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**15-102****Diving Duty**

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(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-anterior (PA) and lateral) (candidates only, upon program entry, and then as clinically indicated).

2. Electrocardiogram.

3. Audiogram (current within last 12 months).

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

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

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

7. Complete blood count (CBC).

8. Urinalysis.

9. Fasting blood glucose.

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

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

1. Blood type.

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

3. Sickle cell.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(9) History of inner ear barotrauma is disqualifying.

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

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

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

(c) **Dental**

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

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

(d) **Eyes and Vision**

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

(2) Minimum uncorrected visual acuity:

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

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

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

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

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

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

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

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

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

(1) A history of symptomatic atherosclerotic heart disease.

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

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

(4) Cardiac dysrhythmia (single episode, recurrent, or chronic) other than sinus bradycardia and 1<sup>st</sup> 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.

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*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.*

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(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 post-partum 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.

(1) ***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.

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*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.*

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**(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.

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*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.*

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## **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.