

Summary of Changes

USMEPCOM Regulation 40-1, 26 September 2002
Medical Services
Medical Processing and Examinations

This revision has policy and administrative changes throughout. This revision includes—

- Updates to USMEPCOM Forms 40-1-4-R-E (State License Verification), 40-1-5-R-E (Medical School Diploma Verification), 40-1-7-R-E (Initial Application for Clinical Privileges), and 40-1-8-R-E (Clinic Privileges Biennial Evaluation)
- Clarifies individual duties. (par. 1-4 and throughout)
- Changes the continuing medical education course process. (par. 1-6e)
- Clarifies reporting on the Daily Report – Fee Basis Practitioner. (par. 1-7)
- Emphasizes reporting projections without consideration of walk-ins. (par. 1-7a(3))
- Changes procedures on advertising for medical personnel. (par. 1-8)
- Changes in consultation eligibility. (pars. 1-10 and 5-12)
- Clarifies procedures for questionable medical eligibility determinations. (par. 2-1)
- Adds new reporting procedure for applicant injury notification. (pars. 2-5a and 2-8)
- Changes in maintaining the MEPS medical library. (par. 4-13)
- Emphasizes the medical waiver process. (chap. 5 and throughout)
- Removing service-specific height and weight standards from the regulation. Standards are now published on the MEPNET. (par. 5-1b)
- Changes earwax removal procedure. (par. 5-13)
- Findings of significant heart murmurs need a cardiology consultation with an internal medicine practitioner or cardiologist. (par. 7-8e)
- Aligns medical files according to the MARKS. (throughout)
- Provides hyperlinks to service regulations. (app. A)

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

USMEPCOM Regulation
No. 40-1

26 September 2002

Effective: 1 October 2002

Medical Services
MEDICAL PROCESSING AND EXAMINATIONS

FOR THE COMMANDER:

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B (Electronic only publication)

Summary. This regulation encompasses current policy and regulatory guidance for administration of the Military Entrance Processing Stations (MEPS) Medical Program. This regulation updates USMEPCOM Forms 40-1-4-R-E (State License Verification), 40-1-5-R-E (Medical School Diploma Verification), 40-1-7-R-E (Initial Application for Clinical Privileges), and 40-1-8-R-E (Clinical Privileges Biennial Evaluation).

Applicability. This regulation applies to all personnel assigned or attached to Headquarters, United States Military Entrance Processing Command (HQ USMEPCOM), and the MEPS.

Supplementation. Supplementation of the regulation is prohibited without prior approval of HQ USMEPCOM, ATTN: Medical Directorate (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.

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

*This regulation supersedes USMEPCOM Regulation 40-1, dated 29 January 1997.

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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. Command Surgeon, USMEPCOM, will—

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

b. Deputy Command Surgeon, USMEPCOM, will—

- (1) Ensure that the policies set forth in this regulation are complied with at the sectors and MEPS.
- (2) Manage policy concerning the conduct of the accession medical examination.
- (3) Develop the curriculum for the annual Chief Medical Officer's Conference.

c. Sector surgeons will—

- (1) Ensure the policies and guidance set forth in this regulation are complied with at the MEPS.
- (2) Be responsible for operational aspects of the medical program within their sector including practitioner credentialing, practitioner certification, and MEPS adherence to DOD medical standards and USMEPCOM policies and guidelines.

d. MEPS commanders will—

- (1) Ensure MEPS personnel comply with this regulation.
- (2) Hire the chief medical officer (CMO) and assistant CMO through the local servicing civilian personnel activity with concurrence from their sector surgeon.
- (3) Ensure fee-basis practitioner (FBP) candidates meet the prehire requirements before considering for contract employment.
- (4) Ensure FBP training and administrative requirements are met before allowing the FBP to examine applicants.
- (5) Ensure credentialing requirements are met for all practitioners attached to the MEPS.

e. MEPS operations officers 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.

f. Sector medical noncommissioned officers in charge (NCOIC) will—

(1) Be responsible for the operational control of the MEPS medical processing program.

(2) Provide assistance visits to MEPS in their sector.

g. MEPS chief medical officer 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 assistant CMOs and FBPs 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) Conduct quarterly training and inspection of the complete medical section.

(7) Ensure Occupational Safety and Health Administration (OSHA) requirements are met for the FBPs.

h. MEPS medical NCOIC/lead health technician will—

(1) Supervise enlisted and civilian technicians to ensure the quality of exams.

(2) Ensure testing stations are properly staffed for an efficient applicant flow through the medical examination process.

(3) Ensure proper quality control of medical records.

(4) Supervise scheduling of approved specialty consultations, procedures (ear wash) and studies (lab, x-ray, pulmonary functions tests, etc).

(5) Ensure all phases of the examination have been completed, results recorded, entries legible and complete, and current policies followed before applicants depart.

(6) Schedule and conduct on-the-job training and cross training. Ensure technicians are thoroughly familiar with the phases of the examination so that efficiency and continuity of medical processing and the quality of examinations can be maintained during personnel shortages.

(7) Ensure medical equipment is maintained and repairs are timely. Check medical equipment daily for proper functioning and calibration. Ensure compliance with preventive maintenance procedures.

(8) Inspect medical facilities daily to ensure cleanliness and supervise policing of the medical examining area.

- (9) Coordinate with the MEPS operations section and recruiting services on medical matters.
- (10) Ensure applicant counseling and reports are done in a timely and accurate manner.
- (11) Ensure medical documents are read within the established time standards.
- (12) Aid the commander and the CMO in the credentialing process.
- (13) Ensure a quality review of projected applicants' medical records is accomplished prior to the next duty day.
- (14) Assist and train in the quarterly medical training.
- (15) Ensure that OSHA requirements are met for the health technicians and the overall medical section.
- (16) Ensure the annual audiometer recertification is completed.

i. MEPS medical technicians will—

- (1) Ensure quality examinations and inspections are given to applicants according to established guidance in this regulation and the individual service directives.
- (2) Ensure quality checks are done accurately and timely.
- (3) Ensure the United States Military Entrance Processing Command Integrated Resource System (MIRS) entries are accurate and timely.
- (4) Complete the technician portion of the mission-essential qualifications standards in a timely manner.
- (5) Respond to Dial-A-Medic questions if authorized by local policies and standing operating procedures (SOPs).
- (6) Ensure that documents and prescreens are done accurately and timely and are tracked accordingly.

j. Fee-basis practitioner 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 Army Regulation (AR) 40-68 (Quality Assurance Administration) paragraph 4-6 and appendix B. The sector surgeon 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 this regulation, chapter 3, before being considered for hire and before working at a MEPS. Before a MEPS commander commits to a hiring action, verification of approved credentialing and MEPS privileges must be received from HQ USMEPCOM, MMD.

c. The MEPS will notify the sector surgeon of existing or anticipated CMO/assistant CMO vacancies. Sector surgeons 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 the MEPS medical section.

(1) The CMO will conduct a quarterly review of medical processing at the MEPS. The review will include formal presentations to FBPs and medical technicians on topics such as medical standards, recent problem cases. The CMO will observe the attending FBP conducting applicant examinations and make recommendations to improve techniques as necessary.

(2) The CMO will submit a written report on the quarterly review of medical processing to the MEPS commander 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 under file number (FN) 1c and destroy after the next comparable survey or inspection. The file will be available for review during inspections and staff assistance visits.

(3) The medical NCOIC will review the CMO's findings and conduct training in the deficient areas.

(4) In computing FBP requirements during the quarterly review—

(a) The CMO will not be scheduled to perform medical examinations.

(b) In MEPS authorized an assistant CMO, the assistant CMO, if present for duty, will be counted as available for examinations.

(c) In MEPS not authorized an assistant CMO, a FBP (normally a different FBP each quarter to afford training opportunities to all FBPs) will be appointed as the ACMO on the review and training day.

(d) Other FBPs assigned to the particular MEPS should be invited to participate in training day activities, particularly the CMO's formal presentations. Elective participation of these practitioners is intended to reinforce acceptable examining practices.

Note: FBPs, other than the FBP designated ACMO, cannot be paid for attending the training.

b. Crosswalk training

A new CMO may be approved to "crosswalk" to another MEPS with an experienced CMO for up to 3-days to observe and/or participate in medical processing. The sector commander, upon the advice of the sector surgeon, will select the MEPS to be visited. The medical NCOIC/civilian supervisor is also eligible for crosswalk.

c. Certification visit

A new CMO receives a certification visit by the appropriate sector surgeon. If the CMO requires additional training after the certification visit, the sector surgeon/Command Surgeon 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.

d. CMO/NCOIC Annual Training Conference

The CMO/NCOIC Annual Training Conference is conducted annually by the Command Surgeon's office. Attendance is mandatory for all CMOs and assistant CMOs and for medical NCOICs/civilian supervisors. Attendance by other than the aforementioned individuals is subject to approval by the Command Surgeon.

e. Continuing medical education courses for CMOs and assistant CMOs. CMOs and assistant CMOs may request permission from the appropriate sector surgeon to attend one annual, professional medical training course. USMEPCOM will partially fund training depending on funds availability. Upon completion of continuing medical education (CME) course, the sector surgeon will forward a copy of the CME certificate showing the number of credits earned to the USMEPCOM Credentialing Committee for inclusion in the practitioner's credentialing file. (File the CME certificate under FN 40-68a; disposition: Information pertaining to civilian personnel, destroy 5 years after termination of employment. Information pertaining to military personnel, upon separation or retirement, forward to custodian of the military personnel records jacket for inclusion in accordance with AR 600-8-104 (Military Personnel Information Management/Records).)

f. New FBPs training. New FBPs will undergo a training period of 1-5 days under the supervision of the CMO. The period of instruction is determined by the CMO. The FBP cannot work at the MEPS until the credentials are approved by the credentialing committee.

g. Occupational Health Safety Administration (OHSA)

(1) The CMO will conduct annual training with the FBP on OSHA requirements. The medical NCOIC will file training documents under FN 350 and destroy after 2 years.

(2) The medical NCOIC will conduct OSHA training yearly (renewal) and within 10 working days of a newly hired (arriving) medical staff member. The medical NCOIC will file training documents under FN 350 and destroy after 2 years.

h. Audiometric training

(1) The medical NCOIC will conduct the annual audiometric training within 30 days of returning from the CMO/NCOIC Annual Training Conference. MEPS do not conduct baseline audiograms for hearing conservation; therefore, Council for Accreditation in Occupational Hearing Conservation certification is not required.

(2) The medical NCOIC will file training documents under FN 350 and destroy after 2 years.

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 called in as required and authorized by the projected workload. When preparing the Daily Report – Fee-Basis Practitioners (contractor supplied automated spreadsheet), consider the following:

(1) Each day a MEPS is open and processing applicants, the MEPS must complete a Daily Report and provide the report to HQ USMEPCOM, FBP Contracting Officer's Representative (COR), appropriate sector surgeon, and the designated contractor, or as directed by HQ USMEPCOM. The computation formula for projecting daily requirements for MEPS CMO, assistant CMO, and FBP requirements is in figure 1-1.

Note: MEPS having assistant CMOs (civil service physician) will consider one FBP position filled by the assistant CMO.

(a) The Daily Report must be submitted by 1600 local time by each MEPS on the date the services are performed.

(b) The Daily Report will be reconciled with FBPs working on that day. The MEPS will provide a copy of the report to each FBP. Daily Reports (and corrections) submitted after the day service is performed may result in nonpayment by the contractor.

(c) Corrections to Daily Reports after 1600 (local time) on the day the services must be submitted through the appropriate sector surgeon to HQ USMEPCOM, FBP COR. If corrections are necessary, the original FBP report will be resubmitted with corrections indicated.

(2) The MEPS no-show or service over-projection percentages will be considered when calling in FBPs.

(3) The number of walk-ins do not add to the projected workload, therefore FBPs are not called in based on walk-ins or other space-available or time-permitting individuals (e.g., National Civilian Community Corps).

(4) For a CMO quarterly training day, enter “quarterly training day” in the Note section of the Daily Report. (See par. 1-6 for information about training days.)

(5) Claims of nonpayment—

(a) Based on inaccurate reporting by the MEPS will not be honored by the contractor without an endorsement from HQ USMEPCOM, MMD. Payment disputes and supporting documentation and details will be forwarded to HQ USMEPCOM, MMD, ATTN: FBP Contact COR, by e-mail or regular mail. All documents must be available for inspection.

Note: This requirement is based on potential deviation from contract specifications concerning pay periods and fiscal year payment authority.

(b) Due to a contractor mistake can be e-mailed to HQ USMEPCOM, MMD, ATTN: FBP contract COR, for immediate resolution.

(6) Daily Report entries are self-explanatory except for the following:

(a) Records review.

1. Record reviews are records (i.e., DD Forms 2807-2 and related documents) pertaining to an applicant projected to arrive for processing within the next 48 hours that require the CMO or FBP to evaluate.

2. If the DD Form 2807-2 does not require review by the CMO or FBP (no pre-existing history), do not record as a records review.

(b) Consults. A consult is a weighted entry with a factor 0.3 point. Enter the number of applicants projected for consultations in the line titled “Consults”.

b. Payment

(1) FBP initial training and payment. Payments to FBPs during the initial training (see par. 1-6(f)) is \$100 per day. MEPS will indicate the FBP in training on the Daily Report and mark the \$100 column even though more than 2-hours are worked.

(2) ACOMO designation sequence and payment. The ACOMO designation sequence in the absence of the CMO:

(a) If the MEPS has an assistant CMO, the assistant CMO becomes the ACOMO.

(b) If there is no assistant CMO, a FBP with profiling privileges will be designated as the ACMO.

(c) A non-physician can be designated ACMO.

(d) The ACMO will remain on duty until all medical processing is completed. The MEPS commander will determine whether the medical mission requires the ACMO to be on duty for more than 6-hours and will verify payment level.

c. Duties.

(1) If assigned to be the ACMO, the FBP will perform profiling duties to determine the applicant’s qualification for entry or retention in service. If delegated as the ACMO, the FBP must be familiar with the contents of Department of Defense Instruction (DODI) 6130.4 (Criteria and Procedure Requirements for Physical Standards for Appointment, Enlistment, or Induction in the Armed Forces) and AR 40-501 (Standard of Medical Fitness). When profiling proficiency has been demonstrated 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 ACMO if not privileged to profile.

(2) Profiling duties are usually done by the CMO or, in his/her absence, the ACMO. The profiling officer will determine the examinee’s qualification for entry or retention in service. MEPS can choose to have a FBP accomplish the profiling in the interest of efficient processing. CMOs will ensure the profiling officers are familiar with the contents of DODI 6130.4 and AR 40-501. When profiling proficiency has been demonstrated to the satisfaction of the CMO, a modification of privileges to allow profiling can be requested. FBP will not profile unless specifically privileged to do so by the USMEPCOM Command Surgeon. FBPs will not be designated ACMO if not privileged to profile.

	Projected Exams	Weighting Factor	Total Weighted	Total Weighted	Practitioners Authorized
A. Male exams, age 39 or less		x 1.0 =		0-20 =	1 (CMO/ACMO/FBP)
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:					
1. MEPS with an assistant CMO will consider one FBP position met. If the CMO is participating in quarterly training/review day, he/she is not considered present for duty. A FBP undergoing initial training will not be considered as a practitioner present for duty (indicate “Initial Training” on the Daily Report item titled “Notes”).					
2. Item (G) will only be used if record reviews meet the criteria of paragraph 1-7a(6)(b).					

Figure 1-1. Computation Formula for MEPS FBP Requirements

1-8. Advertising for medical personnel

a. MEPS commanders should consider state and local medical societies and institutions for FBP candidates. Should additional advertising be necessary, the commander may request advertising through the sector to HQ USMEPCOM, MRM-LO-C. Provide the following information when requesting advertising support:

- (1) Sample copy of desired advertisement
- (2) Frequency and dates of publication
- (3) Point of contact at advertising medium

b. Approved requests will be returned to MEPS for processing through the local procurement office per HQ USMEPCOM, MRM-LO-C, guidance.

1-9. 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 this regulation, 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 only one work period that year. If working more than one work period a year, regular USMEPCOM credentialing procedures apply.

1-10. 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 completion of an approved residency program 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 according this regulation, chapter 3. In-house consultants may provide more convenient processing for applicants and are encouraged where available and economical.

(3) A MEPS practitioner 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.

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.

1-11. Command Surgeon and sector surgeon mailing addresses and telephone numbers

a. Command Surgeon

HQ USMEPCOM

ATTN: MMD

2834 Green Bay Road

North Chicago, IL 60064-3094

DSN: 792-3820

Commercial: (847) 688-3680, ext. 7130

FAX: (847) 688-2453/2630

b. Eastern Sector Surgeon

Eastern Sector, USMEPCOM
ATTN: MCO-EM
2834 Green Bay Road
North Chicago, IL 60064-3094

DSN: 792 DSN: 792
Commercial: (847) 688-5520, ext. 7607
FAX: (847) 688-4691/3367

c. Western Sector Surgeon

Western Sector, USMEPCOM
ATTN: MCO-WM
Three Gateway Centre, Suite 320
Aurora, CO 80011

Commercial: (720) 374-0274, ext. 102

Chapter 2

Administrative Policies

2-1. Written medical determinations

If an applicant's enlistment or commissioning medical eligibility is unclear, the CMO will refer the case to the sector surgeon. The CMO will fax the original Department of Defense (DD) Form 2808 (Report of Medical Examination) and DD Form 2807-1 (Report of Medical History) and copies of all supporting documents to the sector surgeon. Original DD Forms 2808 and 2807-1 will be retained in the applicants file (FN 601-270a, destroy when no longer needed for current operations). The sector surgeon will annotate on DD Form 2808, item 73, the medical qualification/disqualification and, if disqualified, the specific reason and the regulation and paragraph under which the applicant is disqualified. The annotation will include the appropriate headquarters designation, date, and sector surgeon's signature. The sector surgeon will date and initial DD Form 2808 changes (i.e., a profile change) and return the documents by fax. The CMO will annotate the decision on the original and attach the copies with the faxed signatures.

2-2. Handling of uncooperative or disruptive applicants

a. If an applicant is uncooperative or disruptive, the medical NCOIC will counsel the applicant. If the applicant's inappropriate behavior continues, the medical NCOIC will remove the applicant from processing and return him or her to the appropriate service liaison.

b. A missed consultation appointment may be rescheduled at the request of the recruiting service. If a second consultation appointment is missed, the MEPS Commander will notify the appropriate Interservice Recruitment Committee (IRC) level commander in writing that the applicant's processing has been terminated. Further appointments will not be scheduled without a written request from the IRC-level commander.

2-3. Radiological safety

MEPS with in-house x-ray capability will comply with the provisions of Technical Bulletin (TB) Med 521 (Management and Control of Diagnostic X-Ray, Therapeutic X-Ray, and Gamma-Beam Equipment) in regard to x-ray protection.

2-4. Applicant medical prescreening

The applicant completes DD Form 2807-2 (Medical Prescreen of Medical History Report) with the recruiter before coming to the MEPS.

a. Recruiting personnel should forward the form to the appropriate MEPS prior to the applicant coming to the MEPS.

b. The MEPS CMO, or designated FBP, will review DD Form 2807-2 and supporting documents to determine whether a medical examination is justified. The MEPS will notify the recruiter of the decision within 2 working days .

2-5. MEPS review of DD Form 2807-2 (Medical Prescreen of Medical History Report)

a. DD Form 2807-2 is mandatory for accession physicals performed at the MEPS. The DD Form 2807-2 will be utilized to medically prescreen applicants to assess fitness for service and to determine if additional tests, records, or procedures will be required during the physical exam. The DD Form 2807-2 is prepared with the recruiter before coming to the MEPS.

b. The CMO reviews DD Form 2807-2 and any additional documentation submitted for consideration before the applicant comes to the MEPS and responds to the submitting recruiting personnel within 2 working days of receipt of the documents. The end point of the review will be one of three choices:

- (1) Process
- (2) More records/documentation needed
- (3) Papers only disqualification (DQ). This DQ will be either:
 - (a) Profile serial—do not process unless specifically requested by the service waiver authority
 - (b) Process for waiver

c. If the applicant appears to be qualified, the reviewer will authorize processing by marking item 11a(1), AUTHORIZED. The reviewer can require that the applicant bring certain documents to the medical examination such as “braces letter.”

d. If the applicant has a disqualifying condition that is often waived by the sponsoring service, the reviewer will identify the condition, but authorize processing by marking 11a(2)(b), 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.)

e. If additional documents are required to determine qualification, the CMO will alert the recruiter to obtain the needed documents by marking 11a(3)(a), Pending review of additional documentation. The request will be for specific documents (e.g., knee surgery 2-years ago). If needed, also request supporting documents (e.g., reports from initial contact with medical personnel after the injury, often an emergency room report, reports by subsequent physician(s), and x-ray or other special procedure reports for this condition).

f. If an applicant has been papers-only disqualified, it is appropriate to review the case, perhaps repeatedly, if the recruiter brings in further medical documents.

g. If the applicant is permanently disqualified—

- (1) Annotate DD Form 2807-2, either:

(a) Item 11a(2)a, Profile Serial _____ ICD _____, unless specifically requested in writing by the service medical review/waiver authority.

1. Based on experience and knowledge of the regulations, waiver is not likely. No further record review is appropriate.

Note: This decision is valid even if the applicant were to switch to a different service.

2. Annotate the disqualifying medical condition(s) on DD Form 2807-2.

3. In MIRS, enter the disqualifying condition and the International Code of Diseases (ICD)-9 code information.)

(b) Item 11a(2)(b), Process for Waiver.

Note: Consults will not automatically be ordered to support the waiver request.

1. Based on experience and knowledge of the regulations, waiver is likely.

2. Annotate the disqualifying medical condition(s) DD Form 2807-2.

3. In MIRS, enter the disqualifying condition and the ICD-9 code information.

(2) For indeterminate cases, the CMO or FBP may call the medical review/waiver authority for disposition. After discussion with the service medical review/waiver authority, further processing is (or is not) appropriate. If waiver will not be considered, no further record review is warranted and refer to 2-5g(1)(a). If waiver will be considered, refer to 2-5g(1)(b).

h. Medical NCO/designated health technician—

(1) Ensure that prescreens that result in disqualification are appropriately entered into MIRS.

(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 liaison notifying them of the applicant's status. If processing has been authorized and no examination file exists, return the original to the sponsoring recruiting liaison.

(3) File the original DD Form 2807-2 for each applicant under FN 601-270a and destroy when no longer needed for current operations.

2-6. 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. This program provides the recruiter with the opportunity to increase his productivity by decreasing the amount of time spent with medically disqualified applicants or not having proper documentation to complete medical processing.

b. Each MEPS will have a 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 duty day.

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

a. Use of non-medical personnel for medical functions should be minimized to the greatest extent possible. Non-medical personnel can be used as urine collection observers and chaperones, but not used where they directly contact or independently test applicants (i.e., draw blood, conduct an eye exam, conduct a hearing test).

b. 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.

c. The MEPS must provide a chaperone during a medical examination when female applicants are not completely dressed (such as the orthopedic/neurologic examinations) and the examining practitioner is male.

d. If an applicant or practitioner requests a chaperone, the MEPS will provide a chaperone.

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

a. USMEPCOM is authorized to pay 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. MEPS personnel will only provide life-sustaining

emergency procedures until emergency medical service (EMS) arrives. The CMO will determine if emergency treatment is necessary.

b. The medical NCOIC will arrange for the EMS transportation to a nearby treatment facility and inform the respective recruiting service liaison of the applicant's disposition. The CMO will also contact the emergency room physician to provide details of the illness or injury. Only EMS vehicles and personnel may be used to transport an injured or ill applicant to an emergency room.

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) according to USMEPCOM Reg 5-5, using the station advisory reporting network (STARNET).

2-9. Existed prior to service

HQ USMEPCOM, 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. HQ USMEPCOM classifies EPTS cases according to the codes in table 2-1. Each MEPS will establish a procedure for handling prescreening errors.

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 sector surgeon with a cover letter identifying the set as "proposed C cases." If the sector surgeon 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 the sector surgeon who will forward it along with comment to MMD for final determination. Cases in which the sector surgeon does not concur with the code C designation will be returned with explanation for non-concurrence to MMD. If, on this review, MMD still considers the case to be a prospective code C case, the record will be forwarded to the affected CMO via the sector surgeon for review and reclama, if desired. The record and reclama should be returned to MMD via the sector surgeon for final determination of EPTS category. Further reclaims from the CMO will not be entertained unless new and substantially relevant facts surface. File EPTS C cases under FN 40-400s for 2 years.	

2-10. Electroencephalogram (EEG) tracings

Original tracings of EEGs are not required unless requested by a reviewing authority. The official reading of the EEG by the neurologist is sufficient for inclusion in the applicant's medical record.

Chapter 3

Credentials of Practitioners

3-1. USMEPCOM Credentials Committee

a. The USMEPCOM Credentials Committee approves the credential of practitioners hired by the MEPS Commander. The MEPS commander is responsible for the proper credentials of practitioners. MEPS CMOs and practitioners must be appropriately licensed or credentialed in compliance with this regulation to work in the MEPS.

b. The Credentials Committee consists of the Command Surgeon (chairman); Deputy Command Surgeon, HQ USMEPCOM (member); the Medical Standards Officer, HQ USMEPCOM (member); and the appropriate sector surgeon (member).

3-2. Granting privileges

a. The Committee reviews the credentials of any physician who is applying for the CMO or assistant CMO positions, for FBPs applying for privileges, and for in-house consultants prior to being hired by the MEPS commander. The review follows the interview and recommendation by the sector surgeon.

Note: If the review is for a CMO or assistant CMO currently credentialed by USMEPCOM, no interview is necessary; a review of the documents will suffice.

b. The Committee contacts the National Practitioner Data Bank (NPDB) for required data regarding each applicant. The reply received by the Credentials Committee will be forwarded to the respective MEPS for inclusion in the practitioner's file. (USMEPCOM Credentials Committee (HQ USMEPCOM, MMD, will keep a copy for their files.) File the reply under FN 40-68a; disposition: Information pertaining to civilian personnel, destroy 5 years after termination of employment. Information pertaining to military personnel, upon separation or retirement, forward to custodian of the military personnel records jacket for inclusion in accordance with AR 600-8-104.

c. Prime source verify (PSV) appropriate documents with the American Medical Association (AMA) to include licenses, internships, residencies, and board certifications were previously supplied by the MEPS.

Note: The MEPS will conduct a licensure PSV for all renewals or for other situations directed by HQ USMEPCOM.

d. Privileges require the signatures of the sector surgeon, the Deputy Command Surgeon or the Medical Standards Officer, and the Command Surgeon on USMEPCOM Form 40-1-7-R-E.

(1) The sector surgeon completes item 37b.

(2) The Deputy Command Surgeon or Medical Standards Officer signs and dates item 37c.

(3) The Command Surgeon completes item 38 and signs and dates item 39. The date of the Command Surgeon's signature is the effective date for clinical privileges. Privileges expire 2 years from the date of the effective date.

3-3. MEPS commanders responsibilities

MEPS commander will—

a. Inspect all required original documents and make a copy of each document. The following statement will be typed or stamped on each copy: "I certify this to be a true copy of the original document viewed by me." The MEPS commander, or other designated representative, signs the statement regarding

the true copy. The final responsibility for credentials verification resides with the MEPS commander.

Note: If the MEPS commander delegates this responsibility, the designee must be knowledgeable and trained in USMEPCOM credentials procedures and a delegated authority letter must be on file.

b. When directed by HQ USMEPCOM, conduct PSV and document verification of the following:

(1) Current unrestricted state license. Document PSV on USMEPCOM Form 40-1-4-R-E.

(2) Professional school. Document on USMEPCOM Form 40-1-5-R-E. This is required if HQ USMEPCOM is unable to obtain verification through the AMA.

(3) Any resident courses attended, internships, and/or board certifications.

(4) File the documents (pars. 3-3b(1), (2), and (3)) under FN 40-68a; disposition: Information pertaining to civilian personnel, destroy 5 years after termination of employment. Information pertaining to military personnel, upon separation or retirement, forward to custodian of the military personnel records jacket for inclusion in accordance with AR 600-8-104.

c. Ensure completed initial and renewal credential files are submitted through the appropriate sector in sufficient time to arrive at HQ USMEPCOM, MMD, 2 months prior to expiration date to ensure the uninterrupted medical processing by properly credentialed healthcare practitioners. For renewals, as follows:

(1) Forward information to the USMEPCOM Credentials Committee as official correspondence with a cover memorandum on official MEPS letterhead.

(2) Forward a verified copy of the renewed license and a USMEPCOM 40-1-4-R-E to the appropriate sector before the current license expires. A 30-days grace period is in place to cover FBPs who have received their license but have not been called in for work. If an extension is requested, the MEPS commander will forward documentation from the state governing agency verifying license reapplication along with a written request for the extension (grace period not to exceed 60-days after license expiration).

3-4. CMO responsibilities

The CMO will—

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

b. Enter signature and date on USMEPCOM Form 40-1-7-R-E, item 37a and recommend approval, modification, or disapproval of initial application for clinical privileges.

Note: If the form is for a new CMO, item 37a will be left blank.

3-5. Medical NCOIC or medical supervisor responsibilities

Medical NCOIC or medical supervisor will—

a. Assist MEPS commanders with credentials processing.

b. Be knowledgeable of credentials regulations 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. Notify the appropriate sector via e-mail when a practitioner is no longer assigned to their MEPS or when the position or status has changed.

3-6. Types of privileges

a. Initial privileges. Practitioners must have USMEPCOM Credentials Committee-granted privileges and the appropriate contract complete before working in the MEPS. Initial privileges are valid for 2-years unless suspended, restricted, or revoked. Privileges must be renewed every 2 years.

(1) Use USMEPCOM Form 40-1-7-R-E to request privileges.

(2) Each practitioner will be assigned a permanent renewal date—the month privileges were last approved will become the permanent “renewal month.” Privileges will expire every 2 years on the last day of the permanent renewal month (See par. 3-7 for specific instructions for renewing privileges.)

b. Profiling privileges. Practitioners request profiling privileges if applying as CMOs, assistant CMOs, or as FBPs who may be designated as ACMOs.

Note: Appointment of a FBP to be ACMO is an administrative action, however, an ACMO must be privileged to profile.

(1) The CMO and other profiling practitioners will request profiling privileges by memorandum or on USMEPCOM Form 40-1-7-R-E, item 34.

(2) Profiling privileges are only granted to physicians and only after their proficiency has been demonstrated. Therefore, it cannot be requested on an initial application unless specific exception is made after review by the sector surgeon and approved by HQ USMEPCOM, MMD.

c. Specialty consultant privileges. Physicians request in-house specialty consultant privileges for their appropriate specialty field on USMEPCOM Form 40-1-7-R-E, item 4. Examples of consultant privilege requests would be “To be consultant in psychiatry” or “To be consultant in orthopedics.”

3-7. Practitioner’s initial application form

For the initial privileging of a CMO, assistant CMO, or FBP, fill out and submit USMEPCOM Form 40-1-7-R-E. The practitioner completes sections A through G as follows:

SECTION A - IDENTIFICATION

Item 1, NAME: List current name and other names in which documents may have been issued.

Item 2, SOCIAL SECURITY NO.: Self-explanatory.

Item 3, DATE OF BIRTH: Self-explanatory.

Item 4- FUNCTION: Check box for type of position

Note: The CMO/assistant CMO box is to be used to designate physicians in the authorized GS positions of CMO and assistant CMO (not ACMOs).

Item 5, MEPS: Name of MEPS where the practitioner will work.

SECTION B – PROFESSIONAL EDUCATION

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

Item 7, LOCATION: Give location of school by city and state. If school 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 date the degree was completed.

SECTION C – POSTGRADUATE TRAINING

Item 11, NAME OF HOSPITAL OR INSTITUTION: List name of hospital or institution where performed postgraduate training. List in chronological order.

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

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

Item 14, DURATION: Give duration of post-degree training.

Item 15, DATE COMPLETED: Self-explanatory.

SECTION D – PREVIOUS ASSIGNMENTS

Item 16, NAME OF ORGANIZATION: List the name of organization/institution if previously employed.

Note: Any gaps in work assignments must be accounted for and explained; use a separate sheet of paper and attach to the form. Attachments, such as curriculum vitae, must be signed and dated.

Item 17, LOCATION: Give location by city and state of the organization or institution. 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 for each assignment.

SECTION E – CERTIFICATION/PROFESSIONAL SOCIETY MEMBERSHIP

Item 20, BOARD ELIGIBLE FROM: Professional board or certification date.

Item 21a, BOARD EXAM TAKEN: Give date of examination.

Item 21b, CHECK: Check one box to indicate whether board taken was total or partial.

Item 22, BOARD CERTIFIED: Check one box. If yes, annotate if currently certified and list the board or certification with expiration dates in the blank area of item 22.

Item 23, MEMBERSHIP IN SPECIALTY SOCIETIES: List membership in professional societies.

Items 24, NAME: Self-explanatory.

Item 25, SOCIAL SECURITY NO.: Self-explanatory.

SECTION F – CREDENTIALS ACTION HISTORY

Items 26 through 33: Each question must be answered by checking appropriate box, yes or no. Any yes answer requires an explanation on a separate sheet of paper (attached to the application form) with the practitioners signature and date.

SECTION G – CLINICAL PRIVILEGES APPLIED FOR

Item 34, PRIVILEGES REQUESTED: Mark the appropriate box to correspond to the privileges requested. Unless the practitioner has had previous MEPS or U.S. military experience, profiling privileges will not be granted until proficiency is shown. (Only physicians may request profiling privileges.) In-house consultants should indicate specialty after the "...consultant in...".

Item 35a, STATE LICENSURE: Annotate the state licensure number and the state.

Item 35b, DATE: Annotate the date of issuance.

Item 35c, EXPIRATION DATE: Annotate the expiration date of the license.

Item 36a, SIGNATURE OF APPLICANT: Self-explanatory.

Item 36b, DATE: Date of application.

3-8. Documents required for initial applications

a. Professional school diploma (medical, nursing, physician assistant). If not in English or Latin, diploma must be translated.

b. Internship Certificate (minimum requirement for consideration). If additional training or certification has been completed (i.e., residency, fellowship, or board certification), include true copies of these certificates.

c. Current unrestricted state license(s), (if a practitioner has current licenses from multiple states, all must be viewed and verified with state bureau of licensure and provide a true copy to HQ USMEPCOM, MMD, ATTN: Credentials Manager.

d. National certification (for physician assistants).

e. Diploma or certification of completion of nurse practitioner training (over and above nursing diploma or degree) for nurse practitioners.

f. Educational Council for Foreign Medical Graduate (ECFMG) or 5th Pathway Certification, if applicable.

Note: ECFMG or 5th Pathway Certificate is required for all foreign medical graduates after 1958, except for Canadian and Puerto Rican medical school graduates.

g. Two current letters of recommendation and reference (less than 1 year old) addressed to the MEPS commander or CMO from other medical practitioners who know the applicant's quality of work, professional standing, and character. Form letters will not be accepted.

h. If unable to provide the required certificates of training, a letter of exception to policy is required for missing documentation. The letter must be addressed to the Command Surgeon, signed and dated by the physician, and reason stated as to why the certificates are not available.

i. Completed USMEPCOM Form 40-1-6-R-E (Request for Information Disclosure to the National Practitioner Data Bank).

Note: List all variations of names, to include maiden name.

j. Request for clinical privileges and authorization for information release letter. The letter will include the following statement:

“I am requesting clinical privileges to perform duties at the _____ MEPS. 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, and I hereby release all parties, including USMEPCOM and its members, for doing so.”

k. USMEPCOM 40-1-7-R-E.

l. USMEPCOM 40-1-4-R-E.

m. USMEPCOM 40-1-5-R-E.

3-9. Documents required for in-house consultants

In-house consultant requests require the documents listed in paragraph 3-8, plus verified copies of the following as applicable:

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

b. Specialty Board Certification.

Note: Specialty Board Certification may be waived under certain circumstances by the Command Surgeon. Request for exception must be submitted in writing with justification.

3-10. Documents required for practitioners who are current members of the NG or Reserve

a. National Guard and Reserve practitioners who work at a MEPS as examiners for active duty requirements will need only a copy of their credentials transfer brief from their unit (see paragraph 3-16 for contact addresses). The unit or agency will send the copy of the credentials transfer brief directly to HQ USMEPCOM, MMD, ATTN: Credentials Manager, with a letter certifying that transfer brief is a true copy of the practitioner's credentials file. All required documents (see par. 3-8) must be included.

b. Reserve component practitioners 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 practitioners 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 practitioner will complete DA Form 5753-R once a year for each MEPS in which privileges are sought.

c. Reservists who drill in the MEPS on a recurring basis throughout the year (more than one time a year) must obtain privileges from the HQ USMEPCOM Credential Committee (see par. 3-8 for required documents).

d. NG and Reserve practitioners who apply to be FBPs or consultants must follow the guidelines in paragraph 3-8.

3-11. Renewing privileges

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

a. Practitioners. Practitioners are responsible for requesting their renewal of privileges. Submit requests on USMEPCOM Form 40-1-8-R-E (Clinical Privileges Biennial Evaluation) to the CMO.

(1) Practitioners will submitted their requests for renewal 2 months in advance of their renewal month.

(2) The CMO will observe the practitioner's examination and profiling abilities before signing USMEPCOM Form 40-1-8-R-E.

Note: If the MEPS has a vacancy in the CMO position, the practitioner-evaluation duty defers to the assistant CMO, or the ACMO, in that order.

b. CMOs. CMOs are responsible for requesting their renewal as CMO on USMEPCOM Form 40-1-8-R-E.

(1) CMOs will submit requests to their sector surgeon for evaluation and endorsement.

(2) CMOs will submit their requests 2 months in advance of their renewal month.

c. HQ USMEPCOM physicians and sector surgeons. HQ USMEPCOM physicians and sector surgeons will submit their requests on USMEPCOM Form 40-1-8-R-E to the Command Surgeon for evaluation prior to renewal.

d. Other practitioners. For all other practitioners, the CMO will complete the evaluation.

e. Extension requests.

(1) A request for an extension of the renewal deadline requires a written request (prior to the renewal deadline) from the MEPS commander stating the reason for the requested extension. Any extension must be approved by the Command Surgeon or Deputy Command Surgeon.

Note: An approved extension will not affect the practitioner's permanent renewal month.

(2) Unless an exception is granted in writing by the Command Surgeon, files which lapse by 90 days will require a new application for clinical privileges. The MEPS may not utilize any provider with lapsed privileges or licensure.

f. Documents needed for renewing clinical privileges. Arrange the completed request for renewing privileges in a renewal folder in the following sequence:

(1) Cover memorandum from the practitioner on MEPS letterhead addressed to the Credentials Committee requesting renewal with authorization and consent to release information.

(2) Completed USMEPCOM Form 40-1-6-R-E.

(3) USMEPCOM Form 40-1-8-R-E.

Note: Include any change in employment, education, or board status that must be updated at time of renewal. Submit these types of changes in writing, e.g., signed curriculum vitae or a letter on MEPS letterhead documenting any changes.

(4) Copy of current unrestricted active license(s) (see par. 3-8c).

(5) Completed USMEPCOM Form 40-1-4-R-E. Must be submitted at each 2-year renewal period unless license was approved the same year and license has not expired.

(6) Submit the completed renewal folder through the appropriate sector surgeon to HQ USMEPCOM, MMD, ATTN: Credentials Committee, 2834 Green Bay Road, North Chicago, IL 60064-3094.

g. Credentials Committee. The Credentials Committee will review all recertification applications, annotate the findings, and return USMEPCOM Form 40-1-8-R-E to the appropriate MEPS where it will be maintained in the practitioner's credentials file under section 2. Also, file under FN 40-68a; disposition: Information pertaining to civilian personnel, destroy 5 years after termination of employment. Information pertaining to military personnel, upon separation or retirement, forward to custodian of the military personnel records jacket for inclusion in accordance with AR 600-8-104.

3-12. Modifying privileges

To modify profiling privileges, the CMO will prepare a memorandum stating that the practitioner is adequately trained to profile. The CMO will send the memorandum through the appropriate sector to HQ USMEPCOM, MMD. HQ USMEPCOM will review, date stamp, and add the memorandum to the practitioner's credential file. Notification of receipt by HQ USMEPCOM will establish the effective date of profiling privileges.

Note: The date for profiling privileges does not change the permanent renewal month for credentials.

3-13. Restriction of privileges

Suspension, restriction, or revocation of clinical privileges will be conducted according to AR 40-68, paragraph 4-9.

3-14. Verification of copies

See paragraph 3-3a.

3-15. Prehire requirements for FBPs

- a. The FBP must be able to respond to their MEPS needs on short notice—12 hours or less.
- b. The FBP lives in the area and will not be in a TDY status at their parent MEPS.
- c. FBPs will ensure any and all documentation required to maintain their credentialing is submitted to the CMO in a timely manner as to ensure that there is no lapse in their credentials.

3-16. Sources for military credentials

a. When verifying military credentials, the CMO will prepare a memorandum identifying the individual on whom information is requested by name and SSN and include an approval for release of information signed by the individual on whom the information is requested.

b. Address to verify—

Reserve component (Reserve or NG) credentials:

Members of Reserve Units:

Commander

Unit of assignment

Members of Individual Ready Reserve (IRR):

Army:

Commander
ARPERCEN
ATTN: DARP-OPS-QA
9700 Page Boulevard
St. Louis, MO 63132-5200

Navy:

OIC, Naval Healthcare Support Office
Box 140 Code 07
Jacksonville, FL 32212-0140

Air Force:

Contact Credentialing Manager at the Air Force unit where reservist is assigned.

Member of Army National Guard (ARNG) or Air National Guard (ANG) units:

Contact the Adjutant General of the State or Commonwealth of the particular unit as follows:

The Adjutant General
State (Commonwealth) of _____
ATTN: Officer Personnel
P.O. Box or Street Address
City, State, ZIP Code

3-17. Malpractice liability

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 fee-basis practitioners to USMEPCOM. As such, they are not protected by the government against medical malpractice liability. The Gonzalez Act protects only civil servants, members of the Armed Forces, and personal services contractors in MEPS actually working under the contract. If a doctor under contract to “contractor” renders services in a MEPS outside of that contract (i.e., is not paid by “contractor” for these services), he/she is not covered for malpractice.

Chapter 4 Medical Equipment and Supplies

4-1. Responsibilities

It is the responsibility of the medical NCOIC to ensure that equipment is checked daily for proper preventive maintenance and functioning. In addition, the medical NCOIC must be familiar with the procedures for acquiring, managing, and disposing of medical supplies and equipment. The USMEPCOM Medical Material Allowance List (MMAL) prescribes the medical equipment and supplies authorized for use at a MEPS. USMEPCOM Reg 700-3 (Materiel Management and Supply Operations) 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.

Note: Equipment will have dust covers in place prior to the medical section ending operations for the day.

4-2. Audiometric equipment calibration and maintenance

a. Both bioacoustic calibration checks (using QUEST model BA-201 bioacoustic simulators) and electroacoustical calibrations of audiometers are required for validation of audiometric reference thresholds.

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 date which audiometers were calibrated will be included on the DD Form 2808, items 71a and b. 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.

c. A bioacoustic calibration check using the simulator will be made each week. The interval between weekly checks will be at least 6 calendar days, not more than 10 calendar days apart, and include every calendar week. This does not eliminate the requirement for the operator daily preventive maintenance checks and services including the need to listen and ensure the audiometers are free of clicks, scratches, and other extraneous noises. The weekly checks will be recorded on DD Form 2217 (Biological Audiometer Calibration Check). Test procedures for BA-201 simulators are detailed in the QUEST electronics instruction booklet for the model BA-201 bioacoustic simulator. If an audiometer fails the check, ensure that simulator battery is up to strength, by observing power/battery indicator light; that the headphones have been correctly placed on the simulator; and that connectors are fully plugged in before repeating the test. Any failure 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 and weekly bioacoustic and biological test data under FN 40-24a and destroy after 2 years.

(1) Ambient noise will be measured with a sound level meter and filter by the appropriate Army support facility at least yearly 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. Ballast used with fluorescent lights should be located on the outside of the audiometric booth (ANSI S31 1991).

(3) If equipped, use the pulsed-tone mode and the mid-delay switch.

(4) Dust covers will be used whenever audiometric equipment is not in use. Cloth coverings are sufficient for rack-mounted units.

(5) Audiometers are calibrated to a specific set of earphones. When earphones are disabled, both the audiometer and the earphones will be replaced by the supporting facility. Nonmatching serial numbers of headphones and audiometer is not authorized.

4-3. Armed Forces Vision Tester (AFVT)

Refer to the instruction manual and to this regulation, paragraphs 5-23, 5-24, and 5-26 for proper operation.

4-4. Lighting for pseudoisochromatic plate color vision test

The pseudoisochromatic plate (PIP) easel lamps (Light, Color Perception, NSN 6540-00-345-6625, Macbeth model ADE10) will be equipped with a blue rounded filter and 100-watt incandescent light bulb. The Macbeth ADE10 and its replacement parts are no longer available. If the Macbeth ADE10 becomes unserviceable, a new Light, Color Perception, NSN 6540-01-358-0750, Richmond Products model 1339R True Daylight Illuminator, will be requisitioned. Blue filters are not required with this item.

Note: The Dvorine PIP plates are not ordered by NSN, refer to the USMEPSOM Manual of Medical Allowances (MMAL) appendix E for catalog containing ordering information.

4-5. Automatic refractor

Paper printout refills may be purchased locally. For use of the automatic refractor refer to the manufacturer's instruction manual and video from the manufacturer and this regulation, paragraphs 5-24 and 5-26.

4-6. Lensometer

Lensometer replacement bulbs may be purchased locally. For use of the lensometer refer to the manufacturer's instruction manual and this regulation, paragraphs 5-24 and 5-26

4-7. Farnsworth lantern

Farnsworth lantern (FALANT) replacement bulbs may be purchased locally. For use of the FALANT refer to the manufacturer's instruction manual and this regulation, paragraph 5-22.

4-8. Height and weight measuring equipment

a. Height measurement. Height measurement devices will be the wall-mounted type, MCN 6670-01-C08-0001, properly installed, and verified for accuracy.

b. Weight measurement. MEPS with digital scales will perform a calibration check daily using the 25-pound weight issued with the scale. Additionally, the U.S. Army support facility will inspect and applicant weight scales and verify the weight accuracy annually.

4-9. Exposed x-ray film

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) in FN 40-66z, disposition as follows:

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

b. Rejected applicants. After the 2-year anniversary, contact the servicing DMRO for appropriate disposition instructions.

4-10. Pregnancy determination test kits

a. Authorized pregnancy test kits for MEPS use are the HCG Urine (Pregnancy) test kits normally stocked by the military medical logistics support activity or available locally.

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

c. MEPS will acquire control set, HCG Urine (Pregnancy), NSN 6650-XX-XXX-XXXX, corresponding to the pregnancy test kit in use.

d. Controls will be run whenever a new box or a new lot number is used. Use control information established by the Armed Forces Institute of Pathology (AFIP) in AFIP Pamphlet 4-24 (Department of Defense Clinical Laboratory Improvement Program (DOD CLIP)).

4-11. Proteinuria glycosuria qualitative test

a. Qualitative urine tests for protein and glucose reduction will be done with test strips and glucose color charts, NSN 6550-00-226-1203.

b. Run a control whenever a new bottle is opened and again when 3 days have passed since the opening of the bottle. At the 3-day point, run daily controls until the bottle 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).

4-12. Needle control in the lab

Follow OSHA guidance for proper use, storage, and disposal of needles.

4-13. 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

(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., Deweese & 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) Physicians' Desk Reference
- (n) Statistical Manual, American Psychiatric Association, DSM-IV

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 sector surgeon for any substitution.

Chapter 5 General Examination Policy and Standards

5-1. General

a. MEPS medical examinations will be performed according to the Command Surgeon, USMEPCOM Reg 40-1, USMEPCOM Reg 40-8, AR 40-501, and DODI 6130.4. 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 CMO.

(1) USMEPCOM does not have waiver authority and MEPS practitioners will not be delegated waiver authority for any reason.

(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 CMO/ACMO are the Command Surgeon, Deputy Command Surgeon, or sector surgeon. In cases where a decision has been made by the sector surgeon and/or the Command Surgeon, the latter takes precedence.

(3) Engaging in treatment of any kind, 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 is the MEPS technical medical expert, supervised in professional matters by the appropriate sector surgeon or Command Surgeon.

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 standards are summarized on the United States Military Entrance Processing Command Network (MEPNET) (<https://mepnet.mepcom.army.mil>, Directorate Links, Medical Directorate) for the MEPS use. Instructions will be provided by the sectors 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.

(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 service, regardless 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) P1100.72 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 Army Reserve component or ARNG.
3. Split-option trainee entering active duty for AIT (has completed BT).
4. Applying for USAR Army Guard Reserve (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 (Manual of the Medical Department), article 15-5; 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 P1100.72B (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. AFI 48-123 (Medical Examinations and Standards), chapters 3 and 4.

(e) Coast Guard. Medical Manual, COMDTINST M6000.1B, chapter 2, as applicable.

5-2. Military entrance medical examinations

a. Military entrance medical examinations are conducted for the purpose of enlistment, accession, and induction. The DOD standards for initial enlistment in all services are implemented by AR 40-501, chapter 2, less height, weight, and body fat standards, which are service-specific and are in applicable service publications. (HQ USMEPCOM maintains a summary of service height, weight, and body fat standards on the MEPNET, under Directorate Links, Medical Directorate.) On a space available basis, 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 CMO does not provide qualification recommendation and consultations or additional testing.

Note: Any student enrolled 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.

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) Retirement examinations
- (5) Temporary disability retired list (TDRL) examinations. (If service member has been cleared of temporary disability by the appropriate service, 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.

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.

b. The MEPS practitioner will mark the first page (top left) of the copy to be retained: "Reviewed and considered in applicant's physical profile," date, and number of pages attached and initial each subsequent page verifying that he/she has viewed each page. All pages will be attached to DD Form 2808 distributed at the time of enlistment.

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 documentation 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. Doubtful medical fitness cases

The CMO makes the final determination of an applicant's medical fitness for military service based on the MEPS examination. In doubtful cases, the sector surgeon may make the qualification decision either telephonically, by e-mail, or in writing at the CMO's 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 sector surgeon or HQ 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, without implying that medical qualification will result or that the Government will cover any costs. The applicant must sign item 75a and enter the date in item 75b. The applicant's signature is to verify understanding of the disqualification and of the instructions given by the CMO. If the applicant is not present, the CMO will send a letter detailing the disqualification and suggesting medical care (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.

b. Certain disqualifying conditions are difficult to evaluate by objective means. It is essential when disqualifying an applicant based on the applicant's word alone (i.e., recent asthma attack) that more than just a statement of the condition be written on the DD Form 2808 or DD Form 2807-1. The practitioner will obtain the specific historical data relating to the condition needed to explain the decision.

5-7. Service waiver authorities

a. Army medical waiver authorities.

(1) Addresses.

Regular Army waivers:

Commander	DSN: 536-0531
U.S. Army Recruiting Command	Commercial: (502) 626-0531
ATTN: RCRO-PP-C	FAX: (502) 626-0900
Room 42	
1307 Third Avenue	
Fort Knox, KY 40121	

USAR nonprior-service applicant waivers:

Army National Guard Bureau	DSN: 327-7144/43/42
ATTN: NGB-ARP-H	Commercial: (703) 607-7144/43/42
111 S. George Mason Drive	
Alexandria, VA 22204-1382	

(2) Annotation.

(a) Army waiver authorities may annotate their waiver decisions with a rubber stamp and appropriate typed/written entries on the original DD Form 2808, item 44, NOTES.

(b) There is no standardized procedure for annotation of medical waivers for enlistment in the ANG when granted by the State medical waiver authority (usually the State surgeon for the ANG).

b. Navy medical waiver authority

(1) Address

Chief, Bureau of Medicine and Surgery Commercial: (202) 762-3482
 ATTN: MED-CODE 25 FAX: (202) 762-3470
 2300 E Street NW DSN: 762-3723
 Washington, DC 20372-5300

(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, the original DD Form 2808 will be annotated in item 44, NOTES, as follows: "Medical waiver recommended by BUMED and approved by CNRC letter dated _____." or the waiver authority may reply by other means documenting waiver approved/disapproved with approving official's signature.

c. Air Force medical waiver authority

(1) Addresses

HQ AETC/SGPS (**Accessions, OTS, HPSP, JA/CH**) Commercial: (512) 652-3900
 63 Main Circle, Ste 3
 Randolph AFB, TX 78150-4959

Air Force Reserve Waiver Authority DSN: 497-1882 Fax: 497-0896
 HQ AFRC/SGPA
 135 Page Rd
 Robins AFB, GA 31098-1601

Air National Guard Waiver Authority: Commercial: (301) 836-8553
 3500 Setchet Ave.
 Andrews AFB, MD 20762-5157

(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.

d. Marine Corps medical waiver authority

(1) Address

Chief, Bureau of Medicine and Surgery Commercial: (202) 762-3482
 ATTN: MED-CODE 25 FAX: (202) 762-3470
 2300 E Street NW DSN: 762-3723
 Washington, DC 20372-5300

(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.

Note: Marine Corps Recruiting Command will not entertain waivers for applicants that exceed body fat of 18 percent for male and 26 percent for female.

(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.

e. Coast Guard medical waiver authority

(1) Address

Commander (MPC-SEP-1)
Military Personnel Command
ATTN: Medical Waivers
U.S. Coast Guard Headquarters
2100 Second Street, S.W.
Washington, DC 20593

Commercial: (202) 267-2732

(2) Annotation. The medical recommendation is stamped on the original 28008, 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 annotate the DD Form 2808 as to whether the waiver was granted or denied.

5-8. Underweight waivers

CMOs are no longer authorized to grant underweight waivers for any service. When a waiver is granted, follow procedures for the individual services. (See AR 40-501, chap. 2, for detailed instructions.)

Note: Service-specific weight standards (including minimum standards) are on the MEPNET under Directorate Links, Medical Directorate.

- a. Army.** The profile designator for waivers granted is "P-1".
- b. Navy.** Waivers for Navy applicants not meeting the Minimum Shipping Weight for height will not be considered. The profile designator for waiver's granted is "P-1".
- c. Air Force.** Approved by Surgeon, Air Education and Training Command (AETC/SGPS) (i.e., air traffic controllers, flying duty, or Air Force commission). Profile designator for waivers granted is "P-1".
- d. Marine Corps Reserves.** The profile designator is "P-1".
- e. Coast Guard.** There is no underweight standard for the USCG.
- f. ARNG.** May receive telephonic underweight waiver from National Guard Bureau. (Annotate waiver decisions by telephone on DD Form 2808.)

5-9. Prescribed weight reduction or gain

a. Applicants outside of the weight standards will be advised that they must bring their weight to the acceptable standard and return to the MEPS for reevaluation. The date the applicant may return is based on the amount of weight to be gained or lost and is called the reevaluation justified (RJ) date. Applicants who return on their RJ date and meet or exceed their prescribed weight loss/gain 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. HQ

USMEPCOM reserves the right to adjust an RJ date. Any adjustments requested by the services will be directed to the Command Surgeon.

b. The RJ date can also be assigned by using the body fat as a measurement. A disqualified applicant may return for recheck after losing sufficient weight to meet either the screening table weight or the body fat percentage. A recheck may be scheduled on an estimate of weight that the applicant must lose to achieve required reduced body fat percentage. As a general rule, a 4-pound weight loss should reduce body fat by 1 percent, 8 pounds by 2 percent, etc. Applicants will be advised that the estimated required weight loss is based upon a program of exercise and diet control.

c. An applicant who, on return to MEPS, has reduced to the acceptable screening table weight for sex and height will not need a body fat percentage redetermination. An applicant who, on return to MEPS, is still over the acceptable screening table weight standard for sex and height, will receive a new body fat percentage determination. If the body fat percentage is now within acceptable limits, the applicant will be qualified provided there are no other disqualifying medical problems. If the body fat percentage is unacceptable, additional weight loss will be prescribed.

5-10. Height waivers

a. **Army.** The Army and ANG 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 CMO may recommend waivers for applicants whose height is not more than 2 inches under the applicable minimum height standard. The profile designator for waivers granted is "P-1". Applicants that exceed the height standards will be disqualified. Waivers are not currently being granted but would come from CNRC. (This is an administrative issue vice medical). Heights below 58 inches cannot be waived.

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. To determine the height and weight standard for over-height applicants, the CMO may notify the waiver authority for details.

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

5-11. Discontinuation of examination prior to completion

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 will determine the reason for discontinuation. If it is found to be no fault of the MEPS, the applicant will be directed to the CMO for profiling consideration. If the examination is stopped because of a height or weight problem, the applicant may return to the MEPS after their RJ date or, if no RJ date is given, the next available processing day the applicant chooses. In such cases an explanation must be included in the applicants record for future reference. Under normal circumstances, the starting point of the medical examination is at the very beginning of the medical orientation briefing. The MEPS commander must discontinue processing the following:

a. Individuals determined by the CMO 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. See USMEPCOM Reg 680-1.

c. For an applicant who has had a valid examination at another MEPS but has not disclosed the examination (“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, unless instructed otherwise by the sector surgeon or the Command Surgeon. If possible, consultations will be obtained on the day of the physical examination. CMOs should consider the cost and inconvenience associated with scheduling consultations. Consultations are valid as long as the condition for which it was obtained has not changed.

(1) Applicants who do not report for consultations will be reported to the appropriate service liaison immediately.

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

b. Bronchoprovocation tests (methacholine challenge, histamine challenge, and exercise challenge tests) may be ordered by the CMO if a question of asthma exists. Such tests will not be scheduled on individuals with a history of a viral infection 6 to 8 weeks prior to the procedure.

Note: Methacholine challenge tests are not authorized for Coast Guard applicants.

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. Request appropriate International Classification of Diseases, 9th (ICD-9) 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 still 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

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. The examining practitioner may refer applicants for cerumen removal at civilian facilities, or manually remove the cerumen him/herself with an ear curette if clinical judgement dictates that the procedure is both safe and necessary. No other personnel in the MEPS are authorized to remove cerumen.

5-14. Special category processor

Some applicants are identified as special category (see USMEPCOM Regulation 601-23 for special category applicants). The service sponsors are required to coordinate with the MEPS medical section before projection of a special category applicant. These applicants will have a service liaison and a

MEPS-assigned point of contact (POC) to expedite processing. The MEPS medical processing should simulate an appointment with a private physician, if possible, including the following:

Note: USMEPCOM Reg 601-23 allows the applicant and service recruiter to elect normal processing. If normal processing is elected, the applicant is given no special provisions other than the same Red Carpet Treatment and personal respect due all applicants.

- a. An appointment, by name, with a practitioner (preferably the CMO) at a specific time
- b. The examining practitioner be the practitioner who took the applicant's history
- c. Front-of-line privileges for processing
- d. Orthopedic and neurological systems examined with other organ systems during the practitioner's private exam
- e. Applicant and POC are outbriefed regarding any disqualification, need for records, need for consult, and the waiver process as applicable

5-15. Active-duty periodic/separation examinations

The MEPS may perform periodic and separation (other than retirement) physical examinations as prescribed by AR 40-501, chapter 3, for MEPS and recruiting military personnel regardless of branch of service, provided these examinations do not interfere with the MEPS primary mission of accessions. Orthopedic/neurologic maneuvers will not be performed with these physicals, however, the medical examiner will perform an assessment of the muscular skeletal and neurologic system as part of the physical. A profile to Air Force, Navy, Marine Corps, and Coast Guard will not be assigned. For Army profiles see AR 40-501, chapter 7. Service members who do not meet the appropriate height and weight standards will have this information recorded DD Form 2808, item 76. (No RJ date will be given for weight).

5-16. 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.
- b. If discharged for medical reasons, the applicant must bring pertinent medical records including the Medical Evaluation and Physical Evaluation Board records.
- c. If assigned a Veterans Administration (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. The qualification decision (DD Form 2808, item 74) will be left open. An "O" will be entered under the applicable physical profile letter designator. The records will then be forwarded to the appropriate service review authority for profile designation and a qualification decision. If the individual receives a medical waiver, the open profile must be closed with a "3." If the waiver authority does not assign the PUHLES designator, the MEPS will enter the appropriate physical profile letter. Addresses for waiver authorities are in paragraph 5-7.

5-17. Invasive and other special procedures

CMOs will not order (or consent to a consultant ordering or performing) any of the following procedures without first obtaining the consent of the sector surgeon:

- a. Endoscopy.
- b. Nuclear medicine procedures.
- c. Cardiac stress tests.
- d. Any test construed to be highly complex, unusually risky, or inordinately expensive. (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.

5-18. 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) Incoordination
 - (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 interview will 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 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. Each movement must be demonstrated, preferably by a technician, as described in paragraph 5-18g. The practitioner must be able to closely observe each applicant during every prescribed maneuver. The number of applicants (six to eight recommended) is determined by the physical layout and size of the room in which the examination is conducted.

f. The order of the movement can be varied at the discretion of the CMO.

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 ipsilateral 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
- 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

5-19. 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 an orthodontic appliances will be allowed to 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. At time of inspection prior to shipping, the healthcare practitioner will ensure that the appliances has been removed according to DODI 6130.4.

5-20. Temporary disability retired list examinations

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. At the end of 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.

a. If found unfit for duty, a recommendation regarding disability or final medical disposition is made and the member is not allowed to return to active duty.

b. If 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, the member may undergo a “chapter-2 examination” at a MEPS or military treatment facility 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 problem remains 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 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 sector for questions regarding validity of medical information. 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 HQ USMEPCOM through sector. 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.

5-21. Special programs

a. Marine Corps Medical Remedial Enlistment Program (MREP). The MREP is outlined in MCO P1130.51E (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. Pilonidal cyst/pilonidal sinus (surgical consult required).
2. Hemorrhoids.
3. Undescended testicle, unilateral.
4. Varicocele, if painful.
5. Hydrocele, if painful.
6. Inguinal hernia, unilateral.
7. Undescended testicle and inguinal hernia, same side.
8. Inguinal hernia and varicocele/hydrocele, same side.
9. Simple goiter that would otherwise be disqualifying by DODI 6130.4 or AR 40-501.
10. Deviated nasal septum with airway obstruction.
11. External otitis.
12. Polydactaly (hands and feet).
13. Cystic acne, likely to benefit from antibiotic or Accutane therapy. Must have a dermatology consultation and color photographs of the involved area, with photos taken no more than 36 inches from the body surface to provide necessary detail.
14. Gynecomastia, simple-not associated with or result of endocrinopathy.
15. Ingrown toenail.
16. Orthopedic hardware requiring removal to meet military entrance standards (requires radiographic evidence of firm body union).
17. Phimosis (when circumcision is required for hygiene).
18. Hypertrophic tonsils and adenoids with airway obstruction.
19. Nasal polyps with airway obstruction.
20. Abdominal wall hernia (only primary hernias). <ul style="list-style-type: none"> 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 (check MCO 1130.51E.)" <ul style="list-style-type: none"> (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 guaranty 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 HQ USMEPCOM and updates provided to sectors. Only certain diagnoses are eligible for DEM provisional waivers. Applicants disqualified for medical conditions other than those listed in figure 5-2 are not eligible for a provisional DEM waiver and may not be enlisted in DEP using DEM waiver procedures.

1. Asymptomatic pes planus (flat feet).
2. Excessive refractive error not greater than 8.00 diopters.
3. Stable tachycardia (elevated pulse count with no prior history – usually the result of being excited by examination (“white coat syndrome”).
4. Common allergies with no prior reaction (non-systemic reaction).
5. Hearing loss in up to 2 frequencies not greater than a 10-15 dB over standards.
6. A favorable orthopedic consultation after knee surgery over 1 year ago.
7. Applicants who discontinued processing after receiving a CNRC waiver on a MEPS physical dated within the last 2 years and MEPS CMO updates the DD Form 2808 indicating no new disqualifying condition or adverse change in the pre-existing disqualifying condition.
8. Documentation of 1 year successful employment or 2 years successful education after discontinuing use of medication related to Attention Deficit Disorder.
9. Documented treatment and benign follow up (Papanicolaou Strain) PAP smears after history of cervical dysplasia.

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

5-22. Instructions for FALANT color perception test

a. All applicants are given the PIP color-vision test. The test will not be repeated if the applicant fails unless the applicant subsequently brings in a statement from his physician or optometrist contradicting the MEPS test results and attesting to normal color vision. In that case, the MEPS test will be repeated once, with all test rules properly observed and the color plates in the test booklet reshuffled immediately before the repeat test. Each test plate will be displayed only for the time interval specified in the test booklet. 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 over the total number of test plates.

(1) Navy applicants must correctly identifying at least 12 of the 14 plates for a passing score.

(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 monocularly under an approved and standard illuminant. Five or more incorrect responses in either eye (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. 5-22b(2)). Repeat test for failures is not authorized except as stated in 5-22a.

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

(2) Army applicants who fail the PIP test will be administered a red/green color vision test, either by the FALANT, AFVT, or other method as directed by HQ USMEPCOM, MMD.

c. The red/green color vision test will be administered to all services (except the Air Force) on an applicant who fails the PIP. Either the FALANT or the AFVT equipped with Bausch and Lomb Orthorater Slide No. 71-21-21 may be used for this test. When using the Bausch and Lomb Orthorater

Slide, the applicant will be asked to identify the color of the numbered circles. Applicants must identify each of the three red/green tests to pass. If the results are obtained using the AFVT, annotate "Pass" or "Fail," annotate DD Form 2808, item 59, and Red Green "Pass" or "Fail" in MIRS. If the results are obtained using FALANT, annotate the score of the FALANT as "Pass" or "Fail" FALANT on DD Form 2808, item 59, for Army only; all other services annotate DD Form 2808, item 73, or the SF 507 (Clinical Record - Report on or Continuation of SF ___) (see paragraph 5-22(e)5 for scoring chart).

d. The FALANT test is given in a lighted room. The applicant will be examined 8 feet from the lantern. The applicant may stand or sit; the lantern will be adjusted so that the opening in the face of the lantern is directed toward the applicant's eyes. All nine combinations of lights must be given in a random order and only one applicant will be tested at a time. Other applicants will not be allowed to watch.

e. Specific instructions for administering the test using FALANT.

(1) Instruct the applicant: "The lights you will see in this lantern are either red, green, or white. They look like signal lights at a distance. Two lights are presented at a time in any combination. Identify the colors as soon as you see them, naming first the color at the top, and then the color at the bottom."

(2) Turn knob at the top of lantern to change lights. Depress button in center of knob to expose lights. Maintain regular timing of 2 seconds per exposure.

(3) Start the test by exposing the green/red (#1) or the red/green (#5) combination. Using a random selection, continue until each of the 9 combinations has been presented. Random selection means that after exposure of #1 (or #5), the examiner gently rotates the undepressed knob for a few numbers (either direction) to obtain the next number for presentation. Avoid presenting the numbers in a regular sequence, since the sequence can be memorized. This process is continued until all 9 combinations have been presented.

(4) If no errors are made on the first run of 9 pairs of lights, the applicant has passed.

(a) For Army applicants, annotate "PASS" in item 59.

(b) For all other services, use the FALANT stamp in item 73 and circle the word "PASS". (See fig. 5-3 for sample FALANT stamp.) MEPS may also use SF 507 to record the results. If the SF 507 is used, annotation should be made on DD Form 2808, item 73, NOTES, "#59-See attached SF 507 for results."

(5) If any errors are made on the first run, discard the results of the first run and give two more complete runs. Do not give a break. Record the errors made in the second and third runs under "ERRORS" (see fig. 5-3). Total the errors of the second and third runs and divide by two; enter the result under "AVERAGE FOR TRIALS 2 & 3."

Note: Further repeats require the approval of the CMO or ACMO.

(a) For Army applicants, mark PASS or FAIL in item 59.

(b) For all other services, use the FALANT stamp in item 73 and—

1. If the average error score is one or less, circle "PASS".

2. If the average error score is more than one, circle "FAIL".

(6) When recording results on the FALANT stamp, mark the correct or incorrect responses of the applicant in the corresponding numbered column. Use the "+" sign for correct responses; use "-" sign for incorrect responses.

FALANT										
Trial	1	2	3	4	5	6	7	8	9	ERRORS
	G/R	W/G	G/W	G/G	R/G	W/R	W/W	R/W	R/R	
1.										
2.										
3.										

AVERAGE FOR TRIALS 2 & 3
PASS _____ FAIL _____

Figure 5-3. Sample FALANT Stamp

f. Further guidance. A single error is made if either one or both lights of the pair are misnamed. If an applicant changes his/her response before the next pair of lights is presented, record the second response only.

(1) If the applicant ordinarily uses glasses for distance, they should wear them. If the applicant says they have difficulty with color recognition, restate that the test being administered is a three colors test—red, green, and white exam.

(2) If the applicant takes longer than 2 seconds to respond reiterate to the applicant: “As soon as you see the lights, identify the colors from top to bottom.”

g. Complete instructions are on a plate attached to the back of the FALANT and should be referred to in case of confusion.

5-23. Instructions for AFVT

a. The AFVT depth perception test is difficult for some applicants with normal vision to interpret correctly. Common errors in the use of the AFVT include improper positioning of the variable prism eye pieces during testing, improper instruction, 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 AFVT.

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 time (not greater than 2 minutes) 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.

(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".

5-24. Distant vision

a. Uncorrected vision. Determine uncorrected visual acuities with the AFVT or with the autorefractor. An applicant failing the 20/200 line on the autorefractor must continue uncorrected visual acuity testing with the AFVT.

(1) 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.

(2) When using the autorefractor, applicants cannot miss more than one of the six 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.

(3) When using the AFVT, the applicant must be able to read the largest letters in the AFVT (20/400 line). An applicant may miss no more than one on the first line of the AFVT (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 AFVT, 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).

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) Lensometer, enter "by LENS" after the word MANIFEST in item 62.

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

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

(d) 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 autorefraction or manifest. Use the following rules for obtaining distant vision acuities:

(1) Applicant does not wear corrective spectacle 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 greater than 20/40 in the worse eye. Use the autorefractor (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 applicants qualification.

(2) Applicant wears corrective lenses at the time of the MEPS examination. Obtain corrected distant visual acuities and determine the refraction by lensometer. If the lens-corrected distant visual acuities are—

Note: If the MEPS does not have a lensometer, use the autorefractor.

(a) Not worse than 20/20 in each eye and the spherical equivalent of the lensometer refractive error is +/-7.00 diopters or less, record test results. No further testing is required.

(b) Qualifying but worse than 20/20 in the worse eye regardless of the spherical equivalent of lensometer refractive error, obtain aurorefractor correction.

(c) Not qualifying or the lensometer spherical equivalent of refractive error exceeds +/-7.00 diopters, obtain an autorefractor refraction. If the autorefractor spherical equivalent or refractive error falls between +/-7.5 and +/-8.5 diopters inclusive, obtain a manifest refraction.

(3) 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, obtain corrected visual tests with the applicant wearing the lenses. Have the applicant remove contact lenses and obtain an autorefractor refraction and uncorrected distant visual acuities. Also check corrected distant visual acuities with the corrected acuities obtained with lenses in place, or as obtained with autorefractor refraction, whichever is better. Annotate on DD Form 2808, item 73, as follows: "refraction obtained after contact lens removal."

Note: If the autorefractor spherical equivalent of refractive error falls between +/-7.5 and +/-8.5 diopters inclusive, a manifest refraction will be obtained.

(c) Has regular spectacles in his/her possession. Obtain corrected visual acuities with contact lenses in place. Have the applicant remove contact lenses and obtain uncorrected visual acuities. Do not obtain spectacle lens refraction by lensometer.

5-25. Visual Acuity Standards

Visual acuity standards are listed in DODI 6130.4, E1.11.1 through E1.11.5.

5-26. Near vision

Applicants whose uncorrected near visual acuities are worse than 20/40 in the better eye will receive an autorefractor 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.

5-27. 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, first, and middle initial), SSN, date of testing, numerical code of the place 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 MIRS (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 appropriate). The 1kHz test is the same as the 1000 Hz test. Unit serial number and date the unit was calibrated must also be recorded in item 71a (and 71b, if appropriate).

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 H3P profile for applicants undergoing a physical examination according to AR 40-501, chapter 2 (initial entry standards), and record a H2 profile for applicants undergoing a physical examination according to AR 40-501, chapter 3 (retention standards). 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 (see par. 4-2).

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.

5-28. 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 40-5-1, chapter 2 (initial entry standards), assign H-3E (include the “E”).

(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 H3E 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-3E or H-2 profile, assign H-1.

5-29. 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 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 (DODI 6130.4, paragraph E1, and AR 40-501).

5-30. 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.

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 5-30a.

Table 5-1 Disqualified Applicant Notification					
Applicant Status	DD 2808 Entry¹	Notification By	Oral Notification	Written Notification	Minors³
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 or acting 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.) 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 or acting 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 or acting 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 or acting 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> <p>1. Always list diagnoses and defects in item 77 in order of immediacy.</p> <p>2. For example, pneumonic infiltrate or mass, persistent glycosuria or proteinuria, hypertension, tachycardia, possible malignancy, other life threatening condition.</p> <p>3. Notification of parents/legal guardians.</p>					

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 physicians 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/zipcode

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

DD Form 2807-1 (Report of Medical History)

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. Consent to medical examination of minors

For minors, completion of the DD Form 1966-series (Record of Military Processing - Armed Forces of the United States), SECTION VII - 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 1966-series match.) 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-series is the consent for invasive procedures (i.e. blood draw, consults, etc), and the DD Form 2807-2 authorizes the physical examination.

- a. Applicants will receive the medical history orientation and will complete the designated portions of the medical forms during the medical briefing. (See par. 6-6 for detailed instructions.)
- b. Applicants will complete DD Form 2807-1 under the supervision and guidance of MEPS medical personnel. A practitioner, medical technician, or a non-medical technician who has been properly trained (documented) by the CMO or medical NCOIC will give the briefing. The MEPS should give the briefing in the order listed (see par. 6-6), however, MEPS may change the order to fit local processing situations. All information will be covered and bolded items will be read verbatim. (See par. 6-6 for briefing script.)

6-3. Medical briefing

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, form, or purpose for being at the MEPS. This briefing is to be conducted in English according to AR 601-270/AFR 33-7/MCO P1100.75A (Military Entrance Processing Station (MEPS)) by a well-spoken medical individual capable of answering medical questions (see par. 6-2b for authorized individuals).

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 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 and 9. 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.

Note: On periodic physicals, "yes" answers that occurred prior to service can be marked "PTS" if there have been no occurrences since the last physical.

c. If an applicant answers "no" to all questions, the applicant will be questioned as to his/hers understanding of the form. If the applicant persists in denying any significant medical history, an entry will be made in item 30a recording the denial of any significant medical history.

d. If an applicant discloses additional medical information (including drug or alcohol use) during the preenlistment/preaccession 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 Reg 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 ink.

6-5. Disposition of DD Forms 2807-1 and 2808

The original DD Form 2807-1, 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 in red, "Working Copy", and any pertinent medical information (i.e., appt slips, USMEPCOM For 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 per USMEPCOM Reg 40-8. Working copies of DD Forms 2807-1 and 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 Forms 2807-1 or 2808 (unless they become disqualified, open profile, etc), but will receive the packet after the medical section has completed the applicants 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 and DD Form 2807-1

Prior to the completion of DD Form 2807-1, complete DD Form 2005, USMEPCOM Form 40-8-R, and USMEPCOM Form 40-8-1-R-E. DD Form 2005 will have sections 1 and 4 read, all other forms will be read in full.

Medical briefing

Part I - DD Form 2807-1--Introduction

1. The briefer is encouraged to follow the explanations in the order given.
2. *Italicized* items are not to be read, but are for the use of the medical briefer.
3. **Bold** items will be read verbatim.
4. Instructions and directions are to be read in English.

Introduce yourself.

Briefly explain the purpose of the DD Form 2807-1. The applicants should be encouraged to fill out the form honestly and as completely as possible. The applicants should be reminded that undisclosed information may cause critical health problems during basic training. Instruct applicants to PRINT in block letters using the pens provided.

Before we continue, if you make or have made a mistake on this form, remember to draw a line through the error, initial, and date the correction, and then enter the appropriate information.

Part II - DD Form 2807-1

Item 1: LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)

Item 2: SOCIAL SECURITY NUMBER

Item 3: TODAY'S DATE (YYYYMMDD)

Item 4a.: HOME ADDRESS This should be your current mailing address, including zip code.

Item 4b: HOME TELEPHONE If available, enter the telephone number where you reside or can ordinarily be reached. If there is no phone number print – NONE.

Item 5: EXAMINING LOCATION AND ADDRESS Verify name of MEPS and address.

Item 6a: SERVICE If your service selection is not already pre-printed on the form, place an "X" in the appropriate service box.

Item 6b: COMPONENT Mark either Active Duty, Reserve, or National Guard.

Item 6c: PURPOSE OF EXAMINATION Mark the appropriate box.

Example: If you are a civilian processing for a Regular Army (RA) enlistment, you should mark the box for Army (SERVICE), Active Duty (COMPONENT) and Enlistment (PURPOSE OF EXAMINATION).

Example: If you are an officer candidate for the Naval Reserve, you should mark the box for Navy (SERVICE), Reserve (COMPONENT) and Commission (PURPOSE OF EXAMINATION).

Item 7a: POSITION Enter your present status.

Item 7b: USUAL OCCUPATION If you are full-time student, write Student and the type of the school (i.e., high school, college, trade) in the box. If you are or were employed full-time, write what you did, (i.e., welder, accountant, bus driver). If you are currently in the service or a Reservist, enter your appropriate service and military specialty. If you are currently unemployed or not in school, give your most recent status.

Item 8: CURRENT MEDICATIONS Enter the name of any prescription or nonprescription medications, birth control, and vitamins and supplements you have taken in the last 48 hours and the reason you are taking them. If you do not know the name of the medication, please provide a description of the medication (e.g. birth control pills, cold tablets). If you are not presently taking any medications, print the word "none" in item 8.

Item 9: ALLERGIES Please enter any allergies you have in item 9. This includes allergies to insect bites or stings, vaccines, common foods, or other materials such as wool. If no known allergies exist, print the word "none" in item 9. (The Coast Guard considers allergies to all foods (not just common foods) to be disqualifying.)

“May I have your attention please? Before continuing with this form, I must read the following fraudulent enlistment warning to you. Please listen carefully.”

Read the following Fraudulent Enlistment Warning before continuing:

FRAUDULENT ENLISTMENT WARNING

Any person who enters the military service through concealment of a disqualifying medical condition is subject to administrative discharge and issuance of a discharge certificate under other than honorable conditions. The maximum punishment under the Uniform Code of Military Justice (UCMJ) for making false or dishonest answers to questions on the Report of Medical History is 2 years confinement, dishonorable discharge, and forfeiture of all pay and allowance. (Reference, Article 83 UCMJ.)

The remainder of the questions have Yes/No columns. Indicate your response by placing a check mark in the appropriate circles beside the questions. These questions cover your life: from birth until now. For items with multiple answers, circle items that apply. I will read the questions now; please keep pace and do not get ahead of me. Be sure to respond to each question.

**Items 10-14: Check either “YES” or “NO” for each item asked.
HAVE YOU EVER HAD OR DO YOU NOW HAVE:**

- 10.a. Tuberculosis.
- b. Lived with someone who had tuberculosis?
- c. Coughed up blood?

At this point you may elect to have the applicants put down their pens and listen while the asthma warning is read verbatim.

ASTHMA WARNING

Under the current DOD medical directive, a history of asthma is disqualifying. Asthma often surfaces (recurs) during training. If so, you will be discharged, at considerable expense to the taxpayer. A practitioner will discuss your asthma history with you later this morning and determine your qualifications. In some cases where disqualification is required, a waiver can be recommended.

- d. Asthma or any breathing problems related to exercise, weather, pollen, etc.
 - e. Shortness of breath
 - f. Bronchitis
 - g. Wheezing or problems with wheezing
 - h. Been prescribed or used an inhaler
 - i. A chronic cough or cough at night
 - j. Sinusitis
 - k. Hay fever (requiring medication or allergy shots)
 - l. Chronic or frequent colds
- 11.a. Severe tooth or gum trouble
 - b. Thyroid trouble or goiter
 - c. Eye disorder or trouble
 - d. Ear, nose, or throat trouble
 - e. Loss of vision in either eye
 - f. Worn contact lenses or glasses
 - g. A hearing loss or wear a hearing aid
 - h. Surgery to correct vision

- 12.a. Painful shoulder, elbow or wrist (e.g. pain, dislocation, etc.)
- b. Arthritis, rheumatism, or bursitis
 - c. Recurrent back pain or any back problem
 - d. Numbness or tingling
 - e. Loss of finger or toe
 - f. Foot trouble (e.g., pain, corns, bunions, etc.)
 - g. Impaired use of arms, legs, hands, or feet
 - h. Swollen or painful joint(s)
 - i. Knee problem (e.g., locking, giving out, pain or ligament injury, etc.)
 - j. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint.
 - k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support, lifts or orthotic devices, etc.
 - l. Bone joint or other deformity
 - m. Plate(s), screw(s), rod(s) or pin(s) in any bone
 - n. Broken bone(s) (cracked or fractured)
- 13a. Frequent indigestion or heartburn
- b. Stomach, liver, intestinal trouble, or ulcer
 - c. Gall bladder trouble or gallstones
 - d. Jaundice or hepatitis (liver disease)
 - e. Rupture/hernia
 - f. Rectal disease, hemorrhoids, or blood from the rectum
 - g. Skin diseases (e.g. acne, eczema, psoriasis, etc.)
 - h. Frequent or painful urination
 - i. High or low blood sugar
 - j. Kidney stone or blood in urine
 - k. Sugar or protein in urine
 - l. Sexually transmitted diseases (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)
- 14.a. Adverse reactions to serum, food, insect stings or medicine
- b. Recent unexplained gain or loss of weight
 - c. Currently in good health (if no, explain in Item 29 on page 2)
 - d. Tumor, growth, cyst, or cancer

Items 15-18: Check either yes or no to each item asked. Every yes answer must be explained in item 29.

- 15.a. Dizziness or fainting spells
- b. Frequent or severe headaches (e.g. recurrent, disabling)
 - c. A head injury, memory loss, or amnesia
 - d. Paralysis
 - e. Seizures, convulsions, epilepsy, or fits
 - f. Car, train, sea or air sickness
 - g. A period of unconsciousness or a concussion
 - h. Meningitis, encephalitis, or other neurological problems
- 16.a. Rheumatic fever
- b. Prolonged bleeding (as after an injury or tooth extraction, etc.)
 - c. Pain or pressure in the chest
 - d. Palpation, pounding heart, or abnormal heartbeat
 - e. Heart trouble or murmur
 - f. High or low blood pressure

- 17.a. Nervous trouble of any sort (anxiety or panic attacks)
 - b. Habitual stammering or stuttering
 - c. Loss of memory, amnesia, or neurological symptoms
 - d. Frequent trouble sleeping
 - e. Received counseling of any type
 - f. Depression or excessive worry
 - g. Been evaluated or treated for a mental condition (If yes, fully explain in Item 29)

The following statement will be read during the medical briefing in reference to the above mentioned mental health question.

Check yes if you have ever been treated for or evaluated by, or received counseling from a mental health professional. Mental health professional is defined as: a psychiatrist, psychologist, social worker, marriage counselor, or family counselor. If you were ever treated or involved in counseling with any of those professionals, either individually or with other members of your family, check "yes". Obviously, this question does not pertain to non-mental health counseling such as high school career counseling, financial counseling, and similar situations. Do not list non-mental health counseling on the DD Form 2807-1.

- f. Attempted suicide
- g. Used illegal drugs or abused prescription drugs

18. FEMALES ONLY. To be answered in the practitioner's office, leave these questions blank.

Items 19-28: Check either "YES" or "NO" to each item asked. Each "yes" answer in items 19 through 28 must be fully explained in item 29 on page 2. Do not answer any questions in item 29 until instructed to do so.

- 19a. Have you been refused employment or unable to hold a job or stay in school because of:
 - b. Sensitivity to chemicals, dust, sunlight, etc.
 - c. Inability to perform certain motions
 - d. Inability to stand, sit, kneel, lie down, etc.
 - e. Other medical reasons (If yes, give reasons)
- 20. Have you ever been treated at an emergency room? (If yes, for what?)
- 21. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, name of doctor and complete mailing address of hospital.)
- 22. Have you ever had or been advised to have an operation or surgery? (If yes, describe and give age at which occurred.)
- 23. Have you ever had any illness or injury other than those already noted including childhood diseases? (If yes, specify when, where, and give details.)
- 24. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5-years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)
- 25. Have you ever been rejected for military service for any reason; this includes having to take the Armed Services Vocational Aptitude Battery more than one time because you did not obtain the basic qualifying test score to join the Armed Forces? (If yes, give date and reason for rejection.)

26. Have you ever been discharged from military service for any reason? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)

27. Have you ever received, is there pending, or have you ever applied for pension or compensation for existing disability or injury? (If yes, specify what kind, granted by whom, and what amount, when, why.)

28. Have you ever been denied life insurance?

29. EXPLANATION OF "YES" ANSWER(S)

At this time have the applicants answer questions 19-28 and in item 29 giving the information requested.

Please read the release statement listed at the bottom of Item 30 under APPLICANT:

I certify that the information on this form is true and complete to the best of my knowledge and belief, and no person has advised me to conceal or falsify any information about my physical and mental history. I further understand that I may be requested to provide medical documentation regarding issues within my medical history. I authorize any of the doctors, hospitals, clinics or insurance company(ies) to furnish the DOD medical authority a complete transcript of my medical record for purposes of processing my application for military service.

Inform the applicants not to sign the block at this time. They will sign and date this area after the practitioner has reviewed their medical history.

I must reemphasize the importance of your giving accurate information concerning ASTHMA. If you have had asthma in the past and you answered the question on ASTHMA as NO, go back NOW and change the entry to YES.

Under the current DOD medical directive, a history of asthma is disqualifying. Asthma often surfaces (recurs) during training. If so, you will be discharged, at considerable expense to the taxpayer. A practitioner will discuss your asthma history with you later this morning and determine your qualifications. In some cases, where disqualification is required, a waiver can be recommended.

You are reminded of the penalties for giving false information, which are: Any person who enters the military service through concealment of a disqualifying medical condition is subject to administrative discharge and issuance of a discharge certificate under other than honorable conditions. The maximum punishment under Federal Law for making false or dishonest answers to questions on the report of medical history is 2 years imprisonment, forfeiture of all pay and allowances and/or a bad conduct discharge.

At this point have the applicant check page 3 and 4 of the DD2807-1 for correct SSN and name spelling.

6-7. Medical briefing and DD Form 2808

Briefly explain the purpose of the DD Form 2808. The person conducting the medical brief will brief all items of information in items 1-15. The information on the top of the DD Form 2808 should already be preprinted. The applicants should check the preprinted personal information for accuracy. If information is incorrectly annotated, the applicant should line through the information and write the correct information next to or above the incorrect information. If making a correction, the applicant will initial and date the correction.

**Medical brief
Part I - DD Form 2808**

Item 1: DATE OF EXAMINATION (YYYYMMDD)

Item 2: SOCIAL SECURITY NUMBER If preprinted information is incorrect, make corrections as directed.

Item 3: NAME

Item 4: HOME ADDRESS This should be your current mailing address, including zip code.

Item 5: HOME TELEPHONE NUMBER If available, enter a number where you reside or can ordinarily be reached. (This is new requirement and it must be briefed to the applicant.) If there is no phone number, print "NONE".

Item 6: GRADE Enter your present status.

Item 7: DATE OF BIRTH (YYYYMMDD)

Item 8: AGE (at last birthday)

Item 9: SEX (Check box)

Item 10: RACE Enter appropriate race: American Indian/Alaskan Native, Black, Asian/Pacific Islander/White. If your race is not represented, leave the boxes blank.

Item 11: TOTAL YEARS GOVERNMENT SERVICE

11a: MILITARY Enter total active/guard/reserve (excluding Individual Ready Reserve) duty time, use a fraction if under 12 months.

11b: CIVILIAN Enter full-time Civil Service or Federal employment

Item 12: AGENCY N/A

Item 13: ORGANIZATION UNIT AND UIC/CODE Current military unit assigned, active or reserves.

Item 14 (a, b, and c): RATING OR SPECIALTY Complete only if you are or were an aviator. If the item does not pertain to you, leave blank.

Item 15a: SERVICE If your service selection is not already preprinted on the form, place an "X" in the appropriate service box.

Item 15b: COMPONENT Mark either Active Duty, Reserve, or National Guard.

Item 15c: PURPOSE OF EXAMINATION Mark the appropriate box.

Example: If you are a civilian processing for a Regular Army (RA) enlistment, you should mark the box for Army (SERVICE), Active Duty (COMPONENT) and Enlistment (PURPOSE OF EXAMINATION).

Example: If you are an officer candidate for the Naval Reserve, you should mark the box for Navy (SERVICE), Reserve (COMPONENT) and Commission (PURPOSE OF EXAMINATION).

Item 16: NAME OF EXAMINING LOCATION, AND ADDRESS. Verify name of MEPS and address.

Item 17 – 87: Not to be filled out by applicant (except item 75)

At this time have the applicant check page 2-4 of the DD Form 2808 for correct SSN and name spelling.

Final briefing note to the applicants:

During your examination today, the examining practitioner may be of the opposite sex. If so, a chaperone will be provided during the examination. If the practitioner is of the same sex, a chaperone will be provided on request.

Chapter 7

DD Form 2808 (Report of Medical Examination)

7-1. General

DD Form 2808 will be used to record results of the physical examinations, laboratory findings, measurements, and CMO/FBP evaluation of the applicant's qualification for military service and for the waiver authorities to stamp waivers.

7-2. Scope and recording

Scope and recording of the MEPS medical examination is detailed in AR 40-501. Use only black 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 (see par. 6-7).

b. Clinical evaluation (items 17 through 43)

(1) Items 17 through 43 are the clinical evaluation performed by the practitioner. The practitioner examines the applicant and annotates each item with a check mark as appropriate. If an item is not evaluated, the practitioner marks the "NE" box for the appropriate condition.

(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.

(2) Body marks, scars, and tattoos. A medical technician trained by the CMO may be authorized to record the body marks, scars, and tattoos (annotate surgical or nonsurgical) without a practitioner. The practitioner is responsible to ensure the body marks are correctly annotated in item 44. The practitioner must also determine and document whether the body identifier is symptomatic or non-symptomatic, disqualifying, or not disqualifying.

d. Recording special tests, consultations, and other medical documentation in item 87. Specialty consultations, 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 attached sheets used in item 87 including additional forms, 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 previous 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 orientation 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 Reg 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, in accordance with USMEPCOM Reg 40-8.

(2) Collection of the DAT urine sample, in accordance with USMEPCOM Reg 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, chapter 3, for more details).

(6) Individual physical examination.

(7) Profiling practitioner's assignment of the physical profile.

(8) Height/weight/body fat composition.

(9) Ear examination (see paragraph 5-13.)

7-6. Examination specifics

a. The orthopedic/neurological examination may be individual or in groups of six to eight applicants per practitioner (see par. 5-18 for detailed instructions) to afford accurate and detailed observation of applicants. Trained and experienced medical technicians should 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.

b. The breath alcohol test, HIV test, and DAT will be accomplished using the prescribed procedures in USMEPCOM Reg 40-8. USMEPCOM Forms 40-8-R and 40-8-1-R-E must be completed prior to sample collection. (See USMEPCOM Reg 40-8 for detailed instructions.)

7-7. Sequence of examinations

a. The sequence of the examination is best determined by the individual MEPS, with exceptions as shown below. Modular processing allows phase 1 measurements to be performed and results recorded on DD Form 2808 before the medical briefing (and before the MEPS commander's briefing) provided the DD Form 2808 bears the applicant's correct identifying data (name and SSN). Additionally, minors must have a properly completed DD Form 1966-series (SECTION VII - PARENTAL/GUARDIAN CONSENT FOR ENLISTMENT). After review of the medical history, the practitioner will conduct the physical examination. Measurement and test results must be recorded on the DD Form 2808 prior to final review, profiling, qualification, and practitioner's signature.

b. The following requirements must be ensured:

(1) Forms required:

(a) DD Form 1966-series and DD Form 2807-2 must be properly completed before any phase 1 or phase 2 items are performed. For minors, ensure appropriate signatures of parent or guardian on DD Form 1966-series, SECTION VII – PARENTAL/GUARDIAN CONSENT FOR ENLISTMENT, and on the DD Form 2807-2, item 8.

(b) The DD Form 2808 has the applicant's correct name and SSN prior to the documentation of any medical test results.

(c) DD Form 2005 is completed prior to conducting any medical testing procedures.

(2) X-rays will not be conducted on females unless a pregnancy test has been done and negative results known.

(3) Orthopedic/neurologic screening examination will not be conducted prior to the medical history review by a MEPS practitioner.

7-8. Recording the medical examination of DD Form 2808

(SECTION - CLINICAL EVALUATION)

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 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, which is disqualifying per DODI 6130.4, paragraph E1.10.3.1. Obtain specialty consultation to rule out keratoconus.

e. Item 27: Heart. Auscultation for heart sounds will include auscultation at the mitral, tricuspid, aortic and pulmonic valve areas. Findings of significant heart murmurs need a cardiology consultation with an internal medicine practitioner or cardiologist.

f. Item 28: Lungs and chest. Lungs will be auscultated. Chest wall will be observed for deformity. Female breasts will be examined.

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

h. Item 30: Anus and rectum. Observe for hemorrhoids, pilonidal cyst/sinus, 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. Note scars. Exam male applicants for direct and indirect inguinal hernia.

Note: A new glove will be used on each applicant.

j. Item 32: External genitalia.

(1) Male examination. The testicles, penis, and scrotum will be examined both by visual inspection and palpation for developmental or acquired abnormality, including without limitation, tumor or infection.

(2) Female exam. External examination of the vulva and perineum will be examined by both visual inspection and manual examination for developmental or acquired abnormality, including without limitation, active disease, infection, or hernia.

Note: New gloves will be used on each applicant.

k. Item 33: Upper extremities. See paragraph 5-18.

l. Item 34: Lower extremities (Except feet). See paragraph 5-18.

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 5-18.

(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. Surgical correction of a clubfoot requires a consultation unless the current examination is obviously disqualifying.

(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. 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. An enlistee who meets the current psychiatric standards for military service will be profiled on DD Form 2808 as S-1. S-2 profiles will not be used for entrance examinations.

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 an 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 appliances 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 negative findings. Enter the appropriate item number before each comment. Continue in item 73, use item 78 if necessary.

(SECTION - LABORATORY FINDINGS)

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

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

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

x. Item 46: URINE HCG. Enter the initial test result on DD Form 2808, item 46. The results of subsequent tests will be entered with the results of the appropriate inspection in the space provided on DD Form 2808, item 80. If the urine HCG test is repeated, a fresh urine specimen will be used. When an applicant is disqualified on the basis of a positive HCG test, she will be informed that the test indicates that she might be pregnant and should see her private physician for further evaluation and follow-up.

(1) If a positive urine HCG is provided during the initial examination, it will be the decision of the CMO whether to complete the physical examination or to discontinue, and ask the applicant if she believes she is pregnant.

(2) If a positive urine HCG is provided during an inspection, ask the applicant if she believes she is pregnant. In both cases if the applicant says "yes," disqualify and refer the applicant to her private physician.

(3) 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.

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 Reg 40-8.

ab. Items 50 and 51: DRUGS RESULTS and ALCOHOL RESULTS. Perform according to USMEPCOM Reg 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.

(SECTION - MEASUREMENTS AND OTHER FINDINGS)

ad. Item 53: HEIGHT. Record height without shoes and socks, to the nearest one-fourth inch. 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 Directorate Links, Medical Directorate.)

(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. 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 can be processed through phase 1 items only (if phase processing is done), and 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. However, if either of the additional pulse rate readings is less than 100 bpm, the applicant is qualified.

(3) The automatic blood pressure (BP)/pulse rate machine is to be used for all pulse rate measurements, including rechecks of abnormal values, with this exception: if the pulse rates obtained by 3 consecutive readings are disqualifying, the result will be verified by the manual method (one measurement) this will be annotated with the other readings. The CMO will then exercise his/her medical judgement in the final determination.

ai. Item 58: BLOOD PRESSURE.

(1) Sitting 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) The automatic BP/pulse machine is to be used for all BP measurements (including rechecks of abnormal values) with this exception: the calculated average blood pressure will be annotated in item 73. If the averaged BP obtained by the three consecutive automatic BP readings is disqualifying, the result will be verified by the manual method (one measurement) and annotated in item 73. The CMO will then exercise medical judgement in determining whether the averaged result obtained by the automatic BP is to be considered valid for disqualification.

(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 paragraph 5-22.

ak. Item 60: OTHER VISION TEST. Record the following information:

(1) 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) 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. 5-24 for guidance.)

am. Item 63: NEAR VISION. (See par. 5-26 for guidance.)

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 AFVT 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. 5-22 for detailed guidance.)

aq. Item 67: DEPTH PERCEPTION. Air Force applicants, applicants for Navy officer candidate schools, and designated Marine Corps applicants will be tested for depth perception with the AFVT. See paragraph 5-23.

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

as. Item 70: INTRAOCULAR TENSION. Required for initial entry, over-40 applicants.

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 RAT according to AR 40-501, paragraph 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. Record interval history during the physical inspection. If there is not enough space to report information, record in item 73.

(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". Record the standard applied: chapter 2 (ACCESSION) or chapter 3 (RETENTION) standards according to the service-specific standards. 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 pars. ay., az., ba., and bb. for detailed instructions.)

(2) Hold for applicants on medical data will be profiled "0" under the appropriate letter.

(3) Applicants whose records must be referred to a higher medical authority for a decision are profiled "0" under the appropriate physical designator (PULHES in MIRS). Prior medical discharges will be referred to the appropriate waiver authority.

(4) Permanent profiles given for disqualified applicants will be marked with a "3" under the appropriate letter code. (See pars. ay., az., ba., and bb. for detailed instructions.)

(5) Temporary profiles given at one MEPS may be terminated at another MEPS if the reason for the temporary profile no longer exists.

(6) 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 sector surgeon or HQ USMEPCOM staff physician concurs that the original profile was issued in error.

(7) 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 on making corrections.)

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. 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.

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. Use this space to list only significant findings/diagnoses and their associated item numbers. 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. Enter item number followed by the specialty consultation, medical study, or test that is to be part of the applicant evaluation. After the consult or study/test has been obtained, the CMO/FBP will place a single line through the entry, annotate "done", and initial and date. If space permits, annotate results of the consult, study, or test. Enter any additional comments or waiver recommendation(s).

bc. Item 79: MEPS WORKLOAD. Enter the work identification code (WKID), status (ST), and date. The MEPS medical NCOIC or trained health technician will complete item 79 according to USMEPCOM 680-1, appendix D, 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. Enter the maximum weight only if body taping was required. 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 81 through 84: TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER AND SIGNATURE. These items will be completed and signed 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 in the b column. If a different practitioner conducted the physical examination than completed DD Form 2807-1, then this practitioner should complete item 82a and b. If more than one examiner participates in the physical examination of the applicant, the second examiner completes item 83a and b. Item 84a and b will be completed and signed by the final reviewing and profiling physician on the date the final profile is given.

bf. Item 85: This examination has been administratively reviewed for completeness and accuracy, and items a, b, and c. The entire medical file, including the DD Form 2808, will be reviewed for completeness and accuracy at various phases of the qualification process. The medical NCOIC, lead health technician, or health technician who 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. This will be done when the applicant has a completed physical and all PULHES closed.

bg. Item 86: WAIVER GRANTED. The MEPS CMO/FBP will record his or her initials in item 86 if a waiver was approved and will record the date the waiver was granted (as noted on the waiver document) and by whom (annotate service; provide last name and rank on signature block, if available).

bh. Item 87: NUMBER OF ATTACHED SHEETS. The number of attached sheets of medical documentation will be entered in the space provided. 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 on making corrections.)

7-9. Physical inspection

a. Physical inspections of enlistment applicants, enlistees, reenlistees and individuals processing through a MEPS under a commissioning program are required for:

(1) Entry on active duty and on 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).

(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 a 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 and new physical findings will be annotated on DD Form 2808 in item 73. 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 commander 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. The following vision examination must be done and recorded in addition to the inspection requirements above and results recorded in the appropriate item on DD Form 2808.

(a) Visual acuities. Re-measure uncorrected and, if applicable, corrected near and distant visual acuities in all cases.

(b) Refractive error:

1. If the previous refraction on DD Form 2808, item 62, was obtained by a lensometer reading and the applicant has obtained new spectacles based on a new refraction, obtain the new refraction by lensometer.

2. If the previous refraction on DD Form 2808, item 62, was obtained by a lensometer reading and the applicant has not obtained new spectacles from a new refraction, test and record the corrected visual acuity using the applicant's current spectacles. If there has been no change in the corrected visual acuity from the original examination, the applicant remains qualified. If there has been a change in the corrected visual acuity of either eye, yet the overall visual acuity remains acceptable according to DODI 6130.4, paragraph E1.11 and AR 40-501, paragraph 2-13, the applicant remains qualified unless the refractive error for either eye was in excess of + or - 8.00 diopters of spherical equivalent, in which case a new manifest refraction must be obtained.

3. If the applicant wears contact lenses and has obtained new contact lenses from a new refraction, obtain and record the refraction from the private optometrist's/ophthalmologist's written records or prescription. If the new refraction is not available from the written records or prescription, obtain a new manifest refraction with lenses removed.

4. RJ physical evaluations will be limited to addressing the temporary disqualification(s) that resulted in an RJ classification.

5. If the applicant wears contact lenses and has not obtained new contact lenses from a new prescription since the original examination, test and record the corrected visual acuity using the applicant's current contact lenses. If there has been no change in the corrected visual acuity from the original examination, the applicant remains qualified. If a new manifest refraction is required, lenses should be removed.

6. 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 - 7.00 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 80 and 73 appropriately, using the preprinted blocks. 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 CMO, or other inspecting credentialed to profile practitioner, will make the changes in the physical profile and date and initial the changes.

7-11. Incremental lifting device

Air Force enlistment applicants use the incremental lifting device (ILD) for job classification and is not part of the initial entry qualification process. MEPS medical sections are not required to conduct ILD testing. Air Force liaisons will conduct ILD testing for their applicants using the ILDs when doing so does not interrupt MEPS medical processing and must be coordinated with the MEPS medical NCOIC.

Appendix A References *

Section I

(The publication(s) needed to comply with this regulation.)

Required Publication(s)

AFI 48-123

Medical Examinations and Standards. Cited in paragraph 5-1b(1)(d).

AR 40-501

Standards of Medical Fitness. Cited in paragraphs 1-7c(1) and (2).

AR 40-68

Quality Assurance Administration. Cited in paragraphs 1-5a and 3-13.

AR 600-8-104

Military Personnel Information Management/Records. Cited in paragraphs 1-6e and 3-2b.

COMDTINST M6000.1B

Medical Manual. Cited in paragraph 5-1b(2)(e).

DODI 6130.4

Criteria and Procedure Requirements for Physical Standards for Appointment, Enlistment, or Induction in the Armed Forces. Cited in paragraphs 1-7c(1) and (2); 5-1a, b, b(2)(c)1.; 5-19b; 5-25; 5-29b(2) and (3); and 7-8d(3).

MCO P1100.72B

Military Personnel Procurement Manual, Volume 2, Enlisted Procurement. Cited in paragraph 5-1b(2)(c)1.

MCO P1130.51E

Medical Remedial Enlistment Program. Cited in paragraph 5-21a.

NAVMED P-117

Manual of the Medical Department. Cited in paragraphs 5-1b(2)(b)1 and (c)1.

TB Med 521

Management and Control of Diagnostic X-Ray, Therapeutic X-Ray, and Gamma-Beam Equipment. Cited in paragraph 2-3.

* Publications and forms are available on their service or agency Web sites:

Department of Defense (<http://www.defenselink.mil/pubs>)

Army (<http://www.usapa.army.mil>)

Navy (<http://www.neds.nebt.daps.mil>)

Air Force (<http://afpubs.hq.af.mil>)

Marines (<http://www.usmc.mil/marinelink/ind.nsf/publications>)

Coast Guard (<http://www.uscg.mil/hq/g-w/g-wk/g-wkh/g-wkh-1/pubs/pubs.direct.htm>)

USMEPCOM (<https://mepnet.mepcom.army.mil> or the public site <http://www.mepcom.army.mil>)

Standard Forms

(http://www.gsa.gov/Portal/content/offerings_content.jsp?contentOID=116369&contentType=1004&P=1&S=1#content)

Section II
Related Publication(s) (The(se) publication(s) is(are) merely a source of additional information. Users may read it(them) to better understand the subject, but do not have to read it(them) to comply with this publication.)

AR 601-270/AFR 33-7/MCO P1100.75A
Military Entrance Processing Station.

USMEPCOM Reg 700-3
Materiel Management and Supply Operations.

Section III
Required Form(s) (The form(s) needed to comply with this regulation.)

DA Form 11-2-R
Management Control Evaluation Control Evaluation Certification Statement. Cited in paragraph B-3.

DD Form 2005
Privacy Act Statement – Health Care Records. Cited in paragraphs 6-5, 6-6, and 7-7b(1)(c).

DD Form 2163
Medical Equipment Verification/Certification. Cited in paragraph 4-2b.

DD Form 2217
Biological Audiometer Calibration Check. Cited in paragraph 4-2c.

DD Form 2807-1
Report of Medical History. Cited throughout chapter 6.

DD Form 2807-2
Medical Prescreen of Medical History Report. Cited in paragraphs 1-7a(6)(a)1., 2-4, and 2-5.

DD Form 2808
Report of Medical Examination. Cited throughout chapter 7.

SF 507
Clinical Record – Report On or Continuation of SF _____. Cited in paragraphs 5-22e(4)(b), 5-24b(3)(b), and 6-7.

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 Form(s) (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 5-4 and 6-5.

USMEPCOM Form 40-1-3-R-E
Report of Medical Examination/Treatment – Visual Acuity. Cited in paragraphs 5-4 and 5-24b(2).

USMEPCOM Form 40-1-4-R-E

State License Verification. Cited in paragraphs 3-3b(1) and c(2), 3-8l, and 3-11f(5).

USMEPCOM Form 40-1-5-R-E

Medical School Diploma Verification. Cited in paragraphs 3-3b(2) and 3-8m.

USMEPCOM Form 40-1-6-R-E

Request for Information Disclosure to National Practitioner Data Bank. Cited in paragraph 3-8i and 3-11f(2).

USMEPCOM Form 40-1-7-R-E

Initial Application for Clinical Privileges. Cited in paragraphs 3-2d, 3-4b, 3-6a(1), 3-7, and 3-8k.

USMEPCOM Form 40-1-8-R-E

Clinical Privileges Biennial Evaluation. Cited throughout paragraph 3-11.

Section V (The file number(s) this regulation prescribes the user to file specific documents under.)
Prescribed File Number(s)

1c

Office inspections and surveys. Cited in paragraph 1-6a(2).

40-24a

Medical laboratory performance. Cited in paragraph 4-2c.

40-66z

Entrance and Separation X-Ray Films. Cited in paragraph 4-9.

40-68a

Practitioner credentialing files (PCF). Cited in paragraphs 1-6e, 3-2b, 3-3b(4), and 3-11g.

350

General training correspondence files. Cited in paragraphs 1-6g, and 1-6h.

40-400s

Entrance examinations. Cited in table 2-1.

601-270a

Examination/enlistment files. Cited in paragraphs 2-1 and 2-5h(3).

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 medical practitioners hired/credentialed in accordance with this regulation chapter 3?
- b. Is quarterly training being held (par. 1-6a)? Are appropriate annotations made on the daily fee-basis report per paragraph 1-7?
- c. Is the daily fee-basis projection report being accomplished according to paragraph 1-7? Are typical “no show” rates taken into consideration when determining the number of FBPs to be called in (par. 1-7a)?
- d. Does the MEPS have a Dial-A-Medic program administered according to paragraph 2-6? Does the CMO respond to dial-a-medic inquiries within 1 duty day?
- e. Is audiometric equipment calibrated and maintained in accordance with paragraph 4-2?
- f. Is exposed x-ray stored and held for 2 years, then disposed of according to paragraph 4-9?
- g. Does the MEPS lab use OSHA procedures for proper use, storage, and disposal of needles (par. 4-12)?
- h. Is notification of disqualified applicants being conducted according to paragraph 5-6 and table 5-1?
- i. Consultations are to be ordered on SF 513 stating exactly what the CMO wants the consultant to comment on. Is the MEPS medical practitioner personally filling out the SF 513 per paragraph 5-12c?
- j. Prior to beginning the orthopedic/neurologic maneuvers, does the practitioner ask all applicants as a group if they have had any of the listed medical conditions (par. 5-18c)?
- k. Is the medical briefing conducted according to paragraph 6-6? Directions should be read verbatim by a medical individual that can answer the applicant’s medical questions.

Glossary

Section I
Abbreviations

ACMO

acting chief medical officer

ADT

active duty for training

AFI

Air Force instruction

AFIP

Armed Forces Institute of Pathology

AFR

Air Force regulation

AFVT

Armed Forces Vision Tester

AMA

American Medical Association

ANSI

American National Standards Institute

AR

Army regulation

BP

blood pressure

BUMED

Bureau of Medicine and Surgery

CD

considered disqualifying

CLIP

Clinical Laboratory Improvement Program

CME

Continuing Medical Education

CMO

chief medical officer

CNRC

Chief, Naval Recruiting Command

DA

Department of the Army

DAT

Drug and Alcohol Test

DD/DOD

Department of Defense

DEM

delayed entry medical (Navy)

DEP

Delayed Entry Program

ECFMG

Educational Council for Foreign Medical Graduate

EEG

electroencephalogram

EKG

electrocardiogram

EMS

emergency medical service

EPTS

existed prior to service

FALANT

Farnsworth lantern

FBP

fee-basis practitioner

HIV

Human Immunodeficiency Virus

HPSP

Health Professional Scholarship Programs

ICD

International Classification of Diseases

IDT

inactive duty training

ILD

incremental lifting device

MEPNET

United States Military Entrance Processing Command Network

MMAL

medical materiel allowance list

MREP

Medical Remedial Enlistment Program

NCD

not considered disqualifying

NCOIC

noncommissioned officer in charge

OSHA

Occupational Safety and Health Administration

PEB

Physical Evaluation Board

PIP

Pseudoisochromatic Plate

POC

point of contact

PSV

prime source verify

QC

quality check

RAT

Reading Aloud Test

RJ

reevaluation justified

ROTC

Reserve Officer Training Corps

SOP

standing operating procedure

STAR

station advisory report

STARNET

station advisory reporting network

USAR

United States Army Reserve

VA

Veterans Administration

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, EEG interpretations, x-ray interpretations (special orthopedic films, GI x-rays, IVP, tomograms, etc.), CT scans, body fat determinations, ear irrigation's, pulmonary function tests, and eye refractions, are not considered consultations.

existed prior to service (EPTS)

Pertains to a medical or moral problem of an enlistee which is discovered within 6 months after entry on active duty, but existed prior to enlistment.

fee-basis practitioner

A nongovernment service civilian medical doctor, physician assistant or nurse practitioner used by the MEPS, in addition to or in lieu of the CMO, to conduct medical examinations in the station.

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 inspection (“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, medically, 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 MEPS practitioners 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.”