

Summary of Changes

USMEPCOM Regulation 40-1
Medical Services
Medical Processing and Examination

This priority revision, **October 1, 2009**, specifically:

- Adds USMEPCOM Form 40-1-15-E (Supplemental Health Screening Questionnaire) as part of the applicant medical briefing (pars. 6-3b and c).
- Updates figure 6-1 to include USMEPCOM Form 40-1-15-E.
- Adds USMEPCOM Form 40-1-15-E to appendix A, section IV.

DEPARTMENT OF DEFENSE
HEADQUARTERS, UNITED STATES MILITARY ENTRANCE PROCESSING COMMAND
2834 GREEN BAY ROAD, NORTH CHICAGO, ILLINOIS 60064-3094

USMEPCOM Regulation
No. 40-1

October 1, 2009

Effective: October 1, 2009

**Medical Services
Medical Processing and Examinations**

FOR THE COMMANDER:

OFFICIAL:

D. R. O'Brien
Deputy Commander/Chief of Staff


M. J. Tefferton
Director, J-1/Human Resources

DISTRIBUTION:
A (Electronic distribution only)

Summary. This regulation encompasses current policy and regulatory guidance for administration of the Military Entrance Processing Stations (MEPS) Medical Program. This regulation is a major revision and delineates United States Military Entrance Processing Command (USMEPCOM) and MEPS responsibilities for the MEPS Medical Program including conducting applicant physicals and requirements for supporting the program.

Applicability. This regulation applies to all elements of USMEPCOM.

Supplementation. Supplementation of this regulation and establishment of forms other than USMEPCOM forms are prohibited without prior approval from HQ USMEPCOM, ATTN: J-7/MMD, 2834 Green Bay Road, North Chicago, IL 60064-3094.

Suggested improvements. The proponent agency of this regulation is HQ USMEPCOM (J-7/MMD). Users may send comments and suggested improvements on Department of the Army (DA) Form 2028 (Recommended Changes to Publications and Blank Forms), or by memorandum, to Commander, USMEPCOM, ATTN: J-7/MMD, 2834 Green Bay Road, North Chicago, IL 60064-3094.

Management control process. This regulation is subject to the requirements of Army Regulation (AR) 11-2 (Management Control) and contains management control provisions and identifies key management controls that must be evaluated. A management control checklist is in appendix B.

*This regulation supersedes USMEPCOM Regulation 40-1, March 30, 2009.

Contents

	Paragraph	Page
Chapter 1		
General		
Purpose	1-1	1-1
References	1-2	1-1
Abbreviations and terms	1-3	1-1
Responsibilities	1-4	1-1
Hiring Chief Medical Officers (CMO) and assistant CMOs	1-5	1-5
Training	1-6	1-6
Fee Basis Provider (FBP) projections, payment, and duties	1-7	1-8
Use of Reserve component and National Guard practitioners	1-8	1-14
Consultants - use and payment	1-9	1-14
Command Surgeon mailing address, telephone numbers, and e-mail	1-10	1-15
Chapter 2		
Administrative Policies		
Written medical determinations	2-1	2-1
Handling of uncooperative or disruptive applicants	2-2	2-1
Completion of applicant medical processing	2-3	2-1
Review of applicant DD Form 2807-2 (Medical Prescreen of Medical History Report)	2-4	2-2
Dial-A-Medic Program	2-5	2-3
Use of non-medical personnel	2-6	2-3
Presence of individuals of opposite gender during medical examinations	2-7	2-3
Applicant injuries, acute illnesses, and deaths	2-8	2-4
Existed prior to service	2-9	2-5
Applicant Information Requests	2-10	2-6
Chapter 3		
Credentialing of Providers		
USMEPCOM Credentials Committee	3-1	3-1
MEPS Commander responsibilities	3-2	3-1
CMO responsibilities	3-3	3-2
Medical Noncommissioned Officer in Charge (NCOIC)/ Supervisory Health Technician (SUP HT) responsibilities	3-4	3-2
Types of privileges	3-5	3-2
Granting training privileges	3-6	3-4
Granting initial privileges	3-7	3-5
Documents required for in-house consultants	3-8	3-11
Documents required for providers who are current members of the National Guard or Reserves	3-9	3-11
Renewing privileges	3-10	3-12
Modification of privileges	3-11	3-16
Fee Basis Provider (FBP) performance issues	3-12	3-17
Restriction of privileges	3-13	3-18
Pre-hire requirements of FBPs	3-14	3-18
Filling CMO vacancies and traveling FBPs	3-15	3-18
Malpractice liability	3-16	3-18

Chapter 4**Medical Equipment and Supplies**

Responsibilities	4-1	4-1
Audiometric equipment calibration and maintenance	4-2	4-1
Welch Allyn Ear Wash System (WEWS)	4-3	4-2
Stereoscope Vision Testing (OPTEC 2300)	4-4	4-2
Lighting for pseudoisochromatic plate (PIP) color vision test	4-5	4-2
Automatic refractor	4-6	4-2
Lantern Color Perception Test OPTEC 900	4-7	4-2
Height, weight, and body fat measuring equipment	4-8	4-2
Exposed x-ray film and/or Digital Radiograph CD-Rom	4-9	4-3
Pregnancy determination test kits	4-10	4-3
Proteinuria/glucosuria qualitative test	4-11	4-3
Undergarments and piercing	4-12	4-4
Medical library	4-13	4-4

Chapter 5**General Examination Policy and Standards**

General	5-1	5-1
Military entrance medical examinations	5-2	5-3
Medical documentation from outside sources	5-3	5-4
Report of outside medical examination/treatment	5-4	5-4
Questionable medical fitness cases	5-5	5-4
Disqualified applicant notification	5-6	5-4
Service waiver authorities	5-7	5-5
Overweight applicants	5-8	5-8
Underweight applicants	5-9	5-8
Height waivers	5-10	5-8
Discontinuation of examination prior to completion	5-11	5-9
Specialty consultations	5-12	5-9
Earwax (cerumen) removal	5-13	5-10
Special category processor	5-14	5-10
Prior-service applicants with or without previous medical discharge and/or current medical disability	5-15	5-11
Invasive and other special procedures	5-16	5-12
Orthopedic/neurologic screening examination	5-17	5-12
Dental screening	5-18	5-18
Temporary disability retired list examinations	5-19	5-18
Special programs	5-20	5-19
Instructions for color vision testing	5-21	5-20
Instructions for OPTEC 2300	5-22	5-21
Distant vision	5-23	5-22
Visual acuity standards	5-24	5-24
Near vision	5-25	5-24
Audiometer	5-26	5-24
Manual hearing profiling and disqualifying hearing profiles	5-27	5-25
Hearing standards	5-28	5-25
Medical waivers – general guidance	5-29	5-25

Chapter 6**Medical Processing**

General	6-1	6-1
Medical check-in	6-2	6-1
Medical briefing	6-3	6-1
Practitioner's summary	6-4	6-2
Disposition of DD Form 2807-1 and DD Form 2808	6-5	6-2
Medical briefing	6-6	6-3
Medical record assembly	6-7	6-3

Chapter 7**DD Form 2808 (Report of Medical Examination)**

General	7-1	7-1
Scope and recording	7-2	7-1
Recording examination results on DD Form 2808	7-3	7-1
Correcting entries	7-4	7-2
Phase processing (optional)	7-5	7-2
Orthopedic/neurologic screening examination	7-6	7-3
Sequence of examination	7-7	7-3
Recording the medical examination on DD Form 2808	7-8	7-4
Physical inspection	7-9	7-13
Scope of a medical inspection	7-10	7-14

Appendixes

- A. References
- B. Management Controls Evaluation Checklist – MEPS Medical Section
- C. Positive Urine Protein Result and Positive Urine Glucose Result Flowcharts

Glossary

Chapter 1 General

1-1. Purpose

The purpose of this regulation is to establish policies and procedural guidance for conducting military entrance processing station (MEPS) medical examinations.

1-2. References

References are listed in appendix A.

1-3. Abbreviations and terms

Abbreviations and terms used in this regulation are explained in the glossary.

1-4. Responsibilities

a. USMEPCOM Command Surgeon, will:

- (1) Establish policy for medical programs in USMEPCOM.
- (2) Chair the medical practitioner credentialing committee that serves USMEPCOM practitioners.

b. USMEPCOM Deputy Command Surgeon, will:

- (1) Ensure policies set forth in this regulation are complied with at the MEPS.
- (2) Manage policy concerning the conduct of the accession medical examination.
- (3) Develop the curriculum for the annual medical training conference.
- (4) Provide supervision of the Current Operations Division (J-7/MMD-CO) which includes the Field Support Branches (J-7/MMD-CO-FS-E and J-7/MMD-CO-FS-W) and Quality and Standards Branch (J-7/MMD-CO-QSB).

c. Field Support Branch (FSB) Chiefs will:

- (1) Ensure the MEPS comply with the policies and guidance set forth in this regulation.
- (2) Be responsible for operational aspects of the medical program including provider credentialing, provider certification, and MEPS adherence to Department of Defense (DoD) medical standards and USMEPCOM policies and guidelines.
- (3) Provide supervision of the Medical Management Analysts (MMAs).

d. FSB MMAs will:

- (1) Be responsible for the operational control of the MEPS medical processing program.
- (2) Provide staff assistance visits and individual training visits to MEPS.

(3) Ensure completion of USMEPCOM J-3/Operations Directorate/Operations Center (J-3/MOP-CO-MOC) tickets.

(4) Review and recommend updates to USMEPCOM regulations and policies.

(5) Conduct trend analysis on MEPS medical processes.

e. J-7/MMD-CO-QSB Chief will:

(1) Manage the USMEPCOM Drug and Alcohol and Human Immunodeficiency Virus (HIV) Programs in accordance with (IAW) USMEPCOM Regulation 40-8 (Department of Defense (DoD) Drug and Alcohol Testing (DAT) Program and Human Immunodeficiency Virus (HIV) Testing Program.

(2) Manage the medical aspects of USMEPCOM special programs including Assessment of Recruit Motivation and Strength (ARMS) and Existed Prior to Service (EPTS).

(3) Coordinate with the J-7/MMD Future Operations Branch on the medical aspects of future initiatives including requirements definition and studies.

(4) Provide supervision of J-7/MMD-CO-QSB.

f. Deputy, J-7 and Future Operations and Administration Division ((J-7/MMD-FA) Chief will:

(1) Ensure the MEPS comply with the policies and guidance set forth in this regulation concerning technical requirements, credentialing policy and the administrative management of the Fee Basis Provider (FBP) contract.

(2) Manage the technical aspects of USMEPCOM special programs.

(3) Ensure technical support of the medical accession mission of the MEPS by managing future information technology/informatics requirements/acceptability and assessment and continuous improvement programs and studies.

(4) Provide supervision of J-7/MMD-FA which includes the Future Operations and Administration Branches (J-7/MMD-FA-FB and J-7/MMD-FA-AD).

g. J-7/MMD-FA-FB Chief will:

(1) Ensure the MEPS comply with the technical policies and guidance set forth in this regulation.

(2) Coordinate United States Military Entrance Processing Command Integrated Resource System (USMIRS) medical changes and manage user acceptance of these changes.

(3) Coordinate with the J-7/MMD-CO on technical aspects of future initiatives including requirements definition and studies.

(4) Manage Command-wide medical assessment and continuous improvement projects for the Command Surgeon.

- (5) Provide supervision of J-7/MMD-FA-FB.

h. J-7/MMD-FA-AD Chief will:

- (1) Ensure the MEPS comply with the policies and guidance set forth in this regulation concerning credentialing and management of the FBP contract.

- (2) Serve as the contracting officer representative (COR) for the FBP contract.

- (3) In conjunction with J-7/MMD-FA-AD, Credentials Coordinator, recommends credentials policy changes to the Command Surgeon.

- (4) In conjunction with J-7/MMD-FA-AD, FBP Coordinator, administer the computer system for day-to-day management of the FBP contract.

- (5) Provide administration support for the annual medical training conference.

- (6) Provide supervision of J-7/MMD-FA-AD.

i. MEPS commanders will:

- (1) Ensure MEPS personnel comply with this regulation.

- (2) Hire the chief medical officer (CMO) and assistant CMO (ACMO) through the local servicing civilian personnel activity with concurrence from the appropriate FSB chief.

- (3) Ensure FBP training and administrative requirements are met before allowing a FBP to conduct accession physical examinations.

- (4) Ensure credentialing requirements are met for the CMO, ACMO, and in-house consultants for their MEPS.

- (5) Ensure only credentialed FBPs work in the MEPS.

- (6) Serve as the primary government point of contact at the MEPS for ensuring compliance with the FBP contract Quality Assurance Surveillance Plan (QASP) as directed by J-7/MMD.

j. MEPS operations officers (OPSOs) will:

- (1) Manage the implementation of the policies of this regulation.

- (2) Keep the commander abreast of applicant flow and current processing concerns.

- (3) Ensure MEPS medical personnel training requirements are met.

k. MEPS CMOs will:

- (1) Be the principal MEPS medical staff officer and authority in medical decisions.

(2) Be designated as the profiling officer—privileged to perform physical examinations, evaluations, and profiling of applicants for fitness to enter military service.

(3) Ensure credentialed providers are fully trained in conducting all aspects of MEPS medical examinations.

(4) Ensure the most cost effective consultations are being used by their MEPS.

(5) Ensure projected applicant's medical documents are appropriately examined and distributed prior to leaving the medical floor.

(6) Prepare and conduct quarterly training and inspection of the entire medical section.

(7) Ensure Occupational Safety and Health Administration (OSHA) requirements are met for all medical personnel.

(8) Respond to Dial-A-Medic questions within 1 working day.

(9) Serve as the alternate government point of contact at the MEPS for ensuring compliance with the FBP contract QASP as directed by J-7/MMD.

1. MEPS Medical Non-Commissioned Officers in Charge (NCOICs)/Supervisory Health Technicians (SUP HTs) will:

(1) Supervise all medical technicians to ensure the quality of exams.

(2) Ensure each medical station is properly staffed for an efficient applicant flow through the medical examination process.

(3) Supervise scheduling, production and collection of pay sheets for approved specialty consultations, procedures (ear wash) and studies (lab, x-ray, pulmonary functions tests, etc).

(4) Ensure all phases of the examination have been completed, quality control of medical records, results recorded, entries legible and complete, and current policies followed before applicants leave the medical department to their service liaison.

(5) Schedule and conduct on-the-job training and cross training.

(6) Ensure technicians are thoroughly familiar with all phases of the medical examination.

(7) Ensure medical equipment is maintained and repairs are timely.

(8) Check medical equipment daily for proper functioning and calibration.

(9) Ensure compliance with preventive maintenance procedures.

(10) Ensure cleanliness and supervise policing of the MEPS medical examining area.

(11) Coordinate with the MEPS operations section and service liaisons on medical matters.

- (12) Ensure disruptive applicants are counseled in a timely and accurate manner.
- (13) Ensure medical documents are read within the established time standards.
- (14) Aid the commander and the CMO in the credentialing process of all practitioners.
- (15) Ensure quality review process (QRP) of projected applicants' medical records is accomplished prior to the next duty day.
- (16) Ensure weekly sectional and quarterly training (CMO-directed) is accomplished.
- (17) Ensure OSHA requirements are met for all medical personnel.
- (18) Ensure FBP contractual requirements are met as directed by J-7/MMD.
- (19) Establish verification and validation procedures for invoice reconciliation and fill rate data in the FBP software applications to ensure data accuracy.
- (20) Complete all required taskings within the established time period.

m. MEPS medical technicians will:

- (1) Perform quality examinations and inspections to applicants according to established guidance in this regulation.
- (2) Perform quality checks accurately and daily.
- (3) Perform accurate and daily USMIRS and FBP application entries.
- (4) Complete the technician portion of the USMIRS and medical training tools within 30 working days after arrival.
- (5) Ensure that documents and DD Form 2807-2 are completed accurately and timely and are tracked accordingly.

n. FBP responsibilities. FBPs will conduct medical examinations at the MEPS according to this regulation and the individual Service directives.

1-5. Hiring CMOs and assistant CMOs

a. The MEPS commander hires the CMO and assistant CMO through the local servicing civilian personnel activity according to standards established in AR 40-68 (Clinical Quality Management) paragraph 4-6 and appendix B. The FSB or other designated member of the USMEPCOM medical staff must interview the candidates before recommending any candidate to the commander for hiring. The interview and recommendation will cover the candidate's professional qualifications.

b. The candidate for CMO or assistant CMO must meet the provisions established in chapter 3, before being considered for hire and before working at a MEPS. Before a MEPS commander

commits to selecting a candidate, verification of approved credentialing and MEPS privileges must be received from J-7/MMD.

c. The MEPS will notify the FSB of existing or anticipated CMO/assistant CMO vacancies. FSB will keep the Command Surgeon aware of actions.

1-6. Training

a. **Quarterly review and training program.** The CMO will conduct a quarterly review and training for all MEPS government medical personnel assigned.

(1) The CMO will submit a written report on the quarterly review of medical processing to the MEPS commander for review and signature within 10 working days after completing the review. The report will include specific examination and physical inspection results including discrepancies and the corrective actions taken. Both male and female examinations will be observed and addressed in the report. File the report IAW guidance prescribed in AR 40-66 (Medical Record Administration and Healthcare Documentation) see chapter 3, table 3-1. The file will be available for review during inspections and staff assistance visits.

(2) The medical NCOIC/SUP HT will review the CMO's findings and conduct training in the deficient areas within one week of the completion of the Quarterly Review. Training rosters will be filed in individual training files.

b. **FBP quarterly training.** FBP training will be accomplished during any fiscal year by:

(1) J-7/MMD directing the method and subject of quarterly training for one quarter. This training will be announced each year at the annual medical training conference.

(2) The MEPS directing which of two options will be used during one quarter where FBP contract training dollars are used to pay FBPs for attending training.

(a) Option 1 (Group Training). With the approval of the MEPS Commander, up to four hours of a *USMEPCOM Training Day* can be blocked for medical training where the FBPs can be invited (requested to attend but not compelled to attend) to participate at the MEPS for group training/formal presentations. If this option is used, a training plan must be written and approved by the MEPS Commander which documents specific training that will be accomplished so the hours are efficiently used. This time will not be used for "team building" type activities, it must be used for specific medical training. This option assumes MEPS will only schedule training to last as long as necessary – if only 2.5 hours are needed, schedule the FBPs for 2.5 hours. If an FBP cannot attend a training session, there is no make-up option; important information will need to be passed to providers through readable products/on normal processing days. Follow J-7/MMD guidance for requesting providers participate in training and for documenting work hours for payment of providers.

(b) Option 2 (Individual Training). The intent of this option is to allow MEPS who have been training "on-the-job" in the past, to continue this practice for one quarter each fiscal year. On regular processing days, where FBPs are scheduled to work conducting physicals, the CMO can train individual FBPs and have an additional FBP work up to four hours that day to conduct physical examinations instead of the CMO. Follow J-7/MMD guidance for requesting the additional FBP. If training is missed there are no make-up options. To provide individual training, this will take multiple days during the quarter to accomplish, but the number of

additional FBP requested should not exceed the number of FBPs in the MEPS FBP pool. MEPS must use this option in a cost efficient manner; for example, if there are two FBPs only needing two hours of training, have the additional FBP work four hours, spend the first two hours with one provider and the other two hours with the other provider.

(3) The CMO preparing and conducting training during two quarters within the normal processing day and without using additional FBP contract dollars. CMOs will determine how to conduct this training. Examples include providing the FBPs a one page summary on a specific topic for reading during the normal processing day, reviewing medical section equipment during the normal processing day, and the CMO highlighting something specific to their MEPS by demonstrating a procedure during a physical.

c. Crosswalk training

A new CMO may be approved to “crosswalk” to another MEPS with an experienced CMO for up to 5 days to observe and/or participate in medical processing. The sector commander, upon the advice of the FSB, will select the MEPS to be visited. The medical NCOIC/SUP HT is also eligible for crosswalk.

d. Certification visit

A new CMO receives a certification visit by the appropriate FSB. If the CMO requires additional training after the certification visit, a J-7/MMD physician will prescribe training. Final certification, when additional training is required, should take place within 90-days of training completion. If certification is not achieved, the CMO may be subject to separation according to appropriate civilian personnel procedures. The new CMO may not profile any applicant until credentialed and certified by USMEPCOM.

e. Annual Medical Training Conference

The Annual Medical Training Conference is conducted by the Command Surgeon’s office. Attendance is mandatory for CMOs at MEPS without ACMOs. For MEPS with ACMOs, attendance is mandatory for one physician (either CMO or one ACMO) and optional for the other physician(s) depending on the ability of the MEPS to have medical coverage in the MEPS during the training conference. Attendance is also mandatory for the medical NCOIC/SUP HT from each MEPS. Attendance by other than the aforementioned individuals is subject to approval by the Command Surgeon.

f. Continuing medical education courses for CMOs and ACMOs.

For CMOs and ACMOs, prior approval by J-7/MMD is required to attend one annual, professional medical training course only within the continental United States. Continuing medical education (CME) courses outside the continental United States will be considered on a case-by-case basis by J-7/MMD. All requests for CME must be submitted in writing to the appropriate Field Support Branch in J-7/MMD-CO. The MEPS must consider the most cost efficient training course location for courses offered in multiple locations and provide training/TDY cost information with a request. USMEPCOM will approve the training depending on funds availability. Upon completion of CME course, the MEPS will provide a copy of the CME certificate showing the number of credits earned and a course evaluation write-up using USMEPCOM Form 40-1-14-R-E (Continuing Education Evaluation) to the FSB for inclusion in the practitioner’s credentialing file. File the CME certificate IAW guidance prescribed in AR 40-68, see appendix E. Information pertaining to military personnel, upon separation or retirement, forward to custodian of the military personnel records jacket for inclusion IAW AR 600-8-104 (Military Personnel Information Management/Records).

g. FBP initial training.

New FBPs will undergo a training period of up to 5 days under the supervision of the CMO. The period of instruction is determined by the CMO. The FBP cannot work at the MEPS until their credentials are approved by the credentialing committee and the MEPS has received official notification from the J-7/MMD COR that a personal services contract has been signed.

h. OSHA

(1) The CMO will conduct annual training with the FBPs on OSHA Standard 1910.1030 and USMEPCOM Regulation 40-9 (Bloodborne Pathogen Program), ch. 6, par. 1a – d(1-10) within 10 working days of employment at the MEPS. Medical NCOICs/SUP HTs will document training by memorandum for record and file training documents IAW guidance prescribed in USMEPCOM 40-9, ch. 6, par. 2.

(2) The medical NCOIC/ SUP HT will conduct annual OSHA Standard 1910.1030 and USMEPCOM Regulation 40-9, ch. 6, par. 6-1a – d(1-10), training and within 10 working days of a newly hired (arriving) medical staff. The medical NCOIC/SUP HT will document training by memorandum for record and file training documents IAW guidance prescribed in USMEPCOM Regulation 40-9, ch.6, par. 2.

1-7. FBP projections, payment, and duties

a. **Projections.** The MEPS CMO accomplishes daily medical examination requirements to the maximum extent feasible. FBPs may be requested as required and authorized by the FBP Application. MEPS will update the FBP Application to indicate if the CMO and any ACMOs are available (contributing to the workload) to process applicants for each processing day. The FBP Application calculates projected FBPs based on projected workload, CMO/ACMO availability, six walk-ins, and a percentage of workload for record and consult reads to arrive at the number of FBPs authorized. The FBP Application must be used to request approval from J-7/MMD for any additional FBP requirements such as using service over-projection percentages. MEPS must request an additional FBP requirement for providers doing their initial training and in the request justification area state who the provider is and that the provider is being requested as an additional FBP due to initial training. The computation formula for projecting daily requirements for MEPS CMO, ACMO, Fee Basis CMO (FB-CMO), and FBP requirements is in fig. 1-1.

	Projected Work	Weighting Factor	Total Points	Total Points	Practitioners Authorized
A. Male exams, age 39 or less		x 1.0 =		0-20 =	1 (CMO/ACMO/ FB-CMO)
B. Male exams, age 40 or over		x 2.0 =		21-45 =	2
C. Male inspections		x 0.1 =		46-70 =	3
D. Female exams, age 39 or less		x 2.0 =		71-95 =	4
E. Female exams, age 40 or over		x 3.0 =		96-120 =	5
F. Female inspections		x 0.2 =		121-145 =	6
G. Records review/consults (each)		x 0.3 =		146-170 =	7
H. Total weighted exams			XXXX		
Notes: MEPS with an assistant CMO will consider one FBP position met. A FBP undergoing initial training will not be considered as a provider present for duty (indicate "Initial Training" on the Provider Work Record Sheet). FBPs doing initial training must have their work hours entered into the FBP Application.					

Figure 1-1. Computation Formula for MEPS FBP Requirements

Note: The FBP Application determines the next processing day by accessing USMIRS for MEPS open/closed schedule information. The MEPS must accurately maintain when they are open and closed in USMIRS in order for the FBP Application to project for the correct “next” processing day.

b. Daily FBP Requests

(1) For each day a MEPS is open and processing applicants, the MEPS must complete a Daily FBP Schedule Request. The MEPS should manually adjust the number of FBPs requested down based on the MEPS no-show rates when finalizing a daily request for FBPs. The daily FBP request is the government order for services under the FBP contract and each MEPS must e-mail the request by 1400 local time to J-7/MMD (e-mail address [HQ-J7-MMD-FBP-Coordinator](#)) and the designated contractor, or as directed by J-7/MMD. An e-mail must be sent even for days when the requirement is for zero FBPs. The subject line of the e-mail must contain the MEPS name (i.e., Albany MEPS), FBP Schedule Request, and the date the FBPs are needed (i.e., January 31, 2009). This format must be followed to facilitate e-mail searches for particular MEPS for a particular day. The request should include the start times each FBP should begin work. Name requests should only be made in cases where a particular FBP is needed for training or requires an evaluation and coordination occurred to have the CMO available for the training and/or evaluation.

(2) If a Daily FBP Schedule Request has been submitted to the contractor and the medical section becomes aware of a FBP requirement change, the MEPS must e-mail another request to [HQ-J7-MMD-FBP-Coordinator](#) and the contractor and then call the contractor scheduler to verify they received the change (if after hours, use the scheduler’s cell phone number). If the change happens on the morning of the processing day, the MEPS must immediately call their FBP scheduler and the FBP COR to notify the scheduler of the issue and then send an e-mail to the contractor and [HQ-J7-MMD-FBP-Coordinator](#).

(3) After duty hours, if the MEPS is notified of an issue with a provider, call the FBP scheduler on their cell phone. For example, a provider’s family calls on a Saturday stating the FBP has a medical emergency and can’t work the following week. The MEPS would then call their FBP scheduler to notify the scheduler of the issue.

(4) Depending on the issue, the MEPS must also call the FBP COR in J-7/MMD for information purposes or to intervene on behalf of the MEPS to resolve an issue. For example: the MEPS only requested a FB-CMO and on the processing day, no provider arrives therefore, no government or contract providers will be at the MEPS.

(5) The MEPS must document the impact to the medical mission, by submitting an e-mail to the FBP COR ([HQ-J7-MMD-FBP-COR](#)), when the number of providers who report for work is less than the number of providers requested/authorized. Examples of impact include MEPS government personnel working longer/overtime required in order to process applicants; Marine applicants not shipping until the next week; Services asked to move applicants to another processing day, “Service slice” being implemented; no applicants can be given physicals or inspections that day. The e-mail must be sent within one working day after the processing day in question for all situations except when there are no providers, in this situation contact the FBP COR immediately.

c. FBP Provider Work Records (PWRs)

(1) Medical NCOICs/SUP HTs will obtain a 3 ring binder or clipboard approximately 8.5 by 11 inches and clearly label it "FBP Provider Work Record". The "MEPS FBP Contract – Provider Work Record" is USMEPCOM Form 40-1-12-R-E (MEPS Fee Basis Provider Work Record). It is the only authorized provider work record to be used at the MEPS for FBPs. The USMEPCOM Form 40-1-12-R-E will be placed and kept at an easily accessible location for the FBPs to sign in and sign out each day. The appropriate USMEPCOM Form 40-1-12-R-E will be labeled (MEPS Name, Month, Date, Day) each day and placed in the binder or clipboard before FBPs arrive to work. All entries made on the USMEPCOM Form 40-1-12-R-E will be printed legibly in black or blue ink.

(2) FBPs are responsible to properly sign in each time they arrive at the MEPS, and sign out each time they leave the MEPS on the USMEPCOM Form 40-1-12-R-E using 24 hour military time. Only the FBP who is working that day can complete the "Time In, Time Out, Total Hours Worked, and FBP Initials" columns on the USMEPCOM Form 40-1-12-R-E. The FBP should be the person completing the "Comments" column as well.

(3) FBPs should report to work at the time scheduled by the contractor and no earlier than 15 minutes before their scheduled start time. If FBPs report for work earlier than 15 minutes before their scheduled time, or they are late reporting for work, the MEPS will immediately complete and submit a FBP Performance Report (USMEPCOM Form 40-1-13-R-E). Increments of 15 minutes will be calculated and recorded on the USMEPCOM Form 40-1-12-R-E as follows:

(a) Between 1 and 7 minutes: after the hour, 15, 30, and 45 minutes after the hour - round backwards

(b) Between 8 and 14 minutes: after the hour, 15, 30, and 45 minutes after the hour - round forward

(c) Examples. A FBP arriving at 0501 would be recorded as 0500 on the PWR because for 1 minute after the hour, round back. A FBP arriving at 0607 would be recorded as 0600 on the PWR because for 7 minutes after the hour, round back. A FBP arriving at 0717 would be recorded as 0715 on the PWR because for 2 minutes after 15 after the hour, round back. A FBP arriving at 0835 would be recorded as 0830 on the PWR because for 5 minutes after 30 after the hour, round back. A FBP arriving at 0652 would be recorded as 0645 on the PWR because for 7 minutes after 45 after the hour, round back. A FBP departing at 1314 would be recorded as 1315 on the PWR because for 14 minutes after the hour, round forward. A FBP departing 1423 would be recorded as 1430 on the PWR because for 8 minutes after 15 after the hour, round forward.

(4) The night before the next processing day, or early in the morning on the processing day before any FBPs report for work, the Medical NCOIC or SupHT, or the alternate scheduling POC will complete a USMEPCOM Form 40-1-R-E for the next/same day. The PWR must clearly indicate the MEPS name, the month, and the day and this information contained on the PWR prior to any FBPs arriving at the MEPS.

(5) When the FBP arrives to work for the first time each day, they will print their first and last name in that order, and sign in rounding back or forward as described above on the "Time In (1)" column on the USMEPCOM Form 40-1-R-E for the appropriate date/day. The FBPs need to print their name legibly. If they remain at work all day, then depart, they should

sign out in the “Time Out 1” column rounding back or forward as described above. Then the FBP should calculate “Total Hours Worked” (in 15 minute increments) and record this in the appropriate column of the PWR. MEPS may use this exact form and print or type the FBP names in under “FBP names” on the USMEPCOM Form 40-1-R-E and make copies to simplify this process for the FBPs. This also helps ensure the names are legible. The PWR should be updated with new names or deleting names no longer needed as appropriate. The 15 minute increments should be recorded as: 00 minutes = .00 hours, 15 minutes = .25 hours, 30 minutes = .50 hours, 45 minutes = .75 hours. The PWR comment section must contain comments as to the type of position the FBP is filling: FB-CMO, FBP (regular FBP), or training. Other comments can also be included, if necessary, to clarify to J-7/MMD and the contractor what took place. For example, “No lunch taken”, “FBPs sent home due to weather”, etc.

(6) At the end of each day and after each FBP signs out for the last time that day, the FBP will calculate and record total hours worked for that day and record it in the “Total Hours Worked” Column. The FBP is responsible for calculating and recording their own total hours worked each day at the end of each workday. The FBP will then sign or print their initials in the appropriate column verifying the information they recorded is truthful and accurate. If the FBP wants to record any comments – this can be done in the “Comments” column.

(7) If the FBP is scheduled and works as the FB-CMO, the FBP should write “FB-CMO” under the “Comments” column on the same row they use to enter their “Time In” and “Time Out” for that day. Only one provider can be designated as the FB-CMO for each day and a FB-CMO should be designated only when the CMO and assistant CMO(s) are not available all day.

(8) All FBPs who work four consecutive hours will be allowed to take a 30 minute unpaid lunch break, if desired.

(9) On days when a FBP works and they stop working (for example - taking a lunch or other break, or leaving the MEPS and returning to work) the FBP will sign in and out each time they arrive, and each time they stop working or leave work. Examples include:

(a) Lunch break. FBP reports to work and signs in. FBP stops work to eat lunch so signs out. FBP returns to work so signs in again. FBP leaves work for the day so signs out. FBP calculates and records total hours worked, and initials verifying information recorded is truthful and accurate.

(b) Split work session with lunch. FBP would like to work, but takes an hour off in the middle of the work session. The FBP received permission ahead of time from the CMO or FB-CMO to do this. FBP reports to work and signs in. FBP stops work to eat lunch so signs out. FBP returns to work so signs in again. FBP leaves work for preapproved personal business so signs out after letting CMO or FB-CMO know they are leaving. FBP returns to work from personal business so signs in. FBP completes work so signs out. FBP calculates and records total hours worked, and initials verifying information recorded is truthful and accurate.

(10) MEPS Provider Work Record Verification

(a) Periodically throughout each day, and at the end of each workday, the medical NCOIC/SUP HTs (or the alternate scheduling POC in their absence) will review the PWR to ensure FBPs are properly signing in and out as described above, and the times recorded are accurate. The medical NCOIC/SUP HTs (or the alternate scheduling POC in their absence) will also always review for each FBP that the “Total Hours Worked” column has been properly

calculated and recorded by the FBP on the PWR. The MEPS Commander has overall responsibility for releasing the FBPs, but may delegate this responsibility to the OPSO, CMO, ACOMO, FB-CMO, or the Medical NCOIC/SupHT. If, for any reason, where a FBP does not appropriately complete their work and leave the MEPS, immediately complete and submit a USMEPCOM Form 40-1-13-R-E.

(b) Work with the FBPs to share any PWR discrepancies as soon as you find them so they can correct them going forward. If there are any issues with a FBP properly recording the information on the PWR, notify the FBP as soon as you find them, have the FBP make the appropriate corrections right away, and immediately complete and submit a USMEPCOM Form 40-1-13-R-E (see Chapter 3).

(c) At the end of each work day and after the final review of the PWR, the medical NCOIC/SUP HTs (or the alternate scheduling POC in their absence) will verify that the information contained on the PWR is correct and accurate. This includes all of the following:

(1) The MEPS name, month, year, and date are properly filled in, and the correct day of week is circled. The month and date listed on the PWR should properly correspond to the day of week circled.

(2) All entries are made in black or blue ink.

(3) Each FBP who worked that day has their name printed with first name first, then last name. All printing is legible.

(4) Each time the FBP reported to work, and stopped working, they signed in and out on the USMEPCOM 40-1-12-R-E.

(5) All times listed for FBPs signing in and out are in military time format.

(6) FBPs actually signed in and out at the times listed on the USMEPCOM Form 40-1-12-R-E.

(7) The "Total Hours Worked" were calculated and entered on the USMEPCOM Form 40-1-12-R-E by the FBP.

(8) Validate that the "Total Hours Worked" were properly calculated. If not, the verifier may correct this entry only by following the guidance directly below for "correcting USMEPCOM Form 40-1-12-R-E errors".

(9) If the FBP worked as the FB-CMO that day, "FB-CMO" is listed under the "Comments" column on the same row as the FBPs name.

(d) If there are problems on the PWR that need to be corrected, circle them and correct them as soon as possible by working with the appropriate people. The PWR can not be verified until the last FBP has signed out for the day. The PWR should not be verified until all the information above is correct. The PWR should not be submitted until it has been properly verified.

(e) After all the information listed above is verified and correct, the Medical NCOIC or Sup HT (or the alternate scheduling POC in their absence) will sign or print their initials in the

appropriate block at the bottom of the PWR, and print the date and time they printed/signed their initials in the appropriate blocks at the bottom of the PWR. Verification of the PWR validates all the information directly above was reviewed and is correct.

(f) The PWR also includes additional information that needs to be recorded each processing day to monitor contract compliance.

(1) Date/Time the Daily FBP Schedule Request was sent via e-mail to the contractor for the FBPs who worked on the day the PWR is completed (for most days, the date would be the previous processing day).

(2) Number of FBPs requested on the Daily FBP Schedule Request to (should always be the number of FBPs the MEPS needs based on the workload projection, not the number of FBPs the MEPS thinks the contractor will send to the MEPS).

(3) Number of FBPs the contractor scheduled (number of FBPs the contractor fills in on the Daily FBP Schedule Request and sends back to the MEPS).

(4) Number of FBPs who actually reported to work that day.

(g) This information will be accurately and legibly completed each processing day on the PWR before being submitted.

(h) After the PWR has been properly verified, MEPS staff will:

(1) Electronically scan the PWR into a PDF document.

(2) E-mail the PDF'ed PWR to the contractor with a copy to the FBP Coordinator at [HQ-J7-MMD-FBP-Coordinator](#).

(3) Ensure the words "Provider Work Record" and the MEPS name are in the subject of the e-mail. Verification, scanning, and e-mailing the PWR must be completed in the same processing day in which the work occurs

(i) If a FBP is required to work after all the MEPS Medical staff have departed for the day, the OPSO will ensure additional non-medical MEPS staff are properly trained in the Provider Work Record verification process so the process described above is completed the same processing day in which the work occurs.

(11) If a FBP makes an error on the PWR, the FBP should correct it using the commonly accepted method used in correcting errors in health care documentation which is also used at the MEPS:

(a) Draw a single line through the error – do not make more than one line through it.

(b) Print "error" as close as possible by the error with the line through it.

(c) Place your initials by the error.

(d) Print the correct information.

(12) The MEPS will maintain the PWR on file according to guidance prescribed in AR 40-66, see chapter 3, table 3-1. Provide a copy of the report to each FBP if requested.

(13) FBPs are paid only for actual hours worked. There are two exceptions. If a MEPS closes on short notice and the FBP was not contacted and reported for work or if the FBP reports for work and is sent home within one hour after reporting to work due to the MEPS workload, the FBP will be paid for one hour of work. Other than these two exceptions, any other unusually circumstances should be coordinated with the FBP COR.

d. Duties.

(1) All FBPs will conduct applicant physicals IAW Department of Defense Instruction (DoDI) 6130.4 (Medical Standards for Appointment, Enlistment, or Induction in the Armed Forces), AR 40-501 (Standard of Medical Fitness), and this regulation.

(2) Profiling duties are usually done by the CMO and ACMOs (if authorized). When profiling proficiency has been demonstrated by a FBP to the satisfaction of the CMO, a modification of privileges to allow profiling can be requested. A FBP will not profile unless specifically privileged to do so by the Command Surgeon. A FBP will not be designated as FB-CMO if not privileged to profile. MEPS can choose to have FBPs with profiling privileges accomplish profiling as a regular FBP in the interest of efficient processing. Profiling providers will determine an examinee's qualification for entry or retention in service. CMOs will ensure profiling providers are familiar with the contents of DoDI 6130.4, AR 40-501, and this regulation.

e. Designation of FB-CMO

If the CMO is absent from the MEPS, MEPS with ACMOs will have the ACMO be administratively in charge of the medical section and perform any required CMO duties as designated by the MEPS Commander or OPSO. If there is no ACMO, then a FB-CMO can be requested from the contractor. Only FBPs with profiling privileges will be designated as the FB-CMO. FB-CMOs will conduct applicant physicals and are administratively responsible for the MEPS medical section and will respond to requests from the MEPS Commander to attend meetings and provide technical advice and medical guidance to the medical section. Medical processing questions that cannot be resolved at the local level should be referred to a J-7/MMD physician.

1-8. Use of Reserve component and National Guard practitioners

MEPS commanders will consider Armed Forces Reserve and National Guard (NG) practitioners in drill status or on active duty for training (ADT) for duty at the MEPS. Reserve component practitioners when working in MEPS in drill or ADT status will not be paid as FBPs at the same time. Practitioners must meet the credentialing requirements in chapter 3, before performing medical examinations or associated MEPS duties. The MEPS will use DA Form 5753-R (USAR or ARNG Application for Clinical Privileges to Perform Active or Inactive Duty Training) for credentialing if the practitioner will work less than two weeks per fiscal year. If working more than two weeks per fiscal year, USMEPCOM credentialing procedures apply.

1-9. Consultants - use and payment

a. **Using consultants.** MEPS may use specialty physicians, either military or civilian, to perform consultations necessary to determine an applicant's medical fitness.

(1) The consultant must be qualified by board certification and will be competent to render expert medical opinion regarding the specific medical condition. Resident physicians undergoing specialty training and seeking employment outside their residency (“moonlighting”) will not be used as consultants.

(2) In-house consultants must be credentialed IAW chapter 3. In-house consultants may provide more convenient processing for applicants and are encouraged where available and economical.

(3) A MEPS provider may make a final determination of an applicant’s x-rays if he/she has the requisite training (e.g., board certification or residency in family practice, orthopedics, radiology, emergency room physician) and feels comfortable with this responsibility. If a physician does not feel comfortable or have the requisite training and the reading is needed for qualifications determination, obtain the radiologists report.

(4) If a consultation will cost more than \$1,500.00, J-7/MMD approval is required.

b. Payment of consultants.

(1) Consultants are paid negotiated rates, whether in-station or out. If a consultant requires payment when an applicant fails to keep an appointment, the MEPS will pay for the broken appointment.

(2) Physicians who perform both in-house consultations and general physical examinations may be paid either for consultation services or for FBPs services, but not for both on the same day. FBP payment and consultant payment cannot be received by a practitioner for the same day. If payment is as FBP, negotiated personal service contract payment amounts must be accepted.

1-10. Command Surgeon mailing address, telephone numbers, and e-mail

a. Use the following address for mailing information to J-7/MMD

HQ USMEPCOM
ATTN: J-7/MMD (position or person who should receive the mail)
2834 Green Bay Road
North Chicago, IL 60064-3094

b. Applicable Phone Numbers

Commercial: (847) 688-3680, ext. 7136
DSN: 792-3820
FAX: (847) 688-2453

c. J-7/MMD has group e-mail address for a number of areas. These addresses are in the USMEPCOM global address list and begin with HQ-J7-MMD. Normally e-mails should be sent using encrypted e-mail. E-mails containing personal information must always be sent encrypted.

Chapter 2

Administrative Policies

2-1. Written medical determinations

a. If an applicant's enlistment or commissioning medical qualification is unclear, the MEPS will submit a MOC request. The MEPS will digitally send the original DD Form 2808 (Report of Medical Examination) and DD Form 2807-1 (Report of Medical History) and copies of all supporting documents by encrypted e-mail to the J-7/MMD group e-mail address [HQ-J7-MMD-Field Support Branch](#). Original DD Forms 2808 and DD Form 2807-1 will be retained in the applicant's file. The FSB Chief will annotate on DD Form 2808, item 73, the medical qualification/disqualification and, if disqualified, the specific reason and the regulation/paragraph under which the applicant is disqualified. The annotation will include the appropriate headquarters designation, date, and FSB Chief signature. The FSB Chief will date and initial DD Form 2808 changes (i.e., a profile change) and return the documents by digital e-mail. The CMO will annotate the decision on the original and attach the copies with the digital signatures.

b. Telephone Procedures: The FSB Chief and MEPS staff discuss the applicant's medical condition via telephone. The FSB Chief will instruct the MEPS on what and/or where to document information on the DD Form 2808. The MEPS CMO will sign the new documentation the next working day if done by a non profiling practitioner.

2-2. Handling of uncooperative or disruptive applicants

If an applicant is uncooperative or disruptive, the medical NCOIC/SUP HT will counsel the applicant on their inappropriate behavior. If the applicant's inappropriate behavior continues, the medical NCOIC/SUP HT will remove the applicant from the medical section and return him or her to the appropriate Service liaison. The medical NCOIC/SUP HT will ensure the MEPS OPSO has been notified and document the DD Form 2808 item 78.

2-3. Completion of applicant medical prescreening

a. The applicant completes by initialing each box on the DD Form 2807-2 (Medical Prescreen of Medical History Report) with the recruiter before coming to the MEPS. A DD Form 2807-2 is valid for 60 days from the date applicant signed. After the validity period has passed, the applicant will submit a new DD Form 2807-2. This form will be filled in with black or blue ink.

b. Recruiting personnel must forward the form to the appropriate MEPS prior to the applicant coming to the MEPS, unless a same day processor. All required sections of this form must be completed accurately to include all necessary signatures. A USMEPCOM 680-3A-E (Request for Examination) must be submitted with the DD Form 2807-2 to Service liaison to enter personal data in USMIRS. The Service liaison will print a USMEPCOM PCN 680-3ADP (Processess/Enlist Record) to assist medical personnel in determining if a duplicate file packet exists for this applicant and to allow for USMIRS data entry, if required. Incomplete or unsigned DD Form 2807-2 will be returned to recruiting personnel without action until corrected.

c. All applicants must submit a DD Form 2807-2 before arriving for processing at the MEPS. The Recruiting Service Liaison Office will submit the DD Form 2807-2 to the MEPS IAW the following:

(1) Pre-screens on applicants with no medical history documentation and no "yes" responses in any item numbers other than 12, 61, and 73 will be submitted NLT 1300. Except for

walk-ins, the Recruiting Services are required to turn-in 1-day DD Form 2807-2 by the MEPS cut-off time for next day projections. MEPS personnel must review 1-day DD Form 2807-2 the same day. (Example: The Recruiting Service submits a DD Form 2807-2 with USMEPCOM Form 727 (Processing List) on Monday by MEPS cut-off time. The MEPS medical staff (doctor or technician) review is completed the same day, and applicant can process on Tuesday.)

(2) DD Form 2807-2 on applicants with medical history documentation of five or less single sided pages and "yes" responses in any item numbers other than 12, 61, and 73 will be submitted 2 days in advance. The Recruiting Service may submit the DD Form 2807-2 without a projection, but the USMEPCOM Form 680-3A-E must accompany the DD Form 2807-2 submission. If applicable, the DD Form 1966 (Record of Military Processing Armed Forces of the United States) must also accompany the DD Form 2807-2. USMEPCOM Form 680-3A-E is required to support USMIRS data entry. The CMO, ACMO or FBP authorized to review DD Form 2807-2 are to review 2-day DD Form 2807-2 within a specified time, and inform the Recruiting Services. Example: The Recruiting Service submits a DD Form 2807-2 on Monday by MEPS cut-off time. The CMO, ACMO or FBP must review the DD Form 2807-2 before cut-off time on Tuesday. If approved for further processing, this will give the Recruiting Service time to project their applicant for MEPS processing on Wednesday.

(3) DD Form 2807-2 on applicants with medical history documentation of more than five pages and "yes" responses in any items numbers other than 12, 61, and 73 will be reviewed and the Recruiting Service will be notified of the applicant's status within 72 hours of receipt. Example: The Recruiting Service submits a DD Form 2807-2 on Monday by MEPS cut-off time. The Recruiting Service will be notified of the applicant's status before MEPS cut-off time on Thursday. If approved for further processing, this will give the Recruiting Service time to project their applicant for MEPS processing on Friday.

2-4. Review of applicant DD Form 2807-2 (Medical Prescreen of Medical History Report)

a. The CMO, ACMO or FBP reviews and signs the DD Form 2807-2 (original or fax copy) and any additional documentation submitted for consideration before the applicant comes to the MEPS and responds to the submitting Recruiting Service personnel. The end point of the review will be entered in item 11a (on DD Form 2807-2) one of three decisions. The DD Form 2807-2 that the CMO, ACMO, or FBP documents that the form was reviewed becomes the "original" document and is maintained in the applicant's medical record.

(1) Authorized to process. If the applicant appears to be qualified, the reviewer will authorize processing. The reviewer can require that the applicant bring certain documents to the medical examination such as "braces letter."

(2) Not justified (PDQ). Enter a profile serial/ICD 9 or process for waiver. Medical must enter the appropriate workload in USMIRS (i.e. B030R)

(a) Profile serial—do not process applicant unless specifically requested by the Service medical waiver authority to conduct a physical examination (a stamp can be used for this notation in item 10a Comments).

Note: Based on experience and knowledge of the regulations, waiver is not likely. No further record review is appropriate. This decision is valid even if the applicant were to switch to a different Service.

(b) Process for waiver. If the applicant has a disqualifying condition that is often waived by the sponsoring Service, the reviewer will identify the condition, but authorize processing, and Process for Waiver. (This alerts the recruiter that the applicant likely will not complete processing in 1 day. Furthermore, certain consultations may be routinely required for the disqualifying condition, which may affect scheduling.) An applicant may be required to return to the MEPS for a consultation that can not be done on the same day as the initial physical. **Note:** Consults will not automatically be ordered to support the waiver request.

(3) Deferred for more records/documentation needed or reevaluation justified (RJ) date. If additional documents are required to determine qualification, the CMO, ACMO or FBP will notify the Service liaison that further documents are required. The request will be for specific documents should be IAW page 1 of the DD Form 2807-2. Medical must enter the appropriate workload in USMIRS (i.e. B030L or J).

b. Medical NCO/designated health technician will:

(1) Ensure that DD Form 2807-2 which results in disqualification are appropriately entered into USMIRS. The Service Liaisons must have entered personal data into USMIRS before this task can be accomplished.

(2) Place the original DD Form 2807-2 in the applicant's examination file and provide a copy to the appropriate Service Recruiting liaison personnel. If a local form is used, then the DD Form 2807-2 will be returned to the files room with the applicant's packet and a copy of the local form will be given to the Service Recruiting liaison notifying them of the applicant's status.

2-5. Dial-A-Medic Program

a. The Dial-A-Medic Program provides recruiters with direct telephonic access to the MEPS medical section, enabling them to obtain answers to questions concerning an applicant's medical conditions or problems prior to scheduling a MEPS medical examination. This telephonic communication will allow the recruiter to understand the type of supporting medical documents required to expedite the medical examination.

b. Each MEPS will have a Standard Operating Procedure (SOP) governing the program. The procedure should include a mechanism for tracking calls handled under the program, if the CMO does not answer the calls directly. The CMO will respond to the recruiters Dial-A-Medic inquiry within 1 working day.

2-6. Use of Non Medical Personnel

Use of non-medical personnel for medical functions should be minimized to the greatest extent possible during medical staffing shortages. Non-medical personnel can be used with proper documented training as applicant chaperones, height, weight, body fat measurements, ortho-neuro maneuvers, drug observer, drug verifier, HIV verifier, USMIRS entries, and administrative duties, but not used where they contact or independently test applicants (i.e., blood pressure/pulse, conduct eye exams, conduct hearing test, medical brief, alcohol testing, drug coordinator, HIV technician, ear cleaning).

2-7. Presence of individuals of opposite gender during medical examinations

a. Only authorized MEPS medical personnel immediately involved in conducting medical examinations are allowed in an examination area with applicants in a state of undress. Members

of the opposite sex (except examining practitioner) are not allowed in these areas while applicants are present. Under NO circumstances will recruiters or Service liaison personnel be present in the examination area for any reason.

b. MEPS must provide a chaperone during the medical examination if the examining practitioner is of the opposite sex.

c. MEPS will provide a chaperone if the applicant and examining practitioner are of the same sex, if requested by the applicant or practitioner.

2-8. Applicant injuries, acute illnesses, and deaths

a. USMEPCOM is authorized to pay only for the emergency care of acute illnesses and injuries that occur at the MEPS or contract lodging facility if the illness was not pre-existing and if the injury is the result of an accident at the MEPS or contract lodging facility. USMEPCOM has no authority to pay for follow up medical care or treatment. MEPS personnel must be careful to not tell applicants or their family members that USMEPCOM will cover all of the applicant’s medical expenses. MEPS personnel will only provide life-sustaining emergency procedures until emergency medical service (EMS) arrives. The CMO or FB-CMO will determine if emergency treatment is necessary.

b. The medical NCOIC/SUP HT will arrange for appropriate transportation to a nearby treatment facility and inform the respective Recruiting Service liaison of the applicant’s disposition. The CMO or FB-CMO will also contact the emergency room physician to provide details of the illness or injury. Each MEPS should prepare an information sheet for the applicant to present to the EMS, Hospital Emergency Room Admissions, and others which advises them to submit ALL Bills for Transportation, Emergency Treatment and related Emergency Room tests to:

Commander
_____MEPS

ATTN: (POC)

Address:

City

State, Zip

Ensure to include POC Phone and Fax #

Note: The Recruiting Services will return the applicant from the hospital to the MEPS or to the applicant’s home.

c. The MEPS will submit a station advisory report (STAR) IAW USMEPCOM Regulation 380-1 (USMEPCOM Security Program), using the station advisory reporting network (STARNET).

d. Regarding entitlement to certain medical benefits through the Department of Veterans Affairs (VA), Title 38 U.S.C. Section 106(b) establishes certain Service to be “active duty” including:

“Any person (1) who has applied for enlistment or enrollment in the active military, naval, or air service and has been provisionally accepted and directed or ordered to report to a place for final acceptance into such Service; ... who has suffered an injury or contracted a disease in line of duty while enroute to or from, or at, a place for final acceptance or entry upon active duty, will, for the

purposes of chapters 11, 13, 19, 21, 31, and 39 of this title (Title 38) and for purposes of determining service-connection of a disability under Chapter 17 of this title, be considered to have been on active duty and to have incurred such disability in the active military, naval, or air service.”

e. Because a MEPS is the place where applicants report for final acceptance into Service and swear their active duty oath, applicants should be entitled to certain medical benefits through the VA. As of the date of publication, the average time for processing a VA claim is 12-24 months. To avoid the possibility that an applicant might suffer financial hardship while waiting for reimbursement from the VA, USMEPCOM will continue to fund payment of emergency medical treatment as provided for above. USMEPCOM is coordinating with the VA to develop formal procedures to expedite the processing of applicant claims. If formal procedures are developed, J-7/MMD will provide that information. Applicants who want to pursue benefits due to illness or injury suffered during MEPS processing should contact the nearest VA facility.

2-9. Existed prior to service

J-7/MMD, ensures physician review of entry-level separations (ELs) identified at basic training for a medical condition that existed or most probably existed prior to entrance into the military—existed prior to service (EPTS)—as a quality check to identify systems errors, processing errors, and training deficits that may have contributed to not recognizing the disqualifying condition. J-7/MMD classifies EPTS cases according to the codes in table 2-1.

Table 2-1 EPTS Codes	
Code	Description
A	The applicant was unaware of the existence of the condition.
B	A potentially disqualifying condition that was not felt to be disqualifying, based on sound clinical judgement. ¹
C	A condition that should have been detected and disqualified at the MEPS. ²
D	A condition undetected due to concealment of history by the applicant.
E	A condition waived by the appropriate Service waiver authority.
W	Insufficient data to determine a code.
Notes:	
1. EPTS code B cases are also called medical judgment cases. A certain number of code B cases is expected as the standard includes terms such as “mild” or “if amenable to treatment” or “infrequent.” In most cases when sound clinical judgment is used the applicant does well and does not separate with an EPTS. The code B case statistic is used to help determine if a MEPS medical staff is too strict or too lenient in interpreting the standard.	
2. HQ USMEPCOM will send the proposed C case to the FSB Chief with a cover letter identifying the set as “proposed C cases.” If the FSB Chief concurs with the C designation, he/she will send the documents to the MEPS CMO for review and reclama if desired. The CMO will then return documentation to J-7/MMD for final determination. Cases in which the FSB does not concur with the code C designation will be returned with explanation for non-concurrence to J-7/MMD. If, on this review, J-7/MMD still considers the case to be a prospective code C case, the record will be forwarded to the affected CMO via the FSB for review and reclama, if desired. The record and reclama should be returned to J-7/MMD for final determination of EPTS category. Further reclaims from the CMO will not be entertained unless new and substantially relevant facts surface.	

2-10. Applicant Information Requests

Release of information collected during MEPS processing, including applicant medical records, is governed by the Freedom of Information Act (FOIA) and the Privacy Act (PA). Generally, an applicant is entitled upon oral or written request to obtain a copy of his own MEPS processing file. However, because these information requests involve protected information, the MEPS should not summarily release the information to the requestor without first coordinating the request through the appropriate official. Records containing sensitive medical data may only be released by the USMEPCOM PA/FOIA Program Manager, J-1/MHR-MS-SS, after consultation with J-7/MMD. Sensitive medical data for this purpose is defined as psychiatric consults, positive/indeterminate HIV test results, or other data which if released directly to the applicant might have an adverse effect on that person's mental or physical health.

a. If an applicant appears personally at a MEPS and requests a copy of his/her record, the designated MEPS FOIA Officer should review the record. If the record does not contain sensitive medical data, the MEPS FOIA Officer may provide the applicant a photocopy of their record. Under no circumstances should the MEPS ever give the original record to the applicant. If the applicant's record does contain sensitive medical data, the MEPS FOIA Officer should ask the applicant to put his request in writing. The request should contain the applicant's name, SSN, a contact address and/or telephone number, and the applicant's signature. The MEPS FOIA Officer will then send the applicant's request and a copy of the record to the USMEPCOM PA/FOIA Program Manager, J-1/MHR-MS-SS, for a release determination.

b. All requests for applicant records made by third parties, including the parent or spouse of an applicant, must be submitted in writing. The MEPS should forward any written requests for records, along with a copy of the requested record (or a note that the record no longer exists) to the USMEPCOM PA/FOIA Program Manager, J-1/MHR-MS-SS, for a release determination.

c. MEPS are frequently served with subpoenas and other legal documents seeking copies of applicant medical records. Upon receipt, MEPS personnel should immediately forward any subpoena to the Staff Judge Advocate/MJA, for review, along with a copy of the requested records, if available.

Chapter 3

Credentialing of Providers

3-1. USMEPCOM Credentials Committee

a. The Credentials Committee consists of the Command Surgeon (member); Deputy Command Surgeon (chairman)/Current Operations Division Chief; Quality and Standards Branch Chief (member); Field Support (East) Branch Chief (member); Field Support (West) Branch Chief (member); and the Credentials Coordinator (recorder).

b. The USMEPCOM Credentials Committee approves the credentials of providers working in the MEPS. The MEPS Commander is responsible for ensuring the necessary documentation is submitted to J-7/MMD for credentialing prospective CMOs, ACMOs, and in-house consultant providers. Credentials documentation submittal for FBPs is the responsibility of the FBP contract vendor. All FBP providers must be appropriately licensed and credentialed in compliance with this regulation to work in the MEPS. The designation, Fee Basis CMO (FB-CMO) is for a FBP credentialed with profiling privileges and appointed on a daily basis to fulfill the duties of the CMO.

c. The Credentials Committee will review all recertification applications and annotate the findings. Upon approval of privileges a copy of the signed USMEPCOM Form 40-1-8-E and results of the National Practitioner Data Bank/Healthcare Integrity and Protection Data Bank queries will be forwarded to the appropriate MEPS where it will be maintained in the provider's credentials file. Maintain IAW guidance prescribed in AR 40-68, see appendix E-5. Information pertaining to military personnel, upon separation or retirement, forward to custodian of the military personnel records jacket for inclusion IAW AR 600-8-104.

d. The Credentials Committee is the only USMEPCOM authority to de-credential a provider. The MEPS however, must properly document any provider issues and for FBPs, see par. 3-12 for details on documenting any performance issues.

3-2. MEPS Commander responsibilities

The MEPS commander is responsible for submitting the credentialing packets for all CMOs, ACMOs, and in-house consultants (if required) applying for privileges at their designated MEPS. The MEPS commander or designated representative will:

a. Submit completed initial and renewal credential files to J-7/MMD. Ensure completed renewal credential files are submitted in sufficient time to arrive at J-7/MMD, 2 months prior to a provider's credentials expiration date to ensure uninterrupted medical processing.

Note: Preparation of a FBP credentialing packet is contracted out and is not the responsibility of the MEPS.

b. Ensure all providers working in the MEPS have a current license and clinical privileges. This includes CMOs, ACMOs, in-house consultants, and FBPs.

c. In conjunction with the CMO, or in the absence of the CMO, review FBP initial credential files within three work days of receipt from J-7/MMD, and submit concurrence to J-7/MMD. If the CMO is not available to review, the MEPS Commander will complete an administrative review only.

3-3. CMO responsibilities

The CMO will: –

a. Review credentials file and assist in the credentials process as required by the MEPS commander.

b. Enter their signature and date on USMEPCOM Form 40-1-7-E (Initial Application for Clinical Privileges), item 28a, after reviewing the provider's packet.

Note: If the CMO position is currently vacant, item 28a will be left blank.

c. For renewal privileges, complete USMEPCOM Form 40-1-8-E, (Clinical Privileges Biennial Evaluation) with evaluation for each provider (including FBPs) for the criteria listed under "Privileges" and "Performance Assessment". Then enter their signature and date in the "Rated by" signature block.

Note: If the CMO position is currently vacant, review will be done by a USMEPCOM Command Surgeon or a CMO from another MEPS when directed by J-7/MMD.

3-4. Medical NCOIC/Sup HT responsibilities

Medical NCOIC/Sup HT will:

a. Assist MEPS commanders with credentials processing.

b. Be knowledgeable of the following regulations pertaining to credentialing: DoDD 6025.13-R, Military Health System (MHS) Clinical Quality Assurance (CQA) Program Regulation, DoDI 6025.5 Personal Services Contracts (PSCs) for Health Care Providers, and AR 40-68, Clinical Quality Management, and policies incorporating any changes into existing documents and SOPs.

c. Assemble credentials file for MEPS commander's review and signature, ensuring that expiration dates of clinical privileges and licenses are monitored.

d. Submit completed initial and renewal credential files to J-7/MMD. Ensure completed renewal credential files are submitted in sufficient time to arrive at J-7/MMD, 2 months prior to expiration date to ensure uninterrupted medical processing. **Note:** Preparation of a FBP credentialing packet is contracted out and is not the responsibility of the MEPS.

e. Once a FBP evaluation is completed, keep a copy of the evaluation at the MEPS (until the final approved credentials information is provided to the MEPS by J-7/MMD), send a copy to J-7/MMD (scan and use encrypted e-mail and send the evaluation to the USMEPCOM global address list address HQ-J7-MMD-FBP-COR), and mail the original to the contractor by the least costly accountable mail process (keep the return receipt with the evaluation copy until the final credentials information is received from J-7/MMD).

f. Ensure all providers are registered in the Centralized Credentials Quality Assurance (CCQAS) database, and all information in the database is current. <https://ccqas.csd.disa.mil> Instructions for CCQAS are posted on the MEPNET, <https://mepnet.mepcom.army.mil>, under Headquarters/J-7/MMD/Training Tools, credentials section.

3-5. Types of privileges

All providers must have USMEPCOM Credentials Committee approved privileges before working in the MEPS.

a. **Training Privileges (only for FBPs).** New FBPs can be granted training privileges for up to ninety days to complete their initial training. Requests for training privileges must be submitted by the contractor. The Credentials Committee determines if a provider is qualified for training privileges based on the requirements in paragraph 3-6. FBPs with training privileges must be supervised by the CMO, ACOMO, or a FB-CMO when working at a MEPS and must only work to complete their initial training requirements. During this training window, the FBP must complete and submit to the contractor the documentation required for initial privileges. The documentation should be received at J-7/MMD at least 15 calendar days prior to the expiration of the training privileges to allow processing of the initial privileges package. Earlier initial packet submission is encouraged so initial privileges can be granted. Once the training privileges expire, the provider cannot work in the MEPS until their initial privileges are approved.

b. **Initial Privileges.** CMOs and ACOMOs must have completed all necessary documentation from the Civilian Personnel Office prior to working as a civil service employee. This documentation includes initial privileges approved by the USMEPCOM Command Surgeon. FBPs must have a signed personal services contract on file with the contract management service prior to working at the MEPS. In-house specialty consultants must be registered with Central Contractor Registration (CCR) prior to providing services to the MEPS. **Note:** In most instances initial privileges do not include the privilege to profile or to be appointed as a FB-CMO.

c. **Specialty consultant privileges.** Providers may request to perform in-house specialty consultations at the MEPS in their appropriate specialty. In-house consultants must be registered with CCR <http://www.ccr.gov>. New providers will request this privilege on USMEPCOM Form 40-1-7-E, item 4. Currently privileged providers may submit a USMEPCOM Form 40-1-11-E (Clinical Privileges Modification Sheet) to the Credentials Committee requesting modification of their current privileges. Examples of consultant privileges requests would be "To be a consultant in Psychiatry or Orthopedics, etc."

Note: Providers privileged as a FBP and a Specialty Consultant cannot work and be paid as both types of provider on the same day at the MEPS. For example, a provider cannot work as a FBP in the morning, and then perform Orthopedic consults in the afternoon on the same day.

d. **Profiling privileges.** Providers may request profiling privileges after they can sufficiently determine an applicant's suitability for military accession and retention. At a minimum, unless exception to policy is granted to them by the USMEPCOM Command Surgeon, new FBPs must work at least 20 times, to include training sessions, before a request for profiling privileges can be submitted. It is preferable that these 20 work sessions occur within a 6 month period. For initial profiling requests USMEPCOM Form 40-1-11-E must be signed by the CMO and submitted to J-7/MMD who will approve/disapprove based on the above criteria. Profiling privileges will not be granted on an initial application for privileges unless an exception to policy is granted by the USMEPCOM Command Surgeon. Examples of possible exceptions which would be considered are: prior MEPS provider, prior military physician, and prior civilian provider at a military treatment facility (MTF). FBPs granted profiling privileges will automatically be given privileges to serve as a FB-CMO unless the MEPS Commander requests an exception and it is approved by the USMEPCOM Command Surgeon.

e. **FB-CMO privileges.** Once a FBP has obtained profiling privileges, the FBP can be appointed as an FB-CMO on a daily basis only when there is no CMO or ACOMO available (due to leaves, vacant CMO positions, etc.). FB-CMOs will conduct applicant physicals and are administratively responsible for the MEPS medical section and will respond to requests from the MEPS Commander to attend meetings and provide technical advice and medical guidance to the

medical section. Medical processing questions that cannot be resolved at the local level should be referred to a J-7/MMD physician.

3-6. Granting training privileges

For training privileges of new FBPs, the following documentation must be submitted to the Credentials Committee for review and consideration:

a. **Curriculum Vitae/Resume.** Information current and accurate, all pages initialed with the last page signed and dated by the provider.

b. **Current unencumbered state license(s).** All training FBPs must maintain a professional license, certification, or registration as required by the profession and appropriate regulatory body. This license will be current (not revoked, suspended, or lapsed in registration), valid (the issuing authority accepts and considers Quality Assurance information, provider professional performance, and conduct in determining continued licenses), and unencumbered (not subject to restriction pertaining to the scope, location, or type of practice ordinarily granted to other applicants for similar licenses in granting jurisdiction). The license must be one allowing independent level of practice and granted by the recognized licensing agency of a State, the District of Columbia, the Commonwealths of Puerto Rico, Guam, or the Virgin Islands. As a term of employment, providers are only required to have one valid, unrestricted, unencumbered license from any state; however, all current and past licenses must be unencumbered. Any current or past encumbered licenses must be explained by the provider on a USMEPCOM Form 40-1-10-E (Application for Clinical Privileges Continuation Sheet). The contractor must Prime Source Verify all past and present state licenses and submit copies of the verifications.

Note: State Medical Boards may be accessed online at http://www.fsmb.org/directory_smb.html by clicking the name of the state that issued the licensed; State Boards of Nursing may be accessed online at <https://www.ncsbn.org/515.htm>, and clicking the state on the map that issued the license; Physician Assistants are licensed by the appropriate State Medical Board. Any past license that may have been encumbered must have been returned to an unencumbered status even if that license is no longer current. All past licenses must have been in good standing at the time they lapsed or expired.

c. **USMEPCOM Form 40-1-6-E** (Request for Information Disclosure to National Practitioner Data Bank/Healthcare Integrity and Protection Data Bank). This form must be filled out in its entirety, making sure to include all variations of name used including maiden name.

Note: Even if the provider is employed elsewhere the following information must be included on the form: MEPS Name must be the name of the MEPS the provider is applying for privileges. MEPS Address must be the address of the MEPS. Ensure date of birth on USMEPCOM Form 40-1-7-E is the same as on USMEPCOM Form 40-1-6-E, and that all dates are to written in the following format: YYYYMMDD.

d. **Request for clinical privileges and authorization for information release letter.** This letter is not to be written on MEPS letterhead unless it is for a current Government employee (Current CMO/ACMO only). Providers are to include their original signature and date the letter. The letter will include the following statement:

“I am requesting clinical privileges to perform duties at the _____ MEPS as a _____ (FBP, Consultant, CMO, ACMO). I hereby authorize and consent to the release of information to or by USMEPCOM or its staff to or from other physicians or references, professional schools or training programs, medical associations, clinics or hospitals and their staff, or other employees on

request regarding any information the sources may have concerning me, as long as the release of information is done in good faith and without malice. I hereby release all parties, including USMEPCOM and its members, for doing so.” “I hereby authorize all who may have information bearing on my professional qualifications, ethical, standing, competence, and mental and physical health status to release the aforementioned information to the designated healthcare organization, their staff, and agents. These include individuals, institutions, and entities of organization with which I am currently or have associated and all professional liability insurers with which I have had or currently have professional liability insurance. I agree to release and hold harmless from any liability USMEPCOM and any and all persons who participate within the scope of their duties in good faith and without malice in the review of any action or recommendation relating to my application.”

e. **USMEPCOM Form 40-1-9-E** (Malpractice History and Clinical Privileges Questionnaire). This form is to be filled out in its entirety as follows:

Item 1, NAME OF PROVIDER: List current legal name. Also provide name in Item 9.

Item 2, SOCIAL SECURITY NUMBER: Self-explanatory. Also provide name in Item 10.

Item 3, DATE OF BIRTH: Self-explanatory.

Item 4, POSITION: Circle the FBP option.

Item 5, MEPS NAME: Name of MEPS where provider is applying for privileges.

Item 6a-m: Check box for appropriate answer to each question. All questions must be answered.

Note: If yes is answered to any of the questions please explain in item 7. If more room is needed please use USMEPCOM Form 40-1-11-E.

Item 7, COMMENTS: Use this box to explain any “yes” answers.

Item 8a, SIGNATURE OF APPLICANT: Self-explanatory.

Item 8b, DATE SIGNED: Self-explanatory.

3-7. Granting initial privileges

For the initial privileging of a provider (CMOs, ACMOs, and FBPs) at the MEPS, the following documentation must be submitted to the Credentials Committee for review and consideration:

a. **Professional school diploma** (Medical School, Nursing Program, or Physician Assistant Program). If the document is not in English or Latin, it must be translated by an official translator (University linguistics department, consulate officer, individual certified to be competent as translator, etc.). Translator’s credentials must also be supplied (name, organization, position, contact information, and a statement as to why the person is qualified to translate the document).

For nurse practitioners, both their nursing degree and their advanced nursing degree certificates must be provided.

b. **Internship/Residency/Fellowship Certificate** – Physicians must have at a minimum completion of one-year post-graduate education (e.g. internship) from an Accreditation Council for Graduate Medical Education (ACGME)-accredited program. If additional training or certification has been completed (i.e., residency, or fellowship), include copies of all certificates.

c. **Board Certification** – include a copy of board certificate. The contractor is required to submit American Board of Medical Specialties (ABMS) prime source verification for FBPs only (which can be accessed online at <http://www.abms.org> and clicking the link that says “Is your doctor certified”).

d. **Current unencumbered state license(s)**. All providers (CMOs, ACMOs, and FBPs) must maintain a professional license, certification, or registration as required by the profession and appropriate regulatory body. This license will be current (not revoked, suspended, or lapsed in registration), valid (the issuing authority accepts and considers QA information, provider professional performance, and conduct in determining continued licenses), and unencumbered (not subject to restriction pertaining to the scope, location, or type of practice ordinarily granted to other applicants for similar licenses in granting jurisdiction). The prime source verification must state the status of the license is either active or fully active. The license must be one allowing independent level of practice and granted by the recognized licensing agency of a State, the District of Columbia, the Commonwealths of Puerto Rico, Guam, or the Virgin Islands. As a term of employment, providers are only required to have one valid, unrestricted, unencumbered license from any state; however, all current and past licenses must be unencumbered. If a provider has licenses from multiple states, all current licenses must be unencumbered, and a list of states where the person held the past licenses must be provided; copies of current licenses must be provided). Any current or past encumbered licenses must be explained by the provider on a USMEPCOM Form 40-1-10-E. Prime Source Verify all past and present state licenses and submit copies of the verifications with provider’s application for privileges.

Note: State Medical Boards may be accessed online at http://www.fsmb.org/directory_smb.html, by clicking the name of the state that issued the licensed; State Boards of Nursing may be accessed online at <https://www.ncsbn.org/515.htm>, and clicking the state on the map that issued the license. Physician Assistants are licensed by the appropriate State Medical Board. Any past license that may have been encumbered must have been returned to an unencumbered status even if that license is no longer current. All past licenses must have been in good standing at the time they lapsed or expired.

e. **National Certification** for Nurse Practitioners. All Nurse Practitioners must possess either an American Nurse’s Credentialing Center (ANCC) or American Academy of Nurse Practitioners (AANP) certification in order to be considered for privileges with USMEPCOM.

f. **National Certification** for Physician Assistants. All Physician Assistants must possess a National Commission on Certification of Physician Assistants (NCCPA) certification in order to be considered for privileges with USMEPCOM.

g. **Educational Council for Foreign Medical Graduate (ECFMG) or 5th Pathway Certification**. ECFMG or 5th Pathway Certificate is required of all DoD facility practitioners who are foreign medical graduates after 1958, except for graduates from Canadian and Puerto Rican medical schools.

h. **Two current letters of recommendation and reference.** Letters must address clinical competency, quality of work, professional standing, and character. All letters must contain contact information for the person providing the reference (name, address, phone number, fax number, e-mail address). Certified Nurse Practitioner (CNP) and Physician Assistant (PA) candidates will submit 1 peer letter and 1 letter from either a Medical Doctor (MD) or Doctor of Osteopathy (DO). MD and DO candidates must submit 2 peer letters. All letters of recommendation must be dated (less than 1 year old) and signed. Form (“cookie-cutter”) letters will not be accepted.

i. **USMEPCOM Form 40-1-6-E** (Request for Information Disclosure to National Practitioner Data Bank/Healthcare Integrity and Protection Data Bank). This form must be filled out in its entirety, making sure to include all variations of name used including maiden name.

Note: Even if the provider is employed elsewhere the following information must be included on the form: MEPS Name must be the name of the MEPS the provider is applying for privileges. MEPS Address must be the address of the MEPS. Ensure date of birth on USMEPCOM Form 40-1-7-E is the same as on USMEPCOM Form 40-1-6-E.

j. **Request for clinical privileges and authorization for information release letter.** This letter is not to be written on MEPS letterhead unless it is for a current Government employee (Current CMO/ACMO only). Providers are to include their original signature and date the letter. The letter will include the following statement:

“I am requesting clinical privileges to perform duties at the _____ MEPS as a _____ (FBP, Consultant, CMO, ACMO). I hereby authorize and consent to the release of information to or by USMEPCOM or its staff to or from other physicians or references, professional schools or training programs, medical associations, clinics or hospitals and their staff, or other employees on request regarding any information the sources may have concerning me, as long as the release of information is done in good faith and without malice. I hereby release all parties, including USMEPCOM and its members, for doing so.” “I hereby authorize all who may have information bearing on my professional qualifications, ethical, standing, competence, and mental and physical health status to release the aforementioned information to the designated healthcare organization, their staff, and agents. These include individuals, institutions, and entities of organization with which I am currently or have associated and all professional liability insurers with which I have had or currently have professional liability insurance. I agree to release and hold harmless from any liability USMEPCOM and any and all persons who participate within the scope of their duties in good faith and without malice in the review of any action or recommendation relating to my application.”

k. **USMEPCOM Form 40-1-7-E.** Initial Application for Clinical Privileges. The provider completes sections A through G as follows (dates in Sections B-D must be written in YYYYMM format):

SECTION A - IDENTIFICATION

Item 1, NAME: List current legal name and all other names in which documents may have been issued. Also provide name in Item 22.

Item 2, SOCIAL SECURITY NUMBER: Self-explanatory. Also provide Social Security Number in Item 23.

Item 3, DATE OF BIRTH: Self-explanatory.

Item 4, FUNCTION: Check box for position that you are applying for. **Note:** The CMO/ACMO box is to be used to designate physicians in the authorized Government positions of CMO and as ACMO, not FB-CMO. FBPs should not check this box.

Item 5, MEPS NAME: Name of MEPS where provider is applying for privileges.

SECTION B – PROFESSIONAL EDUCATION

Item 6, NAME OF PROFESSIONAL SCHOOL: List professional schools attended in chronological order starting with earliest first.

Item 7, LOCATION: Give location of school by city and state. If school is outside of the United States, give city and country.

Item 8, YEARS ATTENDED: Self-explanatory.

Item 9, TYPE DEGREE: List specific degree obtained.

Item 10, DEGREE COMPLETED: The year/month the degree was completed.

SECTION C – POSTGRADUATE TRAINING

Item 11, NAME OF HOSPITAL OR INSTITUTION: List name of hospital or institution where postgraduate training was performed. List multiple programs in chronological order with the earliest listed first.

Item 12, LOCATION: List location of the hospital or institution by city and state. If done outside the United States, give city and country.

Item 13, TYPE PROGRAM: List the type of post-graduate training, e.g., internship, residency, fellowship, practicum.

Item 14, DURATION: Give duration of post-graduate training (in years and months).

Item 15, DATE COMPLETED: List year and month.

SECTION D – PREVIOUS ASSIGNMENTS (PAST 10 YEARS)

Item 16, NAME OF ORGANIZATION: List the name of organization/institution of previous professional employment in chronological order. If more space is needed, attach USMEPCOM Form 40-1-10-E.

Note: Any gaps in work history must be accounted for and explained; if additional space is needed use USMEPCOM Form 40-1-10-E and attach to the form. All attachments to this form, such as work history gap explanations, work history continuation sheets, and/or Curriculum Vitae (CV), must be signed and dated. If the document is longer than one page, sign and date the last page. Item 16 must reflect all professional work for the past 10 years; if CV is also provided please check the box to indicate that one is attached, but it cannot be used in place of Item 16. If no history of professional employment, state “None”. All dates in this section may be documented as year/month.

Item 17, LOCATION: List the location of the organization or institution by city and state. If outside the United States, give city and country.

Item 18, CLINICAL SERVICES DEPT. ASSIGNED: Give the clinical area in which you were assigned.

Item 19, INCLUSIVE DATES: Give dates (year and month) for each assignment.

Item 20, CURRICULUM VITAE/RESUME ATTACHED: Check appropriate box.

SECTION E – REFERENCES

Item 21a, NAME OF PERSON PROVIDING REFERENCE: Provide name of person providing reference.

Item 21b, TELEPHONE NUMBER: Provide phone number of person providing reference.

Item 21c, STREET OR E-MAIL ADDRESS: Provide e-mail address of person providing reference (if available) or street address.

SECTION F – LICENSURE/CERTIFICATION/PROFESSIONAL SOCIETY MEMBERSHIP

Item 24a, BOARD CERTIFIED: Check one box. If yes, annotate whether currently certified and list the board or certification with expiration dates in the blank area of item 32b.

Item 24b, CHECK TYPE: Check one box to indicate whether board taken was total or partial (if the provider has completed the entire process to become specialty board certified).

Item 25, MEMBERSHIP IN SPECIALITY SOCIETIES: List membership in professional societies.

Item 26, ECFMG: Check one box.

Item 27, BASIC LIFE SUPPORT (BLS): Check one box. If yes, annotate the expiration date (YYYYMMDD).

Item 28a, STATE LICENSURE: Annotate the state licensure number(s) and state(s) issued by for all licenses ever held.

Item 28b, STATUS: Annotate the current status of each license. For example: active, lapsed, cancelled, active-retired, inactive, not-in-practice, etc.

Item 28c, CURRENT EXPIRATION DATE: Annotate the expiration date of the license(s).

SECTION G – CLINICAL PRIVILEGES APPLIED FOR

Item 29, PRIVILEGE(S) REQUESTED: Mark the appropriate box to correspond to the privileges requested. To be privileged to perform physicals at the MEPS, all providers must check the box marked “to perform physical examinations within the scope of USMEPCOM Regulation. 40-1.”

Item 30a, SIGNATURE OF APPLICANT: Self-explanatory.

Item 30b, DATE: Annotate date (YYYYMMDD) application was signed.

SECTION H – REVIEW AND APPROVAL

Item 31a, Chief Medical Officer information indicating credential package review.

Item 31b, Field Support Branch Surgeon or Quality & Standards Surgeon information and recommendation.

Item 31c, USMEPCOM Deputy Command Surgeon information and recommendation.

Item 32a, APPOINTMENT STATUS: check one box.

Item 32b, self explanatory.

Item 33, COMMAND SURGEON: information, signature, and date.

1. **USMEPCOM Form 40-1-9-E** (Malpractice History and Clinical Privileges Questionnaire). This form is to be filled out in its entirety as follows:

Item 1, NAME OF PROVIDER: List current legal name. Also provide name in Item 9.

Item 2, SOCIAL SECURITY NUMBER: Self-explanatory. Also provide name in Item 10.

Item 3, DATE OF BIRTH: Self-explanatory.

Item 4, POSITION: Circle the FBP option.

Item 5, MEPS NAME: Name of MEPS where provider is applying for privileges.

Item 6a-m: Check box for appropriate answer to each question. All questions must be answered.

Note: If yes is answered to any of the questions please explain in item 7. If more room is needed please use USMEPCOM Form 40-1-11-E.

Item 7, COMMENTS: Use this box to explain any “yes” answers.

Item 8a, SIGNATURE OF APPLICANT: Self-explanatory.

Item 8b, DATE SIGNED: Self-explanatory.

m. **Standard Form (SF) 85.** Questionnaire for Non-Sensitive Positions. FBPs must complete this form to initiate a background investigation. Complete instructions for completing the form are included with the form.

Note: Government physicians will complete this form through the civilian personnel office handling their hiring action.

3-8. Documents required for in-house consultants

In-house consultant privilege requests require the documents listed in paragraph 3-7, plus verified copies of the following:

a. Certificate of completion of graduate medical training (residency or fellowship training) in the specialty requested.

b. Documentation of specialty board certification. Specialty board certification is required to be privileged as an in-house consultant.

Note: Specialty Board Certification may be waived under certain circumstances by the Command Surgeon. Requests for an exception to this policy must be submitted in writing with justification along with the completed application package.

3-9. Documents required for providers who are current members of the National Guard or Reserves.

a. National Guard providers who work at a MEPS as examiners for active duty requirements will need a copy of their inter-facility credentials transfer brief (ICTB) from their unit. The unit

or agency will send the copy of the ICTB directly to USMEPCOM, J-7/MMD via CCQAS along with supplemental documentation as outlined in AR 40-68, par. 8-11.

b. National Guard and Reserve providers are required to submit a letter of authorization from the Commander of their unit, specifying their consent for the provider to complete their training at the specified MEPS, and time period indicated for training (e.g., 2 weeks).

c. Reserve component providers will use DA Form 5753-R to apply for clinical privileges during periods of active and inactive duty training (IDT) (annual training, active duty training, active duty special work, IDT or equivalent). Reserve component providers must complete a DA Form 5753-R for each MEPS in which privileges are sought, for each active duty period of 5 or less consecutive days. For periods of IDT, the provider will complete DA Form 5753-R once a year for each MEPS in which privileges are sought.

d. Reservists who drill in the MEPS on a recurring basis throughout the year (more than one time in a year) must obtain privileges from the USMEPCOM Credentials Committee (see section 3-7 for required documentation).

e. National Guard and Reserve providers who apply to be FBPs or consultants must follow the guidelines in paragraph 3-7.

3-10. Renewing privileges

Privileges are valid for a 2-year period unless suspended, restricted, or revoked and must be renewed every 2 years as follows:

a. Medical NCOIC/Sup HT is responsible for requesting the renewal of privileges for Government providers assigned to their MEPS. The FBP contractor is responsible for submitting FBP renewal packages, however; the MEPS must coordinate with the contractor to schedule a FBP to work at the MEPS in order for an evaluation to be completed and forwarded to the contractor for inclusion in the renewal package.

b. All providers must be evaluated using USMEPCOM Form 40-1-8-E. For FBPs, the MEPS must monitor credential expiration dates in order to facilitate the scheduling of FBPs to have their evaluations completed in a timely manner. An evaluation normally should be rendered three to six months before a provider's credentials expire. MEPS should use the Daily FBP Request to by-name request their providers for evaluations within the authorized FBP allocation on a processing day. For example, if the MEPS requires two FBPs on a processing day, request the FBP needing an evaluation to fill one of the two FBP requirements. In the rare case of a small MEPS not requiring enough FBPs to have their FBPs evaluated during the normal workload, contact J-7/MMD, FBP COR to discuss options.

c. The CMO will observe the FBP's examination and profiling abilities (if applicable) before signing USMEPCOM Form 40-1-8-E.

Note: If the MEPS has a vacancy in the CMO position, the provider-evaluation duty defers to the ACMO (if assigned), a J-7/MMD physician or a CMO from another MEPS tasked by J-7/MMD to travel to the MEPS to evaluate the provider. A FBP is not authorized to render an evaluation on another FBP.

d. Once a FBP evaluation is complete, the MEPS will mail, by the least costly accountable mail process, the original evaluation to the contractor (at least three months prior to the expiration

date), send a copy by encrypted e-mail to the FBP COR (e-mail address [HQ-J7-FBP-COR](#) in the USMEPCOM global address list), and keep a copy in case a provider's evaluation is lost.

e. CMOs will almost always be evaluated by a J-7/MMD physician. Normally the evaluation will be done by the J-7/MMD Field Support Branch (East) for Eastern Sector CMOs and the J-7/MMD Field Support Branch (West) for Western Sector CMOs. If these physicians are not available, the evaluation may be conducted by the Command Surgeon, Deputy Command Surgeon or a CMO from another MEPS tasked by J-7/MMD to travel to the MEPS to evaluate the CMO. ACMOs will be evaluated by the MEPS CMO. If the CMO is unavailable, then a J-7/MMD physician will normally conduct the evaluation.

f. Route all Government provider renewal requests to J-7/MMD at least 2 months prior to expiration date of privileges to be considered on-time. FBP renewal requests must be routed from the contractor to J-7/MMD at least 2 months prior to expiration date of privileges and must be "valid" per the terms of the FBP contract.

g. J-7/MMD will normally visit the MEPS in order to evaluate CMOs. J-7/MMD has the option to conduct a video teleconference (VTC) recredentialing evaluation with the MEPS CMO as determined by the Command Surgeon or Deputy Command Surgeon. If the VTC option is used, the MEPS Commander will be notified and required to complete the non-medical portions of the evaluation (questions 5-15 of USMEPCOM Form 40-1-8-E) and the MEPS medical section will use electronic encryption to send J-7/MMD copies of 25 applicant records for review. The J-7/MMD Credentials Coordinator will contact the MEPS and provide detailed requirements if this option is chosen.

h. There is no regulatory authority to extend a provider's privileges. Meeting the renewal request time frames is critical. The MEPS may not utilize any FBP with lapsed privileges or licensure. If FBP privileges are expired for more than 90 days, a new application for clinical privileges is required. In the rare case where a government provider's privileges expire, the MEPS will not allow the provider to conduct applicant physical exams until the privileges are renewed.

i. The following documentation must be submitted for renewal of privileges:

- (1) **Request for Authorization and Consent letter.** See paragraph 3-7j.
- (2) **USMEPCOM Form 40-1-6-E** (Request for Information Disclosure to the National Practitioner Data Bank/Healthcare Integrity and Protection Data Bank). See paragraph 3-7i.
- (3) **Copies of all current state licenses.** (Each copy must include verified true copy statement). See paragraph 3-7d.
- (4) **USMEPCOM Form 40-1-9-E** (Malpractice History and Clinical Privileges Questionnaire) See paragraph 3-7l.
- (5) **Prime source verification for all state medical/nursing licenses.** See paragraph 3-7d.
- (6) **USMEPCOM Form 40-1-8-E** (Clinical Privileges Biennial Evaluation). This form is to be filled out as follows:

SECTION A – PHYSICIAN EVALUATION

Item 1, NAME: List current legal name (including maiden name, if applicable), in which documents may have been issued. Also provide name in Item 29.

Item 2, SOCIAL SECURITY NUMBER: Self-explanatory. Also provide name in Item 30.

Item 3, FUNCTION: Check box for position that you are applying for. **Note:** The CMO/ACMO box is to be used to designate physicians in the authorized Government positions of CMO and ACMO, not FB-CMO. FBPs should not check this box.

Item 4, RATING PERIOD: The “FROM” date is the date that HQ, USMEPCOM Command Surgeon approved the prior privileges, the “TO” date is the date of this evaluation (dates must be written in YYYYMMDD format).

PART A - PRIVILEGES – check the appropriate box for items 5, 6, and 7.

Place an “X” in the box for the rating (acceptable, borderline, unacceptable). If the provider is not being evaluated for these privileges place an N/A under the acceptable block. If corrective action was taken place an “X” in the appropriate box and annotate the type of corrective action taken in the remarks box.

Note: if rated at other than “ACCEPTABLE”, explain in Section D – Remarks or if needed use USMEPCOM Form 40-1-10-E, Application for Clinical Privileges Continuation Sheet.

PART B - PERFORMANCE ASSESSMENT – check the appropriate box for items 8-22.

Place an “X” in the box for the rating (acceptable, borderline, unacceptable). If corrective action was taken place an “X” in the appropriate box.

Note: If rated at other than “ACCEPTABLE”, explain in Section D – Remarks or if needed use USMEPCOM Form 40-1-10-E.

Item 23, PROVIDER SIGNATURE: Self-explanatory.

Item 24, DATE: Annotate date provider acknowledged evaluation (dates must be written in YYYYMMDD format).

Item 25, MEPS NAME: Name of MEPS provider is assigned to.

Item 26, RATED BY: Signature of person conducting evaluation.

Item 27, DATE: Annotate date application was signed (dates must be written in YYYYMMDD format).

Item 28, RATER'S PRINTED NAME AND TITLE: Self-explanatory.

SECTION B – LICENSURE/CERTIFICATION/CREDENTIALS ACTION HISTORY

Item 31, WORK HISTORY UPDATE: If provider is currently employed outside the MEPS, please provide contact information.

Item 32, CREDENTIALS ACTION HISTORY UPDATE: If there have been any changes to any credential actions (malpractice, licensing actions, etc.) during previous privileging period please explain (If more space is needed please use item 38b (remarks) or USMEPCOM Form 40-1-10-E).

Item 33a-c, STATE LICENSURE: See paragraph 3-7d.

SECTION C – PRIVILEGES REQUESTED

Item 34, CLINICAL PRIVILEGES: Provider marks all the appropriate items for renewal of privileges or modification of privileges, and if they are performing physicals, functioning as a profiling officer, functioning as an FB-CMO, or as an in-house specialty consultant. **Note:** For profiling privilege modification, the Medical NCOIC/Sup HT must sign certifying the provider has met the necessary work requirements outlined in paragraph 3-5d.

Item 35: MEDICAL NCOIC/SUP HT SIGNATURE (if required).

Item 36a, PROVIDER SIGNATURE: Self-explanatory.

Item 36b, DATE: Annotate date provider acknowledged evaluation (dates must be written in YYYYMMDD format). Provider signs and dates application.

SECTION D, REVIEW AND APPROVAL:

Item 37a, Field Support Branch Surgeon or Quality & Standards Surgeon information and recommendation.

Item 37b, USMEPCOM Deputy Command Surgeon information and recommendation.

Item 37c, COMMAND SURGEON: information, signature, and date.

Item 38a, APPOINTMENT STATUS: check one box.

Item 38b, self explanatory.

Item 39, PRIVILEGING PERIOD: do not complete, for J-7/MMD use only.

3-11. Modification of privileges

a. To modify a provider's privileges, the CMO will prepare **USMEPCOM Form 40-1-11-E** (Clinical Privileges Modification Sheet) as follows (stating the type of modification requested and include supporting recommendation. There are several types of modifications to privileges: CMO to FBP, FBP to CMO or ACOMO, and/or adding/removing privileges):

SECTION A – IDENTIFICATION

ITEM 1, NAME: List current legal name (including maiden name, if applicable), in which documents may have been issued.

ITEM 2, SOCIAL SECURITY NUMBER: Self-explanatory.

ITEM 3, DATE OF APPLICATION: Self-explanatory (date must be written in YYYYMMDD format).

ITEM 4, CURRENT FUNCTION: Check box for position that you are currently assigned. **Note:** The CMO/ACMO box is to be used to designate physicians in the authorized Government positions of CMO and as ACOMO, not FB-CMO. FBPs should not have this box checked.

ITEM 5, MEPS NAME: Name of MEPS where provider is currently assigned.

SECTION B – MODIFICATION

ITEM 6, TYPE OF MODIFICATION REQUESTED: Check the box for the type of modification requested. If "OTHER" box is checked, please write in the type of modification requested.

ITEM 7, MEDNCOIC/SupHT: If type of modification requested is for profiling privileges, the MEDNCOIC/SupHT verify that the practitioner has met the requirements for profiling privileges outlined in paragraph 3-5d and sign and date application (date must be written in YYYYMMDD format).

ITEM 8, CMO RECOMMENDATION: CMO will annotate his recommendation, sign and date the application (date must be written in YYYYMMDD format).

ITEM 9, MEPS COMMANDER RECOMMENDATION: MEPS Commander will annotate his recommendation, sign and date the application (date must be written in YYYYMMDD format).

Note: The MEPS Commander recommendation is not needed if only adding profiling privileges.

SECTION C – REVIEW

Item 10, Field Support Branch Surgeon approval.

Item 11, USMEPCOM Command Surgeon approval.

Item 12, self explanatory.

Item 13a, signature of applicant.

Item 13b, date of signature.

b. The CMO will send the request to J-7/MMD for approval prior to taking any action. If a FBP is applying to become a CMO, they must first have their privileges modified before being offered a government position through the appropriate Civilian Personnel Office.

3-12. FBP performance issues

Performance issues for FBPs must be addressed as follows:

a. Emergency Situations

(1) Emergency situations are defined in the referenced contract as issues which would raise the questions of “reasonable suspicion that clear and present danger of physical harm exists” to an applicant, FBP, government personnel or authorized visitor. These situations will be immediately addressed by the MEPS Commander in conjunction with the CMO as described below.

(2) The MEPS Commander is to exercise judgment in emergency situations to ensure the safety and well-being of everyone in the MEPS. In situations resulting in imminent danger, the MEPS Commander will follow their Emergency Management Assistance Plan. If there is no imminent danger and the MEPS Commander/CMO believes that a FBP should be removed from the MEPS, the MEPS Commander will phone the FBP COR at J-7/MMD immediately.

Note: Per the FBP contract, the COR is the person who will notify the contractor if the decision is made by J-7/MMD to remove the contractor’s employee from the MEPS

(3) After the emergency situation has been secured, the MEPS Commander, in conjunction with the CMO, will complete the USMEPCOM Form 40-1-13-R-E, (items 1-10), and e-mail to J-7/MMD (use the address [HQ-J7-MMD-FBP-Performance-Reports](#) from the USMEPCOM global address list). In the subject line of the e-mail list the MEPS name, followed by FBP-PR, followed by the last name of the provider. For example: Albany MEPS FBP-PR, Jones. The appropriate J-7/MMD Field Support Branch Chief will complete item 11 and forward the report to the COR within 24 hours of completion.

b. Non-Emergency Situations

For FBP performance issues while conducting routine applicant medical processing, the CMO, in conjunction with the MEPS Commander, will address the performance issues as follows:

(1) Verbally notify the FBP of the performance issue(s).

(2) When applicable, provide the FBP additional training so he/she has the opportunity to correct the performance issue(s).

(3) Document the issue(s) on USMEPCOM Form 40-1-13-R-E (items 1-10) **each** time an issue occurs. Use encrypted e-mail and send the report to [HQ-J7-MMD-FBP-Performance-Reports](#) within 3 working days for review. The subject line of the e-mail should include the MEPS name, followed by FBP-PR, followed by the last name of the provider. The appropriate J-7/MMD Field Support Branch Chief will complete item 11 and forward the report to the COR within 24 hours of completion.

3-13. Restriction of privileges

Suspension, restriction, or revocation of clinical privileges will be conducted IAW AR 40-68, Chapter 10. If the MEPS Commander or CMO feels that a provider is not working to standards, accurate and complete documentation is mandatory. The decision to restrict a provider's privileges is made by the Credentials Committee.

3-14. Pre-hire requirements of FBPs.

- a. The FBP must be able to respond to their MEPS needs on a short notice – 12 hours or less.
- b. FBPs will ensure any and all documentation required to maintain their credentialing is submitted to the contractor in a timely manner as to ensure that there is no lapse in their credentials.

3-15. Filling CMO vacancies and traveling FBPs.

In the event that the CMO is/will be absent, the MEPS should request a FBP from the contractor as soon as possible by using:

a. FBP Estimates Calendar. If the CMO is going to be absent and the requirement is scheduled in advance, the MEPS can use the Monthly FBP Estimates Planning Calendar to notify the contractor of an upcoming need for an FBP with privileges to be an FB-CMO.

b. Traveling FBP. The FBP contractor can, at their discretion, send an available FBP to a MEPS from any other MEPS. This provider is known as a traveling FBP. If a traveling FBP will be at a MEPS for 5 days or more, the home MEPS will process an ICTB through CCQAS to temporarily send their credentials to the gaining MEPS. The instructions for completing an ICTB can be found on the MEPNET, <https://mepnet.mepcom.army.mil>, under Headquarters/J-7/MMD/Training Tools.

3-16. Malpractice liability.

The Gonzalez Act protects only civil servants, members of the Armed Forces, and personal services contractors in the MEPS actually working under the contract. If a provider under contract to the “contractor” renders services in a MEPS outside of that contract (i.e., is not paid by the “contractor” for these services), he/she is not covered for malpractice.

a. FBPs are protected against personal liability for medical malpractice as long as they are working under a valid personal service contract and within the scope of their employment at the MEPS.

b. In-house consultants are not contracted through the “contractor” providing FBPs to USMEPCOM. As such, they are not protected by the government against medical malpractice liability.

Chapter 4

Medical Equipment and Supplies

4-1. Responsibilities

It is the responsibility of the medical NCOIC/SUP HT to ensure that equipment is checked daily for proper preventive maintenance and functioning. In addition, the medical NCOIC/SUP HT must be familiar with the procedures for acquiring, managing, and disposing of medical supplies and equipment. The USMEPCOM Medical Materiel Allowance List (MMAL) prescribes the medical equipment and supplies authorized for use at the MEPS. USMEPCOM Regulation 710-2 (Requisitions and Issue of Supplies and Equipment) prescribes the policies and procedures concerning the acquisition, accountability, stockage, and disposition of supplies and equipment. Use the manufacturer's instruction manual for use and care of the equipment.

4-2. Audiometric equipment calibration and maintenance

a. Both electroacoustical calibrations (completed by Tobyhanna) and bioacoustic calibration checks (using the OSCAR 7© Autoacoustic ear), of audiometers are required for validation of audiometric reference thresholds. The ambient background noise check (sound level) of the audio booth ensures the environment within the booth is sufficiently quiet to perform hearing tests.

b. An electroacoustical calibration will be performed annually on audiometers. The supporting medical maintenance division operated by the United States Army Medical Materiel Agency will perform the calibration. Audiometers will be calibrated to American National Standards Institute (ANSI) S3.1-1999 standards. This calibration standard is essentially the same as the International Standards Organization 1964 standards and should be identified as ANSI-1999. The information which audiometers were calibrated will be included on the DD Form 2808, items 71a (full serial number) and b (date of calibration i.e. YYYYMMDD). A DD Form 2163 (Medical Equipment Verification/Certification) label, indicating the date of the last electroacoustical calibration, will be prominently displayed on the audiometers. The calibration verification demonstrates that the audiometer meets specific requirements stated in the applicable sections of ANSI S3.1-1999. The electroacoustical calibration is good for one year and 30 days. The electroacoustical calibration paperwork must be filed with the DD Form 2217 (Biological Audiometer Calibration Check).

c. A bioacoustic calibration check using the OSCAR 7© simulator will be completed every calendar week. The weekly calibration check will be recorded on DD Form 2217. If an audiometer fails the calibration check, ensure that the headphones have been correctly placed on the simulator and that connectors are fully plugged in before repeating the test. Any failure of greater than ± 5 db will be double-checked with another simulator. In case of second test failure, the specific audiometer or bioacoustic simulator will be turned off immediately and reported for repair to the supporting biomedical maintenance. File annual electroacoustical calibration records, DD Form 2217 in the medical section for 2 years and then destroy.

(1) Ambient noise will be measured with a sound level meter and filter by the appropriate Army support facility annually and every time an audiometric booth is installed, moved, or changes in ambient noise are reasonably suspected (i.e., highway construction next to MEPS). Allowable background noise levels for audiometric testing rooms are as follows:

Octave Band Center Frequencies	Level in dB re 20 micro pascals
500	21
1000	26
2000	34
4000	37
8000	37

(2) The interiors of audiometric testing environments will be illuminated with low wattage bulbs (less than 60 watts) or fluorescent lighting to reduce heat radiation.

(3) Audiometers are calibrated to a specific set of earphones. The earphones that were calibrated to the audiometer are the only authorized earphones for that specific audiometer. If the earphones become unusable, the audiometer should no longer be used for testing applicants

(4) Ensure audiometers are connected to the battery backup (UPS) outlets with surge protection as identified in the UPS operator manual.

4-3. Welch Allyn Ear Wash System (WEWS)

The MEPS will maintain and use the WEWS IAW guidance located on the MEPNET, <https://mepcom.mepnet.army.mil>, under Headquarters/J-7/MMD/Training Tools.

4-4. Stereoscope Vision Testing (OPTEC 2300) (formerly Armed Forces Vision Tester)

Refer to the instruction manual and to this regulation, paragraphs 5-22, 5-23, 5-24, and 5-25 for proper operation.

4-5. Lighting for Pseudoisochromatic Plate (PIP) Color Vision Test

The PIP easel lamps (Light, Color Perception, NSN 6540-01-358-0750) will be equipped with a fluorescent light bulb. The Richmond Products model 1339R True Daylight Illuminator, will be requisitioned.

Note: The Dvorine PIP plates are not ordered by NSN, refer to the USMEPCOM MMAL appendix C for catalog containing ordering information.

4-6. Automatic refractor

Paper printout refills may be purchased locally. For use of the automatic refractor refer to the manufacturer's instruction manual from the manufacturer and this regulation, paragraphs 5-23 and 5-24. Automatic refractors are to be plugged to the battery back up (UPS) outlets with surge protection as identified in the UPS operator manual.

Note: Only one automatic refractor can be plugged in to one battery back up unit (UPS).

4-7. Lantern Color Perception Test OPTEC 900

For use of the color vision tester refer to the manufacturer's instruction manual and this regulation, paragraph 5-21.

4-8. Height, weight, and body fat measuring equipment

a. Height measurement. Height measurement devices will be the wall-mounted type, SECA MDL 222 or SECA MDL 216 properly installed, and verified for accuracy. The MEPS is to attach a level perpendicular to the wall to ensure the measuring device is level to the applicants head when measuring the height.

b. Weight measurement. MEPS with digital scales will perform a daily calibration check prior to applicant weight measurements using the 25-pound weight issued with the scale and documented on the USMEPCOM Form 750-1-R-E (Operator Preventive Maintenance Checklist/General Medical and Non-Medical Equipment). Additionally, the U.S. Army support facility will inspect applicant weight scales and verify the weight accuracy annually. A DD Form 2163 label, indicating the date of the last calibration, will be prominently displayed on the scale.

c. Gulick II Tape. This is the only authorized tape for measuring applicant body fat as identified in the MMAL.

4-9. Exposed x-ray film and/or Digital Radiograph CD-Rom

X-ray film will not be rolled, folded, or stapled. Exposed x-ray film will be stored in DA Form 3443 (Terminal Digit - X-Ray Film Preserver) maintain IAW guidance prescribed in AR 40-66, chapter 3, table 3.1.

a. Accepted applicants. After the 2-year anniversary, forward to the National Personnel Records Center (civilian), 111 Winnebago St., St. Louis, MO 63118. Phone (314) 801-9250, Fax (314) 801-9271

b. Rejected applicants. After expiration of physical examination, contact the servicing DRMO for appropriate disposition instructions.

4-10. Pregnancy determination test kits

a. Authorized pregnancy test kits for MEPS use are the HCG Urine (Pregnancy) (NSN 6550-XX-XXX-XXXX) test kits listed on the MMAL.

b. The instructions contained in the product package insert of the MEPS preferred pregnancy determination test kits will be followed.

c. MEPS will acquire control set, HCG Urine (Pregnancy), NSN 6550-XX-XXX-XXXX, MEPS will acquire control set reagent specifically made by the same manufacturer for your test kit.

d. Controls will be run whenever a new box is opened or as directed in manufacturer's product guidelines. Document all control test results in a log book or MEPS local form. The logs must be maintained for 2 years. Use control information established by the Armed Forces Institute of Pathology (AFIP) in AFIP Pamphlet 40-24 (Department of Defense Clinical Laboratory Improvement Program (DoD CLIP)). Ensure the expiration date has not passed.

4-11. Proteinuria/glucosuria qualitative test

a. Qualitative urine tests for protein and glucose reduction will be done using the Bayer Uristix. Refer to MMAL for ordering information for Uristix.

b. MEPS must complete control tests whenever a new bottle is opened, 3 days after the opening of the bottle, and every day after that until the bottle of Uristix is depleted, expired, or no longer passes the controls. Annotate the date on the side of the bottle and record and maintain the bi-level controls on file (see par. 4-10d for CLIP information).

c. MEPS will acquire control set reagent for both positive and negative for the Bayer Uristix. Item identified in the MMAL.

4-13. Undergarments and piercings

The applicant's Service is responsible for informing the applicant of proper undergarments (brief, boxer, panties, and bra) to be worn for the physical exam. The applicant is required to have all piercings removed prior to processing at the MEPS. The Service is responsible for providing any applicant needing proper undergarments. The physical examination will be discontinued if applicant does not have proper undergarments.

4-14. Medical library

a. Each medical section will have an adequate medical library in order to conduct its day-to-day operations. The library will include the latest edition of the following:

- (1) Periodicals (choose only one (1) of the below journals)
 - (a) Journal of the American Medical Association (AMA)
 - (b) Postgraduate Medicine
 - (c) Journal of the American Academy of Family Practice
- (2) Textbooks
 - (a) Sauer, Gordon C., Manual of Skin Diseases, Lippincott
 - (b) DeGowin, Richard, DeGowin & DeGowin's Diagnostic Examination, McGraw-Hill
 - (c) Scott, J .R., Danforth's Obstetrics & Gynecology, Lippincott
 - (d) Isselbacher, K.J., Harrison's Principles of Internal Medicine
 - (e) Newell, F.W., Ophthalmology: Principles & Concepts, Mosby
 - (f) Schuller, D.E., Dewese & Saunder's Otolaryngology, Mosby
 - (g) Kaplan, H.I., Kaplan & Sadock's Synopsis of Psychiatry, Williams & Wilkins
 - (h) Schwartz, S.I., Principles of Surgery, McGraw-Hill
 - (i) Dorland's Illustrated Medical Dictionary, Saunders
 - (j) Einstein, S.L., Turek's Orthopaedics, Lippincott
 - (k) Behrman, R. E., Nelson's Essentials of Pediatrics, Saunders
 - (l) Grant's Atlas
 - (m) Statistical Manual, American Psychiatric Association, DSM-IV

(n) Smith's General Urology" Urology Surgery' Appleton and Lange

b. The Physician's Desk Reference should be ordered annually. Budget planning should include funds for an annual update of the library. Before ordering, check if a new edition of the book has been published. Obtain written authorization from the FSB for any substitution.

c. The 1999 edition of the International Classification of Diseases (ICD-9-CM). Expert for hospital, vol. 1-23. Anita C. Hart-RHIA, CCS, CCS-P; Catherine A. Hopkins- Beth Ford, RHIT, CCS.

Note: USMIRS has not been updated with ICD codes since 1999. Any code updates newer than 1999 in the ICD books will not be available in USMIRS.

Chapter 5

General Examination Policy and Standards

5-1. General

a. MEPS medical examinations will be performed according to the Command Surgeon, USMEPCOM Regulation 40-1, USMEPCOM Regulation 40-8, AR 40-501, and DoDI 6130.4 with J-7/MMD supplemental guidance. Specialty consultations and other services may be requested by the MEPS as needed to determine the applicant's accession medical qualification. Responsibility for determination of the applicants' medical fitness for military service remains with the MEPS physicians with profiling privileges.

(1) USMEPCOM does not have medical waiver authority and MEPS practitioners will not be delegated medical waiver authority for any reason. The waiver authority cannot reverse or order to change a medical decision made by the profiling physician. The waiver authority can make a decision to waive/not waive the condition.

(2) MEPS commanders or other non-medical personnel cannot reverse the professional medical decisions of the practitioner. The only authorities who may reverse a professional medical determination made by a profiling physician are the CMO, Command Surgeon, Deputy Command Surgeon, or FSB Chiefs. A current list of the Service medical waiver authorities is located on the MEPNET, <https://mepcom.mepnet.army.mil>, under Headquarters/J-7/MMD/Training Tools/Phone Listing Section.

(3) Engaging in treatment of applicants except to complete the physical examination, MEPS staff, or recruiting personnel, except as authorized in emergency situations, is prohibited. This includes the prescription of any medication to anyone by any MEPS practitioner during their course of work at the MEPS. The CMO/ACMO is the MEPS technical medical expert, supervised in professional matters by the Command Surgeon or designee.

b. The DoD standards for initial enlistment in all Services are contained in DoDI 6130.4 (less height, weight, and body fat standards, which are Service-specific and are contained in applicable Service publications). Current height, weight, and body fat standards are summarized on the MEPNET, <https://mepcom.mepnet.army.mil>, under Headquarters/J-7/MMD/Training Tools/Height/Weight Standards Section for the MEPS use. Instructions will be provided by J-7/MMD when updates occur. The standards for prior-service enlistees processing under the applicable Service-retention standards are contained in individual Services physical standards publications.

(1) Non-prior service males and females. Medical fitness standards for initial enlistment in the Armed Forces are contained in AR 40-501, chapter 2. These standards are prescribed by DoD and are applicable for all Services (with the exception of height, weight, and body fat, when applicable, which are Service-specific). In some cases, prior-service individuals receive a chapter 2 examination, those situations are as follows:

(a) Army. If the applicant:

1. Has never served on active duty or, if has served, has not been awarded an Army military occupational specialty.

2. Has been discharged from the active Army for more than 6 months.

3. Is currently a member of United States Army Reserve (USAR) or ARNG unit and has not completed Army basic training/advanced individual training (BT/AIT) or one station unit training (OSUT).

4. Prior service of other Services, regardless of when discharged.

(b) Navy. Applicants for own-service veteran (OSVET), naval veteran (NAVET), and commissioning applicants.

(c) Marine Corps. Enlistment program requirements as they apply to MEPS processing are located in Marine Corps Order (MCO) P1100.72C and AR 40-501, chapter 2.

(2) Prior-service males and females. Medical fitness standards for prior-service personnel are prescribed in the publications listed for the Services. The following are examples of AR 40-501, chapter 3 that apply to each Service:

(a) Army.

1. Reenlistment within 6 months of discharge.

2. Prior service, currently a member of an USAR or ARNG component.

3. Split-option trainee entering active duty for AIT (has completed BT). Exception to the physical is to follow Army accession height and weight standards.

4. Applying for USAR and/or ARNG (AGR), additional duty special work (ADSW), full-time manning (FTM), full-time training duty (FTTD) (nonflying) as a current USAR member.

(b) Navy.

1. Accession medical examinations are conducted according to the DoDI 6130.4 and NAVMED P-117 (The Manual of the Medical Department). The scope of accession examinations is the same as for other military Services.

2. The standards listed on the MEPNET are current. The MEPS will be notified by their respective sectors when changes to the standards are made.

(c) Marine Corps.

1. Accession medical examinations are conducted according to the DoDI 6130.4; NAVMED P-117, chapter 15, section 3, articles 15-30-61 and AR 40-501. The scope of accession examinations is the same as for other military Services. The United States Marine Corps (USMC) enlistment program requirements as they apply to MEPS processing are in MCO P1100.72C (Military Personnel Procurement Manual, Volume 2, Enlisted Procurement) and AR 40-501, chapter 2.

2. The standards listed on the MEPNET are current. The MEPS will be notified by their respective sectors when changes to the standards are made.

(d) Air Force. Air Force Instruction (AFI) 48-123, Medical Examinations and Standards, chapters 3 and 4, and AFI 36-2115 (Air Force Retired Active Duty to Air Force Reserve).

(e) Coast Guard. Medical Manual, COMDTINST M6000.1C, chapter 3, as applicable.

5-2. Military entrance medical examinations

a. Military entrance medical examinations are conducted for the purpose of enlistment, accession, and induction. The MEPS may perform other examinations—reenlistment, commissioning, and entry into officer training program—including non-scholarship: Reserve Officer Training Corps (ROTC) programs, Commissioned Corps of the Public Health Service, Health Professions Scholarship Program (HPSP) and Uniformed Services University of the Health Sciences (USUHS) applicants (see AR 40-501, chapter 2 for initial entry). For students already enrolled in above programs, AR 40-501, chapter 3, applies. When requested by Federal activities for Federal employees (excluding contractors), MEPS may conduct medical examinations (including flying class III physicals) if doing so will not adversely affect the accomplishment of the primary mission. For programs other than service enlistment programs, the MEPS profiling physician does not provide qualification recommendation and consultations or additional testing.

Note: Any student attempting to enroll in a program leading to a commission or who receives monies towards tuition and books is receiving scholarship funds and scholarship students go through the DoD Medical Evaluation and Review Board for medical processing. Students who are in their final year of study, require a pre-commissioning physical, which may be completed at the MEPS.

b. Entrance examinations for the following types of programs will not be conducted at the MEPS:

- (1) Class I and II flight examinations.
- (2) ROTC scholarship programs.
- (3) Entrance examinations for Service academies.
- (4) Routine Retirement/Re-Enlistment/Periodic examinations.
- (5) Temporary disability retired list (TDRL) examinations. (If Service member has been cleared of temporary disability by the appropriate Service, IAW AR 40-501, a Chapter 2 examination may be conducted by MEPS.)
- (6) Health-risk examinations.
- (7) Contractors to the Federal Government.
- (8) Summer-camp training.
- (9) Retention physicals for Ready Reserves or Guard.
- (10) Activation physicals for the Ready Reserves or Guard.

c. A physical examination for accession is valid for 2 years. The MEPS commander may authorize a new, full medical examination if the previous medical examination is still valid but will expire within 90 days. This is only done if the physical is going to expire before the intent of the original physical can be accomplished. The MEPS commander may delegate this authority to the CMO or medical NCOIC/SUP HT. If the original physical examination paper work is lost or misplaced, the applicant will receive a new physical examination to include a new drug and HIV test. Currently Individual Ready Reserve (IRR) member re-enlisting into the Army Reserve or National Guard, IAW AR 40-501, are given a chapter 3 physical and those re-enlisting into the regular Army IAW AR 40-501, are given a chapter 2 physical.

5-3. Medical documentation from outside sources

a. Original medical and related documents provided by the applicant will be returned to the applicant at the time of the initial examination. The MEPS will make and retain one copy of each original document that is pertinent to the applicant's medical condition. If the applicant provides copies of medical documentation, those copies will be retained by the medical section and additional copies will not be made.

b. The MEPS practitioner will mark the first and last page of the copy to be retained: "Reviewed and considered in applicant's physical," initial, date, and total number of pages attached. All pages will be attached to DD Form 2808.

5-4. Report of outside medical examination/treatment

a. When an applicant claims to have had a medical examination or treatment for a medical condition for which verification or more documentation is needed, the applicant will be given a copy of USMEPCOM Form 40-1-2-R-E (Report of Medical Examination/Treatment). In the event documentation needed involves a visual acuity examination, USMEPCOM Form 40-1-3-R-E (Report of Medical Examination/Treatment-Visual Acuity) will be used. The practitioner will advise the applicant that further evaluation of the applicant's medical condition is necessary to determine the acceptability for military Service.

b. The applicant will be instructed to take USMEPCOM Form 40-1-2-R-E or USMEPCOM Form 40-1-3-R-E to the liaison who will obtain the records and forward them to the MEPS. Each MEPS will establish a procedure for returning the medical records to the liaison in their local SOPs. Completed forms will be returned by the applicant's practitioner and will become part of the applicant's file.

5-5. Questionable medical fitness cases

The profiling physician makes the final determination of an applicant's medical fitness for military service based on the MEPS examination. In questionable cases, the Field Support Branch Chief may make the qualification decision either telephonically, by e-mail, or in writing at the MEPS medical section request. When telephonic, the MEPS practitioner will record the final determination on DD Form 2808, item 74a. A sample entry is as follows: "Medically qualified telephonically on (date) by (rank and name of USMEPCOM physician)." When by e-mail, a printout of the e-mail may be attached to the records.

5-6. Disqualified applicant notification

a. The CMO or profiling physician will personally notify all medically disqualified applicants of their disqualifying condition(s), either in writing or in person (see table 5-1 for notification

requirements). If notified in person, document the conversation. Explain in terms that are understandable to the applicant, advise all disqualified applicants to seek medical attention, if appropriate. The applicant should be advised that their medical issue can be reconsidered following evaluation and/or treatment. But no guarantee of medical qualification should be indicated. Additionally, the applicant should be advised that the government will not cover any costs. The applicant must sign item 75a and enter the date in item 75b. The applicant's signature is to verify notification of the disqualification and of the instructions given by the profiling physician. If the applicant is not present, the CMO/ACMO will send a letter advising of the disqualification and/or suggesting medical treatment (if needed), annotate in item 75a on the DD Form 2808 "Applicant notified by letter", and enter the date of the notification in item 75b. Those disqualified with dangerous medical conditions (e.g. pneumonic infiltrate or mass, persistent glucosuria or proteinuria, hypertension, tachycardia, possible malignancy or other life threatening condition) a "certified mail" letter must be sent and when the signed acknowledged receipt is returned, it must be included in the applicant's file. The fact that the applicant has been notified personally by the CMO/ACMO does not negate this requirement.

b. When disqualifying an applicant based on the applicant's word alone (i.e., allergy, counseling), attempts to obtain additional medical documentation or treatment records should be made. Any additional documentation provided should be included with the DD Form 2808 or DD Form 2807-1. The practitioner will obtain the specific historical data relating to the condition. If the medical documentation is unavailable an explanation of why the provider made the decision should be provided.

5-7. Service waiver authorities

a. Army medical waiver authorities

(1) Addresses.

Army Regular and Reserve:

HQ, USAREC
Command Surgeon
ATTN: RCCS-SUR
1307 Third Avenue
Fort Knox, KY 40121

Commercial: (502) 626-1128/0531
CMO toll free (866) 860-7661

Army National Guard:

Army National Guard Bureau
ATTN: NGB-ARP-H
111 S. George Mason Drive
Alexandria, VA 22204-1382

Commercial: (703) 607-9534

(2) Annotation. Army waiver authorities will provide an electronic e-mail/fax of their waiver determination. A copy of the e-mail/fax will be included with the original DD Form 2808 and annotated in items 76 and 86.

b. Navy medical waiver authority

(1) Address

Navy Regular and Reserve

Commander Naval Recruiting Command
Code 00M
5722 Integrity Drive
Bldg 784
Millington, TN 38054

Commercial: (901) 874-9269

(2) The Bureau of Medicine and Surgery (BUMED) will review waiver requests and forward their recommendation to Chief, Naval Recruiting Command (CNRC) for final decision.

(3) Annotation. Upon receipt of the waiver authorization, a copy of the e-mail/fax indicating waiver determination will be included with the original DD Form 2808 and annotated in items 76 and 86.

c. Air Force medical waiver authority

(1) Addresses

Air Force Regular Waiver Authority
HQ AETC/SGPS
(Accessions, OTS, HPSP, JA/CH)
63 Main Circle,
Randolph AFB, TX 78150-4959

Commercial: (210) 652-9208

Air Force Reserve Waiver Authority

HQ AFRC/SGPA
135 Page Rd
Robins AFB, GA 31098-1601

Commercial: (800) 223-1784

Air National Guard Waiver Authority:
3500 Setchet Ave.
Andrews AFB, MD 20762-5157

Commercial: (301) 836-8553

(2) Annotation. Air Force waiver authorities annotate their waiver decisions with a rubber stamp and appropriate typed/written entries on the original DD Form 2808, item 44, NOTES. If the original DD Form 2808 is not available, a copy may be used. The MEPS should annotate in items 76 and 86 the appropriate documentation of the waiver.

d. Marine Corps medical waiver authority

(1) Address

Marine Corps Regular and Reserve

Chief, Bureau of Medicine and Surgery

ATTN: Code M3B2

2300 E Street NW

Washington, DC 20372-5300

Commercial: (202) 762-0553

(2) BUMED reviews the medical waiver request and forwards the BUMED recommendation to the office of the Commandant of the USMC for decision. If a waiver is granted, Commanding General, Marine Corps Recruiting Command will transmit a waiver number to the local USMC liaison. USMC waiver authority has been granted to the Region Command Generals, Marine Corps Recruit

Depot/Eastern Recruiting Region, Parris Island, SC, and Marine Corps Recruit Depot/Western Recruiting Region, San Diego, CA.

(3) Annotation. Waiver control numbers issued by these approving authorities are valid Marine Corps waivers. In some cases the waiver authority may reply by other means documenting waiver approved/disapproved with approving official's signature. Upon receipt of a USMC waiver, make the appropriate annotation in item 76 and 86 on the DD Form 2808.

e. Coast Guard medical waiver authority

(1) Address

USCG Recruiting Command

Attn: Medical Waivers

2300 Wilson Blvd

Suite 500

Arlington, VA 22201

Commercial: (703) 235-1745

(2) Annotation. The medical recommendation is stamped on the original DD Form 2808, item 44, NOTES, or may be received by other means. The actual waiver authorization is by separate letter from Commandant (PRJ), U.S. Coast Guard. The MEPS will annotate items 76 and 86 of the DD Form 2808 as to whether the waiver was granted or denied.

Note: Service-specific weight standards (including minimum standards) are on the MEPNET, J-7/MMD, Training Tools, Height/Weight Standards Section.

5-8. Overweight applicants

Applicants over the weight standards will be advised that they must bring their weight to the acceptable standard and return to the MEPS for reevaluation. The DD Form 2808 will indicate T3 in items 74b and 76. The date the applicant may return is based on the amount of weight to be lost and is called the reevaluation justified (RJ) date. Applicants who return on their RJ date and meet or exceed their prescribed weight loss will not be qualified if they demonstrate deleterious effects of the weight loss/gain. The RJ should reflect a waiting period of 4 days for every 1-pound increment. For example, a weight loss or gain of 3 pounds requires a RJ period of 12 calendar days, a weight loss or gain of 7 pounds requires an RJ period of 28 calendar days. In addition, RJ date may be calculated by allowing 16 days for each 1% over body-fat allowable standards. A 3% overage would allow an RJ period of 48 days. An applicant may return on the lesser of the two calculations if the Service allows taping to calculate the body-fat percentage.

5-9. Underweight applicants

a. The Army, Navy, Air Force and Coast Guard currently do not have minimum weights. For applicants who are low Body Mass Index (BMI<19.0) an evaluation by the provider to determine if there are any underlying medical/psychiatric conditions can be accomplished through more detailed history/medical record review. Underweight applicants down to 17.5 body mass index (BMI) may be qualified if there is no evidence of a medical condition or psychiatric disorder and if they are physically active with a good appetite. Applicants below 17.5 BMI should be temporarily disqualified and an RJ date calculated. The RJ should reflect a waiting period of 4 days for every 1-pound increment. For example, a weight gain of 3 pounds requires a RJ period of 12 calendar days, a weight gain of 7 pounds requires an RJ period of 28 calendar days. A BMI calculator can be obtained using www.nhlbisupport.com/bmi/.

b. USMEPCOM reserves the right to adjust an RJ date. Any adjustments requested by the Services will be directed to the FSB Chief via the MOC.

Note: Service-specific weight standards (including minimum standards) are on the MEPNET, J-7/MMD, Training Tools, Height/Weight Standards Section.

c. Army ARMS Test

(1) For the Army, any applicant who has a measured body fat above the standard and yet not more than 32% for males and 38% for females may be allowed to perform the ARMS test, provided they do not have a medical condition that in the judgment of the CMO/ACMO prevents them from doing so. If they pass the ARMS test, items 74b and 76 will be annotated with a P1 profile based on the ARMS test completion. This qualification is valid for 30 days.

(2) If an applicant returns to ship within the 30 days of the waiver being granted, their height and weight are rechecked. If their percentage of body fat exceeds the standard but falls within the 32/38% ARMS allowance, the applicant can ship to basic training without retaking the ARMS test. If the applicant exceeds the 32/38% ARMS allowance, they are temporarily disqualified and an RJ date calculated. The applicant may not ship to basic training.

5-10. Height waivers

a. **Army.** The Army and ARNG retain authority to grant waivers for over- and under-height applicants. These are administrative in nature and usually do not require medical input.

b. **Navy.** The profiling physician may recommend waivers for applicants whose height is not more than 2 inches under the applicable minimum height standard. Applicants that exceed the height standards will be disqualified.

c. **Air Force.** Approved by Surgeon, Air Education and Training Command (AETC/SGPS) for air traffic controllers, Flying Class III applicants, and Air Force commissioning candidates. When granted, profile designator is "P-1".

d. **Marine Corps.** Height waivers will only be considered for applicants that are within weight standards. A close approximation to a qualifying weight can be accomplished using the tables provided. Applicants who are obviously over the weight standard will not be considered for a height waiver. Final determination of the height and weight standard for over-height applicants, can be obtained through the waiver authority.

e. **Coast Guard.** The USCG has retained the right to waiver over- and under-height applicants.

5-11. Discontinuation of examination prior to completion

The MEPS medical examination begins with the medical briefing. Current medical protocol requires that the MEPS medical examination, once started, be followed through to completion unless the applicant is uncooperative or disruptive (see par. 2-2), or an applicant wishes to discontinue processing on their own accord. The medical NCOIC/SUP HT will determine the reason for discontinuation. If it is found to be no fault of the MEPS, the applicant will be directed to the profiling physician for profiling consideration. In such cases an explanation must be included in the applicant's record for future reference. The MEPS commander must discontinue processing the following:

a. Individuals determined by the profiling physician to be under the influence of drugs or alcohol, as well as applicants who are uncooperative and disruptive and do not respond to appropriate counseling.

b. Applicants who did not attain an acceptable score on the aptitude examination. If the medical examination has begun before the score is known, the medical examination is discontinued. If an applicant is found to be "not aptitudinally qualified" the MEPS commander may discontinue processing.

c. For an applicant who has had a valid examination at another MEPS but has not disclosed the examination, this is known as "MEPS jumpers." The MEPS will stop the examination and obtain the earlier examination records. The MEPS will use the original physical.

Note: If the HIV test of the second physical has been forwarded to the testing laboratory, the result of the second test takes precedence and is entered on the original physical.

5-12. Specialty consultations

a. Consultations will be obtained for enlistment examination qualification determination purposes only at the direction of the profiling physician or CMO/ACMO, unless instructed otherwise by the FSB Chief or the Deputy/Command Surgeon. If possible, consultations will be obtained on the day of the physical examination. Consultations are valid as long as the condition for which it was obtained has not changed during the valid two year period of the physical.

(1) The first missed consultation appointment by the applicant can be rescheduled at the request of the Recruiting Service. If a second consultation appointment is missed, the MEPS Commander will notify the appropriate Inter-Service Recruitment Committee (IRC) level commander in writing or by e-mail that the applicant's processing has been placed in a hold status. Further appointments will not be scheduled without a written request from the IRC-level commander. If the applicant misses a third appointment, further processing will be discontinued unless directed by J-7/MMD.

(2) Applicants will not be tested or receive consultations to determine qualification for special duty or programs.

b. Only exercise Pulmonary Function Tests (PFTs) may be obtained by MEPS providers to determine the status of asthma. Requests for additional testing (e.g. Methacholine challenge tests) by the Service Waiver Authority will require J-7/MMD approval through J-3/MOP-CO-MOC.

c. The MEPS medical practitioner requesting a consultation will personally annotate the SF 513, (Medical Record – Consultation Sheet) clinical record consultation sheet to ensure the consultation is written professionally and the exact purpose of the consult is relayed to the consultant. The SF 513 will state exactly what the MEPS medical practitioner expects from the consultant. Do not indicate on consultation requests a determination by the consulting provider to comment on fitness for military service. Request appropriate International Classification of Diseases, 9th (ICD-9CM) version coding, and attach copies of applicable records to the SF 513.

d. The MEPS practitioner is responsible for considering the consultants opinion and making the final qualification decision (the consultant does not make a final qualification or disqualification determination).

e. Consultations will not be scheduled if there is a valid RJ date.

f. Medical examinations requested by other Federal agencies (other than DoD) do not require qualification/disqualification determination. Other Federal agency applicants do not require waivers, receive consults, or receive other tests obtained outside of the MEPS.

5-13. Earwax (cerumen) removal

See guidance found on the MEPNET, <https://mepcom.mepnet.army.mil>, under Headquarters/J-7/MMD, Training Tools for complete details. The ear examination technique is left to the examining practitioner's discretion whether an adequate ear examination has been conducted; the standard is two-thirds visualization of the eardrum. Each MEPS has a Welch-Allyn Ear wash system. This is to be used to attempt to remove the obstructing cerumen to allow two-thirds visualization of the eardrum. If this removal fails after a reasonable amount of time, the examining practitioner may refer applicants for cerumen removal at civilian facilities or MTF if appropriate, or manually remove the cerumen him/herself with an ear curette if clinical judgment dictates that the procedure is both safe and necessary.

5-14. Special category processor

Special-category applicant processing is intended to recognize applicants who are older, more educated, and deserving of special treatment commensurate with their expected position in military service. This applies to applicants for direct commission such as healthcare professionals, chaplains, and attorneys. When in doubt as to the eligibility of an applicant for special-category processing, either accept as a special category or seek guidance from

J-3/Operations Directorate-Accessions Division (J-3/MOP-AD). Officer candidate school (OCS)/officer training school (OTS), Reserve Officers Training Corps (ROTC), prior-service applicants, and cadets are not special-category applicants but will receive head-of-line privileges. If there is space in the allocations for special category applicants, OCS/OTS can be given those appointments when projected.

a. Special-category applicant processing will be offered daily except as noted below. Processing start times will be offered no earlier than 0900 and NLT 1000 hrs.

b. There will be no special-category applicant processing on extended-hours processing support days, U.S. Army mission days or on any other Service mission days.

c. There will be no special-category applicant processing scheduled on Saturday processing days.

d. Special-category applicant processing must be projected 24 hours in advance by the Service liaisons. There will be no exceptions.

e. If a special-category applicant appears unscheduled, they will be processed just like any other walk-in.

f. Special-category applicants may elect to process with all other applicants. Liaisons must identify those applicants and it will be understood that no individualized special-category applicant processing will be offered.

g. Each MEPS will provide times for at least one special-category applicant per Service on the days authorized for special-category applicant processing. If projected floor counts or under utilization by other Services on a given day allow, MEPS are encouraged to meet the needs of these professionals. The MEPS will manage the allocation of those slots to ensure a fair distribution to each Service.

h. Each MEPS will develop a SOP for this policy and this policy will be a Commander's Special Interest item.

i. Each MEPS will educate their respective IRC and the recruiter liaison/Service counselors on special-category applicant processing.

5-15. Prior-service applicants with or without previous medical discharge and/or current medical disability

a. Applicants must bring their DD Form 214 (Certificate of Release or Discharge From Active Duty) with an RE code and reason for discharge, or a copy of the Defense Manpower Data Center, Recruiter Eligibility Determination Database that provides prior-service data before beginning the physical. If applicant was assigned an RE code of 3 or 4, the Service must provide approved administrative waiver prior to applicant processing in the MEPS.

b. If discharged for medical reasons, the applicant must bring pertinent medical records including the Medical Evaluation and Physical Evaluation Board records as well as DD Form 214 member copy 4.

c. If assigned a VA disability, the applicant must bring pertinent VA records. This applies also to prior-service applicants separated from service for reasons other than medical but currently receiving disability payments (e.g., expiration term of service, hardship, compassionate).

d. Former military trainees with an entry-level medical separation for a condition that did not exist prior to service (i.e. a broken arm from the obstacle course) can be qualified if the medical condition has resolved.

e. Former medically discharged Service members will provide a copy of their medical board and medical discharge documents. MEPS will not medically qualify these individuals, even when currently asymptomatic. Applicants with medical discharges will be permanently disqualified (PDQ'd) for that condition pending Service medical waiver authority review. Approved waivers will be annotated in items 76 and 86 on the DD Form 2808. If the waiver is denied, the denied waiver will be annotated in item 86 on the DD Form 2808. Addresses for waiver authorities are in paragraph 5-7.

5-16. Invasive and other special procedures

MEPS providers will not order (or consent to a consultant ordering or performing) any of the following procedures without first obtaining the consent of J-7/MMD:

- a. Endoscopy.
- b. Nuclear medicine procedures.
- c. Cardiac stress tests (except if requested by the Service waiver authority for over-40 year-old applicants).
- d. Any test construed to be highly complex, unusually risky, or over \$1,500. (Ultrasound examinations and routine intravenous pyelograms are not considered highly complex or unusually risky.)
- e. Electrocardiograms (EKGs) are not required for officer or enlisted accession physical examinations and will not be performed unless clinically or historically indicated. Job-specific requirements do not meet the requirement for conducting an EKG. All EKGs must be interpreted by a board certified internist or cardiologist.

5-17. Orthopedic/neurologic screening examination

- a. The purpose of this examination is to observe for and discover the following:
 - (1) Abnormalities in posture, habitus, and gait
 - (2) Deformities, particularly of extremities
 - (3) Limitations of motion of joints
 - (4) Muscle absence or atrophy
 - (5) Lack of muscle strength
 - (6) Lack of coordination

- (7) Missing digits
- (8) Skin eruptions and other skin abnormalities
- (9) Apprehension, reluctance, or inability to perform a prescribed maneuver because of fear that it will produce pain or dislocate a joint
- (10) Clinically significant scars, including skin grafts
- (11) Other abnormalities

b. The orthopedic/neurologic examination is intended to identify orthopedic or neurological abnormalities that must be further investigated by the examining practitioner (or by an appropriate medical consultant). It is not an exercise or strength test. Difficulty or inability to perform a maneuver is not disqualifying, but the underlying condition or defect may be disqualifying. The medical history interview must be done prior to the orthopedic/neurologic exam.

c. The orthopedic/neurologic examination begins with the practitioner or the technician asking all applicants, as a group, if they have had any of the following:

- (1) Current or recent injuries
- (2) Cardiovascular/heart problems
- (3) Recent surgery

d. If the additional history requires detailed questioning, it must be done in private. Instruct applicants to immediately report any pain, numbness, or other problems that develop during the examination.

e. Trained and experienced medical technicians should verbally describe and/or physically demonstrate each movement, as described in paragraph 5-17g. The practitioner must be able to closely observe each applicant during every prescribed maneuver. The number of applicants is determined by the physical layout and size of the room in which the examination is conducted. The number of providers required is limited by the provider's ability to view all maneuvers of the applicants they are overseeing and the ability of the applicants to complete all maneuvers (recommend no more than 8 applicants per provider).

f. The order of the movement can be varied at the discretion of the provider. However, all maneuvers must be accomplished.

g. Recommended sequence of orthopedic/neurologic maneuvers:

(1) APPLICANTS: Stand relaxed with arms to the side, heels together, feet spread at a right angle of 90 degrees.

PRACTITIONER: Observes each applicant for:

- (a) General body habitus

- (b) Clinically significant scars and skin abnormalities
- (c) Pes planus, Pes cavus, hallux valgus, hammertoes, and other foot deformities
- (d) Pelvic tilt
- (e) Scoliosis and kyphosis
- (f) Leg length discrepancies

(2) APPLICANTS: Make full arm circles by extending arms forward, rotating above the head, back, and down to complete full circles. Repeat until told to stop.

PRACTITIONER: Observes each applicant for:

- (a) Limitation of motion, subluxation of shoulders
- (b) Pain or apprehension

(3) APPLICANTS: Fully extend arms out laterally at right angles to body, palms up and elbows locked.

PRACTITIONER: Observes each applicant for:

- (a) Full extension of elbows
- (b) Deltoid weakness

(4) APPLICANTS: Flex elbows and touch thumbs to shoulder. Repeat rapidly until told to stop.

PRACTITIONER: Observes each applicant for:

- (a) Degree of flexion of elbows
- (b) Coordination

(5) APPLICANTS: Extend arms to the ceiling and lower sharply to side of the body without slapping the sides. Repeat until told to stop (applicants need to face away from examiner in order to have scapulae observed).

PRACTITIONER: Observes each applicant for:

- (a) Position and movement of scapulae
- (b) Subluxation of shoulders

(6) APPLICANTS: Extend arms in front, palms together, thumbs up; throw away arms forcefully to the rear, slightly above shoulder level, and simultaneously raise body onto toes. Repeat until told to stop.

PRACTITIONER: Observes each applicant for:

- (a) Symmetry and coordination of shoulders, clavicles, and arms
- (b) Pain or apprehension

- (c) Subluxation of shoulders
- (d) General coordination and balance

(7) APPLICANTS: Stand relaxed, extend arms above head, locking thumbs together; bend over forward and touch the floor with fingertips, if able, keeping the knees straight.

PRACTITIONER: Observes each applicant for:

- (a) Scoliosis
- (b) Other spine abnormalities

(8) APPLICANTS: Stand up straight, extend one leg forward, lifting foot from the floor, toes down, then up; then relax toes and rotate foot at the ankle. Repeat until told to stop. (Repeat for other leg when instructed.)

PRACTITIONER: Observes each applicant for:

- (a) Range of motion of toes and ankle
- (b) Coordination and balance

(9) APPLICANTS: Flex right thigh at hip, bringing the knee up; flex lower leg at the knee; then forcefully lower the foot, kicking down and forward. Repeat until told to stop. Then repeat the maneuver with the knee up and flexed, this time kicking down and rearward. Repeat until told to stop.

PRACTITIONER: Observes each applicant for:

- (a) Knee joint integrity and stability
- (b) Pain or apprehension

(10) REPEAT 9 WITH OPPOSITE LEG

(11) APPLICANTS: Stand on toes as high as possible, and walk on tiptoes five steps forward. Turn and walk on tiptoes five steps to original position.

PRACTITIONER: Observes each applicant for:

- (a) Range of plantar flexion
- (b) Balance
- (c) Coordination
- (d) Weakness

(12) APPLICANTS: Stand and walk on heels five steps forward, with forefeet as high as possible. Turn and walk on heels five steps to original position.

PRACTITIONER: Observes each applicant for:

- (a) Range of dorsiflexion

- (b) Balance
- (c) Coordination
- (d) Weakness

(13) APPLICANTS: Stand straight, then squat sharply several times, stop in squatting position, and then duck walk five steps forward, heel-toe sequence; turn and duck walk back five steps to original position.

PRACTITIONER: Observes each applicant for:

- (a) Integrity of knees and hip joints
- (b) Lateral patellar motion
- (c) Hesitancy
- (d) Balance

(14) APPLICANTS: In squatting position, one at a time drop on knees, with both knees hitting the floor simultaneously, and then walk on knees five steps and stop.

PRACTITIONER: Observes each applicant for:

- (a) Simultaneous drop
- (b) Pain
- (c) Hesitancy
- (d) Apprehension

(15) APPLICANTS: At kneeling position, tuck toes under and one at a time raise to standing position in one smooth motion, without touching the floor with hands.

PRACTITIONER: Observes each applicant for:

- (a) Coordination
- (b) Balance
- (c) Quadriceps strength
- (d) Unilateral weakness
- (e) Apprehension

(16) APPLICANTS: Flex one leg to the rear, grasp ankle with hand and plantar flex foot.

PRACTITIONER: Observes each applicant for:

- (a) Plantar scars, plantar warts, and other abnormalities

(b) Balance

(17) Repeat 16 with opposite leg and foot.

(18) APPLICANTS: With elbows against body, flex elbows to right angles, palms up, extend and spread the fingers.

PRACTITIONER: Observes each applicant for:

(a) Forearm supination (palms down)

(b) Palms and fingers for scars, contracture, symmetry, missing fingers and parts. Practitioners can observe hands individually while asking the applicant to turn hands palms down to better assess scars, deformities, presence of ganglion cysts before proceeding to the movement aspects of the examination.

(19) APPLICANTS: With palms up, repeatedly flex and extend fingers; make a fist.

PRACTITIONER: Observes each applicant for:

(a) Mobility and range of motion of digits

(b) Ability to make a fist

(20) APPLICANTS: Turn palms down and extend fingers, with elbows remaining at right angles and against the body.

PRACTITIONER: Observes each applicant for forearm pronation, scars, contracture, symmetry, missing fingers. Practitioners can observe hands individually while asking the applicant to turn hands palms down to better assess scars, deformities, presence of ganglion cysts before proceeding to the movement aspects of the examination.

(21) APPLICANTS: Turn palms up and touch each finger in turn to the thumb, continue until told to stop.

PRACTITIONER: Observes each applicant for:

(a) Mobility/range of motion of digits

(b) Coordination

(22) APPLICANTS: Turn palms down, fingers extended, and repeatedly flex and extend hands at the wrists. Repeat until told to stop.

PRACTITIONER: Observes each applicant for:

(a) Range of motion of wrists

(b) Pain and apprehension

(23) APPLICANTS: Turn palms down, fingers extended; flex hands at the wrist radially and ulnarly. Repeat until told to stop.

PRACTITIONER: Observes each applicant for:

(a) Wrist range of motion

- (b) Pain, apprehension, and other abnormalities

(24) APPLICANTS: Walk briskly, one by one, in straight line toward the examiner; stop in front of the examiner, turn, and walk away from the examiner.

PRACTITIONER: Observes each applicant for:

- (a) Gait abnormalities
- (b) Limp
- (c) Other postural abnormalities

5-18. Dental screening

a. Observe for diseases of the gingiva, presence of orthodontic appliances, condition of teeth, malocclusion, and other abnormalities. The remarks section will be recorded as “acceptable” or “not acceptable”. Abnormalities and defects will be annotated in item 43, DENTAL DEFECTS AND DISEASE, and item 44, NOTES, marked appropriately, even if not disqualifying.

b. An applicant with orthodontic appliances will be allowed to enter the delayed entry program (DEP) if he/she provides a signed letter from his/her orthodontist stating anticipated treatment completion and removal date for the appliance. For applicants who are ineligible to enter the DEP and have braces, permanent disqualification will be annotated. At time of inspection prior to shipping, the healthcare practitioner will ensure that the appliances have been removed according to DoDI 6130.4. Permanent retainers are acceptable to ship.

5-19. Temporary disability retired list examinations

a. Military members are sometimes found medically unfit for duty and discharged to the temporary disability retirement list (TDRL). Within a 5-year period, TDRL military members are periodically reexamined to determine fitness. Within 5 years, a physical examination board (PEB) makes a final evaluation and removes the member from TDRL status determining if the member is fit or unfit for duty

b. For Service members who are found “fit for duty” by the medical board for the TDRL condition and later found unfit for another condition, a recommendation regarding disability or final medical disposition is made and the member is not allowed to return to active duty.

c. For Service members who are found “fit for duty”, the member is given the choice to return to active duty in the service he/she left. The member does not have the choice to return to another Service. Prior to return to active duty, IAW AR 40-501, the member may undergo a “chapter 2 examination” at a MEPS or MTF examination. MEPS are authorized only to conduct a chapter 2 examination to support return to active duty after removal from TDRL status. During processing, the MEPS may not disqualify an applicant for the problem that originally put him on TDRL status if the condition is stable. Any additional disqualifying conditions will be noted on DD Form 2808. The MEPS evaluation will require all medical evaluations during the TDRL status and all MEB/PEB documents. Medical information provided to the MEPS by the member must be recent and reflect current medical status. The MEPS is authorized to determine if the information provided for the chapter 2 examination is not current enough to constitute valid information. Contact J-7/MMD for questions regarding validity of medical information.

d. If a member with positive HIV results is removed from TDRL and found fit for duty, the MEPS must immediately notify the HIV Program Manager at J-7/MMD. The HIV Program Manager will advise the Service headquarters that the MEPS is not authorized to ship anyone to basic training or duty station with positive HIV results.

5-20. Special programs

a. **Marine Corps Medical Remedial Enlistment Program (MREP).** The MREP is outlined in MCO P1130.51F (Medical Remedial Enlistment Program). It allows the enlistment of certain non-prior service Marine Corps enlistment applicants with disqualifying remedial medical defects that can be surgically or medically corrected to the extent that the applicant will be fit to undertake basic training within a maximum period of 8 weeks from treatment. Applicants may have more than one of the listed defects (fig. 5-1), provided treatment for the second defect is non-surgical when the first defect requires surgery. Simultaneous treatment for the second defect must not prolong or complicate the treatment of the primary problem.

1. Hemorrhoids.
2. Undescended testicle, unilateral.
3. Varicocele.
4. Hydrocele.
5. Inguinal hernia, unilateral.
6. Undescended testicle and inguinal hernia, same side.
7. Inguinal hernia and varicocele/hydrocele, same side.
8. Simple goiter.
9. Deviated nasal septum with airway obstruction.
10. External otitis.
11. Hyperdactylia (hands and feet).
12. Ingrown toenail(s).
13. Phimosis (when circumcision is required for hygiene).
14. Hypertrophic tonsils and adenoids with airway obstruction.
15. Nasal polyps with airway obstruction.
16. Abdominal wall hernia-only primary hernias, no incisional hernias. a. Consultations must specifically state the estimated time for recovery before the applicant will be able to start recruit training. b. If the disqualified applicant is medically MREP eligible, the MEPS will furnish the Marine Corps recruiting liaison all originals and a copy of the following medical records stamped or marked in red ink with the following annotation in the upper right-hand corner: "MREP APPLICANT (IAW MCO 1130.51F.)" (1) DD Form 2808, original and one copy. (2) DD Form 2807-1, original and one copy. (3) Any pertinent medical documents.

Figure 5-1. Marine Corps MREP Defects List

b. **Navy Delayed Entry Medical (DEM) Waiver Program.** To minimize delays caused by the current two step medical waiver process, Commander, Navy Recruiting Command, and Chief, BUMED, created the DEM program to allow enlistment into the DEP, based on a provisional DEM waiver. A favorable Chief, BUMED, medical waiver recommendation and CNRC waiver must be received by the MEPS prior to shipping applicants to basic training. Fulfillment of DEM

criteria does not guarantee waiver will be recommended or issued, and the medical information required for DEM is not the information required for a waiver. Any changes to the list (fig. 5-2) will be coordinated by J-7/MMD and updates provided. Only certain diagnoses are eligible for DEM provisional waivers. Applicants disqualified for medical conditions other than those listed in fig. 5-2 are not eligible for a provisional DEM waiver and may not be enlisted in DEP using DEM waiver procedures.

1. History of Ophthalmologic Disorders such as excessive refractive error: +/- 8.00 diopters sphere, +/- 4.00 diopters cylinder. LASIK and PRK surgery to include preoperative refractive measurements.
2. History of Respiratory disorders such as childhood Asthma, Reactive Airway Disease or Exercise-Induced Asthma, pneumothorax (traumatic or spontaneous).
3. History of Orthopedic surgery or injury (ORIF, retained hardware, ACL or Arthroscopic, Bankhart repair, bunionectomy).
4. History of Gynecological disorders such as Endometriosis, Cervical Dysplasia, or abnormal PAP smear.
5. History of Cardiovascular disorders such as repaired congenital heart malformation or conductive disorder (WPW) treatment.
6. History of Abdominal/Gastrointestinal disorders such as Hernia repair (must be 60 days postoperative with release from care statement), GERD, hemorrhoids.
7. History of Neurological disorders such as back pain, surgery or asymptomatic mild Scoliosis, sleepwalking, childhood epilepsy, concussion.

Figure 5-2. Conditions Normally Allowed in the DEM Waiver Program

5-21. Instructions for color vision testing

a. All applicants are given the PIP color vision test with all test rules properly observed (applicants 30 inches from the plates). Each test plate will be displayed for a maximum of 5 seconds a special illuminating light, specified in the test booklet, must be used. The results will be recorded as “Pass” or “Fail” followed by the number of plates failed (indicated by a minus sign with the number over the total number of test plates (ex. -2/14). The test can be repeated if in the opinion of the profiling physician or J-7/MMD-CO staff member, the applicant did not understand the test procedure. Additionally, if the applicant fails then subsequently brings in a statement from his physician or optometrist contradicting the MEPS test results and attesting to normal color vision, the MEPS test will be repeated once after the test booklet has been reshuffled.

(1) Navy and Marine applicants must correctly identify at least 12 of the 14 plates for a passing score. Three or more incorrect responses (including failure to make responses in the allowed time interval) in reading the 14 test plates is considered a failure.

(2) All other Service applicants must correctly identify at least 10 of the 14 plates for a passing score on the PIP.

b. Testing must be performed under an approved and standard illuminant. Five or more incorrect responses (including failure to make responses in the allowed time interval) in reading the 14 test plates is considered a failure. No other color vision tests are authorized except for Army applicants (see par. 5-21b(2)). Repeat test for failures is not authorized except as stated in paragraph 5-21a.

(1) Navy, Marine Corps, and Coast Guard applicants who fail the PIP test will be further tested with OPTEC 900.

(2) Army applicants who fail the PIP test will be administered a red/green color vision test using the OPTEC 900 or other method as directed by J-7/MMD.

c. The red/green color vision testing using the OPTEC 900 will be administered to all Services (except the Army or the Air Force) on an applicant who fails the PIP. The results will be annotated as "Pass" or "Fail," on the DD Form 2808, item 59, and Red Green "Pass" or "Fail" in USMIRS.

5-22. Instructions for OPTEC 2300

a. The OPTEC 2300 depth perception test is difficult for some applicants with normal vision to interpret correctly. Common errors in the use of the OPTEC 2300 include improper positioning of the variable prism eye pieces during testing, improper instruction, and improper use of the light switch mechanisms located on the back of the machine. False failures can result if the examiner does not give a thorough, unrushed demonstration of what is expected and does not allow an adequate practice session before beginning the actual test. All Air Force applicants going Class III, air traffic controller, crew member, or commissioning (as well as Navy commissioning physicals) will be tested for depth perception using the OPTEC 2300. Navy and Marine applicants will be tested for depth perception after determination of job classification (MOS/NEC) which requires depth perception capability.

b. Specific instructions. To explain the test, the applicant will first be shown a demonstration device consisting of a transparent plastic plate with four black circles on the rear surface, one in the front. As in the depth perception test itself, one circle appears nearer than the other four. After the plastic demonstration model of the test has been shown, the applicant is told to look into the instrument and focus on group A, the three rows of circles in the upper left corner of the square.

(1) The first group will be used to further explain the test and allow adequate time for the perception of depth to develop. The top row of five circles in group A demonstrates a relatively large difference in depth, the middle row a moderate difference, and the bottom row a small difference. Some applicants may not see any depth for the first minute or so. In such cases, do not hurry through the practice test.

(2) You may tell the correct answers to the three rows of group A and instruct the applicant to look at each circle in turn until the applicant can see that one of the five circles in each row is nearer than the others.

(3) You may use the occluder to demonstrate that with monocular (one-eyed) vision all the circles appear in the same plane, while with binocular (two-eyed) vision, one may appear nearer than the other four. When you are satisfied that the applicant actually sees depth in at least the top row, proceed to the actual test. This will be given without any help or hints used in the practice period. The testing procedures are as follows:

(a) The applicant will be asked to indicate by number, counting from left to right, which circle is nearer in the top, the middle, and the bottom rows of group B. If all three answers are correct, the same questions will be asked for group C, group D, etc.

(b) The test will be discontinued when the applicant gives one or more incorrect answers in any one group beyond group A, with one exception: If one or more incorrect answers are given in group B, repeat the practice session with group A, then have the applicant try group B again. Any incorrect answers after group B, or after a second try on group B, the test will be discontinued and graded accordingly. If the applicant fails then subsequently brings in a statement from his physician or optometrist contradicting the MEPS test results and attesting to normal depth perception, the MEPS test will be repeated once.

(c) Test score and recording. The testing score is the letter designator of the last group in which no errors were made. For a passing score, there will be no misses through group D. Failing score is recorded simply as "Fail" on DD Form 2808. Passing score is recorded as follows: "Pass (D)," if group D is the last group without errors; "Pass (E)," if group E is the last group without errors; or "Pass (F)," if there were no errors through and including group F. The results are entered on DD Form 2808. If spectacles or contact lenses are not worn, enter the score on DD Form 2808, item 67. If spectacles or contact lenses are worn, enter the score in item section titled "Corrected".

5-23. Distant vision

a. **Uncorrected vision.** Determine uncorrected visual acuities using the OPTEC 2300.

(1) When using the OPTEC 2300, the applicant must be able to read the largest letters in the OPTEC 2300 (20/400 line). An applicant may miss no more than one on the first line of the OPTEC 2300 (20/400) and no more than three per line for all other lines and still pass that line. If the applicant cannot pass the first line of the OPTEC 2300, test the applicant for finger count by holding up fingers 1 meter from the applicant's eyes. If the applicant can correctly answer the number of fingers held up, record the vision as 20/FC (finger count). If the applicant fails the finger count but perceives light, the result will be recorded as 20/LP (light perception).

(2) Express vision testing results in terms of English Snellen Linear System (20/20, 20/40, etc.). Use only full numbers for vision testing results. Do not use (+) or (-) signs in connection with visual acuity.

(3) If uncorrected vision is 20/50 or greater in either eye or the applicant wears glasses or contact lenses then the applicant must be tested using the autorefractor to determine corrected vision.

(4) When using the autorefractor, applicants cannot miss more than one of the letters/numbers displayed on the lines indicating visual acuities of 20/40 or better. The smallest line of letters/numbers (must be 20/40 or better) that the applicant can read with not more than one error is recorded as the best visual acuity. If the visual acuities are worse than 20/40, no errors are permitted.

b. **Corrected vision.** When testing applicants with corrected vision, record the method used to obtain corrected visual acuities.

(1) If visual acuities obtained by:

(a) Autorefractor, circle "AUTOREFRACTION" in item 62.

(b) Manifest refraction (referral to ophthalmologist or optometrist), circle “MANIFEST” in item 62.

(c) Pinhole refraction, enter “by PIN” after the word “Vision” in item 61 for distant vision.

(2) If the applicant was examined at the MEPS less than 1 year ago, the practitioner may use the manifest acuity information on USMEPCOM Form 40-1-3-R-E to complete the refraction only. The MEPS will still check the visual acuities in item 61 and 63 using MEPS visual acuity equipment.

(3) When the autorefractor is used:

(a) Use objective refractions for entries on DD Form 2808, item 62. Subjective confirmatory refractions are not necessary but may be used in problem cases at the discretion of the examiner.

(b) Include the autorefractor printout slip in the individual’s medical record and attach it to the SF 507.

(4) When a spherical equivalent of the refractive error needs to be manually calculated add the sphere algebraically to one-half of the cylinder, as in the following example:

Refraction: +7.00 -2.50 x 90

Spherical equivalent = (+7.00) + 1/2(-2.50) = +5.75

c. Distant vision acuities. Determine corrected distant vision and refraction by auto-refraction or manifest. Use the following rules for obtaining distant vision acuities:

(1) Applicant does not wear corrective lenses. Uncorrected distant vision acuities:

(a) Are 20/40 or better in the worst eye. Distant acuity may be obtained using pinhole method.

(b) Are 20/50 or greater in the worse eye. Use the auto refractor (if the applicant does not wear corrective lenses). If the autorefraction spherical equivalent error is from +/-7.5 to +/-8.5 diopters inclusive, obtain a manifest refraction. The manifest refraction results will determine the applicant’s qualification.

(2) Applicant wears corrective contacts and:

(a) Brings a written report (less than 1 year old) of refractive error (not contact lens prescription) with the refraction and the results are qualifying, enter the refraction results on DD Form 2808, item 62 and circle manifest. Obtain corrected distant visual acuities with the applicant wearing the lenses; obtain uncorrected distant visual acuities after lenses have been removed.

(b) Does not have a written manifest, have the applicant remove contact lenses and obtain an autorefractor refraction and uncorrected distant visual acuities.

5-24. Visual acuity standards

Visual acuity standards are listed in DoDI 6130.4 and AR 40-501.

5-25. Near vision

Applicants whose uncorrected near visual acuities are 20/50 or greater in the better eye will receive an auto-refraction unless corrected to 20/20 with current spectacles or contact lenses. If near vision is 20/40 or better, the pinhole refraction may be used.

Note: To annotate pinhole refraction enter “by PIN” after the word “Vision” on DD Form 2808, item 63.

5-26. Audiometer

a. Hearing tests will be conducted in an environment that is as quiet as possible. The environment should be readily accessible and away from outside walls, elevators, heating and plumbing noises, waiting rooms, and noisy hallways.

b. Eyeglasses and earrings will be removed before testing. Hearing aids will not be used during enlistment and commissioning physicals. On certain retention physicals (see Service-specific standards) hearing aids may be used.

c. Identifying information will include the applicant’s name (last then first), SSN, date of testing, the name of MEPS, and the testing technician’s name.

d. Ensure the applicant understands the test and required responses. Advise applicants that job selection may be dependent on the results of this test. Only MEPS audiograms are acceptable for enlistment.

e. Accession applicants whose initial audiogram is disqualifying for enlistment (H-3/H-3E profile) will be tested again on a second audiometer. If recent exposure to a loud noise is suspected as a cause, advise the applicant to avoid additional exposure and to retest one additional time after 48 hours of noise rest. In this type of case, enter a 3T in the “PULHES” for USMIRS (temporary disqualification until RJ date entered).

f. A medical technician will monitor all audiometer tests.

g. The results at 500, 1000, 2000, 3000, 4000, and 6000 cycles per second will be recorded on DD Form 2808, item 71a (and 71b, if failed first hearing test). The 1kHz test is the same as the 1000 Hz test. Record the lesser number of the 1kHz/1kt result for all tests (baseline weekly calibrations and applicant tests). Unit serial number and date the unit was calibrated must also be recorded in item 71a (and 71b, if failed first hearing test).

h. The audiometer used at the MEPS automatically determines and prints out the appropriate hearing profile. When the audiometer print out reads “H2/H3E,” record a H-3E profile for applicants undergoing a physical examination according to AR 40-501, chapter 2 and record a H2 profile for applicants undergoing a physical examination according to AR 40-501, chapter 3. The same process is used for H1/H3E audiometer readings.

i. Trained technicians must review audiograms to ensure their validity and proper recordkeeping requirements are met.

j. Perform repeated audiometric tests on a different audiometer. Audiograms will be designated as “1”, “2”, etc., and corresponding notations will be made on the DD Form 2808. Hearing tests are administered to determine accession eligibility.

Note: Repeat hearing tests for additional job opportunities are not authorized.

k. Unilateral hearing loss on the initial audiogram that completely disappears on repeat audiogram is highly suspicious of the applicant reversing the earphones at midpoint of audiometric testing when the testing sound switches to the opposite ear. Reversing earphones in this manner tests only the good ear and gives a false result. If this situation is suspected, a further retest will be done with the technician visually observing the applicant throughout the testing process.

5-27. Manual hearing profiling and disqualifying hearing profiles

Annotate hearing profile on DD Form 2808, item 71a.

a. If the manual hearing strip produced by the audiometer reads H-2/H-3E, if:

(1) Under AR 40-501, chapter 2 (initial entry standards), assign H-3E.

(2) Under AR 40-501, chapter 3 (retention standards), assign an H-2.

b. If hearing levels are better than those requiring H-3 profile, always check if an H3P profile applies. Remember that H-3E profile is used only for applicants processing under initial entry medical standards. The H-3E profile does not apply to applicants who process under the applicable Service’s retention medical standards.

c. If hearing levels are better than levels requiring H-3P or H-2 profile, assign H-1.

5-28. Hearing standards

a. Only H-3, H-2, or H-1 profiles will be used. If hearing appears to be worse than permitted by the H-3 profile (potentially H-4 and the applicant is a current member of an Active or Reserve component of any of the Services, the applicant will be referred back to their unit for disposition.

b. The following specifies the hearing profile designators:

(1) H-4 profile will not be assigned at MEPS.

(2) H-3 profile. See DoDI 6130.4, paragraph E1, and AR 40-501, table 7-1.

(3) H-3E profile. This profile designator applies only to applicants who are evaluated under the initial entry medical standards IAW DoDI 6130.4, paragraph E1, and AR 40-501.

5-29. Medical waivers - general guidance

a. Profiling officers will indicate a recommendation for or against a waiver on permanent disqualifications. The profiling officer should, if appropriate, provide statements supporting the recommendation. The profiling officer will complete the physical profile on DD Form 2808, item 74(b), and ICD-9 code information in item 76, and make the disqualification decision and a waiver recommendation in item 77.

b. Factors to consider in making a waiver recommendation:

- (1) Is the condition progressive?
- (2) Is the condition subject to aggravation by military service?
- (3) Will the condition preclude satisfactory completion of training and subsequent military duty?
- (4) Will the condition constitute an undue hazard to the applicant or to others?

c. Previously granted waivers for medical fitness standards are valid for subsequent medical actions pertinent to the purpose (i.e., military service enlistment), if:

- (1) The duration of the waiver was not limited at the time granted.
- (2) The medical condition has not interfered with duty performance.
- (3) The MEPS physical is valid.

d. Waivers granted by one Service are not valid for another Service.

e. MEPS practitioners do not have waiver authority for any condition.

Recommendations may be made to the appropriate Service waiver authority as described in paragraph 5-7.

Table 5-1 Disqualified Applicant Notification					
Applicant Status	DD 2808 Entry ¹	Notification By	Oral Notification	Written Notification	Minors ³
Disqualified: dangerous condition ²	Stamp item 73 or 77: The applicant has been informed of his/her condition and advised to seek medical attention and signed by applicant (if available). Stamp item 73 or 77: Letter sent (date). Initialed by CMO.	CMO, ACMO, or FB-CMO	Required. In private and in person if applicant is in the MEPS -or- Telephonically if DQ is discovered after applicant departs the MEPS.	Required. Follow-up letter. Letter will be in Layman language. (See sample letter in fig. 5-4.) Written notification for disqualified dangerous condition must be "certified mail" so that an acknowledgement receipt is returned for inclusion into the applicant's file. File copy in applicant's medical record.	As required by State law.
Disqualified: drug/alcohol addiction or drug/alcohol dependency	Same as above. Additionally, annotate item 77 with all specific medical recommendations made.	CMO, ACMO, or FB-CMO	Same as above.	Same as above.	As required by State law.
Disqualified during initial examination (reasons other than above).	Stamp item 73 or 77: The applicant has been informed of reason for his/her disqualification. Signed by applicant in item 75a and dated in item 75b.	CMO, ACMO or FB-CMO or examining practitioner	Required in private and in person.	Not required.	Not required.
Disqualified after initial examination (reasons other than above).	Stamp item 73 or 77: The applicant has been informed by letter of reason(s) for his/her disqualification. Signed by CMO.	CMO, ACMO or FB-CMO	Not required	Required. Letter according to this regulation (see sample letter in fig. 5-5).	Not required.
DQ during prescreening (no further processing)	None	Service	Not required.	DD 2807-2 Not justified, return to recruiting Service.	
<p>Notes:</p> <ol style="list-style-type: none"> 1. Always list diagnoses and defects in item 77 in order of immediacy. 2. For example, pneumonic infiltrate or mass, persistent glycosuria or proteinuria, hypertension, tachycardia, possible malignancy, other life threatening condition. 3. Notification of parents/legal guardians. 					

MEPS Letterhead

Office of the Commander

Date

_____ Military Entrance Processing Station
Attention: Chief Medical Officer
Street address
City/state/zip code

Dear Mr./Mrs./Ms. _____:

This letter is in regard to the advice given to you by the _____ Military Entrance Processing Station physician during your recent medical examination. On (date), you were medically examined to determine your qualification for entry into the Armed Forces of the United States. During the examination, the examining physician discovered you had a medical condition which should be examined or treated by your private physician. The possible condition you should bring to the attention of your physician is _____.

For your physician's convenience, copies of your medical history and medical examination are enclosed.

To protect your health, you are urged to obtain professional medical help regarding your medical problem.

Sincerely,

Signature Block (upper & lower case)
Rank, Service (spelled out)
Title

Enclosure

Figure 5-4. Sample Letter—Advice To Seek Medical Treatment

MEPS letterhead

Office of the Commander

Date

_____ Military Entrance Processing Station

Attention: Chief Medical Officer

Street address

City/state/zip code

Dear Mr./Mrs./Ms. _____:

This letter notifies you that, as a result of your recent military entrance medical examination, you have been found medically disqualified for entry in the Armed Forces of the United States. The reason for your medical disqualification is the finding of _____. Although this condition may not effect your current or future employability in civilian life, it is considered disqualifying for military service under current medical standards for enlistment. Should you desire further information concerning your medical disqualification, we will be happy to provide a copy of your medical records to your physician upon written request from you.

Sincerely,

Signature Block (upper & lower case)

Rank, Service (spelled out)

Title

Figure 5-5. Sample Letter—Notification Of Medical Disqualification

Chapter 6

Medical Processing

6-1. General

- a. The medical history interview will be completed before the orthopedic/neurologic evaluation.
- b. All entries on the DD Form 2807-1 will be written legibly.

6-2. Medical check-in

All applicants will be checked-in at the medical control desk upon entry into the medical section of the MEPS. Applicants must have a valid DD Form 2807-2 (within 60 days of applicants signature date), name tag, USMEPCOM Form 680-3A-E (Request for Examination). Photo of applicant must be validated in medical for full physicals (if previously taken) and inspects, check-in applicant in USMIRS. Ensure all "N" status are cleared prior to checking into medical, validate social security number in USMIRS

- a. Consent to medical examination of minors. For minors, completion of the DD Form 1966 (Record of Military Processing -Armed Forces of the United States), SECTION VIII - PARENTAL/GUARDIAN CONSENT FOR ENLISTMENT, is required for minors prior to taking the physical. Also, the DD Form 2807-2, item 8, must have the parent or guardian signature for minors prior to taking the physical. Check to see that the signatures on the DD Forms 2807-2 and DD Form 1966 are similar IAW USMEPCOM 601-23 (Enlistment Processing). The medical briefer will ensure that minors have a properly completed DD Form 2807-2 in their possession before filling out DD Form 2807-1. The DD Form 1966 is the consent for invasive procedures (i.e. blood draw, consults, etc), and the DD Form 2807-2 authorizes the physical examination.
- b. The medical briefer will ensure that prior service applicants have a copy of DD Form 214 (member's copy), Conditional release form DD Form 368, Reenlistment Eligibility Data Display (REDD) report or Service equivalent and NGB 22 (for National Guard Bureau applicants)

6-3. Medical briefing

- a. Applicants will receive the medical briefing and will complete the designated portions of the medical forms. (See MEPNET, <https://mepcom.mepnet.army.mil>, under Headquarters/J-7/MMD, Training Tools, Standard Medical Brief Section for detailed instructions.)
- b. Applicants will complete DD Form 2807-1 and USMEPCOM Form 40-1-15-E (Supplemental Health Screening Questionnaire) under the supervision and guidance of MEPS medical personnel. A practitioner or a medical technician who has been properly trained (documented) by the CMO or medical NCOIC/SUP HT will give the briefing. The MEPS must follow verbatim the briefing guide on the MEPNET.
- c. USMEPCOM Form 40-1-15-E. The applicant will complete items 1-14 as follows:

- (1) **ITEM 1, LAST NAME, FIRST NAME, MIDDLE NAME:** Enter the name entered on DD Form 2807-1.

- (2) **ITEM 2, SOCIAL SECURITY NUMBER:** Self explanatory.

- (3) **ITEM 3, DATE OF BIRTH:** Self explanatory.
- (4) **ITEM 4, DATE OF EXAM:** Date the form is complete which must be the date of the applicant's medical examination at the MEPS.
- (5) **ITEM 5, MEPS:** Name of MEPS.
- (6) **ITEM 6, SEX:** Indicate whether applicant is Male or Female.
- (7) **ITEM 7a, SERVICE:** Check block for Service applicant is processing for.
- (8) **ITEM 7b, COMPONENT:** Check block for Component of Service applicant is processing for.
- (9) **ITEM 8a-1 SCREENING QUESTIONS PART 1:** Applicants must answer each question by marking either "YES" or "NO". All "YES" answers must be explained on page 2 of the form.
- (10) **ITEM 9a-c SCREENING QUESTIONS PART 2:** Applicants must answer item 9a and place the corresponding number in parentheses in the box entitled "Score". If the applicant answers "Never (0)" the applicant must skip down to the "TOTAL SCORE" block and enter zero (0) in the column for score. Otherwise, the applicant should answer questions 9b and 9c and enter the corresponding number in parentheses into the column for score. The applicant must add the numbers in the "Score" column and enter a total score.
- (11) **ITEM 10, SIGNATURE OF APPLICANT:** Self explanatory.
- (12) **ITEM 11, DATE SIGNED:** Self explanatory.
- (13) **ITEM 12, LAST NAME, FIRST NAME, MIDDLE NAME:** Same name entered on DD Form 2807-1.
- (14) **ITEM 13, SOCIAL SECURITY NUMBER:** Self explanatory.
- (15) **ITEM 14, COMMENTS:** Use this box to explain any "yes" answers.

d. The medical briefing is an important step in medical processing. This step, if not administered properly can cause the remainder of the examination to be performed on an applicant who did not understand the instructions, forms, or purpose for being at the MEPS. This briefing is to be conducted in English according to AR 601-270, OPNAVINST 1100.4C, AFI 36-2003, MCO 1100.75D, COMDTINST M 1100.2E (Military Entrance Processing Station (MEPS)) by a well-spoken medical individual capable of answering medical questions.

6-4. Practitioner's summary

a. DD Form 2807-1, item 30a, provides space for the practitioner's summary and elaboration of the applicant's medical history as revealed in items 8 through 29. The practitioner will complete this item with entries in black or blue ink and will include dates the problem existed, type of treatment, and results of treatment if applicable. The medical history will be reviewed in private with each applicant.

b. The interviewing medical practitioner will clarify items marked “yes” and any items identified in items 8 through 29. The clarification will include limitations, frequency, last episode, treatment and other pertinent information. For any item that the applicant did not answer, the practitioner will discuss the item with the applicant, and based upon the interview documented in item 30a, the applicant will mark the appropriate response.

c. If an applicant answers “no” to all questions, the applicant will be questioned as to his/her understanding of the form. If the applicant affirms the absence of any significant medical history, an entry will be made in item 30a recording the lack of significant medical history.

d. If an applicant discloses additional medical information (including drug or alcohol use) during the pre-enlistment/pre-accession interview, and a medical officer is not present in the station nor scheduled to return to the station before the next working day, the MEPS commander or his representative will review the USMEPCOM Form 601-23-E (Report of Additional Information) and interview the applicant. When an additional disclosure is of such a nature that the MEPS commander or his representative can determine that the applicant’s eligibility is not altered by the additional information, the commander will complete the MEPS portion of the USMEPCOM Form 601-23-E by marking the box “No change in physical qualification for enlistment” and signing for the medical officer. (See USMEPCOM Regulation 601-23 for more specific information.) The commander will also annotate a copy of (do not write on the original) DD Form 2807-1, item 30a, with the additional information and date and sign this entry. The following duty day, the commander or his designated representative will review copies of the USMEPCOM Form 601-23-E and DD Form 2807-1 with the medical officer. The CMO will then annotate the findings on the original examination form. A designated representative is defined as the next most senior officer on duty for the MEPS staff.

e. The interviewing medical practitioner’s full name and the date of examination will be typed, printed, or stamped in the appropriate space on DD Form 2807-1, items 30b and d. The practitioner will sign his/her name in the signature block (item 30c) in black or blue ink.

6-5. Disposition of DD Form 2807-1, USMEPCOM Form 40-1-15-E, and DD Form 2808

The original DD Form 2807-1, USMEPCOM FORM 40-1-15-E, DD Form 2808, and any supporting documents pertaining to applicants found qualified for enlistment will be retained in the applicant’s file for disposition at the time of entry on active duty (shipper). If the applicant enlists in a Reserve component, these documents will be released to the appropriate Reserve component liaison, with a copy retained in the applicant’s file. Original medical records pertaining to enlistees found not qualified for enlistment will be retained in the applicant’s file. When finished processing through the medical section, applicants will receive a copy of the DD Form 2807-1 and DD Form 2808, stamped or printed, “Working Copy”, and any pertinent medical information (i.e., appointment slips, USMEPCOM Form 40-1-2-R-E). The original documents will be maintained in the medical section until the HIV/DAT information is posted to the record IAW USMEPCOM Regulation 40-8. Original copies of DD Forms 2807-1 and DD Form 2808 will be placed in the applicants medical file along with the DD Form 2807-2, SF 507, DD Form 2005 (Privacy Act Statement – Health Care Records), USMEPCOM For 40-8-R-E (Drug and Alcohol Testing Acknowledgement Form), USMEPCOM Form 40-8-1-R-E (HIV Antibody Testing Acknowledgement Form), and any pertinent medical documentation for further MEPS processing as applicable. Applicants shipping from the MEPS will not receive working copies of DD Form 2807-1 or DD Form 2808 (unless they become disqualified, open profile, etc), but will receive the packet after the medical section has completed the applicant’s medical processing. Applicants will not carry their medical records from the medical section (excluding shippers) to operations/Service liaisons. If the medical records need to be transferred

from the medical section to operations/Service liaisons for any reason, only MEPS staff will hand carry the records.

6-6. Medical briefing

Prior to the completion of DD Form 2807-1 and USMEPCOM Form 40-1-15-E, complete DD Form 2005, USMEPCOM Form 40-8-R, and USMEPCOM Form 40-8-1-R-E. DD Form 2005 will have sections 2, 3 and 4 read, all other forms will be read in full. Medical briefing, see MEPNET, J-7/MMD, Training Tools, Standard Medical Brief Section.

6-7. Medical record assembly

Applicant medical records will be assembled IAW Fig. 6-1.

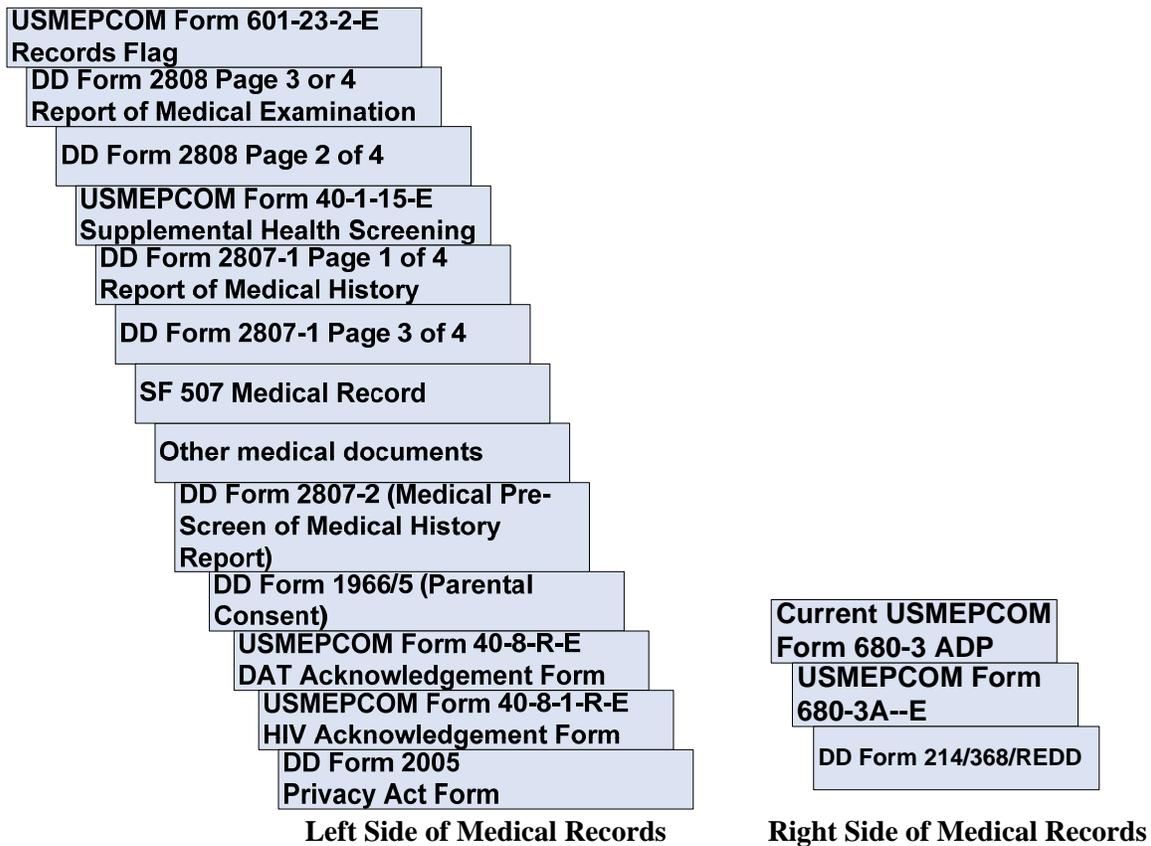


Figure 6-1. Applicant Medical Record Assembly

Chapter 7

DD Form 2808 (Report of Medical Examination)

7-1. General

DD Form 2808 will be used to record results of the physical examination, laboratory findings, and other medical measurements, for CMO/ACMO/FBP evaluation of the applicant's qualification for military service, for CMO/ACMO/FBP recommendations for waivers and further specialty examinations or tests for the waiver authorities to stamp waivers, and for the CMO/ACMO/FBP to document waivers received through official documentation. Valid waivers should be documented by the CMO/ACMO/FBP in item 86 and item 76. Each disqualifying condition must be specifically waived by the waiver authority before applicant processing can be resumed.

7-2. Scope and recording

Scope and recording of the MEPS medical examination is detailed in AR 40-501. Use only black or blue ink to make entries on DD Form 2808.

7-3. Recording examination results on DD Form 2808

- a. Administrative/identifying data (items 1 through 16). Prepared during the medical briefing.
- b. Clinical evaluation (items 17 through 43).

(1) Items 17 through 43 are the specific areas of clinical evaluation performed by the practitioner. The practitioner annotates each item with a check mark as normal, abnormal, or NE (not examined). Each item must have one box checked.

(2) There is a continuation of item 35 requiring an assessment of applicant's arches. The examining practitioner will circle (in the continuation of item 35) the description of the applicant's feet. Applicants who have a condition noted by history or by testing will be evaluated for that particular condition with pertinent positive and negative findings recorded in item 44, NOTES.

- c. Recording findings in item 44, NOTES.

(1) The practitioner will annotate medical examination findings pertaining to items 17 through 43 in item 44. Mark the item number of each annotation. Precede the description of the finding with the appropriate item number. Items requiring a longer description may be directed to a continuation area (e.g. "#38 see item 73")

(2) Body marks, scars, and tattoos (item 37). A medical technician trained by the CMO may be authorized to record the body marks, scars (annotate surgical or nonsurgical), and tattoos. Practitioners may use a locally generated tattoo/scar/body marks (which can be completed by the applicant) worksheet. Annotate in item 44 "see attached worksheet" and attach it to the DD Form 2808. The practitioner is responsible to ensure the body marks/tattoos/scars are correctly annotated in item 44 or in a continuation area. It is the practitioner's responsibility to view and comment on clinical or regulatory relevance of body identifiers.

- d. Record special test results, consultations, and other medical documentation in item 87 and 88 as needed.

e. Specialty consultations and test results, civilian treatment, and hospitalization records pertaining to the applicant's health are part of the medical examination and will be filed in the applicant's packet. Enter the number of additional pages included with the DD Form 2807-1 and DD Form 2808 in item 87 of the DD Form 2808 when the examination is complete.

7-4. Correcting entries

Correct entries by lining through once and entering the corrected entry above, below, or adjacent to the original entry. Corrections and changes must be initialed and dated by the person making the correction.

7-5. Phase processing (optional)

The MEPS may use phase processing to perform medical examinations. Phase processing is defined below and is designed to give the MEPS scheduling flexibility while retaining the integrity of the medical examination and ensuring applicant's safety. Medical processing may consist of two phases.

Note: The medical interview is conducted before the orthopedic/neurologic examination if doing phase processing or regular processing.

a. **Phase 1.** Phase 1 is limited to the following items:

(1) Medical briefing including a quality control check on the preparation of various forms and description of the physical examination process.

(2) Administration of the breath alcohol test (see USMEPCOM Regulation 40-8).

(3) Vision testing.

(4) Hearing test.

(5) Blood pressure and pulse.

(6) Ear examination. (The trained health technician may identify those applicants that require ear canal cleaning; however, the technician may not authorize ear cleaning. The actual medical ear examination is incorporated in phase 2.)

b. **Phase 2.** Phase 2 is all items not completed in Phase 1 including the following:

(1) Collection of the HIV antibody blood sample, IAW USMEPCOM Regulation 40-8.

(2) Collection of the Drug and Alcohol Test (DAT) urine sample, IAW USMEPCOM Regulation 40-8.

(3) Other urine tests i.e., glucose, protein, and pregnancy test.

(4) Practitioner review of the applicant's medical history.

(5) Group orthopedic/neurological demonstration and examination.

Note: Group examination is not required for chapter 3 physicals (See AR 40-501).

(6) Individual physical examination.

- (7) Profiling practitioner's assignment of the physical profile.
- (8) Height/weight/body fat composition.
- (9) Ear examination (see par. 5-13.)

7-6. Orthopedic/neurologic screening examination

The orthopedic/neurological examination may be performed individually or in groups (see par. 5-17) to afford accurate and detailed observation of applicants. Trained and experienced medical technicians should verbally describe and/or physically demonstrate each movement, allowing the practitioner the freedom of observation. Medical technicians must be the same sex as the applicants being tested. The technician will inform the practitioner of any suspected abnormality detected. The practitioner has the option to demonstrate each maneuver without a technician present provided that the practitioner is the same sex as the applicant(s), meets the same technical standards, and thoroughly observes each applicant. Orthopedic/neurologic training videotapes will not be used for demonstration of the maneuvers to the applicants.

7-7. Sequence of examinations

a. While there is considerable flexibility in the sequence of the medical examination, the following rules must be followed prior to performing any medical test or specific examination:

- (1) All forms must have the correct applicant identifying data (Name and SSN).
- (2) Minors must have a completed Medical Prescreening Form with parental consent signature(s).
- (3) The Commander's Brief and Medical Brief must follow after (1) and (2) above and must occur before any medical tests or examinations are done. Exception: the following tests may be done while the applicants are waiting for their briefings:
 - (a) Blood Pressure/Pulse
 - (b) Vision
 - (c) Hearing
- (4) The Breath Alcohol Test is performed immediately after the medical briefing. (The breath alcohol test, HIV test, and DAT will be accomplished using the prescribed procedures in USMEPCOM Regulation 40-8. USMEPCOM Forms 40-8-R and USMEPCOM Forms 40-8-1-R-E must be completed prior to sample collection. (See USMEPCOM Regulation 40-8)
- (5) The medical history must be completed prior to physician examination of applicants and the orthopedic neurologic screening examination.
- (6) X-rays will not be ordered on females unless a pregnancy test has been done and negative results known.

7-8. Recording the medical examination on DD Form 2808**(SECTION - CLINICAL EVALUATION)**

Gloves will be worn by the provider any time they will come in contact with bodily fluids or mucous membranes while examining applicants. A new pair of gloves will be used with each applicant.

a. **Item 17: Head, face, neck, and scalp.** Examine for skull defects, facial and scalp lesions, and cervical lymphadenopathy.

b. **Item 18-20: Nose, sinuses, mouth and throat.** Observe for diseases and disorders of the nasal and oral cavities. For dental screening, see item 43 below.

c. **Items 21 and 22: Ears – General and drums.**

(1) The external auditory canal and tympanic membrane will be examined.

(2) Earwax removal will be provided to applicants whose eardrum(s) cannot be properly visualized, if determined necessary by the CMO (see par. 5-13). Findings in this category are annotated in item 44.

Note: Visualization of the eardrum is not required for retention physicals.

d. **Items 23-26: Eyes – General, Ophthalmoscopic, Pupils, Ocular motility**

(1) Routine examination will include a survey of the globe, lids, and pupils; testing of ocular motility in the six cardinal directions; and observation for nystagmus. An examination with a halogen light ophthalmoscope will be performed to evaluate the refracting media and the optic fundus.

(2) Significant unilateral loss of vision. When there is a difference of 50 or more in the denominator of the corrected distant visual acuities, and the MEPS practitioner cannot determine the cause for the unilateral loss, an ophthalmology or optometry consultation will be obtained to rule out retinal, vascular, or lenticular disease.

(3) Applicants with a cylinder reading of +/-3 diopters or greater are at an increased risk for keratoconus, a disqualifying condition. An ophthalmology or optometry consultation will be obtained to rule out keratoconus

e. **Item 27: Heart.** Auscultation for heart sounds will include auscultation at the mitral, tricuspid, aortic and pulmonic valve areas. Heart murmurs require a cardiology consultation by an internist or cardiologist.

f. **Item 28: Lungs and chest.** Lungs will be auscultated. Chest wall will be observed for deformity. Female breasts will be examined visually and by palpation of four quadrants and axillary tails.

g. **Item 29: Vascular system.** Look for varicosities, peripheral vascular impairment, etc.

h. **Item 30: Anus and rectum.** Observe for hemorrhoids, pilonidal cysts/sinuses, anal fissures, anal fistulas, and warts.

Note: Digital rectal examination and stool occult blood test are performed on applicants age 40 and over.

i. **Item 31: Abdomen and viscera.** Abdomen will be palpated for organomegaly, hernias. Examine for direct and indirect inguinal hernia.

j. **Item 32: External genitalia.** Examination must be done privately; physicians must wear gloves while conducting exam; physicians will use a new pair of gloves for each applicant exam.

(1) **Male examination.** The testicles, penis, and scrotum will be examined both by visual inspection and palpation for developmental or acquired abnormality.

(2) **Female examination.** External examination of the vulva and perineum will be examined by both visual inspection and manual examination for developmental or acquired abnormality.

k. **Item 33: Upper extremities.** (See par 5-17)

l. **Item 34: Lower extremities** (Except feet). (See par 5-17)

m. **Item 35: Feet (and FEET, 35 (Continued)):** Note that there is a continuation to item 35 in the lower right corner of page one. Circle the appropriate categories, including arch-type, severity, and presence or absence of symptoms.

n. **Item 36: Spine, other musculoskeletal.**

(1) The orthopedic/neurologic screening examination is in paragraph 5-17.

(2) Any history of an orthopedic problem requires an examination of the involved area. Annotate positive findings and pertinent negative findings (i.e., “non tender” or “normal range of motion”) in item 44, NOTES.

(3) Unless the applicant is disqualified because of an unstable or symptomatic post-surgical joint, a history of orthopedic surgery (or the finding of a surgical scar) of a major joint (hip, shoulder, knee, or ankle) may warrant consideration for an orthopedic consultation.

(4) All old fractures require examination by the practitioner. Give special attention to fractures involving joints, misalignment of bone at the site of a healed fracture and/or compound fractures. X-rays may be taken to determine if retained hardware is present and to determine adequacy of healing and alignment.

(5) Complaints of lower spine discomfort are particularly difficult to evaluate. Special emphasis must be placed on the history so that a reasonable decision concerning qualification or consultation can be made.

(6) Any applicant with a history of dislocation of a shoulder, hip, or other joint will have a thorough examination of that joint.

(7) Examination of the foot includes careful evaluation for hammer and claw toes, pes planus, pes cavus, clubfoot, hallux valgus, significant scars, and for callosities, corns, and plantar warts. Ability to wear combat boots for prolonged periods and history of symptoms related to

feet are major considerations for qualification. Abnormal findings even when not disqualifying must be entered on DD Form 2808.

o. Item 37: Identifying body marks, scars, tattoos.

(1) Annotate comments on clinically significant scars, their location and reason (i.e., surgical/non surgical). Scars are particularly significant when they cross joint lines, especially on flexor surfaces or where full extension or flexion is compromised or may lead to tissue breakdown and ulceration. Plantar and palmar scars are disqualifying if symptomatic. Annotate clinically significant scars and tattoos on DD Form 2808, items 37 and 44 (Practitioners may use a locally generated tattoo/scar/body marks (which can be completed by the applicant) worksheet. Annotate in item 44 “see attached worksheet” and attach it to the DD Form 2808). Pay particular attention to scars and burn- and skin-graft scars on the feet, ankles, waist, and shoulders which are likely to interfere with military training and wearing military clothing or equipment.

(2) Tattoos or body piercing are only medically disqualifying if associated with a disqualifying medical conditions such as scarring, infection, or an underlying psychiatric disorder such as antisocial personality disorder. In the absence of associated medical conditions, questionable or offensive tattoos should be referred to the appropriate Service liaison.

p. Item 38: Skin, lymphatics. Describe eruptions and abnormalities.

q. Item 39: Neurologic. If indicated by history or performance on the orthopedic/neurologic screening examination, a systematic neurological evaluation should be performed and documented in item 44.

r. Item 40: Psychiatric. Specific psychiatric evaluation is necessary whenever there is reason to question the applicant’s emotional, social, or intellectual adequacy for military service. The examining practitioner may make the psychiatric evaluation unless, in his or her opinion, an evaluation by a psychiatrist is required.

s. Item 41: Pelvic. Not conducted at MEPS; check NE.

t. Item 42: Endocrine. Palpate the thyroid. Give general consideration to any physical finding indicative of thyroid, pituitary, adrenal, pancreatic, or gonadal dysfunction.

u. Item 43: DENTAL DEFECTS AND DISEASE.

(1) Observe for diseases of the gingiva, presence of orthodontic appliances, condition of teeth, malocclusion, and other abnormalities. Record “acceptable” or “not acceptable” in item 43. Abnormalities and defects will be annotated in item 44, even if not disqualifying.

(2) An applicant with orthodontic appliances will be allowed to DEP if he/she provides a signed letter from his/her orthodontist stating anticipated treatment completion and removal date for the appliance. At time of inspection prior to shipping, the practitioner will ensure that the appliance has been removed according to requirements in DoDI 6130.4.

v. Item 44: NOTES. Use item 44 to describe and document tattoos, scars, body marks, abnormal findings and pertinent positive and negative findings. Enter the appropriate item number before each comment. Continue in item 73 if additional space is needed you may also use item 88 if necessary.

(SECTION - LABORATORY FINDINGS)

w. **Item 45: URINALYSIS.** Conduct the following tests and record results as indicated:

(1) **Item 45a: Albumin.** Enter the value for urine samples that show proteinuria on initial testing with the Uritstix; for negative results enter "NEG."

(2) **Item 45b: Sugar.** Enter the value for urine samples that show glycosuria on initial testing with the Uritstix; for negative results, enter "NEG."

Note: See appendix C for Positive Result Guidance for Albumin and Sugar.

x. **Item 46: URINE.** Enter the test result obtained during the initial medical examination in item 46. Enter the test result obtained during the physical inspection in item 80. Confirm that the test is being completed according to the manufacturer's instructions. If positive, ask the applicant if she might be pregnant. If the applicant denies or is unsure about being pregnant, obtain a fresh urine HCG determination and qualify or disqualify on the basis of the new HCG results. A repeat positive HCG test is always disqualifying. When an applicant is disqualified on the basis of a positive HCG test, she will be informed by a provider that the test indicates that she might be pregnant, and that she should see her private physician for further evaluation.

(1) If a positive urine HCG is provided during the initial examination, completion of the examination should be accomplished unless in the opinion of the CMO the applicant would be at increased risk (ex. contractions, bleeding, and emotional distress)

(2) If a positive urine HCG is provided during an inspection, she will be informed that the test indicates that she might be pregnant and refer her to her private physician.

y. **Item 47: H/H.** Hemoglobin/hematocrit is not routinely conducted at MEPS.

z. **Item 48: BLOOD TYPE.** Not conducted at MEPS.

aa. **Item 49: HIV RESULTS.** Perform according to USMEPCOM Regulation 40-8.

ab. **Items 50 and 51: DRUGS RESULTS and ALCOHOL RESULTS.** Perform according to USMEPCOM Regulation 40-8.

ac. **Item 52: OTHER.** Clearly annotate the test name and result of any additional tests.

(1) Some tests, although not required by regulation, may be clinically indicated.

(2) Tests not normally performed in the MEPS but required by regulation or clinical suspicion will be sent out to the contract lab.

(3) Electrocardiograms (EKGs) for all applicants requiring them, will be interpreted by a board certified cardiologist or internist. EKGs should be performed at the MEPS.

(4) All female applicants 40 years of age or older must have a mammogram and PAP test. Reports of privately obtained mammograms and PAP tests are acceptable if done within the previous 365 days. Otherwise MEPS will arrange to have these tests performed.

(5) All applicants 40 years of age or older will have the following blood tests at MEPS: Applicants must be fasting (water only) for at least 8 hours prior to their blood being drawn. The blood should be collected at the MEPS and the test performed at an outside laboratory.

- (a) Total cholesterol
- (b) HDL
- (c) LDL
- (d) Triglycerides
- (e) Plasma glucose

(SECTION - MEASUREMENTS AND OTHER FINDINGS)

ad. **Item 53: HEIGHT.** Record height without shoes and socks, to the nearest one-fourth inch. Record on the DD Form 2808 in decimal format (i.e., 65.25) Applicant's heels must be together and flat on the floor.

ae. **Item 54: WEIGHT.** Record the weight of the applicant in their underwear only. Annotate weight in pounds according to the appropriate Service-specific standards.

af. **Item 55:**

(1) **MIN WGT – MAX WGT.** Minimum and maximum weight standard per Service-specific standards. (See Service-specific standards on the MEPNET under Headquarters/J-7/MMD/Training Tools.)

(2) **MAX BF%.** Maximum body-fat percentage allowed (use if the screening weight is not within the service specific standards.)

ag. **Item 56: TEMPERATURE.** Not conducted at MEPS.

ah. **Item 57: PULSE.**

(1) The resting (seated) pulse rate is recorded in item 57 for all examinations. The automatic blood pressure (BP)/pulse rate machine is to be used for all pulse rate measurements, including rechecks of abnormal values. If several pulse checks are taken because the initial pulse rate is abnormal, the initial pulse rate will be recorded in item 57; subsequent pulse rate checks will be annotated in item 73.

(2) If an applicant's first pulse reading is found to be disqualifying (i.e., greater than or equal to 100 bpm), the applicant will be brought to the CMO or FBP who will authorize continuation or recommend discontinuation of the examination based on assessment of the applicant's health. If the decision is made to continue processing, the pulse rate will be rechecked with no more than 2 additional readings at no less than 15-minute intervals. The date, hour, and subsequent results of the pulse rate will be recorded as stated above. If either of the additional pulse rate readings is less than 100 bpm, the applicant is qualified.

Note: Exception: if the pulse rates obtained by 3 readings are disqualifying, the result will be verified by the manual method (one measurement) this will be annotated with the other readings. If the manual result is greater than or equal to 100 bpm, the applicant is disqualified. Applicants with an irregular pulse should be brought to the CMO for an evaluation irrespective of the pulse rate. The CMO will then exercise his/her medical judgment in the final determination.

ai. **Item 58: BLOOD PRESSURE.**

(1) Sitting blood pressure (BP) will be taken and recorded in item 58a for all examinations. For BP determinations, ensure that the BP cuff is at heart level and that the BP cuff is placed properly. When several BP readings are conducted, the confirmation BP readings will be recorded in the appropriate locations under item 58b and 58c. Abnormal readings are diastolic measurements greater than 90mmHg and/or systolic measurements greater than 140mmHg.

(2) If the initial BP obtained by the automatic blood pressure machine is abnormal, the blood pressure will be rechecked with no more than 2 additional readings at no less than 15-minute intervals. If the average of the three readings is abnormal, one manual blood pressure reading will be done and the results annotated in item 73. A manual BP of 140/90 or lower will be qualifying. The CMO should investigate any qualifying manual reading which is substantially lower than the automated readings.

(3) If an applicant's manual BP exceeds the maximum permissible limits, he/she is medically disqualified and urged to seek followup care with his/her private healthcare practitioner. The applicant must be informed that the private healthcare practitioner's evaluation is purely to determine the presence or absence of hypertension. A waiver recommendation will be based on a private practitioner's normal evaluation. This includes normal BP readings and no diagnosis of hypertension, and it further states that the applicant was not placed on antihypertensive medication or special diets (such as low salt).

aj. **Item 59: RED/GREEN (Army Only).** (See par 5-21c)

ak. **Item 60: OTHER VISION TESTS.** Record the following information:

(1) **Item 60a: Color Hair.** Will be verified and recorded by MEPS personnel only. Record as black, blond, brown, gray, or red. If completely bald, record as none. If the hair is dyed, annotate the natural hair color.

(2) **Item 60b: Color Eyes.** Will be verified and recorded by MEPS personnel only. Record as blue, brown, gray, or green. If the color is nondescript (hazel), record as "other." If each eye is a different color, record separately. If the applicant is wearing colored contacts, annotate the natural eye color.

al. **Items 61 and 62: DISTANT VISION TESTING and REFRACTION BY AUTOREFRACTION OR MANIFEST.** (See par. 5-23)

am. **Item 63: NEAR VISION.** (See par. 5-25)

an. **Item 64: HETEROPHORIA.** Performed only on selected applicants based upon Service requirements or clinical indication. (For instructions on how to conduct these tests refer to the OPTEC 2300 instruction manual.)

ao. **Item 65: ACCOMMODATION.** Accommodation testing is performed by the examiner during the course of the examination. Record documentation of observed accommodative defects here.

ap. **Item 66: COLOR VISION.** Applicants wearing corrective lenses will be tested for color perception either with or without lenses, depending on what gives the applicant the best vision for the test being given. Failure of any or all color vision testing does not affect the profile, but should be recorded in item 77. (See par. 5-21)

aq. **Item 67: DEPTH PERCEPTION.** Applicants will be tested for depth perception with the OPTEC 2300. (See par 5-22)

ar. **Items 68 and 69: FIELD OF VISION and NIGHT VISION.** Not routinely tested at the MEPS.

as. **Item 70: INTRAOCULAR TENSION (IOT).** MEPS will have intraocular pressure tested on all applicants 40 years of age or older. Reports of privately obtained IOT's are acceptable if the IOT was done within the previous 365 days.

at. **Items 71a and b: AUDIOMETER.** Obtain an audiogram by a microprocessor audiometer as part of each MEPS examination. Enter the serial number of the audiometer used for the examination in the box, Unit Serial Number.

au. **Item 72.**

(1) **Item 72a: READING ALOUD TEST.** The cause for medical unfitness for flying class examinations is failure to clearly communicate in the English language in a manner compatible with safe and effective aviation operations. The reading aloud test (RAT) will be performed when required (only on selected applicants). Check the box "SAT" if the applicant performs the Reading Aloud Test (RAT) according to AR 40-501, par. 4-30.

(2) **Item 72b: VALSALVA.** The Valsalva maneuver will be performed and annotated, when required, to check movement of eardrums (e.g., Air Force commissioning screening examination). Movement of both tympanic membranes must be observed for a rating of satisfactory; check box "SAT".

av. **Item 73: NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY.** Record any pertinent information legibly and explain any condition requiring investigation. Enter the applicable item number before each comment. Record significant history. Date, initial and record interval history during the physical inspection. If there is not enough space to report information, record in item 88.

(1) Record a summary of significant information obtained from the applicant's medical record review.

(2) Physical inspection supplemental to item 80 may also be entered in this item.

aw. **Item 74a: QUALIFICATION/DISQUALIFICATION FOR SERVICE.** Check the appropriate box "IS QUALIFIED FOR SERVICE" or "IS NOT QUALIFIED FOR SERVICE". Ensure Service and component listed in item 15 is the same Service standards used for the

examination. If item 15 is not pre-filled, annotate the Service and component for which the applicant processed. Do not annotate qualifications for special programs.

ax. **Item 74b: PHYSICAL PROFILE.** For applicants who are processing under the DoD initial entry medical standards (DoDI 6130.4 as implemented by AR 40-501, chapter 2), any condition that is medically disqualifying requires a numerical profile designator “3” under the appropriate letter designator. The numerical designator “2” may be used only with the letter designator “H” for hearing and “E” for vision.

(1) Applicants in RJ status will be profiled as “3T” under the appropriate letter code. (See paras. ay, az, ba, and bb, for detailed instructions)

(2) Applicants who need consultations or medical records will be profiled “0” under the appropriate letter. If the applicant has a disqualifying profile under that letter, a “3-0” or “3T-0” may be entered to indicate that medical information is pending in addition to the disqualifying profile (Technicians must be aware of how to process in USMIRS all 3T and 3P entries. 3P and 3T entries must be accounted for in USMIRS by the MEPS staff user, and the USMIRS system will then determine which of the PULHES prevail). An entry of 3T requires determination of an RJ date and documentation in item 74b and in USMIRS.

(3) For example a MEPS would enter 3T for overweight/over fat, then would enter 3P for asthma in an applicant who has been determined to be overweight, asthmatic and open for additional medical documents regarding a history of eczema.

(4) Applicants whose records must be referred to a higher medical authority for a decision are profiled “0” under the appropriate physical designator (PULHES in USMIRS). Prior medical discharges will be referred to the appropriate waiver authority. Applicants discharged from the military by a medical or physical evaluation board (MEB, PEB) may not be found qualified by MEPS personnel.

(5) Permanent profiles given for disqualified applicants will be marked with a “3” under the appropriate letter code. (See paras. ay, az., ba, and bb. for detailed instructions)

(6) Temporary profiles given at one MEPS may be terminated at another MEPS if the reason for the temporary profile no longer exists.

(7) Permanent profiles given at one MEPS may be changed at another MEPS for one of the following:

(a) The permanent profile was originally given for a condition that has corrected itself or has been corrected by appropriate treatment (e.g., termination of a pregnancy or successful surgical correction of a hernia).

(b) The J-7/MMD staff physician concurs that the original profile was issued in error.

(8) If a given physical profile is going to change (e.g., from a disqualified or open status to a qualified status), the entire profile will be annotated in the next row and the profiling medical officer will record his or her initials and the date of the transaction in the designated items.

Note: If needing more than the five rows to annotate changes to an applicant’s profile, make corrections in the fifth row (in a legible manner). (See par. 7-4)

ay. **Item 75: I have been advised of my disqualifying condition, items 75a, SIGNATURE OF APPLICANT, and item 75b: DATE.** This section will be completed and signed by the applicant on the date of the examination if the applicant has been informed of a temporary/permanent disqualifying condition what the disqualifying condition is. The MEPS practitioner should inform the applicant that he or she should report to his or her private healthcare provider for further evaluation and/or treatment and indicate the timeframe as appropriate. If an applicant becomes disqualified on medical documentation review, a letter stating that the applicant is disqualified and the medical condition that they are disqualified for must be sent to the applicant, and the phrase “by mail” with the doctor’s signature and date entered in item 75a and 75b. A copy of the letter will be placed in the applicant’s medical file and in a medical administration file.

az. **Item 76: SIGNIFICANT OR DISQUALIFYING DEFECTS.** List significant/disqualifying conditions, including both permanent and temporary disqualifications. List item number from the DD Form 2808, the common medical terminology for the condition, the corresponding ICD-9-CM code, and the profile series (e.g., L3P, P3T). Annotate the RJ date for all temporary disqualifications. Place a check mark in the qualified/disqualified box appropriately. The examiner should then record his or her initials. If a waiver is received for a disqualifying condition, note the Service issuing the waiver and the date that the MEPS received and annotated the waiver.

ba. **Item 77: SUMMARY OF DEFECTS AND DIAGNOSES.** This space allows for elaboration of disqualifying or non-disqualifying significant findings/diagnoses. Precede statements with corresponding item numbers and indicate if the condition is considered disqualifying (use “CD”) or not considered disqualifying (use “NCD”). If a qualification decision has not yet been made, indicate open. If a condition that is under evaluation becomes a disqualifying condition, it will then also be annotated in item 76 along with the appropriate ICD codes.

bb. **Item 78: RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED.** List specialty consultations, special tests, or medical documentation required to complete the profile. Waiver recommendations should also be noted in this item.

bc. **Item 79: MEPS WORKLOAD.** Enter the work identification code (WKID), status (ST), and date. The MEPS medical NCOIC/SUP HT or trained health technician will complete item 79 according to USMEPCOM Regulation. 680-3 and date and initial each entry. This item is in two columns, the left column will be completed before using the right column. If there are more than six WKID and ST entries, then record additional entries in item 73 or on the SF 507.

bd. **Item 80: MEDICAL INSPECTION DATE.** Enter the date of the medical inspection followed by the applicant’s height (HT); weight (WT); percent body fat (%BF), if required; and maximum weight (MAX WT) authorized in the appropriate columns. For HCG results (female applicants only), enter “POS” for a positive HCG test result and enter “NEG” for a negative HCG test result. After the inspection is conducted and any new information is annotated, the CMO will check qualified, disqualified, or write incomplete and sign his/her name. This area will then be stamped or printed with the practitioner’s name and medical degree (M.D. or D.O). Also, for female applicant for last menstrual period/previous menstrual period (LMLP/PMP), annotate in the far right area of item 79 past the practitioner’s name.

be. **Items 81a and b: TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER AND SIGNATURE.** These items will be completed and signed/dated by the examining physician on the date of the examination. The practitioner who completed DD Form 2807-1 will type, print, or stamp his/her name and sign/date in the b column.

bf. **Item 82a and b or Item 83a and b:** If a different practitioner conducted the physical examination than completed DD Form 2807-1, then this practitioner should stamp, sign and date item 82a and b. If more than one examiner participates in the physical examination of the applicant, the second examiner stamps, signs and dates item 83a and b.

bg. **Item 84a and b** will be completed and signed by the final reviewing and profiling physician on the date the final profile is given. If there are any open items or temporary disqualifications still present item 84a and b should not be signed. Once the final disposition of all PULHES issues is resolved, item 84a and b should be completed by the profiling physician.

bh. **Item 85a, b, c.** This examination has been administratively reviewed for completeness and accuracy upon the applicant completing the medical processing on examination day. The medical staff that performs the review of the medical record on the date of the physical examination will complete this item after reviewing the forms to ensure that any identified deficiencies or errors are corrected appropriately. The entire medical file will be reviewed for completeness and accuracy at various phases of the qualification process and should be accomplished after a final determination of PULHES is done.

bi. **Item 86: WAIVER GRANTED.** The MEPS profiling physician will stamp, sign and date in item 86 if a waiver was approved/disapproved and will record the date the waiver was granted/denied (as noted on the waiver document) and by whom (annotate Service; provide last name and rank on signature item, if available).

bj. **Item 87: NUMBER OF ATTACHED SHEETS.** See paragraph 7-3d for clarification of attached sheets. If correction is required, line through the old number and place the corrected number of pages. This item will be completed when all PULHES are closed. (See par. 7-4)

7-9. Physical inspection

a. Physical inspections (inspect) of individuals processing through a MEPS are required for:

(1) Entry on active duty or ADT if more than 72 hours have elapsed from the initial examination or from a subsequent inspection (e.g., an applicant having taken a physical or an inspect on Monday will not require another inspect to ship until Thursday). For non processing training days or holidays (includes Monday or Friday only) the inspect will be valid for a maximum of 96 hours (e.g. inspect on Thursday, Friday is federal holiday, applicant can ship on Monday without an inspect).

(2) Entry into the DEP and into the Reserve and NG (under the DEP) if more than 30 days has elapsed from the initial examination or from a subsequent inspection.

b. A physical inspection is not required for individuals entering active duty under a commissioning program when on orders to proceed from school or home directly to duty.

c. The MEPS will perform physical inspections only on those applicants whose initial examination was obtained as follows:

- (1) Applicants whose full medical examination was done by a MEPS.
- (2) Enlistment medical examinations done by an overseas military facility.
- (3) Air Force applicants whose DD Form 2808 is annotated on the front page as “certified acceptable” by the AETC Surgeon’s office. Some of these DD Forms 2808 do not contain physical profiles; these applicants will be profiled according to the medical data on DD Form 2808 unless the physical inspection reveals that the applicant’s medical status has changed since certification.

7-10. Scope of a medical inspection

a. A previously disqualified enlistment applicant whose disqualification was for a temporary medical condition will undergo only a physical inspection if the previous examination was conducted within 2 years, the RJ date has passed, and all other examination items have been covered. The physical inspection will place emphasis on the previously disqualifying defect and interim history. If 2 years or more have elapsed since the previous examination, a complete new examination will be done.

b. Significant interval history since last physical exam (to include at a minimum: surgeries, medical treatments or hospitalizations/ER visits, injuries, drug or alcohol use, new tattoos or piercings, legal infractions) and new physical findings will be annotated on DD Form 2808 in item 73 or item 88. For females, a pregnancy test will be obtained and recorded on DD Form 2808, together with other inspection findings, including LMP and PMP (record in item 80). (See par. 7-8bd for annotating.) For these individuals, the physical inspection will consist of the following:

Note: If the applicant is a phase II Reserve component Army shipper, if the interval history does not prevent the shipper from meeting AR 40-501, chapter 3, standards, no further consults are required, the profile is unchanged, and the applicant is allowed to ship.

(1) Current height and weight. If the measured height is at least 1 inch shorter than the height recorded on the physical examination, the MEPS CMO or his/her designated representative will re-measure the height ensuring proper quality control procedures.

(2) Close observation/inspection of each applicant by a practitioner, with clothing removed except for shorts for males and bra and panties for females, to detect any changes from the previous examination.

(3) For applicants whose medical examination is more than 1 year old and who are entering active duty (except for all Air Force applicants, USAR, and ANG split-option trainees who have completed basic training and are entering active duty for advanced individual training), an additional vision examination is required. In general, this repeat vision examination is identical to the initial vision examination sequence with the following exception:

(a) If the applicant wears corrective lenses and has not obtained a new prescription since his initial MEPS examination, the applicant’s distant vision with corrective lenses will be obtained. If there has been no change in visual acuity since the applicant’s initial examination, the applicant is qualified and no further testing is necessary. If there has been a worsening of corrected vision, autorefract with lenses removed.

(b) If the applicant has neither glasses nor contact lenses and the refraction on DD Form 2808, item 62, was a MEPS-procured manifest refraction, retest visual acuity using the autorefractor. If the autorefraction corrects the visual acuity to acceptable standards, the applicant remains qualified unless the refractive error recorded on DD Form 2808, item 62, is greater than + or - 8.00 diopters spherical equivalent, in which case obtain a new manifest refraction.

c. Recording inspection results. The results and findings of the physical inspection will be entered on DD Form 2808, items 73, 80 and 88 appropriately, using the preprinted items. The entry will consist of the following: date of inspection, height and weight at inspection, LMP, PMP, and the result of repeat pregnancy test for female applicants, qualification or disqualification; and the signature of the inspecting practitioner with his typed or stamped name and medical degree (M.D. or D.O.) below the signature. When disqualifying defects are discovered, they will be recorded and explained to the applicant and annotated in items 76, 77, and 78 accordingly with appropriate information and recommendations. The profiling physician will make the changes in the physical profile and date and initial the changes.

Appendix A
References*

Section I

Required Publications

(The publication(s) needed to comply with this regulation)

AFI 48-123

Medical Examinations and Standards. Cited in paragraph 5-1b(2)d.

AR 40-501

Standards of Medical Fitness. Cited in paragraphs 5-1a, 5-1b(1), 5-2a, 5-24, 5-26h, 5-27a(1)(2), 5-28b(2)(3), 7-2, 7-5b(5), 7-8au(1), 7-8ax, and 7-10b.

AR 40-66

Medical Record Administration and Healthcare Documentation. Cited in paragraphs 1-6a(1), 1-7c, 4-9

AR 40-68

Clinical Quality Management. Cited in paragraphs 1-5a, 1-6f, 3-1c, 3-4b, 3-9a, and 3-13

AR 600-8-104

Military Personnel Information Management/Records. Cited in paragraphs 1-6f and 3-1c.

COMDTINST M6000.1C

Medical Manual. Cited in paragraph 5-1b(2)e.

DoDI 6130.4

Medical Standards for Appointment, Enlistment, or Induction in the Armed Forces. Cited in paragraphs 1-7d, 5-1a, 5-1b, 5-18b, 5-24, 5-28b(2), 7-8u(2), 7-8ax.

MCO P1100.72C

Military Personnel Procurement Manual, Volume 2, Enlisted Procurement. Cited in paragraph 5-1b(2)c(1).

MCO P1130.51F

Medical Remedial Enlistment Program. Cited in paragraph 5-20a.

NAVMED P-117

Manual of the Medical Department. Cited in paragraph 5-1b(2)c(1).

* Publications and forms are available on Service or agency web sites:

Department of Defense (<http://www.defenselink.mil/pubs/>)

Air Force (<http://www.e-publishing.af.mil/>)

Army (<http://www.apd.army.mil/>)

Coast Guard (<http://www.uscg.mil/hq/g-m/>)

Navy (<http://doni.daps.dla.mil/default.aspx>)

Marines

(<http://www.usmc.mil/searchcenter/Pages/Results.aspx?k=publications&s=All%20Sites>)

Standard Forms

(<http://www.gsa.gov/Portal/gsa/ep/formsWelcome.do?pageTypeId=8199&channelPage=/ep/channel/gsaOverview.jsp&channelId=-13253>)

USMEPCOM Forms (<http://www.mepcom.army.mil/publications/index.html>)

Section II

Related Publications

(The publication(s) are merely a source for additional information. Users may read them to better understand the subject, but do not have to read them to comply with this publication)

AR 601-270/OPNAVINST 1100.4C/AFI 36-2003(I)/MCO P1100.75D/COMDTINST M1100.2E

Military Entrance Processing Station

Section III

Required Forms

(The form(s) needed to comply with this regulation.)

DA Form 11-2-R

Management Control Evaluation Certification Statement. Cited in paragraph B-3.

DD Form 2005

Privacy Act Statement – Health Care Records. Cited in paragraphs 6-5 and 6-6.

DD Form 2163

Medical Equipment Verification Certification. Cited in paragraphs 4-2b and 4-8b.

DD Form 2217

Biological Audiometer Calibration Check. Cited in paragraphs 4-2b and 4-2c.

DD Form 2807-1

Report of Medical History. Cited in paragraphs 2-1a, 5-6b, 5-20a, 6-1b, 6-2a, 6-3b, 6-4a, 6-4d, 6-4e, 6-5, 7-3e, 7-8be, and 7-8bf.

DD Form 2807-2

Medical Prescreen of Medical History Report. Cited in paragraphs 2-3a, 2-3b, 2-3c, 2-4a, 2-4b, 6-2a, and 6-5.

DD Form 2808

Report of Medical Examination. Cited in paragraphs 2-1a, 2-1b, 2-2, 4-2b, 5-3b, 5-5, 5-6a, 5-7a, 5-7b, 5-7c, 5-7d, 5-7e, 5-19c, 5-20a, 5-21c, 5-22b, 5-23b, 5-23c, 5-25, 5-26g, 5-26j, 5-27, 5-29a, 6-5, and Chapter 7.

SF Form 85

Questionnaire for Non-Sensitive Positions. Cited in paragraph 3-7 (1)

SF 507

Medical Record. Cited in paragraphs 5-23b, 6-5, and 7-8bc.

SF 513

Medical Record – Consultation Sheet. Cited in paragraph 5-12c.

USMEPCOM Form 601-23-E

Report of Additional Information. Cited in paragraph 6-4d.

Section IV

Prescribed Forms

(The form(s) prescribed by this regulation. Users must use the form(s) to comply with this regulation).

USMEPCOM Form 40-1-2-R-E

Report of Medical Examination/Treatment. Cited in paragraphs 5-4a and 5-4b.

USMEPCOM Form 40-1-3-R-E

Report of Medical Examination/Treatment – Visual Acuity. Cited in paragraphs 5-4a, 5-4b, and 5-23b.

USMEPCOM Form 40-1-6-R-E

Request for Information Disclosure to National Practitioner Data Bank and Healthcare Integrity Practitioner Data Bank. Cited in paragraphs 3-6c, 3-7i, and 3-10i.

USMEPCOM Form 40-1-7-R-E

Initial Application for Clinical Privileges. Cited in paragraphs 3-3b, 3-5c, 3-6c, 3-7i, and 3-7k.

USMEPCOM Form 40-1-8-R-E

Clinical Privileges Biennial Evaluation. Cited in paragraphs 3-1c, 3-3c, 3-10b, 3-10g, and 3-10i.

USMEPCOM Form 40-1-9-R-E

Malpractice History and Clinical Privileges Questionnaire. Cited in paragraphs 3-6e, 3-7k, and 3-10i.

USMEPCOM Form 40-1-10-R-E

Application for Clinical Privileges Continuation Sheet. Cited in paragraphs 3-6b, 3-7d, 3-7k, and 3-10i.

USMEPCOM Form 40-1-11-R-E

Clinical Privileges Modification Sheet. Cited in paragraphs 3-5c, 3-5d, 3-6e, and 3-11a.

USMEPCOM Form 40-1-12-R-E

MEPS Fee Basis Provider Work Record. Cited in paragraph 1-7c.

USMEPCOM Form 40-1-13-R-E

Fee Basis Provider Performance Report. Cited in paragraphs 1-7c, 3-12a, and 3-12b.

USMEPCOM Form 40-1-14-R-E

Continuing Education Evaluation. Cited in paragraph 1-6f.

USMEPCOM Form 40-1-15-E

Supplemental Health Screening Questionnaire. Cited in paragraph 6-3b, 6-3c, and 6-7.

Section V

Required Record Numbers

(The record numbers needed to comply with this regulation can be found at the link below. (Internet users: <http://www.arims.army.mil>)

Appendix B

Management Controls Evaluation Checklist – MEPS Medical Section

B-1. Function. The functions covered by this checklist are procedures for MEPS medical processing of applicants for the Armed Forces of the United States.

B-2. Purpose. The purpose of this checklist is to assist commanders and medical sections in evaluating key management controls listed below. It is not intended to cover all controls.

B-3. Instructions. Answers must be based on actual testing of key management controls (e.g., document analysis, direct observation, sampling). Answers that indicate deficiencies must be explained and corrective actions indicated in the supporting documentation. These controls must be evaluated at least every 2 years. Certification that the evaluation has been conducted will be done on DA Form 11-2-R (Management Control Evaluation Control Evaluation Certification Statement).

B-4. Questions

a. Are government medical providers hired and credentialed? (USMEPCOM Regulation 40-1, ch. 3)

b. Are only currently credentialed medical providers allowed to work in the MEPS? (USMEPCOM Regulation 40-1, ch.1)

c. Are the daily FBP requests accomplished? Are typical “no show” rates taken into consideration when determining the number of FBPs requested? (USMEPCOM Regulation 40-1, ch.1)

d. Is QASP data, as directed by J-7/MMD (work hours used for invoice reconciliation and fill rate data) verified as accurate in the FBP applications? USMEPCOM Regulation 40-1, ch. 3)

e. Are FBP evaluations rendered three to six months before a provider’s credentials expire and the original sent to the contractor by certified mail with a copy sent to J-7/MMD by encrypted e-mail? (USMEPCOM Regulation 40-1, ch. 3)

f. Does the MEPS have a Dial-A-Medic program administered? (USMEPCOM Regulation 40-1, ch. 2? Does the CMO respond to dial-a-medic inquiries within 1 duty day? (USMEPCOM Regulation 40-1, ch. 2, par. 5)

g. Is audiometric equipment calibrated and maintained? (USMEPCOM Regulation 40-1, ch. 4)

h. Is notification of disqualified applicants being conducted? (USMEPCOM Regulation 40-1, ch. 5)

i. Are consultations to be ordered on SF 513 stating exactly what the CMO wants the consultant to comment on. (USMEPCOM Regulation 40-1, ch. 5, par. 12(c)) Is the MEPS medical practitioner personally filling out the SF 513? (USMEPCOM Regulation 40-1, ch. 5)

j. Does the practitioner ask all applicants as a group, prior to beginning the orthopedic/neurologic maneuvers, if they have had any of the listed medical conditions? (USMEPCOM Regulation 40-1, ch. 5, par. 12(c))

k. Is the medical briefing conducted? (USMEPCOM Regulation 40-1, ch. 6) Are the comments in the notes section of the standard medical brief power point presentation being followed? (USMEPCOM Regulation 40-1, ch. 6, par. 3)

l. Are the applicants and medical staff completing DD Form 2807-1 (Report of Medical History) and DD Form 2808 (Report of Medical Examination) correctly? (USMEPCOM Regulation 40-1, chapters 6 and 7)

B-5. Comments

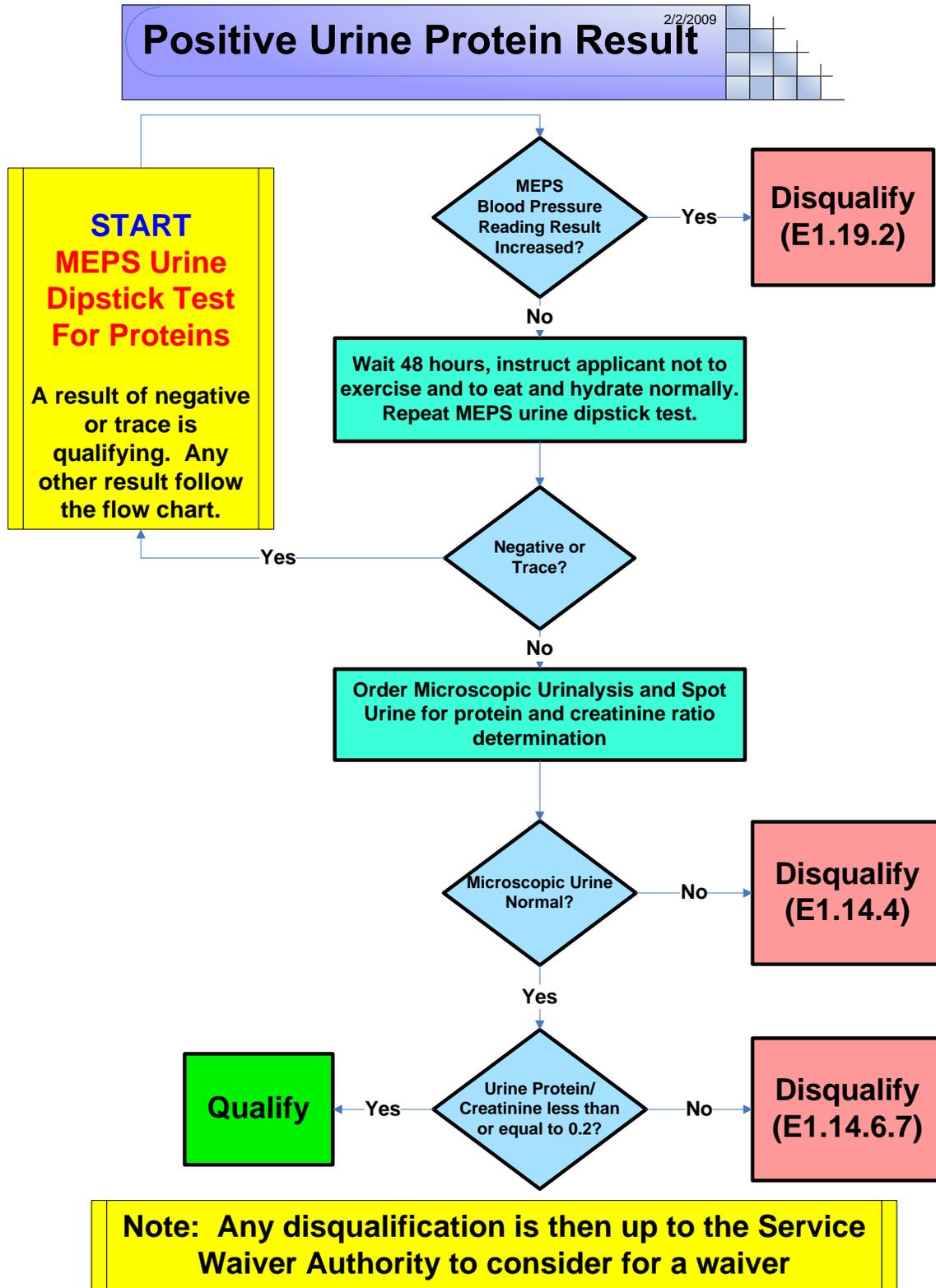
Users may submit comments to HQ USMEPCOM, ATTN: J-7/MMD, 2834 Green Bay Road, North Chicago, IL 60064-3094

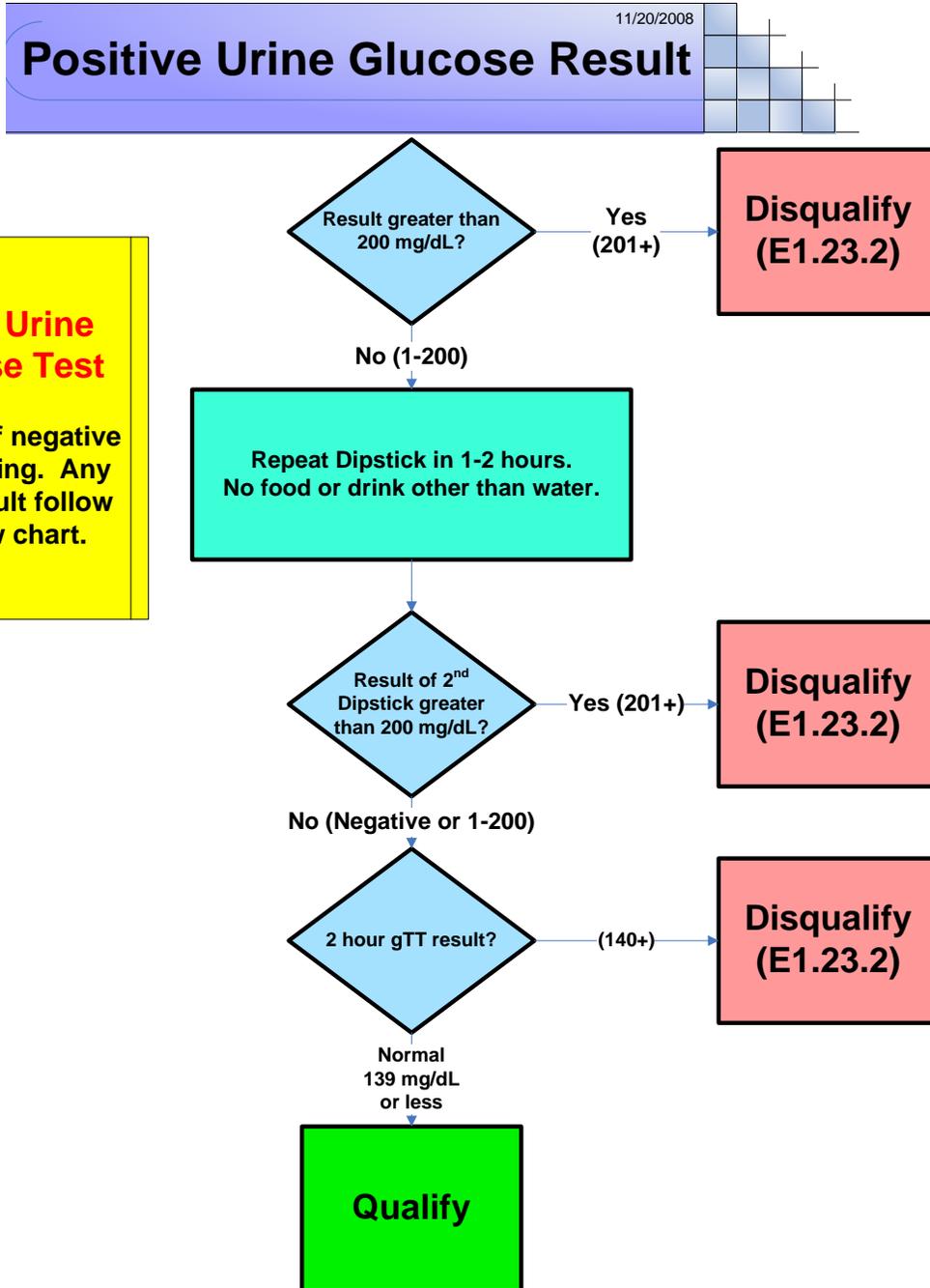
B-6. Use of DA Form 11-2-R

DA Form 11-2-R is designed to document any management control evaluation. Evaluations of the MEPS Medical Section area must be documented on this form. Fill in the appropriate items, as needed. The assessable unit is the MEPS Medical function. The methodology used to conduct the evaluations could be the management control evaluation checklist and other methods used to review this area. Item 6 lists who completed the evaluation and when it was conducted. Item 7 is used to document and explain the methods used for evaluating this functional area. Item 8 is completed by the assessable unit manager (i.e., the MEPS Commander).

Appendix C

Positive Urine Protein Result and Positive Urine Glucose Result Flowcharts





MEPS Urine Glucose Test

A result of negative is qualifying. Any other result follow the flow chart.

Note: Any disqualification is then up to the Service Waiver Authority to consider for a waiver

Glossary

Section I

Abbreviations

AANP

American Academy of Nurse Practitioners

ABMS

American Board of Medical Specialties

ACGME

Accreditation Council for Graduate Medical Education

ACMO

assistant chief medical officer

ADSW

additional duty special work

ADT

active duty for training

AETC

Air Education and Training Command

AFI

Air Force instruction

AFIP

Armed Forces Institute of Pathology

AGR

Army Guard Reserve

AMA

American Medical Association

ANCC

American Nurse's Credentialing Center

ANSI

American National Standards Institute

AR

Army regulation

ARNG

Army National Guard

BF

body fat

BLS

Basic Life Support

BP

blood pressure

BT/AIT

basic training/advance individual training

BUMED

Bureau of Medicine and Surgery

CCQAS

Centralized Credentials Quality Assurance System

CCR

Central Contractor Registration

***CD**

considered disqualifying

CLIP

Clinical Laboratory Improvement Program

CME

continuing Medical Education

CMO

chief medical officer

CNP

Certified Nurse Practitioner

CNRC

Chief, Naval Recruiting Command

COR

contract officer representative

CV

Curriculum Vitae

DA

Department of the Army

DAT

Drug and Alcohol Test

DD/DoD

Department of Defense

DoDI

Department of Defense Instruction

***DEM**

Delayed Entry Medical

DEP

delayed entry program

DO

Doctor of Osteopathic Medicine

ECFMG

Educational Council for Foreign Medical Graduates

EEG

electroencephalogram

EKG

electrocardiogram

***ELS**

entry-level separation

EMS

emergency medical service

EPTS

existed prior to service

FB-CMO

fee basis chief medical officer

FBP

fee basis provider

FSB

Field Support Branch

FTM

Full-time manning

FTTD

Full-time training duty

HIV

Human Immunodeficiency Virus

HPSP

Health Professions Scholarship Program

HT

height

IAW

in accordance with

ICD

International Classification of Diseases

ICTB

inter-facility credentials transfer brief

IDT

inactive duty training

IOT

Intraocular tension

IRC

Inter-Service Recruitment Committee

IRR

Individual Ready Reserve

J-3/MOP-AD

J-3/Operations Directorate-Accessions Division

J-7/MMD

J-7/Medical Plans and Policy Directorate

MAX WT

maximum weight

MCO

Marine Corps Order

MD

Doctor of Medicine

MEPNET

Military Entrance Processing Network

MEPS

military entrance processing station

MHS

Military Health System

MTF

Military Treatment Facility

MMAL

medical materiel allowance list

MMA

Medical Management Analyst

MOC

Military Entrance Processing Command Operations Center

MREP

Medical Remedial Enlistment Program

NAVET

naval veteran

NCCPA

National Commission on Certification of Physician Assistants

***NCD**

not considered disqualifying

NCOIC

noncommissioned officer in charge

NG

National Guard

NGB

National Guard Bureau

OCS

Officer Candidate School

OPSO

operations officer

OSVET

own-service veteran

OTS

Officer Training School

OPTEC 2300

Stereoscope Vision Testing

OSHA

Occupational Safety and Health Administration

PA

Physician Assistant

PDQ

permanently disqualified

PEB

Physical Examination Board

PFT

Pulmonary Function Test

PIP

Pseudoisochromatic Plate

PSC

Personal Services Contract

***PWR**

Provider Work Record

QASP

Quality Assurance Surveillance Plan

QRP

quality review process

RAT

Reading Aloud Test

REDD

Reenlistment Eligibility Data Display

***RJ**

reevaluation justified

ROTC

Reserve Officer Training Corps

SOP

Standard operating procedure

STAR

station advisory report

STARNET

station advisory report network

SUP HT

Supervisory Health Technician

TDRL

Temporary disability retired list

USAR

United States Army Reserve

USMC

United States Marine Corps

USMEPCOM

United States Military Entrance Processing Command

***USMIRS**

United States Military Entrance Processing Command Integrated Resource System

USUHS

Uniformed Services University of the Health Sciences

VA

Veterans Administration

VTC

Video teleconference

WEWS

Welch-Allyn Ear Wash System

***WKID**

work identification code

WT

weight

Section II

Terms

audiogram

A hearing test

chief medical officer (CMO)

A civil service physician assigned as the chief of the medical section in the MEPS

consultation

A special medical examination provided by a physician who is qualified to evaluate the medical limitations of an individual. This includes consultations performed within the MEPS as well as those performed outside the station. Other medical procedures, including but not limited to laboratory procedures, EKG, electroencephalogram (EEG) interpretations, x-ray interpretations (special orthopedic films, GI x-rays, IVP, tomograms, etc.), CT scans, body fat determinations, ear irrigations, pulmonary function tests, and eye refractions, are not considered consultations.

fee basis provider

A nongovernment service civilian medical doctor, physician assistant, or certified nurse practitioner working in the MEPS, under a personal services contract, who conducts medical examinations in the station in addition to or in lieu of the CMO.

medical examination (full)

A full medical examination which includes profiling and contains all required basic elements, including the evaluation of consultation and/or medical letters.

medical examination (“inspect”)

Reassessment of an applicant’s recent medical history and current physical condition, if more than 72 hours have elapsed since last MEPS medical evaluation when entering active duty or more than 30 days to “DEP” in.

medical waiver

A service waiver of a medical defect that disqualifies an individual for enlistment or service job assignment.

no-shows

Applicants who do not report for their appointments.

over-projection

An estimate made, by the recruiting services for the number of applicants that the MEPS can expect on a particular day that exceeds the actual number of applicants. Over-projections cause the MEPS to have more FBPs on duty than are actually needed.

prescreening errors

Any physical disqualification as determined by the CMO, which occurred because of a condition that could have been detected by the recruiting service, via medical prescreening, using the DD Form 2807-2.

PULHES

Collectively, a set of designators assigned to represent combinations of physical qualification categories identified during the physical examination. The designators represent:

P = Physical capacity

U = Upper extremities

L = Lower extremities

H = Hearing-Ears

E = Vision-Eyes

S = Psychiatric

qualified applicant

An applicant who has been aptitudinally, medical, and morally evaluated and found to be acceptable for enlistment by the sponsoring service standards.

reevaluation justified

A term applied to an individual found not qualified for military service due to a current, remedial medical condition which will be reevaluated at a later date.

renewal month

The anniversary of the initial credentialing approval. The renewal month marks the date CMOs, ACMOs, and FBPs must renew their credentials.

unqualified

Pertains to an applicant whose aptitudinal, medical, and/or moral eligibility for further processing is unknown to the MEPS. Since eligibility is unknown, the status may change at a later time to “qualified” or “disqualified.”

***USMEPCOM** established term or abbreviation