Department of Defense
DIRECTIVE

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SUBJECT: Physical Standards for Appointment, Enlistment, and Induction

References: (a) DoD Directive 6130.3 "Physical Standards for Enlistment, Appointment, and Induction," March 31, 1986 (hereby canceled)
(b) Section 115 of title 10, United States Code

A. REISSUANCE AND PURPOSE

1. This Directive reissues reference (a) to update policy, responsibilities, procedures, and standards for appointment, enlistment, and induction into the Armed Forces of the United States in accordance with reference (b).

2. The physical standards in this Directive (enclosure 1) are to ensure that individuals under consideration for appointment, enlistment, and induction into the Armed Forces of the United States are:

a. Free of contagious diseases that would be likely to endanger the health of other personnel.

b. Free of medical conditions or physical defects that would require excessive time lost from duty for necessary treatment or hospitalization or would likely result in separation from the Service for medical unfitness.

c. Medically capable of satisfactorily completing required training.

d. Medically adaptable to the military environment without the necessity of geographical area limitations.

e. Medically capable of performing duties without aggravation of existing physical defects or medical conditions.

B. APPLICABILITY AND SCOPE

This Directive:

1. Applies to the Office of the Secretary of Defense.

2. Applies to the Military Departments and, by agreement with the Secretary of Transportation, to the U.S. Coast Guard when it is not operating as a Military Service within the Navy (hereafter referred to collectively as the "Armed Forces"), and the Merchant Marine Academy.

3. Sets forth the medical conditions and physical defects that are causes for rejection for military service. Other standards may be prescribed for a mobilization for a national emergency. The physical standards (enclosure 1) apply to:

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a. Applicants for appointment as commissioned or warrant officers in the Active and Reserve components.

b. Applicants for enlistment in the regular Armed Forces. For medical conditions or physical defects predating original enlistment, these standards obtain for enlistees' first 6 months of active duty.

c. Applicants for enlistment in the Reserve and federally recognized units or organizations of the National Guard. For medical conditions or physical defects predating original enlistment, these standards obtain during the enlistees' initial period of active duty for training until their return to Reserve component units.

d. Applicants for reenlistment in Regular and Reserve components and federally recognized units or organizations of the National Guard after a period of more than 6 months has elapsed since discharge.

e. Applicants for the Scholarship or Advanced Course Reserve Officer's Training Corps (ROTC), and all other Armed Forces' special officer personnel procurement programs.

f. Retention of cadets and midshipmen at the United States Armed Forces academies and students enrolled in ROTC scholarship programs.

g. Individuals on the Temporary Disability Retired List (TDRL) who have been found fit on reevaluation and wish to return to active duty. The prior disabling defect(s) and any other physical defects identified before placement on the TDRL that would not have prevented reenlistment are exempt from this Directive.

h. All individuals being inducted into the Armed Forces.

C. POLICY

1. It is DoD policy to:

a. Encourage to the maximum extent possible the use of common physical standards for the acquisition of personnel for the Armed Forces.

b. Eliminate inconsistencies and inequities based on race, sex, or ethnicity in the application of these standards by the Armed Forces.

2. The standards in enclosure 1 shall be used in the acquisition of personnel in the programs in subsection B.3., above.

D. RESPONSIBILITIES

1. The Under Secretary of Defense for Personnel and Readiness shall:

a. Ensure that the Assistant Secretary of Defense for Health Affairs (ASD(HA)) shall review, approve, and issue technical modifications to the standards in enclosure 1.

b. Implement these standards through the U.S. Military Entrance Processing Command (MEPCOM) and the DoD Medical Examination Review Board (DoDMERB).

c. Give direction to the ASD(HA) on the personnel aspects of these standards.

2. The Secretaries of the Military Departments shall:

a. Revise their Armed Forces policies to conform with the standards in this Directive.

b. Recommend to the Office of the Assistant Secretary of Defense Health Affairs (OASD(HA)) suggested changes in the standards after departmental coordination has been accomplished.

c. Review all the standards on a quadrennial basis and recommend changes to the OASD(HA). This review shall be initiated by the DoDMERB and coordinated by the OASD(HA).

d. Have authority to grant a waiver of the standards in individual cases for appropriate reasons.

e. Have authority to change Service-specific visual standards (particularly for officer-accession programs) and establish other standards for special programs. Notification of any proposed changes in standards shall be provided to the ASD(HA) 60 days before their implementation.

f. Have the authority to issue Service-specific exceptions to these standards, having first submitted these, with justification, for review and approval by the ASD(HA).

E. PROCEDURES

The physical standards (enclosure 1) shall be used to determine the physical qualifications of all individuals being appointed, enlisted, or inducted into the Armed Forces.

F. EFFECTIVE DATE AND IMPLEMENTATION

This Directive is effective immediately. Forward one copy of implementing documents to the Under Secretary of Defense for Personnel and Readiness within 120 days.

John M. Deutch
Deputy Secretary of Defense

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Enclosure - 1
1. Physical Standards for Appointment, Enlistment, and Induction

PHYSICAL STANDARDS FOR APPOINTMENT, ENLISTMENT, AND INDUCTION

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PHYSICAL STANDARDS FOR APPOINTMENT, ENLISTMENT, AND INDUCTION

A. ABDOMINAL ORGANS AND GASTROINTESTINAL SYSTEM

The causes for rejection for appointment, enlistment, and induction are:

1. Esophagus. Organic disease or authenticated history of, such as ulceration, varices, achalasia, or other dismotility disorders; chronic or recurrent esophagitis if confirmed by appropriate X-ray or endoscopic examinations.

2. Stomach and Duodenum

a. Gastritis, chronic hypertrophic, severe.

b. Ulcer of the stomach or duodenum, if diagnosis is confirmed by X-ray examinations, endoscopy, or authenticated history thereof.

c. Authenticated history of surgical operation(s) for gastric or duodenal ulcer; i.e., partial or total gastric resection, gastrojejunostomy, pyloroplasty, and truncal or selective vagotomy (or history of such operative procedures for any other cause or diagnosis).

d. Duodenal diverticula with symptoms or sequelae (hemorrhage, perforation, etc.).

e. Congenital abnormalities of the stomach or duodenum causing symptoms or requiring surgical treatment, except a history of surgical correction of hypertrophic pyloric stenosis of infancy is not disqualifying if currently asymptomatic.

3. Small and Large Intestine

a. Intestinal obstruction or authenticated history of more than one episode if either occurred during the preceding 5 years or if resulting condition remains, producing significant symptoms or requiring treatment.

b. Symptomatic Meckel's diverticulum.

c. Megacolon of more than minimal degree.

d. Inflammatory lesions: diverticulitis, regional enteritis, ulcerative colitis, proctitis.

e. Intestinal resection; however, minimal intestinal resection in infancy or childhood (e.g., for intussusception) is acceptable if the individual has been asymptomatic since the resection and if the appropriate consultant finds no residual impairment.

f. Malabsorption syndromes.

4. Gastrointestinal Bleeding. History of, unless the cause has been corrected and is not otherwise disqualifying.

5. Hepato-Pancreatic-Biliary Tract

a. Hepatitis within the preceding 6 months or persistence of symptoms after 6 months, with objective evidence of impairment of liver function, and chronic hepatitis, including hepatitis B carriers.

b. Hepatic Cysts. Congenital cystic disease, parasitic, protozoal, or other cysts.

c. Cirrhosis, regardless of the absence of manifestations such as jaundice, ascites, or known esophageal varices; abnormal liver function, with or without history of chronic alcoholism.

d. Cholecystectomy, sequelae of, such as postoperative stricture of the common bile duct, reforming of stones in hepatic or common bile ducts, incisional hernia, or postcholecystectomy syndrome when symptoms are of such a degree as to interfere with normal performance of duty.

e. Cholecystitis, acute or chronic, with or without cholelithiasis.

f. Bile duct abnormalities or strictures.

g. Pancreas, acute or chronic disease of, if proven by laboratory tests or medical records; and congenital anomalies such as annular pancreas, cystic disease, etc.

6. Anorectal

a. Fistula in ano.

b. Incontinence.

c. Anorectal stricture.

d. Excessive mucous production with soiling.

e. Hemorrhoids, internal or external, when large, symptomatic, or history of bleeding.

f. Rectal prolapse.

g. Symptomatic rectocele.

h. Symptomatic anal fissure.

i. Chronic diarrhea, regardless of cause.

7. Spleen

a. Splenomegaly until the cause is corrected and is not otherwise disqualifying.

b. Splenectomy, except when accomplished for the following:

(1) Trauma.

(2) Causes unrelated to diseases of the spleen.

(3) Hereditary spherocytosis.

(4) Disease involving the spleen when followed by correction of the condition for at least 2 years and is not otherwise disqualifying.

8. Tumors (See section LL., below.)

9. Abdominal Wall

a. Scars

(1) Scars, abdominal, regardless of cause, the hernial bulging of which interferes with movement.

(2) Scar pain associated with disturbance of function of abdominal wall or contained viscera.

(3) Sinuses of the abdominal wall, to include persistent urachus and persistent omphalomesenteric duct.

b. Hernia

(1) Hernia other than small asymptomatic umbilical or asymptomatic hiatal.

(2) History of operation for hernia within the preceding 60 days.

10. Other. Congenital or acquired abnormalities, such as gastrointestinal bypass or stomach stapling for control of obesity; and defects that prevent satisfactory performance of military duty or require frequent and prolonged treatment.

B. BLOOD AND BLOOD-FORMING TISSUE DISEASES

The causes for rejection for appointment, enlistment, and induction are:

1. Anemia. Any hereditary or acquired anemia that cannot be permanently corrected with therapy before appointment or induction.

2. Hemorrhagic Disorders. Any congenital or acquired state resulting in a tendency to bleed due to a platelet, coagulation, or vascular abnormality.

3. Leukopenia. Chronic or recurrent, associated with increased susceptibility to infection.

4. Myeloproliferative Disease. Myeloproliferative or myelodysplastic disease, or history thereof.

5. Thromboembolic Disease. Thromboembolism at any time.

6. Immunodeficiency Diseases. Any congenital or acquired immunodeficiency state regardless of etiology.

7. Miscellaneous Conditions. Such as porphyria, hemachromatosis, amyloidosis, and post-splenectomy status (except when secondary to causes stated in subsection A.7. of this enclosure, above.)

C. DENTAL

The causes for rejection for appointment, enlistment, and induction are:

1. Diseases of the jaw or associated tissues that are not easily remediable and will incapacitate the individual or otherwise prevent the satisfactory performance of duty. This includes temporomandibular disorders and/or myofacial pain dysfunction that is not easily corrected.

2. Severe malocclusion that interferes with normal mastication or requires early and protracted treatment; or relationship between mandible and maxilla that prevents satisfactory future prosthodontic replacement.

3. Insufficient natural healthy teeth or lack of a serviceable prosthesis, preventing adequate mastication and incision of a normal diet. This includes complex (multiple fixture) dental implant systems that have associated complications that severely limit assignments and adversely affect performance of world-wide duty. Dental implants that are no longer functional must not interfere with continuation of wear of the implant prosthesis or prevent removal and replacement with a conventional prosthesis.

4. Orthodontic Appliances for Continued Treatment (attached or removable). Retainer appliances are permissible, provided all active orthodontic treatment has been satisfactorily completed.

D. EARS

The causes for rejection for appointment, enlistment, and induction are:

1. Auditory Canal

a. Atresia or severe stenosis of the external auditory canal.

b. Tumors of the external auditory canal except mild exostoses.

c. Severe external otitis, acute or chronic.

2. Auricle. Microtia, severe; or severe traumatic deformity, unilateral or bilateral.

3. Mastoids

a. Mastoiditis, acute or chronic.

b. Residual of mastoid operation with marked external deformity that prevents or interferes with the wearing of a protective mask or helmet.

c. Mastoid fistula.

4. Meniere's Syndrome.

5. Middle Ear

a. Acute or chronic otitis media of any type.

b. Presence of attic perforation in which presence of cholesteatoma is suspected.

c. History of surgery involving the middle ear, excluding myringotomy.

d. Cholesteatoma or history thereof.

6. Tympanic Membrane

a. Any perforation of the tympanic membrane.

b. Surgery to repair perforated tympanic membrane within 120 days.

c. Thickening or scarring of the tympanic membrane associated with hearing level by audiometric test of 30 dB or more average for the speech frequencies (500, 1000, and 2000 cycles per second) in either ear regardless of the hearing level in the other ear.

7. Other diseases and defects of the ear that obviously prevent satisfactory performance of duty or that require frequent and prolonged treatment.

E. HEARING (See also section D. of this enclosure, above.)

The cause for rejection for appointment, enlistment, and induction is a hearing threshold level greater than that described in paragraph E.1.c., below.

1. Audiometric Hearing Levels

a. Audiometers, calibrated to the International Standards Organization (ISO 1964) or the American National Standards Institute (ANSI 1969), shall be used to test the hearing of all applicants for appointment, enlistment, or induction.

b. All audiometric tracings or audiometric readings recorded on reports of medical examination or other medical records shall be clearly identified.

c. Acceptable Audiometric Hearing Levels are:

(1) Pure tone at 500, 1000, and 2000 cycles per second of not more than 30dB on the average (either ear), with no individual level greater than 35dB at these frequencies.

(2) Pure tone level not more than 45dB at 3000 cycles per second each ear, and 55dB at 4000 cycles per second each ear.

F. ENDOCRINE AND METABOLIC DISORDERS

The causes for rejection for appointment, enlistment, and induction are:

1. Adrenal dysfunction of any degree.

2. Cretinism.

3. Diabetes Mellitus. Any type, including a history of juvenile onset (insulin-dependent, type I).

4. Gigantism or Acromegaly.

5. Glycosuria. Persistent, when associated with impaired glucose tolerance or renal tubular defects that cause aminoaciduria, phosphaturia, and renal tubular acidosis.

6. Gout.

7. Hyperinsulinism.

8. Hyperparathyroidism and Hypoparathyroidism.

9. Hypopituitarism.

10. Myxedema. Spontaneous or postoperative (with clinical manifestations).

11. Nutritional deficiency diseases (including sprue, beriberi, pellagra, and scurvy).

12. Thyroid Disorders.

a. Goiter. Simple goiter with definite pressure symptoms, or so large as to interfere with the wearing of a military uniform or military equipment.

b. Hyperthyroidism or thyrotoxicosis.

c. Hypothyroidism, symptomatic or uncontrolled by medication.

d. Thyroiditis.

13. Other endocrine or metabolic disorders that obviously prevent satisfactory performance of duty, or require frequent or prolonged treatment.

G. UPPER EXTREMITIES (See also section I., below.)

The causes for rejection for appointment, enlistment, and induction are:

1. Limitation of Motion. An individual shall be considered unacceptable if the joint ranges of motion are less than the measurements listed below. (Methods of measurement appear in U.S. Army Technical Manual (TM) 8-6 and U.S. Air Force Pamphlet (AFP) 160.14.)

a. Shoulder

(1) Forward elevation to 90°.

(2) Abduction to 90°.

b. Elbow

(1) Flexion to 100°.

(2) Extension to 15°.

c. Wrist. A total range of 60° (extension plus flexion). Radial and ulnar deviation combined arc 30°.

d. Hand

(1) Pronation to 45°.

(2) Supination to 45°.

e. Fingers. Inability to clench fist, pick up a pin or needle, and grasp an object.

f. Thumb. Inability to touch tips of at least 3 fingers.

2. Hand and Fingers

a. Absence of the distal phalanx of either thumb.

b. Absence or loss of distal and middle phalanx of an index, middle, or ring finger of either hand irrespective of the absence or loss of little finger.

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

d. Absence of hand or any portion thereof except for fingers as noted above.

e. Hyperdactylia.

f. Scars and deformities of the fingers or hand that impair circulation, are symptomatic, or which impair normal function to such a degree as to interfere with the satisfactory performance of military duty.

g. Intrinsic paralysis or weakness (either median or ulnar nerves) sufficient to produce physical findings in the hand (e.g., muscle atrophy or weakness).

3. Wrist, Forearm, Elbow, Arm, and Shoulder. Recovery from disease or injury of wrist, forearm, elbow, arm, or shoulder with residual weakness or symptoms such as to prevent satisfactory performance of duty. Grip strength of less than 75 percent of predicted normal when injured hand is compared with the normal hand (nondominant is 80 percent of dominant grip).

H. LOWER EXTREMITIES (See also section I., below.)

The causes for rejection for appointment, enlistment, and induction are:

1. Limitation of Motion. An individual shall be considered unacceptable if the joint ranges of motion are less that the measurements listed below. (Methods of measurement appear in TM 8-640 and AFP 160-14.)

a. Hip

(1) Flexion to 90°.

(2) No demonstrable flexion contracture.

(3) Extension to 10° (beyond 0°).

(4) Abduction to 45°.

(5) Rotation - 60° (internal and external combined).

b. Knee

(1) Full extension.

(2) Flexion to 90°.

c. Ankle

(1) Dorsiflexion to 10°.

(2) Plantar flexion to 30°.

(3) Eversion and inversion (total to 5°).

d. Toes

Stiffness that interferes with walk. ng, marching, running, or jumping.

2. Foot and Ankle

a. Absence of one or more small toes if function of the foot is poor, or running or jumping is prevented; absence of a foot or any portion thereof except for toes as noted herein.

b. Absence of great toe(s); loss of dorsal flexion thereof if function of the foot is impaired.

c. Claw toes preventing the wearing of military footwear.

d. Clubfoot if any residual varus or equinus of the hind foot, degenerative changes in the mid or hind foot or significant stiffness or deformity prevents foot function or wearing military footwear.

e. Pes planus, pronounced cases, with decided eversion of the foot and marked bulging of the inner border, due to rotation of the talus, regardless of the presence or absence of symptoms.

f. Pes planus, tarsal coalition.

g. Hallux valgus, if severe, or of any degree if associated with marked exostosis or bunion that would prevent wearing of military footwear.

h. Hammer toe, hallux limitus, or hallux rigidus that interferes with the wearing of military footwear.

i. Effects of disease, injury, or deformity including hyperdactylia that prevent running, are accompanied by disabling pain, or prohibit the wearing of military footwear.

j. Ingrowing toe nails, if severe, and not remediable.

k. Obliteration of the transverse arch associated with permanent flexion of the small toes.

l. Overriding of any of the toes if symptomatic or sufficient to interfere with the wearing of military footwear.

m. Pes cavus, symptomatic or with contracted plantar fascia, dorsiflexed toes, tenderness under the metatarsal heads, or callosities under the weight bearing areas.

n. Planter fasciitis, that is refractory to medical treatment or will impair function of the foot.

o. Neuroma. Confirmed and refractory to medical treatment or will impair function of the foot.

3. Leg, Knee, Thigh, and Hip

a. Loose or foreign bodies within the knee joint.

b. Physical findings of an unstable or internally deranged joint. History of anterior or posterior cruciate ligament injury, even if repaired, is disqualifying.

c. History of surgical correction of knee ligaments.

d. Authenticated history of congenital dislocation of the hip, osteochondritis of the hip (Legg-Perthes disease), or slipped femoral epiphysis of the hip. These conditions are not disqualifying if there is no X-ray evidence of residual deformity or degenerative changes, or with any clinically significant limitation of motion.

e. Authenticated history of hip dislocation within 2 years before examination or degenerative changes on X-ray from old hip dislocation.

f. Osteochondritis of the tibial tuberosity (Osgood-Schlatter disease) if symptomatic or with obvious prominence of the part, and X-ray evidence of separated bone fragment.

4. General

a. Deformities of one or both lower extremities that have interfered with function to such a degree as to prevent the individual from following a physically active vocation in civilian life or that would interfere with the satisfactory completion of prescribed training and performance of military duty.

b. Diseases or deformities of the hip, knee, or ankle joint that interfere with walking, running, or weight bearing.

c. Pain in the lower back or leg that is intractable and disabling to the degree of interfering with walking, running, and weight bearing.

d. Shortening of a lower extremity resulting in a noticeable limp or scoliosis.

I. MISCELLANEOUS CONDITIONS OF THE EXTREMITIES (See also sections G. and H. of this enclosure above.)

The causes for rejection for appointment, enlistment, and induction are:

1. Arthritis

a. Active, subacute, or chronic arthritis.

b. Chronic osteoarthritis or traumatic arthritis of isolated joints of more than a minimal degree that has interfered with the following of a physically active vocation in civilian life or that prevents the satisfactory performance of military duty.

2. Chronic retropatellar knee pain syndrome with or without confirmatory arthoscopic evaluation.

3. Disease of any bone or joint, healed, with such resulting deformity or rigidity that function is so impaired it will interfere with military service.

4. Dislocation, old unreduced; substantiated history of recurrent dislocations of major joints; instability of a major joint.

5. Fractures

a. Malunited fractures.

b. Ununited fractures, except for ulnar styloid process.

c. Any old or recent fracture in which a plate, pin, metal rod, wire, or screws used for fixation were left in place; a pin, wire, or screw not subject to easy trauma is not disqualifying.

6. Injury of a bone or joint of more than a minor nature, yet without fracture or dislocation, that occurred within the preceding 6 weeks.

7. Joint replacement.

8. Muscular paralysis, contracture, or atrophy, if progressive or of sufficient degree to interfere with military service.

9. Myotonia Congenita.

10. Osteochondritis Dessicans.

11. Osteochondromatosis or multiple cartilaginous exostoses.

12. Osteomyelitis. Active or recurrent, any bone or substantiated history of osteomyelitis of any of the long bones.

13. Osteoporosis.

14. Scars. Extensive, deep, or adherent to the skin and soft tissues or neuromas of an extremity that are painful, that interfere with muscular movements, that prevent the wearing of military clothing or equipment, or that show a tendency to break down.

15. Implants. Silastic or other devices implanted to correct orthopedic abnormalities.

J. EYES

The causes for rejection for appointment, enlistment, and induction are:

1. Lids

a. Blepharitis, chronic, of more than mild degree. Cases of acute blepharitis will be rejected until cured.

b. Blepharospasm.

c. Dacryocystitis, acute or chronic.

d. Destruction of the lids, complete or extensive, sufficient to impair protection of the eye from exposure.

e. Adhesions of the eyelids to each other or to the eyeball that interfere with vision.

f. Growth or tumor of the eyelid other than small early basal cell tumors of the eyelid, which can be cured by treatment, and small nonprogressive asymptomatic benign lesions. (See also section LL. of this enclosure, below.)

g. Marked inversion or eversion of the eyelids sufficient to cause troublesome watering of eyes (entropion or ectropion).

h. Lagophthalmos.

i. Ptosis interfering with vision.

j. Trichiasis, severe.

2. Conjunctive

a. Conjunctivitis, chronic, including trachoma; allergic conjunctivitis; acute conjunctivitis until cured.

b. Pterygium.

(1) Recurring after two operative procedures.

(2) Encroaching on the cornea in excess of 3 millimeters, interfering with vision, or is progressive (as evidenced by marked vascularity on a thickened elevated head).

c. Xerophthalmia.

3. Cornea

a. Dystrophy, corneal, of any type, including keratoconus of any degree.

b. History of keratorefractive surgery accomplished to modify the refractive power of the cornea, or of lamellar and/or penetrating keratoplasty. Laser surgery to reconfigure the cornea is also disqualifying.

c. Keratitis, acute or chronic.

d. Ulcer, corneal; history of recurrent ulcers or corneal abrasions (including herpetic ulcers).

e. Vascularization or opacification of the cornea from any cause that is progressive or reduces vision below the standards prescribed in section K. of this enclosure, below.

4. Uveal Tract. Inflammation of the uveal tract except healed traumatic choroiditis.

5. Retina

a. Angiomatoses, phakomatoses, retinal cysts, and other congenito-hereditary conditions that impair visual functions.

b. Chorioretinitis, unless single episode that has healed and does not interfere with vision.

c. Degenerations of the macula to include macular cysts, holes, and other degenerations (hereditary or acquired degenerative changes and other conditions affecting the macula, including all types of primary and secondary pigmentary degenerations).

d. Detachment of the retina, history of surgery for same, or peripheral retinal injury or degeneration that may cause retinal detachment.

e. Inflammation of the retina (histoplasmosis, toxoplasmosis, or vascular conditions of the retina to include Coats' disease, diabetic retinopathy, Eales' disease, and retinitis proliferans), unless a single episode that has healed and does not interfere with vision.

6. Optic Nerve

a. Congenito-hereditary conditions of the optic nerve or any other central nervous system pathology affecting the efficient function of the optic nerve.

b. Optic neuritis, neuroretinitis, or secondary optic atrophy resulting therefrom or documented history of attacks of retrobulbar neuritis.

c. Optic atrophy (primary or secondary).

d. Papilledema.

7. Lens

a. Aphakia (unilateral or bilateral), pseudophakia, or lens implant.

b. Dislocation, partial or complete, of a lens.

c. Opacities of the lens that interfere with vision or that are considered to be progressive.

8. Ocular Mobility and Motility

a. Diplopia, documented, constant or intermittent from any cause or of any degree.

b. Nystagmus, with both eyes fixing, congenital or acquired.

c. Strabismus of 40 prism diopters or more, uncorrectable by lenses to less than 40 diopters.

d. Strabismus of any degree accompanied by documented diplopia.

e. Strabismus, surgery for the correction of, within the preceding 6 months.

f. For entrance into Service academies and ROTC programs, additional requirements relating to esotropia and hypertropia may be set by the individual Military Services.

9. Miscellaneous Defects And Diseases

a. Abnormal conditions of the eye or visual fields due to diseases of the central nervous system. Meridian-specific visual field minimums are:

(1)	Temporal	85°
(2)	Superior-Temporal	55°
(3)	Superior	45°
(4)	Superior Nasal	55°
(5)	Nasal	60°
(6)	Inferior Nasal	50°
(7)	Inferior	65°
(8)	Inferior Temporal	85°

b. Absence of an eye.

c. Asthenopia, severe.

d. Exophthalmos, unilateral or bilateral, non-familial.

e. Glaucoma, primary, or secondary, or pre-glaucoma as evidenced by intraocular pressure above 21 mmHg, or the secondary changes in the optic disc or visual field loss associated with glaucoma.

f. Hemianopsia of any type.

g. Loss of normal pupillary reflex reactions to light or accommodation to distance or Adie's syndrome.

h. Loss of visual fields due to organic disease.

i. Night blindness.

j. Residuals of old contusions, lacerations, penetrations, etc., impairing visual function required for satisfactory performance of military duty.

k. Retained intraocular foreign body.

l. Tumors. (See subparagraph J.1.f., above, and section LL., below.)

m. Any organic disease of the eye or adnexa not specified above, that threatens vision or visual function.

K. VISION

The causes of medical rejection for appointment, enlistment, and induction are listed below. (For entrance into Service academies and ROTC programs, additional requirements on vision may be set by the individual Military Services. Special administrative criteria for assignment to certain specialties will be published by the Military Services.)

1. Distant Visual Acuity. Distant visual acuity of any degree that does not correct with spectacle lenses to at least one of the following:

a. 20/40 in one eye and 20/70 in the other eye.

b. 20/30 in one eye and 20/100 in the other eye.

c. 20/20 in one eye and 20/400 in the other eye.

2. Near Visual Acuity. Near visual acuity of any degree that does not correct to 20/40 in the better eye.

3. Refractive Error. Any refractive error in spherical equivalent of worse than -8.00 or +8.00 diopters; or if ordinary spectacles cause discomfort by reason of ghost images, prismatic displacement, etc.; if an ophthalmological consultation reveals a condition that is disqualifying; or if refractive error is corrected by orthokeratology or keratorefractive surgery.

4. Contact Lenses. Complicated cases requiring contact lenses for adequate correction of vision, such as keratoconus, corneal scars, and irregular astigmatism.

5. Color Vision. Although there is no standard, color vision will be tested, since adequate color vision is a prerequisite for entry into many military specialties. For entrance into Service academies and ROTC programs, color vision requirements may be set by the individual Services.

L. GENITALIA (See also section LL., below.)

The causes for rejection for appointment, enlistment, and induction are:

1. Abnormal uterine bleeding. Including menorrhagia, metrorrhagia or polymenorrhea.

2. Amenorrhea. Primary or secondary, if unexplained or otherwise disqualifying.

3. Dysmenorrhea. Incapacitating to a degree recurrently necessitating absences of more than a few hours from routine activities.

4. Endometriosis, or confirmed history thereof.

5. Hermaphroditism.

6. Hydrocele or Left Varicocele. If painful, or any right varicocele unless urological evaluation reveals no disease.

7. Menopausal Syndrome. Physiologic or artificial if manifested by more than mild constitutional or mental symptoms, or artificial menopause if less than 13 months have elapsed since cessation of menses. In all cases of artificial menopause, the clinical diagnosis will be reported; if accomplished by surgery, the pathologic report shall be obtained and recorded.

8. Ovarian cysts. Persistent, clinically significant.

9. Pelvic inflammatory disease (PID). Acute or chronic.

10. Pregnancy.

11. Testicle(s). (See also section LL., below.)

a. Absence of both testicles, or unexplained absence of a testicle.

b. Undiagnosed enlargement or mass of testicle or epididymis.

c. Undescended testicle(s).

12. Urethritis. Acute or chronic. (See also section MM., below.)

13. Uterus

a. Congenital absence of.

b. Generalized enlargement of the uterus due to any cause.

c. Pap smears graded Class 3 or 4, or any smear in which the descriptive terms condyloma accuminatum, human papilloma virus, dysplasia, carcinoma-in-situ, or invasive cancer are used.

14. Vagina

a. Congenital abnormalities that interfere with physical activities.

b. Condyloma accuminatum.

15. Vulva

a. Condyloma accuminatum.

b. Dystrophic conditions.

c. Vulvitis, acute or chronic, including herpes genitalis.

16. Major Abnormalities and Defects of the Genitalia. Such as a change of sex, a history thereof, or dysfunctional residuals from surgical correction of these conditions.

M. URINARY SYSTEM (See sections F., above, and LL., below.)

The causes for rejection for appointment, enlistment, and induction are:

1. Cystitis, Chronic. Individuals with acute cystitis are unacceptable until the condition is cured.

2. Enuresis. Determined to be a symptom of an organic defect not amenable to treatment. (See also subsection DD.3., below.)

3. Epispadias or Hypospadias. When accompanied by evidence of infection of the urinary tract, or if clothing is soiled when voiding.

4. Hematuria, cylinduria, pyuria, or other findings indicative of renal tract disease.

5. Incontinence of urine.

6. Kidney

a. Absence of one kidney, regardless of cause.

b. Acute or chronic infections of the kidney.

c. Cystic or polycystic kidney, confirmed history of.

d. Horseshoe kidney.

e. Hydronephrosis or pyonephrosis.

f. Nephritis, acute or chronic.

g. Pyelitis, pyelonephritis.

7. Orchitis, chronic, or chronic epididymitis.

8. Penis, amputation of, if the resulting stump is insufficient to permit micturition in a normal manner.

9. Peyronie's disease.

10. Prostate gland, hypertrophy of, with urinary retention; chronic prostatitis.

11. Proteinuria under normal activity (at least 48 hours after strenuous exercise) greater than 200 mgm/24 hours or a protein to creatinine ratio greater than 0.2 in a random urine sample, unless nephrologic consultation determines the condition to be benign orthostatic proteinuria.

12. Renal Calculus

a. Substantiated history of recurrent renal calculus or bilateral renal calculus at any time.

b. Verified history of renal calculus with evidence of stone formation within the preceding 12 months, current symptoms, or positive x-ray for calculus, or nephrocalcinosis.

13. Skenitis.

14. Urethra, stricture of.

15. Urinary fistula.

16. Other diseases and defects of the urinary system that obviously prevent satisfactory performance of duty or require frequent and prolonged treatment.

N. HEAD

The causes for rejection for appointment, enlistment, and induction are:

1. Abnormalities that are apparently temporary in character resulting from recent injuries until a period of 3 months has elapsed. These include severe contusions and other wounds of the scalp and cerebral concussion. (See section Z., below.)

2. Chronic Arthritis. Complete or partial ankylosis, or recurrent dislocation of the temporomandibular joint.

3. Deformities of the Skull. In the nature of depressions, exostoses, etc., of a degree that would prevent the individual from wearing a protective mask or military headgear.

4. Deformities of the Skull. Of any degree associated with evidence of disease of the brain, spinal cord, or peripheral nerves.

5. Depressed fractures that required surgical elevation or were associated with a laceration of the dura mater or focal necrosis of the brain. (See section Z., below.)

6. Loss or congenital absence of the bony substance of the skull not successfully corrected by reconstructive materials.

7. All cases involving absence of the bony substance of the skull that have been corrected but in which the defect is in excess of one square inch ($6.45cm^2$) or the size of a 25-cent piece.

O. NECK

The causes for rejection for appointment, enlistment, and induction are:

1. Cervical Ribs. If symptomatic, or so obvious that they are found on routine physical examination. (Detection based primarily on x-rays is not considered to meet this criterion.)

2. Congenital Cysts. Of branchial cleft origin or those developing from the remnants of the thyroglossal duct, with or without fistulous tracts.

3. Fistula. Chronic draining, of any type.

4. Nonspastic Contraction. Of the muscles of the neck or cicatricial contracture of the neck to the extent that it interferes with the wearing of a uniform or military equipment or is so disfiguring as to make the individual objectionable in common social relationships.

5. Spastic Contraction. Of the muscles of the neck, persistent, and chronic.

6. Tumor of thyroid or other structures of the neck. (See section LL., below.)

P. HEART

The causes for rejection for appointment, enlistment, and induction are:

1. All Valvular Heart Diseases. Including those improved by surgery, except mitral valve prolapse and bicuspid aortic valve. These latter two conditions are not reasons for rejection unless there is associated tachyarrhythmia, mitral regurgitation, aortic stenosis, insufficiency, or cardiomegaly.

2. Coronary heart disease.

3. History of Symptomatic Arrhythmia (or electrocardiographic evidence of arrhythmia)

a. Supraventricular tachycardia, atrial flutter, and atrial fibrillation unless there has been no recurrence during the preceding 2 years off all medications. Ventricular tachycardia or fibrillation. Premature atrial or ventricular contractions are disqualifying when sufficiently symptomatic to require treatment or result in physical or psychological impairment. Multifocal premature ventricular contractions are disqualifying irrespective of symptoms or treatment. However, healthy highly trained individuals can have multifocal premature ventricular contractions or nonsustained ventricular tachycardia with a normal prognosis. Cases may be considered on an individual basis by each Service waiver authority. Ventricular arrythmias are disqualifying when associated with physiologic or actuarial significance.

b. Left bundle branch block, Mobitz type II second degree AV block, third degree AV block, accelerated AV conduction (Wolff-Parkinson-White syndrome) and Lown-Ganong-Levine syndrome associated with an arrhythmia. Conduction disturbances such as first degree AV block, left anterior hemiblock, right bundle branch block or Mobitz type I second degree AV block are not disqualifying when asymptomatic and are not associated with underlying cardiovascular disease.

4. Hypertrophy or Dilatation of the Heart. As evidenced by chest x-ray, electrocardiogram, or echocardiogram. Cardiomyopathy, myocarditis, or history of congestive heart failure from any cause even though currently compensated. Care must be taken to avoid rejection of highly conditioned individuals with sinus bradycardia, increased cardiac volume, and apparent abnormal cardiac enlargement, as indicated by EKG and x-ray.

5. Pericarditis. Except in individuals who have been free of symptoms for 2 years and manifest no evidence of cardiac restriction or persistent pericardial effusion.

6. Persistent tachycardia (resting pulse rate of 100 or greater), regardless of cause.

7. Congenital Anomalies. Of heart and great vessels with physiologic or actuarial significance, which have not been totally corrected.

Q. VASCULAR SYSTEM

The causes for rejection for appointment, enlistment, and induction are:

1. Abnormalities of the arteries and blood vessels, aneurysms, atherosclerosis, arteritis.

2. Hypertensive Vascular Disease. Evidenced by three consecutive averaged diastolic blood pressure measurements greater than 90 mmHg or three consecutive averaged systolic pressures greater than 140 mmHg. High blood pressure requiring medication or a history of treatment including dietary restriction.

3. Pulmonary or systemic embolization, (history of).

4. Vasomotor Disturbance. Including orthostatic hypotension and Raynaud's phenomenon.

5. Vein Diseases. Recurrent thrombophlebitis, thrombophlebitis during the preceding year, or any evidence of venous incompetence, such as large or symptomatic varicose veins, edema, or skin ulceration.

R. HEIGHT

The causes for rejection for appointment, enlistment, and induction will be established by the Military Services.

S. WEIGHT

The causes for rejection for appointment, enlistment, and induction will be established by the Military Services. Body composition measurements may be used as the final determinant in evaluating an applicant's acceptability.

T. BODY BUILD

The causes for rejection for appointment, enlistment, and induction are:

1. Congenital malformation of bones and joints. (See sections G., H., and I., above.)

2. Deficient muscular development that would interfere with the completion of required training.

3. Evidence of congenital asthenia or body build that would interfere with the completion of required training.

U. LUNGS, CHEST WALL, PLEURA, AND MEDIASTINUM

The causes for rejection for appointment, enlistment, and induction are:

1. Abnormal elevation of the diaphragm, either side.

2. Abscess of the lung.

3. Acute infectious processes of the lung, chest wall, pleura, or mediastinum, until cured.

4. Asthma, including reactive airway disease, exercise induced bronchospasm or asthmatic bronchitis, reliably diagnosed at any age. Note: Reliable diagnostic criteria should consist of any of the following elements: (a) substantiated history of cough, wheeze, and/or dyspnea that persists or recurs over a prolonged period of time (generally more than 6 months), or if the diagnosis of asthma is in doubt, (b) a test for reversible airflow obstruction (greater than a 15% increase in FEV1 following administration of an inhaled bronchodilator), or airway hyperreactivity (exaggerated decrease in airflow induced by a standard bronchoprovocation challenge such as methacholine inhalation or a demonstration of exercise-induced bronchospasms) must be performed. Bronchoprovocation or exercise testing should be performed by a board certified pulmonologist or allergist.

5. Bronchitis, chronic, with pulmonary function impairment that would interfere with duty performance or restrict activities.

6. Bronchiectasis.

7. Bronchopleural fistula.

8. Bullous or generalized pulmonary emphysema.

9. Chronic fibrous pleuritis of sufficient extent to interfere with pulmonary function, or which produces dyspnea on exertion.

10. Chronic mycotic diseases of the lung including coccidioidomycosis, residual cavitation or more than a few small-sized inactive and stable residual nodules demonstrated to be due to mycotic disease.

11. Congenital malformation or acquired deformities of the chest wall that reduce the chest capacity or diminish respiratory or cardiac functions to a degree that interferes with vigorous physical exertion.

12. Empyema, residual intrapleural collection or unhealed sinuses of chest wall following operation or other treatment for empyema.

13. Extensive pulmonary fibrosis from any cause, producing dyspnea on exertion or significant reduction in pulmonary function tests.

14. Foreign body in trachea or bronchus.

15. Foreign body of the chest wall causing symptoms.

16. Foreign body of the lung or mediastinum causing symptoms or active inflammatory reaction.

17. Lobectomy, history of, with residual pulmonary disease. Removal of more than one lobe is cause for rejection regardless of the absence of residuals.

18. Multiple cystic disease of the lung; solitary cyst, large and incapacitating.

19. New growth of the breast, mastectomy, acute mastitis, chronic cystic mastitis of more than mild degree or if symptomatic.

20. Osteomyelitis of rib, sternum, clavicle, scapula, or vertebra.

21. Other symptomatic traumatic lesions of the chest or its contents.

22. Pleurisy with effusion, within the previous 2 years, unknown origin.

23. Pneumothorax during the year preceding examination if due to simple trauma or surgery; during the 3 years preceding examination if of spontaneous origin. Surgical correction is acceptable if no significant residual disease or deformity remains and pulmonary function tests are within normal limits. Recurrent spontaneous pneumothorax ipsilaterally is disqualifying regardless of cause, after one failed attempt at surgical correction or pleural sclerosis.

24. Sarcoidosis (See subsection JJ.12., below.)

25. Significant abnormal findings of the chest wall, lung(s), pleura or mediastinum.

26. Silicone injections, without encapsulation, in breasts for cosmetic purposes. Surgical placement of encapsulated implants is acceptable if a minimum of 9 months has elapsed since surgery and site is well-healed with no complications reported.

27. Suppurative periostitis of rib, sternum, clavicle, scapula, or vertebra.

28. Tuberculous lesions (See subsection JJ.14., below.)

29. Unhealed recent fracture of ribs, sternum, clavicle, or scapula, or unstable fracture regardless of fracture age.

V. MOUTH

The causes for rejection for appointment, enlistment, and induction are:

1. Hard palate, perforation of.

2. Cleft lip, unless satisfactorily repaired by surgery.

3. Leukoplakia, stomatitis or ulcerations of the mouth, if severe.

4. Ulcerations, perforation, or extensive loss of substance of the hard or soft palate, extensive adhesions of the soft palate to the pharynx, or complete paralysis of the soft palate. Unilateral paralysis of the soft palate that does not interfere with speech or swallowing and is otherwise asymptomatic is not disqualifying. Loss of the uvula that does not interfere with speech or swallowing is not disqualifying.

W. NOSE AND SINUSES

The causes for rejection of appointment, enlistment, and induction are:

1. Allergic Manifestations

a. Atrophic rhinitis.

b. Allergic Rhinitis. If moderate or severe and not controlled by oral medications, desensitization, or topical corticosteroid medication.

2. Anosmia or parosmia.

3. Choana, atresia or stenosis of, if symptomatic.

4. Epistaxis, chronic recurrent.

5. Nasal polyps or a history of nasal polyps, unless surgery was performed at least 1 year before examination and there is no evidence of recurrence.

6. Nasal septum, perforation of:

a. Associated with the interference of function, ulceration, crusting, or when the result of organic disease.

b. If progressive.

c. If respiration is accompanied by a whistling sound.

7. Sinusitis. Acute.

8. Sinusitis. Chronic when more than mild:

a. Evidenced by any of the following: chronic purulent nasal discharge, nasal polyps, hyperplastic changes of the nasal tissue, or symptoms requiring frequent medical attention.

b. Confirmed by transillumination or x-ray examination or both.

9. Vasomotor rhinitis, If moderate or severe and not controlled by medication.

X. PHARYNX, TRACHEA, AND LARYNX

The causes for rejection for appointment, enlistment, and induction are:

1. Laryngeal paralysis, sensory or motor, due to any cause.

2. Larynx, organic disease of, such as neoplasm, polyps, granuloma, ulceration, or chronic laryngitis.

3. Dysphonia Plicae Ventricularis.

4. Tracheostomy or tracheal fistula.

Y. OTHER DEFECTS AND DISEASES OF THE MOUTH, NOSE, THROAT, PHARYNX AND LARYNX

The causes for rejection for appointment, enlistment, and induction are:

1. Aphonia, or history of, or recurrent, if the cause was such as to make a subsequent attack probable.

2. Deformities or conditions of the mouth, tongue, throat, pharynx, larynx, and nose that interfere with mastication and swallowing of ordinary food, or with speech or breathing.

3. Destructive syphilitic disease of the mouth, nose, throat, or larynx. (See section MM., below.)

4. Pharyngitis and nasopharyngitis, chronic, with positive history and objective evidence, if of such a degree as likely to result in excessive time lost in the military environment.

Z. NEUROLOGICAL DISORDERS

The causes for rejection for appointment, enlistment, and induction are:

1. Cerebrovascular Conditions. Any history of subarachnoid or intracerebral hemorrhage, vascular insufficiency, arteriovenous malformation, or aneurysm, whether transient or with secondary infarction involving the central nervous system.

2. Congenital malformations if associated with neurological manifestations or if the process is expected to be progressive; meningocele even if uncomplicated.

3. Degenerative and hereditodegenerative disorders affecting the cerebrum, basal ganglia, cerebellum, spinal cord, peripheral nerves or muscles.

4. Recurrent headaches, of all types of sufficient severity or frequency as to interfere with normal function or a history of such headaches within 3 years.

5. Head Injury

a. Applicants with a history of head injury are unacceptable at any time if they display any of the following:

(1) Late post-traumatic epilepsy (occurring more than 1 week after injury).

(2) Permanent motor or sensory deficits.

(3) Impairment of intellectual function.

(4) Alteration of personality.

(5) Central nervous system shunt of any type.

b. Applicants with a history of severe head injury are unfit for a period of at least 5 years after which they may be considered fit if complete neurological and neuropsychological evaluation (see Table 1) shows no residual dysfunction or complications. Severe head injuries are defined by one or more of the following:

(1) Unconsciousness or amnesia, alone or in combination, of 24 hours duration or longer.

(2) Depressed skull fracture.

(3) Laceration or contusion of dura or brain.

(4) Epidural, subdural, subarachnoid, or intracerebral hematoma.

(5) Associated abscess or meningitis.

(6) Cerebrospinal fluid rhinorrhea or otorrhea persisting more than 7 days.

(7) Focal neurologic signs.

(8) Radiographic evidence of retained metallic or bony fragments.
(9) Leptomeningeal cysts or arteriovenous fistula.

(10) Early post-traumatic seizure(s) occurring within 1 week of injury but more than 30 minutes after injury.

c. Applicants with a history of moderate head injury are unfit for a period of at least 2 years after which they may be considered fit if complete neurological evaluation (see Table 1) shows no residual dysfunction or complications. Moderate head injuries are defined as unconsciousness or amnesia, alone or in combination, of 1 to 24 hours duration or linear skull fracture.

d. Applicants with a history of mild head injury as defined by a period of unconsciousness or amnesia, alone or in combination, of 1 hour or less are unfit for at least 1 month after which they may be acceptable if neurological evaluation (see Table 1) shows no residual dysfunction or complications.

e. Persistent post-traumatic sequelae, as manifested by headache, vomiting, disorientation, spatial disequilibrium, personality changes, impaired memory, poor mental concentration, shortened attention span, dizziness, altered sleep patterns, or any findings consistent with organic brain syndrome, are disqualifying until full recovery has been confirmed by complete neurological and neuropsychological evaluation.

TABLE 1

EVALUATION FOR RISK OF HEAD INJURY SEQUELAE

DEGREE OF HEAD INJURY	MINIMUM OBSERVATION TIME	EVALUATION REQUIREMENTS
MILD (paragraph Z.5.d., above.)	1 MONTH	COMPLETE NEUROLOGICAL EXAMINATION BY A PHYSICIAN
MODERATE (paragraph Z.5.c., above.)	2 YEARS	COMPLETE NEUROLOGICAL EVALUATION BY A NEUROLOGIST OR INTERNIST CT SCAN
SEVERE (paragraph Z.5.b., above.)	5 YEARS FOR CLOSED HEAD TRAUMA 10 YEARS FOR PENETRATING HEAD TRAUMA	COMPLETE NEUROLOGICAL EVALUATION BY A NEUROLOGIST OR NEUROSURGEON CT SCAN NEUROPSYCHOLOGICAL EVALUATION

6. Infectious Diseases

a. Meningitis, encephalitis, or poliomyelitis within 1 year before examination, or if there are residual neurological defects that would interfere with satisfactory performance of military duty.

b. Neurosyphilis of any form (general paresis, tabes dorsalis, meningovascular syphilis).

7. Narcolepsy, Cataplexy, Sleep Apnea Syndrome (see paragraph kk19, page 1-50), and similar states except that sleep paralysis is not disqualifying by itself.

8. Paralysis, tremor or weakness, deformity, discoordination, pain, sensory disturbance, intellectual deficit, disturbances of consciousness, or personality abnormalities regardless of cause if there is any indication that such involvement is likely to interfere with prolonged normal function in any practical manner or is progressive or recurrent.

9. All forms of generalized or partial epilepsy that have persisted beyond the age of 5 unless the applicant has been free of seizures for a period of 5 years immediately preceding examination for military service while taking no medication for seizure control and has a normal electroencephalogram (EEG). All such cases will be referred to the Surgeon General's Office of the Service to which the individual is applying for determination of fitness. Documentation must include an original EEG taken within 3 months, a current neurology consultation containing details of the epileptic history, and an assessment of the present neurological status.

10. Any substantiated history of acquired chronic or recurrent disorders such as myasthenia gravis, polymyositis, and multiple sclerosis.

11. Central nervous system shunts of all kinds.

(Diagnostic concepts and terms used in the following section are in consonance with the Diagnostic and Statistical Manual, American Psychiatric Association, DSM-III-R, 1987.)

AA. DISORDERS WITH PSYCHOTIC FEATURES

The cause for rejection for appointment, enlistment, and induction is a history of a mental disorder with gross impairment in reality testing. This does not include transient disorders associated with intoxication, severe stress or secondary to a toxic, infectious, or other organic process.

BB. MOOD DISORDERS

The causes for rejection for appointment, enlistment, and induction are symptoms, diagnosis, or history of a major mood disorder requiring maintenance treatment or hospitalization.

CC. ANXIETY, SOMATOFORM, DISSOCIATIVE, OR FACTITIOUS DISORDERS (Alternatively may be addressed as Neurotic Disorders.)

The causes for rejection for appointment, enlistment, and induction are:

1. History of such disorders resulting in any or all of the below:

a. Hospitalization.

b. Prolonged care by a physician or other professional.

c. Loss of time from normal pursuits for repeated periods even if of brief duration.

d. Symptoms or behavior of a repeated nature that impaired social, school, or work efficiency.

2. History of an episode of such disorders within the preceding 12 months that was sufficiently severe to require professional attention or absence from work or school for more than a brief period (maximum of 7 days).

DD. PERSONALITY, BEHAVIOR, OR ACADEMIC SKILLS DISORDERS

The causes for rejection for appointment, enlistment, and induction are:

1. Personality or behavior disorders, as evidenced by frequent encounters with law enforcement agencies, antisocial attitudes or behavior that, while not sufficient cause for administrative rejection, are tangible evidence of impaired characterological capacity to adapt to military service.

2. Personality or behavior disorders where it is evident by history, interview, or psychological testing that the degree of immaturity, instability, personality inadequacy, impulsiveness, or dependency will seriously interfere with adjustment in the Armed Forces as demonstrated by repeated inability to maintain reasonable adjustment in school, with employers and fellow workers, and other social groups.

3. Other behavior problems including but not limited to conditions such as authenticated evidence of functional enuresis or encopresis, not due to an organic condition (see subsection M.2., above), sleepwalking, or eating disorders that are habitual or persistent, occurring beyond age 12, or stammering or stuttering of such a degree that the individual is normally unable to express himself or herself clearly or to repeat commands.

4. Specific Academic Skills Defects. Chronic history of academic skills or perceptual defects secondary to organic or functional mental disorders that interfere with work or school after age 12. Current use of medication to improve or maintain academic skills (e.g., methylphenidate hydrochloride) is disqualifying.

5. Suicide. History of attempted suicide or other suicidal behavior.

EE. PSYCHOSEXUAL CONDITIONS

The causes for rejection for appointment, enlistment, and induction are:

1. Transsexualism and other gender identity disorders.

2. Exhibitionism, Transvestism, Voyeurism and other paraphilias.

FF. SUBSTANCE MISUSE

The causes for rejection for appointment, enlistment, and induction are:

1. Alcohol dependence or history of.

2. Drug dependence or history of.

3. Drug abuse characterized by:

a. The evidence of use of any controlled, hallucinogenic, or other intoxicating substance at time of examination, when the use cannot be accounted for as the result of the advice of a recognized healthcare practitioner.

b. Documented misuse or abuse of any controlled substance (including cannabinoids or anabolic steroids) requiring professional care within a 1-year period before examination. Use of marijuana or other cannabinoids (not habitual use) or experimental or casual use of other drugs short of dependence may be waived by competent authority as established by the respective Armed Forces if there is evidence of current drug abstinence and the individual is otherwise qualified for service.

c. The repeated self-procurement and self-administration of any drug or chemical substance, including cannabinoids or anabolic steroids, with such frequency that it appears that the applicant has accepted the use of or reliance on these substances as part of his or her pattern of behavior. (See also appropriate Armed Forces instructions.)

4. Alcohol Abuse. Use of alcoholic beverages that leads to misconduct, unacceptable social behavior, poor work or academic performance, impaired physical or mental health, lack of financial responsibility, or a disrupted personal relationship. (See also appropriate Armed Forces instructions.)

GG. SKIN AND CELLULAR TISSUES

The causes for rejection for appointment, enlistment, and induction are:

1. Acne. Severe, or when extensive involvement of the neck, shoulders, chest, or back would be aggravated by or interfere with the wearing of military equipment and not amenable to treatment. Patients under treatment with isotretinoin (Accutane) are medically unacceptable until 8 weeks after completion of a course of therapy.

2. Atopic Dermatitis. With active or residual lesions in characteristic areas (face, neck, antecubital and/or popliteal fossae, occasionally wrists and hands), or documented history thereof after the age of 5.

3. Contact Dermatitis, involving rubber or other materials used in any type of required protective equipment.

4. Cysts

a. Cysts, Other Than Pilonidal. Of such a size or location as to interfere with the normal wearing of military equipment.

b. Cysts, Pilonidal. Pilonidal cysts, if evidenced by the presence of a tumor mass or a discharging sinus. History of pilonidal cystectomy within 1 year before examination is disqualifying.

5. Dermatitis Factitia.

6. Dermatitis Herpetiformis.

7. Eczema. Any type that is chronic and resistant to treatment.

8. Elephantiasis or Chronic Lymphedema.

9. Epidermolysis Bullosa.

10. Fungus infections, systemic or superficial types, if extensive and not amenable to treatment.

11. Furunculosis. Extensive, recurrent, or chronic.

12. Hyperhidrosis of Hands or Feet. Chronic or severe.

13. Ichthyosis. Severe.

14. Keloid Formation. If the tendency is marked or interferes with the wearing of military equipment.

15. Leprosy. Any type.

16. Leukemia Cutis; Mycosis Fungoides, Hodgkin's Disease. (See subparagraph LL.2.k.(1)(b), below, for additional remarks on Hodgkin's disease and the potential for service qualification.)

17. Lichen Planus

18. Neurofibromatosis (Von Recklinghausen's disease).

19. Nevi or vascular tumors, if extensive, interfere with function, or exposed to constant irritation.

20. Pemphigus or Pemphigoid.

21. Photosensitivity. Any primary sun-sensitive condition, such as polymorphous light eruption or solar urticaria; any dermatosis aggravated by sunlight such as lupus erythematosus.

22. Psoriasis or a verified history thereof.

23. Radiodermatitis.

24. Scars that are so extensive, deep, or adherent that they may interfere with the wearing of military clothing or equipment, exhibit a tendency to ulcerate, or interfere with function. Includes scars at skin graft donor or recipient sites if in an area susceptible to trauma.

25. Scleroderma (see paragraph JJ.7., below.)

26. Tattoos that will significantly limit effective performance of military service.

27. Urticaria. Chronic.

28. Warts, plantar, that have materially interfered with a useful vocation in civilian life.

29. Xanthoma, if disabling or accompanied by hyperlipemia.

30. Any other chronic skin disorder of a degree or nature that requires frequent outpatient treatment or hospitalization, or interferes with the satisfactory performance of duty.

HH. SPINE AND SACROILIAC JOINTS. (See also section I., above.)

The causes for rejection for appointment, enlistment, and induction are:

1. Arthritis. (See subsection I.1., above.)

2. Complaint of a disease or injury of the spine or sacroiliac joints with or without objective signs that has prevented the individual from successfully following a physically active vocation in civilian life. Substantiation or documentation of the complaint without objective physical findings is required.

3. Deviation or curvature of spine from normal alignment, structure, or function if:

a. It prevents the individual from following a physically active vocation in civilian life.

b. It interferes with the wearing of a uniform or military equipment.

c. It is symptomatic and associated with positive physical finding(s) and demonstrable by x-ray.

d. There is lumbar scoliosis greater than 20 degrees, thoracic scoliosis greater than 30 degrees and kyphosis or lordosis greater than 55 degrees when measured by the Cobb Method.

4. Diseases of the lumbosacral or sacroiliac joints of a chronic type associated with pain referred to the lower extremities, muscular spasm, postural deformities, or limitation of motion in the lumbar region of the spine.

5. Fusion involving more than two vertebrae. Any surgical fusion is disqualifying.

6. Granulomatous diseases either active or healed.

7. Healed Fractures or Dislocations of the Vertebrae. A compression fracture involving less than 25 percent of a single vertebra is not disqualifying if the injury occurred more than 1 year before examination and the applicant is asymptomatic. A history of fractures of the transverse or spinous processes is not disqualifying if the applicant is asymptomatic.

8. Juvenile Epiphysitis with any degree of residual change indicated by x-ray or kyphosis.

9. Ruptured Nucleus Pulposus (herniation of intervertebral disk) or history of operation for this condition.

10. Spina Bifida when symptomatic, or there is more than one vertebra involved, dimpling of the overlying skin, or a history of surgical repair.

11. Spondylolysis that is symptomatic or likely to interfere with performance of duty or limit assignments is disqualifying, even if successfully fused.

12. Weak or painful back requiring external support; that is, corset or brace. Recurrent sprains or strains requiring limitation of physical activity or frequent treatment.

13. Spondylolisthesis.

II. SCAPULAE, CLAVICLES, AND RIBS. (See section I., above.)

The causes for rejection for appointment, enlistment, and induction are:

1. Fractures, until well-healed, and until determined that the residuals thereof will not prevent the satisfactory performance of military duty.

2. Injury within the preceding 6 weeks, without fracture or dislocation, of more than a minor nature.

3. Osteomyelitis.

4. Prominent scapulae interfering with function or with the wearing of a uniform or military equipment.

JJ. SYSTEMIC DISEASES

The causes for rejection for appointment, enlistment, and induction are:

1. Amyloidosis.

2. Ankylosing Spondylitis.

3. Eosinophilic Granuloma. Eosinophilic granuloma, when occurring as a single localized bony lesion and not associated with soft tissue or other involvement, should not be a cause for rejection once healing has occurred. All other forms of the Histiocytosis X spectrum should be rejected, however.

4. Lupus Erythematosus.

5. Mixed Connective Tissue Disease.

6. Polymyositis/Dermatomyositis Complex.

7. Progressive Systemic Sclerosis, Including CREST Variant. A single plaque of localized scleroderma (morphea) that has been stable for at least 2 years is not disqualifying.

8. Psoriatic Arthritis.

9. Reiter's Disease.

10. Rheumatoid Arthritis.

11. Rhabdomyolysis, or history thereof.

12. Sarcoidosis, unless there is substantiated evidence of a complete spontaneous remission of at least 2 years duration.

13. Sjogren's Syndrome.

14. Tuberculosis.

a. Active tuberculosis in any form or location, or substantiated history of active tuberculosis within the previous 2 years.

b. Substantiated history of one or more reactivations or relapses of tuberculosis in any form or location or other definite evidence of poor host resistance to the tubercle bacillus.

c. Residual physical or mental defects from past tuberculosis that would prevent the satisfactory performance of duty.

d. Individuals with a past history of active tuberculosis MORE than 2 years before enlistment, induction, and appointment are NOT DISQUALIFIED provided they have received a complete course of standard chemotherapy for tuberculosis. In addition, individuals with a tuberculin reaction 10mm or greater and without evidence of residual disease in pulmonary or non-pulmonary sites are eligible for enlistment, induction, and appointment provided they have or will be treated with chemoprophylaxis in accordance with the guidelines of the American Thoracic Society and U.S. Public Health Service.

15. Vasculitis (Bechet's, Wegener's granulomatosis, polyarteritis nodosa).

KK. GENERAL AND MISCELLANEOUS CONDITIONS AND DEFECTS

The causes for rejection for appointment, enlistment, and induction are:

1. Allergic Manifestations. A reliable history of life-threatening generalize reaction with anaphylaxis to stinging insects. Reliable history of a moderate to severe reaction to common foods, spices or food additives.

2. Any acute pathological condition, including acute communicable diseases, until recovery has occurred without sequelae.

3. Any deformity, abnormality, defect, or disease that impairs general functional ability to such an extent as to prevent satisfactory performance of military duty.

4. Chronic metallic poisoning, especially beryllium, manganese, and mercury. Undesirable residuals from lead, arsenic, or silver poisoning make the applicant unacceptable.

5. Cold injury, residuals of, such as frostbite, chilblain, immersion foot, trench foot, deep-seated ache, paresthesia, hyperhidrosis, easily traumatized skin, cyanosis, amputation of any digit, or ankylosis.

6. Cold urticaria and angioedema, hereditary angioedema.

7. Filariasis: Trypanosomiasis, Amebiasis, Schistosomiasis, Uncinariasis (hookworm) associated with anemia, malnutrition, etc., or other similar worm or animal parasitic infestations, including the carrier states thereof, if more than mild.

8. Heat Pyrexia (heatstroke, sunstroke, etc.). Documented evidence of a predisposition (including disorders of sweat mechanism and a previous serious episode), recurrent episodes requiring medical attention, or residual injury resulting therefrom (especially cardiac, cerebral, hepatic, and renal).

9. Industrial solvent and other chemical intoxication, chronic, including carbon disulfide, trichloroethylene, carbon tetrachloride, and methyl cellosolve.

10. Malignant Hyperthermia.

11. Motion Sickness. An authenticated history of frequent, incapacitating motion sickness after the 12th birthday is disqualifying. For entrance into military academies or ROTC scholarship programs, admission of frequent, incapacitating motion sickness will suffice for disqualification.

12. Mycotic infection of internal organs.

13. Myositis or Fibrositis, severe, chronic.

14. Organ transplant recipient.

15. Presence of HIV-I or Antibody. Presence is confirmed by repeatedly reactive Enzyme-Linked Immunoassay serological test and positive immunoelectrophoresis (Western Blot) test, or other Food and Drug Administration-approved confirmatory test.

16. Reactive tests for syphilis such as the RPR or VDRL followed by a reactive, confirmatory Fluorescent Treponemal Antibody Absorption (FTA-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 FTA-ABS test is not disqualifying if a cause for the false positive reaction can be identified and is not otherwise disqualifying or if the test reverts to a non-reactive status during an appropriate followup period (3 to 6 months).

17. Residual of tropical fevers and various parasitic or protozoal infestations that, in the opinion of the medical examiner, prevent the satisfactory performance of military duty.

18. Rheumatic Fever during the previous 2 years, or any history of recurrent attacks; Sydenham's chorea at any age.

19. Sleep apnea (obstructive sleep apnea or sleep disordered breathing) which causes daytime hypersomnolence or snoring that interferes with the sleep of others.

LL. TUMORS AND MALIGNANT DISEASES

The causes for rejection for appointment, enlistment, and induction are:

1. Benign Tumors

a. Benign tumors of the head or face that interfere with function or prevent the wearing of face or protective masks or a helmet.

b. Benign tumors of the eyes, ears, or upper airway that interfere with function.

c. Benign tumors of the thyroid or other neck structures such as to interfere with function or the wearing of a uniform or military equipment.

d. Benign tumors of the breast (male or female), chest, or abdominal wall that would interfere with military duty.

e. Benign tumors of the respiratory, gastrointestinal, genitourinary, or musculoskeletal systems that interfere with function or the wearing of a uniform or military equipment.

f. Benign tumors of the musculoskeletal system likely to continue to enlarge, be subjected to trauma during military service, or show malignant potential.

g. Benign tumors of the skin that interfere with function, have malignant potential, or interfere with military duty or the wearing of the uniform or military equipment.

h. Benign tumors of the central nervous system, or history of if likely to recur.

i. Benign tumors of the peripheral nerves that interfere with function, have malignant potential, or interfere with military duty or the wearing of the uniform or military equipment.

2. Malignant tumors diagnosed by accepted laboratory procedures, and even though surgically removed or otherwise treated, with exceptions as noted. (Individuals who have a history of childhood cancer and who have not received any surgical or medical cancer therapy for 5 years and are free of cancer will be considered, on a case by case basis, for acceptance into the Armed Forces. Applicants must provide complete information about the history and present status of their cancer.)

a. Malignant tumors of the auditory canal, eye, or orbit (see section J., above) or upper airway.

b. Malignant tumors of the breast (male or female).

c. Malignant tumors of the lower airway or lung.

d. Malignant tumors of the heart.

e. Malignant tumors of the gastrointestinal tract, liver, bile ducts, or pancreas.

f. Malignant tumors of the genitourinary system, male or female. Wilm's tumor and germ cell tumors of the testis treated surgically and/or with chemotherapy in childhood, after a 2-year disease-free interval off all treatment may be considered on a case by case basis for service.

g. Malignant tumors of the musculoskeletal system.

h. Malignant tumors of the central nervous system and its membranous coverings, unless 5 years postoperative, off treatment, without recurrence, and without otherwise disqualifying residuals of surgery or the original lesion.

i. Malignant tumors of the endocrine glands.

j. Malignant melanoma or history thereof. Other skin tumors such as basal cell and squamous cell carcinomas surgically removed are not disqualifying.

k. Malignant Tumors of the Hematopoietic System

(1) Lymphomatous Diseases

(a) Non-Hodgkin's Lymphoma (all types).

(b) Hodgkin's disease, Active or Recurrent. Hodgkin's disease treated with radiation therapy and/or chemotherapy and disease-free off treatment for 5 years may be considered for service. Large cell lymphoma will likewise be considered on a case-by-case basis after a 2-year disease-free interval off all therapy.

(2) Leukemias. All types, except acute lymphoblastic leukemia treated in childhood without evidence of recurrence.

(3) Multiple Myeloma.

MM. SEXUALLY TRANSMITTED DISEASES

In general, the finding of acute, uncomplicated venereal disease that can be expected to respond to treatment is not a cause for medical rejection for military service. The causes for rejection for appointment, enlistment, and induction are:

1. Chronic sexually transmitted disease that has not satisfactorily responded to treatment. The finding of a positive serologic test for syphilis following adequate treatment is not in itself considered evidence of chronic venereal disease. (See section KK., above.)

2. Complications and permanent residuals of sexually transmitted disease when they are progressive, or of such a nature as to interfere with the satisfactory performance of duty, or are subject to aggravation by military service.

3. Neurosyphilis. (See section Z., above.)