- <u>020813.</u> <u>MEDICAL WAIVER PROCEDURES</u>. All officer program applicants will have their medical documents reviewed by NAVCRUITCOM (N3M). The following procedures apply:
- a. Requests for medical waivers shall be sent to and processed by NAVCRUITCOM (N3M) only after HIV and DAT results are obtained and documented on DD Form 2808.
- b. The applicant is found to be Physically Qualified (PQ) or Not Physically Qualified, waiver approval (NPQRW).
- c. If an applicant is found to be Temporarily Not Physically Qualified (TNPQ), NAVCRUITCOM (N3M) will forward a letter directly to the NAVCRUITDIST stating the additional information that is needed prior to a final determination of physical qualification.
- d. If an applicant is Not Physically Qualified (NPQ), a letter stating the reason for physical disqualification will be forwarded to the NAVCRUITDIST from NAVCRUITCOM (N3M) and the applicant will be processed for non-selection.
 - (1) Medical Conditions not waiverable:
- (a) Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), HIV Antibody, or history of any of the above.
 - (b) Single kidney regardless of cause.
 - (c) Loss of an arm or leg.
- (d) Seizure disorder with seizure and/or medication within five years.
- (e) History of Cancer with treatment within five years (except basal cell carcinoma).
 - (f) Diabetes Mellitus Type I or Type II.
 - (g) Loss of one eye.
 - (h) History of Cataract surgery.
- (i) History of keratoconus or corneal ectasia (abnormal corneal shape).

- (j) History of Glaucoma.
- (k) Refractive Surgery: Radial Keratotomy.
- (1) History of Aphakia (lens replacement of the eye).
 - (m) Severe Allergic reaction to common foods.
 - (n) Cirrhosis.
 - (o) Corneal transplant history.
- (p) Crohn's Disease or Ulcerative Colitis
 (inflammatory bowel disease).
 - (q) Eosinophilic esophagitis.
- (r) Severe deformities of the mouth, throat, or nose that interfere with speech or mastication of ordinary food.
- (s) Scoliosis or kyphosis (spine curvature) that is symptomatic or outside of MANMED 15-48 limits.
- (t) History of eating disorders: Anorexia Nervosa and Bulimia.
- (u) Headaches (recurrent and severe), which require prescription medication or interfere with daily activity.
- (v) Hepatitis, chronic: Hepatitis B or Hepatitis C carrier.
- (w) Malignant Hyperthermia/Hyperpyrexia (adverse reaction to anesthesia).
- (x) Multiple Sclerosis (nerve disease involving muscle weakness and un-coordination) and Muscular Dystrophy (progressive atrophy/wasting of the muscles).
- (y) Severe orthopedic injuries that result in functional limitations secondary to residual muscle weakness, paralysis, or marked decreased range of motion.
- (z) Otitis Media (middle ear infection/inflammation), chronic or currently active.

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- (aa) Pes Cavus (abnormally high-arched feet) or pes planus (flat feet) that is symptomatic or requires orthotic use.
 - (bb) Pneumonectomy, removal of entire lung.
- (cc) Pregnancy (except for prior service processing for affiliation).
 - (dd) Prosthetic replacement of joints.
- (ee) Psychiatric Conditions: Schizophrenia; Major Depression, recurrent; Bipolar Disorder; Panic disorders; Sexual disorders; eating disorder (e.g. anorexia, bulimia); and Personality disorders, severe.
 - (ff) History of Retinal disease or detachment.
- (gg) Un-descended testicle unless surgically removed or confirmed to be congenital absence.
- (hh) Chronic skin disorders. Atopic dermatitis; Eczema; Psoriasis.
- (ii) Congenital spinal fusion, if greater than two vertebral interspaces. Surgical spinal fusion, regardless of method or number of interspaces.
- (jj) History of drug and/or alcohol abuse or diagnosed substance dependence.
 - (kk) History of Neurofibromatosis.
- (11) Congenital (birth) heart defects that have not been repaired.
- $\ensuremath{\left(\text{mm}\right)}$ History of intestinal bypass or stomach stapling.
 - (nn) Severe head injury within the past five years.
 - (oo) Latex allergy.
- (pp) Anabolic Steroid Use. Any applicant admitting steroid use within the previous two months is not enlistment eligible. The Chief Medical Officer at MEPS may consider waivers on an individual basis after attaining internal medicine consultation or appropriate history. If a waiver is

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