

**Texas State Guard Regulation 1710.20**

**Personnel—General**

# **Standards of Medical Fitness**

**Headquarters  
Texas State Guard  
Austin, TX 78763  
17 May 2019**

**UNCLASSIFIED**

Office of the Commanding General  
Texas State Guard  
Austin, TX 78763  
17 May 2019

Texas State Guard  
(TXSG) Regulation 1710.20

Texas State Guard

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**Standards of Medical Fitness**

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By Order of the Commander:



**ROBERT J. BODISCH, SR.**  
Major General, TXSG  
Commanding

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**Summary.** This regulation establishes the medical standards for enlistment, appointment, deployment and retention for the TXSG.

**Applicability.** This regulation is applicable to all components of the TXSG.

**Management Control Process.** This regulation establishes management control processes for deployment eligibility classification, annual medical review, medical waivers, and primary care physician condition verification of TXSG Members.

**Proponent and Exception Authority.** The proponent of this regulation is the TXSG Surgeon. The TXSG Surgeon has the authority to recommend exceptions to this regulation that are consistent with the controlling law and regulation and subject to the approval of the Commanding General (TXSG).

**Supplementation.** Supplementation of this regulation or establishment of component and local policies on medical standards outside of the authority dictated by this regulation is prohibited without prior approval from the Commanding General (TXSG), through the TXSG Surgeon, ATTN: NGTX-XHZ, P.O. Box 5218, Austin, TX 78763-5218.

**Suggested Improvements.** Users are invited to send comments and suggested improvements concerning this regulation on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to the TXSG Surgeon, ATTN: NGTX-XHZ, P.O. Box 5218, Austin, TX 78763-5218.

**Distribution. A**

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# ***SUMMARY of CHANGE***

1710.20  
Standards of Medical Fitness

This revision, dated 17 May 2019:

o Replaces paragraph 2-2 of TXSG Regulation 600-10, dated 27 JUN 2013.

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## **Chapter 1**

### **General**

#### **1-1. Purpose**

a. Utilize common physical standards for the enlistment, appointment, deployment or retention of individuals into the TXSG and eliminate inconsistencies and inequities based on race, sex, or location of examination in the application of these standards by the TXSG.

b. Precisely define any medical condition that causes a personnel action, such as separation, medical waiver, or assignment limitation and annotate qualification decisions by standard medical terminology. The standards in this regulation shall be for the enlistment, appointment, deployment or retention of individuals into the TXSG.

c. Ensure individuals under consideration for enlistment, appointment, deployment or retention into the TXSG are:

- (1) Free of contagious diseases that would endanger the health of others;
- (2) Free of medical conditions or physical defects that may require excessive time lost from duty for necessary treatment or hospitalization, or likely result in separation from the TXSG for medical unfitness;
- (3) Medically capable of satisfactorily completing required training;
- (4) Medically adaptable to the military environment without the necessity of geographical area limitations; and
- (5) Medically capable of performing duties without aggravation of existing physical defects or medical conditions.

#### **1-2. References**

See Appendix A.

#### **1-3. Explanation of Abbreviations and Terms**

See Glossary.

#### **1-4. Responsibilities**

a. The Commanding General of the TXSG (CG, TXSG) serves as the senior official on matters concerning exceptions to this regulation.

b. The TXSG Surgeon:

- (1) Serves as the senior TXSG policy official for all medical standards and medical readiness of the TXSG.
- (2) Provides medical oversight, support and direction to all components of the TXSG with a direct report to TXSG Headquarters.
- (3) Delegates review and approval of 2807's by Component Surgeons who may delegate this responsibility to other providers within their organizational structure.

These providers include only Texas licensed physicians (MD/DO), physician assistants, and nurse practitioners. These physician assistants and nurse practitioners must comply with the supervisory requirements of their individual boards.

- (4) Acts as a medical liaison between TXSG Headquarters and the Texas Medical Board (TMB).
- (5) Provides policy oversight and guidance to the medical and physical standards.
- (6) Directs research and studies as necessary to produce evidence based accession standards utilizing the Accession Medical Standards Analysis and Research Activity.

## **Chapter 2**

### **Medical Standards**

**2-1. General.** The medical standards set forth herein apply to:

- a. Applicants for appointment as commissioned and warrant officers in the TXSG;
- b. Applicants for enlistment in the TXSG; and
- c. All current active TXSG members.

**2-2. Occupational.** This paragraph describes the minimum occupational standards criteria for deployment classification of TXSG members. The TXSG Surgeon can re-evaluate, change, and update the standards as required. With respect to these criteria, TXSG members may be required to provide Primary Care Provider verification of their health status at their own expense (See Figure 2-1).

#### **a. Deployable—All Areas (DEPA)**

- (1) Meets TXSG Height/Weight Standard (See Tables 2-1 and 2-2).
- (2) Physiologic
  - (a) Asymptomatic- before, during, and after fitness test.
  - (b) Blood pressure before test <155 systolic and <95 diastolic
  - (c) Vital signs return to normal limits in 5-10 minutes.
- (3) 1 Mile Walk Test: Passes for age (See Table 2-3).
- (4) Performs physical activities requiring ability to push/pull objects more than 50 pounds and to transfer objects of more than 100 pounds.
- (5) Able to maneuver in small spaces. Able to walk, stand, kneel, stoop, and to be in prolonged uncomfortable positions for up to 60 minutes.
- (6) Performs body coordination such as walking, running, climbing stairs, retrieving equipment and moving patients from the floor/bed/chair to a cot.

- (7) Concentrates on details with moderate amount of interruptions.
- (8) Attends to tasks/functions for periods greater than 180 minutes in length.
- (9) Remembers tasks/assignments over both short and long periods of time and is able to complete these tasks/assignments.
- (10) Interacts effectively with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds; able to establish a rapport with patients and professional staff.
- (11) Able to understand and carry out oral and written instructions in field environments.
- (12) Able to cope with high stress and maintain emotional stability.
- (13) Has a disqualifying medical condition that is asymptomatic, treated, and/or does not interfere with duties described above.

**Table 2-1: Male Height and Weight Standards**

MEN: Height and Weight Table					
Height (inches)	Minimum Weight	Maximum Weight			
		17-20 years	21-27 years	28-39 years	40 years and over
60	100	160	162	164	167
61	102	166	168	170	174
62	103	170	173	176	179
63	104	176	178	182	185
64	105	182	184	188	191
65	106	187	190	193	197
66	107	193	196	199	204
67	111	200	202	206	209
68	115	206	208	212	215
69	119	212	214	217	222
70	123	217	221	224	229
71	127	223	227	231	235
72	131	230	233	237	242
73	135	236	239	244	248
74	139	243	246	251	255
75	143	250	253	258	262
76	147	256	260	265	269
77	151	263	267	271	276
78	153	270	274	278	284
79	159	277	281	285	290
80	166	284	288	293	298

**Table 2-2: Female Height and Weight Standards**

WOMEN: Height and Weight Table					
Height (inches)	Minimum Weight	Maximum Weight			
		17-20 years	21-27 years	28-39 years	40 years and over
58	90	129	132	137	140
59	92	133	137	141	145
60	94	138	141	146	150
61	96	143	146	151	155
62	98	148	152	158	160
63	100	153	158	162	166
64	102	158	162	167	170
65	104	162	167	171	176
66	106	168	173	177	182
67	109	171	177	183	186
68	112	177	183	189	192
69	115	182	187	193	198
70	118	187	193	199	204
71	122	192	198	204	209
72	125	198	204	210	216
73	128	204	209	216	222
74	130	210	217	223	228
75	133	216	223	230	235
76	136	223	230	237	240
77	139	229	236	243	247
78	141	235	242	248	253
79	144	240	247	255	260
80	147	246	253	261	267

**Table 2-3: Fitness Standards**

<b>PUSH UPS</b>											
AGE	17-21	22-26	27-31	32-36	37-41	42-46	47-51	52-56	57-61	62-66	67+
<b>MALE</b>	17	16	15	13	13	10	9	6	5	4	3
<b>FEMALE</b>	7	6	6	6	5	5	4	4	3	2	1
<b>SIT UPS</b>											
AGE	17-21	22-26	27-31	32-36	37-41	42-46	47-51	52-56	57-61	62-66	67+
<b>MALE</b>	21	19	17	15	13	12	11	10	9	8	7
<b>FEMALE</b>	20	18	16	14	12	11	10	9	8	7	6
<b>1-MILE WALK/RUN</b>											
AGE	17-21	22-26	27-31	32-36	37-41	42-46	47-51	52-56	57-61	62-66	67+
<b>MALE</b>	11:13	11:42	12:11	12:40	13:09	13:37	13:52	14:00	14:35	14:50	15:05
<b>FEMALE</b>	13:23	13:52	14:50	16:02	16:32	17:00	17:15	17:30	17:51	18:05	18:35

**b. Deployable—Limited/Rear Areas Only (DEPL)**

- (1) Meets TXSG Height/Weight Standard (See Tables 2-1 and 2-2).
- (2) Blood pressure, pulse, and respiration (Vital Signs)
  - (a) Hypertension-Before Test; 155-159 systolic and/or 95-100 diastolic.
  - (b) Post fitness test; blood pressure and/or pulse does not return within 10 pts of pretest baseline in 15 minutes.
  - (c) Respiration does not return to under 26 times a minute within 10 minutes' post testing.
- (3) Symptomatic presentation
  - (a) Before test: Asymptomatic before test
  - (b) During and after test: Mild short of breath, recovers in less than 2-3 minutes; Skin- begins to return to warm/dry/pink within 5 minutes.
- (4) 1 Mile Walk Test: Passes for age (See Table 2-3).
- (5) Performs some physical activities requiring ability to push/pull objects more than 25-50 pounds and to transfer objects of more than 50 pounds.
- (6) Able to maneuver in large spaces, ability to walk, stand, kneel, stoop, and ability to be in uncomfortable positions.
- (7) Performs body coordination such as walking, climbing stairs, retrieving equipment.
- (8) Concentrates on details with mild to moderate amount of interruptions.
- (9) Attends to tasks/functions for periods greater 60 minutes in length.
- (10) Remembers tasks/assignments over both short and long periods of time and is able to complete these tasks/assignments.
- (11) Interacts effectively with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds; able to establish a rapport with patients and professional staff.
- (12) Able to understand and carry out oral and written instructions in controlled climate environments.
- (13) Able to cope with high to moderate stress and maintain emotional stability in most environments.
- (14) Has a disqualifying medical condition that is asymptomatic, treated, and/or does not interfere with duties to only allow rear deployment.

**c. Not Deployable—Temporary (NDPTEM)**

- (1) Does not meet TXSG Height/Weight Standard Meets (See Tables 2-1 and 2-2).
- (2) Temporarily under care by a physician for a disqualifying condition.
- (3) Physiologic- Awaiting Medical Clearance by Primary Care Physician

- (4) Blood pressure, pulse, and respiration (Vital Signs)
  - (a) Hypertension-Before test: 160 systolic and/or 100 diastolic.
  - (b) Tachycardia- Pulse over 100 prior to test.
- (5) Symptomatic presentation before, during, or after test.
  - (a) Syncope/ near syncope (fainting/near fainting)
  - (b) Chest pain
  - (c) Short of breath
  - (d) Nausea and/or vomiting
  - (e) Numbness/tingling
  - (f) Abdominal pain
  - (g) Skin- cool, diaphoretic (sweaty) and pale at any phase of the test.
- (6) 1 Mile Walk Test: Fails test. Seeking training or professional help (See Table 2-3).
- (7) Unable to perform some physical activities requiring ability to push/pull objects more than 25-50 pounds and to transfer objects of more than 50 pounds.
- (8) Physically unable to maneuver in large spaces. Unable to walk, stand, kneel, stoop, and to be in any functional position.
- (9) Performs most body coordination such as walking, climbing stairs, retrieving equipment with difficulty.
- (10) Unable to concentrate on details with mild amount of interruptions. Seeking professional help or training.
- (11) Unable to attend to tasks/functions for periods of 60 minutes in length. Seeking professional help.
- (12) Unable to remember tasks/assignments over both short and long periods of time, and is unable to complete these tasks/assignments. Needs training or remediation
- (13) Unable to interact effectively with some individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds. Unable to establish a rapport with patients and professional staff. Seeking professional help.
- (14) Unable to understand and carry out either oral and written instructions. Needs training or remediation.
- (15) Unable to cope with moderate stress and maintain emotional stability in most environments. Seeking professional help.
- (16) Has a disqualifying medical condition that is symptomatic, under current treatment, and/or interferes with duties.

**d. Not Deployable—Permanent (NDPER)**

- (1) Does not meet TXSG Height/Weight Standard (See Tables 2-1 and 2-2).
- (2) Physiologic- No improvement in condition or failure to comply with medical care.
- (3) 1 Mile Walk Test: Fails tests. No change in progress (See Table 2-3).
- (4) Unable to perform physical activities requiring ability to push/pull objects more than 25-50 pounds and to transfer objects of more than 50 pounds.
- (5) Physically unable to maneuver in large spaces. Unable to walk, stand, kneel, stoop, and to be in any functional position.
- (6) Unable to perform body coordination such as walking, climbing stairs, and retrieving equipment.
- (7) Unable to concentrate on details with interruptions.
- (8) Unable to attend to tasks/functions for periods of less than 60 minutes in length.
- (9) Unable to remember tasks/assignments over both short and long periods of time, and is unable to complete these tasks/assignments.
- (10) Unable to interact effectively with most individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds. Unable to establish a rapport with patients and professional staff.
- (11) Unable to understand and carry out oral and written instructions.
- (12) Unable to cope with moderate stress and maintain emotional stability.
- (13) Has a disqualifying medical condition that is symptomatic, untreated, and/or interferes with duties

*Figure 2-1: TXSG Physician's Verification of Applicant Health Status*

I have reviewed the health status of \_\_\_\_\_  
and the attached Functional Position Description defining requirements of the Texas  
State Guard. I have determined that the applicant qualifies for one of the following  
designations.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Office Telephone Number

*Figure 2-1: TXSG Physician's Verification of Applicant Health Status (continued)*

## **FUNCTIONAL POSITION DESCRIPTION**

### **Deployable—All Areas (DEPA)**

1. Meets TXSG Height/Weight Standard.
2. Physiologic
  - a) Asymptomatic- before, during, and after fitness test.
  - b) Blood pressure before test <155 systolic and <95 diastolic
  - c) Vital signs return to normal limits in 5-10 minutes.
3. 1 Mile Walk Test: Passes for age.
4. Performs physical activities requiring ability to push/pull objects more than 50 pounds and to transfer objects of more than 100 pounds.
5. Able to maneuver in small spaces. Able to walk, stand, kneel, stoop, and to be in prolonged uncomfortable positions for up to 60 minutes.
6. Performs body coordination such as walking, running, climbing stairs, retrieving equipment and moving patients from the floor/bed/chair to a cot.
7. Concentrates on details with moderate amount of interruptions.
8. Attends to tasks/functions for periods greater than 180 minutes in length.
9. Remembers tasks/assignments over both short and long periods of time and is able to complete these tasks/assignments.
10. Interacts effectively with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds; able to establish a rapport with patients and professional staff.
11. Able to understand and carry out oral and written instructions in field environments.
12. Able to cope with high stress and maintain emotional stability.
13. Has a disqualifying medical condition that is asymptomatic, treated, and/or does not interfere with duties described above

*Figure 2-1: TXSG Physician's Verification of Applicant Health Status (continued)*

**Deployable—Limited/Rear Areas Only (DEPL)**

1. Meets TXSG Height/Weight Standard.
2. Physiologic
  - a) Blood pressure, pulse, and respiration (Vital Signs)
  - b) Hypertension-Before Test; 155-159 systolic and/or 95-100 diastolic.
  - c) Post fitness test; blood pressure and/or pulse does not return within 10 pts of pretest baseline in 15 minutes.
  - d) Respiration does not return to under 26 times a minute within 10 minutes' post testing.
  - e) Symptomatic presentation
    - 1) Before test: Asymptomatic before test
    - 2) During and after test
      - Mild short of breath, recovers in less than 2-3 minutes
      - Skin- begins to return to warm/dry/pink within 5 minutes
3. 1 Mile Walk Test: Passes for age.
4. Performs some physical activities requiring ability to push/pull objects more than 25-50 pounds and to transfer objects of more than 50 pounds.
5. Able to maneuver in large spaces, ability to walk, stand, kneel, stoop, and ability to be in uncomfortable positions.
6. Performs body coordination such as walking, climbing stairs, retrieving equipment.
7. Concentrates on details with mild to moderate amount of interruptions.
8. Attends to tasks/functions for periods greater 60 minutes in length.
9. Remembers tasks/assignments over both short and long periods of time and is able to complete these tasks/assignments.
10. Interacts effectively with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds; able to establish a rapport with patients and professional staff.
11. Able to understand and carry out oral and written instructions in controlled climate environments.
12. Able to cope with high to moderate stress and maintain emotional stability in most environments.
13. Has a disqualifying medical condition that is asymptomatic, treated, and/or does not interfere with duties to only allow rear deployment

*Figure 2-1: TXSG Physician's Verification of Applicant Health Status (continued)*

**Non Deployable—Temporary (NDPTEM)**

1. Does not meet TXSG Height/Weight Standard.
2. Temporarily under care by a physician for a disqualifying condition.
3. Physiologic- Awaiting Medical Clearance by Primary Care Physician
  - a) Blood pressure, pulse, and respiration (Vital Signs)
  - b) Hypertension-Before test: 160 systolic and/or 100 diastolic.
  - c) Tachycardia- Pulse over 100 prior to test.
4. Symptomatic presentation before, during, or after test.
  - a) Syncope/ near syncope (fainting/near fainting)
  - b) Chest pain
  - c) Short of breath
  - d) Nausea and/or vomiting
  - e) Numbness/tingling
  - f) Abdominal pain
  - g) Skin- cool, diaphoretic (sweaty) and pale at any phase of the test.
5. 1 Mile Walk Test: Fails test. Seeking training or professional help.
6. Unable to perform some physical activities requiring ability to push/pull objects more than 25-50 pounds and to transfer objects of more than 50 pounds.
7. Physically unable to maneuver in large spaces. Unable to walk, stand, kneel, stoop, and to be in any functional position.
8. Performs most body coordination such as walking, climbing stairs, retrieving equipment with difficulty.
9. Unable to concentrate on details with mild amount of interruptions. Seeking professional help or training.
10. Unable to attend to tasks/functions for periods of 60 minutes in length. Seeking professional help.
11. Unable to remember tasks/assignments over both short and long periods of time, and is unable to complete these tasks/assignments. Needs training or remediation
12. Unable to interact effectively with some individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds. Unable to establish a rapport with patients and professional staff. Seeking professional help.
13. Unable to understand and carry out either oral or written instructions. Needs training or remediation.
14. Unable to cope with moderate stress and maintain emotional stability in most environments. Seeking professional help.
15. Has a disqualifying medical condition that is symptomatic, under current treatment, and/or interferes with duties.

*Figure 2-1: TXSG Physician's Verification of Applicant Health Status (continued)*

**Non Deployable—Permanent (NDPER)**

1. Does not meet TXSG Height/Weight Standard.
2. Physiologic- No improvement in condition or failure to comply with medical care.
3. 1 Mile Walk Test: Fails tests. No change in progress.
4. Unable to perform physical activities requiring ability to push/pull objects more than 25-50 pounds and to transfer objects of more than 50 pounds.
5. Physically unable to maneuver in large spaces. Unable to walk, stand, kneel, stoop, and to be in any functional position.
6. Unable to perform body coordination such as walking, climbing stairs, and retrieving equipment.
7. Unable to concentrate on details with interruptions.
8. Unable to attend to tasks/functions for periods of less than 60 minutes in length.
9. Unable to remember tasks/assignments over both short and long periods of time, and is unable to complete these tasks/assignments.
10. Unable to interact effectively with most individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds. Unable to establish a rapport with patients and professional staff.
11. Unable to understand and carry out oral and written instructions.
12. Unable to cope with moderate stress and maintain emotional stability.
13. Has a disqualifying medical condition that is symptomatic, untreated, and/or interferes with duties

## 2-3. Disqualifying Conditions

**a. General.** With respect to conditions described under paragraph 2-3 of this regulation, TXSG members and candidates for enlistment or appointment into the TXSG are considered to *not meet the standard* should they have a current diagnosis or a verified past medical history by which the condition:

- (1) Is not treated, symptomatic, and/or does not allow the member/candidate to perform under the functional occupational standards;
- (2) Poses a threat to the applicant's and other's safety.

### **b. Head**

- (1) Deformities of the skull, face, or mandible of a degree that shall prevent the individual from the proper wearing of a protective mask or military headgear.
- (2) Loss, or absence of the bony substance of the skull not successfully corrected by reconstructive materials, or leaving any residual defect in excess of 1 square inch (6.45 square centimeters), or the size of a 25-cent piece.

### **c. Eyes**

#### (1) Lids

- (a) Current symptomatic blepharitis.
- (b) Current blepharospasm.
- (c) Current dacryocystitis, acute or chronic.
- (d) Defect or deformity of the lids or other disorders affecting eyelid function, complete, or significant ptosis, sufficient to interfere with vision or impair protection of the eye from exposure.
- (e) Current growths or tumors of the eyelid, other than small, non-progressive, asymptomatic, benign lesions.

#### (2) Conjunctiva

- (a) Current acute or chronic conjunctivitis.
- (b) Current pterygium if condition encroaches on the cornea in excess of 3 millimeters, interferes with vision, is progressive, or a history of recurrence after any prior surgical removal.

#### (3) Cornea

- (a) Corneal dystrophy or degeneration of any type, including but not limited to keratoconus of any degree.
  - 1) Pre-surgical refractive error in either eye exceeded a spherical equivalent of +8.00 or -8.00 diopters.
  - 2) Pre-surgical astigmatism exceeded 3.00 diopters.
  - 3) For corneal refractive surgery, at least 180 days recovery period has not occurred between last refractive surgery or augmenting procedure and

accession medical examination.

- 4) Post-surgical refraction in each eye is not stable as demonstrated by at least two separate refractions at least 1 month apart, with initial refraction at least 90 days post-procedure, and the most recent of which demonstrates more than +/- 0.50 diopters difference for spherical vision and/or more than +/- 0.50 diopters for cylinder vision.
  - (b) Current or recurrent keratitis.
  - (c) Current corneal neovascularization, unspecified, or corneal opacification from any progressive cause or that reduces vision below the standards prescribed in this regulation.
  - (d) Current or history of uveitis or iridocyclitis.
- (4) Retina. Current or history of any abnormality of the retina choroid or vitreous.
- (5) Optic Nerve. Any optic nerve anomaly.
- (6) Lens
  - (a) Current aphakia.
  - (b) Current or recurrent diplopia.
  - (c) Current nystagmus other than physiologic "end-point nystagmus."
  - (d) Esotropia, exotropia, and hypertropia.
- (7) Miscellaneous Defects and Diseases
  - (a) Current or history of abnormal visual fields due to diseases of the eye or central nervous system, or trauma.
  - (b) Absence of an eye, clinical anophthalmos, unspecified congenital or acquired, or current or history of other disorders of globe.
  - (c) Current or history of glaucoma, ocular hypertension, pre-glaucoma, or glaucoma suspect.
  - (d) Any abnormal pupillary reaction to light or accommodation. Asymmetry of pupil size greater than 2mm. Current night blindness. Current or history of intraocular foreign body.
  - (e) Current ocular tumors.
  - (f) Current or history of any abnormality of the eye (360) or adnexa, not specified in subparagraphs of this enclosure, which threatens vision or visual function.

**d. Vision.** Current distant visual acuity of any degree that does not correct with spectacle lenses to at least one of the following:

- (1) Current near visual acuity of any degree that does not correct to 20/40 in the better eye.
- (2) Current refractive error (hyperopia, myopia, astigmatism), in excess of -8.00 or +8.00 diopters spherical equivalent or astigmatism in excess of 3.00 diopters.

#### **e. Ears**

- (1) Current atresia of the external ear or severe microtia, congenital or acquired stenosis, chronic otitis externa, or severe external ear deformity that prevents or interferes with the proper wearing of hearing protection.
- (2) Current or history of Ménière's Syndrome or other chronic diseases of the vestibular system.
- (3) Current or history of cholesteatoma.
- (4) History of any inner ear surgery excluding successful tympanoplasty performed during the preceding 180 days.
- (5) Current perforation of the tympanic membrane or history of surgery to correct perforation during the preceding 180 days.

**f. Hearing.** Audiometric hearing level may be measured by voice test or by an audiometer. At a minimum the member must be able to understand conversational voice and may be allowed to use a hearing device.

#### **g. Nose, Sinuses, Mouth, and Larynx**

- (1) Current cleft lip or palate defects not satisfactorily repaired by surgery or that interfere with use or wear of military equipment, or that prevent drinking from a straw.
- (2) Current chronic conditions of larynx including vocal cord paralysis or history of laryngeal papillomatosis.
- (3) History of non-benign polyps, chronic hoarseness, chronic laryngitis, or spasmodic dysphonia.
- (4) Current anosmia or parosmia.
- (5) History of recurrent epistaxis with more than one episode per week of bright red blood from the nose occurring over a 3-month period within the last 3 years.
- (6) Current nasal polyp or history of nasal polyps, unless more than 12 months have elapsed since nasal polypectomy and/or sinus surgery, and asymptomatic.
- (7) Current perforation of nasal septum.
- (8) Current or history of deformities, or conditions or anomalies of the upper alimentary tract, mouth, tongue, palate, throat, pharynx, larynx, and nose, that interfere with chewing, swallowing, speech, or breathing.

#### **h. Dental**

- (1) Current diseases or pathology of the jaws or associated tissues that prevent normal functioning. Those diseases or conditions include but are not limited to temporomandibular disorders and/or myofascial pain. A minimum of 6 months healing time must elapse for any individuals completing surgical treatment of any maxillofacial pathology lesions.
- (2) Current severe malocclusion, which interferes with normal chewing or requires immediate and protracted treatment, or a relationship between the mandible and

maxilla that prevents satisfactory future prosthodontic replacement.

**i. Neck**

- (1) Current symptomatic cervical ribs.
- (2) Current congenital cyst(s) of branchial cleft origin or those developing from the remnants of the thyroglossal duct.
- (3) Current contraction of the muscles of the neck, spastic or non-spastic, or cicatricial contracture of the neck to the extent it interferes with the proper wearing of a uniform or military equipment, or is so disfiguring as to interfere with or prevent satisfactory performance of military duty.

**j. Lungs, Chest Wall, Pleura, and Mediastinum**

- (1) Current abnormal elevation of the diaphragm (either side). Any nonspecific abnormal findings on radiological and other examination of body structure, such as lung field or other thoracic or abdominal organ.
- (2) Current abscess of the lung or mediastinum.
- (3) Current or history of recurrent acute infectious processes of the lung, including but not limited to viral pneumonia, pneumococcal pneumonia, bacterial pneumonia, pneumonia due to other specified organism, pneumonia infectious disease classified elsewhere, bronchopneumonia (organism unspecified), and pneumonia (organism unspecified).
- (4) Airway hyper responsiveness including asthma, reactive airway disease, exercise-induced bronchospasm, or asthmatic bronchitis. Reliable diagnostic criteria may include any of the following elements: substantiated history of cough, wheeze, chest tightness, and/or dyspnea which persists or recurs over a prolonged period of time, generally more than 12 months.
- (5) Chronic obstructive pulmonary disease.
- (6) Current or history of bullous or generalized pulmonary emphysema.
- (7) Current or history of bronchopleural fistula, unless resolved with no sequelae.
- (8) Current chest wall malformation, including but not limited to pectus excavatum or pectus carinatum, if these conditions interfere with vigorous physical exertion.
- (9) History of empyema.
- (10) Pulmonary fibrosis.
- (11) Current foreign body in lung, trachea, or bronchus.
- (12) Current or history of pneumothorax occurring during the year preceding examination if due to trauma or surgery, or occurring during the 2 years preceding examination from spontaneous origin.
- (13) Recurrent spontaneous pneumothorax.
- (14) History of chest wall surgery, including breast, during the preceding 6 months, or with persistent functional limitations.

## **k. Heart**

### (1) History of valvular disease

(a) Current or history of the following valvular conditions as defined by the current American College of Cardiology and American Heart Association guidelines:

- 1) Severe pulmonic regurgitation.
- 2) Severe tricuspid regurgitation.
- 3) Moderate pulmonic regurgitation unless documented mean pulmonary artery pressure is less than 25 mmHg.
- 4) Moderate tricuspid regurgitation unless documented mean pulmonary artery pressure is less than 25 mmHg.
- 5) Moderate or severe mitral regurgitation.
- 6) Moderate, or severe aortic regurgitation.
- 7) The following are considered normal variants that meet accession standards:
  - a) Trace or mild pulmonic regurgitation.
  - b) Trace or mild tricuspid regurgitation.
  - c) Trace or mild mitral regurgitation in the absence of mitral valve prolapse.
  - d) Trace aortic insufficiency.

(b) Mitral valve prolapsed with normal exercise tolerance not requiring medical therapy DOES meet the standard.

(c) Bicuspid aortic valve, in the absence of stenosis or regurgitation as in subparagraphs DOES meet the standard.

(d) All valvular stenosis.

### (2) Current or history of atherosclerotic coronary artery disease.

### (3) History of supraventricular tachycardia.

(a) Supraventricular tachycardia associated with an identifiable reversible cause and no recurrence during the preceding 2 years while off all medications DOES meet the standard.

(b) Those with identified atrioventricular nodal reentrant tachycardia or atrioventricular reentrant tachycardia (such as Wolff-Parkinson-White (WPW) syndrome) who have undergone successful ablative therapy with no recurrence of symptoms after 3 months and with documentation of normal electrocardiograph (ECG) meet the standard.

(4) Premature atrial or ventricular contractions sufficiently symptomatic to require treatment, or result in physical or psychological impairment.

### (5) Abnormal ECG patterns:

- (a) Long QT.
  - (b) Brugada pattern.
  - (c) WPW syndrome pattern unless associated with low risk accessory pathway by appropriate diagnostic testing.
- (6) Current or history of ventricular arrhythmias including ventricular fibrillation, tachycardia, or multifocal premature ventricular contractions. Occasional asymptomatic premature ventricular contractions meet the standard.
- (7) Current or history of conduction disorders, including but not limited to disorders of sinus arrest, asystole, Mobitz type II second-degree atrioventricular (AV) block, and third- degree AV block.
- (8) In the absence of cardiovascular symptoms, the following DOES meet the standard:
- (a) Sinus arrhythmia.
  - (b) First degree AV block.
  - (c) Left axis deviation of less than -45 degrees.
  - (d) Early repolarization.
  - (e) Incomplete right bundle branch block.
  - (f) Wandering atrial pacemaker or ectopic atrial rhythm.
  - (g) Sinus bradycardia.
- (9) Current or history of conduction disturbances such as left anterior hemiblock, right or left bundle branch block do not meet the standard unless asymptomatic with a normal echocardiogram.
- (10) Current or history of cardiomyopathy, cardiomegaly, hypertrophy (defined as septal wall thickness of 15 mm or greater), dilation, or congestive heart failure.
- (11) History of myocarditis or pericarditis unless the individual is free of all cardiac symptoms, does not require medical therapy, and has normal echocardiography for at least 1 year.
- (12) Current persistent tachycardia (as evidenced by average heart rate of 100 beats per minute or greater over a 24-hour period of continuous monitoring).
- (13) Current or history of congenital anomalies of heart and great vessels.
- (14) The following conditions DO meet the standard with an otherwise normal current (within 6 months) echocardiogram.
- (a) Dextrocardia with situs inversus without any other anomalies.
  - (b) Ligated or occluded patent ductus arteriosus.
  - (c) Corrected atrial septal defect or patent foramen ovale without residua.
  - (d) Corrected ventricular septal defect without residua.

- (15) History of recurrent syncope and or presyncope, including blackout, fainting, loss or alteration of level of consciousness (excludes vasovagal reactions with identified trigger such as venipuncture) unless there has been no recurrence during the preceding 2 years while off all medication.
- (16) Unexplained ongoing or recurring cardiopulmonary symptoms (to include but not limited to syncope, presyncope, chest pain, palpitations, and dyspnea on exertion) that impairs a physically active lifestyle.
- (17) History of rheumatic fever.

## **I. Abdominal Organs and Gastrointestinal System**

### **(1) Esophageal Disease**

- (a) Current or history of esophageal disease, including but not limited to ulceration, varices, fistula, or achalasia.
- (b) Gastro-Esophageal Reflux Disease (GERD), with complications, including stricture, or maintenance on acid suppression medication, other dysmotility disorders; or chronic or recurrent esophagitis.
  - 1) Stricture or B-ring.
  - 2) Dysphagia.
  - 3) Recurrent symptoms or esophagitis despite maintenance medication.
  - 4) Barrett's esophagitis.
  - 5) Extraesophageal complications; reactive airway disease; recurrent sinusitis or dental complications.
- (c) Current or history of reactive airway disease associated with GERD.
- (d) History of surgical correction (fundoplication or dilation) for GERD within 6 months.
- (e) Current or history of dysmotility disorders and chronic or recurrent esophagitis, to include diffuse esophageal spasm, nutcracker esophagus, non-specific motility disorder, and achalasia.
- (f) Eosinophilic esophagitis.
- (g) Other esophageal strictures, for example lye or other caustic ingestion.

### **(2) Stomach and Duodenum**

- (a) Current gastritis, chronic or severe, or non-ulcerative dyspepsia that requires maintenance medication dyspepsia requiring medication; or history of dyspepsia lasting 3 or more consecutive months and requiring medication within the preceding 12 months.
- (b) Current or history of ulcer of the stomach or duodenum confirmed by X-ray or endoscopy. Gastric or duodenal ulcers:
  - 1) Current ulcer or history of treated ulcer within the last 3 months.

- 2) Recurrent or complicated by bleeding, obstruction, or perforation within preceding 5 years confirmed by endoscopy.
  - (c) History of gastroparesis.
  - (d) History of gastric varices.
- (3) Small and Large Intestine
- (a) Current or history of inflammatory bowel disease, including but not limited to unspecified indeterminate, regional enteritis or Crohn's disease, ulcerative colitis, or ulcerative proctitis.
  - (b) Current infectious colitis not otherwise specified. Current or history of intestinal malabsorption syndromes, including but not limited to celiac sprue, pancreatic insufficiency, post-surgical and idiopathic. Lactase deficiency does not meet the standard only if of sufficient severity to require frequent intervention, or to interfere with normal function.
  - (c) Current or history of gastrointestinal functional and motility disorders within the past 2 years, including but not limited to pseudo-obstruction, megacolon, history of volvulus, or chronic constipation and or diarrhea, regardless of cause, persisting or symptomatic in the past 2 years.
  - (d) History of gastrointestinal bleeding, including positive occult blood, if the cause has not been corrected. Meckel's diverticulum, if surgically corrected more than 6 months prior DOES meet the standard.
  - (e) Current or history of irritable bowel syndrome of sufficient severity to require frequent intervention or prescription medication or to interfere with normal function.
  - (f) History of bowel resection.
  - (g) Current or history of symptomatic diverticular disease of the intestine.
  - (h) Personal or family history of familial adenomatous polyposis syndrome or hereditary non-polyposis colon cancer syndrome.
- (4) Hepatic-Biliary Tract
- (a) Current acute or chronic hepatitis, hepatitis carrier state, hepatitis in the preceding 6 months or persistence of symptoms after 6 months, or objective evidence of impairment of liver function.
  - (b) Current or history of cirrhosis, hepatic cysts, abscess, or sequelae of chronic liver disease.
  - (c) Current or history of symptomatic cholecystitis, unless successfully surgically corrected, acute or chronic, with or without cholelithiasis ; postcholecystectomy syndrome; or other disorders of the gallbladder and biliary system.
  - (d) Cholecystectomy DOES meet the standard if performed more than 6 months prior to examination and patient remains asymptomatic. Fiberoptic Endoscopic procedure to correct sphincter dysfunction or cholelithiasis

choledocholithiasis, if performed more than 6 months prior to examination and patient remains asymptomatic, MAY meet the standard.

- (e) History of sphincter of Oddi dysfunction.
- (f) Choledochocyst.
- (g) Primary biliary cirrhosis or primary sclerosing cholangitis.
- (h) Current or history of pancreatitis, acute or chronic.
- (i) Pancreatic cyst.
- (j) History of pancreatic surgery.
- (k) Current or history of metabolic liver disease, including but not limited to hemochromatosis, Wilson's disease, or alpha-1 anti-trypsin deficiency. Gilbert's syndrome DOES meet the standard.
- (l) Current enlargement of the liver from any cause.

(5) Anorectal

- (a) Current anal fissure or anal fistula.
- (b) Current or history of anal or rectal polyp, prolapse, stricture, or fecal incontinence, within the last 2 years. History of removal of juvenile or inflammatory polyp DOES meet the standard.
- (c) Current hemorrhoid (internal or external), when large, symptomatic, or with a history of bleeding within the last 60 days.

(6) Spleen

- (a) Current splenomegaly.
- (b) History of splenectomy, except when resulting from trauma.

(7) Abdominal Wall

- (a) Current hernia (except for small or asymptomatic umbilical hernias), including but not limited to uncorrected inguinal and other abdominal wall hernias.
- (b) History of open or laparoscopic abdominal surgery during the preceding 6 months. Uncomplicated laparoscopic appendectomies meet the standard after 3 months.

**m. Female Genitalia**

- (1) Current or history of abnormal uterine bleeding or menstruation unresponsive to medical management within the last 12 months, including but not limited to menorrhagia, metrorrhagia, or polymenorrhea.
- (2) Current unexplained primary amenorrhea.
- (3) Current unexplained secondary amenorrhea.
- (4) Current or history of dysmenorrhea that is unresponsive to medical therapy and is incapacitating to a degree recurrently necessitating requiring absences of more

than a few hours from routine activities.

- (5) Current or history of endometriosis that is unresponsive to medical therapy.
- (6) Current or history of persistent or clinically significant ovarian cyst(s) when persistent or symptomatic.
- (7) Polycystic ovarian syndrome with metabolic complications.
- (8) Current pelvic inflammatory disease or history of recurrent pelvic inflammatory disease.
- (9) Current or history of chronic pelvic pain or unspecified symptoms associated with female genital organs within the preceding 30 days.
- (10) Chronic pelvic pain or unspecified symptoms associated with female genital organs.
- (11) Current pregnancy until through 6 months after the end completion of the pregnancy.
- (12) Current symptomatic uterine enlargement due to any cause.
- (13) Current or history of genital infection or ulceration, including but not limited to herpes genitalis or condyloma acuminatum, if of sufficient severity requiring frequent intervention or to interfere with normal function. Herpes does not meet the standard if:
  - (a) Current lesions are present.
  - (b) Chronic suppressive therapy is needed.
  - (c) There are three or more outbreaks per year.
  - (d) Any outbreak in the past 12 months interfered with normal function.
  - (e) Treatment included hospitalization or intravenous therapy.
- (14) Current or history of abnormal gynecologic cytology within the preceding 2 years, including but not limited to unspecified abnormalities of the Papanicolaou smear of the cervix, excluding atypical squamous cells of undetermined significance without human papillomavirus and confirmed low-grade squamous intraepithelial lesion. For the purposes of this regulation, confirmation is by colposcopy or repeat cytology.

**n. Male Genitalia**

- (1) Absence of one or both testicles, congenital or undescended.
- (2) Unilateral loss of a testis, unrelated to cancer, DOES meet the standard.
- (3) Current or history of epispadias or hypospadias, when accompanied by evidence of urinary tract infection, urethral stricture, or voiding dysfunction.
- (4) Current or history of surgery for proximal hypospadias.
- (5) Distal (coronal) hypospadias without history of surgery DOES meet the standard.
- (6) Distal (coronal) hypospadias treated with surgery when accompanied by

- evidence of urinary tract infection, urethral stricture, or voiding dysfunction.
- (7) Current enlargement or mass of testicle or, epididymis, or spermatic cord.
  - (8) Current or history of recurrent orchitis or epididymitis.
  - (9) Current or history of genital infection or ulceration, including but not limited to herpes genitalis or condyloma acuminatum, if of sufficient severity to require frequent intervention or to interfere with normal function. Herpes does not meet the standard if:
    - (a) Current lesions are present.
    - (b) Chronic suppressive therapy is needed.
    - (c) There are three or more outbreaks per year.
    - (d) Any outbreak in the past 12 months interfered with normal function.
    - (e) Treatment included hospitalization or intravenous therapy.
  - (10) Current or history of urethral condyloma acuminatum.
  - (11) Current acute prostatitis or, chronic prostatitis, or chronic pelvic pain syndrome.
  - (12) Current hydrocele with greatest dimension of 4 centimeters or greater or symptomatic or spermatacele associated with pain or which precludes a complete exam of the scrotal contents.
  - (13) Left varicocele, if painful or symptomatic, or associated with testicular atrophy, or varicocele larger than the testis.
  - (14) Left varicocele that does not reduce or decompress completely when supine.
  - (15) Any bilateral or right varicocele.
  - (16) Current or history of chronic or recurrent scrotal pain or unspecified symptoms associated with male genital organs.

**o. Urinary System**

- (1) Current cystitis, or history of chronic or/ recurrent cystitis, interstitial cystitis, or painful bladder syndrome.
- (2) Current urethritis, or history of chronic or recurrent urethritis.
  - (a) History of enuresis or incontinence of urine, or the control of it with medication or other treatment past the 15th birthday. or treatment of the following voiding symptoms within the previous 12 months:
  - (b) Urinary frequency or urgency more than every 2 hours on a daily basis.
  - (c) Nocturia more than two episodes during sleep period.
  - (d) Enuresis.
  - (e) Incontinence of urine, such as urge or stress.
  - (f) Urinary retention.
  - (g) Dysuria.

- (3) History of need for urinary catheterization with intermittent or indwelling catheter for any period greater than 2 weeks.
- (4) History of bladder augmentation, urinary diversion, or urinary tract reconstruction.
- (5) Current hematuria, pyuria, or other findings indicative of urinary tract disease or history of abnormal urinary findings:
  - (a) Gross hematuria.
  - (b) Microscopic hematuria (3 or more red blood cells per high-powered field on 2 of 3 properly collected urinalyses).
  - (c) Pyuria (6 or more white blood cells per high-powered field in 2 or 3 properly collected urinalyses).
- (6) Current or recurrent urethral or ureteral stricture or fistula involving the urinary tract.
- (7) Conditions associated with the kidneys, including:
  - (a) Current absence of one kidney, congenital or acquired.
  - (b) Asymmetry in size or function of kidneys.
  - (c) History of renal transplant.
  - (d) Current chronic or recurrent pyelonephritis (chronic or recurrent), or any other unspecified infections of the kidney.
  - (e) Current or history of polycystic kidney.
  - (f) Current or history of horseshoe kidney.
  - (g) Current or history of hydronephrosis.
  - (h) Current or history of acute nephritis or chronic nephritis kidney disease of any type.
  - (i) History of acute kidney injury requiring dialysis.
  - (j) Current or history of proteinuria greater than 200 milligrams in 24 hours or with a protein-to-creatinine ratio greater than 0.2 in a random urine sample, if greater more than 48 hours after strenuous activity, unless consultation determines the condition to be benign orthostatic proteinuria. Benign orthostatic proteinuria MEETS the standard.
  - (k) Current or history of symptomatic urolithiasis within the preceding 12 months. Recurrent calculus, nephrocalcinosis, or bilateral renal calculi at any time.
  - (l) History of stone(s) greater than 4mm in size, recurrent calculus, nephrocalcinosis, or bilateral renal calculi at any time.
  - (m) History of urolithiasis requiring surgical treatment or intervention requiring hospitalization.

**p. Spine and Sacroiliac Joints**

- (1) Ankylosing spondylitis or other inflammatory spondylopathies.
- (2) Current or history of any condition, including but not limited to the spine or sacroiliac joints, with or without objective signs, if:
  - (a) It prevents the individual from successfully following a physically active vocation in civilian life, or is associated with local or referred pain to the extremities, muscular spasms, postural deformities, or limitation in motion.
  - (b) It requires external support.
  - (c) It requires limitation of physical activity or frequent treatment.
- (3) Current deviation or curvature of spine from normal alignment, structure, or function if:
  - (a) It prevents the individual from following a physically active vocation in civilian life.
  - (b) It interferes with the proper wearing of a uniform or military equipment.
  - (c) It is symptomatic.
  - (d) There is lumbar or thoracic scoliosis greater than 30 degrees, or kyphosis and lordosis greater than 50 degrees when measured by the Cobb Method.
- (4) History of congenital fusion involving more than two vertebral bodies or any surgical fusion of spinal vertebrae.
- (5) Current or history of fracture or dislocation of the vertebra.
  - (a) Vertebral fractures that do NOT meet the standard:
    - 1) Compression fractures involving more than or equal to 25 percent of a single vertebra.
    - 2) Compression fractures involving less than 25 percent of a single vertebra occurring within the past 12 months or it is symptomatic.
    - 3) Any compression fracture that is symptomatic.
  - (b) Vertebral fractures that DO MEET the standard:
    - 1) Compression fractures involving less than 25 percent of a single vertebra if it occurred more than 1 year before the accession examination and the applicant is asymptomatic.
    - 2) A history of fractures of the transverse or spinous process IF the applicant is asymptomatic.
- (6) History of juvenile epiphysitis with any degree of residual change indicated by X-ray or kyphosis.
- (7) Current herniated nucleus pulposus or history of surgery to correct. A surgically corrected asymptomatic single-level lumbar or thoracic discectomy with full resumption of unrestricted activity DOES meet the standard.

- (8) Current or history of spina bifida when symptomatic, when there is more than one vertebral level involved, or with dimpling of the overlying skin. History of surgical repair of spina bifida.
- (9) Current or history of spondylolysis congenital or acquired.
- (10) Current or history of spondylolisthesis congenital or acquired.

**q. Upper Extremities**

(1) Limitation of Motion. Current active joint ranges of motion less than:

(a) Shoulder.

- 1) Forward elevation to 90 degrees.
- 2) Abduction to 90 degrees.

(b) Elbow.

- 1) Flexion to 130 degrees.
- 2) Extension to 15 degrees.

(c) Wrist, a total range of 60 degrees (extension plus flexion), or radial and ulnar deviation combined arc 30 degrees.

(d) Hand.

- 1) Pronation to 45 degrees.
- 2) Supination to 45 degrees.

(e) Fingers and Thumb. Inability to clench fist, pick up a pin, grasp an object, or touch tips of at least three fingers with thumb.

(2) Hand and Fingers

(a) Absence of the distal phalanx of either thumb.

(b) Absence of any portion of the index finger.

(c) Absence of distal and middle phalanx of the middle or ring finger of either hand irrespective of the absence of the little finger.

(d) Absence of more than the distal phalanx of any two of the following: index, middle, or ring finger of either hand.

(e) Absence of hand or any portion thereof, except for specific absence of fingers as noted in subparagraphs 17.b.1-4.

(f) Current polydactyly.

(g) Intrinsic paralysis or weakness of upper limbs, including but not limited to nerve paralysis, carpal tunnel and cubital syndromes, lesion of ulnar, median, or radial nerve, sufficient to produce physical findings in the hand such as muscle atrophy and weakness.

(3) Residual Weakness and Pain. Current disease, injury, or congenital condition with residual weakness or symptoms that prevents satisfactory performance of

duty, including but not limited to chronic joint pain associated with the shoulder, the upper arm, the forearm, and the hand; or chronic joint pain as a late effect of fracture of the upper extremities, as a late effect of sprains without mention of injury, and as late effects of tendon injury.

**r. Lower Extremities**

(1) General

(a) Current deformities, disease, or chronic joint pain of pelvic region, thigh, lower leg, knee, ankle and or foot that have interfered with function to such a degree as to prevent the individual from following a physically active vocation in civilian life, or that would interfere with walking, running, weight bearing, or the satisfactory completion of training or military duty.

(b) Current leg-length discrepancy resulting in a limp.

(2) Limitation of Motion. Current active joint ranges of motion less than:

(a) Hip due to disease or injury.

- 1) Flexion to 90 degrees.
- 2) No demonstrable flexion contracture.
- 3) Extension to 10 degrees (beyond 0 degrees).
- 4) Abduction to 45 degrees.
- 5) Rotation of 60 degrees (internal and external combined).

(b) Knee due to disease or injury.

- 1) Full extension to 0 degrees.
- 2) Flexion to 110 degrees.

(c) Ankle due to disease or injury or congenital.

- 1) Dorsiflexion to 10 degrees.
- 2) Planter flexion to 30 degrees.
- 3) Subtalar eversion and inversion totaling 5 degrees.

(3) Foot and Ankle

(a) Current absence of a foot or any portion thereof.

(b) Absence of a single lesser toe or any portion thereof that is asymptomatic and does not impair function DOES meet the standard.

(c) Deformity of the toes that prevents the proper wearing of military footwear or impairs walking, marching, running, maintaining balance, or jumping.

(d) Symptomatic deformity of the toes (acquired or congenital), including but not limited to conditions such as hallux valgus, hallux varus, hallux rigidus, hammer toe(s), claw toe(s), or overriding toe(s).

(e) Clubfoot or pes cavus that prevents the proper wearing of military footwear or

causes symptoms when walking, marching, running, or jumping.

(f) Rigid or symptomatic pes planus (acquired or congenital).

(4) Leg, Knee, Thigh, and Hip

(a) Current loose or foreign body in the knee joint.

(b) History of uncorrected anterior or posterior cruciate ligament injury.

(c) History of surgical reconstruction of knee ligaments DOES meet the standard if 12 months has elapsed since reconstruction, and the knee is asymptomatic and stable.

(d) Recurrent ACL reconstruction.

(e) Symptomatic medial or lateral meniscal injury.

(f) The following DOES meet the standard if asymptomatic and released to full and unrestricted activity:

1) Meniscal repair more than 6 months after surgery.

2) Partial meniscectomy more than 3 months after surgery.

(5) Meniscal transplant.

(6) Symptomatic medial and lateral collateral ligament instability.

(7) Current or history of congenital dislocation of the hip, osteochondritis of the hip (Legg-Calve-Perthes Disease), or slipped capital femoral epiphysis of the hip.

(8) Hip dislocation within 2 years preceding examination. Hip dislocation after 2 years DOES meet the standard if asymptomatic and released to full unrestricted activity.

(9) Symptomatic osteochondritis of the tibial tuberosity (Osgood-Schlatter Disease) within the past year.

(10) Stress fractures, recurrent or single episode during the past year.

**s. Miscellaneous Conditions of the Extremities**

(1) Current or history of chondromalacia, including but not limited to chronic patello-femoral pain syndrome and retro-patellar pain syndrome, osteoarthritis, or traumatic arthritis.

(2) Current joint dislocation if unreduced, or history of recurrent dislocation, subluxation or instability of the hip, elbow, ankle, or foot.

(3) History of any dislocation, subluxation or instability of the knee or shoulder.

(4) Current or history of osteoarthritis or traumatic arthritis of isolated joints that has interfered with a physically active lifestyle, or that prevents the satisfactory performance of military duty.

(5) Fractures

(a) Current malunion or non-union of any fracture (except asymptomatic ulnar

styloid process fracture).

- (b) Current retained hardware (including plates, pins, rods, wires, or screws) used for fixation that is symptomatic or interferes with proper wearing of equipment or military uniform. Retained hardware is not disqualifying if fractures are healed, ligaments are stable, and there is no pain.
- (6) Current or history of contusion of bone or joint; an injury of more than a minor nature that shall interfere or prevent performance of military duty, or shall require frequent or prolonged treatment, without fracture, nerve injury, open wound, crush, or dislocation, that occurred in the preceding 6 months and recovery has not been sufficiently completed or rehabilitation resolved.
- (7) Current or history of neuromuscular paralysis, weakness, contracture, or atrophy of sufficient degree to interfere with or prevent satisfactory performance of military duty, or requires frequent or prolonged treatment.
- (8) Current symptomatic osteochondroma or history of multiple osteochondromatous exostoses.
- (9) Current osteoporosis as demonstrated by a reliable test such as a dual energy x-ray absorptiometry scan (DEXA).
- (10) Current osteopenia until resolved.
- (11) Current osteomyelitis or history of recurrent osteomyelitis.
- (12) Current or history of osteochondral defect, formerly known as osteochondritis dissecans.
- (13) History of cartilage surgery, including but not limited to cartilage debridement, chondroplasty, microfracture, or cartilage transplant procedure.
- (14) Current or history of any post-traumatic or exercise-induced compartment syndrome.
- (15) Current or history of avascular necrosis of any bone.
- (16) Current or history of recurrent tendon disorder, including but not limited to tendonitis, tendonopathy, tenosynovitis.

**t. Vascular System**

- (1) Current or history of abnormalities of the arteries, including but not limited to aneurysms, arteriovenous malformations, atherosclerosis, or arteritis (such as Kawasaki's disease).
- (2) Current or medically managed hypertension. Hypertension is defined as systolic pressure greater than 140 mmHg and or diastolic pressure greater than 90 mmHg confirmed by manual blood pressure cuff averaged over two or more properly measured, seated, blood pressure readings on each of 2 or more consecutive days (isolated, single-day blood pressure elevation is not disqualifying unless confirmed on 2 or more consecutive days).
- (3) Current or history of venous diseases, including but not limited to recurrent thrombophlebitis, thrombophlebitis during the preceding year, or evidence of

venous incompetence, such as large or symptomatic varicose veins, edema, or skin ulceration.

- (4) Current or history of deep venous thrombosis.
- (5) History of operation or endovascular procedure on the arterial or venous systems, including but not limited to vena cava filter, angioplasty, venoplasty, thrombolysis, or stent placement.

**u. Skin and Cellular Tissues**

- (1) Current diseases of sebaceous glands including severe and or cystic acne, or hidradenitis suppurativa, if extensive involvement of the neck, scalp, axilla, groin, shoulders, chest, or back is present or shall be aggravated by or interfere with the proper wearing of military equipment. Applicants under treatment with systemic retinoids, including, but not limited to isotretinoin (Accutane®), do not meet the standard until 8 weeks after completion of therapy.
  - (a) Atopic Dermatitis. Active or history of residual or recurrent lesions in characteristic areas (face, neck, antecubital and or popliteal fossae, occasionally wrists and hands).
  - (b) Non-Specific Dermatitis. Current or history of recurrent or chronic non-specific dermatitis to include contact (irritant or allergic), or dyshidrotic dermatitis requiring more than treatment with over the counter medications.
- (2) Cysts if:
  - (a) The current cyst (other than pilonidal cyst) is of such a size or location as to interfere with the proper wearing of military equipment.
  - (b) The current pilonidal cyst is evidenced by the presence of a tumor mass or a discharging sinus, or is a surgically resected pilonidal cyst that is symptomatic, unhealed, or less than 6 months post-operative.
- (3) Current or history of bullous dermatoses, including but not limited to dermatitis herpetiformis, pemphigus, and epidermolysis bullosa. Resolved bullous impetigo DOES meet the standard.
- (4) Current or chronic lymphedema.
- (5) Current or history of furunculosis or carbuncle if extensive, recurrent, or chronic.
- (6) Current or history of severe hyperhidrosis of hands or feet unless controlled by topical medications.
- (7) Current or history of congenital or acquired anomalies of the skin, such as nevi or vascular tumors that interfere with function, or are exposed to constant irritation.
- (8) History of Dysplastic Nevus Syndrome.
- (9) Current or history of keloid formation, including but not limited to pseudofolliculitis and keloidalis nuchae, if that tendency is marked or interferes with the proper wearing of military equipment.
- (10) Current or history of neurofibromatosis (Von Recklinghausen's Disease).

- (11) History of photosensitivity, including but not limited to any primary sun-sensitive condition, such as polymorphous light eruption or solar urticaria, or any dermatosis aggravated by sunlight, such as lupus erythematosus.
- (12) Current or history of psoriasis.
- (13) Current or history of radiodermatitis.
- (14) Current or history of scleroderma.
- (15) Current or history of chronic urticaria lasting longer than 6 weeks or recurrent episodes of urticaria within the past 24 months not associated with angioedema, hereditary angioedema, or maintenance therapy for chronic urticaria, even if not symptomatic.
- (16) Current scars or any other chronic skin disorder of a degree or nature that requires frequent outpatient treatment or hospitalization, which in the opinion of the certifying authority shall interfere with proper wearing of military clothing or equipment, or which exhibits a tendency to ulcerate or interferes with the satisfactory performance of duty.
- (17) Prior burn injury involving 18 percent or more body surface area (including graft sites), or resulting in functional impairment to such a degree, due to scarring, as to interfere with the satisfactory performance of military duty due to decreased range of motion, strength, or agility.
- (18) Current localized types of fungus infections, interfering with the proper wearing of military equipment or the performance of military duties. For systemic fungal infections, refer to paragraph 24.v. of this regulation.

**v. Blood and Blood-forming Tissues**

- (1) Current hereditary or acquired anemia, which has not been corrected with therapy before appointment, enlistment, deployment or retention. Diagnosed anemia include hereditary hemolytic anemia, sickle cell disease, acquired hemolytic anemia, aplastic anemia, or unspecified anemias.
- (2) Current or history of coagulation defects, including but not limited to von Willebrand's Disease, idiopathic thrombocytopenia, or Henoch-Schönlein Purpura.
- (3) Current or history of diagnosis of any form of chronic or recurrent agranulocytosis and/or leukopenia.
- (4) Spleen
  - (a) Current splenomegaly.
  - (b) History of splenectomy, except when accomplished for trauma or conditions unrelated to the spleen or for hereditary spherocytosis.

**w. Systemic**

- (1) Current or history of disorders involving the immune mechanism, including immunodeficiencies.

- (2) Presence of human immunodeficiency virus or serologic evidence of infection or false-positive screening test(s) with ambiguous results on confirmatory immunologic testing.
- (3) Current or history of lupus erythematosus or mixed connective tissue disease variant.
- (4) Current or history of progressive systemic sclerosis, including Calcinosis, Raynaud's phenomenon, Esophageal dysmotility, sclerodactyly, telangiectasia (CREST) Variant.
- (5) Current or history of Reiter's disease.
- (6) Current or history of rheumatoid arthritis.
- (7) Current or history of Sjögren's syndrome.
- (8) Current or history of vasculitis, including but not limited to polyarteritis nodosa and allied conditions, arteritis, Behçet's, and Wegener's granulomatosis.
- (9) Tuberculosis
  - (a) Current active tuberculosis or substantiated history of active tuberculosis in any form or location, regardless of past treatment, in the previous 2 years.
  - (b) Current residual physical or mental defects from past tuberculosis that shall prevent the satisfactory performance of duty.
  - (c) Individuals with a past history of active tuberculosis more than 2 years before appointment, enlistment, deployment or retention meet the standard if they have received a complete course of standard chemotherapy for tuberculosis.
  - (d) Current or history of untreated latent tuberculosis (positive Purified Protein Derivative with negative chest X-ray). Individuals with a tuberculin reaction in accordance with ATS and United States Public Health Service (USPHS) guidelines are eligible for enlistment, appointment, induction, deployment, or retention, provided they have received chemoprophylaxis in accordance with ATS and USPHS guidelines. A negative QuantiFERON®-TB Gold (QFT®-G) with a positive tuberculin skin test DOES meet the standard.
- (10) Current untreated syphilis.
- (11) History of anaphylaxis.
  - (a) Oral allergy syndrome.
  - (b) Idiopathic anaphylaxis.
  - (c) Acute, early, or immediate anaphylactic onset.
  - (d) History of systemic allergic reaction or angioedema.
- (12) Current residual of tropical fevers, including but not limited to fevers, such as malaria and various parasitic or protozoan infestations that prevent the satisfactory performance of military duty.
- (13) History of malignant hyperthermia.

- (14) History of industrial solvent or other chemical intoxication with sequelae.
- (15) History of motion sickness resulting in recurrent incapacitating symptoms or of such a severity to require pre-medication in the previous 3 years.
- (16) History of rheumatic fever.
- (17) Current or history of muscular dystrophies or myopathies.
- (18) Current or history of amyloidosis.
- (19) Current or history of eosinophilic granuloma and all other forms of histiocytosis. Healed eosinophilic granuloma, when occurring as a single localized bony lesion and not associated with soft tissue or other involvement, DOES meet the standard.
- (20) Current or history of polymyositis or dermatomyositis complex with skin involvement.
- (21) Current or history of sarcoidosis.
- (22) Current systemic fungus infections. For localized fungal infections, refer to paragraph 21.r. of this enclosure.

**x. Endocrine and Metabolic**

- (1) Current or history of adrenal dysfunction.
- (2) Current or history of diabetes mellitus. Diabetes mellitus disorders, including:
  - (a) Current or history of diabetes mellitus.
  - (b) Current or history of pre-diabetes mellitus defined as fasting plasma glucose 110- 125 milligrams per deciliter (mg/dL) and glycosylated hemoglobin greater than 5.7 percent.
  - (c) History of gestational diabetes mellitus.
  - (d) Current persistent glycosuria, when associated with impaired glucose tolerance or renal tubular defects.
- (3) Current or history of pituitary dysfunction, to include history of growth hormone use. Non-functional microadenoma (less than 1cm) DOES meet the standard.
- (4) Current or history of gout or diabetes insipidus.
- (5) Current or history of hyperparathyroidism or hypoparathyroidism.
- (6) The following thyroid disorders:
  - (a) Current goiter. Symmetrical simple goiter less than two times normal size with no nodules by ultrasound and normal thyroid function tests DOES meet the standard.
  - (b) Thyroid nodule. A solitary thyroid nodule less than 5mm or less than 3cm with benign histology or cytology DOES meet the standard.
  - (c) Current hypothyroidism uncontrolled by medication. Individuals with two normal thyroid stimulating hormone tests within the preceding 6 months

DOES meet the standard.

- (d) Current or history of hyperthyroidism. In remission off of anti-thyroidal medication with normal thyroid function tests for a minimum of 12 months and without evidence of thyroid associated ophthalmopathy DOES meet the standard.
  - (e) Current thyroiditis.
- (7) Current nutritional deficiency diseases, including but not limited to beriberi, pellagra, and scurvy.
  - (8) Current persistent glucosuria, when associated with impaired glucose tolerance or renal tubular defects.
  - (9) Current or history of acromegaly, including but not limited to gigantism or other disorders of pituitary function.
  - (10) Dyslipidemia on medical management requiring more than one medication. with low- density lipoprotein (LDL) greater than 200mg/dL or triglycerides greater than 400 mg/dL. Dyslipidemia requiring more than one medication or LDL greater than 190 mg/dL on therapy. All those on medical management must have demonstrated no medication side effects (such as myositis, myalgias, or transaminitis) for a period of 6 months.
  - (11) Metabolic syndrome beyond the 35th birthday. Metabolic syndrome is defined in accordance with NHLBI and American Heart Association (2005) as any three of the following:
    - (a) Medically controlled hypertension or elevated blood pressure of greater than 130 mmHg systolic or greater than 85 mmHg diastolic.
    - (b) Waist circumference greater than 35 inches for women and greater than 40 inches for men.
    - (c) Medically controlled dyslipidemia or triglycerides greater than 150 mg/dl.
    - (d) Medically controlled dyslipidemia or high-density lipoprotein less than 40 mg/dl in men or less than 50 mg/dl in women.
    - (e) Fasting glucose greater than 100 mg/dl.
  - (12) Metabolic bone disease.
    - (a) Osteopenia, osteoporosis, or low bone mass with history of fragility fracture.
    - (b) Paget's disease.
    - (c) Osteomalacia.
    - (d) Osteogenesis imperfecta.
  - (13) Male hypogonadism.
  - (14) Current or history of islet-cell tumors, nesideoblastosis, or hypoglycemia.

## **y. Rheumatologic**

- (1) Current or history of lupus erythematosus or mixed connective tissue disease variant.
- (2) Current or history of progressive systemic sclerosis, including calcinosis, Raynaud's disease or phenomenon, esophageal dysmotility, sclerodactyly, telangiectasia (CREST) variant.
- (3) Current or history of Reiter's disease.
- (4) Current or history of rheumatoid arthritis.
- (5) Current or history of Sjögren's syndrome.
- (6) Current or history of vasculitis, including but not limited to polyarteritis nodosa and allied conditions, arteritis, Behçet's, and Wegener's granulomatosis. Henoch-Schonlein Purpura occurring before the age of 19 with 2 years remission and no sequelae DOES meet the standard.
- (7) History of congenital fusion involving more than two vertebral bodies or any surgical fusion of spinal vertebrae.
- (8) Current or history of gout.
- (9) Current or history of inflammatory myopathy including polymyositis or dermatomyositis.
- (10) Current or history of non-inflammatory myopathy to include but not limited to metabolic myopathy such as glycogen storage disease, lipid storage disease, and mitochondrial myopathy.
- (11) Current or history of fibromyalgia, myofascial pain, or chronic wide-spread pain.
- (12) Current or history of chronic fatigue syndrome.
- (13) Current or history of spondyloarthritis including ankylosing spondyloarthritis, psoriatic arthritis, reactive arthritis, or spondyloarthritis associated with inflammatory bowel disease.
- (14) Current or history of joint hypermobility syndrome.
- (15) Current or history of hereditary connective tissue disorders including but not limited to Marfan's syndrome, Ehlers-Danlos syndrome, and osteogenesis imperfecta.

## **z. Neurologic**

- (1) Current or history of cerebrovascular conditions, including but not limited to subarachnoid or intracerebral hemorrhage, vascular stenosis, aneurysm, stroke, transient ischemic attack or arteriovenous malformation.
- (2) History of congenital or acquired anomalies of the central nervous system or meningocele.
- (3) Current or history of disorders of meninges, including but not limited to cysts. Asymptomatic incidental arachnoid cyst demonstrated to be stable by

neurological imaging over a 6-month or greater time period DO meet the standard.

- (4) Current or history of neurodegenerative disorders, including but not limited to those disorders affecting the cerebrum, basal ganglia, cerebellum, spinal cord, peripheral nerves, or muscles.
- (5) History of headaches, including but not limited to migraines and tension headaches that: Are severe enough to disrupt normal activities (such as loss of time from school or work) of more than twice per year in the past 2 years.
- (6) Migraine or migraine variant associated with neurological deficits other than scotoma.
- (7) Cluster headaches.
- (8) History of head injury if associated with:
  - (a) Persistent motor, sensory, vestibular, visual, or any other focal neurological deficit.
  - (b) Persistent impairment of cognitive function.
  - (c) Persistent alteration of personality or behavior.
  - (d) Amnesia or disorientation of person, place, or time of 7 days duration or longer post- injury.
  - (e) Cerebral traumatic findings, including but not limited to epidural, subdural, subarachnoid, or intracerebral hematoma on neurological imaging until resolved and 12 months has elapsed since injury.
  - (f) Cerebrospinal fluid rhinorrhea or otorrhea persisting more than 7 days.
  - (g) Penetrating brain injury to include radiographic evidence of retained foreign body or bony fragments secondary to the trauma and/or operative procedure in the brain.
- (9) History of persistent post-concussive symptoms that interfere with normal activities or have duration of more than 1 month. Such symptoms include but are not limited to headache, vomiting, disorientation, spatial disequilibrium, impaired memory, poor mental concentration, shortened attention span, dizziness, or altered sleep patterns.
- (10) Current or history of infectious processes of the central nervous system, including but not limited to meningitis, encephalitis, neurosyphilis, or brain abscess, if occurring within 1 year before examination, required surgical treatment, or if there are residual neurological defects.
- (11) Current or history of paralysis, weakness, lack of coordination, chronic pain (including but not limited to chronic regional pain syndrome or neuralgias), or sensory disturbance or other specified paralytic syndromes, including but not limited to Guillain-Barre Syndrome.
- (12) Chronic nervous system disorders, including but not limited to myasthenia gravis, multiple sclerosis, tremor, and tic disorders (e.g., Tourette's).

- (13) Current or history of central nervous system shunts of all kinds.
- (14) Syncope or atraumatic loss of consciousness. History of recurrent syncope or presyncope, including blackout, fainting, loss or alteration of level of consciousness (excludes single episode of vasovagal reaction with identified trigger such as venipuncture), unless there has been no recurrence during the preceding 2 years while off all medication for treatment of this condition.

**aa. Sleep Disorders**

- (1) Chronic insomnia. Within the past year, had difficulty sleeping, or used medications to promote sleep for more than 3 nights per week, over a period of 3 months.
- (2) Current or history of narcolepsy, cataplexy, or other hypersomnia disorders.
- (3) Current or history of parasomnia.

**bb. Learning, Psychiatric, and Behavioral**

- (1) Attention Deficit Hyperactivity Disorder (ADHD) UNLESS the following criteria are met:
  - (a) The applicant has not required an Individualized Education Program or work accommodations since the age of 14.
  - (b) There is no history of comorbid mental disorders.
  - (c) The applicant has never taken more than a single daily dosage of medication or has not been prescribed medication for this condition for more than 24 cumulative months after the age of 14.
  - (d) During periods off of medication after the age of 14, the applicant has been able to maintain at least a 2.0 grade point average without accommodations.
  - (e) Documentation from the applicant's prescribing provider that continued medication is not required for acceptable occupational or work performance.
  - (f) Applicant is required to enter service and pass Service-specific training periods with no prescribed medication for ADHD.
- (2) History of learning disorders, including but not limited to dyslexia, unless applicant demonstrated passing academic and employment performance without utilization of academic and or work accommodations at any time since age 14.
- (3) Pervasive developmental disorders including Asperger Syndrome, autistic spectrum disorders, and pervasive developmental disorder-not otherwise specified.
- (4) Current or history of disorders with psychotic features such as schizophrenic disorders, delusional disorders, or other and unspecified psychoses.
- (5) History of bipolar disorders and affective psychoses.
- (6) History of depressive disorders, including but not limited to major depression, dysthymic disorder, and cyclothymic disorder requiring outpatient care for longer than 12 months by a physician or other mental health professional, or any

inpatient treatment in a hospital or residential facility.

- (7) Depressive disorder not otherwise specified, or unspecified mood disorder, unless:
  - (a) Outpatient care was not required for longer than 24 months (cumulative) by a physician or other mental health professional.
  - (b) The applicant has been stable without treatment for the past 36 continuous months.
  - (c) The applicant did not require any inpatient treatment in a hospital or residential facility.
- (8) History of a single adjustment disorder within the previous 3 months, or recurrent episodes of adjustment disorders.
- (9) Current or history of disturbance of conduct, impulse control, oppositional defiant, other behavior disorders, or personality disorder.
  - (a) History (demonstrated by repeated inability to maintain reasonable adjustment in school, with employers or fellow workers, or other social groups), interview, or psychological testing revealing that the degree of immaturity, instability, personality inadequacy, impulsiveness, or dependency shall likely interfere with adjustment to military service.
  - (b) Recurrent encounters with law enforcement agencies (excluding minor traffic violations) or antisocial behaviors are tangible evidence of impaired capacity to adapt to military service.
- (10) Encopresis after 13th birthday.
- (11) History of anorexia nervosa or bulimia.
- (12) Other eating disorders including unspecified disorders of eating occurring after the 13th birthday.
- (13) Any current receptive or expressive language disorder, including but not limited to any speech impediment or stammering and stuttering of such a degree as to significantly interfere with production of speech or the ability to repeat commands.
- (14) History of suicidal behavior, or attempt(s) or history of self-mutilation or injury used as a way of dealing with life and emotions.
- (15) History of obsessive-compulsive disorder or post-traumatic stress disorder.
- (16) History of anxiety disorders, anxiety disorder not otherwise specified, panic disorder, agoraphobia, social phobia, simple phobias, other acute reactions to stress unless:
  - (a) The applicant did not require any treatment in an inpatient or residential facility.
  - (b) Outpatient care was not required for longer than 12 months (cumulative) by a physician or other mental health professional.

- (c) The applicant has not required treatment (including medication) for the past 24 continuous months.
- (d) The applicant has been stable without loss of time from normal pursuits for repeated periods even if of brief duration; and without symptoms or behavior of a repeated nature that impaired social, school, or work efficiency for the past 24 continuous months.
- (17) Current or history of dissociative, conversion, or factitious disorders; depersonalization, hypochondriasis, somatoform disorders; or pain disorder related to psychological factors.
- (18) Current or history of psychosexual conditions, including but not limited to transsexualism, exhibitionism, transvestism, voyeurism, and other paraphilias.
- (19) Current or history of alcohol dependence, drug dependence, alcohol abuse, or other drug abuse.
- (20) Current or history of other mental disorders that, in the opinion of the civilian or military medical examiner, shall interfere with or prevent satisfactory performance of military duty.
- (21) Prior psychiatric hospitalization for any cause.

**cc. Tumors and Malignancies**

- (1) Current benign tumors or conditions that interfere with function, prevent the proper wearing of the uniform or protective equipment, shall require frequent specialized attention, or have a high malignant potential, such as Dysplastic Nevus Syndrome.
- (2) Current or history of malignant tumors.
- (3) Skin cancer (other than malignant melanoma) that is removed with no residual DOES meet the standard.

**dd. Miscellaneous**

- (1) Current or history of parasitic diseases, if symptomatic or carrier state, including but not limited to filariasis, trypanosomiasis, schistosomiasis, hookworm (uncinariasis), or unspecified infectious and parasitic disease.
- (2) Current or history of other disorders, including but not limited to cystic fibrosis or porphyria that prevent satisfactory performance of duty, or require frequent or prolonged treatment.
- (3) Current or history of cold-related disorders, including but not limited to frostbite, chilblain, immersion foot, or cold urticaria.
- (4) Current residual effects of cold-related disorders, including but not limited to paresthesias, easily traumatized skin, cyanotic amputation of any digit, ankyloses, trench foot, or deep-seated ache.
- (5) History of angioedema, including hereditary angioedema.
- (6) History of untreated acute or chronic metallic poisoning, including but not limited

to lead, arsenic, silver, beryllium, or manganese, or current complications or residual symptoms of such poisoning.

- (7) Current or history of a predisposition to heat injuries, including disorders of sweat mechanism, combined with a previous serious episode.
- (8) Current or history of any unresolved sequelae of heat injury, including but not limited to nervous, cardiac, hepatic, or renal systems.
- (9) Current or history of any condition that, in the opinion of the medical officer, shall significantly interfere with the successful performance of military duty or training.
- (10) Any current acute pathological condition, including but not limited to acute communicable diseases, until recovery has occurred without sequelae.

## **Chapter 3**

### **Administrative Procedures**

#### **3-1. Annual Medical Review**

a. No later than 30 April of each year, all members of the TXSG shall submit to the applicable Component Medical Liaison Officer (MLO) or Surgeon an updated TXSG Form 2807-1 PDF or Verification of Health Status for the Annual Medical Review.

b. Failure to submit an updated 2807-1 by the 30 April deadline will result in the TXSG member's deployment status being changed to NDPTEM until the submission requirement is resolved. An incomplete TXSG Form 2807-1 may result in the TXSG members' deployment status being changed to NDPTEM.

c. All changes in health status shall be noted on the updated TXSG Form 2807-1 PDF. If there are questions or concerns noted on the Form 2807-1, the MLO will contact the TXSG member to resolve such matters.

d. TXSG members may have medical issues that are properly managed but may still require investigation for proper medical clearance. TXSG members with questions about their status are encouraged to contact the MLO.

e. Any change in the health of a TXSG member requires the submission of an updated TXSG Form 2807-1 to the MLO.

#### **3-2. Falsification and Full Disclosure**

a. All TXSG members are required to fully disclose all medical history and medications to the best of their knowledge. Failure to disclose—either in full or in part—can result in punitive action, to include change of deployment status, disciplinary action, and/or waiving of rights related to worker's compensation benefits.

b. TXSG members falsifying information on the TXSG Form 2807-1 or in response to any other official request of medical information will be designated as NDPTEM pending investigation. Such an offense is punishable under the Texas Code of Military Justice (TCMJ).

**3-3. Consults.** TXSG members with concerns about their health and/or medical fitness are encouraged to contact the MLO for a consult. All consults are confidential and protected under the Health Insurance Portability and Accountability Act (HIPAA). Following an MLO consult, the TXSG member may be referred to their Primary Care Physician for further examination and completion of a Health Status Verification form.

**3-4. Command Directed Medical Review.** The State Adjutant General; the CG, TXSG; the commanding officer of a member's unit; or a medical officer may direct a TXSG Member to undergo a medical examination whenever, in the authority's opinion, the member's medical, physical, dental or mental condition is such that an examination is indicated. See Figure 3-1.

**3-5. Change to Deployable Status.** The MLO may request that a TXSG member take a TXSG Physician's Verification of Health Status to their Primary Care Physician for clearance at any time there is concern for the deployment status of the TXSG member. The TXSG member's commanding officer and TXSG Surgeon will be notified that a Physician Verification has been requested. The MLO will re-designate a new deployable status for such member until the TXSG member's Health Status Verification form is completed, returned, reviewed and a determination is made relating to such matter.

**3-6. On Duty/Deployment.** In the event of injury/illness to a TXSG member (new or pre-existing) while on duty and/or in a deployed status, the commanding officer and/or a TXSG medical provider may order the member to seek medical attention. Failure to comply with will result in removal from duty, a change in deployment status to NDPTEM, and subject the member to disciplinary action under the TCMJ.

**3-7. Waiver**

a. Waiver requests for a change in deployment/ enlistment/ appointment/ retention status, may be submitted to the MLO (See Figure 3-1).

b. Requests will be considered on a case by case basis.

c. Waiver requests that are denied may be reconsidered as follows:

(1) The TXSG member may request reconsideration in writing to the MLO within fifteen (15) calendar days of notification of the denied waiver.

(2) Request will include written documentation the member wishes considered in support of reconsideration.

(3) The TXSG Surgeon will appoint a three-member panel of physicians to review the request for reconsideration.

(4) The panel's determination—which is final—will be made within forty-five (45) calendar days of receipt of the request for reconsideration.



### **3-8. Height and Weight**

- a. All TXSG members are expected to meet height and weight standards IAW with the deployment criteria laid out in paragraphs 2-2a. through 2-2d.
- b. Height and weight will be assessed semi-annually. Normally this will occur in April (Annual Training) and October.
- c. Specific procedures to follow for individuals failing to meet the height and weight standard are described in TXSGI 1300.00, "Texas State Guard Height and Weight Management Program."

## **Glossary**

### **ADHD**

Attention Deficit Hyperactivity Disorder

### **ATS**

American Thoracic Society

### **AV**

Atrioventricular

### **CREST**

Calcinosis, Raynaud's phenomenon, Esophageal dysmotility, Sclerodactyly, Telangiectasia

### **ECG**

Electrocardiograph

### **GERD**

Gastro-Esophageal Reflux Disease

### **LDL**

Low-Density Lipoprotein

### **LTBI**

Latent Tuberculosis Infection

### **mg/dl**

Milligrams Per Deciliter

### **mmHg**

Millimeters of Mercury

### **NHLBI**

National Heart, Lung, and Blood Institute

### **NIH**

National Institutes of Health

### **QFT<sup>®</sup>-G**

QuantiFERON<sup>®</sup>-TB Gold

### **USPHS**

United States Public Health Service

### **WPW**

Wolff-Parkinson-White

## Appendix A: References

1. DoD Instruction 6130.03, "Medical Standards for Appointment, Enlistment, or Induction in the Military Services," April 28, 2010, Incorporating Change 1, September 13, 2011
2. DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R))," June 23, 2008
3. DTM-19-004, "Military Service by Transgender Persons and Persons with Gender Dysphoria," March 12, 2019.
4. Joint Publication 1-02, "Department of Defense Dictionary of Military and Associated Terms," current edition
5. Current Occupational and Environmental Medicine 5 Edition (Lange Medicine) Jul 18, 2014; Joseph LaDou, Robert Harrison
6. <http://www.austintexas.gov/page/ems-med-i-field-job-description> (accessed February 9, 2018)
7. TXSGI 1300.00, "Texas State Guard Height and Weight Management Program," 02 October 2018.