Change 118
Manual of the Medical Department
U.S. Navy
NAVMED P-117

20 August 2002

To: Holders of the Manual of the Medical Department

1. **This Change** Incorporates interim BUMEDNOTE and ALNAV changes to Chapter 15. Some pieces of previous notices were changed by later notices or by Change 116. The following list has been incorporated into this change:

- BUMEDNOTE 6230 of 14 Dec 2001
- BUMEDNOTE 6440 of 20 Sep 2001
- BUMEDNOTE 6410 of 23 Jul 2001 (Chapter 16 change will be included in a future change)
- ALNAV 047-01 of 11 May 2001
- BUMEDNOTE 6320 of 15 Feb 2001
- BUMEDNOTE 6440 of 7 Feb 2001
- BUMEDNOTE 6000 of 5 Dec 2000
- BUMEDNOTE 6230 of 30 Oct 2000
- BUMEDNOTE 6410 of 14 Oct 1999
- BUMEDNOTE 6120 of 1 Jun 1999
- BUMEDNOTE 6010 of 22 Jan 1999
- BUMEDNOTE 6120 of 30 Jul 1997
- BUMEDNOTE 6490 of 30 Jan 1996

2. **Action**

a. Remove applicable pages and replace with new pages 15-2, 15-5, 15-9, 15-10, 15-13, 15-15 through 15-16a, 15-35, 15-38 through 15-48d, 15-49 through 15-51, 15-59 through 15-64c and 15-69 through 15-70.

b. Verify your manual with the attached checklist of Chapter 15 pages in effect.

c. Record Change 118 in the Record of Page Changes.

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

MANMED CHANGE 118
CHECKLIST OF CHAPTER 15 PAGES IN EFFECT

20 AUGUST 2002

Date Checked: _____

Signature: _____

Download missing pages from the Virtual Naval Hospital Web site at: http://www.vnh.org/Admin/MMD/001Contents.html or e-mail Mrs. Barbara J. Berry at: BJBerry@us.med.navy.mil.

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Chapter 15

Medical Examinations

Chapter 15
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15-1 Scope and Purpose of Medical Examinations

(1) Physical standards provide uniform medical parameters and interpretation of physical qualification for: initial entry, mobilization, retention, assignment to special duties, and training programs which lead to enlistment and commissioning. The purpose of the examination is to identify physical defects and psychological problems which would compromise a member's ability to perform duties normally assigned. The standards are intended to preclude acceptance of those individuals who present contagious or infectious hazards to other personnel; those who would be unable to perform assigned tasks; or those with conditions likely to be aggravated by naval service.

(2) Depending upon the needs of the naval service at any given time, these standards are subject to change.

(3) Section II provides a general overview of the more common examinations conducted. Section III sets forth the general physical standards for entrance into the naval service. Section IV sets forth the standards for special duty assignments. Section V provides guidance for requesting waivers of physical standards.

15-2 Responsibility for Prescribing Standards

(1) Entry standards apply in determining physical qualification for basic service. The Department of Defense (DoD) establishes the standards for entry into military service (DoD Directive 6130.3). The Secretary of the Navy (SECNAV), with the approval of Secretary of the Defense (SECDEF), may issue exceptions to those standards to meet service specific needs.

(2) Mobilization standards for induction of civilians have been established by the joint services directive Army Regulation 601-270/Air Force Regulation 33-7/OPNAVINST 1100.4/MCO P1100.75 series. SECNAV establishes standards for mobilization of members of the inactive Navy and Marine Corps Reserve.

(3) Standards for retention address the ability of a member in the naval service to perform present or expected future duties according to the member's rating, designator, military occupational specialty (MOS), Navy Enlisted Classification (NEC), grade, billet, or office. Active duty members of the naval service not meeting these standards will be referred to a medical board. Policy for disposition of members with physical disabilities is contained in DoD Directive 1332.18, SECNAVINST 1850.4 series, and SECNAVINST 1910.4 series.

(4) Special duty standards are established to determine the physical qualification of members assigned to duties requiring a level or type of physical ability or capacity different from that which is required for general service. It should be noted that a member who does not meet established special duty standards may be physically qualified for general service, i.e., fit for full duty. The standards for special duty are determined by the Secretary of the Navy and are outlined in this chapter and applicable instructions.

(5) For training programs leading to a commission, entry standards apply and more restrictive standards can be imposed to assure qualification at the time of actual commissioning. SECNAV through the Chief of Naval Operations (CNO) and the Commandant of the Marine Corps (CMC) establish these standards which are contained in applicable instructions.

15-3 Application of Physical Standards

(1) To determine whether the member meets the prescribed standards, the member will be medically examined and required to conform to specific physical standards as they apply to the program and grade involved. In applying these basic physical standards, the examiner must consult current directives pertaining to the particular program involved for further orientation in application of policy. Any examinee who does not conform to the standards will be rejected for naval service or special program unless a waiver is obtained (see section V of this chapter).

(2) The total fitness of the examinee will be carefully considered in relation to the character of the duties upon which the examinee may be called to perform. The examiner must appreciate that there are differences in requirements for various programs. The presence of slight defects in older persons may be of less importance than in younger persons and may not necessarily be cause for rejection. Minor physical defects in examinees who have had prior military service may have less significance than in those who have not demonstrated their ability to function satisfactorily under service conditions.

15-4 Interpretation of Physical Standards

(1) Examiners will record all physical findings. Examiners should avoid a tendency to find qualified the individual who is able to meet a particular requirement only after coaching or under unusual circumstances. In determining visual acuity, blood pressure, or pulse rate, for example, the individual's average performance should be considered in recommending acceptance or rejection of the examinee. Consideration will be given to the nature of the defect, its significance in the individual, and the program for which the individual is being examined. Examiners are expected to use judgment in evaluating the degree of severity of any defect or disability, but are not authorized to disregard defects or disabilities which are disqualifying according to the standards. In the event a defect listed as cause for rejection is not considered disqualifying (NCD), the examiner must state the reason on the examination form. If the examiner deems appropriate the case

may be forwarded to BUMED for review and waiver consideration per section V.

(2) The lists of causes for rejection are not intended to be complete, but are representative in nature. If an examinee is regarded by the medical examiner as not physically qualified (NPQ) for naval service, or a special program by reason of a condition not specifically noted as cause for rejection, he or she will be rejected, and a full statement of the reason entered on the examination report.

(3) Applicants unfit for service by reason of a condition not of a serious nature which can be corrected or cured within a short time may be advised to seek enlistment upon correction or cure. However, no promise can be made to these applicants that they will be accepted.

15-5 Retention Criteria

(1) In general, physical standards in this chapter are applicable only to initial entry into the Navy and Marine Corps, active and Reserve, or entry into special programs and should not be used as the basis for finding a member unqualified for retention or reenlistment.

(2) After an individual has been enlisted or commissioned, the determination of not physically qualified (NPQ) will depend upon the ability of a member to perform the duties of his or her grade or rate and to meet the anticipated requirements of future assignments ashore, at sea, and on foreign shores.

(3) A member is presumed to be PQ despite the presence of a condition such as personality disorder, food allergy, insect bite, hypersensitivity, somnambulism, enuresis, alcoholism, drug addiction, or exogenous obesity. Under the Disability Evaluation System, members with these conditions are considered fit for duty. However, if it can be clearly shown that such a condition interferes with an individual's ability to function effectively in the naval service, the command may process the member for administrative separation. Additional guidance is provided in the Military Personnel Manual (MILPERSMAN) and applicable Navy or Marine Corps directives.

(4) Members will not be found NPQ due to disabilities that existed prior to entry (EPTE), have remained essentially unchanged, and have not interfered with the performance of duty. However, a member may be found NPQ for special duty status (e.g., flight status) based on disabilities that might interfere with the performance of the special duty or may represent a risk to the individual, his or her shipmates, or the unit's mission. In any event, the appropriateness of initial accession of an individual who did not meet entry standards is not at issue unless the member entered the naval service under fraudulent conditions, in which case he or she may be considered for administrative separation.

15-6 Conducting the Examination

(1) Routine examinations will be performed and signed by Navy medical officers or other credentialed providers (such as physician assistants or nurse practitioners) so privileged for this function. Dental examinations will be performed by Navy dental officers, if available, following articles 6-99 and 6-99A for Reserves. All examiners, regardless of clinical specialty, must be familiar with Department of the Navy (DON) physical standards. If Navy medical officers or other Navy credentialed providers are not available, the medical examination may be conducted by other Department of Defense (DOD) physicians or credentialed civilian contract physicians. Aviation physicals will be conducted by an aviation designated medical officer per MANMED 15-65(2)(a). Submarine physicals, if not performed by medical officers, must be reviewed by a medical officer. Diving physicals, if completed by other than an undersea medical officer, must be sent to BUMED (MED-21) for review and waiver approval.

(2) At a minimum, unless otherwise noted in this chapter, the medical examination will include items 18-43 of the Report of Medical Examination, Standard Form 88 (SF-88), and the studies listed in article 15-9.

(3) Examinees will be carefully questioned about their past and present medical history, especially serious illness, injury, chronic condition, or operation. The completed Report of Medical History, Standard Form 93 (SF-93), or Officer's Physical Examination Questionnaire (NAVMED 6120/2), is essential to a complete medical examination.

(4) All examiners will exercise care in conducting an examination and must accurately record all findings. Examiners should, within reason and good practice, order additional diagnostic studies to determine the medical status of the examinee. Results or such studies must be summarized on the SF-88 and recorded on the Consultation Sheet (SF-513) or, if from a civilian consultant, on letterhead stationary.

(5) Examinations will be conducted with propriety and due regard for privacy. Standby attendants of the same sex as the examinee shall be available or physically present during an examination, depending upon local standards of practice and/or the examinee's preference.

15-7 Recording Medical Examinations

(1) Unless otherwise specified, all medical examinations will be properly recorded on the SF-88 and SF-93 or NAVMED 6120/2 and permanently filed in the member's health record.

(2) A copy of the examination will be kept on file for three years by the examining facility.

(3) Examinations or portions thereof will not be removed from a member's health record.

15-8 Medical History

(1) To assist the examiner in the examination process and in application of physical standards, a medical history must be obtained. During the initial examination, the SF-93 will be completed by the examinee. Specifics of any hospitalization, e.g. name and address of the physician, name and location of the hospital, reason for the admission, and approximate date, will be disclosed. The examiner will review the completed form and, in block 25, will sequentially comment on each "yes" response, such that the entry will be readily understood by subsequent examiners. Examiners must also note whether the item is considered disqualifying (CD) or not considered disqualifying (NCD) by entering "CD" or "NCD" after each comment.

(2) On all subsequent physical examinations that require a SF-88, the SF-93 or NAVMED 6120/2 will be completed by the examinee, but only significant interval history will necessitate comment by the examiner. If there has been no medical history of consequence since the previous SF-93 or NAVMED 6120/2, the examiner may simply note in block 25: "No Significant Interval History." However, a complete, detailed SF-93 must accompany all medical examinations forwarded to higher authority for review.

15-9 Special Studies

(1) If required, the studies listed below will be ordered, and results will be entered on the SF-88. The list is a composite of guidelines from the US Preventive Services Task Force and US Navy Committee on Disease Prevention and Health Promotion, published studies of evidence-based medicine and practice guidelines, and recommendations of various colleges, societies, and panels. The examiner may request other clinically indicated studies, but all studies will be completed well in advance of the actual examination. Required studies include:

(a) HIV, per SECNAVINST 5300.30 series.

(b) Serology for sexually transmitted disease.

(c) Lipid profile, including cholesterol, triglycerides, and high density lipoproteins (HDL).

(d) Sickle cell and G-6-PD, if not previously recorded in health record.

(e) Type 2 dental examination.

(f) Visual acuity, including refraction if indicated for special duty or visual acuity change; tonometry is required after age 40.

(g) Audiometry, baseline and every five years or as directed by OPNAVINST 5100.23 series.

(h) Electrocardiogram beginning with the medical examination most proximate to age 40 and routinely, thereafter, unless clinically indicated or required for special duty.

(i) Stool guaiac beginning with the examination most proximate to age 40 for members at high risk; beginning with age 50 for members at low risk for colon carcinoma.

(j) Chest x-ray if clinically indicated or as required for special duty.

(k) For females, pelvic exam, PAP smear, and breast exam results; after age 40, results of the most recent screening mammography.

(2) Specific laboratory data will be recorded using current terminology. *Essentially negative* or *negative* are considered appropriate phrases to describe laboratory results.

(3) For military entrance processing stations (MEPS), recruit training commands or depots (RTCs/MCRDs), and officer accession points (OCS, AOCS, NROTC, USNA), studies in article 15-9(1)(a) through (g) are required for all active duty DON personnel; 15-9(1)(k) is required for all active duty DON female personnel. Reservists not reporting directly to active duty will have all required tests completed and results entered in health records before departing RTC/MCRD or OCS. Medical Department representatives (MDRs) must review each record for completion before finding an individual qualified for duty.

(a) For females, enlisted applicants are required to have a pelvic examination at MEPS but need not have a PAP smear until reporting to the RTC/MCRD. Officer candidates or applicants for direct commission are required to have a pelvic examination during the initial physical exam but need not have a PAP smear until reporting to OIS, OCS, or AOCS. Documentation of a normal pelvic examination and PAP smear within 6 months of enlistment or accession will preclude the need for these studies at MEPS, RTC/MCRD, or officer accession points but must become a permanent part of the health record.

(b) Tests listed in this article, if not conducted at an officer accession point or an RTC, must be completed within 2 months of entry. MDRs or unit commanders must ensure compliance.

(c) Reserve DON personnel not reporting directly to active duty must have all required tests completed and recorded in their health record before commencing annual training. MDRs are required to review health records on new members and obtain required studies for which results are not available. If test results disclose any condition considered disqualifying for entry, administrative separation for an EPTE condition is mandatory.

15-10 Validity Periods of Medical Examinations

(1) Unless otherwise specified or compromised by a significant change in the member's physical status, medical examinations conducted for any purpose will be valid for any other purpose until the next routine medical examination.

(a) If more than 90 days has elapsed, the examination must be updated by an interview with a medical officer or credentialed provider. At a minimum, interval history, admissions, any special studies, and health record entries will be reviewed.

(b) If the current examination is of sufficient scope to meet requirements, a statement of the purpose and any significant interim history will be made in block 73 of the SF-88, dated, and signed by a physician.

(c) If the current examination is insufficient in scope, appropriate clinical studies will be conducted to satisfy any additional requirements. Results will be made part of the physician's statement in block 73 of the SF-88

(d) If there is insufficient space in block 73, an addendum SF-88 will be prepared with the following entry made in the bottom margin on the front of the SF-88: *Addendum to Medical Examination dated* _____. Blocks 1,2,3,5,6,15,77,79 or 80, and 82, along with appropriate blocks for additional information will be completed on the addendum SF-88. Other blocks on the addendum may be left blank. Blocks 5 and 77 must note the purpose of the addendum SF-88.

(e) The addendum SF-88 will be filed directly behind the original SF-88, and the number of sheets, if any, attached to the original will be indicated in the space opposite block 82.

(f) If the previous examination is acceptable to the examiner, the date of the next required routine examination will be based on the date of the original examination.

(2) If necessary, the SF-93 may be updated by entering interval information in block 25. If an addendum SF-93 is required, blocks 1,2,5,6, and 7 individual's signature and date, typed or printed name of the examiner, date and examiner's signature, and appropriate blocks will be completed. Block 5 must note the purpose of the updated examination. The following entry will be made in the bottom margin on the front of the SF-93: *Addendum to Medical History dated* _____.

(3) Administrative corrections will be made per chapter 16.

(4) Exceptions to the period of validity include former active duty members wishing to reenter naval service within 2 years of separation. A copy of the separation examination must be provided, and a new SF-93 must be completed and reviewed by the examiner.

15-11 Periodicity of Examinations

(1) Unless otherwise noted in this chapter, medical examinations will be completed on all active duty members and reservists (per 15-28(5)(a)) as follows:

(a) Upon entry to enlisted or commissioned active duty.

(b) At intervals of 5 years through age 50.

(c) At intervals of 2 years through age 60.

(d) Annually after age 60.

(2) Section 1004(a) of title 10, USC, as amended by the fiscal year 1994 Authorization Act, adjusted the interval between medical examinations for ready reservists from 4 to 5 years.

15-12 Reporting Requirements

(1) Specific requirements for disposition of completed medical examinations are contained in the appropriate program instruction or directive.

Section II
MEDICAL EXAMINATIONS

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15-13 General

(1) The examinations listed in this section are not intended to present all purposes for examination, but rather provide a general overview of the more common examinations conducted that are not adequately explained in other instructions or directives.

15-14 Active Duty Periodic Medical Examinations

(1) ***Purpose.*** To determine physical qualification for retention on active duty and to maintain currently medical data regarding physical qualification of personnel.

(2) ***Scope of Examination.*** The examination will be conducted at intervals prescribed in article 15-11 and will be sufficiently thorough to be reasonably certain the member concerned is free of incipient disease or functional impairment (see article 15-5). All positive history and physical findings must be thoroughly evaluated and recorded per articles 15-7 and 15-8.

(3) ***Flag and General Officers.*** A complete physical examination shall be performed on all officers upon their selection to flag or general rank, and annually within 30 days of their birth date. A copy of the SF-88 and SF-93 shall be forwarded to BUMED (MED-25). MED-25, with information provided by Flag Officer Management and Distribution and the General Officer Matters Office, shall provide notification to the flag and general officers of the requirement to perform their annual periodic physical examination. This notification shall occur no more than 60 days before their birthday. Male officers should have the following studies performed and results entered on the SF-88: PSA (prostrate specific antigen) as indicated; total cholesterol, LDL (low density lipoprotein), and HDL (high density lipoprotein); chest x-ray every 5 years; stool guaiac; and for those over 50 years old, a flexible sigmoidoscopy every 5 years. Female officers should have the following studies performed and the results entered on the SF-88: bilateral mammography; pelvic examination and Papanicolaou (PAP) smear; total cholesterol, LDL, and HDL; chest x-ray every 5 years; stool guaiac; and for those over 50 years old, a flexible sigmoidoscopy every 5 years. Retain all original health record entries and documents in the health record.

15-15 Candidates for Commissioned or Warrant Officer

(1) ***Purpose.*** To determine the physical qualification of candidates for commission or warrant grade in the U.S. Navy or Marine Corps.

(2) ***Scope of Examination.*** Must meet the standards outlined in section III of this chapter and any applicable instructions or directives. Examination must be completed within 24 months prior to commissioning unless specified otherwise by competent authority.

15-16 Candidates for Education Programs Leading to Commission

(1) The Department of Defense Medical Examination Review Board (DODMERB) has the exclusive responsibility for scheduling and reviewing all medical examinations on candidates for ROTC and service academy programs. Questions and problems regarding these medical examinations should be addressed to DODMERB, U.S. Air Force Academy, Colorado Springs, CO 80840.

(2) Complete procedures for the administration and reporting of these medical examinations are contained in NAVMEDCOMINST 6120.2 series.

(3) Instructions regarding applicants for the Naval Academy Preparatory School are contained in OPNAVINST 1420.1 series.

15-17 Civilian Employees

(1) Medical examination of civilian employees will be performed according to existing rules and regulations of the Office of Personnel Management (OPM) and with instructions issued by or under the direction of the SECNAV, in addition to the requirements of this manual.

(2) Reports of medical examinations will be submitted on such forms as required by OPM, and by, or under the direction of the SECNAV.

(3) Medical corps officers and other privileged providers will perform medical examinations of civilian employees in connection with disability retirement under the Civil Service Retirement Act when requested by the commanding officer or by OPM. An examiner must not be required to leave an assigned station for the purpose of performing such an examination. Only in instances where the applicant is able to appear will an examiner be requested to perform an examination. For duties of medical and dental corps officers in connection with the Federal Employee's Compensation Act, reference should be made to section G, NAVMEDCOMINST 6320.3 series.

(4) A x-ray examination of the chest of civilian employees of the naval service is authorized by law as part of the program for promoting and maintaining the health of Federal employees. Whenever practicable, an x-ray examination of the chest will be made a part of the medical examination for employment. If it is impractical to obtain the examination, or to have the examination interpreted, the examination will be given at the first opportunity. X-ray examination of the chest will be given, when practicable, immediately prior to leaving employment, except when such examination has been completed, and recorded, within the previous 6 months.

(5) Those civilian personnel that must be qualified to perform special duties comparable to those described in this chapter for active duty personnel must meet the respective special duty standards.

15-18 Deserters

(1) Deserters returned to naval custody must have a complete medical examination including a psychiatric evaluation. The member's current physical condition will be determined and, as completely as possible, the examinee's physical condition at the time of desertion and changes that occurred in the interim, recorded. For information on the location of deserter's medical records refer to the Bureau of Naval Personnel Manual.

15-19 Enlistment

(1) ***Purpose.*** To determine qualification of those who request to enlist or are inducted in the naval service, or retired members ordered to active duty.

(2) ***General***

(a) Applicants who have been discharged from any of the services and not immediately reenlisted, who have defects which would be cause for rejection for original enlistment but not such as to prevent the performance of duties to be expected, will be referred to BUPERS or CMC via BUMED, with an appropriate recommendation regarding waiver per section V of this chapter.

(b) Former members who were medically discharged or found not physically qualified for reenlistment at discharge will not be enlisted without approval from BUPERS or CMC via BUMED.

(3) ***Scope of Examination.*** The applicant must meet standards established in section III of this chapter. Examination must be completed within 24 months prior to enlistment, unless specified otherwise by competent authority.

15-20 Enlisted Applicants for Service Schools

(1) Members will be processed per article 15-30, and must meet other medical requirements as applicable.

(2) Members who require extensive medical or dental treatment will complete such care as may be required, on a priority basis, prior to being transferred.

15-21 Intoxication or Drug Abuse

(1) BUMEDINST 6120.20 series provides guidance in conducting and recording fitness for duty examinations.

15-22 Members on the Temporary Disability Retired List

(1) Statutory regulations require members carried on the temporary disability retired list (TDRL) be examined at least once every 18 months. The examination will be conducted per the Disability Evaluation Manual (see SECNAVINST 1850.4 series).

(2) If a member placed on the TDRL is removed from the retired list, found fit for duty and chooses the option to reenlist, he or she must undergo a complete retention physical examination. This examination is required since the condition which placed the member on the TDRL is usually the only condition evaluated for removal from the TDRL. In the period since the member was separated from the service (placed on TDRL), new medical conditions could have developed, i.e., hypertension, diabetes, etc. These conditions must be reviewed for waiver recommendations prior to reenlistment. Note: Any medical condition which the member may have had while on active duty is exempt and does not require waiver action.

15-23 Naval Academy Midshipmen, NROTC Applicants, and Students

(1) A periodic and precommissioning medical examination of Naval Academy midshipmen must be conducted following the regulations governing the Naval Academy and as determined by the superintendent.

(2) Applicants for the NROTC program and other outservice scholarship commissioning programs, i.e., Enlisted Commission Program and NAFHPSP, etc., must meet the physical standards of NAVMEDCOMINST 6120.2 series.

(3) An annual medical examination is not required for students enrolled in NROTC, NAFHPSP, and other outservice scholarship programs leading to commission. However, commanding officers and officers with administrative authority over these students are responsible for ensuring that each student completes an Annual Certificate of Physical Condition (NAVMED 6120/3) form annually during the fall term, i.e., semester, quarter, trimester, and again during the term of graduation.

(4) In the event a student identifies a medical problem on the NAVMED 6120/3, the member's commanding officer or administrative officer must send copies of abstracts of treatment, narrative summaries, or other available health records pertaining to the injury, illness, or disease resulting in hospitalization or absence from school, to BUMED (MED-25) for review.

(5) Students identifying medical problems may be referred to the nearest military medical facility for evaluation of the alleged defect. Send a copy of the evaluation report to BUMED (MED-25) for review. Evaluation reports from civilian consultants are acceptable if a military medical facility is not available.

(6) The commanding officers of ROTC units and outservice commissioning scholarship program administrative officers are responsible for sending a report to BUMED (MED-25) on any student who, at any time, becomes disabled for a significant period of time or contracts a disease or injury that may render the student NPQ for commissioning. The completed NAVMED 6120/3 is to be filed in the student's Health Record.

(7) Scholarship students must receive a complete medical examination within 24 months of the anticipated date of commissioning. The completed SF-88 and SF-93 are to be sent to BUMED (MED-25) not later than 1 October of the year before the anticipated date of graduation. NROTC students must arrange for precommissioning medical examinations to be conducted locally, provided time and facilities permit. Units located in close proximity to military medical facilities should use those facilities to the maximum extent possible. If the medical examination is not completed before the first class cruise, orders must be endorsed by the unit commanding or administrative officer to provide an intermediate assignment to a naval medical facility for the purpose of a precommissioning medical examination, if required.

15-24 Prisoners

(1) All prisoners arriving at a naval place of confinement must be examined per SECNAVINST 1640.9 series.

15-25 Promotion of Navy and Marine Corps Officers on Active Duty

(1) See appropriate MILPERSMAN article and Marine Corps Order (MCO) for current policy on promotion medical examinations for active duty officers.

15-26 Recruit Screening Examinations

(1) Recruit screening examinations, conducted at RTCs/MCRDs, are to detect physical or emotional disorders or active communicable and infectious diseases that may have been concealed or missed at the time of enlistment.

(2) Recruit screening examinations will be conducted within 10 working days of reporting to the RTC/MCRD and will be sufficiently thorough to ensure that the recruit is free from communicable or infectious diseases and is physically qualified to undergo military training.

(3) Applicable studies listed in article 15-9 must be done if not completed during the accession examination. Results will be entered in the health record and, if abnormal, will be referred to a medical officer for further evaluation.

(4) Results of the recruit screening examination will be recorded on the Chronological Record of Medical Care, SF-600, and filed in the health record.

(5) Recruits with demonstrated inability to complete basic training or perform military duties will be considered for separation. Appropriate medical disposition is provided in chapter 18.

15-27 Reenlistment

(1) Reenlistment examinations are to ensure that members wanting to reenlist are physically qualified for continued active duty.

(2) If the member has a valid physical examination, a complete medical examination (SF-88 and SF-93) is not required; instead, the examination will be updated as outlined in 15-10.

(3) A signed SF-600 entry "Member is PQ enlistment" must be entered in the health record.

15-28 Reserve Navy and Marine Corps Components

(1) ***Physical standards and examinations*** requirements for reservists, active and inactive, are those set forth elsewhere in this chapter and, except for 7(a) and (b) and 8(a) through (e) of this article, are applicable to:

(a) Accessions.

(b) Special duty assignments.

(c) Training for special programs leading to commissioning or a designator change.

(2) C***omplete medical examinations*** will be conducted on all Navy and Marine Corps reservists following the schedule in article 15-11 and at military medical treatment facilities (MTFs), approved civilian contractor sites, or other non-DOD exam sites approved by the Commander, Naval Reserve Force (COMNAVRESFOR), Force Medical Officer. Examinations will comply with articles 15-6 through 15-8 and will include appropriate studies listed in article 15-9. Under no circumstances shall the term "Facilities Not Available" or the abbreviation "FNA" be used as a substitute for required test results. After review, the MDR will enter, date, and sign the following statement in block 73 of the SF-88:

This physical examination has been administratively reviewed for completeness and accuracy.

---

(3) ***Prompt identification*** and timely referral or disability processing of reservists found NPQ is essential to the mission of Navy and Marine Corps Reserves. It is the re-

sponsibility of the medical examiner to determine whether a member is PQ or NPQ during the physical examination process. However, the individual reservist is also responsible for promptly reporting any significant change in his or her physical or emotional status to the MDR or unit commander.

(4) ***If the medical examiner*** determines that the member is likely to require repeated or prolonged hospitalization or absence from duty or has a condition that would form the basis of a disability claim under SECNAVINST 1850.4 if ordered to active duty, the member will be found NPQ.

(5) ***Active Reservists***

(a) ***Periodic Physical Examination.*** When not on active duty, including AT in excess of 30 days, Navy and Marine Corps Selected Reservists (SELRES) and members of Voluntary Training Units (VTUs) will have complete examinations per article 15-11. Aviation, submarine, diving, and special operations personnel will undergo examinations following the schedule and standards in section IV.

(b) ***Annual Certificate of Physical Condition (NAVMED 6120/3).*** Between periodic physical examinations, all SELRES and members of VTUs must submit a NAVMED 6120/3 annually for review by the MDR. If a member reports an injury, illness, or emotional disorder that might interfere with the performance of duties or might preclude mobilization, a complete examination must be conducted. Forward copies of the SF-88, SF-93, and pertinent medical records or consultations to BUMED (MED-25) via the cognizant command for review and disposition.

(6) ***Inactive Reservists***

(a) ***Periodic Medical Examination.*** All individual ready reservists and standby reservists must have a completed medical examination every 5 years. For identification, enter the word "QUINQUENNIAL" in block 5 of the SF-88 and SF-93 and forward Navy quinquennial examinations to NRPC, Code 4013, New Orleans, LA 70146-5006 and Marine Corps quinquennial examinations to MCRSC, 10950 El Monte St., Overland Park, KS 66211-1408.

(b) ***Annual Certificate of Physical Condition (NAVMED 6120/3)***. Between periodic physical examinations, all individual ready reservists and standby reservists must complete and forward a NAVMED 6120/3 to the appropriate address in article 15-28(6)(a). If information on the NAVMED 6120/3 suggests the possibility that a member may be unfit, NRPC or MCRSC must obtain information needed to determine the member's physical qualification for retention and active duty. Additional tests or consultations may be obtained at MTFs on a space-available, outpatient basis. Private sector studies or evaluations must be obtained at no expense to the Government.

(7) ***Active Duty for Training 90 Days or Less***

(a) A member ordered to active duty for training of less than 90 days is not required to undergo a complete medical examination, if the examination filed in the health record is valid. A SF-600 entry certifying that the member is PQ for active duty must be made by the MDR. Upon release, the member will date and sign a SF-600 entry certifying that he or she did not incur any disabling injury or illness while on active duty. If found NPQ, the member will be processed following SECNAVINST 1770.3 series.

(b) All Navy and Marine Corps reservists will have a complete medical examination before release from active duty except for members on active duty for training of 90 days or less

(8) ***Evaluation of Reservists for Retention***

(a) If a reservist is found NPQ on physical examination, copies of the SF-88, SF-93, and pertinent medical records or consultations will be sent to BUMED (MED-25) via the cognizant command for review and disposition. Members so found will be placed in Records Review until final disposition of their case. Exceptions are noted in article (8)(f) below. For dental disqualifications refer to article 6-99A.

(b) Outpatient evaluation at MTFs to determine fitness for retention or recall to active duty is authorized if at no expense to the Government. Except for those granted a notice of eligibility (NOE), reservists not on active duty are not eligible for inpatient care in an MTF.

(c) Reservists on active duty for training of 30 days or less and involuntary training of 45 days or less who become disabled from disease or injury will be processed per SECNAVINST 1770.3

(d) If a reservist has a service-incurred or service-aggravated injury or illness related to active duty, a medical board should be convened. In all cases involving illness or injury during periods of training of less than 30 days, the NOE is the only instrument establishing the reservist's entitlement. Navy requests for NOE will be forwarded to COMNAVRESFOR (Code 006), while Marine Corps requests for NOE will be forwarded to the Commandant of the Marine Corps (RAM).

(e) Reservists will maintain, at a minimum, a Class 2 dental status following article 6-99A.

(f) A medical officer may classify a Naval reservist as temporarily not physically qualified (TNPQ) when the member has a physical disqualification of a minor or temporary nature. Reservists placed in this category will have 180 days to correct the disqualifying defect. Nonservice-related conditions will be treated by civilian providers at the members expense. At the end of 180 days, records of treatment will be reviewed by the cognizant medical officer or MDR. If the member is subsequently found not physically qualified, the medical officer must make a health record entry noting that the condition renders the member unfit for retention and mobilization. The member's record will then be forwarded to BUMED for determination per article (8)(a).

(g) Members of the Selected Marine Corps Reserve are ineligible to drill or perform AT in a TNPQ status.

(9) ***Selected Reserve Affiliations***

(a) SELRES and personnel in VTUs are members of the Ready Reserve who have incurred a statutory obligation upon enlistment or commissioning, reenlistment, or extension as a Navy or Marine Corps reservist.

(b) Members must be found PQ for affiliation with and assignment to a SELRES unit or VTU. For affiliation, a separation physical completed within the previous 24 months will suffice. Before being formally affiliated with a SELRES unit or VTU, the member must present a copy of the separation SF-88 and complete a new SF-93 for review and signature by the medical officer. The SF-93 must be signed by a credentialed health care provider before SELRES unit or VTU affiliation. If a credentialed provider is unavailable, the SF-93 may be signed by the MDR who must first have written authorization from his or her supervising medical officer or unit commander.

15-29 Separation from Active Duty

(1) A separation physical examination will be conducted within 6 months of an active duty service member's retirement or completion of obligated active service. The separation physical examination ensures the service member is physically qualified for recall to active duty and documents the presence of any service-connected condition that may entitle the member to medical benefits or disability compensation from the Department of Veterans Affairs (DVA). A separation physical examination is not required for members who are being separated following completion of a Physical Evaluation Board or for recruits or trainees discharged before completion of 90 days of active service.

(2) Service members anticipating separation from active duty or retirement shall schedule a separation physical examination no later than 6 months prior to separation to preclude delays in separation secondary to medical evaluations or treatments.

(3) A separation physical examination will include a medical history and a physical examination performed by a medical doctor, doctor of osteopathy, physician assistant, or nurse practitioner privileged by the command to perform separation physical examinations.

(4) A separation physical examination will include the following elements:

(a) DD Form 2807-1, Report of Medical History available at: http://www.dior.whs.mil/forms/DD2807-1.PDF.

(b) A physical examination of the member documented on DD Form 2808, Report of Medical Examination avail-able at: http://www.dior.whs.mil/forms/DD2808.PDF. The examination will include blocks 1-44, 52a, 53, 54, 56, 57, 58, 61, 63, 70, 71a, 71b as needed, 73 as needed, 74a, 77, 78, 81-85, and 87.

(c) DD Form 2697, Report of Medical Assessment available at: http://www.dior.whs.mil/forms/DD2697.PDF.

(5) Routine laboratory studies are not required as part of a separation physical examination. The examiner shall obtain whatever laboratory studies are necessary to ensure the member is fit for separation based upon review of the DD Form 2807-1 and DD Form 2697.

(6) If a service member has had a physical examination for any other purpose within the past 5 years that included a DD Form 2807-1 and DD Form 2808, or SF-93 and SF-88, then a new physical examination need not be performed. Instead, the examiner should document the following on an SF-600, Chronological Record of Medical Care:

(a) The date the physical examination was done.

(b) That the member's medical history was reviewed.

(c) Any interval changes in the member's medical history since the last physical examination.

(d) Focused examination elements as needed.

(e) Any additional items that need to be updated.

(f) Whether or not the member is physically qualified for separation.

(7) Each member will be required to read the following statement at the time of examination:

> You are being examined because of your separation from active duty. If you feel you have a serious defect or condition that interferes, or has interfered, with the performance of your military duties, advise the examiner. If you are considered by the examiner to be not physically qualified for separation, you will be referred for further evaluation, and if indicated, appearance before a medical board. If however, you are found physically qualified for separation, any defects will be recorded in block 77 of DD Form 2808 or in block 43 of SF-88 or on an SF-600. Such defects, while not considered disqualifying for military service, may entitle you to certain benefits from the DVA. If you desire any further information in this regard, contact the DVA office nearest your home after separation.

(8) All members will also be requested to sign the following entry in block 73 of DD Form 2808, in block 42 of the SF-88, or on an SF-600:

> I have been informed and understand the provisions of article 15-29 of the Manual of the Medical Department.
>
> Refusal of the member to sign this statement will not delay separation. The examiner must note in block 73 of DD Form 2808, in block 42 of the SF-88, or on the SF-600 that the provisions of article 15-29 have been fully explained to the member, who declines to sign a statement to that effect.

(9) All members 35 years of age and older either separating or retiring will be offered screening for antibodies to hepatitis C virus (HCV).

(a) This testing will be voluntary and will not delay release from active duty.

(b) Though screening will be offered to those 35 years of age or older, anyone who wishes to know or is concerned regarding their HCV-infection status should be provided the opportunity for counseling, testing, and appropriate follow-up. The results of screening and any evaluation and treatment shall be annotated in the member's permanent medical record.

(c) Members offered HCV testing will be required to sign and date the SF-507 Overprint, (NAVMED Overprint 6230/1 (06-01)) available at: http://navymedicine.med.navy.mil/instructions/external/external.htm.

(10) Members of the Reserve component of the Navy or Marine Corps who are separating from active duty following annual training, active duty for special work, recall to active duty, etc., need not have a separation physical examination provided the member has had a physical examination done within the past 5 years. In this instance, the provisions of paragraph (6) of this article should be followed.

(11) For members of the Reserve component of the Navy or Marine Corps separating after a period of active duty, the following entry must be made on an SF-600 and signed by the member:

> You are considered physically qualified for separation from active duty. No defects have been noted that would disqualify you from the performance of your duties or entitle you to disability benefits. Should you believe the foregoing is not correct, a medical officer will evaluate your concerns, and, if indicated, refer you to an appropriate site for further study. To receive disability benefits from the Navy, you must be unfit to perform the duties of your office, grade, or rating because of disease or injury incurred while you are entitled to receive basic pay. After you are separated, any claims for disability benefits must be submitted to the DVA. Indicate by your signature that you understand the foregoing statement.

(12) In the case of certain aviation personnel, specifically class I, class II, and air traffic controlmen only, a copy of the separation or retirement physical examination (or the most recent flight physical, whether long or short form, with the SF 600 interim history and physical examination as described in paragraph (6) above) shall be submitted to the Naval Aerospace Medical Institute, Code 342, either by facsimile at (850) 452-3883 (DSN 922), or by mail at 220 Hovey Road, Pensacola, FL 32508-1047.

15-30 Transfer of Personnel

(1) ***Transfer within the United States (Except to Isolated Duty) or from Overseas or Sea Duty to the United States.*** Medical and dental records will be screened by the MDR to determine a member's fitness for transfer. Immunization requirements are in BUMEDINST 6230.15 series.

(2) ***Transfer to Sea Duty, Overseas Duty, or Isolated Duty within the United States***

(a) Suitability for overseas assignment is covered in BUMEDINST 1300.2 series.

(b) Members ordered to isolated duty stations or sea duty must not have medical or dental conditions that are likely to require extensive or prolonged treatment. Any required medical or dental care must be provided before the anticipated date of transfer.

(3) ***Reporting Requirements***

(a) A dated and signed SF-600 entry will be made noting the health record has been screened.

(b) A member considered NPQ for transfer will be referred for appropriate evaluation, and the member's command will be promptly notified.

(c) Defects waived at the time of original entry into the Service will not be considered disqualifying unless substantial changes have occurred.

(4) ***Notification or Noncompliance.*** When personnel are received at ports of embarkation, aboard ships, or at overseas stations without required medical examinations, immunizations, dental treatment, or complete health records, the deficiencies must be reported to the unit commander with a written recommendation the matter be brought to the attention of the member's previous command so future overseas screening will comply with directives.

15-31 Physical Readiness and Body Fat

(1) Physical readiness and body fat standards for active duty and Reserve Navy personnel along with specific program responsibilities and actions are contained in OPNAVINST 6110.1 series. Medical Department personnel should:

(a) Routinely record body weight with other vital signs on all SF-600 entries.

(b) Record body weight on the SF-88 (Rev. 10-94) when conducting periodic or special medical examinations. Official body fat measurements may be obtained from the member's command and entered in the margin above blocks 24 and 24 of the SF-88 (Rev. 10-94).

(c) Evaluate obese members to rule out underlying or associated disease processes and assess the effect of excess body fat on the member's fitness to perform his or her duties.

(d) Recommend weight reduction goals, prescribe diets, and promote appropriate exercise programs.

(e) Provide the unit commander with recommendations for appropriate action based on professional judgement about the likelihood of success in weight reduction and exercise programs.

Section III
PHYSICAL STANDARDS FOR APPOINTMENT, ENLISTMENT, OR INDUCTION

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15-32 General

(1) Accession physical standards ensure individuals under consideration for appointment, enlistment, and induction into the United States Navy and Unites States Marine Corps are:

(a) Free of contagious diseases that are likely to endanger the health of other personnel.

(b) Free of medical conditions or physical defects that would require excessive time lost from duty for necessary treatment or hospitalization or that would likely result in separation from the Navy for medical unfitness.

(c) Medically capable of satisfactorily completing required training.

(d) Medically adaptable to the military environment without the necessity of geographical area limitations.

(e) Medically capable of performing duties without aggravation of existing physical defects or medical conditions.

(2) This chapter establishes physical standards, that, if not met, are grounds for rejection for service in the Navy or Marine Corps. Other standards may be prescribed for a mobilization for a national emergency. The physical standards outlined in this chapter apply to:

(a) Applicants for appointment as commissioned or warrant officers in the active and Reserve Navy and Marine Corps components.

(b) Applicants for enlistment in the regular Navy and Marine Corps and for enlistment in the Navy and Marine Corps Reserve. For medical conditions or physical defects predating original enlistment, these standards pertain to enlistee's first 6 months of active or Reserve duty.

(c) Applicants for reenlistment in regular and Reserve components after a period of more than 6 months has elapsed since discharge.

(d) Applicants for the scholarship or advanced course Reserve Officers' Training Corps (ROTC) and all other special officer personnel procurement programs.

(e) Retention of cadets and midshipmen at the United States Naval Academy and students enrolled in ROTC scholarship programs.

(f) Individuals on the Temporary Disability Retired List (TDRL) who have been found fit on reevaluation and wish to return to active duty. The prior disabling defect(s), and any other physical defects, identified before placement on theTDRL that would not have prevented reenlistment are exempt from this instruction.

(g) All individuals being inducted into the Navy and Marine Corps.

(3) These standards apply for determining physical qualification for general service. Additional, more restrictive standards may be established for special duty requiring a level or type of physical ability or capacity different from that required for general service. Some of these standards are outlined in this chapter, Section IV, Special Duty. An applicant who does not meet special duty standards may be physically qualified for general service.

(4) Furthermore, for programs leading to a commission, more restrictive entry standards can be imposed to assure qualification at the time of commissioning.

15-33 Abdominal Organs and Gastrointestinal System

(1) The causes for rejection for appointment, enlistment, or induction are a history of:

(a) ***Esophagus.*** Ulceration, varices, fistula, achalasia, or other dysmotility disorders; chronic, or recurrent esophagitis if confirmed by x-ray or endoscopic examination.

(b) ***History of Gastroesophageal Reflux Disease.***

(c) ***Stomach and Duodenum***

(1) ***Gastritis.*** Chronic hypertrophic or severe.

(2) ***Active ulcer of stomach or duodenum.*** Confirmed by x-ray or endoscopy.

(3) ***Congenital abnormalities of the stomach or duodenum.*** Causing symptoms or requiring surgical treatment, except a history of surgical correction of hypertrophic pyloric stenosis of infancy.

(d) ***Small and Large Intestine***

(1) ***Inflammatory bowel disease.*** Regional enteritis, Crohn's disease, ulcerative colitis, or ulcerative proctitis.

(2) ***Duodenal diverticula.*** That with symptoms or sequelae (hemorrhage or perforation; etc.).

(3) ***Intestinal malabsorption syndromes.*** Including, but not limited to, postsurgical, idiopathic, and celiac disease (sprue).

(4) ***History of intestinal obstruction.***

(5) ***History of megacolon or Hirshsprung's disease.***

(6) ***Irritable bowel syndrome or history of chronic diarrhea or constipation.***

(7) ***Congenital.*** Conditions to include, but are not limited to, Meckel's diverticulum, malrotation, situs inversus, or functional abnormalities.

(8) ***Gastrointestinal bleeding.*** History of such, unless the cause shall have been corrected and is not otherwise disqualifying.

(9) ***Bowel resection.***

(10) ***Malrotation of bowel.***

(e) ***Hepato-Pancreatic-Biliary Tract***

(1) ***Viral hepatitis or unspecified hepatitis.*** Hepatitis in the preceding 6 months or persistence of symptoms after 6 months, or objective evidence of impairment of liver function, chronic hepatitis, or hepatitis B carriers. The presence of hepatitis B surface antigen, hepatitis C antibody, and ALT (SGPT) above normal laboratory reference range.

(2) ***Metabolic liver disease.*** Including, but not limited to, hemochromatosis, Wilson's disease, and alpha-1-antitrypsin deficiency.

(3) ***Cirrhosis, hepatic cysts and abscess, and sequelae of chronic liver disease.***

(4) ***Cholecystitis.*** Acute or chronic, with or without cholelithiasis; and other disorders of the gallbladder, including postcholecystectomy syndrome, and biliary system.

(5) ***Bile duct abnormalities or strictures.***

(6) ***Pancreatitis.*** Acute and chronic.

(f) ***Anorectal***

(1) ***Anal fissure, if persistent, or anal fistula.***

(2) ***Anal or rectal polyp, prolapse, stricture, or incontinence.***

(3) ***Hemorrhoids.*** Internal or external, when large, symptomatic, or history of bleeding.

(4) ***Spleen.***

(5) ***Splenomegaly.*** If persistent.

(6) ***Splenectomy.*** Except when accomplished for trauma or conditions unrelated to the spleen, or for hereditary spherocytosis.

(g) ***Abdominal Wall***

(1) ***Hernia.*** Including inguinal and other abdominal hernias including umbilical and hiatal.

(2) ***History of abdominal surgery during the preceding 60 days.***

(3) ***Other.*** Gastrointestinal bypass or stomach stapling for control of obesity. Persons with artificial openings.

15-34 Blood and Blood-Forming Tissue Diseases

(1) The causes for rejection for appointment, enlistment, or induction are a history of the following:

(a) ***Anemia.*** Any hereditary, acquired, aplastic, or unspecified anemia that has not been permanently corrected with therapy.

(b) ***Sickle-cell disease and sickle-cell trait.*** If sickle hemoglobin is greater than 45 percent. Sickle-cell syndromes including sickle beta-thalassemia and hemoglobin SC disease.

(c) ***Thalassemia.*** Including, but not limited to, beta-thalassemia major and intermedia or any other thalassemia causing anemia.

(d) ***Hemorrhagic disorders.*** Any congenital or acquired tendency to bleed due to a platelet or coagulation disorder.

(e) ***Thromboembolic disease, current or history thereof.***

(f) ***Leukopenia.*** Chronic or recurrent, based on available norms for ethnic background.

(g) ***Immunodeficiency.***

(h) ***Platelet Deficiency.***

15-35 Dental

(1) The causes for rejection for appointment, enlistment, or induction are as follows:

(a) ***Diseases of the Jaw or Associated Tissues that are not Easily Remediable and will Incapacitate the Individual or Otherwise Prevent the Satisfactory Performance of Duty.*** Those diseases include a current or past history of temporomandibular disorders and/or myofacial pain dysfunction, or any other condition, which has the potential for future problems with pain or function.

(b) ***Severe Malocclusion.*** That malocclusion which interferes with normal mastication or requires early and protracted treatment; or relationship between mandible and maxilla that prevents satisfactory future prosthodontic replacement.

(c) ***Insufficient Natural Healthy Teeth or Lack of a Serviceable Prosthesis.*** If this condition prevents adequate mastication and incision of a normal diet. That includes complex (multiple fixture) dental implant systems that have associated complications that severely limit assignments and adversely affect performance of worldwide duty. Dental implant systems must be successfully osseointegrated and completed.

(d) ***Orthodontic Appliances for Continued Treatment, Attached or Removable.*** Retainer appliances are permissible, if all active orthodontic treatment has been satisfactorily completed.

15-36 Ears

(1) The causes for rejection for appointment, enlistment, or induction are as follows:

(a) ***External Ear.*** Atresia or microtia, stenosis, chronic or acute otitis externa, or traumatic deformity.

(b) ***Mastoids.*** Mastoiditis, residual of mastoid operation with fistula, or external deformity that prevents or interferes with the wearing of protective mask or helmet.

(c) ***Meniere's Syndrome, or Other Diseases of the Vestibular System.***

(d) ***Middle and Inner Ear.*** History or presence of acute, chronic, or recurrent otitis media. History or presence of cholesteatoma. History of any inner or middle ear surgery, excluding myringotomy or successful tympanoplasty. Chronic serous otitis media.

(e) ***Tympanic Membrane.*** Any perforation of the tympanic membrane or surgery to correct perforation during the preceding 120 days.

15-37 Hearing

(1) The cause for rejection for appointment, enlistment, or induction is a hearing threshold level greater than that described in paragraph (1)(a)(3) below:

(a) ***Audiometric Hearing Levels***

(1) Only 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) All audiometric tracings or audiometric readings recorded on reports of medical examinations or other medical records shall be clearly identified.

(3) Acceptable audiometric hearing levels (both ears) are as follows:

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

(b) Pure tone level not more than 35 decibels at 3000 cycles per second and 35 decibels at 4000 cycles per second.

15-38 Endocrine and Metabolic Disorders

(1) The causes for rejection for appointment, enlistment, or induction are a history of the following:

(a) ***Adrenal Dysfunction.*** Of any degree.

(b) ***Diabetes Mellitus.*** Of any type.

(c) ***Glycosuria.***

(d) ***Acromegaly.*** Gigantism, or other disorder of pituitary function.

(e) ***Gout.***

(f) ***Hyperinsulinism.***

(g) ***Hyperparathyroidism and Hypoparathyroidism.***

(h) ***Osteoporosis.***

(i) ***Thyroid Disorders***

(1) Goiter.

(2) Hypothyroidism. Condition uncontrolled by medication.

(3) Cretinism.

(4) Hyperthyroidism.

(5) Thyroiditis.

(j) ***Nutritional Deficiency Diseases.*** Such diseases include beriberi, pellagra, and scurvy.

(k) ***Other Endocrine or Metabolic Disorders.*** Disorders such as cystic fibrosis, porphyria, and amyloidosis prevent satisfactory performance of duty or require frequent or prolonged treatment.

15-39 Upper Extremities

(1) The causes for rejection for appointment, enlistment, or induction are as follows:

(a) ***Limitation of Motion.*** An individual shall be considered unacceptable if the joint ranges of motion are less than the measurements listed in paragraphs (1)(a)(1) and (1)(a)(5), below.

(1) ***Shoulder***

(a) Forward elevation to 90 degrees.

(b) Abduction to 90 degrees.

(2) ***Elbow***

(a) Flexion to 100 degrees.

(b) Extension to 15 degrees.

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

(4) ***Hand***

(a) Pronation to 45 degrees.

(b) Supination to 45 degrees.

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

(b) ***Hand and Fingers***

(1) Absence of the distal phalanx of either thumb.

(2) Absence of distal and middle phalanx of an index, middle, or ring finger of either hand irrespective of the absence of little finger.

(3) Absence of more than the distal phalanx of any two of the following: index, middle, or ring finger of either hand.

(4) Absence of hand or any portion thereof, except for fingers as noted in paragraphs (1)(b)(1) and (1)(b)(2) above.

(a) Polydactyly.

(b) Scars and deformities of the fingers or hand that are symptomatic or impair normal function to such a degree to interfere with the satisfactory performance of military duty.

(c) Intrinsic paralysis or weakness, including nerve palsy sufficient to produce physical findings in the hand such as muscle atrophy or weakness.

(c) ***Wrist, Forearm, Elbow, Arm, and Shoulder.*** Recovery from disease or injury with residual weakness or symptoms such as preventing satisfactory performance of duty, or grip strength of less than 75 percent of predicted normal when injured hand is compared with the normal hand (nondominant is 80 percent of dominant grip).

15-40 Lower Extremities

(1) The causes for rejection for appointment, enlistment, or induction are as follows (see also article 15-41 below):

(a) ***Limitation of Motion.*** An individual shall be considered unacceptable if the joint ranges of motion are less than the measurements listed in paragraphs (1)(a)(1) through (1)(a)(4), below.

(1) ***Hip (due to disease or injury)***

(a) Flexion to 90 degrees.

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

(c) Abduction to 45 degrees.

(d) Rotation - 60 degrees (internal and external combined).

(2) ***Knee (due to disease or injury)***

(a) Full extension, compared with contralateral.

(b) Flexion to 90 degrees.

(3) ***Ankle (due to disease or injury)***

(a) Dorsiflexion to 10 degrees.

(b) Planter flexion to 30 degrees.

(4) ***Subtalar (due to disease or injury).*** Eversion and inversion total to 5 degrees.

(b) ***Foot and Ankle***

(1) ***Absence of one or more small toes.*** If function of the foot is poor, or running or jumping is prevented; absence of a foot or any portion except for toes.

(2) ***Absence of great toe.*** Loss of dorsal and/or planter flexion if function of the foot is impaired.

(3) ***Deformities of the toes.*** Either acquired or congenital, including polydactyly, that prevents the wearing of military footwear, or impairs walking, marching, running, or jumping. That includes hallux valgus.

(4) ***Clubfoot and/or pes cavus.*** If stiffness or deformity prevents foot function or wearing military footwear.

(5) ***Symptomatic pes planus.*** Acquired or congenital or pronounced cases with absence of subtalar motion.

(6) ***Ingrown toenails.***

(7) ***Plantar fasciitis.***

(8) ***Neuroma.*** Confirmed condition and refractory to medical treatment, or will impair function of the foot.

(c) ***Leg, Knee, Thigh, and Hip***

(1) Loose or Foreign Bodies in the Knee Joint.

(2) Physical Findings of an Unstable or Internally Deranged Joint. History of uncorrected anterior or posterior cruciate ligament injury.

(3) Surgical correction of any knee ligaments, if symptomatic or unstable.

(4) History of Congenital Dislocation of the Hip. Osteochondritis of the hip (Legg-Perthes Disease), or slipped femoral epiphysis of the hip.

(5) Hip Dislocation. Dislocation within 2 years before examination.

(6) Osteochondritis of the Tibial Tuberosity (Osgood-Schlatter's Disease), if symptomatic.

(d) ***General***

(1) Deformities, disease, or chronic pain of one or both lower extremities that have interfered with function to such a degree 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.

(2) Shortening of a lower extremity, resulting in a noticeable limp, scoliosis or leg length discrepancy of greater than 2 cm.

15-41 Miscellaneous Conditions of the Extremities

(1) The causes for rejection for appointment, enlistment, or induction are as follows:

(a) ***Arthritis***

(1) Active, subacute, or chronic arthritis.

(2) Chronic osteoarthritis or traumatic arthritis 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.

(b) ***Chronic Retropatellar Knee Pain.***

(c) ***Dislocation if Unreduced, or Recurrent Dislocations of Any Major Joint.*** Such as, shoulder, hip, elbow, knee; or instability of any major joint (shoulder, elbow, or hip).

(d) ***Fractures***

(1) Malunion or Nonunion of Any Fracture.

(2) Orthopedic Hardware. Hardware including plates, pins, rods, wires, or screws used for fixation and left in place; except a pin, wire, or screw not subject to easy trauma is not disqualifying.

(3) Injury of Bone or Joint. An injury of more than a minor nature, with or without fracture or dislocation, which occurred in the preceding 6 weeks (upper extremity, lower extremity, or ribs and clavicle).

(e) ***Joint Replacement***

(f) ***Muscular Paralysis, Contracture, or Atrophy).*** If progressive or of sufficient degree to interfere with military service, and muscular dystrophies.

(g) ***Osteochondritis Dessicans.***

(h) ***Osteochrondromatosis or Multiple Cartilaginous Exostoses.***

(i) ***Osteoporosis.***

(j) ***Osteomyelitis.*** Active or recurrent.

(k) ***Scars.*** Extensive, deep, or adherent to the skin and soft tissues that interfere with muscular movements.

(l) ***Implants.*** Silastic or other devices implanted to correct orthopedic abnormalities.

15-42 Eyes and Vision

(1) The causes for rejection for appointment, enlistment, or induction are as follows:

(a) ***Eyes***

(1) ***Lids***

(a) ***Blepharitis.*** Chronic condition, of more than a mild degree.

(b) ***Blepharospasm.***

(c) ***Dacryocystitis.*** Acute or chronic condition.

(d) ***Deformity of the lids.*** Complete or extensive lid deformity, sufficient to interfere with vision or impair protection of the eye from exposure.

(2) ***Conjunctiva***

(a) ***Conjunctivitis.*** Chronic condition, including trachoma, and allergic conjunctivitis.

(b) ***Pterygium.*** If condition encroaching on the cornea in excess of 3 millimeters, interfering with vision, progressive or recurring after two operative procedures.

(c) ***Xerophthalmia.***

(3) ***Cornea***

(a) Dystrophy. Corneal dystrophy, of any type, including keratoconus of any degree.

(b) ***Keratorefractive surgery.*** History of lamellar and/or penetrating keratoplasty. Laser surgery or appliance used to reconfigure the cornea is also disqualifying. All corneal procedures including, but not limited to, radial keratotomy (RK), photorefractive keratotomy (PRK), laser-in-situ keratomileusus (LASIK) and intracorneal rings.

(c) ***Keratitis.*** Acute or chronic keratitis, which includes recurrent corneal ulcers, erosions (abrasions), or herpetic ulcers.

(d) ***Vascularization or opacification of the cornea.*** Condition from any cause that is progressive or reduces vision below the standards prescribed in (1)(b) below.

(4) ***Uveitis or iridocyclitis.***

(5) ***Retina***

(a) ***Angiomatosis.*** Or other congenitohereditary retinal dystrophy that impairs visual function.

(b) ***Chorioretinitis.*** Unless single episode that has healed and does not interfere with vision.

(c) ***Congenital or degenerative changes of any part of the retina including lattice degeneration.***

(d) ***Detachment of the retina.*** A history of surgery for same, or peripheral retinal injury or degeneration that may cause retinal detachment.

(e) ***Chorioretinis or inflammation of the retina.*** Condition including histoplasmosis, toxoplasmosis, or vascular conditions of the eye to include Coats' Disease, Eales' Disease, and retinitis proliferans, unless a single episode of known cause that has healed and does not interfere with vision.

(6) ***Optic nerve***

(a) ***Optic neuritis.*** Neuroretinitis, secondary optic atrophy, or documented history of attacks of retrobulbar neuritis.

(b) ***Optic atrophy or cortical blindness.***

(c) ***Papilledema.***

(7) *Lens*

(a) *Aphakia.* Lens implant, or dislocation of a lens.

(b) *Opacities of the lens.* Those conditions that interfere with vision or that are considered to be progressive.

(8) *Ocular mobility and motility*

(a) *Diplopia.* Constant or intermittent.

(b) *Nystagmus.*

(c) *Strabismus.* Greater than 40 diopters or accompanied by diplopia.

(d) *Strabismus.* Corrective surgery in the preceding 6 months.

(e) ***For entrance into Service academies and ROTC programs, additional requirements relating to esotropia and hypertropia may be set.***

(9) *Miscellaneous defects and diseases*

(a) ***Abnormal visual fields due to diseases of the eye or central nervous system, or trauma.*** Meridian-specific visual field minimums are as follows:

- Temporal 85°
- Superior-Temporal 55°
- Superior 45°
- Superior Nasal 55°
- Nasal 60°
- Inferior Nasal 50°
- Inferior 65°
- Inferior Temporal 85°

(b) *Absence of an eye.* Congenital or acquired.

(c) *Asthenopia.* Severe.

(d) *Exophthalmos.* Unilateral or bilateral, non-familial.

(e) *Glaucoma.* Primary, secondary, pre-glaucoma as evidenced by intraocular pressure above 21 mmHg, or the secondary changes in the optic disc or visual field loss associated with glaucoma.

(f) ***Loss of normal pupillary reflex, reactions to accommodation or light, including Adie's Syndrome.***

(g) *Night blindness.*

(h) ***Retained intraocular foreign body.***

(i) *Tumors.* Growths or tumors of the eyelid, other than small basal cell tumors that may be cured by treatment, and small nonprogressive asymptomatic benign lesions.

(j) ***Any organic disease of the eye or adnexa, not specified above, which threatens vision or visual function.***

(b) *Vision*

(1) ***Distant visual acuity of any degree that does not correct with spectacle lenses to at least one of the following:***

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

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

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

(d) Commissioning as an officer in the Navy or Marine Corps requires visual acuity that corrects to 20/20 in both eyes with standard lenses.

(2) ***Near visual acuity of any degree that does not correct to 20/40 in the better eye.*** For Navy officers and Marine Corps officers, vision must correct to 20/20 in both eyes with standard lenses.

(3) ***Refractive error (hyperopia, myo-pia, astigmatism).*** Refractive error of worse than +/-8.00 diopters of sphere or +/-4.00 diopters of cylinder; if ordinary spectacles cause discomfort by reason of ghost images or prismatic displacement; or if corrected by orthokeratology or keratorefractive surgery.

(a) For Navy and Marine Corps programs leading to a commission the refractive error cannot exceed +/-6.00 diopters sphere and +/-3.00 diopters cylinder.

(4) ***Contact lenses.*** Complicated cases requiring contact lenses for adequate correction of vision, such as corneal scars and irregular astigmatism.

(5) ***Color vision***

(a) Color vision is not required for enlisted service. However, some occupational specialties may require color vision.

(b) Adequate color vision is required for unrestricted line officers and Navy programs leading to a commission as an unrestricted line officer. In addition, some restricted line, limited duty officer and warrant officer programs also require adequate color vision. These designators include, but are not limited to: 163x, 611x, 612x, 616x, 621x, 622x, 626x, 648x, 711x, 712x, 717x, 721x, 722x, 727x, and 748x.

(c) The Farnsworth Lantern (FALANT) is the Navy's definitive test for color vision. Those passing an appropriately conducted FALANT are considered to have adequate color vision for naval service. A passing score using the FALANT is 9 correct responses out of a series of 9 presentations. If any errors are made, a consecutive series of 18 presentations will be made with a passing score being 16 correct responses out of the 18 consecutive presentations.

(d) Screening for color deficiency with pseudo-isochromatic plates (PIP) is an acceptable alternative. Applicants will be screened with a 14-plate PIP set with passing defined as 12/14 correct. Applicants scoring 12/14 correct on screening with a PIP set need not be tested with the FALANT. Applicant's failing the PIP screening test should be tested for adequate color vision using the FALANT if they are applying for a program that requires adequate color vision.

15-43 Genitalia (Male and Female)

(1) ***Male Genitalia.*** The causes of medical rejection for appointment, enlistment, or induction are:

(a) ***Absence of Both Testicles.*** Congenital or acquired, or unexplained absence of a testicle.

(b) ***Epispadias or Hypospadias.***

(c) ***Undiagnosed Enlargement or Mass of Testicle, Epididymis or any Scrotal Structure.***

(d) ***Undescended Testicle(s).***

(e) ***Orchitis.*** Acute, or chronic epididymitis.

(f) ***Penis.*** Amputation of, if the resulting stump is insufficient to permit micturition in a normal manner.

(1) ***Penile infectious lesions.*** Including herpes genitalis and condyloma acuminatum: acute or chronic, not amenable to treatment. Such treatment must be given and demonstrated effective prior to accession.

(g) ***Prostatitis.*** Acute or chronic condition.

(h) ***Prostatic Hypertrophy with Urinary Retention.***

(i) ***Hydrocele.*** Left varicocele (if painful), or any right varicocele.

(j) ***Major Abnormalities and Defects of the Genitalia.*** Such as a change of sex. A history thereof, or dysfunctional residuals from surgical correction of these conditions.

(2) ***Female Genitalia.*** The causes for rejection for appointment, enlistment, or induction are as follows:

(a) ***Abnormal Uterine Bleeding.*** Including such bleeding as menorrhagia, metrorrhagia, or polymenorrhea.

(b) ***Amenorrhea.***

(c) ***Dysmenorrhea.*** Incapacitating to a degree recurrently necessitating absences of more than a few hours from routine activities.

(d) ***Endometriosis.***

(e) ***Hermaphroditism.***

(f) ***Menopausal Syndrome.*** If manifested by more than mild constitutional or mental symptoms, or artificial menopause less than a 1-year duration.

(g) ***Ovarian Cysts.*** Persistent or clinically significant.

(h) ***Pelvic Inflammatory Disease.*** Acute or chronic.

(i) ***Pregnancy.***

(j) ***Uterus.*** Congenital absence of or enlargement due to any cause.

(k) ***Vulvar or Vagina Ulceration.*** Including herpes genitalis and condyloma acuminatum: acute or chronic, not amenable to treatment. Such treatment must be given and demonstrated effective prior to accession.

(l) ***Abnormal Pap Smear.*** Graded low-grade squamous intraepithelial lesion or higher severity; or any smear in which the descriptive terms carcinoma-in-situ, invasive cancer, condyloma accuminatum, human papilloma virus, or dysplasia are used.

(m) ***Major Abnormalities and Defects of the Genitalia.*** Such as a change of sex. A history thereof, or dysfunctional residuals from surgical correction of these conditions.

15-44 Urinary System

(1) The causes for rejection for appointment, enlistment, or induction are:

(a) ***Cystitis.***

(b) ***Urethritis.***

(c) ***Enuresis or Incontinence of Urine Beyond Age 12.*** (See article 15-54.)

(d) ***Hematuria, Pyuria, or Other Findings Indicative of Urinary Tract Disease.***

(e) ***Urethral Stricture or Fistula.***

(f) ***Kidney***

(1) ***Absence of one kidney.*** Congenital or acquired.

(2) ***Infections.*** Acute or chronic infections.

(3) ***Polycystic kidney.*** Confirmed history of such a condition.

(4) ***Horseshoe kidney.***

(5) ***Hydronephrosis.***

(6) ***Nephritis.*** Acute or chronic.

(7) ***Proteinuria.***

(8) ***Renal calculus.*** Within the previous 12 months, recurrent calculus, nephrocalcinosis, or bilateral renal calculi at any time.

15-45 Head and Neck

(1) ***Head.*** The causes for rejection for appointment, enlistment, or induction are:

(a) ***Injuries.*** Including severe contusions and other wounds of the scalp and cerebral concussion, until a period of 3 months has elapsed. (See article 15-51.)

(b) ***Deformities of the Skull, Face, or Jaw.*** Such deformities of a degree that will prevent the individual from wearing a protective mask or military headgear.

(c) ***Defects.*** Loss, or congenital absence of the bony substance of the skull not successfully corrected by reconstructive materials, or leaving residual defect in excess of one square inch (6.45cm^2) or the size of a 25-cent piece.

(d) ***Paralysis of any part of the face.***

(2) ***Neck.*** The causes for rejection for appointment, enlistment, or induction are:

(a) ***Cervical Ribs.*** If symptomatic, or so obvious that they are found on routine physical examination.

(b) ***Congenital Cysts.*** Those cysts of branchial cleft origin or those developing from the remnants of the thyroglossal duct, with or without fistulous tracts.

(c) ***Contraction.*** Contraction of the muscles of the neck, spastic or nonspastic, or cicatricial contracture of the neck to the extent that it interferes with the wearing of a uniform or military equipment, or is so disfiguring to impair military bearing.

15-46 Heart and Vascular System

(1) ***Heart.*** The causes for rejection for appointment, enlistment, or induction are:

(a) ***All Valvular Heart Diseases.*** Congenital or acquired, including those improved by surgery, except mitral valve prolapse. Mitral valve prolapse is a cause for rejection if there is associated tachyarrhythmia, mitral regurgitation, or degeneration of the valve leaflets.

(b) ***Coronary Heart Disease.***

(c) ***Symptomatic Arrhythmia (or Electrocardiographic Evidence of Arrhythmia).*** A history of such condition.

(1) ***Supraventricular tachycardia.*** Or any dysrhythmia 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. Premature atrial or ventricular contractions are disqualifying when sufficiently symptomatic to require treatment or result in physical or psychological impairment.

(2) ***Ventricular arrythmias.*** Those arrythmias including ventricular fibrillation, tachycardia, and multifocal premature ventricular contractions. Occasional asymptomatic premature ventricular contractions are not disqualifying.

(3) ***Ventricular conduction disorders.*** Such disorders with left bundle branch block, Mobitz type II second degree AV block, third degree AV block. Wolff-Parkinson-White syndrome and Lown-Ganong-Levine Syndrome associated with an arrhythmia are also disqualifying.

(4) ***Conduction disturbances.*** Conduction disturbances such as first degree AV block, left anterior hemiblock, right bundle branch block or Mobitz type I second degree AV block are disqualifying when symptomatic or associated with underlying cardiovascular disease.

(d) ***Hypertrophy or Dilatation of the Heart.***

(e) ***Cardiomyopathy.*** Including myocarditis, or history of congestive heart failure even though currently compensated.

(f) ***Pericarditis.***

(g) ***Persistent Tachycardia (Resting Pulse Rate of 100 or Greater).***

(h) ***Congenital Anomalies of Heart and Great Vessels.*** Except for corrected patent ductus arteriosus.

(2) ***Vascular System.*** The causes for rejection for appointment, enlistment, or induction are:

(a) ***Abnormalities of the Arteries and Blood Vessels.*** Abnormalities including, but not limited to, aneurysms even if repaired, coarctation of the aorta, atherosclerosis, and arteritis.

(b) ***Circulatory instability such as orthostatic hypotension.***

(c) ***Hypertensive Vascular Disease.*** Such disease evidenced by the average of three consecutive diastolic blood pressure measurements greater than 90 mmHg or three consecutive systolic pressures greater than 140 mmHg. High blood pressure requiring medication or a history of treatment including dietary restriction.

(d) ***Pulmonary or Systemic Embolization.***

(e) ***Peripheral Vascular Disease.*** Including diseases such as Raynaud's Phenomenon.

(f) ***Vein Diseases.*** Vein diseases including recurrent thrombophlebitis, thrombophlebitis during the preceding year, or any evidence of venous incompetence, such as large or symptomatic varicose veins, edema, or skin ulceration.

15-47 Height, Weight, and Body Build

(1) ***Height and Weight.*** The causes for rejection for appointment, enlistment, or induction are specified under the respective Navy or Marine Corps recruiting command instruction.

(2) ***Body Build.*** The cause for rejection for appointment, enlistment, or induction is deficient muscular development that will interfere with the completion of required training. In addition, the respective Navy or Marine Corps recruiting commands may issue additional requirements.

15-48 Lungs, Chest Wall, Pleura, and Mediastinum

(1) The causes for rejection for appointment, enlistment, or induction are a history of:

(a) ***Abnormal Elevation of the Diaphragm.*** Such elevation may be either side.

(b) ***Abscess of the Lung.***

(c) ***Acute Infectious Processes of the Lung.*** Until cured.

(d) ***Asthma.*** Including reactive airway disease, exercise induced bronchospasm or asthmatic bronchitis, reliably diagnosed at any age.

(e) ***Substantiated History of Cough, Wheeze, and/or Dyspnea which Persists.***

(f) ***Bronchitis.*** That which is chronic, symptoms over 3 months occurring at least twice a year.

(g) ***Bronchiectasis.***

(h) ***Bronchopleural Fistula.***

(i) ***Bullous or Generalized Pulmonary Emphysema.***

(j) ***Chronic Mycotic Diseases of the Lung.*** Such diseases including coccidioidomycosis.

(k) ***Chest Wall Malformation or Fracture.*** Those conditions that interfere with vigorous physical exertion.

(l) ***Empyema.*** That condition includes residual pleural effusion, or unhealed sinuses of chest wall.

(m) ***Extensive Pulmonary Fibrosis.***

(n) ***Foreign Body in Lung, Trachea, or Bronchus.***

(o) ***Lobectomy.*** With residual pulmonary disease or removal of more than one lobe.

(p) ***Pleurisy with Effusion.*** That condition occurring within the previous 2 years if known origin, or unknown origin.

(q) ***Pneumothorax.*** That condition occurring during the year preceding examination if due to simple trauma or surgery, during the 3 years preceding examination from spontaneous origin. Recurrent spontaneous pneumothorax after surgical correction or pleural sclerosis.

(r) ***Sarcoidosis.*** (See article 15-59.)

(s) ***Silicone Breast Implants.*** Those encapsulated, if less than 9 months since surgery or with symptomatic complications.

(t) ***Tuberculous Lesions.*** (See article 15-59.)

15-49 Mouth

(1) The causes for rejection for appointment, enlistment, or induction are:

(a) ***Cleft Lip or Palate Defects.*** Unless satisfactorily repaired by surgery.

(b) ***Leukoplakia.***

(c) ***Conditions of the Oral Cavity Leading to Poor Articulation or Inability to Articulate.***

15-50 Nose, Sinuses, and Larynx

(1) The causes for rejection for appointment, enlistment, or induction are:

(a) ***Allergic Manifestations***

(1) ***Allergic or vasomotor rhinitis.*** If moderate or severe and not controlled by oral medications, desensitization, or topical corticosteroid medication.

(2) ***Allergy immunotherapy within the preceding 2 Years.***

(3) ***Atrophic rhinitis.***

(b) ***Vocal Cord Paralysis and Dysfunction.***

(c) ***Symptomatic Disease of the Larynx.***

(d) ***Hoarseness.***

(e) ***Anosmia or Parosmia.***

(f) ***Epistaxis.*** Recurrent condition.

(g) ***Nasal Polyps.***

(h) ***Perforation of Nasal Septum.***

(i) ***Sinusitis.*** Acute.

(j) ***Sinusitis Chronic.*** Such condition exists when evidenced by chronic purulent nasal discharge, hyperplastic changes of the nasal tissue, symptoms requiring frequent medical attention, or x-ray findings.

(k) ***Larynx Ulceration, Polyps or Granulation Tissue, or Chronic Laryngitis.***

(l) ***Tracheostomy or Tracheal Fistula.***

(m) ***Deformities or Conditions.*** Those of the mouth, tongue, palate throat, pharynx, larynx, and nose that interfere with chewing, swallowing, speech, or breathing.

(n) ***Pharyngitis and Nasopharyngitis.*** Chronic conditions.

(o) ***History of Cancer of the Oral Cavity.***

15-51 Neurological Disorders

(1) The causes for rejection for appointment, enlistment, or induction are:

(a) ***Cerebrovascular Conditions.*** Any history of subarachnoid or intracerebral hemorrhage, vascular insufficiency, aneurysm, arteriovenous malformation, thrombotic or embolic stroke, transient ischemic attack, and cerebral vein thrombosis.

(b) ***Congenital Malformations.*** If associated with neurological manifestations, or if known to be progressive; meningocele, even if uncomplicated; skull deformities precluding adequate fitting of helmets, face masks, etc.

(c) ***Degenerative and Hereditodegenerative Disorders.*** Those disorders affecting the cerebrum, basal ganglia, cerebellum, spinal cord, and peripheral nerves or muscles.

(d) ***Recurrent Headaches.*** Headaches of all types of sufficient severity or frequency that interfered with normal function in the past 3 years.

(e) ***Head Injury.*** Applicants with a history of head injury with:

(1) Late post-traumatic epilepsy (occurrings, more than 1 week after injury).

(2) Permanent motor or sensory deficits.

(3) Impairment of intellectual function.

(4) Alternation of personality.

(5) Central nervous system shunt.

(f) ***Applicants with a History of Severe Closed Head Injury are Unfit for a Period of at Least 5 Years After the Injury.*** After 5 years they may be considered fit if complete neurological and neuropsychological evaluation shows no residual dysfunction or complications. Applicants with a history of severe penetrating head injury are unfit for a period of at least 10 years after the injury. After 10 years they may be considered fit if complete neurological and neuropsychological evaluation shows no residual dysfunction or complications. Severe head injuries are defined by one or more of the following:

(1) Unconsciousness or amnesia. Conditions, alone or in combination, of 24-hours duration or longer.

(2) Depressed skull fracture.

(3) Laceration or contusion of dura or brain.

(4) Epidural, subdural, subarachnoid, or intracerebral hematoma.

(5) Associated abscess or meningitis.

(6) Cerebrospinal fluid rhinorrhea or otorrhea.

(7) Focal neurologic signs.

(8) Radiographic evidence of retained metallic or bony fragments.

(9) Leptomeningeal cysts or arteriovenous Fistula.

(10) Early post-traumatic seizure(s) (occurring within 1 week of injury, but more than 30 minutes after injury).

(g) ***Applicants with a History of Moderate Head Injury.*** Those applicants are unfit for a period of at least 2 years after the injury. After 2 years they

may be considered fit if complete neurological evaluation shows no residual dysfunction or complications. Moderate head injuries are defined as unconsciousness or amnesia, alone or in combination, of 1- to 24-hours duration, or linear skull fracture.

(h) ***Applicants with a History of Mild Head Injury.*** Those applicants with mild head injuries, as defined by a period of unconsciousness or amnesia, alone or in combination, of 1 hour or less, are unfit for at least 1 month after the injury. After 1 month, they may be acceptable if complete neurological evaluation shows no residual dysfunction or complications.

(i) ***Persistent Post-Traumatic Seizure.*** Such conditions, as manifested by headache, vomiting, disorientation, spatial disequilibrium, personality changes, impaired memory, poor mental concentration, shortened attention span, dizziness, altered sleep patterns, or any findings consistent with organic brain syndrome, are disqualifying until full recovery has been confirmed by complete neurological and neuropsychological evaluation.

(j) ***Infectious Diseases***

(1) ***Meningitis, encephalitis, or poliomyelitis.*** Such diseases occurring within 1 year before examination, or if there are residual neurological defects.

(2) ***Neurosyphilis.*** That disease of any form, general paresis, tabes dorsalis, or meningovascular syphilis.

(3) ***Narcolepsy.*** Sleep Apnea Syndrome.

(4) ***Paralysis, weakness, lack of coordination, chronic pain, neuralgia or sensory disturbance.***

(5) ***Epilepsy.*** That epilepsy occurring beyond the age of 5 unless the applicant has been free of seizures for a period of 5 years while taking no medication for seizure control, and has a normal electroencephalogram (EEG). All such applicants shall have a current neurology consultation with current EEG results. EEG may be requested by reviewing authority.

(6) ***Chronic disorders.*** Disorders including but not limited to myasthenia gravis and multiple sclerosis.

(7) ***Central nervous system shunts.*** Of all kinds.

(8) ***Disturbances of consciousness or equilibrium.*** Including, but not limited to, syncope and motion sickness.

(9) ***Spinal cord or column disorders.*** Resulting in motor, sensory, gait or genitourinary dysfunction or chronic pain.

(10) ***Peripheral nerve disorders.*** Including, but not limited to, neuritis, neuropathy, radiculopathy, and plexopathy.

(11) ***Movement disorders.*** Including, but not limited to, chorea, athetosis, torticollis, and dystonia.

(12) ***Central nervous system neoplasms.***

15-52 Disorders with Psychotic Features

(1) The causes for rejection for appointment, enlistment, or induction are a history of disorders with psychotic features.

15-53 Neurotic, Anxiety, Mood, Somatoform, Dissociative, or Factitious Disorders

(1) The causes for rejection for appointment, enlistment, or induction are a history of such disorders resulting in any or all of the below:

(a) Admission to a hospital or residential facility.

(b) Care by a physician or other mental health professional.

(c) Symptoms or behavior of a repeated nature that impaired social, school, or work efficiency.

15-54 Personality, Conduct, and Behavior Disorders

(1) The causes for rejection for appointment, enlistment, or induction or a history of such disorders resulting in any or all of the below:

(a) ***Personality, Conduct, or Behavior Disorders***

(1) Disorders as evidenced by frequent encounters with law enforcement agencies, antisocial attitudes or behavior that, while not sufficient cause for administrative rejection, are tangible evidence of impaired capacity to adapt to military service.

(2) Disorders as evidenced by history, interview, or psychological testing the degree of immaturity, instability, personality inadequacy, impulsiveness, or dependency will seriously interfere with adjustment in the Armed Forces as demonstrated by repeated inability to maintain reasonable adjustment in school, with employers and fellow workers, and other social groups.

(b) ***Other Behavior Disorders including, but not limited to, Conditions such as the following:***

(1) Enuresis or encopresis.

(2) Sleepwalking.

(3) Eating disorders that are habitual or persistent occurring beyond age 12.

(4) Stammering of such a degree that the individual is often unable to express himself or herself clearly, or to repeat commands.

(c) ***Specific Academic Skills Defects.*** Chronic history of academic skills or perceptual defects, secondary to organic or functional mental disorders that interfere with work or school after age 12. Current use of medication to improve or maintain academic skills.

(d) ***Suicide.*** History of attempted or suicidal behavior.

15-55 Psychosexual Conditions

(1) The causes for rejection for appointment, enlistment, or induction are transsexualism, exhibitionism, transvestism, voyeurism, and other paraphilias or gender identity disorders.

15-56 Substance Misuse

(1) The causes for rejection for appointment, enlistment, or induction are:

(a) ***Alcohol Dependence.***

(b) ***Alcohol Abuse.*** Use of alcoholic beverages that leads to misconduct, unacceptable social behavior, poor work or academic performance, impaired physical or mental health, lack of financial responsibility, or a disrupted personal relationship.

(c) ***Drug Dependence.***

(d) ***Nondependent Use of Drugs Characterized by the Following:***

(1) The evidence of use of any controlled, hallucinogenic, or other intoxicating substances at time of the examination, when the use cannot be accounted for as the result of a prescription by a physician.

(2) Documented misuse or abuse of any controlled substance (including cannabinoids or anabolic steroids) requiring professional care.

(3) The repeated self-procurement and self-administration of any drug or chemical substance, including cannabinoids or anabolic steroids, with such frequency it appears the applicant has accepted the use of or reliance on those sub-stances as part of his or her pattern of behavior.

(4) The use of LSD in a 2-year period before the examination.

15-57 Skin and Cellular Tissues

(1) The causes for rejection for appointment, enlistment, or induction are:

(a) ***Acne.*** Severe acne, or when extensive involvement of the neck, shoulders, chest, or back will be aggravated by or interfere with the wearing of military equipment and not amenable to treatment. Patients under treatment with isotretinoin (Accutane) are medically unacceptable until 8 weeks after completion of a course of therapy.

(b) ***Atopic Dermatitis or Eczema.*** Occurring with active or residual lesions in characteristic areas (face, neck, scalp, antecubital and/or popliteal fossae, occasionally wrists and hands), or documented history thereof after the age of 8.

(c) ***Contact Dermatitis.*** Dermatitis especially involving rubber or other materials used in any type of required protective equipment.

(d) ***Cysts***

(1) Cysts, Other Than Pilonidal. Cysts of such a size or location to interfere with the normal wearing of military equipment.

(2) Cysts Pilonidal. Cysts evidenced by the presence of a tumor mass or a discharging sinus. History of pilonidal cystectomy in 6 months before examination.

(e) ***Dermatitis Factitia.***

(f) ***Bullous Dermatoses.*** Conditions such as dermatitis herpetiformis, pemphigus, and epidermolysis bullosa.

(g) ***Chronic Lymphedema.***

(h) ***Fungus Infections.*** Systemic or superficial types, if extensive and not amenable to treatment.

(i) ***Furunculosis.*** Extensive, recurrent, or chronic condition.

(j) ***Grafted Skin.***

(k) ***Hydradenitis Suppurativa.***

(l) ***Hyperhidrosis of Hands or Feet.*** Chronic or severe condition.

(m) ***Ichthyosis.*** Or other congenital or acquired anomalies of the skin, such as nevi or vascular tumors that interfere with function or are exposed to constant irritation.

(n) ***Keloid Formation.*** If that tendency is marked or interferes with the wearing of military equipment.

(o) ***Leprosy.***

(p) ***Lichen Planus.***

(q) ***Neurofibromatosis (Von Recklinghausen's Disease).***

(r) ***Pemphigus or Pemphigoid.***

(s) ***Photosensitivity.*** Any primary sun-sensitive condition, such as polymorphous light eruption or solar urticaria; any dermatosis aggravated by sunlight such as lupus erythematosus.

(t) ***Psoriasis.***

(u) ***Radiodermatitis.***

(v) ***Scars.*** Scars so extensive, deep, or adherent they may interfere with the wearing of military clothing or equipment, exhibit a tendency to ulcerate, or interfere with function. Includes scars at skin graft donor or recipient sites if in an area susceptible to trauma.

(w) ***Scleroderma.***

(x) ***Tattoos.*** Tattoos that shall significantly limit effective performance of military service.

(y) ***Urticaria.*** Chronic.

(z) ***Warts.*** Planter warts that are symptomatic.

(aa) ***Xanthoma.*** If disabling or accompanied by hyperlipemia.

(bb) ***Any Other Chronic Skin Disorder.*** Any skin disorder of a degree or nature, such as dysplastic nevi syndrome, which requires frequent outpatient treatment or hospitalization, or interferes with the satisfactory performance of duty.

15-58 Spine and Sacroiliac Joints

(1) The causes for rejection for appointment, enlistment, or induction are:

(a) ***Arthritis.*** (See article 15-41.)

(b) ***Complaint of a disease or injury of the spine or sacroiliac joints.*** With or without objective signs that prevent the individual from successfully following a physically active vocation in civilian life, or is associated with pain referred to the lower extremities, muscular spasms, postural deformities, or limitation of motion.

(c) ***Deviation or curvature of spine from normal alignment, structure, or function if:***

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

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

(3) It is symptomatic and associated with positive physical findings and demonstrable by x-ray.

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

(d) ***Fusion.*** Congenital fusion, involving more than two vertebrae. Any surgical fusion.

(e) ***Healed Fractures or Dislocations of the Vertebrae.*** 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.

(f) ***Juvenile Epiphysitis.*** That with any degree of residual change indicated by x-ray or kyphosis.

(g) ***Ruptured Nucleus Pulposus.*** Herniation of intervertebral disk or surgery for this condition.

(h) ***Spina Bifida.*** When symptomatic or there is more than one vertebra involved, dimpling of the overlying skin, or a history of surgical repair.

(i) ***Spondylolysis and Spondylolisthesis.***

(j) ***Weak or Painful Back.*** Back condition requiring external support; that is, corset or brace. Recurrent sprains or strains requiring limitation of physical activity or frequent treatment.

15-59 Systemic Diseases

(1) The causes for rejection for appointment, enlistment, or induction are:

(a) ***Amyloidosis.***

(b) ***Ankylosing Spondylitis.***

(c) ***Eosinophilic Granuloma.*** 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 rejection once healing has occurred. All other forms of the Histiocytosis X spectrum should be rejected.

(d) ***Lupus Erythnematosus and Mixed Connective Tissue Disease.***

(e) ***Polymyositis/Dermatomyositis Complex.***

(f) ***Progressive Systemic Sclerosis.*** Condition including CRST Variant.

(g) ***Psoriatic Arthritis.***

(h) ***Reiter's Disease.***

(i) ***Rheumatoid Arthritis.***

(j) ***Rhabdomyolysis or history thereof.***

(k) ***Sarcoidosis.*** Unless there is substantiated evidence of a complete spontaneous remission of at least a 2-year duration.

(l) ***Sjogren's Syndrome.***

(m) ***Tuberculosis***

(1) Active tuberculosis in any form or location, or substantiated history of active tuberculosis in the previous 2 years.

(2) One or more reactivations.

(3) Residual physical or mental defects from past tuberculosis that will prevent the satisfactory performance of duty.

(4) Individuals with a past history of active tuberculosis more than 2 years before appointment, enlistment, or induction are qualified if they have received a complete course of standard chemotherapy for tuberculosis and have no residual signs of disease. Additionally, individuals with a tuberculin reaction 10 mm or greater and without evidence of residual disease are qualified once they have been treated with chemoprophylaxis.

(n) ***Vasculitis.*** Such as Bechet's, Wegener's granulomatosis, polyarteritis nodosa.

15-60 General and Miscellaneous Conditions and Defects

(1) The causes for rejection for appointment, enlistment, or induction are:

(a) ***Allergic Manifestations.*** A reliable history of anaphylaxis to stinging insects. Reliable history of a moderate to severe reaction to common foods, spices, or food additives.

(b) ***Idiopathic or exercise induced anaphylaxis.***

(c) ***Any Acute Pathological Condition.*** Those including acute communicable diseases, until recovery has occurred without sequelae.

(d) ***Chronic Metallic Poisoning.*** Poisoning with lead, arsenic, silver, beryllium, or manganese.

(e) ***Cold Injury.*** Residuals of injury, such as frostbite, chilblain, immersion foot, trenchfoot, deep-seated ache, paresthesia, hyperhidrosis, easily traumatized skin, cyanosis amputation of any digit, or ankylosis.

(f) ***Cold Urticaria and Angioedema, Hereditary Angioedema.***

(g) ***Filariasis, Trypanosomiasis, Schistosomiasis.*** Uncinariasis or other parasitic conditions, if symptomatic or carrier state.

(h) ***Heat Pyrexia Heatstroke, or Sunstroke.*** Documented evidence of a predisposition (including disorders of sweat mechanism and a previous serious episode), recurrent episodes requiring medical attention, or residual injury (especially cardiac, cerebral, hepatic, or renal).

(i) ***Malignant Hyperthermia.***

(j) ***Industrial Solvent and Other Chemical Intoxication.***

(k) ***Latex Allergy.***

(l) ***Motion Sickness.*** An authenticated history of frequent, incapacitating motion sickness after the 12th birthday.

(m) ***Mycotic Infection of Internal Organs.***

(n) ***Organ Transplant Recipient.***

(o) ***Presence of HIV-I or Antibody.*** That presence confirmed by repeatedly reactive enzyme-linked immunosorbent assay (ELISA) and positive immunoelectrophoresis (Western Blot) test, or other DOD-approved screening and confirmatory test.

(p) ***Reactive Tests for Syphilis.*** Tests such as the Rapid Plasma Reagin (RPR) or Venereal Disease Research Laboratory (VDRL) followed by a reactive, confirmatory Fluorescent Treponemal Antibody Absorption (FFA-ABS) test, unless there is a documented history of adequately treated syphilis. In the absence of clinical findings, the presence of reactive RPR or VDRL followed by a negative FFA-ABS test is not disqualifying if a cause for the false positive reaction can be identified and is not otherwise disqualifying.

(q) ***Residual of Tropical Fevers.*** Fevers such as malaria and various parasitic or protozoan infestations.

(r) ***Rheumatic Fever.*** Sydenham's chorea at any age.

(s) ***Sleep Apnea.***

(t) ***Snoring that is Objectionable to People in the Same Room.***

(u) ***Genetic Disorders Including, But Not Limited To, Klinefelter's Syndrome.***

(v) ***Connective Tissue Disorders Including, But Not Limited To, Marfan's Syndrome.***

15-61 Tumors and Malignant Diseases

(1) The causes for rejection for appointment, enlistment, or induction are:

(a) ***Benign Tumors.*** That interfere with function, prevent wearing of uniform or protective equipment, shall require frequent specialized attention, or have a high malignant potential.

(b) ***Malignant Tumors.*** Exception for basal cell carcinoma, removed with no residual. In addition, the following cases should be qualified, if on careful review they meet the following criteria: individuals who have a history of childhood cancer and who have not received any surgical or medical cancer therapy for 5 years and are free of cancer; individuals with a history of Wilm's tumor and germ cell tumors of the testis treated surgically and/or with chemotherapy in childhood after a 5-year disease-free interval off all treatment; individuals with a history of Hodgkin's disease treated with radiation therapy and/or chemotherapy and 5-year disease-free interval off all treatment; individuals with a history of large cell lymphoma after a 5-year disease-free interval off all therapy.

(c) ***Any Malignant Condition Not Listed Above.***

15-62 Miscellaneous

(1) Any condition that, in the opinion of the examining medical officer, will significantly interfere with the successful performance of military duty or training.

Section IV
SPECIAL DUTY

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15-63 General

(1) Certain groups of personnel, by reason of the particular type of duty to which they will be assigned, are required to meet physical standards which differ from those stated in the preceding section. For military personnel the physical standards for initial enlistment or commission listed in the preceding section apply to these special groups as well as the applicable standards listed in this section. Civilian personnel must meet civil service employment standards and the applicable standards listed in this section. The special duty standards are not all inclusive but are representative of the requirements which most often affect physical qualification for the special duties defined in this section. This section does not apply to medical surveillance examinations conducted for the Navy's Occupational Safety and Health Program (OPNAVINST 5100.23 series).

(2) Except as stated below, all medical examinations for initial application for a special duty must be performed by a medical officer or a DoD civilian physician. Normally, for operational units, the responsible medical officer of the unit, e.g., the squadron or group medical officer, will perform special duty examinations. If there is not a unit medical officer, one assigned to a supporting clinic, hospital, or related operational unit should perform the examination.

(3) Physician assistants (PA) and nurse practitioners may perform special duty examinations when a medical officer or DoD physician is not available or examination workload necessitates. When PAs and nurse practitioners perform special duty examinations, the examination must be countersigned, in block 80 of the SF-88, by a physician.

(4) Medical examinations conducted for any purpose will include, as an additional purpose, any special duty to which

the member is currently assigned. The examiner must make a determination of physical qualification for each type special duty listed. In the course of the examination any finding that would cause the member to be found NPQ for full duty must be referred for medical board action.

(5) Waivers to the physical standards will be considered on an individual basis. Each case will be considered based on risks to the individual, unit's crew, unit's mission, capabilities of the unit's medical personnel, limitations of the unit's medical facilities, examiner's recommendation, and the needs of the Navy. Request for waivers of physical standards, along with command endorsements if appropriate, will be submitted per section V of this chapter.

(6) Examinations of candidates for the special duties listed must be completed within the year prior to application, except examinations for aviation duty must be completed within the preceding 18 months.

15-64 Antarctic "Operation DEEP FREEZE"

(1) ***Purpose.*** The purpose of this examination is to identify civilian DoD employees and contract personnel, visitors, and military personnel who are physically qualified and psychologically adapted for assignment (regardless of assignment category, i.e., summer support or winterover, per SECNAVINST 3160.2 series, OPNAVINST 3120.20 series and MILPERSCOM Notice 1300) or travel to any antarctic research or support station operated by the U.S Antarctic Program (USAP). In addition, U.S. and foreign national visitors sponsored by the National Science Foundation (NSF) or other agencies must also meet the standards outlined by this article before they can be medically approved to visit Antarctica. Duty in Antarctica is medically remote. Medical facilities in Antarctica are limited, and may be distant from working or research sites. Depending on assignment, personnel may be working at terrestrial elevations as high as 12,000 feet (3,600 meters) and at temperature as low as -123°F (-86°C) and may be isolated for up to 9 months. Although every effort is made to provide comfortable, safe, and pleasant living conditions, the nature of the Antarctic environment with its potential hazards and extreme remoteness from major medical facilities make stringent medical and surgical history and medical examination screening mandatory to ensure freedom from any disability which might imperil health, restrict activity, or create a burden or hazard for others.

(2) ***Additional Standards.*** Any physical defect or disease process though not specifically mentioned in this article, but considered to be a liability to the candidate or the mission, may be cause for rejection. Specific items that may be cause for rejection are listed in section III. Included below are exceptions to section III or are included for emphasis:

(a) ***Nose***. Recurrent or unresolved epistaxis.

(b) ***Lungs and Chest Wall***

(1) Chronic obstructive pulmonary disease, diagnosed by x-ray or pulmonary function test, of any etiology.

(2) Acute bronchopulmonary infection, until resolved.

(3) Repeated pulmonary embolism or recurrent spontaneous pneumothorax.

(4) Reactive airway disease or asthma.

(c) ***Heart and Vascular System***

(1) Hypertension requiring two drug therapies for control. Evidence of progressive target organ damage.

(2) Paroxysmal dysrhythmia, e.g., paroxysmal atrial tachycardia, and conduction abnormalities reflecting underlying heart disease.

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

(1) Chronic or active peptic ulcer disease, diverticulitis, regional enteritis, or any chronic inflammatory bowel disease.

(2) Symptomatic chronic or recurrent biliary tract disease or pancreatitis.

(3) Unrepaired inguinal, umbilical, or femoral hernias.

(4) Frequently or severely symptomatic hemorrhoids must be repaired.

(e) ***Endocrine and Metabolic Disorders***

(1) Diabetes mellitus.

(2) Any endocrinopathy requiring close monitoring and adjustment of exogenously administered hormones.

(f) ***Genitalia and Urinary System***

(1) History of urinary tract lithiasis.

(2) Chronic or acute pyelonephritis or glomerulonephritis.

(3) Significant dysmenorrhea or menorrhagia.

(4) Pregnancy.

(5) PAP Smear results may be class I and II for summer support, must be class I for winter over.

(6) Any history of treated cervical dysplasia requiring frequent examinations and PAP smears.

(g) ***Musculoskeletal***

(1) Chronic or frequently recurring lumbosacral pain or unresolved back injury.

(2) Instability of the knee or ankle.

(3) Post traumatic or post surgical arthralgia or ankylosis of the hip, knee, or ankle.

(4) Recurrent dislocation of the shoulder.

(5) Persons with metallic orthopedic devices such as pins, nails, or plates should be carefully evaluated. Pain upon exposure to cold often occurs.

(h) ***Skin and Cellular Tissues.*** Any chronic dermatosis which would be exacerbated by the extreme cold and dryness of Antarctica, wearing of woolen garments, or requiring complicated treatment.

(i) ***Neurological Disorders.*** Any seizure disorder.

(j) ***Psychiatric***

(1) History or manifestations of psychosis, permanent brain syndromes, significant neuroses or psychophysiologic disorders, and personality disorders.

(2) Subjects without formal psychiatric diagnosis who have experienced chronically or intermittently conflictual relationships, intolerance for environmental stress, a pattern of marginal performance, injudicious consumption of alcohol or other intoxicant substances, abhorrent sexual maturation, or similar identifiable potentials for psychosocial maladaptation.

(3) Recovering alcoholics requiring continued professional support. A minimum of 1 year of sobriety is required.

(k) ***Dental***

(1) Nonrestored teeth or periodontal disease.

(2) Symptomatic or potentially symptomatic third molars, until extracted and healing is completed.

(3) Dental classifications other than class 1.

(l) ***Systemic diseases and miscellaneous conditions***

(1) Allergic manifestations which require allergy immunotherapy (AIT). This may be wavered if the AIT can be discontinued while in the Antarctic. This interruption in desensitization therapy must be voluntary on the part of the individual and only upon the advice of the individual's allergist.

(2) Any disability significantly limiting physical activity.

(3) Any illness or condition requiring chronic maintenance medication, which would be exacerbated if the medication were unavailable.

(4) Any malignant neoplasia not considered to have been cured. This includes malignancies currently in remission.

(m) ***Body fat.*** Clinical obesity. The examining physician will determine if the candidate is obese according to height, weight, and body build and general physical condition. Military candidates will be subject to current directives applicable to their branch of service.

(3) ***Special studies***. In addition to the special studies required in article 15-9, the below listed studies will be performed.

(a) All winterover personnel will have a psychiatric evaluation conducted at designated medical facilities. Examinees will be notified individually of the date and location of this evaluation. The psychologic test forms and the results of the psychological assessment, psychiatric examination, and combined evaluation will be forwarded directly to Force Medical Officer, Commander, U. S. Naval Support Force, Antarctica, FPO San Francisco 96601.

(1) Antarctic Assignment Questionnaire, NAVMED 6520/8, will be completed, dated, and signed by each winter-over candidate and must be reviewed by a psychiatrist or clinical psychologist as part of their evaluation.

(2) Psychiatric Evaluation Form, NAVMED 6520/9 and Psychological Evaluation Form, NAVMED 6520/10 will be completed by the psychiatrist and clinical psychologist separately, immediately following the interview of the candidate.

(3) Combined Evaluation Form, NAVMED 6520/11 will be completed jointly by the psychiatrist and clinical psychologist.

(4) The completed forms will become a permanent part of the candidates assessment and evaluation record maintained by Medical Department, Naval Support Force, Antarctica, Port Hueneme, CA.

(b) All winterover personnel will have a chest x-ray.

(c) All personnel will have a Type II dental examination (including bite wing x-rays) and a periodontal examination. Winterover personnel will also have a full set of mouth x-rays or a panorex performed.

(4) ***Annual evaluation.*** An annual evaluation will be completed while assigned to the Antarctica program. The following are minimum requirements for an annual evaluation, but may be expanded as required, based on the interval medical history, health risk assessment, and whatever physical findings are noted.

(a) Review of ENT status (history of current or recent problems), including audiometric examination if not performed during the preceding 12 months.

(b) Cardiovascular status (history of current or recent problem). EKG tracing.

(c) Pulse and blood pressure (sitting).

(d) Height/weight/percent body fat.

(e) Summary of medical care received in previous 12 months.

(f) Summary of current or recent treatment required.

(g) Statement of qualification for assignment to Antarctica.

(h) The results of the evaluation should be entered on the Chronological Record of Medical Care (SF-600).

(5) ***Periodicity***

(a) Medical examinations, recorded on SF-88 and SF-93 will be completed at the periodicity of article 15-11 except

for winter-over military, DOD civilian, and civilian contract personnel who will be examined prior to deployment.

(b) Personnel who return to the Antarctic Program after an absence of 2 or more years, regardless of cause, will be examined as an initial candidate.

(6) ***Special Reporting Requirements***

(a) ***Military and civilian DOD candidates.*** A complete examination will be conducted by the member's current command after being ordered to Naval Support Force Antarctica or Antarctic Development Squadron SIX. Forward the completed examination, SF-88 and SF-93, along with any indicated consultations, to the Commander, U.S. Support Force, Antarctica, FPO San Francisco 96601 or Antarctic Development Squadron SIX, FPO San Francisco 96601 for approval prior to actual transfer.

(b) ***Civilian contract candidates.*** A complete examination will be performed by a private physician. Results will be forwarded to the above address via the NSF contractor, for final approval prior to deployment. Winter-over candidates will be scheduled for the psychiatric examination upon approval of the medical and dental examinations. To ensure all requirements are met initially, civilian contract personnel are encouraged to correspond with the force medical officer prior to completing their examination.

(7) ***Additional Information***

(a) For personnel requiring vision correction, two pairs of standard spectacles are required, plus one pair of corrected sunglasses. All personnel must have sunglasses for wear when working outside in the Antarctic. Members may, at their option, but not at Navy expense, wear contact lenses, if appropriately fitted and evaluated for remote duty, but must also have a pair of spectacles.

(b) The examiner must note all medication on the SF-93, any previous Arctic, Antarctic, or isolated duty the individual has had.

(8) ***Waivers.*** All waiver requests will be submitted, per section V of this chapter, via the chain of command, to Commander, U.S. Naval Support Force, Antarctica for disposition.

15-65 Aviation Duty

(1) ***General Examinations***

(a) ***Purpose.*** Aviation physical standards are developed to ensure only the most qualified personnel are accepted into naval aviation. Certain disease states and physical conditions are incompatible with the dual principles of sustaining safety of flight and maintaining the health of the individual. Aviation physical standards are established and maintained on this basis. Further elaboration of these standards and waiver procedures are contained in the Aeromedical Reference and Waiver Guide (see paragraph (1)(e) of this article). The U.S. Naval Flight Surgeon's Manual also provides additional information.

(b) ***Personnel Affected.*** All personnel assigned to duty in a flying status, and all applicants for such duty, must conform to the physical standards in this article. Certain nonflyng aviation related occupations, such as air traffic controllers (ATC) and flight deck personnel are also covered by this article. Each aviation occupation is associated with specific performance requirements, hazards, and safety concerns. Aviation occupations are grouped on these bases, and physical standards are organized to reflect occupational grouping. Personnel affected are categorized for purposes of physical standards as follows:

(1) ***Designated Aviation Personnel.*** These personnel are divided into three classes:

(a) ***Class I.*** Aviation personnel engaged in the actual control of aircraft, including naval aviators and student naval aviators (SNA). In this class are also included student naval flight surgeons, student naval aerospace physiologists, and student naval aerospace experimental psychologists. 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 waiver is required to act as pilot in command of multipiloted aircraft.

(b) ***Class II.*** Aviation personnel not engaged in actual control of aircraft, including naval flight officers, technical observers, naval flight surgeons, aerospace physiologists, aerospace experimental psychologists, naval aircrew members, and other persons ordered to duty involving flying.

(c) ***Class III.*** Members in aviation related duty not in aerial flight including ATCs, unmanned aerial vehicle (UAV) operators, flight deck, and flight line personnel.

(2) ***Applicants for any of the above listed aviation duties.***

(3) ***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.

(4) ***Aviation designated foreign nationals.*** The North Atlantic Treaty Organization and the Air Standardization Coordinating Committee have agreed the following items remain the responsibility of the parent nation (nation of whose armed forces the individual is a member):

(a) Standards for primary selection.

(b) Permanent medical disqualification.

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

(d) Periodic examinations will be conducted according to host nation procedures. More detailed information is located in the Aeromedical Reference and Waiver Guide.

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

(c) ***Authorized Examiners.*** The aviation medical examination shall be performed by an aviation designated medical officer who is authorized by the Navy Personnel Command (NAVPERSCOM), or by proper authority of the Army or Air Force to conduct such examinations. Aviation designated medical officers include flight surgeons (FS), aviation medical examiners (AME), and aviation medical officers (AMO).

(d) ***Purpose of Examination.*** An aviation medical examination is conducted to determine whether or not an individual is both physically qualified and aeronautically adapted to engage in duties involving flight.

(1) ***Physically Qualified (PQ) vs. Not Physically Qualified (NPQ)***

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

(b) ***Not Physically Qualified (NPQ).*** Describes aviation personnel who do not meet the physical and psychiatric standards required by their medical classification to perform assigned aviation duties. Aircrew who are NPQ may request and must be issued a waiver of standards to fly.

(2) ***Aeronautically Adaptable (AA) vs. Not Aeronautically Adaptable (NAA)***

(a) AA is determined by a naval flight surgeon each time an evaluation of overall qualification for duty involving flight is performed. AA has its greatest utility in the selection of aviation applicants (officer and enlisted).

1. Aviation officer applicants must demonstrate reasonable perceptual, cognitive, and psychomotor skills on the Aviation Selection Test Battery (ASTB).

2. Applicants are generally considered AA on the basis of having the potential to adapt to the rigors of aviation by possessing the temperament, flexibility, and adaptive defense mechanisms to allow for full attention to flight (compartmentalization) and successful completion of training. Before selection, applicants are to be interviewed by the flight surgeon for evidence of early interest in aviation, motivation to fly, and practical appreciation of flight beyond childhood fantasy. Evidence of successful coping skills, good interpersonal relationships, extracurricular activities, demonstrated leadership qualities, stability of academic and work performance, and absence of impulsivity should also be thoroughly elicited. Applicants or students are considered NAA if diagnosed as having a personality disorder or prominent maladaptive personality traits affecting flight safety, mission completion, or crew coordination. When an individual is found to be PQ, but his aeronautical adaptability is regarded as "unfavorable," the SF-88 block 77 shall be recorded as "physically qualified, but not aeronautically adaptable."

(b) 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). 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.

1. When evaluation of designated aviation personnel suggests that an individual is no longer AA refer member to, or consult with, the Naval Aerospace Medical Institute (NAVAEROMEDINST).

2. A final determination of NAA for a designated officer may only be made by evaluation or review by NAVAEROMEDINST psychiatry.

(3) ***The Field Naval Aviator Evaluation Board, Field Naval Flight Officer Evaluation Board, and Field Flight Performance Board.*** The boards above 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. A prerequisite for ordering a board evaluation of an aviator is aeromedical clearance to perform assigned aviation duties (PQ and AA).

(e) ***The Aeromedical Reference and Waiver Guide.*** This guide, prepared by NAVAEROMEDINST, 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.nomi.navy.mil/ or electronic copies are available from the Naval Aerospace Medical Institute, Attn: NAVAEROMEDINST, Code 342, 220 Hovey Road, Pensacola, FL 32508.

(2) ***Required Examinations.*** As described in OPNAVINST 3710.7 Chapter 8, all aviation personnel involved in flight duties are required to be evaluated annually within the interval from the first day of the month preceding their birth month until the last day of their birth month. The aviation medical examination is conducted to determine whether or not an individual is both physically qualified and AA to engage in duties involving flight. The extent of the examination is determined by the type of duty to be performed, age, designation status, and disqualifying conditions. Aviation personnel must be certified PQ for continued aviation duties by the issuance of an Aeromedical Clearance Notice (NAVMED 6410/2). Submission to NAVAEROMEDINST Code 342 is only required as listed below in paragraph (3)(a).

(a) ***Complete Aeromedical Examination (Long Form).***

(1) A complete physical exam includes medical history recorded on the SF-93 or NAVMED 6120/2, as appropriate, and physical examination recorded on the SF-88. Applicants must also submit SF-507, Continuation of SF-93, and anthropometric data. This examination must be typed or prepared via Micro 88 or the Tri-Service Medical Evaluation Program (Tri-MEP) (see below).

(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) Any personnel requesting new waiver of physical standards.

(d) Annually during the first 3 years of aftercare as outlined in BUMEDINST 5300.8 series.

(e) Personnel returning to flight status after medical grounding for a period greater than 60 days.

(f) Personnel specifically directed by higher authority.

(g) Personnel found qualified after previously being reported to the Bureau of Medicine and Surgery (BUMED) as NPQ or NAA.

(h) Personnel examined by a flight surgeon or board of flight surgeons and referred to BUMED for review.

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

(b) ***Abbreviated Aeromedical Examination (Short Form).*** The results of this examination shall be entered on NAVMED 6410/10.

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

(a) For interval submission of waiver continuance as outlined in the Aeromedical Reference and Waiver Guide.

(b) After completion of initial waiver submission requirements as outlined in BUMEDINST 5300.8 series.

(2) ***Elements.*** The following are minimum requirements for an abbreviated aeromedical examination, but may be expanded as required based on the interval medical history, health risk assessment, and physical findings.

(a) History requiring documentation:

1. Review of ear, nose, and throat status (history of current or recent problems).

2. Cardiovascular status (history of current or recent problems).

3. Summary of medical care, treatment, and medications used in the previous 12 months.

(b) Laboratory and specific testing required:

1. Distant and near visual acuity tested on the Armed Forces Vision Tester (AFVT) with and without corrective lenses.

2. Audiometric exam, if not performed during the preceding 12 months.

3. Pulse and blood pressure (sitting).

4. Height and weight. Body fat, only if not within weight-for-height standards.

(c) Verification of annual dental exam.

(d) Verification of annual medical readiness requirements.

(e) Verification of annual HIV testing.

(f) Required flight surgeon disposition comments:

1. The results of the evaluation should be entered on the NAVMED 6410/10.

2. Statement of qualification for assigned flight duties (PQ vs. NPQ) and status of any waiver (if applicable).

3. Disposition entry on Special Duty Medical Abstract, NAVMED 6150/2.

NOTE: If a disqualifying defect is discovered during this evaluation, a complete aviation physical shall be performed and submitted for BUMED endorsement, along with waiver request if desired.

(c) ***Check-In Examination***

(1) Aviation personnel reporting to a new command shall present to the aviation clinic for a fitness to fly examination. For students who have commenced training, a check-in examination is not required for transferring to another phase of training when medical care will continue to be given at the same medical treatment facility. The extent of this examination is determined by the flight surgeon, but should include a personal introduction to their flight surgeon, a complete review of the medical record for past medical problems, currency of physical examination, medical waivers for flight, and immunization and medical readiness currency.

(2) Documentation shall include:

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

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

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

(d) Aeromedical Clearance Notice (NAVMED 6410/2) or Grounding Notice (NAVMED 6410/1), as applicable.

(d) ***Post-Grounding Examination.*** Following any period of medical grounding, aviation personnel must be evaluated by a flight surgeon and issued a clearance notice prior to returning to aviation duties. The only exception to this is self limited grounding notices issued by a dental officer under special circumstances as discussed in paragraph (3)(b)(1) below.

(e) ***Post-Hospitalization Examination.*** Following return to duty after admission to the sick list or hospital (including medical boards), aviation personnel shall be evaluated by a flight surgeon prior to resuming flight duties. The extent of the evaluation shall be determined by the flight surgeon, but if a disqualifying condition is discovered, a complete BUMED submission physical examination shall be performed. The reason for the hospitalization and the result of the evaluation shall be recorded on the Special Duty Medical Abstract (NAVMED 6150/2). If found qualified, an Aeromedical Clearance Notice (NAVMED 6410/2) shall be issued.

(f) ***Post-Mishap Examination.*** Appendix N of OPNAVINST 3750.6 series details medical enclosures and physical exam requirements for mishap investigations. There is no requirement for BUMED submission, unless a disqualifying defect is discovered or the aviator experiences grounding greater than 60 days for a medical reason as a result of the mishap.

(3) ***Forms and Health Record Administration***

(a) ***Aeromedical Clearance Notice (NAVMED 6410/2).*** This form is the means to communicate recommendations for fitness to fly to the aviation unit's commanding officer. It is issued (with copies to the member and the unit safety or the Naval Air Training and Operating Procedures Standardization (NATOPS) officer) after successful completion of an aviation physical, or after return to flight status following a temporary grounding. A corresponding health record entry shall be made on the NAVMED 6150/2, Special Duty Medical Abstract. It shall contain a statement regarding contact lens use for those personnel authorized for their use by the flight surgeon. Flight surgeons (FS), aviation medical officers (AMO), and aviation medical examiners (AME) are the only personnel normally authorized to issue an Aeromedical Clearance Notice. In remote locations, where the services of the above medical officers are not available, any specifically designated medical department representative may issue an Aeromedical Clearance Notice in consultation with an aviation qualified medical officer.

(b) ***Aeromedical Grounding Notice (NAVMED 6410/1).*** This form is the means to communicate recommendations for fitness to fly to the aviation unit's commanding officer. All aviation personnel admitted to the sick list, hospitalized, or determined to have a medical problem that could impair duties involving flight performance shall be issued an Aeromedical Grounding Notice. All medical department personnel (corpsmen, Nurse Corps officers, etc.) are authorized to issue an Aeromedical Grounding Notice. An entry shall also be made in member's health record on the Special Duty Medical Abstract (NAVMED 6150/2). This Aeromedical Grounding Notice shall remain in effect until the member has been examined by a flight surgeon and issued an Aeromedical Clearance Notice.

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

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

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

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

(4) ***Submission of Examinations for BUMED-236 (NAVOPMEDINST Code 342) Endorsement.*** In general, any physical examination for submission to BUMED must be a complete physical examination on the Long Form as described above. The only exception is annotated in paragraph (4)(a)(3) and (4)(a)(4) below.

(a) ***Required Exams.*** The following physical examinations shall be submitted for review and endorsement to: Naval Operational Medicine Institute, Attn: NAVOPMEDINST Code 342, 220 Hovey Road, Pensacola, FL 32508:

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

(2) Any member requesting new waiver of physical standards.

(3) Periodic waiver continuation examinations may be submitted on the SF-88 (Long Form) or NAVMED 6410/10 (Short Form) except for:

(a) Alcohol waiver continuation examinations during the first 3 years of aftercare must be submitted on the SF-88 and SF-93 (Long Form).

(4) 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 SF-88. Blocks 1-17 and 73-77 must be completed at a minimum and include all pertinent clinical information.

(5) Following a medical grounding in excess of 60 days, a complete physical examination is required. Submission should include treatment course, the specialist's and flight surgeon's recommendations for return to flight status, medical board report (as applicable), and a Local Board of Flight Surgeons report (as applicable). If waiver is required, submit request following applicable instructions.

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

(7) Those which are specifically directed by proper authority.

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

(9) After the examination of aviation personnel of any classification, the flight surgeon or the Board of Flight Surgeons consider a review of the findings by BUMED advisable.

(10) Aviation personnel who have been found fit for full duty by medical board following a period of limited duty.

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

(b) ***Administrative.*** BUMED submission physical examinations should be sent within 30 days of completion.

(1) ***Submission packages must include the following items:***

(a) The original typed SF-88 signed by the flight surgeon.

(b) The original handwritten SF-93 or NAVMED 6120/2. The examining flight surgeon must comment on all positive responses and indicate if the condition is considered disqualifying or not considered disqualifying. The following shall be added to SF-93 or NAVMED 6120/2: "Have you ever been diagnosed with or received any level of treatment for alcohol abuse or dependence?"

(c) For all aviation applicants, an SF-507, Continuation of SF-93, Aeromedical Applicant Questionnaire, shall be completed and signed by the applicant.

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

(2) ***Electronic Submission (Micro 88 or Tri-MEP).*** In addition to the mailed original physical examinations, all medical examination facilities with Micro 88 or Tri-MEP capability are required to submit to NAVOPMEDINST Code 342 in electronic format using Micro 88 or Tri-MEP. This submission will usually be via modem or internet; facilities unable to use modem or internet transmission will submit floppy diskettes with archived physical exams. In all cases, the actual printed and signed forms, along with all accompanying documents, must be submitted to NAVOPMEDINST Code 342.

(5) ***Disposition of Personnel Found NPQ***

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

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

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

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

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

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

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

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

(d) ***Boards of Flight Surgeons***

(1) ***Local Board of Flight Surgeons (LBFS)***

(a) This Board provides an expedient way to return a grounded aviator to flight status pending official BUMED endorsement and granting of the waiver by NAVPERSCOM or CMC. 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.

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

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

(d) The LBFS Board's findings shall be recorded in chronological narrative format as an aeromedical summary (AMS) to include the aviator's current duty status, total flight hours and duties, recent flight hours in current aircraft type, injury or illness necessitating grounding, hospital course with medical treatment used, follow-up reports, and specialists' and LBFS recommendation. Pertinent consultation reports and documentation shall be included as enclosures to the report. Once a decision has been reached by the LBFS Board, the patient should be informed of Board's recommendations. Although not required by regulation, it is often advisable to give the patient a signed copy of the final report of the Board. Local Boards shall submit their reports within 10 working days to NAVOPMEDINST Code 342 via the patient's commanding officer.

(e) If a LBFS recommends that a waiver of physical standards is appropriate, based on its judgment and criteria specified in the Aeromedical Reference and Waiver Guide, the senior member of the board may issue an Aeromedical Clearance Notice pending final disposition of the case by NAVOPMEDINST Code 342 and NAVPERSCOM, or CMC. The Aeromedical Clearance Notice shall expire 90 days from the date of LBFS report.

NOTE: LBFS shall not issue a Clearance Notice if member currently holds a grounding letter issued by NAVPERSCOM or CMC stating that a waiver has not been granted.

(2) ***Special Board of Flight Surgeons (SBFS)***

(a) This Board consists of designated naval flight surgeons in the Pensacola area who have applied for designation as a board member and have been approved by the Commanding Officer, NAVOPMEDINST who serves as the senior member.

(b) The SBFS 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 NAVOPMEDINST.

(c) The board is convened by the Commanding Officer, NAVOPMEDINST. The initial request to convene is normally made by the member or his commanding officer, but may be made by the Commanding Officer, NAVOPMEDINST or higher authority.

(d) Following the evaluation and presentation to the SBFS, the aviator's problem is discussed. A recommendation is formulated (with minority reports, if indicated) for forwarding to BUMED (MED-02). Although normally forwarded to NAVPERSCOM or to CMC for implementation without change, BUMED has the prerogative to modify or reverse the recommendation.

(3) ***Senior Board of Flight Surgeons***

(a) The Senior Board of Flight Surgeons at BUMED serves as an appeal board to review aeromedical dispositions as requested by NAVPERSCOM, the Chief of Naval Operations (CNO), or CMC.

(b) The Board shall consist of a minimum of five members, three of whom shall be flight surgeons, and one of whom shall be a senior line officer as assigned by CNO (N78). The presiding officer will be the Assistant Chief for Operational Medicine and Fleet Support (MED-02) assisted by the Director, Aerospace Medicine Division (MED-23).

(c) The medical recommendations of this Board shall be final and shall be forwarded to NAVPERSCOM or CMC within 5 working days of the completion of the Board. Individuals whose cases are under review shall be offered the opportunity to appear before this Board.

(6) ***Standards for Aviation Personnel***

NOTE: 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.

(a) ***Disqualifying Conditions for all Aviation Duty.*** Personnel must meet the physical standards for general military service in the Navy as a prerequisite before consideration for any aviation duty. In addition to the disqualifying defects listed in MANMED Chapter 15, Section III (Physical Standards), the following shall be considered disqualifying for all aviation duty:

NOTE: 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 paragraph (7)(c).

(1) *Anthropometry*

(a) Naval anthropometric standards are established to reduce the risk of aviation mishap and injury by ensuring aircrew compatibility with the inventory of naval aircraft. ***Merely meeting height and weight standards for entry into the naval service does not guarantee compatibility with all or any of the naval aircraft.*** Standards of anthropometric compatibility are defined in NAVAIRINST 3710.9 series. OPNAVINST 3710.37 series delineates responsibilities regarding anthropometry. Chief, Bureau of Medicine and Surgery is responsible for ensuring anthropometric measurements are accurately taken and recorded for all candidates for aeronautical designation following paragraph (6)(a)(1)(b) below. Chief of Naval Air Training, in coordination with Chief of Naval Personnel and the Commandant of the Marine Corps is responsible for ensuring aviation candidates meet the anthropometric standards before assignment to initial training.

(b) Anthropometric measurements shall be taken following BUMEDINST 3710.1 series on all officer applicants for duty involving flying class I and class II. These measurements shall be recorded on NAVMED 6410/9. If the Digital Anthropometric Video Imaging Device (DAVID) is used, the DAVID report is an appropriate equivalent to the NAVMED 6410/9. One copy of NAVMED 6410/9, or of the DAVID report, shall be entered into the officer's medical record. A second copy shall be faxed to Naval Aviation Schools Command, Code 03G, at commercial (850) 452-2290 or DSN 922-2290, for evaluation of a candidate's anthropometric compatibility with naval aircraft. An unofficial evaluation of compatibility may be attempted from field sites using the Naval Aviation Certification Evaluation (NACES) program, accessible from .mil addresses at the following Web site: www.pens8398.cnet.navy.mil/anthro.

(c) Prior to assignment to crew stations for which anthropometric standards have been established, enlisted aircrew shall undergo measurement and official evaluation for anthropometric compatibility using the same procedures as delineated in paragraph (6)(a)(1)(b) above.

(d) Anthropometric evaluation may be repeated at any time in an officer or enlisted crew member's career if for some reason, such as change in height or weight, or functional difficulty in the aircraft, anthropometric incompatability is suspected.

(2) ***Blood Pressure and Pulse Rate***

(a) ***Blood Pressure.*** Shall be determined after examinee has been sitting motionless for at least 5 minutes. Standing and supine measurements are not required.

1. Systolic greater than 139 mm Hg.

2. Diastolic greater than 89 mm Hg.

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

(3) ***Ear, Nose, and Throat.*** In addition to the conditions listed in articles 15-36, 15-50, and 15-49, 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, or both.

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 middle ear; or history of PE tubes after age 12.

(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.

(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 paragraph (7)(c)(3)(b)2. for "Reading Aloud" testing procedures.

(4) ***Eyes***

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

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

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

3. Contact Lenses. As of 4 December 1996, contact lenses are authorized for aviation personnel.

a. The member's commanding officer may approve contact lenses as "mission essential equipment" if operational requirements dictate the wearing of devices that preclude the wearing of spectacles. In such cases, fitting and routine care will be provided by Navy optometrists, ophthalmologists, and flight surgeons. Funding will be provided by the local medical treatment facility.

b. The use of contact lenses in the conduct of aviation duties is prohibited until specifically authorized by a flight surgeon and noted on the Aeromedical Clearance Notice. It is the responsibility of the member to inform their flight surgeon once contact lens wear has been prescribed.

c. Members may elect to purchase contact lenses at their own expense for wear not defined as mission essential. This includes cases, solutions, and other supplies.

d. During aviation duties, it is the responsibility of contact lens wearers to carry clear spectacles in a readily accessible protective case which corrects vision to all applicable standards.

e. The wearing of contact lenses to produce a significant change in corneal curvature (orthokeratology) or alter color vision is prohibited for all aviation personnel.

(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, except in SNA applicants where no pterygium is allowed.

4. Optic neuritis or history thereof.

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

6. Severe lacrimal deficiency (dry eye).

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

8. Intraocular lens implants.

9. History of 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.

10. Defective color vision as evidenced by failure of FALANT or psuedo isochromatic plates (PIP) except for aviation physiology technicians.

11. Aura of visual migraine or other transient obscuration of vision.

12. Eye surgery or any manipulation to correct poor vision such as radial keratotomy, photorefractive keratectomy, LASIK, intracorneal ring implants, orthokeratology (Ortho-K), or eye rubbing to reshape the cornea.

Note: Due to the Navy's progress with photorefractive keratectomy, see Aeromedical Reference and Waiver Guide for specific waiver applicability.

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(5) ***Lungs and Chest Wall.*** In addition to those conditions listed in article 15-48, 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 history thereof.

(6) ***Heart and Vascular.*** In addition to those conditions listed in article 15-46, the following conditions are disqualifying:

(a) Any mitral valve prolapse (MVP), including "echo only" MVP not meeting Navy criteria for diagnosis of MVP syndrome (click, murmur, and prolapse in two echo views).

(b) Bicuspid aortic valve.

(c) History or EKG evidence of:

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

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

(7) ***Abdominal Organs and Gastrointestinal System.*** In addition to those conditions listed in article 15-33, the following conditions are disqualifying:

(a) Cholecystectomy.

(b) Gastrointestinal hemorrhage or history thereof.

(c) Gastroesophageal reflux disease.

(8) ***Endocrine and Metabolic Disorders.*** In addition to those conditions listed in article 15-38, the following condition is disqualifying:

(a) Hypoglycemia or documented history thereof.

(9) ***Genitalia and Urinary System.*** In addition to those conditions listed in articles 15-43 and 15-44, the following conditions are disqualifying:

(a) Urinary tract stone formation or history thereof.

(b) Hematuria or history thereof.

(10) ***Extremities.*** In addition to those conditions listed in articles 15-39 and 15-40, the following conditions are disqualifying:

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

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

(11) ***Spine.*** In addition to the conditions listed in article 15-58, 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.

(12) ***Neurologic Disorders.*** In addition to those conditions listed in article 15-51, 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 neurologic impairments.

(d) History of skull penetration, to include traumatic, diagnostic, or therapeutic craniotomy, or any penetration of the dura mater 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 II or I, if not fully resolved. Comprehensive neurologic evaluation is required to document full resolution.

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

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

1. CSF leak.

2. Intracranial bleeding.

3. Skull fracture (linear or depressed).

4. Initial Glasgow Coma Scale of less than 15.

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

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

(13) ***Psychiatric.*** In addition to those conditions listed in articles 15-52 through 15-56, the following conditions are disqualifying:

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

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

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

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

(14) ***Systemic Diseases and Miscellaneous Conditions.*** In addition to those conditions listed in article 15-58, 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, 42.0-52.0; 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, 38.0-41.9 and 52.1-54.0; females, 35.0-36.9 and 47.1-49.0.

2. Any anemia associated with pathology is disqualifying.

(15) ***Obstetrics and Gynecology.*** In addition to those conditions listed in article 15-43, the following conditions are disqualifying for Class I and Class II personnel:

(a) Third trimester of pregnancy.

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

(7) ***Standards for Specific Categories of Aviation Personnel***

(a) ***Class I Personnel***

(1) ***Service Group I.*** In addition to the standards in Chapter 15, Section III (Physical Standards) and the general aviation standards, Service Group 1 aviators must meet the following standards:

(a) ***Vision***

1. ***Distant Visual Acuity.*** 20/100 or better each eye uncorrected, corrected to 20/20 or better each eye. The first time distant visual acuity of less than 20/20 is noted a manifest refraction (not cycloplegic) shall be performed recording the correction required for the aviator to see 20/20 in each eye (all letters correct on the 20/20 line). A dilated fundus exam is required if visual acuity cannot be corrected to 20/20.

2. ***Refractive Limits.*** Refractions will be recorded using minus cylinder notation. There are no limits. However, anisometropia may not exceed 3.50 diopters in any meridian.

3. ***Near Visual Acuity.*** Must correct to 20/20 in each eye using either the AFVT or standard 16 Snellen or Sloan notation nearpoint card. Bifocals are approved.

4. ***Depth Perception.*** Only stereopsis is tested. Must pass Verhoeff 8/8 first trial or 16/16 on combination of second and third trials; or the AFVT or OVT (A-D); or Stereo FLY or RANDOT to 40 seconds of arc.

5. ***Field of Vision.*** Must be full.

6. ***Oculomotor Balance***

a. No esophoria more than 6.0 prism diopters.

b. No exophoria more than 6.0 prism diopters.

c. No hyperphoria more than 1.50 prism diopters.

d. Tropia or Diplopia in any direction of gaze is disqualifying.

7. ***Color Vision.*** Must pass FALANT 9/9 on first trial, or 16/18 on combination of second and third trials; or PIP (Standard Part 1, Dvorine, or Ishihara 24-plate), with Macbeth lamp, scoring plates 2-15, missing no more than two plates.

8. ***Fundoscopy.*** No pathology present.

9. ***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.

(b) ***Hearing (ANSI 1969)***

TABLE 1

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

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

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

(e) ***Hemoccult.*** Required annually age 50 and older or if personal or family history dictates.

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

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

(h) ***SF-93 or NAVMED 6120/2, as appropriate.*** The following statement shall be added to SF-93 or NAVMED 6120/2: "Have you ever been diagnosed or had any level of treatment for alcohol abuse or dependence?"

(2) ***Service Group 2.*** Must meet same standards as Service Group 1 with the following modifications:

(a) ***Distant Visual Acuity.*** Must be uncorrected 20/200 or better, each eye corrected to 20/20 or better.

(b) ***Refractive Limits.*** None.

(3) ***Service Group 3.*** Must meet the same standards as Service Group 1 with the following modifications:

(a) ***Distant Visual Acuity.*** Must be uncorrected 20/400 or better each eye corrected to 20/20 each eye.

(b) ***Refractive Limits.*** None.

(4) ***Student Naval Aviator (SNA).*** SNAs who have started training must meet Service Group1 standards.

(5) ***SNA Applicants.*** All applicants for pilot training must meet Service Group 1 standards except as follows:

(a) ***Vision***

1. ***Visual Acuity, Distant and Near.*** Uncorrected visual acuity must not be less than 20/40 each eye, correctable to 20/20 each eye (Goodlite eye chart).

2. ***Vision Testing Procedures.*** The Aerospace Ophthalmology Division, Clinical Department under NAVOPMEDINST shall use the following procedures as the standard for entry into naval aviation duty. The examinee is placed 20 feet from the Goodlite eye chart. The nontested eye is covered and examinee is directed not to squint. If the applicant persists in squinting after being instructed not to, terminate test and disqualify examinee. Visual acuity should be recorded as 20/20-0 if no letters are missed. If letters are missed, then the number of letters missed shall be recorded in place of zero. This procedure is repeated with the other eye. If letters are missed with either eye, that eye may be retested one time using a different line of letters on the Goodlite eye chart. This aeromedical vision testing standard is more exacting than other vision testing procedures. Applicants who pass visual testing at facilities using other procedures will be disqualified if they fail to meet standards when tested under NAVOPMEDINST procedures.

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

4. ***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.

5. ***Near Point of Convergence.*** Not required.

6. ***Slit Lamp Examination.*** Required.

7. ***Dilated Fundus Examination.*** This exam is required.

(b) ***Hearing (ANSI 1969)***

TABLE 2

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

(c) ***Reading Aloud Test.*** Required if speech impediment exists or history of speech therapy or facial fracture. See paragraph (7)(c)(3)(b)2. for wording of test.

(d) ***SF-93.*** The SF-507, Continuation of SF-93, shall be completed and signed by the applicant.

(6) ***Student Naval Flight Surgeons, Student Naval Aviation Physiologists, Student Naval Aviation Experimental Psychologists, and Student Aerospace Optometrists.*** All applicants must meet Service Group 1 standards for solo flight 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.

(b) ***Applicants Who Do Not Meet Service Group 1 Standards.*** These applicants may not solo and must meet requirements for Class II personnel (paragraph (7)(b)(3)).

(b) ***Class II Personnel.*** Except as described in paragraph (7)(b)(6) below, visual acuity, distant and near, must correct to 20/20-0 if a Snellen chart is used; if AFVT or Goodlite letters are used, a score of 7/10 on the 20/20 line constitutes meeting visual acuity standards.

(1) ***Designated Naval Flight Officer (NFO).*** Must meet Service Group 1 standards except as follows:

(a) ***Vision***

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

2. ***Refraction.*** No limits.

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

4. ***Depth Perception.*** Not required.

(2) ***Student Naval Flight Officer (SNFO) and Applicants.*** SNFOs who have begun training must meet designated NFO standards. Applicants must meet Service Group 1 standards, except as follows:

(a) ***Vision***

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

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

3. ***Oculomotor Balance.*** NOHOSH.

4. ***Depth Perception.*** Not Required.

5. ***Slit Lamp Examination.*** Required.

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

(c) ***Reading Aloud Test.*** Required if speech impediment exists or history of speech therapy or facial fracture. See paragraph (7)(c)(3)(b)2. for wording of test.

(d) ***The SF-507, Continuation of SF-93, Aeromedical Applicant Questionnaire.*** This form shall be completed and signed by the applicant.

(3) ***Naval Flight Surgeon, Naval Aerospace Physiologist, Naval Aerospace Experimental Psychologist, and Aerospace Optometrist Designate and Applicants.*** The above who do not meet standards for solo flight training must meet Service Group1 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.*** NOHOSH.

4. ***Depth Perception.*** Not required.

5. ***Slit Lamp Exam.*** Required for all applicants.

6. ***Color Vision.*** Applicants must meet Service Group 1 standards for solo flight during training. Applicants not meeting Service Group 1 standards will be found PQ except for solo flight. Testing is not required for designates.

(b) ***Hearing.*** Designates must meet Service Group1 standards. Applicants must meet SNA standards.

(4) ***Naval Aircrew (Fixed Wing), Designate and Applicant.*** Must meet Service Group 1standards 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.*** NOHOSH.

4. ***Depth Perception.*** Not required.

(b) ***Hearing.*** Designates must meet Service Group 1 standards. Applicants must meet SNA standards.

(5) ***Naval Aircrew (Rotary Wing), Designate and Applicant (USN/USMC).*** Must meet Service Group 1 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.

2. ***Refraction.*** No limits.

3. ***Oculomotor Balance.*** NOHOSH.

4. ***Depth Perception.*** No depth perception requirement.

(b) ***Hearing.*** Designates must meet Service Group 1 standards. Applicants must meet SNA standards.

(6) ***Selected Passengers, Project Specialists, and Other Personnel.*** Refer to OPNAVINST 3710.7. When ordered to duty involving flying for which special requirements have not been prescribed, personnel shall, prior to engaging in such duties, be examined to determine their physical qualification for aerial flights, an entry made in their Health Record, and a NAVMED 6410/2 issued if qualified. The examination shall relate primarily to the circulatory system, musculoskeletal system, equilibrium, neuropsychiatric stability, and patency of the eustachian tubes, with such additional consideration as the individual's specific flying duties may indicate. The examiner shall attempt to determine not only the individual's physical qualification to fly a particular aircraft or mission, but also the physical qualification to undergo all required physical and physiological training associated with flight duty. No individual shall be found fit to fly unless fit to undergo the training required in OPNAVINST 3710.7 series, for the aircraft or mission. Specifically, visual acuity, distant and near must correct to 20/50 or better in one eye. No limits uncorrected.

(7) ***Parachute Jumper (Basic), Designate and Applicant.*** Medical examination may be performed by any privileged provider. Must meet standards in Chapter 15, Section III (Physical Standards) and the following additional standards:

(a) ***Vision.*** Distant visual acuity.

1. ***Navy.*** No limit uncorrected. Must correct to 20/20 each eye. If 20/40 or worse, correction must be worn at all times while jumping.

2. ***Marine Corps.*** No limit uncorrected. Corrected to at least 20/20 in one eye and 20/100 in the other.

(b) ***Personnel who are parachute jumpers and also members of Special Forces (SEALs/Recon) must also meet standards in article 15-66.*** In this case, the examination may be completed by the examiners and at the frequency listed in article 15-66.

(8) ***Naval Test Parachutist/High Altitude Low Opening (HALO)/Military Free Fall (MFF), Designate and Applicant.*** Must meet same standards as naval aircrewman, except as follows:

(a) ***Distant Visual Acuity.*** If less than 20/20 each eye, correction must be worn while jumping.

(b) ***Personnel who are in HALO or MFF program and also members of Special Forces (SEALs/Recon) must also meet standards in article 15-66.*** In this case, the examination may be conducted by the examiners and at the frequency listed in article 15-66.

(9) ***Aerospace Physiology Technician, Designate and Applicant.*** Must meet Service Group 1 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. ***Depth Perception.*** Not required.

4. ***Color Vision.*** Not required.

(b) ***Hearing.*** Designates must meet Service Group 1 standards. Applicants must meet SNA standards.

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

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

(c) ***Class III Personnel.*** Visual acuity, distant and near, must correct to 20/20-0 if a Snellen chart is used; if AFVT or Goodlite letters are used, a score of 7/10 on the 20/20 line constitutes meeting visual acuity standards.

(1) Class III personnel are those in aviation-related fields not involving aerial flight, such as ATCs and unmanned aerial vehicle operators. These personnel are not subjected to hypoxia or rapid changes in atmospheric pressure and therefore do not have the same health and safety considerations for many medical conditions.

(2) Class III personnel must meet standards for aviation personnel in paragraph (6), but within those limitations, the following conditions are not considered disqualifying:

(a) Hematocrit below 40 percent in males or 37 percent in females, if asymptomatic.

(b) Seasonal allergic rhinitis unless requiring regular use of antihistamines or medications causing drowsiness.

(c) Nasal or paranasal polyps.

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

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

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

(g) Mild chronic obstructive pulmonary disease.

(h) Pneumothorax once resolved.

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

(j) Paroxysmal supravertricular dysrythmias, after normal cardiology evaluation, unless symptomatic.

(k) Cholecystectomy, once resolved.

(l) Hyperuricemia.

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

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

(o) Recurrently dislocating shoulder.

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

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

(r) Fracture or dislocation of cervical spine.

(s) Cervical fusion.

(t) Thoracolumbar fractures.

(u) History of craniotomy.

(v) History of decompression sickness.

(w) Anthropometric standards do not apply.

(x) No limits on resting pulse if asymptomatic.

(3) ***ATCs-Military and Department of the Navy Civilians, Designate and Applicant.*** Military must meet the standards in Chapter 15, Section III (Physical Standards); civilians shall be examined in military MTFs, by a naval flight surgeon, and must meet the general requirements for Civil Service employment. 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.

2. ***Phorias.*** NOHOSH.

3. ***Depth Perception.*** Not required.

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

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

6. ***Color Vision.*** Must pass FALANT 9/9 on first trial, or 16/18 on combination of second and third trials; or PIP (Standard Part 1, Dvorine, or Ishihara 24-plate), with Macbeth lamp, scoring plates 2-15, missing no more than two plates.

(b) ***Hearing.*** Applicants must meet SNA standards. Designates must meet Service Group 1 standards.

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

2. ***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.

(c) ***Special.*** 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.

(d) ***Department of the Navy Civilian ATCs***

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

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

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

(4) ***Unmanned Aerial Vehicle Operators (Internal Pilot, External Pilot, Payload Operator).*** Officers who maintain their aviation designators (pilot or NFO) must continue to meet the appropriate standards of their designation. USMC non-aviation designated officers or Navy officers no longer qualified for their previous aviation designator shall meet same standards as external operators. All unmanned aerial vehicle operators must meet same standards as ATCs, except:

(a) ***Vision***

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

2. ***Phorias.*** Must meet Service Group1 standards.

3. ***Depth Perception.*** Only stereopsis is tested. Must pass Verhoeff 8/8 on first trial, or 16/16 on combination of second and third trials; or the AFVT or OVT (A-D); or Stereo FLY or RANDOT to 40 seconds of arc. Those who fail will be restricted to payload operator or internal pilot only.

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

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

6. ***Color Vision.*** Must pass FALANT 9/9 on first trial, or 16/18 on combination of second and third trials; or PIP (Standard Part 1, Dvorine, or Ishihara 24-plate), with Macbeth lamp, scoring plates 2-15, missing no more than two plates.

(b) ***Hearing.*** Applicants must meet SNA standards. Designates must meet Service Group 1 standards.

(5) ***Flight Deck Personnel, Critical (director, spotter, checker, and any other personnel specified by the unit commanding officer).*** Frequency of screening is annual. Waivers of physical standards are determined locally by the senior medical department representative and commanding officer. No BUMED or NAVPERSCOM submission or endorsement is required. Must meet the standards in Chapter 15, Section III (Physical Standards), except as follows:

(a) ***Vision***

1. ***Visual Acuity, Distant and Near.*** No limits uncorrected. Must correct to 20/20.

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

3. ***Depth Perception.*** Only stereopsis is tested. Must pass Verhoeff 8/8 first trial, or 16/16 on combination of second and third trials; or the AFVT or OVT (A-D); or Stereo FLY or RANDOT to 40 seconds of arc.

4. ***Color Vision.*** Must meet Service Group1 standards.

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

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

(7) ***Special Flight Deck Personnel (Non-pilot Landing Safety Officer and Helicopter Control Officer only).*** Same as critical flight deck personnel.

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.

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(8) ***Naval Aviation Water Survival Training Instructors (NAWSTI).*** Aviation designation is not required for assignment to NAWSTI duty. Personnel must meet applicable swimming standards outlined elsewhere. Individual NAWSTI personnel may require an aeromedical examination only if concurrently applying to or designated for aviation duty.

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

(a) ***Distant Visual Acuity.*** Must correct to 20/20 or better in each eye and correction must be worn.

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

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

(d) ***Color Vision.*** Must pass FALANT 9/9 on first trial, or 16/18 on combination of second and third trials; or PIP (Standard Part 1, Dvorine, or Ishihara 24-Plate), with MacBeth lamp, scoring plates 2-15, missing no more than two plates.

(e) ***Oculomotor Balance.*** NOHOSH.

(8) ***Forms***

(a) SF-88 (Rev. 3-89), Report of Medical Examination, NSN 7540-00-634-4038 is available on the Health and Human Services Program Support Center website at http://forms.psc.gov/sforms.htm.

(b) SF-93 (6-96), Report of Medical History, NSN 7540-00-181-8638 is available at: http://web1.whs.osd.mil/icdhome/SFEFORMS.HTM.

(c) SF-507 (12-91), Report on ___ or Continuation of SF-___. Copies are available from the Naval Operational Medicine Institute, Attn: NAVOPMEDINST Code 342, 220 Hovey Road, Pensacola, FL 32508 or electronically at:http://afpubs.hq.af.mil/forms/speclist.asp?type=SF.

(d) SF-600 (6-97), Chronological Record of Medical Care is available at: http://contacts.gsa.gov/webforms.nsf/0/4951AF308C046D9785256A3F0005BE96/$file/sf600.pdf and is authorized for local reproduction.

(e) NAVMED 6410/1 (5-90), Aeromedical Grounding Notice, S/N 0105-LF-010-1600; NAVMED 6410/2 (5-90), Aeromedical Clearance Notice, S/N 0105-LF-010-1700; NAVMED 6120/2 (11-79), Officer Physical Examination Questionnaire, S/N 0105-LF-208-3071; and NAVMED 6150/2 (4-70), Special Duty Medical Abstract, S/N 0105-LF-209-5021 are available at: http://navy-medicine.med.navy.mil/instructions/external/external.htm.

(f) DD 2766 (3-98), Adult Preventive and Chronic Care Flowsheet, SN 0102-LF-105-4900 is available from the Navy Supply System.

15-66 Diving Duty

(1) ***Purpose.*** All personnel, except patients, whose duties expose them to a hyperbaric environment must conform to the appropriate physical standards below. Such personnel include, but are not limited to, those engaged in hyperbaric chamber duty (clinical, research, and recompression), diving combat swimming (SEALS), U.S. Marine Corps combat swimmers, and candidates for such duty trained at a U.S. Navy facility (including Army OOB (diver) and Army and Air Force special operations), sonor dome work (when in a hyperbaric environment), hull containment testing (compartment workers), and hyperbaric coffers or caisson. Waivers for members unable to meet standards must be prepared per MANMED article 15-74. A waiver package must include the name and telephone number of a point of contact. Compartment workers who are submariners and have a current medical exam filed in their health record will be considered qualified for hull containment testing.

(2) ***Diving Medical Exams (DME)*** will be performed by one of the following:

(a) A medical officer who has successfully completed one of the medical department officer courses given at the Navy Diving and Salvage Training Center (NDSTC) and is designated as an undersea medical officer (UMO) or a diving medical officer (DMO).

(b) A medical officer, physician assistant, or nurse practitioner, not trained at NDSTC, with a review by a UMO/DMO.

(c) A U.S. Army or U.S. Air Force flight surgeon is authorized to perform, review, and sign DMEs for their service members.

(3) ***Additional Standards.*** Some of the items listed in MANMED, chapter 15, section III, may be duplicated here for emphasis. In addition to the standards listed in section III, the following will be cause for rejection for initial diving duty:

(a) ***General.*** Any disease or condition that causes chronic or recurrent disability, increases the hazards of isolation, or has the potential of being exacerbated by the hyperbaric environment.

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

(1) Atresia of more than 25 percent of the external auditory canal.

(2) Any history of middle ear surgery excluding tympanoplasty.

(3) Chronic eustachian tube dysfunction or inability to equalize middle ear pressure.

(4) Any history of inner ear surgery.

(5) Unilateral tinnitus.

(6) Any history of inner ear pathology, including but not limited to, endolymphatic hydrops or true Meniere's disease.

(7) Any vertigo, disequilibrium, or imbalance with inner ear origin.

(8) Hearing as for initial acceptance for active duty.

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

(10) Any laryngeal or tracheal framework surgery.

(c) ***Eyes***

(1) ***Visual acuity***

(a) Minimum corrected visual acuity 20/20 in each eye.

(b) Minimum uncorrected visual acuity:

1. Diving medical officers or self-contained undersea breathing apparatus (SCUBA) divers: general Navy standards: +/- 8 diopters.

2. Basic diving officer, second class diver, Army OOB, or explosive ordinance disposal (EOD) divers: 20/200 or better in each eye.

3. Marine combat swimmers or Navy Hospital Corpsman (NEC 8403/8427) assigned to diving duty: 20/200 in both eyes.

4. Navy SEALS or Army or Air Force special operations: 20/70 in the better eye and 20/100 in the bad eye.

(2) ***Deficient color vision*** by Farnsworth Lantern Test.

(3) ***Deficient night vision*** (known nyctalopia, pigmentary retinopathy, or congenital stationary night blindness by history).

(4) ***Radial keratotomy,*** and other forms of corneal surgery with the exception of excimer laser photorefractive keratectomy (PRK). Candidates for entry into diving programs, including special operations, must wait 3 months following their most recent PRK before their qualifying physical exam.

(5) ***Orthokeratology*** for 6 months after cessation of hard contact lens wear.

(6) Presence of a hollow orbital implant.

(7) Any acute or chronic recurrent ocular disorder which may interfere with or be aggravated by diving duty.

(d) ***Pulmonary***

(1) Spontaneous pneumothorax.

(2) Traumatic pneumothorax will be disqualifying for a period of at least 6 months. A candidate or diver may be requalified for diving duty if he or she has:

(a) Normal chest x-ray.

(b) Normal spirometry.

(c) Normal ventilation and perfusion scan.

(d) Favorable recommendation from a pulmonologist.

(e) Evaluation by a UMO/DMO.

(3) Chronic obstructive or restrictive pulmonary disease.

(4) Sarcoidosis or history of sarcoidosis.

(5) Active tuberculosis.

(6) Those candidates undergoing drug therapy for a positive purified protein derivative (PPD) must complete their course of therapy before diver training.

(7) Recurrent pulmonary barotrauma (more than 2 episodes).

(8) Any chronic or recurring pulmonary condition which limits exercise capability or pulmonary function including, but not limited to pulmonary fibrosis, fibrous pleuritis, lobectomy, neoplasia, or infectious disease process including coccidiomycosis (exceptions for scattered nodular parenchymal and hilar calcification).

(9) Reactive airway disease or asthma after age 12.

(e) ***Cardiovascular***

(1) As covered in general duty standards.

(2) Wolff-Parkinson-White (WPW) or Paroxysmal Supraventricular Tachycardia (PSVT) is disqualifying.

(f) ***Skin.*** Severe chronic or recurrent skin conditions exacerbated by sun exposure. Chronic or recurrent skin conditions exacerbated by diving, the hyperbaric environment or the wearing of occlusive attire (e.g., a wetsuit), including, but not limited to eczema, psoriasis, acne vulgaris, and atopic dermatitis.

(g) ***Gastrointestinal.*** History of chronic or recurrent gastrointestinal conditions which may interfere with or be aggravated by diving duty.

(h) ***Genitourinary.*** Chronic or recurrent genitourinary conditions which may interfere with or be aggravated by diving duty.

(i) ***Blood.*** Current standards. (See MANMED Chapter 15, section III.)

(j) ***Endocrine.*** Current standards. (See MANMED Chapter 15, section III.)

(k) ***Chronic Viral Infections.*** Such as chronic hepatitis B, hepatitis C, HIV, etc., are disqualifying. Minor chronic viral infections that do not pose a significant long-term health risk are not disqualifying.

(l) ***Dental***

(1) Any defect of the oral cavity or associated structures which interfere with the effective use of an underwater breathing apparatus.

(2) All diver candidates must be DOD dental class 1 or 2 before diver training.

(m) ***Musculoskeletal***

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

(2) History, documentation, or x-ray findings of osteonecrosis, particularly dysbaric osteonecrosis.

(3) Any fracture (including stress fractures)

(a) Within 3 months of injury.

(b) With any residual symptoms.

(4) Bone or joint surgery

(a) Within 6 months.

(b) With any significant or functional residual symptoms.

(c) Retained hardware is not disqualifying unless it results in limited range of motion.

(n) ***Psychiatric***

(1) Any history or presence of a psychiatric diagnosis that has the potential to hinder diver performance, judgment, reliability, or the mission of the unit or command.

(2) Any psychotic disorder, except resolved episodes attributed to fever, infection, toxins, or trauma.

(3) Any depressive or anxiety disorder that required hospitalization, work loss, suicidal gesture or attempt, or use of medication within the past year.

(4) Diagnosis of alcohol dependency will result in disqualification until successful completion of a treatment program and a 1-year aftercare program.

(5) Current use of psychotropic medication for any reason.

(o) ***Neurological***

(1) Headaches or face pain, if frequently recurrent, disabling, requiring prescription medication, or associated with transient neurological deficits.

(2) Penetrating head injury.

(3) A closed head injury (CHI) is permanently disqualifying if:

(a) Cerebral spinal fluid (CSF) leak >7 days.

(b) Intracranial bleeding.

(c) Depressed skull fracture with dural laceration.

(d) Loss of consciousness (LOC).

1. MILD. +/- post-traumatic amnesia (PTA) <60 minutes is disqualifying for 1 month with normal brain (MRI) and normal neurologic exam performed by a neurologist or neurosurgeon or more than 2 years have elapsed since injury and full recovery documented by a neurologist or neurosurgeon (i.e., brain imaging not required).

2. MODERATE. +/- PTA >60 minutes. +/- PTA <24 hours is permanently disqualifying for candidates, but designated divers may be reinstated after 2 years with normal MRI, neurologic, and neuropsychological evaluations.

3. SEVERE. +/- PTA >24 hr is permanently disqualifying for candidates, but designated divers may be considered for a waiver after 3 years if MRI, neurologic, and neuropsychologic findings are normal.

Note: EEG evaluation is not required for CHI workup.

(4) Seizures, all are disqualifying, except febrile convulsions before age 5 years, seizure clearly associated with toxic etiology, oxygen toxicity, or occurring immediately associated with head trauma.

(5) Syncope, if recurrent or unexplained.

(6) Vertigo, if recurrent is permanently disqualifying; single episode of vestibular neuronitis is not disqualifying once the member has recovered from the acute episode.

(7) Multiple sclerosis is permanently disqualifying.

(8) Decompression sickness or air gas embolism with residual neurologic impairment is permanently disqualifying. Designated divers with full recovery from decompression sickness or air gas embolism may be reinstated at the discretion of the DMO/UMO without a waiver.

(9) Cerebral vascular disease, including but not limited to, transient ischemic attack and arterial venous malformation is permanently disqualifying.

(10) Heat stroke with residual neurologic deficits is permanently disqualifying.

(11) Stammering or stuttering is disqualifying if it impairs normal communication required of a military diver.

(12) Symptomatic intervertebral disc disease, if persistent pain, limited range of motion, neurologic deficit, or medication requirement.

(13) Spine surgery, disqualifying for 6 months.

(14) Neurosurgery for brain or spinal tumors is permanently disqualifying.

(p) ***Miscellaneous***

(1) History of decompression sickness for candidates.

(2) History of severe or incapacitating motion sickness.

(3) History of cold injury with sequelea.

(q) ***Height, Weight, and Body Build.*** As for initial acceptance for candidates, follow MANMED, Physical Standards, section III.

(r) ***Age.*** There are no waivers required for continuation of diving duty.

(4) ***Medical Fitness Standards for Retention***

(a) The diver's demonstrated ability to satisfactorily perform diving duty.

(b) The effect of continued diving duty upon the member's health and well being.

(5) ***Additional Standards for Candidates***. In addition to previous standards for diving duty, initial applicants must meet the following standards.

(a) ***Pressure Testing and Ascent Training***

(1) All candidates must pass a one-time recompression chamber test, to a pressure of 27 pounds per square inch gauge (PSIG) (60 feet of sea water), to determine their ability to withstand the effects of pressure. Results of this test must be documented on the NAVMED 6150/2 (Special Duty Medical Abstract). This test must not be performed in the presence of a respiratory infection that may temporarily impair the ability to equalize or ventilate. If pressure testing is not available, a waiver must be granted by the Chief of Naval Personnel before transferring the individual to diver training. Sonar dome workers must pass pressure testing.

(2) In all cases of ascent testing, training, evaluation, a UMO/DMO must be present at the test site. This does not apply to ascent training or lock in or lock out training where all participating personnel are fully qualified for the procedure.

(b) ***Age.*** Navy applicants who have attained their 35th birthday (28th birthday in the case of Navy combat swimmers) will not be considered for initial diver training without a waiver. Other military services may establish their own age standards for initial diver training. There is no age requirement for non-water entry, hyperbaric environment workers.

(6) ***Additional Standards for Saturation Diving Duty***

(a) ***General***

(1) Saturation diving involves prolonged exposure to the hyperbaric environment, isolated from direct medical care. Therefore, conditions which may be untreatable or exacerbated during a saturation dive are disqualifying.

(2) A saturation diving medical exam must be done by a DMO/UMO. Initial saturation diving physicals must be completed within 6 months of commencement of training.

(b) ***Standards***. Saturation diving physicals must comply with all standards for entry and continuation in diving duty, as well as the following disqualifying items:

(1) ***General.*** Any disease or condition which predictably will occur and be difficult or exacerbated by a continuous hyperbaric environment.

(2) ***Ears.*** Any history of permanent hearing loss secondary to decompression sickness or arterial gas embolism. Any permanent loss, secondary to those causes, even if hearing thresholds do not exceed standards specific for general duty, must be considered disqualifying.

(c) ***Genitourinary***

(1) History of urinary tract calculus.

(2) Inflammatory pelvic disease.

(7) ***Additional Standards for Hyperbaric Exposure Nondiving***

(a) ***General.*** Individuals who will be exposed to a dry hyperbaric environment in a nondiving capacity (sonar dome, hull pressurization, recompression chamber) will have a diving medical exam identified as a hyperbaric exposure exam.

(b) ***Standards.*** The standards for diving duty apply with the exception there is no age limit, and vision must meet general duty standards found in chapter 15, section III, article 15-40.

(8) ***Special Studies.*** In addition to the special studies required in MANMED chapter 15, section I, article 15-9, the studies listed below will be completed and final results or interpretations will be noted in corresponding blocks of the SF 88.

(a) Chest x-ray (posterior, anterior, and lateral views required) on initial DME and then when clinically indicated by the examiner.

(b) An electrocardiogram (EKG) on initial DME.

(c) Visual acuity including refraction.

(d) Farnsworth's lantern color vision exam. (On an initial exam only.)

(e) Complete blood count (CBC).

(f) PPD.

(g) All DMEs for divers closest to age 45, and all subsequent exams, a modified cardiac workup will be completed to include: lipid profile, EKG, and the following question which will be documented in block 25 of the SF 93.

(1) History of tobacco use.

(a) If clinically indicated considering cardiac risk factors, a cardiac exercise stress test must be included.

(h) Saturation divers will have a dysbaric osteonecrosis survey (DOS) on termination from the saturation diving program and when clinically indicated, as determined by a UMO/DMO. Forward DOS films with a copy of the formal radiologist interpretation to the Commander, Submarine Development Squadron Five, Attention: Medical DET Bangor, 7111 Sealion Road, Naval Submarine Base, Bangor, Silverdale, WA 98315-0067.

(i) Divers who use underwater devices will comply with the standard in MANMED chapter 15, section I, article 15-11.

15-67 Fire Fighting Instructor Personnel

(1) ***Purpose***. To assure that members assigned as fire fighting instructors and exposed to smoke and its associated components are in all respects qualified for such assignment.

(2) ***Additional Standards***. Some of the items listed in section III may be duplicated here for emphasis. The following will be cause for rejection or disqualification:

(a) ***Nose, Mouth, Throat.*** Sinus disease. Waiver request requires an ENT consultation and statement which recommends disposition regarding repeated exposure to smoke.

(b) ***Eyes***

(1) Acute or chronic eye disease.

(2) Uncorrected vision greater than 20/80 in one eye and 20/100 in the other eye.

(3) Near vision with glasses must be sufficient to read printed material of Jaeger Number 4 size type without difficulty.

(c) ***Pulmonary System***

(1) A history of respiratory tract allergic response.

(2) Reactive airway disease (asthma) after age 12.

(d) ***Skin and Cellular Tissues***

(1) Contact allergies of the skin that involve substances associated with fire fighting.

(2) Skin conditions and facial contours which interfere with activity and the use of personal protective equipment.

(e) ***General and Miscellaneous Conditions and Defects***. History of more than one episode of diminished heat adaptation capability or any other serious deviation from sound condition.

(3) ***Special Studies***. In addition to the special studies required in article 15-9, the following studies will be performed.

(a) Blood chemistry studies to include: sodium, potassium, glucose, bicarbonate, BUN, creatinine, uric acid, total protein, albumin, A/G ratio, calcium, alkaline phosphatase, aspartate aminotransferase (ASAT) or SGOT, alanine aminotransfera se (ALAT) or SGPT, LDH, CPK, bilirubin.

(b) Standard chest x-ray, within the previous 6 months or if clinically indicated.

(c) Pulmonary function test.

(4) ***Periodicity.*** Medical examination is required every 5 years while serving as an instructor.

15-68 Occupational Exposure to Ionizing Radiation

(1) ***General***. NAVMED P-5055, Radiation Health Protection Manual, is the governing document for the naval service Radiation Health Protection Program. NAVMED P-5055 provides ionizing radiation exposure limits, dosimetry requirements, medical examination requirements, administrative and reporting requirements, and command duties and responsibilities for the Radiation Health Protection Program. The medical examination requirements are reprinted here from NAVMED P-5055 for convenience. All efforts are made to ensure this manual and NAVMED P-5055 are consistent and updated simultaneously. Should differences in requirements exist between the two documents, NAVMED P-5055 takes precedence.

(2) ***Command Responsibility***. The commanding officer or officer in charge of each naval facility will ensure that personnel have a radiation medical examination prior to being occupationally exposed to ionizing radiation. If it is known that a visitor is to perform duties requiring a radiation medical examination, the visitor's parent command must determine the visitor's physical qualifications.

(3) ***Responsibility of Individual***. All personnel assigned to duties involving occupational exposure to ionizing radiation will report the following to their supervisor or Medical Department personnel in a timely manner:

(a) Any physical condition which they feel affects their qualification to receive occupational exposure.

(b) Any radiation therapy treatment received.

(c) Any radiopharmaceutical received for diagnosis or treatment.

(d) Any occupational radiation exposure received from secondary or temporary employment.

(e) Any open wounds or lesions.

(4) ***Types of Ionizing Radiation Medical Examinations***

(a) ***Preplacement Examination (PE)***. Personnel who are being considered for routine assignment to duties requiring occupational exposure to ionizing radiation will be given a radiation medical examination, defined as a preplacement examination, prior to assignment or transfer to those duties.

(1) Personnel who are not routinely exposed to ionizing radiation as a result of their normal duties or occupation and who are not likely to exceed 0.5 rem (0.5 centisievert) per year (e.g., visitors, including messengers, servicemen, and delivery men; emergency response personnel; dentists, dental technicians, and other dental paraprofessionals; explosive ordinance disposal team members; and certain crew

members or employees whose exposure is truly sporadic) are not required to have a preplacement examination (see appropriate radiological controls manual for specific program).

(2) Individuals in this category (i.e., not required to have a preplacement examination) who exceed 0.5 rem (0.5 centisievert) exposure in a calendar year, must have a preplacement examination within 1 month of the time they exceed 0.5 rem (0.5 centisievert) or as soon thereafter as operational requirements permit.

(b) ***Reexamination (RE)***. Personnel who are to be continued in routine duties requiring occupational exposure to ionizing radiation must have a radiation medical examination, defined as a reexamination, at the periodicity listed in article 15-11. The reexamination is required to be performed no later than 1 month following the anniversary date (month and year) of the previous radiation medical examination or other medical examination accepted and documented as a radiation medical examination, e.g., for an examination performed on the 15th of February 1985, the reexamination must be completed by 31 March 1990.

(c) ***Situational Examination (SE)***. Any individual who has exceeded the radiation protection standards for occupational exposure per chapter 4 of NAVMED P-5055, or has ingested or inhaled a quantity of radioactive material exceeding 50 percent of the maximum permissible body burden (MPBB) or as deemed necessary by the responsible medical officer must be given a radiation medical examination, defined as a situational examination. MPBBs are listed in the National Council on Radiation Protection and Measurements (NCRP) Report No. 22 (NBS Handbook 69). MPBBs for commonly-used isotopes are found in Appendix A of NAVMED P-5055. The medical history must contain summary statements which provide the basis for performing the examination.

(d) ***Termination Examination (TE).*** Reasonable efforts will be made to ensure that a worker receives a termination examination. If a termination examination is not completed or not performed (e.g., due to lack of employee cooperation, etc.), a SF-88 will be completed to the maximum extent practicable. The reasons why the form is incomplete will be recorded in block 73 of the SF-88. Personnel will be given a radiation medical examination, defined as a termination examination, if they satisfy one of the following conditions:

(1) Upon separation or termination of their active duty or employment if they received a preplacement radiation medical examination, have documented occupational radiation exposure (including personnel monitored for exposure but who received 00.000 rem), and have not had a TE.

(2) When permanently removed from the radiation health program.

(3) When assigned or transferred to duties no longer involving occupational exposure.

(5) ***Other Examinations***. Medical examinations other than radiation medical examinations and results of consultations for individuals physically qualified for routine assignment to duties requiring occupational exposure to ionizing radiation will be reviewed by a medical officer or Medical Department representative for findings or evaluations affecting continued qualifications for duties involving occupational exposure. The scope of other medical examinations need not be expanded to cover the requirements of this article unless the examination is to be used as a radiation medical examination. Medical examinations performed outside the Department of Defense are not to be requested for routine review. Individuals may submit medical information from their private physicians for consideration by the responsible medical officer. In these cases, the Navy remains solely responsible for determining whether the medical information from the private physician will be accepted or rejected.

(6) ***Scope of Examination***. The medical examination will place particular emphasis on determining the existence of malignant and premalignant lesions and other conditions which could be related to radiation exposure. A medical officer with knowledge of the potential biological effects of ionizing radiation will review any medical history or presence of disease states or abnormalities related to the following: History of occupational exposure to ionizing radiation in excess of that allowed by current directives; history of radiation therapy; or medical conditions which may be associated as having been caused by exposure to ionizing radiation. The radiation medical examination will include, but not be limited to, a careful medical history, physical examination, complete blood count (CBC), urinalysis, and other clinical laboratory studies or procedures, and bioassays, as indicated.

(a) ***Medical History***. A complete medical history on an SF-93 will be obtained. In addition, medical histories will include:

(1) History of occupational or accidental exposure to ionizing radiation.

(2) History of cancer or precancerous lesions.

(3) History of anemia.

(4) History of cataracts.

(5) History of radiation therapy.

(6) History of radiopharmaceutical received for therapeutic or experimental purposes.

(7) History of work involving the handling of unsealed radium sources or other unsealed sources.

(8) Family history of cancer, anemia, or cataracts.

(b) ***Medical Examination***. The examination will consist of the items described in blocks 18 through 43 of the SF-88 with the following modifications for civilian personnel:

(1) Pelvic examination (SF-88, block 43) is not required. Breast examinations are required for females age 36

or older. The anus/rectal examination is only required for male examinees age 36 or older. For personnel who are less than 36, the above examinations may be offered but are not required.

(2) Medical examinations of civilian personnel will be documented on a SF-88 and will include a SF-78, or copy of the front side of the SF-78, with Parts A, B, and C completed as an attachment to the SF-88. The reverse side of the SF-78 need not to be completed. Locally generated forms that contain the pertinent identifying data and functional and environmental factors may be used in lieu of the SF-88.

(c) ***Special Studies***. The required special studies are a CBC, with differential, and a urinalysis. In addition, the following special studies may apply:

(1) ***Internal Monitoring.*** All personnel assigned to duties involving the handling of radioactive material in a form such that they could reasonably be expected to exceed 10 percent of a MPBB through inhalation, ingestion, or absorption will be evaluated for evidence of a partial body burden before and after assignment to such duties, e.g., at the start and completion of a tour involving these duties. Periodic monitoring will be conducted as deemed necessary by the responsible medical officer or radiation health officer. Additional requirements to perform internal monitoring due to specific work environments will be issued in applicable program radiological control manuals with BUMED concurrence or as conditions of radioactive material permits.

(2) ***Radon Breath Analysis***. All personnel assigned to duties involving the handling of radium, or its compounds, not hermetically sealed such that they could reasonably be expected to receive 10 percent of a MPBB will have radon breath analysis at the beginning and end of such assignment or following personnel contamination incidents involving loose surface contamination of radium compounds such that the individual could have received 10 percent of a body burden. NAVMED P-5055 provides guidance for obtaining a radon breath analysis. Other methods of determining internal radium deposition may be used if approved by BUMED.

(3) ***Bioassay.*** When deemed necessary by the responsible medical officer or radiation health officer bioassays may be performed on body tissues, secretions, and excretions to estimate an exposure from internal contaminates. If a command lacks the capability to perform appropriate bioassays, a request will be submitted to one of the support facilities designated in the NAVMED P-5055.

(4) Additional requirements to perform special examinations due to specific work environments can be provided in the applicable program radiological control manual with BUMED approval.

(7) ***Standards***. The general requirements are those for active duty in the military service or in civil service employment, as amended by this article. Individuals disqualified based upon these requirements may be reevaluated at a later date. The following will be cause for rejection or disqualification:

(a) History of systemic malignancy.

(b) History of radiation therapy which may have compromised bone marrow reserves.

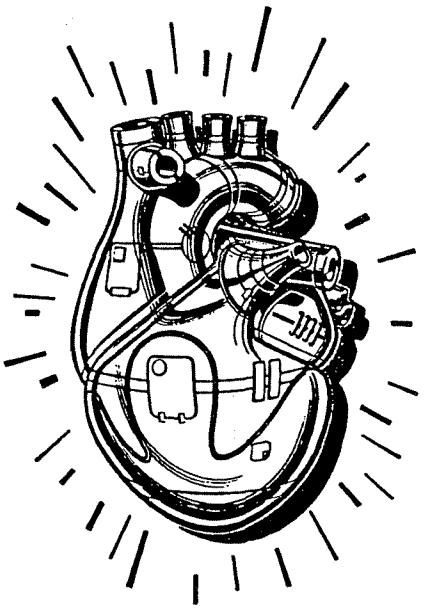


TABLE I
(Complete Blood Count Parameters)

Blood Parameter	Male	Female
Hematocrit (Hct)	40-52 %	37-47 %
Hemoglobin (Hgb)	13.5-18g/dl	12.5-16g/dl
White Blood Count(WBC)	4,000—12,000/cubic mm	
Platelet Count	150,000—400,000/cubic mm	

Differential Count

There are two acceptable laboratory methods for determining differential count, manual and automated machine.

Manual	Male & Female
Neutrophils (N)	40-80 percent
Lymphocytes (L)	20-50 percent
Bands (BF)	0-10 percent
Eosinophils (E)	0-10 percent
Basophils (B)	0-3 percent
Monocytes (M)	0-10 percent
Atypical Lymphocytes (ATL)	0-10 percent

Some automated machines will provide differential counts that categorize the white blood cells (leukocytes) by the traditional manual leukocyte classification, as above. Other machines may use other classifications, which are as acceptable for diagnosis and prognosis, for example:

Automated	
Lymphocytes	20.5-51.1 percent
Monocytes	1.7-9.3 percent
Granulocytes (Neutrophils)	42.2-75.1 percent
Large unstained cells	less than 4 percent

Any clinically acceptable automated blood count method suffices for the needs of the radiation health program. However, if the categorization differs from either of those provided above the normal ranges for the machine used must be recorded along with the results of the study.

TABLE II

	Male & Female
Hematocrit	35-56 percent
Hemoglobin	11g/dl-19g/dl
White Blood Count	3,500-14,000/cubic mm
Platelet	less than 100,000 or greater than 500,000/cubic mm

(c) History of polycythemia vera

(d) Cancerous or precancerous lesions.

(e) A family history of cancer which is suggestive of clustering or a genetic tendency toward a specific lesion.

(f) Open lesions or wounds (including lacerations, abrasions, and ulcerative, eruptive, or exfoliative lesions) are disqualifying either on a temporary or permanent basis, depending on the condition, for individuals who handle radioactive material which is not hermetically sealed, until such time as the Medical Department representative or medical officer considers the wound to be adequately protected from radioactive contamination.

(g) Abnormal blood count

(1) Any deviation outside the ranges of the values in Table I must be evaluated by a medical officer and a determination made as to whether the individual is CD or NCD. The responsible medical officer will comment in item 73 of the SF-88, when the values are not within the ranges of Table I.

(2) Values which persist outside the ranges in Table II will be CD until further review. The medical officer's evaluation of the CBC and the requests for other studies or consultations must be directed toward the determination of malignant or premalignant conditions and hematopoietic system reserve.

(h) Urinalysis. Red blood cells (RBCs) in the urine (greater than 5 RBCs per high power field) persisting on repeat urinalysis, will be CD, pending definitive determination of other than a malignant condition. Other abnormal urinalysis results may be of clinical significance (e.g., low specific gravity, positive sugar or albumin, WBCs, or casts) dictating followup evaluation at the discretion of the examiner. They are not, however, in themselves disqualifying for occupational exposure to ionizing radiation.

(i) If an individual exceeds 5Q percent MPBB the individual must be disqualified from duties involving occupational radiation exposure pending BUMED review. (MPBBs are listed in NCRP Report No. 22 (NBS Handbook 69).)

(j) Other defects which pose a health or safety hazard to the individual, coworkers, or degrade the safety of the work place.

(8) ***Special Documentation Requirements***. In addition to the requirements for completing the SF-88 and 93, as listed in MANMED, the following specific requirements will be adhered to:

(a) Use of an overprint or rubber stamp on the SF-93 for the required supplemental history questions is acceptable. Instructions in blocks 19 and 21 of the SF-93 require certain additional information be provided for a positive answer, for the purpose of radiation medical examinations, the name of the doctor, clinic, or hospital is not needed.

(b) All radiation medical examinations require a medical officer's signature in block 82 of the SF-88. This medical officer is responsible for reviewing the complete medical examination including laboratory and other information to determine qualification. The reviewing medical officer may be the same as the examining medical officer. The SF-88 block 82 entry will include the date of final review in the margin immediately below the signature of the reviewing official.

(c) The medical history will be signed by the examining medical officer.

(d) SF-88s and SF-93s performed by PAs or nurse practitioners must be countersigned by a physician.

(e) For block 74 of the SF-88 and block 25 of the SF-93 any entry concerning an abnormal finding will have an indication of NCD or CD per article 15-8.

(f) Noncompletion of a radiation medical examination must be documented in block 73 of SF-88 with specific reasons for noncompletion.

(g) Radiation medical examinations will clearly state whether the individual is PQ or NPQ for occupational exposure to ionizing radiation.

(h) The fact that a termination medical examination is required will be entered on the front of the individual's Health Record jacket or employee medical file as Termination Radiation Medical Examination Required.

(i) Medical examinations conducted for a purpose other than occupational exposure to ionizing radiation may

be amended per article 15-10 at the discretion of the responsible medical officer. If a previous medical examination is accepted the date of the required reexamination will be based on the original date (month and year) of the accepted examination.

(j) Results of bioassay, internal monitoring, etc., which document monitoring for internally deposited radioactivity, will be documented as required in NAVMED P-5055.

(9) ***Reporting Requirements***. The following Health Records must be submitted to BUMED (MED-21) for review. The transmittal letter must include the reason for submittal, total lifetime exposure of the individual, summary of the individual's duties, and, if appropriate, the current or disqualifying diagnosis.

(a) Findings on a radiation medical examination which disqualify an individual from receiving occupational exposure to ionizing radiation.

(b) Findings on a medical history or medical examination of:

(1) History of occupational radiation exposure or internal deposition in excess of that allowed by NAVMED P-5055.

(2) History of radiation therapy

(3) An excess of 10 percent MPBB of radioactive material not intentionally administered for medical diagnosis or treatment. A description of the analysis technique must be included with the submission.

(4) Abnormal personal or family history of cancer, if family history then the submission must include the family pedigree using standard genetic symbols.

(c) Results of medical examination for which the requirements are not explicit.

(d) Any medical examination or condition which the responsible medical officer or commanding officer recommends for BUMED review. Such request for review will not be denied by any member of the chain of command.

(e) All situational radiation medical examinations.

(f) Allegations or claim by a service member or employee that their physical condition was caused by exposure to ionizing radiation.

15-69 Submarine Duty

(1) ***Purpose***. The purpose of the standard is to maximize the mission capabilities and to reduce the morbidity of the submarine force. The risk of medical morbidity, including the concomitant hazard of medical evacuation, is considered. Requirements for embarking nonsubmarine personnel, military, civilian government, or contractor are specified in SECNAVINST 6420.1 series.

(a) ***Entrance***. Submarine candidates must meet the physical standards for submarine duty. Medical examinations should be performed by a medical officer, preferably a UMO. The member's unit medical officer, i.e., the squadron or group medical officer, should perform the examinations of personnel attached to their unit and subordinate units. Only those individuals not physically qualified for submarine duty, but for whom waivers to the standards appears justified, need BUMED review per section V.

(b) ***Continuation of Submarine Duty***. The standards for continuation of submarine duty will be the same as for first acceptance for submarine duty. Waivers may be applied for per section V.

(1) Submarine personnel reporting for duty following absence of greater than 90 days due to serious illness or injury; hospitalized for any reason; reported on by a medical board (see article 18-27(3); or when returning to submarine duty after other duty of more than 2 years, will, at the earliest practicable date, have a Health Record review and such medical examination as may be required by an UMO to determine their physical qualification to resume submarine duty. This examination will be completed prior to the transfer of the member (see article 15-30). If a UMO is not available at the parent command, the nearest available UMO should perform this examination to ensure personnel arrive at their permanent duty station physically qualified for submarine duty.

(2) Submarine personnel who have developed or are found to have disqualifying defects which preclude their ability to reasonably perform the duties of their grade or rate in submarines, or whose duty in submarines would be detrimental to their health, other members of the crew, or to the mission of the submarine, should be processed for submarine disqualification. The proximate UMO will make a recommendation on the SF-88 or SF-600 for all persons being processed for submarine physical disqualification.

(2) ***Additional Standards***. Some items from section III may be duplicated here for emphasis. In addition to the

standards listed in section III, the following are causes for rejection:

(a) ***Ears***

(1) History of chronic inability to equalize pressure manifested by repeated aural barotrauma or persistent ear pain secondary to minor pressure variations (e.g., in aircraft, air lock, or elevator). In instances where a clinical determination cannot be made, the candidate must be subjected to a 27 PSIG (60 FSW) pressure test in a recompression chamber, per article 15-66(3)(a).

(2) Inability to satisfactorily pass the pressure test noted above.

(3) Hearing. As for initial acceptance except:

(a) Qualified personnel must demonstrate ability to communicate and perform their duty.

(b) All personnel (applicants or qualified) must have bilateral hearing and be able to understand the spoken word with either ear.

(b) ***Eyes***

(1) The minimum visual acuity for unrestricted line officers (URL), quartermasters (QM), quartermaster strikers, and contact coordinators is any level of uncorrected visual acuity as long as it meets general entrance standards (see section III) and at least one eye is correctable to 20/20. Additionally, if more than 3 diopters of sphere or 1 diopter of cylinder is present in the refraction, the individual must wear contact lenses and demonstrate, with the lenses in place, an ability to achieve 20/25 vision in at least one eye or be able to achieve 20/25 with a spherical correction of 3 diopters or less.

(2) Defective color vision except for supply corps officer, medical corps officer, storekeeper (SK), yeoman (YN), messmanagement specialist (MS), hospital corpsman (HM), and personnelman (PN) ratings. Testing will be conducted with the Farnsworth Lantern (FALANT). Waiver will be considered for submarine qualified personnel who can demonstrate a functional ability to discern color associated with their work environment; such requests must include the results of the FALANT test and a statement from the individual's supervisor attending to his or her ability to meet the color vision requirements of the position.

(c) ***Lungs and Chest Wall***

(1) History of bronchial asthma (reactive airway disease) after age 12 (waivers will not be considered).

(2) Chronic obstructive pulmonary disease.

(3) History of spontaneous pneumothorax.

(d) ***Abdominal Organs and Gastrointestinal System.*** History of disease such as severe colitis or irritable bowel syndrome, peptic ulcer disease, duodenal ulcer disease, recurrent or chronic pancreatitis, or chronic diarrhea, gastrointestinal tract perforation, or hemorrhage. Waivers will not be considered unless they have been asymptomatic on an unrestricted diet without medication during the past 2 years and currently have no radiographic or endoscopic evidence of active disease or of severe scarring or deformity. Waivers will be considered for ulcerative proctitis.

(e) ***Urinary System.*** *History of urinary tract calculus.*

(f) ***Extremities***

(1) Conditions which result in decreased strength or range of motion or presents with symptoms of inhibiting pain of such nature to interfere with ready movement about a submarine or performance of duties.

(2) Conditions causing a person to be excessively prone to injury.

(g) ***Spine, Scapula, Ribs, and Sacroiliac Joints.*** Any conditions which preclude ready movement in confined spaces, inability to stand or sit for prolonged periods.

(h) ***Skin and Cellular Tissues***

(1) Any condition which may be aggravated by the submarine environment.

(2) Acne vulgaris, moderate or severe.

(3) History of psoriasis or eczema.

(4) Unexplained or recurrent rashes.

(5) Atopic dermatitis.

(i) ***Psychiatric.*** Because of the nature of the duties and responsibilities of each person in a submarine, the psychological fitness of applicants for submarine training must be carefully appraised. The objective is to elicit evidence of tendencies which might prevent satisfactory adjustment to submarine life. Among these are below average intelligence, claustrophobic tendencies, lack of motivation, unhealthy motivation, history of personal ineffectiveness, difficulties in interpersonal relations, lack of adaptability, or personality disorders.

(1) Any examinee diagnosed by a psychiatrist, clinical psychologist, or UMO as suffering from depression, psychosis, manic-depression, paranoia, severe neurosis, severe borderline personality, or schizophrenia will be recommended for submarine disqualification at the time of initial diagnosis. Waiver request may be submitted per section V.

(2) Those personnel with diagnosed suicidal ideation will have their cases reviewed, as a minimum, by the type commander (TYCOM) medical officer, if a UMO, for fleet personnel, or MED-21 if at a shore establishment, to determine the necessity for disqualification or return to duty. Personnel with suicidal gestures or attempts will be recommended for submarine disqualification. Waivers will be considered on in individual basis per section V.

(3) Those personnel with minor psychiatric disorders such as acute situational stress reactions will be evaluated by the local group or squadron UMO in conjunction with a formal psychiatric evaluation when necessary. Those cases which resolve completely, quickly, and without significant psychotherapy can be found fit for submarine duty by the responsible local UMO, if deemed appropriate. Those cases in which confusion exists must be reviewed by the TYCOM

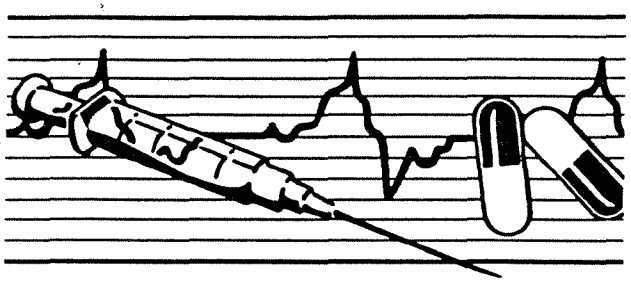
medical officer, if a UMO, for fleet personnel, or MED-21 for shore-based personnel. It must be stressed that any consideration for return to duty in these cases must address the issue of whether the service member, in the written opinions of the UMO and the member's commanding officer, can successfully return to the specific stresses and environment of submarine duty.

(j) ***Dental***. All dental treatment should be completed prior to transfer of the member for training or sea duty (see article 15-30).

(1) Indications of, or currently under treatment for, any acute infection disease of the soft tissues of the oral cavity.

(2) Candidates for basic submarine school must be classified by a dental officer as Class I or II (see article 6-101) prior to executing such orders.

(3) Medically indicated conditions requiring extensive or prolonged followup which could not be completed due to the training or operational requirements of member's assignment, e.g., orthodontics.



(k) ***Systemic Diseases and Miscellaneous Conditions***

(1) Allergic or atopic manifestations which require allergy immunotherapy.

(2) A member, on submarine duty, who develops allergies which require immunotherapy will be considered for waiver if:

(a) Therapy is not for stinging venomous insects.

(b) AIT injections may be discontinued while the ship is underway.

(c) The member's AIT kit is kept at the squadron or group medical department and used under the supervision of a medical officer in a facility where emergency care can be provided for anaphylaxis.

(3) History of migraine headaches that are recurrent, incapacitating, or require the chronic use of medications for control.

(3) ***Special Studies***. In addition to the special studies required in article 15-9, also perform a standard chest x-ray within preceding 6 months, on initial application and when clinically indicated.

(4) Periodicity. Medical examinations will be conducted per article 15-11.

15-70 Nuclear Field Duty (Nuclear Power/ Nuclear Weapons)

(1) ***Purpose***. To ensure personnel assigned to nuclear field duty and candidates for training leading to such assignment are physically qualified.

(2) ***Additional Standards***. Must meet the general duty standards and those listed in article 15-68. Additionally, the following are cause for rejection:

(a) ***Ears***

(1) Demonstrated inability to communicate and perform duty.

(2) Must have bilateral hearing.

(b) ***Eyes***. Defective color vision. Screening will be conducted with the FALANT. Waivers will be considered for personnel who can demonstrate a functional ability to discern color associated with their work environment, such request will include a statement from the operational supervisor or superior and the results of the FALANT.

(c) ***Psychiatric***. Because of the potential for misuse of devices and sources emitting ionizing radiation, 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, clinical psychologist, or UMO as suffering from depression, psychosis, manic-depression, paranoia, severe neurosis, severe borderline personality, or schizophrenia will be recommended for disqualification at the time of initial diagnosis. Waiver request may be submitted per section V.

(2) Those personnel with diagnosed suicidal ideation must have their cases reviewed, as a minimum, by the TYCOM medical officer for fleet personnel, or MED-21 for shore based personnel, to determine the necessity for disqualification or return to duty. Personnel with suicidal gestures or attempts will be recommended for nuclear field

disqualification. Waivers will be considered on an individual basis per section V.

(3) Those personnel with minor psychiatric disorders such as acute situational stress reactions must be evaluated by the local group or squadron 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 nuclear field duty by the responsible medical officer, if deemed appropriate. Those cases in which confusion exists, require review by the TYCOM medical officer for fleet personnel, or MED-21 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 on the medical officer and the member's commanding officer, can successfully return to the specific stresses and environment of nuclear field duty.

(4) Personnel entering the Nuclear Weapons Program must also meet the requirements for the Nuclear Weapon Personnel Reliability Program, SECNAVINST 5510.35 series.

(d) ***Migraine Headaches.*** History of migraine headaches that are recurrent, incapacitating, or require the chronic use of medications for control.

15-71 Naval Aviation Water Survival and Rescue Swimmer School Training Programs

(1) ***Purpose.*** To ensure all personnel assigned duties as students, instructors, or designated rescue swimmers are physically qualified for such assignment.

(2) ***Additional Standards.*** Standards in section III apply with the following modifications as cause for rejection:

(a) ***Vision***

(1) ***Surface Rescue Swimmer Candidates.*** Uncorrected vision, near and distant, worse than 20/100 in either eye. Must correct to 20/20 in each eye.

(2) ***Designated Surface Rescue Swimmer.*** Uncorrected vision, near and distant, worse than 20/200 in either eye. Must correct to 20/20 in each eye.

(3) ***Naval Aviation Water Survival Training Program Instructor (NAWSTPI).*** An uncorrected vision is acceptable, but must correct to 20/20 in the better eye and 20/40 in the worse eye.

(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, manic-depression, paranoia, severe neurosis, severe borderline personality, or schizophrenia will be recommended for disqualification at the time of initial diagnosis.

(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, require review by the TYCOM medical officer for fleet personnel, or MED-21 for shore-based personnel. It must be stressed that 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.

(3) ***Special Requirements***

(a) Surface designated rescue swimmer school training program instructors (RSSTPI), surface rescue swimmers, candidate and designated, will have their physical examination conducted by any privileged provider under the guidance and periodicity provided in section I.

(b) Naval aviation water survival training program instructor (NAWSTPI) and aviation designated RSSTPI will have their physical examinations performed by a FS or AMO, and will be examined following article 15-65.

(c) Waiver request will be forwarded to BUMED (MED-21) following section V.

15-71A Landing Craft Air Cushion (LCAC) Crew Medical Standards

(1) ***Purpose.*** 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) ***Personnel Affected.*** 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 physically qualified (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) ***Purpose of Examination.*** 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).

(c) NPQ but Waiver Recommended.

(4) ***Scope of Examination.*** 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 include, as a minimum, a medical history legibly recorded on an SF-93, and a physical examination legibly recorded on an SF-88. All abnormal responses on the SF-93 shall be commented on by the examining physician and a determination shall be made and recorded regarding whether the condition is considered disqualifying (CD) or not considered disqualifying (NCD). In addition, the following statement shall be added to the SF-93: "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 15-71A(6).

(b) Conditions listed as disqualifying may be waivered on an individual basis following article 15-71A(5) and (6). However, additional medical specialty evaluations will be required to confirm no functional impairment is present or likely to occur following article 15-71A(8).

(5) ***Examination Requirements***

(a) ***All Class I (Craftmaster, Engineer) and Class IA (Navigator) applicants*** will undergo an initial applicant physical examination that includes completion of an SF-88 and SF-93 before acceptance into phase I of the LCAC training program. In addition to an applicant physical examination, all Class 1 applicants require psychomotor testing consistent with standards established by Naval Operational Medicine Institute (NAVOPMEDINST) (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 article 15-71A(8)(b) and (c) (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 a via 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.

(d) ***Temporary NPQ 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 60 days duration, a complete physical examination is not required, but an SF-88 (Rev. 10-94) 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 60 days and 6 months or require a Limited Duty Medical Board, submit a complete "Fit For Full Duty" physical evaluation.

(e) ***All changes in the status of Class 1 and 1A LCAC crew members*** shall be immediately entered into the Special Duty Medical Abstract (NAVMED 6150/2).

(6) ***LCAC Crew Applicant Medical Standards***

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

(1) ***Ears, Nose, and Throat***

(a) 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.

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

(c) Chronic or recurrent motion sickness uncontrolled with medication.

(d) Sleep apnea with cognitive impairment or daytime hypersomnolence. Nasal continuous positive airways pressure may be permissible if it does not impact the function or safety of the vessel/unit or crew.

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

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

(2) ***Eyes***

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

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

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

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

(e) Refractive corneal surgery. Photorefractive keratectomy and laser in situ keratomileusis are permitted for the surface warfare community. Radial keratotomy is disqualifying, but may be waived. Intracorneal ring implants are not approved.

(3) ***Lungs and Chest Wall***

(a) Bronchial asthma (diagnosed as moderate or severe persistent).

(b) Chronic or recurrent bronchitis unresponsive to conventional therapy, requires repeated medical care.

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

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

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

(f) Conditions of the lung or chest wall resulting in more than a moderate amount of restriction to respiratory excursion with weakness and fatigability on slight exertion.

(g) Recurrent spontaneous pneumothorax.

(4) ***Cardiovascular***

(a) Arteriosclerotic heart disease associated with congestive heart failure, repeated anginal attacks, or evidence of myocardial infarction.

(b) Pericarditis, chronic or recurrent.

(c) Cardiac arrhythmias when symptomatic enough to interfere with the successful performance of duty, or adversely impact the member's safety (e.g., chronic atrial fibrillation, significant chronic ventricular dysrhythmias).

(d) 2nd or 3rd degree heart block.

(e) Near or recurrent syncope of cardiac origin.

(f) Hypertrophic cardiomyopathy.

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

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

(i) 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).

(j) Intermittent claudication.

(k) Thrombophlebitis, recurrent.

(l) Hypertension with associated changes in brain, heart, kidney or optic fundi (KWB Grade II or greater).

(5) ***Gastrointestinal System***

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

(b) Active colitis, regional enteritis or irritable bowel syndrome, peptic ulcer disease, 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.

(c) Recurrent or chronic pancreatitis.

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

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

(f) Esophageal strictures requiring frequent dilation, hospitalization.

(g) Fecal incontinence.

(h) Cholelithiasis without cholecystectomy.

(6) ***Endocrine and Metabolic***

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

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

(c) 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).

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

(e) Any disorder requiring daily oral steroids.

(7) ***Genitourinary System***

(a) PAP smear Bethesda Class III or higher.

(b) Dysmenorrhea, endometriosis, menopausal symptoms incapacitating to a degree which necessitates recurrent absences from duty of more than 48 hours uncontrolled by medication.

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

(d) Urinary incontinence.

(e) Renal lithiasis with a diagnosis of hypercalciuria, 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 complicating factors.

(f) Single kidney if complications with remaining kidney.

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

(h) 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.

(8) ***Extremities***

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

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

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

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

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

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

(9) ***Spine***

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

(b) Chronic back pain (with or without demonstrable pathology) with either (1) documented neurologic 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 (Ortho, Rheum, Neuro) therapy that resolution is unlikely.

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

(10) ***Skin***

(a) 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.

(b) Scleroderma.

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

(d) Lymphedema.

(e) Urticaria, chronic.

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

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

(11) ***Neurologic***

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

(b) History of unexplained or recurrent syncope.

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

(d) Encephalitis, or any other disease resulting in neurological sequelae or an abnormal neurologic examination.

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

(f) Narcolepsy.

(g) 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.

(12) ***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 adjustment to surface fleet life.

(a) Any history of an Axis I diagnosis as defined by the current Diagnostic and Statistical Manual of Mental Disorders (DSM) is disqualifying (no waivers). Adjustment disorders are NPQ only during the active phase.

(b) 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.

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

(d) 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 psychiatric consultation for waiver consideration.

(e) The taking of psychotropic medications of low toxicity (e.g., Prozac, Zoloft, Paxil) 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 condition will not become life or function threatening, pose a risk for dangerous or disruptive behavior, nor create a duty-limiting, medical evacuation, early return situation should medication use cease or the medication become ineffective.

(f) 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, can successfully return to the specific stresses and environment of LCAC duty.

(13) ***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.

(a) Spondyloarthropathy.

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

(c) Cancer treatment within 5 years (except testicular or basal cell).

(d) Anemia, symptomatic and not responsive to conventional treatments.

(e) Leukopenia, when complicated by recurrent infections.

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

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

(h) 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.

(14) ***Special Studies.*** In addition to the special studies required in article 15-9, also perform a PPD on initial assignment and when clinically indicated. Medical examinations will be conducted per article 15-11.

(b) ***Procedures and Standards***

(1) ***General Fitness and Medications.*** A notation will be recorded on an SF-88 and an SF-93 for individuals receiving any medications on a regular basis or within 24 hours of the LCAC examination. In general, individuals requiring medication or whose general fitness might affect their LCAC duty proficiency shall be found NPQ for duty aboard an LCAC. Record status in box 44 of the SF-88 (Rev. 10-94) (e.g., "NPQ-LCAC Duty").

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

(3) ***Cardiovascular System.*** History or presence of cardiac arrhythmia or injury, heart murmur, or other evidence of cardiac abnormality is cause for medical referral and cardiac evaluation for clearance for LCAC duty.

(4) ***Blood Pressure and Pulse Rate***

(a) ***Blood Pressure.*** 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 89 mm is disqualifying, as is orthostatic or symptomatic hypotension.

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

(5) ***Electrocardiogram (EKG).*** All applicants must have a 12-lead EKG and CXR performed with their NAVOPMEDINST physical examination, and as applicable thereafter. The baseline EKG must be marked Not To Be Removed From Health Record and must be retained in the health record until that record is permanently closed. Each baseline EKG, or copy thereof, shall bear adequate identification including full name, grade or rate, social security number, designator, facility of origin and a legible interpretation by a medical officer.

(6) ***Teeth***

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

(b) 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.

(7) ***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.

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

(b) ***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.

(8) ***Mental Health Review.*** A mental health review covering the psychiatric items in article 15-71A(6)(a)(12), and any other pertinent personal history items, must be conducted by the examining medical officer. A psychiatric referral is not required to obtain this history. This general mental health review will determine the applicant's basic stability, motivation, and capacity to maintain acceptable performance under the special stresses encountered during LCAC operations.

(9) ***Neurological Examination.*** A careful and complete neurological examination must be made. Any neurological defect which may interfere with LCAC duty requires a neurology consultation.

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

(a) ***For Class I and IA personnel,*** minimum distant visual acuity shall be no less than 20/100 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 15-42(1)(b). If correction is necessary for LCAC personnel, corrective lenses shall be worn at all times during LCAC operations.

(11) ***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.

(12) ***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 +/- 5.0 diopters in any meridian. The difference in the refractive errors in any meridian of the two eyes (anisometropia) may not exceed 3.5 diopters. Cylinder correction may not exceed 3.0 diopters.

(b) ***Class II applicants*** shall meet accession standards for refraction (article 15-42).

(13) ***Depth Perception.*** This test should be performed using a Verhoeff Stereopter or, if unavailable, the AFVT lines A-D for Class I and lines A-C for Class IA and II. Pass-Fail standards per article 15-65 (7)(a)(1)(a)4. 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.

(14) ***Oculomotor Balance.*** The vertical and lateral phorias may be tested with the Phoroptor 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 heterotropia or symptomatic heterophoria (NOHOSH) is acceptable.

(15) ***Inspection of the Eyes.*** Follow guidelines within article 15-65(7). 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.

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

(17) ***Night Vision.*** Any indication or history of night blindness disqualifies the applicant due to the importance of night vision and night vision supplementation to LCAC operations.

(18) ***Field of Vision.*** Fields should be full to simple confrontation. See article 15-42. Any visual field defect should receive ophthalmologic referral to pursue underlying pathology.

(19) ***Intraocular Tension.*** Schiotz, non-contact (air puff), or applanation tonometry must be used to measure intraocular tension. Tonometric readings consistently above 22 mm Hg Schiotz in either eye, or a difference of 5 mm Hg Schiotz between the two eyes, should receive an ophthalmologic referral for further evaluation. This condition is disqualifying until an ophthalmologic evaluation has been completed.

(20) ***Ears.*** Follow article 15-36(1). General enlistment standards in article 15-36 are accepted as applicant standards, with the exception of audiometric standards. Any disqualifying acute or chronic ear disease or disorder by those standards disqualifies the applicant.

(21) ***Hearing Tests.*** 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.

MAXIMUM HEARING LOSS (ANSI 1969)

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

(22) ***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.

(c) ***For information on waivers for medical standards,*** see article 15-71A(8).

(7) ***Development of Mandatory Requirements for LCAC Crew Members Medically Suspended From LCAC Duty***

(a) 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 (SF-93 and SF-88) shall be completed before resuming duties. That examination shall then be submitted to the Surface Warfare Medicine Institute (SWMI) for waiver consideration or recommendation for a medical board.

(b) After 30 days of limited or medically restricted duty the crew member must be evaluated by a medical officer to determine whether the individual is NPQ for LCAC duty, should be recommended for a medical waiver (see article 15-71A(8)), or should undergo a medical board.

(8) ***Medical Waiver Requests***

(a) ***Class 1 and 1A 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 type command 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.*** As noted in article 15-71A(8)(a) and (b), forward medical waiver requests for LCAC crew personnel who are medically suspended to the type commander medical officer via the chain of command. The type commander medical officer must evaluate and approve medical waiver requests for designated LCAC crew personnel (as opposed to LCAC crew applicants). A copy of the type commander medical officer's final decision concerning the waiver request will be forwarded to SWMI for archival purposes.

(9) ***Physical Examinations***

(a) ***All LCAC Class I and Class IA crew personnel*** will undergo a complete physical examination (SF-88 and SF-93) 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.

(c) ***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 all such attrition, medical and nonmedical, to SWMI for analysis and archival purposes.

(d) ***Medications (general guidelines).*** Any use of a medication or combination of medications that may cause drowsiness, a slowing of reflexes, a sensorium effect, vestibular or reticular activating systems impingement, or any other alteration in performance that may impact crew coordination, crew safety or the safe operation of the LCAC, will be cause to exclude the crew member from such duties for the duration of therapy. Questions concerning specific medications can be directed to SWMI for analysis and arbitration.

15-71B Explosives Handlers and Explosives Vehicle Operators

(1) ***Purpose.*** Medical examinations of explosive handlers and hazardous vehicle operators are conducted to ensure civilian employees and active duty personnel who handle explosives or operate vehicles or machinery which transport explosive or other hazardous material are physically qualified. Members who are qualified under this section meet the physical qualification requirements of the Federal Highway Administration, Department of Transportation, and CFR Part 391.

(2) ***Responsibilities.*** Individuals assigned to duties as vehicle operators that transport hazardous materials are responsible to report to their supervisor or Medical Department personnel any physical condition which may pose a health or safety hazard to self, coworkers, or degrades the safety of the working environment. Supervisors of personnel assigned as explosives handlers and hazardous material drivers are responsible to direct employees thought to have a physical impairment which may pose a health or safety hazard, to the appropriate medical department for examination.

(3) ***Additional Standards.*** Active duty members must meet the standards of MANMED, chapter 15, section III with particular emphasis on the systems below. Civilian personnel must meet the general standards for employment as provided by the Office of Personnel Management and the standards listed below. Navy Explosive Ordinance

Disposal personnel must also meet the requirements of article 15-66. Civilian contract carriers need only be qualified per CFR Part 391. In addition to the standards of Section III of this chapter, the following are causes for rejection:

(a) ***Ears.*** Hearing loss in either ear averaging more than 40 dB at 500, 1000, and 2000 Hz (ANSI) with or without hearing aid.

(b) ***Eyes***

(1) ***Vision***

(a) Distant visual acuity that does not correct to at least 20/40 in each eye.

(b) For active duty military, visual fields outside the minimums listed in article 15-42(1)(a)(9). For civilian personnel, field of vision of at least 70 degrees in the horizontal meridian in each eye.

(2) ***Color Perception.*** For active duty military, inability to pass the FALANT. If FALANT is not available at the examining facility, the Pseudoisochromatic Plate (PIP) test may be used as a screening examination. Failure of the PIP requires a FALANT be conducted and recorded. A member may be considered qualified if they fail the FALANT, but can satisfactorily demonstrate the ability to distinguish the colors of traffic signals and devices showing standard red, green, and amber. For civilian employees, FALANT is the recommended form of testing, but the member must be able to distinguish the colors of traffic signals and devices showing standard red, green, and amber.

(c) ***Lungs and Chest Wall.*** Must meet the standards of MANMED, article 15-48.

(d) ***Heart and Vascular System***

(1) Medical history or clinical diagnosis of: myocardial infarction, angina pectoris, coronary insufficiency, thrombosis or any other variety of cardiovascular disease known to be accompanied by syncope, dyspnea, collapse, or congestive heart failure.

(2) High blood pressure not adequately controlled by diet or medication.

(e) ***Musculoskeletal***

(1) ***Extremities***

(a) Loss of foot, leg, hand, or arm.

(b) Impairment of hand or finger which interferes with grasping.

(c) Impairment of foot, leg, hand, arm, or any other limb which interferes with the ability to perform assigned duties.

(2) ***Musculoskeletal System.*** Any medical history or clinical diagnosis of: rheumatic, arthritic, orthopedic, muscular, or neuromuscular disease or impairment which interferes with the safe performance of assigned duties.

(f) ***Neurologic.*** Medical history or clinical diagnosis of: epilepsy, recurrent syncope, or any condition which is likely to cause loss of, or altered states of consciousness.

(g) ***Psychiatric***

(1) Any mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with the safe performance of assigned duties.

(2) Diagnosis of alcoholism. Recovering alcoholics with a minimum of 1 year of sobriety are NOT considered disqualified.

(3) Use of a Schedule I drug, amphetamine, narcotic, or any other habit-forming drug or substance (excluding tobacco). Use is not disqualifying if the substance or drug is prescribed by a licensed medical practitioner who has advised the member that the prescribed drug will not adversely affect the member's ability to safely perform assigned duties.

(h) ***Special Studies.*** The following special studies are required:

(1) Hematocrit.

(2) Fasting blood glucose.

(3) Lipid profile and triglycerides (required for active duty, only if clinically indicated for civilian personnel).

(4) Urine, routine analysis.

(5) Eye examination.

(6) Tonometry if over age 40 (required for active duty, only if clinically indicated for civilian personnel).

(7) Audiogram.

(8) Electrocardiogram.

(i) ***Periodicity***

(1) Active duty military personnel who are explosive handlers or hazardous material vehicle operators will have a medical examination per the periodicity in article 15-11.

(2) Civilian employees who are explosives handlers or hazardous material vehicle operators will have a medical examination every 2 years.

(3) After age 60, all personnel will have annual medical examinations.

Section V
PHYSICAL DEFECTS AND WAIVERS

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15–72 Physical Defects

(1) The term physical defect is intended to include all defects, disorders, disabilities, or conditions which may be of significance in determining an applicant's physical qualification to perform the duties of grade, rating, or special qualification.

(2) All physical defects which have been noted will be recorded on the medical examination form. Each defect must be recorded in sufficient detail to show clearly its character, degree, and significance.

(3) If found NPQ, the cause or causes must be clearly established and recorded so as to be conclusive regarding the propriety of the rejection. Symptoms of disease are not to be noted as cause of disqualification if it is possible to arrive at a definite diagnosis. The member must be notified and provided an opportunity to rebut these findings in the Health Record, preferably on an SF-600.

(4) The various lists of defects are not intended to be all inclusive. They contain the most frequently occurring causes of being found NPQ for performance of duties and indicate the type of defects which are to be considered disqualifying.

15–73 Relative Significance of Physical Defects

(1) ***Waiver Not Required***. When the examiner, after evaluating a defect not specifically addressed in this chapter, considers it to be of little present or future significance and not to be disqualifying, the examiner need only record and describe the defect on the report of medical examination, then annotate the defect NCD.

(2) ***Waiver Required***. When a defect is considered to be disqualifying per the standards, but is of such nature as not to preclude the performance of duty, a waiver may be requested.

(3) ***Waiver Not Appropriate***. A waiver is not considered appropriate when a defect might constitute a menace or jeopardize health, general welfare, or safety or is of such a nature that the individual could not reasonably fulfill the purpose of employment in the naval service.

15-74 Procedure for Recommending Waiver

(1) ***General***. When preparing waiver requests, 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. Most delays involving waiver requests result from inadequate or insufficient information submitted regarding the defect, or inadequate information about the position or program in which the service member is participating.

(2) ***Personnel Authorized to Request Waivers***

(a) Commanding officer of the member, or of a hospital or clinic; examining or responsible medical officer; or, the service member may request a waiver.

(b) In certain cases the initiative to request or recommend a waiver will be taken by BUMED, CNRC, CMC, or BUPERS. In no case will this initiative be taken without informing the local command.

(3) ***Waiver Requests***. At a minimum, waiver requests will include a description of the defects in the appropriate sections of the SF-88, summarized in the diagnosis section, and the examiner's recommendation entered in item 75 of the SF-88. If additional space is needed use a continuation form. Also, the words WAIVER RECOMMENDED will be stamped, printed, or typed in bold letters on the upper right margin above item 3 of the SF-88. The commanding officer or officer in charge of the examining facility may indicate by forwarding an endorsement, agreement, or disagreement with the recommendations of the medical examiner. Final action on all recommendations for waiver of the physical standards is taken by BUPERS, CNRC, or CMC, as appropriate, upon the recommendation of BUMED. Until waiver determination is made, the status of examinees already qualified for duty will be determined by the examinee's commanding officer based on the recommendation of the cognizant medical officer. Applicants may not be processed for transfer until a written waiver has been received from the appropriate waiver authority and made part of the permanent Health Record.

(4) ***Conditional Waivers***. For the special circumstances involving physical examinations incident to the assignment of a Navy or Marine Corps reservist to active duty, a conditional waiver may be granted for any defects which in all probability will not interfere with the member's performance on the active list including active duty for training in excess of 30 days (excluding active duty for training of 30 days or less and involuntary training duty of 45 days). The conditional waiver carries with it the authority to consider the member physically qualified for active duty, including active duty for training in excess of 30 days, prior to final review of the records. When granted, the member will be so advised and the conditional waiver will be reported on the reverse of the SF-88. The reporting procedure is the same as any recommendation for waiver.

(5) ***Limitation of or Restrictions on Waivers***. Waiver requests for service members qualified for a special duty or program, who develop physical defects that exceed medical standards for their program or special duty, may be recommended for continuation of their duties in a limited or restricted status.

(6) ***Special Warfare, Diving or Any Hyperbaric Duty, Submarines***

(a) Regardless of who submits a waiver request, it must be forwarded via the chain of command. At each echelon in the chain of command a medical officer, if assigned, must review and comment on the waiver request.

(b) Upon proper request and with appropriate documentation a limited or restricted waiver may be recommended. To illustrate, a waiver could be recommended for a person who would not be expected to return for duty on board a submarine in remote waters. The individual could be required to embark on a submarine underway in local waters for short periods of time, e.g., weekly ops, on a temporary additional duty (TAD) status, where there is no risk to true operational missions. The modifying stipulations must be stated on the limited or restricted waiver recommendation and approval.

(1) To be considered most strongly is the risk of morbidity to the individual upon reoccurrence of the condition at sea or in the field.

(2) These waivers will be processed by the administrative chain of command, including BUMED recommendation and BUPERS or CMC approval.

(c) Request for phone or message waivers due to impending deployments may be made to BUMED, if there is agreement of the member's commanding officer, unit medical officer, and TYCOM medical officer.

(1) In all instances where an interim phone or message waiver is granted, all supporting medical documentation will be submitted to BUPERS via the chain of command and BUMED at the earliest possible time.

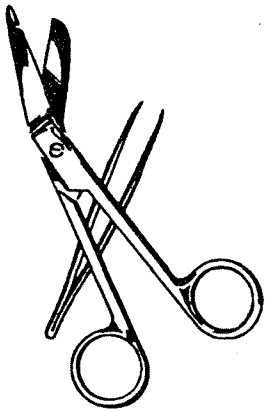
(2) When an interim phone waiver is granted it must be recorded on an SF-600 and placed in the individual's Health Record.

(7) ***Aviation Duty***. Should any aviation personnel fail to meet the standards for the type of duty assigned and the physical defect is expected to exist or has existed for greater than 30 days, a waiver of physical standards may be requested.

(a) Waiver requests for members of the reserves and reaffiliation waiver requests must be submitted to BUPERS via the CO and CNARF.

(b) If an individual is found medically disqualified for aviation duty, the examining flight surgeon will complete an SF-88 and SF-93 which must state the initial date of incapacitation, total estimated duration of incapacitation, and whether or not a waiver of the physical standards is recommended. All medical documentation regarding the disqualifying defect will be included with the waiver request.

(c) The waiver request must include the service member's current designation, qualifications, the nature of currently assigned duties, and what restrictions to duty (if any) are being requested (e.g., Service Group III, continental United States (CONUS) only, patrol maritime only, etc.). These requests will be forwarded to BUPERS or CMC via the NAVAEROSPMEDINST (Code 42).



15-75 Special Examination Requirements

(1) All naval medical examining facilities and examiners are directed to ensure that SF-88s and SF-93s are complete and contain an adequate evaluation of each defect noted, prior to submission of the reports to responsible reviewing authorities. This must include current consultations, laboratory reports, tissue reports, narrative summaries, operation reports, interval and summary physician reports, and medical boards.

(2) This article establishes guidelines relative to the additional medical information often required in connection with the medical examination.

(3) The following conditions, defects, and items of personal history will be thoroughly evaluated as indicated below.

ALBUMINURIA. A 24-hour urine tested for albumin. Report positive findings of albumin in mg percent.

AMPUTATION. Submit photographs and current orthopedic consultation demonstrating adequate functional capacity.

REACTIVE AIRWAY DISEASE (ASTHMA). Subsequent to age 12. Detailed report of reactive airway disease (asthma) and other atopic and allergic conditions of the examinee and their family and a statement from examiner on (1) number and approximate dates of attacks of bronchospasm or other allergic manifestations; (2) signs, symptoms, and duration of each attack; and (3) type and amount of bronco-dilating drugs used. Submit with PFT before, during, and after exercise, without use of bronchodilator.

BACKACHE. Back injury or wearing of back brace.Current orthopedic consultation and report on strength, stability, mobility, and functional capacity of back. Report of appropriate x-rays to be accomplished by a qualified physician. Transcript of any treatment from cognizant physician.

BLOOD PRESSURE or PULSE ABNORMALITY. Repeated pulse and blood pressure (sitting position) readings in the a.m. and p.m. for 3-5 days without prolonged rest or any sedation. Completion of all sections of SF-88 items 57 and 58.

CONCUSSION. See HEAD INJURY.

CONVULSIONS/SEIZURES, history of. Neurological consultation and electroencephalogram plus a transcript of any treatment from cognizant physician.

DIZZINESS or FAINTING SPELLS. Neurological consultation.

ENURESIS, after age 12. Comment on applicant's affirmative reply to question bed wetting to include number of incidents and age at last episode plus a detailed report of consultation by a psychiatrist or clinical psychologist for evaluation of maturity, emotional stability, and suitability for service.

ELEVATED BLOOD SUGAR. Daily fasting blood sugar for 3 days.

FLATFOOT, symptomatic. Current orthopedic or surgical consultation with detailed report on strength, stability, mobility, and functional capacity of foot. Report of appropriate x-rays are to be evaluated by a qualified physician. Current level of physical activity must be commented on.

GLAUCOMA. Current ophthalmology consultation to include tonometry and field of vision.

GLYCOSURIA. See elevated blood sugar.

HAY FEVER. Detailed report of hay fever and other allergic conditions and a statement from the cognizant personal physician on (1) number, severity, and duration of attacks of hay fever or any other allergic manifestations, and (2) type and amount of drugs used in treatment thereof.

HEADACHES, frequent or severe. Neurological consultation.

HEAD INJURY, with loss of consciousness in past 5 years. Electroencephalogram, neurological consultation and clinical abstract of treatment from cognizant physician.

HEARING LOSS. Obtain ENT consult and a post 1-week noise free audiogram.

HEMATURIA. Medical consultation with evaluation report including appropriate laboratory studies and complete urological evaluation if examining physician believes it is indicated.

HEPATITIS. Internal medicine consultation.

JAUNDICE, in past 5 years. Serum bilirubin and liver function study.

JOINT, KNEE, internal derangement. Current orthopedic consultation and report on strength, stability, mobility, and functional capacity of knee. Report of appropriate x-rays, together with comparative measurement of the thighs, knees, and legs, to be accomplished by a qualified physician. And, if surgically corrected, operative report and narrative summary.

JOINT, SHOULDER, dislocation. Current orthopedic consultation and report on strength, stability mobility, and functional capacity of shoulder. Report of appropriate x-rays. And if surgically corrected, operative report and narrative summary.

MALOCCLUSION, TEETH. Report of examination by a dentist with comment as to whether incisal and masticatory function is sufficient for satisfactory ingestion of the ordinary diet, and statement as to presence and degree of facial deformity with jaw in natural position.

MASTOIDECTOMY. Current ENT consultation to include audiogram and operative report and narrative summary.

MOTION SICKNESS. Detailed report of all occurrences of motion sickness (such as air, train, sea, swing, carnival ride), and the age at time of last occurrence and degree of exposure since.

NASAL POLYPS. ENT consultation, with comment as to date polyps removed if no longer present. Detailed report by cognizant physician on allergic history, manifestations, and required medication.

NEUROPSYCHIATRIC. Attempted suicide, loss of memory, amnesia, frequent trouble sleeping, depression, excessive worry, nervous trouble of any sort. A detailed report of consultation by psychiatrist for evaluation of maturity, emotional stability, and suitability for service.

SKULL FRACTURE, in past 5 years. See HEAD INJURY.

SLEEPWALKING, after age 12. Detailed comment by physician. Comment on applicant's affirmative reply to question "been a sleepwalker" to include number of incidents and age at last episode and a detailed report of consultation by psychiatrist for evaluation of maturity, emotional stability, and suitability for service.

SQUINT. Examination for degree of strabismus and presence of complete and continuous 3 dimensional degree binocular fusion. Request completion of SF-88 items 62 and 65 and notation of degree of strabismus.

STUTTERING or STAMMERING. Report of reading aloud test and a detailed report of consultation by psychiatrist for evaluation of maturity, emotional stability, and suitability for service.

TRICK KNEE. See JOINT KNEE.

URINARY TRACT STONES. Nephrology or urology consultation including a determination of etiology and composition of stone and any pertinent predisposing factors.

VERTEBRA, fracture or dislocation. Current orthopedic consultation and report on strength, stability, mobility, and functional capacity of spine. Report of appropriate x-rays to be accomplished by a qualified physician.

Section VI

ANNUAL HEALTH MAINTENANCE EXAMINATION RECOMMENDATIONS FOR ACTIVE DUTY MEMBERS

Article		Page
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15-76 Active Duty Women

(1) ***Purpose.*** To provide annual health maintenance examination recommendations for all female active duty members.

(2) ***General.*** Policies and procedures for the medical care of nonactive duty beneficiaries, including reservists are addressed in NAVMEDCOMINST 6320.3B.

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

(a) ***Papanicolaou smear (except for women in whom the cervix is absent, e.g., post-hysterectomy).***

(b) ***Pelvic examination.***

(c) ***Breast examination.***

(d) ***Blood pressure measurement.***

(e) ***Mammography***

(1) ***A baseline mammogram*** is recommended for all women age 40.

(2) ***A screening mammogram*** is recommended for all women every 1 to 2 years between the ages of 40 and 49, and yearly for all women age 50 and older.

(3) ***For high risk women,*** such as women who have a family history of breast cancer in a first degree relative, baseline mammography should begin at age 35 (or sooner if clinically indicated) and then be performed annually.

(f) ***Family Planning, Contraceptive Counseling, and Sexually Transmitted Disease (STD) Prevention Counseling***

(1) This counseling should be performed during every annual health maintenance examination.

(2) Counseling should include information on the availability and efficacy of all birth control methods (including abstinence and emergency contraception) to prevent pregnancy; and the ability of different contraceptive methods to protect against STDs and human immunodeficiency virus (HIV) infection.

(3) Health care providers should follow current Centers for Disease Control and Prevention guidelines for the screening and treatment of STDs.

(4) Counseling should be provided regarding risky sexual behavior, the prevention of unplanned pregnancies, and STDs including HIV.

(g) ***Health Promotion Counseling***

(1) This counseling should be a part of every health maintenance examination.

(2) Counseling should include information on nutrition (including folic acid and calcium supplements), exercise and injury prevention, substance abuse, and physical or sexual abuse.

(4) ***Exceptions to Examination Recommendations.*** When a health care provider determines a woman does not require a portion of the annual health maintenance examination, the provider should discuss the basis for that recommendation and advise her of the timeframe for, and the content of, the next examination. Exceptions should be documented in the medical record on an SF-600.

(5) *Notification of Results*

(a) ***Papanicolaou Smear Results.*** The results of the Papanicolaou smear should be provided to the patient within 30 days of the smear being obtained at all naval hospitals, medical clinics, and branch medical clinics (excluding nonclaimancy 18 facilities). The results of Papanicolaou smears obtained at sites other than claimancy 18 facilities should be provided to the patient within 30 days.

(b) *Mammogram Results*

(1) ***Screening mammogram*** results should be provided to the patient within 14 days of the mammogram being performed.

(2) ***Diagnostic mammogram*** (e.g., for evaluation of a lump) results should be provided to the patient within 5 days of the mammogram being performed.

(6) ***Responsibility.*** Active duty female members are responsible for making and keeping appointments for the recommended annual health maintenance examination components.

(7) ***Form.*** SF-600 is available on the GSA Web site at http://contacts.gsa.gov/webforms.nsf/(formslist)?openform&count=1000&category= Standard+Forms&expandview.