# Change 130
# Manual of the Medical Department
# U.S. Navy
# NAVMED P-117

## 12 May 2008

To: Holders of the Manual of the Medical Department

1. **This Change** Revises Chapter 15, Article 15-22, Affiliation with the Naval and Marine Reserves, paragraphs (2) and (2)(b).

2. **Summary of Changes**. This change extends the validity of the separation evaluation for members affiliating with the Individual Ready Reserve (IRR).

3. **Action**

   a. Remove pages 15-19 and 15-20 and replace with like-numbered pages.

   b. Record Change 130 in the Record of Page Changes.

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(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 active duty service or active drill status for more than 24 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 24 months) complete physical examination as outlined in articles 15-3 through 15-5, or equivalent separation evaluation as outlined in 15-20.

(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.