U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

COMMISSIONED CORPS INSTRUCTION

CCI 221.01
EFFECTIVE DATE: 3 October 2022

By Order of the Assistant Secretary for Health:

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SUBJECT: Medical Accession Standards

1. PURPOSE: This Instruction provides the medical and dental conditions that disqualify a candidate for an appointment in the U.S. Public Health Service (USPHS) Commissioned Corps.

2. APPLICABILITY: Except as directed by the Secretary, this Instruction applies to all candidates seeking appointment to the USPHS Commissioned Corps. The standards outlined in Appendix B also apply to members of the Regular Corps and Ready Reserve Corps to determine if an officer has a condition that has the potential to affect the officer's medical readiness.

3. AUTHORITY:

   3-1. 42 C.F.R. Part 21, "Commissioned Officers"

   3-2. Commissioned Corps Directive (CCD) 128.01, "Medical Fitness for Duty"

   3-3. 42 U.S.C. § 204a, "Deployment readiness"

   3-4. 42 U.S.C. § 209, "Appointment of personnel"

   3-5. 42 U.S.C. § 217, "Use of Service in time of war or emergency"

   3-6. The Secretary of the Department of Health and Human Services (HHS) has delegated the authority to administer the USPHS Commissioned Corps to the Assistant Secretary for Health (ASH), "Delegations of Authorities Relating to the U.S. Public Health Service (PHS) Commissioned Corps," dated 24 July 2003.

4. PROPONENT: The proponent of this Instruction is the ASH. The Surgeon General (SG) is responsible for providing supervision of activities relating to the day-to day operations of the USPHS Commissioned Corps. The Director, Commissioned Corps Headquarters (CCHQ), provides overall management of USPHS Commissioned Corps personnel operations and processes.

5. SUMMARY OF REVISIONS AND UPDATES: This is the fourth issuance of this Instruction in the electronic Commissioned Corps Issuance System (eCCIS) and replaces Commissioned Corps Instruction (CCI) 221.01, "Medical Accession Standards," dated 29 November 2021. This version:

   5-1. Amends the Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV) medical accession standards in Appendix A.

6. POLICY: Public Health Service (PHS) officers must meet medical standards to ensure the fitness of the Service to perform its mission. The disqualifying medical and dental conditions are outlined in Appendix A and Appendix B. For the purposes of this Instruction, medical standards, conditions, qualifications, services, etc., include physical, dental, and mental health standards, conditions, qualifications, services, etc.

6-1. Basis for Standards. The USPHS Commissioned Corps is one of the eight Uniformed Services and, as such, its members share many of the same responsibilities, privileges, and benefits as those provided under law to members of the Armed Forces. Further, pursuant to 42 U.S.C. § 217, the President may utilize the USPHS Commissioned Corps in a time of war or emergency and may declare the USPHS Commissioned Corps to be a military service. Moreover, deployments of PHS officers for public health matters can, at times, share the rigors of deployments in the Armed Forces. Thus, the medical standards are similar to those of the Armed Forces.

a. Candidates must be able to perform the duties defined in Section 6-2. of CCD 111.03, "Conditions of Service," and be able to comply with all other medical requirements applicable to an active duty officer.

b. The USPHS Commissioned Corps expects candidates to be medically qualified at all times to deploy worldwide in response to urgent and emergency public health needs, fulfill any military missions, and to perform the duties of their profession in various environments and work assignments, including temporary duty in austere environments, without endangering their health or the health of others.

6-2. The disqualifying conditions in Appendix A and B are used by clinical reviewers, who are appointed by the Director, CCHQ or designee, in making professional judgments about the medical qualifications of a candidate to deploy worldwide, and to carry out a variety of assignments under varied conditions over the course of a career without the endangerment of health or increased risk for excessive sick leave, excessive use of medical services, disability, or an early death.

a. As a matter of professional judgment, the clinical reviewer may find a candidate not qualified because of conditions that are not explicitly addressed in Appendix A.

b. An applicant may not appeal a determination by the clinical reviewer the candidate is medically disqualified. Therefore, it is the applicant's responsibility to cooperate with the clinical reviewer in order to ensure that the applicant submits comprehensive/additional documentation and tests related to potentially disqualifying medical conditions so that the clinical reviewer can conduct a complete and accurate review of the applicant's medical conditions.

c. Clinical reviewers use the disqualifying conditions in Appendix A when determining the medical qualifications of civilian candidates to the Regular Corps or the Ready Reserve Corps. Clinical reviewers use the disqualifying conditions in Appendix B when determining the medical qualifications of candidates who are inter-service transfers, transfers from the Regular Corps to the Ready Reserve Corps, or transfers from the Ready Reserve Corps to the Regular Corps.

6-3. Determination of Qualification. A candidate's medical and dental documentation are reviewed by clinical reviewers who are appointed by the Director, CCHQ, or designee. Based on the review, one of the following actions are taken:

a. If no disqualifying conditions or group of conditions are found, the candidate is cleared medically for appointment.

b. If one or more disqualifying conditions are found, the candidate will be notified in writing of the disqualification and the reasons for this determination.

c. If medical or dental information is incomplete or omitted, the candidate will be notified, and the necessary additional information will be requested. Failure to submit requested information within the time limits provided will result in the termination of the candidate's application to the USPHS Commissioned Corps.

6-4. Waiver of a Medical Condition. A waiver is an authorization to medically qualify a candidate who has a condition that disqualifies the candidate for an appointment into the USPHS Commissioned Corps or, upon appointment, would prevent a candidate from being able to deploy worldwide in response to urgent or emergency public health care needs pursuant to 42 U.S.C. § 204a(1) or any military mission.

a. The SG may approve a waiver when it is reasonably expected that a permanent disqualifying condition will not normally be subject to significant change or progressive deterioration; will not prevent a candidate from deploying worldwide in response to urgent and emergency public health care needs, or any required military mission; will not prevent the candidate from assuming any assignment in the candidate's profession in various environments and work assignments; and will not adversely affect the candidate's fitness for duty should the USPHS Commissioned Corps commission the candidate. The waiver must be considered in the best interests of the USPHS Commissioned Corps.

b. The SG will not grant a candidate a waiver for a disqualifying condition that is felt to be temporary. In such cases, if authorized by the SG, the candidate may reapply to the USPHS Commissioned Corps when the condition is resolved.

c. The SG, or designee, has the sole authority to grant a waiver of a disqualifying medical condition. The decision of the SG, or designee, is final and is not subject to appeal.

6-5. If there is any change in a candidate's medical status after the completion of the examinations, but before appointment to the USPHS Commissioned Corps, the applicant must notify CCHQ as soon as possible prior to appointment.

6-6. Medical examinations are valid for purposes of appointment for up to one year after the date reflected on the DD Form 2808, "Report of Medical Examination," as long as there is no significant change in a candidate's medical status.

6-7. The falsification or other nondisclosure of any information on the part of the candidate will result in the immediate termination of the application review process, the ineligibility of the candidate's appointment to the USPHS Commissioned Corps, and the ineligibility of the candidate to reapply at a later date for a commission in the USPHS Commissioned Corps. If the discovery of the nondisclosure is made after an appointment or call to active duty, the Director, CCHQ, will refer the individual's record to the appropriate disciplinary process which may result in discipline including a separation from active duty without benefits.

6-8. The USPHS Commissioned Corps will follow all applicable laws and regulations with regard to the protection and confidentiality of any medical information received.

7. RESPONSIBILITIES:

7-1. The SG may issue a Personnel Operations Memorandum (POM), through the eCCIS, to address specific compliance issues.

7-2. The Director, CCHQ, is responsible for providing oversight of the medical review processes. The Director, CCHQ, or designee, may determine the medical documentation that a candidate must provide in order to make a determination of the candidate's medical and dental fitness for an appointment to the USPHS Commissioned Corps.

8. HISTORICAL NOTES: This is the fourth issuance of this Instruction within the eCCIS.

8-1. CCI 221.01, “Medical Accession Standards,” dated 29 November 2021.

8-2. CCI 221.01, “Medical Accession Standards,” dated 15 January 2021.

8-3. CCI 221.01, “Medical Accession Standards,” dated 2 July 2019.

8-4. CCPM Pamphlet No. 46, “Guiding Medical Accession Standards for the Commissioned Corps of the U.S. Public Health Service,” dated 1 May 2018.

Appendix A

Disqualifying Medical and Dental Conditions

Table of Contents

Condition	Disqualification for Appointment
I. Head and Neck	
A. Deformities of the skull	1. Deformity of the skull, face, or mandible which is a manifestation of an underlying progressive disease, excessively increases risk for injury, or may be reasonably expected to prevent the individual from the proper wearing of a protective mask or headgear. 2. Loss or absence of the bony substance of the skull not successfully corrected by reconstructive materials or leaving residual defect(s) in excess of one square inch (6.45 cm2) or the size of a 25-cent piece.
B. Tumors, cysts, fistulas, etc.	1. Any tumor, cyst, fistula, or enlargement of the salivary glands, lymph nodes, or other structures of the head and neck, unless the cause is known, considered benign, and no long-term medical or surgical treatment is indicated. 2. Congenital neck mass, including cysts of branchial cleft origin, or those developing from the remnants of the thyroglossal duct, with or without fistulous tracts, until surgically corrected without recurrence for 12 months. 3. Current goiter at or more than two times normal size, with any nodularity seen on ultrasound, or with any abnormality of thyroid function tests. 4. Thyroid nodule unless a solitary thyroid nodule less than 5 mm or less than 3 cm with benign histology or cytology, and that does not require ongoing surveillance. 5. History of complex thyroid cyst or simple thyroid cyst greater than 2 cm unless surgically resected with a benign pathology and no further follow up is indicated.

Condition	Disqualification for Appointment
II. Mouth, Nose, Larynx and Trachea	
A. Abnormalities of the nose and nasal passages	1. Moderate or severe chronic rhinitis (e.g. allergic, vasomotor, atrophic, etc.) interfering with breathing and not controlled with oral medications, desensitization, or topical corticosteroids. 2. Deviated septum, severe, and associated with nasal obstruction and/or current symptomatic perforation of septum. 3. Current nasal polyp, or polypoid mass(es) or history of sinus surgery within the last 2 years, excluding antralchoanal polyp or sinus mucosal retention cyst. 4. Other conditions causing significant nasal obstruction 5. History of recurrent (more than 1 episode per week occurring over a 3-month period within the last 2 years) or recent severe epistaxis not easily controlled by simple direct pressure, or if requires recurrent cauterization (chemical or electrical), packing/tamponade, or use of topical hemostatics. 6. Current anosmia (absent sense of smell) or parosmia (distorted sense of smell).
B. Paranasal sinusitis	1. Acute purulent sinusitis until cured. 2. Chronic symptomatic or recurrent acute sinusitis requiring frequent medical care.
C. Abnormalities of the larynx	1. Paralysis of vocal cords or other symptomatic vocal cord conditions or dysfunction (e.g., paradoxical vocal cord movement, spasmodic dysphonia).
D. Abnormalities of the trachea	1. Current tracheostomy, regardless of cause 2. Congenital or acquired stenosis or fistula
E. Abnormalities of the mouth and pharynx	1. 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. 2. Salivary gland calculus with recurrent swelling, pain, or infections of the affect gland within the past 2 years. 3. Leukoplakia or hairy leukoplakia or recurrent severe stomatitis 4. Chronic or recurrent severe pharyngitis 5. History of cancer of the oral cavity

Condition	Disqualification for Appointment
III. Dental Disorders	
A. Dental Disorders	1. Complex restoration of maxillary/mandibular edentulism and dental arch stability, until necessary dental treatment has been satisfactorily completed. Examples of complex procedures include: full mouth rehabilitation involving extensive fixed and/or precision removable prosthetics, complete dentures, dental implants, endodontic procedures, or prolonged orthodontic treatment. Six or more teeth requiring restoration. Individuals undergoing endodontic care are acceptable for accession only if a civilian or military dentist provides documentation that active endodontic treatment shall be completed prior to commissioning. 2. Malocclusion which interferes with the mastication of normal diet, the correction of which would involve full-banded orthodontic appliances and/or orthognathic surgery. 3. Current orthodontic treatment is acceptable for accession only if a civilian or military orthodontist provides documentation that active orthodontic treatment shall be completed prior to commissioning. Fixed or removable retainers, and removable active orthodontic appliances (e.g., INVISALIGN) are permissible when reporting to active duty. 4. Any periodontal disease for which surgery is indicated and/or sustained therapy (other than routine periodontal maintenance). The dental reviewer will need to request and evaluate the periodontal charting and radiographs prior to making an assessment. 5. Craniofacial or developmental growth deformities. 6. Temporomandibular joint dysfunction or myofascial pain that has been symptomatic or required treatment within the last 12 months, or that is chronic in nature. 7. Extensive loss of oral tissues (including teeth and supporting bone and soft tissues), the replacement of which would involve complex maxillofacial prosthetic appliances. Not counting third molars and any teeth extracted for orthodontic treatment; it is disqualifying to have more than 2 missing teeth (which would need a treatment plan for more than two dental implants/bridges to treat the edentulous area of the mouth). A dental appliance needs to be present for any missing anterior teeth. 8. A minimum of three months healing time must elapse from the completion of any surgical treatment. The dental reviewer may determine and specify healing time for certain dental extractions to be less than three months. 9. Any disease or condition of the jaw or associated tissues that is not easily remedied and may incapacitate the individual or otherwise prevent the satisfactory performance of duty. 10. Any dental condition whose treatment would require more than single day absences from the duty station for each appointment or significant travel expenses. 11. Any existing dental condition which could potentially cause a dental emergency during the first month of reporting to active duty.

Condition	Disqualification for Appointment
IV. Eyes and Vision	
A. Visual Function	1. Distant visual acuity which is not correctable to 20/20 in one eye and 20/400 in the other, or 20/30 in one eye and 20/100 in the other, or 20/40 in one eye and 20/70 in the other by use of spectacles. 2. Near visual acuity that does not correct to 20/40 in the better eye 3. Any condition requiring telescopic lens for adequate correction 4. Any condition that specifically requires contact lenses for adequate correction of vision, such as corneal scars and opacities and irregular astigmatism. 5. Diplopia 6. Visual field: less than 30 degrees in either eye; a continuous field of vision which is less than 140 degrees (testing both eyes together). 7. Note: for stereo acuity and color vision there is no standard, but both should be tested and documented, since these are prerequisites for function within certain categorical assignments.
B. Lids and adnexa	1. Below conditions, or other eyelid conditions, if they impair protection of eye from exposure, chronically irritate the eye, or interfere with performance of work or daily activities: • Marked ectropion or entropion • Trichiasis • Ptosis • Lagophthalmos • Chronic or recurring blepharitis, if severe • Blepharospasm • Dacryocystitis • Obstruction of the nasolacrimal duct, currently symptomatic 2. Growth or tumor of eyelid other than a small, benign, non-progressive lesion.
C. Conjunctiva	1. Current acute or chronic conjunctivitis excluding seasonal allergic conjunctivitis 2. Pterygium if condition is symptomatic enough to interfere with performance of work or daily activities. 3. Any other condition of the conjunctiva which currently affects visual acuity or has the potential to affect visual acuity in the future.
D. Cornea	1. Acute keratitis or corneal ulcer until cured and without sequelae 2. History of chronic and/or recurrent keratitis within five years or recurrent corneal ulcerations 3. Keratoconus of any degree which has not been stable for at least 5 years and/or which fails to meet visual function standards. 4. Corneal dystrophy or degeneration if it requires regular use of topical treatments, such as hyperosmotics, to maintain comfort or clarity of vision 5. Corneal transplant, if not clear or if not in place at least 5 years 6. Progressive vascularization or opacification of the cornea

Condition	Disqualification for Appointment
IV. Eyes and Vision (Continued)	
E. Cornea (Continued.)	7. NOTE: A history of laser or incisional corneal correction/surgery (e.g., photorefractive keratotomy [PRK] or laser-in-situ keratomileusus [LASIK] or radial keratotomy [RK]) within the last 6 months or the corrective surgery has resulted in ongoing post-surgical complications, or the requirement of daily medications.
F. Uveal tract (iris, ciliary body, choroid)	1. Presence or history of recent or recurrent uveitis or iridocyclitis or need for suppressive medication within the past 5 years, regardless of cause.
G. Retina	1. Evidence or history of retinal disease, which is progressive or which is known to have potential for progression, regardless of current visual acuity. 2. Detached retina or retinal tears, with or without a history of surgical repair, unless unilateral, adequately treated, and without problems for a period of 3 years. 3. Significant retinal degeneration likely to cause detachment or significant decrease of vision in the future. 4. Congenital or acquired retinal dystrophy, degeneration, or other disorder that is likely to cause significant decrease of vision in the future. 5. Night blindness due to organic eye disease 6. Chorioretinitis conditions including histoplasmosis, toxoplasmosis, or vascular conditions of the eye to include Coats' Disease, Eales' Disease, and retinitis proliferans, unless single episode that has healed and does not interfere with vision.
H. Optic nerve	1. Optic neuritis, or history of optic neuritis, or documented history of attacks of retrobulbar neuritis except in cases without significant optic atrophy if etiology is known and unlikely to recur. 2. Papilledema or history of papilledema except in cases if etiology is known and unlikely to recur. 3. Optic atrophy, primary or secondary, unless cause is known, not considered progressive, and visual function standards are met. 4. Congenital or hereditary conditions of the optic nerve unless cause is known, not considered progressive, and visual acuity standards are also met.
I. Lens	There are no specific criteria limiting accession, but if candidate has history of cataract surgery, they must have recovered fully with stable vision and exam and no ongoing ophthalmic concerns related to the surgery.
J. Ocular mobility and motility	1. Current or recurrent diplopia 2. Current nystagmus other than physiologic “end-point nystagmus” 3. Ocular deviations if they cause candidate to not meet visual function criteria 4. History of restrictive ophthalmopathy if expected that it could recur

Condition	Disqualification for Appointment
IV. Eyes and Vision (Continued)	
K. Glaucoma or increased intraocular pressure	Glaucoma which is severe enough that candidate does not meet visual function criteria, or is progressive despite optimal management, such that it would seem likely they might fail visual function criteria in the future. For example, uncontrolled glaucoma which results in progressive thinning of optic nerve by optical coherence tomography (OCT) or progression of visual field loss despite optimal management.
L. Eye trauma	Recent eye trauma, until maximum recovery has occurred without significant sequela and with good prognosis.
M. Other	Any current or past abnormality of the eye or adnexa, not specified in these criteria, which threaten vision or visual function or would be expected to do so in the future.

Condition	Disqualification for Appointment
V. Ears and Hearing	
A. Ear: abnormalities of the auricle and external canal	1. Acute or chronic infections or inflammation of external canal, if more than mild, until cured. 2. Deformities of the auricle or external canal (i.e., atresia, microtia, stenosis, or traumatic etiology) which interfere with hearing or predispose to chronic infection, regardless of cause.
B. Otitis media	1. Acute otitis media until cured and without significant residual. 2. Chronic or recurrent otitis media after age 13 years, regardless of cause. 3. Chronic Eustachian tube dysfunction within the last 3 years as evidenced by retracted tympanic membrane, or recurrent otitis media, or the need for pressure-equalization tube. 4. Presence or history of cholesteatoma. 5. History of any inner or middle ear surgery, excluding myringotomy or successful tympanoplasty 6. History of any surgically implanted hearing device
C. Perforated tympanic membrane	Current perforation of the tympanic membrane or history of surgery to correct perforation during the preceding 180 days.
D. Mastoiditis	1. Acute or chronic mastoiditis 2. Surgery for mastoid disease within the past 2 years or if evidence of activity persists after 2 years; or residual of mastoid operation with fistula.
E. Otosclerosis	Presence or history of otosclerosis
F. Inner ear disease	1. Presence or history of Meniere's syndrome or other diseases of the vestibular system 2. Recurring attacks of vertigo, tinnitus, or other signs and symptoms referable to cochlear or vestibular dysfunction. 3. History of motion sickness resulting in recurrent incapacitating symptoms
G. Hearing	1. Unaided pure tone at 500, 1000, and 2000 cycles per second for each ear of not more than 25 decibels (dB) on the average with no individual level greater than 30 dB at those frequencies. 2. Unaided pure tone level not more than 35dB at 3000 cycles per second or 45 dB at 4000 cycles per second for each ear. 3. Asymmetric hearing loss as evidenced by 20dB or greater for two adjacent frequencies except 6000 cycles per second.

Condition	Disqualification for Appointment
VI. Cardiovascular Disorders	
A. Coronary Artery Disease	1. History or evidence of any acute coronary syndrome (e.g., myocardial infarction, unstable angina). 2. Angiographic or other evidence of significant coronary artery disease, i.e., abnormal resting and/or stress thallium scintigraphy, radionuclide ventriculography, echocardiography, or cardiac magnetic resonance imaging (MRI) consistent with coronary artery disease. 3. History of revascularization, i.e., coronary artery bypass surgery, coronary angioplasty, coronary stent.
B. Cardiomyopathies, Myocarditis, endocarditis, pericarditis.	1. History of significant left ventricular dysfunction, i.e., abnormal ejection fraction as assessed by contrast ventriculography, radionuclide imaging, echocardiography, or cardiac MRI. 2. History or finding of cardiomyopathy, myocarditis, endocarditis, or pericarditis, regardless of cause (except in cases of history of mild myocarditis or pericarditis associated with acute infections, with no residuals, inactive for 2 or more years). 3. History of rheumatic fever with carditis unless only one episode occurring 5 years or more in the past without evidence of sequela.
C. Disturbances of cardiac rate, rhythm or conduction	1. Sinus node dysfunction: • Sinus tachycardia: Symptomatic resting pulse rate consistently over 100 • Sinus bradycardia: Pulse rate below 50 only if underlying heart disease is present or symptomatic requiring a pacemaker. 2. Premature beats (extra systoles, ectopic beats) • Disqualifying only if symptoms interfere with performance of duties or if accompanied by disqualifying cardiomyopathy or valvular heart disease. 3. Paroxysmal supraventricular tachycardia • Disqualifying if frequent attacks occur or if not well-controlled with either medication therapy or radiofrequency catheter ablation 4. Atrial fibrillation • Disqualifying except in the uncommon case of single, self-limited episodes associated with: ▪ no underlying disqualifying cardiomyopathy or valvular heart disease or ▪ a medically reversible, treatable cause, such as treated, resolved pneumonia 5. Atrial flutter • Disqualifying except when eliminated by effective radiofrequency catheter ablation, followed by absence of recurrence for two years.

Condition	Disqualification for Appointment
VI. Cardiovascular Disorders (Continued)	
C. Disturbances of cardiac rate, rhythm or conduction (Continued)	6. Ventricular tachycardia • Disqualifying except in the rare case of isolated ventricular tachycardia without symptoms in the absence of structural heart disease when ECG consistently shows a pattern consistent with benign idiopathic ventricular tachycardia. 7. Atrioventricular conduction bloc • Disqualifying if symptomatic and inadequately treated 8. Bundle Branch Block • Left bundle branch block
D. Heart Failure	History or findings of congestive heart failure regardless of cause.
E. Valvular Disease	1. Valvular or septal defects and shunts, congenital or acquired unless thorough evaluation indicates a condition considered benign. 2. Surgical treatment for valvular or septal defects, except for conditions corrected in childhood known to have a good prognosis. 3. Pathologic cardiac murmurs: • Diastolic murmurs, regardless of cause; and • systolic murmurs associated with other signs of cardiac disease 4. Prolapsing mitral valve with disabling arrhythmias, or chest pain or other symptoms, or with more than mild mitral regurgitation, or with significant valve redundancy or thickness on echocardiogram.
F. Hypertension	1. Defined as a preponderance of sitting blood pressures above 90 diastolic or above 140 systolic. Disqualifying unless well-controlled, on medication or non-medical therapy, over a minimum of 3 months with no evidence of secondary end-organ complications. 2. Labile hypertension in which sitting blood pressures on 4 or more days in the last 3 years exceeded 160 systolic or 100 diastolic.
G. Disease of aorta or arteries	1. Aneurysm of the thoracic or abdominal aorta, dilatation of the aorta, or arterio-venous fistula, regardless of cause. Arteries. 2. Acute or chronic peripheral arterial occlusive disease 3. Clinical evidence of atherosclerotic occlusive disease of major vessels 4. Thromboangiitis obliterans (Buerger's disease) 5. Secondary Raynaud's phenomenon 6. Marfan's syndrome 7. Surgical treatment of any of the above 8. Major congenital abnormalities of aorta, pulmonary artery, or other major vessels, unless satisfactorily corrected in childhood 9. Other major vascular abnormalities

Condition	Disqualification for Appointment
VI. Cardiovascular Disorders (Continued)	
H. Peripheral venous disease (varicose veins, thrombophlebitis)	1. Varicose vein, if severe and symptomatic 2. History of recurrent superficial thrombophlebitis 3. Thromboembolic disease – see Pulmonary section
I. Syncope	1. History of recurrent syncope and/or presyncope of unknown cause including black out, fainting, loss or alteration of level of consciousness (excludes single episode of vasovagal reaction with identified trigger such as venipuncture) in the presence of a normal structural heart evaluation, unless there has been no recurrence during the preceding 2 years while off all medication for treatment of this condition 2. History of Postural Orthostatic Tachycardia Syndrome
J. Other	1. Unexplained ongoing or recurring cardiopulmonary symptoms (to include but not limited to syncope, presyncope, chest pain, palpitations, and dyspnea on exertion). 2. History of rheumatic fever if associated with rheumatic heart disease or indication for ongoing prophylactic medication. 3. Underlying cardiovascular conditions requiring bacterial endocarditis prophylaxis

Condition	Disqualification for Appointment
VII. Pulmonary Disorders	
A. Infectious diseases of the lungs	1. Infectious pneumonia within the last 3 months 2. History of any lower respiratory infectious process with sequelae that prevents satisfactory performance of duty or prohibits vigorous physical exertion. 3. History after the 13th birthday of recurrent (2 or more episodes within an 18-month period) infectious pneumonia. 4. Abscess of the lung or mediastinum within the last 3 months
B. Tuberculosis	1. History of active pulmonary or extra pulmonary tuberculosis unless there is reliable medical documentation showing completion of adequate treatment and complete cure has been achieved. There should be no evidence of significant cavitation or significant decreased in pulmonary function. 2. Treatment of current latent TB infection based upon CDC guidelines is encouraged, but not required.
C. Bronchiectasis	History of bronchiectasis with recurrent infections unless the area of bronchiectasis was documented as being localized and was surgically resected greater than 3 years prior to application.
D. Atelectasis	Presence of atelectasis, until cause is determined and is successfully treated, and is not otherwise disqualifying.
E. Pulmonary Thromboembolism	1. History of thromboembolic disease (Pulmonary embolism and Deep Vein Thrombosis), unless the only single prior incident was over one year ago and was secondary to an acquired risk factor (e.g. post-surgical, lower extremity trauma) and the thromboembolic event resulted in no clinical sequela, including the need for long-term anticoagulant therapy. 2. Current use of anticoagulant therapy (antiplatelet agents are acceptable, however the underlying condition requiring their use, maybe disqualifying). 3. History of previous use of anticoagulant therapy which exceeded 6-month duration
F. Pneumothorax	1. History of single episode of spontaneous pneumothorax occurring within the past 2 years, or pneumothorax due to trauma or surgery occurring within the past year. 2. Recurrent (two or more) spontaneous pneumothoraces unless surgical pleurodesis done after the last episode and it is at least 1 year since that surgery.
G. Pleural Conditions	1. History of empyema unless resolved with no sequelae 2. Pleurisy or pleural effusion within the previous 3 months 3. Recurrent (two or more) episodes of pleurisy or pleural effusion 4. Bronchopleural fistula, unless resolved with no sequelae
H. Chronic Obstructive Pulmonary Disease	Chronic obstructive pulmonary disease including but not limited to bullous or generalized pulmonary emphysema or chronic bronchitis (and excludes asthma and conditions addressed in (I) below).

Condition	Disqualification for Appointment
VII. Pulmonary Disorders (Continued)	
I. Bronchial Asthma	History of airway hyper responsiveness including asthma, reactive airway disease, or asthmatic bronchitis, after the 13th birthday with the following exceptions: • Exercise-induced asthma requiring no more than the use of one metered dose inhaler canister of a short-acting bronchodilator every six months and no history of requiring daily asthma controller medications after the 13th birthday. • A single episode of viral respiratory infection induced bronchial hyperreactivity requiring treatment for no more than 60 days.
J. Pulmonary Fibrosis and other restrictive lung disease	Interstitial lung disease including pulmonary fibrosis
K. Other conditions of the lungs and bronchi	1. Any abnormal findings on imaging or other examination of body structure, such as lung, diaphragm, or other thoracic or abdominal organ that prevents satisfactory performance of duty or interferes with vigorous physical exertion now or likely to in the future. 2. Current foreign body in lung, trachea, or bronchus. 3. History of thoracic surgery including open and endoscopic procedures with sequalae that prevent performance of duties or prohibits vigorous physical exertion. 4. History of chest wall surgery, including breast, during the preceding 6 months, or with persistent functional limitations. 5. History of other disorders, including but not limited to cystic fibrosis or lymphangioleiomyomatosis (LAM) that are currently asymptomatic, but are likely to progress to clinical significance in the future. 6. Nocturnal ventilation support (including effectively treated sleep apnea), respiratory failure, pulmonary hypertension, or any requirement for chronic supplemental oxygen use. 7. Sarcoidosis, unless with a history of stable stage I disease with adenopathy alone without ventilatory deficit and completely resolved.
L. Abnormalities of the chest wall and diaphragm	Current chest wall malformation, including but not limited to pectus excavatum or pectus carinatum which has been symptomatic, interfered with vigorous physical exertion, has been recommended for surgery, or can reasonably expected to interfere with ability to wear personal protective equipment.

Condition	Disqualification for Appointment
VIII. Gastrointestinal and Hepatobiliary Disorders	
A. Esophagus	History of Gastro-Esophageal Reflux Disease (GERD), with complications, including, but not limited to: • Stricture • Dysphagia • Recurrent symptoms or esophagitis despite maintenance medication • Barrett's esophagus • Extraesophageal complications such as: reactive airway disease; recurrent sinusitis or dental complications; unresponsive to acid suppression. • History of surgical correction (such as fundoplication) for GERD within 6 months or with complications. • History of dysmotility disorders to include but not limited to diffuse esophageal spasm, nutcracker esophagus, and achalasia. • History of eosinophilic esophagitis • History of other esophageal strictures (e.g., lye or other caustic ingestion • History of esophageal disease not specified above; including but not limited to neoplasia, ulceration, varices, or fistula.
B. Stomach and Duodenum	1. Current dyspepsia, gastritis, or duodenitis despite medication (over the counter or prescription). 2. Current gastric or duodenal ulcers, including but not limited to peptic ulcers and gastrojejunal ulcers: 3. History of a treated ulcer within the last 3 months 4. Recurrent or complicated by bleeding, obstruction, or perforation within preceding 5 years 5. History of surgery for peptic ulceration or perforated ulcer 6. History of gastroparesis of greater than 6 week's duration, confirmed by scintigraphy or equivalent test. 7. History of bariatric surgery of any type (e.g., lap-band or gastric bypass surgery for weight loss) 8. History of gastric varices

Condition	Disqualification for Appointment
VIII. Gastrointestinal and Hepatobiliary Disorders (Continued)	
C. Small and Large Intestine	1. History of inflammatory bowel disease, including but not limited to Crohn's disease, ulcerative colitis, ulcerative proctitis, or indeterminate colitis. 2. Current infectious colitis 3. History of intestinal malabsorption syndromes, including but not limited to celiac sprue, pancreatic insufficiency, post-surgical and idiopathic. 4. Dietary intolerances that may be reasonably expected to interfere with military duty or consumption of military rations. Lactase deficiency does not meet the standard only if of sufficient severity to require frequent intervention, or to interfere with normal function. 5. History of gastrointestinal functional or motility disorders including but not limited to volvulus within the past 24 months, or any history of pseudo-obstruction or megacolon. 6. Current chronic constipation, requiring prescription medication or medical interventions (e.g. pelvic floor physical therapy, biofeedback therapy) coupled with significant physical functional impairment. 7. History of diarrhea of greater than 6 weeks duration, regardless of cause, persisting or symptomatic in the past 2 years unless a specific infectious agent was identified and successfully treated. 8. History of gastrointestinal bleeding, including positive occult blood, if the cause requires treatment and has not been corrected. 9. History of irritable bowel syndrome of sufficient severity to require frequent intervention or prescription medication or that may reasonably be expected to interfere with military duty. 10. History of recurrent symptomatic diverticular disease of the intestine requiring prescription medications or surgical interventions. 11. History of familial adenomatous polyposis syndrome or hereditary non-polyposis colon cancer (Lynch) syndrome.
D. Anorectal	1. Current anal fissure or anal fistula 2. History of rectal prolapse or stricture within the last 2 years 3. History of fecal incontinence after the 13th birthday 4. Current hemorrhoid (internal or external), if symptomatic or requiring medical intervention within the last 60 days.
E. Surgical procedures resulting in significant alteration in GI function	History of bariatric surgery of any type (e.g. lap-band or gastric bypass surgery for weight loss)
F. Abdominal Wall	1. Current abdominal wall hernia other than small umbilical hernias determined to not be clinically significant. 2. History of open or laparoscopic abdominal surgery during the preceding 3 months 3. The presence of any ostomy (gastrointestinal or urinary)

Condition	Disqualification for Appointment
VIII. Gastrointestinal and Hepatobiliary Disorders (Continued)	
G. Hepatic - Biliary Tract, Hepatitis	1. History of chronic Hepatitis B Virus (HBV) infection characterized by the presence of HBsAg for at least 6 months (as defined by the Update on Prevention, Diagnosis, and Treatment of Chronic Hepatitis B: AASLD 2018 Hepatitis B Guidance) unless: • On treatment for at least 12 months prior to application with: ○ Maintenance of alanine transaminase (ALT) ≤ 2x ULN (ULN: 35 U/L for men and 25 U/L for women) for at least 6 months prior to application, ○ Achievement and maintenance of HBV DNA measurements ≤ 1000 IU/ml or at least one log decreased from pre-treatment levels for at least 6 months prior to application, ○ No evidence of cirrhosis documented by noninvasive tests or liver biopsy, and ○ No chronic co-infection with hepatitis D • Not on treatment with: ○ Maintenance of ALT ≤ ULN for at least 6 months prior to application, ○ Maintenance of HBV DNA measurements ≤ 1000 IU/ml for at least 6 months prior to application, ○ No evidence of cirrhosis documented by noninvasive tests or liver biopsy, and ○ No chronic co-infection with hepatitis D 2. History of chronic Hepatitis C, unless successfully treated and with documentation of a sustained virologic response at least12 weeks after completion of a full course of therapy. 3. Other acute hepatitis in the preceding 6 months, or persistence of symptoms or abnormal serum aminotransferases after 6 months, or objective evidence of impairment of liver function. 4. History of cirrhosis, hepatic abscess, or complications of chronic liver disease. 5. History of symptomatic gallstones or gallbladder disease unless successfully treated. 6. History of sphincter of Oddi dysfunction. 7. History of choledochal cyst. 8. History of primary biliary cirrhosis or primary sclerosing cholangitis or autoimmune hepatitis. 9. History of metabolic liver disease, excluding Gilbert's syndrome. This includes but is not limited to hemochromatosis, Wilson's disease, or alpha-1 anti-trypsin deficiency. 10. History of alcoholic or non-alcoholic fatty liver disease if there is evidence of chronic liver disease, manifested as impairment of liver function or hepatic fibrosis. 11. History of traumatic injury to the liver within the preceding 6 months.
H. Pancreas	1. History of pancreatic insufficiency 2. History of acute pancreatitis, unless due to an identified self-limiting condition (e.g. cholelithiasis successfully treated by cholecystectomy) 3. History of chronic pancreatitis 4. History of pancreatic cyst or pseudocyst 5. History of pancreatic surgery

Condition	Disqualification for Appointment
IX. Endocrine and Metabolic Disorders	
A. Pituitary Disease	1. History of pituitary tumor unless proven non-functional, less than 1 cm and stable in size over the past 12 months 2. History of pituitary dysfunction, except for resolved growth hormone deficiency 3. History of diabetes insipidus
B. Thyroid Disease	1. History of hyperthyroidism unless treated successfully with surgery or radioactive iodine and without either recurrence or need for anti-thyroid medication for at least 2 years. 2. Current hypothyroidism unless asymptomatic, demonstrated euthyroid by normal thyroid stimulating hormone testing within the preceding 12 months, and on stable thyroid replacement therapy for at least 12 months. 3. Thyroid nodule unless a solitary thyroid nodule less than 5 mm or less than 3 cm with benign histology or cytology, and that does not require ongoing surveillance. 4. Thyroid cancer or history thereof, unless complete surgical resection demonstrated features consistent with ATA low risk papillary thyroid cancer, with no evidence of metastases and with resulting hypothyroidism controlled as described above.
C. Adrenal Disease	1. Adrenal dysfunction, current or a history of, requiring treatment or hormone replacement. 2. Adrenal neoplasm unless asymptomatic, non-secreting or non-functional, < 4cm and stable for a minimum of 2 years.
D. Impaired Glucose Metabolism	1. History of Diabetes Mellitus 2. History of unresolved pre-diabetes (as defined by the American Diabetic Association) within the last 2 years (HgbA1C ≥ 5.7%) 3. History of gestational diabetes 4. Current persistent glycosuria, when associated with impaired glucose or renal tubular defects
E. Hypoglycemia	1. Fasting or organic hypoglycemia regardless of cause 2. Symptomatic or non-symptomatic functional or reactive hypoglycemia 3. History of islet-cell tumors 4. Congenital or acquired hyperinsulinism
F. Disorders of calcium and phosphate metabolism	1. History of primary hyperparathyroidism unless surgically corrected and with stable calcium and phosphate levels for greater than 12 months 2. History or hypoparathyroidism
G. Gout, hyperuricemia	1. History of Gout 2. Hyperuricemia > 10 gm% not on medication secondary to increased risks for kidney stones or development of gout.
H. Other inborn errors of metabolism	1. Other metabolic disorders not mentioned elsewhere including porphyrias 2. Nutritional deficiencies which require frequent treatment or are associated with significant long-term complications.

Condition	Disqualification for Appointment
IX. Endocrine and Metabolic Disorders (Continued)	
J. Overweight condition	1. BMI in excess of 27.5 kg/m^2 2. If BMI is between 27.6 and 32.9 kg/m^2, appointment may be granted if estimated percent body fat (as determined by "taping") does not exceed: Age Male Female -28 24% 32% 28-39 26% 35% 40+ 28% 38%
K. Dyslipoproteinemia	1. Low density lipoprotein (LDL) greater than 200 mg/dl off therapy 2. Fasting Triglycerides greater than 400 mg/dl 3. Requiring more than one medication 4. LDL greater than 190 mg/dl on therapy 5. If taking treatment, must have been on stable medication for minimum of 6 months and without side effects
L. Metabolic Syndrome	As defined by any three of the following: 1. Increased waist circumference (≥ 40 in or 102 cm for men, ≥ 35 in or 88 cm in women) 2. Medically controlled dyslipidemia or triglycerides > 150 mg/dl 3. Reduced High Density Lipoproteins (HDL) (< 40 mg/dl in men, <50 mg/dl in women) 4. Medically controlled or elevated blood pressure (≥ 130/85) 5. Elevated fasting glucose (≥ 100 mg/dl)
M. Underweight Condition	1. Weight below BMI of 17.6 kg/m^2 2. Weight BMI ≥17.6 and ≤ 19 kg/m^2 as a result of chronic weight loss accompanied by signs and/or symptoms of nutritional deficiency, other physiologic abnormalities, or eating disorders. 3. Acute weight loss with signs and symptoms of mental, behavioral, emotional, and/or physical distress.
N. Hypogonadism	Congenital, treated with hormonal supplementation, or of unexplained etiology
O. History of Gender Dysphoria	A history of medical treatment associated with gender transition is disqualifying, unless, as certified by a licensed medical provider: The applicant has completed all elements of a medical treatment plan associated with the applicant's gender transition; and The applicant has been stable in the preferred gender for 18 months If the applicant is presently receiving cross-sex hormone therapy post gender transition, the individual has been stable on such hormones for 18 months.

Condition	Disqualification for Appointment
X. Hematologic Disorders	
A. Anemia MALE Hct ≤ 39% Hgb ≤ 13.6 gms % RBC ≤ 4.3M FEMALE Hct ≤ 33 % Hgb ≤ 12 gms% RBC ≤ 3.5M or meeting standards of testing laboratory	1. Anemia, as defined, until permanently corrected, demonstrated to be correctible with conservative therapy, and underlying cause is known not to be disqualifying. 2. History of anemia, regardless of present status, unless cause has been identified and permanently corrected and a sufficient period of time has elapsed to assure the improbability of relapse. Generally, still disqualifying: • Pernicious anemia • Recurrent iron, folic acid, or other deficiency anemias unless underlying cause for deficiency has been corrected • Bone marrow failure • Hereditary spherocytosis unless controlled by splenectomy • Hemolytic anemia • Hemoglobinopathies (e.g. sickle cell anemia; Hemoglobin C; etc.) associated with anemia or symptoms except for asymptomatic thalassemia minor or sickle cell trait
B. Polycythemia MALE Hct ≥ 53% FEMALE Hct ≥ 46%	1. Polycythemia vera, regardless of hematocrit 2. Erythrocytosis if due to an underlying pathological cause
C. Hemorrhagic Disorders	1. Hemophilia, von Willebrand's disease or other coagulation defects 2. Acute or Chronic thrombocytopenia, for any reason 3. Presence or history of other bleeding tendencies until cause is determined, corrected, and is highly unlikely to recur 4. Anticoagulant therapy (except aspirin)
D. Leukocytosis, granulocytosis, or lymphocytosis (total WBC ≥ 10K or with abnormal differential)	Disqualifying until cause is determined to be benign and has been corrected
E. Thrombocytosis (450,000/µL)	Disqualifying until cause is known to be benign and has been corrected
F. Leukopenia (WBC ≤ 3.3K (≤ 2.8K if black), neutropenia (≤ 2K or ≤ 1.0K, if black), or lymphopenia ≤ 1K	1. Disqualifying if the leukopenia may cause complications and until the cause is determined to be benign 2. Diagnosis or presumptive diagnosis of Benign Ethnic Neutropenia (BEN) with Absolute Neutrophil Count >800 with no history of severe or recurrent infections is not disqualifying
G. Splenic conditions	1. History of splenomegaly unless secondary to a known infectious process which is no longer active (e.g. EBV infection). 2. Current splenomegaly • History of splenectomy except when done for trauma or conditions unrelated to the spleen or for hereditary spherocytosis.

Condition	Disqualification for Appointment
XI. Renal and Urologic Disorders	
A. Infectious or inflammatory disease of the kidney	1. Acute glomerulonephritis or history thereof except in childhood and without sequelae for a period of 5 years 2. Rapidly progressive ("subacute") or chronic glomerulonephritis regardless of cause 3. Nephrotic syndrome or history thereof except in childhood without sequelae for a period of 5 years. 4. Acute urinary tract infection or pyelonephritis until cured without sequelae 5. Repeated episodes of acute pyelonephritis 6. Chronic pyelonephritis
B. Congenital and acquired abnormalities of the kidney	1. Renal cystic disease (except simple cysts and medullary sponge kidney) 2. Horseshoe kidney 3. Other congenital or acquired abnormalities resulting in, or likely to result in, impaired function or recurrent infection 4. Absence of one kidney, congenital or acquired 5. Kidney transplant recipient
C. Renal or ureteral calculi	Urolithiasis if any of the following apply: • Current stone of 3 mm or greater • Current multiple stones of any size • History of symptomatic urolithiasis within the preceding 12 months • History of nephrocalcinosis, bilateral renal calculi, or recurrent urolithiasis at any time • History of urolithiasis requiring medical (e.g. extracorporeal shock wave lithotripsy) or surgical procedures
D. Other kidney diseases or abnormalities	1. History of proteinuria (protein-to-creatinine ratio greater than 0.2 and/or albumin-to-creatinine ratio ≥ 30mg/g), except in cases where a thorough evaluation has been performed and the condition is apparently benign (e.g., orthostatic proteinuria) 2. Pyuria in the absence of urinary tract infection (3 or more white blood cells per high-powered field on properly collected urinalyses) 3. Hematuria in the absence of urinary tract infection: • Gross hematuria • Persistent microscopic hematuria (3 or more red blood cells per high-powered field on properly collected urinalyses, unless urology evaluation determines benign essential hematuria) 4. Elevated creatinine, decreased creatinine clearance, or decreased glomerular filtration rate (eGFR) 5. Acute kidney injury, acute renal failure, or history thereof until resolved without residuals 6. Chronic kidney disease, chronic renal failure or chronic insufficiency 7. Tubular or interstitial disease unless completely resolved and unlikely to recur

Condition	Disqualification for Appointment
XI. Renal and Urologic Disorders (Continued)	
E. Infections of the lower urinary tract	Cystitis or urethritis, presence or history thereof: • For males, any cystitis not related to an indwelling catheter during a hospitalization • For females, current cystitis or recurrent cystitis of greater than two episodes per year, or requiring daily suppressive antibiotics, or non-responsive to antibiotics for 10 days • For males and females, current urethritis until cured and without sequelae
F. Abnormalities of the urinary tract including voiding abnormalities	1. History of interstitial cystitis or bladder pain syndrome 2. History or treatment of the following voiding symptoms, if not associated with an active urinary tract infection, within the previous 12 months: • Urinary frequency or urgency more than every 2 hours on a daily basis • Nocturia more than two episodes during sleep period • Enuresis • Incontinence of urine, such as urge or stress • Urinary retention • Dysuria 3. History of neurogenic bladder or other functional disorder of the bladder necessitating urinary catheterization with intermittent or indwelling catheter for any period greater than 2 weeks 4. Nephrostomy, ureterostomy, or ureteral conduit procedure 5. Cystoplasty or urethroplasty 6. Cystectomy 7. Urinary fistula
G. Obstructive uropathies	1. Any urinary tract obstruction (e.g., stenosis, stricture) until relieved and without significant residuals 2. Hydronephrosis, unless relieved and without significant residuals for 12 months

Condition	Disqualification for Appointment
XI. Renal and Urologic Disorders (Continued)	
H. Male genital abnormalities	1. Absence of both testicles, current undescended testicle, or congenital absence of one testicle not verified by surgical exploration 2. History of epispadias or hypospadias when accompanied by history of urinary tract infection, urethral stricture, urinary incontinence, symptomatic chordee, or voiding dysfunction or surgical intervention for these issues within the past 24 months 3. Current varicocele, unless all of the following are met: • Left side only • Asymptomatic and smaller than the testes • Reducible 4. Current hydrocele, epididymal cyst or spermatocele associated with pain or discomfort or precludes a complete exam of scrotal contents. 5. Current or history of recurrent orchitis or epididymitis until cured and without sequelae 6. History of penis amputation except in association with history of sex reassignment surgery (see XI.J) or major genital reconstruction surgery. 7. Current penile curvature if associated with symptoms to include but not limited to pain 8. Major abnormalities or defect of the genitalia or dysfunctional residuals from surgical procedures for major abnormalities or defects
I. Male genital infections, inflammation or pain	1. History of genital infection or ulceration, including but not limited to herpes genitalis or condyloma acuminatum, if any of the following apply: • Current lesions are present • Use of chronic suppressive therapy is needed • There are three or more outbreaks per year • Any outbreak in the past 12 months interfered with normal activities • After the initial outbreak, treatment included hospitalization or intravenous therapy 2. History of urethral condyloma acuminatum 3. History of acute prostatitis within the last 24 months, history of chronic prostatitis, or history of chronic pelvic pain syndrome. 4. History of chronic or recurrent scrotal pain or unspecified symptoms associated with male genital organs.
J. Sex reassignment surgery	A history of sex reassignment surgery or major genital reconstruction is disqualifying, unless documentation is provided that demonstrates: • A period of 18 months has elapsed since the date of the most recent of any such surgery; and • No functional limitations or complications persist, nor is any additional surgery required
K. Tumors of the genitorinary tract	1. Tumors of the Genitourinary tract unless benign, is not likely to interfere with performance of duties and wearing uniforms/equipment 2. Current enlargement of testicle, epidydimis or spermatic cord in addition to those described elsewhere in section

Condition	Disqualification for Appointment
XII. Gynecological Disorders and Breast Disease	
A. Menstrual disturbances	1. Dysmenorrhea regularly resulting in absences of >1 week per month 2. Abnormal uterine bleeding (AUB) (bleeding that is longer or heavier than usual or does not occur at the usual time) regularly resulting in absences of >1 week per month 3. Abnormal uterine bleeding related to malignancy or hyperplasia (AUB-M) 4. Abnormal uterine bleeding not yet classified (AUB-N)
B. Pregnancy	Pregnancy through 6 months after the completion of the pregnancy
C. Infections of the female genitalia	1. Cervicitis (exception: the pap smear demonstrates normal cytology), vulvitis, or severe vaginitis (Ire disqualifications, until cured or controlled 2. Infection of Skene's or Bartholin's glands until definitive treatment has been completed 3. Acute pelvic inflammatory disease (PID) which has not been treated 4. Current findings of the uterine cervix as listed below would disqualify for appointment: • HGSIL (high-grade squamous intraepithelial lesion) or more advanced cytologically (via Pap smear) • CIN II (cervical intraepithelial neoplasia, grade II) or more advanced histologically (by colposcopic biopsy) • ASC-H, which is "atypical squamous cells of undetermined significance (ASCUS) but cannot rule out high-grade intraepithelial lesion." • AGUS (atypical glandular cells of undetermined significance) 5. An appointment may be granted to persons demonstrating the Pap smear results bulleted below only after demonstrating biopsy findings of either CIN I or less-advanced histology via colposcopy: • ASCUS (excluding ASC-H) on follow-up Pap smear after a previous ASCUS diagnosis • LGSIL (low-grade squamous intraepithelial lesion)

Condition	Disqualification for Appointment
XII. Gynecologic Disorders and Breast Disease (Continued)	
D. Other gynecologic disorders	1. Screening results (from Pap smear and/or HPV testing) • Atypical Glandular Cells (AGC) 2. Biopsy-confirmed results (from colposcopy or excision) • Adenocarcinoma in-situ (AIS) • Cervical carcinoma • Vaginal carcinoma • Vulvar carcinoma 3. Biopsy or pathology confirmed results • Endometrial hyperplasia (simple), until satisfactorily treated • Endometrial hyperplasia (atypical or complex) • Endometrial carcinoma • Fallopian tube carcinoma • Ovarian carcinoma 4. History of symptomatic endometriosis 5. History of major abnormalities or defects of the genitalia, such as hermaphroditism 6. Current ovarian cyst(s) greater than 5 cm. 7. Polycystic ovarian syndrome unless no evidence of metabolic complications as specified by the National Heart, Lung, and Blood Institute and the American Heart Association guidelines. 8. History of chronic pelvic pain (6 months or longer) within the preceding 6 months.
E. Menopausal syndrome	Menopausal symptoms resulting in absences of >1 week per month
F. Diseases of the Breast; gynecomastia	Biopsy or pathology confirmed breast cancer

Condition	Disqualification for Appointment
XIII. Musculoskeletal and Rheumatologic Disorders	
A. Upper Extremity Conditions	1. Limitation of Motion. Current active joint ranges of motion less than: • Shoulder ▪ Forward elevation to 90 degrees ▪ 130 degrees abduction ▪ 60 degrees external and internal rotation at 90 degrees abduction ▪ Cross body reaching 115 degrees adduction • Elbow ▪ Flexion to 130 degrees ▪ Extension to 30 degrees • Wrist. A total range of 60 degrees (extension plus flexion), or radial and ulnar deviation combined are 30 degrees • Hand ▪ Pronation to 45 degrees ▪ Supination to 45 degrees • 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 • Disorder or absence of fingers and/or digits that would reasonably be expected to interfere with the performance of duty. • Symptomatic mononeuropathies (including but not limited to carpal tunnel syndrome) that interfere with function. • Focal muscle or limb weakness due to congenital or acquired causes that causes weakness of the limb, hand or foot that impair function (isolated injuries to fingers or toes not included unless affects functionality). 3. Residual Weakness and Pain. Current disease, injury, or congenital condition with residual weakness, pain, sensory disturbance, or other symptoms that may reasonably be expected to prevent 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. .

Condition	Disqualification for Appointment
XIII. Musculoskeletal and Rheumatic Disorders (Continued)	
B. Lower Extremity Conditions	1. General • Current deformities, disease, or chronic joint pain of pelvic region, thigh, lower leg, knee, ankle or foot that have interfered with function to such a degree as to prevent the individual from following a physically active avocation in civilian life, or that may reasonably be expected to interfere with walking, running, weight bearing, or with the satisfactory completion of training or military duty. • Current leg-length discrepancy resulting in a limp. 2. Limitation of Motion - Current active joint ranges of motion less than: • Hip ▪ Flexion to 90 degrees. ▪ No demonstrable flexion contracture. ▪ Extension to 10 degrees (beyond 0 degrees). ▪ Abduction to 45 degrees. ▪ Rotation of 60 degrees (internal and external combined). • Knee ▪ Full extension to 0 degrees. ▪ Flexion to 110 degrees. • Ankle • Dorsiflexion to 10 degrees. • Planter flexion to 30 degrees. • Subtalar eversion and inversion totaling 5 degrees. 3. Foot and Ankle • Current absence of a foot or any portion thereof, other than absence of a single lesser toe that is asymptomatic and does not impair function. • Deformity of the toes that may reasonably be expected to prevent the proper wearing of uniform military footwear or impairs walking, marching, running, maintaining balance, or jumping. • 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). • Clubfoot or pes cavus that may reasonably be expected to prevent the proper wearing of uniform military footwear or causes symptoms when walking, marching, running, or jumping. • Rigid or symptomatic pes planus (acquired or congenital) • Current ingrown toenails, if infected or symptomatic

Condition	Disqualification for Appointment
XIII. Musculoskeletal and Rheumatic Disorders (Continued)	
B. Lower Extremity Conditions (Continued)	• Current or recurrent plantar fasciitis • Symptomatic neuroma 4. Leg, Knee, Thigh, and Hip • Current loose or foreign body in the knee joint • History of uncorrected anterior or posterior cruciate ligament injury • History of surgical reconstruction of knee ligaments within the last 12 months, or which is symptomatic or unstable or shows signs of thigh or calf atrophy. • Recurrent anterior cruciate ligament reconstruction • Current medial or lateral meniscal injury with symptoms or limitation of activity • Surgical meniscal repair, within the last 6 months or with residual symptoms or limitation of activity • Surgical partial meniscectomy within the last 3 months or with residual symptoms or limitation of activity • Meniscal transplant • Symptomatic medial and lateral collateral ligament instability • History of developmental dysplasia (congenital dislocation) of the hip, osteochondritis of the hip (Legg-Calvé e-Perthes Disease), or slipped capital femoral epiphysis of the hip. • History of hip dislocation • Symptomatic osteochondritis of the tibial tuberosity (Osgood-Schlatter Disease) within the past 12 months. • Stress fractures, either recurrent or a single episode occurring during the past 12 months.
C. Neck Conditions	1. Current symptomatic cervical ribs 2. Current congenital mass, including cyst(s) of branchial cleft origin or those developing from the remnants of the thyroglossal duct or history of surgical correction, within 12 months. 3. Current contraction of the muscles of the neck, spastic or non-spastic, or cicatricial contracture of the neck to the extent that it may reasonably be expected to interfere with the proper wearing of a uniform or equipment, or is so disfiguring as to reasonably be expected to interfere with or prevent satisfactory performance of duty.

Condition	Disqualification for Appointment
XIII. Musculoskeletal and Rheumatic Disorders (Continued)	
D. Spine and Sacroiliac Joint Conditions	1. Ankylosing spondylitis or other inflammatory spondylopathies 2. Current deviation or curvature of spine from normal alignment, structure, or function if any of the following apply: • It would interfere with the candidate's fitness for duty • It can reasonably be expected to interfere with the proper wearing of military uniform or equipment • It is symptomatic • There is lumbar or thoracic scoliosis greater than 30 degrees, or thoracic kyphosis greater than 50 degrees when measured by the Cobb Method 3. History of congenital fusion involving more than two vertebral bodies or any surgical fusion of spinal vertebrae. 4. Current dislocation of the vertebra 5. Vertebral fractures including but not limited to: • Any cervical spine fracture. • History of fracture of lumbar or thoracic vertebral body that exceeds 25 percent height of a single vertebra or that has occurred within the last 12 months or is symptomatic. • A history of fractures of the transverse or spinous process if currently symptomatic. 6. History of juvenile epiphysitis with any degree of residual change indicated by X-ray or Scheuermann's kyphosis. 7. History of uncorrected herniated nucleus pulposus associated with any treatment, symptoms, or activity limitations. 8. History of surgery to correct herniated nucleus pulposus other than a single-level lumbar or thoracic diskectomy that is currently asymptomatic with full resumption of unrestricted activity for at least 12 months. 9. Spinal dysraphisms other than spina bifida occulta 10. History of spondylolysis or spondylolisthesis, congenital or acquired
E. Acute, chronic or recurring musculoskeletal pain	History of any condition, in the last 2 years, or any recurrence, including but not limited to the spine or sacroiliac joints, with or without objective signs, if any of the following apply: • It would interfere with the candidate's fitness for duty or is associated with local or radicular pain, muscular spasms, postural deformities, or limitation in motion. • It requires external support. • It requires limitation of physical activity or frequent treatment. • Chronic medication use for greater than 12 weeks. • One or more episodes of back pain lasting greater than 12 weeks requiring other than self-care.

Condition	Disqualification for Appointment
XIII. Musculoskeletal and Rheumatic Disorders (Continued)	
F. Rheumatic diseases and associated systemic disorders	1. Rheumatoid arthritis 2. Spondyloarthritis including but not limited to ankylosing spondylitis, psoriatic arthritis, reactive arthritis (formerly known as Reiter's disease), or spondyloarthritis associated with inflammatory bowel disease. 3. Systemic lupus erythematosus 4. Sjögren's syndrome 5. Systemic sclerosis (or scleroderma), including but not limited to calcinosis, Raynaud's phenomenon, esophageal dysmotility, scleroderma, or telangiectasia syndrome (CREST). 6. Mixed connective tissue disease or undifferentiated connective tissue diseases 7. Vasculitides including but not limited to polyarteritis nodosa, arteritis, Behçet's, Takayasu's arteritis, and Anti-Neutrophil Cytoplasmic Antibody-associated vasculitis. 8. Henoch-Scholenlein Purpura occurring after the 19th birthday or within the last 2 years 9. Rheumatic fever if associated with rheumatic heart disease or indication for ongoing prophylactic medication. 10. IgG-4 related disease 11. Dermatomyositis with or without skin involvement 12. Polymyositis 13. Non-inflammatory myopathy including but not limited to metabolic myopathy such as glycogen storage disease, lipid storage disease, and mitochondrial myopathy. 14. Joint hypermobility syndrome (formerly Ehler's Danlos syndrome, Type III) 15. Any history of connective tissue disease including but not limited to Ehlers-Danlos syndrome, Marfan's syndrome, Pseudoxanthoma Elasticum, and Osteogenesis Imperfecta. 16. History of Gout and other crystal induced joint disease 17. Other autoimmune disease which can lead to chronic disability, such as anticardiolipin syndrome, systemic amyloidosis. 18. Osteoarthritis degenerative joint disease, other arthritis, or other rheumatic disorder if associated with the following: • Chronic or recurrent and/or disabling symptoms • Limitation of motion, tenderness, swelling, effusion, joint instability, or deformity. • Persistent neurologic symptoms or signs, or muscle weakness • Requires sustained use of cervical collar, cane, crutch, corset, traction, other devices, and/or ongoing physical therapy. • Interferes with function, likely to interfere with performance of duties now or in the course of a career.

Condition	Disqualification for Appointment
XIII. Musculoskeletal and Rheumatic Disorders (Continued)	
F. Rheumatic diseases and associated systemic disorders (Continued)	19. Fibromyalgia or chronic/recurrent myofascial pain syndrome 20. Chronic fatigue syndrome (or systemic exertion intolerance disease or myalgic encephalomyelitis) or chronic multisystem disease.
G. Miscellaneous Conditions of the Extremities	1. History of chondromalacia, including but not limited to chronic patello-femoral pain syndrome and retro-patellar pain syndrome, osteoarthritis, or traumatic arthritis if it could reasonably be expected to interfere with the performance of duty. 2. Dislocation of patella if two or more episodes, or any occurring within the last 12 months 3. History of any dislocation, subluxation, or instability of the hip, knee, ankle, subtalar joint, foot, shoulder, wrist, elbow except for "nursemaid's elbow" or dislocated finger. 4. Acromioclavicular separation within the last 12 months or if symptomatic 5. History of osteoarthritis or traumatic arthritis of isolated joints 6. Fractures, if: • Current malunion or non-union of any fracture (except asymptomatic ulnar styloid process fracture). • Current retained hardware (including plates, pins, rods, wires, or screws) used for fixation that is symptomatic or may reasonably be expected to interfere with proper wearing of equipment or uniform. Retained hardware is not disqualifying if fractures are healed, ligaments are stable, and there is no pain. 7. Current orthopedic implants or devices to correct congenital or post-traumatic orthopedic abnormalities except for bone anchor and hardware as allowed in the second bullet of section XIII.G.6 8. History of contusion of bone or joint if any of the following apply: • An injury of more than a minor nature with or without fracture, nerve injury, open wound, crush, or dislocation which occurred within the last 6 months. • Recovery has not been sufficiently completed • May reasonably be expected to interfere with or prevent performance of duty • Requires frequent or prolonged treatment 9. History of joint replacement or resurfacing of any site 10. History of hip arthroscopy or femoral acetabular impingement 11. History of neuromuscular paralysis, weakness, contracture, or atrophy not completely resolved and of sufficient degree to reasonably be expected to interfere with or prevent satisfactory performance of duty. 12. Current symptomatic osteochondroma or history of two or more osteocartilaginous exostoses

Condition	Disqualification for Appointment
XIII. Musculoskeletal and Rheumatic Disorders (Continued)	
G. Miscellaneous Conditions of the Extremities (Continued)	13. History of atraumatic fractures or bone mineral density below expected range for age on a dual energy x-ray absorptiometry scan with risk factors for low bone density. 14. Current osteopenia until resolved 15. History of osteomyelitis within the past 12 months, or history of recurrent osteomyelitis 16. History of osteochondral defect, formerly known as osteochondritis dissecans 17. History of cartilage surgery, including but not limited to cartilage debridement or chondroplasty for Grade III or greater chondromalacia, microfracture, or cartilage transplant procedure. 18. History of osteonecrosis of any bone. 19. History of recurrent tendon disorder, including but not limited to tendonitis, tendionopathy, tenosynovitis if reasonably be expected to interfere with or prevent satisfactory performance of duty or to require ongoing episodes of care. 20. History of developmental dysplasia (congenital dislocation) of the hip, osteochondritis of the hip (Legg-Calvé-Perthes Disease), or slipped capital femoral epiphysis of the hip. 21. History of hip dislocation. 22. Symptomatic osteochondritis of the tibial tuberosity (Osgood-Schlatter Disease) within the past 12 months. 23. Stress fractures, either recurrent or a single episode occurring during the past 12 months

Condition	Disqualification for Appointment
XIV. Skin Disorders	
A. Eczema (erythema, scale and vesicles)	If more than mild (presently requiring intensive topical therapy or involving 10% or more of the body surface,) or with history of recurrent exacerbations requiring systemic steroid therapy.
B. Adult atopic dermatitis (pruritus, dermatitis; allergies ± eczema)	If more than mild (presently requiring intensive topical therapy or involving 10% or more of the body surface,) or with history of recurrent exacerbations requiring systemic steroid therapy.
C. Contact dermatitis	History of recurrent or chronic non-specific dermatitis within the past 2 years to include contact (irritant or allergic) or dyshidrotic dermatitis requiring more than treatment with topical corticosteroid.
D. Dyshidrosis or other dermatoses of the hands and feet	History of severe hyperhidrosis of hands or feet unless controlled by topical medications
E. Psoriasis	If more than mild (presently requiring intensive topical therapy or involving more than 10% of the body surface), or with history of frequent exacerbations requiring more than local therapy, or if associated with therapy.
F. Bullous eruptions	History of bullous dermatoses, including but not limited to dermatitis herpetiformis, pemphigus, and epidermolysis bullosa.
G. Chronic lymphedema	Current or chronic lymphedema
H. Neurofibromatosis	History of oculocutaneous albinism, Neurofibromatosis I (Von Recklinghausen's Disease), Neurofibromatosis II, and tuberous sclerosis.
I. Infectious diseases of the skin	1. History of dissecting scalp cellulitis,acne inversa, or hidradenitis suppurativa 2. Current localized fungus infections, if they can be reasonably expected to interfere with the proper wearing of military equipment or the performance of military duties. History of furunculosis or carbuncle if extensive, recurrent, or chronic. History of Pseudofolliculitis barbae or keloidalis nuchae,of a severity that precludes daily shaving or would reasonably be expected to interfere with the wearing of equipment. 3. Severe acne (including nodulocytic acne on or off antibiotics), or when extensive involvement of the neck, shoulders, chest, or back will be aggravated by or interfere with the wearing of required clothing and uniforms and not amenable to treatment. 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. Use of isotretinoin requires documentation of completion of treatment.
J. Skin manifestations of systemic disease	1. Any skin condition which is known to be a manifestation of or is commonly associated with systemic disease (such as amyloidosis, erythema multiforme, erythema nodosum, panniculitis, purpura, petechia, etc.,) unless underlying cause is known and is not disqualifying. 2. History of scleroderma, dermatomyositis, lupus erythematosus, (including CCLE, SCLE, or ACLE).

Condition	Disqualification for Appointment
XIV. Skin Disorders (Continued)	
K. Pilonidal or non-pilonidal cyst	1. The current cyst (other than pilonidal cyst) is of such a size or location as to reasonably be expected to interfere with the proper wearing of military equipment. 2. 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. A pilonidal cyst that has been simply incised and drained does not meet the standard.
L. Other	1. Any skin disorder or history thereof which is chronic or recurring or requires frequent treatment or loss from work or restriction of duties, or is cosmetically unsightly such as: • History of chronic urticaria lasting longer than 6 weeks even if asymptomatic on daily maintenance therapy. • Current lichen planus (either cutaneous or oral) • Ichthyosis • Photosensitivity 2. Keloid formation, if the tendency is marked or interferes with the wearing of required equipment or clothes. 3. Current scars or grafted skin that can reasonably be expected to interfere with the proper wearing of military clothing or equipment, or to interfere with the satisfactory performance of military duty due to pain or decreased range of motion, strength, or agility. 4. History of chronic radiation dermatitis (radiodermatitis) 5. 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, porphyria, and xeroderma pigmentosa 6. Current plantar warts that are symptomatic 7. Prior burn injury (including graft sites) resulting in functional impairment to such a degree, due to scarring, as to interfere with the satisfactory performance of officer duties or proper wearing and use of uniform wear due to pain or decreased range of motion, strength, temperature regulation, or agility. 8. History of congenital disorder of the hair and nails including but not limited to pachyonychia congenita or ectodermal dysplasia.
M. Congenital giant pigmented nevus	1. Lesion greater than 20 cm in any direction 2. History of congenital disorders of cornification including but not limited to ichthyosis vulgaris, x-linked ichthyosis, lamellar ichthyosis, Darier's Disease, Epidermal Nevus Syndrome, and any palmo-plantar keratoderma. 10. History of congenital or acquired anomalies of the skin, such as nevi or vascular tumors, that can reasonably be expected to interfere with function or are exposed to constant irritation.

Condition	Disqualification for Appointment
XIV. Skin Disorders (Continued)	
N. Cutaneous Malignancies	1. Conditions with malignant potential in the skin including but not limited to basal cell nevus syndrome, oculocutaneous albinism, xeroderma pigmentosum, Muir-Torre Syndrome, Dyskeratosis Congenita, Gardner Syndrome, Peutz-Jeghers Syndrome, Cowden Syndrome, Multiple Endocrine Neoplasia, Familial Atypical Multiple Mole Melanoma Syndrome, and Birt-Hogg Dube Syndrome. 2. History of cutaneous malignancy before the 25th birthday including but not limited to basal cell carcinoma and squamous cell carcinoma. History of the following skin cancers at any age: malignant melanoma, Merkel cell carcinoma, sebaceous carcinoma, Paget's disease, extramammary Paget's disease, microcystic adnexal carcinoma, other adnexal neoplasms, and cutaneous lymphoma including mycosis fungoides. 3. "Malignant Adnexal Neoplasm" as long as not as a manifestation of genetic dermatoses

Condition	Disqualification for Appointment
XV. Infectious Diseases	
A. Infectious diseases	1. Any acute infection or infectious disease (other than mild, self-limited diseases) until cured and without significant sequelae. 2. Unless specifically referenced in the Medical Accessions Standards, any chronic infection or infectious disease (including viral, bacterial, fungal, parasitic, etc. disease,) until recovered or cured without significant sequelae. 3. Presence of Human Immunodeficiency Virus (HIV) infection confirmed using the U.S. Centers for Disease Control and Prevention's HIV testing algorithm as described in "Laboratory Testing for the Diagnosis of HIV Infection: Updated Recommendations" and any technical updates to this algorithm (all available at https://www.cdc.gov/hiv/guidelines/testing.html) unless: • HIV replication has been durably suppressed <200 copies/mL for at least the 12 prior months, and • CD4 cell count has been maintained at >350 cell/mm3 for at least the prior 12 months. 4. Reactive Tests for Syphilis, such as the Rapid Plasma Reagin (RPR) or Venereal Disease Research Laboratory (VDRL), followed by a reactive confirmatory Fluorescent Treponema Antibody Absorption (FFA-ABS) test, unless there is a documented history of adequately treated syphilis. In the absence of clinical findings, the presence of reactive RPR or VDRL followed by a negative FFA-ABS test is not disqualifying if a cause of the false positive reaction can be identified and is not otherwise disqualifying.
B. COVID-19 vaccine	1. Unless granted a medical waiver or a religious exception by CCHQ, failure to provide documentation of a completed COVID-19 vaccination series. Individuals must also complete any associated boosters in accordance with the CDC's recommended schedules.

Condition	Disqualification for Appointment
XVI. Immunologic Disorders	
A. Immunologic Disorders	1. Current use of immunosuppressive drugs such as adrenal suppressive doses of corticosteroids, cyclosporine, azathioprine, and other agents that carry an unacceptable risk for increased infection or other significant adverse effects. 2. History of primary immunodeficiency with symptoms frequent enough to require continuing diagnostic evaluations, frequent follow-up or medical care, treatment or therapy which, in the judgment of the reviewing examiner, may limit geographic area of assignment or may interfere with performance of duties. 3. A reliable history of severe allergic reactions or anaphylaxis. Anaphylaxis is highly likely when any one of the following 3 criteria are fulfilled: • Acute onset of an illness (minutes to several hours) with involvement of the skin, mucosal tissue, or both (e.g., generalized hives, pruritus or flushing, swollen lips-tongue-uvula) and at least one of the following: ▪ Respiratory compromise (e.g., dyspnea, wheeze-bronchospasm, stridor, reduced peak expiratory flow, hypoxemia). ▪ Reduced blood pressure (BP) or associated symptoms of end-organ dysfunction (e.g., hypotonia [collapse], syncope, incontinence). • Two or more of the following that occur rapidly after exposure to a likely allergen for the patient (minutes to several hours): ▪ Involvement of the skin-mucosal tissue (e.g., generalized hives, itch-flush, swollen lips-tongue-uvula). ▪ Respiratory compromise (e.g., dyspnea, wheeze-bronchospasm, stridor, reduced peak expiratory flow, hypoxemia). ▪ Reduced BP or associated symptoms (e.g., hypotonia [collapse], syncope, incontinence). ▪ Persistent gastrointestinal symptoms (e.g., crampy, abdominal pain, vomiting). • Reduced blood pressure after exposure to known allergen for that patient (minutes to several hours): ▪ Infants and children: low systolic BP (age-specific) or greater than 30 percent decrease in systolic blood pressure. ▪ Adults: systolic BP of less than 90 mmHg or greater than 30 percent decrease in from that person's baseline.

Condition	Disqualification for Appointment
XVI. Immunologic Disorders (Continued)	
A. Immunologic Disorders (Continued)	4. History of systemic allergic reaction to biting or stinging insects, unless it was limited to a large local reaction, a cutaneous only reaction (including hives) occurring under the age of 16, or unless there is documentation of 3-5 years of maintenance venom immunotherapy. 5. History of severe allergic reaction to fish, shellfish, peanuts, or tree nuts to include the presence of food-specific immunoglobulin E antibody if accompanied by a correlating clinical history. 6. Allergic reactions to antigens which are severe and such antigens cannot be easily avoided. 7. Urticaria or angioedema that requires frequent treatment or loss from work or restriction from duties or affecting the airway or occurring with anaphylaxis. 8. Cold urticarial 9. Hereditary angioedema 10. Autoimmune disorders or disorders due to allergy or hypersensitivity not otherwise covered by the standards and which require excessive medical supervision and/or treatment.

Condition	Disqualification for Appointment
XVII. Neoplastic Disorders	
A. Tumors or neoplastic disorders, including leukemias and lymphomas	1. Any tumor present at time of examination unless it is benign, is not likely to impair function, and is not associated with systemic abnormalities. Any benign tumor that interferes with function, prevents the wearing of uniforms or necessary equipment, requires frequent specialized attention, or has a high malignant potential is disqualifying. 2. Presence or history of malignancy, other than non-melanoma skin cancer cured by excision (see exceptions below), or carcinoma in situ of the uterine cervix which had been cured without sequela. 3. History of cutaneous malignancy before the 25th birthday including but not limited to basal cell carcinoma and squamous cell carcinoma. History of the following skin cancers at any age: • Malignant melanoma • Merkel cell carcinoma • Sebaceous carcinoma • Paget's disease • Extramammary Paget's disease • Microcystic adnexal carcinoma • Other adnexal neoplasms, and • Cutaneous lymphoma including mycosis fungoides. 4. Tumors and/or tumor-related problems requiring continuing diagnostic evaluation, frequent follow-up, medical care, treatment, or therapy which in the judgment of the reviewing examiner may limit geographic area of assignment and/or interfere with performance of duties.

Condition	Disqualification for Appointment
XVIII. Neurologic and Muscle Disorders	
1. Congenital or acquired anomalies of the CNS or meninges	1. Hydrocephalus 2. Spina bifida - exception for asymptomatic spina bifida occulta 3. Meningocoele 4. Arachnoid cyst – exception for asymptomatic and stable arachnoid cysts 5. Syrinx associated with neurological deficits or symptoms
2. Epilepsy or seizure disorder	1. History of epilepsy or seizures regardless of type (except if associated with toxic agents or other self-limiting etiology) that require ongoing treatment. 2. A history of being seizure-free for 5 years without medication would be deemed acceptable
3. Sleep disorders, e.g. narcolepsy, sleep apnea	1. Chronic insomnia as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. 2. Obstructive sleep apnea or any apnea that requires treatment with CPAP or other positive pressure treatment. 3. History of narcolepsy, cataplexy, or other hypersomnias 4. History of sleep-related movement disorders such as REM sleep behavior disorder and restless leg syndrome. 5. History of parasomnia including sleepwalking and night terrors that persist after the 13th birthday 6. Circadian rhythm disorders requiring treatment or special accommodations.
4. Cerbrovascular disorders	1. History of stroke (thrombotic, embolic, or hemorrhagic), transient ischemic attacks, hemorrhage (e.g. subarachnoid or intracerebral), or other manifestations of vascular disease or obstruction of blood supply to the brain (e.g. cerebral vein thrombosis). 2. History of aneurysm 3. History of symptomatic or unstable arteriovenous malformation(s)
5. Disorders of the CNS (cerebrum, cerebellum, basal ganglia and spinal cord)	1. Multiple sclerosis and other CNS demyelinating disorders 2. Parkinson's disease, multisystem atrophy, and other degenerative disorders of the basal ganglia 3. Cerebellar degenerative disorders including spinocerebellar disorders 4. Spinal cord disorders including hereditary spastic paraparesis and other degenerative spinal cord Disorders. 5. Motor neuron disorders including Amyotrophic lateral sclerosis 6. Cognitive disorders including dementias of various types
6. Disorders of the muscle	1. Muscular dystrophy or congenital myopathy 2. Acquired myopathy or myositis that has resulted in continual weakness or requires ongoing treatment. 3. Myasthenia gravis or congenital myasthenia 4. Periodic paralysis or myotonic disorders 5. Focal muscle or limb weakness due to congenital or acquired causes that causes weakness of the limb, hand or foot that impair function (isolated injuries to fingers or toes not included unless affects functionality). 6. History of Rhabdomyolysis

Condition	Disqualification for Appointment
XVIII. Neurologic and Muscle Disorders (Continued)	
7. Disorders of the Peripheral Nervous System	1. Hereditary neuropathies 2. Acquired neuropathies that are either progressive, interfere with routine activities, or require medication to control symptoms. 3. Brachial plexus or lumbosacral plexus injuries that have not resolved and have residual weakness that impairs function. 4. Radiculopathies – cervical or lumbosacral; that have not resolved with conservative treatment and interfere with physical activities. 5. Chronic inflammatory demyelinating neuropathies or acute inflammatory demyelinating neuropathies (Guillain-Barre Syndrome) with residual weakness that impairs function and requires ongoing treatment. 6. Complex regional pain syndromes
8. Neoplastic disorders	1. Brain tumors – primary or metastatic 2. Pituitary tumors – if active or have not been surgically removed 3. Spinal cord tumors – primary or metastatic 4. Peripheral nerve tumors – if malignant or associated with neurological abnormality 5. Disorders that are prone to neurologically associated tumors such as neurofibromatosis or von Hippel-Lindau disease.
9. Movement disorders	1. Facial dystonia – for example, blepharospasm and cervical dystonia 2. Limb dystonias-for example, writer's cramp and leg dystonia 3. Hereditary dystonias or Tourette's syndrome
10. Cranial neuropathies	1. Optic neuritis 2. Facial palsy with ongoing inability to close eyes
11. Implanted devices	1. Ventricular shunts – of any type 2. Deep brain stimulation 3. Baclofen or other pumps 4. Implanted electrical stimulators including vagal nerve stimulators
12. Traumatic brain injury	1. Penetrating head trauma including radiographic evidence of foreign bodies or bony fragments 2. Skull fractures, particularly if associated epidural, subdural, subarachnoid or intracerebral hematomas or associated with the presence of rhinorrhea or otorrhea for over 7 days. 3. Moderate or severe head trauma – associated with post-traumatic seizures after acute injury (30 minutes), persistent motor, sensory, vestibular, visual or any other focal neurological deficit, persistent cognitive impairment, or persistent altered behavior or personality. 4. Mild head trauma – if associated with persistent neurological or psychological problems as described for moderate or severe head trauma. 5. Post-concussive headaches related to any severity of head trauma

Condition	Disqualification for Appointment
XVIII. Neurologic and Muscle Disorders (Continued)	
13. Headache disorders	1. Migraine headaches – particularly if associated with neurological deficits other than scotomas or have disrupted normal activities including work absences, more than twice per year in the past year. 2. Cluster headaches 3. Tension headaches – particularly if they have disrupted normal activities including work absences more than twice per year in the past year. 4. Trigeminal neuralgia
14. Other	1. Dysautonomias including postural orthostatic tachycardia 2. Unexplained recurrent episodes of loss of consciousness 3. Hypoxic-ischemic brain injury with residual neurological deficits

Condition	Disqualification for Appointment
XIX. Mental Disorders	
A. All Mental Disorders	1. Attention Deficit Hyperactivity Disorder, if any of the following apply: • With a recommended or prescribed Individualized Education Program, 504 Plan, or work accommodations after the 14th birthday. • With a history of comorbid mental disorders • With prescribed medication in the previous 24 months • With documentation of adverse academic, occupational, or work performance 2. History of learning disorders after the 14th birthday, including but not limited to dyslexia, if any of the following apply: • With a recommended or prescribed Individualized Education Program, 504 Plan, or work accommodations after the 14th birthday. • With a history of comorbid mental disorders • With documentation of adverse academic, occupational, or work performance 3. Autism spectrum disorders 4. History of disorders with psychotic features to include but not limited to schizophrenic disorders, delusional disorders, or other unspecified psychoses or mood disorders with psychotic features. 5. History of bipolar and related disorders (formerly identified as mood disorders not otherwise specified) to include but not limited to cyclothymic disorders and affective psychoses. 6. Depressive disorder if any of the following apply: • Outpatient care including counseling required for longer than 12 cumulative months for a single episode of care. • Symptoms or treatment within the last 36 months • Any intensive outpatient, partial hospitalization, inpatient treatment in a hospital or residential facility. • Any recurrence. 7. History of a single adjustment disorder if treated or symptomatic within the previous 6 months, or any history of chronic (lasting longer than 6 months), or recurrent episodes of adjustment disorders. 8. History of disruptive, impulse control and conduct disorder to include but not limited to oppositional defiant and other behavior disorders.

Condition	Disqualification for Appointment
XIX. Mental Disorders (Continued)	
A. All Mental Disorders (Continued)	9. Any personality disorder including unspecified personality disorder or maladaptive personality traits demonstrated by either: • Repeated inability to maintain reasonable adjustment in school, with employers or fellow workers, other social groups, or psychological testing revealing that the degree of immaturity, instability, of personality inadequacy, impulsiveness, or dependency may reasonably be expected to interfere with adjustment in the USPHS. • Recurrent encounters with law enforcement agencies (excluding minor traffic violations) or antisocial behaviors are tangible evidence of impaired capacity to adapt to service in the USPHS. • Any behavioral health issues that have led to incarceration for any period 10. Enuresis or Encopresis after 13th birthday 11. History of any feeding or eating disorder to include but not limited to Anorexia Nervosa, Bulimia Nervosa, Binge-Eating Disorder. 12. Any current communication disorder of such a degree as to significantly interfere with production of speech or the ability to repeat commands. 13. History of suicidality to include suicidal self-directed violence, suicidal ideation with suicidal intent or preparatory behavior, or suicide attempt, regardless of whether associated with a psychiatric disorder or not. 14. History of non-suicidal self-injury behavior, regardless of whether associated with a psychiatric disorder or not. 15. History of obsessive-compulsive disorder, if any of the following apply: • Outpatient care including counseling was required for longer than 12 cumulative months for a single episode of care. • Symptomatic or treatment within the last 36 months • Any intensive outpatient, partial hospitalization, or inpatient treatment in a hospital or residential facility. • Any recurrence. 16. History of post-traumatic stress disorder, if any of the following apply • Outpatient care including counseling was required for longer than 12 cumulative months for a single episode of care • Symptomatic or treatment within the last 36 months • Any intensive outpatient, partial hospitalization, or inpatient treatment in a hospital or residential facility. • Any recurrence

Condition	Disqualification for Appointment
XIX. Mental Disorders (Continued)	
A. All Mental Disorders (Continued)	17. History of anxiety disorders, if any of the following apply: • Outpatient care including counseling was required for longer than 12 cumulative months for a single episode of care. • Symptomatic or treatment within the last 36 months • Any intensive outpatient, partial hospitalization, or inpatient treatment in a hospital or residential facility. • Any recurrence 18. History of dissociative disorders 19. History of somatic symptom and related disorders 20. A history of gender dysphoria is disqualifying, unless, as certified by a licensed behavioral health provider, the applicant has been stable without clinically significant distress or impairment in social, occupational, or other important areas of functioning for 18 months. 21. History of paraphilic disorders to include but not limited to Voyeuristic Disorder, Frotteuristic Disorder, Pedophilic Disorder. 22. History of other mental disorders that may reasonably be expected to interfere with or prevent satisfactory performance of duty in the USPHS. 23. Prior psychiatric intensive outpatient, partial hospitalization, or inpatient hospitalization

Condition	Disqualification for Appointment
XX. Substance Use and Addictive Behaviors	
Substance use and Addictive Behaviors	History of any of the following within the past 36 months: • Having received clinical treatment for substance-related or addictive disorders/behaviors in the attempt to reduce frequency or severity of substance use (including nicotine use) or addictive behavior. • Having adverse medical, legal, social or occupational problems related to substance use (including nicotine use) or addictive behaviors. • Use of any tobacco or nicotine products (to include, but not limited to cigarettes, chewing tobacco, e-cigarettes).

Condition	Disqualification for Appointment
XXI. Miscellaneous	
Other disorders and/or conditions	1. Health conditions or problems requiring continuing diagnostic evaluation, frequent follow-up, medical care, treatment, therapy, or which in the judgment of the reviewing examiner may limit geographic area of assignment and/or may interfere with performance of duties. 2. Post-surgical cases, regardless of operative procedure, until such time as post-surgical complications are not likely to occur and healing has progressed satisfactorily, and the cause for or result of surgery is not otherwise disqualifying. 3. Health conditions or problems which place an individual at unacceptable risk for use of sick leave, or medical, dental, psychiatric, psychological, or surgical services, or early death or disability. 4. Conditions which prevent the performance of full duties at the time of call to duty

Appendix B

Medical Retention Standards

Table of Contents

Appendix B (continued)

Preamble

1. Application of the Standards. The USPHS Commissioned Corps will consider the conditions in this Appendix as possibly disqualifying for interservice transfer applicants to the USPHS Commissioned Corps or as a justification to initiate a fitness for duty evaluation of Regular Corps officers on active duty or Ready Reserve Corps officers. The conditions listed in this Appendix is not an all-inclusive list. The judgment of the clinical reviewers, applied in a consistent, unbiased, and fair manner, is paramount.

    a. When considering applicants to the USPHS Commissioned Corps, CCHQ will direct requests of a waiver of these standards to the Surgeon General for consideration, when indicated.

    b. If based on these standards, the Director, CCHQ, determines that a fitness for duty evaluation is indicated for a Regular Corps officer on active duty or Ready Reserve Corps officer, the Chief, Medical Affairs Branch will present the officer's medical records to a Medical Review Board (MRB) in accordance with CCI 393.01, "Medical Review Board."

2. The USPHS Commissioned Corps will use the Commissioned Corps Medical Retention Standards in this Appendix as guidelines:

    a. To determine the medical qualification of applicants for interservice transfer into the Regular Corps or Ready Reserve Corps;

    b. To determine medical qualification of officers applying for transfer between the Regular Corps and the Ready Reserve Corps; and

    c. To determine whether Regular Corps officers on active duty or Ready Reserve Corps officers should be recommended to undergo a medical fitness for duty evaluation.

3. Application of the Standards to Interservice Transfers. When considering applicants for an interservice transfer, the USPHS Commissioned Corps will apply the standards on a case-by-case basis with particular focus on whether the applicant will be able to fulfill all conditions of service and whether the course of any pre-existing conditions will, to a reasonable degree of medical certainty (more likely than not), lead to a premature end to the officer's USPHS Commissioned Corps career if commissioned in the USPHS Commissioned Corps.

4. Application of the Standards to Public Health Service Officers. When considering Regular Corps and Ready Reserve Corps officers, the USPHS Commissioned Corps will apply the standards on a case-by-case basis with particular focus on whether the officer can continue to perform their full duty including the ability to deploy and their ability to fulfill all conditions of service.

1. Weight Standards.

a. Body Mass Index (BMI) between 19.0 and 27.5 kg/m^2.

b. If BMI exceeds 27.5 kg/m^2, a percent body fat (determined by "taping") not exceeding:

Age	Male	Female
≤ 28	24%	32%
28-39	26%	35%
40+	28%	38%

c. If BMI is less than 19.0 kg/m^2, further medical documentation will be requested.

2. Head and Neck.

a. Loss of substance of the skull including face. With or without prosthetic replacement when accompanied by moderate residual signs and symptoms or when interfering with proper wear of personal protective equipment (PPE).

b. Torticollis (wry neck). Severe fixed deformity with cervical scoliosis, flattening of the head and face, and loss of cervical mobility.

3. Esophagus, Nose, Pharynx, Larynx, and Trachea.

a. Esophagus.

(1) Achalasia. Manifested by dysphagia (not controlled by dilation), frequent discomfort, inability to maintain normal vigor and nutrition, or requiring frequent treatment.

(2) Esophagitis. Persistent and severe.

(3) Diverticulum of the esophagus. Of such a degree as to cause frequent regurgitation, obstruction, and weight loss that does not respond to treatment.

(4) Stricture of the esophagus. Of such a degree as to almost restrict diet to liquids, require frequent dilation and hospitalization, and cause difficulty in maintaining weight and nutrition.

b. Larynx.

(1) Paralysis of the larynx. Characterized by bilateral vocal cord paralysis seriously interfering with speech or adequate airway.

(2) Stenosis of the larynx. Causing compromise of respiratory function upon more than minimal exertion.

(3) Obstruction/edema of glottis. If chronic, not amenable to treatment and requiring tracheotomy.

c. Nose, Pharynx, Trachea.

(1) Rhinitis. Atrophic rhinitis characterized by bilateral atrophy of nasal mucous membrane with severe crusting and concomitant severe headaches.

(2) Sinusitis. Severe and chronic that is suppurative, complicated by polyps, and does not respond to treatment.

(3) Trachea. Stenosis of trachea that compromises airflow to more than a mild degree.

4. Eyes.

a. Diseases and Conditions.

(1) Active eye disease or any progressive organic disease regardless of the stage of activity, that is resistant to treatment and affects the distant visual acuity or visual field so that the member fits into one of the following:

(a) Distant visual acuity does not meet the standards.

(b) The diameter of the field of vision in the better eye is less than 20°.

(2) Aphakia, bilateral. Regardless of lens implant(s).

(3) Atrophy of optic nerve.

(4) Glaucoma. If resistant to treatment, or affecting visual fields, or if side effects of required medications are functionally incapacitating.

(5) Diseases and infections of the eye. When chronic, more than mildly symptomatic, progressive and resistant to treatment after a reasonable period.

(6) Ocular manifestations of endocrine or metabolic disorders. Not disqualifying, per se; however, residuals or complications, or the underlying disease may be disqualifying.

(7) Residuals or complications of injury. When progressive or when reduced visual acuity or fields do not meet the standards.

(8) Retina, detachment of.

(a) Unilateral.

(i) When visual acuity does not meet the standards.

(ii) When the visual field in the better eye is constricted to less than 20°.

(iii) When uncorrectable diplopia exists.

(iv) When detachment results from organic progressive disease or new growth, regardless of the condition of the better eye.

(b) Bilateral. Regardless of etiology or results of corrective surgery.

b. Vision.

(1) Aniseikonia. Subjective eye discomfort, neurologic symptoms, sensations of motion sickness and other gastrointestinal disturbances, functional disturbances and difficulties in form sense, and not corrected by iseikonic lenses.

(2) Binocular diplopia. Which is severe, constant, and in zone less than 20° from the primary position.

(3) Hemianopsia. Of any type, if bilateral, permanent, and based on an organic defect. Those due to a functional neurosis and those due to transitory conditions, such as periodic migraine, are not normally disqualifying.

(4) Night blindness. Of such a degree that the individual requires assistance in any travel at night.

(5) Visual Acuity.

(a) Visual acuity that cannot be corrected to at least 20/50 in the better eye.

(b) Complete blindness or enucleation of an eye.

(c) When vision is correctable only by the use of contact lenses or other corrective device (telescope lenses, etc.).

(6) Visual Fields. When the visual field in the better eye is constricted to less than 20°.

c. Corneal Refractive Surgery.

(1) Radial keratotomy (RK), Photorefractive keratectomy (PRK) or Laser Assisted in situ Keratomileusis (LASIK) is not disqualifying if the individual has demonstrated post-surgical refractive stability defined as less than 0.50 diopter changes over two separate exams at least three months apart.

(2) Must meet all vision standards Implantable Contact Lenses (ICL) are not disqualifying if vision standards are met by three months post operatively.

(3) Recommended Wait Times for Activities after Refractive Surgery.

(a) LASIK. The greatest risk after LASIK is flap dislocation. Avoid activities that might cause trauma to the flap.

(b) PRK. The greatest risk after PRK is corneal surface irritation and haze. During the first 3-4 months after surgery, avoid activities that might irritate the surface of your eyes, and avoid exposure to ultraviolet (UV) light by wearing sunglasses when outdoors during the day.

(c) ICL. The greatest risk after ICL is infection inside the eye. Avoid lifting or bending over, trauma to the eye, and avoid activities that increase infection risk such as swimming and gardening.

Recommended Wait Times for Activities after Refractive Surgery

	ICL	LASIK	PRK
Showering or washing face.	No restriction. Notes: You should always avoid getting water in the eyes and pat the eyes dry		
Air travel as a passenger	3 days		5-7 days (after removal of bandage contact lens)
Aerobic activity (walk, run, bike, exercise machines) or weight training. Notes: Avoid getting sweat, dust, or wind in eyes.	2 weeks	As soon as pain and light sensitivity have resolved: 1-2 days.	As soon as pain and light sensitivity have resolved: 3-5 days.
Bending over(toe touches, sit-ups)	2 weeks	No restriction.	
Contact sports: Martial arts, basketball, boxing, wrestling	1 month. Note: There is a lifelong risk of opening surgical wounds with trauma to the eye. If you resume these activities, you must wear eye protection.		1 month.
Exposure to hot tubs, pools, lakes, ocean, river	1 month Note: Risk of infection from contaminated water		
Wearing eye make-up, including camouflage face paint	2 weeks Note: Infection risk from contaminated make-up. When make-up use is resumed, start with new, freshly opened products. Old eye makeup should be discarded.		
Working in a dusty or dirty environment: outdoor rifle range, deploying to the field, gardening	1 month	2 weeks	1 month
CS exposure (gas chamber) or OC spray (pepper spray) exposure	3 months		6 months
Driving an automobile or motorcycle with goggles or face Shield	When you meet the driving vision requirement and feel comfortable.		
Wearing UV protection (sunglasses)	Wear UV protection whenever practical.		Full time first month As much as possible the 2nd-4th months and whenever practical afterwards.

5. Ears and Hearing.

a. Ears.

(1) Infections of the external auditory canal. Chronic and severe, resulting in thickening and excoriation of the canal, or chronic secondary infection requiring frequent and prolonged medical treatment and hospitalization.

(2) Malfunction of the acoustic nerve. Evaluate hearing impairment.

(3) Mastoiditis, chronic. Constant drainage from the mastoid cavity, requiring frequent and prolonged medical care.

(4) Mastoidectomy. Followed by chronic infection with constant or recurrent drainage requiring frequent or prolonged medical care.

(5) Meniere's syndrome. Recurring attacks of sufficient frequency and severity as to interfere with satisfactory performance of duties or require frequent or prolonged medical care.

(6) Otitis Media (chronic or recurrent). Moderate, chronic, suppurative, resistant to treatment, and necessitating frequent or prolonged medical care.

b. Hearing. Retention will be determined on the basis of ability to perform duties of grade or rating.

6. Lungs and Chest Wall.

a. Tuberculous (TB) Lesions.

(a) When treatment and return to useful duty will probably require more than 15 months, including an appropriate period of convalescence.

(b) When a Reservist not on active duty has active TB disease that will probably require treatment for more that 12 to 15 months including an appropriate period of convalescence before being able to perform full-time duty. Individuals who are retained in the Reserve while undergoing treatment may not be called or ordered to active duty (including mobilization), active duty for training, or inactive duty training during the period of treatment and convalescence, and may not be placed in the Selected Ready Reserve (SELRES).

b. Non-tuberculous Conditions. Pulmonary diseases, other than acute infections, must be evaluated in terms of respiratory function, manifested clinically by measurements that must be interpreted as exertional or altitudinal tolerance. Symptoms of cough, pain, and recurrent infections may limit a member's activity.

c. Many of the conditions listed below may coexist and in combination may produce unfitness.

(1) Atelectasis, or massive collapse of the lung. Moderately symptomatic with paroxysmal cough at frequent intervals throughout the day, or with moderate emphysema, or with residuals or complications that require repeated hospitalization.

(2) Bronchial Asthma. Associated with emphysema of sufficient severity to interfere with the satisfactory performance of duty, or with frequent attacks not controlled by

inhaled or oral medications, or requiring oral corticosteroids more than twice a year.

(3) Bronchiectasis or bronchiolectasis. Cylindrical or saccular type that is moderately symptomatic, with productive cough at frequent intervals throughout the day, or with moderate other associated lung disease to include recurrent pneumonia, or with residuals or complications that require repeated hospitalization.

(4) Bronchitis. Chronic, severe persistent cough, with considerable expectoration, or with moderate emphysema, or with dyspnea at rest or on slight exertion, or with residuals or complications that require repeated hospitalization.

(5) Cystic disease of the lung, congenital. Involving more than one lobe of a lung.

(6) Diaphragm, congenital defect. Symptomatic.

(7) Hemopneumothorax, hemothorax, or pyopneumothorax. More than moderate pleuritic residuals with persistent underweight, or marked restriction of respiratory excursion and chest deformity, or marked weakness and fatigability on slight exertion.

(8) Histoplasmosis. Chronic and not responding to treatment.

(9) Pleurisy, chronic or pleural adhesions. Severe dyspnea or pain on mild exertion associated with definite evidence of pleural adhesions and demonstrable moderate reduction of pulmonary function.

(10) Pneumothorax, spontaneous. Repeated episodes of pneumothorax not correctable by surgery.

(11) Pneumoconiosis. Severe with dyspnea on mild exertion.

(12) Pulmonary calcification. Multiple calcifications associated with significant compromise of respiratory function or active disease not responsive to treatment.

(13) Pulmonary emphysema. Marked emphysema with dyspnea on mild exertion and demonstrable moderate reduction in pulmonary function.

(14) Pulmonary fibrosis. Linear fibrosis or fibrocalcific residuals that cause dyspnea on mild exertion and demonstrable moderate reduction in pulmonary function.

(15) Pulmonary sarcoidosis. If not responding to therapy and complicated by demonstrable moderate reduction in pulmonary function.

(16) Stenosis, bronchus. Severe stenosis associated with repeated attacks of bronchopulmonary infections requiring frequent hospitalization.

(17) Obstructive Sleep Apnea. When not correctable by use of CPAP or surgical means.

c. Surgery of the Lungs and Chest. Lobectomy. If pulmonary function (ventilatory tests) is impaired to a moderate degree or more.

7. Heart and Vascular System.

a. General. Residual of any cardiovascular treatment, including surgery or medication, resulting in symptoms or activity limitations that interfere with satisfactory performance of duty.

b. Heart.

(1) Arrhythmias.

(a) Bradyarrhythmias or tachyarrhythmias not adequately controlled by medication, catheter procedure or device implant if the arrhythmia symptoms (examples: palpitations, presyncope, syncope) or therapy interfere with satisfactory performance of duty.

(b) Uncomplicated pacemaker implantation is not disqualifying.

(c) Arrhythmias that require implantation of an implantable defibrillator (ICD) are disqualifying if:

(i) Associated with ICD shocks (appropriate or inappropriate) that cannot be adequately controlled by programming or medication; or

(ii) If arrhythmia symptoms or therapy interfere with satisfactory performance of duty.

(2) Coronary artery disease. Associated with congestive heart failure or repeated anginal attacks not adequately controlled by medication, catheter procedure or surgery if coronary insufficiency symptoms or therapy interferes with satisfactory performance of duty.

(3) Endocarditis. Resulting in heart failure or valvular insufficiency symptoms or therapy that interfere with satisfactory performance of duty.

(4) Myocarditis, cardiomyopathy (including hypertrophic cardiomyopathy) and heart failure. Persistent symptoms of myocardial insufficiency (examples: dyspnea, loss of energy, syncope) resulting in limitation of physical activity or required therapy that interfere with performance of duty.

(5) Pericardial disease and pericarditis. Associated with persistent symptoms resulting in limitation of physical activity or required therapy that interfere with performance of duty.

(6) Valvular heart disease. Valvular heart disease of any cause, including cardiac and extracardiac rheumatic heart disease associated with persistent symptoms resulting in limitation of physical activity or required therapy that interfere with performance of duty.

c. Vascular System.

(1) Any vascular system disorder associated with persistent symptoms or associated organ compromise resulting in limitation of physical activity or required therapy that interfere with performance of duty, including but not limited to:

(a) Peripheral arterial disease.

(b) Congenital anomalies including aortic coarctation.

(c) Arterial aneurysm.

(d) Raynaud phenomenon.

(e) Periarteritis nodosa.

(f) Chronic venous insufficiency.

(g) Thrombophlebitis.

(h) Peripheral venous insufficiency or varicose veins.

(i) Erythromelalgia.

(2) Hypertension. Including primary or secondary, of any cause, regardless of blood pressure, associated with symptoms, end organ disease or need for therapy that interfere with satisfactory performance of duty.

(3) Recurrent syncope or near syncope. Recurrent syncope or near syncope (including postural orthostatic tachycardia syndrome) that interferes with duty, if no treatable cause is identified or it persists despite conservative therapy.

8. Abdomen and Gastrointestinal System.

a. Defects and Diseases.

(1) Achalasia. Manifested by dysphagia not controlled by dilation with frequent discomfort, or inability to maintain normal vigor and nutrition.

(2) Amebic abscess residuals. Persistent abnormal liver function tests and failure to maintain weight and normal vigor after appropriate treatment.

(3) Biliary dyskinesia. Frequent abdominal pain not relieved by simple medication, or with periodic jaundice.

(4) Cirrhosis of the liver. Recurrent jaundice or ascites; or demonstrable esophageal varices or history of bleeding there from.

(5) Erosive esophagitis. Confirmed by gastroscope, chronic with repeated symptomatology, not relieved by medication or surgery.

(6) Gastritis. Severe, chronic gastritis with repeated symptomatology and hospitalization and confirmed by gastroscopic examination.

(7) Hepatitis, chronic. When, after a reasonable time (1 to 2 years) following the acute stage, symptoms persist, and there is objective evidence of impaired liver function.

(8) Malabsorption syndrome. When normal nutrition cannot be maintained despite replacement therapy.

(9) Surgical absence of >50% small or large intestine or <50% with inability to maintain normal vigor or nutrition.

(10) Recurrent cholelithiasis. When resulting in bouts of cholecystitis or pancreatitis and failing dietary/medication therapy.

(11) Hernia.

(a) Hiatus hernia. Severe symptoms not relieved by dietary or medical therapy, or recurrent bleeding in spite of prescribed treatment.

(b) Other. If risk for incarceration, if operative repair is contraindicated for medical reasons or when not amenable to surgical repair.

(12) Ileitis, regional (Crohn's disease). Except when responding well to ordinary treatment other than oral corticosteroids or immune-suppressant medications.

(13) Pancreatitis, chronic. Frequent severe abdominal pain; or steatorrhea or disturbance of glucose metabolism requiring hypoglycemic agents.

(14) Peritoneal adhesions. Recurring episodes of intestinal obstruction characterized by abdominal colicky pain, vomiting, and intractable constipation requiring frequent hospital admissions.

(15) Proctitis, chronic. Moderate to severe symptoms of bleeding, or painful defecation, tenesmus, and diarrhea, with repeated hospital admissions.

(16) Ulcer, peptic, duodenal, or gastric. Repeated incapacitation or absences from duty because of recurrence of symptoms (pain, vomiting, or bleeding) in spite of good medical management, and supported by laboratory, x-ray, or endoscopic evidence of activity.

(17) Ulcerative colitis. Except when responding well to treatment.

(18) Rectum, stricture of. Severe symptoms of obstruction characterized by intractable constipation, pain on defecation, difficult bowel movements requiring the regular use of laxatives or enemas, or requiring repeated hospitalization.

b. Surgery.

(1) Colectomy, partial. When more than mild symptoms of diarrhea remain or if complicated by colostomy.

(2) Colostomy. When permanent and interferes with performance.

(3) Enterostomy. When permanent.

(4) Gastrectomy.

(a) Total.

(b) Any gastrectomy subtotal, with or without vagotomy, or gastrojejunostomy, when, in spite of good medical management, the individual develops one of the following:

(i) "Dumping syndrome" that persists for 6 months postoperatively.

(ii) Frequent episodes of epigastric distress with characteristic circulatory symptoms or diarrhea persisting 6 months postoperatively.

(iii) Continues to demonstrate significant weight loss 6 months postoperatively. Preoperative weight representative of obesity should not be taken as a reference point in making this assessment.

(iv) Not to be confused with "dumping syndrome," and not ordinarily considered as representative of unfitness are: postoperative symptoms such as moderate feeling of fullness after eating; the need to avoid or restrict ingestion of high carbohydrate foods; the need for daily schedule of a number of small meals with or without additional "snacks."

(5) Gastrostomy. When permanent.

(6) Ileostomy. When permanent.

(7) Pancreatectomy.

(8) Pancreaticoduodenostomy, pancreaticogastrostomy, pancreaticojejunostomy. Followed by more than mild symptoms of digestive disturbance or requiring insulin.

(9) Proctectomy.

(10) Proctopexy, proctoplasty, proctorrhaphy, or proctotomy. If fecal incontinence remains after appropriate treatment.

(11) Bariatric Surgery and all other forms of weight loss surgery are not authorized. If an interservice transfer applicant or an Regular Corps officer on active duty or Ready Reserve Corps officer has a remote history of bariatric surgery, has no current implanted devices (e.g. gastric band) and has not manifest any significant problems secondary to the previous procedure for a minimum of five years, the previous bariatric surgery will not be considered disqualifying or grounds for initiating a fitness for duty evaluation.

9. Endocrine and Metabolic Conditions (Diseases).

a. Acromegaly. With function impairment.

b. Adrenal hyperfunction. That does not respond to therapy satisfactorily or where replacement therapy presents serious problems in management.

c. Adrenal hypofunction. Requiring medication for control.

d. Diabetes Insipidus. Unless mild, with good response to treatment.

e. Diabetes Mellitus. If not adequately controlled by medications (per current American Diabetes Association Standards) or if treatment prevents the officer from being safely deployed.

f. Goiter. With symptoms of breathing obstruction with increased activity, unless correctable.

g. Gout. With frequent acute exacerbations in spite of therapy, or with severe bone, joint, or kidney damage.

h. Hyperinsulinism. When caused by a malignant tumor, or when the condition is not readily controlled.

i. Hyperparathyroidism. When residuals or complications of surgical correction such as renal disease or bony deformities preclude the reasonable performance of duty.

j. Hyperthyroidism. Severe symptoms, with or without evidence of goiter, that do not respond to treatment.

k. Hypoparathyroidism. With objective evidence and severe symptoms not controlled by maintenance therapy.

l. Hypothyroidism. With objective evidence and severe symptoms not controlled by medication.

m. Osteomalacia. When residuals after therapy preclude satisfactory performance of duty.

10. Genitourinary System.

a. Genitourinary conditions.

(1) Cystitis. When complications or residuals of treatment themselves preclude satisfactory performance of duty.

(2) Dysmenorrhea. Symptomatic, irregular cycle, not amenable to treatment, and of such severity as to necessitate recurrent absences of more than 1 day/month.

(3) Endometriosis. Symptomatic and incapacitating to degree that necessitates recurrent absences of more than 1 day/month.

(4) Hypospadias. Accompanied by chronic infection of the genitourinary tract or instances where the urine is voided in such a manner as to soil clothes or surroundings, and the condition is not amenable to treatment.

(5) Incontinence of urine. Due to disease or defect not amenable to treatment and so severe as to necessitate recurrent absences from duty.

(6) Menopausal syndrome, physiologic or artificial. With more than mild mental and constitutional symptoms.

(7) Strictures of the urethra or ureter. Severe and not amenable to treatment.

(8) Urethritis, chronic. Not responsive to treatment and necessitating frequent absences from duty.

b. Kidney.

(1) Calculus in kidney. Bilateral, recurrent, or symptomatic and not responsive to treatment.

(2) Congenital abnormality. Bilateral, resulting in frequent or recurring infections, or when there is evidence of obstructive uropathy not responding to medical or surgical treatment.

(3) Cystic kidney (polycystic kidney). When symptomatic and renal function is impaired, or if the focus of frequent infection.

(4) Glomerulonephritis, chronic.

(5) Hydronephrosis. More than mild, or bilateral, or causing continuous or frequent symptoms.

(6) Hypoplasia of the kidney. Associated with elevated blood pressure or frequent infections and not controlled by surgery.

(7) Nephritis, chronic.

(8) Nephrosis.

(9) Perirenal abscess. With residuals that preclude satisfactory performance of duty.

(10) Pyelonephritis or pyelitis. Chronic, that has not responded to medical or surgical treatment, with evidence of persistent hypertension, ocular fundoscopic changes, or cardiac abnormalities.

(11) Pyonephrosis. Not responding to treatment.

c. Genitourinary and Gynecological Surgery.

(1) Cystectomy.

(2) Cystoplasty. If reconstruction is unsatisfactory or if residual urine persists in excess of 50 cc or if refractory symptomatic infection persists.

(3) Nephrectomy. When, after treatment, there is infection or pathology in the remaining kidney.

(4) Nephrostomy. If drainage persists.

(5) Oophorectomy. When, following treatment and convalescent period, there remain incapacitating mental or constitutional symptoms.

(6) Penis, amputation of.

(7) Pyelostomy. If drainage persists.

(8) Ureterocolostomy.

(9) Ureterocystostomy.

(a) When both ureters are markedly dilated with irreversible changes.

(b) Cutaneous.

(10) Ureteroplasty.

(a) When unilateral procedure is unsuccessful and nephrectomy is necessary, consider on the basis of the standard for a nephrectomy.

(b) When bilateral, evaluate residual obstruction or hydronephrosis and consider unfitness on the basis of the residuals involved.

(11) Ureterosigmoidostomy.

(12) Ureterostomy. External or cutaneous.

(13) Urethrostomy. When a satisfactory urethra cannot be restored.

11. Extremities.

a. Upper.

(1) Amputations. Unless close to full function can be achieved with the use of prosthesis, amputation of part or parts of an upper extremity equal to or greater than any of the following:

(a) A thumb proximal to the interphalangeal joints.

(b) Two fingers of one hand.

(c) One finger, other than the little finger, at the metacarpophalangeal joint and the thumb of the same hand at the interphalangeal joint.

(2) Joint ranges of motion. Motion that does not equal or exceed the measurements listed below. Measurements must be made with a goniometer.

(a) Shoulder.

(i) Forward elevation to 90°.

(ii) Abduction to 90°.

(b) Elbow.

(i) Flexion to 100°.

(ii) Extension to 60°.

(c) Wrist. A total range, extension plus flexion, of 15°.

(d) Hand. For this purpose, combined joint motion is the arithmetic sum of the motion at each of the three finger joints.

(i) An active flexor value of combined joint motions of 135° in each of two or more fingers of the same hand.

(ii) An active extensor value of combined joint motions of 75° in each of the same two or more fingers.

(iii) Limitation of motion of the thumb that precludes apposition to at least two fingertips.

(3) Recurrent dislocations of the shoulder. When not repairable or surgery is contraindicated.

b. Lower.

(1) Unless close to full function can be achieved with the use of prosthesis, amputations of part or parts of a lower extremity equal to or greater than any of the following:

(a) Loss of a toe or toes that precludes the ability to run, or walk without a perceptible limp, or to engage in fairly strenuous jobs.

(b) Any loss greater than that specified above to include foot, leg, or thigh.

(2) Feet.

(a) Hallux valgus. When moderately severe, with exostosis or rigidity and pronounced symptoms; or severe with arthritic changes.

(b) Pes Planus. Symptomatic more than moderate, with pronation on weight bearing that prevents wearing official footwear, or when associated with vascular changes.

(c) Talipes cavus. When moderately severe, with moderate discomfort on prolonged standing and walking, metatarsalgia, or that prevents wearing an official footwear.

(3) Internal derangement of the knee. Residual instability following remedial measures, if more than moderate; or with recurring episodes of effusion or locking, resulting in frequent incapacitation.

(4) Joint ranges of motion. Motion that does not equal or exceed the measurements listed below. Measurements must be made with a goniometer.

(a) Hip.

(i) Flexion to 90°.

(ii) Extension to 0°.

(b) Knee.

(i) Flexion to 90°.

(ii) Extension to 15°.

(c) Ankle.

(i) Dorsiflexion to 10°.

(ii) Plantar Flexion to 10°.

(5) Shortening of an extremity, which exceeds two inches.

c. Miscellaneous.

(1) Arthritis.

(a) Due to infection. Associated with persistent pain and marked loss of function with x-ray evidence and documented history of recurring incapacity for prolonged periods.

(b) Due to trauma. When surgical treatment fails or is contraindicated and there is functional impairment of the involved joint that precludes satisfactory performance of duty.

(c) Osteoarthritis. Severe symptoms associated with impaired function, supported by x-ray evidence and documented history of recurrent incapacity for prolonged periods.

(d) Rheumatoid arthritis or rheumatoid myositis. Substantiated history of frequent incapacitating and prolonged periods supported by objective and subjective findings.

(e) Seronegative Spondylarthropaties. Severe symptoms associated with impaired function, supported by x-ray evidence and documented history of recurrent incapacity for prolonged periods.

(2) Chondromalacia or Osteochondritis Dessicans. Severe, manifested by frequent joint effusion, more than moderate interference with function or with severe residuals from surgery.

(3) Fractures.

(a) Malunion. When, after appropriate treatment, there is more than moderate malunion with marked deformity or more than moderate loss of function.

(b) Nonunion. When, after an appropriate healing period, the nonunion precludes satisfactory performance of duty.

(c) Bone fusion defect. When manifested by more than moderate pain or loss of function.

(d) Callus, excessive, following fracture. When functional impairment precludes satisfactory performance of duty and the callus does not respond to adequate treatment.

(4) Joints.

(a) Arthroplasty. With severe pain, limitation of motion and function.

(b) Bony or fibrous ankyloses. Severe pain involving major joints or spinal segments in an unfavorable position, or with marked loss of function.

(c) Contracture of joint. Marked loss of function and the condition is not remediable by surgery.

(d) Loose bodies within a joint. Marked functional impairment complicated by arthritis that precludes favorable treatment or not remediable by surgery.

(5) Muscles.

(a) Flaccid paralysis of one or more muscles, producing loss of function that precludes satisfactory performance of duty following surgical correction or if not remediable by surgery.

(b) Spastic paralysis of one or more muscles producing loss of function that precludes satisfactory performance of duty.

(6) Myotonia congenita.

(7) Osteitis deformans. Involvement of single or multiple bones with resultant deformities, or symptoms severely interfering with function.

(8) Osteoarthropathy, hypertrophic, secondary. Moderately severe to severe pain present with joint effusion occurring intermittently in one or multiple joints and with at least moderate loss of function.

(9) Osteomyelitis, chronic. Recurrent episodes not responsive to treatment and involving the bone to a degree that interferes with stability and function.

(10) Tendon transplant. Fair or poor restoration of function with weakness that seriously interferes with the function of the affected part.

12. Spine, Ribs, and Sacroiliac Joints.

a. Spina bifida. Demonstrable signs of moderate symptoms of root or cord involvement.

b. Spondylolysis or spondylolisthesis. With more than mild symptoms resulting in repeated hospitalization or significant assignment limitation.

c. Coxa vara. More than moderate with pain, deformity, and arthritic changes.

d. Herniation of nucleus pulposus. More than mild symptoms following appropriate treatment or remediable measures, with sufficient objective findings to demonstrate interference with the satisfactory performance of duty.

e. Kyphosis. More than moderate, or interfering with function

f. Scoliosis. Severe deformity with over two inches of deviation of tips of spinous processes from the midline.

g. Chronic Lumbosacral spine pain. When unresponsive to therapy, not a surgical candidate, and interfering with performance of duties.

13. Skin and Cellular Tissues.

a. Acne. Severe, unresponsive to treatment, and interfering with the satisfactory performance of duty or wearing of the uniform or other duty-related equipment.

b. Atopic dermatitis. More than moderate or requiring periodic hospitalization.

c. Amyloidosis. Generalized.

d. Cysts and tumors. See Section 19 of Appendix B.

e. Dermatitis herpetiformis. If fails to respond to therapy.

f. Dermatomyositis.

g. Dermographism. Interfering with satisfactory performance of duty.

h. Eczema, chronic. Regardless of type, when there is more than minimal involvement and the condition is unresponsive to treatment and interferes with the satisfactory performance of duty.

i. Elephantiasis or chronic lymphedema. Not responsive to treatment.

j. Epidermolysis bullosa.

k. Erythema multiforme. More than moderate and chronic or recurrent.

l. Exfoliative dermatitis. Chronic.

m. Fungus infections, superficial or systemic. If not responsive to therapy and interfering with the satisfactory performance of duty.

n. Hidradenitis suppurative and folliculitis decalvans.

o. Hyperhydrosis. Of the hands or feet, when severe or complicated by a dermatitis or infection, either fungal or bacterial, and not amenable to treatment.

p. Leukemia cutis and mycosis fungoides.

q. Lichen planus. Generalized and not responsive to treatment.

r. Lupus erythematosus. Chronic with extensive involvement of the skin and mucous membranes or other organ systems and when the condition does not respond to treatment.

s. Neurofibromatosis. If repulsive in appearance, causing gross deformity, or when interfering with satisfactory performance of duty.

t. Panniculitis. Relapsing febrile, nodular.

u. Parapsoriasis. Extensive and not controlled by treatment.

v. Pemphigus. Not responsive to treatment, and with moderate constitutional or systemic symptoms, or interfering with satisfactory performance of duty.

w. Psoriasis. Extensive and not controllable by treatment.

x. Radiodermatitis. If resulting in malignant degeneration at a site not amenable to treatment.

y. Scars and keloids. So extensive or adherent that they significantly interfere with the function of an extremity or interfere with the proper wearing of required clothing, uniform, and duty-related equipment.

z. Scleroderma. Generalized, or of the linear type that seriously interferes with the function of an extremity or organ.

aa. Ulcers of the skin. Not responsive to treatment after an appropriate period of time or if interfering with satisfactory performance of duty.

bb. Urticaria. Chronic, severe, or not responsive to treatment.

cc. Xanthoma. Regardless of type, but only when interfering with the satisfactory performance of duty.

dd. Other skin disorders. If chronic, or of a nature that requires frequent medical care or interferes with satisfactory performance of duty or interferes with the proper wearing of required clothing, uniform, and duty-related equipment.

14. Neurological Disorders.

a. Amyotrophic sclerosis, lateral.

b. Atrophy, muscular, myelopathic. Includes severe residuals of poliomyelitis.

c. Atrophy, muscular. Progressive muscular atrophy.

d. Chorea. Chronic and progressive.

e. Convulsive disorders. (This does not include convulsive disorders caused by, and exclusively incident to the use of, alcohol.) if not well controlled

f. Friedreich's ataxia.

g. Hepatolenticular degeneration.

h. Migraine. Manifested by frequent incapacitating attacks or attacks that last for several consecutive days and unrelieved by treatment.

i. Cerebrovascular disease. Manifest by neurologic symptoms, focal or general, degenerative neurological disorders. Manifest by neurologic symptoms, focal or general.

j. Multiple sclerosis.

k. Myasthenia graves.

l. Myelopathy transverse.

m. Narcolepsy, cataplexy, and hypersomnolence.

n. Paralysis, agitans.

o. Peripheral nerve conditions.

(1) Neuralgia. When symptoms are severe, persistent, and not responsive to treatment.

(2) Neuritis. When manifested by more than moderate, permanent functional impairment.

p. Syringomyelia.

q. Vertigo. When refractory to treatment or resulting from neoplasm.

r. General. Any other neurological condition, regardless of etiology, when after adequate treatment, there remain residuals, such as persistent severe headaches, convulsions not controlled by medications, weakness or paralysis of important muscle groups, deformity, incoordination, pain or sensory disturbance, disturbance loss of consciousness, speech or mental defects, or personality changes of such a degree as to definitely interfere with the performance of duty.

15. Psychiatric Disorders.

a. Disorders with Psychotic Features. Recurrent psychotic episodes, existing symptoms or residuals thereof, or recent history of psychotic reaction sufficient to interfere with performance of duty or with social adjustment.

b. Affective disorders; anxiety, post-traumatic stress disorder or somatoform disorders. Persistence or recurrence of symptoms sufficient to require treatment (medication, counseling, psychological or psychiatric therapy) for greater than 12 months. Prophylactic treatment associated with significant medication side effects such as sedation, dizziness, or cognitive changes or requiring frequent follow-up that limit duty options is disqualifying. Prophylactic treatment with medication may continue indefinitely as long as the member remains asymptomatic following initial therapy.

c. Mood disorders. Bipolar disorders or recurrent major depression do not require a 6 month evaluation period prior to initiating a medical board. All other mood disorders associated with suicide attempt, untreated substance abuse, requiring hospitalization, or requiring treatment (including medication, counseling, psychological or psychiatric therapy) for more than 12 months. Prophylactic treatment associated with significant side effects such as sedation, dizziness, cognitive changes, or frequent follow-up that limit duty options is disqualifying. Prophylactic treatment with medication(s) may continue indefinitely as long as the member remains asymptomatic following initial therapy.

d. Personality; sexual; factitious; psychoactive substance use disorders; personality trait(s); disorders of impulse control not elsewhere classified. These conditions may render an individual administratively unfit rather than unfit because of a physical impairment. Interference with performance of effective duty will be dealt with through appropriate administrative channels.

e. Adjustment Disorders. Transient, situational maladjustment due to acute or special stress does not render an individual unfit because of physical impairment. However, if these conditions are recurrent and interfere with performance of duty, are not amenable to treatment, or require prolonged treatment, administrative separation should be recommended.

f. Disorders usually evident in infancy, childhood, or adolescence, disorders of intelligence. These disorders, to include developmental disorders, may render an individual administratively unfit rather than unfit because of a physical impairment. Anorexia Nervosa and Bulimia are handled like other mental health conditions, while the remaining are handled administratively, if the condition significantly impacts, or has the potential to significantly impact performance of duties (health, mission, and/or safety).

g. Use of non-controlled medications such as Atomoxetine or Buproprion to treat, control, or improve performance for individuals diagnosed with Attention Deficit Disorder (either ADD or ADHD) may be allowed in individuals when a good prognosis is present. Individuals with Attention Deficit Disorder (either ADD or ADHD) that significantly impacts performance despite treatment, or if treatment is refused or due to non-compliance, have a disqualifying condition.

16. Dental Disorders.

a. Diseases and abnormalities of the jaws or associated tissues when, following restorative surgery, there remain residual conditions that are incapacitating or interfere with the individual's satisfactory performance of duty, or deformities that are disfiguring. Personnel must be in a Class 1 or Class 2 (see below) dental status for deployments or overseas duty orders.

b. Dental Classifications. Dental classifications are used to designate the health status and the urgency or priority of treatment needs for Regular Corps officers on active duty and Ready Reserve Corps officers. Use the following guidelines and criteria for the classification of patients. When a criterion for a specific condition is not listed, the dental officer shall evaluate the prognosis for a dental emergency and assign the appropriate classification.

(1) Class 1 (Oral Health). Patients with a current dental examination, who do not require dental treatment or reevaluation. Class 1 patients are worldwide deployable.

(2) Class 2. Patients with a current dental examination, who require non-urgent dental treatment or reevaluation for oral conditions, which are unlikely to result in dental emergencies within 12 months. Class 2 are worldwide deployable. Patients in dental class 2 may exhibit the following:

(a) Treatment or follow-up indicated for dental caries or minor defective restorations that can be maintained by the patient.

(b) Interim restorations or prostheses that can be maintained for a 12-month period. This includes teeth that have been restored with permanent restorative materials for which protective cuspal coverage is indicated.

(c) Edentulous areas requiring prostheses but not on an immediate basis.

(d) Periodontium that:

(i) Requires oral prophylaxis.

(ii) Requires maintenance therapy.

(e) Requires treatment for slight to moderate periodontitis and stable cases of more advanced periodontitis.

(f) Requires removal of supragingival or mild to moderate sub-gingival calculus.

(g) Unerupted, partially erupted, or malposed teeth that are without historical, clinical, or radiographic signs or symptoms of pathosis, but which are recommended for prophylactic removal.

(h) Active orthodontic treatment. The provider should consider placing the patient in passive appliances for deployment up to six months. For longer periods of deployment, the provider should consider removing active appliances and placing the patient in passive retention.

(i) Temporomandibular disorder patients in remission. The provider anticipates patient can perform duties while deployed without ongoing care and any medications or appliances required for maintenance will not interfere with duties.

(3) Class 3. Patients who require urgent or emergent dental treatment. Class 3 patients normally are not considered to be worldwide deployable.

(a) Treatment or follow-up indicated for dental caries, symptomatic tooth fracture or defective restorations that cannot be maintained by the patient.

(b) Interim restorations or prostheses that cannot be maintained for a 12-month period.

(c) Patients requiring treatment for the following periodontal conditions that may result in dental emergencies within the next 12 months.

(i) Acute gingivitis or pericoronitis.

(ii) Active progressive moderate or advanced periodontitis.

(iii) Periodontal abscess.

(iv) Progressive mucogingival condition.

(v) Periodontal manifestations of systemic disease or hormonal disturbances.

(vi) Heavy subgingival calculus.

(vii) Edentulous areas or teeth requiring immediate prosthodontic treatment for adequate mastication or communication, or acceptable esthetics.

(viii) Unerupted, partially erupted, or malposed teeth with historical, clinical or radiographic signs or symptoms of pathosis that are recommended for removal.

(ix) Chronic oral infections or other pathologic lesions.

(x) Pulpal, periapical, or resorptive pathology requiring treatment.

(xi) Lesions requiring biopsy or awaiting biopsy report.

(xii) Emergency situations requiring therapy to relive pain, treat trauma, treat acute oral infections, or provide timely follow-up care (e.g., drain or suture removal) until resolved.

(xiii) Acute Temporomandibular disorders requiring active treatment that may interfere with duties.

17. Blood and Blood-Forming Tissue Diseases. When response to therapy is unsatisfactory, or when therapy requires prolonged, intensive medical supervision.

a. Anemia.

b. Hemolytic disease, chronic and symptomatic.

c. Leukemia, chronic.

d. Polycythemia.

e. Purpura and other bleeding diseases.

f. Thromboembolic disease.

g. Splenomegaly, chronic.

18. Systemic Diseases, General Defects, and Miscellaneous Conditions.

a. Systemic Diseases.

(1) Blastomycosis.

(2) Brucellosis. Chronic with substantiated recurring febrile episodes, severe fatigability, lassitude, depression, or general malaise.

(3) Leprosy. Any type.

(4) Porphyria Cutanea Tarda.

(5) Sarcoidosis. Progressive, with severe or multiple organ involvement and not responsive to therapy.

(6) Tuberculosis (TB).

(a) Meningitis, tuberculosis.

(b) Pulmonary TB, tuberculous empyema, and tuberculous pleurisy.

(c) TB of the male genitalia. Involvement of the prostate or seminal vesicles and other instances not corrected by surgical excision, or when residuals are more than minimal, or are symptomatic.

(d) TB of the female genitalia.

(e) TB of the kidney.

(f) TB of the larynx.

(g) TB of the lymph nodes, skin, bone, joints, eyes, intestines, and peritoneum or mesentery will be evaluated on an individual basis considering the associated involvement, residuals, and complications.

(7) Symptomatic neurosyphilis. In any form.

b. General Defects.

(1) Visceral, abdominal, or cerebral allergy. Severe or not responsive to therapy.

(2) Cold injury. Evaluate on severity and extent of residuals, or loss of parts as outlined in Section 11 of Appendix B.

c. Miscellaneous Conditions or Circumstances.

(1) Chronic Fatigue Syndrome, Fibromyalgia, and Myofascial Syndrome when not controlled by medication or with reliably diagnosed depression.

(2) Unless granted a medical waiver or a religious exception, failure to provide documentation of a required immunization/vaccination (e.g., completed the Hepatitis A and B series, completed COVID-19 vaccination series, Varicella, Measles/Mumps/Rubella (MMR), Tetanus/Diphtheria). Individuals must also complete any associated boosters in accordance with CDC recommended schedules.

(3) The individual is precluded from a reasonable fulfillment of the purpose of employment in the USPHS Commissioned Corps.

(4) The individual's health or well-being would be compromised if allowed to remain in the USPHS Commissioned Corps.

(5) The individual's retention in the USPHS Commissioned Corps would prejudice the best interests of the Government.

(6) Required chronic and continuous DEA controlled (Class I-V) medications, such as Ritalin, Amphetamine, Cylert, Modafanil is not disqualifying unless the treatment interferes with the ability of the officer to meet all conditions of service including the ability to deploy.

(7) Required chronic anti-coagulant, other than aspirin, such as Coumadin is not disqualifying unless the treatment interferes with the ability of the officer to meet all conditions of service including the ability to deploy.

(8) Chronic (greater than 30 days per year) use of immunosuppressive medications including steroids V is not disqualifying unless the treatment interferes with the ability of the Officer to meet all conditions of service including the ability to deploy.

19. Tumors and Malignant Diseases.

a. Malignant Neoplasms. If they are unresponsive to therapy or when the residuals of treatment are in themselves disqualifying under other provisions of this section or in individuals on active duty when they preclude satisfactory performance of duty.

b. Neoplastic Conditions of Lymphoid and Blood Forming Tissues. Render an individual unfit for further service.

c. Benign Neoplasms. Except as noted below, benign neoplasms are not generally a cause of unfitness unless not responding to treatment and/or with residual symptoms causing incapacitation or inability to perform required duties. Individuals who refuse treatment are

unfit only if their condition precludes satisfactory performance of duty. However, the following normally render the individual unfit for further service:

(1) Ganglioneuroma.

(2) Meningeal fibroblastoma. When the brain is involved.

20. Sexually Transmitted Infection. Complications or residuals of such chronicity or degree of severity that the individual is incapable of performing useful duty.

21. Human Immunodeficiency Virus (HIV). Officers who demonstrate no evidence of unfitting conditions of immunologic deficiency, neurologic deficiency, and progressive clinical or laboratory abnormalities associated with HIV or AIDS-defining condition shall be retained in the service unless some other reason for separation exists.

22. Transplant recipient. Any organ or tissue except hair or skin.