

# Change 170

## Manual of the Medical Department

### U.S. Navy NAVMEDP-117

**22 October 2025**

To: Holders of the Manual of the Medical Department

1. This Change: Updates Chapter 15: Medical Examinations.

2. Summary of Changes. This change represents updates to articles 15-63(1)(d), 15-64(1), 15-80(2), 15-83(3), 15-102(3)(a), 15-102(3)(b)(1)(a)(6), 15-103(3)(b)(2), 15-105(3)(a), 15-105(3)(b)(2), 15-106(3)(a), and 15-106(3)(b)(4).

a. Changes noted: Updated medical requirements for all Unmanned Aircraft System (UAS) operators and validity period for candidate physical exams and eye exams to align with other special duty exams.

b. Changes noted for MANMED article 15-63(1)(d). Removed “including: Air vehicle operators (AVO), sensor operators (SO), mission payload operators (MPO), and unmanned aircraft commanders (UAC).” Replaced with: “Please Note: UAS Group 1 and 2 (≤55 pounds) are categorized as small UAS (sUAS). Personnel operating sUAS are only required to meet the medical standards of Part 107 of the Federal Aviation Regulations (14 C.F.R. Part 107) and do not require aeromedical clearance.”

c. Changes noted for MANMED article 15-64(1). Revised paragraph (1) to read “(1) The aviation medical examination must be performed by an independent licensed Aviation Medical Clinician (AMC) who is authorized by the Chief, Bureau of Medicine and Surgery (BUMED) or by the proper authority of the Army or Air Force and has current clinical privileges to conduct such examinations. AMCs include FS, residency-trained Aerospace Medicine physicians (also referred to as “RAMs” or “Aerospace Medicine Specialists”), APAs, and Aviation Medical Examiners (AME). APAs are designated FS extenders who have graduated from the Naval Aerospace Medical Institute (NAMI) Aviation Medical Officer (AMO) course, and work under the supervision of an Aerospace Medicine physician or FS per Secretary of the Navy (SECNAV) instruction 6410.1 and APA guiding instructions. AMEs provide medical administrative support and healthcare to flight status personnel but are not aeronautically designated. They are authorized to complete aviation medical examinations and prepare and submit waivers of physical standards.”

d. Changes noted for MANMED article 15-80(2). Replaced paragraphs (2) and (3) with “(2) A LBFS may be convened by the member’s commanding officer, on the recommendation of the member’s AMC or by higher authority. A LBFS will consist of the cognizant AMC and a senior member. The senior member must be a designated Senior Regional Flight Surgeon (SRFS) or MAG Surgeon. If the SRFS or MAG Surgeon is not a

Board Eligible or Board-Certified Aerospace Medicine physician, one must be added as a third member. Exception to policy requests regarding composition of the board must be endorsed by the NAMI OIC.” Subsequent paragraphs are renumbered accordingly.

e. Changes noted for MANMED Article 15-83. Add paragraph (3): “(3) Class III and Class IV personnel may be considered for a time restricted aeromedical clearance while on LIMDU or PEB status via the LBFS process.”

f. Changes noted for MANMED Article 15-102(3)(a). Replaced “Within 2 years of application for initial training.” with “For candidates, the diving medical examination must be current within 2 years of applying and reporting for initial training or entry into pipeline.”

g. Changes noted for MANMED Article 15-102(3)(b)(1)(a)(6). Replaced requirement to have exam with 3 months with “current within last 12 months.”

h. Changes noted for MANMED Article 15-103(3)(b)(2). Replaced requirement to have exam with 3 months with “current within last 12 months.”

i. Changes noted for MANMED Article 15-105(3)(a). Replaced “Within 1 year of application for initial training.” with “Special duty physical examination must be current within 2 years of reporting for initial training.”

j. Changes noted for MANMED Article 15-105(3)(b)(2). Add “Eye exam (current within last 12 months.)”

k. Changes noted for MANMED article 15-106(3)(a). Replaced “For candidates, no more than 1 year prior to reporting for initial submarine training.” with “For candidates, submarine duty physical examination must be current within 2 years of application and reporting for initial submarine training.”

l. Changes noted for MANMED Article 15-106(3)(b)(4). Replaced requirement to have exam within three (3) months with “current within last 12 months.”

## 2. Action

a. Update Chapter 15 articles 15-63(1)(d), 15-64(1), 15-80(2), 15-83(3), 15-102(3)(a), 15-102(3)(b)(1)(a)(6), 15-103(3)(b)(2), 15-105(3)(a), 15-105(3)(b)(2), 15-106(3)(a), and 15-106(3)(b)(4) with the revised articles.

b. Record change 170 in the record of page changes.



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Chief, Bureau of Medicine and Surgery

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**15-62****Purpose of Aeromedical Examinations**

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(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>).

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**15-63****Classes of Aviation Personnel**

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(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 pilots, designated naval aviators, or student naval aviators including naval flight officers (NFO), technical observers, naval flight surgeons (NFS), aerospace medicine physician assistants (APA), aerospace operational physiologists (NAOP), 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 (ATC), 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. Note: UAS Group 1 and 2 ( $\leq 55$  pounds) are categorized as small UAS (sUAS). Personnel operating sUAS are only required to meet the medical standards of Part 107 of the Federal Aviation Regulations (14 C.F.R. Part 107) and do not require aeromedical clearance.

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Please Note. The physical qualification submission requirements and any associated waiver recommendations are now based on the assigned UAS Group as listed in Commander Naval Air Forces (CNAF) M-3710.7 series or with respect to commercial, off-the-shelf, models by aircraft operating characteristics. While the physical standards across all of the UAS Groups remain the same, the physical exam processing requirements have changed appropriately to address operational requirements. UAS operators must be assessed and processed based on the highest UAS Group they are qualified to operate. UAS operators flying aircraft limited only to those of UAS Group 1 and 2 and small, commercial, off-the-shelf vehicles weighing 55 pounds or less may have their physicals performed by any qualified DOW medical provider and any associated waivers may be approved locally by individual unit commanders. The NAVMED 6410/13 UAS Physical Worksheet, and the ARWG continue to provide useful reference and guidance for all UAS classes. However, there are likely few conditions for the majority of the small UAS operators that may demand aeromedical standards above that of the general duty Sailor or Marine. In no case should an individual receive medical clearance with a medical condition present, which may incapacitate an individual suddenly, subtly, or without warning. Further, personnel may not perform UAS operations while using any medication whose known common adverse effects or intended action(s) affect alertness, judgment, cognition, special sensory function or coordination. This includes both over the counter and prescription medications.

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NAVMED 6410/13, which should be performed and included in the health record for all UAS classes, can be found at: <http://www.med.navy.mil/directives/Pages/NAVMEDForms.aspx>.

(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 items listed below remain the responsibility of the parent nation (nation of whose armed forces the individual is a member). More detailed information is located in the ARWG.

- (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, aviation medical examiner (AME), or aerospace medicine physician assistant 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.

(g) Certain non-designated 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 CNAF M-3710.7 series (Naval Air Training and Operating Procedures Standardization (NATOPS) General Flight and Operating Instructions) and must be used to evaluate these personnel.

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**15-64****Authorized Examiners**

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(1) The aviation medical examination must be performed by an independent licensed Aviation Medical Clinician (AMC) who is authorized by the Chief, Bureau of Medicine and Surgery (BUMED) or by the proper authority of the Army or Air Force and has current clinical privileges to conduct such examinations. AMCs include FS, residency-trained Aerospace Medicine physicians (also referred to as "RAMs" or "Aerospace Medicine Specialists"), APAs, and Aviation Medical Examiners (AME). APAs are designated FS extenders who have graduated from the Naval Aerospace Medical Institute (NAMI) Aviation Medical Officer (AMO) course, and work under the supervision of an Aerospace Medicine physician or FS per Secretary of the Navy Instruction (SECNAVINST) 6410.1 and APA guiding instructions. AMEs provide medical administrative support and healthcare to flight status personnel but are not aeronautically designated. They are authorized to complete aviation medical examinations and prepare and submit waivers of physical standards.

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**15-65****Applicant, Student, and Designated Standards**

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(1) Physical standards for SNA become Class I standards at the time of designation (winging). Prior to that point in time, SNA applicant physical standards must 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 will 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.) must 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 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 must be submitted for BUMED endorsement, along with a waiver request if deemed appropriate. 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 use disorder 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 Commanding Officer, Naval Reserve Center initiative to request or recommend a waiver will be taken by BUMED; CMC; or NAVPERSCOM. In no case will this initiative be taken without informing the member's local command.

(e) All waiver requests must 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.

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

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(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) A LBFS may be convened by the member's commanding officer, on the recommendation of the member's AMC or by higher authority. A LBFS will consist of the cognizant AMC and a senior member. The senior member must be a designated Senior Regional Flight Surgeon (SRFS) or MAG Surgeon. If the SRFS or MAG Surgeon is not a Board Eligible or Board-Certified Aerospace Medicine physician, one must be added as a third member. Exception to policy requests regarding composition of the board must be endorsed by the NAMI OIC.

(3) The LBFS will consist of at least three medical officers, two of whom must be flight surgeons or aviation medical examiners. An aerospace medicine physician assistant may serve

as one of the required medical officers on a LBFS when a flight surgeon or aviation medical examiner is unavailable, however, the flight surgeon or aviation medical examiner must act as senior board member.

(4) The LBFS's findings must 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 must 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 must submit their reports within 10 working days to NAMI Code 53HN via the patient's commanding officer.

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(2) The Board must consist of a minimum of five members, three of whom must be flight surgeons, and one of whom must be a senior line officer as assigned by CNO (N98) or CMC. The presiding officer will be the Assistant Deputy Chief, Operational Medicine and Capabilities Development (BUMED-M9), Assistant Deputy Chief, Healthcare Operations (BUMED-M3) assisted by the Aerospace Medicine Branch Head (BUMED-M95).

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

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

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**15-83****Standards for Aviation Personnel**

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(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 dis-qualifying 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.

(3) **Class III and Class IV.** Personnel may be considered for a time restricted aeromedical clearance while on LIMDU or PEB status via the LBFS process.

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

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

(1) **Blood Pressure and Pulse Rate.** These measurements must 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 must 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 must 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.

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**15-102****Diving Duty**

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(1) **Characteristics.** Diving duty is characterized by intense physical and mental demands in a hostile environment. Divers must be able to perform despite these challenges, exercising good judgment while executing complex tasks. Divers must be free of distracting musculoskeletal conditions, otolaryngologic or pulmonary disease, confounding neurologic symptoms, or behavioral instability.

(2) **Applicability.** The physical standards in this article apply to personnel whose primary military duty is diving, to personnel whose duties expose them to a hyperbaric occupational environment, and to candidates for the aforementioned duties who are trained in a U.S. Navy program. The physical qualification requirements for non-U.S. divers operating with U.S. forces and non-U.S. diver candidates trained in a U.S. Navy program on behalf of foreign nations are dictated by international agreements, status of forces agreements, and other diplomatic arrangements. Examples of personnel in applicable duties include, but are not limited to: Navy divers, Naval Special Warfare/SEAL operators, explosive ordnance disposal (EOD) divers, Marine Corps Special Operations divers (Marine Corps Forces Special Operations Command (MARSOC) and Force Reconnaissance (RECON), Underwater Construction Team (UCT) divers, and ship or boat divers, as well as personnel who have hyperbaric exposure for clinical or research purposes and personnel required to enter pressurized ship sonar domes. These standards also apply to personnel from sister Services (including U.S. Coast Guard (USCG)) or other State or U.S. Government agencies who are trained in a U.S. Navy program.

(a) These standards DO NOT apply to personnel not listed above, but who perform work in a hyperbaric environment involving exposure to pressures less than 8 pounds per square inch (psi) (i.e., compartment/hull containment test workers). However, other standards may apply (i.e., NAVSEAINST 10560.4 series).

(b) Aviation duty personnel (applicant or designated) with documented medical concerns about their ability to safely tolerate barometric changes, secondary to post-surgical or other otorhinolaryngological conditions, but with an otherwise current aviation duty medical examination, may be evaluated with a modified Diver Candidate Pressure Test, as defined by the U.S. Navy Diving Manual. A diving duty physical examination is not required under these conditions. This test should only be performed upon written request or referral from a designated flight surgeon and directly supervised by an undersea medical officer (UMO).

**(3) Examinations**

(a) **Periodicity.** For candidates, the diving medical examination must be current within two (2) years of applying and reporting for initial training or entry into pipeline. 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. Diving 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 2018, the next examination must be completed by 31 March 2023. A complete physical examination is also required prior to returning to diving duty after a period of disqualification. In addition to the special duty examination:

(1) All active duty Service members on diving duty must have a current annual periodic health assessment (PHA) in order to maintain diving duty qualifications. This will include recommended preventive health examinations. The requirement for a PHA does not apply to government service (GS) civilian divers. The annual PHA will include documentation of skin cancer screening, specifically a head-to-toe skin examination, and will address the risks of diving while pregnant for all female divers, per BUMEDINST 6200.15 series.

(2) All applicants for initial and advanced dive training must have a valid NAVPERS 1200/6, U.S. Military Diving Medical Screening Questionnaire, completed and signed by an UMO not more than 1 month prior to actual transfer to dive training. This document serves as an interval medical history from the time the original DD Form 2807-1/2808 were completed until time of transfer for accession into training in basic and advanced diving duty, as well as a medical record screening for any missed or new condition(s) that may be considered disqualifying (CD). Any condition found to be CD that has not been properly addressed needs to be resolved prior to the candidate's transfer to dive training. The NAVPERS 1200/6 should be added to the member's medical record.

(b) **Scope.** A diving duty physical examination (also referred to as a diving medical examination (DME)) must consist of a completed DD Form 2807-1 Medical History and DD Form 2808 Medical Examination. All organ systems will be examined with special attention to organ systems which affect the member's ability to safely function underwater, in temperature extremes, in other hyperbaric environments, and while exposed to non-standard breathing gas mixtures. Those organ systems (air-filled spaces) which can be adversely affected by hyperbaric exposure must also receive focused assessment and underlying conditions which predispose the examinee to increased risk in the hyperbaric environment must be noted and addressed.

(1) For candidates applying for initial diving duty and for designated divers undergoing anniversary physical examinations, the following special studies are required to support medical assessment, and must be completed within the following timeframes (unless otherwise noted):

(a) Within 3 months of the exam date:

1. Chest x-ray (poster-anterior (PA) and lateral) (candidates only, upon program entry, and then as clinically indicated).

2. Electrocardiogram.

3. Audiogram (current within last 12 months).

4. DoD Type 2 Dental Ex-amination (current within last 12 months).
5. Latent tuberculosis infection (LTBI) screening within 6 months of exam date. (LTBI screening/testing is detailed in BUMEDINST 6224.8C).
6. Complete blood count (CBC).
7. Urinalysis.
8. Fasting blood glucose.
9. Hepatitis C screening (current per SECNAVINST 5300.30F).

(b) Current within last 12 months: Vision (exam to include distant and near visual acuity, auto- or manifest refraction if uncorrected distant or near visual acuity is worse than 20/20, field of vision, intraocular pressures (IOP) if >40 years old, and color vision testing (candidates only, upon program entry) following the MANMED article 15-36(1)(d)).

(c) Any time prior to dive training (do not repeat for periodic physicals):

1. Blood type.
2. Glucose-6-Phosphate Deficiency (G6PD).
3. Sickle cell.

(2) In addition to any applicable BUMEDINST 6230.15B (Immunization and Chemo-prophylaxis) 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. The third Hepatitis B immunization must be administered prior to assignment to an operational unit. If documentation of completed immunization is lacking or in doubt, demonstration of serological immunity is sufficient to meet this requirement.

(c) **Examiners.** DMEs may be performed by any physician, physician assistant, or nurse practitioner with current DOW clinical privileges. DMEs not performed by a UMO are not valid until they are reviewed and co-signed by a UMO (block 84 of DD Form 2808). All reviewing authority signatures must be accompanied by the "UMO" designation. A UMO is defined as a medical officer (or physician employed by DOW who previously served as a UMO) who has successfully completed the entire UMO course conducted by the Naval Undersea Medical Institute (NUMI), which includes the diving medical officer (DMO) course conducted at the Naval Diving and Salvage Training Center (NDSTC), and who is currently privileged in undersea medicine.

(4) **Standards.** The standards delineated in this article define the conditions which are considered disqualifying for diving duty. The standards delineated in Chapter 15, Section III (General Standards) are universally applicable to all diving duty candidates. Certain of the General Standards are applicable to continued qualification for diving duty whereas others are not. UMOs, based on their specialty training and subject matter expertise, are charged with applying the General Standards to qualified diving 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.

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(4) Individuals with lapsed interim waivers are not physically qualified to dive until the final waiver request has been adjudicated.

(5) BUMED-M95's final recommendation will be based on the member's condition at the time the final waiver request is made and may differ from the interim determination, if there has been a change in the member's condition or if information presented in the final request dictates a change in recommendation.

(d) The required elements of a waiver or disqualification request are:

(1) A special SF 600, prepared by the UMO, requesting the waiver (or disqualification), referencing the specific standard for which the member is not physically qualified (NPQ), a clinical synopsis including brief history, focused examination, clinical course, appropriate ancillary studies and appropriate specialty consultations, followed by an explicit recommendation of "waiver recommended" or "waiver not recommended" with supporting rationale. Any ongoing aftercare must be identified.

(2) DD Form 2807-1/2808, annotated to reflect individual's pertinent findings. This may either be a new diving duty examination, a current diving duty examination, annotated as necessary, or a focused examination documenting pertinent positives and negatives. Circumstances will dictate which format is most appropriate.

(3) Copies of other, pertinent studies supporting the waiver/disqualification.

(4) Copies of pertinent, specialty consultation clinical notes supporting the waiver/disqualification.

(5) Endorsement by the member's commanding officer or sponsoring unit. This endorsement should be substantive and address whether the condition, diagnosis, or current condition impairs the member's performance of diving duties and is compatible with the operational environment.

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Please Note: Office codes, titles and contact numbers are current as of the time of document release. It should be anticipated that these can and will change prior to the next revision of this article.

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**15-103****Nuclear Field Duty**

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(1) **Characteristics.** Nuclear field duty involves work within 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.

(2) **Applicability.** Current (designated) and prospective nuclear field personnel. For the purposes of this article, this includes Service members assigned to naval reactors (NAVSEA 08) as regional office field representatives. 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.

### (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. For the purposes of efficiency, all nuclear field duty examinations should be performed concurrently with a Radiation Medical Exam (RME), (per MANMED article 15-104 and 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 must 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 prior to the exam (unless otherwise specified):

1. Audiogram (current within last 12 months).
2. Visual acuity (current within last 12 months).
3. Color vision testing (candidates only, upon program entry) following MANMED article 15-36(1)(d)) (current within last 12 months).

(c) **Examiners.** Nuclear field duty physical examinations may be performed by any physician, physician assistant, or nurse practitioner with appropriate DOW clinical privileges. Examinations not performed by an undersea medical officer (UMO), aerospace medicine specialist (AMS) or graduate of course CIN#: B-6A-2102 (Flight Surgeon Refresher with

Nuclear Field Duty Indoctrination module) (FS/NFD) will be reviewed and co-signed by a UMO, AMS or FS/NFD. All reviewing authority signatures must be accompanied by the “UMO,” “AMS” or “FS/NFD” designation, as appropriate. A UMO is defined as a medical officer (or physician employed by DOW who previously served as an UMO) who has successfully completed the entire UMO course conducted by the Naval Undersea Medical Institute (NUMI), which includes the diving medical officer (DMO) course conducted at the Naval Diving and Salvage Training Center (NDSTC), and who is currently privileged in undersea medicine. An AMS is a graduate of a Navy Residency in Aerospace Medicine (RAM) who is currently privileged in aerospace medicine. A FS/NFD is a flight surgeon (FS) who completes CIN#: B-6A-2102, which is tailored to the specific billet each FS is assigned; those with orders to be senior medical officer on aircraft carriers (CVN) will receive the NFD indoctrination module and an additional qualification designator (AQD). For the purposes of this article, “mental health professional/provider” refers to a doctoral-level provider (psychiatrist/psychologist) unless otherwise indicated.

(4) **Standards.** The standards delineated in this article 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, AMSs and FS/NFDs, 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 required of Naval Nuclear Deterrence Mission personnel is monitored and ensured by the requirements of the Personnel Reliability Program (SECNAVINST 5510.35D).

(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, AMS or FS/NFD evaluation to determine fitness for continued nuclear field duty.

(b) **Hearing.** Demonstrated inability to effectively communicate and perform duties is dis-qualifying.

(c) **Eyes and Vision**

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

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consultations, followed by an explicit recommendation of “waiver recommended” or “waiver not recommended” with supporting rationale. Any ongoing aftercare must be identified.

(2) DD Form 2807-1/2808, annotated to reflect individual’s pertinent findings. This may either be a new nuclear field duty examination, a current nuclear field duty examination, annotated as necessary, or a focused examination documenting pertinent positives and negatives. Circumstances will dictate which format is most appropriate.

(3) Copies of other, pertinent studies supporting the waiver or disqualification.

(4) Copies of pertinent, specialty consultation clinical notes supporting the waiver or disqualification.

(5) Endorsement by the member’s commanding officer or sponsoring unit. This endorsement should be substantive and address whether the condition or diagnosis/current condition impairs the member’s performance of nuclear field duty and is compatible with the operational environment.

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**Please Note:** Office codes, titles and contact numbers are current as of the time of document release. It should be anticipated that these can and will change prior to the next revision of this article.

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

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(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>.

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**15-105****Special Operations Duty**

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(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, routinely engage in high-risk operations including parachuting, high angle activities, high-speed boat and unconventional vehicle operation, weapons operation, demolitions employment, and waterborne activities, to include SCUBA diving. As such, SO duty is among the most physically and mentally demanding assignments 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 Reconnaissance Marine (RECON).

(d) USMC Forces Special Operations Command (MARSOC); special operations officer (SOO), critical skills operators (CSO), and Special Amphibious Reconnaissance Corpsman (SARC).

(e) Explosive ordnance disposal (EOD) personnel.

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Please Note: To be physically qualified for military parachuting (including basic, military free-fall, and high altitude low opening), Army Regulation 40-501 (AR40-501), applies. Article 15-105 standards are presumed to encompass AR40-501/5 standards; therefore, an individual meeting physical standards or possessing a valid waiver for special operations duty from BUPERS-3 or PERS-416 is medically qualified to participate in military parachuting.

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Please Note: SEAL, Navy EOD, and other SO personnel whose duties involve military diving or maintaining diving duty status must also be qualified under MANMED Chapter 15, article 15-102 (diving duty). Personnel who are SO qualified but do not dive or require dive qualification are not required to be qualified under MANMED Chapter 15, article 15-102.

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### **(3) Examinations**

(a) **Periodicity.** Special duty physical examination must be current within two (2) years of reporting for initial 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. Special operations 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 2018, the next examination must be completed by 31 March 2023. A complete physical examination is also required prior to returning to special operations duty after a period of disqualification.

#### **(b) Scope**

(1) The examination must 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 must comment specifically on presence or absence of tympanic membrane movement with the Valsalva maneuver. The neurologic exam must 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 (unless otherwise specified):

(a) Chest x-ray (PA and lateral) (candidates only, upon program entry, and then as clinically indicated).

(b) Electrocardiogram.

(c) Audiogram (current within last 12 months).

(d) DoD Type 2 Dental Exam (current within last 12 months).

Refraction, by autorefraction or manifest, if uncorrected visual acuity (near and far) is not 20/20 or better (current within last 12 months).

(e) Color vision (per article 15-36(1)(d)) (candidates only, upon program entry) (current within last 12 months).

(f) Depth perception (per MAN-MED Chapter 15, article 15-85(1)(d)) (candidates only, upon program entry) (current within last 12 months).

(g) Complete Blood Count.

(h) Fasting blood glucose.

(i) Urinalysis with microscopic examination.

(j) Hepatitis C screening (current per SECNAVINST 5300.30 series).

(3) In addition to any applicable BUMEDINST 6230.15 series (Immunization and Chemoprophylaxis) requirements, all special operations candidates and current operators must be immunized against both Hepatitis A and B. Special Operations candidates must have completed the Hepatitis A and Hepatitis B series prior to the start of training. If documentation of completed immunization is lacking or in doubt, demonstration of serological immunity is sufficient to meet this requirement.

(c) **Examiners.** Examinations may be performed by any physician, physician assistant, or nurse practitioner with appropriate DOW clinical privileges. Examinations not performed by an undersea medical officer (UMO) must 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 (or physician employed by DOW who previously served as a UMO) who has successfully completed the entire UMO course conducted by the Naval Undersea Medical

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Institute (NUMI), which includes the diving medical officer (DMO) course conducted at the Naval Diving and Salvage Training Center (NDSTC), and who is currently privileged in undersea medicine. For the purposes of this article, “mental health professional/ provider” refers to a doctoral-level provider (psychiatrist/psychologist) unless otherwise indicated. consultations, followed by an explicit recommendation of “waiver recommended” or “waiver not recommended” with supporting rationale. Any ongoing aftercare must be identified.

(2) DD Form 2807-1/2808, annotated to reflect individual’s pertinent findings. This may either be a new SO duty examination, a current SO duty examination, annotated as necessary, or a focused examination documenting pertinent positives and negatives. Circumstances will dictate which format is most appropriate.

(3) Copies of other, pertinent studies supporting the waiver/disqualification.

(4) Copies of pertinent, specialty consultation clinical notes supporting the waiver or disqualification.

(5) Endorsement by the member’s commanding officer or sponsoring unit. This endorsement should be substantive and address whether the condition, diagnosis, or current condition impairs the member’s performance of SO duty and is compatible with the operational environment.

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Please Note: An individual who does not meet Article 15-105 physical standards and is denied a waiver by BUPERS-3/PERS-416, and still wishes to participate in military parachuting, must be examined and meet standards per AR40-501. Waiver authority for the Airborne School is the Commandant, U.S. Army Infantry School in coordination with U.S. Total Army Personnel Command (PERSCOM).

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## 15-106

## Submarine Duty

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(1) **Characteristics.** Submarine duty is characterized by geographic isolation, austere medical support, need for personnel reliability, prolonged habitation of enclosed spaces, continuous exposure to low level atmospheric contaminants, and psychological stress. The purpose of submarine duty standards is to maximize mission capability by optimizing mental and physical readiness of members of the submarine force.

(2) **Applicability.** Current and prospective submariners and UMOs. Non-submarine designated personnel embarked on submarines (“riders”) will comply with OPNAVINST 6420.1 series.

(3) **Examinations**

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

(b) **Scope.** The examiner will pay special attention to the mental status, psychiatric, and neurologic components of the examination, and will review the entire health record for evidence of past impairment. Specifically, the individual will be questioned about difficulty getting along with other personnel, history of suicidal or homicidal ideation, and anxiety related to tight or closed spaces, nuclear power, or nuclear weapons. The examination must 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 (candidates only, upon program entry).

(2) LTBI screening (current per BUMEDINST 6224.8C for persons embarking on a Commissioned Vessel).

(3) Audiogram (current within last 12 months per OPNAVINST 5100.19F) Chapter 18 for personnel afloat.

(4) Visual acuity, with refraction, by auto-refraction or manifest, if uncorrected visual acuity (near or far) is not 20/20 or better (current within last 12 months).

(5) Color vision (as determined by MANMED article 15-36(1)(d)) (candidates only, upon program entry) (current within last 12 months).

(6) Dental exam (current within last 12 months).

(7) Most recent Pap smear (consistent with current American Society for Colposcopy and Cervical Pathology (ASCCP) clinical practice guidelines).

(8) Breast cancer screening (consistent with current U.S. Preventive Services Task Force (USPSTF) guidelines).

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Please Note: NAVMED P-5055 may specify different, more restrictive, periodicities for breast cancer screening.

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(c) **Examiners.** Submarine duty physical examinations may be performed by any physician, physician assistant, or nurse practitioner with appropriate DOW clinical privileges. Examinations not performed by a UMO must 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 (or physician employed by DOW who previously served as a UMO) who has successfully completed the entire UMO course conducted by the Naval Undersea Medical Institute (NUMI), which includes the diving medical officer (DMO) course conducted at the Naval Diving and Salvage Training Center (NDSTC), and who is currently privileged in undersea medicine. For the purposes of this article, “mental health professional/provider” refers to a doctoral-level provider (psychiatrist/psychologist) unless otherwise indicated.

(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 operate or maintain equipment under the purview of the Naval Nuclear Propulsion Program must also meet the physical standards for nuclear field duty and occupational exposure to ionizing radiation (MANMED articles 15-103 and NAVMED P-5055). Ship’s company divers must also meet the diving duty and occupational exposure to ionizing radiation standards (MANMED articles 15102 and NAVMED P-5055). For the purpose of this article, “submarine duty candidates” and “candidates” refer to submarine designated personnel who have yet to report to their first submarine. “Submariners” or “submarine qualified” personnel are those individuals who have reported to their first submarine.

(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 and Hearing**

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

(2) Candidates must meet auditory acuity standards of MANMED article 15-38. For submarine-qualified personnel, diminished unamplified auditory acuity which impairs swift, accurate communication and performance of duties is disqualifying.

**(c) Dental**

(1) DoD dental Class 3 or 4 is disqualifying for candidates. Submariners assigned to operational submarines must maintain DoD Dental Class 1 or 2.

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

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