

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 SO duty examination, a current SO duty examination, annotated as necessary, or a focused examination documenting pertinent positives and negatives. Circumstances will dictate which format is most appropriate.

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

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

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

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

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## 15-106 Submarine Duty

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

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

### (3) Examinations

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(b) **Ears and Hearing**

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

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

(c) **Dental**

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

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

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

(d) **Eyes and Vision**

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

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

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

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

(b) For qualified submariners:

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

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

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

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

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

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

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

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

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

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

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

(b) Spirometry results.

(c) Medication requirements.

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

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

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

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

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

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

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

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

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

(2) Atherosclerotic heart disease.

(3) Pericarditis, chronic or recurrent.

(4) Myocardial injury or hypertrophy of any cause.

(5) Chronic anticoagulant use.

(6) Intermittent claudication or other peripheral vascular disease.

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

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

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

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

(a) Have never had a documented dysrhythmia.

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

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

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

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

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

(b) History of organ perforation.

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

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

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

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

(5) History of small bowel obstruction is disqualifying.

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

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

(8) History of pancreatitis is disqualifying.

(9) Chronic hepatitis is disqualifying.

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

(11) Eosinophilic esophagitis is disqualifying.

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

(h) ***Genitourinary***

(1) ***Urolithiasis***

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

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

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

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

(e) Randall's plaques are not disqualifying.

(2) ***Female Reproductive System***

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

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

(c) Endometriosis is disqualifying.

(d) Uterine fibroids are disqualifying if symptomatic.

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

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

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

(1) Diabetes mellitus is disqualifying

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

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

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

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

(4) Symptomatic hypoglycemia is disqualifying.

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

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

(j) ***Musculoskeletal***

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### (8) Suicidal Behaviors

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

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

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

#### (10) Disorders relating to Substance Use (SUD)

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

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

(c) Illicit drug use, historical or current, will be managed administratively per 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, will interfere with or prevent satisfactory performance of submarine duty is disqualifying.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(m) **Skin**

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

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

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

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

(n) **Miscellaneous**

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

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

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

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

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

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

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

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

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

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

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

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

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

(e) The additional physical standards for PSET follow:

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

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

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

**(2) Pulmonary**

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

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

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

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

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

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

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

**(3) Cardiovascular**

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

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

**(4) Psychiatric**

(a) Submersion-related anxiety is disqualifying.

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

**(5) Neurological**

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

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

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

**(6) Genitourinary**

(a) Current pregnancy is disqualifying.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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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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