

Change 167
Manual of the Medical Department
U.S. Navy
NAVMED P-117

15 February 2019

To: Holders of the Manual of the Medical Department

1. This Change. Updates Chapter 15, articles 15-20 through 15-23, and 15-30 and 15-31.

a. Changes noted for MANMED article 15-20: Changes Separation History and Physical Examination (SHPE) requirements to align with DoD Instruction 6040.46, to include completed DD Form 2807-1 Report of Medical History available at <https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2807-1.pdf> and DD Form 2808 Report of Medical Examination available at <https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2808.pdf>, and removes the requirements to complete DD Form 2697 Report of Medical Assessment available at <https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2697.pdf> and document results on a pre-formatted SF 600 Chronological Record of Medical Care available at <https://www.gsa.gov/cdnstatic/SF600-18.pdf?forceDownload=1>. An SF 600 may still be used to document a completion date if required for administrative purposes only. A DD Form 2697 may be utilized for reserve component members who do not meet standards for receiving a SHPE outlined in the DoD Instruction 6040.46.

b. Changes noted for MANMED article 15-21: Outlines requirement to use DD 2807-1, “Report of Medical History,” and DD 2808, “Report of Medical Examination,” and removes requirements for use of DD 2697, “Report of Medical Assessment,” and documenting results of retirement separation examination on a pre-formatted SF 600, “Chronological Record of Medical Care,” unless required for administrative purposes.

c. Changes noted for MANMED article 15-22:

(1) Outlines the process and requirement for active component Service members separating from the Navy and Marine Corps, and drilling reservists or inactive drilling reservists desiring to apply for affiliation with Navy or Marine Corps reserves. The revised MANMED Chapter 15-22 provides guidance on extending the period of examinations validity from 6, 12, or 24 months to 36 months, with the understanding that additional tests, as indicated, may be necessary for any new or materially changed medical condition(s) discovered with additional required documentation.

(2) Allows utilization of Special Duty Exams that include a DD Form 2807-1 and DD Form 2808 or Veteran’s Administration compensation and pension history and physical as documentation for re-affiliation into the Navy or Marine Corps Reserve, in lieu of the SHPE exam for prior service applicants.

(3) Clarifies required documents to be submitted, as well as applicant and appropriate examiner responsibilities.

d. Changes noted for MANMED article 15-23: Includes guidance for Reserve Service member not recommend for retention to appeal through a Formal Physical Evaluation Board (PEB), as outlined in SECNAV Instruction 1770.5 series and SECNAV Instruction 1850.4 series. DD Form 2697 may be utilized for reserve component members not meeting criteria SHPE (outlined in the DoD Instruction 6040.46) or referral to a PEB.

e. Changes noted for MANMED article 15-30: Includes reference to DoD Instruction 6130.03, Medical Standards for Appointment, Enlistment, or Induction into the Military Service.

f. Changes noted for MANMED article 15-31:

(1) Includes expanded Service Medical Waiver Review Authorities (SMWRA) details.

(2) Incorporates BUMED memorandum 6000 Ser M34/19UM32204 dated 1 February 2019 guidance detailing the Senior Chief Shannon Kent Process for Waiver of Physical Standards.

(3) Adds reference to MANMED Chapter 18 for Disability Evaluation System for individuals with a medical waiver separated within 180 days.

2. Action

a. Remove pages 15-16 through 15-21, 15-23, and 15-25, replace with revised pages 15-16 through 15-21, 15-23, and 15-25 through 15-26.

b. Record this Change 167 in the Record of Page Changes.


C. FORREST FAISON III
Chief, Bureau of Medicine and Surgery

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

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

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

15-20**Separation from
Active Duty**

(1) Separation examinations will follow MANMED guidance as well as requirements and timelines outlined in the DoD Instruction 6040.46, The Separation History and Physical Examination (SHPE) for DoD Separation Health Assessment (SHA) Program and DoD level guidance that pertains to the completion of the SHPE.

(a) For reserve component individuals who do not meet requirements for a SHPE as outlined in DoD Instruction 6040.46, a request for a physical examination may be made and documented utilizing a DD Form 2697.

(2) Separation examinations and evaluations, including for members of the Navy and Marine Corps Reserves serving on active duty for 31 or more consecutive days, shall be performed for all separating Service members within 180 days of last active duty day per DoD Instruction 6040.46 regarding separations physical examinations. A DoD-performed physical examination may be accepted between 90 days and up to 12 months prior to the scheduled date of separation from active duty if it meets SHPE minimum standards, but a medical assessment must be completed no more than 30 days prior to separation from active duty. These comprehensive evaluations are conducted for the purposes of ensuring that Service members have not developed any medical conditions while in receipt of base pay that might constitute a disability that should be processed by the Physical Evaluation Board (PEB) and to ensure Service members are physically qualified for recall to

additional periods of active duty. Thus, the standards for being physically qualified to separate are the same as those being qualified to continue active duty Service and to affiliate with the reserves. See SECNAVINST 1850.4 series and MANMED chapter 18, Medical Evaluation Boards, for further guidance. If the Service member has recently returned from a deployment, while not specifically part of the separation evaluation, ensure appropriate completion of post-deployment health screening. A separate process exists for the unique situation of returned deserters being processed for separation (see article 15-25).

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

(a) Completion of DD Form 2807-1 by the Service member.*

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

(c) A focused physical examination documented on DD Form 2808 and laboratory test results, as indicated, for any new or materially changed medical condition discovered.*

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

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

(f) A mental health assessment completed within 180 days of separation. Mental health assessments completed within this timeframe in conjunction with the Service member's periodic health assessment, pre-deployment health assessment, or post-deployment health reassessment meet this requirement.

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

(4) The completed DD Form 2801-1, DD Form 2808, and the results of the evaluation outlined in articles 15-20(c) and 15-20(d) will be uploaded into the Service member's electronic medical record. The

results of the evaluation, including any laboratory test results obtained, will be documented in the electronic medical treatment record indicating completion of SHPE. If a Service member is found not to be physically qualified for separation, the planned course of action (e.g., referral to PEB) should also be stated. For reservists found not physically qualified for separation, see MILPERSMAN 1916 series. Service members found physically qualified to separate shall also read and initial the following statement:

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

(5) Hepatitis C screening is voluntary and the results of any testing or delays in obtaining results will not interfere with release from active duty. Service members who request screening must complete NAV-MED 6230/1 and it must be placed in the out-patient medical record.

(6) For administrative purposes only a pre-formatted SF-600 may be used to report completion of DD Form 2807-1 and DD Form 2808.

(7) For Service members separating from Service after 30 or fewer consecutive days on active duty, a different separation process may apply per DoD Instruction 6040.46. All Service members should complete DD Form 2807-1 and an authorized examiner will interview each Service member focusing on any new or materially changed medical conditions occurring since the start of active duty and, if indicated, conduct a focused physical examination on DD Form 2808 and document the Service member's health status in electronic medical record. For members found not qualified due to service-incurred or

service-aggravated injury or illness a Notice of Eligibility (NOE) may be appropriate, see SECNAV-INST 1770.3.

(8) For Service members being separated following a finding of "unfit for continued Naval Service" by the PEB, the procedures outlined in articles 15-20(3) through 15-20(6) do not apply. Instead, documentation in the Service member's electronic medical treatment record will be made indicating, that the Service member has been found unfit and is being processed for separation from active duty service.

(9) Separations or discharges characterized as adverse (i.e., other than honorable, bad conduct, dishonorable) affect how medical conditions fit into the separation process, but do not change the requirements for the evaluation outlined in articles 15-20(3) and 15-20(4). See MILPERSMAN article 1910-216 (enlisted). MILPERSMAN 1920 articles (officers), and the Marine Corps Separations Manual, sections 1011 and 8508. See article 15-25 for specific guidance on separation evaluations of deserters.

15-21

Retirement from Active Duty

(1) Retirement examinations and evaluations shall be performed using DD Form 2807-1 and DD Form 2808 for all retiring Service members within 180 days of the member's last active duty day. These comprehensive evaluations are conducted for the purpose of ensuring that Service members have not developed any medical conditions that might constitute a disability that should be processed by the PEB. The "standards" for being physically qualified to retire must include the presumption of fitness that comes with reaching retirement eligibility, and the threshold for referral to the PEB for a member who has successfully reached years of service qualifying for retirement is different than a member who has not reached the threshold. See SECNAVINST 1850.4 series and MANMED chapter 18 for further guidance. If the Service member has recently returned from a deployment, while not specifically part of the retirement evaluation, ensure appropriate completion of post-deployment health screening.

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

(a) Completion of DD Form 2807-1 by the Service member.*

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

(c) A focused physical examination documented on DD Form 2808 and laboratory test results, as indicated, for any new or materially changed medical conditions discovered.*

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

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

(f) A mental health assessment completed within 180 days of separation. Mental health assessments completed within this timeframe in conjunction with the Service member's periodic health assessment, pre-deployment health assessment or post-deployment health re-assessment meet this requirement.

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

(3) The completed DD Form 2807-1 and the results of the evaluation outlined in articles 21-(2)(c) and 15-21(2)(d) will be placed in the Service member's electronic medical treatment records. If a member is found not to be physically qualified for retirement, the planned course of action (e.g., referral to PEB) should also be stated. Members found physically qualified for retirement shall also read and initial the following statement:

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

(4) For administrative purposes only a preformatted SF-600 may be used to report completion of DD Form 2807-1 and DD Form 2808.

(5) Hepatitis C screening is voluntary and the results will not interfere with release from active duty. Service members who request screening must complete NAVMED 6230/1, this form will be placed in the Service member's electronic medical treatment record.

15-22**Affiliation with the
Navy and Marine
Corps Reserves**

(1) Applicants desiring affiliation with the Navy and Marine Corps Reserves who have separated from Navy or Marine Corps active duty service or drilling reserve status or with a type of separation that was not related to a medical condition (i.e., PEB finding of unfitness, administrative separations for: fraudulent enlistment, defective enlistment, a physical condition not considered a disability, not being worldwide assignable, or personality disorder) must follow guidelines outlined in 15-22(3)(a) or 15-22(3)(b), dependent on the date of their last complete comprehensive SHPE consisting of DD Form 2807-1 and DD Form 2808.

(a) For applicants who have no prior service in the Navy or Marine Corps, the applicant must follow the guidance outlined in article 15-10 for enlisted applicants and article 15-13 for commissioning applicants. For validity of new affiliation exams, refer to article 15-7.

(2) The validity of a SHPE for Navy and Marine Corps Service members desiring to affiliate into the Navy and Marine Corps reserve is 36 months from the date listed on DD Form 214 Certificate of Release or Discharge from Active Duty, with the understanding that additional tests, as indicated, may be necessary for any new or materially changed medical condition(s) discovered with additional required documents.

(a) In lieu of SHPE, Providers may accept a current Veteran's Administration compensation and pension (C&P) history and physical. Receipt of Veteran's Administration (VA) disability compensation does not necessarily render the Service member unfit to reasonably perform the duties of the member's office, grade, rank, rating, or deployability. Reserve component applicants who have received VA disability, may be affiliated without a medical waiver recommendation if one of two conditions are met: 1) they are within the separation timeframe criteria outlined in DoD Instruction 6130.03 section 4(d); or 2) they were in a deployable status upon separation and have no material change in medical condition and a level of activity supports functional capacity to serve in the selected position. Cases will be individually screened and reviewed by appropriate medical personnel. Screening providers may use clinical judgement for adjudication of recommending these

individuals for affiliation to the Navy or Marine Corps reserve. Acceptance of Veteran's Administration C&P history and physical will follow the same guidance listed in articles 15-22(1) through 15-22(4) for SHPE documents.

(b) In lieu of SHPE, providers may accept Special Duty Examination, including a completed DD Form 2807-1 and DD Form 2808, following the same guidance listed in articles 15-22(1) through 15-22(4) for SHPE documents.

(3) Applicant Responsibilities

(a) If SHPE, or appropriate alternative physical examination listed in articles 15-22(2)(a) and (b), is over 36 months from date of separation on DD Form 214, the applicant must:

(1) Undergo a physical examination consisting of completing a new DD Form 2807-1, Report of Medical History and meet with a medical provider to conduct a physical examination that is documented using a DD Form 2808, Report of Medical Examination following the procedures outlined in articles 15-3 through 15-5.

(2) If received, provide a copy of the VA disability rating letter indicating the disability rating percentage and list of conditions rated.

(b) If SHPE, or appropriate alternative physical examination listed in Articles 15-22(2)(a) and (b), is 36 months or less from date of separation on DD Form 214, applicant must:

(1) Provide a copy of DD Form 2807-1, completed by the applicant and used as part of the SHPE or a copy of the VA C&P exam.

(2) Provide a copy of DD Form 2808 used as part of the SHPE.

(3) Provide a copy of the most recent DD Form 214, to confirm nature of separation or discharge.

(4) Complete a new DD Form 2807-1.

(5) Provide a signed and dated statement, describing his or her current level of activity and any restrictions secondary to active physical, medical, or mental health conditions.

(6) If received, provide a copy of the VA disability rating letter indicating the disability rating percentage and list of conditions rated.

(4) Examiner Responsibilities. If less than 36 months from date of separation on DD Form 214, an appropriate examiner (see article 15-4) shall review all provided documents and conduct a focused physical examination and request additional tests, for any new or materially changed medical condition(s) discovered. If greater than 36 months from date of separation on DD Form 214, full physical examination documented on a DD Form 2808 is required.

(a) If no new condition(s) have developed or materially changed since active duty or active reserve duty separation, the applicant is physically qualified for affiliation and this information is annotated on the new DD Form 2807-1 and placed in the Service member's outpatient medical record.

(b) If any new condition has developed, or a previously existing condition has materially changed, an initial screening of the condition(s) using the standards outlined in Section III, chapter 15, will be performed.

(1) If after screening and review by appropriate medical personnel, no disqualifying condition(s) exist, per affiliation standards, the applicant should be found physically qualified for affiliation and no higher level authority review is required. This information should be annotated on the new DD Form 2807-1 along with any additional medical documentation and placed in the Service member's outpatient medical record.

(2) If as a result of the screening the condition(s) are considered disqualifying for affiliation, all documents will be forwarded to their respective service as indicated below:

(a) For Navy

1. Commander, Navy Recruiting Command (CNRC) for review and determination of qualification for affiliation, then

2. Commander, Naval Personnel Command (NAVPERSCOM), where final determination for affiliation or retention in the reserves will be made.

(b) For Marine Corps

1. BUMED Chief of Qualifications and Standards Director for review and determination of qualification for affiliation, then

2. The Marine Force Reserve where final determination for affiliation or retention in the Reserves will be made.

(c) A grace period through 31 December 2019 is granted to allow for documentation of the physical exam on a preformatted SF 600, in lieu of a DD Form 2808. An updated medical history is still required using the DD Form 2807-1 to accompany the preformatted SF-600. If the quality of the exam and assessment on the SF 600 is not sufficient, the reviewing provider may require a more comprehensive exam on a DD Form 2808.

15-23

Retention in the Navy and Marine Corps Reserves

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

(2) All members of the Navy and Marine Corps Reserve annually complete a periodic health assessment.

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

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

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

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

(c) The documentation outlined in article 15-24(4)(b) will be sent, via appropriate chain of command, to the Director BUMED Qualifications and Standards for review.

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

(2) If a recommendation cannot be made regarding retention (e.g., incomplete information, condition not yet stable) the Director, BUMED Qualifications and Standards will send requests for information or guidance directly to the reservist’s unit.

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

(5) If an MDR is not able to determine whether or not a reservist’s medical condition will likely prevent the Service member from safely and effectively

fulfilling the responsibilities of their rank and rating or interfere with mobilization. Contact the Director, BUMED Qualifications and Standards directly for additional guidance. Retention packages as outlined in article 15-23(4) may not be necessary for some conditions.

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

(7) For screening of reservists ordered to active duty, see OPNAVINST 3060.7 series and BUPERSINST 1001.39 series.

(8) If a Service member is not recommended for retention per the Director, BUMED Qualifications and Standards or the Service member is found “Unfit to Continue Naval Service,” the Service member may be authorized an appeal process through a formal PEB, as outlined in SECNAVINST 1770.5 series and SECNAVINST 1850.4 series. Navy or Marine Corps Headquarters responsible for processing of PEB appeals may apply definitive time limitations for submission of PEB packages.

(9) For reserve component individuals who are eligible for retirement but do not meet requirements for a SHPE as outlined in DoD Instruction 6040.46, do not meet requirements for a retirement examination as outlined in article 15-21, or do not require a referral to a formal PEB, a request for a physical exam may be made and documented utilizing a DD Form 2697.

15-24**Civilian Employees**

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

15-25**Deserters**

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

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

(a) Completion of DD Form 2807-1 by the Ser-vic member.

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

(c) A focused physical examination and laboratory test results, as indicated, for any medical con-

dition(s) that may pose an immediate danger of death or may be extremely severe.

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

(e) Completion of DD Form 2697.

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

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

15-26**Prisoners**

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

Section III

STANDARDS FOR ENLISTMENT AND COMMISSIONING

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15-30**Purpose**

(1) The primary purposes of the physical standards contained in this section are to ensure individuals applying for enlistment or commission (or affiliation with the reserves) are physically capable of performing the assigned duties in accordance with DOD Instruction 6130.03.

(2) Many individuals will be physically qualified to enlist, commission or affiliate, but not be physically qualified for some special duties or assignments; see section II of this chapter for further guidance.

(3) Service Medical Waiver Review Authorities (SMWRA) must proactively develop the medical waiver recommendation process to maximize positive waiver recommendations while maintaining quality applicants. DoD policy requires those currently and previously serving to meet accession standards outlined in DoD Instruction 6130.03, Medical Standards for Appointment, Enlistment, or Induction into the Military Service. The ability to perform military duties is a critical component of the waiver decision and highest consideration should be afforded to those already serving in a deployable status.

(4) To facilitate a standardized waiver process, all SMWRAs will operate on the same information technology platform, undergo standardized training, and maintain a combined quality assurance program.

(5) The standards for enlistment, appointment, or induction in the military service are published in the DoD Instruction 6130.3, according to the authority in Title 10, United States Code, Section 13. Navy specific vision color standards for commission are outlined in MANMED Chapter 15, Change 152. The standards within DoD Instruction 6130.03 are frequently reviewed and modified; ensure that the

most current version is used. Future updates or revisions will align the MANMED Chapter 15, Section III standards for enlistment and commissioning with the DoD Instruction 6130.03.

15-31**The Senior Chief
Shannon Kent
Process for Waiver of
Physical Standards**

(1) For some applicants, their current level of functioning or state of health, in spite of the presence of a disqualifying medical condition as outlined in DOD Instruction 6130.03, warrants a waiver of the standards.

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

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

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

(b) *The Senior Medical Waiver Review Authority, Navy Recruiting Command.* Provides waiver recommendations to: Commander, Navy Recruiting Command (including: Health Professions Scholarship Program and Nurse Commissioning Program).

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

(d) *Admissions Medical Officer, United States Naval Academy.* Provides waiver recommendations to: Superintendent, U.S. Naval Academy.

(e) *The Commanding Officer, Captain James A. Lovell Federal Health Care Center.* Provides waiver recommendations to Navy Recruit Training Center for mental health matters only.

(4) The processes for requesting a waiver vary based on the program the applicant is seeking. Review the pertinent guidance issued by the enlisting or commissioning authority 15-31(3)(a) through 15-31(3)(e). However, regardless of the specific procedures involved, most delays in waiver recommendations result from inadequate information provided with the waiver request. When assembling a waiver request package ensure, at a minimum, the following information is included: most recent complete physical examination, all pertinent past medical records, documentation regarding past and current limitations of activity associated with the condition, and the results of any laboratory testing.

(5) The following describes the process for submitting an Appeal of Medical Waiver Recommendation Decisions:

(a) Service representatives (i.e., recruiters or admissions personnel representing the commanders charged with enlisting, commissioning, retaining, or inducting) may request an appeal of physical standards if a “waiver not recommended” disposition on a waiver request for an applicant has been issued.

(b) Appeal requests that come through other entities (Congressional inquiries, the applicant, friends or family members of the applicant, etc.) will be routed through the Service representative.

(1) The first level of appeal will be a reconsideration of the case by a different medical reviewer than the person who did the initial review. If the Senior Medical Review Authority (SMRA) does not have the personnel to provide a second reviewer, the SMRA can seek a second review from the appropriate Specialty Leader or BUMED Medical Readiness (BUMED-M34). If the second reviewer makes a “waiver recommend” determination, the decision will be routed back to the commander charged with enlisting, commissioning, retaining, or inducting the applicant via the established system for each commander.

(2) If the second reviewer makes a “waiver not recommended” determination, the case will be forwarded, with any amplifying comments from the SMRA, to BUMED Deputy Chief, Readiness & Health. The BUMED Deputy Chief, Readiness & Health will make the final medical waiver recommendation determination.

(c) The recommendation made by BUMED Deputy Chief, Readiness & Health will be routed back to the commander charged with enlisting, commissioning, retaining, or inducting the applicant via established system for each commander.

(6) Service members who enter the military with a medical waiver may be separated within 180 days without referral to the Disability Evaluation System, in accordance with MANMED Chapter 18.

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

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

~~—(7) The Navy Medicine Operational Training Center Detachment, Naval Aerospace Medical Institute, (NAMI Code 342) is designated as the Program Manager for assessment and determination of the qualification of applicants, both enlisted and commissioned, for duties involving aviation. In this capacity, NAMI is authorized to issue correspondence recommending waivers of physical standards to the commander charged with enlisting or commissioning and the specific program desired. Such correspondence shall include letters recommending commissioning by the appropriate authority.~~

15-32

Introduction to the Physical Standards

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

15-33

Head

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

(2) Loss, or absence of the bony substance of the skull (756.0 or 738.1) not successfully corrected by reconstructive materials, or leaving residual defect in excess of 1 square inch (6.45cm²) or the size of a 25-cent piece is disqualifying.

Note: *The information crossed out at the top of the page is no longer valid because article 15-31 was revised by this change. 15-32 through 15-34 were not revised.*

15-34

Eyes

(1) Lids

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

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

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

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

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

(2) Conjunctiva

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

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

(c) Current xerophthalmia (372.53) is disqualifying.

(3) Cornea

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

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