



# **Standard Operating Procedure**

# **USMEPCOM**

# **Supporting Medical Documentation Review Program**

**Version 3.0**

**(Effective January 23, 2023)**



**DEPARTMENT OF DEFENSE**  
Headquarters  
United States Military Entrance Processing Command  
Supporting Medical Documentation  
Review Program (SMDRP)

**Office of the Command Surgeon and J-3, Operations Directorate Medical Branch**  
**USMEPCOM SOP**

**January 23, 2023**

**Purpose:** This Standard Operating Procedure (SOP):

- a. Implements policy from [USMEPCOM Regulation \(UMR\) 40-1, Medical Services Medical Qualification Program](#) and establishes procedures for USMEPCOM supporting medical documentation review program.
- b. Supersedes the *USMEPCOM SMDRP SOP effective February 1, 2022*.

**APPLICABILITY.** This SOP applies to all organizational elements of USMEPCOM.

**MANAGERS' INTERNAL CONTROL PROGRAM.** This SOP is subject to the requirements of [Army Regulation \(AR\) 11-2, Managers' Internal Control Program](#). Appendix B of [UMR 40-1](#) provides a checklist for conducting internal control reviews.

**RELEASABILITY – UNLIMITED.** This SOP is approved for public release.

**SUPPLEMENTATION & SUGGESTED IMPROVEMENTS.** HQ USMEPCOM, Command Surgeon (MECS), and J-3 Medical Branch (J-3 MEOP-ORM) are the proponents for this SOP. Alteration and/or supplementation of this SOP is prohibited without prior approval from the proponent. Users may request supplementation approval by memorandum. Users may also send comments and suggested improvements on [Department of the Army \(DA\) Form 2028, Recommended Changes to Publications and Blank Forms](#). Send supplementation request memorandums and [DA Form 2028s](#) to HQ USMEPCOM, ATTN: MECS, 2834 Green Bay Road, North Chicago, IL 60064, or email: [osd.north-chicago.usmepcom.list.hq-j357-meop-medical-div@mail.mil](mailto:osd.north-chicago.usmepcom.list.hq-j357-meop-medical-div@mail.mil)

**POLICY RESOURCE PAGE:** SPEAR – [SMDRP SOP](#)

**EFFECTIVE DATE:** January 23, 2023.

## Chapter 1: GUIDANCE TO THE SERVICES FOR PRESCREEN SUBMISSION

### a. Purpose of this Standard Operating Procedures.

Enlistment of qualified, effective, and able-bodied applicants into Military Service requires cooperation and support among all recruiting partners. The purpose of this SOP is to provide clear directions to MEPS Medical Departments, Service Recruiters, and Service Liaisons /Guidance Counselors (SLs/GCs) on supporting medical documentation (SMD) that can be submitted with the [DD Form 2807-2](#) or requested by the MEPS providers for timely and predictable prescreen review prior to applicant's medical examination in order to (IOT) facilitate timely turnaround of prescreens. Failure to follow these directions will delay the medical processing of applicants.

**Note:** The applicant's prescreen packet will be returned to the Service, if it is submitted incorrectly.

### b. Guidance to the Services for Prescreen Submission

MEPS providers are the designated Department of Defense authorities under Title 10, United States Code, the DoDI 6130.03-V1 and UMR 40-1 to apply accession medical standards, as defined by the DoDI 6130.03-V1, and to determine applicants who are medically qualified, effective, and able-bodied for appointment, enlistment, or induction in the U.S. Armed Forces. Accession medical evaluation includes a prescreen process which consists of comprehensive reviews of the applicants reported medical history, Health Information Exchange (HIE) data and required SMD, medical interview, and medical examination. *Honest and complete disclosure of pre-existing medical conditions is important and are required by DoDI 6130.03-V1.* Applicant's medical processing may be deferred if there is a significant discrepancy between the [DD Form 2807-2](#), HIE data, and the medical interview. **The overarching objective in requesting SMD is not to fill in all gaps in the applicant's medical history or create a complete medical record, but to obtain sufficient information for the MEPS provider to make a qualification determination. MHS GENESIS contains authoritative data supplied via HIE and is the primary source of validating applicant medical history. In the event that sufficient medical information is not available in MHS GENESIS, this guidance will serve as a guide to help MEPS providers determine what additional SMD may be needed to reconcile applicant disclosures.**

**Note:** If the MEPS provider can render a medical qualification determination with information available in the HIE and/or disclosed by the applicant on the DD Form 2807-2, no further documentation is required or should be requested from the applicant.

### c. The types of Supporting Medical Documentation that are recommended should be submitted for prescreen review with the DD Form 2807-2 include but not limited to the following:

1. Orthodontist or endodontist letter with final treatment date.
2. Medical provider's letter for applicants on transdermal medication(s), injectable medication(s), or medication(s) requiring refrigeration, stating that the medication or therapy can be safely postponed, discontinued, or switched to an alternative delivery system without adverse risk to the individual.

3. Official high school letter indicating if an applicant had special accommodations or an Individual Education Plan.
4. High school transcripts for applicants with history of ADHD
5. Refractive eye surgery worksheet (UMF 40-1-4) completed by eye care professional for applicants with history of LASIK/PRK.
6. Available medical records for any condition listed in the Chapter 2 that would address medical/dental conditions that are not expected to be found in HIE (e.g., a history of surgical exploration for an undescended testicle completed when the applicant was two months old).

**Note:** In some applicant cases, MHS GENESIS HIE results will not support applicant self-disclosures due to local factors. As recruiting services become familiar with these factors in the local area, they may obtain medical records up front and submit them with the initial prescreen package. While recruiting services are not prohibited from this practice, they must be aware that attaching additional medical records to the initial prescreen, in anticipation of a lack of records in HIE, may extend the prescreen process as the MEPS provider reviewing the prescreen is now obligated to review both the paper records and HIE information. As every applicant is different, the decision of whether to gather records up front and submit with the prescreen or gather up front and hold; should be made on a case-by-case basis in coordination with the individual MEPS.

The proponents for any changes to this SOP are the Command Surgeon and J-3 Medical Branch. Local supplementation, modification, and/or changes to this SOP by the MEPS Medical Department and/or Recruiting Services is prohibited.

#### **d. Instructions on how to prepare Supporting Medical Documentation.**

The directions below are instructions for recruiting partners on how to prepare SMD that can accompany the [DD Form 2807-2](#), or may be requested by the MEPS providers during prescreen processing. Please contact your local MEPS Medical Departments through the Dial-a-Doc or Email-a-Doc options for questions on the prescreen process.

1. **Supporting medical documentation:** Chapter 2, *Common Medical Conditions and Supporting Medical Documentation*, lists medical conditions and SMD that can be provided for each medical condition to ensure timely and predictable prescreen review. It is imperative that the applicant honestly and completely discloses every medical condition, and provides medical records as requested and required by DoDI 6130.03-V1.

**Note:** Do not redact or withhold from medical records any medical conditions or information that must be disclosed. Failure to disclose medical conditions or information could put the applicant at risk for training injury or lead to charges of fraudulent enlistment.

2. **Types of SMD:** The applicant's pre-existing medical condition history defines which type of SMD may be submitted with [DD Form 2807-2](#). Medical records are generated from clinic/hospital visits, hospitalizations, and emergency room/urgent care visits.

**e. Acceptable medical, mental health or behavioral health records.**

Acceptable SMD include medical, mental health (MH) or behavioral health (BH) records that are from licensed providers which includes medical doctors, osteopathic doctors, nurse practitioners, physician assistants, dentists, clinical psychologist, and licensed clinical social worker with a master's degree or doctorate in clinical social work. Acceptable SMD are as follows:

1. Encounter medical information (visit note) on the day of the encounter including but not limited to current complaint, past medical history, prescription history, exam finding, current and past lab tests, imaging and procedure results, assessment, diagnosis, and plan of treatment. Medical encounters can occur in an office of a licensed provider, emergency rooms (ER), and hospitals.
2. Results from diagnostic procedures, laboratory tests, radiology tests, imaging studies, biopsies (pathology reports), pulmonary function tests, and exercise tolerance tests.
3. Operative (surgical) reports, hospital discharge summaries, and procedure notes.
4. Medical/surgical specialty consultation records and any associated results or *reports* of diagnostic tests or imaging studies that were ordered.
5. Provider's notes from MH visits, BH visits (*excluding psychotherapy notes*). [UMF 40-1-13](#) may be provided to the applicant to assist them in obtaining MH/BH records.

**Note:** Refer to current USMEPCOM policy on processing transgender applicants for acceptable medical documentation.

**f. Unacceptable documentation.**

The following documents will not be **accepted and must not be submitted as part of the prescreen packet:**

1. Nursing notes.
2. Immunization records.
3. Patient handout instructions.
4. Duplicate/identical copies or duplicate records that were previously submitted.
5. Attestation, To Whom It May Concern (TWIMC), or Summary Letters from providers are not accepted, **unless specified in this SOP.**
6. Insurance forms, billing statements, and invoices.
7. Imaging such as X-ray film, CDs/DVDs, or other media with images.
8. Any legal records which include but not limited to:

- a) Police records including but not limited to arrest and incident reports, routine stops and minor infractions, logs of arrests and responses to incidents by police, search warrants, investigator's reports, coroner's office reports, forensic evidence (e.g., rape kit), criminal history including Record of Arrest and Prosecution (RAP sheet), etc.
- b) Court records/proceedings including but not limited to dockets, pleadings, motions, memoranda, briefs, orders, and expert testimony, etc.

**Note:** If required medical records are not available, the applicant must submit a written statement on an official letter head from the medical facility (ER, urgent care, provider office or clinic, public health department, or hospital) IOT provide an explanation as to why medical records are not available. Applicants or their parent's/guardian's attestation is not sufficient, unless the facility is no longer in operation, or medical care was obtained outside of the United States or its territories.

#### **g. Supporting Medical Documentation preparation for submission**

For applicants with multiple medical conditions, the Service must simultaneously submit all SMD for all medical conditions in a single packet record. This applies to initial and subsequent submissions of the prescreen. Example: During Prescreen review, the MEPS provider identifies a history of asthma and a history of cardiac surgery for which no SMD are available in HIE. The MEPS provider requests all provider's notes, pharmacy records, treatment records, emergency room visit notes, and pulmonary testing results from the 13<sup>th</sup> birthday to present, and the most recent Cardiology record for the history of cardiac surgery. The Recruiter should submit requested SMD for both asthma and Cardiology records at the same time in one packet. Recruiting Service must prepare SMD as follows prior to submission for prescreen:

1. **Quality of copy.** Ensure each page of medical records are of legible quality, not too dark or too light.

**Note:** Photographs of original documents are not acceptable.

2. **Side of copy.** Submit single-sided copies only.
3. **Dates.** Clearly circle only the date of the medical encounter on each page, do not use highlighter.
4. **Duplication.** Do not submit duplicates or identical copies; or records that are duplicate records that were previously submitted.
5. **Chronology.** Submit medical records with the oldest record on top and the most recent medical record last.
6. **Page numbers.** Number each page and include the total number of pages. For example, the total number of pages is 13. Number each page as: 1/13, 2/13, 3/13, etc.
7. **Mental health/Behavioral health (MH/BH) records.** Acceptable medical records are **provider notes** from MH visits, or BH visits. ***Psychotherapy notes should not be requested or submitted. The following records, specifically, do not qualify as psychotherapy notes: medication prescription***

*and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.* TWIMC or attestation letters are not acceptable for medical processing. Failure to submit these medical records will delay the applicant's medical processing. [UMF 40-1-13](#), should be used to assist the applicant in requesting and obtaining mental and behavioral health records.

8. **Disability records.** If disability records are not available in JLV under "Documents" widget, then the MEPS provider can request all disability evaluation(s) and VA disability rating decision(s).
9. **Entry Level Separation.** For applicants with a history of a medically related Entry Level Separation (ELS), submit follow-up medical records for related care after separation, *if applicable*.

#### **h. Range of medical records.**

Typically, MEPS providers will request medical records within a specific time period. The submitting Service must ensure there are no gaps in the submitted medical records. If the applicant has not seen a medical provider during the requested gap in time period, the applicant must submit a written and signed statement attesting to this. The attestation should include the time period. For example, during a Prescreen review, the MEPS provider needs additional medical records from all doctor visits to include school or sports physical examinations from Jan 2018 to Dec 2021 before they can make a medical qualification determination. The applicant states that they have not seen a doctor during this time period, and submits a signed written statement stating, "I certify that I have not seen a medical provider for any reason from January 2018 to December 2021."

**Note:** In cases where medical records have been requested but are not provided after two requests, the MEPS provider should move forward with the assessment and disqualify the applicant during their accession medical evaluation on the basis that they have insufficient information to make a qualification determination. This will allow SMWRAs to evaluate the risk on case-by-case basis.

## Chapter 2: COMMON MEDICAL CONDITIONS AND SUPPORTING MEDICAL DOCUMENTATION

The purpose of this chapter is to standardize the list of SMD recommended for medical decision making process involving prescreens including resubmissions. It is a guide for MEPS Medical Departments and Recruiters regarding appropriate SMD that ~~should~~ may accompany the [DD Form 2807-2](#) for timely and predictable prescreen review.

**This chapter standardizes the list of prescreen SMD. However, since each applicant is unique, this document does not address all medical conditions of applicants who are accessing into Military Service.**

**Note:** Please refer to current USMEPCOM policy on processing transgender applicants for the list of acceptable medical, MH/BH records that must be submitted.

The types of medical records that can be requested are identified by number(s) in parentheses at the end of each medical condition.

1. **Outpatient visit records related to the condition.** Provider office visit records (notes), diagnostic test results, radiology/imaging study results (not actual images), pharmacy records, treatment/procedure records, and medical/surgical specialist consultation records/notes (if applicable).
2. **Emergency care records related to the condition.** Provider emergency room records or urgent care records, procedure notes, radiology/imaging study results, laboratory and pathology test results, and medical/surgical specialist consultation records (if applicable). Include follow-up medical/surgical records after release from the ER or the urgent care until resolution of the medical condition (if applicable)
3. **Hospitalization records related to the condition.** Hospital admission note from the treating provider, discharge summary from the treating provider, operative report (if surgery occurs during hospitalization), procedure notes, radiology/imaging study results, laboratory test results, and medical/surgical specialist consultation records (if applicable). Include follow-up medical records after release from the hospital until resolution of the medical condition.

**Note:** Patient handout instructions, immunization records, insurance forms, billing statements, and invoices should not be submitted. Attestation letters from applicants or providers are not accepted unless specified for select conditions. If medical records are not available, submit a written statement on an official letter head from the medical facility (hospital or provider clinic/office) stating why medical records are unavailable. After two requests, the MEPS provider should move forward with the assessment and disqualify the applicant during their accession medical evaluation on the basis that they have insufficient information to make a qualification determination. This will allow SMWRAs to evaluate the risk on case-by-case basis.



**GENERAL.**

1. Accidents. Submit all medical records for any motorized vehicles, motorcycle, bicycle, dirt bike, or all-terrain vehicle accidents requiring medical care within the last (three) 3 years, if the applicant was not admitted overnight in a hospital. (1,2)
2. Accidents with hospitalization. Submit all medical records for all motor vehicle, motorcycle, bicycle, dirt bike, or all-terrain vehicle accidents where the applicant was admitted to a hospital within the last (five) 5 years. (1,2,3)
3. Anaphylaxis/Angioedema/Allergic reactions to specific foods. Submit all medical records of applicants who have ever had a history of anaphylaxis or angioedema and were evaluated or treated for any reaction to crustaceans, shellfish, fish, peanuts, or tree nuts; or have ever been prescribed an epinephrine auto injector (for example, EpiPen®) for allergies. Include desensitization records, if applicable. (1,2,3)
4. Reaction to biting or stinging insects. Submit all medical records of applicants who have ever been treated by medical providers for any reaction to biting or stinging insects. Include desensitization records, if applicable. (1,2,3)

**Note:** For allergic reactions to specific foods and reactions to biting or stinging insects, if the applicant did not seek medical attention, or the symptoms of the allergic reaction were self-limited, a signed statement from the applicant (or guardian, if applicable) describing the reaction will be accepted.

5. History of Malignancy (Cancer). Submit all medical records of applicants who have ever been treated for any form of cancer. (1,2,3)
6. Hospitalizations. Submit medical records for any hospitalization within the last five (5) years, except for uncomplicated pregnancies resulting in vaginal deliveries or C-sections. (1,2,3)

**HEAD.**

7. Recurrent nosebleed, chronic sinus infection. Submit medical records on any applicant who has had a recurrent nosebleed or chronic sinus infection within the last two (2) years. (1,2,3)

**EAR, NOSE AND THROAT.**

8. Ear surgery, including history of any inner or middle ear surgery. Submit medical records of applicants that have had ear surgery for any reason (including PE tubes placement) within the last five (5) years. (1,3)
9. History of cholesteatoma, submit records five (5) years. (1,3).
10. Any history of Ménière's Syndrome, recurrent labyrinthitis, or other chronic diseases of the vestibular system. Submit records within the last five (5) years. (1,2,3)

11. History of deformities, or conditions/anomalies of the upper alimentary tract, mouth, tongue, palate, throat, pharynx, larynx, and nose, that interfered with chewing, swallowing, speech, or breathing. Submit records within the last three (3) years. (1,2,3)
12. Sinus surgery. Submit medical records of applicants who have had sinus surgery within the last two (2) years. (1,3)
13. History of vocal cord dysfunction with respiratory symptoms or exercise intolerance. Submit all medical records within the last three (3) years (1,2, 3)

### **HEARING**

14. Hearing loss/hearing aids. Submit all medical records of applicants with a history of hearing loss for the last seven (7) years. (1,3)

### **EYES.**

15. Eye conditions including history of Herpes Simplex Virus keratitis, uveitis or iridocyclitis, disorders of globe, abnormal visual fields. Submit medical records of applicants with a history of treatment of eye conditions within the last seven (7) years, except for disorders of globe within the last five (5) years. No records are required for lazy eye correction. (1,2,3)
16. History of glaucoma, ocular hypertension, pre-glaucoma, or glaucoma suspect. Submit medical records of applicants with a history of glaucoma, ocular hypertension, pre-glaucoma, or glaucoma suspect within the last five (5) years. (1,2,3)
17. Any history of any abnormality of the retina, choroid, or vitreous, or opacities of the lens, including cataract. Submit medical records of applicants diagnosed with eye conditions listed above within the last seven (7) years. (1,2,3)
18. History of any abnormality of the eye or adnexa which threatens vision or visual function. Submit medical records of applicants with history of any abnormality of the eye or adnexa which threatens vision or visual function within the last five (5) years. (1,2,3)
19. History of pterygium (recurrence after any prior surgical removal). Submit medical records of applicants with a history of pterygium recurrence within the last seven (7) years. (1,3)
20. Eye injury. Submit medical records of applicants with any history of an eye injury within the last five (5) years. (1,2, 3)
21. Eye surgery including corneal surgery. Submit medical records of applicants who have had eye surgery, within the last seven (7) years. (1,3) No records are required for lazy eye correction.
22. History of intraocular foreign body, or current corneal foreign body. Submit records of applicants who had a history of intraocular foreign body, or current corneal foreign body within the last five (5) years. (1,2,3)

23. History of restrictive ophthalmopathies (eye disease that restricts movement of the eyes). Submit medical records of applicants with a history of restrictive ophthalmopathies within the last seven (7) years. (1,3)

#### **VISION.**

24. Vision correction. For applicants who have had any eye surgery to correct vision (e.g., LASIK, LASEK, or PRK), MEPS examination is not authorized until 180 days after surgery. Submit medical records to include manifest or auto-refraction before surgery, operative reports, manifest or auto-refraction at least 90 days after surgery, and a subsequent manifest or auto-refraction at least 30 days later. Either manifest or auto-refractions are acceptable. MEPS auto-refraction can be used in lieu of the second post-op refraction (as long as it is done 30 days after the first one). Recommend completion of UMF 40-1-4, Refractive Eye Surgery Work Sheet, to expedite the qualification determination (1)

#### **CHEST.**

25. Asthma. For applicants with a history of asthma, nebulizer, or inhaler use, submit provider's notes, pharmacy records, treatment records, emergency room visit notes, and pulmonary testing results, if available, from the 13<sup>th</sup> birthday to present. (1,2,3)
26. Chest wall or Breast surgery. Submit medical records of applicants who have had chest wall or breast surgery within the last one (1) year. (1,3)
27. Chest (thoracic) surgery. Submit medical records of applicants who have had chest (thoracic) surgery including open and endoscopic procedures within the last seven (7) years. (1,2,3)
28. Collapsed lung (Pneumothorax). Submit medical records of applicants with a history of a of collapsed lung within the last seven (7) years. (1,2,3)
29. Pneumonia. Submit medical records of applicants who have been treated for infectious pneumonia within the last six (6) months. Submit medical records of applicants with recurrent pneumonia (i.e., two or more episodes within an 18-month period) that occurred after the 13<sup>th</sup> birthday (1,2,3)
30. Tuberculosis (TB). Submit medical records of applicants who have **ever** had a positive screening test for TB such as tuberculin skin test (TST), or purified protein derivative (PPD), or blood test (QuantiFERON®-TB Gold In-Tube test (QFT- GIT), or T-SPOT®.TB test), include imaging report(s), all pharmacy records and clinical notes detailing type and duration of any treatment. (1,2,3)

**Note:** Applicants must submit records from evaluation of a positive screening TB test and must provide a report of a **negative chest x-ray** results before being authorized for medical processing.

**HEART AND BLOOD VESSELS.**

31. Heart or blood vessel surgery. Submit medical records of applicants who have had heart or blood vessel surgery (artery or vein). All applicants with a history of cardiac or blood vessel surgery must submit a recent evaluation (within the last 1 year) by a Cardiologist. (1,2,3)
32. Heart rhythm. Submit medical records of applicants who have seen a Cardiologist for diagnosis and/or treatment for fast or slow heartbeat, skipped heartbeat, irregular heartbeat, palpitations, or any other heart or blood vessel conditions. All applicants must submit a recent evaluation (within the last 1 year) by a Cardiologist. (1,2,3)
33. Heart structural problems. Submit medical records of applicants who have seen a Cardiologist for diagnosis and/or treatment of heart structural problems. All applicants must submit a recent evaluation (within the last 1 year) by a Cardiologist including a recent (within the previous 12 month) echocardiogram. (1,2,3) Examples of heart structural problems include but not limited to valvular conditions, enlarged heart (cardiomyopathy or hypertrophy), myocarditis, pericarditis, congenital anomalies of the heart, etc.
34. High blood pressure. Submit medical records of applicants with a diagnosed history of high blood pressure within the last one (1) year. (1,2,3)
35. Syncope (fainting or passing out). Submit medical records including test results of applicants who have seen a medical provider for fainting or passing/falling out within the last three (3) years. (1,2,3)

**ABDOMINAL ORGANS AND GASTROINTESTINAL SYSTEM.**

36. Major abdominal surgery including but not limited to perforated ulcer gastrectomy, trauma laparotomy, intestinal resection, kidney removal, etc. Submit medical records of applicants who have had abdominal surgery within the last five (5) years. (1,2,3)
37. Other abdominal surgery (only requiring up to a 24-hour stay) such as appendectomy, laparoscopic procedures, hernia repair, etc. Submit medical records of applicants who have had this type(s) of abdominal surgery within the last two (2) years. (1,2,3)
38. Irritable bowel syndrome. Submit medical records of applicants who have been evaluated or treated for irritable bowel syndrome within the last seven (7) years. (1,2)
39. History of diverticulitis (symptomatic diverticular disease of the intestine). Submit medical records within the last five (5) years. (1,2,3)
40. History of esophageal dysmotility disorders to include but not limited to diffuse esophageal spasm, nutcracker esophagus, and achalasia; history of other esophageal strictures (e.g., from ingesting lye), history of esophageal disease not specified above (e.g., including but not limited to neoplasia, ulceration, varices, or fistula) submit medical records within the last seven (7) years. (1,2,3)
41. History of gastroparesis delayed stomach emptying (of greater than 6 weeks duration). Submit medical records within the last within the last five (5) years. (1,2,3)

42. History of eosinophilic esophagitis. Submit medical records within the last five (5) years. (1,3)
43. History of gastric varices. Submit medical records within the last seven (7) years. (1,2,3)
44. History of intestinal malabsorption syndromes including but not limited to lactose intolerance, celiac disease (celiac sprue), or pancreatic insufficiency, post-surgical and idiopathic. Submit medical records within the last seven (7) years. (1,2,3)
45. Colitis including but not limited to inflammatory bowel disease, ulcerative proctitis, and infectious colitis. Submit medical records of applicants who have been treated for any type of colitis within the last seven (7) years. (1,2,3)
46. History of liver infections i.e., hepatitis (documentation of cure is required to be medically qualified). Submit medical records of applicants with history of hepatitis (1,2,3) within the last seven (7) years.
47. History of injury or disease of the liver, gallbladder, pancreas, or spleen. Submit medical records of applicants with a history of disease of or injury to the liver (e.g., cirrhosis, abscess, and metabolic liver disease), gallbladder, pancreas, or spleen. Submit medical records within the last five (5) years. (1,2,3)
48. Gastrointestinal or rectal bleeding. Submit medical records of applicants who have had gastrointestinal or rectal bleeding for any reason including bleeding hemorrhoids within the last 3 three (3) years. (1,2,3)
49. Reflux or gastroesophageal reflux disease (GERD). Submit medical records of applicants with a history of reflux or GERD within the last three (3) years. (1,2)

#### **FEMALE GENITAL SYSTEM.**

50. History of abnormal Papanicolaou (Pap) smear or HPV test of the cervix. Submit abnormal Pap smear and HPV reports and subsequent testing. Include test results for any other sexually transmitted infections (e.g., HPV, chlamydia, gonorrhea, and syphilis), follow-up tests, and procedures such as colposcopy, Loop Electrosurgical Excision Procedure (LEEP), cone biopsy, and hysterectomy. Submit medical records within the last three (3) years. (1,3)
51. History of abnormal endometrial pathology. Submit medical records of applicants with a history of abnormal endometrial pathology within the last three (3) years. (1,3)
52. Abnormal uterine bleeding. Submit all medical records of applicants with abnormal uterine bleeding occurring within the preceding 12 months. (1,2,3)
53. Fibroids (adenomyosis). Submit medical records of applicants with a history of fibroids within the last three (3) years. (1,2,3)
54. Endometriosis. Submit medical records within the last three (3) years. (1,2,3)
55. Urogenital reconstruction surgery (including but not limited to, gender affirming surgery). Submit medical records of applicants with a history of genital reconstruction or sex reassignment surgery in the

last five (5) years. For additional information on required SMD, refer to current USMEPCOM policy on processing transgender applicants. (1,2,3)

56. Ovarian cyst. Submit medical records including any imaging reports or treatments of applicants with a history of ovarian cyst(s) within the last three (3) years. (1,2,3)
57. Pelvic pain. Submit all medical records of applicants with a history of chronic pelvic pain, lasting longer than six months, occurring within the preceding 24 months. (1,2,3)
58. Sexually transmitted infections (STI), pelvic infections. Submit medical records of applicants with a history of sexually transmitted or pelvic infections, including but not limited to genital herpes, chlamydia, gonorrhea, syphilis, or genital warts (HPV) within the last three (3) years. (1,2,3)
  - a. For a history of condyloma acuminatum, submit medical records within the last one (1) year. (1,2,3)

#### **MALE GENITAL SYSTEM.**

59. Urethral or urogenital reconstruction surgery (including but not limited to, gender affirming surgery). Submit medical records of applicants with a history of genital reconstruction or sex reassignment surgery in the last five (5) years. For additional information on required SMD, refer to current USMEPCOM policy on processing transgender applicants. (1,2,3)
60. Pelvic, scrotum, penile, or prostate pain. Submit medical records of applicants with a history of pelvic, scrotum, penile, or prostate pain within the last three (3) years. (1,2,3)
61. History of orchitis, epididymitis, Peyronie's disease. Submit records of applicants within the last three (3) years. (1,2,3)
62. Sexually transmitted infections (STI). Submit medical records of applicants with a history of sexually transmitted infections, such as but not limited to genital herpes, chlamydia, gonorrhea, syphilis, or genital warts (HPV) within the last three (3) years.
  - a. For a history of condyloma acuminatum, submit medical records of applicants within the last one (1) year. (1,2,3)
63. Testicular surgery/Absence of one or two testicles. Submit medical records of applicants with a history of testicular surgery. (1,2,3)

#### **URINARY SYSTEM.**

64. Bladder catheterization/history of neurogenic bladder or other functional disorder of the bladder that requires urinary catheterization with intermittent or indwelling catheter for any period greater than 2 weeks. Submit medical records of applicants who have ever had a catheter placed in their bladder (intermittent or indwelling) for any period greater than two (2) weeks within the last seven (7) years. (1,2,3)

65. History of bladder augmentation, urinary diversion, or urinary tract reconstruction. Submit medical records of applicants who had bladder augmentation, urinary diversion, or urinary tract reconstruction within the last seven (7) years. (1,3)
66. Bladder infection (cystitis). Submit medical records of **female** applicants who have had more than two bladder infections per year; or **male** applicants who have had one bladder infection in their lifetime. (1,2)
67. Painful bladder syndrome/pelvic pain (interstitial cystitis). Submit medical records of applicants with history of interstitial cystitis within the last five (5) years. (1,2,3)
68. Protein in urine (history of proteinuria with a protein-to-creatinine ratio greater than 0.2 in a random urine sample, more than 48 hours after strenuous activity). Submit medical records of applicants who have seen a medical provider for protein in their urine (proteinuria) within the last five (5) years. (1,2,3)
69. Acute nephritis. Submit medical records of applicants with history of acute nephritis within the last three (3) years. (1,2,3)
70. Kidney infections. Submit medical records of applicants with a history of kidney (renal) infection within the last five (5) years. (1,2,3)
71. History of abnormal urinary findings in the absence of urinary tract infection: Gross hematuria, persistent microscopic hematuria (3 or more red blood cells per high-powered field urinalyses), pyuria (6 or more white blood cells per high-powered field in 2 of 3 properly collected urinalyses). Submit medical records of applicants diagnosed with a history of abnormal urinary findings within the last five (5) years. (1,2,3)
72. History of acute kidney injury (AKI) requiring dialysis, or chronic kidney disease (CKD). Submit medical records of applicants diagnosed with a history of AKI requiring dialysis or CKD within the last seven (5) years. (1,2,3)
73. Kidney stones. Submit medical records of applicants with a history of kidney stones within the last five (5) years. (1,2,3)
74. Kidney or urinary surgery (kidney, ureters, or bladder). Submit medical records of applicants who have had kidney or urinary surgery (kidney, ureters, or bladder) within the last seven (7) years. If medical records are not available, the applicant with a history of kidney or urinary surgery (kidney, ureters, or bladder) must submit a recent evaluation (within the last 1 year) by a Urologist. (1,2,3)

#### **SPINE, UPPER EXTREMITY, AND LOWER EXTREMITY CONDITIONS.**

75. Bone fracture with surgery. Submit medical records of applicants who have had bone fracture(s) that required surgery including application and removal of hardware (plates, screws, and/or rods) within the last three (3) years. (1,2,3)
76. Bone fracture without surgery. Submit medical records of applicants who have had bone fracture(s) within the last three (3) years. If available, please include imaging report(s). (1,2)

77. Feet surgery. Submit medical records of applicants who have had any foot surgery within the last seven (7) years. (1,2,3)
78. Hand surgery. Submit medical records of applicants who have had any hand surgery within the last seven (7) years. (1,2,3)
79. Any history of joint injury, other than dislocation. Submit medical records of applicants who have had any history of joint injury other than dislocation within the last five (5) years. (1,2,3)
80. Any joint dislocation. Submit medical records of applicants who had any joint dislocation of a shoulder, elbow, wrist, hand, spine, hip, knee, ankle, foot, or toe within the last seven (7) years. (1,2,3)
81. Any joint surgery. Submit medical records of applicants who have had surgery on a joint(s) including the shoulder, elbow, wrist, hand, finger, spine, hip, knee, ankle, foot, or toe within the last seven (7) years. (1,2,3)
82. History of cartilage surgery, including but not limited to cartilage debridement or chondroplasty for Grade II or greater chondromalacia, microfracture, or cartilage transplant procedure. Submit medical records of applicants who have had a history of cartilage surgery within the last seven (7) years. (1,3)
83. Neck or back pain. Submit medical records of applicants who have been treated by medical providers, chiropractors, or physical therapists for neck pain, back pain, slipped disc, or pinched nerve within the last two (2) years. (1,2,3)
84. History of osteochondral defect (formerly known as osteochondritis dissecans). Submit medical records of applicants with a history of osteochondral defect within the last three (3) years. (1,2,3)
85. History of recurrent tendon disorder, including but not limited to tendonitis, tendinopathy, tenosynovitis. Submit medical records of applicants with a history of recurrent tendon disorder within the last five (5) years. (1,2,3)
86. Plantar fasciitis. Submit medical records of applicants who have had plantar fasciitis within the last five (5) years. (1,3)
87. Spine curvature. Submit medical records of applicants who have been diagnosed with or treated for spinal curvature (scoliosis, kyphosis or lordosis) within the last seven (7) years. (1,3)

#### **SKIN AND SOFT TISSUE CONDITIONS.**

88. Acne. Submit medical records of applicants who have had severe nodulocystic acne or acne requiring treatment with isotretinoin (Accutane®), antibiotics, or other oral medications within the preceding 12 months. (1)
89. Eczema or atopic dermatitis. Submit medical records of applicants who have been diagnosed with or treated for or eczema or atopic dermatitis within the previous three (3) years. (1,2)



90. History of photosensitivity any skin condition (dermatosis) that is aggravated by sunlight, such as lupus erythematosus, porphyria, and xeroderma pigmentosa. Submit medical records with the last five (5) years. (1,2)
91. Cyst, or tumor. Submit medical records including pathology reports of applicants who have had a cyst, or skin tumor removed. (1,3)
92. Pilonidal cyst. Submit medical records including surgery notes of applicants who have been treated for a pilonidal cyst within the last five (5) years. (1,2)
93. Psoriasis. Submit medical records of applicants who have had a history of psoriasis within the last seven (7) years. (1)
94. Scars. Submit medical records from applicants that have been evaluated for self-cutting, burning or other self- injury. If the applicant has not seen a medical provider but has scars that may be suspicious for self-harm then a legible and signed statement should be submitted by the applicant (or a parent/ guardian, if applicable) which addresses the nature of the injury. This statement should include, how and why the scars were obtained, when the injury occurred, and location of the scars. (1,2,3)
95. Cancer of the skin or lymph nodes. Submit medical records including pathology reports of applicants who have had a biopsy or removal of a skin lesion, tumor, or lymph node for suspicion of cancer (e.g. melanoma, squamous cell, or any other type). (1,2,3)
96. Skin burns or graft. Submit medical records of applicants who have been hospitalized for burns or who have had a skin graft. (1,2,3)
97. Skin infections. Submit medical records of applicants who have had a recurrent skin infection requiring treatment with oral or topical medications within the last three (3) years. (1,2)
98. History of congenital disorder of the hair and nails including but not limited to pachyonychia congenita or ectodermal dysplasia. Submit medical records of applicants who have been diagnosed with a history of congenital disorder of the hair and nails within the last seven (7) years. (1)
99. Skin, hair, or nail condition. Submit medical records of applicants who have had a skin, hair, or nail condition for which they were evaluated or treated by a medical provider, or required oral medications (e.g. steroids greater than two months or immunosuppressive medications) within the last seven (7) years. (1,2)
100. Sweating, excessive (hyperhidrosis). Submit medical records of applicants who have ever been treated with medications or have ever undergone surgery for excessive sweating within the last seven (7) years (1,2,3)
101. Symptomatic wart on foot (current). Recommendation: All applicants with a symptomatic wart on the foot should seek treatment and resolution prior to the day of the medical examination.

**ENDOCRINE AND METABOLIC CONDITIONS.**

102. Pre-diabetes, diabetes, gestational diabetes, short stature, or other endocrine (hormonal) conditions. Submit medical records of applicants who have ever been treated for pre-diabetes, diabetes, gestational diabetes, short stature, or other endocrine (hormonal) conditions. (1,2,3)
103. Hormone therapy (other than for contraception). Submit medical record for applicants receiving or who have received hormone therapy (other than for contraception) within the previous one (1) year, refer to current USMEPCOM policy on processing transgender applicants. (1,2,3)
104. Thyroid condition. Submit medical records of applicants who have ever been evaluated or treated for a thyroid condition within the last three (3) years. If the applicant is taking thyroid medication, submit the result(s) of at least one thyroid stimulating hormone test obtained within the last 12 months. (1,2,3)

**BLOOD AND BLOOD FORMING SYSTEM.**

105. Blood abnormalities including history of anemia, blood clots or bleeding disorders. Submit medical records of applicants who have ever been evaluated or treated for a blood abnormality (abnormal white blood cells, red blood cells, platelets, or clotting factors). Include the most recent (within six months) blood test results and pharmacy records. (1,2,3)

**NEUROLOGICAL CONDITIONS.**

106. Brain and/or spinal cord surgery. Submit medical records of applicants who have ever had brain and/or spinal cord surgery. (1,2,3)
107. Brain and/or spinal cord infections. Submit medical records of applicants who have ever had a brain (meningitis, encephalitis, or abscess) and/or spinal cord infection. (1,2,3)
108. Concussion or brain injury with or without loss of consciousness. Submit medical records of applicants who have had a brain injury or concussion with or without loss of consciousness. Also include copies of imaging reports (e.g. CT, MRI, or ultrasound), do not include actual images or disks with images. (1,2,3)
109. Headaches. Submit medical records for applicants that have been evaluated/treated for recurrent headaches (of any type), or who have been evaluated by a neurologist/neurosurgeon for headaches. (1,2,3)
110. Seizure or epilepsy. Submit medical records of applicants who have been diagnosed with or treated for seizures or epilepsy after the sixth (6<sup>th</sup>) birthday. (1,2,3)
111. History of fibromyalgia or myofascial pain syndrome. Submit medical records of applicants who have been diagnosed or treated for fibromyalgia or myofascial pain syndrome within the last seven (7) years. (1)
112. Other neurologic conditions. Submit medical records of applicants who have ever been treated by a Neurologist, Neurosurgeon, Orthopedic Spine specialist, or Pain Management specialist. (1,2,3)

**SLEEP DISORDERS.**

113. Sleep problems, a history of sleep-related breathing disorders (including but not limited to sleep apnea unless definitively treated by surgical intervention with resolution of symptoms). Submit medical records within the last seven (7) years of applicants who have ever been treated for sleep problems including but not limited to sleep apnea, insomnia, narcolepsy, cataplexy, parasomnias, restless leg syndrome, or Circadian rhythm disorders. Include sleep study results (1,2,3)
114. History of sleep apnea (nocturnal ventilation support e.g., CPAP machine, BIPAP), respiratory failure, or any requirement for chronic supplemental oxygen use. Submit records of applicants with a history of sleep apnea (nocturnal ventilation support) respiratory failure, or any requirement for chronic supplemental oxygen use within the last five (5) years. (1,2,3)

**LEARNING, PSYCHIATRIC, AND BEHAVIORAL DISORDERS.**

115. Attention Deficit with or without hyperactivity (ADD/ADHD) or learning disorders. For applicants with a history of ADD/ADHD or learning disorder(s) after age 14, submit the following medical records:
- a. Medical, testing, psychological, and pharmacy records for ADD/ADHD. Do not include psychotherapy notes. (1,2)
  - b. Any recommended or prescribed Individualized Education Plan(s) or 504 Plan(s) from high school, college, or trade school after the 14<sup>th</sup> birthday. If the applicant has never been on an IEP or 504 Plan during high school, college, or trade school, then submit an official statement on official letterhead from the high school, college, or trade school stating that the applicant has never received such accommodations. **Applicant's or parental statements are not acceptable.**
  - c. Any work accommodation(s) from their employer(s) after the 14<sup>th</sup> birthday, if applicable. If the applicant has never been on any work accommodation, then submit an official statement(s) from the employer(s) stating that the applicant has never received such accommodations. **Applicant statements are not acceptable.**
  - d. All high school transcripts, college transcripts (if ever attended), or trade school transcripts (if ever attended).
  - e. All conduct and disciplinary records in high school, college, or trade school.

**Note:** While MARP is in effect, MARP standards apply, refer to the current SMPG to the DoDI 6130.03-V1.

116. Behavioral health. Submit medical/mental health records of applicants who have ever been evaluated or treated for a mental health or behavioral health condition, include conduct and disciplinary records from school. **Do not include psychotherapy notes.** (1,2,3)
117. History of conduct disorders, oppositional defiance disorders, and other behavior disorders. Submit all medical records within the last seven (7) years. (1,2,3)
118. Drug and/or alcohol issues. Submit medical records of applicants who have ever been evaluated for drug and/or alcohol issues, include conduct and disciplinary records from school, if applicable. (1,2,3)

119. Eating disorder. Submit medical records of applicants who have had a history of an eating or feeding disorder (anorexia, bulimia). (1,2,3)

**Note:** UMF 40-1-13 should be provided to the applicant to assist them in obtaining MH/BH records.

**PRIOR SERVICE APPLICANTS.**

120. Disability. If disability records are not available in JLV under “Documents” widget, then the MEPS provider can request all disability evaluation(s) and VA disability rating decision(s).

121. Entry Level Separation. For applicants who received a medically related Entry Level Separation (ELS), submit all follow-up medical records for subsequent care after separation, if applicable. (1,2,3)

**Note:** Medical records of all applicants who had been previously discharged from the military, including Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB) records, should be available for review using a Joint Legacy Viewer (JLV) module within the MHS GENESIS.

**MISCELLANEOUS.**

122. History of cold-related disorders (e.g., frostbite, chilblain, immersion foot), or history of heatstroke, or recurrent heat injury or exhaustion. Submit all records within the last seven (7) years.

123. Current use of medications for HIV pre-exposure prophylaxis (PrEP). Submit a letter from treating provider with results from laboratory surveillance (at a minimum, serum creatinine, glomerular filtration rate, and 4th generation HIV test) within the previous 90 days, and confirmation of medication compliance, absence of side effects, and receipt of instruction on proper use of PrEP.

124. Current use of medication(s) delivered via an injectable or transdermal mechanism (e.g., allergy immunotherapy, transdermal or injectable hormones or contraceptives) or which that otherwise require(s) refrigeration. Submit a letter from treating provider that the medication or therapy can be safely postponed, discontinued, or switched to an alternative delivery system without adverse risk to the individual, if the current delivery method (or refrigeration, if applicable) is not available or not authorized during periods of training or deployment. Examples of transdermal and injectable medications include but not limited to testosterone, estradiol, Xulane, Zafemy, Twirla patches, Scopolamine, Leuprolide, Goserelin, Depo-Provera, etc. Examples of medications requiring refrigeration include but not limited to Azithromycin (AzaSite) (ophthalmic), latanoprost and its combinations, insulin, Byetta, Humira, etc.