

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

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

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

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

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

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

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

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

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

15-103

Nuclear Field Duty

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

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

(3) Examinations

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

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

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

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

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

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

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

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

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

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

(c) **Eyes and Vision**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(8) Suicidal Behaviors

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

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

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

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

(10) Disorders related to Substance Use (SUD)

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

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

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

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

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

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

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

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

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

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

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

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

(e) *Miscellaneous*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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15-104 Occupational Exposure to Ionizing Radiation

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

15-105 Special Operations Duty

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

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

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

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

(c) USMC Reconnaissance Marine (RECON).

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

(e) Explosive ordnance disposal (EOD) personnel.

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