

Change 151
Manual of the Medical Department
U.S. Navy
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To: Holders of the Manual of the Medical Department (MANMED)

1. **This change** revises various articles in MANMED Chapter 15, Section IV.

2. **Summary of Changes**

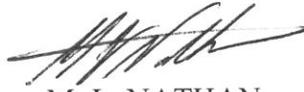
a. This is a routine collection of updates to MANMED Chapter 15, Section IV, articles 15-71, 15-72, 15-78, 15-82, 15-84 through 15-86, 15-88 through 15-93, 15-95 through 15-97, 15-99 and 15-101. These updates are minor and administrative in nature to include deletion of obsolete forms, substitution of generic for proprietary names for select evaluative tests, and upgrading from typed hard-copy forms to electronic form submission.

b. This revision has incorporated changes 126, 135, 139, 145, 147, 150, and this change 151 of MANMED Chapter 15, Section IV into this document.

3. **Action**

a. Remove Chapter 15, Section IV only and replace with revised Chapter 15, Section IV.

b. Record this Change 151 in the Record of Page Changes.



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Chief, Bureau of
Medicine and Surgery

Section IV

SPECIAL DUTY EXAMINATIONS AND STANDARDS

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15-62**Purpose of Aeromedical
Examinations**

(1) Aviation medical examinations are conducted to determine whether or not an individual is both physically qualified and aeronautically adapted to engage in duties involving flight.

(2) Aviation physical standards and medical examination requirements are developed to ensure the most qualified personnel are accepted and retained by naval aviation. Further elaboration of standards, medical examination requirements, and waiver procedures are contained in the Aeromedical Reference and Waiver Guide (ARWG); (see <http://www.med.navy.mil/sites/nmotc/nami/arwg/Pages/AeromedicalReferenceandWaiverGuide.aspx>).

15-63**Classes of
Aviation Personnel**

(1) Applicants, students, and designated aviation personnel assigned to duty in a flying class and certain non-flying aviation related personnel defined below must conform to physical standards in this article. Those personnel are divided into four classes.

(a) **Class I.** Naval aviators and student naval aviators (SNA). For designated naval aviators, Class I is further subdivided into three Medical Service Groups based on the physical requirements for purposes of specific flight duty assignment:

(1) **Medical Service Group 1.** Aviators qualified for unlimited or unrestricted flight duties.

(2) **Medical Service Group 2.** Aviators restricted from shipboard aircrew duties (include V/STOL) except helicopter.

(3) **Medical Service Group 3.** Aviators restricted to operating aircraft equipped with dual controls and accompanied on all flights by a pilot or copilot of Medical Service Group 1 or 2, qualified in the model of aircraft operated. A separate request is required to act as pilot-in-command of multi-piloted aircraft.

(b) **Class II.** Aviation personnel other than designated naval aviators or student naval aviators including naval flight officers (NFO), technical observers, naval flight surgeons (NFS), aerospace physiologists (AP), aerospace experimental psychologists (AEP), naval aerospace optometrists, naval aircrew (NAC) members, and other persons ordered to duty involving flying.

(c) **Class III.** Members in aviation-related duty not requiring them to personally be airborne including Air Traffic Controllers (ATCs), flight deck, and flight line personnel.

(d) **Class IV.** Unmanned Aircraft Systems (UAS) Operators. Active duty and DON/DoD-GS members in aviation-related duty not required to personally be airborne including: Air vehicle operators (AVO), sensor operators (SO), mission payload operators (MPO), and unmanned aircraft commanders (UAC).

(e) **All United States Uniformed Military Exchange Aviation Personnel.** As agreed to by the Memorandum of Understanding between the Services, the Navy will generally accept the physical standards of the military service by which the member has been found qualified.

(f) **Aviation Designated Foreign Nationals.** The North Atlantic Treaty Organization and the Air Standardization Coordinating Committee have agreed that the following items remain the responsibility of the parent nation (nation of whose armed forces the individual is a member):

(1) Standards for primary selection.

(2) Permanent medical disqualification.

(3) Determination of temporary flying disabilities exceeding 30 days.

(4) Periodic examinations will be conducted according to host nation procedures.

(5) If a new medical condition arises, the military flight surgeon providing routine care will determine fitness to fly based on the host nation's aviation medicine regulations and procedures. Temporary flying disabilities likely to exceed 30 days and conditions likely to lead to permanent aeromedical disqualification should be referred to the parent nation.

(6) More detailed information is located in the ARWG.

(g) Certain nondesignated personnel, including civilians, may also be assigned to participate in duties involving flight. Such personnel include selected passengers, project specialists, and technical observers. The specific requirements are addressed in the ARWG and OPNAVINST 3710.7 series (Naval Air Training and Operating Procedures Standardization (NATOPS) General Flight and Operating Instructions) and shall be used to evaluate these personnel.

15-64

Authorized Examiners

(1) The aviation medical examination shall be performed by a medical officer who is authorized by the Chief, Bureau of Medicine and Surgery or by the proper authority of the Army or Air Force who has current clinical privileges to conduct such examinations.

15-65

Applicant, Student, and Designated Standards

(1) Physical standards for SNA become Class I standards at the time of designation (winging) or redesignation as SNA; prior to that point in time SNA applicant physical standards shall apply. Physical standards for student naval flight officer (SNFO) become designated NFO standards at the time of designation (winging) or redesignation as a SNFO; prior to that point in time NFO applicant physical standards shall apply. Physical standards for applicants to other Class II and III communities transition from applicant to "designated" upon completion of the aviation training pipeline/completion of the required syllabus as per NATOPS, NAVPERSCOM, or Headquarters, U.S. Marine Corps (HQ/USMC) guidance.

(2) Designation or redesignation as a student (SNA, SNFO, SNFS, etc.) shall not occur prior to certification of physical qualification (physically qualified (PQ) or not physically qualified (NPQ)/waiver recommended (WR)) favorable BUMED endorsement of a naval aviation applicant physical examination), and favorable endorsement of anthropometric qualification by cognizant line authority.

15-66

Physically Qualified (PQ) and Not Physically Qualified (NPQ)

(1) *Physically Qualified (PQ)*. Describes aviation personnel who meet the physical and psychiatric standards required by their medical classification to perform assigned aviation duties.

(2) *Not Physically Qualified (NPQ)*. Describes aviation personnel who do not meet the physical or psychiatric standards required by their medical classification to perform assigned aviation duties. Aircrew who are NPQ may request a waiver of aeromedical standards. A waiver must be granted by NAVPERSCOM or HQ/USMC prior to a disqualified member assuming flight duties. See disposition of personnel found NPQ, article 15-79 below.

15-67**Aeronautical
Adaptability (AA)**

(1) *Aeronautically Adaptable (AA)*. A member's aeronautical adaptability is assessed by a naval flight surgeon each time an evaluation of overall qualification for duty involving flight is performed. AA has its greatest utility in the selection of aviation applicants (both officer and enlisted).

(a) Aviation officer applicants must demonstrate reasonable perceptual, cognitive, and psychomotor skills on the Aviation Selection Test Battery (ASTB) and other neurocognitive screening tests that may be requested.

(b) Applicants are generally considered AA on the basis of having the potential to adapt to the rigors of aviation by possessing the temperament, flexibility, and adaptive defense mechanisms to allow for full attention to flight (compartmentalization) and successful completion of training. Before selection, applicants are to be interviewed by the flight surgeon for evidence of early interest in aviation, motivation to fly, and practical appreciation of flight beyond childhood fantasy. Evidence of successful coping skills, good interpersonal relationships, extra-curricular activities, demonstrated leadership qualities, stability of academic and work performance, and absence of impulsivity should also be thoroughly elicited.

(c) Designated aviation personnel are generally considered AA on the basis of demonstrated performance, ability to tolerate the stress and demands of operational training and deployment, and long-term use of highly adaptive defense mechanisms (compartmentalization).

(2) *Not Aeronautically Adaptable (NAA)*. When an individual is found to be PQ, but his AA is regarded as "unfavorable," the SF 88 block 46 or DD 2808 block 74a shall be recorded as "physically qualified, but not aeronautically adaptable."

(a) Applicants are considered NAA if diagnosed as having a personality disorder or prominent maladaptive personality traits affecting flight safety, mission completion, or crew coordination.

(b) Designated aviation personnel are considered NAA if diagnosed as having a personality disorder or prominent maladaptive personality traits affecting flight safety, crew coordination, or mission execution.

(c) When evaluation of designated aviation personnel suggests that an individual is no longer AA, refer the member to, or consult with, the NAMI Aerospace Psychiatry Department.

(d) A final determination of NAA for designated aviation personnel may only be made following evaluation by or consultation with the NAMI Aerospace Psychiatry Department.

15-68**The Field Naval Aviator
Evaluation Board,
Field Naval Flight Officer
Evaluation Board, and
Field Flight Performance
Board**

(1) These are the normal mechanisms for handling administrative difficulties encountered with aviator performance, motivation, attitude, technical skills, flight safety, and mission execution. The above difficulties are not within the scope of AA. Aeromedical clearance is a prerequisite for ordering a board evaluation of an aviator, i.e., the member must be PQ and AA or NPQ and AA with a waiverable condition.

15-69**The Aeromedical
Reference and
Waiver Guide**

(1) This guide, prepared by NAMI and approved by BUMED, serves as an adjunct to this article and provides elaboration on specific aviation standards, examination techniques and methods, and policies concerning waivers for disqualifying conditions. This guide may be accessed and downloaded at: <http://www.med.navy.mil/sites/nmotc/nami/arwg/Pages/AeromedicalReferenceandWaiverGuide.aspx> or request electronic copies from the Naval Aerospace Medical Institute, Attn: NAVAEROMEDINST, Code 342, 340 Hulse Road, Pensacola, FL 32508.

15-70**Examination
Frequency and
Period of Validity**

(1) *Frequency.* As described in the OPNAVINST 3710.7 series, Chapter 8, all aviation personnel involved in flight duties are required to be evaluated annually. Generally it is preferred that scheduling occurs within the interval from the first day of the month preceding their birth month until the last day of their birth month. However, examinations may be scheduled up to 3 months prior to expiration to accommodate specialty clinic and other scheduling issues. This 90-day window is referred to as the "vulnerability window." To accommodate special circumstances such as deployment requirements, permanent change of station, temporary duty, or retirement, this window may be extended up to a maximum of 6 months with written approval by the member's command. Aviation designated personnel (including those personnel who are assigned to non-flying billets or duties) shall comply with these frequency requirements as well as those specified by Bureau of Naval Personnel (BUPERS) or Commandant, Marine Corps (CMC) waiver approval letters. Follow the OPNAVINST 3710.7 series, "flight personnel delinquent in receiving an aviation physical examination shall not be scheduled to fly unless a waiver has been granted by BUPERS/CMC."

(2) *Validity.* Aviator annual or periodic examinations expire on the last day of the birth month regardless of when the previous required examination was completed.

(a) If an applicant has not commenced aviation preflight indoctrination within 2 years of the conduct of a favorably endorsed BUMED applicant physical and recording of anthropometric measurements, the applicant must successfully complete an aviation long form flight physical (see article 15-71 below), have anthropometric data reassessed, and meet the defined Class I or Class II standards prior to commencing aviation training. If the member is designated as an SNA at the time of subsequent aviation flight physicals, SNA physical standards shall apply.

(b) If an applicant has not commenced air traffic control or other aircrew qualification training within 2 years of the conduct of a favorably endorsed BUMED applicant physical, the applicant must successfully complete an aviation long form flight physical (see article 15-71 below) and meet the defined aviation standards prior to commencing aviation training.

15-71**Complete
Aeromedical
Examination
(Long Form)**

(1) A complete physical examination includes a medical history recorded on the DD Form 2807-1 and a physical examination recorded on the DD Form 2808. Applicants must also submit SF 507, Continuation of DD Form 2807, and anthropometric data. This examination must be typed or completed in the individual's Aeromedical Electronic Resource Office (AERO) record.

(2) The following aviation personnel are required to receive complete examinations:

(a) Applicants for all aviation programs (officer and enlisted).

(b) All aviation personnel at ages 20, 25, 30, 35, 40, 45, 50, and annually thereafter.

(c) Personnel specifically directed by higher authority.

(d) Personnel found fit for full duty by medical board following a period of limited duty.

(e) All personnel involved in an aviation-related mishap.

15-72

Abbreviated Aeromedical Examination (Short Form)

(1) The results of this examination shall be entered on NAVMED 6410/10, and the individual's Aeromedical Electronic Resource Office (AERO) record, only for initial waiver requests or for members whose waiver stipulates annual submission.

(a) **Purpose.** This examination is used for aviation personnel who do not require a complete physical as listed above.

(b) **Elements.** All elements of the abbreviated aeromedical examination must be completed. The NAVMED 6410/10 is considered incomplete if any blocks are left blank with no entry. Individual items may be expanded as required based on the interval medical history, health risk assessment, and physical findings.

15-73

Check-In Examinations

(1) All aviation personnel reporting to a new command shall present to the aviation clinic for a fitness to fly examination. For students who have commenced training, a check-in examination is not required for transferring to another phase of training when medical care will continue to be given at the same medical treatment facility. The extent of this examination is determined by the flight surgeon, but should include a personal introduction to their flight surgeon, a complete review of the medical record for past medical problems, currency of physical examination, medical waivers for flight, and immunization and medical readiness currency. Check-in examinations require logging onto the Aerospace Physical Qualifications Physical Exam Disposition Web site to assure required physical examination submissions are up to date and to assure compliance with any waiver provisions that may apply. Links to this Web site may be accessed from the Aeromedical Reference and Waiver Guide contents menu.

(2) **Documentation shall include:**

(a) The results of the evaluation, entered on the SF 600, with statement of qualification for assigned flight duties (PQ, NPQ, or waiver status).

(b) Updating the Adult Preventive and Chronic Care Flowsheet (DD Form 2766).

(c) Disposition entry on the NAVMED 6150/2, Special Duty Medical Abstract.

(d) A new Aeromedical Clearance Notice (NAVMED 6410/2) or Grounding Notice (NAVMED 6410/1). Specific attention is required to existing waivers.

(e) A review of all duty not involving flying (DNIF) periods for patterns of frequent or excessively prolonged grounding or if cumulative DNIF periods in any single year appear to exceed 60 days.

15-74

**Post-Grounding
Examinations**

(1) Following any period of medical grounding, aviation personnel must be evaluated by a flight surgeon and issued a clearance notice prior to returning to aviation duties. The only exception to this is self limited grounding notices issued by a dental officer under special circumstances as discussed in article 15-77 below.

15-75

**Post-Hospitalization
Examinations**

(1) Following return to duty after admission to the sick list or hospital (including medical boards), aviation personnel shall be evaluated by a flight surgeon prior to resuming flight duties. The extent of the evaluation shall be determined by the flight surgeon. If a disqualifying condition is discovered, a request for waiver of standards shall be submitted.

The reason for the hospitalization and the result of the evaluation shall be recorded on the Special Duty Medical Abstract (NAVMED 6150/2). If found qualified, an Aeromedical Clearance Notice (NAVMED 6410/2) shall be issued.

15-76

**Post-Mishap
Examinations**

(1) Appendix N of OPNAVINST 3750.6 series details medical enclosures and physical examination requirements for mishap investigations. All post-mishap examinations shall be submitted to BUMED regardless of whether a new or existing disqualifying defect is noted.

15-77**Forms and Health
Record Administration**

(1) *Aeromedical Clearance Notice (NAVMED 6410/2)*. This form is the means to communicate to the aviation unit's commanding officer recommendations for fitness to fly and clearance for high- and moderate-risk training such as aviation physiology and water survival training. It is issued (with copies to the member and the unit safety or the NATOPS officer) after successful completion of an aviation physical, or after return to flight status following a temporary grounding. A corresponding health record entry shall be made on the NAVMED 6150/2, Special Duty Medical Abstract. It shall contain a statement regarding contact lens use for those personnel authorized for their use by the flight surgeon. Waivers are valid for the specified condition(s) only. Examiners authorized per article 15-64 above are the only personnel normally authorized to issue a NAVMED 6410/2, Aeromedical Clearance Notice. In remote locations, where the services of the above medical officers are not available, any specifically designated MDR may issue a NAVMED 6410/2, Aeromedical Clearance Notice in consultation with an aviation qualified medical officer. An Aeromedical Clearance Notice is always issued with an expiration date. Generally, expiration is timed to coincide with the validity of aviator annual or periodic examinations which expire on the last day of the member's birth month. Reissue of the aeromedical clearance as part of an aviator annual or periodic examination certifies that the member is in full compliance with all waiver provisions, special submission requirements, and BUMED recommendations contained in the original waiver letter from NAMI. Specific waiver provisions may be verified on the NAMI disposition Web site.

(2) *Aeromedical Grounding Notice (NAVMED 6410/1)*. This form is the means to communicate recommendations for fitness to fly to the aviation unit's commanding officer. All aviation personnel admitted to the sick list, hospitalized, or determined to have a medical problem that could impair performance of duties involving flight shall be issued an Aeromedical Grounding Notice. All medical department personnel (corpsmen, Nurse Corps officers, etc.) are authorized to issue an Aeromedical Grounding

Notice. An entry shall also be made in the member's health record on the Special Duty Medical Abstract (NAVMED 6150/2). This Aeromedical Grounding Notice shall remain in effect until the member has been examined by a flight surgeon and issued an Aeromedical Clearance Notice.

(a) Dental officers are authorized to issue a self limited Aeromedical Grounding Notice when a member on flight status receives a local anesthetic only.

(b) Administration of routine immunizations, which require temporary grounding, does not require issuance of an Aeromedical Grounding Notice.

(3) *Special Duty Medical Abstract (NAVMED 6150/2)*. All changes in status of the aviator shall be immediately entered into the Special Duty Medical Abstract (NAVMED 6150/2).

(4) *Filing of Physical Examinations*. Completed physical examinations shall be filed in sequence with other periodic examinations and a copy kept on file for 3 years by the facility performing examination.

15-78**Submission of
Examinations for
Endorsement**

(1) *Required Exams*. The following physical examinations shall be submitted for review and endorsement through the Aeromedical Electronic Resource Office (AERO) to: Navy Medicine Operational Training Center (NMOTC), Attn: NAMI Code 342, 340 Hulse Road, Pensacola, FL 32508:

(a) Applicants for all aviation programs (officer and enlisted).

(b) Any Class I, II, or III designated member requesting new waiver of physical standards.

(c) Periodic waiver continuation examinations may be submitted on the DD Form 2808 (Long Form) or NAVMED 6410/10 (Short Form) including renewal or continuation of waivers for designated aviators following the ARWG requirements.

(d) When a temporary medical grounding period is anticipated to exceed 60 days, this examination need not be a complete physical examination as listed above, but should detail the injury or illness on a DD Form 2808. On the DD Form 2808, blocks 1-16 and 77-85 must be completed at a minimum and include all pertinent information.

(e) Following a medical grounding in excess of 60 days, a focused physical examination is required. Submission should include a treatment course, the specialist's and flight surgeon's recommendations for return to flight status, medical board report, and an LBFS report. If waiver is required, submit request following the applicable instructions:

(f) If the member's flight surgeon recommends any permanent change in Service Group or flying status.

(g) Personnel who were previously disqualified and so reported to BUMED that are subsequently found to be physically qualified.

(h) Aviation personnel who have been referred to medical board for disposition, regardless of the outcome.

(i) Long form physical examinations at the ages of 20, 25, 30, 35, 40, 45, 50, and annually thereafter.

(j) Waiver continuation or modification requests for designated personnel and members currently in training may be submitted as an aeromedical summary (AMS), an Abbreviated Aeromedical Evaluation (i.e., short form physical), or a DD Form 2807/DD Form 2808 with appropriate flight surgeon's comments recommending continuation or modification and commanding officer's concurrence.

(2) **Required Items.** Submission packages must include the following items:

(a) **Applicants, all classes:**

(1) The original typed DD Form 2808 signed by the flight surgeon.

(2) The original handwritten DD Form 2807. The examining flight surgeon must comment on all positive responses and indicate if the condition is considered disqualifying or not considered disqualifying. The following shall be added to DD Form 2807: "Have you ever been diagnosed with or received any level of treatment for alcohol abuse or dependence?"

(3) An SF 507, Continuation of DD Form 2807, Aeromedical Applicant Questionnaire, shall be completed and signed by the applicant.

(4) 12-lead electrocardiogram tracing for all aviation applicants.

(b) **Designated, all classes:**

(1) Long form physical examinations at the ages of 20, 25, 30, 35, 40, 45, 50, and annually thereafter.

(2) **For all new waiver requests:**

(a) If waiver is requested within the 90-day window of vulnerability defined in article 15-70 above, submit the examination that is normally conducted that year.

(b) If waiver is requested outside the 90-day window of vulnerability defined in article 15-70 above, submit a copy of the most recently conducted examination (long or short form) and an aeromedical summary detailing relevant interval history and a focused examination related to the physical standard requiring the new waiver.

(3) For periodic waiver continuation examinations, unless otherwise directed by the NAVPERS or CMC waiver letter, submit a long form or short form following the birthday celebrated that year.

(3) Submission Timeliness

(a) Annual examinations and other waiver provisions must be submitted to NAMI Code 342 within 30 days prior to the last day of the birth month in order to continue or renew the aeromedical clearance under a previously granted BUPERS or CMC waiver.

(b) If submission is delayed, a 90-day extension may be requested from NAMI Code 342 by submitting an interval history and the proposed timeline for complying with waiver requirements.

15-79**Disposition of
Personnel
Found NPQ**

(1) **General.** When aircrew do not meet aviation standards and are found NPQ, they may request a waiver of physical standards following OPNAVINST 3710.7 series and the Aeromedical Reference and Waiver Guide. In all cases, NAMI Code 342 must be a via addressee. In general, applicants and students in early phases of training are held to a stricter standard than designates and are less likely to be recommended for a waiver. In those instances where a waiver is required, members shall not begin instructional flight until the waiver has been granted by NAVPERSCOM, the Commandant of the Marine Corps (CMC), or appropriate waiver granting authority. Sufficient information about the medical condition or defect must be provided to permit reviewing officials to make an informed assessment of the request itself and place the request in the context of the duties of the Service member.

(2) **Newly Discovered Disqualifying Defects.** If a disqualifying defect is discovered during any evaluation of designated personnel, an Aeromedical Summary shall be submitted for BUMED endorsement, along with a waiver request if desired. An AMS is required for an initial waiver for all personnel. The Aeromedical Reference and Waiver Guide outlines additional information required in the case of alcohol abuse or dependence waiver requests.

(3) Personnel Authorized to Initiate the Requests for Waivers of Physical Standards

(a) The Service member initiates the waiver request in most circumstances.

(b) The commanding officer of the member may initiate a waiver request.

(c) The examining or responsible medical officer may initiate a waiver request.

(d) In certain cases the initiative to request or recommend a waiver will be taken by BUMED; the Commanding Officer, Naval Reserve Center; CMC; or NAVPERSCOM. In no case will this initiative be taken without informing the member's local command.

(e) All waiver requests shall be either initiated or endorsed by the member's commanding officer.

(4) **Format and Routing of Waiver Requests.** Refer to the Aeromedical Reference and Waiver Guide for addressing, routing, and waiver format.

15-80**Local Board of Flight
Surgeons (LBFS)**

(1) This Board provides an expedient way to return a grounded aviator to flight status pending official BUMED endorsement and granting of a waiver by NAVPERSCOM or CMC for any NEW disqualifying condition. The LBFS may also serve as a medical endorsement for waiver request. Additionally, this Board may be conducted when a substantive question exists about an aviator's suitability for continued flight status.

(2) The LBFS may be convened by the member's commanding officer, on the recommendation of the member's flight surgeon or by higher authority.

(3) The LBFS will consist of at least three medical officers, two of whom shall be flight surgeons.

(4) The LBFS's findings shall be recorded in chronological narrative format as an aeromedical summary (AMS) to include the aviator's current duty

status, total flight hours and duties, recent flight hours in current aircraft type, injury or illness necessitating grounding, hospital course with medical treatment used, follow-up reports, and specialists' and LBFS recommendation. Pertinent consultation reports and documentation shall be included as enclosures to the report. Once a decision has been reached by the LBFS, the patient should be informed of the Board's recommendations. Local Boards shall submit their reports within 10 working days to NAMI Code 342 via the patient's commanding officer.

(5) Based on its judgment and criteria specified in the Aeromedical Reference and Waiver Guide, if a LBFS recommends that a waiver of physical standards is appropriate, the senior member of the board may issue an Aeromedical Clearance Notice pending final disposition of the case by NAMI Code 342 and NAVPERSCOM, or CMC. An aeromedical clearance may be issued only for conditions outlined in the Aeromedical Reference and Waiver Guide where information required for a waiver is specified. The Aeromedical Clearance Notice shall expire no greater than 90 days from the date of the LBFS report.

(6) An LBFS shall not issue an Aeromedical Clearance Notice to personnel whose condition is not addressed by the ARWG. In those cases, an LBFS endorsement of a waiver request should be forwarded to NAMI with a request for expedited review if required.

(7) An LBFS shall not issue a Clearance Notice if the member currently holds a grounding letter issued by NAVPERSCOM or CMC stating that a waiver has previously been denied.

15-81

**Special Board of
Flight Surgeons**

(1) This Board consists of designated naval flight surgeons appointed as voting members by the Officer in Charge (OIC), Naval Aerospace Medical Institute.

The OIC, NAMI, serves as the Board President. Guidelines are published in NAVOPMEDINST 1301.1 series. Copies of this instruction can be requested through the NAMI Web site.

(2) The Special Board of Flight Surgeons evaluates medical cases, which, due to their complexity or uniqueness, warrant a comprehensive aeromedical evaluation. Regardless of the presenting complaint, the patient is evaluated by all clinical departments at NAMI. A Special Board of Flight Surgeons should not be requested merely to challenge a physical standard or disqualification without evidence of special circumstances. Requests to convene a Special Board of Flight Surgeons for applicants are not routinely granted.

(3) Requests are directed to the OIC via the Director for Aeromedical Qualifications, (Code 342). The request shall include member's name, rank, SSN, unit or squadron address, and flight surgeon contact information. The requesting letter should convey an understanding of why the member was aeromedically grounded and a specific appeal of why the case warrants consideration by a special board. With the member's written consent, the request shall include copies of all clinic visits, specialty consultations, laboratory reports, and imaging and other special studies that relate to his or her history that have not been included in any previous waiver requests.

(4) Requests for a Special Board of Flight Surgeons does not, in and of itself, guarantee a board will be convened.

(5) The board is convened by the OIC, NAMI, at the request of the member's commanding officer or higher authority.

(6) The board's recommendations (along with minority reports, if indicated) are forwarded to BUMED (Aerospace Medicine). Although normally forwarded to NAVPERSCOM or to CMC for implementation without change, BUMED has the prerogative to modify or reverse the recommendation.

15-82**Senior Board of Flight
Surgeons (SBFS)**

(1) The SBFSs at BUMED serves as the final appeal board to review aeromedical dispositions as requested by NAVPERSCOM, the Chief of Naval Operations (CNO), or CMC.

(2) The Board shall consist of a minimum of five members, three of whom shall be flight surgeons, and one of whom shall be a senior line officer as assigned by CNO (N98) or CMC. The presiding officer will be the Deputy Director, Healthcare Delivery assisted by the Director, Aerospace Medicine.

(3) Individuals whose cases are under review shall be offered the opportunity to appear before this Board.

(4) The medical recommendations of this Board shall be final and shall be forwarded to NAVPERSCOM or CMC within 5 working days of the completion of the Board.

15-83**Standards for
Aviation Personnel**

(1) *Differences between flying Classes.* In general, applicants for aviation programs are held to stricter physical standards than trained and designated personnel and will be less likely to be recommended for waivers. Refer to the Aeromedical Reference and Waiver Guide for specific information. Likewise, standards for Class III personnel are somewhat less stringent than for Class I and II; exceptions to disqualifying conditions for Class III personnel are listed in article 15-94 below.

(2) *Fitness for Duty.* Personnel must meet the physical standards for general military service in the Navy as a prerequisite before consideration for any aviation duty. Any member who has been the subject of either a limited duty board or PEB-adjudicated

medical board, must be found "fit for full duty" before he or she is eligible for a waiver of aeromedical standards.

15-84**Disqualifying Conditions
For all Aviation Duty**

In addition to the disqualifying defects listed in MANMED Chapter 15, Section III (Physical Standards), the following shall be considered disqualifying for all aviation duty.

(1) *Blood Pressure and Pulse Rate.* These measurements shall be determined after examinee has been sitting motionless for at least 5 minutes.

(a) *Blood Pressure.* Standing and supine measurements are not required.

(1) Systolic greater than 139 mm Hg.

(2) Diastolic greater than 89mm Hg.

(b) *Pulse Rate.* If the resting pulse is less than 45 or over 100, an electrocardiogram shall be obtained. A pulse rate of less than 45 or greater than 100 in the absence of a significant cardiac history and medical or electrocardiographic findings shall not in itself be considered disqualifying.

(2) *Ear, Nose, and Throat.* In addition to the conditions listed in articles 15-37 through 15-39, the following conditions are disqualifying:

(a) Any acute otorhinolaryngologic disease or disorder.

(b) A history of allergic rhinitis (seasonal or perennial) after the age of 12, unless the following conditions are met:

(1) Symptoms, if recurrent, are adequately controlled by topical steroid nasal spray, cromolyn nasal spray, leukotriene inhibitor, or authorized antihistamines.

(2) Waters' view x-ray of the maxillary sinuses shows no evidence of chronic sinusitis or other disqualifying condition.

(3) Nasal examination (using speculum and illumination) shows no evidence of mucosal edema causing nasal obstruction, nor nasal polyps of any size.

(4) Allergy immunotherapy has not been used within the past 12 months.

(5) Normal Eustachian tube function is present.

(c) Eustachian tube dysfunction with the inability to equalize middle ear pressure.

(d) Chronic serous otitis media.

(e) Cholesteatoma or history thereof.

(f) History of traumatic or surgical opening of the tympanic membrane (including PE tubes) after age 12 unless completely healed.

(g) Presence of traumatic or surgical opening of the inner ear.

(h) Auditory ossicular surgery.

(i) Any current nasal or pharyngeal obstruction except for asymptomatic septal deviation.

(j) Chronic sinusitis, sinus dysfunction or disease, or surgical ablation of the frontal sinus.

(k) History of endoscopic sinus surgery.

(l) Nasal polyps or a history thereof.

(m) Recurrent sinus barotrauma.

(n) Recurrent attacks of vertigo or dysequilibrium.

(o) Meniere's disease or history thereof.

(p) Acoustic neuroma or history thereof.

(q) Radical mastoidectomy.

(r) Recurrent calculi of any salivary gland.

(s) Speech impediment, which impairs communication, required for aviation duty. See article 15-95 below for "Reading Aloud" testing procedures.

(3) Eyes

(a) All aviation personnel shall fly with distant visual acuity corrected to 20/20 or better.

(1) If uncorrected distant visual acuity is worse than 20/100, personnel are required to carry an extra pair of spectacles.

(2) If uncorrected near visual acuity is worse than 20/40, personnel must have correction available.

(3) Contact lenses wear is authorized for ametropic designated aviation personnel of all classes as well as Class II and Class III applicants.

(4) SNA applicants whose uncorrected distant visual acuity does not exceed 20/400 may be eligible for a waiver authorizing use of contact lenses correction. SNA applicants whose uncorrected visual acuity exceeds 20/400 will not be waived for contact lenses use.

(5) The Aeromedical Reference and Waiver Guide provides additional guidelines and information required in support of contact lenses-related waivers.

(b) In addition to those conditions listed in article 15-42, the following conditions are disqualifying:

(1) Chorioretinitis or history thereof.

(2) Inflammation of the uveal tract; acute, chronic, recurrent or history thereof, except healed reactive uveitis.

(3) Pterygium which encroaches on the cornea more than 1 mm.

(4) Optic neuritis or history thereof.

(5) Herpetic corneal ulcer or keratitis or history of recurrent episodes.

(6) Severe lacrimal deficiency (dry eye).

(7) Elevated intraocular pressure as evidenced by a reading of greater than 22 mm Hg, by applanation tonometry. A difference of 5 mm Hg or greater between eyes is also disqualifying.

(8) Intraocular lens implants.

(9) History of lens dislocation or displacement.

(10) History of eye muscle surgery in personnel whose physical standards require stereopsis. Other aviation personnel with such history require a normal ocular motility evaluation before being found qualified.

(11) Defective color vision as evidenced by failure of the color vision lantern test or pseudo isochromatic plates (PIP), except for aviation physiology technicians. (See NAMI Waiver Guide for validated and accepted tests)

(12) Aura of visual migraine or other transient obscuration of vision.

(13) Eye surgery or any manipulation to correct poor vision such as radial keratotomy, photorefractive keratectomy, LASIK, intracorneal ring implants, orthokeratology (Ortho-K), or eye rubbing to reshape the cornea. Due to the Navy's progress with corneal refractive surgery, see the Aeromedical Reference and Waiver Guide for specific standards and waiver applicability.

(4) **Lungs and Chest Wall.** In addition to those conditions listed in article 15-42, the following conditions are disqualifying:

(a) Congenital and acquired defects of the lungs, spine, chest wall, or mediastinum that may restrict pulmonary function, cause air trapping, or affect the ventilation perfusion balance.

(b) Chronic pulmonary disease of any type.

(c) Surgical resection of lung parenchyma.

(d) Pneumothorax or any history thereof.

(e) Abnormal or unexplained chest radiograph findings.

(f) Positive PPD (tuberculin skin test) without documented evaluation or treatment.

(5) **Heart and Vascular.** In addition to those conditions listed in articles 15-43 and 15-52, the following conditions are disqualifying:

(a) Mitral valve prolapse (MVP). See the ARWG for submission requirements of "echo only" MVP.

(b) Bicuspid aortic valve.

(c) History or electrocardiogram (EKG) evidence of:

(1) Ventricular tachycardia defined as three consecutive ventricular beats at a rate greater than 99 beats per minute.

(2) Wolff-Parkinson-White syndrome or other pre-excitation syndrome predisposing to paroxysmal arrhythmias.

(3) All atrioventricular and intraventricular conduction disturbances, regardless of symptoms.

(4) Other EKG abnormalities consistent with disease or pathology and not explained by normal variation.

(6) **Abdominal Organs and Gastrointestinal System.** In addition to those conditions listed in article 15-44, the following conditions are disqualifying:

(a) Gastrointestinal hemorrhage or history thereof.

(b) Gastroesophageal reflux disease.

(c) Barrett's Esophagus.

(d) Irritable Bowel Syndrome unless asymptomatic and controlled by diet alone.

(7) **Endocrine and Metabolic Disorders.** In addition to those conditions listed in article 15-56, the following condition is disqualifying:

(a) Hypoglycemia or documented history thereof including postprandial hypoglycemia or if symptoms significant enough to interfere with routine function.

(b) All hypothyroidism.

(8) **Genitalia and Urinary System.** In addition to those conditions listed in articles 15-45 through 15-47, the following conditions are disqualifying:

(a) Urinary tract stone formation or history thereof.

(b) Hematuria or history thereof.

(c) Glomerulonephritis, glomerulonephropathy or history thereof.

(9) **Extremities.** In addition to those conditions listed in articles 15-49 through 15-51, the following conditions are disqualifying:

(a) Internal derangement or surgical repair of the knee including anterior cruciate ligament, posterior cruciate ligament, or lateral collateral ligaments.

(b) Absence or loss of any portion of any digit of either hand.

(10) **Spine.** In addition to the conditions listed in article 15-48, the following conditions are disqualifying:

(a) Chronic or recurrent spine (cervical, thoracic, or lumbosacral) pain likely to be accelerated or aggravated by performance of military aviation duty.

(b) Scoliosis greater than 20 degrees.

(c) Kyphosis greater than 40 degrees.

(d) Any fracture or dislocation of cervical vertebrae or history thereof; fracture of lumbar or thoracic vertebrae with 25 percent or greater loss of vertebral height or history thereof.

(e) Cervical fusion, congenital or surgical.

(11) **Neurological Disorders.** In addition to those conditions listed in article 15-57, the following conditions are disqualifying:

(a) History of unexplained syncope.

(b) History of seizure, except a single febrile convulsion, before 5 years of age.

(c) History of headaches or facial pain if frequently recurrent, disabling, requiring prescription medication, or associated with transient neurological impairments.

(d) History of skull penetration, to include traumatic, diagnostic, or therapeutic craniotomy, or any penetration of the duramater or brain substance.

(e) Any defect in bony substance of the skull interfering with the proper wearing of military aviation headgear or resulting in exposed dura or moveable plates.

(f) Encephalitis within the last 3 years.

(g) History of metabolic or toxic disturbances of the central nervous system.

(h) History of arterial gas embolism. Decompression sickness Type I or II, if not fully resolved. Comprehensive neurologic evaluation is required to document full resolution.

(i) Injury of one or more peripheral nerves, unless not expected to interfere with normal function or flying safety.

(j) History of closed head injury associated with traumatic brain injury or any of the following:

(1) CSF leak.

(2) Intracranial bleeding.

(3) Skull fracture (linear or depressed).

(4) Initial Glasgow Coma Scale of less than 15.

(5) Time of loss of consciousness and/or post-traumatic amnesia greater than 5 minutes.

(6) Post-traumatic syndrome (headaches, dizziness, memory and concentration difficulties, sleep disturbance, behavior or personality changes).

(12) **Psychiatric.** In addition to those conditions listed in article 15-58, the following conditions are disqualifying:

(a) History of Axis I diagnosis meeting current Diagnostic and Statistical Manual (DSM) criteria.

(1) Adjustment disorders are disqualifying only during the active phase.

(2) Substance-related disorders. Aviation specific guidelines regarding alcohol abuse and alcohol dependence are outlined in BUMEDINST 5300.8 series.

(b) History of Axis II personality disorder diagnoses meeting current DSM criteria. Personality disorders or prominent maladaptive personality traits result in a determination of NAA.

(13) **Systemic Diseases and Miscellaneous Conditions.** In addition to those conditions listed in articles 15-55 and 15-59, the following conditions are disqualifying:

(a) Sarcoidosis or history thereof.

(b) Disseminated lyme disease or lyme disease associated with persistent abnormalities that are substantiated by appropriate serology.

(c) Hematocrit. Aviation specific normal values: Males, 40.0-52.0; females, 37.0-47.0.

(1) Values outside normal ranges (average of three separate blood draws) require hematology or internal medicine consultation. If no pathology is detected, the following values are not considered disqualifying: Males, 38.0-39.9; females, 35.0-36.9.

(2) Any anemia associated with pathology is disqualifying.

(d) Chronic disseminated infectious diseases not otherwise listed in 15-55, 15-59 or the Aeromedical Reference and Waiver Guide.

(e) Chronic systemic inflammatory or autoimmune diseases not otherwise listed in 15-55, 15-59 or the Aeromedical Reference and Waiver Guide.

(14) **Obstetrics and Gynecology.** In addition to those conditions listed in article 15-45, the following conditions are disqualifying for Class I and Class II personnel:

(a) Pregnancy.

(b) Refer to OPNAVINST 3710.7 series for Class I and Class II personnel during the first and second trimester.

(15) **Medication.** Any dietary supplement use or chronic use of medication is disqualifying except for those supplements and medications specifically listed in the Aeromedical Reference and Waiver Guide as not disqualifying.

15-85

Class I: Personnel Standards

In addition to the standards in Chapter 15, Section III (Physical Standards) and the general aviation standards, Class I aviators must meet the following standards.

(1) Vision

(a) **Distant Visual Acuity.** 20/400 or better each eye uncorrected, corrected to 20/20 or better each eye. The first time distant visual acuity of less than 20/20 is noted a manifest refraction (not cycloplegic) shall be performed recording the correction required for the aviator to see 20/20 in each eye (all letters correct on the 20/20 line).

(b) **Refraction.** Refractions will be recorded using minus cylinder notation. There are no limits. However, anisometropia may not exceed 3.50 diopters in any meridian.

(c) **Near Visual Acuity.** Must correct to 20/20 in each eye using either the AFVT or standard 16 Snellen or Sloan notation near point card. Bifocals are approved.

(d) **Depth Perception.** Only stereopsis is tested. Must pass any one of the following three tests:

(1) AFVT: at least A - D with no misses.

(2) Circle Stereogram (See the NAMI Waiver Guide for validated and accepted tests): 40 arc second circles.

(3) Stereopter (See the NAMI Waiver Guide for validated and accepted tests): 8 of 8 correct on the first trial or, if any are missed, 16 of 16 correct on the combined second and third trials.

(e) **Field of Vision.** Must be full.

(f) Oculomotor Balance

(1) No esophoria more than 6.0 prism diopters.

(2) No exophoria more than 6.0 prism diopters.

(3) No hyperphoria more than 1.50 prism diopters.

(4) Tropia or Diplopia in any direction of gaze is disqualifying.

(g) **Color Vision.** Must pass any one of the following two tests:

(1) Color vision lantern test: 9 of 9 correct on the first trial or, if any are missed, at least 16 of 18 correct on the combined second and third trials. (See NAMI Waiver Guide for validated and accepted tests)

(2) PIP color plates (Any red-green screening test with at least 14 diagnostic plates; see manufacturer instructions for scoring information), randomly administered under a True Daylight Illuminator lamp: scoring plates 2-15, at least 12 of 14 correct. (See the NAMI Waiver Guide for validated and accepted tests)

(h) **Fundoscopy.** No pathology present.

(i) **Intraocular Pressure.** Must be less than or equal to 22 mm Hg. A difference of 5 mm Hg or greater between eyes requires an ophthalmology consult, but if no pathology noted, is not considered disqualifying.

(2) **Hearing (ANSI 1969)**

TABLE 1

Frequency (Hz)	Better Ear (dB)	Worse Ear (dB)
500	35	35
1000	30	30
2000	30	50

(3) **Chest X-Ray.** At accession and as clinically indicated.

(4) **EKG.** At accession and at ages 25, 30, 35, 40, 45, 50, and annually thereafter.

(5) **Fecal Occult Blood Testing.** Required annually age 50 and older or if personal or family history dictates. Digital rectal exam is not required.

(6) **Self Balance Test.** Must pass.

(7) **Dental.** Must have no defect which would react adversely to changes in barometric pressure (Type I or II dental examination required).

(8) **Alcohol abuse or dependence statement.** DD Form 2807. The following statement shall be added: "Have you ever been diagnosed or had any level of treatment for alcohol abuse or dependence?"

15-86

Student Naval Aviator
(SNA) Applicants

All applicants for pilot training must meet Class I standards except as follows:

(1) **Vision**

(a) **Visual Acuity, Distant and Near.** Uncorrected visual acuity must not be less than 20/40 each eye, correctable to 20/20 each eye using a Sloan letter crowded eye chart. Vision testing procedures shall comply with those outlined on the Aerospace Reference and Waiver Guide.

(b) **Refraction.** If uncorrected distant visual acuity is less than 20/20 either eye, a manifest refraction must be recorded for the correction required to attain 20/20. If the candidate's distant visual acuity is 20/20, a manifest refraction is not required. Total myopia may not be greater than -1.50 diopters in any meridian, total hyperopia no greater than +3.00 diopters in any meridian, or astigmatism no greater than -1.00 diopters. The astigmatic correction shall be reported in minus cylinder format.

(c) **Cycloplegic Refraction.** This is required for all candidates to determine the degree of spherical ametropia. The refraction should be performed to maximum plus correction to obtain best visual acuity. Due to the effect of lens aberrations with pupil dilation, visual acuity or astigmatic correction, which might disqualify the candidate, should be disregarded if the candidate meets the standards for visual acuity and astigmatism with manifest refraction.

(d) **Near Point of Convergence.** Not required.

- (e) *Slit Lamp Examination.* Required.
- (f) *Dilated Fundus Examination.* Required.

(2) *Hearing (ANSI 1969)*

TABLE 2

Frequency (Hz)	Decibel (dB)
500	25
1000	25
2000	25
3000	45
4000	55

(3) *Reading Aloud Test.* Required if speech impediment exists or history of speech therapy or facial fracture. See article 15-95 for text.

(4) *DD Form 2807*, and the SF 507, Continuation of DD Form 2807, shall be completed and signed by the applicant.

15-87

Class II Personnel: Designated Naval Flight Officer (NFO) Standards

(1) Must meet Class I standards except as follows:

(a) *Vision*

(1) *Visual Acuity, Distant and Near.* No limit uncorrected. Must correct to 20/20 each eye.

(2) *Refraction.* No limits.

(3) *Oculomotor Balance.* No obvious heterotropia or symptomatic heterophoria (NOHOSH).

(4) *Depth Perception.* Not required.

15-88

Class II Personnel: Applicant Naval Flight Officer (NFO) Standards

(1) Must meet Class I standards, except as follows:

(a) *Vision*

(1) *Visual Acuity, Distant and Near.* No limit uncorrected. Must correct to 20/20 each eye. If the AFVT or Sloan letter crowded eye chart letters are used, a score of 7/10 on the 20/20 line constitutes meeting visual acuity requirements.

(2) *Refraction.* Manifest refraction must not exceed +/-8.00 diopters in any meridian (sum of sphere and cylinder) with astigmatism no greater than -3.00 diopters. Refraction must be recorded in minus cylinder format. Must have no more than 3.50 diopters of anisometropia.

(3) *Oculomotor Balance.* NOHOSH.

(4) *Depth Perception.* Not Required.

(5) *Slit Lamp Examination.* Required.

(b) *Hearing.* Same as SNA Applicant.

(c) *Reading Aloud Test.* Required if a speech impediment exists or history of speech therapy or facial fracture. See article 15-95 for text.

(d) *The SF 507, Continuation of DD Form 2807, Aeromedical Applicant Questionnaire.* This form shall be completed and signed by the applicant.

15-89**Class II Personnel:
Designated Naval Flight
Surgeon, Naval Aerospace
Physiologist, Naval Aerospace
Experimental Psychologist,
and Naval Aerospace
Optometrist Standards**

(1) Must meet Class I standards, except as follows:

(a) *Vision*

(1) Visual Acuity, Distant and Near. No limit uncorrected. Must correct to 20/20 each eye. If the AFVT or Sloan letter crowded eye chart letters are used, a score of 7/10 on the 20/20 line constitutes meeting visual acuity requirements.

(2) Refraction. No limits.

(3) Oculomotor Balance. NOHOSH.

(4) Depth Perception. Not Required.

15-90**Class II Personnel:
Applicant Naval Flight
Surgeon, Naval Aerospace
Physiologist, Naval Aerospace
Experimental Psychologist,
and Naval Aerospace
Optometrist Standards**

(1) All applicants must meet SNA Applicant standards except as follows:

(a) *Vision*

(1) Visual Acuity, Distant and Near. No limit uncorrected. Must correct to 20/20 each eye. If the AFVT or Sloan letter crowded eye chart letters are used, a score of 7/10 on the 20/20 line constitutes meeting visual acuity requirements.

(2) Refraction. No limits.

(3) Slit Lamp Exam. Required for all applicants.

15-91

**Class II Personnel:
Designated and
Applicant Naval
Aircrew (Fixed Wing)
Standards**

(1) Must meet Class I standards except as follows:

(a) *Vision*

(1) *Visual Acuity, Distant and Near.* No limit uncorrected. Must correct to 20/20 each eye. If the AFVT or Sloan letter crowded eye chart letters are used, a score of 7/10 on the 20/20 line constitutes meeting visual acuity requirements.

(2) *Refraction.* No limits.

(3) *Oculomotor Balance.* NOHOSH.

(4) *Depth Perception.* Not required.

(b) *Hearing.* Designated must meet Class I standards. Applicants must meet SNA Applicant standards.

15-92

**Class II Personnel:
Designated and
Applicant Naval
Aircrew (Rotary Wing)
Standards**

(1) USN and USMC must meet Class I standards, except as follows:

(a) *Vision*

(1) *Visual Acuity, Distant and Near.* Must be uncorrected 20/100 or better, each eye

corrected to 20/20. If the AFVT or Sloan letter crowded eye chart letters are used, a score of 7/10 on the 20/20 line constitutes meeting visual acuity requirements.

(2) *Refraction.* No limits.

(3) *Oculomotor Balance.* NOHOSH.

(b) *Hearing.* Designated must meet Class I standards. Applicants must meet SNA Applicant standards.

15-93

**Class II Personnel:
Designated and Applicant
Aerospace Physiology
Technician Standards**

(1) Must meet Class I standards except as follows:

(a) *Vision*

(1) *Visual Acuity, Distant and Near.* No limit uncorrected. Must correct to 20/20 each eye. If the AFVT or Sloan letter crowded eye chart letters are used, a score of 7/10 on the 20/20 line constitutes meeting visual acuity requirements.

(2) *Refraction.* No limits.

(3) *Depth Perception.* Not required.

(4) *Color Vision.* Not required.

(b) *Hearing.* Designated must meet Class I standards. Applicants must meet SNA applicant standards.

(c) *Age.* Applicants must be less than 32 years of age.

(d) *Sinus X-rays.* Applicants must submit sinus films to NAMI Code 342 with initial physical examination.

15-94**Class III Personnel:
Non-Disqualifying
Conditions**

(1) Class III personnel must meet standards for aviation personnel in article 15-84, but within those limitations, the following conditions are not considered disqualifying.

(a) Hematocrit between 38.0 and 39.9 percent in males or between 35.0 and 36.9 percent in females, if asymptomatic.

(b) Nasal or paranasal polyps.

(c) Chronic sinus disease, unless symptomatic and requiring frequent treatment.

(d) Lack of valsalva or inability to equalize middle ear pressure.

(e) Congenital or acquired chest wall deformities, unless expected to interfere with general duties.

(f) Mild chronic obstructive pulmonary disease.

(g) Pneumothorax once resolved.

(h) Surgical resection of lung parenchyma if normal function remains.

(i) Paroxysmal supraventricular dysrhythmias, after normal cardiology evaluation, unless symptomatic.

(j) Cholecystectomy, once resolved.

(k) Hyperuricemia.

(l) Renal stone once passed or in stable position.

(m) Internal derangements of the knee unless restricted from general duty.

(n) Recurrently dislocating shoulder.

(o) Scoliosis, unless symptomatic or progressive. Must meet general standards.

(p) Kyphosis, unless symptomatic or progressive. Must meet general standards.

(q) Fracture or dislocation of cervical spine.

(r) Cervical fusion.

(s) Thoracolumbar fractures.

(t) History of craniotomy.

(u) History of decompression sickness.

(v) Anthropometric standards do not apply.

(w) No limits on resting pulse if asymptomatic.

15-95**Class III Personnel:
ATCs-Military and
Department of the
Navy Civilians,
Designate, and
Applicant Standards**

(1) Military must meet the standards in Chapter 15, Section III (Physical Standards); civilians shall be examined in military MTFs, by a naval flight surgeon, and must meet the general requirements for Civil Service employment as outlined in the Office of Personnel Management, Individual Occupational Requirements for GS-2152: Air Traffic Control Series. Both groups have the following additional requirements:

(a) Vision

(1) **Visual Acuity, Distant and Near.** No limit uncorrected. Must correct to 20/20 or better in each eye. If the Armed Forces Vision Test (AFVT) or Sloan letter crowded eye chart letters are used, a score of 7/10 on the 20/20 line constitutes meeting visual acuity requirements.

(2) **Phorias.** NOHOSH.

(3) **Depth Perception.** Not required.

(4) *Slit Lamp Examination.* Required for applicants only.

(5) *Intraocular Pressure.* Must meet aviation standards.

(6) *Color Vision.* Must meet Class I standards.

(b) *Hearing.* Applicants must meet SNA Applicant standards. Designated must meet Class I standards.

(c) *Reading Aloud Test.* The "Banana Oil" test is required for all applicants and other aviation personnel as clinically indicated.

"You wished to know about my grandfather. Well, he is nearly 93 years old; he dresses himself in an ancient black frock-coat, usually minus several buttons; yet he still thinks as swiftly as ever. A long, flowing beard clings to his chin, giving those who observe him a pronounced feeling of the utmost respect. When he speaks, his voice is just a bit cracked and quivers a trifle. Twice each day he plays skillfully and with zest upon our small organ. Except in winter when the ooze of snow or ice is present, he slowly takes a short walk in the open air each day. We have often urged him to walk more and smoke less, but he always answers "Banana Oil." Grandfather likes to be modern in his language."

(d) *Pregnancy.* Pregnant ATCs are to be considered PQ, barring medical complications, until such time as the medical officer, the member or the command determines the member can no longer perform as an ATC.

(e) *Department of the Navy Civilian ATCs.*

(1) There are no specific height, weight, or body fat requirements.

(2) When a civilian who has been ill in excess of 30 days returns to work, a formal flight surgeon's evaluation shall be performed prior to returning to ATC duties. NAVMED 6410/2 shall be used to communicate clearance for ATC duties to the commanding officer.

(3) Waiver procedures are listed in the Aeromedical Reference and Waiver Guide.

15-96

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 Commanding Officer)**

(1) Frequency of screening is annual. Waivers of physical standards are determined locally by the senior medical department representative and commanding officer. No BUMED or NAVPERSCOM submission or endorsement is required. Must meet the standards in Chapter 15, Section III (Physical Standards), except as follows:

(a) *Vision*

(1) *Visual Acuity, Distant and Near.* No limits uncorrected. Must correct to 20/20. If the AFVT or Sloan letter crowded eye chart letters are used, a score of 7/10 on the 20/20 line constitutes meeting visual acuity requirements.

(2) *Field of Vision.* Must have full field of vision.

(3) *Depth Perception.* Must meet Class I standards.

(4) *Color Vision.* Must meet Class I standards.

15-97

**Class III Personnel:
Non-Critical Flight Deck
Personnel Standards**

(1) This paragraph includes all personnel not defined as critical. Frequency of screening is annual. Must meet the standards in Chapter 15, Section III (Physical Standards) except as follows:

(a) *Visual Acuity, Distant and Near.* No limits uncorrected. Must correct to 20/40 or better in one eye, 20/30 or better in the other.

Note. Because of the safety concerns inherent in performing duties in the vicinity of turning aircraft, flight line workers should meet the same standards as their flight deck counterparts.

15-98

**Class III Personnel:
Personnel Who
Maintain Aviator
Night Vision Standards**

(1) Personnel, specifically those aircrew survival equipmentmen (USN PR or USMC MOS 6060) and aviation electrician's mates (USN AE or USMC MOS 64xx), assigned to duty involving maintenance of night vision systems, or selected for training in such maintenance, shall be examined annually to determine visual standards qualifications. Record results in the member's health record. Waivers are not considered. Standards are as follows:

(a) *Distant Visual Acuity.* Must correct to 20/20 or better in each eye and correction must be worn. If the AFVT or Sloan letter crowded eye chart letters are used, a score of 7/10 on the 20/20 line constitutes meeting visual acuity requirements.

(b) *Near Visual Acuity.* Must correct to 20/20.

(c) *Depth Perception.* Not required.

(d) *Color Vision.* Must meet Class I standards.

(e) *Oculomotor Balance.* No obvious heterotropia or symptomatic heterophoria (NOHOSH).

15-99

**Class IV Personnel:
Applicant Active Duty and
DON/DoD-GS Unmanned Aircraft
Systems (UAS) Operator Standards
[Air Vehicle Operators (AVO),
Sensor Operators (SO), Mission
Payload Operators (MPO),
and Unmanned Aircraft
Systems Commanders UAC]**

Note: Civilian contract operators must abide by their individual contracts.

(1) Please see the U.S. Navy Aeromedical Reference and Waiver Guide, Chapter 1, Aviation Physical Standards, for all details.

15-100

**Selected Passengers,
Project Specialists,
and Other Personnel**

(1) Refer to OPNAVINST 3710.7 series. When ordered to duty involving flying for which special requirements have not been prescribed, personnel shall, prior to engaging in such duties, be examined to determine their physical qualification for aerial flights, an entry made in their Health Record, and a NAVMED 6410/2 issued if qualified. The examination shall relate primarily to the circulatory system, musculoskeletal system, equilibrium, neuropsychiatric stability, and patency of the Eustachian tubes, with such additional consideration as the individual's specific flying duties may indicate. The examiner shall attempt to determine not only the individual's physical qualification to fly a particular aircraft or mission, but also the physical qualification to undergo all required physical and physiological training associated with flight duty. No individual shall be found fit to fly unless fit to undergo the training required in OPNAVINST 3710.7 series, for the aircraft or mission.

(a) Vision

(1) *Visual Acuity, Distant and Near.* No limits uncorrected. Must correct to 20/50 or better in one eye.

15-101

**Naval Aviation and
Survival Training
Instructors (NAWSTI) and
Rescue Swimmer School
Training Programs Standards**

(1) Applicants, designated and instructor rescue swimmers must meet the general standards outlined in Chapter 15, Section III. In addition, the following standards apply:

(a) Visual Acuity, Distant and Near

(1) *Applicant Surface Rescue Swimmer.* No worse than 20/100 uncorrected in either eye. Must correct to 20/20 each eye.

(2) *Designated Surface Rescue Swimmer.* No worse than 20/200 uncorrected in either eye. Must correct to 20/20 each eye.

(3) *Naval Aviation Water Survival Training Program Instructor.* No limits uncorrected. Must correct to 20/20 in the better eye, no less than 20/40 in the worse eye.

(4) *All categories.* If the AFVT or Sloan letter crowded eye chart letters are used, a score of 7/10 on the 20/20 line constitutes meeting visual acuity requirements.

(b) *Psychiatric.* Because of the rigors of the high risk training and duties they will be performing, the psychological fitness of applicants must be carefully appraised by the examining physician. The objective is to elicit evidence of tendencies which militate against assignment to these critical duties. Among these are below average intelligence, lack of motivation, unhealthy motivation, history of personal ineffectiveness, difficulties in interpersonal relations, a history of irrational behavior or irresponsibility, lack of adaptability, or documented personality disorders.

-- CONTINUED ON NEXT PAGE--

(1) Any examinee diagnosed by a psychiatrist or clinical psychologist as suffering from depression, psychosis, manic-depression, paranoia, severe neurosis, severe borderline personality, or schizophrenia will be recommended for disqualification at the time of initial examination.

(2) Those personnel with minor psychiatric disorders such as acute situational stress reactions must be evaluated by the local medical officer in conjunction with a formal psychiatric evaluation when necessary. Those cases which resolve completely, quickly and without significant psychotherapy can be found fit for continued duty. Those cases in which confusion exists, review by the TYCOM force medical officer for fleet personnel or the Director, Bureau of Medicine and Surgery, Qualifications and Standards for shore-based personnel. Any consideration for return to duty in these cases must address the issue of whether the service member, in the opinion of the medical officer and the member's commanding officer, can successfully return to the specific stresses and environment of surface rescue swimmer duty.

(c) **Special Requirements**

(1) Surface designated rescue swimmer school training program instructors (RSSTPI), surface rescue swimmers, applicant and designated, and non-aviation designated NAWSTI, will have their physical examination conducted by any privileged provider under the guidance and periodicity provided in Section I. Waiver requests must be submitted to BUMED, Director of Surface Medicine.

(2) Aviation designated NAWSTI and aviation designated RSSTPI will have their physical examinations performed by a Flight Surgeon and will be examined per the requirements of their aviation designation. Waiver requests will be processed following article 15-79.

15-102

Diving Duty Examinations and Standards

(1) **Purpose.** Personnel whose duty exposes them to a hyperbaric environment must conform to the physical standards for Diving Duty. Such personnel include, US Navy Divers, those engaged in hyperbaric chamber duty (clinical, research, and recompression), hyperbaric sonar dome work, ship/boat divers, and candidates for similar duty that are trained in a U.S. Navy program (including Army OOB (diver) and Army and Air Force special operations). Compartment workers who are submariners and have a current medical examination filed in their health record will be considered qualified for hull containment testing, non submariners or divers will require a diving duty medical examination. Special Warfare (SEAL) and Special Operations (EOD, Marine Force Recon) personnel who are Navy divers will follow the standards in article 15-105.

Note. The physical qualification standards for diving duty are a combination of standards required for initial acceptance into active duty and the additional standards listed in this chapter. Personnel on diving duty (designated Navy divers) must continue to meet this combined set of physical qualifications for continued diving duty service.

(2) It is therefore critical that the undersea medical officer (UMO), medically evaluating fitness for diving duty, be familiar with the physical standards required for initial acceptance for active duty in addition to the standards listed below.

(3) Waivers for initial application or continuance of duty may be requested if a disqualifying condition exists. The waiver request is routed from the attending UMO to NAVPERSCOM via the type commander (TYCOM) medical officer and BUMED Undersea Medicine and Radiation Health. Appropriate documentation for the waiver request includes:

(a) A special SF 600, prepared by the UMO, requesting the waiver referencing the specific standard for which the member is NPQ, a clinical synopsis including brief history, focused examination, clinical course, appropriate ancillary studies,

and appropriate specialty consultation, followed by a recommendation of "waiver recommended" or "waiver not recommended" with supporting rationale. An interim waiver can be requested via TYCOM Force Medical Officer from BUMED by e-mail.

(b) Endorsement by the member's commanding officer.

(c) Documentation of pertinent studies supporting the waiver or recommending disqualification (it is necessary to attach actual study results).

(d) Specialty consult supporting the waiver or recommending disqualification.

(4) A Diving Medical Examination (DME) will consist of a completed Medical History (DD 2807-1) and Medical Examination (DD 2808) with special attention to organ systems which affect the member's ability to safely function in underwater and various pressure environments.

(5) *Frequency of Examinations*

(a) The DME is performed on candidates when applying for initial diving duty. The anniversary examination is performed on designated divers at birth date at ages 20, 25, 30, 35, 40, 45, 50, and annually thereafter, and in support of waiver requests when a diver's physical condition requires a finding of NPQ for diving duty.

(b) All members on diving duty will have annual periodic health assessment (PHA) to maintain diving duty qualifications. This will include recommended preventive health examinations. For designated divers, the annual PHA will include documentation of skin cancer screening. Additionally, all designated divers require surveillance of hearing by having an audiogram performed at a minimum of every 5 years. If at any time a persisting significant threshold shift is documented, follow-up per occupational health and audiology requirements is mandated and surveillance must occur at a minimum of every 2 years. When a member's hearing falls outside the diving duty standards, a waiver must be pursued.

(6) *DMEs will be performed by one of the following:*

(a) A medical officer who has successfully completed the UMO course at the Naval Undersea Medical Institute (NUMI) and includes the diving medical officer (DMO) course given at the Navy Diving and Salvage Training Center (NDSTC). This officer will carry the secondary specialty code for UMO.

(b) Any Navy credentialed physician or other health care provider (see article 15-4) may perform a DME, but it must be reviewed and countersigned by a credentialed UMO (see article 15-102(6)(a) above).

(7) All applicants for initial and advanced dive training must have a valid MILPERS 1220 Exhibit 8, U.S. Military Diving Medical Screening Questionnaire, completed and signed by a UMO no later than 1 month prior to actual transfer to dive training. This document serves as an interval medical history from the time the original DD 2807-1/2808 were completed until time of transfer for accession to training in basic and advanced diving duty, as well as medical record screening for any missed or new condition that may be considered disqualifying (CD). Any condition found to be CD that has not been properly addressed previously, needs to be resolved *prior* to the member's transfer to dive training. The Exhibit 8 should be added to the member's medical record.

(7) *Diving Duty Standards*

(a) *General.* Any disease or condition that causes chronic or recurrent disability for duty assignment or has the potential of being exacerbated by the hyperbaric environment or diving duty is disqualifying.

(b) *Ear, Nose, and Throat*

(1) Chronic Eustachian tube dysfunction or inability to equalize middle ear pressure is disqualifying.

(2) Any persistent vertigo, disequilibrium, or imbalance with inner ear origin is disqualifying.

(3) Maxillofacial or craniofacial abnormalities precluding the comfortable use of diving headgear including headgear, mouthpiece, or regulator is disqualifying.

(4) Hearing in the better ear must meet standards for initial acceptance for active duty. While not disqualifying for diving duty, unilateral high-frequency hearing loss should receive appropriate otology evaluation and surveillance monitoring.

(5) Designated divers with full recovery from either tympanic membrane perforation or acute sinusitis may be reinstated at the discretion of the UMO.

(c) Eyes and Vision

(1) All Divers must have a minimum corrected visual acuity of 20/25 in one eye.

(2) Minimum uncorrected visual acuity:

(a) DMO, basic diving officer, self contained undersea breathing apparatus (SCUBA) divers, hyperbaric exposure non-diver qualified: +/- 8.00 diopters.

(b) Second Class diver, Navy Hospital Corpsman (NEC 8403-8427) assigned to diving duty, Army 21 series, Army or Air Force special operations: 20/20 in each eye.

(3) History of refractive corneal surgery is not considered disqualifying. However, candidates must wait 3 months following their most recent surgery (PRK or LASIK), have satisfactory improvement in visual acuity, and be fully recovered from any surgical procedure. A designated diver must wait 1 month post-LASIK/PRK and be fully recovered from any surgical procedure with satisfactory improvement in their visual acuity prior to resumption of diving.

(4) Orthokeratology lasting 6 months after cessation of hard contact lens wear is disqualifying.

(5) Lack of adequate color vision is disqualifying. See article 15-36(1)(d). Waivers will be considered on a case-by-case basis.

(d) Pulmonary

(1) Spontaneous pneumothorax is disqualifying.

(2) Traumatic pneumothorax (other than that caused by a diving-related pulmonary barotrauma) is disqualifying. A waiver request will be considered for a candidate or designated diver after a period of at least 6 months and must include:

(a) Normal pulmonary function testing.

(b) Standard, non-contrast chest CT.

(c) Favorable recommendation from a pulmonologist.

(d) Final evaluation and approval by attending UMO.

(3) Chronic obstructive or restrictive pulmonary disease is disqualifying.

(4) Candidates and designated divers undergoing drug therapy for a positive purified protein derivative (PPD) must complete a full course of INH therapy prior to the start of diver training or reinstatement to diving duty.

(5) Diving-related pulmonary barotrauma:

(a) Designated divers who experience mediastinal or subcutaneous emphysema following a violation of procedure are NPQ for diving duty for 1 month. They may be returned to diving duty following completion of the waiver process via BUMED to NAVPERS, if the diver is asymptomatic and is determined to have a normal, standard, non-contrast chest CT.

(b) A history of pulmonary barotrauma in a diver candidate is disqualifying. Designated divers who experience a pulmonary barotrauma following a dive with no procedural violations or a second episode of pulmonary barotrauma, are considered disqualified for diving duty. A waiver request will be considered if the diver is asymptomatic after 1 month and must include:

1. Pulmonary function testing.
2. Standard, non-contrast chest CT.
3. Favorable recommendation from a pulmonologist.
4. Evaluation by a UMO.

(e) **Skin.** Skin cancer or severe chronic or recurrent skin conditions exacerbated by sun exposure, diving, the hyperbaric environment or the wearing occlusive attire (e.g., a wetsuit) are disqualifying.

(f) **Gastrointestinal.** Current Section III standards, except:

(1) Gastroesophageal reflux disease that does not interfere with, or is not aggravated by, diving duty is not considered physically disqualifying.

(2) Designated divers with full recovery from acute infections of abdominal organs may be reinstated at the discretion of the UMO.

(3) Designated divers with a history of symptomatic or bleeding hemorrhoid may be reinstated at the discretion of the UMO.

(4) Designated divers with full recovery from abdominal surgery (including hernia repair) may apply for a waiver via the BUMED Director for Undersea and Special Operations to NAVPERS after 3 months of post-operative recovery.

(5) Gastric bypass surgery is disqualifying.

(g) **Genitourinary**

(1) Abnormal gynecologic cytology without evidence of invasive cancer requires appropriate evaluation and treatment, but is not considered disqualifying for diving duty. Invasive cancer is disqualifying.

(2) Designated divers with full recovery from acute infections of genitourinary organs may be reinstated at the discretion of the UMO.

(3) Pregnancy is CD for diving duty upon diagnosis. Post-partum members are eligible for diving duty at 6 months post spontaneous vaginal

delivery or caesarian section. Return to earlier duty requires waiver request via the BUMED Director for Undersea and Special Operations and NAVPERS.

(h) **Chronic Viral Infections.** Such as chronic hepatitis B, hepatitis C, or HIV are disqualifying. Chronic viral infections not associated with development of cancer (e.g., herpes simplex) are not disqualifying.

(i) **Dental**

(1) Any defect of the oral cavity or associated structures that interferes with the effective use of an underwater breathing apparatus is disqualifying.

(2) All divers must be DOD dental class 1 or 2 for diving duty.

(j) **Musculoskeletal**

(1) Any musculoskeletal condition that is chronic or recurrent which predisposes to diving injury, limits the performance of diving duties, or may confuse the diagnosis of a diving injury is disqualifying.

(2) Long bone pain in saturation or career divers should be aggressively evaluated with appropriate imaging. Any history, documentation, or x-ray finding of osteonecrosis involving articular surfaces is permanently disqualifying. Shaft involvement requires a waiver and annual longitudinal follow-up.

(3) Any fracture (including stress fractures) is disqualifying if it is less than 3 months post injury, and if there are any residual symptoms. Designated divers with full recovery from uncomplicated fractures with no residual pain may be reinstated at the discretion of the UMO.

(4) Bone or joint surgery is disqualifying if it is within 6 months and if there is any significant or functional residual symptoms. Retained hardware is not disqualifying unless it results in limited range of motion.

(k) **Psychiatric**

(1) Any Axis one or two DSM IV diagnosis is disqualifying until waiver is obtained by adjudication from NAVPERS via the BUMED Director for Undersea and Special Operations. Treatment of any emotional, psychologic, behavioral, or mental dysfunction should be completed and the

diver asymptomatic before return to duty is supportable by a waiver. No time limit is required post treatment but the recommendation of the attending mental health professional of fitness for full duty and concurrent assessment of fitness for duty by the attending undersea medical officer is sufficient to begin the waiver process. Use of psychotropic medication for any purpose including those that are not psychiatric such as smoking, migraine headaches, pain syndromes, is not prohibited with diving duty but should be approved by the attending undersea medical officer and master diver.

(2) Diagnosis of alcohol dependency will result in disqualification until successful completion of a treatment program and a 1-year aftercare program. A diagnosis of alcohol abuse or alcohol incident will result in disqualification from diving duty until all recommended treatment or courses mandated by the member's current commanding officer and/or SARP have been fully completed. The attending UMO will document assessment on fitness to return to diving duty and submit a waiver request package via the Bureau of Medicine and Surgery, (BUMED) Director for Undersea and Special Operations to NAVPERS.

(l) Neurological

(1) Idiopathic seizures are disqualifying, except febrile convulsions before age 5. Two years of non-treated seizure-free time is necessary before a waiver will be considered. Seizures with known cause may be returned earlier to duty by waiver.

(2) Syncope, if recurrent, unexplained, or not responding to treatment is disqualifying.

Note. All DMEs require documentation of a full neurologic examination and tympanic membrane mobility in blocks 44 and 72b respectively on DD 2808.

(m) Decompression Sickness/Arterial Gas Embolism

(1) In diving duty candidates, any prior history of decompression sickness or arterial gas embolism is CD, and requires a waiver.

(2) Designated divers diagnosed with *any* decompression sickness (including symptoms of joint pain or skin changes) shall:

(a) Have an entry made in their medical record and signed by the attending UMO describing the events and treatment of the injury.

(b) Be evaluated by a cardiologist for the presence of a patent foramen ovale (PFO) with the results documented in the medical record.

(3) Designated divers diagnosed with AGE or DCS type II presenting with neurological, pulmonary or shock symptoms will be disqualified for diving duty pending NAVPERSCOM adjudication via BUMED Undersea Diving.

(a) Obtain brain +/- spine magnetic resonance imaging (MRI) (whichever is indicated) once the diver's condition is stabilized within 1 week from the time of the injury.

(b) If initial MRI is negative, and the diver had complete relief of symptoms following treatment, the diver can be returned to duty in 30 days following documentation in the Service member's record details of the clinical presentation, subsequent resolution of the injury, and interim waiver for return to duty by BUMED Undersea Medicine.

(c) If initial MRI shows acute findings, or the diver has residual symptoms following treatment, the diver will remain NPQ for diving duty until a waiver is obtained from NAVPERS for resumption of diving duty. The work up should include, at a minimum:

1. Initial MRI (within 1 week).
2. Follow-up MRI at 1 month.
3. Neurology consult.

(n) Miscellaneous

(1) The current use of bupropion for tobacco cessation is not disqualifying for diving duty, but attending UMO needs to put a note in the medical record authorizing continued diving duty while the Service member is taking the medication.

(2) Qualified divers or candidates for diving duty are NPQ for diving duty when they are taking INH for positive PPD testing. Waiver to return to diving duty must be obtained.

(8) Special Studies

(a) For candidates applying for initial dive duty and for designated divers undergoing anniversary physical examinations, the following special studies are required in support of DD 2808, and must be completed within the following timeframes:

(1) Within 3 months of the exam date:

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

(b) Electrocardiogram.

(c) Audiogram.

(d) Dental Class (must be Class I or II).

(e) PPD.

(f) Vision (visual acuity, manifest refraction if uncorrected distant or near visual acuity is less than 20/20, field of vision, IOP if >40YO, color vision testing following the MANMED article 15-36(1)(d)).

(g) CBC.

(h) Urinalysis.

(i) Fasting blood glucose.

(j) Hepatitis C screening.

(2) Any time prior to dive training (do not repeat for retention physicals):

(a) Blood type.

(b) G6PD.

(c) Sickle cell.

(b) In addition to BUMEDINST 6230.15 series (Immunization and Chemoprophylaxis) requirements, all diver candidates and designated divers must be immunized against both Hepatitis A and B. Diver candidates must have two doses of Hepatitis A immunization and at least the first two out of three doses of Hepatitis B immunization prior to the start of diver training.

15-103 Nuclear Field Duty

(1) *Characteristics.* Nuclear field duty involves work in the Naval Nuclear Propulsion Program. A very high degree of reliability, alertness, and good judgment is required in order for operations to be conducted safely and to maintain the integrity and accountability of these critical programs. It should be noted that nuclear field duty is not the same as occupational exposure to ionizing radiation (ionizing radiation work). While all nuclear field personnel must also be qualified as ionizing radiation workers, not all ionizing radiation workers are nuclear field personnel. Examples of the latter category are medical radiology personnel and industrial radiographers.

(2) *Applicability.* Current and prospective nuclear field personnel.

(3) Examinations

(a) *Periodicity.* For candidates, no more than 2 years before reporting for initial nuclear field training. Periodicity between examinations will not exceed 5 years up to age 50. After age 50, periodicity will not exceed every 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. Nuclear field 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 exam performed on a 20-year-old on the 15th of February 2010, the next examination must be completed by 31 March 2015. A complete physical examination is also required prior to returning to Nuclear Field Duty after a period of disqualification. All Nuclear Field Duty examinations shall be performed concurrently with a Radiation Medical Exam (RME), (per MANMED article 15-104 and the NAVMED P-5055) and documented separately on their respective forms.

(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 anxiety related to working with nuclear power,

difficulty getting along with other personnel, and history of suicidal or homicidal behavior (ideation, gesture, or attempt). The only laboratory tests required are those done for the concurrent RME. The examination shall be recorded on DD Form 2807-1 and DD Form 2808. Laboratory data and radiation-specific historical questions documented on the NAVMED 6470/13 for the RME need not be duplicated on the DD Form 2807-1 and DD Form 2808 for the Nuclear Field Duty examination. The following studies are required within 3 months prior to the exam:

(1) Audiogram.

(2) Visual acuity.

(3) Color vision (per MANMED Chapter 15, article 15-36(1)(d)).

(c) **Examiners.** Nuclear Field Duty physical 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) or graduate of a Residency in Aerospace Medicine (RAM) will be reviewed and co-signed by a UMO or RAM. All reviewing authority signatures must be accompanied by the "UMO" or "RAM" designation, as appropriate. 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 chapter define the conditions which are considered disqualifying for Nuclear Field Duty. The standards delineated in Chapter 15, Section III (General Standards) are universally applicable to all Nuclear Field Duty candidates. Certain of the General Standards are applicable to continued qualification for Nuclear Field Duty whereas others are not. UMOs and RAMs, based on their specialty training and subject matter expertise, are charged with applying the General Standards to qualified nuclear field personnel when appropriate to ensure physical and mental readiness to perform their duties without limitation. Standards in this article take precedence over General Standards where conflicts exist. All nuclear field personnel must meet the physical standards for occupational exposure to ionizing radiation (see MANMED article 15-104 and NAVMED P-5055). Submarine designated nuclear field personnel must meet the physical standards for submarine duty (see MANMED article 15-106). The reliability, alertness, and good judgment

of Naval Nuclear Weapons Program personnel is monitored and ensured by the requirements of the Personnel Reliability Program (SECNAVINST 5510.35 series).

(a) **General.** Any condition, combination of conditions, or treatment which may impair judgment or alertness, adversely affect reliability, or foster a perception of impairment is disqualifying. Nuclear field personnel returning to duty following an absence of greater than 7 days due to illness or injury, hospitalization for any reason, or after being reported on by a medical board must have a properly documented UMO or RAM evaluation to determine fitness for continued Nuclear Field Duty.

(b) **Hearing.** Demonstrated inability to communicate and perform duty is disqualifying.

(c) **Eyes**

(1) Visual acuity not correctable to 20/25 in at least one eye is disqualifying.

(2) Defective color vision is disqualifying. For qualified nuclear field workers, waiver requests must include a statement from the member's supervisor stating that the member is able to perform his or her job accurately and without difficulty. For candidates, the examiner must include evidence that primary and secondary colors can be discerned.

(d) **Psychological and Cognitive.** Psychological fitness for Nuclear Field Duty must be carefully and continuously evaluated in all nuclear field personnel. It is imperative that individuals working in these programs have a very high degree of reliability, alertness, and good judgment. Any current or history of an Axis I diagnosis as defined by the current version of the American Psychiatric Association's Diagnostic and Statistical Manual for Mental Disorders (DSM) is disqualifying, to include:

(1) Current or history of delirium, dementia, amnesic and other cognitive disorders, mental disorders due to a general medical condition, schizophrenia and other psychotic disorders, somatoform disorders, factitious disorders, dissociative disorders, eating disorders, and impulse-control disorders not elsewhere classified are disqualifying.

(2) Current or history of Mood Disorders and/or Anxiety Disorders (including Adjustment Disorders lasting longer than 30 days) as listed in the DSM Axis I is considered disqualifying, but may be considered for a waiver once the Service member's condition is stable and asymptomatic.

(a) Treatment of Mood Disorders and/or Anxiety Disorders (including Adjustment Disorders) with psychopharmaceuticals to achieve and maintain stabilization is waivable for Nuclear Field Duty qualified personnel, depending on the medications used and the timelines involved (see MANMED article 15-103, paragraph (4)(d)(2)(b)7, below). Candidates requiring treatment with psychopharmaceuticals are disqualified and not eligible for a waiver until treatment is complete (MANMED article 15-103, paragraph (4)(d)(11) applies).

(b) Waivers for continuation of Nuclear Field Duty while taking selected psychopharmaceuticals for Mood Disorders and/or Anxiety Disorders (including Adjustment Disorder) will require that all of the following criteria are met:

1. The Service member must be evaluated by a military-employed psychiatrist.

2. The condition must be categorized as stable, resolved, or in remission.

3. The Service member must be clinically stable on the recommended dosage of medication without any military duty performance-impairing side effects.

4. The Service member must have access to the recommended level of follow-up with their mental health provider and primary care manager (PCM). For submarine duty personnel, the condition must be stable enough to allow follow-up solely with an Independent Duty Corpsman for up to 6 months at a time. Nuclear Field Duty personnel assigned to aircraft carriers (CVN) will have ready access to Licensed Independent Practitioners (Physician Assistant (PA), Nurse Practitioner (NP), Physician, and Psychologist) for follow-up.

5. Personnel who have experienced suicidal ideation (SI) in conjunction with their Mood and/or Anxiety Disorder (including Adjustment Disorders) may still be considered for a psychopharmaceutical use waiver in conjunction with a waiver for their underlying psychological condition and their suicidal behavior.

6. Individuals who have displayed suicidality in the form of a suicidal gesture (SG) or suicide attempt (SA), as defined by a mental health professional, will not be eligible for a psychopharmaceutical use waiver. A waiver to return to Nuclear Field Duty after an SG or SA will require cessation of medication use in conjunction with complete resolution of their condition, in addition to a recommendation from a doctoral level mental health provider and the UMO or RAM.

7. Psychopharmaceutical specifics: Requirements before waiver consideration include:

i. Only Selective Serotonin Reuptake Inhibitor (SSRI)/Serotonin-Norepinephrine Reuptake Inhibitor (SNRI) medications are authorized for consideration of a waiver at this time.

ii. The Service member must have been on the medication for at least 3 months without complications or performance-impairing side effects.

iii. The Service member must be on a stable dosage of medication (i.e., no dose change in the month prior to waiver submission).

iv. The Service member's condition must be well-controlled (asymptomatic) on the current dose of medication.

(3) Post-Partum Depression of limited duration is not normally disqualifying for Nuclear Field Duty. Cases which resolve quickly, within the 6-week maternity leave period, may be found fit for Nuclear Field Duty by the attending UMO or RAM. Cases of longer duration and/or requiring psychopharmaceutical use and/or involving suicidality are disqualifying and waiver will be considered after complete resolution.

(4) Disorders usually first diagnosed in infancy, childhood, or adolescence, sleep disorders, and sexual and gender identity disorders are disqualifying if they interfere with safety and reliability or foster a perception of impairment.

(a) Current Attention Deficit Hyperactivity Disorder (ADHD) is disqualifying, but a history of ADHD greater than 1 year prior to military service is not disqualifying.

(b) Communication disorders, including but not limited to any speech impediment which significantly interferes with production of speech, repeating of commands, or allowing clear verbal communications, are disqualifying.

(5) Personality disorders are disqualifying for Nuclear Field Duty candidates. For nuclear field designated personnel, personality disorders may be administratively disqualifying if they are of significant severity as to preclude safe and successful performance of duties. In these cases, administrative processing should be pursued per the Military Personnel Manual (MILPERSMAN). The term "environmental unadaptability" is not a medical diagnosis and should not be used in medical assessments. A command may use "environmental unadaptability" as

justification for administrative disqualification from Nuclear Field Duty, particularly in those individuals whose maladaptive behavior precludes acceptable performance of their duties or fosters the perception of impairment or unreliability.

(6) Adjustment disorders and brief situational emotional distress such as acute stress reactions or bereavement are not normally disqualifying for Nuclear Field Duty. Individuals with these conditions shall be evaluated by the attending UMO or RAM, in conjunction with formal mental health evaluation. In cases which resolve completely within 30 days, individuals may be found fit for Nuclear Field Duty by the attending UMO or RAM. Conditions lasting longer than 30 days are disqualifying. Waiver may be considered after complete resolution.

(7) History of suicidal ideation, gesture, or attempt is disqualifying. These situations must be taken very seriously and require formal evaluation by a mental health specialist. Waivers will be considered based on the underlying condition as determined by the attending UMO or RAM and mental health professional. Any consideration for return to duty must address whether the Service member, in the written opinions of the attending UMO or RAM and mental health provider, can return successfully to the specific stresses and environment of Nuclear Field Duty.

(8) History of self-mutilation, including but not limited to cutting, burning, and other self-inflicted wounds, is disqualifying whether occurring in conjunction with suicidality or as an abnormal coping mechanism.

(9) *Substance Abuse and Dependence*

(a) Medically disqualifying for all nuclear field candidates. Waiver requests must include documentation of successful completion of treatment and aftercare.

(b) All qualified nuclear field personnel with substance abuse or dependence will be managed administratively per OPNAVINST 5355.3 series and do not require medical disqualification unless a medically disqualifying diagnosis is present in addition to substance abuse or dependence.

(c) Illicit drug use, historical or current, is to be managed administratively per OPNAVINST 5355.3 series, SECNAVINST 5300.28 series, and any other applicable directives.

(10) History of other mental disorders not listed above, which, in the opinion of the UMO or RAM, will interfere with or prevent satisfactory performance of Nuclear Field Duty is disqualifying.

(11) Any use of psychopharmaceuticals for any indication within the preceding year is disqualifying. Waivers will be considered for ongoing clinical treatment with SSRI/SNRI medications as per policy defined in MANMED article 15-103, paragraph (4)(d)(2) above. For use of all other psychopharmaceutical medications, waivers will be considered after a 60-day interval off medication if the individual has been examined and cleared by a doctoral level mental health provider. The mental health provider shall comment specifically on the presence or absence of any withdrawal, discontinuation rebound, or other such symptoms attributable to the episode of psychopharmaceutical use. Individuals who experience any of these symptoms must be symptom free for 60 days before a waiver will be considered.

(a) *For the purpose of this article, "psychopharmaceutical" is defined as a prescription medication with primary activity in the central nervous system. This includes, but is not limited to, all anti-depressants, anti-psychotics, anti-epileptics, sedative/hypnotics, stimulants, anxiolytics, smoking cessation agents other than nicotine, Drug Enforcement Agency (DEA) scheduled medications, and bipolar agents.*

Note. Many non-psychiatric medications possess psychopharmaceutical properties and are considered disqualifying per this article. Examples include: Isotretinoin (Accutane), mefloquine (Lariam), gabapentin (Neurontin), and others.

(b) *Exceptions.* Zolpidem (Ambien) prescribed for jet lag, medications prescribed or administered for facilitation of a medical or dental surgery or procedure, narcotic and synthetic opioid pain medications prescribed for acute pain management, anti-emetics for acute nausea, and muscle relaxants (such as cyclobenzaprine or diazepam) for acute musculoskeletal spasm and/or pain are not disqualifying. Acute treatment is limited to 2 weeks of continuous medication usage.

(c) Use of any DEA Schedule I drug for any reason, including religious sacraments, is disqualifying.

(e) Miscellaneous

(1) A history of chronic pain (e.g., abdominal pain, chest pain, and headache) which is recurrent or incapacitating such that it prevents completion of daily duty assignments or compromises reliability is disqualifying.

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

(5) *Waivers.* Requests for waiver of physical standards will be sent from the member's commander, commanding officer, or officer in charge to the appropriate Bureau of Naval Personnel code via Bureau of Medicine and Surgery (BUMED) Undersea Medicine and Radiation Health (BUMED-M3B3), and any applicable immediate superior in command (ISIC) and/or type commander (TYCOM). Interim dispositions may be granted by BUMED-M3B3 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 present in the formal package dictates a change in recommendation. Individuals with conditions which are also disqualifying for occupational exposure to ionizing radiation require consideration by the Radiation Effects Advisory Board per MANMED article 15-104 and NAVMED P-5055.

15-104**Occupational Exposure
to Ionizing Radiation**

(1) *General.* NAVMED P-5055, Radiation Health Protection Manual, is the governing document for the Navy's Radiation Health Protection Program. To ensure that the requirements of NAVMED P-5055 are met and to eliminate any potential for conflicting guidance, the specific standards and examination procedures for occupational exposure to ionizing radiation are found only in NAVMED P-5055, Chapter 2. The current version of NAVMED P-5055 is available on the Navy Medicine Web site at: <http://www.med.navy.mil/directives/Pages/Publications.aspx>.

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 waivable 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 2 years 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 behavior (ideation, gesture, attempt), 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 (Health and Reproductive Risk Counseling for Female Submariners and Submarine Candidates) is also required. If within required periodicity, portions of the examination typically

performed in conjunction with the annual women's health exam (e.g., breast, genitalia, pelvic, anus, and rectum) may be transcribed with proper attribution rather than repeated, and need not be performed by the examiner performing the submarine duty exam. The following studies are required within 3 months prior to the exam unless otherwise specified:

(1) PA and lateral x-rays of the chest (for candidates only).

(2) Latent tuberculosis infection skin testing within preceding 6 months.

(3) Audiogram.

(4) Visual acuity.

(5) Color vision (as determined by MANMED article 15-36(1)(d)).

(6) Dental exam.

(7) Pap smear within preceding 12 months (female only).

(8) Mammogram within preceding 12 months (female starting at age 40 or earlier if at high risk per current guidelines).

(c) **Examiners.** Submarine duty physical examinations may be performed by any physician, physician assistant, or nurse practitioner with appropriate clinical privileges. Examinations not performed by a 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 chapter define the conditions which are considered disqualifying for submarine duty. The standards delineated in Chapter 15, Section III (General Standards) are universally applicable to all submarine duty candidates. Certain of the General Standards are applicable to continued qualification for submarine duty whereas others are not. UMOs, based on their specialty training and subject matter expertise, are charged with applying the General Standards to qualified submarine personnel when appropriate to ensure physical and mental readiness to perform their duties without limitation. Standards in this article take precedence over General Standards where conflicts exist. Submariners who work in the nuclear

Propulsion Program must also meet the physical standards for nuclear field duty and occupational exposure to ionizing radiation (see MANMED articles 15-103 and 104 respectively). Ship's company divers must also meet the diving duty and occupational exposure to ionizing radiation standards (see MANMED articles 15-102 and 15-104, respectively).

(a) **General.** Any condition or combination of conditions which may be exacerbated by submarine duty or increase potential for MEDEVAC is disqualifying. Also, any condition, combination of conditions, or treatment which may impair the ability of one to safely and effectively work and live in the submarine environment is disqualifying. Submariners returning to duty following an absence of greater than 7 days due to illness or injury, hospitalization for any reason, or after being reported on by a medical board must have a documented UMO evaluation to determine fitness for continued submarine duty.

(b) **Ears**

(1) A history of chronic inability to equalize pressure is disqualifying. Mild eustachian tube dysfunction that can be controlled with medication is not disqualifying.

(2) Diminished unamplified auditory acuity impairing communication and performance of duties is disqualifying. For qualified personnel, the general duty hearing standards (MANMED article 15-38) do not apply.

(c) **Dental**

(1) Indication of, or currently under treatment for, any chronic infection or disease of the soft tissue of the oral cavity is disqualifying.

(2) Dental classification, as determined by a dental officer, of other than Department of Defense (DoD) Class 1 or 2 is disqualifying for candidates.

(3) Dental conditions requiring follow-up which significantly interferes with a member's performance of duty, including going to sea, are disqualifying.

(d) Eyes

(1) Visual acuity that cannot be corrected to 20/25 in at least one eye is disqualifying.

(2) Defective color vision is disqualifying except for enlisted rates CS, HM, LS, and YN. For submarine designated personnel, waiver requests must include a statement from the member's supervisor stating that the member is able to perform his or her job accurately and without difficulty. For candidates, the examiner must include evidence that primary and secondary colors can be discerned.

(3) All forms of corneal surgery are disqualifying except for PRK, LASEK, and LASIK. Waivers are not required for members who have had successful surgery if stable postoperative vision meets the criteria of MANMED article 15-106(4)(d) *(1)* above and the following are met:

(a) Candidates for submarine duty must have a 3-month waiting period following their most recent corneal surgery prior to their qualifying submarine duty examination.

(b) For qualified submariners

1. Prior authorization for surgery is required from the member's commanding officer.

2. Members must be on shore duty or in a shipyard maintenance period of at least 3 months and have at least 30 days remaining after surgery before any scheduled submarine operations.

3. A UMO interview and medical record entry is required after completion of surgery before the member can return to submarine duty.

(4) Keratoconus is disqualifying.

(5) Recurrent corneal abrasions associated with ocular infection are disqualifying.

(6) A history of iritis is disqualifying.

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

(8) Intraocular lens implants and depth perception deficits are not disqualifying.

(e) Pulmonary. Any chronic or recurring condition including but not limited to chronic obstructive pulmonary disease, sarcoidosis, pneumoconiosis, or chronic infection is disqualifying.

(1) Asthma or reactive airway disease (these terms are to be considered synonymous) after the 13th birthday is disqualifying. Waivers will be considered only for non-smokers with intermittent (vice persistent) asthma. All waiver requests shall include the following:

(a) Report from a residency trained primary care physician or pulmonologist characterizing the asthma as intermittent or persistent and, if persistent, as mild, moderate, or severe.

(b) Spirometry results.

(c) Medication requirements.

(d) Where applicable, recommendations for control of precipitants and smoking cessation.

(2) Obstructive sleep apnea which does not respond to standard therapeutic interventions such as positive airway pressure, surgery, or weight loss is disqualifying.

(3) History of pneumothorax is disqualifying. Waiver may be considered for traumatic or surgical pneumothorax if chest CT and pulmonology consultation support a waiver request. Waiver will not be considered for spontaneous pneumothorax.

(4) Isoniazid (INH) use for latent tuberculosis infection is not disqualifying after it has been taken for 8 weeks without adverse effects. Rifampin is an acceptable alternative treatment and is not disqualifying.

(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) History of deep venous thrombosis is disqualifying. Waivers may be considered for uncomplicated cases after completion of anti-coagulation therapy and 6 months without recurrence of medication. Cases complicated by pulmonary embolism or predisposing coagulation disorder (Protein S or Protein C deficiency, Factor V Leiden, etc.) will not be considered for waiver.

(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 other than closure of patent ductus arteriosus in infancy.

(10) History of ventricular pre-existing conditions, to include, but not limited to Wolf-Parkinson-White and Lown-Ganong-Levine syndromes. Waiver may be considered for personnel who have undergone successful ablation of accessory pathway(s) and are recommended for return to submarine duty by a cardiologist and the attending UMO. Waivers will also be considered for personnel with a ventricular pre-excitation electrocardiogram (ECG) pattern who:

(a) Have never had a documented dysrhythmia.

(b) Have never had a symptomatic episode consistent with a paroxysmal dysrhythmia (e.g., palpitations, dizziness, chest pain, dyspnea, loss of consciousness).

(c) Have been found to be at extremely low risk for a future event as determined by a cardiologist, in conjunction with electrophysiologic study if indicated.

(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) 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) does not require immediate disqualification, but must be evaluated and treated by a physician as soon as practicable.

(b) Any history of organ perforation.

(c) History of chronic or recurrent diarrhea, abdominal pain, or vomiting.

(2) Asplenia is disqualifying. Waiver may be considered 2 years 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 hepatitis is disqualifying.

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

(11) Gastroesophageal reflux disease that is adequately controlled and under appropriate follow up is not disqualifying.

(h) *Genitourinary*

(1) *History of Urolithiasis*

(a) Is disqualifying for candidates.

(b) A first episode of uncomplicated urolithiasis is not disqualifying for submarine 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.

(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 with no possibility of waiver.

(e) Randall's plaques are not disqualifying.

(2) *Female Reproductive System*

(a) Recurrent or chronic pelvic pain of sufficient severity that it interferes with performance of duties or poses a MEDEVAC risk is disqualifying.

(b) Abnormal vaginal bleeding of sufficient severity that it interferes with performance of duties, causes symptomatic anemia, or poses a MEDEVAC risk is disqualifying.

(c) Endometriosis is disqualifying.

(d) Uterine fibroids are disqualifying if symptomatic.

(e) Cervical dysplasia or neoplasia requiring frequent follow up (more often than every 6 months) is disqualifying.

(f) Pregnancy is not disqualifying, but the pregnant submariner may not get underway on a submarine for the duration of the pregnancy.

After a pregnancy, the submariner may not get underway on a submarine until cleared by her maternity care provider and a UMO.

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

(1) Diabetes mellitus is disqualifying

(a) Diabetes mellitus requiring insulin shall not be considered for a waiver.

(b) Diabetes mellitus controlled without the use of insulin 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.

(2) Prediabetic conditions requiring treatment with medication are disqualifying.

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

(4) Symptomatic hypoglycemia is disqualifying.

(5) Chronic use of corticosteroids is disqualifying.

(j) *Musculoskeletal*

(1) Conditions resulting in decreased strength, decreased range of motion, or pain sufficient to interfere with ready movement about a submarine or performance of duties are disqualifying.

(2) Disorders causing a person to be excessively prone to injury are disqualifying.

(3) Any disorder that precludes quick movement in confined spaces or inability to stand or sit for prolonged periods is disqualifying.

(k) *Psychological and cognitive.* Psychological fitness for submarine duty must be carefully and continuously evaluated in all submarine personnel. It is imperative that individuals working in this program have a very high degree of reliability, alertness, and good judgment. Any current or history of an Axis I diagnosis as defined by the current

version of the American Psychiatric Association's Diagnostic and Statistical Manual for Mental Disorders (DSM) is disqualifying, to include.

(1) Current or history of delirium, dementia, amnesic and other cognitive disorders, mental disorders due to a general medical condition, schizophrenia and other psychotic disorders, somatoform disorders, factitious disorders, dissociative disorders, eating disorders, and impulse-control disorders not elsewhere classified are disqualifying.

(2) Current or history of Mood Disorders and/or Anxiety Disorders (including Adjustment Disorders lasting longer than 30 days) as listed in the DSM Axis I is considered disqualifying, but may be considered for a waiver once the Service member's condition is stable and asymptomatic.

(a) Treatment of Mood Disorders and/or Anxiety Disorders (including Adjustment Disorders) with psychopharmaceuticals to achieve and maintain stabilization is waivable for Submarine Duty qualified personnel, depending on the medications used and the timelines involved (see MANMED article 15-106, paragraph 4(k)(2)(b)7. below). Candidates requiring treatment with psychopharmaceuticals are disqualified and not eligible for a waiver until treatment is complete (MANMED article 15-106, paragraph (4)(k)(11) applies).

(b) Waivers for continuation of Submarine Duty while taking selected psychopharmaceuticals for Mood Disorders and/or Anxiety Disorder (including Adjustment Disorder) will require that all of the following criteria are met:

1. The Service member must be evaluated by a military-employed psychiatrist.

2. The condition must be categorized as stable, resolved, or in remission.

3. The Service member must be clinically stable on the recommended dosage of medication without any military duty performance-impairing side effects.

4. The Service member must have access to the recommended level of follow-up with their mental health provider and primary care manager (PCM). For submarine duty personnel, the

condition must be stable enough to allow follow-up solely with an Independent Duty Corpsman for up to 6 months at a time.

5. Personnel who have experienced suicidal ideation (SI) in conjunction with their Mood and/or Anxiety Disorder (including Adjustment Disorders) may still be considered for a psychopharmaceutical use waiver in conjunction with a waiver for their underlying psychological condition and their suicidal behavior.

6. Individuals who have displayed suicidality in the form of a suicidal gesture (SG) or suicide attempt (SA), as defined by a mental health professional, will not be eligible for a psychopharmaceutical use waiver. A waiver to return to Submarine Duty after SG or SA will require cessation of medication use in conjunction with complete resolution of their condition, in addition to a recommendation from a doctoral level mental health provider and the UMO.

Z. Psychopharmaceutical specifics. Requirements before waiver consideration include:

i. Only Selective Serotonin Reuptake Inhibitor (SSRI)/Serotonin-Norepinephrine Reuptake Inhibitor (SNRI) medications are authorized for consideration of a waiver at this time.

ii. The Service member must have been on the medication for at least 3 months without complications or performance-impairing side effects.

iii. The Service member must be on a stable dosage of medication (i.e., no dose change in the month prior to waiver submission).

iv. The Service member's condition must be well-controlled (asymptomatic) on the current dose of medication.

(3) Post-Partum Depression of limited duration is not normally disqualifying for Submarine duty. Cases which resolve quickly, within the 6-week maternity leave period, may be found fit for Submarine duty by the attending UMO. Cases of longer duration and/or requiring psychopharmaceutical use and/or involving suicidality are disqualifying and waiver will be considered after complete resolution.

(4) Disorders usually first diagnosed in infancy, childhood, or adolescence, sleep disorders, and sexual and gender identity disorders are disqualifying if they interfere with safety and reliability or foster a perception of impairment.

(a) Current Attention Deficit Hyperactivity Disorder (ADHD) is disqualifying, but a history of ADHD greater than 1 year prior to military service is not disqualifying.

(b) Communication disorders, including but not limited to any speech impediment which significantly interferes with production of speech, repeating of commands, or allowing clear verbal communications, are disqualifying.

(5) Personality disorders are disqualifying for submarine duty candidates. For submarine designated personnel, personality disorders may be administratively disqualifying if they are of significant severity as to preclude safe and successful performance of duties. In these cases, administrative processing should be pursued per the MILPERSMAN. The term "environmental unadaptability" is not a medical diagnosis and should not be used in medical assessments. A command may use "environmental unadaptability" as justification for administrative disqualification from submarine duty, particularly in those individuals whose maladaptive behavior precludes acceptable performance of their duties or fosters the perception of impairment or unreliability.

(6) Adjustment disorders and brief situational emotional distress such as acute stress reactions or bereavement are not normally disqualifying for submarine duty. Individuals with these conditions shall be evaluated by the attending UMO, in conjunction with formal mental health evaluation. In cases which resolve completely within 30 days, individuals may be found fit for submarine duty by the attending UMO. Conditions lasting longer than 30 days are disqualifying. Waiver may be considered after complete resolution.

(7) History of suicidal ideation, gesture, or attempt is disqualifying. These situations must be taken very seriously and require formal evaluation by a mental health specialist. Waivers will be considered based on the underlying condition as determined by the attending UMO and mental health professional. Any consideration for return to duty must address whether the Service member, in the written opinions

of the attending UMO and the mental health provider, can return successfully to the specific stresses and environment of submarine duty.

(8) History of self-mutilation, including but not limited to cutting, burning, and other self-inflicted wounds, is disqualifying whether occurring in conjunction with suicidality or as an abnormal coping mechanism.

(9) *Substance Abuse and Dependence*

(a) Medically disqualifying for all submarine candidates. Waiver requests must include documentation of successful completion of treatment and aftercare.

(b) Designated submarine personnel with substance abuse or dependence will be managed administratively per OPNAVINST 5355.3 series and do not require medical disqualification unless a medically disqualifying diagnosis is present in addition to substance abuse or dependence.

(c) Illicit drug use, historical or current, is to be managed administratively per OPNAVINST 5355.3 series, SECNAVINST 5300.28 series, and any other applicable directives.

(10) History of other mental disorders not listed above, which, in the opinion of the UMO, will interfere with or prevent satisfactory performance of submarine duty is disqualifying.

(11) Any use of psychopharmaceuticals for any indication within the preceding year is disqualifying. Waivers will be considered for ongoing clinical treatment with SSRI/SNRI medications as per policy defined in MANMED article 15-106, paragraph (4)(k)(2) above. For use of all other psychopharmaceutical medications, waivers will be considered after a 60-day interval off medication if the individual has been examined and cleared by a doctoral level mental health provider. The mental health provider shall specifically comment on the presence or absence of any withdrawal, discontinuation rebound, or other such symptoms attributable to the episode of psychopharmaceutical use. Individuals who experience any of these symptoms must be symptom free for 60 days before a waiver will be considered.

(a) For the purpose of this directive, "psychopharmaceutical" is defined as a prescription medication with primary activity in the central nervous system. This includes, but is not limited to, all anti-depressants, anti-psychotics, anti-epileptics, sedative/hypnotics, stimulants, anxiolytics, smoking cessation agents other than nicotine, Drug Enforcement Agency (DEA) scheduled medications, and bipolar agents.

Note. Many non-psychiatric medications possess psychopharmaceutical properties and are considered disqualifying per this article. Examples include: Isotretinoin (Accutane), mefloquine (Lariam), gabapentin (Neurontin), and others.

(b) **Exceptions.** Zolpidem (Ambien) prescribed for jet lag, medications prescribed or administered for facilitation of a medical or dental surgery or procedure, narcotic and synthetic opioid pain medications prescribed for acute pain management, anti-emetics for acute nausea, and muscle relaxants (such as cyclobenzaprine or diazepam) for acute musculoskeletal spasm and/or pain are not disqualifying. Acute treatment is limited to 2 weeks of continuous medication usage.

(c) Use of any DEA Schedule I drug for any reason, including religious sacraments, is disqualifying.

(1) **Neurologic.** Any chronic or recurrent condition resulting in abnormal motor, sensory, or autonomic function or in abnormalities in mental status 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, pertinent family history, 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 is disqualifying.

(m) *Skin*

(1) Any skin disease, including pilonidal cysts, which may be aggravated by the submarine environment or interfere with the performance of duties is disqualifying until resolved.

(2) Acne vulgaris, nodulocystic or severe, is disqualifying, but may be waived with successful treatment. For the purposes of this publication, isotretinoin (Accutane) is considered a psychopharmaceutical and the provisions of MANMED article 15-106, paragraph (4)(k)(11) in this article apply.

(3) Psoriasis, eczema, recurrent rashes, or atopic dermatitis that may be worsened by the submarine environment to the extent that function is impaired or unacceptable risk of secondary infection is incurred are disqualifying.

(4) History of malignant melanoma or squamous cell carcinoma is disqualifying. Waiver may be considered after definitive treatment is completed. Other types of skin cancer are not disqualifying provided they are adequately treated and the member is considered fit for submarine duty by a dermatologist and the attending UMO.

(n) *Miscellaneous*

(1) Chronic viral illnesses, except those limited to skin, which pose any risk of contagion are disqualifying.

(2) Cancer treatment (except skin cancer, per MANMED article 15-106, paragraph (4)(m)(4)) within the preceding year is disqualifying.

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

(4) Allergic or atopic conditions which require allergy immunotherapy are disqualifying unless the period of desensitization can be accomplished during a period of shore or limited duty.

(5) 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) or interfere with work performance or mobility are disqualifying.

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

(8) Use of any medication that may 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.

(5) *Standards for Pressurized Submarine Escape Training (PSET).* This section provides guidance on the medical screening to be completed within 72 hours prior to undergoing PSET. These standards and procedures are intended to identify those trainees at increased risk of gas embolism and barotrauma and to exclude them from PSET. Any condition that may be worsened by the hyperbaric environment is considered disqualifying for PSET.

(a) None of the physical standards for PSET are waivable. Failure to meet the physical standards for PSET does not medically disqualify a Service member from submarine duty.

(b) After successful medical screening, candidates will complete a recompression chamber dive. Personnel experiencing any difficulties will be excluded from PSET.

(c) Candidates for PSET must meet submarine duty physical standards and have a valid submarine duty physical on record. In addition, the following standards and procedures apply:

(1) *Ear, Nose, and Throat*

(a) The sinuses, dentition, dental fillings, and tympanic membranes must be examined, and the tympanic membranes must be mobile to valsalva.

(b) Current or recent upper respiratory infection, upper airway allergies, middle or inner ear disease, or sinus disease is disqualifying. Trainees may be reconsidered for PSET no less than 1 week after resolution of all symptoms.

(2) *Pulmonary*

(a) Auscultation of the lungs and inspection of the chest wall for abnormalities of movement, symmetry, and development must be performed.

(b) Current or recent lower respiratory infection is disqualifying. Trainees may be reconsidered for PSET no less than 3 weeks after completion of treatment. Chest radiographs must confirm resolution of disease.

(c) The presence of an unexplained cough is disqualifying.

(d) All chronic restrictive and obstructive pulmonary conditions are disqualifying.

(e) A history of exercise- or cold-induced bronchospasm, open-chest surgery, spontaneous pneumothorax, or pulmonary barotrauma is disqualifying.

(f) Chest radiographs must be performed within 2 years prior to PSET. Abnormalities, including cysts, blebs, and nodules are disqualifying.

(g) Spirometry without bronchodilator must be performed within 14 days prior to PSET and must show FVC and FEV1/FVC within standards set by the Third National Health and Nutrition Examination Survey (NHANES III).

(3) Cardiovascular

(a) On-site screening shall include a cardiovascular examination.

(b) Any cardiovascular abnormality other than first degree heart block that has not been corrected or waived for submarine duty is disqualifying.

(4) Psychiatric

(a) Submersion-related anxiety is disqualifying.

(b) Alcohol use within 12 hours prior to PSET is disqualifying.

(5) Neurological

(a) On-site screening shall include a complete neurological examination per the U.S. Navy Diving Manual.

(b) A history of intracranial surgery, disorders of sleep and wakefulness, and cognitive barriers to learning is disqualifying.

(c) A history of migraine or other recurrent headache syndromes is disqualifying unless mild and not associated with focal neurological symptoms.

(6) Genitourinary

(a) Current pregnancy is disqualifying.

(b) All female candidates shall undergo urine pregnancy testing at the time of medical screening.

(c) Pregnancy within the preceding 6 weeks is disqualifying unless cleared for PSET by the attending women's health provider and UMO.

(6) Waivers. Requests for waiver of physical standards will be sent from member's commander, commanding officer, or officer in charge to the appropriate BUPERS code via BUMED Undersea Medicine and Radiation Health (BUMED-M3B3), and any applicable ISIC and/or TYCOM. Interim dispositions may be granted by BUMED-M3B3 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 present in the formal package dictates a change in recommendation. Individuals with conditions which are also disqualifying for occupational exposure to ionizing radiation require consideration by the Radiation Effects Advisory Board per MANMED article 15-104 and NAVMED P-5055.

~~(4) *Psychiatric*~~~~(a) Submersion-related anxiety is disqualifying.~~~~(b) Alcohol use within 12 hours prior to PSET is disqualifying.~~~~(5) *Neurological*~~~~(a) On site screening shall include a complete neurological examination per the U.S. Navy Diving Manual.~~~~(b) A history of intracranial surgery, disorders of sleep and wakefulness, and cognitive barriers to learning is disqualifying.~~~~(c) A history of migraine or other recurrent headache syndromes is disqualifying unless mild and not associated with focal neurological symptoms.~~~~(6) *Genitourinary*~~~~(a) Current pregnancy is disqualifying.~~~~(b) All female candidates shall undergo urine pregnancy testing at the time of medical screening.~~~~(c) Pregnancy within the preceding 6 weeks is disqualifying unless cleared for PSET by the attending women's health provider and UMO.~~~~(6) *Waivers.* Requests for waiver of physical standards will be sent from the member's commanding officer to the appropriate Bureau of Naval Personnel code via Undersea Medicine and Radiation Health (BUMED M3/5OM2) and any applicable ISIC and/or TYCOM. Interim dispositions may be granted by BUMED via de-identified or encrypted email. 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.~~

MANMED article 15-106 has been updated. The information in the column above is no longer valid.

15-107**Explosives Motor
Vehicle Operator and
Explosives Handler
Examinations and
Standards**

(1) *Background.* Military personnel were previously exempt from the requirements of the Commercial Motor Vehicle Safety Act of 1986, and, in particular, from the requirements of 49 CFR Part 383 regarding physical examination requirements to obtain a commercial driver's license. However, due to recent changes in the scope of the periodic examinations for military members, military personnel are no longer considered exempt based on periodic physical examination requirements. Civilian and military explosive motor vehicle operators are now required to meet physical qualifications as listed in 49 CFR 391, Federal Motor Carrier Safety Administration (FMCSA) regulations.

(2) *Scope.* These special duty certification examinations are required for active duty and civilian personnel assigned as explosive motor vehicle operators and explosive handlers. The applicant must have a current physical examination per 49 CFR 391, FMCSA regulations. Certain military personnel are exempt from this standard based upon mission and/or command requirements. Administrative mission and/or command requirement exemptions from this standard required review via the waiver process established by Naval Ordnance Safety and Security Activity. It is important to note the separation of the two qualifications as explosive motor vehicle operator and explosive handler. Those qualified under the explosive motor vehicle operator are automatically also qualified as explosive handlers. Explosive handler qualification does not imply qualification for explosive motor vehicle operator.

(3) *Periodicity.* The Explosives Motor Vehicle Operator (720) examination for civilian workers is required every 2 years (or as directed by 49 CFR 391 based upon medical factors) to age 60, then annually thereafter. Active duty members with a comprehensive history and physical examination will follow a 5-year periodicity as provided by 49 CFR 383.3. Examiners using another comprehensive

Special Duty examination, such as a Special Duty examination contained in MANMED Chapter 15, Section IV, as the basis for this explosives motor vehicle operator qualification shall review the findings against the standards of this program, e.g., qualification for submarine duty does not automatically imply qualification for explosives vehicle operator as vision in both eyes is not a requirement for submarine duty, but is required for explosives motor vehicle operator/FMCSA standards. For Explosives Handlers (721), the examination interval is every 5 years for active duty and civilians until age 60, then annually thereafter.

(4) Personnel who are explosives motor vehicle (commercial vehicles or equivalent) operators shall comply with the physical examination requirements in 49 CFR 391 (and other Department of Defense instructions as applicable), via completion of a physical examination as specified in the NMCPHC-TM OM-6260, Occupational Medical Surveillance Procedures Manual and Medical Matrix, latest edition, for Explosives Motor Vehicle Operators/DOT (720), and Explosives Handlers (721) programs. Civilian contract personnel need only be qualified per 49 CFR 391 and FMCSA standards and present applicable certificates to the command program coordinator. Medical examinations are not provided for civilian contractor personnel unless dictated by contract terms or agreements.

(a) *Explosives Vehicle Operators/DOT (720)*. The purpose of this program is to ensure that medical examinations of explosives motor vehicle operators are conducted in a manner allowing assurance that civilians and military members who operate vehicles or machinery which transport explosive or other hazardous material are physically qualified. This examination requires the signature of a licensed medical examiner.

(1) Personnel who are medically qualified as explosive vehicle operators under this section meet the 49 CFR 391 and FMCSA standards shall be issued a Medical Examiner's Certificate (OPNAV 8020/6).

(2) Navy Explosive Ordnance Disposal (EOD) unit assigned personnel must also meet the requirements of article 15-102 (Diving Duty) as well as 49 CFR 391.

(3) Personnel assigned within jurisdiction of United States Marine Corps (USMC) commands must additionally meet requirements of Marine Corps TM 11240-15, Motor Vehicle Licensing Official's Handbook, current edition.

(4) Personnel assigned to duties as explosive operators are responsible to report to their supervisor or the medical department personnel any physical or mental condition, or any change in their medical status, which may pose a health or safety hazard to self, coworkers, or the public. Supervisors are responsible to direct such personnel to the appropriate medical department for evaluation. 49 CFR § 391.41, Subpart E, Physical Qualifications and Examinations set the qualification and disqualification standards for these exams to include:

(a) A person shall not drive as an explosives motor vehicle operator (commercial or equivalent) or handle explosives unless he or she is physically qualified to do so. An explosives motor vehicle operator must have on his or her person the original, or a photographic copy, of the appropriate completed medical examiner's certificate that he or she is physically qualified.

(b) A person is physically qualified as an explosives motor vehicle operator if that person:

1. Has no loss of a foot, a leg, a hand, or an arm, that impairs performance of assigned duties.

2. Has no impairment of:

a. A hand or finger which interferes with prehension or power grasping.

b. An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle (or equivalent) or any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle (or equivalent).

3. Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control.

4. Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive heart failure.

5. Has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with his or her ability to control and drive a commercial motor vehicle (or equivalent) safely.

6. Has no current clinical diagnosis of high blood pressure likely to interfere with his or her ability to operate a commercial motor vehicle (or equivalent) safely. Follow guidelines contained in 49 CFR 391.43 for those with elevated blood pressures (over 140 systolic or 90 diastolic) on examination. Shorter qualification intervals apply to both civilians and active duty.

7. Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with his or her ability to control and operate a commercial motor vehicle (or equivalent) safely.

8. Has no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a commercial motor vehicle (or equivalent).

9. Has no mental nervous, organic, or functional disease or psychiatric disorder likely to interfere with his or her ability to safely drive a commercial motor vehicle (or equivalent).

10. Has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70° in the horizontal Meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber.

11. First perceives a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device. Does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid.

12. Substance use:

a. Does not use a controlled substance or drug identified as *Schedule I*, an amphetamine, a narcotic, or any other habit-forming drug.

b. *Exception.* A driver may use such a substance or drug, if the substance or drug is prescribed by a licensed medical practitioner who:

- Is familiar with driver's medical history and assigned duties.

- Has advised the driver that the prescribed substance or drug will not adversely affect the driver's ability to safely operate a commercial motor vehicle (or equivalent).

13. Has no current clinical diagnosis of alcoholism.

Note. Additional specific quantifiable parameters for certain medical conditions can be found in the FMCSA medical program guidelines (<http://www.fmcsa.dot.gov/rules-regulations/administration/medical.htm>) and NMCPHC-TM OM-6260, Occupational Medical Surveillance Procedures Manual and Medical Matrix, latest edition, for Explosives Vehicle Operators/ DOT (720) program.

(b) **Explosives Handlers (721) programs.**

The purpose of this program is to ensure that medical examinations of civilian and active duty explosive handlers are conducted in a manner allowing assurance that those who handle explosives, including those who handle ammunition and explosives with industrial material handling equipment, are physically qualified. This examination can be conducted and signed by any Navy medical provider. For the purposes of this exam, a Navy medical provider includes, but is not limited to, physicians, nurse practitioners, physician assistants, and independent duty corpsmen.

(1) Explosives handler personnel must meet the qualifications for retention per section III of this chapter, for active duty members, and the standards outlined above for civilians. A non-FMCSA "Handler Only" Medical Examiner's Certificate (OPNAV 8020/2) will be issued to qualified members.

(2) Navy EOD unit assigned personnel that do not meet the medical qualification criteria of the Explosive Operator (720) examination must also continue to meet the requirements of MANMED article 15-102 (Diving Duty).

(3) Personnel assigned within jurisdiction of United States Marine Corps (USMC) commands must additionally meet requirements of Marine Corps TM 11240-15, Motor Vehicle Licensing Official's Handbook, current edition.

(4) Per the guidance in NAVSEA OP 5, civilian explosives handlers must meet the general standards for employment as provided by the Office of Personnel Management (OPM) and the standards for qualification in 49 CFR 391.

(5) Personnel assigned to duties as explosive handlers are responsible to report to their supervisor or the medical department personnel any physical or mental condition which may pose a health or safety hazard to self, coworkers, or the public. Supervisors are responsible to direct such personnel to the appropriate medical department for evaluation.

(5) *Waivers of medical standards or physical requirements.* For civilian Explosive Motor Vehicle Operators (720), if the member is found not qualified on examination, but provides conflicting information from their private physician, 49 CFR 391.47 provides

criteria for submitting documents to Director, Office of Bus and Truck Standards and Operations at the Department of Transportation for determination of qualification. For active duty members, for Explosives Motor Vehicle Operator (720), due to the significant safety and legal ramifications associated with these programs, an occupational medicine physician should be consulted. A waiver for an active duty member to operate a vehicle only on-base may be considered and is granted by the member's command with an endorsement by the installation's safety department. For Explosives Handler (721) duty, the case where either a civilian or active duty member has been found Not Physically Qualified (NPQ) shall be reviewed by a provider familiar with the job's physical and safety requirements. Due to the significant safety and legal ramifications associated with these programs, ideally an occupational medicine physician should be consulted. The provider will analyze the member's job tasks to determine whether the employee's medical condition would affect performing the essential functions of the job without harm to self or others. If the worker fails to meet the standards, but the permanent medical condition will not reasonably interfere with safe performance of the job's requirements, then the worker is considered "NPQ, but waiver medically recommended." If the permanent medical condition is such that sudden or unexpected subtle or complete incapacitation is probable, then the worker is considered "NPQ and waiver not medically recommended." This finding will be maintained in the worker's medical record, with a copy submitted to the worker's supervisor and the worker. Waivers of medical standards or physical requirements are granted by the worker's commander, according to criteria under the authority of the Navy Personnel Ammunition and Explosives Handling Qualification and Certification Program.

15-108**Landing Craft
Air Cushion (LCAC)
Medical Examinations**

(1) To select for LCAC crew duty only the most physically and mentally qualified personnel and to exclude those who may become unfit because of pre-existing physical or mental defect. Certain pre-existing disease states and physical conditions that may develop are incompatible with the simultaneous goals of operational safety, mission accomplishment and individual health. LCAC physical standards were established and are maintained to fulfill these goals.

(2) All applicants and designated personnel assigned to duty as crew members aboard any U.S. Navy air cushion vehicle must conform to the physical standards in this article. Designated LCAC personnel are considered PQ if they meet applicant medical standards, and demonstrate an ability to tolerate the stress and demands of operational training and deployment. LCAC crew personnel are divided into three classes:

(a) *Class I.* Crew personnel engaged in the actual control of the LCAC. These include the craftmaster and engineer, the student craftmaster, and the student engineer.

(b) *Class IA.* Crew personnel engaged in navigation of the LCAC, but not responsible for actual control of the craft. These include the Navigator and the student Navigator.

(c) *Class II.* Crew personnel not engaged in the actual control of the LCAC. These include the loadmaster and deck mechanic, the student loadmaster, and the student deck mechanic.

(3) The LCAC physical examination is conducted to determine whether an individual is physically qualified to engage in designated LCAC duties. Upon completion of a thorough evaluation, candidates will be designated either:

- (a) Physically Qualified (PQ).
- (b) Not Physically Qualified (NPQ), Waiver Not Recommended.
- (c) NPQ, Waiver Recommended.

(d) *Temporarily Disqualifying Medical Conditions.* For any temporary medical condition that precludes the LCAC crew member from the full performance of their LCAC duties, the following procedures shall be followed:

(1) For medical conditions less than 90 days duration, a complete physical examination is not required, but a DD 2808 should be submitted that details the medical condition and all pertinent clinical information. Ensure, as a minimum, blocks 1-16 and 42-46 are complete.

(2) For medical conditions that last between 90 days and 6 months or require a Limited Duty Medical Board, submit a complete physical examination per articles 15-4 and 15-5.

(4) The scope of the physical examination will be adequate to effectively determine if the individual meets the appropriate medical standards. A complete physical examination shall be conducted per Section I of this Chapter. In addition, the following question shall be added to the DD 2808: "Have you ever been diagnosed with, or received treatment for, alcohol abuse or dependency?" Any positive answer shall be evaluated and documented.

(a) LCAC crew applicants and designated personnel must meet the standards in article 15-109.

(b) Conditions listed as disqualifying may be waived on an individual basis following article 15-108. However, additional medical specialty evaluations may be required to confirm no functional impairment is present or likely to occur.

(5) Examination Requirements

(a) *All Class I (Craftmaster, Engineer) and Class IA (Navigator) applicants* will undergo an initial applicant physical examination no more than 1 year before acceptance into phase I of the LCAC training program. In addition to an applicant physical examination, all Class I applicants require psychomotor testing consistent with standards established by Naval Operational Medicine Institute (Code 341), Operational Psychology Division.

(b) *Class II (Loadmaster Deck Mechanic) applicants* must meet current medical standards for transfer and surface fleet duty following guidelines in the Enlisted Transfer Manual and MANMED article 15-109 (as indicated).

(c) *Designated LCAC Personnel.* The extent of the examination is determined by the type of duty to be performed, age, designation status, and any disqualifying medical conditions. If a crew member fails to meet applicant standards and is found NPQ, yet still wishes to perform LCAC duties, a waiver may be requested for each NPQ medical condition from the Commander, Navy Personnel Command (NPC-409). In all such cases, the Surface Warfare Medicine Institute (SWMI) shall be an addressee on the waiver request. Information about the medical condition or defect must be of such detail that reviewing officials should be able to make an informed assessment of the request itself, and also be able to place the request in the context of the duties to be performed. Authorization to request a waiver resides with the crew member, their commanding officer, or the examining or responsible medical provider. All waiver requests shall be either initiated or endorsed by the applicant's commanding officer.

(6) All changes in the status of Class I and IA LCAC crew members shall be immediately entered into the Special Duty Medical Abstract (NAVMED 6150/2).

(7) *Mandatory Requirements for LCAC Crew Members Medically Suspended from LCAC Duty.* If an LCAC crew member is found to be NPQ, or is suspended from duty for greater than 60 days for any medical condition, a "fitness to continue" physical examination (completed forms DD 2807-1/2808) shall be completed before resuming duties. The report of that examination shall then be submitted to the SWMI for waiver consideration or recommendation for a medical board. Submit to SWMI a copy of any examination permanently disqualifying designated LCAC personnel for archival purposes.

(8) *Medical Waiver Requests*

(a) *Class I and Class IA LCAC Crew Applicants and Designated Personnel.* Forward medical waiver requests for all Class I crew members and applicants to the Commander, Navy Personnel Command (NPC-409C) via SWMI. A copy of all approved waivers must be sent from NPC-409C to SWMI for archival purposes.

(b) *Class II LCAC Crew Applicants.* Forward medical waiver requests for all Class II crew applicants to NPC-409C via the TYCOM medical officer, a copy of all Class II approved waivers must be sent from NPC-409C to SWMI for archival purposes.

(c) *Medically-Suspended Designated LCAC Crew Members.* Forward medical waiver requests for LCAC crew personnel who are medically suspended to the TYCOM medical officer via the chain of command. The TYCOM medical officer must evaluate and approve medical waiver requests for designated LCAC crew personnel (as opposed to LCAC crew applicants). A copy of the TYCOM medical officer's final decision concerning the waiver request will be forwarded to SWMI for archival purposes.

(9) *Periodicity of Examinations*

(a) *All LCAC Class I and Class IA crew personnel* will undergo a complete physical examination (see 15-4 and 15-5) within 30 days of their birthday at ages 21, 24, 27, 30, 33, 36, 39, and annually thereafter.

(b) *All LCAC Class II personnel* will undergo a complete physical examination within 30 days of their birthday every 5 years.

(10) *Reporting Attrition of LCAC Crew Personnel.* Development of an accurate personnel database is critical to the evolution of the LCAC crew selection and evaluation process, and of particular importance is information on the attrition of LCAC crew personnel. Therefore report details on such attrition, medical and non-medical, to SWMI for analysis and archival purposes.

15-109

Landing Craft Air Cushion (LCAC) Medical Standards

(1) The presence of any of the following will be considered disqualifying for all LCAC duties:

(a) *Ears, Nose, and Throat and Hearing*

(1) Seasonal aero-allergic disease of such severity to prevent normal daily activity (frequent bouts of sinus infection, nasal obstruction, ocular disease, etc.) not controlled with oral or nasal medication.

(2) Recurrent attacks of vertigo or Meniere's syndrome or labyrinthine disorders of sufficient severity to interfere with satisfactory performance of duties uncontrolled with medication.

(3) Chronic, or recurrent motion sickness, uncontrolled with medication.

(4) Untreated sleep apnea with cognitive impairment or daytime hyper-somnolence. Nasal continuous positive airway pressure treatment may be permissible if it does not impact the function or safety of the vessel, unit, or crew.

(5) Tracheal or laryngeal stenosis of such a degree to cause respiratory embarrassment on moderate exertion.

(6) Unaided hearing loss which adversely effects safe and effective performance of duty in the Surface Fleet/LCAC environment.

(7) *Hearing Test.* An audiogram is required for all LCAC applicants. It will be performed within 90 days of reporting to the assigned assault craft unit, and annually thereafter. Audiometric loss in excess of the following limits for each frequency disqualifies the LCAC applicant. Designated crew members already assigned to a craft shall be NPQ with waiver consideration.

TABLE - MAXIMUM HEARING LOSS (ANSI 1969)

Frequency (Hz)	Better Ear (dB)	Worse Ear (dB)
500	35	35
1000	30	50
2000	30	50

(8) *Equilibrium.* Use the self-balancing test (SBT). The examinee stands erect, without shoes, with heels and large toes touching. The examinee then flexes one knee to a right angle, closes the eyes then attempts to maintain this position for 15 seconds. The results of the test are recorded as "steady," "fairly steady," "unsteady" or, "failed." Inability to pass this test for satisfactory equilibrium disqualifies the candidate.

(b) *Eyes and Vision*

(1) Any ophthalmologic disorder that causes, or may progress to, significantly degraded visual acuity beyond that allowed in Section III of this Chapter.

(2) Any disorder which results in the loss of depth perception or diminished color vision.

(3) Night blindness of such a degree that precludes unassisted night travel.

(4) Glaucoma, with optic disk changes, not amenable to treatment.

(5) A history of refractive corneal surgery. Photorefractive keratectomy and laser in situ keratomileusis are permitted for the surface warfare community if vision is stable for at least 6 months post procedure. Radial keratotomy is disqualifying but may be waived. Intracorneal ring implants are not approved and are disqualifying.

(6) *Distant Visual Acuity.* Determine visual acuity by using a 20 foot eye lane with standard Goodlite letters and lighting. The Armed Forces Vision Tester (AFVT) is an acceptable alternative. If corrective lenses are necessary for LCAC duty, the LCAC crew personnel must be issued the approved lens-hardened eye wear for proper interface with operational headgear (i.e., aviation frames/gas mask). A spare pair of corrective lenses must be carried at all times during operations.

(a) *For Class I and IA personnel* student applicants, minimum distant visual acuity shall be no less than 20/100 uncorrected each eye and correctable to 20/20 each eye. For previously designated Class I and Class IA personnel, minimum distant visual acuity shall be no less than 20/200 uncorrected each eye and correctable to 20/20 each eye.

(b) *For Class II personnel*, there are no uncorrected limits, but shall correct following the standards in article 15-35. If correction is necessary for LCAC personnel, corrective lenses shall be worn at all times during LCAC operations.

(7) *Near Visual Acuity.* Either the AFVT or the near vision testing card shall be used to test near vision. A minimum near visual acuity of 20/200 in each eye, correctable to 20/20, is acceptable. For Class II there are no uncorrected limits. If correction is necessary, corrective lenses shall be worn at all times during LCAC operations.

(8) *Refraction.* Refraction of the eyes is required on the initial screening examination if the applicant requires corrective lenses to meet visual acuity standards.

(a) For Class I and IA personnel, acceptable limits are +/- 6.0 diopters in any meridian. Cylinder correction may not exceed 3.0 diopters.

(b) Class II applicants shall meet accession standards for refraction (article 15-35).

(9) *Depth Perception.* This test should be performed using a Verhoeff Stereopter or, if unavailable, the AFVT lines A-D for Class I and lines A-C for Class IA and II. Pass-Fail standards per article 15-85(1)(d) shall be followed. Normal depth perception (aided or unaided) is required. If visual correction is necessary for normal depth perception, corrective lenses must be worn at all times during LCAC operations.

(10) *Oculomotor Balance.* The vertical and lateral phoria may be tested with the horopter or with the AFVT. Any lateral phoria greater than 10 prism diopters is disqualifying (greater than 6 prism diopters requires an ophthalmologic evaluation). Any vertical phoria greater than 1.5 prism diopters is disqualifying and requires an ophthalmologic consultation, for Class II, no obvious heterotopias or symptomatic heterophia (NOHOSH) is acceptable.

(11) *Inspection of the Eyes.* Follow guidelines within article 15-85(1). The examination must include a fundoscopic examination. Any pathological condition that might become worse, interfere with the proper wearing of contact lenses or functioning of the eyes under fatigue, night vision goggle use or LCAC operating conditions shall disqualify all LCAC crew candidates.

(12) *Color Vision.* All LCAC crew personnel assigned duties involving the actual control of the craft on to navigational observation duties must pass the Farnsworth Lantern Test (FALANT), or pass 12/14 Pseudo Isochromatic Plates (PIP) if the FALANT is unavailable.

(13) *Night Vision.* Any indicators or history of night blindness disqualifies the applicants due to the importance of night vision and night vision supplemental to LCAC operations.

(14) *Field of Vision.* Fields should be full to simple confrontation. Any visual field defect should receive ophthalmologic referral to pursue underlying pathology.

(15) *Intraocular Tension.* Schiottz, non-contact (air puff), or applanation tonometry must be used to measure intraocular tension. Tonometric readings consistently above 20 mm Hg in either eye, or a difference of 5mm Hg between the two eyes, should receive an ophthalmologic referral for further evaluation. This condition is disqualifying until an ophthalmologic evaluation, including formal visual field determination has been completed.

(c) *Lungs and Chest Wall*

(1) Active asthma.

(2) Chronic or recurrent bronchitis that requires repeated medical care.

(3) Chronic obstructive pulmonary disease, symptomatic with productive cough, history of recurrent pneumonia and/or dyspnea with mild exertion.

(4) Active Tuberculosis (see BUMED-INST 6224.8 series).

(5) Respiratory compromise as a result of hypersensitivity reaction to foods, e.g., peanuts, shell fish.

(6) Conditions of the lung or chest wall resulting in restriction to respiratory excursion that limits physical activity.

(7) Recurrent spontaneous pneumothorax.

(d) *Cardiovascular*

(1) Atherosclerotic heart disease associated with congestive heart failure, repeated angina attacks, or evidence of myocardial infarction.

(2) Pericarditis, chronic or recurrent.

(3) Cardiac arrhythmia when symptomatic enough to interfere with the successful performance of duty, or adversely impacts the member's safety (e.g., chronic atrial fibrillation, significant chronic ventricular dysrhythmia).

(4) Second or third degree heart block.

(5) Near or recurrent syncope of cardiac origin.

(6) Hypertrophic cardiomyopathy.

(7) Any cardiac condition, (myocarditis) producing myocardial damage to the degree that there is fatigue, palpitations, and dyspnea with ordinary physical activity.

(8) Cardiac surgery (adult) if 6-8 months after surgery, EF is < 40 percent, congestive heart failure (CHF) exists or there significant inducible ischemia.

(9) If any chronic cardiovascular drug therapy which would interfere with the performance of duty and/or is required to prevent a potentially fatal outcome or severely symptomatic event (e.g., anti-coagulation).

(10) Intermittent claudication

(11) Thrombophlebitis, recurrent.

(12) Hypertension with associated changes in brain, heart, kidney or optic fundi (KWB Grade II or greater) or requiring three or more medications for control.

(13) *Blood Pressure and Pulse Rate*

(a) *Blood Pressure* is determined twice. First after the examinee has been supine for at least 5 minutes, and second after standing motionless for 3 minutes. A persistent systolic blood pressure of greater than 139mm is disqualifying and a persistent diastolic blood pressure of greater than 89mm is disqualifying as is orthostatic or symptomatic hypotension.

(b) *Pulse Rate*. Shall be determined in conjunction with blood pressure. An EKG must be obtained in the presence of a relevant history of arrhythmia, or pulse rate of less than 45 or greater than 100. Resting and standing pulse rates shall not persistently exceed 100.

(e) *Gastrointestinal System*

(1) Any condition which prevents adequate maintenance of the member's nutritional status or requires dietary restrictions not reasonably possible in the operational environment.

(2) Active colitis, regional enteritis or irritable bowel syndrome, peptic ulcer disease, or duodenal ulcer disease. Condition is considered inactive when member has been asymptomatic on an unrestricted diet, without medication during the past 2 years and has no radiographic or endoscopic evidence of active disease.

(3) Recurrent or chronic pancreatitis.

(4) Gastritis not responsive to therapy. Severe, chronic gastritis, with repeated symptoms requiring hospitalization and confirmed by gastroscopic examination.

(5) Hepatitis (infectious and/or symptomatic).

(6) Esophageal strictures requiring frequent dilation, hospitalization.

(7) Fecal incontinence.

(8) Cholelithiasis without cholecystectomy.

(f) *Endocrine and Metabolic*

(1) Any abnormality whose replacement therapy presents significant management problems.

(2) Diabetes type I (IDDM), any history of diabetic ketoacidosis, or two or more hospitalizations within 5 years for complications of diabetes type II (NIDDM).

(3) Symptomatic hypoglycemia or history of any postprandial symptoms resembling those of postprandial syndrome (e.g., postprandial tachycardia, sweating, fatigue, or a change in mentation after eating).

(4) Gout with frequent (>3/yr) acute exacerbations.

(5) Any disorder requiring daily oral steroids.

(g) *Genitourinary System*

(1) Abnormal gynecologic cytology without evidence of invasive cancer requires appropriate evaluation and treatment, but is NCD for diving duty. Invasive cancer is disqualifying.

(2) Endometriosis with dysmenorrhea incapacitating to a degree which necessitates recurrent absences from duty of more than 48 hours if uncontrolled by medication.

(3) Menstrual cycle irregularities (menorrhagia, metrorrhagia, polymenorrhea) incapacitating to a degree which necessitates recurrent absences from duty of more than 48 hours if uncontrolled by medication.

(4) Urinary incontinence.

(5) Renal lithiasis with a diagnosis of hypercalcemia or other metabolic disorder producing stones, structural anomaly, or history of a stone not spontaneously passed. A metabolic workup should be performed if a history is given of a single prior episode of renal calculus with no other complications factors.

(6) Single kidney if complications with remaining kidney.

(7) Conditions associated in member's history with recurrent renal infections (cystic kidney, hypoplastic kidney lithiasis, etc.).

(8) Pregnancy is disqualifying for training and deployment based upon environmental exposures and access to adequate health care. Refer to OPNAV-INST 6000.1 series for specifics on the commanding officer's and medical officer's responsibilities and requirements.

(h) *Extremities*

(1) Condition which results in decrease strength or range motion of such nature to interfere with the performance of duties or presents a hazard to the member in the operational environment.

(2) Amputation of part or parts of the upper extremity which results in impairment equivalent to the loss of the use of a hand.

(3) Any condition which prevents walking, running, or weight bearing.

(4) Inflammatory conditions involving bones, joints, or muscles that after accepted therapy, prevent the member from performing the preponderance of his or her expected duties in the operational environment.

(5) Malunion or non-union of fractures which after appropriate treatment, there remains more than a moderate loss of function due to the deformity.

(6) Chronic knee or other joint pain which, even with appropriate therapy, is incapacitating to a degree which necessitates recurrent absences from duty of more than 48 hours.

(i) *Spine*

(1) Conditions which preclude ready movement in confined spaces, and inability to stand or sit for prolonged periods.

(2) Chronic back pain (with or without demonstrable pathology) with either: (1) documented neurological impairment or (2) a history of recurrent inability to perform assigned duties for more than 48 hours two or more times within the past 6 months, and documentation after accepted therapy that resolution is unlikely.

(3) Scoliosis of greater than 20 degrees, or kyphosis of greater than 40 degrees.

(j) *Skin*

(1) Any chronic skin condition of a degree of nature which requires frequent outpatient treatment or hospitalization, is unresponsive to conventional treatments, and interferes with the satisfactory performance of duty in the operational environment and/or the wearing of the uniform or personal safety equipment.

(2) Scleroderma.

(3) Psoriasis, atopic dermatitis, or eczema, widespread and uncontrolled with medication.

(4) Lymphedema.

(5) Chronic urticaria.

(6) Hidradenitis, recurrent, that interferes with the performance of duty.

(7) Known hypersensitivity to occupational agents, e.g., solvents, fluxes, latex, nickel, etc.

(k) *Neurologic*

(1) History of headaches or facial pain if frequently recurring, or disabling, or associated with transient neurological impairments that are uncontrolled on oral medications or require repeated hospitalization.

(2) History of unexplained or recurrent syncope.

(3) History of convulsive seizures of any type except for a single simple seizure associated with a febrile illness before age 5.

(4) Encephalitis, or any other disease resulting in neurological sequela, or an abnormal neurological examination.

(5) Post-traumatic syndrome defined as headaches, dizziness, memory or concentration difficulties, sleep disturbance, behavior alterations, or personality changes after a head injury.

(6) Narcolepsy.

(7) Flaccid or spastic paralysis, or muscular atrophy producing loss of function that precludes satisfactory performance of duty or impacts the safety of the member in the operational environment.

(l) *Psychiatric.* Because of the nature of the duties and responsibilities of each LCAC crew member, the psychological suitability of members must be carefully appraised. The objective is to elicit evidence of tendencies which might prevent satisfactory adjustments to surface fleet life. A mental health review covering the psychiatric items in this article and any other pertinent personal history items, must be conducted by the examining medical officer. A psychiatric referral is not required to obtain this history. This general mental health review will determine the applicant's basic stability, motivation, and capacity to maintain acceptable performance under the special stresses encountered during LCAC operations.

(1) Any history of an Axis I diagnosis as defined by the current DSM is disqualifying (no waivers are typically given). Adjustment disorders are NPQ only during the active phase.

(2) Axis II personality disorders, including mood, anxiety, and somatoform disorders, and prominent maladaptive personality traits are disqualifying. They are waiverable if the individual has been symptom free without treatment for 1 year.

(3) Substance-related disorders (alcohol or controlled substance) are disqualifying. Upon satisfactory completion of an accepted substance abuse program, and total compliance with an after-care program, a waiver may be considered when 1 year has elapsed post-treatment. Continuation of a waiver would be contingent upon continued compliance with the after-care program and continuing total abstinence.

(4) Claustrophobia, questionable judgment or affect, poor coping skills, or any other evidence for poor adaptation to LCAC duty conditions, is considered disqualifying and requires a mental health consultation for waiver consideration.

(5) The taking of a psychotropic medication of low toxicity such as low dose selective serotonin reuptake inhibitor (SSRI) is not reason in itself for disqualification from service in the surface fleet force. Low-toxicity prescription psychotropics are acceptable as long as the underlying conditions will not become life or function threatening, will not pose a risk for dangerous disruptive behavior, nor

create a duty-limiting, medical evacuation, early return situation should medication use cease or the medication become ineffective.

(6) It must be stressed that any consideration for return to duty in psychiatric cases must address the issue of whether the service member, in the opinion of the medical officer (unit or type command) and the member's commanding officer, successfully return to the specific stresses and environment of LCAC duty.

(m) **Systemic Diseases and Miscellaneous Conditions.** Any acute or chronic condition that affects the body as a whole and interferes with the successful performance of duty, adversely impacts the member's safety, or presents a hazard to the member's shipmates or the mission:

(1) Spondylopathy.

(2) Sarcoidosis (progressive, not responsive to therapy or with severe or multiple organ involvement).

(3) Cancer treatment within 5 years (except testicular, cervical or basal cell).

(4) Anemia that is symptomatic and not responsive to conventional treatments.

(5) Leukopenia, when complicated by recurrent infections.

(6) Atopic (allergic) disorders. A documented episode of a life-threatening generalized reaction (anaphylaxis) to stinging insects (unless member has completed immunotherapy and is radio-allergosorbent technique RAST or skin test negative) or a documented moderate to severe reaction to common foods, spices, or additives.

(7) Any defect in the bony substance of the skull interfering with the proper fit and wearing of military headgear.

(8) History of heat pyrexia (heat stroke) or a documented predisposition to this condition including inherited or acquired disorders of sweat mechanism or any history of malignant hyperthermia.

(n) **Special Studies.** In addition to the special studies required in article 15-5, also perform/obtain:

(1) A PPD on initial assignment and when clinically indicated.

(2) A 12-lead EKG performed with their NAMI physical examinations, and as applicable thereafter. The baseline EKG must be marked not to be removed from health record and must be retained in the health record until that record is permanently closed. Each baseline EKG or copy thereof shall bear adequate identification including full name, grade or rate, social security number, designator facility of origin and a legible interpretation by a medical officer.

(3) A chest x-ray.

(o) **General Fitness and Medications.** A notation will be recorded on the DD 2807-1/DD 2808 for individuals receiving any medications on a regular basis or within 24 hours of the LCAC examinations. In general, individuals requiring medications or whose general fitness might affect their LCAC duty proficiency shall be found NPQ for duty aboard an LCAC. Record status in block 74 of the DD 2808 (e.g., "NPQ-LCAC Duty").

(p) **Height and Weight.** All candidates will meet enlistment height/weight and body fat percentage requirements per OPNAVINST 6110.1 series.

(q) **Teeth**

(1) Personnel in dental class 1 and 2 are qualified.

(2) If a candidate is dental class 3 due only to periodontal status not requiring surgery, the candidate will be accepted as qualified after obtaining a dental waiver.

(r) **Articulation.** Candidates must speak clearly and distinctly and without an impediment of speech that may interfere with radio communications. Use the reading aloud test below for this determination.

(1) *Reading Aloud Test.* The "Banana Oil" test is required for all applicants and other aviation personnel as clinically indicated. The applicant reads aloud the following text:

You wished to know about my grandfather. Well he is nearly 93 years old; he dresses himself in an ancient black frock-coat usually minus several buttons; yet he still thinks as swiftly as ever. A long flowing beard clings to his chin giving those who observe him a pronounced feeling of the utmost respect. When he speaks, his voice is just a bit cracked and quivers a trifle. Twice each day he plays skillfully and with zest upon our small organ. Except in winter when the ooze of snow or ice is present, he slowly takes a short walk in the open air each day. We have often urged him to walk more and smoke less, but he always answers "Banana Oil." Grandfather likes to be modern in his language.

15-110

Firefighting Instructor Personnel Examinations and Standards

(1) *Scope.* This special duty examination is required for those active duty personnel assigned as firefighting instructors. The examination shall be conducted as per "medical surveillance/certification exam for firefighters," Program 707, Occupational Medical Surveillance Procedures Manual and Medical Matrix Edition 7, NEHC-TM OM-6260 (February 2001) or latest edition.

(a) Shipboard ancillary duty fire personnel need meet only general shipboard duty physical requirements.

(b) Medical screening requirements for "all hands" firefighting screening are set by the training facility.

(2) *Periodicity.* This examination is required every 5 years for personnel up to age 50, then annually. The annual PHA shall be completed each year, and if any potentially disqualifying medical conditions are identified, the member shall be referred to the cognizant medical officer for evaluation for fitness for duty as a firefighting instructor.

(3) *Additional Standards.* In addition to the standards in Section III, the following will be cause for disqualification:

(a) *Head and neck.* Any condition which would interfere with proper fitting or seal of respiratory protection equipment.

(b) *Vision.* Uncorrected DVA 20/100 or worse binocularly, corrected binocular vision 20/40 or greater.

(c) *Hearing.* Unaided hearing loss averaging more than 40dB at 500, 1000, and 2000Hz (ANSI) in the better ear. Vertigo or Meniere's syndrome.

(d) *Lungs and Chest.* Reactive airways disease (asthma) after age 12. Current restrictive or obstructive pulmonary disease.

(e) *Skin.* Contact allergies of the skin that involve substances associated with firefighting. Skin conditions and facial contours which would not allow successful respiratory fit test and the use of personal protective equipment.

(f) *General and Miscellaneous Conditions and Defects.* Any medical condition that would place the individual at increased risk of heat-related injury or results in the inability to don and wear personal protective equipment.

Reference. NEHC TM OM 6260, Medical Matrix is available at: <http://www-nehc.med.navy.mil/ocmed/Matrix.htm>.

(4) *There is no waiver process for this qualification.* However, in the event that a member is disqualified for fire fighter instructor duty, the applicant may request a review of the case by an occupational medicine physician at a Navy MTF for a second opinion. In the absence of a local occupational medicine physician, the case may be forwarded to the occupational medicine directorate at the Navy Environmental Health Center for review.

Section V

REFERENCES AND RESOURCES AND ANNUAL HEALTH ASSESSMENT RECOMMENDATIONS FOR ACTIVE DUTY WOMEN

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References and Resources

The following issues are not covered explicitly in this chapter, but are related to “physical standards” or “medical examinations” and are listed here for ease of reference. This list is not intended to be inclusive of all related topics. USMC Enlisted: Marine Corps Separation and Retirement Manual (MARCORSEPMAN (MCO P1900.16F) Chapters 1, 6, and 8 at: <http://www.marines.mil/News/Publications/ELECTRONICLIBRARY/ElectronicLibraryDisplay/tabid/13082/Article/134174/mco-p190016f-wch-2.aspx>.

Administrative Separation for Convenience of the Government, Personality Disorders – Navy Enlisted: Military Personnel Manual (MILPERSMAN) MILPERSMAN 1910-122 - MILPERSMAN at: <http://www.public.navy.mil/bupers-npc/reference/milpersman/Pages/default.aspx>; USMC Enlisted: MARCORSEPMAN—Chapters 1 and 6.

Administrative Separation for Erroneous Enlistment – Navy Enlisted: MILPERSMAN 1910-130; USMC Enlisted: MARCORSEPMAN Chapters 1 and 6.

Administrative Separation for Defective Enlistment – Navy Enlisted: MILPERSMAN 1910-132; USMC Enlisted: MARCORSEPMAN Chapters 1 and 6.

Administrative Separation for Fraudulent Enlistment – Navy Enlisted: MILPERSMAN 1910-134; USMC Enlisted: MARCORSEPMAN Chapters 1 and 6.

Administrative Separation of Officers – Navy: MILPERSMAN 1920 series; USMC; Enlisted: MARCORSEPMAN Chapters 1 and 3.

Assignment Screening – BUMEDINST 1300.2 series.

Department of Defense Forms – <http://www.dtic.mil/whs/directives/infomgt/forms/index.htm>

Department of Defense Directives and Instructions – <http://www.dtic.mil/whs/directives/>

Department of Defense Medical Examination Review Board (DOD MERB) at: <https://dodmerb.tricare.osd.mil/> and NAV-MEDCOMINST 6120.2 series.

Deployment Health Evaluations – DoDINST 6490.03, Pre-Deployment Assessment form DD 2795, Post-Deployment Assessment form DD 2796.

Fitness for Duty Examinations – BUMEDINST 6120.20 series.

HIV Policy – DoD Instruction 6485.01; SECNAVINST 5300.30 series.

Limited Duty (LIMDU) – Enlisted: MILPERSMAN 1306-1200; Officers: MILPERSMAN 1301-225 (Officers); Manual of the Medical Department (MANMED), Chapter 18.

Navy Medicine Forms at: <http://www.med.navy.mil/directives/Pages/NAVMEDEForms.aspx>.

Overseas Screening – BUMEDINST 1300.2 series; MILPERSMAN 1300-800.

Physical Disability/PEB – DoD Directive 1332.18 and DoD Instruction 1332.38; SECNAVINST 1850.4 series;

Physical Readiness Program (PRT) – OPNAVINST 6110.1 series.

Pre-confinement examinations – SECNAVINST 1640.9 series.

Preventive Health Assessment (PHA) – SECNAVINST 6120.3 series.

Reservists – Separation from Active Duty: MILPERSMAN 1916-010 and SECNAVINST 1770.3 series; Physical Risk Classification: MILPERSMAN 6110-020; Mobilization: OPNAVINST 3060.7 series and BUPERSINST 1001.39 series.

15-112**Active Duty Women**

(1) **Purpose.** To provide annual health assessment recommendations for all female active duty members and reservists on active duty, hereafter identified as Servicewomen. This assessment can be performed in conjunction with the periodic health assessment or other annual health assessment.

(2) **General.** Policies and procedures for the medical care of non-active duty beneficiaries, including reservists are addressed in NAVMED-COMINST 6320.3B.

(3) **Scope of Examination.** An annual health assessment is recommended for all Servicewomen. Annual health assessment examination recommendations for Servicewomen include, but are not limited to, the following:

(a) **Obesity Screening.** All patients should be screened annually for obesity using a body mass index (BMI) calculation (available at the following Web site: www.nhlbisupport.com/bmi).

(b) **Hypertension Screening.** All patients should be screened annually using routine blood pressure measurement.

(c) **Chlamydia screening.** All sexually active women aged 25 and younger, and other asymptomatic women at risk for infection should be screened. This screening can be performed using any Food and Drug Administration (FDA)-approved method, including urine sample or vaginal swabs collected without a pelvic exam.

(d) **Cervical Cancer Screening:** Each patient should be evaluated at her annual examination to see if she is due for cervical cancer screening, as this test is no longer needed annually in most women. The following subparagraphs and attached charts summarize the recommended cervical cancer screening schedule. Cervical cancer screening is defined as the use of the pap-test and/or Human Papilloma Virus (HPV)-test to identify pre-cancerous or cancerous lesions of the female cervix. Once a patient has an abnormal result, she will be referred for evaluation and surveillance until cleared to return to routine screening. Detailed guidance is available at www.asccp.org.

(1) **First screen.** Cervical cancer screening should begin at age 21 years. Women younger than 21 years should not be screened regardless of the age of sexual initiation or the presence of other behavior-related risk factors.

(2) **Women ages 21-29.** Cervical cytology alone should be performed every 3 years for women between 21 and 29 years of age. HPV testing should not be used for screening in this age group.

(3) **Women ages 30 and older.** Women 30 years and older should be screened every 5 years by cytology and HPV co-testing (preferred) or every 3 years by cytology alone if HPV testing is not available.

(4) **Additional Risk Factors.** Women with the following risk factors may require more frequent cervical cytology screening:

(a) **Women who are infected with the human immunodeficiency virus (HIV)** should have cervical cytology screening twice in the first year after diagnosis and annually thereafter.

(b) **Women who are immunosuppressed** should be screened annually.

(c) **Women who were exposed to diethylstilbestrol (DES) in utero** should be screened annually.

(d) **Women previously treated for cervical intraepithelial neoplasia (CIN) 2 (moderate dysplasia), CIN 3 (severe dysplasia or carcinoma-in-situ), adenocarcinoma-in-situ (AIS), or cervical cancer, and have completed their post-treatment surveillance period,** should continue to have regular screening for at least 20 years. Regular screening is defined as screening every 3 years with cytology alone or 5 years with cytology and HPV co-testing depending on the patient's age group.

(5) **Women who have had a total hysterectomy (cervix removed) and have no history of CIN 2, CIN 3, AIS, or cervical cancer** can discontinue cervical cancer screening. Women who have had a total hysterectomy (cervix removed), but who have a history of CIN 2, CIN 3, AIS, or cervical cancer should be screened with vaginal cytology alone every 3 years for 20 years after the initial post-treatment surveillance period.

(6) *Women who have been immunized against HPV-16 and HPV-18* should be screened by the same regimen as non-immunized women. Women with a delay between scheduled immunizations should get their next dose at the first opportunity, and finish the series according to the recommended schedule (1st dose – 0 months; 2nd dose – 2 months; 3rd dose – 6 months from the first dose). Patients do not need repeated or extra doses if there are gaps in the administration schedule.

(7) *Annual well-woman exam.* The annual physical exam is still indicated even if cervical cytology is not performed at this visit. The annual well-woman exam should always include a pelvic exam. A pelvic exam consists of three parts: an external inspection, internal speculum exam, and an internal bimanual exam.

(e) **Breast Cancer Screening**

(1) *Women ages 21 and up.* Women should have an annual clinical breast exam, receive education about breast self-exam, and should be encouraged to follow-up if they detect persistent changes in their breast tissue. Additionally, if a woman reports other risk factors for breast cancer, such as a family history of breast cancer or has a personal history of breast cancer or other abnormal breast tissue, she should be referred for further evaluation of her breast cancer risk.

(2) *Women ages 40-75.* Clinical breast exam and screening mammography should be performed annually.

Note: Evidence is insufficient to assess the additional benefits and harms of either digital mammography or magnetic resonance imaging.

(f) *Other Screenings.* As indicated by the United States Preventive Services Task Force (USPSTF) recommendations.

(g) *Immunization status.* The immunization status must be reviewed to ensure all required immunizations have been administered and are current. Overdue immunizations must be administered and the Servicewoman should be advised when forthcoming immunizations are due.

(h) *Occupational risk and surveillance.* These risks must be evaluated and reviewed for appropriate monitoring. Ensure pertinent screening is documented within the medical record and updated on the DD 2766.

(i) *Counseling Requirements.* Counseling is required to be performed annually and documented on the DD 2766. Counseling can be done in conjunction with the periodic health assessment. Counseling should be based on an individual's lifestyle, history, and take into account the Servicewoman's concerns, risks, and preferences. Elements include, but are not necessarily limited to the following topics:

(1) Unintended pregnancy prevention, family and career planning, and sexually transmitted infection (STI) prevention.

(a) Birth control options available, their efficacies, and which contraceptive methods do or do not protect against STIs and HIV infection.

(b) Emergency contraception, including its efficacy and safety, how it can be obtained, and its lower effectiveness compared to long active reversible contraception or combined hormonal contraception.

(2) Health promotion and clinical preventive services counseling targeted to an individual's profile.

(a) Counseling including topics such as proper exercise; sleep hygiene; prevention of cancer, heart disease, stroke, musculoskeletal injuries, heat/cold illness, depression, suicide, violence, etc.

(b) Nutrition counseling regarding folic acid, prenatal vitamins, calcium supplements, vitamin D supplements, cholesterol level, caloric intake, etc.

(c) Risk behaviors to avoid (i.e., tobacco, alcohol and drug use; multiple sexual partners, non-seat belt use, etc.).

(d) Prevention and risk reduction methods for physical, emotional, and sexual assault. Abortion services available for Servicewomen who are pregnant as a result of an act of rape or incest.

(4) *Exceptions to Examination Recommendations.* When a health care provider determines a Servicewoman does not require a portion of the annual health assessment examination, the provider shall discuss the basis for this determination and advise her of the timeframe for, and the content of, the next examination.

(a) *Exceptions and recommendations* will be documented in the electronic health record or the hard copy medical record on the SF 600.

(b) *Individual Augmentee (IA) or Overseas Contingency Operations Support Assignment (OSA)*. Servicewomen deploying on an IA or OSA assignment will need to follow the Combatant Commander requirements which may differ depending on location and operational requirements. See the current modification to U.S. Central Command Individual Protection and Individual/Unit Deployment Policy.

(5) *Notification of Results*

(a) *Pap Smear Results*. Normal Pap smear results will be provided to the patient within 30 days and abnormal results will be provided to the patient as soon as possible.

(b) *Mammogram Results*

(1) Screening mammogram results will be provided to the patient within 30 days of the mammogram being performed.

(2) Diagnostic mammogram (e.g., for evaluation of a lump) results will be provided to the patient as soon as possible.

(6) *Responsibilities*

(a) Commanders, commanding officers, and officers in charge are responsible for compliance with the elements of this article.

(b) Medical Department personnel are responsible for providing the required health assessment components of care.

(c) Servicewomen are responsible for making and keeping appointments for the recommended annual health assessment examination components.

(7) *Forms*

(a) SF 600 (Rev. 11/2010), Medical Record - Chronological Record of Medical Care, is available electronically from the GSA Web site at: <http://www.gsa.gov/portal/forms/type/SF>.

(b) DD Form 2766 (Rev. 01-2000), Adult Preventive and Chronic Care Flowsheet, is available in hard copy only. Copies can be ordered from Naval Forms Online by using search criteria: "Adult" and selecting Type at: <https://navalforms.daps.dla.mil/>.

When to Perform Cervical Cytology

Based on ASCCP 2012 Guidelines

Population	Recommended Screening
<21	None
21-29	PAP every 3 yrs (no HPV)
30-65	PAP & HPV every 5 yrs (or PAP every 3 yrs)
>65	None (following adequate negative prior screening*)
After Hysterectomy	None (without cervix and without Hx of CIN2 or greater)
Hx of CIN2 or greater	Routine screening for 20 years (even after hysterectomy)
HIV+	Twice in the first year after diagnosis, then annually
Immunosuppressed	Annually
DES in utero	Annually
HPV vaccination	Follow age-specific guidelines (same as unvaccinated)

*3 consecutive negative cytology results (or 2 consecutive negative co-tests) within 10 yrs prior to cessation of screening, with the most recent within 5 yrs

Abbreviations

NILM	Negative for intraepithelial lesion and malignancy
ASCUS	Atypical squamous cells of undetermined significance
LSIL	Low-grade squamous intraepithelial lesion
HSIL	High-grade squamous intraepithelial lesion
ASC-H	Atypical squamous cells, cannot rule out high-grade lesion
HPV	Human papillomavirus
EC/TZ	Endocervical/Transformation zone
CIN	Cervical intraepithelial neoplasia
AGC	Atypical glandular cells
ECC	Endocervical curettage
DES	Diethylstilbestrol
EmBx	Endometrial biopsy
Colpo	Colposcopy

Referral Guidelines for Abnormal PAP

Based on ASCCP 2012 Algorithms

Cytology Results	Age	Recommendations
Unsatisfactory	Any	Repeat PAP 2-4 months <u>OR</u> if ≥ 30 and HPV+, may colpo
NILM, EC/TZ insufficient	21-29	Routine screening
	≥ 30	If HPV-, routine screening
		If HPV+, PAP & HPV in 1 yr. <u>OR</u> HPV genotype
		If HPV unk, HPV testing <u>OR</u> PAP in 3 yrs.
NILM & HPV+	≥ 30	Repeat PAP & HPV in 1 yr. If \geq ASC or HPV+, colpo
ASCUS, HPV unk	Any	HPV testing <u>OR</u> Repeat PAP in 1 yr. If repeat PAP is NILM, routine screening, otherwise colpo
ASCUS, HPV-	21-24	Routine screening
	≥ 25	PAP & HPV in 3 yrs.

Cytology Results	Age	Recommendations
ASCUS, HPV+ or LSIL	21-24	PAP in 1 yr. - If less than HSIL, repeat again in 1 yr. If repeat PAP is \geq ASC, then colpo. Return to routine screening after NILM x 2
	≥ 25	Colpo If pregnant, colpo now (preferred) or at least 6 wks postpartum
LSIL, HPV-	Any	PAP & HPV in 1 yr. (preferred) If NILM, HPV-, repeat PAP & HPV in 3 yrs, otherwise colpo <u>OR</u> immediate colpo
ASC-H or HSIL	Any	Colpo <u>OR</u> If HSIL & ≥ 25 & not pregnant, may do immediate LEEP
AGC or Atypical Endocervical Cells	Any	Colpo, ECC, and EmBx if ≥ 35 or chronic anovulation or unexplained vaginal bleeding
Atypical Endometrial Cells	Any	ECC and EmBx. Colpo if both negative

Saslow D, et al. ACS, ASCCP, and ASCP screening guidelines for the prevention and early detection of cervical cancer. ©2012 ASCCP Cytology Algorithms ©2012 ACOG Practice Bulletin #131 NCV 2012