
15-105

Special Operations

(1) **Characteristics.** Special Operations (SO) duty involves diving (including combat swimming, lock-in/lock-out, free ascent, and breath-hold swimming), parachuting (including basic, military free-fall, and high altitude low opening), static line rappelling, high speed boat operations, and employment of a variety of weapons. These activities are performed in every part of the world under harsh conditions with austere medical capabilities, often in the presence of armed opposition.

(2) **Applicability.** Current and prospective members of the following communities (whether Navy, U.S. non-Navy, or foreign national):

- (a) Navy Sea, Air, and Land personnel (SEAL).
- (b) Special Warfare Combatant Craft Crewmen (SWCC).
- (c) USMC Force Reconnaissance
- (d) USMC Forces Special Operations Command personnel (MARSOC).
- (e) Explosive Ordnance Disposal (EOD).

(3) **Examinations.**

(a) **Periodicity.** Within 24 months prior to reporting for initial training, every five years thereafter on the birthday plus or minus 90 days, and prior to returning to SO duty after a period of disqualification.

(b) **Scope.**

(1) The examination shall consist of a completed, comprehensive Medical History (DD 2807) and Medical Examination (DD 2808) with special attention to organ systems which affect the member's ability to function safely and effectively in the SO environment. The examiner shall comment specifically on presence or absence of TM movement with the Valsalva maneuver. The neurologic exam shall be fully documented, with deep tendon reflexes noted on a standard stick figure.

(2) Within 3 months prior to the exam date following must be accomplished:

- (a) Chest x-ray (PA and lateral).
- (b) 12-lead electrocardiogram.
- (c) Audiogram.
- (d) Type 2 dental exam.
- (e) Visual acuity (with refraction of worse than 20/20 in both eyes and tonometry if age 40 or greater).
- (f) Color vision.
- (g) Depth perception.
- (h) CBC.
- (i) Fasting blood glucose.
- (j) Urinalysis with microscopic examination.

(c) **Surveillance Examinations.** All members on SO duty shall have an annual Preventive Health Assessment (PHA) in accordance with SECNAVINST 6120.3 series. This

will include recommended preventive health examinations. For designated SO personnel, the annual PHA will include documentation of skin cancer screening. Additionally, all designated SO personnel shall have a surveillance audiogram at least every 5 years. If at any time a persisting significant threshold shift is documented, follow-up per occupational health and audiology requirements is mandated and surveillance must subsequently occur at a minimum of every 2 years.

(d) **Examiners.** Examinations may be performed by any physician, physician assistant, or nurse practitioner with appropriate clinical privileges. Examinations not performed by a UMO shall be reviewed and co-signed by a UMO. All reviewing authority signatures must be accompanied by the “UMO” designation. A UMO is defined as a medical officer who has successfully completed the entire Undersea Medical Officer Course conducted by the Naval Undersea Medical Institute.

(4) **Standards.** The standards delineated in this article define the conditions which are considered disqualifying for SO duty. The standards delineated in Chapter 15, Section III (General Standards, some of which are restated below for emphasis) are universally applicable to all SO duty personnel. Undersea Medical Officers (UMO's), based on their specialty training and subject matter expertise, are charged with applying these standards to ensure that all SO duty personnel are physically and mentally ready to perform their duties without limitation. The standards listed in this article take precedence over any General Standard where a conflict exists.

(a) **General**

(1) Any disease or condition causing chronic or recurrent disability or frequent health care encounters, increasing the hazards of isolation, or having the potential for significant exacerbation by extreme weather, stress, or fatigue is disqualifying. Conditions and treatments causing a significant potential for disruption of operations are disqualifying.

(2) Any disease or condition that may be significantly exacerbated by the hyper/hypobaric environment is disqualifying.

(3) For candidates, daily or frequent use of any medication is disqualifying. For designated SO personnel, use of any medication that may compromise mental or behavioral function, limit aerobic endurance, or pose a significant risk of mentally or physically impairing side effects is disqualifying. Any requirement for a medication that necessitates close monitoring, regular tests, refrigeration, or parenteral administration on a biweekly or more frequent basis is disqualifying. Requirement for medication which would pose a significant health risk if suddenly stopped for a month or more is disqualifying. Use of psychotropic medications for any reason is disqualifying with the two exceptions outlined below:

(a) The use of psychotropic medications for 30 days or less in the treatment of tobacco addiction is not disqualifying. Use of any medication for the purpose of tobacco cessation that may significantly impair fitness for duty (e.g. varenicline (Chantix)) requires that the individual be limited to administrative duties while on the medication.

(b) For qualified SO personnel, a course of psychotropic medication of up to 60 days used strictly for acute situational stress reaction or adjustment disorder under formal supervision by a mental health provider is not disqualifying if the cognizant UMO and the commanding officer both concur in writing that the individual has potential to return to full duty in that period. Use of medication beyond 60 days is disqualifying, but waiver may be considered on a case by case basis. In all cases, personnel shall be limited to administrative duties while on a psychotropic medication until waiver has been granted.

(b) **Ear, Nose, and Throat**

(1) Sleep apnea with cognitive impairment or daytime hypersomnolence is disqualifying.

(2) Vertigo, Meniere's syndrome, or other inner ear disorders of sufficient severity to interfere with satisfactory performance of duties are disqualifying.

(3) Chronic or recurrent motion sickness is disqualifying.

(4) Atresia of more than 25 percent of the external auditory canal is disqualifying.

(5) Any history of middle ear surgery except tympanoplasty is disqualifying.

(6) Chronic eustachian tube dysfunction or inability to equalize middle ear or sinus pressure is disqualifying.

(7) Unilateral tinnitus that significantly interferes with hearing is disqualifying.

(8) Any history of inner ear pathology or surgery, including but not limited to endolymphatic hydrops or true Meniere's disease, is disqualifying.

(9) Abnormalities precluding the comfortable use of diving or other required equipment, including headgear, mouthpiece, or regulator, is disqualifying.

(10) Any laryngeal or tracheal framework surgery is disqualifying.

(11) Hearing that does not meet accession standards in at least one ear is disqualifying.

(c) **Dental.** DoD dental classification other than 1 or 2 is disqualifying.

(1) Any chronic condition that necessitates frequent episodes of dental care is disqualifying.

(2) Need for any prosthesis or appliance the loss of which could pose a threat to hydration or nutrition is disqualifying.

(3) Any condition, prosthesis, or appliance that interferes with use of underwater breathing apparatus is disqualifying.

(d) **Eyes**

(1) Corrected visual acuity worse than 20/25 in each eye is disqualifying.

(2) Uncorrected visual acuity worse than 20/70 either eye is disqualifying.

(3) Uncorrected visual acuity worse than 20/40 in the better eye is disqualifying.

(4) The visual acuity standard is not waivable for SEAL duty. For other categories of SO duty, waiver may be considered provided the uncorrected visual acuity is no worse than 20/200 in either eye.

(5) Deficient color vision as determined in accordance with article 15-36(1)(d) is disqualifying.

(6) Deficient night vision from any cause is disqualifying.

(7) Deficient depth perception from any cause is disqualifying.

(8) Photorefractive keratectomy (PRK), laser-assisted in-situ keratomileusis (LASIK), LASEK, intraocular lens implants, or hard contact lens wear for keratoconus within the preceding 3 months are disqualifying for candidates. Visual result from appliance or surgery must meet the above corrected acuity standards and the patient must be discharged from ophthalmology follow-up with a disposition of "fit for full duty." Qualified SO service members may return to duty 1 month after refractive corneal or intraocular lens implant surgery if they are fully recovered from surgery and have an acceptable visual outcome. No waiver is required in these cases.

(9) Glaucoma is disqualifying.

(10) Presence of a hollow orbital implant is disqualifying.

(11) Any acute or chronic recurrent ocular disorder which may interfere with or be aggravated by hyperbaric exposure or repetitive deceleration such as parachute opening or boat pounding is disqualifying.

(12) Radial keratotomy is disqualifying.

(e) **Pulmonary.** Any chronic or recurring condition which limits capacity for extremely strenuous aerobic exercise in extremes of temperature and humidity including, but not limited to, pulmonary fibrosis, fibrous pleuritis, lobectomy, neoplasia, or infectious disease process, including coccidioidomycosis is disqualifying.

(1) Chronic obstructive or restrictive pulmonary disease, active tuberculosis, reactive airway disease or asthma after age 13, sarcoidosis, and spontaneous pneumothorax are disqualifying. Traumatic pneumothorax, pulmonary barotrauma, and chest tube placement are disqualifying. Waivers will be considered for traumatic pneumothorax at least 6 months after removal of the chest tube with submission of the following:

- (a) Normal chest x-ray.
- (b) Normal spirometry.
- (c) Normal chest CT.
- (d) Fit for SO duty recommendation from a pulmonologist.
- (e) Favorable evaluation by a UMO.

(2) Positive tuberculin skin testing (TST) is disqualifying unless the individual has had a fully documented course of antibiotic treatment for latent tuberculosis infection (LTBI) and a full evaluation to rule out active disease, including chest x-ray. History of Bacille Calmette-Guérin (BCG) vaccination does not remove this requirement. Due to the extraordinary stresses and close quarters of SO training, care must be taken to prevent potential activation of LTBI in training. Standards for testing for and management of LTBI vary widely among nations. To ensure uniformity and student safety, foreign nationals must be tested by U.S. standards and receive documented treatment to the same standard as U.S. nationals prior to acceptance into training. Treatment of all personnel with a positive TST shall be in accordance with BUMEDINST 6224 8 series. Qualified SO personnel who experience TST conversion require evaluation to rule out active disease and must complete at least two months of therapy prior to return to full duty. No waiver is required in uncomplicated cases without evidence of active tuberculosis.

(f) **Cardiovascular.** Any condition that chronically, intermittently, or potentially impairs exercise capacity or causes debilitating symptoms is disqualifying. Specific conditions include, but are not limited to:

- (1) Cardiac dysrhythmia (single episode, recurrent, or chronic) other than 1st degree heart block.
- (2) Atherosclerotic heart disease.
- (3) Pericarditis, chronic or recurrent.
- (4) Unexplained or recurrent syncope.
- (5) Myocardial injury or hypertrophy of any cause.
- (6) Chronic anticoagulant use.
- (7) Intermittent claudication or other peripheral vascular disease.
- (8) Thrombophlebitis.
- (9) Hypertension requiring three or more medications or associated with any changes in any organ system. Each active ingredient of a combination preparation shall be considered a separate medication.
- (10) History of cardiac surgery other than closure of patent ductus arteriosus in infancy.
- (11) Presence of patent foramen ovale (PFO) is not, in itself, disqualifying.

(g) **Skin.** Any chronic condition which requires frequent health care encounters, is unresponsive to topical treatment, causes long term compromise of skin integrity, interferes with the wearing of required equipment, clothing, or camouflage paint, or which may be exacerbated by sun exposure is disqualifying.

(g) **Gastrointestinal.** GI disorders compromising nutritional or hydration status, causing recurrent abdominal pain (regardless of etiology), or resulting in recurrent or chronic vomiting, fecal incontinence, or constipation are disqualifying. Specific conditions include, but are not limited to:

(1) Inflammatory bowel disease, irritable bowel syndrome, malabsorption syndromes.

(2) Cholelithiasis.

(3) Peptic ulcer disease unless asymptomatic, off medication, and on unrestricted diet for at least 2 months.

(4) Recurrent or chronic pancreatitis.

(5) Esophageal stricture requiring more than one dilation.

(6) Chronic hepatitis of any etiology.

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

(1) Any history of heat stroke is disqualifying for SO candidates. Recurrent heat stroke (two or more episodes) is disqualifying for designated SO personnel.

(2) Diabetes mellitus is disqualifying.

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

(b) Diabetes mellitus controlled without the use of insulin may be considered for a waiver. Waiver requests must include documentation of current medications, current hemoglobin A1C level, and documentation of the presence or absence of any end organ damage..

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

(4) Two episodes of nephrolithiasis or a single episode due to a chronic metabolic abnormality is disqualifying for candidates. Three episodes for designated SO personnel is disqualifying.

(5) Symptomatic hypoglycemia is disqualifying for candidates. Recurrent episodes are disqualifying for designated SO personnel.

(6) Chronic use of corticosteroids is disqualifying.

(i) **Genitourinary.** Urinary incontinence, renal insufficiency, recurrent urinary tract infections, chronic or recurrent scrotal pain is disqualifying.

(j) **Musculoskeletal.** Any condition which limits ability to perform extremely strenuous activities (weight-bearing and otherwise) for protracted periods is disqualifying.

(1) Requirement for any medication, brace, prosthesis, or other appliance to achieve normal function is disqualifying.

(2) Any injury or condition which results in limitations despite full medical and/or surgical treatment is disqualifying.

(3) Any condition which necessitates frequent absences or periods of light duty is disqualifying.

(4) Back pain, regardless of etiology, that is chronically or recurrently debilitating or is exacerbated by performance of duty is disqualifying.

(5) Radiculopathy of any region or cause and any history of spine surgery is disqualifying.

(6) Chronic myopathic processes causing pain, atrophy, or weakness is disqualifying.

(7) For initial training: fracture (including stress fracture) within the preceding 3 months or any bone or joint surgery within the preceding 6 months is disqualifying.

(8) Any condition which may confound the diagnosis of a diving injury is disqualifying.

(9) History, documentation, or radiographic findings of osteonecrosis, particularly dysbaric osteonecrosis is disqualifying.

(10) Any partial or complete amputation is disqualifying.

(k) **Neurologic/Psychiatric.** Any chronic or recurrent condition resulting in abnormal motor, sensory, or autonomic function or in abnormalities in mental status, intellectual capacity, mood, judgment, reality testing, tenacity, or adaptability is disqualifying.

(1) Migraine (or other recurrent headache syndrome) which is frequent and debilitating, or is associated with changes in motor, sensory, autonomic, or cognitive function is disqualifying.

(2) Seizure disorder or history of seizures other than single childhood febrile seizure is disqualifying.

(3) Peripheral neuropathy due to systemic disease is disqualifying. Impingement neuropathy (e.g., carpal tunnel syndrome) is not disqualifying if a surgical cure is achieved. Small, isolated patches of diminished sensory function are not disqualifying if not due to a systemic or central process, but must be thoroughly documented in the health record.

(4) Speech impediments (stammering, stuttering, etc.) that impair communication are disqualifying.

(5) Any history of surgery involving the central nervous system is disqualifying.

(6) Cerebrovascular disease including stroke, transient ischemic attack, and vascular malformation is disqualifying.

(7) Closed head injury is disqualifying if there is:

(a) Cerebrospinal fluid leak.

(b) Intracranial bleeding.

(c) Depressed skull fracture with dural laceration.

(8) History of post-traumatic amnesia (PTA) from closed head injury is disqualifying per the following schedule:

(a) PTA less than 60 minutes is disqualifying for at least 1 month. A normal brain MRI and normal examination by a neurologist or neurosurgeon is required before return to duty. If 2 years has elapsed since the injury, MRI is required, specialty consultation is not.

(b) PTA lasting 1 to 24 hours is permanently disqualifying for candidates. Waiver may be entertained for designated SO personnel after 1 year if brain MRI and neurologic and neuro-psychological evaluations are normal.

(c) PTA greater than 24 hours is permanently disqualifying for candidates. Waiver may be entertained for designated SO after 2 years if brain MRI and neurologic and neuro-psychological evaluations are normal.

(9) History of penetrating head injury is disqualifying

(10) Alcohol abuse or dependence is disqualifying. Waiver may be entertained after completion of treatment and 1 year of aftercare. Relapse is permanently disqualifying.

(11) Illegal drug use is disqualifying in qualified SO personnel. Illegal drug use for candidates is disqualifying if 3 years has not elapsed since last use.

(12) Decompression Sickness/Arterial Gas Embolism:

(a) In SO duty candidates, any prior history of decompression sickness (DCS) or arterial gas embolism (AGE) is disqualifying.

(b) Designated SO personnel with **any** DCS (including joint pain or skin changes) shall:

1. Have a UMO entry in their medical record describing the condition and treatment.

2. Be evaluated by a cardiologist for the presence of PFO, with the results documented in the medical record.

(c) SO personnel with AGE or DCS Type II which resolves on initial treatment and who remain asymptomatic may be cleared by a UMO for return to SO duty 30 days following treatment.

(d) Neurologic deficits persisting beyond initial treatment are disqualifying. Waiver may be considered with the following provisions:

1. Magnetic resonance imaging (MRI) of the brain with or without spinal cord (as indicated clinically) shall be obtained within 1 week of the time of the injury.

2. If initial MRI is negative and symptoms are resolved, the service member may be returned to duty 30 days post-incident following documentation in the health record and interim waiver for return to SO duty by Bureau of Medicine and Surgery, Undersea Medicine and Radiation Health (BUMED).

3. If initial MRI reveals abnormalities or the individual has continued residual symptoms, he will remain NPQ for SO duty until a waiver is obtained from the Bureau of Naval Personnel (BUPERS) for resumption of SO duty. The work up shall include, at minimum:

a. Initial MRI (within 1 week).

b. Follow-up MRI at 1 month.

c. Neurology consult.

(1) ***Miscellaneous.***

(1) Cancer treatment (except excision of skin cancer) within the preceding year is disqualifying. Waiver may be entertained for earlier return to duty if the commanding officer concurs with the individual has had a return of physical capability.

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

(3) Allergy to environmental substances, inability to wear required gear, clothing, or camouflage paint, and life threatening allergic reaction to medications are disqualifying.

(4) Chronic or recurrent idiopathic pain syndromes that may mimic serious disease (e.g., abdominal pain, chest pain, and headache) are disqualifying.

(5) ***Waivers.*** Requests for waiver of physical standards will be sent from the member's Commanding Officer to the appropriate BUPERS code via BUMED and any applicable ISIC and/or TYCOM. Interim dispositions may be granted by BUMED via de-identified or encrypted email. In these cases, BUMED must receive the formal waiver package within six months after the interim disposition is given. BUMED's final recommendation shall be based on the member's status at the time the formal package is considered, and may differ from an interim recommendation if there has been a change in the member's condition or if information presented in the formal package dictates a change in recommendation.