

Change 139
Manual of the Medical Department
U.S. Navy
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To: Holders of the Manual of the Medical Department

1. **This Change** revises Chapter 15, article 15-105, Special Operations Duty.
2. **Summary of Changes.** This revised article provides greater detail and clarification than the current article and reflects changes in Special Operations (SO) command structure and combatant requirements for SO duty for Navy and Marine Corps personnel. It also incorporates changes from the Advance Change Notice of 23 January 2008.
3. **Action**
 - a. Remove pages 15-49 and replace with like-numbered pages.
 - b. Remove pages 15-83 through 15-90 and replace with like-numbered pages.
 - c. Record this Change 139 in the Record of Page Changes.



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Article		Page
15-95	Class III Personnel: ATCs-Military and Department of the Navy Civilians, Designate, and Applicant Standards	15-69
15-96	Class III Personnel: Designated and Applicant Unmanned Aerial Vehicle Operator Standards (Internal Pilot, External Pilot, Payboard Operator)	15-70
15-97	Class III Personnel: Critical Flight Deck Personnel Standards (Director, Spotter, Checker, Non-Pilot Landing Safety Officer and Helicopter Control Officer, and Any Other Personnel Specified by the Unit Commanding Officer)	15-71
15-98	Class III Personnel: Non-Critical Flight Deck Personnel Standards	15-71
15-99	Class III Personnel: Personnel Who Maintain Aviator Night Vision Standards	15-71
15-100	Selected Passengers, Project Specialists, and Other Personnel	15-72
15-101	Naval Aviation and Water Survival Training Instructors (NAWSTI) and Rescue Swimmer School Training Programs Standards	15-72
15-102	Diving Duty Examinations and Standards	15-73
15-103	Nuclear Field Duty	15-78
15-104	Occupational Exposure to Ionizing Radiation	15-81
15-105	Naval Special Warfare and Special Operations (NSW/SO)	15-83
15-106	Submarine Duty	15-90
15-107	Explosives Handler and Explosives Motor Vehicle Operator Examinations and Standards	15-94
15-108	Landing Craft Air Cushion (LCAC) Medical Examinations	15-96
15-109	Landing Craft Air Cushion (LCAC) Medical Standards	15-98
15-110	Firefighting Instructor Personnel Examinations and Standards	15-104

15-105 Special Operations Duty

(1) **Characteristics.** Special Operations (SO) duty takes place in every part of the world under harsh conditions at the extremes of human physical capabilities. Medical austerity and the presence of armed opposition are common. SO personnel, depending on service and warfare community, may engage the most high-risk operations including parachuting, static line rappelling, high-speed boat operations, employment of a variety of weapons, and diving. As such, SO is the most physically and mentally demanding duty in the U.S. military. Only the most physically and mentally qualified personnel should be selected, and those who are or may be reasonably expected to become unfit or unreliable must be excluded.

(2) **Applicability.** Current and prospective members of the following communities (whether Navy, U.S. non-Navy, or foreign national):

(a) Navy Sea, Air, and Land personnel (SEAL).

(b) Special Warfare Combatant Craft Crewmen (SWCC).

(c) USMC Force Reconnaissance (RECON).

(d) USMC Forces Special Operations Command (MARSOC) Critical Skills Operators (CSO).

(e) Explosive Ordnance Disposal (EOD) personnel.

Note: For parachuting (including basic, military free-fall, and high altitude low opening), Army Regulation 40-501, Chapter 5, applies. SEAL, Navy EOD, and other SO personnel whose duty involves diving or maintaining a dive qualification must also be qualified under MANMED Chapter 15, article 15-102 (Diving Duty). Personnel who are SO qualified who do not dive or require dive qualification are not required to be qualified under MANMED Chapter 15, article 15-102.

(3) Examinations

(a) **Periodicity.** Within 1 year of application for initial training, every 5 years until age 50, every 2 years thereafter, and prior to returning to SO duty after a period of disqualification.

(b) Scope

(1) The examination shall consist of a completed, comprehensive DD Form 2807-1, Report of Medical History and DD Form 2808, Report of Medical Examination with special attention to organ systems which affect the member's ability to function safely and effectively in the SO environment. The examiner shall comment specifically on presence or absence of tympanic membrane movement with the Valsalva maneuver. The neurologic exam shall be fully documented, with deep tendon reflexes noted on a standard stick figure.

(2) Within 3 months prior to the exam date the following must be accomplished:

(a) Chest x-ray (PA and lateral).

(b) 12-lead electrocardiogram.

(c) Audiogram.

(d) Type 2 dental exam.

(e) Basic refractive analysis.

(f) Color vision (as determined in accordance with article 15-36(1)(d)).

(g) Depth perception (as determined in accordance with MANMED Chapter 15, article 15-85(1)(d)).

(h) Complete Blood Count.

(i) Fasting blood glucose.

(j) Urinalysis with microscopic examination.

(k) Hepatitis C screening.

(c) **Examiners.** Examinations may be performed by any physician, physician assistant, or nurse practitioner with appropriate clinical privileges. Examinations not performed by an undersea medical officer (UMO) shall be reviewed and co-signed by a UMO. All reviewing authority signatures must be accompanied by the "UMO" designation. A UMO is defined as a medical officer who has successfully completed the entire UMO Course conducted by the Naval Undersea Medical Institute.

(4) **Standards.** The standards delineated in this article define the conditions which are considered disqualifying for SO duty. The standards delineated in MANMED Chapter 15, Section III (General Standards, some of which are restated below for emphasis) are universally applicable to all SO duty candidates, unless specifically addressed in this article. UMOs, based on their specialty training and subject matter expertise, are charged with applying the General Standards to qualified SO personnel when appropriate to ensure that they are physically and mentally ready to perform their duties without limitation.

(a) **General.** Any condition or combination of conditions which may be exacerbated by SO duty, impair the ability to safely and effectively work in the SO environment, or increase potential for MEDEVAC is disqualifying. Any disease or condition causing chronic or recurrent disability or frequent health care encounters, increasing the hazards of isolation, or having the potential for significant exacerbation by extreme weather, stress, hypobaric or hyperbaric environments, or fatigue is disqualifying. Conditions and treatments causing a significant potential for disruption of operations are disqualifying. Further, any condition, combination of conditions, or treatment which may confound the diagnosis of a heat, cold, or brain injury is disqualifying.

Note: SO personnel reporting for duty following an absence of greater than 14 days due to illness or injury, hospitalization for any reason, or reported on by a medical board must have a properly documented UMO evaluation to determine fitness for continued SO duty.

(b) **Ear, Nose, and Throat**

(1) Sleep apnea with cognitive impairment or daytime hypersomnolence is disqualifying.

(2) History of inner ear pathology or surgery, including but not limited to vertigo, Meniere's disease or syndrome, endolymphatic hydrops, or tinnitus of sufficient severity to interfere with satisfactory performance of duties is disqualifying.

(3) Chronic or recurrent motion sickness is disqualifying.

(4) External auditory canal exostosis or atresia that results in recurrent external otitis is disqualifying.

(5) Abnormalities precluding the comfortable use of required equipment, including headgear and earphones, are disqualifying.

(6) Any laryngeal or tracheal framework surgery is disqualifying.

(7) Hearing that does not meet accession standards in at least one ear is disqualifying for designated SO personnel.

(c) **Dental.** DoD dental classification other than 1 or 2 is disqualifying.

(1) Any chronic condition that necessitates frequent episodes of dental care is disqualifying.

(2) Need for any prosthesis or appliance the loss of which could pose a threat to hydration or nutrition is disqualifying.

(d) **Eyes**

(1) Corrected visual acuity worse than 20/25 in either eye is disqualifying.

(2) Uncorrected visual acuity worse than 20/70 either eye is disqualifying for SEAL and SWCC.

(3) Uncorrected visual acuity worse than 20/40 in the better eye is disqualifying for SEAL and SWCC.

(4) Uncorrected visual acuity worse than 20/200 in either eye is disqualifying for EOD, USMC RECON, and MARSOC.

(5) The visual acuity standard is not waiverable for SEAL and SWCC candidates.

(6) Deficient color vision is disqualifying. Waivers for color vision deficiency will not be considered for SEAL, SWCC, and EOD. Waiver requests for other duties must include a statement from the member's supervisor stating that the member is able to perform his job accurately and without difficulty. For candidates, the attending UMO must include evidence that primary and secondary colors can be discerned.

(7) Symptomatic or functional night vision deficiency is disqualifying.

(8) Symptomatic or subjective loss of depth perception is disqualifying for candidates. Functional or asymptomatic loss of depth perception in designated SO personnel may be considered for waiver.

(9) Photorefractive keratectomy (PRK), laser-assisted in-situ keratomileusis (LASIK), LASEK, or intraocular lens implants (including Intraocular Collamer Lens Implants) within the preceding 3 months are disqualifying for candidates. Visual result from appliance or surgery must meet the above corrected acuity standards and the patient must be discharged from ophthalmology follow-up with a disposition of "fit for full duty" and requiring no ongoing treatment. Qualified SO Service members may return to duty 1 month after refractive corneal or intraocular lens implant surgery if they are fully recovered from surgery and have an acceptable visual outcome. No waiver is required in these cases.

(10) Glaucoma is disqualifying. Preglaucoma requiring no treatment and follow-up intervals of 1 year or more is not disqualifying.

(11) Presence of a hollow orbital implant is disqualifying.

(12) Any acute or chronic recurrent ocular disorder which may interfere with or be aggravated by blast exposure or repetitive deceleration such as parachute opening or small boat maritime operations is disqualifying.

(13) Radial keratotomy is disqualifying.

(14) Keratoconus is disqualifying.

(e) **Pulmonary.** Any chronic or recurring condition which limits capacity for extremely strenuous aerobic exercise in extremes of temperature and humidity including, but not limited to, pulmonary fibrosis, fibrous pleuritis, lobectomy, neoplasia, or infectious disease process, including coccidioidomycosis is disqualifying.

(1) Reactive airway disease or asthma after age 13, chronic obstructive or restrictive pulmonary disease, active tuberculosis, sarcoidosis, and spontaneous pneumothorax are disqualifying.

(2) Traumatic pneumothorax is disqualifying. Waiver may be considered for candidates or designated SO personnel under the following conditions:

(a) Normal pulmonary function testing.

(b) Normal standard non-contrast chest CT.

(c) Favorable recommendation from a pulmonologist with a disposition of "fit for full duty."

(d) Final evaluation and approval by attending UMO.

(3) For candidates, positive tuberculin skin testing (TST) is disqualifying unless the individual has had a fully documented course of antibiotic treatment for latent tuberculosis infection (LTBI) and a full evaluation to rule out active disease, including chest x-ray. History of Bacille Calmette-Guérin (BCG) vaccination does not remove this requirement. Due to the extraordinary stresses and close quarters of training, care must be taken to prevent potential activation of LTBI in training. Standards for testing for and management of LTBI vary widely among nations. To ensure uniformity and student safety, foreign nationals must be tested by U.S. standards and receive documented treatment to the same standard as U.S. nationals prior to acceptance into training. Treatment of all personnel with a positive TST shall be in accordance with BUMED-INST 6224.8 series. Qualified SO personnel who

experience TST conversion require evaluation to rule out active disease and must complete at least 2 months of therapy prior to return to full duty. No waiver is required in uncomplicated cases without evidence of active tuberculosis.

(f) **Cardiovascular.** Any condition that chronically, intermittently, or potentially impairs exercise capacity or causes debilitating symptoms is disqualifying. Specific disqualifying conditions include, but are not limited to:

(1) Cardiac dysrhythmia (single episode, recurrent, or chronic) other than 1st degree heart block.

(2) Atherosclerotic heart disease.

(3) Pericarditis, chronic or recurrent.

(4) Myocardial injury or hypertrophy of any cause.

(5) Chronic anticoagulant use.

(6) Intermittent claudication or other peripheral vascular disease.

(7) Thrombophlebitis. Localized, superficial thrombophlebitis related to intravenous (IV) catheter placement is not disqualifying once asymptomatic.

(8) Hypertension requiring three or more medications or associated with any changes in any organ system. Each active ingredient of a combination preparation shall be considered a separate medication.

(9) History of cardiac surgery, including ablations for Wolff-Parkinson-White and other accessory pathways, other than closure of patent ductus arteriosus in infancy.

(g) **Abdominal Organs and Gastrointestinal System**

(1) A history of gastrointestinal tract disease of any kind is disqualifying if any of the following conditions are met:

(a) Current or history of gastrointestinal bleeding, including positive occult blood testing, if the cause has not been

corrected. Minor rectal bleeding from an obvious source (e.g., anal fissure or external hemorrhoid) is not disqualifying if it responds to appropriate therapy and resolves within 6 weeks.

(b) Any history of organ perforation.

(c) Current or history of chronic or recurrent diarrhea, abdominal pain, incontinence, or emesis.

(2) Asplenia is disqualifying. Waiver may be considered 1 year after splenectomy if the member has received the appropriate immunizations and has had no serious infections.

(3) History of bariatric surgery is disqualifying and waiver will not be considered.

(4) History of diverticulitis is disqualifying. Personnel with diverticulosis require counseling regarding preventive measures and monitoring for development of diverticulitis.

(5) History of small bowel obstruction is disqualifying.

(6) Presence of gallstones, whether or not they are symptomatic, is disqualifying until the member is stone-free.

(7) History of gastric or duodenal ulcer is disqualifying.

(8) History of pancreatitis is disqualifying.

(9) Chronic active hepatitis is disqualifying.

(10) Inflammatory bowel disease and malabsorption syndromes are disqualifying.

(11) History of abdominal surgery is not disqualifying, provided there are no sequelae including, but not limited to, adhesions.

(12) Uncontrolled Gastroesophageal reflux disease is disqualifying.

(13) History of esophageal stricture is disqualifying.

(h) *Genitourinary*

(1) Urinary incontinence, renal insufficiency, recurrent urinary tract infections, and chronic or recurrent scrotal pain is disqualifying.

(2) History of urolithiasis:

(a) Is disqualifying for candidates.

(b) A first episode of uncomplicated urolithiasis is not disqualifying for SO designated personnel provided that there is no predisposing metabolic or anatomic abnormality and there are no retained stones. The attending UMO may return the member to full duty after a thorough evaluation to include urology consultation and 24-hour urine studies.

(c) A first episode of urolithiasis associated with a metabolic or anatomic abnormality is disqualifying. Waiver may be considered based upon evidence of correction of the associated abnormality.

(d) Recurrent urolithiasis, regardless of cause, is disqualifying.

(e) Randall's plaques are not disqualifying.

(i) *Endocrine and Metabolic.* Any condition requiring chronic medication or dietary modification is disqualifying for candidates but may be waivable for qualified SO personnel. Additionally:

(1) Any history of heat stroke is disqualifying for SO candidates. Recurrent heat stroke (two or more episodes) is disqualifying for designated SO personnel.

(2) Diabetes mellitus is disqualifying.

(a) Diabetes mellitus requiring insulin or long-acting sulfonylurea hypoglycemic medication (such as chlorpropamide or glyburide) shall not be considered for a waiver.

(b) Diabetes mellitus controlled without the use of insulin or long-acting sulfonylurea medication may be considered for a waiver. Waiver requests must include documentation of current medications, current hemoglobin A1C level, and documentation of the presence or absence of any end organ damage.

(3) Gout that does not respond to treatment is disqualifying.

(4) Symptomatic hypoglycemia is disqualifying for candidates. Recurrent episodes are disqualifying for designated SO personnel.

(5) Chronic use of corticosteroids is disqualifying.

(j) *Musculoskeletal.* Any musculoskeletal condition which is chronic or recurrent, predisposes to injury, or limits the performance of extremely strenuous activities (weight-bearing and otherwise) for protracted periods is disqualifying.

(1) Requirement for any medication, brace, prosthesis, or other appliance to achieve normal function is disqualifying. Orthotic shoe inserts are permitted.

(2) Any injury or condition which results in limitations despite full medical and/or surgical treatment is disqualifying.

(3) Any condition which necessitates frequent absences or periods of light duty is disqualifying.

(4) Back pain, regardless of etiology, that is chronically or recurrently debilitating or is exacerbated by performance of duty is disqualifying.

(5) Radiculopathy of any region or cause is disqualifying.

(6) Any history of spine surgery is disqualifying.

(7) Chronic myopathic processes causing pain, atrophy, or weakness are disqualifying.

(8) Any fracture (including stress fractures) within the preceding 3 months is disqualifying for candidates. For designated SO personnel, fractures (including stress fracture) are disqualifying if residual symptoms are present more than 3 months post-injury. SO personnel with full recovery from uncomplicated fractures may be reinstated at the discretion of the attending UMO if symptoms have resolved in less than 3 months.

(9) Bone or joint surgery is disqualifying if any significant symptoms or functional limitations are present more than 6 months following the procedure. SO personnel recovered within 6 months may return to duty on the recommendation of the treating orthopedist and attending UMO. Retained hardware is not disqualifying unless it causes functional limitation.

(10) Any amputation, partial or complete, is disqualifying.

(k) *Psychological and cognitive*

(1) Any DSM-IV-TR Axis I or II diagnosis that affects the Service member's ability to perform their duties is disqualifying. This determination for disqualification can be made by either the Service member's treating medical provider or licensed mental health professional. Waiver may be considered when the individual's symptoms no longer affect their ability to perform their duties and must include a favorable recommendation from the attending mental health professional and UMO.

(2) Alcohol abuse or dependence is disqualifying. Waiver may be entertained after completion of treatment. Self-referral for first relapse is disqualifying but waiver may be entertained after completion of treatment and 6 months of aftercare. Relapse (other than self-referral for first relapse) after completing Level I treatment or higher is disqualifying.

(3) Use of any controlled or illicit substances, historical or current (including use in religious sacraments) is medically disqualifying, and is to be managed administratively in accordance with SECNAVINST 5300.28 series, OPNAVINST 5350.4 series, and any other applicable directives.

(4) Use of a psychotropic medication is temporarily disqualifying until the Service member has become stable on the medication and they are able to perform their duties, as judged by the attending medical provider and doctoral-level mental health professional. No waiver is required to return to full duty for short-term use (less than 6 months) of a psychotropic medication. Long term use (longer than 6 months) of a psychotropic medication *is disqualifying* and will require a waiver to return to full duty. Note that ASD(HA) Guidelines for Deployment-Limiting Psychiatric Conditions and Medications and OPNAVINST 3591.1, Small Arms Training and Qualification guidance apply. ASD(HA) guidelines state that a member may not be deployed within 3 months of starting a psychotropic medication while OPNAVINST 3591.1 states that a member may not be issued a weapon while on psychotropic medications unless a waiver is obtained. No waiver is required to return to full duty for short-term use (less than 6 months) of a psychotropic medication in this case. During periods of disqualification, personnel shall be limited to administrative duties unless waiver has been granted.

(5) Waiver is not required for short-term use (2 weeks or less) of a sleep aid (e.g., zolpidem for induction of sleep).

(1) *Neurologic.* Any chronic or recurrent condition resulting in abnormal motor, sensory, or autonomic function or in abnormalities in mental status, intellectual capacity, mood, judgment, reality testing, tenacity, or adaptability is disqualifying.

(1) Migraine (or other recurrent headache syndrome) which is frequent and debilitating, or is associated with changes in motor, sensory, autonomic, or cognitive function is disqualifying.

(2) Current seizure disorder or history of a seizure after the 6th birthday, is disqualifying. Waiver requests shall include mitigating circumstances (if any), complete seizure and environment description, family history of seizures, and neurological evaluation. Member must be at least 2 years seizure free without medication before waiver will be considered. Waiver may be considered earlier for isolated seizures of known cause (e.g., toxic, infectious, post-traumatic).

(3) Peripheral neuropathy due to systemic disease is disqualifying. Impingement neuropathy (e.g., carpal tunnel syndrome) is not disqualifying if a surgical cure is achieved. Small, isolated patches of diminished sensory function are not disqualifying if not due to a systemic or central process, but must be thoroughly documented in the health record.

(4) Speech impediments (stammering, stuttering, etc.) that impair communication are disqualifying.

(5) Any history of surgery involving the central nervous system is disqualifying.

(6) Cerebrovascular disease including stroke, transient ischemic attack, and vascular malformation are disqualifying.

(7) Closed head injury is disqualifying if there is:

(a) Cerebrospinal fluid leak.

(b) Intracranial bleeding.

(c) Depressed skull fracture with dural laceration.

(d) Post-traumatic amnesia (PTA) in accordance with the following schedule:

1. PTA less than 1 hour is disqualifying for at least 1 month. A normal brain MRI and normal examination by a neurologist or neurosurgeon is required before return to duty. If 2 years has elapsed since the injury, an MRI is required, specialty consultation is not.

2. PTA greater than 1 hour is permanently disqualifying for candidates. Waiver may be entertained for designated SO personnel after 1 year if brain MRI and neurologic and neuropsychological evaluations are normal.

(8) History of penetrating head injury is disqualifying.

(m) *Skin*. Any chronic condition which requires frequent health care encounters, is unresponsive to topical treatment, causes long

term compromise of skin integrity, interferes with the wearing of required equipment, clothing, or camouflage paint, or which may be exacerbated by sun exposure is disqualifying.

(n) *Miscellaneous*

(1) Chronic viral illnesses (except those with manifestations limited to the skin) are disqualifying.

(2) Cancer treatment (except excision of skin cancer) within the preceding year is disqualifying.

(3) Chronic immune insufficiency of any cause, chronic anemia, abnormal hemoglobin (including sickle cell trait), and defects of platelet function or coagulability are disqualifying.

(4) Allergic or atopic conditions which require allergy immunotherapy are disqualifying until completion of desensitization therapy.

(5) Current history of severe allergic reaction or anaphylaxis to environmental substances or any foods is disqualifying. Any allergy with life threatening manifestations is disqualifying.

(6) Chronic or recurrent pain syndromes that may mimic serious disease (e.g., abdominal pain, chest pain, and headache) are disqualifying.

(7) Recurrent syncope is disqualifying. Waiver will be considered only after demonstration of a definitive diagnosis and effective prophylactic treatment.

(8) *Medications*

(a) For candidates, daily or frequent use of any medication is disqualifying.

(b) For designated SO personnel, use of any medication that may compromise mental or behavioral function, limit aerobic endurance, or pose a significant risk of mentally or physically impairing side effects is disqualifying. Any requirement for a medication that necessitates close monitoring, regular tests, refrigeration, or parenteral administration on a

biweekly or more frequent basis is disqualifying. Requirement for medication which would pose a significant health risk if suddenly stopped for 1 month or more is disqualifying.

(c) SO designated personnel taking medicines prescribed by a non-DoD provider are disqualified until reviewed and approved by the Service member's UMO.

(9) **Vaccinations.** Candidate or SO-designated personnel refusing to receive recommended vaccines (preventive health or theatre specific vaccines recommended by the Combatant Command (COCOM)) based solely on personal or religious beliefs are disqualified. This does not pertain to medical contraindications or allergies to vaccine administration.

(5) **Waivers.** Requests for waiver of physical standards for candidates or designated personnel who do not meet minimum standards will be sent from the member's commanding officer to the appropriate Bureau of Naval Personnel code or Headquarters, Marine Corps via Bureau of Medicine and Surgery, Undersea Medicine and Radiation Health (BUMED-M3B3) and any applicable Immediate Superior in Command (ISIC) and/or Type Commander (TYCOM). If the candidate is a new Navy accession, enlistment/commissioning qualifications must first be approved by BUMED, Physical Qualifications and Standards (BUMED-M9), before special duty determination will be considered by BUMED Head, Undersea Medicine (BUMED-M3B3). Interim dispositions may be granted by BUMED via de-identified or encrypted e-mail. In these cases, BUMED must receive the formal waiver package within 6 months after the interim disposition is given. BUMED's final recommendation shall be based on the member's status at the time the formal package is considered, and may differ from an interim recommendation if there has been a change in the member's condition or if information presented in the formal package dictates a change in recommendation. Interim waivers will not be considered for any Service member or candidate who has previously been disqualified from SO duty. In such cases only formal waiver packages will be considered for the member's reinstatement.

15-106

Submarine Duty

(1) **Characteristics.** Submarine duty is characterized by isolation, medical austerity, need for reliability, prolonged subsistence in enclosed spaces, exposure to atmosphere contaminants, and psychological stress. The purpose of the submarine duty standards is to maximize mission capability by ensuring the mental and physical readiness of the Submarine Force.

(2) **Applicability.** Current and prospective submariners and UMO. Non-submariner personnel embarked on submarines ("riders") will comply with OPNAVINST 6420.1 series.

(3) Examinations

(a) **Periodicity.** For candidates, no more than 1 year before reporting for initial submarine training. Periodicity between examinations will not exceed 5 years up to age 50. After age 50, periodicity will not exceed 2 years, e.g., an individual examined at age 46 would be re-examined at age 51, an individual examined at age 47, 48, 49, or 50 would be re-examined at age 52. Beginning at age 60, the examination is required annually. Submarine duty examinations must be performed no later than 1 month following the anniversary date (month and year) of the previous physical examination date. For example, for an examination performed on a 20-year old on 15 February 2010, the next examination must be completed by 31 March 2015. A complete physical examination is also required prior to returning to submarine duty after a period of disqualification.

(b) **Scope.** The examiner will pay special attention to the mental status, psychiatric, and neurologic components of the examination, and will review the entire health record for evidence of past impairment. Specifically, the individual will be questioned about difficulty getting along with other personnel, history of suicidal or homicidal ideation, and anxiety related to tight or closed spaces, nuclear power, or nuclear weapons. The examination shall be recorded on the DD Form 2807-1 and DD Form 2808. For female examinees, the NAVMED 6420/2