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COMSUBLANT/COMSUBPACINST 6000.1A CH-1
N00M/N02M
12 Mar 2021

COMSUBLANT/COMSUBPAC INSTRUCTION 6000.1A CHANGE TRANSMITTAL 1

From: Commander, Submarine Force Atlantic
Commander Submarine Force, U.S. Pacific Fleet

Subj: SUBMARINE DUTY PHYSICAL STANDARDS AND THE MEDICAL WAIVER AND DISQUALIFICATION PROCESS

Encl: (1) Record of Changes page
(2) Revised page 10 of enclosure (1) of the basic instruction

1. Purpose. To promulgate Change 1 to the basic instruction.

2. Summary of Changes

a. Added Record of Changes page.

b. Updated paragraph 20 on page 10 of enclosure (1).

3. Action

a. Add Record of Changes page to basic instruction.

b. Remove page 10 of enclosure (1) of the basic instruction and replace with enclosure (2).

4. Records Management. Records created as a result of this instruction regardless of format or media, must be maintained and dispositioned for the standard subject identification codes (SSIC) 1000 through 13000 series per the records disposition schedules located on the Department of the Navy/Assistant for Administration (DON/AA), Directives and Records Management Division (DRMD) portal page at https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx.

5. Review and Effective Date. Per OPNAVINST 5215.17A, COMSUBLANT and COMSUBPAC will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for ten years, unless revised or cancelled in the

interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

M. J. MUCKIAN
Chief of Staff

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Releasability and distribution:
This instruction is cleared for public release with personnel holding a military Command Access Card (CAC) and is available electronically via COMSUBLANT and COMSUBPAC websites at:
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COMSUBLANT/COMSUBPACINST 6000.1A
N00M
2 Nov 2020

COMSUBLANT/COMSUBPAC INSTRUCTION 6000.1A

From: Commander, Submarine Force Atlantic
Commander Submarine Force, U.S. Pacific Fleet

Subj: SUBMARINE DUTY PHYSICAL STANDARDS AND THE MEDICAL WAIVER AND DISQUALIFICATION PROCESS

Ref: (a) NAVMED P-117, Manual of the Medical Department
(b) COMSUBLANT/COMSUBPACINST 1306.1C, Submarine Personnel Manual (SUBPERSMAN)
(c) NAVPERS 15560, Naval Military Personnel Manual

Encl: (1) Submarine Duty Physical Standards
(2) Submarine Medical Waiver and Disqualification Process

1. Purpose. To provide specific guidance on submarine duty (and, if applicable, nuclear field duty) physical standards and describe the Submarine Force medical waiver and disqualification process.

2. Cancellation. COMSUBLANT/COMSUBPAC INSTRUCTION 6000.1

3. Summary of Changes. This is a complete revision of the previous document and should be read in its entirety.

4. Background. Detailed special duty physical qualifications are delineated in reference (a). Enclosure (1) provides amplifying guidance on application of submarine duty physical standards. Enclosure (2) provides guidance on preparing medical waiver and disqualification packages for submission to waiver and disqualification authorities per the provisions of references (a), (b), and (c).

5. Discussion.

a. Due to the special nature and unique demands of submarine duty, the physical standards for these personnel must remain high. Ensuring that only physically qualified personnel embark on submarines is critical due to the medical care limitations inherent on these platforms. Submarine Independent Duty Corpsmen (IDCs), though extremely well trained, are limited in

their capability to safely render treatment for complicated or chronic medical conditions while deployed. Reference (a), chapter 15-106, outlines the physical standards for submarine duty. The physical standards for entry into submarine duty are the same as for appointment, enlistment or induction into military service. The standards delineated in reference (a), chapter 15-106, apply specifically to submarine personnel upon entry and for continued submarine duty.

b. Defined physical qualifications help maintain the highest level of operational readiness. In addition to the standards defined in reference (a), submariners, who in the judgment of an Undersea Medical Officer (UMO), have medical conditions that are beyond the ability of the IDC to treat at sea, shall be deemed not physically qualified (NPQ) and recommended for physical disqualification as soon as possible.

c. As stated in reference (a), chapter 15-106, "Standards," A UMO has the specialized training and clinical judgment to determine which General Duty standards (chapter 15, section III) are applicable to continued qualification for submarine duty and which are not. When in doubt, UMOs should always consult their TYCOM surgeon.

d. The IDC must be vigilant to identify disqualifying physical conditions and seek UMO supervision for cases that are questionable. Specific guidance concerning commonly identified medical conditions is outlined in enclosure (1).

6. Action

a. IDCs will adhere to the guidance in reference (a) and enclosure (1) and refer service members with diagnosed or suspected disqualifying conditions to their supporting UMOs for further evaluation. IDCs and UMOs will keep their chains of command informed at all times of the involved member's status.

b. UMOs within the Submarine Force will evaluate each service member that presents with conditions listed in enclosure (1) or reference (a) and make a determination of fitness for submarine duty. Waiver or disqualification recommendations will be forwarded through the chain of command to the appropriate authority, as described in enclosure (2).

c. Waiver or disqualification recommendations for submarine duty must consider whether waiver or disqualification for nuclear field duty is also indicated for nuclear trained personnel.

d. Submarine Force medical officers will make recommendations on all waivers and disqualifications and forward them to the appropriate authority. They will review and update this instruction annually.

e. Waivers are granted on the presumption that the waived individual will fully comply with the recommended medical management plan for their particular condition. This encompasses compliance with medications, labs, studies, protective equipment, lifestyle modifications and

appointments. Poor compliance risks medical decompensation, increases likelihood of impact on submarine operations and, if refractory, voids the waiver. All waivered conditions will be re-evaluated by the UMO annually to determine if condition has worsened or additional measures are required (either would invalidate the waiver and require resubmission).

7. Records Management. Records created as a result of this instruction regardless of format or media, must be maintained and dispositioned for the standard subject identification codes (SSIC) 1000 through 13000 series per the records disposition schedules located on the Department of the Navy/Assistant for Administration (DON/AA), Directives and Records Management Division (DRMD) portal page at https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx.

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RECORD OF CHANGES

CHANGE NUMBER	DATE OF CHANGE	DATE CHANGE MADE	CHANGE MADE BY
CH-1	12 Mar 2021	12 Mar 2021	CSL/CSP ADMIN

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SUBMARINE DUTY PHYSICAL STANDARDS

1. Allergy Desensitization Therapy. Personnel requiring initial or continued desensitization therapy (Immunotherapy) are Not Physically Qualified (NPQ) for submarine duty. They shall be recommended for submarine disqualification unless desensitization can be accomplished during a period of shore or limited duty. Allergy immunotherapy, by either injection or sublingual drops, will not be administered onboard submarines.

2. Allergy and Anaphylaxis. Any **environmental, food, or activity-based allergy which has resulted** in severe allergic reaction or anaphylaxis is disqualifying.

a. Sailors with food allergies (especially those to tree nuts, ground nuts, shellfish and eggs) are at significant risk of anaphylaxis. This risk cannot be controlled by avoidance underway. If the UMO believes the evidence of food allergy is inconclusive, the Sailor may be referred to an allergist. Screening should be guided by the history and by specialist assessment. Negative serum or skin tests can help rule out food allergies 95% of the time. Positive tests are less helpful due to cross-reactivity. In equivocal cases, for which the UMO desires to disprove a questionable food allergy, an oral food challenge may be ordered. Because of the risk of a reaction, food challenges should only be requested when the likelihood that the Sailor has the food allergy is considered low, and the test facility is equipped for resuscitation in the event of a reaction.

b. Oral Allergy Syndrome (OAS) is not disqualifying. OAS is a Type I, IgE-mediated, immune response. The reaction is typically limited to the mouth, lips, tongue and throat; GI distress may also occur. Anaphylaxis is rare. OAS diagnosis should be confirmed by an allergist.

c. Although disqualifying if identified upon service entry (reference (a), Chapter 15-55, paragraph (13)), reactions due to Hymenoptera (wasp, hornet, bee) envenomation, are not considered disqualifying for Submarine Duty; the likelihood of exposure underway is small. The Sailor's condition shall be noted in the MDR's patient summary list, the Sailor shall be prescribed two epinephrine auto-injector pens, and the condition reviewed annually during the PHA.

3. Asplenia. Asplenic personnel are not physically qualified for submarine duty. Having no functional spleen, whether congenital or surgical, predisposes the patient to fulminant bacteremia and septicemia.

a. A waiver may be considered if the following criteria are met:

(1) The patient is at least a two years post splenectomy.

(2) No history of fulminant bacteremia.

(3) Member has been immunized with 23-valent pneumococcal polysaccharide vaccine (Pneumovax, Merck - PPSV23), 13-valent pneumococcal conjugate vaccine (PCV13), Haemophilus influenzae B vaccine (HiB), and meningococcal tetravalent conjugate vaccine (Menactra or Menveo - MenACWY Vaccine).

b. The Submarine Independent Duty Corpsman (Sub IDC) shall:

(1) Document asplenia in the health record on the DD 2766, Adult Preventive and Chronic Care Flow Sheet.

(2) Be educated by their Physician Supervisor on the complications of asplenia including enhanced (up to 350x) susceptibility to infection.

(3) Ensure re-vaccination occurs at appropriate interval in accordance with current United States Advisory Committee on Immunization Practices (ACIP).

4. Attention Deficit Hyperactivity Disorder (ADHD). The demanding nature of Submarine Duty may unmask ADHD symptoms. If history and current symptoms support a diagnosis of ADHD, the Sailor should have the diagnosis confirmed by a behavioral health provider. If confirmed, the UMO must determine if the severity of the condition meets criteria for disqualification.

5. Cholelithiasis. Personnel with gallstones confirmed by radiologic study, incidentally or not, are not physically qualified for submarine duty. Asymptomatic gallstones carry a 1-2% per year risk of becoming symptomatic. The potential to develop cholecystitis, a complication of cholelithiasis, imparts a significant risk to both the individual and the mission. Therefore, asymptomatic cholelithiasis is considered disqualifying until surgical excision is performed.

6. Diabetes Mellitus

a. Personnel with diabetes mellitus of any type are not physically qualified for submarine duty. Personnel with a pre-diabetes condition (e.g., PCOS) for which glucose controlling medications are prescribed are not physically qualified for submarine duty. Any member in whom diabetes is suspected shall receive an appropriate work up to establish the diagnosis.

b. Insulin dependent diabetes is absolutely disqualifying. Refer these personnel to a Physical Evaluation Board (PEB) to determine fitness for continued naval service.

c. Waivers for patients diagnosed with Type II (non-insulin dependent) Diabetes Mellitus or with a pre-diabetes condition requiring glucose controlling medications will be considered depending on their response to dietary measures and/or oral medication, and other significant medical factors, to include family history, obesity, hypertension, hyperlipidemia, and patient motivation. A fasting blood glucose, Hgb A1C, and documentation of any end organ injury (e.g., kidney function and eyesight) is required as part of any waiver request package.

d. Sulfonylurea therapy (e.g., chlorpropamide, glipizide, glyburide) are not waiverable due to hypoglycemic risk and important drug-drug interactions (e.g., potential hypoglycemia with TMP-SMX, H2 Blockers, Salicylates, Ciprofloxacin). Use of Exenatide or other injected medication used in the treatment of diabetes is not authorized onboard submarines.

e. Sailors with approved waivers are required to have physician follow-up two times per year, to include all of the health maintenance recommendations of the DOD/VA Diabetes Clinical Practice Guideline. UMOs should review weight and HbA1c trends when assessing compliance. Participation in the command's Fitness Enhancement Program (FEP) shall be strongly encouraged.

7. Diverticular Disease. Personnel with a history of diverticulitis are not physically qualified for submarine duty and, unless they have undergone successful surgical resection (colectomy) of the affected bowel and anastomosis of the healthy bowel, will not be considered for a waiver. Sailors with diverticulosis but without a history of diverticulitis require counseling by the UMO on strategies for avoiding the complication of diverticulitis. Asymptomatic diverticulosis is not disqualifying.

8. Eosinophilic esophagitis (EE). EE is disqualifying. If the Sailor required dilation for an esophageal stricture, a waiver will be considered if after treatment, a repeat endoscopy shows normal mucosa and no stricture. After treatment, if asymptomatic, and maintenance therapy requires only a PPI, sailors with EE may be considered for a waiver. Waivers, again, will only be granted if repeat endoscopy confirms normal mucosa and no strictures. Sailors requiring inhaled corticosteroids for treatment will only be considered for a waiver after being off the steroid for three months and repeat endoscopy demonstrates normal mucosa and no stricture. Sailors on maintenance therapy who require an elimination diet or swallowing inhaled corticosteroids, will not be considered for waiver.

9. Gastro-esophageal Reflux Disease (GERD). Gastroesophageal reflux disease that is adequately controlled and under appropriate follow-up care is not disqualifying. Personnel with GERD whose symptoms are controlled must be evaluated by a UMO at least annually. All patients should be considered for baseline endoscopy, if indicated, to evaluate for evidence of esophagitis and prevention of subsequent development of Barrett's esophagus. Personnel who undergo surgical fundoplication or magnetic sphincter augmentation (e.g., LINX)for severe GERD and are symptom-free following the procedure will be eligible for a waiver. Personnel who develop Barrett's esophagus are not physically qualified for submarine duty. Waivers for Barrett's esophagus will be considered on a case-by-case basis.

10. Hypertension

a. Uncontrolled hypertension is disqualifying. Personnel with end organ damage, whose hypertension requires three or more medications, or whose medications have a higher incidence of major side effects (as determined by the UMO) are not physically qualified for submarine duty.

b. According to the new ACC/AHA High Blood Pressure Guidelines:

(1) Normal B/P is less than 120/80 mm Hg. The following blood pressure readings are considered abnormal. The blood pressure will be measured as directed in MANMED, Chapter 15-43 on three different days within the week following the initial abnormal reading. If any one of the recheck readings is above the stated limits, the Sailor has hypertension and UMO supervision must be obtained.

(2) Elevated B/P (no longer using the term pre-hypertension) is a systolic B/P between 120-129 and diastolic less than 80 mm Hg. Sailors found to have an elevated B/P (a systolic blood pressure of 120-129 mmHg with a diastolic blood pressure of < 80 mmHg) shall be strongly encouraged by the Medical Department Representative to initiate health-promoting lifestyle modifications so as to prevent the complications of chronic hypertension. These modifications include (1) weight reduction in those individuals who are overweight, (2) dietary changes such as the Dietary Approaches to Stop Hypertension (DASH) eating plan which is rich in potassium and calcium (or a modified DASH for underway periods), (3) increased physical activity, (4) moderation of alcohol consumption, (5) cessation of smoking, and (6) voluntary participation in the command's Fitness Enhancement Program (FEP).

(3) Stage I Hypertension is a BP of > 130-139/80-89. Treatment is only recommended for Stage I if a patient has already had a cardiovascular event (MI or Stroke), suffers from Diabetes Mellitus, Chronic Kidney Disease, or has an increased atherosclerosis risk (using the American College of Cardiology ASCVD risk calculator).

(4) Stage II Hypertension is a BP of > 140/90. Sailors with Stage II Hypertension will be treated with medication(s) and followed by the UMO or another appropriate medical officer. Sailors who respond to treatment (2 or less medications) and demonstrate stable blood pressures systolic <140 and diastolic <90 do not require waiver.

c. Hypertensive personnel on submarine duty shall have their blood pressure recorded in their health record on a SF-600 at least quarterly. Personnel are also required to be seen by a UMO annually if stable, and more frequently if the average blood pressure is > 130/80. Compliance metrics include serial blood pressures and pharmacy usage review.

d. The following are indications for referral for evaluation of Secondary Causes of Hypertension:

(1) Acute rise in blood pressure in a patient with previously stable readings.

(2) Onset of hypertension in a member < 30 years of age.

(3) Malignant or accelerated hypertension (with signs of end-organ damage).

(4) Severe (systolic blood pressure > 180 mm Hg and/or diastolic blood pressure > 120 mm Hg) or resistant hypertension, defined as hypertension that persists despite three adequate antihypertensive medications, one which must be a diuretic.

11. Metabolic Syndrome. Findings consistent with this syndrome are: fasting blood glucose >115 mg/dl, blood pressure >140/90, high triglycerides, low HDL, and abdominal obesity. Metabolic syndrome is not, as a distinct entity, disqualifying; however, its constituent abnormalities can be disqualifying as defined elsewhere in reference (a) and this instruction (e.g., hypertension, diabetes, etc.).

12. Obstructive Sleep Apnea (OSA). OSA that does not respond to standard therapeutic interventions such as positive airway pressure, surgery or weight loss is disqualifying. For Sailors prescribed CPAP, the CPAP machine constitutes required individual medical equipment, and the Sailor is responsible for deploying with it. If the Sailor fails to bring his medical equipment or it becomes non-operational underway, a replacement will be forwarded at the earliest scheduled opportunity. The MDR shall maintain a record of the correct CPAP equipment settings in the patient summary log.

13. Peptic Ulcer Disease (PUD)

a. Personnel with a history of PUD are not physically qualified for submarine duty. Waivers will be considered for uncomplicated peptic ulcer disease with confirmed *Helicobacter pylori* infection and eradication. Personnel with other uncomplicated gastric or duodenal ulcer disease may be considered for a waiver on a case-by-case basis after an endoscopy-proven, disease-free period, and recommendation from a gastroenterologist.

b. To verify eradication of H. pylori and complete ulcer healing, a repeat endoscopy should be done a minimum of four weeks after completion of treatment. Serologic testing is not a reliable indicator of H. pylori eradication. However, monoclonal stool antigen testing for H. pylori is very accurate and may be used as an alternative to repeat endoscopy to confirm eradication. Stool antigen testing must be performed a minimum of four weeks after treatment.

c. Successfully treated personnel require annual follow-up with a UMO for five years with emphasis placed on symptom recurrence. Unless otherwise directed by the referring specialist, asymptomatic personnel do not require annual endoscopy or imaging. Personnel with recurrent ulcer disease should be provided appropriate treatment and processed for submarine duty disqualification. In these personnel, waivers will only be considered if they have been asymptomatic for two years and have no radiographic or endoscopic evidence of active disease or severe scarring.

d. Those personnel with a history suggestive of peptic ulcer disease pose a difficult therapeutic problem which must be resolved according to the best judgment of the evaluating specialty physician and UMO. Gastroenterology consultation with endoscopy, or other special measures may be required to establish a diagnosis.

14. Psychiatric Conditions

a. The UMO must address all mental health issues affecting Submarine Force personnel prior to assignment, reassignment or return to submarine duty and nuclear field duty, if applicable. Additionally, the UMO should take advantage of Embedded Mental Health (eMH), Military Treatment Facilities (MTFs) Behavioral Health, Fleet and Family Service, and Chaplaincy initiatives which enhance Sailor resiliency. A guiding principle of effective mental health care is that early intervention is more effective. Therefore, a premium is placed on early identification and intervention for Sailors at risk. Referrals for mental health evaluations (MHE) will be completed per references (a) and (b) and when deemed necessary by the supervisory UMO. Upon completion of a MHE, the member will be evaluated by the UMO for suitability for submarine duty and nuclear field duty, if applicable. Mental health providers determine mental health fitness for duty. Mental health providers make mental health suitability recommendations to the UMO and/or CO. The UMO determines overall fitness for duty and takes the mental health recommendations regarding suitability into consideration.

b. Suicidal Behaviors include gestures, attempts, and completed suicides. Intent to take one's life is the differentiating factor between an attempt and a gesture. Given the difficulty of accurately determining intent, attempts and gestures are treated the same in the Manual of the Medical Department. The dividing line between suicidal ideation and gestures/attempts consists of actions taken by the individual. Interpretation of suicidal thoughts and behaviors should be made in consultation with a mental health provider. Decisions related to submarine and nuclear field duty are to be made after safety concerns of a service member are addressed.

c. Waiver requests are required by the Manual of the Medical Department to include "ongoing aftercare." The aftercare plan may include scheduled appointments and/or appointments to be scheduled by the sailor on an as needed basis. These plans must recognize that submarine Sailors will be under the sole care of an IDC for up to six months at a time. Additionally:

(1) The responsible IDC shall track management plan elements in the PSL; and be alert for breakthrough symptoms which might suggest suboptimal treatment or decompensation.

(2) Waivers granted for the ongoing use of psychopharmaceuticals are predicated upon the service member being on a stable dose, having a stable clinical picture, and experiencing no performance impairing side effects. When one or more of these conditions no longer applies (including adjusting existing medications), the waiver is no longer valid.

(3) Adjusting medication dosage for mental health disorders is beyond the IDC's scope of practice, and shall not be attempted. Based on clinical information provided and in consultation with mental health provider, the UMO may elect to direct titration of current medication, using the MEDADVICE mechanism. Informal chat circuits will not be utilized for this purpose.

(4) Subsequent medication adjustments, in the event of breakthrough symptoms, shall be incremental, closely coordinated with the Sailor's MH provider, UMO, IDC and parent command, and seek to minimize operational impact. Based on presentation and clinical assessment, the UMO will coordinate treatment with the mental health provider and Sailor disposition with the command/ISIC.

(5) The responsible UMO shall evaluate the Sailor's treatment annually. This evaluation should include review of symptoms, medication (dose and usage) and side effects, and shall be documented in the medical record.

15. Seasickness/Sleepwalking/Enuresis. Guidance for the disposition of personnel with chronic seasickness/sleepwalking/ enuresis is contained in references (a) and (c).

16. Kidney Stones. Continues to be a significant cause of MEDEVACs and MEDADVICE messages in the Submarine Force.

a. Definitions

(1) Kidney Stone: Any stone contained in the GU tract (anywhere from the kidney to the urethral meatus; kidney stone is the preferred terminology. The terms Urolithiasis and Nephrolithiasis should not be used.

(2) Uncomplicated Kidney Stones: Unilateral non-obstructing stone less than 4 mm; passage of stone without intervention.

(3) Complicated Kidney Stones: Bilateral retained stones. Unilateral retained stone greater than 4 mm. Any stone requiring a procedure to remove [endoscopic or Extracorporeal Shock Wave Lithotripsy (ESWL)]. Elective endoscopic stone removal to expedite achieving "stone-free" status is not considered complicated kidney stones.

b. UMO Responsibilities for Workup

(1) Stone History

(a) Risk Factors: Obesity, primary or secondary hyperparathyroidism, hyperthyroidism, gout, diabetes, malabsorption states, vitamin D deficiency, other inflammatory states (trauma or serious illness ex. Pneumonia).

(b) Nutritional Factors: Related to sodium, sodas, and animal protein intake.

(c) Medications should be reviewed to identify those that potentiate stone formation.

(d) Family history of kidney stones.

(2) Physical Exam focusing on risk factors (ex. Weight and BMI)

(3) Labs: CBC (with differential), CMP (should include GFR), PTH, TSH, ESR, UA with micro and culture.

(4) CT Scan: anatomic abnormalities (ex. Medullary Sponge Kidney, cysts, masses, horseshoe kidney, duplicated ureter, etc.).

(5) Stone analysis if stone is available.

(6) Patient Education: The MDR shall be familiar with general preventive treatment measures to include increased oral water intake (Optimal urine output should exceed two liters in a 24-hour sample. This provides a reliable indication of adequate hydration), refrain from excessive intake of vitamins and protein supplements, elimination of soda from diet, and to moderate their intake of dietary animal protein and purines. The UMO must also be familiar with the Kidney Stone Treatment Protocol found in COMSUBLANT/COMSUBPACINST 6000.2C. If member is obese, refer to Nutritionist for counseling.

c. Policy for Waivers

(1) Incidentally discovered asymptomatic kidney stones require a full evaluation as above.

(2) Sailors with a history of a single uncomplicated episode of kidney stones without retained stones, no metabolic or anatomical abnormalities are Physically Qualified for submarine duty and do not require waiver once they receive a favorable recommendation from a specialist.

(3) After a complicated stone waiver will be considered for those who are stone-free, have normal anatomy, no uncontrolled metabolic risk factors, and a favorable recommendation from a specialist.

(4) Recurrent stone formation is disqualifying, waiver will NOT be considered. Multiple stones passed within one month are usually considered a single event.

(5) All waiver recommendations must contain documentation that the member is on a proper treatment program to decrease the risk of stone recurrence and no deleterious side effect from that treatment exists.

(6) Calcifications assessed as Randall plaques are not disqualifying.

d. Renal Colic

(1) For situations where documented pain is attributed to renal colic (e.g., characteristic pain with hematuria) but no stone is passed or discovered on imaging, a full workup is still required.

(2) Underway personnel who experience renal colic with or without associated hematuria or stone passage do not require MEDEVAC or urgent evacuation from the ship if they have complete resolution of their symptoms within 48 hours of onset. These personnel will be evaluated by an UMO and worked up for presumed kidney stones at the earliest opportunity. Every effort should be made to retrieve/retain the stone for chemical analysis.

e. Follow-up shall be documented annually by the MDR to ensure crew members with kidney stone waivers are maintaining their prescribed prophylactic treatment regimens for any documented metabolic abnormality. Referral to a UMO shall be performed as is clinically required. Laboratory and radiologic follow-up will be determined by the supervisory UMO as clinically indicated.

17. Viral Infections. Recent changes in DON policy allow for Sailors with specific chronic infections (HIV, HBV, HCV) to be assigned to afloat commands provided they meet certain restrictive conditions. Such Sailors' suitability for Submarine (or Nuclear Field) Duty, is not predicated on risk of infectivity to shipmates (low), but rather the potentially complex nature of their treatment and need for periodic follow up with specialty care. Additionally, both the HIV infection itself and the medications used to treat it are believed to have neuro-cognitive effects—albeit unpublished research suggests that these concerns may be exaggerated. Bottom line: any waiver request for a chronic viral condition will require full documentation as to these concerns and the limited medical resources of a submarine will prelude most waiver requests from being approved.

> Truvada: Does not have its primary mechanism of action in the CNS and is NOT considered a psychotropic medication when used for prophylaxis (PEP or PrEP). Truvada is NOT authorized for long underway periods (>90 days).

18. Vision

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

(1) Defective color vision is not disqualifying for the following enlisted rates: CS, HM, LS, and YN.

(2) Supply Corps officers, assigned to duty on a submarine as supply department head must demonstrate adequate color vision as above. As this is not required otherwise for Navy Restricted Line officers, candidates for submarine supply duty should have their color vision evaluated as early as possible in the training pipeline.

(3) Defective color vision is not disqualifying for UMOs.

b. In general, corneal surgery is physically disqualifying for Submarine Duty. PRK, LASEK, LASIK and Intraocular Lens Implants are not, as long as stable, post-procedural visual acuity can be corrected to 20/25 in at least one eye. Eligibility and application process for refractive corneal surgery is addressed by BUMED Instruction 6320.72.

c. On occasion, Sailors who use contact lenses, either daily or extended wear, have developed corneal infections that have required submarine medical evacuation. This usually occurs when manufacturer's guidelines are not followed. Common root causes include the use of extended wear contact lenses for beyond recommended time limits, or the lack of proper cleaning and maintenance for daily wear lenses. MDRs shall be vigilant in educating all service members on correct use of their contact lenses. In the event that a Sailor is unable to follow appropriate contact lens hygiene, the MDR shall restrict their visual correction to glasses only while underway and terminate that Sailor's access to DON-supplied contact lenses.

19. Hypogonadism. Hypogonadism is not disqualifying from submarine duty. However, if on Testosterone replacement therapy, the Sailor will require a waiver for chronic medication use. Injectable Testosterone replacement is NOT permitted on the submarine; other routes of Testosterone replacement will be considered on a case-by-case basis.

20. Birth Control Pills. Hormonal birth control in any form used for the treatment of a disorder or medical condition is disqualifying and requires a waiver. When birth control is used for the purpose of menstrual suppression or birth control this should be clearly documented on the submarine duty physical, but is not considered disqualifying. Furthermore, care should be taken in prescribing hormonal birth control methods to insure there is no undue risk to the patient in an austere environment. CH-1

21. Sickle Cell Disease and Sickle Cell Trait. Sickle Cell Disease and Sickle Cell Trait are disqualifying for submarine duty but not for nuclear field duty.

- Waiver will be considered if:
  - Asymptomatic and no Anemia. No HEME/ONC consult required.
  - Asymptomatic with Anemia and favorable HEME/ONC consult.
  - If symptomatic waiver will NOT be considered

22. Other Chronic Medical Conditions. It is recognized that patients with a variety of chronic medical conditions are waived every year. These conditions generally pose a very low risk at the time the waiver is granted, but may gradually worsen over a period of years. The current status of these waived chronic medical conditions shall be specifically commented on by the UMO during the periodic special duty physical examination and by the MDR during the annual PHA. If significant worsening of the condition has occurred, this shall be considered a new disqualifying condition. In such cases, a formal waiver or disqualification package shall be submitted.

SUBMARINE MEDICAL WAIVER AND DISQUALIFICATION PROCESS

1. General Information. A complete procedure for the administrative management of submarine disqualification is contained in reference (b). The procedure for recommending a waiver of physical standards is addressed in the Manual of the Medical Department, chapter 15 section III, article 15-31.

2. Requirements

a. All waiver or disqualification recommendations submitted for review MUST be generated by the command's cognizant medical authority and contain:

(1) Endorsement from the service member's command or sponsoring unit.

(2) A special SF-600 entry by a privileged UMO summarizing the case. All SF-600 summaries shall identify if the individual is or is not nuclear trained.

(3) The initial medical record entry identifying the physically disqualifying condition, and supporting specialty examinations, consultations and narrative summaries that pertain to the physically disqualifying defect. The most recent DD 2808 and DD 2807 shall be included if they contain pertinent information not already in the package. [A member's statement should be included in any disqualification package submitted in the DISQUALIFIED category as required per reference (b)].

(4) An amended DD 2808, with the disqualifying condition identified and the service member's signature acknowledging the disqualifying condition. [The requesting UMO will then use this form to document the adjudication of the request]. If the disqualifying condition was found at the time of a scheduled special duty examination, two DD 2808 are not required.

b. For Nuclear disqualification recommendations, include the NAVPERS 1221/2 form.

c. The attending UMO initiating the recommendation must convince higher authorities that the recommendation is in the best interests of the Navy and the service member. The reviewing authorities do not receive the individual's health record and cannot make an adequate judgment in the case unless all pertinent documentation is available for review. Cases with incomplete documentation will be readdressed and returned to the originating command for further supporting documents.

d. On final adjudication of the waiver or disqualification recommendation, a Special Duty Medical Abstract (NAVMED 6150/2) entry stating waiver granted or disqualification complete must be placed in the service member's health record. Additionally, the final waiver approval letter from BUPERS shall be filed in section three of the member's health record upon receipt.

3. Waivers

a. Requests for a waiver of physical standards shall be forwarded per reference (a) to NAVPERSCOM (PERS 403 (Enlisted) or PERS 42 (Officers)) via Submarine Medical TYCOM (CSL (N00M) or CSP(N02M)) and BUMED (M35) Undersea Medicine and Radiation Health.

(1) If a waiver is not considered appropriate by any reviewing authority, disqualification will be recommended with an opinion supporting the recommendation. The package is then forwarded to the next higher authority.

(2) In the event a reviewing authority believes that proper adjudication requires a trial exposure to the submarine environment or 'check ride,' said trial will be upon approval of the ship's commanding officer and the cognizant TYCOM surgeon, with clear guidance on underway duration, supervision, allowed activities and required post-trial assessment. As said trial would precede any determination of "Physically Qualified" or "Not Physically Qualified," such a Sailor cannot stand watch, rig compartments, operate equipment or perform maintenance.

b. The waiver process (interim and regular/urgent) is completely electronic using the WEBWAVE II submission system. All Personally Identifiable Information (PII) and Protected Health Information (PHI) is protected using this system. Waiver packages should only be submitted using this system. The WEBWAVE II system ensures that TYCOM Surgeon review is part of the electronic routing process. TYCOM endorsed requests will be forwarded to BUMED for recommendations and PERS for final waiver determination.

c. When any waiver is granted, the approval showing final determination and all supporting documentation shall be placed in section three of the service member's health record. Interim waivers remain valid for six months from the date of approval. All waiver request determinations are accessible through the WEBWAVE II system.

4. Disqualifications

a. Requests for disqualification shall be submitted per reference (b), with Chapters 801/802 providing guidance on characterizing disqualifications as NOT PHYSICALLY QUALIFIED or NOT PHYSICALLY QUALIFIED packages submitted with characterizations at variance with reference (b) will be considered, but the exceptional circumstances must be fully supported. Review of packages received by TYCOM, in which an intermediate echelon endorsement does not match the original recommendations, may be delayed, unless amplifying comments in the endorsement(s) specifically address the difference. LIMDU and PEB considerations should be addressed when recommending disqualification.

b. Limited Duty (LIMDU) Boards are appropriate for potentially correctable illnesses prior to considering a formal disqualification. Also, consider whether the disqualifying medical problem is submarine specific or if it has the potential to disqualify the member from continued naval service. In such cases, a Physical Evaluation Board (PEB) is required.

c. Appendix A provides a basic template for Special SF-600 for all waiver and disqualification packages. All template fields are required.

d. Results of medical consultations, special procedures, surgeries and relevant ancillary studies (laboratory tests, radiology reports, pathology reports). Dates of diagnosis and treatment should always be included to understand the time line.

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APPENDIX A
MEDICATIONS WHICH ARE DISQUALIFYING FOR SUBMARINE AND NUCLEAR FIELD DUTY (PSYCHOPHARMACEUTICALS)

This is a list of psychopharmaceuticals that are disqualifying for active duty service members involved in special duty programs within the Submarine Force (submarine duty, nuclear field duty, diving duty). For the purposes of this directive, a "psychopharmaceutical" is defined as a prescription medication with primary activity in the central nervous system (CNS). This includes, but is not limited to, all anti-depressants, anti-psychotics, anti-epileptics, sedative/hypnotics, stimulants, anxiolytics, DEA scheduled medications (chronic use), bipolar agents, and psycho-active smoking cessation medications. It is not possible to generate an all-inclusive list of all psychopharmaceuticals. Therefore, questions about whether a medication is considered a psychopharmaceutical within Navy special duty programs should be referred to an Undersea Medical Officer.

Many medications have secondary activity in the CNS. While the Manual of the Medical Department defines a psychopharmaceutical as having primary activity in the CNS, it is the responsibility of each IDC and UMO to evaluate an individual for any duty limiting response to these medications (e.g., antihistamines resulting in excessive sedation). It is the responsibility of each prescriber to accurately record the symptom target of each medication being prescribed. These non-disqualifying medications must not be used to obscure potentially disqualifying conditions. Underlying conditions must be accurately diagnosed and fully evaluated along with the potential impact of associated symptoms with and without treatment.

Please note that medications listed below are disqualifying even if used for **non-psychiatric indications.**

Drug Name	Class/Use	Secondary Class/Use
acamprosate	Substance Abuse Treatment	GABA Agonist/Glutamate Antagonist
alprazolam	Anxiolytic/Sedative	Benzodiazepine
amitriptyline	Antidepressant	Tricyclics/Tetracyclics
amoxapine	Antidepressant	Tricyclics/Tetracyclics
aripiprazole	Antipsychotic	Second Generation
armodafinil	Stimulant	
asenapine	Antipsychotic	Second Generation
atomoxetine	Non Stimulant	ADHD Medication
atovaquone & proguanil	Antimalarial	
benzphetamine	Stimulant	Anorexiant
brexpiprazole	Antipsychotic	Second Generation
brivaracetam	Antiseizure	

buprenorphine	Substance Abuse Treatment	Pain Medication
bupropion	Antidepressant	Atypical Agent
buspirone	Anxiolytic	
cannabidiol	Antiseizure	Cannabinoid
carbamezepine	Antiseizure	
cariprazine	Antipsychotic	Second Generation
cenobamate	Antiseizure	
chlordiazepoxide	Anxiolytic/Sedative	Benzodiazepine
chlorpromazine	Antipsychotic	First Generation
citalopram	Antidepressant	SSRI
clobazam	Anxiolytic/Sedative	Benzodiazepine
clomipramine	Antidepressant	Tricyclics/Tetracyclics
clonazepam	Anxiolytic/Sedative	Benzodiazepine
clorazepate	Anxiolytic/Sedative	Benzodiazepine
clozapine	Antipsychotic	Second Generation
desipramine	Antidepressant	Tricyclics/Tetracyclics
desvenlafaxine	Antidepressant	SNRI
dexmethylphenidate	Stimulant	ADHD Medication
dextroamphetamine	Stimulant	Narcolepsy Medication
dextroamphetamine & amphetamine (mixed salts)	Stimulant	ADHD Medication
diazepam	Anxiolytic/Sedative	Benzodiazepine
diethylpropion	Stimulant	Anorexiant
doxepin	Antidepressant	Tricyclics/Tetracyclics
duloxetine	Antidepressant	SNRI
escitalopram	Antidepressant	SSRI
eslicarbazepine	Antiseizure	
estazolam	Anxiolytic/Sedative	Benzodiazepine
eszopiclone	Hypnotic	
ethosuximide	Antiseizure	
felbamate	Antiseizure	
fluphenazine	Antipsychotic	First Generation
flurazepam	Anxiolytic/Sedative	Benzodiazepine
fluvoxamine	Antidepressant	SSRI
fluxoetine	Antidepressant	SSRI
gabapentin	Antiseizure	Pain Medication
haloperidol	Antipsychotic	First Generation
iloperidone	Antipsychotic	Second Generation

imipramine	Antidepressant	Tricyclics/Tetracyclics
isocarboxazid	Antidepressant	MAOIs
isotretinoin	Acne Medication	
lacosamide	Antiseizure	
lamotrigine	Antiseizure	
levetiracetam	Antiseizure	
levomilnacipran	Antidepressant	SNRI
lisdexamphetamine	Stimulant	ADHD Medication
lithium	Bipolar Agent	
lorazepam	Anxiolytic/Sedative	Benzodiazepine
loxapine	Antipsychotic	First Generation
lurasidone	Antipsychotic	Second Generation
maprotiline	Antidepressant	Tricyclics/Tetracyclics
mefloquine	Antimalarial	
methylphenidate	Stimulant	ADHD Medication
midazolam	Anxiolytic/Sedative	Benzodiazepine
milnacipran	Antidepressant	SNRI
mirtazapine	Antidepressant	Atypical Agent
modafanil	Stimulant	
molindone	Antipsychotic	First Generation
naltrexone	Substance Abuse Treatment	Opioid Agonist
nefazodone	Antidepressant	Serotonin Modulators
nortriptyline	Antidepressant	Tricyclics/Tetracyclics
olanzapine	Antipsychotic	Second Generation
oxazepam	Anxiolytic/Sedative	Benzodiazepine
oxcarbazepine	Antiseizure	
paliperidone	Antipsychotic	Second Generation
paroxetine	Antidepressant	SSRI
perampanel	Antiseizure	
perphenazine	Antipsychotic	First Generation
phendimetrazine	Stimulant	Anorexiant
phenelzine	Antidepressant	MAOIs
phenobarbital	Antiseizure	Barbiturate
phentermine	Stimulant	Anorexiant
phenytoin	Antiseizure	
pimavanserin	Antipsychotic	Second Generation
pimozide	Antipsychotic	First Generation
pregabalin	Antiseizure	Pain Medication

primidone	Antiseizure	Barbiturate
protriptyline	Antidepressant	Tricyclics/Tetracyclics
quazepam	Anxiolytic/Sedative	Benzodiazepine
quetiapine	Antipsychotic	Second Generation
ramelteon	Hypnotic	Melatonin Receptor Agonist
risperidone	Antipsychotic	Second Generation
rufinamide	Antiseizure	
selegiline	Antidepressant	MAOIs
sertraline	Antidepressant	SSRI
stiripentol	Antiseizure	
tasimelteon	Hypnotic	Melatonin Receptor Agonist
temazepam	Anxiolytic/Sedative	Benzodiazepine
thioridazine	Antipsychotic	First Generation
thiothixene	Antipsychotic	First Generation
tiagabine	Antiseizure	
topiramate	Antiseizure	
tranylcypromine	Antidepressant	MAOIs
trazodone	Antidepressant	Serotonin Modulators
triazolam	Anxiolytic/Sedative	Benzodiazepine
trifluoperazine	Antipsychotic	First Generation
trimipramine	Antidepressant	Tricyclics/Tetracyclics
valproic acid or valproate	Antiseizure	Bipolar Agent
varenicline	Smoking cessation	Partial Nicotine Agonist
venlafaxine	Antidepressant	SNRI
vigabatrin	Antiseizure	
vilazodone	Antidepressant	Serotonin Modulators
vortioxetine	Antidepressant	Serotonin Modulators
zaleplon	Hypnotic	
ziprasidone	Antipsychotic	Second Generation
zolpidem	Hypnotic	
zonisamide	Antiseizure	

EXEMPTED MEDICATIONS

--zolpidem (Ambien) for travel-related insomnia (jet lag).
--Medications used as a muscle relaxant (cyclobenzaprine (Flexeril), diazepam (Valium)) for acute musculoskeletal pain/spasm (short term use only).

--Anti-emetics used for acute nausea or vomiting (prochlorperazine (Compazine), metoclopramide (Reglan), promethazine (Phenergan)).
--Medications prescribed or administered as a pre-operative medication are excluded from the definition.
--Narcotics and synthetic opioid pain medications used for acute pain management (e.g., Tylenol with codeine used for an acute pain syndrome is not disqualifying, however, tramadol (Ultram) used for chronic pain is disqualifying).
--Episodic use of serotonin receptor agonists ("triptans") for migraine abortive treatment (e.g., sumatriptan (Imitrex) and zolmitriptan (Zomig)).
--Antihistamines used for routine clinical purposes is not disqualifying.
--Anti-viral medications are not classified as psychotropic by BUMED: oseltamivir (Tamiflu), zanamivir (Relenza), amandatine (Symmetrel), rimantadine (Flumadine)

Any and all questions about whether a medication is considered disqualifying should be discussed with the Force Medical Officer.

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TEMPLATE FOR SPECIAL SF-600 WAIVER OR DISQUALIFICATION RECOMMENDATION

SPECIAL SF-600 DATE

UNDERSEA MEDICAL OFFICER NOTE

RECOMMENDATION FOR (*WAIVER/DISQUALIFICATION)* FROM (*SUBMARINE DUTY/NUCLEAR FIELD DUTY/DIVING DUTY/OCCUPATIONAL EXPOSURE TO IONIZING RADIATION)* ICO (*Rank/Rate/Desig First Name Middle Name Last Name)*, USN, (*XXX-XX-LAST 4/ NEC or NOBC)*

(Rank/Rate Last Name), a *(nuclear/non-nuclear field duty trained)* submariner was found to be physically not qualified for (*submarine duty/nuclear field duty/diving duty/occupational exposure to ionizing radiation)* for the reasons listed below:

NAVMED P-117 Section 15-XX, paragraph (*) (*)(*Diagnosis)*
COMSUBLANT/COMSUBPACINST 6000.1 Series: (*Diagnosis)*

In reviewing this case, the following facts were considered pertinent:

(Rank/Rate Last Name) was diagnosed with (*Diagnosis)* while serving onboard (*ship/station/command).*

(*Rank/Rate Last Name)* was referred to (*specialists, tests, diagnosis, prognosis.*

(*Rank/Rate Last Name)* current medical therapy includes (*medications, limitations, and restrictions).*

Further review of this member's medical record has revealed (*other active or significant medical issues).* On the above basis, this member has had a (*successful/unsuccessful)* treatment, and (*is/is not)* fully fit to resume his duties as a qualified submariner. He presents as a (*low/high)* risk were he to return to (*submarine duty/nuclear field duty/diving duty/occupational exposure to ionizing radiation*

Impression:

NPQ Submarine Duty in the (*DISQUALIFIED/PHYSICALLY NOT QUALIFIED)*
CATEGORY by reason of (*Diagnosis)*
A waiver of physical standards (*IS/IS NOT)* recommended.
Medical Board (*IS/IS NOT)* pending
SNM (*IS/IS NOT)* fit for Full Duty.
An interim waiver (*WAS/WAS NOT)* previously granted by BUMED.

(Command POC; complete address; phone number and email address)

Signature
Full Name
RANK, MC, USN (UMO)
Command

Patient's Name:
SSN:
DOB:
Organization:
Status:
Rank/Grade:
Sex: