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ARMY REGULATION
No. 601-221

HEADQUARTERS
DEPARTMENT OF THE ARMY
WASHINGTON, DC, 22 November 1971

PERSONNEL PROCUREMENT
MEDICALLY REMEDIAL ENLISTMENT PROGRAM

Effective 1 January 1972

This revision rescinds the requirement for a monthly report of the Medically Remedial Enlistment Program (MREP) and the requirement for an additional DD Form 4 for MREP enlistments. Local supplementation of this regulation is permitted, but is not required. If supplements are issued, Army Staff agencies and major Army commands will furnish one copy of each to HQDA(DARE-PDP); other commands will furnish one copy of each to the next higher headquarters.

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1. Purpose. The purpose of this regulation is to—

- a. Prescribe eligibility criteria for the enlistment and voluntary induction of individuals who do not meet medical fitness standards due to minor remediable medical conditions.
- b. Prescribe policy for retention on active duty of personnel whose remediable condition is discovered or occurs subsequent to entry on active duty.
- c. Prescribe the policies and procedures for administration of the Medically Remedial Program.

2. General. a. Each year a significant number of applicants for enlistment and volunteers for induction, who are otherwise qualified for Army service, are disqualified medically due to the existence of minor remediable conditions. Additional numbers of personnel are separated shortly after entry into the service when similar minor remediable medical conditions are discovered to exist or occur subsequent to entry on active duty.

b. This program is designed to permit the initial entry of male volunteer applicants and registrants with selected remediable medical conditions; the retention of volunteers whose remediable condition occurs or is discovered during basic training; and the re-entry of prior-service volunteers, provided they agree to submit to therapeutic procedures necessary to correct the remediable

condition. The provisions of AR 601-210 apply except as modified by provisions of this regulation.

3. Criteria for selection of applicants. a. *Initial entry and re-entry.* Applicants for enlistment/re-enlistment and volunteer registrants for induction will—

- (1) Except for the medical defects listed in (5) below, be otherwise qualified for enlistment/reenlistment/induction.
- (2) Volunteer for enlistment/reenlistment/induction.
- (3) Sign written agreement (SF 522, Clinical Record—Authorization for Administration of Anesthesia and for Performance of Operations and Other Procedures) that if accepted they will submit to appropriate therapeutic procedures.
- (4) Present special parental consent form (DD Form 373, Consent, Declaration of Parent or Legal Guardian (For the Enlistment of a Minor in the US Armed Forces)) if applicant is under 18 years of age.

Note. At the time the DD Form 373 is prepared, immediately following the statement "I/we thoroughly understand that I/we have consented to his/her enlistment in the service or component of the US Armed Forces indicated above for the period of _____" add "and give my/our consent to prescribed therapeutic procedures to correct the remediable condition for which a waiver will be requested."

*This regulation supersedes AR 601-221, 26 March 1968, and rescinds Reports Control Symbol DD-M(M)770.

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(5) Have not more than *one* of the following conditions determined by an appropriate medical specialist to be normally correctable to the extent that the applicant will be fit to undertake basic training within approximately 6 weeks after treatment:

- (a) Pilonidal cyst or sinus.
- (b) Hemorrhoids.
- (c) Undescended testicle, unilateral.
- (d) Undescended testicle and inguinal hernia, same side.
- (e) Hernia of the abdominal cavity.
- (f) Hydrocele.
- (g) Hydrocele and inguinal hernia, same side.
- (h) Varicocele.
- (i) Orthopedic fixture at site of old fracture.
- (j) Simple goiter.
- (k) Deviated nasal septum.
- (l) External otitis.
- (m) Hyperdactylia (hands and feet).
- (n) Over maximum weight by not more than 20 percent.
- (o) Under minimum weight by not more than 10 percent.

b. Retention on active duty of personnel whose remediable condition is discovered or occurs subsequent to entry on active duty. Applicants for retention on active duty will meet the prerequisites listed in *a* above except that medical determination required by *a*(5) above will be the responsibility of the Post Surgeon of the Training Center.

4. Procedures. *a.* Recruiters will fully explain the option to applicants for enlistment/reenlistment and volunteers for induction and their parents, in the case of minors, prior to forwarding the applicant to the AFEES.

b. Army Recruiters/Career Counselors at the Armed Forces Examining and Entrance Stations (AFEES) will perform this function for volunteers whose condition is discovered during processing for enlistment or preprocessing for induction.

c. Post reenlistment personnel will counsel those personnel whose condition is discovered or occurs subsequent to entry on active duty.

d. The Chief, Medical Examining Section, AFEES, will be responsible for administering the medical examination, including arrangements for supplementary medical consultations and tests necessary to determine remediability of conditions

listed under paragraph *3a*(5), and will determine whether the applicant for enlistment/reenlistment or volunteer for induction is qualified for consideration for waiver for enlistment under this program. Upon determination that a volunteer is qualified, the service concerned will be notified and the AFEES will furnish appropriate records to the enlisting service for further counseling concerning enlistment under this program.

e. The Army Recruiter operating in the capacity of Career Counselor at the AFEES will prepare necessary requests for waiver for Army applicants. Requests, except those for waiver of over maximum weight and under minimum weight, will be forwarded by the Army Career Counselor to Commanding General, US Army Recruiting Command, ATTN: Surgeon, Hampton, VA 23369, for processing and forwarding.

f. AFEES Commanding Officers are authorized to grant waivers for over maximum weight and under minimum weight.

g. CG USAREC will forward requests for waivers for non-prior-service applicants to HQDA (DASG), Washington, DC 20314, for final determination of acceptability. Requests for waivers for prior-service applicants will be forwarded to the Chief, Enlistment Eligibility Activity, 9700 Page Boulevard, St. Louis, MO 63132, for processing and forwarding to HQDA (DASG) for final determination of acceptability.

h. Based upon recommendation of The Surgeon General, waiver requests will be approved by—

(1) *Non-prior-service applicants*—Commanding General, US Army Recruiting Command.

(2) *Prior-service applicants*—Chief, Enlistment Eligibility Activity.

i. Army Career Counselors at the AFEES will, upon return of waiver requests, advise applicants of disapproval actions, and complete enlistment of applicants whose request for waiver received favorable consideration.

j. No options are authorized for enlistments under this program due to the inability to initially make an accurate determination of the time required to complete therapeutic procedures.

k. In-service personnel who are determined to be eligible for separation in accordance with the procedures established by AR 40-8 and who exercise the option to complete the period of service for which enlisted or inducted will be required to—

(1) Complete a written statement that they have been informed that they may submit an application for separation by reason of erroneous enlistment or induction and that they decline to do so and desire to complete the term of service for which enlisted or inducted (para 54e(3), AR 40-3).

(2) Sign written agreement (SF 522) that they will submit to appropriate therapeutic procedures.

l. The Surgeon General will issue necessary instructions to insure that, subsequent to correction of remediable conditions, personnel are not assigned to training centers for entry into BCT training until they are capable of undergoing the vigorous BCT training.

5. **Priorities for medical care.** The Surgeon General will be responsible for issuing instructions through medical channels which establish the priorities for medical care which will be utilized subsequent to enlistment for the correction of conditions listed in paragraph 3a(5), i.e., medical facilities of the Army, other services, Public Health Service or Veterans Administration.

6. **Funding.** a. CG USAREC will be responsible for budgeting for those additional costs of the program which are associated with the messing, billeting and transportation of Army applicants.

b. The Surgeon General will be responsible for budgeting for the medical examination cost of the

program at the AFEES for all services, and those increased costs involved in therapeutic procedures for Army applicants subsequent to enlistment.

7. **Separation procedures.** a. *Prior to entry into normal BCT training cycle.* Personnel who refuse to undergo surgical treatment, or to cooperate in a prescribed course of treatment, or fail to gain or lose weight at a regular rate, without medical reason therefor, may be separated under provisions of paragraph 5-3, AR 635-200. Personnel who, after undergoing prescribed medical procedures, still fail, in the opinion of medical authorities, to meet the Retention Physical Fitness Standards in chapter 3, AR 40-501 or cannot perform full duty requirements or who have not responded to a degree justifying a waiver will be separated for physical disability EPTS under the provisions of AR 635-40, SPN 278 (or SPN 274 if the unfitness results from misconduct, willful neglect, or was aggravated during an unauthorized absence). Instances of failure to meet Retention Physical Standards for conditions other than the original unfitting condition will be processed under the applicable portion of AR 635-40.

b. *Subsequent to correction of remediable condition and entry into the normal BCT training cycle.* Personnel initially enlisted, reenlisted, inducted or unfitting condition will be processed under the under separation programs provided in the AR 635 series.

The proponent agency of this regulation is the Office of the Deputy Chief of Staff for Personnel. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications) direct to HQDA (DAPE-PDP), Washington, DC 20310.

By Order of the Secretary of the Army:

Official:

VERNE L. BOWERS,
Major General, United States Army,
The Adjutant General.

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Chief of Staff.

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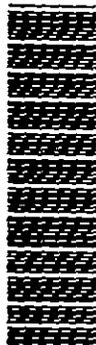
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