying unless it has been successfully ablated with a period of 2 years without recurrence of arrhythmia and now with a normal electrocardiogram (ECG).

(7) Current or history of conduction disturbances such as first degree AV block (426.11), left anterior hemiblock (426.2), right bundle branch block (426.4) or Mobitz type I second degree AV block (426.13) are disqualifying when symptomatic or associated with underlying cardiovascular disease.

(8) Current cardiomegaly, hypertrophy, or dilation (429.3) is disqualifying.

(9) Current or history of cardiomyopathy (425) including myocarditis (422), or congestive heart failure (428) is disqualifying.

(10) Current or history of pericarditis (acute nonrheumatic) (420) is disqualifying, unless the individual is free of all symptoms for 2 years, and has no evidence of cardiac restriction or persistent pericardial effusion.

(11) Current persistent tachycardia (785.1) (resting pulse rate of 100 or greater) is disqualifying.

(12) Current or history of congenital anomalies of heart and great vessels (746) except for corrected patent ductus arteriosus are disqualifying.

**15-44****Abdominal Organs  
and Gastrointestinal  
System**

(1) Current or history of esophageal disease, including but not limited to ulceration, varices, fistula, achalasia, or gastroesophageal reflux disease (GERD) (530.81) or complications from GERD including stricture, or maintenance on acid suppression medication, or other dysmotility disorders; chronic, or recurrent esophagitis (530.1) is disqualifying. Current or history of reactive airway disease (RAD) associated with GERD is disqualifying. Current or history of dysmotility disorders; chronic or recurrent esophagitis (530) is disqualifying.

**(2) *Stomach and Duodenum***

(a) Current gastritis, chronic or severe (535), or non-ulcerative dyspepsia that requires maintenance medication is disqualifying.

(b) Current ulcer of stomach or duodenum confirmed by x-ray or endoscopy (533) is disqualifying.

(c) History of surgery for peptic ulceration or perforation is disqualifying.

**(3) *Small and Large Intestine***

(a) Current or history of inflammatory bowel disease, including but not limited to unspecified (558.9), regional enteritis (555), ulcerative colitis (556), or ulcerative proctitis (556) is disqualifying.

(b) Current or history of intestinal malabsorption syndromes, including but not limited to post surgical and idiopathic (579) is disqualifying. Lactase deficiency is disqualifying only if of sufficient severity to require frequent intervention or to interfere with normal function."

(c) Current or history of gastrointestinal functional and motility disorders within the past 2 years, including but not limited to pseudo-obstruction, megacolon, history of volvulus, or chronic constipation and/or diarrhea (787.91), regardless of cause persisting or symptomatic in the past 2 years is disqualifying.

(d) History of gastrointestinal bleeding (578), including positive occult blood (792.1) if the cause has not been corrected is disqualifying. Meckel's diverticulum (751), if surgically corrected greater than 6 months ago, is not disqualifying.

(e) Current or history of irritable bowel syndrome (564.1) of sufficient severity to require frequent intervention or to interfere with normal function is disqualifying.

**(4) *Hepatic-Biliary Tract***

(a) Current viral hepatitis (070) or unspecified hepatitis (570), including but not limited to chronic hepatitis, persistent symptoms, persistent impairment of liver functions, or hepatitis carrier state is disqualifying. History of hepatitis in the preceding 6 months is disqualifying. History of viral hepatitis, that has totally resolved is not disqualifying.

(b) Current or history of cirrhosis (571), hepatic cysts (573.8), abscess (572.0), sequelae of chronic liver disease (571.3) is disqualifying.

(c) Current or history within previous 6 months of symptomatic cholecystitis, acute or chronic, with or without cholelithiasis (574), postcholecystectomy syndrome, or other disorders of the gallbladder and biliary system (576) are disqualifying. Cholecystectomy is not disqualifying if performed greater than 6 months ago and patient remains asymptomatic. Symptomatic gallstones are disqualifying.

(d) Current or history of pancreatitis (acute (577.0) or chronic (577.1) is disqualifying.

(e) Current or history of metabolic liver disease, including but not limited to hemochromatosis (275), Wilson's disease (275), or alpha-1 anti-trypsin deficiency (277.6) is disqualifying.

(f) Current enlargement of the liver from any cause (789.1) is disqualifying.

**(5) *Anorectal***

(a) Current anal fissure or anal fistula (565) is disqualifying.

(b) Current or history of anal or rectal polyp (569.0), prolapse (569.1), stricture (569.2), or fecal incontinence NOS (787.6) within the last 2 years are disqualifying.

(c) Current hemorrhoid (internal or external), when large, symptomatic, or with a history of bleeding (455) within the last 60 days is disqualifying.

(6) *Spleen*

(a) Current splenomegaly (789.2) is disqualifying.

(b) History of splenectomy (P41.5) is disqualifying except when resulting from trauma.

(7) *Abdominal Wall*

(a) Current hernia, including but not limited to uncorrected inguinal (550) and other abdominal wall hernias (553) are disqualifying.

(b) History of open or laparoscopic abdominal surgery during the preceding 6 months (P54) is disqualifying.

(c) History of any gastrointestinal procedure for the control of obesity is disqualifying. Artificial openings, including but not limited to ostomy (V44) are disqualifying.

## 15-45

### Female Genitalia

(1) Current or history of abnormal uterine bleeding (626.2), including but not limited to menorrhagia, metrorrhagia, or polymenorrhea is disqualifying.

(2) Current unexplained amenorrhea (626.0) is disqualifying.

(3) Current or history of dysmenorrhea (625.3) that is incapacitating to a degree recurrently necessitating absences of more than a few hours from routine activities is disqualifying.

(4) Current or history of endometriosis (617) is disqualifying.

(5) History of major abnormalities or defects of the genitalia such as change of sex (P64.5), hermaphroditism, pseudohermaphroditism, or pure gonadal dysgenesis (752.7) is disqualifying.

(6) Current or history of ovarian cyst(s) (620.2) when persistent or symptomatic is disqualifying.

(7) Current pelvic inflammatory disease (614) or history of recurrent pelvic inflammatory disease is disqualifying. Current or history of chronic pelvic pain or unspecified symptoms associated with female genital organs (625.9) is disqualifying.

(8) Current pregnancy (V22) is disqualifying.

(9) History of congenital uterine absence (752.3) is disqualifying.

(10) Current uterine enlargement due to any cause (621.2) is disqualifying.

(11) Current or history of genital infection or ulceration, including but not limited to herpes genitalis (054.11) or condyloma acuminatum (078.11) if of sufficient severity to require frequent intervention or to interfere with normal function, is disqualifying.

(12) Current (i.e., most recent Pap smear result) abnormal gynecologic cytology greater than the severity of cervical intraepithelial neoplasia (CIN I) or low-grade squamous intraepithelial lesion (LSIL) is disqualifying. Current atypical squamous cells of uncertain significance (ASCUS) without subsequent evaluation is disqualifying.

*Note. History of cytology findings consistent with human papilloma virus (HPV) is not disqualifying.*

## 15-46

### Male Genitalia

(1) Current absence of one or both testicles (congenital (752.8) or undescended (752.51)) is disqualifying.

(2) Current epispadias (752.61) or hypospadias (752.6) when accompanied by evidence of urinary tract infection, urethral stricture, or voiding dysfunction is disqualifying.

(3) Current enlargement or mass of testicle or epididymis (608.9) is disqualifying.

(4) Current orchitis or epididymitis, (604.90) is disqualifying.

(5) History of penis amputation (878.0) is disqualifying.

(6) Current or history of genital infection or ulceration, including but not limited to herpes genitalis (054.11) or condyloma acuminatum (078.11), if of sufficient severity to require frequent intervention or to interfere with normal function, is disqualifying.

(7) Current acute prostatitis (601.0) or chronic prostatitis (601.1) is disqualifying.

(8) Current hydrocele (603), if symptomatic or associated with testicular atrophy or larger than the testis or left varicocele (456.4), if symptomatic or associated with testicular atrophy or larger than the testis or any right varicocele, is disqualifying.

(9) Current or history of chronic scrotal pain or unspecified symptoms associated with male genital organs (608.9) is disqualifying.

(10) History of major abnormalities or defects of the genitalia such as change of sex (P64.5), hermaphroditism, pseudohermaphroditism, or pure gonadal dysgenesis (752.7) is disqualifying.

(5) Current urethral stricture (598) or fistula (599.1) is disqualifying.

(6) Current absence of one kidney (congenital (753.0) or acquired (V45.73)) is disqualifying.

(7) Current pyelonephritis (590.0), (chronic or recurrent) or any other unspecified infections of the kidney (590.9) is disqualifying.

(8) Current or history of polycystic kidney (753.1) is disqualifying.

(9) Current or history of horseshoe kidney (753.3) is disqualifying.

(10) Current or history of hydronephrosis (591) is disqualifying.

(11) Current or history of acute (580) or chronic (582) nephritis of any type is disqualifying.

(12) Current or history of proteinuria (791.0) (greater than 200 mg/24 hours; or a protein to creatinine ratio greater than 0.2 in a random urine sample) is disqualifying, unless Nephrology consultation determines the condition to be benign orthostatic proteinuria.

(13) Current or history of urolithiasis (592) within the preceding 12 months is disqualifying. Recurrent calculus, nephrocalcinosis, or bilateral renal calculi at any time is disqualifying.

## **15-47**

### **Urinary System**

(1) Current cystitis or history of chronic or recurrent cystitis (595) is disqualifying.

(2) Current urethritis or history of chronic or recurrent urethritis (597.80) is disqualifying.

(3) History of enuresis (788.3) or incontinence of urine (788.30) after 13<sup>th</sup> birthday is disqualifying.

(4) Current hematuria (599.7), pyuria, or other findings indicative of urinary tract disease (599) is disqualifying.

## **15-48**

### **Spine and Sacroiliac Joints**

(1) Current or history of ankylosing spondylitis or other inflammatory spondylopathies (720) is disqualifying.

(2) Current or history of any condition of the spine or sacroiliac joints with or without objective signs that have prevented the individual from successfully following a physically active vocation in civilian life (724), or that is associated with local or referred pain



to the extremities, muscular spasms, postural deformities, or limitation in motion is disqualifying. Current or history of any condition of the spine or sacroiliac joints requiring external support or recurrent sprains or strains requiring limitation of physical activity or frequent treatment is disqualifying.

(3) Current deviation or curvature of spine (737) from normal alignment, structure, or function is disqualifying if any of the following exist:

(a) It prevents the individual from following a physically active vocation in civilian life.

(b) It interferes with the proper wearing of a uniform or military equipment.

(c) It is symptomatic.

(d) There is lumbar scoliosis greater than 20 degrees, thoracic scoliosis greater than 30 degrees, or kyphosis and lordosis greater than 55 degrees, when measured by the Cobb Method.

(4) Current or history of congenital fusion (756.15), involving more than 2 vertebral bodies is disqualifying. Any surgical fusion of spinal vertebrae (P81.0) is disqualifying.

(5) Current or history of fracture or dislocation of the vertebra (805) is disqualifying. A compression fracture involving less than 25 percent of a single vertebra is not disqualifying if the injury occurred more than 1 year before examination and the applicant is asymptomatic. A history of fractures of the transverse or spinous processes is not disqualifying if the applicant is asymptomatic.

(6) Current or history of juvenile epiphysitis (732.6) with any degree of residual change indicated by x-ray or kyphosis is disqualifying.

(7) Current or history of herniated nucleus pulposus (722) or intervertebral disectomy is disqualifying.

(8) Current or history of spina bifida (741) when symptomatic, there is more than one vertebral level involved or with dimpling of the overlying skin is disqualifying. History of surgical repair of spina bifida is disqualifying.

(9) Current or history of spondylolysis (congenital (756.11) or acquired (738.4)) and spondylolisthesis (congenital (756.12) or acquired (738.4)) are disqualifying.

## 15-49

### Upper Extremities

(1) **Limitation of Motion.** Joint ranges of motion less than the measurements listed in the paragraphs below are disqualifying:

(a) **Shoulder (726.1)**

(1) Forward elevation to 90 degrees.

(2) Abduction to 90 degrees.

(b) **Elbow (726.3)**

(1) Flexion to 100 degrees.

(2) Extension to 15 degrees.

(c) **Wrist (726.4).** A total range of 60 degrees (extension plus flexion), or radial and ulnar deviation combined arc 30 degrees.

(d) **Hand and fingers (726.4)**

(1) Pronation to 45 degrees.

(2) Supination to 45 degrees.

(3) Inability to clench fist, pick up a pin, grasp an object, or touch tips of at least 3 fingers with thumb.

(2) Current absence of the distal phalanx of either thumb (885) is disqualifying.

(3) Current absence of distal and middle phalanx of an index, middle, or ring finger of either hand irrespective of the absence of little finger (886) is disqualifying.

(4) Current absence of more than the distal phalanx of any two of the following: index, middle, or ring finger of either hand (886) is disqualifying.

(5) Current absence of hand or any portion thereof (887) is disqualifying, except for specific absence of fingers as noted above.

(6) Current polydactyly (755.0) is disqualifying.

(7) Current scars and deformities (709.2) that are symptomatic or impair normal function to such a degree as to interfere with the satisfactory performance of military duty are disqualifying.

(8) Current intrinsic paralysis or weakness of upper limbs including nerve paralysis, carpal tunnel and cubital syndromes, lesion of ulnar and radial nerve (354) sufficient to produce physical findings in the hand, such as muscle atrophy and weakness is disqualifying.

(9) Current disease, injury, or congenital condition with residual weakness or symptoms such as to prevent satisfactory performance of duty, including but not limited to chronic joint pain: shoulder (719.41), upper arm (719.42), forearm (719.43), and hand (719.44), late effect of fracture of the upper extremities (905.2), late effect of sprains without mention of injury (905.7), and late effects of tendon injury (905.8) is disqualifying.

## 15-50

### Lower Extremities

(1) **Limitation of Motion.** Joint ranges of motion less than the measurements listed in paragraphs below are disqualifying:

(a) *Hip (due to disease (726.5) or injury (905.2))*

(1) Flexion to 90 degrees.

(2) Extension to 10 degrees (beyond 0 degrees).

(3) Abduction to 45 degrees.

(4) Rotation of 60 degrees (internal and external combined).

(b) *Knee (due to disease (726.6) or injury (905.4))*

(1) Full extension to 0 degrees.

(2) Flexion to 110 degrees.

(c) *Ankle (due to disease (726.7) or injury (905.4))*

(1) Dorsiflexion to 10 degrees.

(2) Planter flexion to 30 degrees.

(3) Subtalar eversion and inversion totaling 5 degrees (due to disease (726.7) or injury (905.4) or congenital defect).

(2) A demonstrable flexion contracture of the hip (due to disease (726.5) or injury (905.2)) of any degree is disqualifying.

(3) Current absence of a foot or any portion thereof (896) is disqualifying.

(4) Current or history of deformities of the toes (acquired (735) or congenital (755.66)), including but not limited to conditions such as hallux valgus (735.0), hallux varus (735.1), hallux rigidus (735.2), hammer toe(s) (735.4), claw toe(s) (735.5), overriding toe(s) (735.8), that prevents the wearing of military footwear or impairs walking, marching, running, or jumping are disqualifying.

(5) Current or history of clubfoot (754.70) or pes cavus (754.71) that prevents the wearing of military footwear or impairs walking, marching, running, or jumping is disqualifying.

(6) Current symptomatic pes planus (734) (acquired (754.6) congenital) or history of pes planus corrected by prescription or custom orthotics is disqualifying.

(7) Current ingrown toenails (703.0) if infected or symptomatic are disqualifying.

(8) Current plantar fasciitis (728.71) is disqualifying.

(9) Current neuroma (355.6) which is refractory to medical treatment, or prevents the wearing of military footwear or impairs walking, marching, running, or jumping is disqualifying.

(10) Current loose or foreign body in the knee joint (717.6) is disqualifying.

(11) Current or history of anterior (717.83) or posterior (717.84) cruciate ligament tear (partial or complete) is disqualifying.

(12) Current symptomatic medial and lateral collateral ligament injury is disqualifying.

(13) Current symptomatic medial or lateral meniscal injury is disqualifying.

(14) Current unspecified internal derangement of the knee (717.9) is disqualifying.

(15) Current or history of congenital dislocation of the hip (754.3), osteochondritis of the hip (Legg-Perthes Disease) (732.1), or slipped femoral epiphysis of the hip (732.2) is disqualifying.

(16) Current or history of hip dislocation (835) within 2 years preceding examination is disqualifying.

(17) Current osteochondritis of the tibial tuberosity (Osgood-Schlatter Disease) (732.4) is disqualifying if symptomatic.

(18) History of surgical correction of any knee ligaments (P81.4), if symptomatic or unstable is disqualifying.

(19) Current deformities, disease, or chronic joint pain of pelvic region (719.45) and thigh (719.45), lower leg (719.46), ankle and foot (719.47) of one or both lower extremities, that have interfered with function to such a degree as to prevent the individual from following a physically active vocation in civilian life, or that would interfere with walking, running, weight bearing, or the satisfactory completion of training or military duty are disqualifying.

(20) Current leg-length discrepancy resulting in a limp (736.81) is disqualifying.

## 15-51

### Miscellaneous Conditions of the Extremities

(1) Current or history of chondromalacia (717.7), including but not limited to chronic patello-femoral pain syndrome and retro-patellar pain syndrome, chronic osteoarthritis (715.3), or traumatic arthritis (716.1) is disqualifying.

(2) Current joint dislocation if unreduced, or history of recurrent dislocations of any major joint such as shoulder (831), hip (835), elbow (832), knee (836), ankle (837) or instability of any major joint (shoulder (718.81), elbow (718.82), hip (718.85), or ankle (ICD 9) is disqualifying. History of recurrent instability of the knee or shoulder is disqualifying.

(3) Current or history of chronic osteoarthritis (715.3) or traumatic arthritis (716.1) of isolated joints, of more than a minimal degree, that has interfered with the following of a physically active vocation in civilian life, or that prevents the satisfactory performance of military duty is disqualifying.

(4) Current malunion or non-union of any fracture (733.8) (except asymptomatic ulnar styloid process fracture) is disqualifying.

(5) Current retained hardware that is symptomatic, interferes with wearing protective equipment or military uniform, and/or is subject to easy trauma is disqualifying. Retained hardware (including plates, pins, rods, wires, or screws used for fixation) is not disqualifying if fractures are healed, ligaments are stable, there is no pain, and it is not subject to easy trauma.

(6) Current silastic or other devices implanted to correct orthopedic abnormalities (V43) are disqualifying.

(7) Current or history of contusion of bone or joint an injury of more than a minor nature which will interfere or prevent performance of military duty or will require frequent or prolonged treatment without fracture, nerve injury, open wound, crush or dislocation, which occurred in the preceding six weeks (upper extremity (923), lower extremity (924), or ribs and clavicle (922)) is disqualifying.

(8) History of joint replacement of any site (V43.6) is disqualifying.

(9) Current or history of muscular paralysis, contracture, or atrophy (728) if progressive or of sufficient degree to interfere with or prevent satisfactory performance of military duty, or will require frequent or prolonged treatment is disqualifying.

(10) Current or history of osteochondromatosis or multiple cartilaginous exostoses (727.82) are disqualifying.

(11) Current osteoporosis (733) is disqualifying.

(12) Current osteomyelitis (730) or history of recurrent osteomyelitis is disqualifying.

(13) Current osteochondritis dissecans (732.7) is disqualifying.

## 15-52

### Vascular Diseases

(1) Current or history of abnormalities of the arteries and blood vessels (447), including but not limited to aneurysms (442), atherosclerosis (440), or arteritis (446) are disqualifying.

(2) Current or history of hypertensive vascular disease (401) is disqualifying. Elevated blood pressure defined as the average of three consecutive sitting blood pressure measurements separated by at least 10 minutes, diastolic greater than 90 mmHg or systolic greater than 140 mmHg is disqualifying (796.2).

(3) Current or history of peripheral vascular disease (443), including but not limited to diseases such as Raynaud's Disease (443.0) is disqualifying.

(4) Current or history of venous diseases, including but not limited to recurrent thrombophlebitis (451), thrombophlebitis during the preceding year, or any evidence of venous incompetence, such as large or symptomatic varicose veins, edema, or skin ulceration (454) is disqualifying.

## 15-53

### Skin and Cellular Tissues

(1) Current diseases of sebaceous glands to include severe acne (706.1) if extensive involvement of the neck, shoulders, chest, or back is present or will be aggravated by or interfere with the proper wearing of military equipment are disqualifying. Applicants under treatment with systemic retinoids, including but not limited to isotretinoin (Accutane), are disqualified until 8 weeks after completion of therapy.

(2) Current or history of atopic dermatitis (691) or eczema (692) after the 9<sup>th</sup> birthday is disqualifying.

(3) Current or history of contact dermatitis (692.4) especially involving materials used in any type of required protective equipment is disqualifying.

(4) Current cyst (706.2) (other than pilonidal cyst) of such a size or location as to interfere with the proper wearing of military equipment is disqualifying.

(5) Current pilonidal cyst (685) evidenced by the presence of a tumor mass or a discharging sinus is disqualifying. Surgically resected pilonidal cyst that is symptomatic, unhealed, or less than 6 months post-operative is disqualifying.

(6) Current or history of bullous dermatoses (694), including but not limited to dermatitis herpetiformis, pemphigus, and epidermolysis bullosa is disqualifying.

(7) Current chronic lymphedema (457.1) is disqualifying.

(8) Current or history of furunculosis or carbuncle (680) if extensive, recurrent, or chronic is disqualifying.

(9) Current or history of severe hyperhidrosis of hands or feet (780.8) is disqualifying.

(10) History of dysplastic Nevi Syndrome (ICD-9), current or history of, is disqualifying. Current or history of other congenital (757) or acquired (216) anomalies of the skin, such as nevi or vascular tumors that interfere with function or are exposed to constant irritation is disqualifying.

(11) Current or history of keloid formation (701.4) if that tendency is marked or interferes with the proper wearing of military equipment is disqualifying.

(12) Current lichen planus (697.0) is disqualifying.

(13) Current or history of neurofibromatosis (Von Recklinghausen's Disease) (237.7) is disqualifying.

(14) History of photosensitivity (692.72), including but not limited to any primary sun-sensitive condition, such as polymorphous light eruption or solar urticaria or any dermatosis aggravated by sunlight, such as lupus erythematosus, is disqualifying.

(15) Current or history of psoriasis (696.1) is disqualifying.

(16) Current or history of radiodermatitis (692.82) is disqualifying.

(17) Current or history of extensive scleroderma (710.1) is disqualifying.

(18) Current or history of chronic or recurrent urticaria (708.8) is disqualifying.

(19) Current symptomatic plantar wart(s) (078.19) is disqualifying.

(20) Current scars or any other chronic skin disorder of a degree or nature which requires frequent outpatient treatment or hospitalization, which in the opinion of the certifying authority will interfere with proper wearing of military clothing or equipment, or which exhibits a tendency to ulcerate or interferes with the satisfactory performance of duty (709.2), is disqualifying.

(21) Current localized types of fungus infections (117), interfering with the proper wearing of military equipment or the performance of military duties is disqualifying. For systemic fungal infections, refer to article 15-55(27).

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## **15-54**

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### **Blood and Blood-Forming Tissue Diseases**

(1) Current hereditary or acquired anemia that has not been corrected with therapy before appointment or induction is disqualifying. For the purposes of this manual, anemia is defined as a hemoglobin of less than 13.5 for males and less than 12 for females. Use the following ICD-9 codes for diagnosed anemia: hereditary hemolytic anemia (282); sickle cell disease (282.6); acquired hemolytic anemia (283); aplastic anemia (284) or unspecified anemias (285).

(2) Current or history of coagulation defects (286) to include but not limited to Von Willebrand's Disease (286.4), idiopathic thrombocytopenia (287), Henoch-Schonlein Purpura (287.0), is disqualifying.

(3) Current or history of diagnosis of any form of chronic or recurrent agranulocytosis and/or leukopenia (288.0) is disqualifying.

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## **15-55**

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### **Systemic Diseases**

(1) Current or history of disorders involving the immune mechanism including immunodeficiencies (279) is disqualifying.

(2) Current or history of lupus erythematosus (710.0) or mixed connective tissue disease variant (710.9), is disqualifying.

(3) Current or history of progressive systemic sclerosis (710.1), including CRST Variant, is disqualifying. A single plaque of localized scleroderma (morphea) that has been stable for at least 2 years is not disqualifying.

(4) Current or history of Reiter's disease (099.3) is disqualifying.

(5) Current or history of rheumatoid arthritis (714.0) is disqualifying.

(6) Current or history of Sjogren's syndrome (710.2) is disqualifying.

(7) Current or history of vasculitis, including but not limited to polyarteritis nodosa and allied conditions (446) and arteritis (447.6), Bechet's (136.1), Wegner's granulomatosis (446.4), is disqualifying.

(8) Current active tuberculosis or substantiated history of active tuberculosis in any form or location regardless of past treatment, in the previous 2 years is disqualifying.

(9) Current residual physical or mental defects from past tuberculosis, that will prevent the satisfactory performance of duty, are disqualifying.

(10) Individuals with a past history of active tuberculosis greater than 2 years before appointment, enlistment, or induction are qualified, if they have received a complete course of standard chemotherapy for tuberculosis.

(11) Current or history of untreated latent tuberculosis (positive PPD with negative chest x-ray) (795.5) is disqualifying. Individuals with a tuberculin reaction follow the guidelines of the American Thoracic Society and U.S. Public Health Service (ATS/USPHS) and without evidence of residual disease in pulmonary or non-pulmonary sites are eligible for enlistment, induction, and appointment provided they have received chemoprophylaxis and follow the guidelines of ATS/USPHS.

(12) Current untreated syphilis (093) is disqualifying.

(13) History of anaphylaxis (995.0), including but not limited to idiopathic and exercise induced, anaphylaxis to venom including stinging insects (989.5), foods or food additives (995.60-69), or to natural rubber latex (989.82), is disqualifying.

(14) Any human immunodeficiency virus (HIV) disease (042) is disqualifying.

(15) Current residual of tropical fevers, including but not limited to fevers such as malaria (084) and various parasitic or protozoan infestations that prevent the satisfactory performance of military duty, is disqualifying.

(16) Current sleep disturbances (780.5), including but not limited to sleep apneas is disqualifying.

(17) History of malignant hyperthermia (995.86) is disqualifying.

(18) History of industrial solvent or other chemical intoxication (982) with sequelae, is disqualifying.

(19) History of motion sickness (994.6) resulting in recurrent incapacitating symptoms or of such a severity to require pre-medication, in the previous 3 years, is disqualifying.

(20) History of rheumatic fever (390) is disqualifying.

(21) Current or history of muscular dystrophies (359) or myopathies, is disqualifying.

(22) Current or history of amyloidosis (277.3) is disqualifying.

(23) Current or history of eosinophilic granuloma (277.8) is disqualifying. Healed eosinophilic granuloma, when occurring as a single localized bony lesion and not associated with soft tissue or other involvement, shall not be a cause for disqualification. All other forms of the Histiocytosis (202.3) are disqualifying.

(24) Current or history of polymyositis/dermatomyositis complex (710) is disqualifying.

(25) History of rhabdomyolysis (728.9) is disqualifying.

(26) Current or history of sarcoidosis (135) is disqualifying.

(27) Current systemic fungus infections (117) are disqualifying. For localized fungal infections, refer to article 15-53(21).

**15-56****Endocrine and  
Metabolic Disorders**

(1) Current or history of adrenal dysfunction (255) is disqualifying.

(2) Current or history of diabetes mellitus (250) is disqualifying.

(3) Current or history of pituitary dysfunction (253) is disqualifying.

(4) Current or history of gout (274) is disqualifying.

(5) Current or history of hyperparathyroidism (252.0) or hypoparathyroidism (252.1) is disqualifying.

(6) Current goiter (240) is disqualifying.

(7) Current hypothyroidism (244) uncontrolled by medication, is disqualifying.

(8) Current or history of hyperthyroidism (242) is disqualifying.

(9) Current thyroiditis (245) is disqualifying.

(10) Current nutritional deficiency diseases, including but not limited to, beriberi (265), pellagra (265.2), and scurvy (267), are disqualifying.

(12) Current persistent Glycosuria, when associated with impaired glucose tolerance (250) or renal tubular defects (271.4), is disqualifying.

(13) Current or history of Acromegaly, including but not limited to gigantism, or other disorders of pituitary function (253), is disqualifying.

(14) Current hyperinsulinism (251.1), is disqualifying.

**15-57****Neurological  
Disorders**

(1) Current or history of cerebrovascular conditions, including but not limited to subarachnoid (430) or intracerebral (431) hemorrhage, vascular insufficiency, aneurysm or arteriovenous malformation (437) are disqualifying.

(2) History of congenital or acquired anomalies of the central nervous system (742) is disqualifying.

(3) Current or history of disorders of meninges, including but not limited to, cysts (349.2) or arteriovenous fistula and non-ruptured cerebral aneurysm (437.3), is disqualifying.

(4) Current or history of degenerative and hereditodegenerative disorders, including but not limited to those disorders affecting the cerebrum (330), basal ganglia (333), cerebellum (334), spinal cord (335), or peripheral nerves are disqualifying.

(5) History of recurrent headaches (784.0) to include migraines (346) and tension headaches (307.81) that interfere with normal function, in the past 3 years or of such severity to require prescription medications, are disqualifying.

(6) History of head injury if associated with any of the following is disqualifying:

(a) Post-traumatic seizure(s) occurring more than 30 minutes after injury.

(b) Persistent motor or sensory deficits.

(c) Impairment of intellectual function.

(d) Persistent alteration of personality.

(e) Unconsciousness, amnesia, or disorientation of person, place, or time of 24-hours duration or longer post-injury.

(f) Multiple fractures involving skull or face (804).

(g) Cerebral laceration or contusion (851).

(h) History of epidural, subdural, subarachnoid, or intracerebral hematoma (852).

(i) Associated abscess (326) or meningitis (958.8).

(j) Cerebrospinal fluid rhinorrhea (349.81) or otorrhea (388.61) persisting more than 7 days.

(k) Focal neurologic signs.

(l) Radiographic evidence of retained foreign body or bony fragments secondary to the trauma and/or operative procedure in the brain.

(m) Leptomeningeal cysts or arteriovenous fistula.

(7) History of moderate head injury (854.03) is disqualifying. After 2 years post-injury, applicants may be qualified if neurological consultation shows no residual dysfunction or complications. Moderate head injuries are defined as unconsciousness, amnesia, or disorientation of person, place, or time alone or in combination, of more than 1 and less than 24-hours duration post-injury, or linear skull fracture.

(8) History of mild head injury (854.02) is disqualifying. After 1 month post-injury, applicants may be qualified if neurological evaluation shows no residual dysfunction or complications. Mild head injuries are defined as a period of unconsciousness, amnesia, or disorientation of person, place, or time, alone or in combination of 1 hour or less post-injury.

(9) History of persistent post-traumatic symptoms (310.2) that interfere with normal activities or have duration of greater than 1 month is disqualifying. Such symptoms include, but are not limited to headache, vomiting, disorientation, spatial disequilibrium, impaired memory, poor mental concentration, shortened attention span, dizziness, or altered sleep patterns.

(10) Current or history of acute infectious processes of central nervous system, including but not limited to, meningitis (322), encephalitis (323), brain abscess (324), are disqualifying if occurring within 1 year before examination, or if there are residual neurological defects.

(11) History of neurosyphilis (094) of any form, including but not limited to general paresis, tabes dorsalis, or meningovascular syphilis, is disqualifying.

(12) Current or history of paralysis, weakness, lack of coordination, chronic pain, or sensory disturbance or other specified paralytic syndromes (344), is disqualifying.

(13) Current or history of epilepsy (345), to include unspecified convulsive disorder (345.9), occurring beyond the 6<sup>th</sup> birthday, is disqualifying.

(14) Chronic nervous system disorders, including but not limited to, myasthenia gravis (358), multiple sclerosis (340), and tic disorders (e.g., Tourette's) (307.23), are disqualifying.

(15) Current or history of retained central nervous system shunts of all kinds (V45.2), are disqualifying.

(16) Current or history of narcolepsy (347) is disqualifying.

## 15-58

### Psychiatric and Behavioral Disorders

(1) Current or history of disorders with psychotic features such as schizophrenia (295), paranoid disorder (297), other and unspecified psychosis (298), is disqualifying.

(2) Current mood disorders including but not limited to, major depression (296.2-3), bipolar (296.4-7), affective psychoses (296.8-9), depressive NOS (311), are disqualifying. History of mood disorders requiring outpatient care for longer than 6 months by a physician or other mental health professional (V65.40), or inpatient treatment in a hospital or residential facility is disqualifying.

(3) History of symptoms consistent with a mood disorder of a repeated nature that impairs school, social, or work efficiency is disqualifying.

(4) Current or history of adjustment disorders (309), within the previous 3 months, is disqualifying.



(5) Current or history of conduct (312), or behavior (313) disorders is disqualifying. Recurrent encounters with law enforcement agencies, antisocial attitudes, or behaviors that are tangible evidence of impaired capacity to adapt to military service, are disqualifying.

(6) Current or history of personality disorder (301) is disqualifying. History, (demonstrated by repeated inability to maintain reasonable adjustment in school, with employers or fellow workers, or other social groups), interview, or psychological testing revealing that the degree of immaturity, instability, personality inadequacy, impulsiveness, or dependency will likely interfere with adjustment in the Armed Forces is disqualifying.

(7) Current or history of other behavior disorders is disqualifying, including but not limited to conditions such as the following:

(a) Enuresis (307.6) or encopresis (307.7) after 13<sup>th</sup> birthday.

(b) Sleepwalking (307.4) after 13<sup>th</sup> birthday.

(c) Eating disorders (307.1), anorexia nervosa (307.5), bulimia or unspecified disorders of eating (307.59), lasting longer than three months and occurring after 13<sup>th</sup> birthday.

(8) Any current receptive or expressive language disorder, including but not limited to any speech impediment (stammering and stuttering (307.0)) of such a degree as to significantly interfere with production of speech or to repeat commands, is disqualifying.

(9) Current or history of Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD) (314), or perceptual/learning disorder(s) (315) is disqualifying unless applicant can demonstrate passing academic performance and there has been no use of medication(s) or special accommodations in the previous 12 months.

(10) Current or history of academic skills or perceptual defects (315) secondary to organic or functional mental disorders, including but not limited to dyslexia, that interfere with school or employment, are disqualifying, unless the applicant can demonstrate passing academic and employment performance without utilization or recommendation of academic or work accommodations at any time in the previous 12 months.

(11) History of suicidal behavior, including gesture(s) or attempt(s) (300.9) or history of self-mutilation is disqualifying.

(12) Current or history of anxiety disorders (anxiety (300.01) panic (300.2)) agoraphobia (300.21), social phobia (300.23), simple phobias (300.29), obsessive-compulsive (300.3), (other acute reactions to stress (308)), post-traumatic stress disorder (309.81), are disqualifying.

(13) Current or history of dissociative disorders, including but not limited to hysteria (300.1), depersonalization (300.6), other (300.8), are disqualifying.

(14) Current or history of somatoform disorders, including but not limited to, hypochondriasis (300.7) or chronic pain disorder, are disqualifying.

(15) Current or history of psychosexual conditions (302), including but not limited to, transsexualism, exhibitionism, transvestism, voyeurism, and other paraphilias, are disqualifying.

(16) Current or history of alcohol dependence (303), drug dependence (304), alcohol abuse (305), or other drug abuse (305.2 through 305.9), is disqualifying.

(17) Current or history of other mental disorders (All 290-319 not listed above), that in the opinion of the medical officer will interfere with or prevent satisfactory performance of military duty, are disqualifying.

**15-59****General and  
Miscellaneous  
Conditions and  
Defects**

(1) Current or history of parasitic diseases if symptomatic or carrier state, including but not limited to filariasis (125), trypanosomiasis (086), schistosomiasis (120), hookworm (uncinariasis) (126.9), unspecified infectious and parasitic disease (136.9) are disqualifying.

(2) Current or history of other disorders, including but not limited to, cystic fibrosis (277.0), or porphyria (277.1), that prevent satisfactory performance of duty or require frequent or prolonged treatment, are disqualifying.

(3) Current or history of cold-related disorders, including but not limited to, frostbite, chilblain, immersion foot (991) or cold urticaria (708.2), are disqualifying. Current residual effects of cold-related disorders, including but not limited to paresthesias, easily traumatized skin, cyanotic amputation of any digit, ankylosis, trench foot, or deep-seated ache, are disqualifying.

(4) History of angioedema including hereditary angioedema (277.6), is disqualifying.

(5) History of receiving organ or tissue transplantation (V42), is disqualifying.

(6) History of pulmonary (415) or systemic embolization (444), is disqualifying.

(7) Current or history of untreated acute or chronic metallic poisoning, including but not limited to, lead, arsenic, silver (985), beryllium or manganese (985), is disqualifying. Current complications or residual symptoms of such poisoning is disqualifying.

(8) History of heat pyrexia (992.0), heatstroke (992.0), or sunstroke (992.0), is disqualifying. History of three or more episodes of heat exhaustion (992.3) is disqualifying. Current or history of a predisposition to heat injuries including disorders of sweat mechanism combined with a previous serious episode is disqualifying. Current or history of any unresolved sequelae of heat injury, including but not limited to nervous, cardiac, hepatic or renal systems, is disqualifying.

**15-60****Tumors and  
Malignant Diseases**

(1) Current benign tumors (M8000) or conditions that interfere with function, prevent the proper wearing of the uniform or protective equipment, shall require frequent specialized attention, or have a high malignant potential, such as dysplastic nevus syndrome, are disqualifying.

(2) Current or history of malignant tumors (V10), is disqualifying. Basal cell carcinoma, treated without residual, is not disqualifying.

**15-61****Miscellaneous**

(1) While attempting to be as inclusive as possible, no list of medical conditions can possibly be entirely complete. Therefore, current or history of any condition that in the opinion of the medical officer, will significantly interfere with the successful performance of military duty or training, is disqualifying.

(2) Any current acute pathological condition, including but not limited to, acute communicable diseases, until recovery has occurred without sequelae, is disqualifying.