

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

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To: Holders of the Manual of the Medical Department

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

a. Changes noted for MANMED article 15-102:

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

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

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

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

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

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

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

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

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

b. Changes noted for MANMED article 15-103:

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

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

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

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

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

(6) Updates guidance on submission of waivers.

c. No changes to MANMED article 15-104.

d. Changes noted to MANMED article 15-105:

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

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

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

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

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

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

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

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

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

e. Changes noted to MANMED article 15-106:

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

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

(3) Clarifies definition of submariner versus candidate.

(4) Eyes. Amplifies guidance regarding iritis.

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

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

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

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

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

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

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

2. Action

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

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



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Section IV

SPECIAL DUTY EXAMINATIONS AND STANDARDS

Article	Page
15-62 Purpose of Aeromedical Examinations	15-50
15-63 Classes of Aviation Personnel	15-50
15-64 Authorized Examiners	15-51
15-65 Applicant, Student, and Designated Standards	15-51
15-66 Physically Qualified (PQ) and Not Physically Qualified (NPQ)	15-51a
15-67 Aeronautical Adaptability (AA)	15-52
15-68 The Field Naval Aviator Evaluation Board, Field Naval Flight Officer Evaluation Board, and Field Flight Performance Board	15-52
15-69 The Aeromedical Reference and Waiver Guide	15-53
15-70 Examination Frequency and Period of Validity	15-53
15-71 Complete Aeromedical Examination (Long Form)	15-53
15-72 Abbreviated Aeromedical Examination (Short Form)	15-54
15-73 Check-In Examinations	15-54
15-74 Post-Grounding Examinations	15-55
15-75 Post-Hospitalization Examinations	15-55
15-76 Post-Mishap Examinations	15-55
15-77 Forms and Health Record Administration	15-55

Article	Page
15-78 Submission of Examinations for Endorsement	15-56
15-79 Disposition of Personnel Found NPO	15-57
15-80 Local Board of Flight Surgeons (LBFS)	15-58
15-81 Special Board of Flight Surgeons	15-59
15-82 Senior Board of Flight Surgeons (SBFS)	15-59
15-83 Standards for Aviation Personnel	15-60
15-84 Disqualifying Conditions for all Aviation Duty	15-60
15-85 Class I: Personnel Standards	15-64
15-86 Student Naval Aviator (SNA) Applicants	15-65
15-87 Class II Personnel: Designated Naval Flight Officer (NFO) Standards	15-66
15-88 Class II Personnel: Applicant Naval Flight Officer (NFO) Standards	15-66
15-89 Class II Personnel: Designated Naval Flight Surgeon, Naval Aerospace Medicine Physician Assistant, Naval Aerospace Physiologist, Naval Aerospace Experimental Psychologist, and Naval Aerospace Optometrist Standards	15-67
15-90 Class II Personnel: Applicant Naval Flight Surgeon, Naval Aerospace Medicine Physician Assistant Naval Aerospace Physiologist, Naval Aerospace Experimental Psychologist, and Naval Aerospace Optometrist Standards	15-67
15-91 Class II Personnel: Designated and Applicant Naval Aircrew (Fixed Wing) Standards	15-68
15-92 Class II Personnel: Designated and Applicant Naval Aircrew (Rotary Wing) Standards	15-68
15-93 Class III Personnel: Designated and Applicant Aerospace Physiology Technician Standards	15-68
15-94 Class III Personnel: Non-Disqualifying Conditions	15-69

Article		Page
15-95	Class III Personnel: ATCs-Military and Department of the Navy Civilians, Designate, and Applicant Standards	15-69
15-96	Class III Personnel: Critical Flight Deck Personnel Standards (Director, Spotter, Checker, Non-Pilot Landing Safety Officer and Helicopter Control Officer, and Any Other Personnel Specified by the Unit Commanding Officer)	15-70
15-97	Class III Personnel: Non-Critical Flight Deck Personnel Standards	15-70
15-98	Class III Personnel: Personnel Who Maintain Aviator Night Vision Standards	15-71
15-99	Class III Personnel: Water Survival Training Instructors (NAWSTI) and Rescue Swimmer School Training Programs Standards	15-71
15-100	Class IV Personnel: Applicant Active Duty and DON/DoD-GS Unmanned Aircraft Systems (UAS) Operator Standards [Air Vehicle Operators (AVO), Sensor Operators (SO), Mission Payload Operators (MPO), and Unmanned Aircraft Systems Commanders (UAC)]	15-72
15-101	Selected Passengers, Project Specialists, and Other Personnel	15-72
15-102	Diving Duty Examinations and Standards	15-73
15-103	Nuclear Field Duty	15-78
15-104	Occupational Exposure to Ionizing Radiation	15-82
15-105	Naval Special Warfare and Special Operations (NSW/SO)	15-82
15-106	Submarine Duty	15-91
15-107	Explosives Handler and Explosives Motor Vehicle Operator Examinations and Standards	15-94
15-108	Landing Craft Air Cushion (LCAC) Medical Examinations	15-96
15-109	Landing Craft Air Cushion (LCAC) Medical Standards	15-98
15-110	Firefighting Instructor Personnel Examinations and Standards	15-104

15-62**Purpose of Aeromedical Examinations**

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

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

15-63**Classes of Aviation Personnel**

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

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

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

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

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

(b) **Class II.** Aviation personnel other than designated naval aviators or student naval aviators including naval flight officers (NFO), technical observers, naval flight surgeons (NFS), aerospace physiologists (AP), aerospace experimental psychologists (AEP), naval aerospace optometrists, naval aircrew (NAC) members, and other persons ordered to duty involving flying.

(c) **Class III.** Members in aviation-related duty not requiring them to personally be airborne including Air Traffic Controllers (ATC), flight deck, and flight line personnel.

(d) **Class IV.** Unmanned Aircraft Systems (UAS) Operators. Active duty and DON/DoD-GS members in aviation-related duty not required to personally be airborne including: Air vehicle operators (AVO), sensor operators (SO), mission payload operators (MPO), and unmanned aircraft commanders (UAC).

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

15-102**Dividing Duty**

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

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

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

(b) Aviation duty personnel (applicant or designated) with documented medical concerns about their ability to safely tolerate barometric changes, secondary to post-surgical or other otorhinolaryngological conditions, but with an otherwise current aviation duty medical examination, may be evaluated with a modified Diver Candidate Pressure Test, as defined

by the U.S. Navy Diving Manual. A diving duty physical examination is not required under these conditions. This test should only be performed upon written request or referral from a designated flight surgeon and directly supervised by an undersea medical officer (UMO).

(3) **Examinations**

(a) **Periodicity.** Within 2 years of application for initial training. Periodicity between examinations will not exceed 5 years up to age 50. After age 50, periodicity will not exceed 2 years, e.g., an individual examined at age 46 would be re-examined at age 51, an individual examined at age 47, 48, 49, or 50 would be re-examined at age 52. Beginning at age 60, the examination is required annually. Diving duty examinations must be performed no later than 1 month following the anniversary date (month and year) of the previous physical examination date. For example, for an examination performed on a 20-year old on 15 February 2018, the next examination must be completed by 31 March 2023. A complete physical examination is also required prior to returning to diving duty after a period of disqualification. In addition to the special duty examination:

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

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

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

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

(a) Within 3 months of the exam date:

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

2. Electrocardiogram.

3. Audiogram (current within last 12 months).

4. DoD Type 2 Dental Examination (current within last 12 months).

5. Latent tuberculosis infection (LTBI) screening within 6 months of exam date. (LTBI screening/testing is detailed in BUMEDINST 6224.8 series).

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

7. Complete blood count (CBC).

8. Urinalysis.

9. Fasting blood glucose.

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

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

1. Blood type.

2. Glucose-6-Phosphate Deficiency (G6PD).

3. Sickle cell.

(2) In addition to any applicable BUMEDINST 6230.15 series (Immunization and Chemoprophylaxis) requirements, all diver candidates and designated divers must be immunized against both Hepatitis A and B. Diver candidates must have two doses of Hepatitis A immunization and at least the first two out of three doses of Hepatitis B immunization prior to the start of diver training. The third Hepatitis B immunization must be administered prior to assignment to an operational unit. If documentation of completed immunization is lacking or in doubt, demonstration of serological immunity is sufficient to meet this requirement.

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

(4) *Standards.* The standards delineated in this article define the conditions which are considered disqualifying for diving duty. The standards delineated in Chapter 15, Section III (General Standards) are universally applicable to all diving duty candidates. Certain of the General Standards are applicable to continued qualification for diving duty whereas others are not. UMOs, based on their specialty training and subject matter expertise, are charged with applying the General Standards to qualified diving personnel when appropriate to ensure physical and mental readiness to perform their duties without limitation. Standards in this article take precedence over General Standards where conflicts exist.

(a) **General.** Any disease or condition that causes chronic or recurring disability for duty assignment or has the potential of being exacerbated by the hyperbaric environment or diving duty is disqualifying.

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

(1) Chronic Eustachian tube dysfunction or inability to equalize middle ear pressure is disqualifying.

(2) Any persistent vertigo, disequilibrium, or imbalance with inner ear origin is disqualifying.

(3) Maxillofacial or craniofacial abnormalities precluding the comfortable or effective use of diving gear including headgear, mouthpiece, or regulator is disqualifying.

(4) Obstructive Sleep Apnea (OSA) with cognitive impairment or daytime hypersomnolence is disqualifying. Individuals whose OSA is adequately treated (i.e., asymptomatic) using continuous positive airway pressure (CPAP) or by other non-surgical interventions meet physical standards and do not require a waiver.

Note: CPAP equipment is not certified for use in recompression chambers. Therefore, any diver with a diagnosis of OSA whose treatment plan includes CPAP is precluded from participation in saturation diving evolutions. Such an individual opting not to use a prescribed medical device does not obviate this restriction.

(5) History of inner ear pathology or surgery, including but not limited to vertigo, Meniere's disease or syndrome, endolymphatic hydrops, or tinnitus of sufficient severity to interfere with satisfactory performance of duties is disqualifying.

(6) Chronic or recurrent impairment due to moderate or severe motion sickness is disqualifying.

(7) External auditory canal exostosis or atresia that results in recurrent external otitis or precludes adequate visualization of the tympanic membrane is disqualifying.

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

(9) History of inner ear barotrauma is disqualifying.

(10) History of sinus surgery (e.g., functional endoscopic sinus surgery (FESS)) is disqualifying.

(11) Hearing in the better ear must meet standards for initial acceptance for active duty as specified in MANMED article 15-38(2). While not disqualifying for diving duty, unilateral high-frequency hearing loss should receive appropriate otology evaluation and surveillance monitoring. Required use of hearing aids is disqualifying.

(12) Designated divers with full recovery from either tympanic membrane perforation or acute sinusitis may be reinstated at the discretion of the UMO.

(c) **Dental**

(1) Any defect of the oral cavity or associated structures that interferes with the effective use of an underwater breathing apparatus is disqualifying.

(2) All divers must be DoD dental Class 1 or 2 for diving duty.

(d) **Eyes and Vision**

(1) All Divers must have a minimum corrected visual acuity of 20/25 in one eye.

(2) Minimum uncorrected visual acuity:

(a) Uncorrected visual acuity requiring more than +/- 8.00 diopters correction in both eyes is disqualifying for UMOs, U.S. Army diving medical officers (DMO), basic diving officers (BDO), self-contained underwater breathing apparatus (SCUBA) divers, and non-diving occupational hyperbaric workers.

(b) Uncorrected visual acuity worse than 20/200 in either eye is disqualifying for all other divers.

(3) MANMED Chapter 15-105 provides additional visual acuity standards for special operations personnel.

(4) Photorefractive keratectomy (PRK), laser-assisted in-situ keratomileusis (LASIK), laser epithelial keratomileusis (LASEK) or intraocular lens implants (including Collamer) within the preceding 3 months are disqualifying for diving candidates only. Stable results from appliance or surgery must meet (see paragraph (4)(d)(1)-(3)) corrected visual acuity standards and the patient must be discharged from ophthalmology follow up with a disposition of "fit for full duty" and requiring no ongoing treatment. Designated divers may return to duty 1 month after refractive corneal or intraocular lens implant surgery

if they are fully recovered from surgery and have acceptable visual acuity per paragraph (4)(d)(1)-(3) of this article. No waiver is required, provided these respective time constraints are met, for either candidates or designated divers. Depth perception deficits are not disqualifying.

(5) Adverse refractive changes attributed to orthokeratology, which persist >6 months after cessation of treatment, are disqualifying.

(6) Lack of adequate color vision (MANMED article 15-36, paragraph (1)(d)) is disqualifying. Waivers will be considered for Navy SEALs, UMOs, USMC divers, ship or boat divers, underwater constructors, hyperbaric chamber workers, and sonar dome entry personnel and candidates.

(7) History of Radial Keratotomy (RK) is disqualifying.

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

(1) A history of symptomatic atherosclerotic heart disease.

(2) A history of myocardial injury or hypertrophic cardiomyopathy.

(3) A history of chronic or recurrent pericarditis. A single episode must be completely resolved prior to initiation of training or return to duty and may be cleared by a UMO.

(4) Cardiac dysrhythmia (single episode, recurrent, or chronic) other than sinus bradycardia and 1st degree heart block.

(5) Symptomatic or clinically significant valvular regurgitation or stenosis.

(6) Any anticoagulant use. A waiver may be entertained, after discontinuation of medication, if use is of short duration and for a condition which is unlikely to recur.

(7) Thrombophlebitis and Deep Vein Thrombosis. Localized, superficial thrombophlebitis related to intravenous (IV) catheter placement is not disqualifying once asymptomatic.

(8) Uncontrolled hypertension, due either to the refractory nature of the disease or patient

non-compliance, is disqualifying. Hypertension requiring complex medical management to achieve control is disqualifying. Hypertension associated with evidence of end organ damage is disqualifying.

(9) A history of cardiac surgery, including ablations for Wolff-Parkinson-White (WPW) syndrome and other accessory pathways, other than closure of a patent ductus arteriosus in infancy. A history of incidental, asymptomatic WPW which has been assessed by a cardiologist, deemed benign, and recommended for return to duty without surgical ablation is not disqualifying.

(10) Patent foramen ovale (PFO) (includes functionally equivalent atrial septal defect (ASD)). Generalized universal screening for PFO is not required. The presence of a PFO is not disqualifying and closure of a PFO is not required to return to diving duty unless closure is recommended by the treating UMO based upon consultation with the evaluating cardiologist. If a PFO is identified, a full cardiology assessment is required and must be documented, along with any treatment recommendations, in the member's health record prior to return to diving duty. If closure of a PFO is recommended for return to diving duty by the treating UMO based upon consultation with the evaluating cardiologist, the procedure must be completed prior to a return to diving duty. A second opinion may be pursued if the diver disagrees with the initial UMO recommendation based upon cardiology recommendation. In all instances where the respective recommendations of the UMO and cardiologist(s) are discordant, the case must be referred, by means of the established waiver process (see paragraph (5) Waivers and Disqualification Requests found in this article), via BUMED-M95 (or corresponding USCG office), to the applicable waiver authority.

(f) **Pulmonary**

(1) Spontaneous pneumothorax is disqualifying. Waivers will not be considered.

(2) Traumatic pneumothorax (other than that caused by a diving-related pulmonary barotrauma) is disqualifying. A waiver request will be considered for a candidate or designated diver after a period of at least 6 months since injury and must include:

(a) Pulmonary function testing (spirometry).

(b) High-resolution/spiral, non-contrast chest CT.

(c) Favorable recommendation from a pulmonologist.

(d) Final evaluation and favorable recommendation by attending UMO.

(3) Current or history of asthma, chronic obstructive, or restrictive pulmonary disease is disqualifying.

(4) Individuals with either positive tuberculin skin test (TST) or positive interferon gamma release assay (IGRA) (e.g., QuantiFERON-TB Gold test) must be removed from diving duty pending further clinical investigation.

(a) Active tuberculosis is disqualifying; however, a waiver request will be considered upon completion of all treatments resulting in sterilization of the infectious lesion, and demonstration of normal pulmonary function. Individuals diagnosed with LTBI are non-infectious, but have the potential to progress to active disease.

(b) LTBI is disqualifying for candidates. A waiver request will be considered upon completion of all indicated LTBI therapy.

(c) Designated divers diagnosed with LTBI will be evaluated by their attending UMO. The UMO may return the diver to diving duty, without waiver, 8 weeks after initiating LTBI antibiotic therapy, provided the diver remains asymptomatic, is compliant with therapy and has no adverse reaction to the medication(s). Continued diving is contingent upon completion of therapy. Completion of treatment must be documented in the medical record.

Note: LTBI treatment with Isoniazid (INH) presents several concerns. INH may cause peripheral neuropathy; this is avoided by proper Vitamin B6 (pyridoxine) supplementation. Acute INH intoxication has been demonstrated to cause seizures and it is reasonable to postulate that LTBI treatment with INH may lower a diver's seizure threshold. This risk may be increased when diving mixed gas, rebreather or saturation systems with their higher oxygen partial pressures.

(d) Foreign nationals participating in U.S. Navy Diving training programs must be screened for tuberculosis, and if indicated, receive documented treatment to the same standard as that of U.S. nationals, prior to acceptance into training. History of Bacillus Calmette–Guérin (BCG) vaccination does not change these requirements.

(5) Diving-related pulmonary barotrauma (i.e., pneumothorax, mediastinal or subcutaneous emphysema, or arterial gas embolism (AGE)):

(a) Any history of pulmonary barotrauma in a diver candidate is disqualifying.

(b) Designated divers who experience pulmonary barotrauma following a dive with no procedural violations, or a second episode of pulmonary barotrauma, for whatever reason, are considered disqualified for diving duty. A waiver request will be considered if the diver is asymptomatic after 30 days and must include:

1. Pulmonary function testing (spirometry).

2. High-resolution/spiral, non-contrast chest CT.

3. Favorable recommendation from a pulmonologist.

4. Final evaluation and favorable recommendation by a UMO.

(c) A designated diver who suffers pulmonary barotrauma after a procedural violation may be returned to diving duty by the attending UMO without a waiver after 30 days with an appropriate workup which identifies no pulmonary predisposing conditions (e.g., blebs, bullae, etc.).

(d) Additional waiver requirements for AGE are found in paragraph (4)(n) of this article.

(g) **Skin.** Skin cancer or severe chronic and recurrent skin conditions, which are exacerbated by sun exposure, diving, the hyperbaric environment, or the wearing of occlusive attire (e.g., a wetsuit), are disqualifying.

(h) **Gastrointestinal**

(1) A history of gastrointestinal tract disease of any kind is disqualifying, if any of the following conditions or diagnoses pertain:

(a) Current or history of gastrointestinal bleeding, including positive occult blood testing, if the cause has not been corrected. Minor rectal bleeding from an obvious source (e.g., anal fissure or external hemorrhoid) is not disqualifying if it responds to appropriate therapy and resolves within 6 weeks.

(b) Any history of organ perforation.

(c) Current or history of chronic or recurrent diarrhea, abdominal pain, incontinence, or emesis.

(2) Asplenia is disqualifying. Waiver may be considered 1 year after splenectomy if the member has received the appropriate immunizations and has had no serious infections.

(3) History of bariatric surgery is disqualifying and waiver will not be considered.

(4) History of diverticulitis is disqualifying. Personnel with diverticulosis require counseling regarding preventive measures and monitoring for development of diverticulitis.

(5) History of small bowel obstruction is disqualifying.

(6) Presence of gallstones, whether or not they are symptomatic, is disqualifying until the member is stone-free. A waiver may be considered if surgical removal is not recommended by the attending surgeon and UMO.

(7) History of gastric or duodenal ulcer is disqualifying.

(8) History of pancreatitis is disqualifying.

(9) Chronic active hepatitis is disqualifying.

(10) Inflammatory bowel disease and malabsorption syndromes are disqualifying.

(11) History of food impaction or esophageal stricture is disqualifying.

(12) Gastroesophageal reflux disease that does not interfere with, or is not aggravated by, diving duty is not considered disqualifying.

(13) Designated divers with full recovery from acute infections of abdominal organs may be reinstated at the discretion of the UMO.

(14) Designated divers with a history of symptomatic or bleeding hemorrhoid may be reinstated at the discretion of the UMO.

(15) History of abdominal surgery is not disqualifying once fully recovered, provided there are no sequelae, including, but not limited to, symptomatic adhesions.

(i) **Genitourinary/Reproductive**

(1) Abnormal gynecologic cytology and other precancerous conditions without evidence of invasive cancer require appropriate evaluation and treatment, but are not considered disqualifying for diving duty. Genitourinary cancer is disqualifying.

(2) Designated divers with full recovery from acute infections of genitourinary organs may be reinstated at the discretion of the UMO.

(3) Current urolithiasis or nephrolithiasis is disqualifying.

(4) Pregnancy is not considered disqualifying for diving duty, however the pregnant diver must be medically suspended from diving for the duration of the pregnancy per BUMEDINST 6200.15A.

(a) Divers may return to diving duty after conclusion of pregnancy (vaginal or cesarean delivery) per guidance provided in BUMEDINST 6200.15A.

(b) Significant ante-, peri-, or postpartum complications are disqualifying.

(j) **Endocrine and Metabolic.** Any condition requiring chronic medication or dietary modification is disqualifying for candidates, but may be waived for qualified divers. Additionally:

(1) Any history of heat stroke is disqualifying for candidates. Recurrent heat stroke is disqualifying for designated divers.

(2) Diabetes mellitus (DM) is disqualifying.

(a) DM requiring insulin or long-acting sulfonylurea hypoglycemia medication will not be considered for a waiver.

(b) DM controlled without use of insulin or long-acting sulfonylurea medication may be considered for a waiver. Waiver requests must include documentation of current medication(s), current hemoglobin A1C level, documentation of the presence or absence of end organ damage, and favorable recommendation of attending endocrinologist and UMO.

(3) History of symptomatic hypoglycemia is disqualifying for candidates. Recurrent episodes are disqualifying for designated divers.

(4) Chronic use of corticosteroids, or other medications which suppress or modulate the immune system, is disqualifying.

(5) Ongoing use of exogenous testosterone or testosterone analogs is disqualifying.

(k) **Musculoskeletal.** Any musculoskeletal condition that is chronic or recurrent, which predisposes to diving injury, limits the performance of

diving duties for protracted periods, or may confuse the diagnosis of a diving injury is disqualifying. Specifics include:

(1) Requirement for any chronic use of medication, brace, prosthesis, or other appliance to achieve normal function is disqualifying. Orthotic shoe inserts are permitted.

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

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

(4) Radiculopathy of any region or cause is disqualifying.

(5) Chronic myopathic processes causing pain, atrophy, or weakness are disqualifying.

(6) Any amputation, partial or complete, is disqualifying.

(7) Long bone pain in saturation or career divers should be aggressively evaluated with appropriate imaging. Any history, documentation, or x-ray finding of dysbaric osteonecrosis involving articular surfaces is permanently disqualifying. Shaft involvement requires a waiver and annual evaluations for progression of disease.

(8) Divers with a history of uncomplicated fractures may return to diving duty after 3 months (or diver candidates after 12 months) if without residual symptoms or physical limitations, after evaluation by the attending orthopedic surgeon and at the discretion of the UMO without a waiver. Those with residual symptoms or physical limitations, or those seeking to return to diving duty sooner than 3 months (12 if candidate) require a waiver.

(9) Divers with a history of bone (e.g., open reduction, internal fixation) or major joint surgery may return to Diving Duty after 6 months (or diver candidates after 12 months) if without residual symptoms or physical limitations, after evaluation by the attending orthopedic surgeon and at the discretion of the UMO without a waiver. Those with residual symptoms or physical limitations, or those seeking to return to Diving Duty sooner than 6 months (12 if diver candidate) require a waiver. Retained hardware, after the aforementioned time intervals, is not disqualifying unless it results in limited range of motion.

(l) *Psychological and cognitive*

(1) Any diagnosis from the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) which negatively affects the Service member's ability to perform their diving duty is considered disqualifying. Any condition resulting in emotional, psychological, behavioral, or mental dysfunction should be fully addressed, with the diver asymptomatic and stable (on or off medications) before a waiver request is made. A waiver may be considered when the individual's symptoms no longer affect their ability to perform their duties; any waiver request must include a favorable recommendation from the attending mental health professional. The attending UMO will exercise his or her judgment in determining the time interval necessary to demonstrate clinical stability.

(2) Substance Use Disorders

(a) Alcohol use disorders are disqualifying. If characterized as MILD or MODERATE, a waiver request may be submitted after completion of all recommended treatment. Waiver requests should detail any prescribed or recommended continuing care and/or aftercare plan. If the alcohol use disorder is characterized as SEVERE, waiver requests will only be considered after the individual demonstrates sustained sobriety (typically 12 months) and has completed any recommended continuing care and aftercare programs.

(b) Other Substance Use Disorders

1. Medically disqualifying for all diving duty candidates. Waiver requests must include documentation of successful completion of treatment and aftercare (if applicable).

2. Designated divers with substance use disorder will be managed administratively per OPNAVINST 5355.3 series and do not require medical disqualification unless a medically disqualifying diagnosis is present in addition to the substance use disorder (e.g., substance-induced psychosis).

3. Current or history of illicit drug use (including use in religious rituals) should be managed administratively per OPNAVINST 5355.3 series, SECNAVINST 5300.28 series, and any other applicable directives.

(3) Use of psychotropic medication is temporarily disqualifying until the Service member has become stable on the medication and they are able to perform their duties, as judged by the attending UMO and doctoral-level mental health professional. No waiver is required to return to diving duty for

short-term use (less than 6 months) of a psychotropic medication. Long-term use (longer than 6 months) of a psychotropic medication is disqualifying and will require a waiver to return to diving duty.

Note: ASD(HA) Guidelines for Deployment-Limiting Psychiatric Conditions and Medications states that a member may not be deployed within 3 months of starting a psychotropic medication.

Note: OPNAVINST 3591.1, Small Arms Training and Qualification states that a member may not be issued a weapon while on psychotropic medications unless an operational waiver is obtained; personnel will be limited to administrative duties unless waiver has been granted.

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

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

(2) A history of seizure disorder, with the exception of febrile convulsion before age 6 years, is disqualifying. A minimum of two seizure-free years after cessation of anti-convulsant medication with a normal Electroencephalograph (EEG) and neurologic evaluation is necessary before a waiver will be considered. Isolated seizures attributed to known causes (e.g., blunt trauma, intoxications) may be waived sooner.

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

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

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

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

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

(a) Cerebrospinal fluid leak.

(b) Intracranial bleeding.

(c) Depressed skull fracture with dural laceration.

(d) Post-traumatic amnesia (PTA) per the following schedule:

1. PTA less than 1 hour is disqualifying for at least 1 month. A normal brain magnetic resonance imaging (MRI) and normal examination by a neurologist or neurosurgeon is required before return to duty. If more than 2 years has elapsed since the injury, a normal brain MRI and a normal neurologic assessment by the UMO is sufficient. Further specialty consultation is only indicated for abnormal findings.

2. PTA lasting from 1 to 24 hours is permanently disqualifying for candidates. Waiver may be entertained for designated divers if individual remains asymptomatic for at least 1 year and brain MRI and neurologic and neuropsychological evaluations are normal.

3. PTA greater than 24 hours is permanently disqualifying for all divers.

(8) History of penetrating head injury is disqualifying.

(9) Syncope, if recurrent, unexplained, or not responding to treatment, is disqualifying.

Note: All DMEs require documentation of a full neurologic examination and tympanic membrane mobility in blocks 44 and 72b respectively on DD Form 2808. The neurologic exam will be supplemented with an anatomic stick figure to document DTRs and Babinski.

(n) **Decompression Sickness/Arterial Gas Embolism**

(1) A history of decompression sickness (DCS) or AGE is disqualifying for diving duty candidates. A waiver may be considered provided the episode(s) and any subsequent treatment(s) are well documented and available for review.

(2) Designated divers diagnosed with any DCS or AGE must have an entry made in their medical record, signed by the attending UMO, describing the specifics of the dive/episode, treatment provided, and the condition of patient status-post treatment.

(a) Designated divers with history of DCS Type I whose symptoms resolve completely

and who remain asymptomatic after the initial hyperbaric treatment may be cleared after 7 days to return to diving duty by a UMO without a waiver.

(b) Designated divers with history of DCS Type II or AGE whose symptoms resolve completely and who remain asymptomatic after the initial hyperbaric treatment may be cleared after 30 days to return to diving duty by a UMO without a waiver, provided there is brain +/- spine MRI performed within 7 days of the event and the MRI results are normal/unchanged.

(c) Designated divers with a history of DCS or AGE with residual symptoms, neurologic deficits (new/changed) and/or abnormal findings (new/changed) on brain +/- spine MRI, after appropriate treatment are considered disqualified for diving duty. A waiver may be considered provided the episode and any subsequent treatment(s) are well documented, including any follow-up MRI, a neurology consultation, and the assessment and recommendation of the attending UMO.

(d) Designated divers with recurrent DCS or AGE are considered disqualified and require a waiver prior to returning to diving duty.

(3) Divers/candidates diagnosed with DCS Type II must be evaluated by a cardiologist for the presence of a PFO (or ASD functional equivalent), with the results documented in the medical record. If a PFO is present, paragraph (4)(e)(10) of this article applies.

(4) Exceptions for experimental diving protocols. A small number of Navy research commands, staffed with both experienced divers and senior UMOs, conduct equipment testing and human subject research during which there is an anticipated, increased risk to subjects of DCS.

(a) A designated diver who participates in one of these experimental diving protocols and subsequently develops DCS (I or II) may be returned to duty without waiver if:

1. In the case of human subject research, the experimental diving protocol is identified by the responsible Institutional Review Board (IRB) as being of "greater than minimal risk" with regards to causing DCS.

2. In the case of equipment testing research (e.g., form, fit, and function testing), the experimental test plan is identified by the responsible signing authority as being of "greater than minimal risk" with regards to causing DCS.

3. The diver's DCS symptoms resolve completely and he or she remains asymptomatic after appropriate hyperbaric treatment. Divers with residual symptoms do require a waiver.

(b) The research command's UMO-qualified senior medical officer (SMO) may return such a diver to diving duty, consistent with requirements of paragraphs (4)(n)(2)(a) and (4)(n)(2)(b) of this article. The SMO must make a complete entry in the diver's medical record documenting the episode, treatment(s), studies or findings, and his or her basis for not seeking a waiver. The medical record entry must also include details regarding the experimental dive profile associated with the DCS episode.

(c) Designated divers developing DCS in the context of paragraph (4)(n)(4) of this article do not *ipso facto* require a cardiology assessment for the presence of a PFO.

(d) Designated divers developing recurrent DCS in the context of paragraph (4)(n)(4) of this article do not *ipso facto* require a waiver; however, the SMO must maintain a low threshold of suspicion to trigger additional medical evaluations in such cases.

Note: BUMED recognizes the Navy Experimental Diving Unit (NEDU) and Naval Submarine Medical Research Laboratory (NSMRL) as research commands suitably staffed to exercise the provisions of paragraph (4)(n)(4) of this article. Any other command seeking to do so must obtain written BUMED concurrence.

(o) *Miscellaneous Disqualifying Conditions*

(1) Chronic viral infections (except those with manifestations limited to the skin) are disqualifying. Divers with chronic viral infections characterized by manifestations limited to the skin will not dive with associated active lesions unless covered or until resolved.

(2) An active diagnosis of cancer is disqualifying. A waiver is required to return to the designated diver/candidate to diving duty less than 12 months after the diver/candidate is cured, in remission, or has no clinical evidence of disease. Divers who are also radiation workers have additional requirements per NAVMED P-5055.

(3) Chronic immune insufficiency of any cause, chronic anemia, abnormal hemoglobin (including sickle cell trait), and defects in platelet function or coagulability are disqualifying.

(4) Allergic or atopic conditions which require allergy immunotherapy are disqualifying until completion of desensitization therapy.

(5) Current or history of severe allergic reaction or anaphylaxis to environmental substances or any foods is disqualifying. Any allergy with life-threatening manifestations is disqualifying.

Note: Because saturation diving evolutions by their very nature impose substantial delays for divers to receive definitive care, should a medical emergency arise, waivers of the food allergy standard for saturation divers will be granted sparingly.

(6) Chronic or recurrent pain syndromes which may mimic serious disease (e.g., abdominal pain, chest pain, and headache) or mimic diving-related illness are disqualifying

(7) Any disease or condition that may be significantly exacerbated by the hyperbaric environment is disqualifying.

(5) **Waiver and Disqualification Requests.** Waiver and disqualification requests are essentially the same personnel action. The distinction between the two lies with whether the originator is requesting that one or more physical standards be waived or not. The outcome of either request is a determination by the responsible waiver authority as to whether the physical standard(s) is waived or not. BUMED-M95 serves as the senior medical reviewer for the waiver authority. (Certain waiver authorities have delegated adjudication of disqualification cases only to lower echelon commanders).

(a) Requests for a waiver of physical standards for DON divers and diving duty candidates must be sent from the member's commander, commanding officer, or officer in charge, via any applicable immediate superior in command (ISIC) or type commander (TYCOM) and BUMED-M95, to the appropriate Bureau of Naval Personnel code for Navy divers (enlisted – BUPERS-3; officers – PERS-416), Headquarters, Marine Corps (HQMC) (POG-40) for USMC divers, or NAVSEA 00C for civilian GS divers via BUMED-M95.

(1) In the case of individuals from sister Services attending U.S. Navy diving training, waivers are not sent via Navy chains of command. Waivers for initial U.S. Air Force divers/candidates will be sent directly to Headquarters, Air Education and Training Command Surgeon's Physical Standards Office (AETC/SGPS). Waivers for U.S. Army Engineer divers/candidates will be submitted directly to Chief, Hyperbaric Medicine, Eisenhower Army Medical Center, Fort Gordon, GA 30809. Waivers for U.S. Army Special Forces divers/candidates will be submitted directly to Group Surgeon's Office, 1st Special Warfare Training Group (Airborne), Fort Bragg, North Carolina 28310, telephone: (910) 432-3566.

Once these individuals have completed U.S. Navy diving training, their fitness for diving duty is determined solely by their respective services' physical standards and diving medical officers (DMOs).

(2) Waivers for USCG divers/candidates will be submitted directly to CG Personnel Service Center-Personnel Service Division-Medical (PSC-PSD-MED). Per existing agreements, USCG divers continue to follow U.S. Navy diving physical standards after initial training and their ongoing fitness for duty is determined by U.S. Navy UMOs.

(b) Excepting personnel belonging to sister Services, originators must use the WEBWAVE 2 system to securely transmit cases (which contain Health Insurance Portability and Accountability Act (HIPAA) and personally identifiable information (PII)-protected information). WEBWAVE 2 expedites case adjudication, allows tracking of cases under review and provides an accessible archive of closed cases. The system's business rules are designed to ensure that all necessary components of a request are submitted and requests are directed electronically via the proper routing sequence. BUMED-M95's guideline for timely internal review of routine waiver requests is 10 business days; urgent cases are acted upon with 24 hours of receipt. Access to WEBWAVE 2 is controlled by BUMED-M95. Commands needing to submit requests via WEBWAVE 2 but currently without access may contact BUMED-M95 directly to validate their requirement and obtain access/training.

(c) For DON divers, interim waivers may be granted by BUMED-M95 for periods of up to 6 months.

(1) Interim waivers will not normally be considered for diving duty candidates, in as much as their suitability must be established before the Navy incurs the expense of temporary additional duty orders and training.

(2) Because interim waivers are not reviewed by the relevant waiver authority, BUMED-M95 will only grant interim waivers for relatively routine, frequently encountered conditions for which it is confident of the waiver authority's eventual disposition. In any case, interim waivers should be requested sparingly.

(3) BUMED-M95 must receive the final waiver request prior to the expiration of any interim waiver which has been granted (typically 6 months). The final waiver request must include a substantive interval history pertinent to the condition under review.

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

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

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

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

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

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

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

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

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

15-103

Nuclear Field Duty

(1) **Characteristics.** Nuclear field duty involves work within the Naval Nuclear Propulsion Program. A very high degree of reliability, alertness, and good judgment is required in order for operations to be conducted safely and to maintain the integrity and accountability of these critical programs.

(2) **Applicability.** Current (designated) and prospective nuclear field personnel. For the purposes of this article, this includes Service members assigned to naval reactors (NAVSEA 08) as regional office field representatives. It should be noted that nuclear field duty is not the same as occupational exposure to ionizing radiation (ionizing radiation work). While all Nuclear Field personnel must also be qualified as ionizing radiation workers, not all ionizing radiation workers are Nuclear Field personnel. Examples of the latter category are medical radiology personnel and industrial radiographers.

(3) **Examinations**

(a) **Periodicity.** For candidates, no more than 2 years before reporting for initial nuclear field training. Periodicity between examinations will not exceed 5 years up to age 50. After age 50, periodicity will not exceed every 2 years, e.g., an individual examined at age 46 would be re-examined at age 51, an individual examined at age 47, 48, 49, or 50 would be re-examined at age 52. Beginning at age 60, the examination is required annually. Nuclear field duty examinations must be performed no later than 1 month following the anniversary date (month and year) of the previous physical examination date. For example, for an exam performed on a 20-year-old on the 15th of February 2010, the next examination must be completed by 31 March 2015. A complete physical examination is also required prior to returning to nuclear field duty after a period of disqualification. For the purposes of efficiency, all nuclear field duty examinations should be performed concurrently with a Radiation Medical Exam (RME), (per MANMED article 15-104 and NAVMED P-5055) and documented separately on their respective forms.

(b) **Scope.** The examiner will pay special attention to the mental status, psychiatric, and neurologic components of the examination, and will review the entire health record for evidence of past impairment. Specifically, the individual will be questioned about anxiety related to working with nuclear power, difficulty getting along with other personnel, and history of suicidal or homicidal behavior (ideation, gesture, or attempt). The only laboratory tests required are those done for the concurrent RME. The examination must be recorded on DD Form 2807-1 and DD Form 2808. Laboratory data and radiation-specific historical questions documented on the NAVMED 6470/13 for the RME need not be duplicated on the DD Form 2807-1 and DD Form 2808 for the nuclear field duty examination. The following studies are required prior to the exam (unless other-wise specified):

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

(2) Visual acuity (within last 3 months).

(3) Color vision testing (candidates only, upon program entry) following MANMED article 15-36(1)(d)).

(c) **Examiners.** Nuclear field duty physical examinations may be performed by any physician, physician assistant, or nurse practitioner with appropriate DoD clinical privileges. Examinations not performed by an undersea medical officer (UMO), aerospace medicine specialist (AMS) or graduate of course CIN#: B-6A-2102 (Flight Surgeon Refresher with Nuclear Field Duty Indoctrination module) (FS/NFD) will be reviewed and co-signed by a UMO, AMS or FS/NFD. All reviewing authority signatures must be accompanied by the “UMO,” “AMS” or “FS/NFD” designation, as appropriate. A UMO is defined as a medical officer (or physician employed by DoD who previously served as an UMO) who has successfully completed the entire UMO course conducted by the Naval Undersea Medical Institute (NUMI), which includes the diving medical officer (DMO) course conducted at the Naval Diving and Salvage Training Center (NDSTC), and who is currently privileged in undersea medicine. A AMS is a graduate of a Navy Residency in Aerospace Medicine (RAM) who is currently privileged in aerospace medicine. A FS/NFD is a flight surgeon (FS) who completes CIN#: B-6A-2102, which is tailored to the specific billet each FS is assigned; those with orders

to be senior medical officer on aircraft carriers (CVN) will receive the NFD indoctrination module and an additional qualification designator (AQD). For the purposes of this article, “mental health professional/provider” refers to a doctoral-level provider (psychiatrist/psychologist) unless otherwise indicated.

(4) **Standards.** The standards delineated in this article define the conditions which are considered disqualifying for nuclear field duty. The standards delineated in Chapter 15, Section III (General Standards) are universally applicable to all nuclear field duty candidates. Certain of the General Standards are applicable to continued qualification for nuclear field duty whereas others are not. UMOs, AMSs and FS/NFDs, based on their specialty training and subject matter expertise, are charged with applying the General Standards to qualified nuclear field personnel when appropriate to ensure physical and mental readiness to perform their duties without limitation. Standards in this article take precedence over General Standards where conflicts exist. All nuclear field personnel must meet the physical standards for occupational exposure to ionizing radiation (see MANMED article 15-104 and NAVMED P-5055). Submarine designated nuclear field personnel must meet the physical standards for submarine duty (see MANMED article 15-106). The reliability, alertness, and good judgment required of Naval Nuclear Deterrence Mission personnel is monitored and ensured by the requirements of the Personnel Reliability Program (SECNAVINST 5510.35 series).

(a) **General.** Any condition, combination of conditions, or treatment which may impair judgment or alertness, adversely affect reliability, or foster a perception of impairment is disqualifying. Nuclear field personnel returning to duty following an absence of greater than 7 days due to illness or injury, hospitalization for any reason, or after being reported on by a medical board must have a properly documented UMO, AMS or FS/NFD evaluation to determine fitness for continued nuclear field duty.

(b) **Hearing.** Demonstrated inability to effectively communicate and perform duties is disqualifying.

(c) **Eyes and Vision**

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

(2) Defective color vision, as defined by MANMED article 15-36, paragraph (1)(d), is disqualifying. For qualified nuclear field personnel, waiver requests must include a statement from the member's supervisor stating that the member is able to perform his or her job accurately and without difficulty. For candidates, the examiner must include evidence that the candidate can discern primary and secondary colors.

(d) **Psychological and Cognitive.** Psychological fitness for nuclear field duty must be carefully and continuously evaluated in all nuclear field personnel. It is imperative that individuals working in these programs have a very high degree of reliability, alertness, and good judgment. Any current or history of a diagnosis as defined by the current version of the DSM, unless explicitly excepted, is disqualifying, to include:

(1) Current or history of delirium, dementia, amnesic and other cognitive disorders, mental disorders due to a general medical condition, schizophrenia and other psychotic disorders, somatoform disorders, factitious disorders, dissociative disorders, eating disorders, and impulse-control disorders not elsewhere classified are disqualifying.

(2) Current or history of mood disorder and/or anxiety disorders (including adjustment disorders lasting longer than 90 days) as listed in the DSM is disqualifying, but may be considered for a waiver once the Service member's condition is stable and asymptomatic.

(a) Nuclear field candidates, whose treatment includes psychopharmaceuticals, are disqualified and not eligible for a waiver until such medications are no longer required to achieve asymptomatic stability.

(b) Nuclear field designated individuals, whose treatment includes ongoing use of selected psychopharmaceuticals, may be considered for waiver, provided all of the following stipulations are met:

1. The Service member must initially be evaluated by a DoD-privileged psychiatrist.

2. The condition must be categorized as stable, resolved, or in remission.

3. The Service member must have access to the recommended level of follow-up with their mental health provider and primary care manager (PCM). For submarine duty personnel, the condition must be stable enough to allow follow-up solely with an Independent Duty Corpsman for up to 6 months at a time. Nuclear field duty personnel assigned to CVNs, who have ready access to licensed independent practitioners (physician assistant (PA), nurse practitioner (NP), physician, and psychologist) for follow-up, do not have an equivalent requirement.

4. Medication specifics. Selective serotonin reuptake inhibitor (SSRI)/serotonin-norepinephrine reuptake inhibitor (SNRI) class medications, as well as bupropion, are well tolerated, with minimal side effects and generally amenable for waiver. Other medications may be considered on a limited, case-by-case basis. It is expected that starting medication, titrating up to the optimum dosage, assessing for efficacy, side effects, and demonstrating stability will require about 3 months; however some medications with short biological half-lives may require less time. The UMO, AMS or FS/NFD must certify, when recommending a waiver, that:

i. The Service member's underlying condition is well-controlled (asymptomatic) on the current dosage of medication.

ii. The Service member is on a stable dosage of medication (i.e., no dose change in the 30 days prior to waiver submission).

iii. The Service member demonstrates clinical stability without any military duty performance-impairing side effects. This assessment should also be specifically addressed by the individual's command endorsement.

5. Mood disorders and/or anxiety disorders (including adjustment disorders) complicated by suicidal behaviors.

i. Individuals who have experienced suicidal ideation in conjunction with their mood and/or anxiety disorder (including adjustment disorders) may still be considered for a psychopharmaceutical use waiver in conjunction with a waiver for their underlying psychological condition and their suicidal behavior.

ii. Individuals who have displayed suicidality in the form of a suicidal gesture or suicide attempt, as defined by a mental health professional, will not be eligible for a psychopharmaceutical use waiver. A waiver to return to nuclear field duty after a suicide gesture or attempt will require cessation of medication use in conjunction with complete resolution of their condition, in addition to a recommendation from a the UMO, AMS or FS/NFD, and mental health provider.

(3) Post-partum depression of limited duration is not normally disqualifying for nuclear field duty. Cases which resolve quickly, within the 12-week maternity leave period, may be found fit for nuclear field duty by the attending UMO, AMS or FS/NFD. Cases of longer duration and/or requiring psychopharmaceutical use or involving suicidality are disqualifying and waiver will be considered after complete resolution of symptoms.

(4) Disorders usually first diagnosed in infancy, childhood, or adolescence, are disqualifying if they interfere with safety and reliability or foster a perception of impairment.

(a) Current attention deficit hyperactivity disorder (ADHD) which requires medication to control symptoms, is disqualifying, but a history of ADHD which resolved greater than 1 year prior to military service is not disqualifying.

(b) Communication disorders, including but not limited to any speech impediment which significantly interferes with production of speech, repeating of commands, or allowing clear verbal communications, are disqualifying.

(c) Sleep disorders, which result in daytime fatigue, somnolence or inattention, are disqualifying.

(5) Gender dysphoria. Transgender individuals with a diagnosis of gender dysphoria, with no other comorbidities, may be returned to nuclear field duty upon the written recommendation of the attending UMO, AMS or FS/NFD and mental health professional without further recourse to the waiver process. Transgender individuals who have been determined to not have a diagnosis of gender dysphoria merely require documentation of that fact in their medical record. Actual gender transition, involving medications and/or treatments, must be considered separately as to the interventions' respective impacts on the individual's suitability for nuclear field duty.

(6) Personality disorders are disqualifying for nuclear field duty candidates. For nuclear field designated personnel, personality disorders may be administratively disqualifying if they are of significant severity as to preclude safe and successful performance of duties. In these cases, administrative processing should be pursued per the Military Personnel Manual (MILPERSMAN).

(7) Adjustment disorders and brief situational emotional distress, such as acute stress reactions or bereavement, are not normally disqualifying. Individuals with these conditions must be evaluated by the attending UMO, AMS or FS/NFD, in conjunction with formal mental health evaluation. In cases which resolve completely within 90 days, individual may be found fit for nuclear field duty by the attending UMO, AMS or FS/NFD. Conditions lasting longer than 90 days are disqualifying; a waiver may be considered after complete resolution of symptoms.

(8) Suicidal Behaviors

(a) History of suicidal gesture or attempt is disqualifying. These situations must be taken very seriously and require formal evaluation by a mental health provider. Waivers will be considered based on the underlying condition as determined by the attending UMO, AMS or FS/NFD, and mental health professional. Any consideration for return to duty must address whether the Service member, in the written opinions of the attending UMO, AMS or FS/NFD, and mental health provider, can return successfully to the specific stresses and environment of nuclear field duty.

(b) Suicidal ideation (SI), whether active or passive, is a significant risk factor for suicide and is associated with several mental health diagnoses. Any individual with SI requires a thorough suicide risk assessment by a mental health provider. However, SI is a symptom rather than a diagnosis. As such, if the individual does not meet the diagnostic criteria for a disqualifying condition, then the individual may be returned to nuclear field duty upon the written recommendation of the attending UMO, AMS or FS/NFD, and mental health provider without further recourse to the waiver process.

(9) History of self-mutilation, including but not limited to cutting, burning, and other self-inflicted wounds, is disqualifying whether occurring

in conjunction with suicidality or as an abnormal coping mechanism. Waivers will be considered based on the underlying condition, and its complete resolution, as determined by the attending UMO, AMS or FS/NFD, and mental health provider.

(10) Disorders related to Substance Use (SUD)

(a) History of SUD is medically disqualifying for all nuclear field candidates. Waiver requests must include documentation of successful completion of treatment and aftercare.

(b) All nuclear field designated personnel with SUD will be managed administratively per OPNAVINST 5355.3 series and do not require medical disqualification unless a medically disqualifying diagnosis is present in addition to SUD.

(c) Illicit drug use, historical or current, is to be managed administratively per OPNAVINST 5355.3 series, SECNAVINST 5300.28 series, and any other applicable directives.

(11) History of other mental disorders not listed above, which, in the opinion of the UMO, AMS, or FS/NFD, will interfere with or prevent satisfactory performance of nuclear field duty is disqualifying.

(12) Any use of psychopharmaceuticals for any indication within the preceding year is disqualifying. For the purpose of this article, “psychopharmaceutical” is defined as a prescription medication whose primary site of activity is the central nervous system (CNS). This includes, but is not limited to, anti-depressants, anti-psychotics, anti-epileptics, sedative or hypnotics, stimulants, anxiolytics, smoking cessation agents other than nicotine, Drug Enforcement Agency (DEA) scheduled medications, and bipolar agents.

Note: Many non-psychiatric medications possess psycho-pharmaceutical properties and are considered disqualifying per this article. Examples include: Isotretinoin (Accutane), mefloquine (Lariam), gabapentin (Neurontin), and bromocriptine.

(a) Per paragraph (4)(d)(2), waivers will be considered for ongoing clinical treatment of mood and anxiety disorders with specific medications.

(b) For medications with only incidental activity (i.e., minor side effects occasionally observed in some individuals taking these medications) in the CNS, waivers will be considered on the basis of demonstrated stability of a stable dosage, no impairing side effects impacting duties, and favorable endorsement by UMO, AMS or FS/NFD, and mental health provider, and the individual’s command. The command endorsement must attest to both the individual’s functionality and criticality to mission.

(c) Waivers will be considered, in selected cases, for ongoing use of psychopharmaceuticals to treat non-psychiatric conditions. Requests for such waivers must meet a high threshold of documentation; waivers will be considered on the basis of demonstrated stability of a stable dosage, no impairing side effects impacting duties, and favorable endorsement by UMO, AMS or FS/NFD, and mental health provider, and the individual’s command. The command endorsement must attest to both the individual’s functionality and criticality to mission.

(d) Waivers will be considered, upon discontinuation of psychopharmaceuticals, after a period of time considered sufficient to metabolize or eliminate the medication from the individual’s body (generally, five biological half-lives, less for single dose or transient courses of treatment). The UMO, AMS or FS/NFD, and mental health provider must specifically comment on the presence or absence of any withdrawal, discontinuation rebound, or other such symptoms attributable to the episode of psychopharmaceutical use. Individuals who experience any of these symptoms must be symptom free for 60 days before a waiver will be considered.

(e) Use of any DEA Schedule I drug for any reason, including religious sacraments, is disqualifying.

(f) Exceptions. Zolpidem (Ambien) prescribed for jet lag, medications prescribed or administered for facilitation of a medical or dental surgery or procedure, narcotic and synthetic opioid pain medications prescribed for acute pain management, anti-emetics for acute nausea, and muscle relaxants (such as cyclobenzaprine or diazepam) for acute musculoskeletal spasm or pain are not disqualifying. Acute treatment is limited to 2 weeks of continuous medication usage. Episodic use of serotonin receptor agonists (“triptans”), such as sumatriptan (Imitrex) and zolmitriptan (Zomig), for migraine abortive treatment, is not disqualifying.

(e) *Miscellaneous*

(1) A history of chronic pain (e.g., abdominal pain, chest pain, and headache) which is recurrent or incapacitating such that it prevents completion of daily duty assignments or compromises reliability is disqualifying.

(2) Recurrent syncope is disqualifying. Waiver will be considered on the basis of a definitive diagnosis and demonstration of effective prophylactic treatment.

(5) *Waiver and Disqualification Requests.* Waiver and disqualification requests are essentially the same personnel action. The distinction between the two lies with whether the originator is requesting that one or more physical standards be waived or not. The outcome of either request is a determination by the responsible waiver authority as to whether the physical standard(s) is waived or not. BUMED Undersea Medicine and Radiation Health (BUMED-M95) serves as the senior medical reviewer for the waiver authority. (Certain waiver authorities have delegated adjudication of disqualification cases only to lower echelon commanders).

(a) Requests for a waiver of physical standards for nuclear field personnel and candidates must be sent from the member's commander, commanding officer, or officer in charge, via any applicable immediate superior in command (ISIC) or type commander (TYCOM) and BUMED-M95, to the appropriate Bureau of Naval Personnel code (enlisted – PERS-403; officers – PERS-421).

(b) Originators must use the WEBWAVE 2 system to securely transmit cases (which contain HIPAA and PII-protected information). WEBWAVE 2 expedites case adjudication, allows tracking of cases under review and provides an accessible archive of closed cases. The system's business rules are designed to ensure that all necessary components of a request are submitted and requests are directed electronically via the proper routing sequence. BUMED-M95's guideline for timely internal review of routine waiver requests is 10 business days; Urgent cases are acted upon with 24 hours of receipt. Access to WEBWAVE 2 is controlled by BUMED-M95. Commands needing to submit requests via WEBWAVE 2 but currently without access may contact BUMED-M95 directly to validate their requirement and obtain access or training.

(c) For nuclear field personnel, interim waivers may be granted by BUMED-M95 for periods of up to 6 months.

(1) Interim waivers will not normally be considered for nuclear field candidates, in as much as their suitability must be established before the Navy incurs the expense of TAD orders and training.

(2) Because interim waivers are not reviewed by the relevant waiver authority, BUMED-M95 will only grant interim waivers for relatively routine, frequently encountered conditions for which it is confident of the waiver authority's eventual disposition. In any case, interim waivers should be requested sparingly.

(3) BUMED-M95 must receive the final waiver request prior to the expiration of any interim waiver which has been granted (typically 6 months). The final waiver request must include a substantive interval history pertinent to the condition under review.

(4) Individuals with lapsed interim waivers are not physically qualified to stand engineering spaces watches or perform maintenance on NNPP-related equipment until the final waiver request has been adjudicated.

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

(d) Individuals with conditions which are also disqualifying for occupational exposure to ionizing radiation require consideration by the Radiation Effects Advisory Board per MANMED article 15-104 and NAVMED P-5055.

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

(1) A special SF 600, prepared by the UMO, requesting the waiver or disqualification, referencing the specific standard for which the member is NPQ, a clinical synopsis including brief history, focused examination, clinical course, appropriate ancillary studies and appropriate specialty

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

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

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

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

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

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

15-104 Occupational Exposure to Ionizing Radiation

(1) **General.** NAVMED P-5055, Radiation Health Protection Manual, is the governing document for the Navy’s Radiation Health Protection Program. To ensure that the requirements of NAVMED P-5055 are met and to eliminate any potential for conflicting guidance, the specific standards and examination procedures for occupational exposure to ionizing radiation are found only in NAVMED P-5055, Chapter 2. The current version of NAVMED P-5055 is available on the Navy Medicine Web site at <http://www.med.navy.mil/directives/Pages/Publications.aspx>.

15-105 Special Operations Duty

(1) **Characteristics.** Special operations (SO) duty takes place in every part of the world under harsh conditions at the extremes of human physical capabilities. Medical austerity and the presence of armed opposition are common. SO personnel, depending on service and warfare community, routinely engage in high-risk operations including parachuting, high angle activities, high-speed boat and unconventional vehicle operation, weapons operation, demolitions employment, and waterborne activities, to include SCUBA diving. As such, SO duty is among the most physically and mentally demanding assignments in the U.S. military. Only the most physically and mentally qualified personnel should be selected, and those who are or may be reasonably expected to become unfit or unreliable must be excluded.

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

(a) Navy sea, air, and land personnel (SEAL).

(b) Special warfare combatant craft crewmen (SWCC).

(c) USMC Reconnaissance Marine (RECON).

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

(e) Explosive ordnance disposal (EOD) personnel.

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

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

(3) Examinations

(a) **Periodicity.** Within 1 year of application for initial training. Periodicity between examinations will not exceed 5 years up to age 50. After age 50, periodicity will not exceed 2 years, e.g., an individual examined at age 46 would be re-examined at age 51, an individual examined at age 47, 48, 49, or 50 would be re-examined at age 52. Beginning at age 60, the examination is required annually. Special operations duty examinations must be performed no later than 1 month following the anniversary date (month and year) of the previous physical examination date. For example, for an examination performed on a 20-year old on 15 February 2018, the next examination must be completed by 31 March 2023. A complete physical examination is also required prior to returning to special operations duty after a period of disqualification.

(b) Scope

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

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

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

(b) Electrocardiogram.

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

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

(e) Refraction, by autorefraction or manifest, if uncorrected visual acuity (near and far) is not 20/20 or better.

(f) Color vision (per article 15-36(1)(d)) (candidates only, upon program entry).

(g) Depth perception (per MANMED Chapter 15, article 15-85(1)(d)) (candidates only, upon program entry).

(h) Complete Blood Count.

(i) Fasting blood glucose.

(j) Urinalysis with microscopic examination.

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

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

(c) **Examiners.** Examinations may be performed by any physician, physician assistant, or nurse practitioner with appropriate DoD clinical privileges. Examinations not performed by an undersea medical officer (UMO) must be reviewed and co-signed by a UMO. All reviewing authority signatures must be accompanied by the "UMO" designation. A UMO is defined as a medical officer (or physician employed by DoD who previously served as a UMO) who has successfully completed the entire UMO course conducted by the Naval Undersea Medical Institute (NUMI), which includes the diving medical officer (DMO) course conducted at the Naval Diving and Salvage Training Center (NDSTC), and who is currently privileged in undersea medicine. For the purposes of this article, "mental health professional/provider" refers to a doctoral-level provider (psychiatrist/psychologist) unless otherwise indicated.

(4) **Standards.** The standards delineated in this article define the conditions which are considered disqualifying for SO duty. The standards delineated in MANMED Chapter 15, Section III (General Standards, some of which are restated below for emphasis) are universally applicable to all SO duty candidates, unless specifically addressed in this article. UMOs, based on their specialty training and subject matter expertise, are charged with applying the General Standards to qualified SO personnel when appropriate to ensure that they are physically and mentally ready to perform their duties without limitation.

(a) **General.** Any condition or combination of conditions which may be exacerbated by SO duty, impair the ability to safely and effectively work in the SO environment, or increase potential for medical evacuation (MEDEVAC) is disqualifying. Any disease or condition causing chronic or recurrent disability or frequent health care encounters, increasing the hazards of isolation, or having the potential for significant exacerbation by extreme weather, stress, hypobaric or hyperbaric environments, or fatigue is disqualifying. Conditions and treatments causing a significant potential for disruption of operations are disqualifying. Further, any condition, combination of conditions, or treatment which may confound the diagnosis of a heat, cold, or brain injury is disqualifying.

Note: SO personnel reporting for duty following an absence of greater than 14 days due to illness or injury, hospitalization for any reason, or reported on by a medical board must have a properly documented UMO evaluation to determine fitness for continued SO duty.

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

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

(2) History of inner ear pathology or surgery, including but not limited to vertigo, Meniere's disease or syndrome, endolymphatic hydrops, or tinnitus of sufficient severity to interfere with satisfactory performance of duties is disqualifying.

(3) Chronic or recurrent motion sickness is disqualifying.

(4) External auditory canal exostosis or atresia that results in recurrent external otitis is disqualifying.

(5) Abnormalities precluding the comfortable use of required equipment, including headgear and earphones, are disqualifying.

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

(7) Hearing in the better ear must meet accession standards as specified in MANMED article 15-38(2).

(c) **Dental**

(1) All SO personnel must be DoD dental classification 1 or 2.

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

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

(d) **Eyes and Vision**

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

(2) Uncorrected visual acuity worse than 20/40 in the better eye is disqualifying for SEAL and SWCC.

(3) Uncorrected visual acuity worse than 20/70 in either eye is disqualifying for SEAL and SWCC.

(4) Uncorrected visual acuity worse than 20/200 in either eye is disqualifying for EOD, USMC RECON, and MARSOC.

(5) Visual acuity standards are not waiverable for SEAL and SWCC candidates.

(6) Deficient color vision, as defined by MANMED article 15-36(1)(d), is disqualifying. Waiver requests for color vision deficiency will not be considered for EOD personnel or candidates. Other special operation communities will consider waivers. Waiver requests must include a statement from the member's supervisor stating that the member is able to perform his job accurately and without difficulty, and provide evidence that primary and secondary colors can be discerned.

(7) Symptomatic or functional night vision deficiency is disqualifying.

(8) Lack of depth perception (i.e., not meeting article 15-85, paragraph 1(d) standards) is disqualifying.

(9) Photorefractive keratectomy, laser-assisted in-situ keratomileusis (LASIK), LASEK, or intraocular lens implants (including Intraocular Collamer Lens Implants) within the preceding 3 months are disqualifying for SO candidates only. Stable results from appliance or surgery must meet the applicable (paragraph 4(d)(1)-(4) of this article) corrected visual acuity standards and the patient must be discharged from ophthalmology follow-up with a disposition of “fit for full duty” and requiring no ongoing treatment. Qualified SO Service members may return to duty 1 month after refractive corneal or intraocular lens implant surgery if they are fully recovered from surgery and have an acceptable visual outcome per paragraph 4(d)(1)-(4) of this article. No waiver is required in these cases.

(10) Glaucoma is disqualifying. Pre-glaucoma requiring no treatment and follow-up intervals of 1 year or more is not disqualifying.

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

(12) Any acute or chronic recurrent ocular disorder which may interfere with or be aggravated by blast exposure or repetitive deceleration such as parachute opening or small boat maritime operations is disqualifying.

(13) Radial keratotomy is disqualifying.

(14) Keratoconus is disqualifying.

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

(1) Reactive airway disease or asthma after age 13, chronic obstructive or restrictive pulmonary disease, active tuberculosis, sarcoidosis, and spontaneous pneumothorax are disqualifying.

(2) Traumatic pneumothorax is disqualifying. Waiver may be considered for candidates or designated SO personnel under the following conditions:

(a) Normal pulmonary function testing.

(b) Normal standard non-contrast chest CT.

(c) Favorable recommendation from a pulmonologist with a disposition of “fit for full duty.”

(d) Final evaluation and approval by attending UMO.

(3) Individuals with either positive tuberculin skin test (TST) or positive Interferon Gamma Release Assay (IGRA) (e.g., QuantiFERON-TB Gold test) must be removed from SO Duty pending further clinical investigation.

(a) Active tuberculosis is disqualifying; however, a waiver request will be considered upon completion of all treatments resulting in sterilization of the infectious lesion, and demonstration of normal pulmonary function. Individuals diagnosed with latent tuberculosis infection (LTBI) are non-infectious, but have the potential to progress to active disease.

(b) LTBI is disqualifying for candidates. A waiver request will be considered upon completion of all indicated LTBI therapy.

(c) Designated SO personnel diagnosed with LTBI will be evaluated by their attending UMO. The UMO may return the individual to SO Duty, without waiver, 8 weeks after initiating LTBI antibiotic therapy, provided the individual remains asymptomatic, is compliant with therapy and has no adverse reaction to the medication(s). Completion of treatment must be documented in the medical record.

(d) Foreign nationals participating in U.S. Navy SO training programs must be screened for tuberculosis, and if indicated, receive documented treatment to the same standard as that of U.S. nationals, prior to acceptance into training.

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

(1) Cardiac dysrhythmia (single episode, recurrent, or chronic) other than 1st degree heart block. Sinus bradycardia attributable to aerobic conditioning is a normal variant and is not disqualifying.

(2) Atherosclerotic heart disease.

(3) Pericarditis, chronic or recurrent.

(4) Myocardial injury or hypertrophy of any cause.

(5) Chronic anticoagulant use.

(6) Intermittent claudication or other peripheral vascular disease.

(7) Thrombophlebitis. Localized, superficial thrombophlebitis related to intravenous (IV) catheter placement is not disqualifying once asymptomatic.

(8) Uncontrolled hypertension, due either to the refractory nature of the condition or patient noncompliance, and persisting greater than 6 months, is disqualifying. Hypertension, which requires complex management or is associated with end organ damage, is disqualifying.

(9) History of cardiac surgery, including ablations for Wolff-Parkinson-White and other accessory pathways, other than closure of patent ductus arteriosus in infancy.

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

(1) A history of gastrointestinal tract disease of any kind is disqualifying, if any of the following conditions are met:

(a) Current or history of gastrointestinal bleeding, including positive occult blood testing, if the cause has not been corrected. Minor rectal bleeding from an obvious source (e.g., anal

fissure or external hemorrhoid) is not disqualifying if it responds to appropriate therapy and resolves within 6 weeks.

(b) Any history of organ perforation.

(c) Current or history of chronic or recurrent diarrhea, abdominal pain, incontinence, or emesis.

(2) Asplenia is disqualifying. Waiver may be considered 1 year after splenectomy if the member has received the appropriate immunizations and has had no serious infections.

(3) History of bariatric surgery is disqualifying and waiver will not be considered.

(4) History of diverticulitis is disqualifying. Personnel with diverticulosis require counseling regarding preventive measures and monitoring for development of diverticulitis.

(5) History of small bowel obstruction is disqualifying.

(6) Presence of gallstones, whether or not they are symptomatic, is disqualifying until the member is stone-free.

(7) History of gastric or duodenal ulcer is disqualifying.

(8) History of pancreatitis is disqualifying.

(9) Chronic active hepatitis is disqualifying.

(10) Inflammatory bowel disease and malabsorption syndromes are disqualifying.

(11) History of abdominal surgery is not disqualifying once healed, provided there are no sequelae including, but not limited to, adhesions.

(12) Uncontrolled gastroesophageal reflux disease (GERD) is disqualifying.

(13) History of food impaction or esophageal stricture is disqualifying.

(h) *Genitourinary*

(1) Urinary incontinence, renal insufficiency, recurrent urinary tract infections, and chronic or recurrent scrotal pain are disqualifying.

(2) History of urolithiasis:

(a) Is disqualifying for candidates.

(b) A first episode of uncomplicated urolithiasis is not disqualifying for SO designated personnel provided that there is no predisposing metabolic or anatomic abnormality and there are no retained stones. The attending UMO may return the member to full duty after a thorough evaluation to include urology consultation and 24-hour urine studies.

(c) A first episode of urolithiasis associated with a metabolic or anatomic abnormality is disqualifying. Waiver may be considered based upon evidence of correction of the associated abnormality.

(d) Recurrent urolithiasis, regardless of cause, is disqualifying.

(e) Randall's plaques are not disqualifying.

(i) *Endocrine and Metabolic.* Any condition requiring chronic medication or dietary modification is disqualifying for candidates but may be waived for qualified SO personnel. Specifically:

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

(2) Diabetes mellitus is disqualifying.

(a) Diabetes mellitus requiring insulin or long-acting sulfonylurea hypoglycemic medication (such as chlorpropamide or glyburide) must not be considered for a waiver.

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

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

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

(5) Chronic use of corticosteroids, or other medications which suppress or modulate the immune system, is disqualifying. Nasal corticosteroids used to treat allergic rhinitis are not disqualifying.

(6) Hypogonadism or other conditions requiring ongoing use of exogenous testosterone or testosterone analogs are disqualifying.

(j) *Musculoskeletal.* Any musculoskeletal condition which is chronic or recurrent, predisposes to injury, or limits the performance of extremely strenuous activities (weight-bearing and otherwise) for protracted periods is disqualifying.

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

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

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

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

(5) Radiculopathy of any region or cause is disqualifying.

(6) Any history of spine surgery is disqualifying.

(7) Chronic myopathic processes causing pain, atrophy, or weakness are disqualifying.

(8) Special operations personnel with a history of uncomplicated fractures may return to SO Duty after 3 months (or SO candidates after 12 months) if without residual symptoms or physical limitations, after evaluation by the attending orthopedic surgeon and at the discretion of the UMO

without a waiver. Those with residual symptoms or physical limitations, or those seeking to return to SO duty sooner than 3 months (12 if candidate) require a waiver.

(9) SO personnel with a history of bone (e.g., open reduction, internal fixation) or major joint surgery may return to SO Duty after 6 months (or SO candidates after 12 months) if without residual symptoms or physical limitations, after evaluation by the attending orthopedic surgeon and at the discretion of the UMO without a waiver. Those with residual symptoms or physical limitations, or those seeking to return to SO Duty sooner than 6 months (12 if SO candidate) require a waiver. Retained hardware, after the afore-mentioned time intervals, is not disqualifying unless it results in limited range of motion.

(10) Any amputation, partial or complete, is disqualifying.

(k) *Psychological and cognitive*

(1) Any diagnosis, from the current version of the DSM, which affects the Service member's ability to perform their duties is disqualifying. This determination for disqualification can be made by either the Service member's treating medical provider or licensed mental health professional. Waiver may be considered when the individual's symptoms no longer affect their ability to perform their duties and must include a favorable recommendation from the attending mental health provider and UMO.

(2) Substance Use Disorders

(a) Alcohol use disorders are disqualifying. If characterized as MILD or MODERATE, a waiver request may be submitted after completion of all recommended treatment. Waiver requests should detail any prescribed or recommended continuing care or aftercare plan. If the alcohol use disorder is characterized as SEVERE, waiver requests will only be considered after the individual demonstrates sustained sobriety (typically 12 months) and has completed any recommended continuing care and aftercare programs.

(b) Other Substance Use Disorders

1. Medically disqualifying for all SO Duty candidates. Waiver requests must include documentation of successful completion of treatment and aftercare (if applicable).

2. Designated SO personnel with substance use disorder will be managed administratively per OPNAVINST 5355.3 series and do not require medical disqualification unless a medically disqualifying diagnosis is present in addition to the substance use disorder (e.g., substance-induced psychosis).

3. Current or history of illicit drug use (including use in religious rituals) should be managed administratively per OPNAVINST 5355.3 series, SECNAVINST 5300.28 series, and any other applicable directives.

(3) Use of psychotropic medication is temporarily disqualifying until the Service member has become stable on the medication and they are able to perform their duties, as judged by the attending UMO and doctoral-level mental health professional. No waiver is required to return to SO Duty for short-term use (less than 6 months) of a psychotropic medication. Long-term use (longer than 6 months) of a psychotropic medication is disqualifying and will require a waiver to return to SO Duty.

Note: ASD(HA) Guidelines for Deployment-Limiting Psychiatric Conditions and Medications states that a member may not be deployed within 3 months of starting a psychotropic medication.

Note: OPNAVINST 3591.1, Small Arms Training and Qualification, states that a member may not be issued a weapon while on psychotropic medications unless a waiver is obtained; personnel must be limited to administrative duties unless waiver has been granted.

(4) Waiver is not required for short-term use (2 weeks or less) of a sleep aid (e.g., zolpidem for induction of sleep).

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

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

(2) A history of seizure disorder, with the exception of febrile convulsion before age 6 years, is considered disqualifying. A minimum of 2 seizure-free years after cessation of anti-convulsant medication with a normal EEG and neurological evaluation

is necessary before a waiver will be considered. Isolated seizures attributed to known causes (e.g., blunt trauma, intoxications) may be waived sooner.

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

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

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

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

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

(a) Cerebrospinal fluid leak.

(b) Intracranial bleeding.

(c) Depressed skull fracture with dural laceration.

(d) Post-traumatic amnesia (PTA) per the following schedule:

1. PTA less than 1 hour is disqualifying for at least 1 month. A normal brain MRI and normal examination by a neurologist or neurosurgeon is required before return to duty. If more than 2 years have elapsed since the injury, a normal MRI and a normal neurologic examination by the UMO are sufficient. Further specialty consultation is only indicated in the event of abnormal findings.

2. PTA greater than 1 hour is permanently disqualifying for candidates. Waiver may be entertained for designated SO personnel after 1 year if brain MRI and neurologic and neuropsychological evaluations are normal.

(8) History of penetrating head injury is disqualifying.

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

(n) *Miscellaneous*

(1) Chronic viral illnesses (except those with manifestations limited to the skin) are disqualifying.

(2) Cancer treatment (except excision of skin cancer) within the preceding year is disqualifying.

(3) Chronic immune insufficiency of any cause, chronic anemia, abnormal hemoglobin (including sickle cell trait), and defects of platelet function or coagulability are disqualifying.

(4) Allergic or atopic conditions which require allergy immunotherapy are disqualifying until completion of desensitization therapy.

(5) Current history of severe allergic reaction or anaphylaxis to environmental substances or any foods is disqualifying. Any allergy with life threatening manifestations is disqualifying.

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

(7) Recurrent syncope is disqualifying. Waiver will be considered only after demonstration of a definitive diagnosis and effective prophylactic treatment.

(8) *Medications*

(a) For candidates, daily or frequent use of any medication is disqualifying.

(b) For designated SO personnel, use of any medication that may compromise mental or behavioral function, limit aerobic endurance, or

pose a significant risk of mentally or physically impairing side effects is disqualifying. Any requirement for a medication that necessitates close monitoring, regular tests, refrigeration, or parenteral administration on a biweekly (every 2 weeks) or more frequent basis is disqualifying. Requirement for medication which would pose a significant health risk if suddenly stopped for 1 month or more is disqualifying.

(c) SO designated personnel taking medicines prescribed by a non-DoD provider are disqualified until reviewed and approved by the Service member's UMO.

(9) **Vaccinations.** Candidate or SO designated personnel refusing to receive recommended vaccines (preventive health or theatre specific vaccines recommended by the Combatant Command (COCOM)) based solely on personal or religious beliefs are disqualified. This provision does not pertain to medical contraindications or allergies to vaccine administration.

(4) **Waiver and Disqualification Requests.** Waiver and disqualification requests are essentially the same personnel action. The distinction between the two lies with whether the originator is requesting that one or more physical standards be waived or not. The outcome of either request is a determination by the responsible waiver authority as to whether the physical standard(s) is waived or not. BUMED-M95 serves as the senior medical reviewer for the waiver authority. (Certain waiver authorities have delegated adjudication of disqualification cases only to lower echelon commanders).

(a) Requests for a waiver of physical standards for SO personnel and candidates must be sent from the member's commander, commanding officer, or officer in charge, via any applicable immediate superior in command (ISIC) or type commander (TY-COM) and BUMED-M95, to the appropriate Bureau of Naval Personnel code (enlisted – BUPERS-3; officers – PERS-416); or Headquarters, USMC (POG-40).

(b) Originators must use the WEBWAVE 2 system to securely transmit cases (which contain HIPAA and PII-protected information). WEBWAVE 2 expedites case adjudication, allows tracking of cases under review and provides an accessible archive of closed cases. The system's business rules are designed to ensure that all necessary components of a request are submitted and requests are directed electronically via the proper routing sequence. BUMED-M95's guideline for timely internal review of routine waiver requests is 10 business days; Urgent cases are acted

upon with 24 hours of receipt. Access to WEBWAVE 2 is controlled by BUMED-M95. Commands needing to submit requests via WEBWAVE 2 but currently without access may contact BUMED-M95 directly to validate their requirement and obtain access/training.

(c) For SO personnel, interim waivers may be granted by BUMED-M95 for periods of up to 6 months.

(1) Interim waivers will not normally be considered for SO candidates, in as much as their suitability must be established before the Navy incurs the expense of TAD orders and training.

(2) Because interim waivers are not reviewed by the relevant Waiver Authority, BUMED-M95 will only grant interim waivers for relatively routine, frequently encountered conditions for which it is confident of the waiver authority's eventual disposition. In any case, interim waivers should be requested sparingly.

(3) BUMED-M95 must receive the final waiver request prior to the expiration of any interim waiver which has been granted (typically 6 months). The final waiver request must include a substantive interval history pertinent to the condition under review.

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

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

(d) BUMED-M95 will perform 'courtesy screening' for SO candidates, who are potential Navy accessions, referred by their local Navy Recruiting Districts (NRD); however, these screens are not waivers.

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

(1) A special SF 600, prepared by the UMO, requesting the waiver (or disqualification), referencing the specific standard for which the member is NPQ, a clinical synopsis including brief history, focused examination, clinical course, appropriate ancillary studies and appropriate specialty

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

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

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

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

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

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

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

15-106

Submarine Duty

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

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

(3) Examinations

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

(b) **Scope.** The examiner will pay special attention to the mental status, psychiatric, and neurologic components of the examination, and will review the entire health record for evidence of past impairment. Specifically, the individual will be questioned about difficulty getting along with other personnel, history of suicidal or homicidal ideation, and anxiety related to tight or closed spaces, nuclear power, or nuclear weapons. The examination must be recorded on the DD Form 2807-1 and DD Form 2808. For female examinees, the NAVMED 6420/2 (Health and Reproductive Risk Counseling for Female Submariners and Submarine Candidates) is also required. If within required periodicity, portions of the examination typically performed in conjunction with the annual women’s health exam (e.g., breast, genitalia, pelvic, anus and rectum) may be transcribed with proper attribution rather than repeated, and need not be performed by the examiner performing the submarine duty exam. The following studies are required within 3 months prior to the exam unless otherwise specified:

(1) PA and lateral x-rays of the chest (candidates only, upon program entry).

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

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

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

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

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

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

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

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

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

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

qualified submarine personnel when appropriate to ensure physical and mental readiness to perform their duties without limitation. Standards in this article take precedence over General Standards where conflicts exist. Submariners who operate or maintain equipment under the purview of the Naval Nuclear Propulsion Program must also meet the physical standards for nuclear field duty and occupational exposure to ionizing radiation (MANMED articles 15-103 and NAVMED P-5055). Ship's company divers must also meet the diving duty and occupational exposure to ionizing radiation standards (MANMED articles 15-102 and NAVMED P-5055). For the purpose of this article, "submarine duty candidates" and "candidates" refer to submarine designated personnel who have yet to report to their first submarine. "Submariners" or "submarine qualified" personnel are those individuals who have reported to their first submarine.

(a) **General.** Any condition or combination of conditions which may be exacerbated by submarine duty or increase potential for MEDEVAC is disqualifying. Also, any condition, combination of conditions, or treatment which may impair the ability of one to safely and effectively work and live in the submarine environment is disqualifying. Submariners returning to duty following an absence of greater than 7 days due to illness or injury, hospitalization for any reason, or after being reported on by a medical board must have a documented UMO evaluation to determine fitness for continued submarine duty.

(b) **Ears and Hearing**

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

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

(c) **Dental**

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

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

(3) Dental conditions requiring follow-up which significantly interferes with a member's performance of duty, including going to sea, are disqualifying.

(d) *Eyes and Vision*

(1) Visual acuity that cannot be corrected to 20/25 in at least one eye is disqualifying.

(2) Defective color vision is disqualifying except for enlisted rates Culinary Specialist (CS), Hospital Corpsman (HM), Logistics Specialist (LS), and Yeoman (YN). For submarine qualified personnel, waiver requests must include a statement from the member's supervisor stating that the member is able to perform his or her job accurately and without difficulty.

(3) All forms of corneal surgery are disqualifying except for PRK, LASEK, and LASIK. Waivers are not required for members who have had successful surgery if stable postoperative vision meets the criteria of MANMED article 15-106 paragraph (4)(d)(1) of this article and the following are met:

(a) Candidates for submarine duty must have a 3-month waiting period following their most recent corneal surgery prior to their qualifying submarine duty examination.

(b) For qualified submariners:

1. Prior authorization for surgery is required from the member's commanding officer.

2. Members must be on shore duty or in a shipyard or in-port maintenance period of at least 3 months and have at least 30 days remaining after surgery before any scheduled submarine operations.

3. A UMO interview and medical record entry is required after completion of surgery before the member can return to submarine duty.

(4) Keratoconus is disqualifying. Waivers may be considered for individuals with stable or slowly progressive disease who do not require hard contact lenses.

(5) Recurrent corneal abrasions or ulcerations associated with ocular infection are disqualifying.

(6) A history of atraumatic iritis is disqualifying. Individuals with an unequivocal history of traumatic iritis may be returned to submarine duty after resolution of symptoms and evaluation by the attending ophthalmologist and at the discretion of the UMO without a waiver.

(7) Glaucoma is disqualifying. Pre-glaucoma requiring follow up intervals of 1 year or greater and with no required treatment is not disqualifying.

(8) Intraocular lens implants and depth perception deficits are not disqualifying.

(e) *Pulmonary*. Any chronic or recurring condition including but not limited to chronic obstructive pulmonary disease, sarcoidosis, pneumoconiosis, or chronic infection is disqualifying.

(1) Asthma or reactive airway disease (these terms are to be considered synonymous) after the 13th birthday is disqualifying. Waivers will be considered only for non-smoker individuals with intermittent (vice persistent) asthma. All waiver requests must include the following:

(a) Report from a residency trained primary care physician or pulmonologist classifying the individual's asthma based on National Asthma Education and Prevention Program guidelines.

(b) Spirometry results.

(c) Medication requirements.

(d) Where applicable, recommendations for control of precipitating factors and smoking cessation.

(2) Obstructive sleep apnea which does not respond to standard therapeutic interventions such as positive airway pressure, surgery, or weight loss is disqualifying.

(3) History of pneumothorax is disqualifying. Waiver may be considered for traumatic or surgical pneumothorax if chest CT and pulmonology consultation support a waiver request. Waiver will not be considered for spontaneous pneumothorax.

(4) Individuals with either positive TST or positive IGRA (e.g., QuantiFERON-TB Gold test) must be removed from submarine duty pending further clinical investigation.

(a) Active tuberculosis disease is disqualifying; however, a waiver request will be considered upon completion of all treatments resulting in sterilization of the infectious lesion, and demonstration of normal pulmonary function. Individuals diagnosed with LTBI are non-infectious, but have the potential to progress to active disease.

(b) LTBI is disqualifying for candidates. A waiver request will be considered upon completion of all indicated LTBI therapy.

(c) Submarine-qualified personnel diagnosed with LTBI will be evaluated by their attending UMO. The UMO may return the individual to submarine duty, without waiver, 8 weeks after initiating LTBI antibiotic therapy, provided the individual remains asymptomatic, is compliant with therapy and has no adverse reaction to the medication(s). Completion of treatment must be documented in the medical record.

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

(1) Cardiac dysrhythmia (single episode, recurrent, or chronic) other than 1st degree heart block.

(2) Atherosclerotic heart disease.

(3) Pericarditis, chronic or recurrent.

(4) Myocardial injury or hypertrophy of any cause.

(5) Chronic anticoagulant use.

(6) Intermittent claudication or other peripheral vascular disease.

(7) History of deep venous thrombosis is disqualifying. Waivers may be considered for uncomplicated cases after completion of anti-coagulation therapy and 6 months without recurrence off medication. Cases complicated by pulmonary embolism or predisposing coagulation disorder (Protein S or Protein C deficiency, Factor V Leiden, etc.) will not be considered for waiver.

(8) Uncontrolled hypertension, due either to the refractory nature of the disease or patient non-compliance, is disqualifying. Hypertension which requires complex medical management to achieve control is disqualifying. Hypertension associated with evidence of end organ damage is disqualifying.

(9) History of cardiac surgery other than closure of patent ductus arteriosus in infancy.

(10) History of ventricular pre-excitation conditions, to include, but not limited to Wolf-Parkinson-White and Lown-Ganong-Levine syndromes. Waiver may be considered for personnel who have undergone successful ablation of accessory pathway(s) and are recommended for return to submarine duty by a cardiologist and the attending UMO. Waivers will also be considered for personnel with a ventricular pre-excitation electrocardiogram (ECG) pattern who:

(a) Have never had a documented dysrhythmia.

(b) Have never had a symptomatic episode consistent with a paroxysmal dysrhythmia (e.g., palpitations, dizziness, chest pain, dyspnea, loss of consciousness).

(c) Have been found to be at extremely low risk for a future event as determined by a cardiologist, in conjunction with electrophysiological study if indicated.

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

(1) A history of gastrointestinal tract disease is disqualifying. Specific examples include:

(a) History of gastrointestinal bleeding, including positive occult blood testing, if the cause has not been corrected. Minor rectal bleeding from an obvious source (e.g., anal fissure or external hemorrhoid) does not require immediate disqualification, but must be evaluated and treated by a physician as soon as practicable.

(b) History of organ perforation.

(c) History of chronic or recurrent diarrhea, abdominal pain, or vomiting.

(2) Asplenia is disqualifying. Waiver may be considered 2 years after splenectomy if the individual has received the appropriate immunizations and has had no serious infections.

(3) History of bariatric surgery is disqualifying and waiver will not be considered.

(4) History of diverticulitis is disqualifying. Diverticulosis is not disqualifying, but individuals with this condition require counseling regarding preventive measures and monitoring for development of diverticulitis.

(5) History of small bowel obstruction is disqualifying.

(6) Presence of gallstones, whether or not they are symptomatic, is disqualifying until the individual is stone-free.

(7) History of gastric or duodenal ulcer is disqualifying.

(8) History of pancreatitis is disqualifying.

(9) Chronic hepatitis is disqualifying.

(10) Gastroesophageal reflux disease that is adequately controlled and under appropriate follow-up care is not disqualifying.

(11) Eosinophilic esophagitis is disqualifying.

(12) History of abdominal surgery is not disqualifying, once released by the attending surgeon and provided there are no persisting complications.

(h) **Genitourinary**

(1) **Urolithiasis**

(a) A history of urolithiasis is disqualifying for candidates.

(b) A first episode of uncomplicated urolithiasis is not disqualifying for submarine designated personnel provided that there is no predisposing metabolic or anatomic abnormality and there are no retained stones. The attending UMO may return the member to full duty after resolution of symptoms and a thorough evaluation, including a urology consultation.

(c) A first episode of urolithiasis associated with a metabolic or anatomic abnormality is disqualifying. Waiver may be considered based upon elimination of stones and evidence of correction of the associated abnormality.

(d) Recurrent urolithiasis is disqualifying. A waiver will not be considered.

(e) Randall's plaques are not disqualifying.

(2) **Female Reproductive System**

(a) Recurrent or chronic pelvic pain of sufficient severity that it interferes with performance of duties or poses a MEDEVAC risk is disqualifying.

(b) Abnormal vaginal bleeding of sufficient severity that it interferes with performance of duties, causes symptomatic anemia, or poses a MEDEVAC risk is disqualifying.

(c) Endometriosis is disqualifying.

(d) Uterine fibroids are disqualifying if symptomatic.

(e) Cervical dysplasia or neoplasia requiring frequent (<6 months) follow up, consistent with current American Society for Colposcopy and Cervical Pathology (ASCCP) clinical practice guidelines, is disqualifying.

(f) Pregnancy is not disqualifying, but the pregnant submariner may not get underway on a submarine for the duration of the pregnancy. After a pregnancy, the submariner may not get underway on a submarine until cleared by her attending maternity care provider and UMO.

(i) **Endocrine and Metabolic.** Any endocrine or metabolic condition requiring chronic medication or dietary modification is disqualifying. Candidates will not typically be recommended for waivers except those with well-controlled hypothyroidism. Specifically:

(1) Diabetes mellitus is disqualifying

(a) Diabetes mellitus requiring insulin is disqualifying and will not be considered for a waiver.

(b) Diabetes mellitus controlled without the use of insulin is disqualifying. Waiver requests must include documentation of current medications, current hemoglobin A1C level, and documentation of the presence or absence of any end organ damage.

(2) Pre-diabetic conditions requiring treatment with medication are disqualifying.

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

(4) Symptomatic hypoglycemia is disqualifying.

(5) Chronic use of corticosteroids, other than nasal corticosteroids for allergic rhinitis, is disqualifying.

(6) Hypogonadism or other conditions requiring ongoing use of exogenous testosterone or testosterone analogs are disqualifying.

(j) **Musculoskeletal**

(1) Conditions resulting in decreased strength, decreased range of motion, or pain sufficient to interfere with ready movement about a submarine or performance of duties are disqualifying.

(2) Disorders causing a person to be excessively prone to injury are disqualifying.

(3) Any disorder that precludes quick movement in confined spaces or inability to stand or sit for prolonged periods is disqualifying.

(k) **Psychological and Cognitive.** Psychological fitness for submarine duty must be carefully and continuously evaluated in all submarine designated personnel. It is imperative that individuals working in this program have a very high degree of reliability, alertness, and good judgment. Any current or history of a diagnosis as defined by the current version of the DSM, *unless explicitly excepted*, is disqualifying, to include:

(1) Current or history of delirium, dementia, amnesic and other cognitive disorders, mental disorders due to a general medical condition, schizophrenia and other psychotic disorders, somatoform disorders, factitious disorders, dissociative disorders, eating disorders, and impulse-control disorders not elsewhere classified are disqualifying.

(2) Current or history of mood disorder and/or anxiety disorders (including adjustment disorders lasting longer than 90 days) as listed in the DSM is disqualifying, but may be considered for a waiver once the Service member's condition is stable and asymptomatic.

(a) Candidates, whose treatment includes psychopharmaceuticals, are disqualified and not eligible for a waiver until such medications are no longer required to achieve asymptomatic stability.

(b) Submarine designated individuals, whose treatment includes ongoing use of selected psychopharmaceuticals, may be considered for waiver, provided all of the following stipulations are met:

1. The Service member must initially be evaluated by a DoD-clinically privileged psychiatrist.

2. The condition must be categorized as stable, resolved, or in remission.

3. The Service member must have access to the recommended level of follow-up with their mental health provider and primary care manager (PCM). For submarine duty personnel, the condition must be stable enough to allow follow-up solely with an Independent Duty Corpsman for up to 6 months at a time.

4. Medication specifics. SSRI and SNRI class medications, as well as bupropion, are well tolerated, with minimal side effects and generally amenable for waiver. Other medications may be considered on a limited, case-by-case basis. It is expected that starting medication, titrating up to the optimum dosage, assessing for efficacy, side effects, and demonstrating stability will require about 3 months; however some medications with short biological half-lives may require less time. The UMO must certify, when recommending a waiver, that:

i. The Service member's underlying condition is well-controlled (asymptomatic) on the current dosage of medication.

ii. The Service member is on a stable dosage of medication (i.e., no dose change in the 30 days prior to waiver submission).

iii. The Service member demonstrates clinical stability without any military duty performance-impairing side effects. This assessment should also be specifically addressed by the individual's command endorsement.

5. Mood disorders or anxiety disorders (including adjustment disorders) complicated by suicidal behaviors.

i. Individuals who have experienced suicidal ideation in conjunction with their mood and/or anxiety disorder (including adjustment disorders) may still be considered for a psychopharmaceutical use waiver in conjunction with a waiver for their underlying psychological condition and their suicidal behavior.

ii. Individuals who have displayed suicidality in the form of a suicidal gesture or suicide attempt, as defined by a mental health professional, will not be eligible for a psychopharmaceutical use waiver. A waiver to return to submarine duty after a suicide gesture or attempt will require cessation of medication use in conjunction with complete resolution of their condition, in addition to a recommendation from a mental health provider and the UMO.

(3) Post-partum depression of limited duration is not normally disqualifying for submarine duty. Cases which resolve quickly, within the 12-week maternity leave period, may be found fit for submarine duty by the attending UMO. Cases of longer duration and/or requiring psychopharmaceutical use or involving suicidality are disqualifying and waiver will be considered after complete resolution of symptoms.

(4) Disorders usually first diagnosed in infancy, childhood, or adolescence, are disqualifying if they interfere with safety and reliability or foster a perception of impairment.

(a) Current ADHD which requires medication to control symptoms, is disqualifying, but a history of ADHD which resolved greater than 1 year prior to military service is not disqualifying.

(b) Communication disorders, including but not limited to any speech impediment which significantly interferes with production of speech, repeating of commands, or allowing clear verbal communications, are disqualifying.

(c) Sleep disorders, which result in daytime fatigue, somnolence or inattention, are disqualifying.

(5) Gender dysphoria. Transgender individuals with a diagnosis of gender dysphoria, with no other comorbidities, may be returned to submarine duty upon the written recommendation of the attending UMO and mental health professional without further recourse to the waiver process. Transgender individuals who have been determined to not have a diagnosis of gender dysphoria merely require documentation of that fact in their medical record. Actual gender transition, involving medications and treatments, must be considered separately as to the interventions respective impacts on the individual's suitability for submarine duty.

(6) Personality disorders are disqualifying for submarine duty candidates. For submarine qualified personnel, personality disorders may be administratively disqualifying if they are of significant severity as to preclude safe and successful performance of duties. In these cases, administrative processing should be pursued per the Military Personnel Manual (MILPERSMAN).

(7) Adjustment disorders and brief situational emotional distress, such as acute stress reactions or bereavement, are not normally disqualifying. Individuals with these conditions must be evaluated by

the attending UMO, in conjunction with formal mental health evaluation. In cases which resolve completely within 90 days, individual may be found fit submarine duty by the attending UMO. Conditions lasting longer than 90 days are disqualifying; a waiver may be considered after complete resolution of symptoms.

(8) Suicidal Behaviors

(a) History of suicidal gesture or attempt is disqualifying. These situations must be taken very seriously and require formal evaluation by a mental health provider. Waivers will be considered based on the underlying condition as determined by the attending UMO and mental health provider. Any consideration for return to duty must address whether the Service member, in the written opinions of the attending UMO and mental health provider, can return successfully to the specific stresses and environment of submarine duty.

(b) Suicidal ideation (SI), whether active or passive, is a significant risk factor for suicide and is associated with several mental health diagnoses. Any individual with SI requires a thorough suicide risk assessment by mental health provider. However, SI is a symptom rather than a diagnosis. As such, if the individual does not meet the diagnostic criteria for a disqualifying condition, then the individual may be returned to submarine duty upon the written recommendation of the attending UMO and mental health provider without further recourse to the waiver process.

(9) History of self-mutilation, including but not limited to cutting, burning, and other self-inflicted wounds, is disqualifying whether occurring in conjunction with suicidality or as an abnormal coping mechanism. Waivers will be considered based on the underlying condition, and its complete resolution, as determined by the attending UMO and mental health provider.

(10) Disorders relating to Substance Use (SUD)

(a) History of SUD is medically disqualifying for all submarine candidates. Waiver requests must include documentation of successful completion of treatment and aftercare.

(b) All submarine qualified personnel with SUD will be managed administratively per OPNAVINST 5355.3 series and do not require medical disqualification unless a medically disqualifying diagnosis is present in addition to SUD.

(c) Illicit drug use, historical or current, will be managed administratively per OPNAV-INST 5355.3 series, SECNAVINST 5300.28 series, and any other applicable directives.

(11) History of other mental disorders not listed above, which, in the opinion of the UMO, will interfere with or prevent satisfactory performance of submarine duty is disqualifying.

(12) Any use of psychopharmaceuticals for any indication within the preceding year is disqualifying. For the purpose of this article, “psychopharmaceutical” is defined as a prescription medication whose primary site of activity is the central nervous system (CNS). This includes, but is not limited to, anti-depressants, anti-psychotics, anti-epileptics, sedative/hypnotics, stimulants, anxiolytics, smoking cessation agents other than nicotine, DEA scheduled medications, and bipolar agents.

Note: Many non-psychiatric medications possess psychopharmaceutical properties and are considered disqualifying per this article. Examples include: Isotretinoin (Accutane), mefloquine (Lariam), gabapentin (Neurontin), and bromocriptine.

(a) As per policy defined in MAN-MED article 15-106, paragraph (4)(k)(2)(b) of this article, waivers will be considered for ongoing clinical treatment of mood and anxiety disorders with specific medications.

(b) For medications with only incidental activity (i.e., minor side effects occasionally observed in some individuals taking these medications) in the CNS, waivers will be considered on the basis of demonstrated stability of a stable dosage, no impairing side effects impacting duties, and favorable endorsement by a mental health provider, UMO and the individual’s command. The command endorsement must attest to both the individual’s functionality and criticality to mission.

(c) Waivers will be considered, in selected cases, for ongoing use of psychopharmaceuticals to treat non-psychiatric conditions. Requests for such waivers must meet a high threshold of documentation; waivers will be considered on the basis of demonstrated stability of a stable dosage, no impairing side effects impacting duties, and favorable endorsement by a mental health provider, UMO, and the individual’s command. The command endorsement must attest to both the individual’s functionality and criticality to mission.

(d) Waivers will be considered, upon discontinuation of psychopharmaceuticals, after a period of time considered sufficient to metabolize or eliminate the medication from the individual’s body (generally, five biological half-lives, less for single dose or transient courses of treatment). The mental health provider and UMO must specifically comment on the presence or absence of any withdrawal, discontinuation rebound, or other such symptoms attributable to the episode of psychopharmaceutical use. Individuals who experience any of these symptoms must be symptom free for 60 days before a waiver will be considered.

(e) Use of any DEA Schedule I drug for any reason, including religious sacraments, is disqualifying.

(f) **Exceptions.** Zolpidem (Ambien) prescribed for jet lag, medications prescribed or administered for facilitation of a medical or dental surgery or procedure, narcotic and synthetic opioid pain medications prescribed for acute pain management, anti-emetics for acute nausea, and muscle relaxants (such as cyclobenzaprine or diazepam) for acute musculoskeletal spasm and/or pain are not disqualifying. Acute treatment is limited to 2 weeks of continuous medication usage. Episodic use of serotonin receptor agonists (“triptans”), such as sumatriptan (Imitrex) and zolmitriptan (Zomig), for migraine abortive treatment, is not disqualifying.

(1) **Neurologic.** Any chronic or recurrent condition resulting in abnormal motor, sensory, or autonomic function or in abnormalities in mental status is disqualifying.

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

(2) Current seizure disorder or history of a seizure after the 6th birthday is disqualifying. Waiver requests must include mitigating circumstances if any, complete seizure and environment description, pertinent family history, and neurological evaluation. Member must be at least 2 years seizure free without medication before waiver will be considered. Waiver may be considered earlier for isolated seizures of known cause (e.g., toxic, infectious, post-traumatic).

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

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

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

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

(m) *Skin*

(1) Any skin disease, including pilonidal cysts, which may be aggravated by the submarine environment or interfere with the performance of duties is disqualifying until resolved.

(2) Acne vulgaris, which is nodulocystic or severe, is disqualifying but may be waived with successful treatment. For the purposes of this publication, isotretinoin (Accutane) is considered a psychopharmaceutical and the provisions of MANMED article 15-106, paragraph 4(k)(11) apply.

(3) Psoriasis, eczema, recurrent rashes, or atopic dermatitis that may be worsened by the submarine environment to the extent that function is impaired or unacceptable risk of secondary infection is incurred are disqualifying.

(4) A history of skin cancer (including malignant melanoma and squamous cell carcinoma) is disqualifying. A waiver may be considered after definitive treatment is completed; in some instances, definitive treatment may be limited to surgical excision with clear margins. Actinic keratosis and basal cell carcinoma are not disqualifying provided either is adequately treated and the member is considered fit for submarine duty by a dermatologist and the attending UMO.

(n) *Miscellaneous*

(1) Chronic viral illnesses, except those limited to skin, which pose any risk of contagion are disqualifying.

(2) Cancer treatment (except skin cancer, per MANMED article 15-106, paragraph (4)(m)(4)) within the preceding year is disqualifying. All submarine-qualified personnel with a diagnosis of cancer are also subject to requirements of NAVMED P-5055.

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

(4) Allergic or atopic conditions which require allergy immunotherapy are disqualifying unless the period of desensitization can be accomplished during a period of shore or limited duty.

(5) History of severe allergic reaction or anaphylaxis to environmental substances or any foods is disqualifying. Any allergy with life threatening manifestations is disqualifying. Non-IgE mediated reactions to foods warrant careful consideration and may, in exceptional circumstances, be amenable to waiver.

(6) Chronic or recurrent pain syndromes that may mimic serious disease (e.g., abdominal pain, chest pain) or interfere with work performance or mobility are disqualifying.

(7) Recurrent syncope is disqualifying. Waiver will be considered with demonstration of a definitive diagnosis and effective prophylactic treatment.

(8) Use of any medication that may pose a significant risk of mentally or physically impairing side effects is disqualifying. Any requirement for a medication that necessitates close monitoring, regular tests, refrigeration, or parenteral administration on a biweekly or more frequent basis is disqualifying.

(5) *Standards for Pressurized Submarine Escape Training (PSET)*. This provides guidance on the medical screening to be completed within 72 hours prior to undergoing PSET. These standards and procedures are intended to identify those trainees at increased risk of gas embolism and barotrauma and to exclude them from PSET. Any condition that may be worsened by the hyperbaric environment is considered disqualifying for PSET.

(a) Candidates for PSET must meet submarine duty physical standards and have a valid submarine duty examination on record.

(b) Failure to meet the physical standards for PSET does not medically disqualify an individual from submarine duty—these standards are no longer applicable once PSET is completed or discontinued.

(c) Female candidates must be tested for pregnancy (urine HCG – dip) at the time of the medical screening.

(d) If successfully screened medically, candidates will complete a Driver Candidate Pressure Test, as defined by the U.S. Navy Diving Manual. Individuals unable to successfully complete the test will be excluded from PSET.

(e) The additional physical standards for PSET follow:

(1) *Ear, Nose, and Throat*

(a) The sinuses, dentition, dental fillings, and tympanic membranes must be examined, and the tympanic membranes must be mobile to valsalva.

(b) Current upper respiratory infection, upper airway allergies, middle or inner ear disease, or sinus disease is disqualifying. Trainees with recently resolved or resolving symptoms may proceed with PSET training upon a favorable otolaryngeal examination by the attending UMO and objective evidence of normal eustachian tube function (e.g., Diver Candidate Pressure Test).

(2) *Pulmonary*

(a) Auscultation of the lungs and inspection of the chest wall for abnormalities of movement, symmetry, and development must be performed.

(b) Current or recent lower respiratory infection is disqualifying. Trainees may be reconsidered for PSET after at least 3 weeks after completion of treatment. Chest radiographs must confirm resolution of disease.

(c) The presence of an unexplained cough is disqualifying.

(d) All chronic restrictive and obstructive pulmonary conditions are disqualifying.

(e) A history of exercise- or cold-induced bronchospasm, open-chest surgery, spontaneous pneumothorax, or pulmonary barotrauma is disqualifying.

(f) Chest radiographs must be performed within 2 years prior to PSET. Abnormalities, including cysts, blebs, and nodules are disqualifying.

(g) Spirometry without bronchodilator must be performed within 14 days prior to PSET and must show forced vital capacity (FVC) and forced expiratory volume 1 (FEV1) within standards set by the Third National Health and Nutrition Examination Survey (NHANES III).

(3) *Cardiovascular*

(a) On-site screening must include a cardiovascular examination.

(b) Any cardiovascular abnormality other than first degree heart block that has not been corrected or waived for submarine duty is disqualifying.

(4) *Psychiatric*

(a) Submersion-related anxiety is disqualifying.

(b) Alcohol use within 12 hours prior to PSET is disqualifying.

(5) *Neurological*

(a) On-site screening must include a complete neurological examination per the U.S. Navy Diving Manual.

(b) History of intracranial surgery, disorders of sleep and wakefulness, and cognitive barriers to learning is disqualifying. History of obstructive sleep apnea, successfully treated, is not disqualifying.

(c) History of migraine or other recurrent headache syndromes is disqualifying unless mild and not associated with focal neurological symptoms.

(6) *Genitourinary*

(a) Current pregnancy is disqualifying.

(b) Pregnancy within the preceding 6 weeks is disqualifying unless cleared for PSET by the attending women's health provider and UMO.

(6) *Waiver and Disqualification Requests.* Waiver and disqualification requests are essentially the same personnel action. The distinction between

the two lies with whether the originator is requesting that one or more physical standards be waived or not. The outcome of either request is a determination by the responsible waiver authority as to whether the physical standard(s) is waived or not. BUMED Undersea Medicine and Radiation Health (BUMED-95) serves as the senior medical reviewer for the waiver authority. (Certain waiver authorities have delegated adjudication of disqualification cases only to lower echelon commanders).

(a) Requests for a waiver of physical standards for submariners and submarine duty candidates must be sent from the member's commander, commanding officer, or officer in charge, via any applicable ISIC, or type commander (TYCOM) and BUMED-M95, to the appropriate Bureau of Naval Personnel code (enlisted – PERS-403; officers – PERS-421).

(b) Originators must use the WEBWAVE 2 system to securely transmit cases (which contain HIPAA and PII-protected information). WEBWAVE 2 expedites case adjudication, allows tracking of cases under review and provides an accessible archive of closed cases. The system's business rules are designed to ensure that all necessary components of a request are submitted and requests are directed electronically via the proper routing sequence. BUMED-M95's guideline for timely internal review of routine waiver requests is 10 business days; urgent cases are acted upon with 24 hours of receipt. Access to WEBWAVE 2 is controlled by BUMED-M95. Commands needing to submit requests via WEBWAVE 2 but currently without access may contact BUMED-M95 directly to validate their requirement and obtain access/training.

(c) For submariners, interim waivers may be granted by BUMED-M95 for periods of up to 6 months.

(1) Interim waivers will not normally be considered for submarine duty candidates, in as much as their suitability must be established before the Navy incurs the expense of TAD orders and training.

(2) Because interim waivers are not reviewed by the relevant waiver authority, BUMED-M95 will only grant interim waivers for relatively routine, frequently encountered conditions for which it is confident of the waiver authority's eventual disposition. In any case, interim waivers should be requested sparingly.

(3) BUMED-M95 must receive the final waiver request prior to the expiration of any interim waiver which has been granted (typically 6 months).

The final waiver request must include a substantive interval history pertinent to the condition under review.

(4) Individuals with lapsed interim waivers are not physically qualified to get underway, stand watches aboard ship or perform maintenance on submarine systems until the final waiver request has been adjudicated.

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

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

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

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

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

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

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

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

15-107**Explosives Motor
Vehicle Operator
and Explosives
Handler Examinations
and Standards**

(1) **Background.** Military personnel were previously exempt from the requirements of the Commercial Motor Vehicle (CMV) Safety Act of 1986, and, in particular, from the physical examination requirements to obtain a commercial driver's license. It is DoD policy that civilian and military Explosives Motor Vehicle operators must meet physical qualification requirements as listed in 49 C.F.R. §391, Federal Motor Carrier Safety Administration (FMCSA) regulations. Explosives are to be considered as "hazardous materials" with regard to FMCSA regulations related to vehicle operator medical certification. FMCSA regulations now require CMV driver physical examinations to be performed by licensed providers listed on the National Registry of Certified Medical Examiners (NRCME). DoD Civilian CMV driver exams are to be performed and reported to the FMCSA by NRCME providers. Military CMV driver exams are not to be reported to the FMCSA, and may be performed by NRCME or non-NRCME certified providers; however, non-NRCME providers must use DOT standards and be as knowledgeable about these standards as NRCME providers. BUMEDINST 1500.30, Training and Certification Requirements for Healthcare Practitioners Performing Commercial Driver Examinations, describes responsibilities related to CMV examinations.

(2) **Scope.** These special duty certification examinations are required for active duty and civilian personnel assigned as Explosives Motor Vehicle operators and Explosives Handlers. Certain military personnel are exempt from this standard based on mission and/or command requirements. Administrative, mission, and/or command requirement exemptions from this standard require review via the waiver process established by Naval Ordnance Safety and Security Activity. It is important to note the separation of the two qualifications as Explosives Motor Vehicle Operator and Explosives Handler. Those qualified as Explosives Motor Vehicle Operators are concurrently qualified as Explosives Handlers.

However, Explosives Handler qualification does not confer qualification for Explosives Motor Vehicle Operator.

(3) **Periodicity.** The Explosives Motor Vehicle Operator (720) examination for both military and civilian workers is required every 2 years (or as directed by 49 C.F.R. §391 based upon medical factors). For Explosives Handlers (721), the examination interval is every 5 years.

(4) **Concordance with other exams.** Examiners using another comprehensive Special Duty examination, such as a Special Duty examination contained in MANMED Chapter 15, section IV, as the basis for this Explosives Motor Vehicle Operator qualification must review the findings against the standards of this program. For example, qualification for submarine duty does not automatically imply qualification for Explosives Motor Vehicle Operator as vision in both eyes is not a requirement for submarine duty, but is required for Explosives Motor Vehicle operation.

(a) Navy Explosive Ordnance Disposal (EOD) unit assigned personnel must meet the requirements of article 15-102 (Diving Duty) as well as 49 C.F.R. §391.

(b) Personnel assigned within the jurisdiction of United States Marine Corps (USMC) commands must additionally meet requirements of Marine Corps TM 11240-15, Motor Vehicle Licensing Official's Handbook.

(c) Per the guidance in NAVSEA OP 5, civilian explosives handlers must meet the general standards for employment as provided by the Office of Personnel Management as well as the standards for qualification in 49 C.F.R. §391.

(d) Active duty members must meet the qualifications for retention per section III of this chapter, in addition to the standards described below.

(5) **Reporting of Medical Status Changes.** Personnel assigned to duties as Explosives Motor Vehicle Operators or Explosives Handlers are responsible to report to their supervisor or the medical department any physical or mental condition, or any change in their medical status, which may pose a health or safety hazard to self, co-workers, or the public. Supervisors are responsible to direct such personnel to the appropriate medical department for evaluation.