

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

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

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

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

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

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

15-104 Occupational Exposure to Ionizing Radiation

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

15-105 Special Operations Duty

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

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

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

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

(c) USMC Reconnaissance Marine (RECON).

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

(e) Explosive ordnance disposal (EOD) personnel.

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

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

(3) **Examinations**

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

(b) **Scope**

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

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

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

(b) Electrocardiogram.

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

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

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

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

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

(h) Complete Blood Count.

(i) Fasting blood glucose.

(j) Urinalysis with microscopic examination.

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

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

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

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

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

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

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

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

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

(3) Chronic or recurrent motion sickness is disqualifying.

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

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

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

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

(c) **Dental**

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

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

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

(d) **Eyes and Vision**

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

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

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

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

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

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

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

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

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

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

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

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

(13) Radial keratotomy is disqualifying.

(14) Keratoconus is disqualifying.

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

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

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

(a) Normal pulmonary function testing.

(b) Normal standard non-contrast chest CT.

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

(d) Final evaluation and approval by attending UMO.

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

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

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

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

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

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

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

(2) Atherosclerotic heart disease.

(3) Pericarditis, chronic or recurrent.

(4) Myocardial injury or hypertrophy of any cause.

(5) Chronic anticoagulant use.

(6) Intermittent claudication or other peripheral vascular disease.

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

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

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

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

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

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

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

(b) Any history of organ perforation.

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

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

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

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

(5) History of small bowel obstruction is disqualifying.

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

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

(8) History of pancreatitis is disqualifying.

(9) Chronic active hepatitis is disqualifying.

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

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

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

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

(h) *Genitourinary*

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

(2) History of urolithiasis:

(a) Is disqualifying for candidates.

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

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

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

(e) Randall's plaques are not disqualifying.

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

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

(2) Diabetes mellitus is disqualifying.

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

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

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

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

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

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

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

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

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

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

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

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

(6) Any history of spine surgery is disqualifying.

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

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

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

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

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

(k) ***Psychological and cognitive***

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

(2) **Substance Use Disorders**

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

(b) **Other Substance Use Disorders**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Cerebrospinal fluid leak.

(b) Intracranial bleeding.

(c) Depressed skull fracture with dural laceration.

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

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

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

(8) History of penetrating head injury is disqualifying.

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

(n) **Miscellaneous**

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

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

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

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

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

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

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

(8) **Medications**

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

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

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

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

(9) **Vaccinations.** Candidates or Naval Special Warfare and Special operations Duty (NSW/SOD) designated personnel failing to receive required vaccines (preventive health or theater-specific vaccines required by the Combatant Command (CCMD)), whether for personal or religious beliefs, medical contraindications or allergies to vaccine administration, or any other reason, are disqualified and must seek a waiver.

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

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

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

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

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

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

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

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

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

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

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

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

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

consultations, followed by an explicit recommendation of “waiver recommended” or “waiver not recommended” with supporting rationale. Any 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.

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

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

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Submarine Duty

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

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

(3) Examinations

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

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

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

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