Change 165
Manual of the Medical Department
U.S. Navy
NAVMED P-117

1 Jun 2018

To: Holders of the Manual of the Medical Department

1. This Change. Updates articles 15-63 through 15-101 and creates NAVMED 6410/14.

a. Changes noted:

(1) Cancellation of BUMEDINST 5300.8 in its entirety.

(2) Updated seven citations of "Alcohol Abuse or Dependence" replaced by the currently accepted Diagnostic and Statistical Manual of Mental Disorders (DSM-5) "Alcohol Use Disorder."

(3) Ten incidents of adjusting DSM-IV to DSM-5 and deleted obsolete use of diagnostic "Axis."

(4) Inclusion and explanation of responsibilities for the Aerospace Medicine Physician Assistant and Aeromedical Examiner.

(5) Updated references to the Naval Air Training and Operating Procedures Standardization (NATOPS) manual to reflect its new instruction, Commander, Naval Air Forces (CNAF) M-3710.7.

(6) Updated nine references to Naval Aerospace Medicine Institute (NAMI) Code 342 were updated to Code 53-HN to reflect their current designation after the NAMI reorganization.

(7) Deleted references to NAVMED 6410/2 and NAVMED 6410/1 and replaced with DD Form 2992 which replaced both forms.

b. Changes noted for MANMED article 15-65. Included anthropometric qualification as a requirement for designation or redesignation as a student (student naval aviator (SNA), student naval flight officer (SNFO), or student naval flight surgeons (SNFS), etc.).

c. Changes noted for MANMED article 15-67. Deleted the outdated SF 88 form.

d. Changes noted for MANMED article 15-71. Removed anthropometric data as a requirement for a complete Aeromedical Examination.

e. Changes noted for MANMED article 15-73. Updated to allow for electronic means of completion of check-in documentation.

f. Changes noted for MANMED article 15-77:

(1) Deleted paragraph (1), Aeromedical Clearance Notice (NAVMED 6410/2) and paragraph (2), Aeromedical Grounding Notice (NAVMED 6410/1). Both forms have been replaced by the Medical Recommendation for Flying or Special Operations Duty (DD Form 2992).

(2) Added Medical Screening for Class III Flight Deck Personnel and Personnel who Maintain Aviator Night Vision Standards (NAVMED 6410/14).

g. Changes noted for MANMED article 15-78. Replaced "Have you ever been diagnosed with or received any level of treatment for alcohol abuse or dependence?" with "Have you ever been diagnosed with or received any level of treatment for an alcohol use disorder?"

h. Changes noted for MANMED article 15-79. Replaced "Aeromedical Reference and Waiver Guide outlines additional information required in the case of alcohol abuse or dependence waiver requests." with "The Aeromedical Reference and Waiver Guide outlines additional information required in the case of alcohol use disorder waiver requests."

i. Changes noted for MANMED article 15-81. Included preference for Electronic Data Interchange Personal Identifier (EDIPI) over social security number (SSN) to prevent unnecessary dissemination of SSNs.

j. Changes noted for MANMED article 15-82. Updated Senior Board of Flight Surgeons to include revised position titles.

k. Changes noted for MANMED article 15-84:

(1) Updated contact lens wear standards to include verbiage from MANMED Change 128 of 5 April 2007.

(2) Inclusion of Implantable Collamer Lenses as disqualifying for all aviation classes.

(3) Removed Farnsworth Lantern (FALANT) as a means to test color vision. Section updated to include pseudo isochromatic plates (PIP) as the primary test and Computerized Color Vision Testing as the secondary.

(4) Deferred specific guidance on refractive surgery to the Aeromedical Reference and Waiver Guide (ARWG).

l. Changes noted for MANMED article 15-85:

(1) Corrected of Distant Visual Acuity standards that were erroneously changed in previous change.

(2) Removed of FALANT as a means to test color vision. Section updated to include PIP as the primary test and Computerized Color Vision Testing as the secondary.

(3) Removed test-specific scoring criteria and defer to the ARWG for details.

(4) Provided clarification on periodicity of colorectal cancer screenings.

m. Changes noted for MANMED article 15-90. Removed requirement for depth perception and phorias. Approved by Aeromedical Advisory Council in August 2016 due to the fact that this class of aeromedical officers can not fly solo.

n. Changes noted for MANMED article 15-91. Included the requirement for slit lamp exam for fixed wing aircrew. The standard is that there can be no corneal pathology which necessitates the exam.

o. Changes noted for MANMED article 15-93. The requirement for a flight physical for aerospace physiology technicians has been removed and this article has been deleted in its entirety.

2. Action

a. Remove pages 15-47 through 15-74 replace with revised pages 15-47 through 15-74.

b. Record this Change 165 in the Record of Page Changes.

Terry J. Moulton

TERRY J. MOULTON
Chief, Bureau of Medicine and Surgery
Acting

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Change 164
Manual of the Medical Department
U.S. Navy
NAVMED P-117

22 May 2018

To: Holders of the Manual of the Medical Department

1. This Change. Updates articles 15-102, 15-103, 15-105, and 15-106.

a. Changes noted for MANMED article 15-102:

(1) Applicability. Clarifies requirements of non-U.S. Navy and foreign military personnel. Exempts workers involved in compartment testing where pressures are less than 8 pounds per square inch gauge. Provides mechanism for performing barometric tolerance testing of aviation duty personnel in U.S. Navy recompression chambers (RCC) status post otorhinolaryngological surgeries and procedures.

(2) Aligns exam periodicity to other special duty exams.

(3) Explains the purpose of the NAVPERS 1200/6 U.S. Military Diving Medical Screening Questionnaire.

(4) Updates the required additional studies and the time constraints for obtaining them.

(5) Vision. Corrects an error in the previous revision; to wit, minimum visual acuity in either eye must be 20/200, rather than 20/20.

(6) Cardiovascular. Updates guidance on patent foramen ovale (PFO) evaluation after suspected decompression sickness (DCS).

(7) Pulmonary. Updates tuberculosis (TB) and latent TB infection guidance.

(8) Updates the examiners allowed to perform this examination.

(9) Waiver and Disqualification Requests. Updates guidance on submission of waivers.

b. Changes noted for MANMED article 15-103:

(1) Updates applicability to include active duty Service members assigned to Naval Reactors (NAVSEA 08).

(2) Clarifies that a nuclear field duty examination should be performed in conjunction with a radiation medical examination (RME) for purposes of efficiency, but both remain valid even if this goal is not met.

(3) Updates the required additional studies and the time constraints for obtaining them.

(4) Updates the examiners allowed to perform this examination. Identifies the training required for non-residency trained flight surgeons.

(5) Updates psychological and cognitive standards. Deletes reference to specific edition of the Diagnostic and Statistical Manual for Mental Disorders (DSM). Extends the period for local adjudication of adjustment disorder from 30 to 90 days. Expands the classes of medication which can be considered for a waiver for ongoing use. Allows the provider to make a determination of stability on medications after a period based on biologic half-life, rather than an arbitrary 90 days. Addresses gender dysphoria. Allows suicidal ideation to be adjudicated locally. Aligns standards regarding substance use to current DSM terminology. Regarding psycho-pharmaceuticals, addresses such medications with limited, incidental central nervous system (CNS) activity, use of such medications for non-psychiatric indications, and the time interval required after cessation before a waiver can be successfully pursued. Updates exceptions to include serotonin receptor agonists used for migraine headache treatment.

(6) Updates guidance on submission of waivers.

c. No changes to MANMED article 15-104.

d. Changes noted to MANMED article 15-105:

(1) Aligns exam periodicity to other special duty exams.

(2) Updates the examiners allowed to perform this examination.

(3) Eyes. Color vision-waiverable. Depth perception-waiverable.

(4) Pulmonary. Updates TB and latent TB infection guidance.

(5) Endocrine. Specifically calls out use of exogenous testosterone and analogs as disqualifying.

(6) Musculoskeletal. Revises guidance regarding bone fractures, allowing local undersea medical officer (UMO) to return individuals to duty based on nature of injury, elapsed time, residual symptoms, and orthopedic recommendation.

(7) Psychological and Cognitive. Aligns standards regarding substance use to current DSM terminology.

(8) Waiver and Disqualification Requests. Updates guidance on submission of waivers.

(9) Identifies 'courtesy screening' for enlisted candidates proposed by Navy recruiters.

e. Changes noted to MANMED article 15-106:

(1) Updates the required additional studies and the time constraints for obtaining them. Philosophical shift to ensuring individuals are within recommended periodicity of existing preventive and occupational medicine guidelines, rather than duplicating studies solely for the submarine duty examination.

(2) Updates the examiners allowed to perform this examination.

(3) Clarifies definition of submariner versus candidate.

(4) Eyes. Amplifies guidance regarding iritis.

(5) Pulmonary. Aligns asthma guidance to National Asthma Education and Prevention Program. Updates TB and latent TB infection guidance.

(6) Cardiovascular. Allows consideration of waiver for individuals with hypertension requiring three or more medications.

(7) Gynecological. Aligns cervical dysplasia guidance to American Society for Colposcopy and Cervical Pathology guidelines.

(8) Endocrine. Specifically calls out use of exogenous testosterone and analogs as disqualifying.

(9) Psychological and Cognitive. Deletes reference to specific edition of the DSM. Extends the period for local adjudication of adjustment disorder from 30 to 90 days. Expands the classes of medication which can be considered for a waiver for ongoing use. Allows the provider to make a determination of stability on medications after a period based on biologic half-life, rather than an arbitrary 90 days. Addresses gender dysphoria. Allows suicidal ideation to be adjudicated locally. Aligns standards regarding substance use to current DSM terminology. Regarding psycho-pharmaceuticals, addresses such medications with limited, incidental CNS activity, use of such medications for non-psychiatric indications, and the time interval required after cessation before a waiver can be successfully pursued. Updates exceptions to include serotonin receptor agonists used for migraine headache treatment.

(10) Standards for Pressurized Submarine Escape Training (PSET). Allows UMO to clear students with recent (<7 days) upper respiratory infections for participation in PSET evolutions on the basis of a favorable otolaryngeal exam and normal Eustachian tube function.

(11) Waiver and Disqualification Requests. Updates guidance on submission of waivers.

2. Action

a. Remove pages 15-47 through 15-50 and 15-73 through 15-94 and replace with revised pages 15-47 through 15-50 and 15-73 through 15-94.

b. Record this Change 164 in the Record of Page Changes.

TERRY J. MOULTON
Chief, Bureau of Medicine and Surgery
Acting

Change 160
Manual of the Medical Department
U.S. Navy
NAVMED P-117

3 Feb 2017

To: Holders of the Manual of the Medical Department

1. **This Change**. Updates article 15-63, changing NAVMED 6410/3 to NAVMED 6410/13.

2. **Action**

a. Remove pages 15-50 through 15-51 replace with revised pages 15-50 through 15-51.

b. Record this Change 160 in the Record of Page Changes.

TERRY J. MOULTON
Chief, Bureau of Medicine and Surgery
Acting

Change 159
Manual of the Medical Department
U.S. Navy
NAVMED P-117

9 Jan 2017

To: Holders of the Manual of the Medical Department

1. **This Change**

a. Updates Section IV, Table of Contents.

b. Provides guidance for the initial and subsequent evaluation of fitness of general and aviation duty personnel and applicants requesting medical clearance to operate small unmanned aircraft systems (UAS). Specifically, this change provides exemption from flight physical requirements and permits local medical clearance for aviation duties for small UAS (Groups 1 and 2 as defined by OPNAVINST 3710.7U and commercial off-the-shelf models weighing less than 55 pounds).

c. Updates article 15-63 by adding clarifying guidance in the form of an amplifying note. Redirects the inquirer of UAS aircrew standards to the Manual of the Medical Department (MANMED) extension document: The U.S. Navy Aeromedical Reference and Waiver Guide (ARWG) and provides a link to the approved worksheet, NAVMED 6410/13 Unmanned Aircraft System (UAS) Physical Worksheet to assist Department of Defense (DoD) providers with the completion of UAS physicals.

2. **Background.** In 2013, physical standards and processing requirements were developed to address the growing need for UAS operators. UASs were categorized as Groups 1 through 5 based on weight and flight characteristics (normal operating altitude and airspeed). At that time, uncertainty existed as to the specific aeromedical risks related to each of the UAS Groups and types. As such, a generally conservative approach was used to create one standard flight physical submission requirement across all UAS types. These standards have been effective and functional, however accumulated evidence has suggested that the small UAS operators (Groups 1 and 2 and most small, commercial, off-the-shelf models) have different operational requirements, risks, and processing requirements when compared to the larger UAS aircraft. Additionally, the high number of these small UAS operators has required the rapid processing of correspondingly large numbers of flight physicals and waiver requests, often on short notice, leading to unnecessary operational delays. These issues associated with the current medical guidelines were raised by senior operational flight surgeons and Line operators. Subsequently, a Bureau of Medicine and Surgery (BUMED) review was formally requested by Commander, Naval Air Forces (CNAF) and the Deputy Commandant for Aviation and performed by the Naval Aerospace Medical Institute (NAMI) Aeromedical Advisory Council. In response, experts in aviation medicine have assessed and appropriately modified previous U.S. Naval UAS aeromedical accession and designation standards and requirements found in the MANMED and the ARWG.

3. **Action**

a. Remove pages 15-47 through 15-51 and replace with revised pages 15-47 through 15-51a.

b. Record this Change 159 in the Record of Page Changes.

TERRY J. MOULTON
Chief, Bureau of Medicine and Surgery
Acting

Change 156
Manual of the Medical Department
U.S. Navy
NAVMED P-117

10 Mar 2016

To: Holders of the Manual of the Medical Department

1. **This Change** Revises Chapter 15, Section IV, article 15-107, Explosives Motor Vehicle Operator and Explosives Handler Examinations and Standards.

2. **Summary of Changes** This revision makes the following major changes:

a. Adds the requirement that examiners conducting Explosives Motor Vehicle Operator examinations for Navy civilians be trained and certified per the requirements of 49 C.F.R. §390.101 - 390.115; they must also be registered in the National Registry of Certified Medical Examiners (NRCME). This policy is also in BUMEDINST 1500.30.

b. Changes the periodicity of Explosives Motor Vehicle Operator exams (currently every 5 years for active duty personnel) to be consistent with the periodicity of exams for civilian Commercial Motor Vehicle Drivers (every 2 years), per 49 C.F.R. §391. Therefore, periodicity of these exams will be the same for civilian workers and active duty members. Current certificates with 5-year expirations will remain valid until expiration.

c. Removes the change in periodicity of exams at age 60 for Explosives Vehicle Operators and Explosives Handlers. In the previous version, the periodicity of exams changed to annual at age 60; the new 2-year periodicity requirement will be applicable to all ages.

d. Introduces the concept of “exceptions” to address unique mission-critical situations while maintaining emphasis on safety and regulatory compliance.

e. Amends the language on waivers to explain the legacy Federal Motor Carrier Safety Administration (FMCSA) waiver program under 49 C.F.R. §391.64, by which FMCSA granted waivers to a small number of drivers. Waivers may be granted by commanding officers for Explosive Handlers with normally disqualifying limitations in specific situations where job safety is not compromised by their continued work.

f. Introduces the term “exemptions” as defined and issued by the FMCSA for drivers with specific medical conditions (i.e., insulin-dependent diabetes, monocular vision, and limb loss or impairment).

g. Adds language concerning drivers that use a controlled substance or drug prescribed by a licensed medical practitioner. In these cases, the practitioner must not only advise the driver, but also provide the examiner a written statement certifying that the prescribed substance or drug will not adversely affect the driver’s ability to safely operate a commercial motor vehicle (or equivalent). This is consistent with 49 C.F.R. §391.41.

h. Incorporates language regarding the new OPNAV 8020/6 (Rev Feb 2015), Department of the Navy Medical Examiner's Certificate.

3. **Action**

a. Remove pages 15-94 through 15-95b and replace with like-numbered pages from this change.

b. Record this Change 156 in the Record of Page Changes.

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

Change 155
Manual of the Medical Department
U.S. Navy
NAVMED P-117

1 Feb 2016

To: Holders of the Manual of the Medical Department (MANMED)

1. **This change** revises MANMED Chapter 15, Section IV, article 15-109.

2. **Summary of Changes**. The following changes were inadvertently left out of MANMED Change 151:

a. Article 15-109, paragraph (1)(b)(6), removed Goodlite and replaced it with Sloan letter crowded eye chart.

b. Article 15-109, paragraph (1)(b)(9), removed Verheoff.

3. **Action**

b. Remove pages 15-98 and 15-99 and replace with like-numbered page.

c. Record this Change 155 in the Record of Page Changes.

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

Change 154
Manual of the Medical Department
U.S. Navy
NAVMED P-117

8 Dec 2015

To: Holders of the Manual of the Medical Department (MANMED)

1. **This change** updates MANMED Change 152, MANMED Chapter 15, Section IV, article 15-36. We have also included an update to article 15-34.

2. **Summary of Changes**. The following corrects diopter parameters for consistency and compliance with DoD standards:

a. Page 15-27, article 15-34, paragraph (3)(b)(1).

b. Page 15-29, article 15-36, paragraphs (3)(b) through (5)(a). These paragraphs were missing from MANMED Change 152.

3. **Action**

a. Remove pages 15-27 and 15-29 and replace with like-numbered pages.

b. Record this Change 154 in the Record of Page Changes.

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

Change 152
Manual of the Medical Department
U.S. Navy
NAVMED P-117

28 Oct 2015

To: Holders of the Manual of the Medical Department (MANMED)

1. **This change** revises MANMED Chapter 15, Section IV, articles 15-36 and 15-109.

2. **Summary of Changes**. The following changes involve articles in the MANMED that provide guidance for color vision testing for commissioning, programs leading to a commission, Explosive Handlers and Landing Craft Air Cushion Operators. In addition to changes in color vision testing standards, the allowable spherical error for entrants to a program leading to a commission will be aligned with the allowable error for commissioning and the Department of Defense Medical Examination Review Board.

a. Article 15-36, paragraph (1)(d)(1), the minimum score for passing the Pseudo-Isochromatic Plates (PIP) was lowered from 12/14 to 10/14.

b. Article 15-36, paragraph (1)(d)(2), the use of the Farnsworth Lantern (FALANT) will be phased out after 2016, except for those already entered by using the FALANT.

c. Article 15-36, paragraph (2)(b), the allowable spherical refractive error was changed from -6.00 or +6.00 diopters to -8.00 or +8.00. This requested change aligns the spherical error standard for programs leading to a commission with the commissioning standard and the DoD Instruction 6130.03 standard of -8.00 or +8.00.

d. Article 15-109, paragraph (1)(b)(12), 10 or greater/14 on the PIP replaces the FALANT.

3. **Action**

a. Remove pages 15-28 and 15-29 and replace with like-numbered pages.

b. Remove page 15-99 and replace with like-numbered page.

c. Record this Change 152 in the Record of Page Changes.

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

Change 151
Manual of the Medical Department
U.S. Navy
NAVMED P-117

20 Oct 2015

To: Holders of the Manual of the Medical Department (MANMED)

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

2. **Summary of Changes**

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

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

3. **Action**

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

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

M. L. NATHAN
Chief, Bureau of
Medicine and Surgery

Change 150
Manual of the Medical Department
U.S. Navy
NAVMED P-117

8 Jun 2015

To: Holders of the Manual of the Medical Department

1. **This Change**

a. Updates article 15-63 by deleting "Unmanned Aerial Vehicle (UAV) operators" from article 15-63, paragraph (c); adding the definition of Class IV Aviation Personnel as paragraph (d); and renumbering the subsequent subparagraphs of the article as appropriate.

b. Updates and renumbers previous article 15-96 to 15-99. Redirects the inquirer of unmanned aircraft systems aircrew standards to the MANMED extension document: The U.S. Navy Aeromedical Reference and Waiver Guide, Chapter 1, Aviation Physical Standards, for a full description of all applicant aeromedical requirements. Renumbers some of the articles because of the change from Class III to Class IV that required placing that article behind the Class III set.

c. Updates the Contents page of Section IV to show the article changes.

2. **Background**. The development and utilization of U.S. Naval unmanned aircraft systems (UAS) has recently undergone explosive growth. With that comes an improved sense of physiologic requirements most desirable for the selection and retention of qualified and competent UAS operators. Removal from the inhospitable exposures of aerial flight (extremes of altitude, pressure, temperature, etc.) leaves only a few physiologic parameters that may still demand aeromedical standards above the general duty Sailor. In response to the needs of the Fleet and Fleet Marine Force, our experts in aviation medicine have appropriately modified previous outdated U.S. Naval UAS aeromedical accession standards in the Manual of the Medical Department.

3. **Action**

a. Remove pages 15-47 through 15-51 and pages 15-70 through 15-72 and replace with like-numbered pages.

b. Record this Change 150 in the Record of Page Changes.

M. L. NATHAN
Chief, Bureau of
Medicine and Surgery

Change 147
Manual of the Medical Department
U.S. Navy
NAVMED P-117

4 Apr 2014

To: Holders of the Manual of the Medical Department

1. **This Change** revises MANMED Chapter 15, article 15-103, Nuclear Field Duty and article 15-106, Submarine Duty. This change replaces MANMED Change 146 of 23 January 2014.

2. **Summary of Changes**

a. Revises the section on psychological and cognitive conditions, providing clinical criteria to support waivers of the physical standards for mood and anxiety disorders adequately treated with select psychopharmaceutical medications, specifically Selective Serotonin Reuptake Inhibitor (SSRI) and Serotonin-Norepinephrine Reuptake Inhibitor (SNRI) anti-depressants.

b. Removes all reference to the Naval Nuclear Weapons Program (NNWP) from MANMED article 15-103 and 15-106, eliminating the application of these physical standards to NNWP personnel.

c. Provides updated guidance on standards related to Post-Partum Depression.

d. Extends the timeframe for completion of Submarine and Nuclear Field Duty physical examinations from 1 year prior to the initiation of training to 2 years prior to the initiation of training.

3. **Action**

a. Remove pages 15-77 through 15-82 and pages 15-89 through 15-94 and replace with like-numbered pages.

b. Record this Change 147 in the Record of Page Changes.

M. L. NATHAN
Chief, Bureau of
Medicine and Surgery

Change 145
Manual of the Medical Department
U.S. Navy
NAVMED P-117

16 Dec 2013

To: Holders of the Manual of the Medical Department

1. **This Change** revises Chapter 15, section V, article 15-111, References and Resources and article 15-112, Annual Health Assessment Recommendations for Active Duty Women.

2. **Summary of Changes**

a. Chapter 15, article 15-111. Updated references and resources.

b. Chapter 15, Article 15-112

(1) Recommend cervical cytology screening for women 21-29 years of age every 3 years by cytology alone, and no screening before 21 years of age.

(2) Recommend screening for women aged 30-65 years of age to be every 5 years with cytology and HPV co-testing (preferred), or every 3 years with cytology alone.

(3) Recommend screening women who have had cervical intraepithelial neoplasia (CIN) 2 (moderate dysplasia), CIN 3 (severe dysplasia), and adenocarcinoma in situ (AIS) for at least 20 years after treatment and/or clearance even if they are 65 or older.

(4) Recommend women who have had a hysterectomy which removed their cervix who have had no history of cervical intraepithelial neoplasia (CIN) 2 (moderate dysplasia), CIN 3 (severe dysplasia), or adenocarcinoma in situ (AIS) discontinue screening.

(5) Recommend women who have had a hysterectomy which removed their cervix and a history of cervical intraepithelial neoplasia (CIN) 2 (moderate dysplasia), CIN 3 (severe dysplasia), or AIS to continue vaginal screening every 3 years with cytology for at least 20 years.

(6) Recommend annual clinical breast exam and breast health awareness education for women 21-39 years of age.

(7) Added abortion services are available for Servicewomen who are pregnant as a result of an act of rape or incest.

(8) New attachment. See figure for screening intervals and referral for Colposcopy.

3. **Action**

a. Remove entire section V and replace with new section V.

b. Record this Change 145 in the Record of Page Changes.

M. L. NATHAN
Chief, Bureau of
Medicine and Surgery

Change 144
Manual of the Medical Department
U.S. Navy
NAVMED P-117

25 Nov 2013

To: Holders of the Manual of the Medical Department

1. **This Change** corrects two items in MANMED Change 126, Chapter 15, Physical Examinations and Standards, Section IV, article 15-65(1), Applicant, Student, and Designated Standards, page 15-51 of 12 Aug 2005:

a. The parenthetic descriptor following the term "designation" changes from (commissioning) to (winging) for when the Student Naval Aviator (SNA) or Student Naval Flight Officer (SNFO) physical standards become Class I or Class II physical standards respectively.

b. Changes the description of when physical standards for applicants to other Class II or III communities become "designated" from when orders to training are released to completion of the aviation training pipeline or required training syllabus.

2. **Background**

a. The current descriptor in parentheses "commissioning" is not equivalent to its preceding term "designation." Commissioning will generally happen before entering the aviation training pipeline, so it may not be used as an alternative to designation when training is complete. The "winging" ceremony is, however, coincident with becoming a designated Naval Aviator or Naval Flight Officer respectively and hence a better descriptor.

b. For other Class II and III aviation training programs, the transition from applicant physical standards to designated physical standards is upon completion of that training pipeline or syllabus vice when orders to training are released.

3. **Action**

a. Remove page 15-51 and replace with like-numbered page.

b. Record this Change 144 in the Record of Page Changes.

M. L. NATHAN
Chief, Bureau of
Medicine and Surgery

Change 140
Manual of the Medical Department
U.S. Navy
NAVMED P-117

3 May 2012

To: Holders of the Manual of the Medical Department

1. **This Change** revises Chapter 15, article 15-31, Waivers of Physical Standards.

2. **Summary of Changes.** This revised article establishes Navy Medicine Operational Training Center Detachment, Naval Aerospace Medicine Institute (NAMI), Code 342 as the Program Manager for assessment and determination of physical qualification of candidates for aviation duty. As the Program Manager, NAMI Code 342, is authorized to issue correspondence deemed sufficient by the Bureau of Medicine and Surgery (BUMED) for recommendations of waiver of physical standards and commissioning.

3. **Action**

   a. Remove pages 15-25 and 15-26 and replace with like-numbered pages.

   b. Record this Change 140 in the Record of Page Changes.

M. L. NATHAN
Chief, Bureau of
Medicine and Surgery

Change 139
Manual of the Medical Department
U.S. Navy
NAVMED P-117

24 Jan 2012

To: Holders of the Manual of the Medical Department

1. **This Change** revises Chapter 15, article 15-105, Special Operations Duty.

2. **Summary of Changes.** This revised article provides greater detail and clarification than the current article and reflects changes in Special Operations (SO) command structure and combatant requirements for SO duty for Navy and Marine Corps personnel. It also incorporates changes from the Advance Change Notice of 23 January 2008.

3. **Action**

   a. Remove pages 15-49 and replace with like-numbered pages.

   b. Remove pages 15-83 through 15-90 and replace with like-numbered pages.

   c. Record this Change 139 in the Record of Page Changes.

M. L. NATHAN
Chief, Bureau of
Medicine and Surgery

Change 126
Manual of the Medical Department
U.S. Navy
NAVMED P-117

12 Aug 2005

To: Holders of the Manual of the Medical Department

1. **This Change** Completely revises Chapter 15, Physical Examinations and Standards for Enlistment, Commission, and Special Duty.

2. **Summary of Changes**. This document represents the first major revision of Chapter 15 of the Manual of the Medical Department in 10 years and the first top to bottom revision, including special duty examinations, in more than 20 years. In addition to re-numbering of the document, many articles have been revised to clarify language or maintain consistency with other governing instructions that have been modified but the overall intent has remained predominantly unchanged. However, many significant changes have been introduced in other articles and these changes are summarized in bullets below. While a complete reading of the entire chapter is necessary to discover all the changes, the following list captures the major revisions.

a. **Enlistment, Commission, Affiliation, Continued Service, and Separation**

(1) Clarification as to the role of this chapter as guidance on screening or qualifying examinations rather than guidance on population health or other clinically indicated evaluations.

(2) Consistent with item #1 above, periodic examinations, including Flag officers, are no longer required. Based on data from the Armed Forces Epidemiology Board as well as the Air Force, routine examinations are not efficient or effective in maintaining the health of the Naval Force. Rather, the use of the Periodic Health Assessment should be used to meet this goal.

(3) Also consistent with item #1 above, the section on Women's Preventive Health Care has been moved to MANMED chapter 22. In the event that this chapter is published before the revised chapter 22, the current guidance on Women's Preventive Health Care is included in Section V.

(4) Disparities between Section III (Standards for Enlistment and Commission) and the parent instruction (DOD Instruction 6130.4) have been eliminated. Previous differences between these instructions, especially for hearing and allergy immunotherapy, created problems for recruiting as well as recruit screening. The DOD Instruction authorizes additional service-specific standards for programs leading to a commission and color vision, which are essentially unchanged from the most recent Manual of the Medical Department (MANMED).

(5) The physical qualification processes for affiliation and retention of reservists have been significantly revised to improve clarity and internal consistency as well as making it possible for service members (officers and enlisted) to be found physically qualified to affiliate with the reserves more easily within the first 6 months of separation from active duty service. These changes were requested and then endorsed by both Commander, Naval Reserve Recruiting Command (CNRRC) and Naval Personnel Command (NAVPERSCOM).

(6) The processes for physically qualifying enrollees in programs leading to a commission for actual commissioning have been formalized and streamlined.

(7) The authority to recommend a waiver of the physical standards to various line commands has been formalized and is now consistent with the other parallel instructions that govern application and acceptance to these programs.

(8) Separation and Retirement evaluations have been streamlined and clarified to satisfy changes in Federal law, desires for smooth transitions to care via the Veteran's administration, and current recommendations for clinical practice.

(9) Use of the Standard Forms 88 and 93 have been eliminated in favor of the forms DD 2807-1 and DD 2808 for recording complete physical examinations consistent with BUMED guidance issued in various ways over the last 4 years.

(10) Increased use of references to parallel instructions within specific articles, especially the Military Personnel Manual (MILPERSMAN) and Marine Corps Separations Manual, to aid patient administrators as well as medical examiners in fulfilling their dual roles as Naval Officers and patient advocates.

(11) A references and resources section has been added that provides guidance on other sources of related information not specifically addressed in this chapter.

b. **Aviation Duty**

(1) Class I aviation standards have been completely revised with Service Group categories no longer based on visual performance.

(2) Aviation special duty standards have been aligned with revised entry and commissioning standards (as defined by DOD Instruction 6130.4) in mind.

(3) Integrated changes made in the last two revisions of NATOPS General Flight and Operating Instructions (OPNAVINST 3710.7 series). Inconsistencies between NATOPS and MANMED have been eliminated.

(4) New validity and periodicity guidelines have been established that better support fleet and Marine Force sustainment requirements.

(5) The aeromedical waiver process has been streamlined.

(6) The previously approved recommendations from several Aeromedical Advisory Council meetings have been codified. The new standards apply to both applicant as well as designated aviation personnel of all three classes.

c. **Diving Duty**

(1) This chapter is rewritten with the requirement for a annual health review (PHA) for divers in addition to maintaining the 5-year periodic examination. Particularly new is the requirement for a cardiology examination for Patent Foramen Ovale (PFO) after a decompression sickness event.

(2) MRI scanning after central nervous system (CNS) decompression sickness (DCS) and acute gas embolism (AGE) is now required.

(3) Laser corneal refractive surgery is no longer disqualifying when there is a successful outcome.

(4) Although a NAVPERS program, Alcohol Abuse and Dependency Treatment guides must be followed before resumption of Diving Duty.

(5) All requests for waiver from the standards listed will be processed from the member's parent command to NAVPERS via type commander (TYCOM) medical endorsement and BUMED endorsement.

d. **Special Warfare/Special Operations Duty**

(1) The section on Special Warfare/Special Operations Duty (NSW/SO) is brand new. A small portion was previously covered under Diving Duty. It is the purpose of this chapter to define the physical standards that will support the physical demands and hazardous duty experienced by the NSW/SO service member. Included in the section are combat swimmer diving and basic and free-fall parachute duties covered by the physical standards that are outlined.

(2) Standards include disqualification of accession applicants with a history of drug and steroid abuse as well as necessity for freedom from chronic diseases that might deteriorate when in isolated non-medically supported environments, psychotropic medication use, and the option of waiver for designated operators who require prosthetic appliances.

(3) All requests for waiver from the standards listed will be processed from the member's parent command to NAVPERS via TYCOM medical endorsement and BUMED endorsement.

e. **Submarine Duty**

(1) Prohibition of use of psychoactive medications have been updated and defined for purpose of waiver consideration.

(2) Prohibition of surgery for weight loss has been added.

(3) Disorders of sleep are frequent and these disorders are now required to have specific medical documentation in order for disqualification or waiver to be considered.

(4) The duration of waiting time before a return to duty in a service member who has had a single idiopathic seizure has been added.

(5) The guidance for waiver of color perception deficiency has been added. A supervisor statement that the service member can satisfactorily distinguish color differences necessary in his employment is required.

(6) The requirements for evaluation and waiver consideration of nephrolithiasis have been listed.

(7) All requests for waiver from the standards listed will be processed from the member's parent command to NAVPERS via TYCOM medical endorsement and BUMED endorsement.

f. **Nuclear Field Duty**

(1) The guidance for waiver of color perception deficiency has been added. A supervisor statement that the service member can satisfactorily distinguish color differences necessary in his employment is required.

(2) Prohibition of use of psychoactive medications have been updated and defined for purpose of waiver consideration.

3. **Action**

a. Remove Chapter 15 and replace with the new Chapter.

b. Record this Change 126 in the Record of Page Changes.

D. C. ARTHUR
Chief, Bureau of
Medicine and Surgery

Chapter 15

Physical Examinations and Standards for Enlistment, Commission, and Special Duty

Chapter 15
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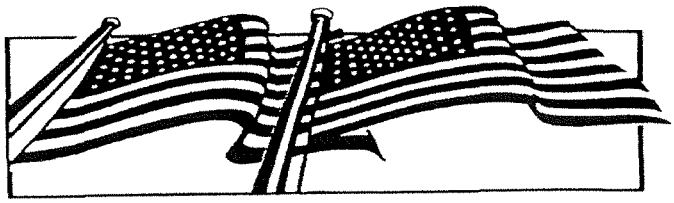

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Section I
ADMINISTRATIVE ASPECTS OF PEFORMING AND RECORDING PHYSICAL EXAMINATIONS

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15-1 Introduction

(1) This chapter of the Manual of the Medical Department provides guidance on performing, recording, and interpreting the results of physical examinations conducted for a wide variety of screening and qualifying purposes. The purposes of these examinations are specific for a wide range of duties or qualifications but are not guidance on population health or clinically indicated evaluations.

(2) The chapter is divided into five sections (which include an appendix).

(a) Section I discusses the application, recording, validity, and other issues that apply to all examinations. Instructions on applying for a waiver of the standards are now included in this section.

(b) Section II provides guidance for specific groups of individuals who may require physical examinations.

(c) Section III lists the disqualifying conditions for general duty enlistment and commissioning. Instructions on applying for a waiver of the standards are now included in the beginning of this section.

(d) Section IV provides guidance on conducting examinations for certain special duty purposes (e.g. Aviation).

(e) Section IV, Appendix A, is a new section that lists references for related topics and resources.

Note. The section titled "Annual Health Maintenance Examination Recommendations for Active Duty Members" has been moved to Manual of the Medical Department Chapter 22 (Preventive and Occupational Medicine).

(3) This chapter applies to all applicants and individuals already on active duty service within the Department of the Navy including the Marine Corps. Any reference to "service member" or "applicant" includes both organizations unless otherwise specifically stated.

(4) The standards contained in this chapter are based on the DOD Instruction 6130.4. Additional requirements, including laboratory tests, resulted from an analysis of guidelines from the US Preventive Services Task Force, the US Navy Committee on Disease Prevention and Health Promotion, the Armed Forces Epidemiology Board, and other published recommendations from recognized specialty organizations. Also, the unique operational need to maintain a fit and ready Naval force was considered.

15-2 Purposes of Medical Examinations

(1) The primary purposes of medical examinations are to ensure that individuals undergoing these examinations are:

(a) Physically capable of performing assigned and prospective duties without unnecessary risk of injury or harm to themselves or other service members.

(b) Physically capable of performing assigned and prospective duties without assignment limitations or modifications to existing equipment and systems.

(c) Not likely to incur a physical disability as a result of military service.

(2) Based upon the needs of the Naval Service and DOD, as well as ongoing changes in the understanding of many physical or medical conditions, the standards contained in this chapter are frequently reviewed and modified. Please ensure that the most current version is in use.

(3) As stated in article 15-1, the purposes of the medical examinations contained in this chapter are not population or preventive health in nature, but rather are specific screening criteria developed to answer specific duty or qualification questions.

15-3 Interpretation and Application of Physical Standards

(1) For examinations conducted for the purpose of entry into Navy or Marine Corps service or specific special duty service, the standards contained in this chapter are intended to be as specific and as unambiguous as possible. For many conditions the mere presence of the defect (e.g., hearing loss) would be a cause for disqualification even if the condition has not adversely affected the applicant. For other conditions (e.g., recurrent headaches) the impact on the applicant's health or functionality is of paramount importance. The evaluation of these latter conditions will be significantly more qualitative in nature and appropriate clinical judgment remains a critical element in effectively conducting an examination.

(2) While clinical judgment is critical, examiners should be reluctant to find qualified those individuals who report concerning medical histories, but cannot present pertinent past medical records for review, or who are able to meet a particular requirement only after coaching or multiple repeat tests with only a single passing result.

15-4 Conducting and Recording the Examination

(1) A Licensed Independent Practitioner or Physician Assistant may perform all physical examinations covered in this chapter unless otherwise indicated. A General Medical Officer may independently perform examinations if he or she has successfully completed an accredited internship. All examiners, regardless of clinical specialty, performing and recording physical examinations must be familiar with the standards outlined herein. Some special duty examinations (e.g., Aviation) must be performed or co-signed by examiners with specific training and/or qualifications, review Section IV for further guidance.

(2) All complete physical examinations will include forms DD 2807-1 "Report of Medical History" and DD 2808 "Report of Medical Examination." Examiners will carefully and objectively record all medical history and physical examination findings in the appropriate blocks on forms DD 2807-1 and DD 2808 using commonly accepted medical language. Also, ensure blocks on the form prompting identifying data, such as name or social security number, are properly completed on all pages. Use of the Standard Form (SF) 88 and 93 or NAVMED 6120/2 is not appropriate unless specifically required as part of a special duty evaluation.

(a) Examinees will be carefully questioned about their medical history. Examiners should review form DD 2807-1 and comment on all affirmative or uncertain answers.

(b) Physical examination findings should be recorded on form DD 2808 with particular emphasis on positive or negative results related to any items noted on form DD 2807-1. Dental officers should perform dental evaluations when available.

(c) Examiners should request past medical records, additional diagnostic tests or specialty consultation when further information is deemed necessary.

(3) The examiner shall review and comment on all pertinent entries noted on forms DD 2807-1 and DD 2808 in sufficient detail to facilitate review by another qualified provider. Comments about positive responses on form DD 2807-1 or findings on form DD 2808 that do not constitute a significant diagnosis should be included solely in block 30 of form DD 2807-1 or block 73 of form DD 2808. All significant diagnoses shall also be listed in block 77 of form DD 2808. For each condition or diagnosis and based upon the purpose of the examination (e.g., enlistment), notation should be made regarding whether the condition is or is not disqualifying for service. See article 15-3 above for further guidance.

(a) For a condition or diagnosis that is deemed to be within the standards outlined in Section III or Section IV as appropriate, the notation NCD for Not Considered Disqualifying should be made at the end of the description of the condition or diagnosis.

(b) For a condition or diagnosis that ***is not*** deemed to be within the standards outlined in Section III or Section IV as appropriate, the notation CD for Considered Disqualifying should be made at the end of the description of the condition or diagnosis.

(c) For a condition or diagnosis that the examiner is ***uncertain*** whether it is or is not within the standards outlined in Section III or Section IV as appropriate, the notation PD for Potentially Disqualifying should be made at the end of the description of the condition or diagnosis. This category should be used only temporarily until further information is available and should then be updated to either NCD or CD as appropriate. Use of block 78 of form DD 2808 may be used to describe additional data required to make a final qualification decision.

(d) If a condition deemed disqualifying by the examiner is ultimately granted a waiver (see article 15-31) by an appropriate authority, notation should be made in block 76 or 77 of DD 2808. Notation should include the date and authority granting the waiver. These conditions may subsequently be deemed disqualifying for duties or programs not covered in the original waiver request.

(4) The examiner shall indicate the final determination regarding qualification by checking the appropriate box on form DD 2808 block 74 (a).

(5) For an examination to be considered valid, it must bear the signature and legibly printed, stamped, or typed name of the provider who performed the exam.

(6) All physical examinations will be permanently filed in the member's outpatient health record. See Manual of the Medical Department (MANMED), Chapter 16 for further guidance.

(7) Facilities conducting physical examinations will keep a copy of the examination and any supporting documents on file for 2 years.

(8) Examinations will be conducted with appropriate regard for privacy and following current standards of care regarding standby attendants.

15-5 Special Studies

(1) The results of the studies listed below, in addition to any other studies deemed necessary by the examiner, will be entered on form DD 2808 in the appropriate sections of blocks 45-52 and 61-71.

(2) The following studies shall be recorded for all complete medical examinations:

(a) The result of a current human immunodeficiency virus (HIV) test.

(b) The results of a current audiometric test.

(c) The results of a current visual acuity test. If uncorrected distant or near visual acuity is less than 20/20, the results of a current manifest refraction.

(d) The results of a current dental examination (see Chapter 6, article 6-99).

(e) The result of Sickle Cell screening if not previously recorded in health record.

(f) The result of G-6-PD screening if not previously recorded in health record.

(g) For females age 21 and older at the time of the examination, the results of a current Pap smear.

(3) Enlisted service applicants do not need a Pap smear result recorded before reporting to their respective recruit training commands.

(4) For all applicants for commission or a program leading to a commission the results of color vision testing.

(5) Specific laboratory results will be recorded using current medical terminology.

15-6 Personnel Already on Active Duty

(1) In general the standards contained in this chapter are applicable only to initial entry into the United State Navy and Marine Corps, active and Reserve, or entry into special programs. See article 15-11 for guidance on recruits with disqualifying conditions discovered within the first 179 days of enlisted service.

(2) Qualification for continued active duty service or retention, reenlistment, or separation should be based on the ability of a service member to perform the functions of his or her rate, rank, or occupational specialty without physical or medical limitations.

(a) Examiners should consult SECNAVINST 1850.4 series (Disability Evaluation Manual) and Manual of the Medical Department (MANMED), Chapter 18 for guidance regarding service members who are unable to perform their duties as a result of a physical defect or medical condition.

(b) In situations where a member is unable to perform their duties secondary to a physical condition not considered a disability, guidance may be found in MANMED, Chapter 18 as well as MILPERSMAN articles 1920 series (officers), 1910-120 (enlisted), and the Marine Corps Separations Manual, Chapter 8.

15-7 Validity Periods of Examinations

(1) All complete physical examinations recorded on forms DD 2807-1 and DD 2808, assuming appropriate in scope, are valid for 2 years. This standard does not apply to:

(a) ***Some Special Duty Examinations.*** Review Section IV of this chapter.

(b) Applicants applying for affiliation with the Navy and Marine Corps Reserves. Review article 15-22 of this chapter.

(c) Enrollees in programs leading to a commission. Review the specific program heading in Section II of this chapter.

(2) In cases not covered above, when a complete physical examination is required and more than 90 days, but less than 2 years has elapsed since the most recent examination was conducted, an updated form DD 2807-1 will be completed by the examinee and reviewed by an appropriate examiner (see article 15-4). This DD 2807-1 should be annotated "Addendum to Medical History dated (note the date of previous DD 2807-1)" on the top of the form.

(a) If there are no changes since the recording of the previous DD 2807-1 the statement "No significant interval history since last evaluation dated (note the date of previous DD 2807-1)" should be recorded in block 30. The examiner's determination regarding qualification for the duty or assignment sought will also be included in block 30 (e.g., "Member is qualified for commission"). The examiner must sign the DD 2807-1. No further documentation or laboratory data is required.

(b) If significant new medical history is obtained, each item should be specifically reviewed and commented on by the examiner in block 30.

(1) If the updated information does not warrant any type of physical exam then the statement "No physical examination performed" will be included in block 30 of the DD 2807-1. The examiner's determination regarding qualification for the duty or assignment sought will also be included in block 30 (e.g., "Member is qualified for commission").

(2) If the updated information warrants physical examination of applicant, the results should be recorded on form DD 2808. The statement "Addendum to Physical Examination dated (note the date of previous DD 2808)" should be recorded on the top of the form. All pertinent administrative data (e.g., name, date, and social security number) must be included on the DD 2808, but only the specific area(s) examined and any new laboratory results should be recorded on the applicable parts of the form. The examiner must sign form DD 2808. The examiner's determination regarding qualification for the duty or assignment sought will also be included in block 77 (e.g., "Member is qualified for commission").

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Section II
COMMON MEDICAL EXAMINATIONS

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15-8 Purpose

(1) The specific reasons for conducting a physical examination and/or evaluation contained in this section are not all-inclusive but provided to give additional guidance for some of the common situations in which an examination is indicated.

15-9 Periodic Examinations for Active Duty Personnel

(1) Routine periodic physical examinations are no longer required for active duty personnel including flag officers. Please see OPNAVINST 6120.3 series for guidance on the Preventive Health Assessment.

15-10 Applications for Enlistment

(1) All applicants for enlistment must have a complete physical examination conducted within the previous 2 years of application per Section I of this Chapter. If more than 90 days, but less than 2 years have elapsed since completion of the most recent examination and formal application, see article 15-7 for further guidance.

15-11 Recruit Screening

(1) Recruit Screening evaluations are conducted at Recruit Training Commands and Marine Corps Recruit Depots for the purposes of detecting medical disorders that may have been missed or concealed during the recruit's initial examination, or that may have developed during the period from initial examination to enlistment.

(2) Recruit screening examinations should be conducted within 14 days of reporting to recruit training.

(3) Applicable studies listed in article 15-5 will be conducted if not completed prior to arrival at recruit training.

(4) The results of recruit screening evaluations, including any laboratory testing, shall be recorded on an SF 600 and filed in the service member's outpatient health record and included on form DD 2766 (Summary of Care Flow Sheet) if indicated. Use of a pre-formatted SF 600 is encouraged.

(5) For recruits with less than 180 days of active service since enlistment who are discovered to have a disqualifying medical condition per Section III of this chapter that existed prior to enlistment and that has ***not materially changed since in receipt of base pay,*** recruit training commands may pursue one of two options:

(a) For recruits not recommended for retention on active duty, separate the service member under the provisions of MILPERSMAN 1910-130 or the Marine Corps Separations Manual. The procedures outlined in article 15-20 in this chapter are not required for these separating service members.

(b) For recruits recommended for retention on active duty, the Director, BUMED Qualifications and Standards will issue, on request, a recommendation regarding retention of the member on active duty to the member's recruit training command commander. Send requests including all pertinent medical data along with the relevant sections of the recruit's most recent complete physical examination (forms DD 2807-1 and 2808) to the Director, Bureau of Medicine and Surgery, Qualifications and Standards for review. The Director, Bureau of Medicine and Surgery, Qualifications and Standards will issue a recommendation regarding retention to the member's recruit training command commander who will make the final determination regarding retention or separation from active duty service.

15-12 Reenlistment

(1) Reenlistment examinations and evaluations are conducted for the purpose of ensuring that no new medical conditions have developed or no previously diagnosed conditions have materially changed that might prevent the service member from safely or effectively fulfilling the responsibilities of their rank or rating.

(2) ***Reenlistment evaluations will include as a minimum:***

(a) Completion of form DD 2807-1 by the service member.

(b) Review of the completed DD 2807-1 by an appropriate examiner (see article 15-4 and article 15-12(2)(e) below) with specific comments on any new medical conditions that have arisen or conditions that have materially changed since the most recent enlistment or reenlistment.

(c) A focused physical examination 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 continued active duty service.

(e) At the discretion of the member's commanding officer, Independent Duty Corpsmen assigned to independent duty may conduct reenlistment evaluations.

(3) The completed form DD 2807-1 and the results of the evaluation outlined in article 15-12(2)(c) and 15-12(2)(d) above will be placed in the service member's outpatient medical record. The results of the evaluation, including any laboratory results obtained, will be recorded via an SF 600 entry. Use of a pre-formatted SF 600 is encouraged. If a member is deemed not to be physical qualified for continued active duty service, the planned course of action (e.g., referral to Physical Evaluation Board (PEB) should also be stated.

(4) While not a requirement, a reenlistment screening is an excellent opportunity to review cyclical medical and administrative requirements such as current immunization status, most recent Preventive Health Assessment, pre- or post-deployment health surveys (if indicated), current outpatient medical record status (see chapter 16), and HIV periodicity.

15-13 Applications for Commission

(1) All applicants for commission or warrant officer, including those personnel already on active duty, must have a complete physical examination conducted within 2 years of application following Section I of this Chapter. If more than 90 days, but less than 2 years have elapsed since completion of the most recent examination and formal application; see article 15-7 for further guidance.

(a) Different procedures apply to individuals who are applying for a commission who are already enrolled in a program leading to a commission or superseding commission (e.g., U.S. Naval Academy, Seaman to Admiral Program, Health Professions Scholarship Program). Review the specific program guidance contained in this section.

15-14 United States Naval Academy

(1) For applicants to the U.S. Naval Academy the Department of Defense Medical Examination Review Board (DODMERB) has the exclusive responsibility for scheduling and reviewing all medical examinations.

(2) All enrollees at the U.S. Naval Academy who are applying for commission will adhere to one of the following procedures:

(a) If a complete and current physical examination is not required for special duty screening (see Section IV), then the following documentation should be forwarded to BUMED Qualifications and Standards for review:

(1) Original DODMERB physical examination.

(2) Completion of form DD 2807-1 by the service member.

(3) Review of the completed DD 2807-1 by an appropriate examiner (see article 15-4) with specific comments on any new medical conditions that have arisen or conditions that have materially changed since enrolling at the U.S. Naval Academy.

(4) A focused physical examination and laboratory test results, as indicated, for any new or materially changed medical conditions that have developed since enrolling at the U.S. Naval Academy.

(5) Determination by the examiner if the service member is physically qualified for commission and if not, if a waiver of the standards is recommended.

(6) The results of a current HIV test, the results of a current Pap smear for females age 21 and older, the results of any other test deemed appropriate, and the results of a current (within 1 year of date of submission) dental evaluation.

(7) The determination of the examiner from article 15-14(2)(a)(5) above and the data from 15-14(2)(a)(4) and 15-14(2)(a)(6) above should be recorded via an SF 600 entry. Use of a pre-formatted SF 600 is encouraged.

(b) If a complete and current physical examination is required for special duty screening (see Section IV), then submit this completed examination to BUMED Qualifications and Standards for review.

(3) In instances when an enrollee's physical qualification for continuation at the U.S. Naval Academy is under consideration, see SECNAVINST 1850.4 series.

15-15 United States Merchant Marine Academy

(1) For applicants to the United States Merchant Marine Academy, DODMERB has the exclusive responsibility for scheduling and reviewing all medical examinations.

(2) All enrollees at the United States Merchant Marine Academy who are applying for commission in the U.S. Navy (including the U.S. Navy Reserves (USNR) or Merchant Marine Reserves (MMR) program) will adhere to one of the following procedures:

(a) If a complete and current physical examination is not required for special duty screening (see Section IV), then the following documentation should be forwarded to the Director, BUMED Qualifications and Standards for review:

(1) Original DODMERB physical examination.

(2) Completion of form DD 2807-1 by the service member.

(3) Review of the completed DD 2807-1 by an appropriate examiner (see article 15-4) with specific comments on any new medical conditions that have arisen or conditions that have materially changed since enrolling at the United States Merchant Marine Academy.

(4) A focused physical examination and laboratory test results, as indicated, for any new or materially changed medical conditions that have developed since enrolling at the United States Merchant Marine Academy.

(5) Determination by the examiner if the service member is physically qualified for commission, and if not, if a waiver of the standards is recommended.

(6) The results of a current HIV test, the results of a current Pap smear for females age 21 and older, the results of any other test deemed appropriate, and the results of a current (within 1 year of date of submission) dental evaluation.

(7) The determination of the examiner from article 15-5(5) above and the data from article 15-15(2)(a)(4) and 15-15(2)(2)(6) above should be recorded via an SF 600 entry. Use of a pre-formatted SF 600 is encouraged.

(b) If a complete and current physical examination is required for special duty screening (see Section IV), then submit this completed examination to the Director, BUMED Qualifications and Standards for review.

(3) In instances when an enrollee's physical qualification for continuation in the United States Merchant Marine Academy (including the USNR/MMR program) or physical qualification for placing a Midshipman on or removing a Midshipman from a medical leave of absence (MLOA) is under consideration, contact the Director, BUMED Qualifications and Standards for further guidance.

15-16 Naval Reserve Officer Training Corps (NROTC) and State Maritime Academies

(1) For applicants to the NROTC and State Maritime Academies the DODMERB has the exclusive responsibility for scheduling and reviewing all medical examinations.

(2) All enrollees in the NROTC and United States Merchant Marine Academy will complete a form NAVMED 6120/3 annually. This form will be reviewed and signed by the appropriate administrative personnel in the unit.

(3) All enrollees in the NROTC and United States Merchant Marine Academy who are applying for commission will adhere to one of the following procedures:

(a) If a complete and current physical examination is not required for special duty screening (see Section IV) then the following documentation should be forwarded to the Director, BUMED Qualifications and Standards for review:

(1) Original DODMERB physical examination.

(2) All "Annual Certificate of Physical Condition" forms (NAVMED 6120/3) completed during period of enrollment.

(3) The results of a current HIV test, the results of a current Pap smear for females age 21 and older, and the results of a current (within 1 year of date of submission) dental evaluation should be included on the NAVMED 6120/3 or as a separate enclosure.

(4) Copies of treatment records for significant or concerning medical conditions that have developed since enrollment.

(5) The commanding officer's endorsement for commissioning the enrollee.

(b) If a complete and current physical examination is required for special duty screening (see Section IV), then submit this completed examination to the Director, BUMED Qualifications and Standards for review.

(4) In instances when an enrollee's physical qualification for continuation in the NROTC program or State Merchant Marine Academy or physical qualification for placing a Midshipman on or removing a Midshipman from a MLOA is under consideration, contact the Director, BUMED Qualifications and Standards for further guidance.

15-17 Programs Leading to a Superseding Commission

(1) All applicants to a program leading to a superseding commission (see below) must have a complete physical examination conducted within 2 years of application per Section I of this Chapter. If more than 90 days, but less than 2 years have elapsed since completion of the most recent examination and formal application, see article 15-7 for further guidance.

(2) For enrollees in the following programs leading to a superseding commission, the Commander, Naval Recruiting Command (CNRC) has the exclusive responsibility to set the policies governing the commission of enrollees at the time of their graduation; see current CNRC guidance issued for the enrollee's specific program.

(a) Medical Enlisted Commissioning Program (MECP).

(b) Health Professions Scholarship Program (HPSP).

(c) Chaplain.

(d) Baccalaureate Degree Commissioning Program.

(e) Nurse Commissioning Program.

(f) Medical Service Corps/Inservice Procurement Program.

(g) Financial Assistance Program.

(3) For enrollees in the Seaman to Admiral programs leading to a superseding commission, the Commander, Naval Services Training Command (NSTC) has the exclusive responsibility to set the policies governing the commission of enrollees at the time of their graduation; see current Naval Education and Training Command (NETC) guidance issued for the enrollee's specific program.

(4) For enrollees in the following programs leading to a superseding commission, Commander, Marine Corps Recruiting Command (MCRC) has the exclusive responsibility to set the policies governing the commission of enrollees at the time of their graduation; see current MCRC guidance issued for the enrollee's specific program.

(a) Marine Enlisted Commissioning Education Program.

(b) Reserve Enlisted Commissioning Program.

(c) Enlisted Commissioning Program.

(d) Meritorious Commissioning Program.

(e) Broadened Opportunity for Officer Selection and Training.

(5) In instances when an enrollee's physical qualification for continuation in a program leading to a superseding commission is under consideration, contact the appropriate program manager who will review with the senior medical officer, CNRC, or the Director, BUMED Qualifications and Standards as indicated.

15-18 Platoon Leadership Course

(1) All applicants for the Platoon Leadership Course Program must have a complete physical examination conducted within 2 years of application per Section I of this Chapter. If more than 90 days, but less than 2 years have elapsed since completion of the most recent examination and formal application; see article 15-7 for further guidance.

(2) All enrollees in the Platoon Leadership Course Program will complete a form NAVMED 6120/3 annually. This form will be reviewed and signed by the appropriate administrative personnel in the unit.

(3) All enrollees in the Platoon Leadership Course Program applying for commission in the United States Marine Corps will adhere to one of the following procedures:

(a) If a complete and current physical examination is not required for special duty screening (see Section IV), then the following documentation should be forwarded to the Director, BUMED Qualifications and Standards for review:

(1) Original complete physical examination (forms DD 2807-1 and 2808).

(2) All "Annual Certificate of Physical Condition" forms (NAVMED 6120/3) completed during period of enrollment.

(3) The results of a current HIV test, the results of a current Pap smear for females age 21 and older, and the results of a current (within 1 year of date of submission) dental evaluation should be included on the NAVMED 6120/3 or as a separate enclosure.

(4) Copies of treatment records for significant or concerning medical conditions that have developed since enrollment.

(5) The commanding officer's endorsement for commissioning the enrollee.

(b) If a complete and current physical examination is required for special duty screening (see Section IV), then submit this completed examination to the Director, BUMED Qualifications and Standards for review.

(4) In instances when an enrollee's physical qualification for continuation in the Platoon Leadership Course Program is under consideration, contact the Director, BUMED Qualifications and Standards for further guidance.

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 and evaluations, including 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 the member's last active duty day. 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 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 for being qualified to continue active duty service 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).

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

(a) Completion of form DD 2807-1 by the service member.*

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

(c) A focused physical examination 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) Completion of form DD 2697.

(f) 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.

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

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(3) The completed form DD 2807-1 and the results of the evaluation outlined in articles 15-20(c) and 15-20(d) above 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. If the scope to the evaluation based on the 2807-1 is of sufficient breadth, use of the DD 2808 is also acceptable and may be more appropriate. DD 2697 will be sent to the appropriate Veteran's Affairs location. If a member is found not to be physical 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. 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.

(4) Use of a pre-formatted SF 600 to record separation evaluations is encouraged.

(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. Members who request screening must complete NAVMED 6230/1, this form will be placed in the outpatient medical record.

(6) For service members separating from service after serving 30 or fewer consecutive days on active duty, a different separation process applies. 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. An SF 600 entry will be made stating "I have evaluated this service member and reviewed available medical record entries and found him or her physically qualified for release from active duty." For members found not qualified due to a service-incurred or service-aggravated injury or illness, a Notice of Eligibility (NOE) may be appropriate, see SECNAVINST 1770.3 series.

(7) For service members being separated following a finding of "unfit for continued Naval service" by the PEB, the procedures outlined in article 15-20(2) through 15-20(6) above do not apply. Instead, an SF 600 entry will be made stating that the service member has been found unfit and is being processed for separation from active duty service.

(8) 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 article 15-20(2) and 15-20(3) above. 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 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 this 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 form DD 2807-1 by the service member.*

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

(c) A focused physical examination 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) Completion of form DD 2697.

(f) 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.

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

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(3) The completed form DD 2807-1 and the results of the evaluation outlined in articles 15-21(2)(c) and 15-21(2)(d) above will be placed in the service member's outpatient medical record. The results of the evaluation will be recorded via an SF 600 entry. If the scope to the evaluation based on the 2807-1 is of sufficient breadth, use of DD 2808 is also acceptable and may be more appropriate. DD 2697 will be sent to the appropriate Veteran's Affairs location. If a member is found not to be physically qualified for separation, 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) Use of a pre-formatted SF 600 to record retirement evaluations is encouraged.

(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. Members who request screening must complete NAVMED 6230/1, this form will be placed in the outpatient medical record.

15-22 Affiliation with the Naval and Marine Reserves

(1) For all applicants (enlistment or commission) to the Naval and Marine Corps Selected Reserves who have been separated from Naval active duty service within the previous 6 months or were drilling reservists within the previous 6 months whose separation from active duty and/or drill status 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 world wide assignable, or personality disorder) an affiliation evaluation will include:

(a) A copy of the DD 2807-1 completed by the member as part of the separation evaluation or a copy of the Veteran's Administration compensation and pension history and physical if used in lieu of the DD 2807-1.

(b) Completion of a new or updated DD 2807-1 by the applicant.

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

(d) A focused physical examination and laboratory tests, as indicated, for any new or materially changed medical conditions discovered.

(e) A review of the applicant's DD 214 to confirm nature of separation or discharge.

(f) If no new conditions have developed or materially changed since active duty or active reserve duty separation, the applicant ***is physically qualified for affiliation.***

(g) Both the DD 2807-1 (or a Veteran's Administration compensation and pension history and physical) and the results of the evaluation outlined in articles 15-22(1)(d) and 15-22(1)(e) above will be placed in the service member's outpatient medical record. The results of the evaluation will be recorded via an SF 600 entry. Use of a pre-formatted SF 600 is encouraged.

(h) If a new condition has developed, or a previously existing condition has materially changed, an initial screening of the condition(s) using the standards outlined in Section III in this Chapter will be performed. If as a result of screening, the new or changed condition(s), using affiliation standards the condition(s) are considered disqualifying, see article 15-22(1)(i) below.

(i) For applicants who do not meet the standards in Section III on initial screening, send information from articles 15-22(1)(a) through 15-22(1)(h) to CNRC (Navy) or the Director, Bureau of Medicine and Surgery, Qualifications and Standards (Marine Corps) for determination of qualification for affiliation with the active reserves.

(2) For all applicants (enlistment or commission) to the Navy and Marine Corps Selected Reserves, who have been separated from active duty Navy or Marine Corps active duty service or active drill status for more than 24 months, but who are in the Individual Ready Reserve (e.g., secondary to residual military service obligation), a determination must be made whether these applicants are physically qualified for retention in the Reserves. Because these personnel are not currently associated with a reserve military unit, the procedures outlined in article 15-23 are not appropriate. Instead, a medical retention package including the following will be created:

(a) If available, a copy of the DD 2807-1 must be completed by the member as part of the separation evaluation or a copy of the Veteran's Administration compensation and pension history and physical, if used in lieu of the DD 2807-1.

(b) A current (within previous 24 months) complete physical examination as outlined in articles 15-3 through 15-5, or equivalent separation evaluation as outlined in 15-20.

(c) A current statement, signed by the applicant, describing his or her current level of activity and any restrictions secondary to active physical or medical conditions.

(d) Copy of the applicant's DD 214.

(e) Although a reserve retention package, an initial screening of the current physical examination (per article 15-22(2)(b) above), using the standards outlined in Section III in this Chapter will be performed. If after review by appropriate medical personnel (see current directives), no disqualifying conditions exist per these affiliation standards, the applicant should be found physically qualified for retention and no higher level authority review is required.

(f) If as a result of screening the current physical examination, using affiliation standards, conditions that are considered disqualifying for affiliation are discovered, the entire package will be forwarded to CNRC (Navy) or to the Director, BUMED Qualifications and Standards (Marine Corps) for review. A recommendation of Risk Classification (Navy) or BUMED Physical Qualification for Retention in the Reserves (Marine Corps) will then be forwarded to the Navy Personnel Command (NAVPERSCOM) or Marine Force Reserve as appropriate where the final determination regarding retention in the reserves will be made.

(3) For all other applicants not included in article 15-22(1) or 15-22(2) above, a complete physical examination is required, even in instances when a complete physical examination has been conducted within the previous 2 years. Follow the procedures outlined in articles 15-3 through 15-5. A disqualifying medical condition (see Section III) that existed during a previous active duty period that did not interfere with the service member's ability to safely and effectively fulfill the responsibilities of their rank and rating must still be classified as "considered disqualifying" by the examiner. While considered disqualifying for affiliation, previous successful active duty periods in spite of the presence of a disqualifying medical condition will be factored into the waiver evaluation process at CNRC. See article 15-31 for guidance on waivers of the physical standards.

15-23 Retention in the Navy and Marine Corps Reserves

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

(2) All members of the Navy and Marine Corps Reserves shall annually complete a preventive health assessment.

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

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

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

(b) The following documentation will be assembled: all available medical information including copies of outpatient medical records, the 3 previous years of preventive health assessments, a commanding officer's statement regarding any limitations in the reservist's performing of required duties and potential for future military service, and any DD 2807-1 and DD 2808 forms completed within the previous 3 years.

(c) The documentation outlined in article 15-23(4)(b) will be sent, via appropriate chain of command, to the Director, BUMED Qualifications and Standards for review.

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

(2) If a recommendation can not be made regarding retention (e.g., incomplete information, condition not yet stable), the Director, Bureau of Medicine and Surgery, Qualifications and Standards will send requests for information and/or guidance directly to the reservist's unit.

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

(5) If an MDR is not able to determine whether or not a reservist's medical condition will likely prevent the service member from safely and effectively fulfilling the responsibilities of their rank and rating or interfere with mobilization, contact the Director, Bureau of Medicine and Surgery, Qualifications and Standards directly for additional guidance. Retention packages as outlined in article 15-23(4) above may not be necessary for some conditions.

(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 on an SF 600 and entered into the reservist's outpatient medical record. An entry on DD 2766 should also be made when indicated.

(7) For screening of reservists ordered to active duty see OPNAVINST 3060.7 series and BUPERS-INST 1001.39 series.

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 2807-1 by the service member.

(b) Review of the completed DD 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 condition(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 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 2807-1 and the results of the evaluation outlined in article 15-25(2)(c) and 15-25(2)(d) above 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 a 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.

15-27 Fitness for Duty

(1) For service members suspected of being under the influence of drugs or alcohol, guidance on conducting and recording their examinations can be found in BUMEDINST 6120.20 series.

15-28 Physical Evaluation Board Submissions

(1) For complete physical examinations conducted for the purpose of submission to the PEB as part of a Medical Board Report (see SECNAVINST 1850.4 series and MANMED Chapter 18) follow the procedures outlined in articles 15-3 through 15-5 in this chapter.

15-29 Temporary Disability Retired List (TDRL)

(1) Statutory regulations require that members carried on the TDRL be examined at least once every 18 months. Please see SECNAVINST 1850.4 series for further guidance on conducting these examinations.

(2) For members removed from the TDRL by being found fit for duty who choose to return to active duty service, conduct a complete physical under the guidelines in articles 15-3 through 15-5 in this Chapter. The condition leading to placement on the TDRL that has now been deemed compatible with active duty service does not require a waiver of the physical standards. Additionally, disqualifying medical conditions (see Section III) that existed while the service member was previously on active duty that have not materially changed and did not interfere with their ability to safely and effectively fulfill the responsibilities of their rank and rating should be classified as "not considered disqualifying." New or materially changed conditions require a waiver of the physical standards, see article 15-31 of this Chapter.

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 are:

(a) Physically capable of performing assigned and prospective duties without unnecessary risk of injury or harm to themselves or other service members.

(b) Physically capable of performing assigned and prospective duties without assignment limitations or modifications to existing equipment and systems.

(c) Not likely to incur a physical disability as a result of military service.

(2) Many individuals will be physically qualified to enlist or commission, but not be physically qualified for some special duties or assignments; see Section IV for further guidance.

(3) Based upon the needs of the Naval Service and DOD, as well as ongoing changes in the understanding of many physical or medical conditions, the standards contained in this chapter are frequently reviewed and modified; ensure that the most current version is in use.

15-31 Waivers of the Physical Standards

(1) For some applicants, their current level of functioning and/or state of health in spite of the presence of a disqualifying medical condition 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 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 the Chief, Bureau of Medicine and Surgery. By direction authority to carry out this function has been granted to:

(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); Commander, Navy Recruiting Command (Health Professions Scholarship Program, Nurse Commissioning Program). Additionally, the Director, Bureau of Medicine and Surgery, 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 Officer, Naval Recruiting Command.*** Provides waiver recommendations to: Commander, Naval Recruiting Command (including Reserve Recruiting Command, excepting the programs listed in article 15-31(3)(a) above).

(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).

(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 above. 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 or specialty evaluation initiated by the examiner.

(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 (6.45cm^2) or the size of a 25-cent piece is disqualifying.

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) and/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

keratectomy (commonly known as PRK), laser epithelial keratomileusis (commonly known as LASEK) and laser-assisted in-situ keratomileusis (commonly know as LASIK) is disqualifying if ***any*** of the following conditions are met:

(1) Pre-surgical refractive error in either eye exceeds the standards for the program sought (i.e., +/- 8.00 diopters for enlistment, commission, and programs leading to a commission).

(2) Less than 6 months has passed since the last refractive or augmenting procedure and the time of the evaluation.

(3) There is currently a continuing need to ophthalmic medications or treatment.

(4) Post-surgical refraction in each eye is not considered stable as demonstrated by two separate refractions obtained at least 1 month apart differing by more than +/-0.50 diopters for spherical correction and/or more than +/-0.25 diopters for cylinder correction.

(5) Post-surgical refraction in each eye has not been measured at least one time 3 months or longer after the most recent refractive or augmenting procedure.

(c) Current keratitis (370) (acute or chronic), including but not limited to recurrent corneal ulcers, erosions (abrasions), or herpetic ulcers (054.42) is disqualifying.

(d) Current corneal vascularization (370.6) or corneal opacification (371) from any cause that is progressive or reduces vision below the standards prescribed in article 15-34 is disqualifying.

(e) Current or history of uveitis or iridocyclitis (364.3) is disqualifying.

(4) ***Retina***

(a) Current or history of retinal defects and dystrophies, angiomatoses (759.6), retinoschisis and retinal cysts (361.1), phakomas (362.89), and other congenito-retinal hereditary conditions (362.7) that impair visual function, or are progressive is disqualifying.

(b) Current or history of any chorioretinal or retinal inflammatory conditions, including but not limited to conditions leading to neovascularization, chorioretinitis, histoplasmosis, toxoplasmosis, or vascular conditions of the eye (to include Coats' Disease and Eales' Disease) (363) is disqualifying.

(c) Current or history of degenerative changes of any part of the retina (362) is disqualifying.

(d) Current or history of detachment of the retina (361), history of surgery for same, or peripheral retinal injury, defect (361.3) or degeneration that may cause retinal detachment is disqualifying.

(5) ***Optic Nerve***

(a) Current or history of optic neuritis (377.3) is disqualifying, including but not limited to neuroretinitis, secondary optic atrophy, or documented history of retrobulbar neuritis.

(b) Current or history of optic atrophy (377.1) or cortical blindness (377.75) is disqualifying.

(c) Current or history of papilledema (377.0) is disqualifying.

(6) ***Lens***

(a) Current aphakia (379.31), history of lens implant, or current or history of dislocation of a lens is disqualifying.

(b) Current or history of opacities of the lens (366) that interfere with vision or that are considered to be progressive, including cataract (366.9) are disqualifying.

(7) ***Ocular Mobility and Motility***

(a) Current diplopia (368.2) is disqualifying.

(b) Current nystagmus (379.50) other than physiologic "end-point nystagmus" is disqualifying.

(c) Esotropia (378.0) and hypertropia (378.31): For entrance into Service academies and officer programs, additional requirements may be set by the individual Military Services. Special administrative criteria for assignment to certain specialties shall be determined by the Military Services.

(8) ***Miscellaneous Defects and Diseases***

(a) Current or history of abnormal visual fields due to diseases of the eye or central nervous system (368.4), or trauma (368.9) is disqualifying.

(b) Absence of an eye, clinical anophthalmos, (unspecified congenital (743.00) or acquired) or current or history of other disorders of globe (360.8) is disqualifying.

(c) Current asthenopia (368.13) is disqualifying.

(d) Current unilateral or bilateral non-familial exophthalmos (376) is disqualifying.

(e) Current or history of glaucoma (365), including but not limited to primary, secondary, pre-glaucoma as evidenced by intraocular pressure above 21 mmHg, or changes in the optic disc or visual field loss associated with glaucoma is disqualifying.

(f) Current loss of normal pupillary reflex, reactions to accommodation (367.5) or light (379.4), including Adie's Syndrome is disqualifying.

(g) Current night blindness (368.60) is disqualifying.

(h) Current or history of retained intraocular foreign body (360) is disqualifying.

(i) Current or history of any organic disease of the eye (360) or adnexa (376), not specified in article 15-31(1) through 15-31(8)(a) through 15-31 (8)(h) above, which threatens vision or visual function is disqualifying.

15-35

Vision-Enlistment

The standards for enlistment, commission, and entry into a program leading to a commission are different; refer to the appropriate section.

(1) ***For Enlistment***

(a) Current distant visual acuity of any degree that does not correct with spectacle lenses to at least one of the following (367) is disqualifying:

(1) 20/40 in one eye and 20/70 in the other eye.

(2) 20/30 in one eye and 20/100 in the other eye.

(3) 20/20 in one eye and 20/400 in the other eye.

(b) Current near visual acuity of any degree that does not correct to 20/40 in the better eye (367) is disqualifying.

(c) Current refractive error [hyperopia (367.0), myopia (367.1), astigmatism (367.2)] or history of refractive error prior to any refractive surgery manifest by any refractive error in spherical equivalent of worse than -8.00 or +8.00 diopters is disqualifying.

(d) Current complicated cases requiring contact lenses for adequate correction of vision, such as corneal scars (371) and irregular astigmatism (367.2) are disqualifying.

15-36

Vision-Commission and Programs Leading to a Commission

The standards for enlistment, commission, and entry into a program leading to a commission are different; refer to the appropriate section.

(1) ***For commission in the Navy Unrestricted Line*** and/or commission of officers with intended designators of 611x, 612x, 616x, 621x, 622x, 626x, 648x, 711x, 712x, 717x, 721x, 722x, 727x, 748x:

(a) Current distant or near visual acuity of any degree that does not correct with spectacle lenses to 20/20 in each eye is disqualifying.

(b) Current refractive error [hyperopia (367.0), myopia (367.1), astigmatism (367.2)] or history of refractive error prior to any refractive surgery manifest by any refractive error in spherical equivalent of worse than -8.00 or +8.00 diopters is disqualifying.

(c) Current complicated cases requiring contact lenses for adequate correction of vision, such as corneal scars (371) and irregular astigmatism (367.2) are disqualifying.

(d) Lack of adequate color vision is disqualifying. Adequate color vision is demonstrated by:

(1) Correctly identifying at least 10 out of 14 Pseudo-isochromatic Plates (PIP).

(2) The Farnsworth Lantern (FALANT) or OPTEC 900 will be authorized for commissioning qualification through 31 December 2016. Starting 1 January 2017, the FALANT/OPTEC 900 will only be authorized for commissioning candidates who were previously accepted into a program leading to a commission utilizing the FALANT/OPTEC 900 to demonstrate adequate color vision. A passing FALANT/OPTEC 900 score is obtained by correctly identifying 9 out of 9 presentations on the first test series. If any incorrect identifications are made, a second consecutive series of 18 presentations is administered. On the second series, a passing score is obtained by correctly identifying 16, 17, or 18 presentations.

(2) ***For Entry into a Program Leading to a Commission in the Navy Unrestricted Line***

(a) Current distant and near visual acuity of any degree that does not correct with spectacle lenses to 20/20 in each eye is disqualifying.

(b) Current spherical refractive error [hyperopia (367.0), myopia (367.1)] or history of spherical refractive error prior to any refractive surgery of worse than -8.00 or +8.00 diopters is disqualifying.

(c) Current cylinder refractive error [astigmatism (367.2)] or history of cylinder refractive error, prior to any refractive surgery, of worse than -3.00 or +3.00 diopters is disqualifying.

(d) Current complicated cases requiring contact lenses for adequate correction of vision, such as corneal scars (371) and irregular astigmatism (367.2) are disqualifying.

(e) Lack of adequate Color Vision is disqualifying. Adequate color vision is demonstrated by:

(1) Correctly identifying at least 10 out of 14 Pseudo-Isochromatic Plates (PIP). Applicants failing the PIP prior to 31 December 2016 will be tested via the FALANT or OPTEC 900 as described below.

(2) Passing the FALANT/OPTEC 900 test. A passing score on the FALANT/OPTEC 900 is obtained by correctly identifying 9 out of 9 presentations on the first test series. If any incorrect identifications are made, a second consecutive series of 18 presentations is administered. On the second series, a passing score is obtained by correctly identifying 16, 17, or 18 presentations. The FALANT and OPTEC 900 will not be authorized for demonstrating adequate color vision starting 1 January 2017.

(3) ***For Commission in the Navy Restricted Line,*** Staff Corps, and designators not included in article 15-37(3) above.

(a) Current distant or near visual acuity of any degree that does not correct with spectacle lenses to 20/20 in each eye is disqualifying.

(b) Current refractive error [hyperopia (367.0), myopia (367.1), astigmatism (367.2)], or history of refractive error, prior to any refractive surgery manifest by any refractive error in spherical equivalent of worse than -8.00 or +8.00 diopters is disqualifying.

(c) Current complicated cases requiring contact lenses for adequate correction of vision, such as corneal scars (371) and irregular astigmatism (367.2) are disqualifying.

(4) ***For Commission in the United States Marine Corps***

(a) Current distant and near visual acuity of any degree that does not correct with spectacle lenses to 20/20 in each eye is disqualifying.

(b) Current refractive error [hyperopia (367.0), myopia (367.1), astigmatism (367.2)], or history of refractive error prior to any refractive surgery manifest by any refractive error in spherical equivalent of worse than -8.00 or +8.00 diopters is disqualifying.

(c) Current complicated cases requiring contact lenses for adequate correction of vision, such as corneal scars (371) and irregular astigmatism (367.2) are disqualifying.

(5) ***For Entry into a Program Leading to a Commission in the United States Marine Corps***

(a) Current distant or near visual acuity of any degree that does not correct with spectacle lenses to 20/20 in each eye is disqualifying.

(b) Current spherical refractive error [hyperopia (367.0), myopia (367.1)], or history of spherical refractive error prior to any refractive surgery of worse than -6.00 or +6.00 diopters is disqualifying.

(c) Current cylinder refractive error [astigmatism (367.2)] or history of cylinder refractive error prior to any refractive surgery of worse than -3.00 or +3.00 diopters is disqualifying.

(d) Current complicated cases requiring contact lenses for adequate correction of vision, such as corneal scars (371) and irregular astigmatism (367.2) are disqualifying.

15-37 Ears

(1) Current atresia of the external ear (744.2) or severe microtia (744.23), congenital or acquired stenosis (380.5), chronic otitis externa (380.2), severe external ear deformity (744.3) that prevents or interferes with the proper wearing of hearing protection is disqualifying.

(2) Current or history of mastoiditis (383.9), residual with fistula (383.81), chronic drainage, or conditions requiring frequent cleaning of the mastoid bone is disqualifying.

(3) Current or history of Meniere 's syndrome or other chronic diseases of the vestibular system (386) is disqualifying.

(4) Current or history of chronic otitis media (382), cholesteatoma (385.3), or history of any inner (P20) or middle (P19) ear surgery (including cochlear implantation), excluding myringotomy or successful tympanoplasty is disqualifying.

(5) Current perforation of the tympanic membrane (384.2) or history of surgery to correct perforation during the preceding 120 days (P19) is disqualifying.

15-38 Hearing

(1) ***Audiometric Hearing Levels.*** Audiometers calibrated to the International Standards Organization (ISO 1964) or the American National Standards Institute (ANSI 1996) shall be used to test the hearing of all applicants.

(2) Current hearing threshold level in either ear greater than that described below is disqualifying:

(a) Pure tone at 500, 1000, and 2000 cycles per second for each ear of not more than 30 dB on the average with no individual level greater than 35 dB at those frequencies.

(b) Pure tone level not more than 45 dB at 3000 cycles per second or 55 dB at 4000 cycles per second for each ear.

Note. There is no standard for 6000 cycles per second.

(3) Current or history of use of hearing aids (V53.2) is disqualifying.

15-39 Nose, Sinuses, Mouth, and Larynx

(1) Current allergic rhinitis (477.0) due to pollen (477.8) or due to other allergen or cause unspecified (477.9) if not controlled by oral medication or topical corticosteroid medication is disqualifying. History of allergic rhinitis immunotherapy within previous year is disqualifying.

(2) Current chronic non-allergic rhinitis (472.0) if not controlled by oral medication or topical corticosteroid medication is disqualifying.

(3) Current cleft lip or palate defects (749) not satisfactorily repaired by surgery is disqualifying.

(4) Current leukoplakia (528.6) is disqualifying.

(5) Current chronic conditions of larynx including vocal cord paralysis (478.3), chronic hoarseness, chronic laryngitis, larynx ulceration, polyps, or other symptomatic disease of larynx, vocal cord dysfunction not elsewhere classified (478.7) are disqualifying.

(6) Current anosmia or parosmia (781.1) is disqualifying.

(7) History of recurrent epistaxis with greater than one episode per week of bright red blood from the nose occurring over a 3-month period (784.7) is disqualifying.

(8) Current nasal polyp or history of nasal polyps (471), unless greater than 12 months has elapsed since nasal polypectomy, is disqualifying.

(9) Current perforation of nasal septum (478.1) is disqualifying.

(10) Current chronic sinusitis (473) or current acute sinusitis (461.9) is disqualifying. Such conditions exists when evidenced by chronic purulent discharge, hyperplastic changes of nasal tissue, symptoms requiring frequent medical attention, or x-ray findings.

(11) Current or history of tracheostomy (V44.0) or tracheal fistula (530.84) is disqualifying.

(12) Current or history of deformities or conditions or anomalies of upper alimentary tract (750.9), of the mouth, tongue, palate, throat, pharynx, larynx, and nose that interferes with chewing, swallowing, speech, or breathing is disqualifying.

(13) Current chronic pharyngitis (462) and chronic nasopharyngitis (472.2) are disqualifying.

15-40 Dental

(1) Current diseases of the jaws or associated tissues that prevent normal functioning are disqualifying. Those diseases include but are not limited to temporomandibular disorders (524.6) and/or myofascial pain that has not been corrected.

(2) Current severe malocclusion (524), which interferes with normal mastication or requires early and protracted treatment, or a relationship between the mandible and maxilla that prevents satisfactory future prosthodontic replacement is disqualifying.

(3) Current insufficient natural healthy teeth (521) or lack of a serviceable prosthesis that prevents adequate incision and mastication of a normal diet and/or includes complex (multiple fixtures) dental implant systems with associated complications are disqualifying. Individuals undergoing endodontic care are qualified for entry in the Delayed Entry Program only if a civilian or military provider provides documentation that active endodontic treatment will be completed prior to being sworn into active duty.

(4) Current orthodontic appliances for continued treatment (V53.4) are disqualifying. Retainer appliances are permissible, provided all active orthodontic treatment has been satisfactorily completed. Individuals undergoing orthodontic care are qualified for enlistment in the Delayed Entry Program only if a civilian or military orthodontist provides documentation that active orthodontic treatment will be completed prior to being sworn into active duty.

15-41 Neck

(1) Current symptomatic cervical ribs (756.2) are disqualifying.

(2) Current or history of congenital cyst(s) (744.4) of branchial cleft origin or those developing from the remnants of the thyroglossal duct, with or without fistulous tracts is disqualifying.

(3) Current contraction (723) of the muscles of the neck (spastic, pain or non-spastic), or cicatricial contracture of the neck to the extent it interferes with the proper wearing of a uniform or military equipment, or is so disfiguring as to interfere with or prevent satisfactory performance of military duty is disqualifying.

15-42 Lungs, Chest Wall, Pleura, and Mediastinum

(1) Current abnormal elevation of the diaphragm (either side) is disqualifying. Any nonspecific abnormal findings on radiological and other examination of body structure, such as lung field (793.1), other thoracic or abdominal organ (793.2) is disqualifying.

(2) Current abscess of the lung or mediastinum (513) is disqualifying.

(3) Current or history of acute infectious processes of the lung, including but not limited to viral pneumonia (480), pneumococcal pneumonia (481), bacterial pneumonia (482), pneumonia other specified (483), pneumonia infectious disease classified elsewhere (484), bronchopneumonia organism unspecified (485), pneumonia organism unspecified (486) are disqualifying until cured.

(4) Current or history of asthma (493) (including reactive airway disease, exercise induced bronchospasm or asthmatic bronchitis) reliably diagnosed and symptomatic after the 13th birthday is disqualifying. Reliable diagnostic criteria may include any of the following elements: substantiated history of cough, wheeze, chest tightness and/or dyspnea which persists or recurs over a prolonged period of time, generally more than 12 months.

(5) Current bronchitis (490) (acute or chronic symptoms over 3 months occurring at least twice a year (491)) is disqualifying.

(6) Current or history of bronchiectasis (494) is disqualifying.

(7) Current or history of bronchopleural fistula (510), unless resolved with no sequelae, is disqualifying.

(8) Current or history of bullous or generalized pulmonary emphysema (492) is disqualifying.

(9) Current chest wall malformation (754), including but not limited to pectus excavatum (754.81) or pectus carinatum (754.82), if these conditions interfere with vigorous physical exertion, is disqualifying.

(10) History of empyema (510) is disqualifying.

(11) Current pulmonary fibrosis from any cause, producing respiratory symptoms is disqualifying.

(12) Current foreign body in lung, trachea, or bronchus (934) is disqualifying.

(13) History of lobectomy (P32.4) is disqualifying.

(14) Current or history of pleurisy with effusion (511.9) within the previous 2 years is disqualifying.

(15) Current or history of pneumothorax (512) occurring during the year preceding examination if due to trauma or surgery or occurring during the 3 years preceding examination from spontaneous origin is disqualifying.

(16) History of recurrent spontaneous pneumothorax (512) is disqualifying.

(17) History of open or laparoscopic thoracic or chest wall (including breasts) surgery during the preceding 6 months (P54) is disqualifying.

(18) Current atypical chest wall pain, including but not limited to costochondritis (733.6) or Tietze's syndrome is disqualifying.

(19) Current or history of other diseases of lung, not elsewhere classified (518.89) to the extent it is so symptomatic as to interfere with or prevent satisfactory performance of military duty is disqualifying.

15-43 Heart

(1) Current or history of all valvular heart diseases, congenital (746) or acquired (394) including those improved by surgery, are disqualifying. Mitral valve prolapse or bicuspid aortic valve is not disqualifying unless there is associated tachyarrhythmia, regurgitation, aortic stenosis, insufficiency, or cardiomegaly.

(2) Current or history of coronary heart disease (410) is disqualifying.

(3) Current or history of supraventricular tachycardia [cardiac dysrhythmia (427.0)] or any arrhythmia originating from the atrium or sinoatrial node, such as atrial flutter and atrial fibrillation, unless there has been no recurrence during the preceding 2 years while off all medications is disqualifying. Premature atrial or ventricular contractions sufficiently symptomatic to require treatment or result in physical or psychological impairment are disqualifying

(4) Current or history of ventricular arrythmias (427.1) including ventricular fibrillation, tachycardia, or multifocal premature ventricular contractions are disqualifying. Occasional asymptomatic unifocal premature ventricular contractions are not disqualifying.

(5) Current or history of ventricular conduction disorders, including but not limited to disorders with left bundle branch block (426.2), Mobitz type II second degree AV block (426.12), third degree AV block (426.0), and Lown-Ganong-Levine Syndrome (426.81) associated with an arrhythmia are disqualifying.

(6) Current or history of Wolff-Parkinson-White syndrome (426.7) is disqualifying unless it has been successfully ablated with a period of 2 years without recurrence of arrhythmia and now with a normal electrocardiogram (ECG).

(7) Current or history of conduction disturbances such as first degree AV block (426.11), left anterior hemiblock (426.2), right bundle branch block (426.4) or Mobitz type I second degree AV block (426.13) are disqualifying when symptomatic or associated with underlying cardiovascular disease.

(8) Current cardiomegaly, hypertrophy, or dilation (429.3) is disqualifying.

(9) Current or history of cardiomyopathy (425) including myocarditis (422), or congestive heart failure (428) is disqualifying.

(10) Current or history of pericarditis (acute nonrheumatic) (420) is disqualifying, unless the individual is free of all symptoms for 2 years, and has no evidence of cardiac restriction or persistent pericardial effusion.

(11) Current persistent tachycardia (785.1) (resting pulse rate of 100 or greater) is disqualifying.

(12) Current or history of congenital anomalies of heart and great vessels (746) except for corrected patent ductus arteriosus are disqualifying.

15-44 Abdominal Organs and Gastrointestinal System

(1) Current or history of esophageal disease, including but not limited to ulceration, varices, fistula, achalasia, or gastroesophageal reflux disease (GERD) (530.81) or complications from GERD including stricture, or maintenance on acid suppression medication, or other dysmotility disorders; chronic, or recurrent esophagitis (530.1) is disqualifying. Current or history of reactive airway disease (RAD) associated with GERD is disqualifying. Current or history of dysmotility disorders; chronic or recurrent esophagitis (530) is disqualifying.

(2) ***Stomach and Duodenum***

(a) Current gastritis, chronic or severe (535), or non-ulcerative dyspepsia that requires maintenance medication is disqualifying.

(b) Current ulcer of stomach or duodenum confirmed by x-ray or endoscopy (533) is disqualifying.

(c) History of surgery for peptic ulceration or perforation is disqualifying.

(3) ***Small and Large Intestine***

(a) Current or history of inflammatory bowel disease, including but not limited to unspecified (558.9), regional enteritis (555), ulcerative colitis (556), or ulcerative proctitis (556) is disqualifying.

(b) Current or history of intestinal malabsorption syndromes, including but not limited to post surgical and idiopathic (579) is disqualifying. Lactase deficiency is disqualifying only if of sufficient severity to require frequent intervention or to interfere with normal function."

(c) Current or history of gastrointestinal functional and motility disorders within the past 2 years, including but not limited to pseudo-obstruction, megacolon, history of volvulus, or chronic constipation and/or diarrhea (787.91), regardless of cause persisting or symptomatic in the past 2 years is disqualifying.

(d) History of gastrointestinal bleeding (578), including positive occult blood (792.1) if the cause has not been corrected is disqualifying. Meckel's diverticulum (751), if surgically corrected greater than 6 months ago, is not disqualifying.

(e) Current or history of irritable bowel syndrome (564.1) of sufficient severity to require frequent intervention or to interfere with normal function is disqualifying.

(4) ***Hepatic-Biliary Tract***

(a) Current viral hepatitis (070) or unspecified hepatitis (570), including but not limited to chronic hepatitis, persistent symptoms, persistent impairment of liver functions, or hepatitis carrier state is disqualifying. History of hepatitis in the preceding 6 months is disqualifying. History of viral hepatitis, that has totally resolved is not disqualifying.

(b) Current or history of cirrhosis (571), hepatic cysts (573.8), abscess (572.0), sequelae of chronic liver disease (571.3) is disqualifying.

(c) Current or history within previous 6 months of symptomatic cholecystitis, acute or chronic, with or without cholelithiasis (574), postcholecystectomy syndrome, or other disorders of the gallbladder and biliary system (576) are disqualifying. Cholecystectomy is not disqualifying if performed greater than 6 months ago and patient remains asymptomatic. Symptomatic gallstones are disqualifying.

(d) Current or history of pancreatitis (acute (577.0) or chronic (577.1) is disqualifying.

(e) Current or history of metabolic liver disease, including but not limited to hemochromatosis (275), Wilson's disease (275), or alpha-1 anti-trypsin deficiency (277.6) is disqualifying.

(f) Current enlargement of the liver from any cause (789.1) is disqualifying.

(5) ***Anorectal***

(a) Current anal fissure or anal fistula (565) is disqualifying.

(b) Current or history of anal or rectal polyp (569.0), prolapse (569.1), stricture (569.2), or fecal incontinence NOS (787.6) within the last 2 years are disqualifying.

(c) Current hemorrhoid (internal or external), when large, symptomatic, or with a history of bleeding (455) within the last 60 days is disqualifying.

(6) ***Spleen***

(a) Current splenomegaly (789.2) is disqualifying.

(b) History of splenectomy (P41.5) is disqualifying except when resulting from trauma.

(7) ***Abdominal Wall***

(a) Current hernia, including but not limited to uncorrected inguinal (550) and other abdominal wall hernias (553) are disqualifying.

(b) History of open or laparoscopic abdominal surgery during the preceding 6 months (P54) is disqualifying.

(c) History of any gastrointestinal procedure for the control of obesity is disqualifying. Artificial openings, including but not limited to ostomy (V44) are disqualifying.

15-45 Female Genitalia

(1) Current or history of abnormal uterine bleeding (626.2), including but not limited to menorrhagia, metrorrhagia, or polymenorrhea is disqualifying.

(2) Current unexplained amenorrhea (626.0) is disqualifying.

(3) Current or history of dysmenorrhea (625.3) that is incapacitating to a degree recurrently necessitating absences of more than a few hours from routine activities is disqualifying.

(4) Current or history of endometriosis (617) is disqualifying.

(5) History of major abnormalities or defects of the genitalia such as change of sex (P64.5), hermaphroditism, pseudohermaphroditism, or pure gonadal dysgenesis (752.7) is disqualifying.

(6) Current or history of ovarian cyst(s) (620.2) when persistent or symptomatic is disqualifying.

(7) Current pelvic inflammatory disease (614) or history of recurrent pelvic inflammatory disease is disqualifying. Current or history of chronic pelvic pain or unspecified symptoms associated with female genital organs (625.9) is disqualifying.

(8) Current pregnancy (V22) is disqualifying.

(9) History of congenital uterine absence (752.3) is disqualifying.

(10) Current uterine enlargement due to any cause (621.2) is disqualifying.

(11) Current or history of genital infection or ulceration, including but not limited to herpes genitalis (054.11) or condyloma acuminatum (078.11) if of sufficient severity to require frequent intervention or to interfere with normal function, is disqualifying.

(12) Current (i.e., most recent Pap smear result) abnormal gynecologic cytology greater than the severity of cervical intraepithelial neoplasia (CIN I) or low-grade squamous intraepithelial lesion (LGSIL) is disqualifying. Current atypical squamous cells of uncertain significance (ASCUS) without subsequent evaluation is disqualifying.

Note. History of cytology findings consistent with human papilloma virus (HPV) is not disqualifying.

15-46 Male Genitalia

(1) Current absence of one or both testicles (congenital (752.8) or undescended (752.51)) is disqualifying.

(2) Current epispadias (752.61) or hypospadias (752.6) when accompanied by evidence of urinary tract infection, urethral stricture, or voiding dysfunction is disqualifying.

(3) Current enlargement or mass of testicle or epididymis (608.9) is disqualifying.

(4) Current orchitis or epididymitis, (604.90) is disqualifying.

(5) History of penis amputation (878.0) is disqualifying.

(6) Current or history of genital infection or ulceration, including but not limited to herpes genitalis (054.11) or condyloma acuminatum (078.11), if of sufficient severity to require frequent intervention or to interfere with normal function, is disqualifying.

(7) Current acute prostatitis (601.0) or chronic prostatitis (601.1) is disqualifying.

(8) Current hydrocele (603), if symptomatic or associated with testicular atrophy or larger than the testis or left varicocele (456.4), if symptomatic or associated with testicular atrophy or larger than the testis or any right varicocele, is disqualifying.

(9) Current or history of chronic scrotal pain or unspecified symptoms associated with male genital organs (608.9) is disqualifying.

(10) History of major abnormalities or defects of the genitalia such as change of sex (P64.5), hermaphroditism, pseudohermaphroditism, or pure gonadal dysgenesis (752.7) is disqualifying.

15-47 Urinary System

(1) Current cystitis or history of chronic or recurrent cystitis (595) is disqualifying.

(2) Current urethritis or history of chronic or recurrent urethritis (597.80) is disqualifying.

(3) History of enuresis (788.3) or incontinence of urine (788.30) after 13th birthday is disqualifying.

(4) Current hematuria (599.7), pyuria, or other findings indicative of urinary tract disease (599) is disqualifying.

(5) Current urethral stricture (598) or fistula (599.1) is disqualifying.

(6) Current absence of one kidney (congenital (753.0) or acquired (V45.73)) is disqualifying.

(7) Current pyelonephritis (590.0), (chronic or recurrent) or any other unspecified infections of the kidney (590.9) is disqualifying.

(8) Current or history of polycystic kidney (753.1) is disqualifying.

(9) Current or history of horseshoe kidney (753.3) is disqualifying.

(10) Current or history of hydronephrosis (591) is disqualifying.

(11) Current or history of acute (580) or chronic (582) nephritis of any type is disqualifying.

(12) Current or history of proteinuria (791.0) (greater than 200 mg/24 hours; or a protein to creatinine ratio greater than 0.2 in a random urine sample) is disqualifying, unless Nephrology consultation determines the condition to be benign orthostatic proteinuria.

(13) Current or history of urolithiasis (592) within the preceding 12 months is disqualifying. Recurrent calculus, nephrocalcinosis, or bilateral renal calculi at any time is disqualifying.

15-48 Spine and Sacroiliac Joints

(1) Current or history of ankylosing spondylitis or other inflammatory spondylopathies (720) is disqualifying.

(2) Current or history of any condition of the spine or sacroiliac joints with or without objective signs that have prevented the individual from successfully following a physically active vocation in civilian life (724), or that is associated with local or referred pain

to the extremities, muscular spasms, postural deformities, or limitation in motion is disqualifying. Current or history of any condition of the spine or sacroiliac joints requiring external support or recurrent sprains or strains requiring limitation of physical activity or frequent treatment is disqualifying.

(3) Current deviation or curvature of spine (737) from normal alignment, structure, or function is disqualifying if any of the following exist:

(a) It prevents the individual from following a physically active vocation in civilian life.

(b) It interferes with the proper wearing of a uniform or military equipment.

(c) It is symptomatic.

(d) There is lumbar scoliosis greater than 20 degrees, thoracic scoliosis greater than 30 degrees, or kyphosis and lordosis greater than 55 degrees, when measured by the Cobb Method.

(4) Current or history of congenital fusion (756.15), involving more than 2 vertebral bodies is disqualifying. Any surgical fusion of spinal vertebrae (P81.0) is disqualifying.

(5) Current or history of fracture or dislocation of the vertebra (805) is disqualifying. A compression fracture involving less than 25 percent of a single vertebra is not disqualifying if the injury occurred more than 1 year before examination and the applicant is asymptomatic. A history of fractures of the transverse or spinous processes is not disqualifying if the applicant is asymptomatic.

(6) Current or history of juvenile epiphysitis (732.6) with any degree of residual change indicated by x-ray or kyphosis is disqualifying.

(7) Current or history of herniated nucleus pulposus (722) or intervertebral diskectomy is disqualifying.

(8) Current or history of spina bifida (741) when symptomatic, there is more than one vertebral level involved or with dimpling of the overlying skin is disqualifying. History of surgical repair of spina bifida is disqualifying.

(9) Current or history of spondylolysis (congenital (756.11)or acquired (738.4)) and spondylolisthesis (congenital (756.12) or acquired (738.4)) are disqualifying.

15-49 Upper Extremities

(1) ***Limitation of Motion.*** Joint ranges of motion less than the measurements listed in the paragraphs below are disqualifying:

(a) ***Shoulder (726.1)***

(1) Forward elevation to 90 degrees.

(2) Abduction to 90 degrees.

(b) ***Elbow (726.3)***

(1) Flexion to 100 degrees.

(2) Extension to 15 degrees.

(c) ***Wrist (726.4).*** A total range of 60 degrees (extension plus flexion), or radial and ulnar deviation combined arc 30 degrees.

(d) ***Hand and fingers (726.4)***

(1) Pronation to 45 degrees.

(2) Supination to 45 degrees.

(3) Inability to clench fist, pick up a pin, grasp an object, or touch tips of at least 3 fingers with thumb.

(2) Current absence of the distal phalanx of either thumb (885) is disqualifying.

(3) Current absence of distal and middle phalanx of an index, middle, or ring finger of either hand irrespective of the absence of little finger (886) is disqualifying.

(4) Current absence of more than the distal phalanx of any two of the following: index, middle, or ring finger of either hand (886) is disqualifying.

(5) Current absence of hand or any portion thereof (887) is disqualifying, except for specific absence of fingers as noted above.

(6) Current polydactyly (755.0) is disqualifying.

(7) Current scars and deformities (709.2) that are symptomatic or impair normal function to such a degree as to interfere with the satisfactory performance of military duty are disqualifying.

(8) Current intrinsic paralysis or weakness of upper limbs including nerve paralysis, carpal tunnel and cubital syndromes, lesion of ulnar and radial nerve (354) sufficient to produce physical findings in the hand, such as muscle atrophy and weakness is disqualifying.

(9) Current disease, injury, or congenital condition with residual weakness or symptoms such as to prevent satisfactory performance of duty, including but not limited to chronic joint pain: shoulder (719.41), upper arm (719.42), forearm (719.43), and hand (719.44), late effect of fracture of the upper extremities (905.2), late effect of sprains without mention of injury (905.7), and late effects of tendon injury (905.8) is disqualifying.

15-50 Lower Extremities

(1) ***Limitation of Motion.*** Joint ranges of motion less than the measurements listed in paragraphs below are disqualifying:

(a) ***Hip (due to disease (726.5) or injury (905.2))***

(1) Flexion to 90 degrees.

(2) Extension to 10 degrees (beyond 0 degrees).

(3) Abduction to 45 degrees.

(4) Rotation of 60 degrees (internal and external combined).

(b) ***Knee (due to disease (726.6) or injury (905.4))***

(1) Full extension to 0 degrees.

(2) Flexion to 110 degrees.

(c) ***Ankle (due to disease (726.7) or injury (905.4))***

(1) Dorsiflexion to 10 degrees.

(2) Planter flexion to 30 degrees.

(3) Subtalar eversion and inversion totaling 5 degrees (due to disease (726.7) or injury (905.4) or congenital defect).

(2) A demonstrable flexion contracture of the hip (due to disease (726.5) or injury (905.2)) of any degree is disqualifying.

(3) Current absence of a foot or any portion thereof (896) is disqualifying.

(4) Current or history of deformities of the toes (acquired (735) or congenital (755.66)), including but not limited to conditions such as hallux valgus (735.0), hallux varus (735.1), hallux rigidicus (735.2), hammer toe(s) (735.4), claw toe(s) (735.5), overriding toe(s) (735.8), that prevents the wearing of military footwear or impairs walking, marching, running, or jumping are disqualifying.

(5) Current or history of clubfoot (754.70) or pes cavus (754.71) that prevents the wearing of military footwear or impairs walking, marching, running, or jumping is disqualifying.

(6) Current symptomatic pes planus (734) (acquired (754.6) congenital) or history of pes planus corrected by prescription or custom orthotics is disqualifying.

(7) Current ingrown toenails (703.0) if infected or symptomatic are disqualifying.

(8) Current plantar fasciitis (728.71) is disqualifying.

(9) Current neuroma (355.6) which is refractory to medical treatment, or prevents the wearing of military footwear or impairs walking, marching, running, or jumping is disqualifying.

(10) Current loose or foreign body in the knee joint (717.6) is disqualifying.

(11) Current or history of anterior (717.83) or posterior (717.84) cruciate ligament tear (partial or complete) is disqualifying.

(12) Current symptomatic medial and lateral collateral ligament injury is disqualifying.

(13) Current symptomatic medial or lateral meniscal injury is disqualifying.

(14) Current unspecified internal derangement of the knee (717.9) is disqualifying.

(15) Current or history of congenital dislocation of the hip (754.3), osteochondritis of the hip (Legg-Perthes Disease) (732.1), or slipped femoral epiphysis of the hip (732.2) is disqualifying.

(16) Current or history of hip dislocation (835) within 2 years preceding examination is disqualifying.

(17) Current osteochondritis of the tibial tuberosity (Osgood-Schlatter Disease) (732.4) is disqualifying if symptomatic.

(18) History of surgical correction of any knee ligaments (P81.4), if symptomatic or unstable is disqualifying.

(19) Current deformities, disease, or chronic joint pain of pelvic region (719.45) and thigh (719.45), lower leg (719.46), ankle and foot (719.47) of one or both lower extremities, that have interfered with function to such a degree as to prevent the individual from following a physically active vocation in civilian life, or that would interfere with walking, running, weight bearing, or the satisfactory completion of training or military duty are disqualifying.

(20) Current leg-length discrepancy resulting in a limp (736.81) is disqualifying.

15-51 Miscellaneous Conditions of the Extremities

(1) Current or history of chondromalacia (717.7), including but not limited to chronic patello-femoral pain syndrome and retro-patellar pain syndrome, chronic osteoarthritis (715.3), or traumatic arthritis (716.1) is disqualifying.

(2) Current joint dislocation if unreduced, or history of recurrent dislocations of any major joint such as shoulder (831), hip (835), elbow (832), knee (836), ankle (837) or instability of any major joint (shoulder (718.81), elbow (718.82), hip (718.85), or ankle (ICD 9) is disqualifying. History of recurrent instability of the knee or shoulder is disqualifying.

(3) Current or history of chronic osteoarthritis (715.3) or traumatic arthritis (716.1) of isolated joints, of more than a minimal degree, that has interfered with the following of a physically active vocation in civilian life, or that prevents the satisfactory performance of military duty is disqualifying.

(4) Current malunion or non-union of any fracture (733.8) (except asymptomatic ulnar styloid process fracture) is disqualifying.

(5) Current retained hardware that is symptomatic, interferes with wearing protective equipment or military uniform, and/or is subject to easy trauma is disqualifying. Retained hardware (including plates, pins, rods, wires, or screws used for fixation) is not disqualifying if fractures are healed, ligaments are stable, there is no pain, and it is not subject to easy trauma.

(6) Current silastic or other devices implanted to correct orthopedic abnormalities (V43) are disqualifying.

(7) Current or history of contusion of bone or joint an injury of more than a minor nature which will interfere or prevent performance of military duty or will require frequent or prolonged treatment without fracture, nerve injury, open wound, crush or dislocation, which occurred in the preceding six weeks (upper extremity (923), lower extremity (924), or ribs and clavicle (922)) is disqualifying.

(8) History of joint replacement of any site (V43.6) is disqualifying.

(9) Current or history of muscular paralysis, contracture, or atrophy (728) if progressive or of sufficient degree to interfere with or prevent satisfactory performance of military duty, or will require frequent or prolonged treatment is disqualifying.

(10) Current or history of osteochrondromatosis or multiple cartilaginous exostoses (727.82) are disqualifying.

(11) Current osteoporosis (733) is disqualifying.

(12) Current osteomyelitis (730) or history of recurrent osteomyelitis is disqualifying.

(13) Current osteochondritis dessicans (732.7) is disqualifying.

15-52 Vascular Diseases

(1) Current or history of abnormalities of the arteries and blood vessels (447), including but not limited to aneurysms (442), atherosclerosis (440), or arteritis (446) are disqualifying.

(2) Current or history of hypertensive vascular disease (401) is disqualifying. Elevated blood pressure defined as the average of three consecutive sitting blood pressure measurements separated by at least 10 minutes, diastolic greater than 90 mmHg or systolic greater than 140 mmHg is disqualifying (796.2).

(3) Current or history of peripheral vascular disease (443), including but not limited to diseases such as Raynaud's Disease (443.0) is disqualifying.

(4) Current or history of venous diseases, including but not limited to recurrent thrombophlebitis (451), thrombophlebitis during the preceding year, or any evidence of venous incompetence, such as large or symptomatic varicose veins, edema, or skin ulceration (454) is disqualifying.

15-53 Skin and Cellular Tissues

(1) Current diseases of sebaceous glands to include severe acne (706.1) if extensive involvement of the neck, shoulders, chest, or back is present or will be aggravated by or interfere with the proper wearing of military equipment are disqualifying. Applicants under treatment with systemic retinoids, including but not limited to isotretinoin (Accutane), are disqualified until 8 weeks after completion of therapy.

(2) Current or history of atopic dermatitis (691) or eczema (692) after the 9th birthday is disqualifying.

(3) Current or history of contact dermatitis (692.4) especially involving materials used in any type of required protective equipment is disqualifying.

(4) Current cyst (706.2) (other than pilonidal cyst) of such a size or location as to interfere with the proper wearing of military equipment is disqualifying.

(5) Current pilonidal cyst (685) evidenced by the presence of a tumor mass or a discharging sinus is disqualifying. Surgically resected pilonidal cyst that is symptomatic, unhealed, or less than 6 months postoperative is disqualifying.

(6) Current or history of bullous dermatoses (694), including but not limited to dermatitis herpetiformis, pemphigus, and epidermolysis bullosa is disqualifying.

(7) Current chronic lymphedema (457.1) is disqualifying.

(8) Current or history of furunculosis or carbuncle (680) if extensive, recurrent, or chronic is disqualifying.

(9) Current or history of severe hyperhidrosis of hands or feet (780.8) is disqualifying.

(10) History of dysplastic Nevi Syndrome (ICD-9), current or history of, is disqualifying. Current or history of other congenital (757) or acquired (216) anomalies of the skin, such as nevi or vascular tumors that interfere with function or are exposed to constant irritation is disqualifying.

(11) Current or history of keloid formation (701.4) if that tendency is marked or interferes with the proper wearing of military equipment is disqualifying.

(12) Current lichen planus (697.0) is disqualifying.

(13) Current or history of neurofibromatosis (Von Recklinghausen's Disease) (237.7) is disqualifying.

(14) History of photosensitivity (692.72), including but not limited to any primary sun-sensitive condition, such as polymorphous light eruption or solar urticaria or any dermatosis aggravated by sunlight, such as lupus erythematosus, is disqualifying.

(15) Current or history of psoriasis (696.1) is disqualifying.

(16) Current or history of radiodermatitis (692.82) is disqualifying.

(17) Current or history of extensive scleroderma (710.1) is disqualifying.

(18) Current or history of chronic or recurrent urticaria (708.8) is disqualifying.

(19) Current symptomatic plantar wart(s) (078.19) is disqualifying.

(20) Current scars or any other chronic skin disorder of a degree or nature which requires frequent outpatient treatment or hospitalization, which in the opinion of the certifying authority will interfere with proper wearing of military clothing or equipment, or which exhibits a tendency to ulcerate or interferes with the satisfactory performance of duty (709.2), is disqualifying.

(21) Current localized types of fungus infections (117), interfering with the proper wearing of military equipment or the performance of military duties is disqualifying. For systemic fungal infections, refer to article 15-55(27).

15-54 Blood and Blood-Forming Tissue Diseases

(1) Current hereditary or acquired anemia that has not been corrected with therapy before appointment or induction is disqualifying. For the purposes of this manual, anemia is defined as a hemoglobin of less than 13.5 for males and less than 12 for females. Use the following ICD-9 codes for diagnosed anemia: hereditary hemolytic anemia (282); sickle cell disease (282.6); acquired hemolytic anemia (283); aplastic anemia (284) or unspecified anemias (285).

(2) Current or history of coagulation defects (286) to include but not limited to Von Willebrand's Disease (286.4), idiopathic thrombocytopenia (287), Henoch-Schonlein Purpura (287.0), is disqualifying.

(3) Current or history of diagnosis of any form of chronic or recurrent agranulocytosis and/or leukopenia (288.0) is disqualifying.

15-55 Systemic Diseases

(1) Current or history of disorders involving the immune mechanism including immunodeficiencies (279) is disqualifying.

(2) Current or history of lupus erythematosus (710.0) or mixed connective tissue disease variant (710.9), is disqualifying.

(3) Current or history of progressive systemic sclerosis (710.1), including CRST Variant, is disqualifying. A single plaque of localized scleroderma (morphea) that has been stable for at least 2 years is not disqualifying.

(4) Current or history of Reiter's disease (099.3) is disqualifying.

(5) Current or history of rheumatoid arthritis (714.0) is disqualifying.

(6) Current or history of Sjogren's syndrome (710.2) is disqualifying.

(7) Current or history of vasculitis, including but not limited to polyarteritis nodosa and allied conditions (446) and arteritis (447.6), Bechet's (136.1), Wegner's granulomatosis (446.4), is disqualifying.

(8) Current active tuberculosis or substantiated history of active tuberculosis in any form or location regardless of past treatment, in the previous 2 years is disqualifying.

(9) Current residual physical or mental defects from past tuberculosis, that will prevent the satisfactory performance of duty, are disqualifying.

(10) Individuals with a past history of active tuberculosis greater than 2 years before appointment, enlistment, or induction are qualified, if they have received a complete course of standard chemotherapy for tuberculosis.

(11) Current or history of untreated latent tuberculosis (positive PPD with negative chest x-ray) (795.5) is disqualifying. Individuals with a tuberculin reaction follow the guidelines of the American Thoracic Society and U.S. Public Health Service (ATS/USPHS) and without evidence of residual disease in pulmonary or non-pulmonary sites are eligible for enlistment, induction, and appointment provided they have received chemoprophylaxis and follow the guidelines of ATS/USPHS.

(12) Current untreated syphilis (093) is disqualifying.

(13) History of anaphylaxis (995.0), including but not limited to idiopathic and exercise induced, anaphylaxis to venom including stinging insects (989.5), foods or food additives (995.60-69), or to natural rubber latex (989.82), is disqualifying.

(14) Any human immunodeficiency virus (HIV) disease (042) is disqualifying.

(15) Current residual of tropical fevers, including but not limited to fevers such as malaria (084) and various parasitic or protozoan infestations that prevent the satisfactory performance of military duty, is disqualifying.

(16) Current sleep disturbances (780.5), including but not limited to sleep apneas is disqualifying.

(17) History of malignant hyperthermia (995.86) is disqualifying.

(18) History of industrial solvent or other chemical intoxication (982) with sequelae, is disqualifying.

(19) History of motion sickness (994.6) resulting in recurrent incapacitating symptoms or of such a severity to require pre-medication, in the previous 3 years, is disqualifying.

(20) History of rheumatic fever (390) is disqualifying.

(21) Current or history of muscular dystrophies (359) or myopathies, is disqualifying.

(22) Current or history of amyloidosis (277.3) is disqualifying.

(23) Current or history of eosinophilic granuloma (277.8) is disqualifying. Healed eosinophilic granuloma, when occurring as a single localized bony lesion and not associated with soft tissue or other involvement, shall not be a cause for disqualification. All other forms of the Histiocytosis (202.3) are disqualifying.

(24) Current or history of polymyositis/dermatomyositis complex (710) is disqualifying.

(25) History of rhabdomyolysis (728.9) is disqualifying.

(26) Current or history of sarcoidosis (135) is disqualifying.

(27) Current systemic fungus infections (117) are disqualifying. For localized fungal infections, refer to article 15-53(21).

15-56 Endocrine and Metabolic Disorders

(1) Current or history of adrenal dysfunction (255) is disqualifying.

(2) Current or history of diabetes mellitus (250) is disqualifying.

(3) Current or history of pituitary dysfunction (253) is disqualifying.

(4) Current or history of gout (274) is disqualifying.

(5) Current or history of hyperparathyroidism (252.0) or hypoparathyroidism (252.1) is disqualifying.

(6) Current goiter (240) is disqualifying.

(7) Current hypothyroidism (244) uncontrolled by medication, is disqualifying.

(8) Current or history of hyperthyroidism (242) is disqualifying.

(9) Current thyroiditis (245) is disqualifying.

(10) Current nutritional deficiency diseases, including but not limited to, beriberi (265), pellagra (265.2), and scurvy (267), are disqualifying.

(12) Current persistent Glycosuria, when associated with impaired glucose tolerance (250) or renal tubular defects (271.4), is disqualifying.

(13) Current or history of Acromegaly, including but not limited to gigantism, or other disorders of pituitary function (253), is disqualifying.

(14) Current hyperinsulinism (251.1), is disqualifying.

15-57 Neurological Disorders

(1) Current or history of cerebrovascular conditions, including but not limited to subarachnoid (430) or intracerebral (431) hemorrhage, vascular insufficiency, aneurysm or arteriovenous malformation (437) are disqualifying.

(2) History of congenital or acquired anomalies of the central nervous system (742) is disqualifying.

(3) Current or history of disorders of meninges, including but not limited to, cysts (349.2) or arteriovenous fistula and non-ruptured cerebral aneurysm (437.3), is disqualifying.

(4) Current or history of degenerative and hereditodegenerative disorders, including but not limited to those disorders affecting the cerebrum (330), basal ganglia (333), cerebellum (334), spinal cord (335), or peripheral nerves are disqualifying.

(5) History of recurrent headaches (784.0) to include migraines (346) and tension headaches (307.81) that interfere with normal function, in the past 3 years or of such severity to require prescription medications, are disqualifying.

(6) History of head injury if associated with any of the following is disqualifying:

(a) Post-traumatic seizure(s) occurring more than 30 minutes after injury.

(b) Persistent motor or sensory deficits.

(c) Impairment of intellectual function.

(d) Persistent alteration of personality.

(e) Unconsciousness, amnesia, or disorientation of person, place, or time of 24-hours duration or longer post-injury.

(f) Multiple fractures involving skull or face (804).

(g) Cerebral laceration or contusion (851).

(h) History of epidural, subdural, subarachnoid, or intracerebral hematoma (852).

(i) Associated abscess (326) or meningitis (958.8).

(j) Cerebrospinal fluid rhinorrhea (349.81) or otorrhea (388.61) persisting more than 7 days.

(k) Focal neurologic signs.

(l) Radiographic evidence of retained foreign body or bony fragments secondary to the trauma and/or operative procedure in the brain.

(m) Leptomeningeal cysts or arteriovenous fistula.

(7) History of moderate head injury (854.03) is disqualifying. After 2 years post-injury, applicants may be qualified if neurological consultation shows no residual dysfunction or complications. Moderate head injuries are defined as unconsciousness, amnesia, or disorientation of person, place, or time alone or in combination, of more than 1 and less than 24-hours duration post-injury, or linear skull fracture.

(8) History of mild head injury (854.02) is disqualifying. After 1 month post-injury, applicants may be qualified if neurological evaluation shows no residual dysfunction or complications. Mild head injuries are defined as a period of unconsciousness, amnesia, or disorientation of person, place, or time, alone or in combination of 1 hour or less post-injury.

(9) History of persistent post-traumatic symptoms (310.2) that interfere with normal activities or have duration of greater than 1 month is disqualifying. Such symptoms include, but are not limited to headache, vomiting, disorientation, spatial disequilibrium, impaired memory, poor mental concentration, shortened attention span, dizziness, or altered sleep patterns.

(10) Current or history of acute infectious processes of central nervous system, including but not limited to, meningitis (322), encephalitis (323), brain abscess (324), are disqualifying if occurring within 1 year before examination, or if there are residual neurological defects.

(11) History of neurosyphilis (094) of any form, including but not limited to general paresis, tabes dorsalis, or meningovascular syphilis, is disqualifying.

(12) Current or history of paralysis, weakness, lack of coordination, chronic pain, or sensory disturbance or other specified paralytic syndromes (344), is disqualifying.

(13) Current or history of epilepsy (345), to include unspecified convulsive disorder (345.9), occurring beyond the 6th birthday, is disqualifying.

(14) Chronic nervous system disorders, including but not limited to, myasthenia gravis (358), multiple sclerosis (340), and tic disorders (e.g., Tourette's) (307.23), are disqualifying.

(15) Current or history of retained central nervous system shunts of all kinds (V45.2), are disqualifying.

(16) Current or history of narcolepsy (347) is disqualifying.

15-58 Psychiatric and Behavioral Disorders

(1) Current or history of disorders with psychotic features such as schizophrenia (295), paranoid disorder (297), other and unspecified psychosis (298), is disqualifying.

(2) Current mood disorders including but not limited to, major depression (296.2-3), bipolar (296.4-7), affective psychoses (296.8-9), depressive NOS (311), are disqualifying. History of mood disorders requiring outpatient care for longer than 6 months by a physician or other mental health professional (V65.40), or inpatient treatment in a hospital or residential facility is disqualifying.

(3) History of symptoms consistent with a mood disorder of a repeated nature that impairs school, social, or work efficiency is disqualifying.

(4) Current or history of adjustment disorders (309), within the previous 3 months, is disqualifying.

(5) Current or history of conduct (312), or behavior (313) disorders is disqualifying. Recurrent encounters with law enforcement agencies, antisocial attitudes, or behaviors that are tangible evidence of impaired capacity to adapt to military service, are disqualifying.

(6) Current or history of personality disorder (301) is disqualifying. History, (demonstrated by repeated inability to maintain reasonable adjustment in school, with employers or fellow workers, or other social groups), interview, or psychological testing revealing that the degree of immaturity, instability, personality inadequacy, impulsiveness, or dependency will likely interfere with adjustment in the Armed Forces is disqualifying.

(7) Current or history of other behavior disorders is disqualifying, including but not limited to conditions such as the following:

(a) Enuresis (307.6) or encopresis (307.7) after 13th birthday.

(b) Sleepwalking (307.4) after 13th birthday.

(c) Eating disorders (307.1), anorexia nervosa (307.5), bulimia or unspecified disorders of eating (307.59), lasting longer than three months and occurring after 13th birthday.

(8) Any current receptive or expressive language disorder, including but not limited to any speech impediment (stammering and stuttering (307.0)) of such a degree as to significantly interfere with production of speech or to repeat commands, is disqualifying.

(9) Current or history of Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD) (314), or perceptual/learning disorder(s) (315) is disqualifying unless applicant can demonstrate passing academic performance and there has been no use of medication(s) or special accommodations in the previous 12 months.

(10) Current or history of academic skills or perceptual defects (315) secondary to organic or functional mental disorders, including but not limited to dyslexia, that interfere with school or employment, are disqualifying, unless the applicant can demonstrate passing academic and employment performance without utilization or recommendation of academic or work accommodations at any time in the previous 12 months.

(11) History of suicidal behavior, including gesture(s) or attempt(s) (300.9) or history of self-mutilation is disqualifying.

(12) Current or history of anxiety disorders (anxiety (300.01) panic (300.2)) agoraphobia (300.21), social phobia (300.23), simple phobias (300.29), obsessive-compulsive (300.3), (other acute reactions to stress (308)), post-traumatic stress disorder (309.81), are disqualifying.

(13) Current or history of dissociative disorders, including but not limited to hysteria (300.1), depersonalization (300.6), other (300.8), are disqualifying.

(14) Current or history of somatoform disorders, including but not limited to, hypochondriasis (300.7) or chronic pain disorder, are disqualifying.

(15) Current or history of psychosexual conditions (302), including but not limited to, transsexualism, exhibitionism, transvestism, voyeurism, and other paraphilias, are disqualifying.

(16) Current or history of alcohol dependence (303), drug dependence (304), alcohol abuse (305), or other drug abuse (305.2 through 305.9), is disqualifying.

(17) Current or history of other mental disorders (All 290-319 not listed above), that in the opinion of the medical officer will interfere with or prevent satisfactory performance of military duty, are disqualifying.

15-59 General and Miscellaneous Conditions and Defects

(1) Current or history of parasitic diseases if symptomatic or carrier state, including but not limited to filariasis (125), trypanosomiasis (086), schistosomiasis (120), hookworm (uncinariasis) (126.9), unspecified infectious and parasitic disease (136.9) are disqualifying.

(2) Current or history of other disorders, including but not limited to, cystic fibrosis (277.0), or porphyria (277.1), that prevent satisfactory performance of duty or require frequent or prolonged treatment, are disqualifying.

(3) Current or history of cold-related disorders, including but not limited to, frostbite, chilblain, immersion foot (991) or cold urticaria (708.2), are disqualifying. Current residual effects of cold-related disorders, including but not limited to paresthesias, easily traumatized skin, cyanotic amputation of any digit, ankylosis, trench foot, or deep-seated ache, are disqualifying.

(4) History of angioedema including hereditary angioedema (277.6), is disqualifying.

(5) History of receiving organ or tissue transplantation (V42), is disqualifying.

(6) History of pulmonary (415) or systemic embolization (444), is disqualifying.

(7) Current or history of untreated acute or chronic metallic poisoning, including but not limited to, lead, arsenic, silver (985), beryllium or manganese (985), is disqualifying. Current complications or residual symptoms of such poisoning is disqualifying.

(8) History of heat pyrexia (992.0), heatstroke (992.0), or sunstroke (992.0), is disqualifying. History of three or more episodes of heat exhaustion (992.3) is disqualifying. Current or history of a predisposition to heat injuries including disorders of sweat mechanism combined with a previous serious episode is disqualifying. Current or history of any unresolved sequelae of heat injury, including but not limited to nervous, cardiac, hepatic or renal systems, is disqualifying.

15-60 Tumors and Malignant Diseases

(1) Current benign tumors (M8000) or conditions that interfere with function, prevent the proper wearing of the uniform or protective equipment, shall require frequent specialized attention, or have a high malignant potential, such as dysplastic nevus syndrome, are disqualifying.

(2) Current or history of malignant tumors (V10), is disqualifying. Basal cell carcinoma, treated without residual, is not disqualifying.

15-61 Miscellaneous

(1) While attempting to be as inclusive as possible, no list of medical conditions can possibly be entirely complete. Therefore, current or history of any condition that in the opinion of the medical officer, will significantly interfere with the successful performance of military duty or training, is disqualifying.

(2) Any current acute pathological condition, including but not limited to, acute communicable diseases, until recovery has occurred without sequelae, is disqualifying.

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15-62 Purpose of Aeromedical Examinations

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

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

15-63 Classes of Aviation Personnel

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

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

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

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

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

(b) ***Class II.*** Aviation personnel other than 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 including: Air vehicle operators (AVO), sensor operators (SO), mission payload operators (MPO), and unmanned aircraft commanders (UAC).

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 DoD 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.

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.

15-64 Authorized Examiners

(1) The aviation medical examination must be performed by a medical officer who is authorized by the Chief, Bureau of Medicine and Surgery or by the proper authority of the Army or Air Force who has current clinical privileges to conduct such examinations. Aviation Medical Examiners (AME) provide medical administrative support and primary care to flight status personnel and are authorized to complete an aviation medical examination. Naval Aerospace Medicine Physician Assistants (APA) are designated Flight Surgeon extenders who have graduated from the NAMI Aviation Medical Officer (AMO) course and work under the supervision of a designated Naval Flight Surgeon per current APA guiding instructions.

15-65 Applicant, Student, and Designated Standards

(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

examination), and anthropometric qualification verified through utilization of a Naval Aviation Anthropometric Compatibility Assessment (NAACA) report, which is endorsed by Naval Aviation Schools Command (NAVAVSCOLSCOM) as the cognizant line authority designated by CNAF. For further information on anthropometric accommodation and qualification, reference OPNAVINST 3710.37 series.

15-66 Physically Qualified (PQ) and Not Physically Qualified (NPQ)

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

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

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15-67 Aeronautical Adaptability (AA)

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

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

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

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

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

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

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

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

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

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

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

15-69 The Aeromedical Reference and Waiver Guide

(1) This guide, prepared by NAMI and approved by BUMED, serves as an adjunct to this article and provides elaboration on specific aviation standards, examination techniques and methods, and policies concerning waivers for disqualifying conditions. This guide may be accessed and downloaded at: http://www.med.navy.mil/sites/nmotc/nami/arwg/Pages/AeromedicalReferenceandWaiverGuide.aspx or request electronic copies from the Naval Aerospace Medical Institute, Attn: NAVAEROMEDINST, Code 53HN, 340 Hulse Road, Pensacola, FL 32508.

15-70 Examination Frequency and Period of Validity

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

(2) ***Validity.*** Once completed, all examinations are valid until the last day of the following birth month.

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

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

15-71 Complete Aeromedical Examination (Long Form)

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

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

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

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

(c) Personnel specifically directed by higher authority.

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

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

15-72 Abbreviated Aeromedical Examination (Short Form)

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

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

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

15-73 Check-In Examinations

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

(2) ***Documentation must include:***

(a) The results of the evaluation, entered on the SF 600 or in the member's electronic health record, with statement of qualification for assigned flight duties (PQ, NPQ, or waiver status).

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

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

(d) A new Medical Recommendation for Flying or Special Operational Duty (DD Form 2992). An aerospace medicine physician assistant must be allowed to issue a DD Form 2992 authorizing flight without NFS or AME co-signature. Specific attention is required to existing waivers.

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

15-74 Post-Grounding Examinations

(1) Following any period of medical grounding, aviation personnel must be evaluated by a flight surgeon, aviation medical examiner, or aerospace medicine physician assistant and issued a DD Form 2992 authorizing flight prior to returning to aviation duties. The extent of the evaluation must be determined by the flight surgeon, aviation medical examiner, or aerospace medicine physician assistant. An aerospace medicine physician assistant may issue a DD Form 2992 recommending return to flight without NFS or AME co-signature. The only exception to these requirements is self-limited grounding notices issued by a dental officer under special circumstances as discussed in article 15-77 below.

15-75 Post-Hospitalization Examinations

(1) Following return to duty after admission to the sick list or hospital (including medical boards), aviation personnel must be evaluated by a NFS, AME, or APA prior to resuming flight duties. The extent of the evaluation must be determined by the NFS, AME, or APA. If a disqualifying condition is discovered, a request for waiver of standards must be sub-mitted. If deemed medically appropriate, an APA may issue a DD Form 2992 recommending return to flight without NFS or AME co-signature. The reason for the hospitalization and the result of the evaluation must be recorded on the Special Duty Medical Abstract (NAVMED 6150/2). If found qualified, a DD Form 2992 authorizing flight must be issued.

15-76 Post-Mishap Examinations

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

15-77 Forms and Health Record Administration

(1) ***Medical Recommendation for Flying or Special Operational Duty (DD Form 2992).*** This form is the means to communicate to the aviation unit's commanding officer recommendations for fitness to fly, clearance and grounding, as well as clearance for high and moderate-risk training such as aviation physiology and water survival training. Examiners authorized per article 15-64 above (NFS, AME, APA) are the only personnel normally authorized to issue a DD Form 2992 recommending aeromedical clearance. In remote locations, where the services of the above medical officers are not available, any specifically designated MDR may issue a DD Form 2992 in consultation with an aviation qualified medical officer. See BUMEDINST 6410.9 series for additional details.

(a) The DD Form 2992 is issued (with copies to the member and the unit safety or NATOPS officer) after successful completion of an aviation physical, or after return to flight status following a temporary grounding. A corresponding health record entry must be made on the Special Duty Medical Abstract (NAVMED 6150/2). It must contain a statement regarding contact lens use for those personnel authorized for their use by the flight surgeon. Waivers are valid for the specified condition(s) only.

(b) A DD Form 2992 with the medical recommendation returning an aviator to flight is always issued with an expiration date. Generally, expiration is timed to coincide with the validity of aviator annual or periodic examinations which expire on the last day of the member's birth month. Reissue of the aeromedical clearance as part of an aviator annual or periodic examination certifies that the member is in full compliance with all waiver provisions, special submission requirements, and BUMED recommendations contained in the original waiver letter from NAMI. Specific waiver provisions may be verified on the NAMI disposition Web site.

(c) All aviation personnel admitted to the sick list, hospitalized, or determined to have a medical concern that could impair performance of duties involving flight must be issued a DD Form 2992 recommending grounding to the commanding officer. All medical department personnel (Corpsmen, Nurse Corps officers, etc.) are authorized to issue a DD Form 2992 recommending grounding. Similar to article 15-77, paragraph (1)(a), an entry must also be made in the member's health record on the Special Duty Medical Abstract (NAVMED 6150/2). A recommendation against flight must remain in effect until the member has been examined by a flight surgeon, aviation medical examiner, or aerospace medicine physician assistant and issued a DD Form 2992 recommending return to flight.

(d) Dental officers are authorized to issue a self-limited DD Form 2992 that recommends grounding. This typically only applies when a member on flight status receives a local anesthetic.

(e) Administration of routine immunizations, which require temporary grounding, does not require issuance of a DD Form 2992.

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

(3) ***Medical Screening for Class III Flight Deck Personnel and Personnel who Maintain Aviator Night Vision Standards (NAVMED 6410/14).*** NAVMED 6410/14 is used for the annual screening of critical and non-critical flight deck personnel and non-aviator personnel required to maintain aviator night vision standards.

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

15-78 Submission of Examinations for Endorsement

(1) ***Required Exams.*** Required exams can be performed, completed, and submitted by a flight surgeon, aviation medical examiner, or aerospace medicine physician assistant. The following physical examinations must be submitted for review and endorsement through the Aeromedical Electronic Resource Office (AERO) to: Navy Medicine Operational Training Center (NMOTC), Attn: NAMI Code 53HN, 340 Hulse Road, Pensacola, FL 32508:

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

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

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

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

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

(f) If the member's NFS, AME or APA recommends any permanent change in Service Group or flying status.

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

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

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

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

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

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

(1) The original typed DD Form 2808 signed by the flight surgeon, AME, or APA.

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

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

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

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

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

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

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

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

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

(3) ***Submission Timelines***

(a) Annual examinations and other waiver provisions must be submitted to NAMI Code 53HN within 30 days prior to the last day of the birth month in order to continue or renew the aeromedical clearance under a previously granted BUPERS or CME waiver.

(b) If submission is delayed, a 90-day extension may be requested from NAMI Code 53HN by submitting an interval history and the proposed timeline for complying with waiver requirements.

15-79 Disposition of Personnel Found Not Physically Qualified (NPQ)

(1) ***General.*** When aircrew do not meet aviation standards and are found NPQ, they may request a waiver of physical standards following CNAF M-3710.7 series and the Aeromedical Reference and Waiver Guide. In all cases, NAMI Code 53HN must be a via addressee. In general, applicants and students in early phases of training are held to a stricter standard than designates and are less likely to be recommended for a waiver. In those instances where a waiver is required, members must not begin instructional flight

until the waiver has been granted by NAVPERSCOM, the Commandant of the Marine Corps (CMC), or appropriate waiver granting authority. Sufficient information about the medical condition or defect must be provided to permit reviewing officials to make an informed assessment of the request itself and place the request in the context of the duties of the Service member.

(2) ***Newly Discovered Disqualifying Defects.*** If a disqualifying defect is discovered during any evaluation of designated personnel, an Aeromedical Summary 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; 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.

15-80 Local Board of Flight Surgeons (LBFS)

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

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

(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.

(5) Based on its judgment and criteria specified in the Aeromedical Reference and Waiver Guide, if a LBFS recommends that a waiver of physical standards is appropriate, the senior member of the board may issue a DD Form 2992 recommending a return to flight pending final disposition of the case by NAMI Code 53HN and NAVPERSCOM, or CMC. An aeromedical clearance may be issued only for conditions outlined in the Aeromedical Reference and Waiver Guide where information required for a waiver is specified. The DD Form 2992 must expire no greater than 90 days from the date of the LBFS report.

(6) An LBFS must not issue a DD Form 2992 recommending a return to flight to personnel whose condition is not addressed by the ARWG. In those cases, an LBFS endorsement of a waiver request should be forwarded to NAMI with a request for expedited review if required.

(7) An LBFS must not issue a DD Form 2992 recommending a return to flight if the member currently holds a grounding letter issued by NAVPERSCOM or CMC stating that a waiver has previously been denied, or when the ARWG specifically states that an LBFS adjudication is not authorized.

15-81 Special Board of Flight Surgeons

(1) This Board consists of designated naval flight surgeons appointed as voting members by the Officer in Charge (OIC), Naval Aerospace Medical Institute. The OIC, NAMI, serves as the Board President. Guidelines are published in NAVOPMEDINST 1301.1 series. Copies of this instruction can be requested through the NAMI Web site.

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

(3) Requests are directed to the OIC via the Director for Aeromedical Qualifications, (Code53HN). The request must include member's name, rank, EDIPI (preferred) or SSN, unit or squadron address, and flight surgeon contact information. The requesting letter should convey an understanding of why the member was aeromedically grounded and a specific appeal of why the case warrants consideration by a special board. With properly executed DD Form 2870, Authorization for Disclosure of Medical and Dental Information, the member's written consent, the request must include copies of all clinic visits, specialty consultations, laboratory reports, and imaging and other special studies that relate to his or her history that have not been included in any previous waiver requests.

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

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

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

15-82 Senior Board of Flight Surgeons (SBFS)

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

(2) The Board 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.

15-83 Standards for Aviation Personnel

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

(2) ***Fitness for Duty.*** Personnel must meet the physical standards for general military service in the Navy as a prerequisite before consideration for any aviation duty. Any member who has been the subject of either a limited duty board or PEB-adjudicated medical board, must be found "fit for full duty" before he or she is eligible for a waiver of aeromedical standards.

15-84 Disqualifying Conditions For all Aviation Duty

In addition to the disqualifying defects listed in MANMED Chapter 15, Section III (Physical Standards), the following 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.

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

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

5. Normal Eustachian tube function is present.

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

(d) Chronic serous otitis media.

(e) Cholesteatoma or history thereof.

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

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

(h) Auditory ossicular surgery.

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

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

(k) History of endoscopic sinus surgery.

(l) Nasal polyps or a history thereof.

(m) Recurrent sinus barotrauma.

(n) Recurrent attacks of vertigo or dysequilibrium.

(o) Meniere's disease or history thereof.

(p) Acoustic neuroma or history thereof.

(q) Radical mastoidectomy.

(r) Recurrent calculi of any salivary gland.

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

(3) ***Eyes***

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

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

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

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

(4) The Aeromedical Reference and Waiver Guide provides additional guidelines and information required in support of contact lens wear. When the requirements for successful contact lens wear have been met, the flight surgeon must add the following statement to the aeromedical clearance notice: Contact lens wear is authorized.

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

(1) Chorioretinitis or history thereof.

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

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

(4) Optic neuritis or history thereof.

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

(6) Severe lacrimal deficiency (dry eye).

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

(8) Intraocular lens implants.

(9) Implantable Collamer Lenses (ICL) are considered disqualifying for all aviation classes; refer to the ARWG for waiver policy for each class.

(10) History of lens dislocation or displacement.

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

(12) Defective color vision as evidenced by failure of the pseudo isochromatic plates (PIP), or Computerized Color Vision Tester (CCVT). Members with initial flight physical before January 1, 2017 may utilize a lantern test as a backup test for color vision. (See ARWG for validated and accepted tests.)

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

(14) For any case involving refractive surgery or any manipulation to correct vision, see the ARWG, Ophthalmology section, for specific standards and waiver applicability.

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

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

(b) Chronic pulmonary disease of any type.

(c) Surgical resection of lung parenchyma.

(d) Pneumothorax or any history thereof.

(e) Abnormal or unexplained chest radiograph findings.

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

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

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

(b) Bicuspid aortic valve.

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

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

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

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

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

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

(a) Gastrointestinal hemorrhage or history thereof.

(b) Gastroesophageal reflux disease.

(c) Barrett's Esophagus.

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

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

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

(b) All hypothyroidism.

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

(a) Urinary tract stone formation or history thereof.

(b) Hematuria or history thereof.

(c) Glomerulonephritis, glomerulonephropathy or history thereof.

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

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

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

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

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

(b) Scoliosis greater than 20 degrees.

(c) Kyphosis greater than 40 degrees.

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

(e) Cervical fusion, congenital or surgical.

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

(a) History of unexplained syncope.

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

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

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

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

(f) Encephalitis within the last 3 years.

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

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

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

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

(1) CSF leak.

(2) Intracranial bleeding.

(3) Skull fracture (linear or depressed).

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

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

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

(12) ***Psychiatric.*** In addition to the conditions listed in article 15-58, the following amplifying information is provided:

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

(b) Substance-related disorders. Aviation specific guidelines regarding alcohol use disorders are outlined in the Aeromedical Reference and Waiver Guide (ARWG) maintained by NAMI.

(c) Personality disorders or prominent maladaptive personality traits result in a determination of NAA.

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

(a) Sarcoidosis or history thereof.

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

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

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

(2) Any anemia associated with pathology is disqualifying.

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

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

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

(a) Pregnancy.

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

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

15-85 Class I: Personnel Standards

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

(1) ***Vision***

(a) ***Distant Visual Acuity.*** Service Group 1 - 20/100 or better each eye uncorrected, corrected to 20/20 or better each eye. Service Group 2 - 20/200 or better each eye uncorrected, corrected to 20/20 or better each eye. Service Group 3 - 20/400 or better each eye uncorrected, corrected to 20/20 or better each eye. The first time distant visual acuity of less than 20/20 is noted a manifest refraction (not cycloplegic) must be performed recording the correction required for the aviator to see 20/20 in each eye (all letters correct on the 20/20 line).

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

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

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

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

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

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

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

(f) ***Oculomotor Balance***

(1) No esophoria more than 6.0 prism diopters.

(2) No exophoria more than 6.0 prism diopters.

(3) No hyperphoria more than 1.50 prism diopters.

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

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

(1) PIP color plates (Any red-green screening test with at least 14 diagnostic plates; see manufacturer instructions for scoring information), randomly administered under a True Daylight Illuminator lamp. (See the ARWG for validated and accepted tests).

(2) Computerized color vision test. (See the ARWG for validated and accepted tests.)

(3) Aviation personnel who previously passed using the Farnsworth Lantern (FALANT) prior to 1 January 2017 may continue to use this testing method, if available.

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

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

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

TABLE 1

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

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

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

(5) ***Colorectal Cancer (CRC) Screening.*** Required for ages 50 and older and must be performed per current guidelines and standard of care practices. Following a negative colonoscopy, annual fecal occult blood tests can be suspended for at least 5 years depending on testing modality and findings. See the ARWG for the most up to date guidelines.

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

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

(8) ***Alcohol Use Disorder Statement.*** DD Form 2807. The following statement must be added: "Have you ever been diagnosed or had any level of treatment for an alcohol use disorder?"

15-86 Student Naval Aviator (SNA) Applicants

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

(1) ***Vision***

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

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

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

disqualify the candidate, should be disregarded if the candidate meets the standards for visual acuity and astigmatism with manifest refraction.

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

(e) ***Slit Lamp Examination with corneal topographic mapping.*** Required.

(f) ***Dilated Fundus Examination.*** Required.

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

TABLE 2

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

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

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

15-87 Class II Personnel: Designated Naval Flight Officer (NFO) Standards

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

(a) ***Vision***

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

(2) ***Refraction.*** No limits.

(3) ***Oculomotor Balance.*** No Obvious heteroTropia or Symptomatic heteroPhoria (NOTOSP or NOHOSH).

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

15-88 Class II Personnel: Applicant Naval Flight Officer (NFO) Standards

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

(a) ***Vision***

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

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

(3) ***Oculomotor Balance.*** No Obvious heteroTropia or Symptomatic heteroPhoria (NOTOSP or NOHOSH).

(4) ***Depth Perception.*** Not Required.

(5) ***Slit Lamp Examination.*** Required.

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

(c) ***Reading Aloud Test.*** Required if a speech impediment exists, is suspected, or there is a history of speech therapy or facial fracture. See ARWG for text.

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

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

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

(a) ***Vision***

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

(2) ***Refraction.*** No limits.

(3) ***Oculomotor Balance.*** No Obvious heteroTropia or Symptomatic heteroPhoria (NO-TOSP or NOHOSH).

(4) ***Depth Perception.*** Not Required.

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

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

(a) ***Vision***

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

(2) ***Refraction.*** No limits.

(3) ***Oculomotor Balance.*** No Obvious heteroTropia or Symptomatic heteroPhoria (NOTOSP or NOHOSH).

(4) ***Depth Perception.*** Not Required.

(5) ***Slit Lamp Exam.*** Required for all applicants.

15-91 Class II Personnel: Designated and Applicant Naval Aircrew (Fixed Wing) Standards

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

(a) ***Vision***

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

(2) ***Refraction.*** No limits.

(3) ***Oculomotor Balance.*** No Obvious heteroTropia or Symptomatic heteroPhoria (NOTOSP or NOHOSH).

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

(5) ***Slit Lamp Exam.*** Required for all applicants.

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

15-92 Class II Personnel: Designated and Applicant Naval Aircrew (Rotary Wing) Standards

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

(a) ***Vision***

(1) **Visual Acuity, Distant and Near.** Must be uncorrected 20/100 or better, each eye corrected to 20/20. If the AFVT or Sloan letter crowded eye chart letters are used, a score of 7/10 on the 20/20 line constitutes meeting visual acuity requirements.

(2) ***Refraction.*** No limits.

(3) ***Oculomotor Balance.*** No Obvious heteroTropia or Symptomatic heteroPhoria (NO-TOSP or NOHOSH).

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

15-93 Class II Personnel: Designated and Applicant Aerospace Physiology Technician Standards

This article was deleted. Aerospace physiology technicians no longer require flight physicals.

15-94 Class III Personnel: Non-Disqualifying Conditions

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

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

(b) Nasal or paranasal polyps.

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

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

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

(f) Mild chronic obstructive pulmonary disease.

(g) Pneumothorax once resolved.

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

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

(j) Hyperuricemia.

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

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

(m) Recurrently dislocating shoulder.

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

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

(p) Fracture or dislocation of cervical spine.

(q) Cervical fusion.

(r) Thoracolumbar fractures once healed and stable.

(s) History of craniotomy.

(t) History of decompression sickness.

(u) Anthropometric standards do not apply.

(v) No limits on resting pulse if asymptomatic.

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

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

(a) ***Vision***

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

(2) ***Phorias.*** No Obvious heteroTropia or Symptomatic heteroPhoria (NOTOSP or NOHOSH).

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

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

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

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

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

(c) ***Reading Aloud Test.*** This test is required for all ATC applicants. See the ARWG for test details.

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

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

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

(2) When a civilian who has been ill in excess of 30 days returns to work, a formal flight surgeon, AME, or APA's evaluation must be performed prior to returning to ATC duties. A DD Form 2992 must be used to communicate clearance for ATC duties to the commanding officer.

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

15-96 Class III Personnel: Critical Flight Deck Personnel Standards (Director, Spotter, Checker, Non-Pilot Landing Safety Officer and Helicopter Control Officer and Any Other Personnel Specified by the Commanding Officer)

(1) Frequency of screening is annual. Waivers of physical standards are determined locally by the senior medical department representative and commanding officer. No BUMED or NAVPERSCOM submission or endorsement is required. Results will be documented on the NAVMED Form 6410/14. Must meet the standards in Chapter 15, Section III (Physical Standards), except as follows:

(a) ***Vision***

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

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

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

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

15-97 Class III Personnel: Non-Critical Flight Deck Personnel Standards

(1) This paragraph includes all personnel not defined as critical. Frequency of screening is annual. Results will be documented on the NAVMED Form 6410/14. Must meet the standards in Chapter 15, Section III (Physical Standards) except as follows:

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

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

15-98 Class III Personnel: Personnel Who Maintain Aviator Night Vision Standards

(1) Personnel, specifically those aircrew survival equipmentmen (USN PR or USMC MOS 6060) and aviation electrician's mates (USN AE or USMC MOS 64xx), assigned to duty involving maintenance of night vision systems, or selected for training in such maintenance, must be examined annually to determine visual standards qualifications. Record results on NAVMED Form 6410/14. Waivers are not considered. Standards are as follows:

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

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

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

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

(e) **Oculomotor Balance.** No Obvious heteroTropia or Symptomatic heteroPhoria (NOTOSP or NOHOSH).

15-99 Class III Personnel: Water Survival Training Instructors (NAWSTI) and Rescue Swimmer School Training Programs Standards

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

(a) ***Visual Acuity, Distant and Near***

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

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

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

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

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

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

(2) Those personnel with minor psychiatric disorders such as acute situational stress reactions must be evaluated by the local medical officer in conjunction with a formal psychiatric evaluation when necessary. Those cases which resolve completely, quickly and without significant psychotherapy can be found fit for continued duty. Those cases in which confusion exists, review by the TYCOM force medical officer for fleet personnel or the Director, Bureau of Medicine and Surgery, Qualifications and Standards for shore-based personnel.

Any consideration for return to duty in these cases must address the issue of whether the service member, in the opinion of the medical officer and the member's commanding officer, can successfully return to the specific stresses and environment of surface rescue swimmer duty.

(c) ***Special Requirements***

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

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

15-100 Class IV Personnel: Applicant Active Duty and DON/DoD-GS Unmanned Aircraft Systems (UAS) Operator Standards [Air Vehicle Operators (AVO), Sensor Operators (SO), Mission Payload Operators (MPO), and Unmanned Aircraft Systems Commanders (UAC)]

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

(1) Physical standards vary by vehicle operating characteristics. Please see the U.S. Navy Aeromedical Reference and Waiver Guide, Chapter 1, Aviation Physical Standards, for all details.

15-101 Selected Passengers, Project Specialists, And Other Personnel

(1) Refer to CNAF M-3710.7 series. When ordered to duty involving flying for which special requirements have not been prescribed, personnel must, prior to engaging in such duties, be examined to determine their physical qualification for aerial flights, an entry made in their Health Record, and a DD Form 2992 issued if qualified. The examination must relate primarily to the circulatory system, musculoskeletal system, equilibrium, neuropshyciatric stability, and patency of the Eustachian tubes, with such additional consideration as the individual's specific flying duties may indicate. The examiner must attempt to determine not only the individual's physical qualification to fly a particular aircraft or mission, but also the physical qualification to undergo all required physical and physiological training associated with flight duty. No individual will be found fit to fly unless fit to undergo the training required in CNAF M-3710.7 series, for the aircraft or mission. Consult with the Navy ARWG for additional information.

(a) ***Vision***

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

15-102 Diving Duty

(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.*** Within 2 years of application 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. 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 Medical History (DD Form 2807-1) and Medical Examination (DD Form 2808). 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 Examination (current within last 12 months).

5. Latent tuberculosis infection (LTBI) screening within 6 months of exam date. (LTBI screening/testing is detailed in BUMEDINST 6224.8 series).

6. 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)).

7. Complete blood count (CBC).

8. Urinalysis.

9. Fasting blood glucose.

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

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

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

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

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

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

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

(4) Obstructive Sleep Apnea (OSA) with cognitive impairment or daytime hypersomnolence is disqualifying. Individuals whose OSA is adequately treated (i.e., asymptomatic) using continuous positive airway pressure (CPAP) or by other non-surgical interventions meet physical standards and do not require a waiver.

Note: *CPAP equipment is not certified for use in recompression chambers. Therefore, any diver with a diagnosis of OSA whose treatment plan includes CPAP is precluded from participation in saturation diving evolutions. Such an individual opting not to use a prescribed medical device does not obviate this restriction.*

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

(6) Chronic or recurrent impairment due to moderate or severe motion sickness is disqualifying.

(7) External auditory canal exostosis or atresia that results in recurrent external otitis or precludes adequate visualization of the tympanic membrane is disqualifying.

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

(9) History of inner ear barotrauma is disqualifying.

(10) History of sinus surgery (e.g., functional endoscopic sinus surgery (FESS)) is disqualifying.

(11) Hearing in the better ear must meet standards for initial acceptance for active duty as specified in MANMED article 15-38(2). While not disqualifying for diving duty, unilateral high-frequency hearing loss should receive appropriate otology evaluation and surveillance monitoring. Required use of hearing aids is disqualifying.

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

(c) ***Dental***

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

(2) All divers must be DoD dental Class 1 or 2 for diving duty.

(d) ***Eyes and Vision***

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

(2) Minimum uncorrected visual acuity:

(a) Uncorrected visual acuity requiring more than +/- 8.00 diopters correction in both eyes is disqualifying for UMOs, U.S. Army diving medical officers (DMO), basic diving officers (BDO), self-contained underwater breathing apparatus (SCUBA) divers, and non-diving occupational hyperbaric workers.

(b) Uncorrected visual acuity worse than 20/200 in either eye is disqualifying for all other divers.

(3) MANMED Chapter 15-105 provides additional visual acuity standards for special operations personnel.

(4) Photorefractive keratectomy (PRK), laser-assisted in-situ keratomileusis (LASIK), laser epithelial keratomileusis (LASEK) or intraocular lens implants (including Collamer) within the preceding 3 months are disqualifying for diving candidates only. Stable results from appliance or surgery must meet (see paragraph (4)(d)(1)-(3)) corrected visual acuity standards and the patient must be discharged from ophthalmology follow up with a disposition of "fit for full duty" and requiring no ongoing treatment. Designated divers may return to duty 1 month after refractive corneal or intraocular lens implant surgery

if they are fully recovered from surgery and have acceptable visual acuity per paragraph (4)(d)(1)-(3)) of this article. No waiver is required, provided these respective time constraints are met, for either candidates or designated divers. Depth perception deficits are not disqualifying.

(5) Adverse refractive changes attributed to orthokeratology, which persist >6 months after cessation of treatment, are disqualifying.

(6) Lack of adequate color vision (MANMED article 15-36, paragraph (1)(d)) is disqualifying. Waivers will be considered for Navy SEALs, UMOs, USMC divers, ship or boat divers, underwater constructors, hyperbaric chamber workers, and sonar dome entry personnel and candidates.

(7) History of Radial Keratotomy (RK) is disqualifying.

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

(1) A history of symptomatic atherosclerotic heart disease.

(2) A history of myocardial injury or hypertrophic cardiomyopathy.

(3) A history of chronic or recurrent pericarditis. A single episode must be completely resolved prior to initiation of training or return to duty and may be cleared by a UMO.

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

(5) Symptomatic or clinically significant valvular regurgitation or stenosis.

(6) Any anticoagulant use. A waiver may be entertained, after discontinuation of medication, if use is of short duration and for a condition which is unlikely to recur.

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

(8) Uncontrolled hypertension, due either to the refractory nature of the disease or patient non-compliance, is disqualifying. Hypertension requiring complex medical management to achieve control is disqualifying. Hypertension associated with evidence of end organ damage is disqualifying.

(9) A history of cardiac surgery, including ablations for Wolff-Parkinson-White (WPW) syndrome and other accessory pathways, other than closure of a patent ductus arteriosus in infancy. A history of incidental, asymptomatic WPW which has been assessed by a cardiologist, deemed benign, and recommended for return to duty without surgical ablation is not disqualifying.

(10) Patent foramen ovale (PFO) (includes functionally equivalent atrial septal defect (ASD)). Generalized universal screening for PFO is not required. The presence of a PFO is not disqualifying and closure of a PFO is not required to return to diving duty unless closure is recommended by the treating UMO based upon consultation with the evaluating cardiologist. If a PFO is identified, a full cardiology assessment is required and must be documented, along with any treatment recommendations, in the member's health record prior to return to diving duty. If closure of a PFO is recommended for return to diving duty by the treating UMO based upon consultation with the evaluating cardiologist, the procedure must be completed prior to a return to diving duty. A second opinion may be pursued if the diver disagrees with the initial UMO recommendation based upon cardiology recommendation. In all instances where the respective recommendations of the UMO and cardiologist(s) are discordant, the case must be referred, by means of the established waiver process (see paragraph (5) Waivers and Disqualification Requests found in this article), via BUMED-M95 (or corresponding USCG office), to the applicable waiver authority.

(f) ***Pulmonary***

(1) Spontaneous pneumothorax is disqualifying. Waivers will not be considered.

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

(a) Pulmonary function testing (spirometry).

(b) High-resolution/spiral, non-contrast chest CT.

(c) Favorable recommendation from a pulmonologist.

(d) Final evaluation and favorable recommendation by attending UMO.

(3) Current or history of asthma, chronic obstructive, or restrictive pulmonary disease is disqualifying.

(4) Individuals with either positive tuberculin skin test (TST) or positive interferon gamma release assay (IGRA) (e.g., QuantiFERON-TB Gold test) must be removed from diving duty pending further clinical investigation.

(a) Active tuberculosis is disqualifying; however, a waiver request will be considered upon completion of all treatments resulting in sterilization of the infectious lesion, and demonstration of normal pulmonary function. Individuals diagnosed with LTBI are non-infectious, but have the potential to progress to active disease.

(b) LTBI is disqualifying for candidates. A waiver request will be considered upon completion of all indicated LTBI therapy.

(c) Designated divers diagnosed with LTBI will be evaluated by their attending UMO. The UMO may return the diver to diving duty, without waiver, 8 weeks after initiating LTBI antibiotic therapy, provided the diver remains asymptomatic, is compliant with therapy and has no adverse reaction to the medication(s). Continued diving is contingent upon completion of therapy. Completion of treatment must be documented in the medical record.

Note: *LTBI treatment with Ioniazid (INH) presents several concerns. INH may cause peripheral neuropathy; this is avoided by proper Vitamin B6 (pyridoxine) supplementation. Acute INH intoxication has been demonstrated to cause seizures and it is reasonable to postulate that LTBI treatment with INH may lower a diver's seizure threshold. This risk may be increased when diving mixed gas, rebreather or saturation systems with their higher oxygen partial pressures.*

(d) Foreign nationals participating in U.S. Navy Diving training programs must be screened for tuberculosis, and if indicated, receive documented treatment to the same standard as that of U.S. nationals, prior to acceptance into training. History of Bacillus Calmette–Guérin (BCG) vaccination does not change these requirements.

(5) Diving-related pulmonary barotrauma (i.e., pneumothorax, mediastinal or subcutaneous emphysema, or arterial gas embolism (AGE)):

(a) Any history of pulmonary barotrauma in a diver candidate is disqualifying.

(b) Designated divers who experience pulmonary barotrauma following a dive with no procedural violations, or a second episode of pulmonary barotrauma, for whatever reason, are considered disqualified for diving duty. A waiver request will be considered if the diver is asymptomatic after 30 days and must include:

1. Pulmonary function testing (spirometry).

2. High-resolution/spiral, non-contrast chest CT.

3. Favorable recommendation from a pulmonologist.

4. Final evaluation and favorable recommendation by a UMO.

(c) A designated diver who suffers pulmonary barotrauma after a procedural violation may be returned to diving duty by the attending UMO without a waiver after 30 days with an appropriate workup which identifies no pulmonary predisposing conditions (e.g., blebs, bullae, etc.).

(d) Additional waiver requirements for AGE are found in paragraph (4)(n) of this article.

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

(h) ***Gastrointestinal***

(1) A history of gastrointestinal tract disease of any kind is disqualifying, if any of the following conditions or diagnoses pertain:

(a) Current or history of gastrointestinal bleeding, including positive occult blood testing, if the cause has not been corrected. Minor rectal bleeding from an obvious source (e.g., anal fissure or external hemorrhoid) is not disqualifying if it responds to appropriate therapy and resolves within 6 weeks.

(b) Any history of organ perforation.

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

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

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

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

(5) History of small bowel obstruction is disqualifying.

(6) Presence of gallstones, whether or not they are symptomatic, is disqualifying until the member is stone-free. A waiver may be considered if surgical removal is not recommended by the attending surgeon and UMO.

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

(8) History of pancreatitis is disqualifying.

(9) Chronic active hepatitis is disqualifying.

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

(11) History of food impaction or esophageal stricture is disqualifying.

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

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

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

(15) History of abdominal surgery is not disqualifying once fully recovered, provided there are no sequelae, including, but not limited to, symptomatic adhesions.

(i) ***Genitourinary/Reproductive***

(1) Abnormal gynecologic cytology and other precancerous conditions without evidence of invasive cancer require appropriate evaluation and treatment, but are not considered disqualifying for diving duty. Genitourinary cancer is disqualifying.

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

(3) Current urolithiasis or nephrolithiasis is disqualifying.

(4) Pregnancy is not considered disqualifying for diving duty, however the pregnant diver must be medically suspended from diving for the duration of the pregnancy per BUMEDINST 6200.15A.

(a) Divers may return to diving duty after conclusion of pregnancy (vaginal or cesarean delivery) per guidance provided in BUMEDINST 6200.15A.

(b) Significant ante-, peri-, or postpartum complications are disqualifying.

(j) ***Endocrine and Metabolic.*** Any condition requiring chronic medication or dietary modification is disqualifying for candidates, but may be waived for qualified divers. Additionally:

(1) Any history of heat stroke is disqualifying for candidates. Recurrent heat stroke is disqualifying for designated divers.

(2) Diabetes mellitus (DM) is disqualifying.

(a) DM requiring insulin or long-acting sulfonylurea hypoglycemia medication will not be considered for a waiver.

(b) DM controlled without use of insulin or long-acting sulfonylurea medication may be considered for a waiver. Waiver requests must include documentation of current medication(s), current hemoglobin A1C level, documentation of the presence or absence of end organ damage, and favorable recommendation of attending endocrinologist and UMO.

(3) History of symptomatic hypoglycemia is disqualifying for candidates. Recurrent episodes are disqualifying for designated divers.

(4) Chronic use of corticosteroids, or other medications which suppress or modulate the immune system, is disqualifying.

(5) Ongoing use of exogenous testosterone or testosterone analogs is disqualifying.

(k) ***Musculoskeletal.*** Any musculoskeletal condition that is chronic or recurrent, which predisposes to diving injury, limits the performance of

diving duties for protracted periods, or may confuse the diagnosis of a diving injury is disqualifying. Specifics include:

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

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

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

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

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

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

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

(8) Divers with a history of uncomplicated fractures may return to diving duty after 3 months (or diver candidates after 12 months) if without residual symptoms or physical limitations, after evaluation by the attending orthopedic surgeon and at the discretion of the UMO without a waiver. Those with residual symptoms or physical limitations, or those seeking to return to diving duty sooner than 3 months (12 if candidate) require a waiver.

(9) Divers with a history of bone (e.g., open reduction, internal fixation) or major joint surgery may return to Diving Duty after 6 months (or diver candidates after 12 months) if without residual symptoms or physical limitations, after evaluation by the attending orthopedic surgeon and at the discretion of the UMO without a waiver. Those with residual symptoms or physical limitations, or those seeking to return to Diving Duty sooner than 6 months (12 if diver candidate) require a waiver. Retained hardware, after the aforementioned time intervals, is not disqualifying unless it results in limited range of motion.

(l) ***Psychological and cognitive***

(1) Any diagnosis from the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) which negatively affects the Service member's ability to perform their diving duty is considered disqualifying. Any condition resulting in emotional, psychological, behavioral, or mental dysfunction should be fully addressed, with the diver asymptomatic and stable (on or off medications) before a waiver request is made. A waiver may be considered when the individual's symptoms no longer affect their ability to perform their duties; any waiver request must include a favorable recommendation from the attending mental health professional. The attending UMO will exercise his or her judgment in determining the time interval necessary to demonstrate clinical stability.

(2) Substance Use Disorders

(a) Alcohol use disorders are disqualifying. If characterized as MILD or MODERATE, a waiver request may be submitted after completion of all recommended treatment. Waiver requests should detail any prescribed or recommended continuing care and/or aftercare plan. If the alcohol use disorder is characterized as SEVERE, waiver requests will only be considered after the individual demonstrates sustained sobriety (typically 12 months) and has completed any recommended continuing care and aftercare programs.

(b) Other Substance Use Disorders

1. Medically disqualifying for all diving duty candidates. Waiver requests must include documentation of successful completion of treatment and aftercare (if applicable).

2. Designated divers with substance use disorder will be managed administratively per OPNAVINST 5355.3 series and do not require medical disqualification unless a medically disqualifying diagnosis is present in addition to the substance use disorder (e.g., substance-induced psychosis).

3. Current or history of illicit drug use (including use in religious rituals) should be managed administratively per OPNAVINST 5355.3 series, SECNAVINST 5300.28 series, and any other applicable directives.

(3) Use of psychotropic medication is temporarily disqualifying until the Service member has become stable on the medication and they are able to perform their duties, as judged by the attending UMO and doctoral-level mental health professional. No waiver is required to return to diving duty for

short-term use (less than 6 months) of a psychotropic medication. Long-term use (longer than 6 months) of a psychotropic medication is disqualifying and will require a waiver to return to diving duty.

Note: *ASD(HA) Guidelines for Deployment-Limiting Psychiatric Conditions and Medications states that a member may not be deployed within 3 months of starting a psychotropic medication.*

Note: *OPNAVINST 3591.1, Small Arms Training and Qualification states that a member may not be issued a weapon while on psychotropic medications unless an operational waiver is obtained; personnel will be limited to administrative duties unless waiver has been granted.*

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

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

(2) A history of seizure disorder, with the exception of febrile convulsion before age 6 years, is disqualifying. A minimum of two seizure-free years after cessation of anti-convulsant medication with a normal Electroencephalograph (EEG) and neurologic evaluation is necessary before a waiver will be considered. Isolated seizures attributed to known causes (e.g., blunt trauma, intoxications) may be waived sooner.

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

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

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

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

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

(a) Cerebrospinal fluid leak.

(b) Intracranial bleeding.

(c) Depressed skull fracture with dural laceration.

(d) Post-traumatic amnesia (PTA) per the following schedule:

1. PTA less than 1 hour is disqualifying for at least 1 month. A normal brain magnetic resonance Imaging (MRI) and normal examination by a neurologist or neurosurgeon is required before return to duty. If more than 2 years has elapsed since the injury, a normal brain MRI and a normal neurologic assessment by the UMO is sufficient. Further specialty consultation is only indicated for abnormal findings.

2. PTA lasting from 1 to 24 hours is permanently disqualifying for candidates. Waiver may be entertained for designated divers if individual remains asymptomatic for at least 1 year and brain MRI and neurologic and neuropsychological evaluations are normal.

3. PTA greater than 24 hours is permanently disqualifying for all divers.

(8) History of penetrating head injury is disqualifying.

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

Note: *All DMEs require documentation of a full neurologic examination and tympanic membrane mobility in blocks 44 and 72b respectively on DD Form 2808. The neurologic exam will be supplemented with an anatomic stick figure to document DTRs and Babinski.*

(n) ***Decompression Sickness/Arterial Gas Embolism***

(1) A history of decompression sickness (DCS) or AGE is disqualifying for diving duty candidates. A waiver may be considered provided the episode(s) and any subsequent treatment(s) are well documented and available for review.

(2) Designated divers diagnosed with any DCS or AGE must have an entry made in their medical record, signed by the attending UMO, describing the specifics of the dive/episode, treatment provided, and the condition of patient status-post treatment.

(a) Designated divers with history of DCS Type I whose symptoms resolve completely

and who remain asymptomatic after the initial hyperbaric treatment may be cleared after 7 days to return to diving duty by a UMO without a waiver.

(b) Designated divers with history of DCS Type II or AGE whose symptoms resolve completely and who remain asymptomatic after the initial hyperbaric treatment may be cleared after 30 days to return to diving duty by a UMO without a waiver, provided there is brain +/- spine MRI performed within 7 days of the event and the MRI results are normal/unchanged.

(c) Designated divers with a history of DCS or AGE with residual symptoms, neurologic deficits (new/changed) and/or abnormal findings (new/changed) on brain +/- spine MRI, after appropriate treatment are considered disqualified for diving duty. A waiver may be considered provided the episode and any subsequent treatment(s) are well documented, including any follow-up MRI, a neurology consultation, and the assessment and recommendation of the attending UMO.

(d) Designated divers with recurrent DCS or AGE are considered disqualified and require a waiver prior to returning to diving duty.

(3) Divers/candidates diagnosed with DCS Type II must be evaluated by a cardiologist for the presence of a PFO (or ASD functional equivalent), with the results documented in the medical record. If a PFO is present, paragraph (4)(e)(10) of this article applies.

(4) Exceptions for experimental diving protocols. A small number of Navy research commands, staffed with both experienced divers and senior UMOs, conduct equipment testing and human subject research during which there is an anticipated, increased risk to subjects of DCS.

(a) A designated diver who participates in one of these experimental diving protocols and subsequently develops DCS (I or II) may be returned to duty without waiver if:

1. In the case of human subject research, the experimental diving protocol is identified by the responsible Institutional Review Board (IRB) as being of "greater than minimal risk" with regards to causing DCS.

2. In the case of equipment testing research (e.g., form, fit, and function testing), the experimental test plan is identified by the responsible signing authority as being of "greater than minimal risk" with regards to causing DCS.

3. The diver's DCS symptoms resolve completely and he or she remains asymptomatic after appropriate hyperbaric treatment. Divers with residual symptoms do require a waiver.

(b) The research command's UMO-qualified senior medical officer (SMO) may return such a diver to diving duty, consistent with requirements of paragraphs (4)(n)(2)(a) and (4)(n)(2)(b) of this article. The SMO must make a complete entry in the diver's medical record documenting the episode, treatment(s), studies or findings, and his or her basis for not seeking a waiver. The medical record entry must also include details regarding the experimental dive profile associated with the DCS episode.

(c) Designated divers developing DCS in the context of paragraph (4)(n)(4) of this article do not *ipso facto* require a cardiology assessment for the presence of a PFO.

(d) Designated divers developing recurrent DCS in the context of paragraph (4)(n)(4) of this article do not *ipso facto* require a waiver; however, the SMO must maintain a low threshold of suspicion to trigger additional medical evaluations in such cases.

Note: *BUMED recognizes the Navy Experimental Diving Unit (NEDU) and Naval Submarine Medical Research Laboratory (NSMRL) as research commands suitably staffed to exercise the provisions of paragraph (4)(n)(4) of this article. Any other command seeking to do so must obtain written BUMED concurrence.*

(o) ***Miscellaneous Disqualifying Conditions***

(1) Chronic viral infections (except those with manifestations limited to the skin) are disqualifying. Divers with chronic viral infections characterized by manifestations limited to the skin will not dive with associated active lesions unless covered or until resolved.

(2) An active diagnosis of cancer is disqualifying. A waiver is required to return to the designated diver/candidate to diving duty less than 12 months after the diver/candidate is cured, in remission, or has no clinical evidence of disease. Divers who are also radiation workers have additional requirements per NAVMED P-5055.

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

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

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

Note: *Because saturation diving evolutions by their very nature impose substantial delays for divers to receive definitive care, should a medical emergency arise, waivers of the food allergy standard for saturation divers will be granted sparingly.*

(6) Chronic or recurrent pain syndromes which may mimic serious disease (e.g., abdominal pain, chest pain, and headache) or mimic diving-related illness are disqualifying

(7) Any disease or condition that may be significantly exacerbated by the hyperbaric environment is disqualifying.

(5) ***Waiver and Disqualification Requests.*** Waiver and disqualification requests are essentially the same personnel action. The distinction between the two lies with whether the originator is requesting that one or more physical standards be waived or not. The outcome of either request is a determination by the responsible waiver authority as to whether the physical standard(s) is waived or not. BUMED-M95 serves as the senior medical reviewer for the waiver authority. (Certain waiver authorities have delegated adjudication of disqualification cases only to lower echelon commanders).

(a) Requests for a waiver of physical standards for DON divers and diving duty candidates must be sent from the member's commander, commanding officer, or officer in charge, via any applicable immediate superior in command (ISIC) or type commander (TYCOM) and BUMED-M95, to the appropriate Bureau of Naval Personnel code for Navy divers (enlisted – BUPERS-3; officers – PERS-416), Headquarters, Marine Corps (HQMC) (POG-40) for USMC divers, or NAVSEA 00C for civilian GS divers via BUMED-M95.

(1) In the case of individuals from sister Services attending U.S. Navy diving training, waivers are not sent via Navy chains of command. Waivers for initial U.S. Air Force divers/candidates will be sent directly to Headquarters, Air Education and Training Command Surgeon's Physical Standards Office (AETC/SGPS). Waivers for U.S. Army Engineer divers/candidates will be submitted directly to Chief, Hyperbaric Medicine, Eisenhower Army Medical Center, Fort Gordon, GA 30809. Waivers for U.S. Army Special Forces divers/candidates will be submitted directly to Group Surgeon's Office, 1st Special Warfare Training Group (Airborne), Fort Bragg, North Carolina 28310, telephone: (910) 432-3566. Once these individuals have completed U.S. Navy diving training, their fitness for diving duty is determined solely by their respective services' physical standards and diving medical officers (DMOs).

(2) Waivers for USCG divers/candidates will be submitted directly to CG Personnel Service Center-Personnel Service Division-Medical (PSC-PSD-MED). Per existing agreements, USCG divers continue to follow U.S. Navy diving physical standards after initial training and their ongoing fitness for duty is determined by U.S. Navy UMOs.

(b) Excepting personnel belonging to sister Services, originators must use the WEBWAVE 2 system to securely transmit cases (which contain Health Insurance Portability and Accountability Act (HIPAA) and personally identifiable information (PII)-protected information). WEBWAVE 2 expedites case adjudication, allows tracking of cases under review and provides an accessible archive of closed cases. The system's business rules are designed to ensure that all necessary components of a request are submitted and requests are directed electronically via the proper routing sequence. BUMED-M95's guideline for timely internal review of routine waiver requests is 10 business days; urgent cases are acted upon with 24 hours of receipt. Access to WEBWAVE 2 is controlled by BUMED-M95. Commands needing to submit requests via WEBWAVE 2 but currently without access may contact BUMED-M95 directly to validate their requirement and obtain access/training.

(c) For DON divers, interim waivers may be granted by BUMED-M95 for periods of up to 6 months.

(1) Interim waivers will not normally be considered for diving duty candidates, in as much as their suitability must be established before the Navy incurs the expense of temporary additional duty orders and training.

(2) Because interim waivers are not reviewed by the relevant waiver authority, BUMED-M95 will only grant interim waivers for relatively routine, frequently encountered conditions for which it is confident of the waiver authority's eventual disposition. In any case, interim waivers should be requested sparingly.

(3) BUMED-M95 must receive the final waiver request prior to the expiration of any interim waiver which has been granted (typically 6 months). The final waiver request must include a substantive interval history pertinent to the condition under review.

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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.

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.*

15-103 Nuclear Field Duty

(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 other-wise specified):

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

(2) Visual acuity (within last 3 months).

(3) Color vision testing (candidates only, upon program entry) following MANMED article 15-36(1)(d)).

(c) ***Examiners.*** Nuclear field duty physical examinations may be performed by any physician, physician assistant, or nurse practitioner with appropriate DoD 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 DoD 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. A 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 5510.35 series).

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

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

(c) ***Eyes and Vision***

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

(2) Defective color vision, as defined by MANMED article 15-36, paragraph (1)(d), is disqualifying. For qualified nuclear field personnel, waiver requests must include a statement from the member's supervisor stating that the member is able to perform his or her job accurately and without difficulty. For candidates, the examiner must include evidence that the candidate can discern primary and secondary colors.

(d) ***Psychological and Cognitive.*** Psychological fitness for nuclear field duty must be carefully and continuously evaluated in all nuclear field personnel. It is imperative that individuals working in these programs have a very high degree of reliability, alertness, and good judgment. Any current or history of a diagnosis as defined by the current version of the DSM, unless explicitly excepted, is disqualifying, to include:

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

(2) Current or history of mood disorder and/or anxiety disorders (including adjustment disorders lasting longer than 90 days) as listed in the DSM is disqualifying, but may be considered for a waiver once the Service member's condition is stable and asymptomatic.

(a) Nuclear field candidates, whose treatment includes psychopharmaceuticals, are disqualified and not eligible for a waiver until such medications are no longer required to achieve asymptomatic stability.

(b) Nuclear field designated individuals, whose treatment includes ongoing use of selected psychopharmaceuticals, may be considered for waiver, provided all of the following stipulations are met:

1. The Service member must initially be evaluated by a DoD-privileged psychiatrist.

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

3. The Service member must have access to the recommended level of follow-up with their mental health provider and primary care manager (PCM). For submarine duty personnel, the condition must be stable enough to allow follow-up solely with an Independent Duty Corpsman for up to 6 months at a time. Nuclear field duty personnel assigned to CVNs, who have ready access to licensed independent practitioners (physician assistant (PA), nurse practitioner (NP), physician, and psychologist) for follow-up, do not have an equivalent requirement.

4. Medication specifics. Selective serotonin reuptake inhibitor (SSRI)/serotonin-norepinephrine reuptake inhibitor (SNRI) class medications, as well as bupropion, are well tolerated, with minimal side effects and generally amenable for waiver. Other medications may be considered on a limited, case-by-case basis. It is expected that starting medication, titrating up to the optimum dosage, assessing for efficacy, side effects, and demonstrating stability will require about 3 months; however some medications with short biological half-lives may require less time. The UMO, AMS or FS/NFD must certify, when recommending a waiver, that:

i. The Service member's underlying condition is well-controlled (asymptomatic) on the current dosage of medication.

ii. The Service member is on a stable dosage of medication (i.e., no dose change in the 30 days prior to waiver submission).

iii. The Service member demonstrates clinical stability without any military duty performance-impairing side effects. This assessment should also be specifically addressed by the individual's command endorsement.

5. Mood disorders and/or anxiety disorders (including adjustment disorders) complicated by suicidal behaviors.

i. Individuals who have experienced suicidal ideation in conjunction with their mood and/or anxiety disorder (including adjustment disorders) may still be considered for a psychopharmaceutical use waiver in conjunction with a waiver for their underlying psychological condition and their suicidal behavior.

ii. Individuals who have displayed suicidality in the form of a suicidal gesture or suicide attempt, as defined by a mental health professional, will not be eligible for a psychopharmaceutical use waiver. A waiver to return to nuclear field duty after a suicide gesture or attempt will require cessation of medication use in conjunction with complete resolution of their condition, in addition to a recommendation from a the UMO, AMS or FS/NFD, and mental health provider.

(3) Post-partum depression of limited duration is not normally disqualifying for nuclear field duty. Cases which resolve quickly, within the 12-week maternity leave period, may be found fit for nuclear field duty by the attending UMO, AMS or FS/NFD. Cases of longer duration and/or requiring psychopharmaceutical use or involving suicidality are disqualifying and waiver will be considered after complete resolution of symptoms.

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

(a) Current attention deficit hyperactivity disorder (ADHD) which requires medication to control symptoms, is disqualifying, but a history of ADHD which resolved greater than 1 year prior to military service is not disqualifying.

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

(c) Sleep disorders, which result in daytime fatigue, somnolence or inattention, are disqualifying.

(5) Gender dysphoria. Transgender individuals with a diagnosis of gender dysphoria, with no other comorbidities, may be returned to nuclear field duty upon the written recommendation of the attending UMO, AMS or FS/NFD and mental health professional without further recourse to the waiver process. Transgender individuals who have been determined to not have a diagnosis of gender dysphoria merely require documentation of that fact in their medical record. Actual gender transition, involving medications and/or treatments, must be considered separately as to the interventions' respective impacts on the individual's suitability for nuclear field duty.

(6) Personality disorders are disqualifying for nuclear field duty candidates. For nuclear field designated personnel, personality disorders may be administratively disqualifying if they are of significant severity as to preclude safe and successful performance of duties. In these cases, administrative processing should be pursued per the Military Personnel Manual (MILPERSMAN).

(7) Adjustment disorders and brief situational emotional distress, such as acute stress reactions or bereavement, are not normally disqualifying. Individuals with these conditions must be evaluated by the attending UMO, AMS or FS/NFD, in conjunction with formal mental health evaluation. In cases which resolve completely within 90 days, individual may be found fit for nuclear field duty by the attending UMO, AMS or FS/NFD. Conditions lasting longer than 90 days are disqualifying; a waiver may be considered after complete resolution of symptoms.

(8) Suicidal Behaviors

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

(b) Suicidal ideation (SI), whether active or passive, is a significant risk factor for suicide and is associated with several mental health diagnoses. Any individual with SI requires a thorough suicide risk assessment by a mental health provider. However, SI is a symptom rather than a diagnosis. As such, if the individual does not meet the diagnostic criteria for a disqualifying condition, then the individual may be return to nuclear field duty upon the written recommendation of the attending UMO, AMS or FS/NFD, and mental health provider without further recourse to the waiver process.

(9) History of self-mutilation, including but not limited to cutting, burning, and other self-inflicted wounds, is disqualifying whether occurring

in conjunction with suicidality or as an abnormal coping mechanism. Waivers will be considered based on the underlying condition, and its complete resolution, as determined by the attending UMO, AMS or FS/NFD, and mental health provider.

(10) Disorders related to Substance Use (SUD)

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

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

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

(11) History of other mental disorders not listed above, which, in the opinion of the UMO, AMS, or FS/NFD, will interfere with or prevent satisfactory performance of nuclear field duty is disqualifying.

(12) Any use of psychopharmaceuticals for any indication within the preceding year is disqualifying. For the purpose of this article, "psychopharmaceutical" is defined as a prescription medication whose primary site of activity is the central nervous system (CNS). This includes, but is not limited to, anti-depressants, anti-psychotics, anti-epileptics, sedative or hypnotics, stimulants, anxiolytics, smoking cessation agents other than nicotine, Drug Enforcement Agency (DEA) scheduled medications, and bipolar agents.

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

(a) Per paragraph (4)(d)(2), waivers will be considered for ongoing clinical treatment of mood and anxiety disorders with specific medications.

(b) For medications with only incidental activity (i.e., minor side effects occasionally observed in some individuals taking these medications) in the CNS, waivers will be considered on the basis of demonstrated stability of a stable dosage, no impairing side effects impacting duties, and favorable endorsement by UMO, AMS or FS/NFD, and mental health provider, and the individual's command. The command endorsement must attest to both the individual's functionality and criticality to mission.

(c) Waivers will be considered, in selected cases, for ongoing use of psychopharmaceuticals to treat non-psychiatric conditions. Requests for such waivers must meet a high threshold of documentation; waivers will be considered on the basis of demonstrated stability of a stable dosage, no impairing side effects impacting duties, and favorable endorsement by UMO, AMS or FS/NFD, and mental health provider, and the individual's command. The command endorsement must attest to both the individual's functionality and criticality to mission.

(d) Waivers will be considered, upon discontinuation of psychopharmaceuticals, after a period of time considered sufficient to metabolize or eliminate the medication from the individual's body (generally, five biological half-lives, less for single dose or transient courses of treatment). The UMO, AMS or FS/NFD, and mental health provider must specifically comment on the presence or absence of any withdrawal, discontinuation rebound, or other such symptoms attributable to the episode of psychopharmaceutical use. Individuals who experience any of these symptoms must be symptom free for 60 days before a waiver will be considered.

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

(f) ***Exceptions.*** Zolpidem (Ambien) prescribed for jet lag, medications prescribed or administered for facilitation of a medical or dental surgery or procedure, narcotic and synthetic opioid pain medications prescribed for acute pain management, anti-emetics for acute nausea, and muscle relaxants (such as cyclobenzaprine or diazepam) for acute musculoskeletal spasm or pain are not disqualifying. Acute treatment is limited to 2 weeks of continuous medication usage. Episodic use of serotonin receptor agonists ("triptans"), such as sumatriptan (Imitrex) and zolmitriptan (Zomig), for migraine abortive treatment, is not disqualifying.

(e) ***Miscellaneous***

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

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

(5) ***Waiver and Disqualification Requests.*** Waiver and disqualification requests are essentially the same personnel action. The distinction between the two lies with whether the originator is requesting that one or more physical standards be waived or not. The outcome of either request is a determination by the responsible waiver authority as to whether the physical standard(s) is waived or not. BUMED Undersea Medicine and Radiation Health (BUMED-M95) serves as the senior medical reviewer for the waiver authority. (Certain waiver authorities have delegated adjudication of disqualification cases only to lower echelon commanders).

(a) Requests for a waiver of physical standards for nuclear field personnel and candidates must be sent from the member's commander, commanding officer, or officer in charge, via any applicable immediate superior in command (ISIC) or type commander (TYCOM) and BUMED-M95, to the appropriate Bureau of Naval Personnel code (enlisted – PERS-403; officers – PERS-421).

(b) Originators must use the WEBWAVE 2 system to securely transmit cases (which contain HIPAA and PII-protected information). WEBWAVE 2 expedites case adjudication, allows tracking of cases under review and provides an accessible archive of closed cases. The system's business rules are designed to ensure that all necessary components of a request are submitted and requests are directed electronically via the proper routing sequence. BUMED-M95's guideline for timely internal review of routine waiver requests is 10 business days; Urgent cases are acted upon with 24 hours of receipt. Access to WEBWAVE 2 is controlled by BUMED-M95. Commands needing to submit requests via WEBWAVE 2 but currently without access may contact BUMED-M95 directly to validate their requirement and obtain access or training.

(c) For nuclear field personnel, interim waivers may be granted by BUMED-M95 for periods of up to 6 months.

(1) Interim waivers will not normally be considered for nuclear field candidates, in as much as their suitability must be established before the Navy incurs the expense of TAD orders and training.

(2) Because interim waivers are not reviewed by the relevant waiver authority, BUMED-M95 will only grant interim waivers for relatively routine, frequently encountered conditions for which it is confident of the waiver authority's eventual disposition. In any case, interim waivers should be requested sparingly.

(3) BUMED-M95 must receive the final waiver request prior to the expiration of any interim waiver which has been granted (typically 6 months). The final waiver request must include a substantive interval history pertinent to the condition under review.

(4) Individuals with lapsed interim waivers are not physically qualified to stand engineering spaces watches or perform maintenance on NNPP-related equipment 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) Individuals with conditions which are also disqualifying for occupational exposure to ionizing radiation require consideration by the Radiation Effects Advisory Board per MANMED article 15-104 and NAVMED P-5055.

(e) 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 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 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.

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.*

15-104 Occupational Exposure to Ionizing Radiation

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

15-105 Special Operations Duty

(1) ***Characteristics***. Special operations (SO) duty takes place in every part of the world under harsh conditions at the extremes of human physical capabilities. Medical austerity and the presence of armed opposition are common. SO personnel, depending on service and warfare community, 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.

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.*

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.*

(3) ***Examinations***

(a) ***Periodicity***. Within 1 year of application 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).

(e) Refraction, by autorefraction or manifest, if uncorrected visual acuity (near and far) is not 20/20 or better.

(f) Color vision (per article 15-36(1)(d)) (candidates only, upon program entry).

(g) Depth perception (per MANMED Chapter 15, article 15-85(1)(d)) (candidates only, upon program entry).

(h) Complete Blood Count.

(i) Fasting blood glucose.

(j) Urinalysis with microscopic examination.

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

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

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

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

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

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

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

(3) Chronic or recurrent motion sickness is disqualifying.

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

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

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

(7) Hearing in the better ear must meet accession standards as specified in MANMED article 15-38(2).

(c) ***Dental***

(1) All SO personnel must be DoD dental classification 1 or 2.

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

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

(d) ***Eyes and Vision***

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

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

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

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

(5) Visual acuity standards are not waiverable for SEAL and SWCC candidates.

(6) Deficient color vision, as defined by MANMED article 15-36(1)(d), is disqualifying. Waiver requests for color vision deficiency will not be considered for EOD personnel or candidates. Other special operation communities will consider waivers. Waiver requests must include a statement from the member's supervisor stating that the member is able to perform his job accurately and without difficulty, and provide evidence that primary and secondary colors can be discerned.

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

(8) Lack of depth perception (i.e., not meeting article 15-85, paragraph 1(d) standards) is disqualifying.

(9) Photorefractive keratectomy, laser-assisted in-situ keratomileusis (LASIK), LASEK, or intraocular lens implants (including Intraocular Collamer Lens Implants) within the preceding 3 months are disqualifying for SO candidates only. Stable results from appliance or surgery must meet the applicable (paragraph 4(d)(1)-(4) of this article) corrected visual acuity standards and the patient must be discharged from ophthalmology follow-up with a disposition of "fit for full duty" and requiring no ongoing treatment. Qualified SO Service members may return to duty 1 month after refractive corneal or intraocular lens implant surgery if they are fully recovered from surgery and have an acceptable visual outcome per paragraph 4(d)(1)-(4) of this article. No waiver is required in these cases.

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

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

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

(13) Radial keratotomy is disqualifying.

(14) Keratoconus is disqualifying.

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

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

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

(a) Normal pulmonary function testing.

(b) Normal standard non-contrast chest CT.

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

(d) Final evaluation and approval by attending UMO.

(3) Individuals with either positive tuberculin skin test (TST) or positive Interferon Gamma Release Assay (IGRA) (e.g., QuantiFERON-TB Gold test) must be removed from SO Duty pending further clinical investigation.

(a) Active tuberculosis is disqualifying; however, a waiver request will be considered upon completion of all treatments resulting in sterilization of the infectious lesion, and demonstration of normal pulmonary function. Individuals diagnosed with latent tuberculosis infection (LTBI) are non-infectious, but have the potential to progress to active disease.

(b) LTBI is disqualifying for candidates. A waiver request will be considered upon completion of all indicated LTBI therapy.

(c) Designated SO personnel diagnosed with LTBI will be evaluated by their attending UMO. The UMO may return the individual to SO Duty, without waiver, 8 weeks after initiating LTBI antibiotic therapy, provided the individual remains asymptomatic, is compliant with therapy and has no adverse reaction to the medication(s). Completion of treatment must be documented in the medical record.

(d) Foreign nationals participating in U.S. Navy SO training programs must be screened for tuberculosis, and if indicated, receive documented treatment to the same standard as that of U.S. nationals, prior to acceptance into training.

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

(1) Cardiac dysrhythmia (single episode, recurrent, or chronic) other than 1st degree heart block. Sinus bradycardia attributable to aerobic conditioning is a normal variant and is not disqualifying.

(2) Atherosclerotic heart disease.

(3) Pericarditis, chronic or recurrent.

(4) Myocardial injury or hypertrophy of any cause.

(5) Chronic anticoagulant use.

(6) Intermittent claudication or other peripheral vascular disease.

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

(8) Uncontrolled hypertension, due either to the refractory nature of the condition or patient noncompliance, and persisting greater than 6 months, is disqualifying. Hypertension, which requires complex management or is associated with end organ damage, is disqualifying.

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

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

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

(a) Current or history of gastrointestinal bleeding, including positive occult blood testing, if the cause has not been corrected. Minor rectal bleeding from an obvious source (e.g., anal fissure or external hemorrhoid) is not disqualifying if it responds to appropriate therapy and resolves within 6 weeks.

(b) Any history of organ perforation.

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

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

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

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

(5) History of small bowel obstruction is disqualifying.

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

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

(8) History of pancreatitis is disqualifying.

(9) Chronic active hepatitis is disqualifying.

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

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

(12) Uncontrolled gastroesophageal reflux disease (GERD) is disqualifying.

(13) History of food impaction or esophageal stricture is disqualifying.

(h) ***Genitourinary***

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

(2) History of urolithiasis:

(a) Is disqualifying for candidates.

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

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

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

(e) Randall's plaques are not disqualifying.

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

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

(2) Diabetes mellitus is disqualifying.

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

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

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

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

(5) Chronic use of corticosteroids, or other medications which suppress or modulate the immune system, is disqualifying. Nasal corticosteroids used to treat allergic rhinitis are not disqualifying.

(6) Hypogonadism or other conditions requiring ongoing use of exogenous testosterone or testosterone analogs are disqualifying.

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

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

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

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

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

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

(6) Any history of spine surgery is disqualifying.

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

(8) Special operations personnel with a history of uncomplicated fractures may return to SO Duty after 3 months (or SO candidates after 12 months) if without residual symptoms or physical limitations, after evaluation by the attending orthopedic surgeon and at the discretion of the UMO

without a waiver. Those with residual symptoms or physical limitations, or those seeking to return to SO duty sooner than 3 months (12 if candidate) require a waiver.

(9) SO personnel with a history of bone (e.g., open reduction, internal fixation) or major joint surgery may return to SO Duty after 6 months (or SO candidates after 12 months) if without residual symptoms or physical limitations, after evaluation by the attending orthopedic surgeon and at the discretion of the UMO without a waiver. Those with residual symptoms or physical limitations, or those seeking to return to SO Duty sooner than 6 months (12 if SO candidate) require a waiver. Retained hardware, after the afore-mentioned time intervals, is not disqualifying unless it results in limited range of motion.

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

(k) ***Psychological and cognitive***

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

(2) Substance Use Disorders

(a) Alcohol use disorders are disqualifying. If characterized as MILD or MODERATE, a waiver request may be submitted after completion of all recommended treatment. Waiver requests should detail any prescribed or recommended continuing care or aftercare plan. If the alcohol use disorder is characterized as SEVERE, waiver requests will only be considered after the individual demonstrates sustained sobriety (typically 12 months) and has completed any recommended continuing care and aftercare programs.

(b) Other Substance Use Disorders

1. Medically disqualifying for all SO Duty candidates. Waiver requests must include documentation of successful completion of treatment and aftercare (if applicable).

2. Designated SO personnel with substance use disorder will be managed administratively per OPNAVINST 5355.3 series and do not require medical disqualification unless a medically disqualifying diagnosis is present in addition to the substance use disorder (e.g., substance-induced psychosis).

3. Current or history of illicit drug use (including use in religious rituals) should be managed administratively per OPNAVINST 5355.3 series, SECNAVINST 5300.28 series, and any other applicable directives.

(3) Use of psychotropic medication is temporarily disqualifying until the Service member has become stable on the medication and they are able to perform their duties, as judged by the attending UMO and doctoral-level mental health professional. No waiver is required to return to SO Duty for short-term use (less than 6 months) of a psychotropic medication. Long-term use (longer than 6 months) of a psychotropic medication is disqualifying and will require a waiver to return to SO Duty.

Note: *ASD(HA) Guidelines for Deployment-Limiting Psychiatric Conditions and Medications states that a member may not be deployed within 3 months of starting a psychotropic medication.*

Note: *OPNAVINST 3591.1, Small Arms Training and Qualification, states that a member may not be issued a weapon while on psychotropic medications unless a waiver is obtained; personnel must be limited to administrative duties unless waiver has been granted.*

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

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

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

(2) A history of seizure disorder, with the exception of febrile convulsion before age 6 years, is considered disqualifying. A minimum of 2 seizure-free years after cessation of anti-convulsant medication with a normal EEG and neurological evaluation

is necessary before a waiver will be considered. Isolated seizures attributed to known causes (e.g., blunt trauma, intoxications) may be waived sooner.

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

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

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

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

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

(a) Cerebrospinal fluid leak.

(b) Intracranial bleeding.

(c) Depressed skull fracture with dural laceration.

(d) Post-traumatic amnesia (PTA) per the following schedule:

1. PTA less than 1 hour is disqualifying for at least 1 month. A normal brain MRI and normal examination by a neurologist or neurosurgeon is required before return to duty. If more than 2 years have elapsed since the injury, a normal MRI and a normal neurologic examination by the UMO are sufficient. Further specialty consultation is only indicated in the event of abnormal findings.

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

(8) History of penetrating head injury is disqualifying.

(m) ***Skin.*** Any chronic condition which requires frequent health care encounters, is unresponsive to topical treatment, causes long-term compromise of skin integrity, interferes with the wearing of required equipment, clothing, or camouflage paint, or which may be exacerbated by sun exposure is disqualifying.

(n) ***Miscellaneous***

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

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

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

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

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

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

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

(8) ***Medications***

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

(b) For designated SO personnel, use of any medication that may compromise mental or behavioral function, limit aerobic endurance, or

pose a significant risk of mentally or physically impairing side effects is disqualifying. Any requirement for a medication that necessitates close monitoring, regular tests, refrigeration, or parenteral administration on a biweekly (every 2 weeks) or more frequent basis is disqualifying. Requirement for medication which would pose a significant health risk if suddenly stopped for 1 month or more is disqualifying.

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

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

(4) ***Waiver and Disqualification Requests.*** Waiver and disqualification requests are essentially the same personnel action. The distinction between the two lies with whether the originator is requesting that one or more physical standards be waived or not. The outcome of either request is a determination by the responsible waiver authority as to whether the physical standard(s) is waived or not. BUMED-M95 serves as the senior medical reviewer for the waiver authority. (Certain waiver authorities have delegated adjudication of disqualification cases only to lower echelon commanders).

(a) Requests for a waiver of physical standards for SO personnel and candidates must be sent from the member's commander, commanding officer, or officer in charge, via any applicable immediate superior in command (ISIC) or type commander (TYCOM) and BUMED-M95, to the appropriate Bureau of Naval Personnel code (enlisted – BUPERS-3; officers – PERS-416); or Headquarters, USMC (POG-40).

(b) Originators must use the WEBWAVE 2 system to securely transmit cases (which contain HIPAA and PII-protected information). WEBWAVE 2 expedites case adjudication, allows tracking of cases under review and provides an accessible archive of closed cases. The system's business rules are designed to ensure that all necessary components of a request are submitted and requests are directed electronically via the proper routing sequence. BUMED-M95's guideline for timely internal review of routine waiver requests is 10 business days; Urgent cases are acted upon with 24 hours of receipt. Access to WEBWAVE 2 is controlled by BUMED-M95. Commands needing to submit requests via WEBWAVE 2 but currently without access may contact BUMED-M95 directly to validate their requirement and obtain access/training.

(c) For SO personnel, interim waivers may be granted by BUMED-M95 for periods of up to 6 months.

(1) Interim waivers will not normally be considered for SO candidates, in as much as their suitability must be established before the Navy incurs the expense of TAD orders and training.

(2) Because interim waivers are not reviewed by the relevant Waiver Authority, BUMED-M95 will only grant interim waivers for relatively routine, frequently encountered conditions for which it is confident of the waiver authority's eventual disposition. In any case, interim waivers should be requested sparingly.

(3) BUMED-M95 must receive the final waiver request prior to the expiration of any interim waiver which has been granted (typically 6 months). The final waiver request must include a substantive interval history pertinent to the condition under review.

(4) Individuals with lapsed interim waivers are not physically qualified to parachute or deploy 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) BUMED-M95 will perform 'courtesy screening' for SO candidates, who are potential Navy accessions, referred by their local Navy Recruiting Districts (NRD); however, these screens are not waivers.

(e) 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 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 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.

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.*

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).*

15-106 Submarine Duty

(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, no more than 1 year prior to 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 6224.8 series for persons embarking on a Commissioned Vessel).

(3) Audiogram (current within last 12 months per OPNAVINST 5100.19 series) 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.

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

(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).

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

(c) ***Examiners.*** Submarine duty physical examinations may be performed by any physician, physician assistant, or nurse practitioner with appropriate DoD 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 DoD 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 15-102 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.

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

(d) ***Eyes and Vision***

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

(2) Defective color vision is disqualifying except for enlisted rates Culinary Specialist (CS), Hospital Corpsman (HM), Logistics Specialist (LS), and Yeoman (YN). For submarine qualified personnel, waiver requests must include a statement from the member's supervisor stating that the member is able to perform his or her job accurately and without difficulty.

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

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

(b) For qualified submariners:

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

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

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

(4) Keratoconus is disqualifying. Waivers may be considered for individuals with stable or slowly progressive disease who do not require hard contact lenses.

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

(6) A history of atraumatic iritis is disqualifying. Individuals with an unequivocal history of traumatic iritis may be returned to submarine duty after resolution of symptoms and evaluation by the attending ophthalmologist and at the discretion of the UMO without a waiver.

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

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

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

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

(a) Report from a residency trained primary care physician or pulmonologist classifying the individual's asthma based on National Asthma Education and Prevention Program guidelines.

(b) Spirometry results.

(c) Medication requirements.

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

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

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

(4) Individuals with either positive TST or positive IGRA (e.g., QuantiFERON-TB Gold test) must be removed from submarine duty pending further clinical investigation.

(a) Active tuberculosis disease is disqualifying; however, a waiver request will be considered upon completion of all treatments resulting in sterilization of the infectious lesion, and demonstration of normal pulmonary function. Individuals diagnosed with LTBI are non-infectious, but have the potential to progress to active disease.

(b) LTBI is disqualifying for candidates. A waiver request will be considered upon completion of all indicated LTBI therapy.

(c) Submarine-qualified personnel diagnosed with LTBI will be evaluated by their attending UMO. The UMO may return the individual to submarine duty, without waiver, 8 weeks after initiating LTBI antibiotic therapy, provided the individual remains asymptomatic, is compliant with therapy and has no adverse reaction to the medication(s). Completion of treatment must be documented in the medical record.

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

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

(2) Atherosclerotic heart disease.

(3) Pericarditis, chronic or recurrent.

(4) Myocardial injury or hypertrophy of any cause.

(5) Chronic anticoagulant use.

(6) Intermittent claudication or other peripheral vascular disease.

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

(8) Uncontrolled hypertension, due either to the refractory nature of the disease or patient non-compliance, is disqualifying. Hypertension which requires complex medical management to achieve control is disqualifying. Hypertension associated with evidence of end organ damage is disqualifying.

(9) History of cardiac surgery other than closure of patent ductus arteriosus in infancy.

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

(a) Have never had a documented dysrhythmia.

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

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

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

(1) A history of gastrointestinal tract disease is disqualifying. Specific examples include:

(a) History of gastrointestinal bleeding, including positive occult blood testing, if the cause has not been corrected. Minor rectal bleeding from an obvious source (e.g., anal fissure or external hemorrhoid) does not require immediate disqualification, but must be evaluated and treated by a physician as soon as practicable.

(b) History of organ perforation.

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

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

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

(4) History of diverticulitis is disqualifying. Diverticulosis is not disqualifying, but individuals with this condition require counseling regarding preventive measures and monitoring for development of diverticulitis.

(5) History of small bowel obstruction is disqualifying.

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

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

(8) History of pancreatitis is disqualifying.

(9) Chronic hepatitis is disqualifying.

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

(11) Eosinophilic esophagitis is disqualifying.

(12) History of abdominal surgery is not disqualifying, once released by the attending surgeon and provided there are no persisting complications.

(h) ***Genitourinary***

(1) ***Urolithiasis***

(a) A history of urolithiasis is disqualifying for candidates.

(b) A first episode of uncomplicated urolithiasis is not disqualifying for submarine designated personnel provided that there is no predisposing metabolic or anatomic abnormality and there are no retained stones. The attending UMO may return the member to full duty after resolution of symptoms and a thorough evaluation, including a urology consultation.

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

(d) Recurrent urolithiasis is disqualifying. A waiver will not be considered.

(e) Randall's plaques are not disqualifying.

(2) ***Female Reproductive System***

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

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

(c) Endometriosis is disqualifying.

(d) Uterine fibroids are disqualifying if symptomatic.

(e) Cervical dysplasia or neoplasia requiring frequent (<6 months) follow up, consistent with current American Society for Colposcopy and Cervical Pathology (ASCCP) clinical practice guidelines, is disqualifying.

(f) Pregnancy is not disqualifying, but the pregnant submariner may not get underway on a submarine for the duration of the pregnancy. After a pregnancy, the submariner may not get underway on a submarine until cleared by her attending maternity care provider and UMO.

(i) ***Endocrine and Metabolic.*** Any endocrine or metabolic condition requiring chronic medication or dietary modification is disqualifying. Candidates will not typically be recommended for waivers except those with well-controlled hypothyroidism. Specifically:

(1) Diabetes mellitus is disqualifying

(a) Diabetes mellitus requiring insulin is disqualifying and will not be considered for a waiver.

(b) Diabetes mellitus controlled without the use of insulin is disqualifying. Waiver requests must include documentation of current medications, current hemoglobin A1C level, and documentation of the presence or absence of any end organ damage.

(2) Pre-diabetic conditions requiring treatment with medication are disqualifying.

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

(4) Symptomatic hypoglycemia is disqualifying.

(5) Chronic use of corticosteroids, other than nasal corticosteroids for allergic rhinitis, is disqualifying.

(6) Hypogonadism or other conditions requiring ongoing use of exogenous testosterone or testosterone analogs are disqualifying.

(j) ***Musculoskeletal***

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

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

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

(k) ***Psychological and Cognitive.*** Psychological fitness for submarine duty must be carefully and continuously evaluated in all submarine designated personnel. It is imperative that individuals working in this program have a very high degree of reliability, alertness, and good judgment. Any current or history of a diagnosis as defined by the current version of the DSM, *unless explicitly excepted*, is disqualifying, to include:

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

(2) Current or history of mood disorder and/or anxiety disorders (including adjustment disorders lasting longer than 90 days) as listed in the DSM is disqualifying, but may be considered for a waiver once the Service member's condition is stable and asymptomatic.

(a) Candidates, whose treatment includes psychopharmaceuticals, are disqualified and not eligible for a waiver until such medications are no longer required to achieve asymptomatic stability.

(b) Submarine designated individuals, whose treatment includes ongoing use of selected psychopharmaceuticals, may be considered for waiver, provided all of the following stipulations are met:

1. The Service member must initially be evaluated by a DoD-clinically privileged psychiatrist.

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

3. The Service member must have access to the recommended level of follow-up with their mental health provider and primary care manager (PCM). For submarine duty personnel, the condition must be stable enough to allow follow-up solely with an Independent Duty Corpsman for up to 6 months at a time.

4. Medication specifics. SSRI and SNRI class medications, as well as bupropion, are well tolerated, with minimal side effects and generally amenable for waiver. Other medications may be considered on a limited, case-by-case basis. It is expected that starting medication, titrating up to the optimum dosage, assessing for efficacy, side effects, and demonstrating stability will require about 3 months; however some medications with short biological half-lives may require less time. The UMO must certify, when recommending a waiver, that:

i. The Service member's underlying condition is well-controlled (asymptomatic) on the current dosage of medication.

ii. The Service member is on a stable dosage of medication (i.e., no dose change in the 30 days prior to waiver submission).

iii. The Service member demonstrates clinical stability without any military duty performance-impairing side effects. This assessment should also be specifically addressed by the individual's command endorsement.

5. Mood disorders or anxiety disorders (including adjustment disorders) complicated by suicidal behaviors.

i. Individuals who have experienced suicidal ideation in conjunction with their mood and/or anxiety disorder (including adjustment disorders) may still be considered for a psychopharmaceutical use waiver in conjunction with a waiver for their underlying psychological condition and their suicidal behavior.

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

(3) Post-partum depression of limited duration is not normally disqualifying for submarine duty. Cases which resolve quickly, within the 12-week maternity leave period, may be found fit for submarine duty by the attending UMO. Cases of longer duration and/or requiring psychopharmaceutical use or involving suicidality are disqualifying and waiver will be considered after complete resolution of symptoms.

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

(a) Current ADHD which requires medication to control symptoms, is disqualifying, but a history of ADHD which resolved greater than 1 year prior to military service is not disqualifying.

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

(c) Sleep disorders, which result in daytime fatigue, somnolence or inattention, are disqualifying.

(5) Gender dysphoria. Transgender individuals with a diagnosis of gender dysphoria, with no other comorbidities, may be returned to submarine duty upon the written recommendation of the attending UMO and mental health professional without further recourse to the waiver process. Transgender individuals who have been determined to not have a diagnosis of gender dysphoria merely require documentation of that fact in their medical record. Actual gender transition, involving medications and treatments, must be considered separately as to the interventions respective impacts on the individual's suitability for submarine duty.

(6) Personality disorders are disqualifying for submarine duty candidates. For submarine qualified personnel, personality disorders may be administratively disqualifying if they are of significant severity as to preclude safe and successful performance of duties. In these cases, administrative processing should be pursued per the Military Personnel Manual (MILPERSMAN).

(7) Adjustment disorders and brief situational emotional distress, such as acute stress reactions or bereavement, are not normally disqualifying. Individuals with these conditions must be evaluated by the attending UMO, in conjunction with formal mental health evaluation. In cases which resolve completely within 90 days, individual may be found fit submarine duty by the attending UMO. Conditions lasting longer than 90 days are disqualifying; a waiver may be considered after complete resolution of symptoms.

(8) Suicidal Behaviors

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

(b) Suicidal ideation (SI), whether active or passive, is a significant risk factor for suicide and is associated with several mental health diagnoses. Any individual with SI requires a thorough suicide risk assessment by mental health provider. However, SI is a symptom rather than a diagnosis. As such, if the individual does not meet the diagnostic criteria for a disqualifying condition, then the individual may be return to submarine duty upon the written recommendation of the attending UMO and mental health provider without further recourse to the waiver process.

(9) History of self-mutilation, including but not limited to cutting, burning, and other self-inflicted wounds, is disqualifying whether occurring in conjunction with suicidality or as an abnormal coping mechanism. Waivers will be considered based on the underlying condition, and its complete resolution, as determined by the attending UMO and mental health provider.

(10) Disorders relating to Substance Use (SUD)

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

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

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

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

(12) Any use of psychopharmaceuticals for any indication within the preceding year is disqualifying. For the purpose of this article, "psychopharmaceutical" is defined as a prescription medication whose primary site of activity is the central nervous system (CNS). This includes, but is not limited to, anti-depressants, anti-psychotics, anti-epileptics, sedative/hypnotics, stimulants, anxiolytics, smoking cessation agents other than nicotine, DEA scheduled medications, and bipolar agents.

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

(a) As per policy defined in MANMED article 15-106, paragraph (4)(k)(2)(b) of this article, waivers will be considered for ongoing clinical treatment of mood and anxiety disorders with specific medications.

(b) For medications with only incidental activity (i.e., minor side effects occasionally observed in some individuals taking these medications) in the CNS, waivers will be considered on the basis of demonstrated stability of a stable dosage, no impairing side effects impacting duties, and favorable endorsement by a mental health provider, UMO and the individual's command. The command endorsement must attest to both the individual's functionality and criticality to mission.

(c) Waivers will be considered, in selected cases, for ongoing use of psychopharmaceuticals to treat non-psychiatric conditions. Requests for such waivers must meet a high threshold of documentation; waivers will be considered on the basis of demonstrated stability of a stable dosage, no impairing side effects impacting duties, and favorable endorsement by a mental health provider, UMO, and the individual's command. The command endorsement must attest to both the individual's functionality and criticality to mission.

(d) Waivers will be considered, upon discontinuation of psychopharmaceuticals, after a period of time considered sufficient to metabolize or eliminate the medication from the individual's body (generally, five biological half-lives, less for single dose or transient courses of treatment). The mental health provider and UMO must specifically comment on the presence or absence of any withdrawal, discontinuation rebound, or other such symptoms attributable to the episode of psychopharmaceutical use. Individuals who experience any of these symptoms must be symptom free for 60 days before a waiver will be considered.

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

(f) ***Exceptions.*** Zolpidem (Ambien) prescribed for jet lag, medications prescribed or administered for facilitation of a medical or dental surgery or procedure, narcotic and synthetic opioid pain medications prescribed for acute pain management, anti-emetics for acute nausea, and muscle relaxants (such as cyclobenzaprine or diazepam) for acute musculoskeletal spasm and/or pain are not disqualifying. Acute treatment is limited to 2 weeks of continuous medication usage. Episodic use of serotonin receptor agonists ("triptans"), such as sumatriptan (Imitrex) and zolmitriptan (Zomig), for migraine abortive treatment, is not disqualifying.

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

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

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

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

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

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

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

(m) ***Skin***

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

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

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

(4) A history of skin cancer (including malignant melanoma and squamous cell carcinoma) is disqualifying. A waiver may be considered after definitive treatment is completed; in some instances, definitive treatment may be limited to surgical excision with clear margins. Actinic keratosis and basal cell carcinoma are not disqualifying provided either is adequately treated and the member is considered fit for submarine duty by a dermatologist and the attending UMO.

(n) ***Miscellaneous***

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

(2) Cancer treatment (except skin cancer, per MANMED article 15-106, paragraph (4)(m)(4)) within the preceding year is disqualifying. All submarine-qualified personnel with a diagnosis of cancer are also subject to requirements of NAVMED P-5055.

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

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

(5) History of severe allergic reaction or anaphylaxis to environmental substances or any foods is disqualifying. Any allergy with life threatening manifestations is disqualifying. Non-IgE mediated reactions to foods warrant careful consideration and may, in exceptional circumstances, be amenable to waiver.

(6) Chronic or recurrent pain syndromes that may mimic serious disease (e.g., abdominal pain, chest pain) or interfere with work performance or mobility are disqualifying.

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

(8) Use of any medication that may pose a significant risk of mentally or physically impairing side effects is disqualifying. Any requirement for a medication that necessitates close monitoring, regular tests, refrigeration, or parenteral administration on a biweekly or more frequent basis is disqualifying.

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

(a) Candidates for PSET must meet submarine duty physical standards and have a valid submarine duty examination on record.

(b) Failure to meet the physical standards for PSET does not medically disqualify an individual from submarine duty—these standards are no longer applicable once PSET is completed or discontinued.

(c) Female candidates must be tested for pregnancy (urine HCG – dip) at the time of the medical screening.

(d) If successfully screened medically, candidates will complete a Driver Candidate Pressure Test, as defined by the U.S. Navy Diving Manual. Individuals unable to successfully complete the test will be excluded from PSET.

(e) The additional physical standards for PSET follow:

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

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

(b) Current upper respiratory infection, upper airway allergies, middle or inner ear disease, or sinus disease is disqualifying. Trainees with recently resolved or resolving symptoms may proceed with PSET training upon a favorable otolaryngeal examination by the attending UMO and objective evidence of normal eustachian tube function (e.g., Diver Candidate Pressure Test).

(2) ***Pulmonary***

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

(b) Current or recent lower respiratory infection is disqualifying. Trainees may be reconsidered for PSET after at least 3 weeks after completion of treatment. Chest radiographs must confirm resolution of disease.

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

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

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

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

(g) Spirometry without bronchodilator must be performed within 14 days prior to PSET and must show forced vital capacity (FVC) and forced expiratory volume 1 (FEV1) within standards set by the Third National Health and Nutrition Examination Survey (NHANES III).

(3) ***Cardiovascular***

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

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

(4) ***Psychiatric***

(a) Submersion-related anxiety is disqualifying.

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

(5) ***Neurological***

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

(b) History of intracranial surgery, disorders of sleep and wakefulness, and cognitive barriers to learning is disqualifying. History of obstructive sleep apnea, successfully treated, is not disqualifying.

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

(6) ***Genitourinary***

(a) Current pregnancy is disqualifying.

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

(6) ***Waiver and Disqualification Requests.*** Waiver and disqualification requests are essentially the same personnel action. The distinction between

the two lies with whether the originator is requesting that one or more physical standards be waived or not. The outcome of either request is a determination by the responsible waiver authority as to whether the physical standard(s) is waived or not. BUMED Undersea Medicine and Radiation Health (BUMED-95) serves as the senior medical reviewer for the waiver authority. (Certain waiver authorities have delegated adjudication of disqualification cases only to lower echelon commanders).

(a) Requests for a waiver of physical standards for submariners and submarine duty candidates must be sent from the member's commander, commanding officer, or officer in charge, via any applicable ISIC , or type commander (TYCOM) and BUMED-M95, to the appropriate Bureau of Naval Personnel code (enlisted – PERS-403; officers – PERS-421).

(b) Originators must use the WEBWAVE 2 system to securely transmit cases (which contain HIPAA and PII-protected information). WEBWAVE 2 expedites case adjudication, allows tracking of cases under review and provides an accessible archive of closed cases. The system's business rules are designed to ensure that all necessary components of a request are submitted and requests are directed electronically via the proper routing sequence. BUMED-M95's guideline for timely internal review of routine waiver requests is 10 business days; urgent cases are acted upon with 24 hours of receipt. Access to WEBWAVE 2 is controlled by BUMED-M95. Commands needing to submit requests via WEBWAVE 2 but currently without access may contact BUMED-M95 directly to validate their requirement and obtain access/training.

(c) For submariners, interim waivers may be granted by BUMED-M95 for periods of up to 6 months.

(1) Interim waivers will not normally be considered for submarine duty candidates, in as much as their suitability must be established before the Navy incurs the expense of TAD orders and training.

(2) Because interim waivers are not reviewed by the relevant waiver authority, BUMED-M95 will only grant interim waivers for relatively routine, frequently encountered conditions for which it is confident of the waiver authority's eventual disposition. In any case, interim waivers should be requested sparingly.

(3) BUMED-M95 must receive the final waiver request prior to the expiration of any interim waiver which has been granted (typically 6 months). The final waiver request must include a substantive interval history pertinent to the condition under review.

(4) Individuals with lapsed interim waivers are not physically qualified to get underway, stand watches aboard ship or perform maintenance on submarine systems 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 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 submarine duty examination, a current submarine 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, diagnosis, or current condition impairs the member's performance of submarine duty and is compatible with the operational environment.

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.*

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

(1) ***Background.*** Military personnel were previously exempt from the requirements of the Commercial Motor Vehicle (CMV) Safety Act of 1986, and, in particular, from the physical examination requirements to obtain a commercial driver's license. It is DoD policy that civilian and military Explosives Motor Vehicle operators must meet physical qualification requirements as listed in 49 C.F.R. §391, Federal Motor Carrier Safety Administration (FMCSA) regulations. Explosives are to be considered as "hazardous materials" with regard to FMCSA regulations related to vehicle operator medical certification. FMCSA regulations now require CMV driver physical examinations to be performed by licensed providers listed on the National Registry of Certified Medical Examiners (NRCME). DoD Civilian CMV driver exams are to be performed and reported to the FMCSA by NRCME providers. Military CMV driver exams are not to be reported to the FMCSA, and may be performed by NRCME or non-NRCME certified providers; however, non-NRCME providers must use DOT standards and be as knowledgeable about these standards as NCRME providers. BUMEDINST 1500.30, Training and Certification Requirements for Healthcare Practitioners Performing Commercial Driver Examinations, describes responsibilities related to CMV examinations.

(2) ***Scope.*** These special duty certification examinations are required for active duty and civilian personnel assigned as Explosives Motor Vehicle operators and Explosives Handlers. Certain military personnel are exempt from this standard based on mission and/or command requirements. Administrative, mission, and/or command requirement exemptions from this standard require review via the waiver process established by Naval Ordnance Safety and Security Activity. It is important to note the separation of the two qualifications as Explosives Motor Vehicle Operator and Explosives Handler. Those qualified as Explosives Motor Vehicle Operators are concurrently qualified as Explosives Handlers. However, Explosives Handler qualification does not confer qualification for Explosives Motor Vehicle Operator.

(3) ***Periodicity.*** The Explosives Motor Vehicle Operator (720) examination for both military and civilian workers is required every 2 years (or as directed by 49 C.F.R. §391 based upon medical factors). For Explosives Handlers (721), the examination interval is every 5 years.

(4) ***Concordance with other exams***. Examiners using another comprehensive Special Duty examination, such as a Special Duty examination contained in MANMED Chapter 15, section IV, as the basis for this Explosives Motor Vehicle Operator qualification must review the findings against the standards of this program. For example, qualification for submarine duty does not automatically imply qualification for Explosives Motor Vehicle Operator as vision in both eyes is not a requirement for submarine duty, but is required for Explosives Motor Vehicle operation.

(a) Navy Explosive Ordnance Disposal (EOD) unit assigned personnel must meet the requirements of article 15-102 (Diving Duty) as well as 49 C.F.R. §391.

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

(c) Per the guidance in NAVSEA OP 5, civilian explosives handlers must meet the general standards for employment as provided by the Office of Personnel Management as well as the standards for qualification in 49 C.F.R. §391.

(d) Active duty members must meet the qualifications for retention per section III of this chapter, in addition to the standards described below.

(5) ***Reporting of Medical Status Changes***. Personnel assigned to duties as Explosives Motor Vehicle Operators or Explosives Handlers are responsible to report to their supervisor or the medical department any physical or mental condition, or any change in their medical status, which may pose a health or safety hazard to self, co-workers, or the public. Supervisors are responsible to direct such personnel to the appropriate medical department for evaluation.

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

(1) ***Background.*** Military personnel were previously exempt from the requirements of the Commercial Motor Vehicle (CMV) Safety Act of 1986, and, in particular, from the physical examination requirements to obtain a commercial driver's license. It is DoD policy that civilian and military Explosives Motor Vehicle operators must meet physical qualification requirements as listed in 49 C.F.R. §391, Federal Motor Carrier Safety Administration (FMCSA) regulations. Explosives are to be considered as "hazardous materials" with regard to FMCSA regulations related to vehicle operator medical certification. FMCSA regulations now require CMV driver physical examinations to be performed by licensed providers listed on the National Registry of Certified Medical Examiners (NRCME). DoD Civilian CMV driver exams are to be performed and reported to the FMCSA by NRCME providers. Military CMV driver exams are not to be reported to the FMCSA, and may be performed by NRCME or non-NRCME certified providers; however, non-NRCME providers must use DOT standards and be as knowledgeable about these standards as NCRME providers. BUMEDINST 1500.30, Training and Certification Requirements for Healthcare Practitioners Performing Commercial Driver Examinations, describes responsibilities related to CMV examinations.

(2) ***Scope.*** These special duty certification examinations are required for active duty and civilian personnel assigned as Explosives Motor Vehicle operators and Explosives Handlers. Certain military personnel are exempt from this standard based on mission and/or command requirements. Administrative, mission, and/or command requirement exemptions from this standard require review via the waiver process established by Naval Ordnance Safety and Security Activity. It is important to note the separation of the two qualifications as Explosives Motor Vehicle Operator and Explosives Handler. Those qualified as Explosives Motor Vehicle Operators are concurrently qualified as Explosives Handlers. However, Explosives Handler qualification does not confer qualification for Explosives Motor Vehicle Operator.

(3) ***Periodicity.*** The Explosives Motor Vehicle Operator (720) examination for both military and civilian workers is required every 2 years (or as directed by 49 C.F.R. §391 based upon medical factors). For Explosives Handlers (721), the examination interval is every 5 years.

(4) ***Concordance with other exams***. Examiners using another comprehensive Special Duty examination, such as a Special Duty examination contained in MANMED Chapter 15, section IV, as the basis for this Explosives Motor Vehicle Operator qualification must review the findings against the standards of this program. For example, qualification for submarine duty does not automatically imply qualification for Explosives Motor Vehicle Operator as vision in both eyes is not a requirement for submarine duty, but is required for Explosives Motor Vehicle operation.

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(c) Per the guidance in NAVSEA OP 5, civilian explosives handlers must meet the general standards for employment as provided by the Office of Personnel Management as well as the standards for qualification in 49 C.F.R. §391.

(d) Active duty members must meet the qualifications for retention per section III of this chapter, in addition to the standards described below.

(5) ***Reporting of Medical Status Changes***. Personnel assigned to duties as Explosives Motor Vehicle Operators or Explosives Handlers are responsible to report to their supervisor or the medical department any physical or mental condition, or any change in their medical status, which may pose a health or safety hazard to self, co-workers, or the public. Supervisors are responsible to direct such personnel to the appropriate medical department for evaluation.

(6) ***Explosives Motor Vehicle Operators/DOT (720)***

(a) The purpose of this program is to ensure that military members and Department of the Navy Civilians who operate vehicles or machinery which transport explosives or other hazardous material on public roads are physically qualified. The Federal Department of Transportation and the Department of the Navy consider on-base roads connected to base entrances as being public roads for the purpose of vehicle operator certification and licensing. Personnel who are Explosives Motor Vehicle Operators must comply with the physical examination requirements in 49 C.F.R. §391 (and other Department of Defense instructions as applicable), via completion of a physical examination as specified in the NMCPHC-TM OM-6260, Medical Surveillance Procedures Manual and Medical Matrix, for Explosives Motor Vehicle Operators/DOT (720). Civilian contract drivers need only be qualified per 49 C.F.R. §391 and FMCSA standards and present applicable certificates to the command program coordinator. Medical examinations are not provided for civilian contractor personnel unless dictated by contract terms or agreements.

(b) Personnel who are medically qualified as Explosives Motor Vehicle Operators under this section meet the 49 C.F.R. §391 standards and must be issued a Medical Examiner's Certificate (OPNAV 8020/6, Department of the Navy Medical Examiners Certificate) marked category A (Civilians) or category B (Military).

(c) Personnel must not handle explosives or drive as a motor vehicle operator containing explosives unless he or she is physically qualified to do so. An Explosives Motor Vehicle Operator must have, on his or her person, the original or photographic copy of the appropriate completed medical examiner's certificate stating that he or she is physically qualified.

(d) ***Physical Qualifications***. The physical qualification standards for Explosives Motor Vehicle Operators are set forth in 49 C.F.R. §391.41, Subpart E, Physical Qualifications and Examinations. A person is physically qualified as an Explosives Motor Vehicle Operator if that person:

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

(2) Has no impairment of:

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

b. An arm, foot, or leg limitation which interferes with the ability to perform normal tasks associated with operating a CMV (or equivalent).

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

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

(5) Has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with his or her ability to operate a CMV (or equivalent) safely.

(6) Has no current clinical diagnosis of high blood pressure (over 140 systolic or 90 diastolic) likely to interfere with his or her ability to operate a CMV (or equivalent) safely, according to guidelines contained in 49 C.F.R. §391.43. Shorter qualification intervals apply to persons with high blood pressure.

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

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

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

(10) Has distant visual acuity of at least 20/40 (Snellen) in each eye separately and in both eyes together with or without corrective lenses, field of vision of at least 70° in the horizontal meridian in

each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber.

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

(12) Does not use a controlled substance or drug identified as Schedule I, an amphetamine, a narcotic, or any other habit-forming drug. *Exception:* A driver may use such a substance or drug, if the substance or drug is prescribed by a licensed medical practitioner who is familiar with the driver's medical history and assigned duties, and has advised the driver and provided to the examiner a written statement certifying that the prescribed substance or drug will not adversely affect the driver's ability to safely operate a CMV (or equivalent).

(13) Has no current clinical diagnosis of alcoholism.

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

(7) ***Explosives Handlers (721).*** The purpose of this program is to ensure that those who handle explosives, with or without industrial material handling equipment, are physically qualified. This examination may be conducted and signed by any Navy medical provider, including physicians, nurse practitioners, physician assistants, and (for military members only) independent duty corpsmen.

(a) ***Physical Qualifications***. Explosives Handlers must meet the qualifications for retention per section III of this chapter, for active duty members, as well as the standards outlined above for Civilians.

(b) OPNAV 8020/6 indicating "Military/Civilian Explosives Handler NOT operating MHE (721)" will be issued to qualified Explosives Handlers.

(8) ***Exceptions, exemptions, and waivers of medical standards or physical requirements.*** Workers who do not meet all physical qualification criteria for a position may potentially be considered for exceptions, exemptions, or waivers.

(a) ***Exceptions***. An exception is issued by a commanding officer for unique, mission-critical situations in which an active duty Explosives Motor Vehicle Operator or civilian or active duty Explosives Handler is temporarily unable to meet all qualification criteria, but is expected, either because recovery is imminent or because of limited driving or handling requirements, to be able to adequately perform the mission-specific functions. For active duty Explosives Motor Vehicle Operators, a commanding officer may grant an exception for limited special duty assignments to meet critical mission requirements, after consultation with an occupational medicine physician, and endorsement by the installation's Safety department. Exceptions are valid for the duration of the mission or temporary impairment only.

(b) ***Exemptions*** are issued by the FMCSA for drivers with certain medical conditions, including insulin-dependent diabetes with excellent blood glucose control, monocular vision with ophthalmologist or optometrist concurrence, and limb loss or impairment with a Skill Performance Evaluation (SPE) certificate. An exemption indicates a normally disqualifying condition is either well-controlled or compensated for such, that the driver is capable of safely operating a CMV (or equivalent). If a Civilian is found not qualified during examination and produces conflicting information from his or her private physician, 49 C.F.R. §391.47 provides criteria for submitting documents to the Department of Transportation for determination of qualification. Exemptions are valid for the duration of the certification provided by the examiner (maximum of 2 years).

(c) ***Waivers***

(1) For Explosives Motor Vehicle Operators, waivers are limited to a small group of drivers who participated years ago in a program described in 49 C.F.R. §391.64. Waivers are not currently issued for Explosives Motor Vehicle Operators or any CMV drivers.

(2) For Explosives Handlers, a waiver may be issued by a commanding officer, under the authority of OPNAVINST 8023.24, Navy Personnel Ammunition and Explosives Handling Qualification and Certification Program, for a worker performing a specific job with tasks limited such that the physical qualifications normally applicable are unnecessary. For example, an Explosives Handler moving exclusively large objects might be able, depending on the worker and the work site, to safely perform that job with visual acuity worse than 20/40. The commanding officer could grant a waiver to that worker for that specific job, but the worker would not necessarily be allowed to fill in for other Explosives Handlers. When a waiver is requested for either a civilian or active duty Explosives Handler found Not Physically Qualified (NPQ), a provider familiar with the job's physical and safety-related requirements must review the case. Due to the significant safety and legal ramifications, an occupational medicine physician must be consulted. The provider will analyze the member's job tasks to determine whether the worker's medical condition would affect performing the essential functions of the job without increased risk of harm to self or others. If the worker fails to meet the standards, but the permanent medical condition will not reasonably interfere with safe performance of the job, then the worker may be considered "NPQ, but waiver medically recommended." If the permanent medical condition is such that it impairs safe performance of the job, then the worker is considered "NPQ and waiver not medically recommended." This finding will be maintained in the worker's occupational medical record, with a copy submitted to the worker's supervisor and the worker. Waivers for Explosives Handlers are valid for the duration of the certification provided by the examiner.

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

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

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

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

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

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

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

(a) Physically Qualified (PQ).

(b) Not Physically Qualified (NPQ), Waiver Not Recommended.

(c) NPQ, Waiver Recommended.

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

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

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

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

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

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

(5) ***Examination Requirements***

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

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

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

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

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

(8) ***Medical Waiver Requests***

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

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

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

(9) ***Periodicity of Examinations***

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

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

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

15-109 Landing Craft Air Cushion (LCAC) Medical Standards

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

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

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

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

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

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

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

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

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

TABLE - MAXIMUM HEARING LOSS (ANSI 1969)

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

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

(b) ***Eyes and Vision***

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(l2) ***Color Vision.*** After 31 December 2016, all applicants for LCAC duty involving actual control or navigational observation duties must achieve at least 10 out of 14 on the Pseudo-Isochromatic Plates (PIP). Personnel who were selected for actual control or navigational observation duties before the end of 2016 can continue to demonstrate adequate color vision by scoring 9/9 on the FALANT.

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

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

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

(c) ***Lungs and Chest Wall***

(1) Active asthma.

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

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

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

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

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

(7) Recurrent spontaneous pneumothorax.

(d) *Cardiovascular*

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

(2) Pericarditis, chronic or recurrent.

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

(4) Second or third degree heart block.

(5) Near or recurrent syncope of cardiac origin.

(6) Hypertrophic cardiomyopathy.

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

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

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

(10) Intermittent claudication

(11) Thrombophlebitis, recurrent.

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

(13) *Blood Pressure and Pulse Rate*

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

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

(e) *Gastrointestinal System*

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

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

(3) Recurrent or chronic pancreatitis.

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

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

(6) Esophageal strictures requiring frequent dilation, hospitalization.

(7) Fecal incontinence.

(8) Cholelithiasis without cholecystectomy.

(f) *Endocrine and Metabolic*

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

(2) Diabetes type 1 (IDDM), any history of diabetic ketoacidosis, or two or more hospitalizations within 5 years for complications of diabetes type II (NIDDM).

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

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

(5) Any disorder requiring daily oral steroids.

(g) ***Genitourinary System***

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

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

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

(4) Urinary incontinence.

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

(6) Single kidney if complications with remaining kidney.

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

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

(h) ***Extremities***

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

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

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

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

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

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

(i) ***Spine***

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

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

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

(j) *Skin*

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

(2) Scleroderma.

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

(4) Lymphedema.

(5) Chronic urticaria.

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

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

(k) *Neurologic*

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

(2) History of unexplained or recurrent syncope.

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

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

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

(6) Narcolepsy.

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

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

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

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

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

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

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

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

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

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

(1) Spondylopathy.

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

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

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

(5) Leukopenia, when complicated by recurrent infections.

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

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

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

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

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

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

(3) A chest x-ray.

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

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

(q) ***Teeth***

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

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

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

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

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

15-110 Firefighting Instructor Personnel Examinations and Standards

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

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

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

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

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

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

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

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

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

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

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

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

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

Section V

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

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15-111 References and Resources

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

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

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

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

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

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

Assignment Screening – BUMEDINST 1300.2 series.

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

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

Department of Defense Medical Examination Review Board (DOD MERB) at: https://dodmerb.tricare.osd.mil/ and NAVMEDCOMINST 6120.2 series.

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

Fitness for Duty Examinations – BUMEDINST 6120.20 series.

HIV Policy – DoD Instruction 6485.01; SECNAVINST 5300.30 series.

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

Navy Medicine Forms at: http://www.med.navy.mil/directives/Pages/NAVMEDForms.aspx.

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

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

Physical Readiness Program (PRT) – OPNAVINST 6110.1 series.

Pre-confinement examinations – SECNAVINST 1640.9 series.

Preventive Health Assessment (PHA) – SECNAVINST 6120.3 series.

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

15-112 Active Duty Women

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(e) ***Breast Cancer Screening***

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

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

Note: Evidence is insufficient to assess the additional benefits and harms of either digital mammography or magnetic resonance imaging.

(f) ***Other Screenings.*** As indicated by the United States Preventive Services Task Force (USPSTF) recommendations.

(g) ***Immunization status.*** The immunization status must be reviewed to ensure all required immunizations have been administered and are current. Overdue immunizations must be administered and the Servicewoman should be advised when forthcoming immunizations are due.

(h) ***Occupational risk and surveillance.*** These risks must be evaluated and reviewed for appropriate monitoring. Ensure pertinent screening is documented within the medical record and updated on the DD 2766.

(i) ***Counseling Requirements.*** Counseling is required to be performed annually and documented on the DD 2766. Counseling can be done in conjunction with the periodic health assessment. Counseling should be based on an individual's lifestyle, history, and take into account the Servicewoman's concerns, risks, and preferences. Elements include, but are not necessarily limited to the following topics:

(1) Unintended pregnancy prevention, family and career planning, and sexually transmitted infection (STI) prevention.

(a) Birth control options available, their efficacies, and which contraceptive methods do or do not protect against STIs and HIV infection.

(b) Emergency contraception, including its efficacy and safety, how it can be obtained, and its lower effectiveness compared to long active reversible contraception or combined hormonal contraception.

(2) Health promotion and clinical preventive services counseling targeted to an individual's profile.

(a) Counseling including topics such as proper exercise; sleep hygiene; prevention of cancer, heart disease, stroke, musculoskeletal injuries, heat/cold illness, depression, suicide, violence, etc.

(b) Nutrition counseling regarding folic acid, prenatal vitamins, calcium supplements, vitamin D supplements, cholesterol level, caloric intake, etc.

(c) Risk behaviors to avoid (i.e., tobacco, alcohol and drug use; multiple sexual partners, non-seat belt use, etc.).

(d) Prevention and risk reduction methods for physical, emotional, and sexual assault. Abortion services available for Servicewomen who are pregnant as a result of an act of rape or incest.

(4) ***Exceptions to Examination Recommendations.*** When a health care provider determines a Servicewoman does not require a portion of the annual health assessment examination, the provider shall discuss the basis for this determination and advise her of the timeframe for, and the content of, the next examination.

(a) ***Exceptions and recommendations*** will be documented in the electronic health record or the hard copy medical record on the SF 600.

(b) ***Individual Augmentee (IA) or Overseas Contingency Operations Support Assignment (OSA).*** Servicewomen deploying on an IA or OSA assignment will need to follow the Combatant Commander requirements which may differ depending on location and operational requirements. See the current modification to U.S. Central Command Individual Protection and Individual/Unit Deployment Policy.

(5) ***Notification of Results***

(a) ***Pap Smear Results.*** Normal Pap smear results will be provided to the patient within 30 days and abnormal results will be provided to the patient as soon as possible.

(b) ***Mammogram Results***

(1) Screening mammogram results will be provided to the patient within 30 days of the mammogram being performed.

(2) Diagnostic mammogram (e.g., for evaluation of a lump) results will be provided to the patient as soon as possible.

(6) ***Responsibilities***

(a) Commanders, commanding officers, and officers in charge are responsible for compliance with the elements of this article.

(b) Medical Department personnel are responsible for providing the required health assessment components of care.

(c) Servicewomen are responsible for making and keeping appointments for the recommended annual health assessment examination components.

(7) ***Forms***

(a) SF 600 (Rev. 11/2010), Medical Record - Chronological Record of Medical Care, is available electronically from the GSA Web site at: http://www.gsa.gov/portal/forms/type/SF.

(b) DD Form 2766 (Rev. 01-2000), Adult Preventive and Chronic Care Flowsheet, is available in hard copy only. Copies can be ordered from Naval Forms Online by using search criteria: "Adult" and selecting Type at: https://navalforms. daps.dla.mil/.

When to Perform Cervical Cytology

Based on ASCCP 2012 Guidelines

Population	Recommended Screening
<21	None
21-29	PAP every 3 yrs (no HPV)
30-65	PAP & HPV every 5 yrs (or PAP every 3 yrs)
>65	None (following adequate negative prior screening*)
After Hysterectomy	None (without cervix and without Hx of CIN2 or greater)
Hx of CIN2 or greater	Routine screening for 20 years (even after hysterectomy)
HIV+	Twice in the first year after diagnosis, then annually
Immunosuppressed	Annually
DES in utero	Annually
HPV vaccination	Follow age-specific guidelines (same as unvaccinated)

*3 consecutive negative cytology results (or 2 consecutive negative co-tests) within 10 yrs prior to cessation of screening, with the most recent within 5 yrs

Abbreviations

NILM	Negative for intraepithelial lesion and malignancy
ASCUS	Atypical squamous cells of undetermined significance
LSIL	Low-grade squamous intraepithelial lesion
HSIL	High-grade squamous intraepithelial lesion
ASC-H	Atypical squamous cells, cannot rule out high-grade lesion
HPV	Human papillomavirus
EC/TZ	Endocervical/Transformation zone
CIN	Cervical intraepithelial neoplasia
AGC	Atypical glandular cells
ECC	Endocervical curettage
DES	Diethylstilbestrol
EmBx	Endometrial biopsy
Colpo	Colposcopy

Referral Guidelines for Abnormal PAP

Based on ASCCP 2012 Algorithms

Cytology Results	Age	Recommendations
Unsatisfactory	Any	Repeat PAP 2-4 months OR if ≥ 30 and HPV+, may colpo
NILM, EC/TZ insufficient	21-29	Routine screening
	≥30	If HPV-, routine screening
		If HPV+, PAP & HPV in 1 yr. OR HPV genotype
		If HPV unk, HPV testing OR PAP in 3 yrs.
NILM & HPV+	≥30	Repeat PAP & HPV in 1 yr. If ≥ASC or HPV+, colpo
ASCUS, HPV unk	Any	HPV testing OR Repeat PAP in 1 yr. If repeat PAP is NILM, routine screening, otherwise colpo
ASCUS, HPV-	21-24	Routine screening
	≥25	PAP & HPV in 3 yrs.

Cytology Results	Age	Recommendations
ASCUS,HPV+ or LSIL	21-24	PAP in 1 yr. - If less than HSIL, repeat again in 1 yr. If repeat PAP is ≥ASC, then colpo Return to routine screening after NILM x 2
	≥25	Colpo
		If pregnant, colpo now (preferred) or at least 6 wks postpartum
LSIL, HPV-	Any	PAP & HPV in 1 yr. (preferred) If NILM, HPV-, repeat PAP & HPV in 3 yrs, otherwise colpo OR immediate colpo
ASC-H or HSIL	Any	Colpo OR If HSIL & ≥25 & not pregnant, may do immediate LEEP
AGC or Atypical Endocervical Cells	Any	Colpo, ECC, and EmBx if ≥ 35 or chronic anovulation or unexplained vaginal bleeding
Atypical Endometrial Cells	Any	ECC and EmBx. Colpo if both negative

Saslow D, et al. ACS, ASCCP, and ASCP screening guidelines for the prevention and early detection of cervical cancer. ©2012
ASCCP Cytology Algorithms ©2012
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