

and lower spine (lower lumbar and sacral) in regard to strength, range of motion, and general efficiency.

- (4) *H—Hearing and ear.* This factor concerns auditory acuity and diseases and defects of the ear.
- (5) *E—Eyes.* This factor concerns visual acuity and diseases and defects of the eye.
- (6) *S—Psychiatric.* This factor concerns personality, emotional stability, and psychiatric diseases.

c. Four numerical designations are assigned for evaluating the individual's functional capacity in each of the six factors.

- (1) An individual, having a numerical designation of "1" under all factors, is considered to possess a high level of medical (physical and mental) fitness and, consequently, he is medically fit for any military assignment.
- (2) A physical profile "2" under any or all factors indicates that an individual meets procurement (entry) standards, but possesses some medical condition or physical defect which precludes initial assignment to Ranger training, Airborne, or Special Forces. His assignment is not otherwise limited. However, there may be limitations on initial MOS classification. See AR 611-203.
- (3) A profile containing one or more numerical designation "3" signifies that the individual has medical condition(s) or physical defect(s) which requires certain restrictions in assignment within which he is physically capable of performing full military duty. Such individuals are not acceptable under procurement (entry) standards in time of peace, but may be acceptable in time of partial or total mobilization. They meet the retention standards, while in service, but should receive assignments commensurate with their functional capability.
- (4) A profile serial containing one or more numerical designation "4", indicates that the individual has a medical condition or physical defect which is below the level of medical fitness for retention (continu-

ance) in the military service during peacetime. See Code designations "V" and "W" (par. 9-5).

d. Anatomical defects or pathological conditions will not of themselves form the sole basis of classification. Since minor physical defects or medical conditions have different values in relation to performance of duties they will not automatically necessitate assignment limitations. While these defects must be given consideration in accomplishing the profile, it is important to consider function and prognosis, especially regarding the possibility of aggravation. In this connection, a close relationship must exist between medical officers and personnel management officers. The determination of assignment is an administrative procedure. The medical officer's report assists the personnel management officer in assessing the individual's medical capability to fill duty positions. It is, therefore, the responsibility of the personnel management officer, based on his knowledge of the individual's profile, to determine whether the individual may be employed in certain duty positions. Appendix VIII contains a Physical Profile Functional Capacity Guide.

#### 9-4. Modifier to Serial

To make the profile serial more informative, the modifier "R" or "I" will be used as indicated below. These modifiers to the profile serial are not to be confused with code designation indicating permanent limitation as described in paragraph 9-5.

a. *"R"—Remediable.* This modifier indicates that the condition necessitating numerical designation "3" or "4" is considered remediable, the correction or treatment of the condition is medically advisable, and correction usually will result in a higher physical capacity. An individual on active duty with an "R" modifier will be medically evaluated at least once every 3 months with a view to revising the profile. In no case will individuals in military status carry an "R" modifier for more than 12 months without positive action being taken either to correct the defect or to effect other appropriate disposition. As a general rule the medical officer initiating the "R" modifier will initiate appropriate arrangements for the necessary correction or treatment of the remediable condition.

*Description/Assignment Limitation Medical Criteria*

CODE W----- *Waiver.* This code identifies the case of Chapters 3, 6, and 8, AR 40-501. an individual with disease, injury, or medical defect which is below the prescribed medical criteria for retention who is accepted under the special provisions of paragraph 8-4, or who is granted a waiver by direction of the Secretary of the Army. The numerical designation "4" will be inserted under the appropriate factor in all such cases. Such members generally have rigid and strict limitations as to duty, geographical or climatic area utilization. In some instances the member may have to be utilized only with close proximity to a medical facility capable of handling his case.

### 9-6. Profiling Officer

The commander of a medical treatment facility will designate one or more medical officer(s) as *profiling officer(s)*. He will assure that officers so designated are thoroughly familiar with profiling procedures as set forth in this chapter. The senior medical officer on duty at an Armed Forces examining station will be designated as the profiling officer for that station.

### 9-7. Recording and Reporting of Initial Physical Profile

*a.* Individuals accepted for initial appointment, enlistment, or induction in peacetime normally will be given a numerical designator "1" or "2" physical profile in accordance with the instructions contained herein. Initial physical profiles will be recorded on Standard Form 88 (Report of Medical Examination) by the medical profiling officer at the time of the initial appointment, enlistment, or induction medical examination.

*b.* The initial physical profile serial will be entered on SF 88 and also recorded on DD Form 47 (Record of Induction) or DD Form 4 (Enlistment Record—Armed Forces of the United States), in the items provided on these forms for this purpose. Modifiers "R" and "T" will be entered with the factor involved. When numerical designators of "3" and "4" or modifiers "R," "T" are entered on the profile serial, a brief description of the defect expressed in nontechnical language will always be recorded

in item 74, Standard Form 88, in addition to the exact diagnosis required to be reported in summarizing the defects under item 74. The appropriate diagnosis code (SR 40-1025-1) corresponding to the exact diagnosis will be entered in parentheses *after* the nontechnical description, e.g., nervousness (3100). All assignment, geographic, or climatic area limitations applicable to the defect recorded in item 74, will be entered in this item. If sufficient room for a full explanation is not available in item 74 of the Standard Form 88, proper reference will be made in that item and an additional sheet of paper will be added to the Standard Form 88.

*c.* Individuals who are found unacceptable under medical fitness standards of chapters 4, 5, or 7 will not be given a physical profile based on the provisions of these chapters. Profiling will be accomplished under provisions of this chapter, whenever such individuals are found to meet the medical procurement standards obtaining at the time of examination.

### 9-8. Revision and Verification of Physical Profile

*a.* The physical profile may be verified or revised by a medical profiling officer, by the commander of the medical treatment facility, or by a medical board as provided for in AR 40-3.

*b.* Each individual whose functional capacity has changed will be interviewed as indicated below and, if necessary, examined by a medical profiling officer to ascertain whether or not the recorded physical profile serial is a true reflec-

tion of his actual functional capacity. If the individual's unit commander or a personnel management officer is available, he or they should assist the profiling officer, when requested, in verifying and/or recommending revision of the profile. Temporary revision of profile will be accomplished when in the opinion of the profiling officer the functional capacity of the individual has changed to such an extent that it temporarily alters his ability to perform duty. Except as indicated in *e* and *h* below, permanent revision of profile from or to a numerical designator "3" or "4" will be accomplished by a medical board when, in the opinion of the profiling officer, the functional capacity of the individual has changed to such an extent that it permanently alters his functional ability to perform duty. Whenever a medical board is held for the sole purpose of permanently revising the physical profile to or from a numerical designator "3" the Medical Condition, Physical Profile Record (DA Form 8-274) (fig. 9-1) will be used in lieu of the Medical Board Proceedings (DA Form 8-118). Medical Board officers and the approving authority will complete the appropriate items on reverse of DA Form 8-274. When the profile serial is revised, the revision will be submitted to the individual's unit commander on a DA Form 8-274. This will permit proper coding by personnel officers as outlined in paragraph 9-5 and reclassification and assignment in keeping with the individual's physical and mental qualifications. If, in the opinion of the medical profiling officer, the functional capacity of the individual has not been fundamentally changed at the time of verification, no revision of the profile will be necessary, and the unit commander will be appropriately informed by DA Form 8-274.

*c.* Physical profiles will be verified as follows:

- (1) *Hospitals and other medical treatment facilities.* Prior to a patient's return to duty upon completion of hospitalization, regardless of duration (the profile of patients hospitalized over 6 months will be verified by a medical board) and at the time service members undergo periodic, active duty, or active duty for training medical ex-

aminations or whenever a significant change in functional ability is believed to have occurred.

(2) *Unit and organizations.*

- (a) Any time during training of new enlistees or inductees that such action appears warranted.
- (b) Upon request of the unit commander.
- (c) At the time of the periodic medical examination.

*d.* Except as noted in *f* below, an individual on active duty having a modifier "R" or "T" will have his profile reviewed at least every 3 months in order to insure that it reflects his current functional capability. Unit commanders are responsible for the initiation of his review (except when the individual is hospitalized).

★*e.* Individuals being returned to a duty status pursuant to the approved findings of a physical evaluation board, the Army Physical Review Council or the Army Physical Disability Appeal Board under AR 635-40, will be given a physical profile commensurate with their functional capacity under the appropriate factor by The Surgeon General, Department of the Army. Assignment limitations will be established concurrently. All such cases will be referred to The Surgeon General, ATTN: MEDPS-SD by The Adjutant General before notification of final action is returned to the medical facility having custody of the patient. After an appropriate period of time, such profile and limitations may be revised by a medical board if the individual's functional capacity warrants such action.

*f.* Tuberculous patients returned to a duty status who require antituberculous chemotherapy following hospitalization will be given a P-3-T profile for a period of 1 year, with recommendation that the member be placed on duty at a fixed installation and will be provided the required medical supervision for a period of 1 year.

*g.* The physical profile in controversial or equivocal cases may be verified or revised by a medical board, hospital commander, or major command surgeon, who may refer unusual cases,

when appropriate, to The Surgeon General for final determination of an appropriate profile.

*h.* Revision of the physical profile for reservists not on active duty will be accomplished by the surgeon of the major command without medical board procedure. For members of the Army National Guard not on active duty, such profile revision will be accomplished by the unit

medical officer or the state surgeon. See NGR 27.

**9-9. Separation of Individuals With a Modifier "R" or "T" or a Code "V" or "W"**

*a.* Individuals whose period of service expires and whose physical profile contains the modifier

MEDICAL CONDITION - PHYSICAL PROFILE RECORD <small>(AR 40-501)</small>							DATE 1 Jul 61	
<b>TO:</b> Commanding Officer Co B, 555 Engr-Const Bn APO 58 1/2 Postmaster, New York, New York				<b>FROM:</b> Commanding Officer 34th General Hospital APO 58 1/2 Postmaster, New York, New York				
<b>LAST NAME - FIRST NAME - MIDDLE INITIAL, GRADE, SERVICE NO. AND ORGANIZATION</b>  Smith, Harold F. S/Sgt 31033693 Co B, 555 ECB APO 58 1/2 Postmaster, New York, N. Y.				<b>INSTRUCTIONS</b> Complete Section D of this form in lieu of DA Form 8-118, whenever a medical board is held for the sole purpose of permanently revising the physical profile to or from a numerical designator "3". <b>PREPARE COPIES AS INDICATED BELOW:</b> Unit Commander - 1 copy when Item 1 or 2 is checked Appropriate Commander or HQ - 1 copy when Item 3 is checked. Health Record Jacket, (DD Form 722) - 1 copy Clinical Record - 1 copy when appropriate				
<b>SECTION A - DUTY STATUS (Check Applicable Item(s))</b>								
1	<input checked="" type="checkbox"/>	INDIVIDUAL IS RETURNED TO YOUR UNIT FOR DUTY (AR 40-212, AR 635-40B, as applicable)						
2	<input type="checkbox"/>	INDIVIDUAL IS RETURNED TO YOUR UNIT FOR SEPARATION PROCESSING (AR 40-212, AR 635-40B, as applicable)						
3	<input checked="" type="checkbox"/>	INDIVIDUAL (IS) <del>(IS NOT)</del> MEDICALLY QUALIFIED FOR <u>duty with permanent assignment</u> AS EVIDENCED BY A MEDICAL EXAMINATION AND A REVIEW OF HIS HEALTH RECORD THIS DATE <u>Limitation</u>						
<b>SECTION B - PHYSICAL PROFILE</b> (Complete all items. When applicable "R" or "T" will be entered with numerical designator under appropriate factor)								
4	PREVIOUS	P	U	L	H	E	S	PREVIOUS
		1	1	1	1	1	1	
5	PRESENT	P	U	L	H	E	S	PRESENT
		3	1	1	1	1	1	
6 INDIVIDUAL HAS THE DEFECT(S) LISTED BELOW. (All defects requiring a 3 or 4 in any PULHES factor will be reported in non-technical language)  <div style="font-family: cursive; font-size: 1.2em; margin-left: 20px;">Stomach ulcer</div>								
<input type="checkbox"/> Continued under remarks								
<b>SECTION C - ASSIGNMENT RESTRICTIONS, OR GEOGRAPHICAL, OR CLIMATIC AREA LIMITATIONS (Check Applicable Item(s))</b>								
7	<input type="checkbox"/>	INDIVIDUAL REQUIRES NO MAJOR ASSIGNMENT, GEOGRAPHICAL, OR CLIMATIC AREA LIMITATIONS						
8	<input checked="" type="checkbox"/>	MAJOR ASSIGNMENT, GEOGRAPHICAL, OR CLIMATIC AREA LIMITATIONS ARE ESTABLISHED BELOW (AR 40-212, AR 40-501, AR 635-40B, as applicable. Describe specific assignment limitations or restrictions as outlined in Chapter 9, AR 40-501.)  <div style="font-family: cursive; font-size: 1.2em; margin-left: 20px;">No assignment to units requiring continued consumption of combat rations.</div>						
<input type="checkbox"/> Continued under remarks								
9	<input checked="" type="checkbox"/>	THE ABOVE CONDITIONS ARE PERMANENT						
10	<input type="checkbox"/>	THE ABOVE CONDITIONS ARE TEMPORARY. INDIVIDUAL IS TO REPORT TO A MEDICAL FACILITY ON (Date) _____ FOR FURTHER PHYSICAL PROFILE EVALUATION OR MEDICAL TREATMENT AND DISPOSITION (AR 40-212, AR 40-501 as applicable)						
11	<input type="checkbox"/>	SEPARATION OR RETIREMENT OF THIS INDIVIDUAL WILL NOT BE EFFECTED WITHOUT PRIOR MEDICAL EVALUATION (AR 40-212, AR 40-501, AR 616-41, as applicable)						
12	<input checked="" type="checkbox"/>	THIS SUPERSEDES PREVIOUS MEDICAL CONDITION - PHYSICAL PROFILE RECORDS						
13. TYPED NAME & GRADE OF AUTHORIZED OFFICER AT MEDICAL FACILITY				SIGNATURE				

SECTION D - MEDICAL BOARD PROCEEDINGS		
<b>ACTION BY MEDICAL BOARD</b>		
PERMANENT CHANGE OF PROFILE AS RECORDED UNDER SECTION C, IS RECOMMENDED:		
14. TYPED NAME, GRADE & BRANCH OF BOARD MEMBER ( <i>President</i> )	SIGNATURE	
JAMES H. HANSON LT COL MC		
15. TYPED NAME, GRADE & BRANCH OF BOARD MEMBER	SIGNATURE	
LOUIS T. ALPER CAPT MC		
16. TYPED NAME, GRADE & BRANCH OF BOARD MEMBER	SIGNATURE	
REED LARSON CAPT MC		
<b>ACTION BY APPROVING AUTHORITY</b>		
THE FINDINGS AND RECOMMENDATIONS OF THE BOARD ARE APPROVED:		
17. TYPED NAME, GRADE & TITLE OF APPROVING AUTHORITY	SIGNATURE	DATE
WILLIAM B. STRYKER COL MC		2 Jul 61
REMARKS - CONTINUATION OF ITEM ( )		
<p>Assignment Restrictions, or Geographical, or Climatic Area Limitations</p> <p>CODE: A - None            B - None            C - No crawling, stooping, running, jumping, prolonged standing or marching.            D - No strenuous physical activity.            E - No assignment to units requiring continued consumption of combat rations.            F - No assignment to isolated areas where definitive medical care is not available. (MAAG - Military Missions, etc.).            G - No assignment requiring prolonged handling of heavy materials including weapons. No overhead work, no pull-ups or push-ups.            H - No assignment to unit where sudden loss of consciousness would be dangerous to self or others, such as work on scaffolding, handling ammunition, vehicle driving, work near moving machinery.            J - No assignment involving habitual or frequent exposure to loud noises or firing of weapons.  <i>(Not to include firing for POR qualification.)</i>            L - No assignment which requires prolonged or repeated exposure to extreme cold.            M - No assignment requiring prolonged or repeated exposure to high environmental temperature.            N - No continuous wearing of combat type boots.            P - No continuous wearing of woolen clothes.            U - Limitation not otherwise described; to be considered individually. Briefly define limitation in Item 8.</p>		

★ Figure 9-1—Continued

## ★APPENDIX I

### DEFINITIONS

For the purpose of these regulations the following definitions apply:

#### 1. Accepted Medical Principles

Fundamental deduction consistent with medical facts and based upon the observation of a large number of cases. To constitute accepted medical principles, the deduction must be based upon the observation of a large number of cases over a significant period of time and be so reasonable and logical as to create a moral certainty that they are correct.

#### 2. Candidate

Any individual under consideration for military status or for a military service program whether voluntary (appointment, enlistment, ROTC; etc.) or involuntary (induction, etc.).

#### 3. Enlistment

The voluntary enrollment for a specific term of service in one of the Armed Forces as contrasted with induction under the Universal Military Training and Service Act of 1948, as amended.

#### 4. Impairment of Function

Any anatomic or functional loss, lessening, or weakening of the capacity of the body, or any of its parts, to perform that which is considered by accepted medical principles to be the normal activity in the body economy.

#### 5. Latent Impairment

Impairment of function which is not accompanied by signs and/or symptoms but which is of such a nature that there is reasonable and moral certainty, according to accepted medical principles, that signs and/or symptoms will appear within a reasonable period of time or upon change of environment.

#### 6. Manifest Impairment

Impairment of function which is accompanied by signs and/or symptoms.

#### 7. Medical Capability

General ability, fitness, or efficiency (to perform military duty) based on accepted medical principles.

#### 8. Obesity

Excessive accumulation of fat in the body manifested by poor muscle tone, flabbiness and folds, bulk out of proportion to body build, dyspnea and fatigue upon mild exertion, and frequently accompanied by flat feet and weakness of the legs and lower back.

#### 9. Physical Disability

Any manifest or latent impairment of function due to disease or injury, regardless of the degree of impairment, which reduces or precludes an individual's actual or presumed ability to perform military duty. The presence of physical disability does not necessarily require a finding of unfitness for duty. The term "physical disability" includes mental diseases other than such inherent defects as behavior disorders, personality disorders, and primary mental deficiency.

#### 10. Questionable Cases

(Ch. 8)

The case of a physician or dentist who, because of the severity of the physical, medical, mental, or dental condition, may not be able to perform a full days work as a military physician or dentist, would require frequent hospitalization, or require assignment limitation to a very restricted geographical area.

### **11. Retirement**

Release from active military service because of age, length of service, disability, or other causes, in accordance with Army Regulations and applicable laws with or without entitlement to receive retired pay. For purposes of these regulations this includes both temporary and permanent disability retirement.

### **12. Sedentary Duties**

Tasks to which military personnel are assigned which are primarily sitting in nature, do not in-

volve any strenuous physical efforts, and permit the individual to have relatively regular eating and sleeping habits.

### **13. Separation (Except for Retirement)**

Release from the military service by relief from active duty, transfer to Reserve Component, dismissal, resignation, dropped from the rolls of the Army, vacation of commission, removal from office, and discharge with or without disability severance pay.

### APPENDIX III TABLES OF WEIGHT

*Table I. Table of Militarily Acceptable Weight (in Pounds) as Related to Age and Height for Males—Initial Procurement*

Height (inches)	Minimum (regardless of age)	Maximum					
		16-20 years	21-24 years	25-30 years	31-35 years	36-40 years	41 years and over
60	100	163	173	173	173	168	164
61	102	171	176	175	175	171	166
62	103	174	178	178	177	173	169
63	104	178	182	181	180	176	171
64	105	183	184	185	185	180	175
65	106	187	190	191	190	185	180
66	107	191	196	197	196	190	185
67	111	196	201	202	201	195	190
68	115	202	207	208	207	201	195
69	119	208	213	214	212	206	200
70	123	214	219	219	218	211	205
71	127	219	224	225	223	216	210
72	131	225	231	232	230	224	216
73	135	231	239	238	237	230	223
74	139	237	246	246	243	236	229
75	143	243	253	253	251	243	235
76	147	248	260	260	257	250	241
77	151	254	267	267	264	256	248
78	153	260	275	273	271	263	254

★ *Table II. Table of Militarily Acceptable Weight (in Pounds) as Related to Age and Height for Females—Initial Procurement*

Height (inches)	Minimum (regardless of age)	Maximum					
		18-20 years	21-24 years	25-30 years	31-35 years	36-40 years	41 years and over
58	90	121	123	126	124	135	135
59	92	123	125	129	126	139	138
60	94	125	127	132	128	142	141
61	96	127	129	135	131	145	141
62	98	129	132	139	132	148	147
63	100	135	136	141	136	151	150
64	102	136	140	144	140	155	154
65	104	140	144	148	145	159	158
66	106	144	149	151	150	164	163
67	109	147	151	156	154	168	167
68	112	152	158	159	159	172	171
69	115	158	160	164	162	176	175
70	118	162	166	168	167	181	180
71	122	168	171	171	171	185	184
72	125	171	175	176	175	189	188

Table III. Table of Acceptable Weight (in Pounds) as Related to Age and Height for Army Aviation

Height (inches)	Minimum (regardless of age)	Maximum					
		16-20 years	21-24 years	25-30 years	31-35 years	36-40 years	41 years and over
60	100	146	150	153	157	160	164
61	102	149	153	155	159	163	166
62	103	151	155	158	161	165	169
63	104	155	159	160	164	168	171
64	105	159	160	164	168	171	175
65	106	163	165	169	173	176	180
66	107	166	170	174	178	181	185
67	111	171	175	179	183	186	190
68	115	176	180	184	188	191	195
69	119	181	185	189	193	196	200
70	123	186	190	194	198	200	200
71	127	191	195	199	200	200	200
72	131	196	200	200	200	200	200
73	135	200	200	200	200	200	200
74	139	200	200	200	200	200	200
75	143	200	200	200	200	200	200
76	147	200	200	200	200	200	200

Table IV. Table of Acceptable Weight (in Pounds) as Related to Height for Diving Duty

Height (inches)	Minimum	Maximum
	Regardless of age	Regardless of age
60	100	139
61	100	143
62	100	146
63	100	150
64	102	154
65	106	158
66	109	163
67	112	168
68	115	173
69	118	178
70	122	182
71	125	187
72	128	192
73	131	197
74	135	202
75	138	206
76	141	211
77	144	216
78	147	221

## ★ APPENDIX VIII

## PHYSICAL PROFILE FUNCTIONAL CAPACITY GUIDE

Profile serial	P Physical capacity	U Upper extremities	L Lower extremities	H Hearing—Ears	E Vision—Eyes	S Psychiatric
1-----	Good muscular development with ability to perform maximum effort for indefinite periods.	No loss of digits, or limitation of motion; no demonstrable abnormality; able to do hand-to-hand fighting.	No loss of digits, or limitation of motion; no demonstrable abnormality; be capable of performing long marches, standing over long periods.	Audiometer average level each ear not more than 15 db @ 500, 1000, 2000 cps. Not over 40 db at 4000 cps.	Uncorrected visual acuity 20/200 correctible to 20/20, in each eye.	No psychiatric pathology. May have history of a transient personality disorder.
2-----	Able to perform maximum effort over long periods.	Slightly limited mobility of joints, muscular weakness, or other musculo-skeletal defects which do not prevent hand-to-hand fighting and do not disqualify for prolonged effort.	Slightly limited mobility of joints, muscular weakness or other musculo-skeletal defects which do not prevent moderate marching, climbing, running, digging, or prolonged effort.	Audiometer average level not more than 20 db @ 500, 1000, 2000 cps and 50 db at 4000 cps in both ears, or 15 db at 500, 1000, 2000 cps and 30 db at 4000 in better ear.	Distant visual acuity correctible to 20/40-20/70, 20/30-20/100, 20/20-20/400.	Mild character and behavior disorders which may somewhat limit but do not impair duty performance. May have history of recovery from an acute psychotic reaction due to external or toxic causes unrelated to alcoholic or drug addiction.
3-----	Unable to perform full effort except for brief or moderate periods.	Defects or impairments which interfere with full function requiring restriction of use.	Defects or impairments which interfere with full function requiring restriction of use.	May have hearing level at 20 db with hearing aid by speech reception score, or acute or chronic ear disease not falling below retention standards.	Uncorrected distant visual acuity of any degree which is correctible not less than 20/40 in the better eye or an acute or chronic eye disease not falling below retention standards.	Satisfactory remission from an acute psychotic or neurotic disorder which permits utilization under specific conditions (assignment when out-patient psychiatric treatment is available or certain duties can be avoided).

4----- Factors to be considered.	Below Retention Standards. Organic defects, age, build, strength, stamina, weight, height, agility, energy, muscular coordination, function, and similar factors.	Below Retention Standards. Strength, range of motion, and general efficiency of upper arm, shoulder girdle and back, including cervical, thoracic, and lumbar vertebrae.	Below Retention Standards. Strength, range of movement, and efficiency of feet, legs, pelvic girdle, lower back.	Below Retention Standards. Auditory acuity, and organic disease of the ears.	Below Retention Standards. Visual acuity, and organic disease of the eyes and lids.	Below Retention Standards. Type, severity, and duration of the psychiatric symptoms or disorder existing at the time the profile is determined. Amount of external precipitating stress. Predisposition as determined by the basic personality makeup, intelligence, performance, and history of past psychiatric disorder impairment of functional capacity.
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Item SF 88	Types of examinations		Explanatory notes	Model entries
	A	B		
45 A B C D	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓	Identify tests used and record results. Items A and D are not routinely required for chargeable accessions; only if indicated.	
46	✓	✓	Note film size, number, date and place taken and findings. A report of chest X-ray accomplished within the preceding 12 months may, at the discretion of the examining physician, be accepted in lieu of a current chest X-ray. Note facility, place and date taken, film size, number, wet or dry reading and findings. Reading must be by radiologist, or internist experienced in radiology.	14 x 17 film no. 54321 Letterman General Hospital, San Francisco, Calif., 8 December 1964, dry reading, negative.
47	✓	✓	Kahn, Wasserman, VDRL, or cardiolipin microflocculation tests recorded as negative or positive. On positive reports note date, place and titre.	Cardiolipin. Microflocculation. Negative.
48	(*)	✓	*Required for retirement or if age 40 or over; also if indicated. Representative samples of all leads (including precordial leads) properly mounted and identified on Standard Form 520 (EKG report) will be attached to the original of SF 88. Standard Form 520 should be attached to all copies of SF 88. The interpretation of the EKG will be entered in item 48 (or 73 if necessary) on all copies of SF 88.	Normal. Abnormal—see attached report.
49				
50	(*)	(*)	*Only if indicated. Identify test(s) and record results.	
51	✓	✓	Record in inches to the nearest quarter inch, (without shoes).	71½.
52	✓	✓	Record in pounds to the nearest whole pound, (without clothing and shoes).	164.
53	✓	✓	Record as black, blond, brown, gray or red.	Brown.
54	✓	✓	Record as blue, brown, gray or green.	Blue.
55	✓	✓	Enter X in appropriate space. If obese, enter X in two spaces as appropriate. For definition of obesity see appendix I.	
56	(*)	✓	*Only if indicated. Record in degrees Fahrenheit to the nearest tenth.	98.6°.
57 A, B and C	(*)	✓	Record sitting blood pressure for all examinations. *Only if indicated by abnormal finding in A, i.e., if sitting blood pressure is 140/90 or more for individuals below age 35, or 150/90 for those age 35 and above. Any abnormal reading should be rechecked by recording blood pressure readings twice a day (morning and afternoon) for 3 consecutive days.	110/76.
58 A	✓	✓	Record for all examinees.	
B,C,D and E	(*)	✓	*Record only if indicated by abnormal findings in 58A, i.e., if A is 100 or more, or below 50. If either D or E is 100 or more, or less than 50, record pulse twice a day (morning and afternoon) for 3 days and enter in item 73. Also record average pulse in item 73.	
59	✓	✓	Record in terms of the English Snellen Linear System (20/20, 20/30, etc.) of the uncorrected vision of each eye. If uncorrected vision of either eye is less than 20/20, entry will be made of the corrected vision of each eye.	20/100 corr. to 20/20. 20/50 corr. to 20/20.

C 15, AR 40-501  
App IX

Item SF 88	Types of examinations		Explanatory notes	Model entries
	A	B		
60	(*)	✓	<p>*Refraction required for induction, enlistment and appointment if uncorrected vision is less than the minimum visual standards stated in paragraph 2-13a, or if deemed appropriate by the examiner regardless of visual acuity.</p> <p>Cycloplegic required for initial selection for service academies and preparatory schools, diving and Class I, IA and II flying—thereafter only if indicated.</p> <p>The word "manifest" or "cycloplegic", whichever is applicable, will be entered after "refraction".</p> <p>An emmetropic eye will be indicated by plano or 0. For corrective lens, record refractive value.</p>	<p>By -1.50 S +0.25 CX 05. By -1.50 S +0.25 CX 175.</p>
61	✓	✓	<p>Record results in terms of reduced Snellen. Whenever the uncorrected vision is less than normal (20/20) an entry will be made of the corrected vision for each eye and lens value after the word "by".</p>	<p>20/40 corr. to 20/20 by same. 20/40 corr. to 20/20 by +0.50.</p>
62	—	✓	<p>Identify the test used, i.e., either the Maddox Rod Test or the Armed Forces Vision Tester, and record results. Prism Div and PD not required. Not required for dependents.</p>	<p>Armed Forces Vision Tester. ES° 4 EX° 0 R.H. 0 L.H. 0 Prism Div. ___CT Ortho PC 35 PD___</p>
63	—	✓	<p>Record values without using the word "diopters" or symbols.</p>	<p>Right 10.0 Left 9.5.</p>
64	✓	✓	<p>Required only as initial test and subsequently only when indicated. Not required for dependents. Record results in terms of the test used, pass or fail, and number of plates missed over the number of plates in the test.</p> <p>If examinee fails Pseudoisochromatic Test, he will be tested for red/green color vision and results recorded as "passed" or "failed red/green."</p>	<p>Pseudoisochromatic Plate Set Fail 6/17 Passed red/green.</p>
65	—	✓	<p>Identify test used and record results for uncorrected and corrected. Enter dash in corrected space if applicable. Score is entered for Howard-Dolman; passes or fails is used for Verhoeff.</p>	<p>Howard-Dolman 25. Verhoeff passes.</p>
66	—	✓	<p>Identify test used and results. If a visual field defect is found or suspected in the confrontation test, a more exact perimetric is made using the perimeter and tangent screen. Findings are recorded on visual chart and described in item 73. Copy of chart must accompany original SF 88.</p>	<p>Confrontation test: Normal, full.</p>
67	—	(*)	<p>*Only if indicated by history, record results. If not indicated enter NIBH.</p>	<p>NIBH.</p>
68	—	✓	<p>Record test results and describe all abnormalities.</p>	<p>Normal.</p>
69	(*)	(*)	<p>*Only if indicated.</p> <p>Tonometry on all personnel age 40 and over.</p> <p>Record results numerically in millimeters of mercury of intraocular pressure. Describe any abnormalities; continue in item 73 if necessary.</p>	<p>Normal. O.D. 18.9. O.S. 17.3.</p>
70	—	—	<p>Not required. Enter dash in each space.</p>	
71	✓	✓	<p>Test and record results at 500, 1000, 2000, and 4000 cycles except for service academies for which 3000 and 6000 will also be tested and results recorded.</p>	

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b. *Malignant lymphomata.*

c. *Malignant tumor of any kind*, at any time, substantiated diagnosis of, even though sur-

gically removed, confirmed by accepted laboratory procedures, except as noted in paragraph 2-12a(6).

**Section XXI. VENEREAL DISEASES**

**2-42. Venereal Diseases**

In general the finding of acute, uncomplicated venereal disease which can be expected to respond to treatment is not a cause for medical rejection for military service. The causes for rejection for appointment, enlistment, and induction are—

a. *Chronic venereal disease* which has not satisfactorily responded to treatment. The finding of a positive serologic test for syphilis fol-

lowing the adequate treatment of syphilis is not in itself considered evidence of chronic venereal disease which has not responded to treatment (para 2-39f).

b. *Complications and permanent residuals of venereal disease* if progressive, of such nature as to interfere with the satisfactory performance of duty, or if subject to aggravation by military service.

c. *Neurosyphilis.* See paragraph 2-31c.

## CHAPTER 7

## MEDICAL FITNESS STANDARDS FOR MISCELLANEOUS PURPOSES

## (Short Title: MISCELLANEOUS MEDICAL FITNESS STANDARDS)

## Section I. GENERAL

## 7-1. Scope

This chapter sets forth medical conditions and physical defects which are causes for rejection for—

- a. Airborne training and duty, ranger training and duty, and special forces training and duty.
- b. Army service schools.
- c. Diving training and duty.

- d. Enlisted military occupational specialties.
- e. Geographical area assignments.
- f. Service academies other than the U.S. Military Academy.

## 7-2. Applicability

These standards apply to all applicants or individuals under consideration for selection or retention in these programs, assignments, or duties.

## Section II. MEDICAL FITNESS STANDARDS FOR AIRBORNE TRAINING AND DUTY, RANGER TRAINING AND DUTY, AND SPECIAL FORCES TRAINING AND DUTY

## 7-3. Medical Fitness Standards, for Initial Selection for Airborne Training, Ranger Training, and Special Forces Training

The causes of medical unfitness for initial selection for airborne training, ranger training, and special forces training are all the causes listed in chapter 2, plus all the causes listed in this section.

a. *Abdomen and gastrointestinal system.*

- (1) Paragraph 2-3.
- (2) Hernia of any variety.
- (3) Operation for relief of intestinal adhesions at any time.
- (4) Laparotomy within a 6-month period.
- (5) Chronic or recurrent gastrointestinal disorder.

b. *Blood and blood-forming tissue diseases.*

- (1) Paragraph 2-4.
- (2) Sickle cell trait or sickle cell disease.

c. *Dental.* Paragraph 2-5.d. *Ears and hearing.*

- (1) Paragraphs 2-6 and 2-7.
- (2) Radical mastoidectomy.
- (3) Any infectious process of the ear until completely healed.
- (4) Marked retraction of the tympanic membrane if mobility is limited or if associated with occlusion of the eustachian tube.

- (5) Recurrent or persistent tinnitus.
- (6) History of attacks of vertigo, with or without nausea, vomiting, deafness, or tinnitus.

e. *Endocrine and metabolic diseases.* Paragraph 2-8.f. *Extremities.*

- (1) Paragraphs 2-9, 2-10, and 2-11.
- (2) Less than full strength and range of motion of all joints.
- (3) Loss of any digit from either hand.
- (4) Deformity or pain from old fracture.
- (5) Instability of any degree of major joints.
- (6) Poor grasping power in either hand.
- (7) Locking of a knee joint at any time.
- (8) Pain in a weight bearing joint.

★g. *Eyes and vision.*

- (1) Paragraphs 2-12 and 2-13 with exceptions noted below.
- (2) Distant visual acuity.
  - (a) *Airborne training.* Uncorrected less than 20/200 in each eye not correctable to 20/20 in each eye.
  - (b) *Ranger training.* Uncorrected less than 20/200 in each eye not correctable to 20/20 in each eye.
  - (c) *Special forces training.* Uncorrected

less than 20/200 in each eye or not correctable to 20/20 in each eye.

- ★(3) *Color vision.* Failure to identify red and/or green as projected by the Ophthalmological Projector (Federal Stock No. 6515-388-3600) or Armed Forces Vision Tester (Federal Stock No. 6515-299-8084) equipped with Bausch and Lomb Orthorater, Slide No. 71-21-21. (No requirement for ranger training.)

*h. Genitourinary system.* Paragraphs 2-14 and 2-15.

*i. Head and neck.*

- (1) Paragraphs 2-16 and 2-17.
- (2) Loss of bony substance of the skull.
- (3) Persistent neuralgia; tic douloureux; facial paralysis.
- (4) A history of subarachnoid hemorrhage.

*j. Heart and vascular system.* Paragraphs 2-18, 2-19, and 2-20.

*k. Height.* No special requirement.

*l. Weight.* No special requirement.

*m. Body build.* Paragraph 2-23.

*n. Lungs and chest wall.*

- (1) Paragraphs 2-24, 2-25, and 2-26.
- (2) Spontaneous pneumothorax except a single instance of spontaneous pneumothorax if clinical evaluation shows complete recovery with full expansion of the lung, normal pulmonary function, and no additional lung pathology or other contraindication to flying if discovered and the incident of spontaneous pneumothorax has not occurred within the preceding 3 months.

*o. Mouth, nose, pharynx, larynx, trachea, and esophagus.* Paragraphs 2-27, 2-28, 2-29, and 2-30.

*p. Neurological disorders.*

- (1) Paragraph 2-31.
- (2) Active disease of the nervous system of any type.
- (3) Cranio cerebral injury (para. 4-23a(7)).

*q. Psychoses, psychoneuroses, and personality disorders.*

- (1) Paragraphs 2-32, 2-33, and 2-34.
- (2) Evidence of excessive anxiety, tenseness, or emotional instability.

(3) Fear of flying as a manifestation of psychiatric illness.

(4) Abnormal emotional responses to situations of stress (both combat and noncombat) when in the opinion of the medical examiner such reactions will interfere with the efficient and safe performance of the individual's duties.

*r. Skin and cellular tissues.* Paragraph 2-35.

*s. Spine, scapulae, and sacroiliac joints.*

- (1) Paragraphs 2-36, 2-37, and *e* above.
- (2) Scoliosis: lateral deviation of tips of vertebral spinous processes more than one inch.
- (3) Spondylolysis, spondylolisthesis.
- (4) Healed fractures or dislocations of the vertebrae.
- (5) Lumbosacral or sacroiliac strain, or any history of a disabling episode of back pain, especially when associated with significant objective findings.

*t. Systemic diseases and miscellaneous conditions and defects.*

- (1) Paragraphs 2-38 and 2-39.
- (2) Chronic motion sickness.
- (3) Individuals who are under treatment with any of the mood-ameliorating, tranquilizing, or ataraxic drugs and for a period of 4 weeks after the drug has been discontinued.
- (4) Any severe illness, operation, injury, or defect of such a nature or of so recent occurrence as to constitute an undue hazard to the individual.

*u. Tumors and malignant diseases.* Paragraphs 2-40 and 2-41.

*v. Venereal diseases.* Paragraph 2-42.

#### 7-4. Medical Fitness Standards for Retention for Airborne Duty, Ranger Duty, and Special Forces Duty

Retention of an individual in airborne duty, ranger duty, and special forces duty will be based on—

*a.* His continued demonstrated ability to perform satisfactorily his duty as an airborne officer or enlisted man, ranger, or special forces member.

*b.* The effect upon the individual's health and well-being by remaining on airborne duty, in ranger duty, or in special forces duty.

### 7-15. Vision—Officer Assignment to Armor, Artillery, Infantry, Corps of Engineers, Signal Corps, and Military Police Corps

(See par. 2-13.)

*a.* Individuals being considered for officer assignment to Armor, Artillery, Infantry, Corps of Engineers, Signal Corps, or Military Police Corps who exceed the criteria listed below are administratively unacceptable for such assignment:

- (1) Distant visual acuity: 20/200 in each eye correctable to 20/20 in one eye and 20/40 in the other eye.
- (2) Refractive error:
  - (a) Hyperopia: 5.00 diopters.
  - (b) Myopia: 3.00 diopters.

*b.* Individuals who have been designated as Distinguished Military Graduates of the Army ROTC accepting Regular Army commissions or who are graduates of the U.S. Military Academy will automatically be considered for administrative waiver by Headquarters, Department of the Army during the processing of their cases for assignment to Armor, Artillery, Infantry, Corps of Engineers, Signal Corps, or Military Police Corps, if they meet the following:

- (1) Distant visual acuity: Any degree of uncorrected visual acuity which corrects to 20/20 in both eyes.
- (2) Refractive error:
  - (a) Hyperopia: 5.50 diopters.
  - (b) Myopia: 5.50 diopters.
  - (c) Astigmatism: 3.00 diopters.
  - (d) Anisometropia: 3.50 diopters.

### 7-16. Weight—Enlistment in WAC for Student Nurse Program and Student Dietician Program and Appointment Therefrom

Medical Fitness Standards for Initial Selection as Members of the Women's Army Corps for Training under the Army Student Nurse and the Army Student Dietician Programs; and the Commissioning from these Programs.

The medical fitness standards for initial selection as members of the Women's Army Corps for Training under the Army Student Nurse and the Army Student Dietician Programs, and for commissioning from these programs are set forth in chapter 2 except that the maximum weight standards set forth in table II, appendix III may be exceeded by 10 percent.

## Section IX. MEDICAL FITNESS STANDARDS FOR TRAINING AND DUTY AS NUCLEAR POWERPLANT OPERATORS AND/OR OFFICER-IN-CHARGE (OIC) NUCLEAR POWERPLANT (Ref. TB MED 267)

### 7-17. Medical Fitness Standards for Training and Duty at Nuclear Powerplants

The causes for medical unfitness for initial selection, training, and duty as Nuclear Powerplant Operators and/or Officer-in-Charge (OIC) Nuclear Powerplants are all the causes listed in chapter 2 plus the following:

- a.* Paragraph 7-9 *c* and *d*.
- b.* Inability to distinguish and identify without confusion the color of an object, substance, material, or light that is uniformly colored a vivid red or a vivid green.
- c.* Familial history of any of the following (refer to TB MED 267):
  - (1) Congenital malformations.
  - (2) Leukemia.
  - (3) Blood clotting disorders.
  - (4) Mental retardation.

- (5) Cancer.
- (6) Cataracts (early).
- d.* Abnormal results from the following studies which will be accomplished (see TB MED 267):
  - (1) White cell count (with differential).
  - (2) Hematocrit.
  - (3) Hemoglobin.
  - (4) Red cell morphology.
  - (5) Sickle cell preparation (for individuals of susceptible groups).
  - (6) Platelet count.
  - (7) Fasting blood sugar.
- e.* Presence or history of psychiatric illness requiring hospitalization or extensive treatment, or personality disorders including alcoholism, where either, in the opinion of the examining officer, would make assignment at this specialty inadvisable.

on the form be answered spontaneously by the examinee. Completeness of all answers and comments is essential to the usefulness and value of the form. The information entered on this form is considered confidential and will not be released to unauthorized sources. The examinee should be apprised of the confidential nature of his entries and comments. Trained enlisted medical service personnel and qualified civilians may be used to instruct and assist examinees in the preparation of the report but will make no entries on the form other than the information required in items 6 (date of examination) and 15 (examining facility or examiner, and address). Any help given the examinee will be only as an aid in his understanding of the questions, not as suggested answers. A Spanish version (*Historia Medica*) is available for use by Spanish speaking examinees. Standard Form 89 will normally be prepared in an original and one copy. Interleaved carbon paper may be used if forms are carefully aligned and the carbon copy is legible. The form will be prepared in all instances indicated in paragraph 10-16 and whenever (1) required by some other directive, (2) considered desirable by the examining physician, or (3) directed by Headquarters, Department of the Army.

*b. Identification and Administrative Data.* Items 1 through 16 will be completed as prescribed in paragraph 10-14e and appendix IX.

*c. Medical History and Health Data.*

- (1) *Item 17.* A brief statement by the examinee expressing his opinion of his present state of health. If unsatisfactory health is indicated in generalized terms such as "fair" or "poor", the examinee will elaborate briefly to include pertinent information on his past medical history.
- (2) *Items 18 and 19.* A medical history of the examinee's family is entered to facilitate identification and evaluation of any familial, hereditary, or environmental conditions which may affect the examinee's current or future health.

(3) Examinee's medical history: This includes items 20-39.

- (a) Items 20 and 21 provide a means of determining the examinee's state of health, past and present, and possibly identifying medical conditions which should be evaluated in the course of the medical examination. The examinee will complete all items by checking "yes" or "no" for each.
- (b) Item 22A and B will be completed by all female examinees.
- (c) Items 23, 24, 25, and 26 will be completed by each examinee. Students who have not had full-time employment will enter the word "student" in item 25. Members of the Active Army who had no full-time employment prior to military service will enter "soldier" or "Army officer," as appropriate in item 25.
- (d) Items 27 through 38—these questions and the answers are concerned with certain other environmental and medical conditions which can contribute to the physician's evaluation of the examinee's present and future state of health. All answers checked "yes" will be fully explained by the examinee to include dates, locations, and circumstances. The examinee will sign the form in black or dark-blue ink.

*d. Physician's Summary and Elaboration of Examinee's Medical History.*

- (1) The physician will summarize and elaborate upon the examinee's medical history as revealed in items 17 through 38 and, in the case of military personnel, the examinee's Health Record, cross-referencing his comments by item number. All items checked in the affirmative will be clarified and the examiner will fully describe all abnormalities including those of a non-disqualifying nature. This information is needed to assist in evaluating

the examinee's background and to protect the individual and the Government in the event of future claims for disability or aggravation of disability.

- (2) If the examinee's answers reveal that he was previously rejected for military service (item 37) or was discharged for medical reasons (item 38), the exact reasons should be ascertained and recorded. Such examinee's, if found medically fit, will be considered of "doubtful acceptability" until such time as the cause for previous rejection or discharge has been thoroughly reviewed and evaluated (para 60b(5), AR 601-270). The same action is required in the case of an individual who checks "yes" for item 39.
- (3) Rubber stamps will not be used to elaborate nor will a facsimile stamp be used for signature. The typed or printed name of the physician and date will be entered in the designated blocks. The physician will sign in black or dark-blue ink.

### 10-16. Types of Medical Examinations

*a. General.* There are two general types of medical examination, Type A and Type B, which meet the requirements for evaluation of individuals for most purposes. The scope of each of these examinations is indicated in appendix IX. Additional examination to extend or complement a Type A or Type B medical examination is appropriate when indicated or directed to permit use of the examination for special purposes.

*b. Type A Medical Examination.* A type A medical examination is required to determine medical fitness of personnel under the circumstances enumerated below. Standard Form 89 (Report of Medical History) must be prepared in all cases except as indicated by an asterisk (\*).

- (1) Active duty.
- (2) Active duty for training for more than 30 days.
- (3) \*Airborne, ranger, and special forces.

- (4) Allied and foreign military personnel.
- (5) Appointment as a commissioned or warrant officer regardless of component.
- (6) \*Army service schools, except Army aviation and Marine diving.
- (7) Civilians, such as American Red Cross, Civil Service, FBI, etc.
- (8) Deserters who return to military control.
- (9) Enlistment (initial) and reenlistment if validity period of separation examination has expired.
- (10) \*General prisoners when prescribed.
- (11) Induction and preinduction pursuant to UMTS Act as amended.
- (12) \*Medical board processing except when done solely for profiling.
- (13) Military Advisory Assistance Group, Army Attaché, Military Mission assignment, and assignment to isolated areas where adequate U.S. military medical care is not readily available.
- (14) Mobilization of members of Army Reserve components.
- (15) Officer Candidate School.
- (16) \*Oversea duty when prescribed except as outlined under Type B medical examination.
- (17) Periodic for Army Reserve components.
- (18) \*Periodic for active duty members, other than Army aviation and diving.
- (19) Prisoners of war, when required, internees and repatriates.
- (20) ROTC: Enrollment in MST 5 and 6; USAR enlistment and enrollment in basic course (senior division) as participant in 4-year financial assistance program; USAR enlistment and enrollment in advance course (senior division) as participant in 2-year financial assistance program; USAR enlistment and enrollment in advanced course (senior division); applicant for membership in advanced course (senior division) upon arrival at basic field

should assist the physician by a frank and complete discussion of their past and present health, which, combined with appropriate medical examinations and clinical tests, will usually be adequate to determine any indicated measures or remedies. The purpose of the periodic medical examination is to assist in the maintenance of health.

- (2) Retired personnel are authorized, but not required, to undergo an annual medical examination. They will make advance arrangements with the medical examining station before reporting for such examination (DA Pam 608-2).
- (3) The periodic medical examination is not required for an individual who has undergone or is scheduled to undergo, within 1 year a medical examination, the scope of which is equal to or greater than that of the required periodic medical examination. DA Form 3081-R, Periodic Medical Examination (Statement of Exemption) will be prepared and submitted to unit commander for inclusion in DA Form 201 (Military Personnel Records Jacket, U.S. Army). DA Form 3081-R will be reproduced locally on 8- by 10½-inch paper in accordance with figure 10-1. The form number, title, and date will appear on each reproduced copy. The top margin of the form will be approximately ¾ inch to accommodate filing in DA Form 201 or DD Form 722 (Health Record), as appropriate.
- (4) The examining physician will thoroughly investigate the examinee's current medical status. When medical history, the examinee's complaints, or review of any available past medical records indicate significant findings; these findings will be described in detail, using SF 507 (Clinical Record—Report on— or Continuation of S.F.), if necessary. If, as a result of the personal discussion of health between the medical officer and the examinee,

it appears that there has been a change in the functional capacity of any component of the physical profile serial, the medical officer will recommend a change in the serial in accordance with chapter 9.

- (5) Members will be found qualified for retention on active duty if they meet the requirements of chapters 1 and 3 (chaps. 1, 3, and 8 in the case of medico-dental registrants). Special attention is directed to paragraphs 1-4 and 3-3 in this regard.
- (6) Members who appear to be medically unfit will be referred to a medical board (AR 40-3).
- (7) General considerations.
  - (a) All Report of Periodic Medical Examinations will be reviewed by the commanding officer of the medical examining facility or by a physician designated by him.
  - (b) Standard Form 88 that indicates a member has a remediable defect which interferes with his ability to perform duty will be retained by the examining facility until definite arrangements for correction or followup are made with the individual or the unit commander. Upon completion of arrangements for hospitalization or indicated treatment, a comment to that effect will be entered in item 75 and the Report of Periodic Medical Examination will be forwarded to the unit commander for action as prescribed in (c) below. The unit commander will then forward these reports to the custodian of the individual's health record for filing therein.
  - (c) When the SF 88 or DA Form 8-274 (Medical Condition—Physical Profile Record) reflects a change in the individual's physical profile serial or assignment limitations, or both, appropriate entries will be made on DA Form 20 (Enlisted Qualification Record) or DA Form 66 (Officers

Qualification Record). Reports of such changes will be made to Headquarters, Department of the Army, as required by pertinent personnel regulations.

- (8) The medical examination for general officers and full colonels should be performed on an individual appointment basis. The duplicate report (Standard Form 88) in the case of each general officer and full colonel will be forwarded to The Adjutant General, ATTN: AGPF-O, Department of the Army, Washington, D.C., 20310, for file in the individual's DA Form 201.
- (9) It is desirable that all women in the Army, enlisted and commissioned, be afforded the opportunity for periodic examination of the breasts and the female organs at 6- to 12-month intervals with a view to the detection of early malignancy or other abnormalities. This examination should be provided on an optional basis to the individual and should be conducted by a qualified specialist whenever possible. Arrangements for the periodic examination will be initiated by the local detachment commander with the commander of the medical treatment facility.

*b. Followup.*

- (1) A followup visit will be arranged for an individual on active duty whenever the periodic medical examination reveals that there are diagnostic tests which should be repeated or that additional tests should be conducted in order to complete the evaluation. Arrangements will be made for the treatment or correction of conditions or remedial defects affecting the continued satisfactory performance of military duty or adversely affecting the examinee's health and well-being.
- (2) A Reservist who is not on active duty will be scheduled for followup appointments and consultations for the

reasons stated in (1) above at Government expense when necessary to complete the examination. Treatment or correction of conditions or remediable defects discovered as a result of examination will be scheduled if authorized. If the individual is not authorized treatment, he will be advised to consult a private physician of his own choice at his own expense.

*c. Frequency.*

- (1) An individual, whether or not on active duty, who is qualified under one of the classes for flying or as a marine diver will undergo a medical examination during the month in which his birthday anniversary occurs. In order to adjust an examination from the anniversary of the month in which the individual qualifies for flying or diving to his "birthday month," re-examination will be accomplished in the first "birthday month" after 3 but not more than 15 months following qualification. A similar one-time adjustment will be made in the periodic examinations of all individuals presently qualified for flying or marine diving.
- (2) Other military personnel on active duty are required to undergo a periodic medical examination during the anniversary months of their birthday ages as follows: 18, 21, 24, 27, 30, 32, 34, 36, 38, 40 and annually thereafter.
- (3) All members of the Ready Reserve and ARNGUS not on active duty—
  - (a) At least once every 4 years during the anniversary month of the examinee's last recorded medical examination. Major Army commanders and the Chief, National Guard Bureau, may, at their discretion, direct more frequent medical examinations in individual cases.
  - (b) Members of the Ready Reserve and ARNGUS not on active duty will accomplish a statement of medical fitness annually on reporting for ANACDUTRA. The statement used

s/s c 19

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## CHAPTER 3

# MEDICAL FITNESS STANDARD FOR RETENTION, PROMOTION AND SEPARATION INCLUDING RETIREMENT

(Short Title: RETENTION MEDICAL FITNESS STANDARDS)

### Section I. GENERAL

#### 3-1. Scope

This chapter sets forth the medical conditions and physical defects which, upon detection, make an individual medically unfit for further military service. This includes medical examinations accomplished at any time such as—

- a. Periodic.
- b. Promotion.
- c. Active duty, active duty for training, inactive duty training, and mobilization of units and members of the Reserve Components of the Army.
- d. Reenlistment within 90 days of separation.
- e. Separation including retirement.

#### 3-2. Applicability

★a. These standards apply to the following, regardless of grade, branch of service, MOS, age, length of service, component, or service connection:

- (1) All personnel on active duty including active duty for training.
- (2) Members of the Reserve Components not on active duty except Retired Reserve.
- (3) Personnel approved for continuous (waiver) under AR 616-41, AR 140-120, and NGR 27, except for medical conditions and physical defects for which continuance has been approved. These standards will apply upon termination (or withdrawal) of continuance under AR 616-41, AR 140-120, or NGR 27.
- (4) Members on TDRI.

b. These standards *do not apply* in the determination of an individual's medical fitness for Army Aviation, Airborne, Marine Diving, Ranger, or other assignments or duties having different medical fitness standards for retention therein.

#### 3-3. Evaluation of Physical Disabilities

a. An individual who was accepted for military service with a known defect which is disqualifying under these standards, or who has been continued under AR 616-41, AR 140-120, or NGR 27, will not be declared medically unfit under this regulation solely because of the defect, when it has remained essentially unchanged and has not interfered with his successful performance of duty, until his separation or retirement is authorized or required for some other reason.

b. These standards take into consideration the individual's medical fitness to perform satisfactory military duty; the nature, degree, and prognosis of the condition or defect; and the effect of continued service in the military environment upon the health of the individual. Most members possess some physical imperfections which, although ratable in the Veterans Administration Schedule for Rating Disabilities, do not, per se, preclude the individual's satisfactory performance of military duties. The presence of physical imperfections whether or not they are ratable, should routinely be made a matter of record whenever discovered.

a. Lack of motivation for service should not influence the medical examiner in evaluating disabilities under these standards. Poorly motivated individuals who are medically fit for duty will be recommended for administrative disposition.

#### 3-4. Disposition of Members Who Are Medically Unfit Under These Standards

a. Members on active duty or active duty for training, who are medically unfit under these standards, will be processed for physical disability separation or retirement in accordance with the procedures contained in AR 40-3 and AR 635-40-series for the purpose of determining their eligi-

bility for physical disability benefits under title 10, United States Code, chapter 61, or for continuance as indicated below. When the standards prescribed for mobilization in chapter 6 are in effect, or as directed by the Secretary of the Army, individuals who are medically unfit under these standards but who are medically fit under mobilization medical fitness standards will be continued on active duty and their disability separation processing deferred for the duration of the mobilization or as directed by the Secretary of the Army. Those who are medically unfit under mobilization medical fitness standards will be processed for disability separation or retirement.

*b.* Members on *active duty* who do not meet retention medical fitness standards will be advised of their eligibility to apply for continuance as provided in paragraph 62, AR 40-3, and AR 616-41. Any member, regardless of length of service, may be recommended for continuance by a medical board if he meets requirements of the cited regulations. Members having between 18 and

20 years of service will not be processed for physical disability separation or retirement if they request continuance on active duty, without referral to Headquarters, Department of the Army, for consideration as provided in AR 616-41.

*c.* Members *not on active duty* who are medically unfit under these standards will be administratively processed in accordance with AR 140-120, NGR 25-3, NGR 27, or NGR 62, as appropriate, for disability separation or continuance in Reserve component status as prescribed therein. Individuals who become medically unfit under these standards because of injury incurred during a period of active duty training of 30 days or less or inactive duty training will be processed as prescribed in AR 40-3.

*d.* Active duty personnel who are *administratively unfit* for retention will be processed in accordance with the procedures contained in appropriate administrative regulations such as AR 635-89, AR 635-105, AR 635-206, AR 635-208, and AR 635-209.

## Section II. ABDOMEN AND GASTROINTESTINAL SYSTEM

### 3-5. Abdominal and Gastrointestinal Defects and Diseases

The causes for medical unfitness for further military service are—

*a. Achalasia (Cardiospasm).* Dysphagia not controlled by dilatation, with continuous discomfort, or inability to maintain weight.

*b. Amebic abscess residuals.* Persistent abnormal liver function tests and failure to maintain weight and vigor after appropriate treatment.

*c. Biliary dyskinesia.* Frequent abdominal pain not relieved by simple medication, or with periodic jaundice.

*d. Cirrhosis of the liver.* Recurrent jaundice, ascites, or demonstrable esophageal varices or history of bleeding therefrom.

*e. Gastritis.* Severe, chronic hypertrophic gastritis with repeated symptomatology and hospitalization and confirmed by gastroscopic examination.

*f. Hepatitis, chronic.* When, after a reasonable time (1 to 2 years) following the acute stage,

symptoms persist, and there is objective evidence of impairment of liver function.

#### *g. Hernia.*

(1) *Hiatus hernia.* Severe symptoms not relieved by dietary or medical therapy or recurrent bleeding in spite of prescribed treatment.

(2) *Other.* If operative repair is contraindicated for medical reasons or when not amenable to surgical repair.

#### *h. Ileitis, regional.*

*i. Pancreatitis, chronic.* Frequent abdominal pain of a severe nature; steatorrhea or disturbance of glucose metabolism requiring insulin.

*j. Peritoneal adhesions.* Recurring episodes of intestinal obstruction characterized by abdominal colicky pain, vomiting, and intractable constipation requiring frequent admissions to the hospital.

*k. Proctitis, chronic.* Moderate to severe symptoms of bleeding, painful defecation, tenesmus and diarrhea with repeated admissions to the hospital.

*l. Ulcer, peptic, duodenal and gastric.* Repeated hospitalization or repeated "sick in quarters" because of excessive recurrence of symptoms (pain, vomiting, or bleeding), in spite of good medical management and supported by laboratory and X-ray evidence of activity.

*m. Ulcerative colitis.* Except when responding well to treatment.

*n. Rectum, stricture of.* Severe symptoms of obstruction characterized by intractable constipation, pain or defecation, difficult bowel movements requiring the regular use of laxatives or enemas, or requiring repeated hospitalization.

### 3-6. Gastrointestinal and Abdominal Surgery

The causes of medical unfitness for further military service are—

*a. Colectomy, partial,* when more than mild symptoms of diarrhea remain or if complicated by colostomy.

*b. Colostomy.* Per se, when permanent.

*c. Enterostomy,* if permanent.

*d. Gastrectomy, total per se.* Gastrectomy, subtotal with or without vagotomy; gastrojejunostomy with or without vagotomy; when, in spite of good medical management, the individual develops "dumping syndrome" persisting 6 months postoperatively; or frequent episodes of epigastric distress with characteristic circulatory symptoms or diarrhea persisting more than 6 months postoperatively; or continues to demonstrate appreciable weight loss more than 6 months postoperatively.

*e. Gastrostomy,* permanent.

*f. Ileostomy,* permanent.

*g. Pancreatectomy.*

*h. Pancreaticoduodenostomy and Pancreaticogastronomy.* More than mild symptoms of digestive disturbance or requiring insulin.

*i. Pancreaticojejunostomy.* If for cancer in the pancreas or, if more than mild symptoms of digestive disturbance and requiring insulin.

*j. Proctectomy.*

*k. Protopexy, protoplasty, proctorrhaphy, and proctotomy.* If fecal incontinence remains after an appropriate treatment period.

## Section III. BLOOD AND BLOOD-FORMING TISSUE DISEASES

### 3-7. Blood and Blood-Forming Tissue Diseases

Any of the following make the individuals medically unfit for further military service when response to therapy is unsatisfactory, or when therapy is such as to require prolonged intensive medical supervision. See also paragraph 3-41.

*a. Anemia.*

*b. Hemolytic crisis,* chronic and symptomatic.

*c. Leukopenia,* chronic and not responsive to therapy.

*d. Polycythemia.*

*e. Purpura and other bleeding diseases.*

*f. Thromboembolic disease.*

*g. Splenomegaly,* chronic and not responsive to therapy.

## Section IV. DENTAL

### 3-8. Dental Diseases and Abnormalities

Diseases or abnormalities of the jaws or associated tissues render an individual medi-

cally unfit when permanently incapacitating or interfering with the individual's satisfactory performance of military duty.

## Section V. EARS AND HEARING

### 3-9. Ears

The causes of medical unfitness for further military services are—

*a. Infections of the external auditory canal.* Chronic and severe, resulting in thickening and excoriation of the canal or chronic secondary infection requiring frequent and prolonged medical treatment and hospitalization.

*b. Malfunction of the acoustic nerve.* Functional impairment of hearing at levels indicated in paragraph 3-10.

*c. Mastoiditis, chronic,* following mastoidectomy. Constant drainage from the mastoid cavity which is resistant to treatment, requiring frequent and prolonged medical care or hospitalization, and hearing level in the better ear of 30 decibels or more.

*d. Meniere's syndrome.* Recurring attacks of sufficient frequency and severity as to interfere with the performance of military duty; requiring hospitalization and documented by the presence of objective findings of vestibular disturbance, not adequately controlled by treatment.

*e. Otitis media.* Moderate, chronic, suppurative, resistant to treatment, and necessitating frequent hospitalization.

*f. Perforation of the tympanic membrane,* per se, is not considered to render an individual medically unfit.

### ★3-10. Hearing

*a. Individuals on active duty* who have an average hearing level in the better ear of 30

decibels or more, in the speech range, will be processed as outlined in section XI, AR 40-3, for further medical evaluation and disposition.

*b. Individuals on active duty* are medically unfit for further military service whenever their uncorrected hearing in the better ear is 30 decibels or more in the speech range, unless their hearing can be improved with a hearing aid to a level of 20 decibels or less in the speech range. Processing for separation from active duty of individuals who are determined by audiometric testing to have uncorrected hearing in the better ear of 30 decibels or more in the speech range will be accomplished as set forth in section XI, AR 40-3, within 90 days of anticipated separation from active duty. No determination of medical unfitness for hearing loss of individuals on active duty will be made without the application of section XI, AR 40-3.

- (1) Members of the Reserve Components not on active duty, will be found unfit whenever it is determined that their hearing in the speech range is 30 decibels or more in the better ear, unless they offer acceptable documentary proof that their hearing is correctable to 20 decibels in the speech range.
- (2) Individuals not on active duty whose hearing loss is the result of injury or disease incurred in line of duty will be evaluated and processed as indicated in *b* above.

## Section VI. ENDOCRINE AND METABOLIC DISORDERS

### 3-11. Endocrine and Metabolic Disorders

The causes of medical unfitness for further military service are—

*a. Acromegaly.* With severe function impairment.

*b. Adrenal hyperfunction.* Which does not respond to therapy satisfactorily or where replacement therapy presents serious problems in management.

*c. Diabetes insipidus.* Unless mild and patient shows good response to treatment.

*d. Diabetes mellitus.* When proven to require hypoglycemic drugs in addition to restrictive diet for control.

*e. Goiter.* With symptoms of obstruction to breathing with increased activity, unless correctable.

*f. Gout.* Advanced cases with frequent acute exacerbations and severe bone, joint, or kidney damage.

*g. Hyperinsulinism.* When caused by a malignant tumor or when the condition is not readily controlled.

- (3) Individuals who refuse necessary treatment will be considered medically unfit only if their condition precludes satisfactory performance of a military duty.

d. *Joint ranges of motion* which do not equal or exceed the measurements listed below (app. IV). Range of motion limitations temporarily not meeting these standards because of disease or remedial conditions do not make the individual medically unfit.

(1) *Hip.*

- (a) Flexion to 90°.  
(b) Extension to 0°.

(2) *Knee.*

- (a) Extension to 15°.  
(b) Flexion to 90°.

(3) *Ankle.*

- (a) Dorsiflexion to 10°.  
(b) Plantar Flexion to 10°.

e. *Shortening of an extremity* which exceeds 2 inches.

### 3-14. Miscellaneous

(See also pars. 3-12 and 3-13.)

The causes of medical unfitness for further military service are—

a. *Arthritis.*

- (1) *Arthritis due to infection* (not including arthritis due to gonococcal infection or tuberculous arthritis for which see pars. 3-38h and 3-43). Associated with persistent pain and marked loss of function, with objective X-ray evidence, and documented history of recurrent incapacity for prolonged periods.
- (2) *Arthritis due to trauma.* When surgical treatment fails or is contraindicated and there is functional impairment of the involved joints so as to preclude the satisfactory performance of duty.
- (3) *Osteoarthritis.* Severe symptoms associated with impairment of function, supported by X-ray evidence and documented history of recurrent incapacity for prolonged periods.
- (4) *Rheumatoid arthritis or rheumatoid myositis.* Substantiated history of frequent incapacitating episodes and cur-

rently supported by objective and subjective findings.

b. *Bursitis, per se, does not* render the individual medically unfit.

c. *Calcification of cartilage does not, per se,* render the individual medically unfit.

d. *Chondromalacia.* Severe, manifested by frequent joint effusion, more than moderate interference with function or with severe residuals from surgery.

e. *Fractures.*

- (1) *Malunion of fractures.* When after appropriate treatment, there is more than moderate malunion with marked deformity and more than moderate loss of function.
- (2) *Nonunion of fracture.* When after an appropriate healing period the nonunion precludes satisfactory performance of duty.
- (3) *Bone fusion defect.* When manifested by more than moderate pain and loss of function.
- (4) *Callus, excessive, following fracture.* When it interferes with function and has not responded to treatment and observation for an adequate period of time.

f. *Joints.*

- (1) *Arthroplasty.* Severe pain, limitation of motion, and of function.
- (2) *Bony or fibrous ankylosis.* With severe pain involving major joints or spinal segments in unfavorable position, and with marked loss of function.
- (3) *Contracture of joint.* More than moderate, loss of function is severe and the condition is not remediable by surgery.
- (4) *Loose bodies within a joint.* Complicated by arthritis to such a degree as to preclude favorable results of treatment or not remediable and seriously interfering with function.

g. *Muscles.*

- (1) *Flaccid paralysis of one or more muscles.* More than moderate loss of function which precludes the satisfactory performance of duty following surgical correction or if not remediable by surgery.

- (2) *Spastic paralysis of one or more muscles:* More than moderate with pronounced loss of function which precludes the satisfactory performance of military duty.

(3) *Progressive muscular dystrophy.*

*h. Myotonia congenital.*

*i. Osteitis deformans (Paget's Disease).* Involvement in single or multiple bones with resultant deformities or symptoms severely interfering with function.

*j. Osteitis fibrosa cystica.* Per se, does not render medically unfit.

*k. Osteoarthropathy, hypertrophic, secondary.* Moderately severe to severe pain present, with joint effusion occurring intermittently in one or multiple joints and with at least moderate loss of function.

*l. Osteochondritis dissecans.* Per se, does not render medically unfit.

*m. Osteochondrosis.* Including metatarsalgia and Ösgood-Schlatter Disease, per se, does not render, the individual medically unfit.

*n. Osteomyelitis, chronic.* Recurrent episodes not responsive to treatment and involving the bone to a degree which interferes with stability and function.

*o. Tendon transplantation.* Fair or poor restoration of function with weakness which seriously interferes with the function of the affected part.

*p. Tenosynovitis.* Per se, does not render the individual medically unfit.

## Section VIII. EYES AND VISION

### 3-15. Eyes

The causes of medical unfitness for further military service are—

*a. Active eye disease or any progressive organic eye disease regardless of the stage of activity, resistant to treatment which affects the distant visual acuity or visual field of an eye to any degree when—*

- (1) The distant visual acuity in the unaffected eye cannot be corrected to 20/40 or better, or
- (2) The diameter of the visual field in the unaffected eye is less than 20°.

*b. Aphakia, bilateral.*

*c. Atrophy of optic nerve due to disease.*

*d. Chronic congestive (closed angle) glaucoma or chronic noncongestive (open angle) glaucoma if well established with demonstrable changes in the optic disc or visual fields.*

*e. Congenital and developmental defects do not per se, render the individual medically unfit.*

*f. Degenerations.* When visual loss exceeds the limits shown below or when vision is correctable only by the use of contact lenses, or other special corrective devices (telescopic lenses, etc.).

*g. Diseases and infections of the eye.* When chronic, more than mildly symptomatic, progres-

sive, and resistant to treatment after a reasonable period.

*h. Ocular manifestations of endocrine or metabolic disorders do not in themselves, render the individual medically unfit. However, the residuals or complications thereof or the underlying disease may render medically unfit.*

*i. Residuals or complications of injury to the eye which are progressive or which bring vision below the criteria in paragraph 3-16.*

*j. Retina, detachment of.*

(1) *Unilateral.*

- (a) When vision in the better eye cannot be corrected to at least 20/40,
- (b) When the visual field in the better eye is constricted to less than 20° in diameter,
- (c) When uncorrectable diplopia exists, or
- (d) When the detachment is the result of documented organic progressive disease or new growth, regardless of the condition of the better eye.

(2) *Bilateral.* Regardless of etiology or results of corrective surgery.

### 3-16. Vision

The causes of medical unfitness for further military service are—

*a. Aniseikonia.* Subjective eye discomfort, neurologic symptoms, sensations of motion sickness and other gastrointestinal disturbances, functional disturbances and difficulties in form sense, and not corrected by iseikonic lenses.

*b. Binocular diplopia.* Not correctable by surgery, and which is severe, constant, and in zone less than 20° from the primary position.

*c. Hemianopsia.* Of any type, if bilateral, permanent, and based on an organic defect. Those due to a functional neurosis and those due to transitory conditions, such as periodic migraine, are not considered to render an individual unfit.

*d. Loss of an eye.* (Rescinded).

*e. Night blindness.* Of such a degree that the individual requires assistance in any travel at night.

★*f. Visual acuity.*

(1) Visual acuity which cannot be corrected to at least 20/40 in the better eye, or

(2) When visual acuity in the poorer eye is reduced to light perception or less or the eye has been enucleated.

*g. Visual field.* Bilateral concentric constriction to less than 20°.

## Section IX. GENITOURINARY SYSTEM

### 3-17. Genitourinary System

(See also para 3-18.)

The causes of medical unfitness for further military service are—

*a. Albuminuria.* Per se, does not render the individual medically unfit.

*b. Cystitis.* Per se, does not render the individual medically unfit. However, the residual symptoms or complications may in themselves render medically unfit.

*c. Dysmenorrhea.* Symptomatic, irregular cycle, not amenable to treatment, and of such severity as to necessitate recurrent absences of more than 1 day.

*d. Endometriosis.* Symptomatic and incapacitating to a degree which necessitates recurrent absences of more than a day.

*e. Enuresis.* Per se does not render the individual medically unfit. Recommend administrative separation, if appropriate.

*f. Epididymitis.* Per se, does not render the individual medically unfit.

*g. Glycosuria.* Per se, does not render the individual medically unfit.

*h. Hypospadias.* Accompanied by evidence of chronic infection of the genitourinary tract or instances where the urine is voided in such a manner as to soil clothes or surroundings and the condition is not amenable to treatment.

*i. Incontinence of urine.* Due to disease or defect not amenable to treatment and of such severity as to necessitate recurrent absence from duty.

*j. Kidney.*

(1) Calculus in kidney: Bilateral symptomatic and not responsive to treatment.

(2) Bilateral congenital anomaly of the kidney resulting in frequent or recurrent infections, or when there is evidence of obstructive uropathy not responding to medical and/or surgical treatment.

(3) Cystic kidney (polycystic kidney): Symptomatic. Impaired renal function, or if the focus of frequent infections.

(4) Hydronephrosis: More than mild, bilateral, and causing continuous or frequent symptoms.

(5) Hypoplasia of the kidney: Symptomatic, and associated with elevated blood pressure or frequent infections and not controlled by surgery.

(6) Perirenal abscess residual(s) of a degree which interfere(s) with performance of duty.

(7) Pyelonephritis or pyelitis: Chronic, which has not responded to medical or surgical treatment, with evidence of hypertension, eye ground changes, or cardiac abnormalities.

(8) Pyonephrosis. Not responding to treatment.

(9) Nephrosis.

(10) Chronic glomerulonephritis.

(11) Chronic nephritis.

*k. Menopausal syndrome, either physiologic or artificial.* More than mild mental and constitutional symptoms.

*l. Menstrual cycle irregularities* including amenorrhea, menorrhagia, leukorrhea, metrorrhagia, etc., per se, do not render the individual medically unfit (*c* above).

*m. Pregnancy.* A confirmed diagnosis of pregnancy provides the basis for administrative separation in accordance with existing policies concerning pregnancy.

*n. Sterility.* Per se, does not render the individual medically unfit.

*o. Strictures of the urethra or ureter.* Severe and not amenable to treatment.

*p. Urethritis, chronic,* not responsive to treatment and necessitating frequent absences from duty.

*q. Urinary bladder calculus or diverticulum* does not render the individual medically unfit.

### 3-18. Genitourinary and Gynecological Surgery

The causes of medical unfitness for further military service are those listed below:

*a. Cystectomy.*

*b. Cystoplasty.* If reconstruction is unsatisfactory or if residual urine persists in excess of 50 cc or if refractory symptomatic infection persists.

*c. Hysterectomy,* per se, does not make the individual medically unfit; however, residual symptoms or complications may render the individual medically unfit.

*d. Nephrectomy.* Performed as a result of trauma, simple pyogenic infection, unilateral hydronephrosis, or nonfunctioning kidney when after the treatment period the remaining kidney still presents infection or pathology. Residuals of nephrectomy performed for polycystic disease, renal tuberculosis and malignant neoplasm of the kidney must be individually evaluated by a genitourinary consultant and the medical unfitness must be determined on the

basis of the concepts contained in paragraph 3-3.

*e. Nephrostomy.* If permanent drainage persists.

*f. Oophorectomy.* When following treatment and convalescent period there remain more than mild mental or constitutional symptoms.

*g. Pyelostomy.* If permanent drainage persists.

*h. Ureterocolostomy.*

*i. Ureterocystostomy.* When both ureters were noted to be markedly dilated with irreversible changes.

*j. Ureteroileostomy cutaneous.*

*k. Ureteroplasty.*

(1) When unilateral operative procedure is unsuccessful and nephrectomy is resorted to, and the remaining kidney is abnormal after an adequate period of treatment.

(2) When the obstructive condition is bilateral the residual obstruction or hydronephroses must be evaluated on an individual basis by a genitourinary consultant and medical fitness for further military service determined in accordance with the concepts in paragraph 3-3.

*l. Ureterosigmoidostomy.*

*m. Ureterostomy.* External or cutaneous.

*n. Urethroostomy.* Complete amputation of the penis or when a satisfactory urethra cannot be restored.

*o. Medical fitness for further military service following other genitourinary and gynecological surgery* will depend upon an individual evaluation of the etiology, complication, and residuals.

## Section X. HEAD AND NECK

### 3-19. Head

(See also para 3-30.)

*Plating of the skull,* loss of substance of the skull, and decompressions do not in themselves render the individual medically unfit. However, the residual neurologic signs and symptoms may render the individual medically unfit (para 3-310).

### 3-20. Neck

(See also para 3-11.)

The causes of medical unfitness for further military service are—

*a. Cervical ribs* per se, do not render the individual medically unfit.

*b. Torticollis (wry neck).* Severe fixed deformity with cervical scoliosis, flattening of the head and face, and loss of cervical mobility.

## Section XI. HEART AND VASCULAR SYSTEM

## 3-21. Heart

The cause of medical unfitness for further military service are—

★*a. Arteriosclerotic heart disease.* Associated with myocardial insufficiency (congestive heart failure), repeated anginal attacks, or objective evidence of myocardial infarction.

*b. Auricular fibrillation and auricular flutter.* Associated with organic heart disease, or if not adequately controlled by medication.

*c. Endocarditis.* Bacterial endocarditis resulting in myocardial insufficiency.

*d. Heart block.* Associated with other signs and symptoms of organic heart disease or syncope (Stokes-Adams).

*e. Myocarditis and degeneration of the myocardium.* Myocardial insufficiency at a functional level of Class IIC or worse, American Heart Association (app VII).

*f. Paroxysmal tachycardia, ventricular or atrial.* Associated with organic heart disease or if not adequately controlled by therapy.

*g. Pericarditis.*

(1) Chronic constrictive pericarditis unless successful remedial surgery has been performed.

(2) Chronic serous pericarditis.

*h. Rheumatic valvulitis.* Cardiac insufficiency at a functional capacity level of Class IIC or worse, American Heart Association (app VII). A diagnosis made during the initial period of service and/or enlistment and which is determined to be a residual of a condition that existed prior to service, will be determined unfitting regardless of the degree of severity.

*i. Ventricular premature contractions.* Frequent of continuous attacks, whether or not associated with organic heart disease, accompanied by discomfort or fear of such a degree as to interfere with the satisfactory performance of duties.

## 3-22. Vascular System

The causes of medical unfitness for further military service are—

*a. Arteriosclerosis obliterans* when any of the following conditions are present.

(1) Intermittent claudication of sufficient severity to produce discomfort and inability to complete a walk of 200 yards or less on level ground at 112 steps per minute without a rest, or

(2) Objective evidence of arterial disease with symptoms of claudication, ischemic rest pain or with gangrenous or ulcerative skin changes of a permanent degree in the distal extremity, or

(3) The demonstration of objective involvement of more than one organ system or anatomic region with symptoms of arterial insufficiency (the lower extremities for this purpose will be considered as one anatomic region).

(4) Correction by reconstructive vascular surgery.

*b. Conarctation of the aorta* and other significant congenital anomalies of the cardiovascular system unless satisfactorily treated by surgical correction.

*c. Aneurysm of aorta*, or corrective surgery therefor.

*d. Periarteritis nodosa*, with definite evidence of functional impairment.

*e. Chronic venous insufficiency (post-phlebotic syndrome).* When more than mild in degree and symptomatic despite elastic support.

*f. Raynaud's phenomena.* Manifested by trophic changes of the involved parts characterized by scarring of the skin, or ulceration.

*g. Thromboangiitis obliterans.* Intermittent claudication of sufficient severity to produce discomfort and inability to complete a walk of 200 yards or less on level ground at 112 steps per minute, or with other complications.

*h. Thrombophlebitis.* When supported by a history of repeated attacks requiring treatment of such frequency as to interfere with the satisfactory performance of duty.

*i. Varicose veins.* Severe in degree and symptomatic despite therapy.

### 3-23. Miscellaneous

The causes of medical unfitness for further military service are—

#### a. Aneurysms.

- (1) Acquired arteriovenous aneurysm when more than minimal vascular symptoms remain following remedial treatment or if associated with cardiac involvement.
- (2) Other aneurysms of the arteries will be individually evaluated based upon the vessel involved and the residuals remaining after appropriate treatment.

*Note.* When the remedial or appropriate treatment involves reconstructive vascular surgery, the member will be considered unfit.

b. *Erythromelalgia.* Persistent burning pain in the soles or palms not relieved by treatment.

c. *Hypertensive cardiovascular disease and hypertensive vascular disease.*

- (1) Diastolic pressure of over 110 mm of mercury following an adequate period

of oral therapy while on an ambulatory status.

- (2) Any documented history of hypertension regardless of the pressure values if associated with one or more of the following:
  - (a) More than minimal changes in the brain.
  - (b) Heart disease.
  - (c) Kidney involvement, with moderate impairment of renal function.
  - (d) Grade III (Keith-Wagner-Barker) changes in the fundi.

d. *Rheumatic fever, active, with or without heart damage.* Recurrent attacks.

e. *Residuals of surgery of the heart, pericardium, or vascular system resulting in inability of the individual to perform duties without discomfort or dyspnea.* When the surgery involves insertion of a pacemaker, reconstructive vascular surgery, or similar newly developed techniques or prostheses, the individual will be considered unfit.

## Section XII. HEIGHT, WEIGHT, AND BODY BUILD

### 3-24. Height

*Under-height or over-height.* Per se, does not render the individual medically unfit.

### 3-25. Weight

*Over-weight or under-weight.* Per se, does not render the individual medically unfit. However, the etiological factor may in itself render the individual medically unfit.

### 3-26. Body Build

a. *Obesity.* Per se, does not render the individual medically unfit. However, the etiological factor in itself may render the individual medically unfit.

b. *Deficient muscular development* which is the result of injury or illness does not in itself render the individual medically unfit. However, as a residual or complication of injury or illness, it may contribute to overall medical unfitness.

## Section XIII. LUNGS AND CHEST WALL

### 3-27. Tuberculous Lesions

(See also para 3-28.)

The causes of medical unfitness for further military service are—

a. *Pulmonary tuberculosis except as stated below.*

- (1) Individuals on active duty will be held for definitive treatment when—

(a) The disease is service incurred.

(b) The individual's return to useful duty can be expected within 12 to 15 months, inclusive of a period of inactivity of 1 to 6 months or more. See TB Med 236.

- (2) Members of the U.S. Army Reserve not on active duty will be found fit for

retention in this status, not subject to call to active duty for training, inactive duty training, or mobilization for a period not to exceed 12 to 15 months, when the individual will be capable of performing full-time useful military duty within 12 to 15 months with appropriate treatment inclusive of a period of inactivity of 6 months or more. See TB Med 236.

- (3) Members of the ARNG, not on active duty, will be separated from the ARNG in accordance with the provisions of NGR 20-4 (officers) and NGR 25-3 (enlisted). However, such members will be permitted to reenlist or be reappointed in the ARNG under the standards in this chapter following the 12- to 15-month period described in (2) above.

*b. Tuberculous empyema.*

*c. Tuberculous pleurisy.* Same as pulmonary tuberculosis (*a* above).

### 3-28. Nontuberculous Lesions

The causes of medical unfitness for further military service are—

★*a. Bronchial asthma.* Associated with emphysema of sufficient degree to interfere with performance of duty, or with frequent attacks controlled only by continuous corticosteroid therapy, or with frequent attacks which are not controlled by other oral medication.

*b. Atelectasis or massive collapse of the lung.* Moderately symptomatic with paroxysmal cough at frequent intervals throughout the day or moderate emphysema, or residuals or complications which require repeated hospitalization.

*c. Bronchiectasis and bronchiolectasis.* Cylindrical or sacular type which is moderately symptomatic, with paroxysmal cough at frequent intervals throughout the day or moderate emphysema with moderate amount of bronchiectatic sputum or recurrent pneumonia, or residuals or complications which require repeated hospitalization.

*d. Bronchitis.* Chronic, severe, persistent cough, considerable expectoration, moderate

emphysema or dyspnea at rest or on slight exertion, or residuals or complications which require repeated hospitalization.

*e. Cystic disease of the lung, congenital.* Involving more than one lobe in a lung.

*f. Diaphragm, congenital defect.* Symptomatic.

*g. Hemopneumothorax, hemothorax and pyopneumothorax.* More than moderate pleuritic residuals with persistent underweight, marked restriction of respiratory excursions and chest deformity, or marked weakness and fatigability on slight exertion.

*h. Histoplasmosis.* Chronic disease not responding to treatment.

*i. Pleurisy, chronic, or pleural adhesions.* Severe dyspnea or pain on mild exertion associated with definite evidence of pleural adhesions and demonstrable moderate reduction of pulmonary function.

*j. Pneumothorax, spontaneous.* Repeated episodes of pneumothorax not correctable by surgery.

*k. Pulmonary calcification.* Multiple calcifications associated with significant respiratory embarrassment or active disease not responsive to treatment.

*l. Pulmonary emphysema.* Marked emphysema with dyspnea on mild exertion and demonstrable moderate reduction in pulmonary function.

*m. Pulmonary fibrosis.* Linear fibrosis or fibrocalcific residuals of such a degree as to cause dyspnea on mild exertion and demonstrable moderate reduction in pulmonary function.

*n. Pneumoconiosis.* Severe, with dyspnea on mild exertion.

*o. Pulmonary sarcoidosis.* If not responding to therapy and complicated by demonstrable moderate to severe reduction in pulmonary function.

*p. Stenosis, bronchus.* Severe stenosis associated with repeated attacks of bronchopulmonary infections requiring hospitalization of such frequency as to interfere with the satisfactory performance of duty.

*q. Stenosis, trachea.*

**3-29. Surgery of the Lungs and Chest**

The cause of medical unfitness for further military service is—

*Lobectomy.* Of more than one lobe or if pulmonary function is seriously impaired.

**Section XIV. MOUTH, NOSE, PHARYNX, TRACHEA, ESOPHAGUS, AND LARYNX****3-30. Mouth, Nose, Pharynx, Trachea, Esophagus, and Larynx**

The causes of medical unfitness for further military service are—

*a. Esophagus.*

(1) Achalasia unless controlled by medical therapy.

(2) Esophagitis, severe.

(3) Diverticulum of the esophagus of such a degree as to cause frequent regurgitation, obstruction, and weight loss, which does not respond to treatment.

(4) Stricture of the esophagus of such a degree as to almost restrict diet to liquids,

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require frequent dilatation and hospitalization, and cause the individual to have difficulty in maintaining weight and nutrition, when the condition does not respond to treatment.

*b. Larynx.*

- (1) Paralysis of the larynx characterized by bilateral vocal cord paralysis seriously interfering with speech and adequate airway.
- (2) Stenosis of the larynx of a degree caus-

ing respiratory embarrassment upon more than minimal exertion.

*c. Obstructive edema of glottis.* If chronic, not amenable to treatment and requiring tracheotomy.

*d. Rhinitis.* Atrophic rhinitis characterized by bilateral atrophy of nasal mucous membrane with severe crusting, concomitant severe headaches, and foul fetid odor.

*e. Sinusitis.* Severe, chronic sinusitis which is suppurative, complicated by polyps, and which does not respond to treatment.

### Section XV. NEUROLOGICAL DISORDERS

#### 3-31. Neurological Disorders

The causes of medical unfitness for further military service are—

- a. Amyotrophic sclerosis, lateral.*
- b. Atrophy, muscular, myelopathic* (including poliomyelitis, severe residuals).
- c. Atrophy, muscular, progressive.*
- d. Chorea, chronic progressive.*
- e. Convulsive disorders* (except those caused by and exclusively incident to the use of alcohol). When seizures are not adequately controlled (complete freedom from seizure of any type) by standard drugs which are relatively nontoxic and which do not require frequent clinical and laboratory checks:
  - f. Friedreich's ataxia.*
  - g. Hepatolenticular degeneration.*
  - h. Migraine.* Cause unknown, when manifested by frequent incapacitating attacks occurring or lasting for several consecutive days and unrelied by treatment.
  - i. Multiple sclerosis.*
  - j. Myelopathy, transverse.*

*k. Narcolepsy:* When attacks are not controlled by medication.

*l. Paralysis agitans.*

*m. Peripheral nerve condition.*

- (1) *Neuralgia.* When symptoms are severe, persistent, and not responsive to treatment.
- (2) *Neuritis.* When manifested by more than moderate permanent functional impairment:
- (3) *Paralysis due to peripheral nerve injury.* When manifested by more than moderate permanent functional impairment.

*n. Syringomyelia.*

*o. General.* Any other neurological condition, regardless of etiology, when after adequate treatment there remain residuals, such as persistent and severe headaches, convulsions not controlled by medication, weakness or paralysis of important muscle groups, deformity, incoordination, pain or sensory disturbance, disturbance of consciousness, speech or mental defects, and personality changes of such a degree as to definitely interfere with the satisfactory performance of duty.

### Section XVI. PSYCHOSES, PSYCHONEUROSES, AND PERSONALITY DISORDERS

#### 3-32. Psychoses

The causes of medical unfitness for further military service are—

*Psychosis.* Recurrent psychotic episodes, existing symptoms or residuals thereof, or a recent history of psychotic reaction sufficient to interfere with performance of duty or social adjustment.

#### 3-33. Psychoneuroses

The causes of medical unfitness for further military service are—

*Psychoneurosis.* Persistence or severity of symptoms sufficient to require frequent hospitalization, lack of improvement of symptoms by hospitalization and treatment, or the necessity for

duty assignments in a very protected environment. However, incapacitation because of neurosis must be distinguished from weakness of motivation or underlying personality disorder.

### 3-34. Personality Disorders

a. *Character and behavior disorders* are considered to render an individual administratively rather than medically unfit. When manifestations are so severe as to significantly interfere with the effective performance of duty, a recommendation for administrative separation through administrative channels is appropriate.

b. *Transient personality disruptions* of a non-psychotic nature and situational maladjustment

due to acute or special stress *do not* render the individual medically unfit.

c. *Sexual deviate*. Confirmation of abnormal sexual practices which are not a manifestation of psychiatric disease provides a basis for medical recommendation for administrative separation through administrative channels.

### 3-35. Disorders of Intelligence

Individuals determined to have primary mental deficiency or special learning defect of such degree as to interfere with the satisfactory performance of duty are administratively rather than medically unfit and should be recommended for administrative separation through administrative channels.

## Section XVII. SKIN AND CELLULAR TISSUES

### 3-36. Skin and Cellular Tissues

The causes of medical unfitness for further military service are—

a. *Acne*. Severe, unresponsive to treatment, interfering with the satisfactory performance of duty or the wearing of the uniform or other military equipment.

b. *Atopic dermatitis*. More than moderate or requiring periodic hospitalization.

c. *Amyloidosis*. Generalized.

d. *Cysts and tumors*. See paragraphs 3-40 and 3-41.

e. *Dermatitis herpetiformis*. When symptoms fail to respond to medication.

f. *Dermatomyositis*.

g. *Dermographism*. Interfering with the satisfactory performance of duty.

h. *Eczema, chronic*. Regardless of type, when there is more than minimal involvement and the condition is unresponsive to treatment and interferes with the satisfactory performance of duty.

i. *Elephantiasis or chronic lymphedema*. Not responsive to treatment.

j. *Epidermolysis bullosa*.

k. *Erythema multiforme*. More than moderate, chronic or recurrent.

l. *Exfoliative dermatitis*. Chronic.

m. *Fungus infections, superficial or systemic types*. If not responsive to therapy and interfering with the satisfactory performance of duty.

n. *Hidradenitis suppurative and folliculitis decalvans*.

o. *Hyperhidrosis*. Of the hands or feet when severe and complicated by a dermatitis or infection, either fungal or bacterial, not amenable to treatment.

p. *Leukemia cutis and mycosis fungoides*.

q. *Lichen planus*. Generalized and not responsive to treatment.

r. *Lupus erythematosus*. Chronic discoid variety with extensive involvement of the skin and mucous membranes and when the condition does not respond to treatment.

s. *Neurofibromatosis (Von Recklinghausen's Disease)*. If repulsive in appearance or when interfering with the satisfactory performance of duty.

t. *Panniculitis*. Relapsing, febrile, nodular.

u. *Parapsoriasis*. Extensive and not controllable by treatment.

v. *Pemphigus vulgaris, pemphigus foliaceus, pemphigus vegetans and pemphigus erythematosus*.

w. *Psoriasis*. Extensive and not controllable by treatment.

x. *Radiodermatitis*. If the site of malignant degeneration not amenable to reasonable treatment, or if symptomatic to a degree not amenable to treatment.

y. *Scars and keloids*. So extensive or adherent that they seriously interfere with function.

*z. Scleroderma.* Generalized or of the linear type which seriously interferes with the function of an extremity.

*aa. Tuberculosis of the skin.* See paragraph 3-38h(5).

*ab. Ulcers of the skin.* Not responsive to treatment after an appropriate period of time or if interfering with the satisfactory performance of duty.

*ac. Urticaria.* Chronic, severe, and not amenable to treatment.

*ad. Xanthoma.* Regardless of type, only when interfering with the satisfactory performance of duty.

*ae. Other skin disorders.* If chronic, or of a nature which requires frequent medical care or interferes with the satisfactory performance of military duty.

### Section XVIII. SPINE, SCAPULAE, RIBS, AND SACROILIAC JOINTS

#### 3-37. Spine, Scapulae, Ribs, and Sacroiliac Joints

( See also para 3-14.)

The causes of medical unfitness for further military service are—

*a. Congenital anomalies.*

(1) *Dislocation, congenital, of hip.*

(2) *Spina bifida.* Demonstrable signs and moderate symptoms of cord or root involvement.

★(3) *Spondylolysis or spondylolisthesis* with more than mild symptoms resulting in repeated outpatient visits, repeated hospitalization or significant assignment limitations.

(4) *Others.* Associated with muscular spasm, pain to the lower extremities,

postural deformities, and limitation of motion which have not been amenable to treatment or improved by assignment limitations.

*b. Coxa vara.* More than moderate with pain, deformity, and arthritic changes.

*c. Herniation of nucleus pulposus.* More than mild symptoms with sufficient objective findings, following appropriate treatment or remediable measures, of such a degree as to interfere with the satisfactory performance of duty.

*d. Kyphosis.* More than moderate, interfering with function, or causing unmilitary appearance.

*e. Scoliosis.* Severe deformity with over 2 inches deviation of tips of spinous processes from the midline.

### Section XIX. SYSTEMIC DISEASES, AND MISCELLANEOUS CONDITIONS AND DEFECTS

#### 3-38. Systemic Diseases

The causes of medical unfitness for further military service are—

*a. Blastomycosis.*

*b. Brucellosis.* Chronic with substantiated recurring febrile episodes, severe fatigability, lassitude, depression or general malaise.

*c. Leprosy* of any type.

*d. Lupus erythematosus disseminated, chronic.*

*e. Myasthenia gravis.*

*f. Porphyria cutanea tarda.*

*g. Sarcoidosis.* Progressive with severe or multiple organ involvement and not responsive to therapy.

*h. Tuberculosis.*

(1) Meningitis, tuberculous.

(2) Pulmonary tuberculosis, tuberculous empyema, and tuberculosis pleurisy. See paragraph 3-27.

(3) Tuberculosis of the male genitalia. Involvement of prostate or seminal vesicles and other instances not corrected by surgical excision or when residuals are more than minimal or are symptomatic.

(4) Tuberculosis of the larynx, female genitalia, and kidney.

(5) Tuberculosis of the lymph nodes, skin, bone, joints, intestines, eyes, and peritoneum or mesenteric glands will be evaluated on an individual basis considering the associated involvement, residuals and complications.

### 3-39. General and Miscellaneous Conditions and Defects

The causes of medical unfitness for further military service are—

*a. Allergic manifestations.*

- (1) *Allergic rhinitis.* See paragraphs 3-30d and e.
- (2) *Asthma.* See paragraph 3-28a.
- (3) *Allergic dermatoses.* See paragraph 3-36.
- (4) *Visceral, abdominal, or cerebral allergy.* Severe, or not responsive to therapy.

*b. Cold injury residuals (frostbite, chilblain, immersion foot, or trench foot).* With chronic objective and subjective findings, listed in TB MED 81 or loss of parts as outlined in paragraphs 3-12 and 3-13.

*c. Miscellaneous medical conditions and phys-*

ical defects not elsewhere provided for in this chapter, which—

- (1) Obviously precludes the individual's satisfactory performance of duty.
- (2) Would compromise the individual's health and well-being if he were to remain in the military service.
- (3) Would prejudice the interests of the Government if the individual were to remain in the military service.

*Questionable cases* not falling within the above may be referred to The Surgeon General for an opinion of medical fitness prior to Physical Evaluation Board processing.

*d.* Exceptionally, as regards members of National Guard and U.S. Army Reserve, not on active duty, medical conditions or physical defects of a progressive nature approaching the levels of severity described as unfitting in other parts of this chapter when unfitness within a short time may be reasonably expected.

## Section XX. TUMORS AND MALIGNANT DISEASES

### 3-40. Malignant Neoplasms

The causes of medical unfitness for further military service are—

*a.* Malignant growths when unresponsive to therapy, or when the residuals of remediable treatment are in themselves unfitting under other provisions of this chapter.

*b.* Malignant neoplasms in individuals on active duty when they are of such a nature as to preclude satisfactory performance of duty, and treatment is refused by the individual.

*c.* Presence of malignant neoplasms or reasonable suspicion thereof when an individual not on active duty is unwilling to undergo treatment or appropriate diagnostic procedures.

*d.* Malignant growths when on evaluation for separation from active duty, the observation period subsequent to treatment is deemed inadequate for disposition purposes as distinguished from clinical followup.

### 3-41. Neoplastic Conditions of Lymphoid and Blood-Forming Tissues

*Neoplastic conditions of the lymphoid and blood-forming tissues* are generally considered as rendering an individual medically unfit for further military duty.

### 3-42. Benign Neoplasms

*a. Benign tumors,* except as noted in *b* below, are not generally cause for medical unfitness because they are usually remediable. Individuals who refuse treatment will be considered medically unfit only if their condition precludes their satisfactory performance of military duty.

*b.* The following, upon the diagnosis thereof, are considered to render the individual unfit for further military service.

- (1) Ganglioneuroma.
- (2) Meningeal fibroblastoma, when the brain is involved.

## ★Section XXI. VENEREAL DISEASES

### 3-43. Venereal Diseases

The causes of medical unfitness for further military service are—

- a. Symptomatic neurosyphilis* in any form.
- b. Complications or residuals of venereal disease* of such chronicity or degree that the individual is incapable of performing useful duty.

s/s c 17

Oct 17, 1966

## CHAPTER 2

# MEDICAL FITNESS STANDARDS FOR APPOINTMENT, ENLISTMENT, AND INDUCTION (Short Title: PROCUREMENT MEDICAL FITNESS STANDARDS)

### Section 1. GENERAL

#### ★2-1. Scope

This chapter sets forth the medical conditions and physical defects which are causes for rejection for military service in peacetime. For medical fitness standards during mobilization, see chapter 6.

#### ★2-2. Applicability

These standards apply to—

- a. Male and female applicants for appointment as commissioned or warrant officers, or for enlistment in the U.S. Army, regardless of component.
- b. Applicants for the Advanced Course Army ROTC, and other personnel procurement programs other than induction, where these standards are prescribed.
- c. Registrants who undergo preinduction or induction medical examination pursuant to the Uni-

versal Military Training and Service Act (50 USC, Supplement IV, Appendix 454, as amended) except medical and dental registrants who are to be evaluated under chapter 8.

d. Male and female applicants for enlistment in the U.S. Air Force or Air Force Reserve.

e. Male applicants for enlistment or reenlistment in the U.S. Navy or Naval Reserve.

f. "Chargeable accessions" for enlistment in the U.S. Marine Corps or Marine Corps Reserve. See paragraph 12d, AR 601-270.

g. Members of the Army Reserve and Army National Guard, who have not completed a period of active duty or active duty for training of more than 30 days during their first 3-year period of military service.

### Section II. ABDOMEN AND GASTROINTESTINAL SYSTEM

#### 2-3. Abdominal Organs and Gastrointestinal System

The causes for rejection for appointment, enlistment, and induction are—

- a. *Cholecystectomy*, sequelae of, such as post-operative stricture of the common bile duct, reforming of stones in hepatic or common bile ducts, or incisional hernia, or post-cholecystectomy syndrome when symptoms are so severe as to interfere with normal performance of duty.
- b. *Cholecystitis*, acute or chronic, with or without cholelithiasis, if diagnosis is confirmed by usual laboratory procedures or authentic medical records.
- c. *Cirrhosis* regardless of the absence of manifestations such as jaundice, ascites or known esophageal varices, abnormal liver function tests with or without history of chronic alcoholism.
- d. *Fistula* in ano.
- e. *Gastritis*, chronic hypertrophic, severe.

f. *Hemorrhoids*.

- (1) External hemorrhoids producing marked symptoms.
- (2) Internal hemorrhoids, if large or accompanied with hemorrhage or protruding intermittently or constantly.

g. *Hepatitis* within the preceding 6 months, or persistence of symptoms after a reasonable period of time with objective evidence of impairment of liver function.

h. *Hernia*:

- (1) Hernia other than small asymptomatic umbilical or hiatal.
- (2) History of operation for hernia within the preceding 60 days.

i. *Intestinal obstruction* or, authenticated history of more than one episode, if either occurred during the preceding 5 years, or if resulting condition remains which produces significant symptoms or requires treatment.

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- j. Megacolon* of more than minimal degree, *diverticulitis*, *regional enteritis*, and *ulcerative colitis*. *Irritable colon* of more than moderate degree.
- k. Pancreas*, acute or chronic disease of, if proven by laboratory tests, or authenticated medical records.
- l. Rectum*, stricture or prolapse of.
- m. Resection, gastric or of bowel; or gastroenterostomy*; however minimal intestinal resection in infancy or childhood (*for example*: for intussusception or pyloric stenosis) is acceptable if the individual has been asymptomatic since the resection and if surgical consultation (to include upper and lower gastrointestinal series) gives complete clearance.
- n. Scars*.
- (1) Scars, abdominal, regardless of cause, which show hernial bulging or which interfere with movements.
  - (2) Scar pain associated with disturbance of function of abdominal wall or contained viscera.
- o. Sinuses* of the abdominal wall.
- p. Splenectomy*, except when accomplished for the following:
- (1) Trauma.
  - (2) Causes unrelated to diseases of the spleen.
  - (3) Hereditary spherocytosis.
  - (4) Disease involving the spleen when followed by correction of the condition for a period of at least 2 years.
- q. Tumors*. See paragraphs 2-40 and 2-41.
- r. Ulcer*:
- (1) Ulcer of the stomach or duodenum, if diagnosis is confirmed by X-ray examination, or authenticated history thereof.
  - (2) Authentic history of surgical operation(s) for gastric or duodenal ulcer.
- s. Other congenital, or acquired abnormalities* and defects which preclude satisfactory performance of military duty or which require frequent and prolonged treatment.

### Section III. BLOOD AND BLOOD-FORMING TISSUE DISEASES

#### 2-4. Blood and Blood-Forming Tissue Diseases

The causes for rejection for appointment, enlistment and induction are—

##### *a. Anemia:*

- (1) Blood loss anemia—until both condition and basic cause are corrected.
- (2) Deficiency anemia, not controlled by medication.
- (3) Abnormal destruction of RBC's: Hemolytic anemia.
- (4) Faulty RBC construction: Hereditary hemolytic anemia, thalassemia and sickle cell anemia.
- (5) Myelophthisic anemia: Myelomatosis, leukemia, Hodgkin's disease.

- (6) Primary refractory anemia: Aplastic anemia, DiGuglielmo's syndrome.

##### *b. Hemorrhagic states:*

- (1) Due to changes in coagulation system (hemophilia, etc.).
- (2) Due to platelet deficiency.
- (3) Due to vascular instability.

*c. Leukopenia*, chronic or recurrent, associated with increased susceptibility to infection.

*d. Myeloproliferative disease (other than leukemia):*

- (1) Myelofibrosis.
- (2) Megakaryocytic myelosis.
- (3) Polycythemia vera.

*e. Splenomegaly* until the cause is remedied.

*f. Thromboembolic disease* except for acute, nonrecurrent conditions.

## CHAPTER 3

## MEDICAL FITNESS STANDARD FOR RETENTION, PROMOTION AND SEPARATION INCLUDING RETIREMENT

## (Short Title: RETENTION MEDICAL FITNESS STANDARDS)

## Section I. GENERAL

**3-1. Scope**

This chapter sets forth the medical conditions and physical defects which, upon detection, make an individual medically unfit for further military service. This includes medical examinations accomplished at any time such as—

- a. Periodic.
- b. Promotion.
- c. Active duty, active duty for training, inactive duty training, and mobilization of units and members of the Reserve Components of the Army.
- d. Reenlistment within 90 days of separation.
- e. Separation including retirement.

**3-2. Applicability**

★a. These standards apply to the following, regardless of grade, branch of service, MOS, age, length of service, component, or service connection:

- (1) All personnel on active duty including active duty for training.
- (2) Members of the Reserve Components not on active duty except Retired Reserve who—
  - (a) Having completed a period of 30 days or more active duty or active duty for training, or
  - (b) Have in excess of 3 years service regardless of active duty consideration, or
  - (c) Are being considered for separation action due to disabilities incurred incident to service, regardless of length of service or periods of active duty or active duty for training.
- (3) Personnel approved for continuance (waiver) under AR 616-41, AR 140-120, and NGR 27, except for medical conditions and physical defects for which continuance has been approved. These

standards will apply upon termination (or withdrawal) of continuance under AR 616-41, AR 140-120, or NGR 27.

(4) Members on TDRL.

b. These standards *do not apply* in the determination of an individual's medical fitness for Army Aviation, Airborne, Marine Diving, Ranger, or other assignments or duties having different medical fitness standards for retention therein.

**3-3. Evaluation of Physical Disabilities**

a. An individual who was accepted for military service with a known defect which is disqualifying under these standards, or who has been continued under AR 616-41, AR 140-120, or NGR 27, will not be declared medically unfit under this regulation solely because of the defect, when it has remained essentially unchanged and has not interfered with his successful performance of duty, until his separation or retirement is authorized or required for some other reason.

b. These standards take into consideration the individual's medical fitness to perform satisfactory military duty; the nature, degree, and prognosis of the condition or defect; and the effect of continued service in the military environment upon the health of the individual. Most members possess some physical imperfections which, although ratable in the Veterans Administration Schedule for Rating Disabilities, do not, per se, preclude the individual's satisfactory performance of military duties. The presence of physical imperfections whether or not they are ratable, should routinely be made a matter of record whenever discovered.

c. Lack of motivation for service should not influence the medical examiner in evaluating disabilities under these standards. Poorly motivated individuals who are medically fit for duty will be recommended for administrative disposition.

### 3-4. Disposition of Members Who Are Medically Unfit Under These Standards

a. Members on active duty or active duty for training, who are medically unfit under these standards, will be processed for physical disability separation or retirement in accordance with the procedures contained in AR 40-3 and AR 635-40-series for the purpose of determining their eligibility for physical disability benefits under title 10, United States Code, chapter 61, or for continuance as indicated below. When the standards prescribed for mobilization in chapter 6 are in effect, or as directed by the Secretary of the Army, individuals who are medically unfit under these standards but who are medically fit under mobilization medical fitness standards will be continued on active duty and their disability separation processing deferred for the duration of the mobilization or as directed by the Secretary of the Army. Those who are medically unfit under mobilization medical fitness standards will be processed for disability separation or retirement.

b. Members on active duty who do not meet retention medical fitness standards will be advised of their eligibility to apply for continuance as provided in paragraph 62, AR 40-3, and AR 616-

41. Any member, regardless of length of service, may be recommended for continuance by a medical board if he meets requirements of the cited regulations. Members having between 18 and 20 years of service will not be processed for physical disability separation or retirement if they request continuance on active duty, without referral to Headquarters, Department of the Army, for consideration as provided in AR 616-41.

c. Members not on active duty who are medically unfit under these standards will be administratively processed in accordance with AR 140-120, NGR 25-3, NGR 27, or NGR 62, as appropriate, for disability separation or continuance in Reserve Component status as prescribed therein. Individuals who become medically unfit under these standards because of injury incurred during a period of active duty training of 30 days or less or inactive duty training will be processed as prescribed in AR 40-3.

d. Active duty personnel who are administratively unfit for retention will be processed in accordance with the procedures contained in appropriate administrative regulations such as AR 635-89, AR 635-105, AR 635-206, AR 635-208, and AR 635-209.

## Section II. ABDOMEN AND GASTROINTESTINAL SYSTEM

### 3-5. Abdominal and Gastrointestinal Defects and Diseases

The causes for medical unfitness for further military service are—

a. *Achalasia (Cardiospasm)*. Dysphagia not controlled by dilatation, with continuous discomfort, or inability to maintain weight.

b. *Amebic abscess residuals*. Persistent abnormal liver function tests and failure to maintain weight and vigor after appropriate treatment.

c. *Biliary dyskinesia*. Frequent abdominal pain not relieved by simple medication, or with periodic jaundice.

d. *Cirrhosis of the liver*. Recurrent jaundice, ascites, or demonstrable esophageal varices or history of bleeding therefrom.

e. *Gastritis*. Severe, chronic hypertrophic gastritis with repeated symptomatology and hospitalization and confirmed by gastroscopic examination.

f. *Hepatitis, chronic*. When, after a reasonable time (1 to 2 years) following the acute stage,

symptoms persist, and there is objective evidence of impairment of liver function.

g. *Hernia*.

(1) *Hiatus hernia*. Severe symptoms not relieved by dietary or medical therapy or recurrent bleeding in spite of prescribed treatment.

(2) *Other*. If operative repair is contraindicated for medical reasons or when not amenable to surgical repair.

h. *Ileitis, regional*.

i. *Pancreatitis, chronic*. Frequent abdominal pain of a severe nature; steatorrhea or disturbance of glucose metabolism requiring insulin.

j. *Peritoneal adhesions*. Recurring episodes of intestinal obstruction characterized by abdominal colicky pain, vomiting, and intractable constipation requiring frequent admissions to the hospital.

k. *Proctitis, chronic*. Moderate to severe symptoms of bleeding, painful defecation, tenesmus and diarrhea with repeated admissions to the hospital.

formance of flying duty or the individual's well-being.

- (2) *Designated or rated personnel.* Designated or rated personnel who by reason of minor defects do not meet the requirements of this regulation may request a waiver from The Adjutant General, ATTN: AGPO-AE, Department of the Army, Washington, D.C., 20310.
- (3) *Initial applicants.* On the examination for flying training, rating, or designation, waivers will not be requested by an examinee or examination medical officer. However, if the examinee has a minor physical defect, a complete medical examination for flying will be accomplished and details of the defect recorded. The report will be attached to application for aviation training and forwarded as prescribed in the regulations applicable to the procurement program under which the application is submitted.
- (4) *Nondesignated or nonrated personnel.* In nondesignated or nonrated personnel, minor physical defects which will in no way affect the efficient performance of flying duties will be waived by the commander of the unit or station upon recommendation of a qualified medical officer. Notification of such disqualification will be forwarded, in all instances in writing, by the hospital commander or the medical officer concerned to the disqualified individu-

al's commanding officer with appropriate recommendations for suspension from flying status in accordance with existing directives. See AR 37-104 and AR 600-107.

*j. Review and Waiver Action.* The commander of a major command and the Commandant of the Army Aviation School are authorized to make final determination of the medical qualifications for continuance on flying status of aviation personnel permanently assigned to duty in their commands. This same authority is delegated to the Chief, National Guard Bureau, for members of the National Guard not on active duty and includes authority to—

- (1) Grant administrative waivers for physical defects and medical conditions which unquestionably do not compromise the individual's health or flying safety, but not below the medical fitness standards (exclusive of para 3-3) contained in chapter 3.
- (2) Impose intermediate suspension (AR 600-106 and AR 600-107).
- (3) Make final certification as to the medical qualification for flying or aviation officers:
  - (a) Who are under consideration for—
    1. Intermediate suspension,
    2. Revocation of intermediate suspension, or
    3. Rescission of such suspension.
  - (b) Who are permanently assigned to duty within the jurisdiction of that command, school, or chief.

## Section V. USMA MEDICAL EXAMINATIONS

### 10-27. U.S. Military Academy

*a. General.* This section sets forth administrative procedures applicable to medical examinations of candidates and prospective candidates for the U.S. Military Academy, other service academies, and the respective preparatory schools (chap. 5).

*b. Distribution of Medical Reports.* Upon completion all medical reports (the originals

only of SF 88, SF 89, and supplemental reports) to include X-rays of abnormalities, photographs and dental casts, will be forwarded as follows:

- (1) United States Military Academy: The Surgeon General, ATTN: MEDPS-SP, Department of the Army, Washington, D.C., 20315. The Adjutant General will transmit copies of all such reports to the Superintendent,

United States Military Academy, West Point, N.Y., 10996, and make other required distribution.

- (2) United States Naval Academy: Superintendent, United States Naval Academy, Annapolis, Md., 21402.
- (3) United States Air Force Academy: Superintendent, United States Air Force Academy, Colorado Springs, Colo., 80840.
- (4) If the examinee indicates he is an applicant for more than one service academy, the originals of all medical reports will be forwarded to the service indicated as his first choice. Duplicates suitable for copying will be forwarded to the other specified service(s) as appropriate and as noted above.

*c. Facilities and Authorization for Examination.* Qualifying medical examination (Type B) of applicants or nominees for admission to Service academies are accomplished at medical facilities designated for this purpose and listed in the current catalogs of the academies. Individuals will be examined on presentation of a signed written request from one of the following:

- (1) Congressional: The member of Congress concerned.
- (2) Competitive: The Adjutant General, Department of the Army; the Chief of Naval Personnel, Navy Department; or the Director of Admissions, U.S. Air Force Academy.
- (3) Sons of Persons Awarded the Medal of Honor: Same as (2) above.

*d. Preparatory School.* A member of the Army being considered for attendance at the U.S. Military Academy Preparatory School is not required to undergo medical examination specifically to qualify for selection. A medical officer will review his Health Record and most recent Report of Medical Examination and, using the medical fitness standards of chapter 5, will arrive at a conclusion as to the probability of the applicant meeting medical fitness requirements for admission to the Academy. The reviewing medical officer may direct the accomplishment of any necessary tests or procedures

that he feels are necessary to resolve any questionable area(s) of medical fitness. The results will be entered in item 73 of the individual's most recent Report of Medical Examination which will be forwarded with his application. Tests or further examination will be limited to those instances where the physician's review of the record indicates that the applicant may not be medically qualified for entrance into the U.S. Military Academy. A Type B medical examination will eventually be conducted at the Preparatory School.

*e. Release of Examination Results.* Examinees may be advised as to existence of remediable medical or dental defects, but no commitment is to be made as to qualification or disqualification of any examinee regardless of circumstances. Copies of Report of Medical Examination will not be furnished examinees or sponsors. Requests, oral or written, for medical information concerning Air Force or Naval Academy examinees will be referred to the appropriate academy superintendent. Requests pertaining to USMA examinees will be referred to The Adjutant General, ATTN: AGPB-M, Department of the Army, Washington, D.C., 20315.

*f. Scope.* Qualifying medical examinations for the U.S. Military Academy, the U.S. Naval Academy and the U.S. Air Force Academy will be of the scope prescribed for Type B examinations.

*g. Standard Form 88 (Report of Medical Examination).*

- (1) *Additional information.* The following information will be included on all copies of reports of qualifying medical examination in addition to that required by paragraph 10-14 and appendix IX.
  - (a) An entry in item 5 such as "USMA", "USNA" and/or "USAFA".
  - (b) The name of the person requesting the examination and, if applicable, his title or position, in item 16.
  - (c) An appropriate note will be entered identifying X-ray films and any photographs or dental casts transmitted with the form.

S/S 16 Aug 12, 1966

- (2) *Spastic paralysis of one or more muscles.* More than moderate with pronounced loss of function which precludes the satisfactory performance of military duty.

(3) *Progressive muscular dystrophy.*

*h. Myotonia congenital.*

*i. Osteitis deformans (Paget's Disease).* Involvement in single or multiple bones with resultant deformities or symptoms severely interfering with function.

*j. Osteitis fibrosa cystica.* Per se, does not render medically unfit.

*k. Osteoarthropathy, hypertrophic, secondary.* Moderately severe to severe pain present, with joint effusion occurring intermittently in one or multiple joints and with at least moderate loss of function.

*l. Osteochondritis dissecans.* Per se, does not render medically unfit.

*m. Osteochondrosis.* Including metatarsalgia and Osgood-Schlatter Disease, per se, does not render the individual medically unfit.

*n. Osteomyelitis, chronic.* Recurrent episodes not responsive to treatment and involving the bone to a degree which interferes with stability and function.

*o. Tendon transplantation.* Fair or poor restoration of function with weakness which seriously interferes with the function of the affected part.

*p. Tenosynovitis.* Per se, does not render the individual medically unfit.

## Section VIII. EYES AND VISION

### 3-15. Eyes

The causes of medical unfitness for further military service are—

*a.* Active eye disease or any progressive organic eye disease regardless of the stage of activity, resistant to treatment which affects the distant visual acuity or visual field of an eye to any degree when—

- (1) The distant visual acuity in the unaffected eye cannot be corrected to 20/40 or better, or
- (2) The diameter of the visual field in the unaffected eye is less than 20 degrees.

*b. Aphakia, bilateral.*

*c. Atrophy of optic nerve due to disease.*

*d. Chronic congestive (closed angle) glaucoma or chronic noncongestive (open angle) glaucoma* if well established with demonstrable changes in the optic disc or visual fields.

*e. Congenital and developmental defects* do not per se, render the individual medically unfit.

*f. Degenerations.* When visual loss exceeds the limits shown below or when vision is correctable only by the use of contact lenses, or other special corrective devices (telescopic lenses, etc.).

*g. Diseases and infections of the eye.* When chronic, more than mildly symptomatic, progres-

sive, and resistant to treatment after a reasonable period.

*h. Ocular manifestations of endocrine or metabolic disorders* do not in themselves, render the individual medically unfit. However, the residuals or complications thereof or the underlying disease may render medically unfit.

*i. Residuals or complications of injury to the eye* which are progressive or which bring vision below the criteria in paragraph 3-16.

*j. Retina, detachment of.*

(1) *Unilateral.*

(a) When vision in the better eye cannot be corrected to at least 20/40,

(b) When the visual field in the better eye is constricted to less than 20° in diameter,

(c) When uncorrectable diplopia exists, or

(c) When the detachment is the result of documented organic progressive disease or new growth, regardless of the condition of the better eye.

(2) *Bilateral.* Regardless of etiology or results of corrective surgery.

### 3-16. Vision

The causes of medical unfitness for further military service are—

*a. Aniseikonia.* Subjective eye discomfort, neurologic symptoms, sensations of motion sickness and other gastrointestinal disturbances, functional disturbances and difficulties in form sense, and not corrected by iseikonic lenses.

*b. Binocular diplopia.* Not correctable by surgery, and which is severe, constant, and in zone less than 20° from the primary position.

*c. Hemianopsia.* Of any type, if bilateral, permanent, and based on an organic defect. Those due to a functional neurosis and those due to

transitory conditions, such as periodic migraine, are not considered to render an individual unfit.

*d. Loss of an eye.*

*e. Night blindness.* Of such a degree that the individual requires assistance in any travel at night.

*f. Visual acuity* which cannot be corrected to at least 20/40 in the better eye.

*g. Visual field.* Bilateral concentric constriction to less than 20°.

## Section IX. GENITOURINARY SYSTEM

### 3-17. Genitourinary System

(See also par. 3-18.)

The causes of medical unfitness for further military service are—

*a. Albuminuria.* Per se, does not render the individual medically unfit.

*b. Cystitis.* Per se, does not render the individual medically unfit. However, the residual symptoms or complications may in themselves render medically unfit.

*c. Dysmenorrhea.* Symptomatic, irregular cycle, not amenable to treatment, and of such severity as to necessitate recurrent absences of more than 1 day.

*d. Endometriosis.* Symptomatic and incapacitating to a degree which necessitates recurrent absences of more than a day.

*e. Enuresis.* Per se, does not render the individual medically unfit. Recommend administrative separation, if appropriate.

*f. Epididymitis.* Per se, does not render the individual medically unfit.

*g. Glycosuria.* Per se, does not render the individual medically unfit.

*h. Hypospadias.* Accompanied by evidence of chronic infection of the genitourinary tract or instances where the urine is voided in such a manner as to soil clothes or surroundings and the condition is not amenable to treatment.

*i. Incontinence of urine.* Due to disease or defect not amenable to treatment and of such severity as to necessitate recurrent absence from duty.

*j. Kidney.*

(1) Calculus in kidney: Bilateral, symptomatic and not responsive to treatment.

(2) Bilateral congenital anomaly of the kidney resulting in frequent or recurrent infections, or when there is evidence of obstructive uropathy not responding to medical and/or surgical treatment.

(3) Cystic kidney (polycystic kidney): Symptomatic. Impaired renal function, or if the focus of frequent infections.

(4) Hydronephrosis: More than mild, bilateral, and causing continuous or frequent symptoms.

(5) Hypoplasia of the kidney: Symptomatic, and associated with elevated blood pressure or frequent infections and not controlled by surgery.

(6) Perirenal abscess residual(s) of a degree which interfere(s) with performance of duty.

(7) Pyelonephritis or pyelitis: Chronic, which has not responded to medical or surgical treatment, with evidence of hypertension, eye ground changes, or cardiac abnormalities.

(8) Pyonephrosis. Not responding to treatment.

(9) Nephrosis.

(10) Chronic glomerulonephritis.

(11) Chronic nephritis.

*k. Menopausal syndrome, either physiologic or artificial.* More than mild mental and constitutional symptoms.

*l. Menstrual cycle irregularities* including amenorrhea, menorrhagia, leukorrhea, metrorrhagia, etc., per se, do not render the individual medically unfit (c above).

s/s e 15 11 March 1966

20 February 1962

C 5, AR 40-501

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# CHAPTER I

## GENERAL PROVISIONS

*The provisions of this chapter apply to all individuals evaluated under the provisions of any other chapter contained in these regulations.*

### Section I. INTRODUCTION

#### ★1-1. Purpose

These regulations provide medical fitness standards of sufficient detail to insure uniformity in the medical evaluation of—

a. Candidates for military service or persons in the military service in terms of medical conditions and physical defects which are causes for rejection or medical unfitness for military service.

b. Candidates for, and persons in, certain enlisted military occupational specialties and officer duty assignments, in terms of medical conditions and physical defects which are causes for rejection or medical unfitness for these specialized duties.

#### 1-2. Objectives

The objectives of these regulations are as follows:

a. *Chapter 2.* Commission and enlist in the Active Army and its reserve components, enroll in the Advanced Course Army ROTC, and induct, under peacetime conditions, individuals who are—

- (1) Free of contagious or infectious diseases which would be likely to endanger the health of other personnel.
- (2) Free of medical conditions or physical defects which would require excessive time lost from duty by reason of necessary treatment or hospitalization or most probably result in separation from the service by reason of medical unfitness.
- (3) Medically capable of satisfactorily completing required training.
- (4) Medically adaptable to the military environment without the necessity of geographical area limitations.
- (5) Medically capable of performing duties without aggravation of existing physical defects or medical conditions.

b. *Chapter 3.* Provide for the timely separation from the Active Army and its reserve components, of those individuals whose continued performance of duty would compromise their

health and well-being or prejudice the interests of the Government.

c. *Chapter 4.* Provide realistic procurement and retention standards for the Army Aviation Program.

d. *Chapter 5.* Accept as cadets for the U.S. Military Academy only those individuals who are medically capable of undergoing the rigorous training program at the academy and who can reasonably be expected to qualify for appointment in the Regular Army upon graduation.

e. *Chapter 6.* Effect the maximum utilization of manpower under conditions of mobilization by procuring individuals who can be expected to be productive in the military establishment.

f. *Chapter 7.* Provide realistic procurement and retention medical fitness criteria for miscellaneous officer and enlisted duty assignments while excluding from consideration for such duties individuals with medical conditions or physical defects which would compromise their health and well-being or prejudice the interests of the Government.

g. *Chapter 8.* Effect the maximum utilization of physicians and dentists evaluated under the Universal Military Training and Service Act as amended by procuring physicians and dentists who, although they may have physical defects or medical conditions which would ordinarily be cause for rejection for original entry into the military service, may be expected to perform appropriate military duties as physicians and dentists.

★h. *Chapter 9.* Provide a physical profile serial system which characterizes, according to functional capabilities, all Army personnel throughout their military service, and all other persons examined under the provisions of chapter 2 for potential procurement into the Armed Forces, which system will assist in the classification and assignment distribution of military personnel and in the collection of statistics relevant to medical fitness standards.

## Section II. CLASSIFICATION

### 1-3. Medical Classification

Individuals evaluated under the medical fitness standards contained in these regulations will be reported as indicated below:

*a. Medically Acceptable.* Medical examiners will report as "medically acceptable" all individuals who meet the medical fitness standards established for the particular purpose for which examined. No individuals will be accepted on a provisional basis subject to the successful treatment or correction of a disqualifying defect. Acceptable individuals will be given a physical profile.

*b. Medically Unacceptable.* Medical examiners will report as "medically unacceptable" by reason of medical unfitness all individuals who possess any one or more of the medical conditions or physical defects listed in these regulations as a cause of rejection for the specific purpose for which examined, except as noted in *c* below. Examinees reported as medically unacceptable by

reason of medical unfitness when the medical fitness standards in chapters 2, 3, 6, or 8 apply will be given a physical profile. Examinees found medically unacceptable when the medical fitness standards in chapters 4, 5, or 7 apply will not be given a physical profile. Individuals found to be medically unacceptable for military service will not be reported as permanently medically unfit for military service except upon the finding of Headquarters, Department of the Army, or of a medical or physical evaluation board.

*c. Medically Unacceptable—Prior Administrative Waiver Granted.* Medical examiners will report as "medically unacceptable—prior administrative waiver granted" all individuals who do not meet the medical fitness standards established for the particular purpose for which examined when a waiver has been previously granted and all of the provisions of paragraph 1-4c apply. Such individuals will be given a physical profile.

## Section III. WAIVERS

### 1-4. Waivers

*a.* Medical fitness standards cannot be waived by medical examiners or by the examinee.

*b.* Examinees initially reported as medically unacceptable by reason of medical unfitness when the medical fitness standards in chapters 2, 3, 4, 5, 6, 7, or 8 apply, may request a waiver of the medical fitness standards in accordance with the basic administrative directive governing the personnel action. Upon such request, the designated administrative authority or his designee for the purpose may grant such a waiver in accordance with current directives.

*c.* Waivers of medical fitness standards which have been previously granted apply automatically to subsequent medical actions pertinent to the program or purpose for which granted without the necessity of confirmation or termination when the—

- (1) Duration of the waiver was not limited at the time it was granted, and
- (2) Medical condition or physical defect has not interfered with the individual's successful performance of military duty, and
- (3) Medical condition or physical defect waived was below retention medical fitness standards applicable to the particular program involved and the medical condition or physical defect has remained essentially unchanged, or
- (4) Medical condition or physical defect waived was below procurement medical fitness standards applicable to the particular program or purpose involved and the medical condition or physical defect, although worse, is within the retention medical fitness standards prescribed for the program or purpose involved.

*a. Limitation of motion.* An individual will be considered unacceptable if the joint ranges of motion are less than the measurements listed below (app. IV).

- (1) *Hip:*
  - (a) Flexion to 90°.
  - (b) Extension to 10° (beyond 0).
- (2) *Knee:*
  - (a) Full extension.
  - (b) Flexion to 90°.
- (3) *Ankle:*
  - (a) Dorsiflexion to 10°.
  - (b) Plantar flexion to 10°.
- (4) *Toes:* Stiffness which interferes with walking, marching, running, or jumping.

*b. Foot and ankle:*

- (1) Absence of one or more small toes of one or both feet, if function of the foot is poor or running or jumping is precluded, or absence of foot or any portion thereof except for toes as noted herein.
- (2) Absence (or loss) of great toe(s) or loss of dorsal flexion thereof if function of the foot is impaired.
- (3) Claw toes precluding the wearing of combat service boots.
- (4) Clubfoot.
- (5) Flatfoot, pronounced cases, with decided eversion of the foot and marked bulging of the inner border, due to inward rotation of the astragalus, regardless of the presence or absence of symptoms.
- (6) Flatfoot, spastic.
- (7) Hallux valgus, if severe and associated with marked exostosis or bunion.
- (8) Hammer toe which interferes with the wearing of combat service boots.
- (9) Healed disease, injury, or deformity including hyperdactylia which precludes running, is accompanied by disabling pain, or which prohibits wearing of combat service boots.
- (10) Ingrowing toe nails, if severe, and not remediable.
- (11) Obliteration of the transverse arch associated with permanent flexion of the small toes.
- (12) Pes cavus, with contracted plantar fascia, dorsiflexed toes, tenderness under the

metatarsal heads, and callosity under the weight bearing areas.

*c. Leg, knee, thigh, and hip:*

- (1) Dislocated semilunar cartilage, loose or foreign bodies within the knee joint, or history of surgical correction of same if—
  - (a) Within the preceding 6 months.
  - (b) Six months or more have elapsed since operation without recurrence, and there is instability of the knee ligaments in lateral or anteroposterior directions in comparison with the normal knee or abnormalities noted on X-ray, there is significant atrophy or weakness of the thigh musculature in comparison with the normal side, there is not acceptable active motion in flexion and extension, or there are other symptoms of internal derangement.
- (2) Authentic history or physical findings of an unstable or internally deranged joint causing disabling pain or seriously limiting function. Individuals with verified episodes of buckling or locking of the knee who have not undergone satisfactory surgical correction or if, subsequent to surgery, there is evidence of more than mild instability of the knee ligaments in lateral and anteroposterior directions in comparison with the normal knee, weakness or atrophy of the thigh musculature in comparison with the normal side, or if the individual requires medical treatment of sufficient frequency to interfere with the performance of military duty.

*d. General.*

- (1) Deformities of one or both lower extremities which have interfered with function to such a degree as to prevent the individual from following a *physically active* vocation in civilian life or which would interfere with the satisfactory completion of prescribed training and performance of military duty.
- (2) Diseases or deformities of the hip, knee, or ankle joint which interfere with walking, running, or weight bearing.

- (3) Pain in the lower back or leg which is intractable and disabling to the degree of interfering with walking, running, and weight bearing.
- (4) Shortening of a lower extremity resulting in any limp of noticeable degree.

## 2-11. Miscellaneous

(See also para. 2-9 and 2-10.)

The causes for rejection for appointment, enlistment, and induction are—

### a. Arthritis:

- (1) Active or subacute arthritis, including Marie-Strumpell type.
- (2) Chronic osteoarthritis or traumatic arthritis of isolated joints of more than minimal degree, which has interfered with the following of a physically active vocation in civilian life or which precludes the satisfactory performance of military duty.
- (3) Documented clinical history of rheumatoid arthritis.
- (4) Traumatic arthritis of a major joint of more than minimal degree.

b. Disease of any bone or joint, healed, with such resulting deformity or rigidity that function is impaired to such a degree that it will interfere with military service.

c. Dislocation, old unreduced; substantiated history of recurrent dislocations of major joints; instability of a major joint, symptomatic and more than mild; or if, subsequent to surgery, there is evidence of more than mild instability in compari-

son with the normal joint; weakness or atrophy in comparison with the normal side, or if the individual requires medical treatment of sufficient frequency to interfere with the performance of military duty.

### d. Fractures:

- (1) Malunited fractures that interfere significantly with function.
- (2) Ununited fractures.
- (3) Any old or recent fracture in which a plate, pin, or screws were used for fixation and left in place and which may be subject to easy trauma, i.e., as a plate tibia, etc.

e. Injury of a bone or joint within the preceding 6 weeks, without fracture or dislocation, of more than a minor nature.

f. Muscular paralysis, contracture, or atrophy, if progressive or of sufficient degree to interfere with military service.

### f.1 Myotonia congenita: Confirmed.

g. Osteomyelitis, active or recurrent, of any bone or substantiated history of osteomyelitis of any of the long bones unless successfully treated 2 or more years previously without subsequent recurrence or disqualifying sequelae as demonstrated by both clinical and X-ray evidence.

### h. Osteoporosis.

i. Scars, extensive, deep, or adherent, of the skin and soft tissues or neuromas of an extremity which are painful, which interfere with muscular movements, which preclude the wearing of military equipment, or that show a tendency to break down.

## Section VIII. EYES AND VISION

### 2-12. Eyes

The causes for rejection for appointment, enlistment, and induction are—

#### a. Lids:

- (1) Blepharitis, chronic more than mild. Cases of acute blepharitis will be rejected until cured.
- (2) Blepharospasm.
- (3) Dacryocystitis, acute or chronic.
- (4) Destruction of the lids, complete or extensive, sufficient to impair protection of the eye from exposure.

- (5) Disfiguring cicatrices and adhesions of the eyelids to each other or to the eyeball.
- (6) Growth or tumor of the eyelid other than small early basal cell tumors of the eyelid, which can be cured by treatment, and small nonprogressive asymptomatic benign lesions. See also paragraphs 2-40 and 2-41.
- (7) Marked inversion or eversion of the eyelids sufficient to cause unsightly appearance or watering of eyes (entropion or ectropion).

- (8) Lagophthalmos.
  - (9) Ptosis interfering with vision.
  - (10) Trichiasis, severe.
- b. Conjunctiva:*
- (1) Conjunctivitis, chronic, including vernal catarrh and trachoma. Individuals with acute conjunctivitis are unacceptable until the condition is cured.
  - (2) Pterygium:
    - (a) Pterygium recurring after three operative procedures.
    - (b) Pterygium encroaching on the cornea in excess of 3 millimeters or interfering with vision.
- c. Cornea:*
- (1) Dystrophy, corneal, of any type including keratoconus of any degree.
  - (2) Keratitis, acute or chronic.
  - (3) Ulcer, corneal; history of recurrent ulcers or corneal abrasions (including herpetic ulcers).
  - (4) Vascularization or opacification of the cornea from any cause which interferes with visual function or is progressive.
- d. Uveal tract:* Inflammation of the uveal tract except healed traumatic choroiditis.
- e. Retina:*
- (1) Angiomatoses, phakomatoses, retinal cysts, and other congenito-hereditary conditions that impair visual function.

★(2) Degenerations of the retina to include macular cysts, holes, and other degenerations (hereditary or acquired degenerative changes) and other conditions affecting the macula. All types of pigmentary degenerations (primary and secondary).

(3) Detachment of the retina or history of surgery for same.

(4) Inflammation of the retina (retinitis or other inflammatory conditions of the retina to include Coats' disease, diabetic retinopathy, Eales' disease, and retinitis proliferans).

f. *Optic nerve.*

(1) Congenito-hereditary conditions of the optic nerve or any other central nervous system pathology affecting the efficient function of the optic nerve.

(2) Optic neuritis, neuroretinitis, or secondary optic atrophy resulting therefrom or document history of attacks of retrobulbar neuritis.

(3) Optic atrophy (primary or secondary).

(4) Papilledema.

g. *Lens.*

(1) Aphakia (unilateral or bilateral).

(2) Dislocation, partial or complete, of a lens.

(3) Opacities of the lens which interfere with vision or which are considered to be progressive.

h. *Ocular mobility and motility.*

(1) Diplopia, documented, constant or intermittent from any cause or of any degree interfering with visual function (i.e., may suppress).

(2) Diplopia, monocular, documented, interfering with visual function.

(3) Nystagmus, with both eyes fixing, congenital or acquired.

★(4) Strabismus of 40 prism diopters or more, uncorrectable by lenses to less than 40 diopters.

(5) Strabismus of any degree accompanied by documented diplopia.

(6) Strabismus, surgery for the correction of, within the preceding 6 months.

i. *Miscellaneous defects and diseases.*

(1) Abnormal conditions of the eye or visual fields due to diseases of the central nervous system.

(2) Absence of an eye.

(3) Asthenopia severe.

(4) Exophthalmos, unilateral or bilateral.

(5) Glaucoma, primary or secondary.

(6) Hemianopsia of any type.

(7) Loss of normal pupillary reflex reactions to light or accommodation to distance or Adies syndrome.

(8) Loss of visual fields due to organic disease.

(9) Night blindness associated with objective disease of the eye. Verified congenital night blindness.

(10) Residuals of old contusions, lacerations, penetrations, etc., which impair visual function required for satisfactory performance of military duty.

(11) Retained intra-ocular foreign body.

(12) Tumors. See a(6) above and paragraphs 2-40 and 2-41.

(13) Any organic disease of the eye or adnexa not specified above which threatens continuity of vision or impairment of visual function.

2-13. **Vision**

The causes for medical rejection for appointment, enlistment, and induction are listed below. The special administrative criteria for officer assignment to Armor, Artillery, Infantry, Corps of Engineers, Signal Corps, and Military Police Corps are listed in paragraph 7-15.

a. *Distant visual acuity.* Distant visual acuity of any degree which does not correct to at least one of the following:

(1) 20/40 in one eye and 20/70 in the other eye.

(2) 20/30 in one eye and 20/100 in the other eye.

(3) 20/20 in one eye and 20/400 in the other eye.

b. *Near visual acuity.* Near visual acuity of any degree which does not correct to at least J-6 in the better eye.

c. *Refractive error.* Any degree of refractive error in spherical equivalent of over -8.00 or +8.00; or if ordinary spectacles cause discomfort by reason of ghost images, prismatic displacement, etc.; or if an ophthalmological consultation reveals a condition which is disqualifying.

*d. Contact lens.* Complicated cases requiring contact lens for adequate correction of vision as

keratoconus, corneal scars, and irregular astigmatism.

## Section IX. GENITOURINARY SYSTEM

### 2-14. Genitalia

(See also para. 2-40 and 2-41.)

The causes for rejection for appointment, enlistment, and induction are—

*a. Bartholinitis*, Bartholin's cyst.

*b. Cervicitis*, acute or chronic manifested by leukorrhea.

*c. Dysmenorrhea*, incapacitating to a degree which necessitates recurrent absences of more than a few hours from routine activities.

*d. Endometriosis*, or confirmed history thereof.

*e. Hermaphroditism.*

*f. Menopausal syndrome*, either physiologic or artificial if manifested by more than mild constitutional or mental symptoms, or artificial menopause if less than 13 months have elapsed since cessation of menses. In all cases of artificial menopause, the clinical diagnosis will be reported; if accomplished by surgery, the pathologic report will be obtained and recorded.

★*g. Menstrual cycle*, irregularities of, including menorrhagia, if excessive; metrorrhagia; polymenorrhea; amenorrhea, except as noted in *f* above.

*h. New growths of the internal or external genitalia* except single uterine fibroid, subserous, asymptomatic, less than 3 centimeters in diameter, with no general enlargement of the uterus. See also paragraphs 2-40 and 2-41.

*i. Oophoritis*, acute or chronic.

*j. Ovarian cysts*, persistent and considered to be of clinical significance.

*k. Pregnancy.*

*l. Salpingitis*, acute or chronic.

*m. Testicle(s).* (See also para. 2-40 and 2-41.)

(1) Absence or nondescent of both testicles.

(2) Undiagnosed enlargement or mass of testicle or epididymis.

(3) Undescended testicle which lies within the inguinal canal.

*n. Urethritis*, acute or chronic, other than gonorrheal urethritis without complications.

*o. Uterus.*

(1) Cervical polyps, cervical ulcer, or marked erosion.

(2) Endocervicitis, more than mild.

(3) Generalized enlargement of the uterus due to any cause.

(4) Malposition of the uterus if more than mildly symptomatic.

*p. Vagina.*

(1) Congenital abnormalities or severe lacerations of the vagina.

(2) Vaginitis, acute or chronic, manifested by leukorrhea.

*q. Varicocele or hydrocele*, if large or painful.

*r. Vulva.*

(1) Leukoplakia.

(2) Vulvitis, acute or chronic.

*s. Major abnormalities and defects of the genitalia* such as a change of sex, a history thereof, or complications (adhesions, disfiguring scars, etc.) residual to surgical correction of these conditions.

### 2-15. Urinary System

(See para. 2-8, 2-40, and 2-41.)

The causes for rejection for appointment, enlistment, and induction are—

★*a. Albuminuria* if persistent or recurrent including so-called orthostatic or functional albuminuria.

*b. Cystitis, chronic.* Individuals with acute cystitis are unacceptable until the condition is cured.

*c. Enuresis* determined to be a symptom of an organic defect not amenable to treatment. (See also para. 2-34c.)

*d. Epispadias or hypospadias* when accompanied by evidence of infection of the urinary tract or if clothing is soiled when voiding.

*e. Hematuria, cylindruria*, or other findings indicative of renal tract disease.

*f. Incontinence* of urine.

*g. Kidney:*

(1) Absence of one kidney, regardless of cause.

(2) Acute or chronic infections of the kidney.

(3) Cystic or polycystic kidney, confirmed history of.

(4) Hydronephrosis or pyonephrosis.

(5) Nephritis, acute or chronic.

(6) Pyelitis, pyelonephritis.

*h. Penis*, amputation of, if the resulting stump is insufficient to permit micturition in a normal manner.

*i. Peyronie's disease*.

*j. Prostate gland*, hypertrophy of, with urinary retention.

*k. Renal calculus*:

(1) Substantiated history of bilateral renal calculus at any time.

(2) Verified history of renal calculus at any time with evidence of stone formation

within the preceding 12 months, current symptoms or positive X-ray for calculus.

*l. Skeneitis*.

*m. Urethra*:

(1) Stricture of the urethra.

(2) Urethritis, acute or chronic, other than gonorrheal urethritis without complications.

*n. Urinary fistula*.

*o. Other diseases and defects of the urinary system* which obviously preclude satisfactory performance of duty or which require frequent and prolonged treatment.

## Section X. HEAD AND NECK

### 2-16. Head

The causes for rejection for appointment, enlistment, and induction are—

*a. Abnormalities* which are apparently temporary in character resulting from recent injuries until a period of 3 months has elapsed. These include severe contusions and other wounds of the scalp and cerebral concussion. See paragraph 2-31.

*b. Deformities of the skull* in the nature of depressions, exostoses, etc., of a degree which would prevent the individual from wearing a gas mask or military headgear.

*c. Deformities of the skull of any degree* associated with evidence of disease of the brain, spinal cord, or peripheral nerves.

*d. Depressed fractures near central sulcus* with or without convulsive seizures.

*e. Loss or congenital absence* of the bony substance of the skull except that The Surgeon General may find individuals acceptable when—

(1) The area *does not exceed* 25 square centimeters and *does not overlie* the motor cortex or a dural sinus.

(2) There is no evidence of alteration of brain function in any of its several spheres (intelligence, judgment, perception, behavior, motor control, sensory function, etc.).

(3) There is no evidence of bone degenera-

tion, disease, or other complications of such a defect.

*f. Unsightly deformities*, such as large birthmarks, large hairy moles, extensive scars, and mutilations due to injuries or surgical operations; ulcerations; fistulae, atrophy, or paralysis of part of the face or head.

### 2-17. Neck

The causes for rejection for appointment, enlistment, and induction are—

*a. Cervical ribs* if symptomatic, or so obvious that they are found on routine physical examination. (Detection based primarily on X-ray is not considered to meet this criterion.)

*b. Congenital cysts* of branchial cleft origin or those developing from the remnants of the thyroglossal duct, with or without fistulous tracts.

*c. Fistula*, chronic draining, of any type.

*d. Healed tuberculosis lymph nodes* when extensive in number or densely calcified.

*e. Nonspastic contraction* of the muscles of the neck or cicatricial contracture of the neck to the extent that it interferes with the wearing of a uniform or military equipment or so disfiguring as to make the individual objectionable in common social relationships.

*f. Spastic contraction* of the muscles of the neck, persistent, and chronic.

*g. Tumor of thyroid or other structures of the neck*. See paragraphs 2-40 and 2-41.

## Section XI. HEART AND VASCULAR SYSTEM

### 2-18. Heart

The causes for rejection for appointment, enlistment, and induction are—

*a. All organic valvular diseases of the heart, including those improved by surgical procedures.*

*b. Coronary artery disease or myocardial infarction, old or recent or true angina pectoris, at any time.*

*c. Electrocardiographic evidence of major arrhythmias such as—*

- (1) Atrial tachycardia, flutter, or fibrillation, ventricular tachycardia or fibrillation.
- (2) Conduction defects such as first degree atrio-ventricular block and right bundle branch block. (These conditions occurring as isolated findings are not unfitting when cardiac evaluation reveals no cardiac disease.)
- (3) Left bundle branch block, 2d and 3d degree AV block.
- (4) Unequivocal electrocardiographic evidence of old or recent myocardial infarction; coronary insufficiency at rest or after stress; or evidence of heart muscle disease.

*d. Hypertrophy or dilatation of the heart as evidenced by clinical examination or roentgenographic examination and supported by electrocardiographic examination. Care should be taken to distinguish abnormal enlargement from increased diastolic filling as seen in the well conditioned subject with a sinus bradycardia. Cases of enlarged heart by X-ray not supported by electrocardiographic examination will be forwarded to The Surgeon General for evaluation.*

*e. Myocardial insufficiency (congestive circulatory failure, cardiac decompensation) obvious or covert, regardless of cause.*

*f. Paroxysmal tachycardia within the preceding 5 years, or any time if recurrent or disabling or if associated with electrocardiographic evidence of accelerated A-V conduction (Wolff-Parkinson-White).*

*g. Pericarditis; endocarditis; or myocarditis, history or finding of, except for a history of a single acute idiopathic or coxsackie pericarditis with no residuals.*

*h. Tachycardia, persistent with a resting pulse rate of 100 or more, regardless of cause.*

### 2-19. Vascular System

The causes for rejection for appointment, enlistment, and induction are—

*a. Congenital or acquired lesions of the aorta and major vessels, such as syphilitic aortitis, demonstrable atherosclerosis which interferes with circulation, congenital or acquired dilatation of the aorta (especially if associated with other features of Marfan's syndrome), and pronounced dilatation of the main pulmonary artery.*

★*b. Hypertension* evidenced by preponderant blood pressure readings of 150-mm or more systolic in an individual over 35 years of age or preponderant readings of 140-mm or more systolic in an individual 35 years of age or less. Preponderant diastolic pressure over 90-mm diastolic is cause for rejection at any age.

*c. Marked circulatory instability* as indicated by orthostatic hypotension, persistent tachycardia, severe peripheral vasomotor disturbances and sympathicotonia.

*d. Peripheral vascular disease* including Raynaud's phenomena, Buerger's disease (thromboangiitis obliterans), erythromelalgia, arteriosclerotic and diabetic vascular diseases. Special tests will be employed in doubtful cases.

*e. Thrombophlebitis:*

- (1) History of thrombophlebitis with persistent thrombus or evidence of circulatory obstruction or deep venous incompetence in the involved veins.
- (2) Recurrent thrombophlebitis.

*f. Varicose veins, if more than mild, or if associated with edema, skin ulceration, or residual scars from ulceration.*

### 2-20. Miscellaneous

The causes for rejection for appointment, enlistment, and induction are—

*a. Aneurysm of the heart or major vessel, congenital or acquired.*

*b. History and evidence of a congenital abnormality which has been treated by surgery but with residual abnormalities or complications, for example: Patent ductus arteriosus with residual cardiac enlargement or pulmonary hypertension;*

resection of a coarctation of the aorta without a graft when there are other cardiac abnormalities or complications; closure of a secundum type atrial septal defect when there are residual abnormalities or complications.

*c. Major congenital abnormalities and defects of the heart and vessels unless satisfactorily corrected*

## Section XII. HEIGHT, WEIGHT, AND BODY BUILD

### 2-21. Height

The causes for rejection for appointment, enlistment, and induction are—

*a. For appointment.*

(1) *Men.* Regular Army—Height below 66 inches or over 78 inches. However, see special administrative criteria in paragraph 7-13.

Other—Height below 60 inches or over 78 inches.

★(2) *Women.* Height below 58 inches or over 72 inches.

*b. For enlistment and induction.*

(1) *Men.* Height below 60 inches or over 78 inches.

★(2) *Women.* Height below 58 inches or over 72 inches.

### 2-22. Weight

The causes for rejection for appointment, enlistment, and induction are—

*a. Weight related to height which is below the minimum shown in table I, appendix III for men and table II, appendix III for women.*

★*b. Weight related to age and height which is in excess of the maximum shown in table I, ap-*

without residuals or complications. Uncomplicated dextrocardia and other minor asymptomatic anomalies are acceptable.

*d. Substantiated history of rheumatic fever or chorea within the previous 2 years, recurrent attacks of rheumatic fever or chorea at any time, or with evidence of residual cardiac damage.*

pendix III for men and table II, appendix III for women. See chapter 7 for special requirements pertaining to maximum weight standards applicable to women enlisting for and commissioned from Army Student Nurse and Army Student Dietician Programs.

### 2-23. Body Build

The causes for rejection for appointment, enlistment, and induction are—

*a. Congenital malformation of bones and joints.* (See pars. 2-9, 2-10, and 2-11.)

*b. Deficient muscular development* which would interfere with the completion of required training.

*c. Evidences of congenital asthenia* (slender bones; weak thorax; visceroptosis; severe, chronic constipation; or "drop heart" if marked in degree).

*d. Obesity.* Even though the individual's weight is within the maximum shown in table I or II, as appropriate, appendix III, he will be reported as medically unacceptable when the medical examiner considers that the individual's weight in relation to the bony structure and musculature, constitutes obesity of such a degree as to interfere with the satisfactory completion of prescribed training.

## Section XIII. LUNGS AND CHEST WALL

### 2-24. General

The following conditions are causes for rejection for appointment, enlistment, and induction until further study indicates recovery without disqualifying sequelae:

*a. Abnormal elevation of the diaphragm on either side.*

*b. Acute abscess of the lung.*

*c. Acute bronchitis until the condition is cured.*

*d. Acute fibrinous pleurisy, associated with acute nontuberculous pulmonary infection.*

*e. Acute mycotic disease of the lung such as coccidioidomycosis and histoplasmosis.*

*f. Acute nontuberculous pneumonia.*

*g. Foreign body in trachea or bronchus.*

*h. Foreign body of the chest wall causing symptoms.*

*i. Lobectomy, history of, for a nontuberculous, nonmalignant lesion with residual pulmonary disease. Removal of more than one lobe is cause for rejection regardless of the absence of residuals.*

*j. Other traumatic lesions* of the chest or its contents.

*k. Pneumothorax*, regardless of etiology or history thereof.

*l. Recent fracture* of ribs, sternum, clavicle, or scapula.

*m. Significant abnormal findings* on physical examination of the chest.

## 2-25. Tuberculous Lesions

(See also par. 2-38.)

The causes for rejection for appointment, enlistment, and induction are—

*a. Active tuberculosis* in any form or location.

*b. Pulmonary tuberculosis*, active within the past 5 years.

*c. Substantiated history or X-ray findings* of pulmonary tuberculosis of more than minimal extent at any time; or minimal tuberculosis not treated with a full year of approved chemotherapy or combined chemotherapy and surgery; or a history of pulmonary tuberculosis with reactivation, relapse, or other evidence of poor host resistance.

## 2-26. Nontuberculous Lesions

The causes for rejection for appointment, enlistment, and induction are—

*a. Acute mastitis*, chronic cystic mastitis, if more than mild.

*b. Bronchial asthma*, except for childhood asthma with a trustworthy history of freedom from symptoms since the 12th birthday.

*c. Bronchitis*, chronic with evidence of pulmonary function disturbance.

*d. Bronchiectasis*.

*e. Bronchopleural fistula*.

*f. Bullous or generalized pulmonary emphysema*.

*g. Chronic abscess of lung*.

*h. Chronic fibrous pleuritis* of sufficient extent to interfere with pulmonary function or obscure the lung field in the roentgenogram.

*i. Chronic mycotic diseases* of the lung including coccidioidomycosis; residual cavitation or more than a few small sized inactive and stable residual nodules demonstrated to be due to mycotic disease.

*j. Empyema*, residual sacculation or unhealed sinuses of chest wall following operation for empyema.

*k. Extensive pulmonary fibrosis* from any cause, producing dyspnea on exertion.

*l. Foreign body of the lung or mediastinum* causing symptoms or active inflammatory reaction.

*m. Multiple cystic disease* of the lung or solitary cyst which is large and incapacitating.

*n. New growth of breast; history of mastectomy*.

*o. Osteomyelitis* of rib, sternum, clavicle, scapula, or vertebra.

*p. Pleurisy with effusion* of unknown origin within the preceding 5 years.

★*q. Sarcoidosis*. See paragraph 2-38.

*r. Suppurative periostitis* of rib, sternum, clavicle, scapula, or vertebra.

## Section XIV. MOUTH, NOSE, PHARYNX, TRACHEA, ESOPHAGUS, AND LARYNX

### 2-27. Mouth

The causes for rejection for appointment, enlistment, and induction are—

*a. Hard palate*, perforation of.

*b. Harelip*, unless satisfactorily repaired by surgery.

*c. Leukoplakia*, if severe.

*d. Lips*, unsightly mutilations of, from wounds, burns, or disease.

*e. Ranula*, if extensive. For other tumors see paragraphs 2-40 and 2-41.

### 2-28. Nose

The causes for rejection for appointment, enlistment, and induction are—

*a. Allergic manifestations*.

(1) Chronic atrophic rhinitis.

(2) Hay fever if severe; or if not controllable by antihistamines or by desensitization, or both.

*b. Choana, atresia, or stenosis* of, if symptomatic.

*c. Nasal septum, perforation of:*

- (1) Associated with interference of function, ulceration or crusting, and when the result of organic disease.
- (2) If progressive.
- (3) If respiration is accompanied by a whistling sound.

*d. Sinusitis, acute.*

*e. Sinusitis, chronic, when more than mild:*

- ★(1) Evidenced by any of the following: Chronic purulent nasal discharge, large nasal polyps, hyperplastic changes of the nasal tissues, or symptoms requiring frequent medical attention.
- (2) Confirmed by transillumination or X-ray examination or both.

**2-29. Pharynx, Trachea, Esophagus, and Larynx**

The causes for rejection for appointment, enlistment, and induction are—

*a. Esophagus*, organic disease of, such as ulceration, varices; achalasia; peptic esophagitis; if confirmed by appropriate X-ray or esophagosopic examinations.

*b. Laryngeal paralysis*, sensory or motor, due to any cause.

*c. Larynx*, organic disease of, such as neoplasm, polyps, granuloma, ulceration, and chronic laryngitis.

*d. Plica dysphonia venricularis.*

*e. Tracheostomy or tracheal fistula.*

**2-30. Other Defects and Diseases**

The causes for rejection for appointment, enlistment, and induction are—

*a. Aphonia.*

*b. Deformities or conditions of the mouth, throat, pharynx, larynx, esophagus, and nose* which interfere with mastication and swallowing of ordinary food, with speech, or with breathing.

*c. Destructive syphilitic disease of the mouth, nose, throat, larynx, or esophagus.* (See para. 2-42.)

*d. Pharyngitis and nasopharyngitis*, chronic, with positive history and objective evidence, if of such a degree as to result in excessive time lost in the military environment.

**Section XV. NEUROLOGICAL DISORDERS**

**2-31. Neurological Disorders**

The causes for rejection for appointment, enlistment, and induction are—

*a. Degenerative disorders:*

- (1) Cerebellar and Friedreich's ataxia.
- (2) Cerebral arteriosclerosis.
- (3) Encephalomyelitis, residuals of, which preclude the satisfactory performance of military duty.
- (4) Huntington's chorea.
- (5) Multiple sclerosis.
- (6) Muscular atrophies and dystrophies of any type.

*b. Miscellaneous:*

- (1) Congenital malformations if associated with neurological manifestations and meningocele even if uncomplicated.
- (2) Migraine when frequent and incapacitating.
- (3) Paralysis or weakness, deformity, discoordination, pain, sensory disturbance, intellectual deficit, disturbances of con-

sciousness, or personality abnormalities regardless of cause which is of such a nature or degree as to preclude the satisfactory performance of military duty.

- (4) Tremors, spasmodic torticollis, athetosis or other abnormal movements more than mild.

*c. Neurosyphilis* of any form (general paresis, tabes dorsalis, meningovascular syphilis).

*d. Paroxysmal convulsive disorders*, disturbances of consciousness, all forms of psychomotor or temporal lobe epilepsy or history thereof except for seizures associated with toxic states or fever during childhood up to the age of 12.

*e. Peripheral nerve disorder:*

- (1) Polyneuritis.
- (2) Mononeuritis or neuraglia which is chronic or recurrent and of an intensity that is periodically incapacitating.
- (3) Neurofibromatosis.

*f. Spontaneous subarachnoid hemorrhage*, verified history of, unless cause has been surgically corrected.

## Section XVI. PSYCHOSES, PSYCHONEUROSES, AND PERSONALITY DISORDERS

### 2-32. Psychoses

The causes for rejection for appointment, enlistment, and induction are—

*Psychosis or authenticated history of a psychotic illness other than those of a brief duration associated with a toxic or infectious process.*

### 2-33. Psychoneuroses

The causes for rejection for appointment, enlistment, and induction are—

*a. History of a psychoneurotic reaction which caused—*

- (1) Hospitalization.
- (2) Prolonged care by a physician.
- (3) Loss of time from normal pursuits for repeated periods even if of brief duration, or
- (4) Symptoms or behavior of a repeated nature which impaired school or work efficiency.

*b. History of a brief psychoneurotic reaction or nervous disturbance within the preceding 12 months which was sufficiently severe to require medical attention or absence from work or school for a brief period (maximum of 7 days).*

### 2-34. Personality Disorders

The causes for rejection for appointment, enlistment, and induction are—

*a. Character and behavior disorders, as evidenced by—*

- (1) Frequent encounters with law enforcement agencies, or antisocial attitudes or behavior which, while not a cause for administrative rejection, are tangible evidence of an impaired characterological capacity to adapt to the military service.
- (2) Overt homosexuality or other forms of sexual deviant practices such as exhibitionism, transvestism, voyeurism, etc.
- (3) Chronic alcoholism or alcohol addiction.
- (4) Drug addiction.

*b. Character and behavior disorders where it is evident by history and objective examination that the degree of immaturity, instability, personality inadequacy, and dependency will seriously interfere with adjustment in the military service as demonstrated by repeated inability to maintain reasonable adjustment in school, with employers and fellow-workers, and other society groups.*

*c. Other symptomatic immaturity reactions such as authenticated evidence of enuresis which is habitual or persistent, not due to an organic condition (para. 2-15c) occurring beyond early adolescence (age 12 to 14) and stammering or stuttering of such a degree that the individual is normally unable to express himself clearly or to repeat commands.*

*★d. Specific learning defects as listed in AR 40-401.*

## Section XVII. SKIN AND CELLULAR TISSUES

### 2-35. Skin and Cellular Tissues

The causes for rejection for appointment, enlistment, and induction are—

*a. Acne:* Severe, when the face is markedly disfigured, or when extensive involvement of the neck, shoulders, chest, or back would be aggravated by or interfere with the wearing of military equipment.

*b. Atopic dermatitis:* With active or residual lesions in characteristic areas (face and neck, antecubital and popliteal fossae, occasionally wrists and hands), or documented history thereof.

*c. Cysts:*

- (1) *Cysts, other than pilonidal.* Of such a size or location as to interfere with the normal wearing of military equipment.

- (2) *Cysts, pilonidal.* Pilonidal cysts, if evidenced by the presence of a tumor mass or a discharging sinus.

*d. Dermatitis factitia.*

*e. Dermatitis herpetiformis.*

*f. Eczema:* Any type which is chronic and resistant to treatment.

*f.1 Elephantiasis or chronic lymphedema.*

*g. Epidermolysis bullosa; pemphigus.*

*h. Fungus infections, systemic or superficial types:* If extensive and not amenable to treatment.

*i. Furunculosis:* Extensive, recurrent, or chronic.

*j. Hyperhidrosis of hands or feet:* Chronic or severe.

- k. *Ichthyosis*: Severe.
- l. *Leprosy*: Any type.
- m. *Leukemia cutis*; *mycosis fungoides*; *Hodgkins' disease*.
- n. *Lichen planus*.
- o. *Lupus erythematosus* (acute, subacute, or chronic) or any other dermatosis aggravated by sunlight.
- p. *Neurofibromatosis* (Von Recklinghausen's disease).
- q. *Nevi or vascular tumors*: If extensive, unsightly, or exposed to constant irritation.
- r. *Psoriasis* or a verified history thereof.
- s. *Radiodermatitis*.
- t. *Scars* which are so extensive, deep, or adherent that they may interfere with the wearing of

military equipment, or that show a tendency to ulcerate.

- u. *Scleroderma*: Diffuse type.
- v. *Tuberculosis*. See paragraph 2-38.
- w. *Urticaria*: Chronic.
- x. *Warts, plantar*, which have materially interfered with the following of a useful vocation in civilian life.
- y. *Xanthoma*: If disabling or accompanied by hypercholesterolemia or hyperlipemia.
- z. *Any other chronic skin disorder* of a degree or nature which requires frequent outpatient treatment or hospitalization, interferes with the satisfactory performance of duty, or is so disfiguring as to make the individual objectionable in ordinary social relationships.

## Section XVIII. SPINE, SCAPULAE, RIBS, AND SACROILIAC JOINTS

### 2-36. Spine and Sacroiliac Joints

(See also par. 2-11.)

The causes for rejection for appointment, enlistment, and induction are—

- a. *Arthritis*. See paragraph 2-11a.
- b. *Complaint of disease or injury of the spine or sacroiliac joints* either with or without objective signs and symptoms which have prevented the individual from successfully following a physically active vocation in civilian life. Substantiation or documentation of the complaint without symptoms and objective signs is required.
- c. *Deviation or curvature of spine* from normal alignment, structure, or function (scoliosis, kyphosis, or lordosis, spina bifida occulta, spondylolysis, etc.), if—
- (1) Mobility and weight-bearing power is poor.
  - (2) More than moderate restriction of normal physical activities is required.
  - (3) Of such a nature as to prevent the individual from following a *physically active vocation* in civilian life.
  - (4) Of a degree which will interfere with the wearing of a uniform or military equipment.
  - (5) Symptomatic, associated with positive physical finding(s) demonstrable by X-ray.
- d. *Diseases of the lumbosacral or sacroiliac joints* of a chronic type and obviously associated

with pain referred to the lower extremities, muscular spasm, postural deformities and limitation of motion in the lumbar region of the spine.

- e. *Granulomatous diseases* either active or healed.
- f. *Healed fracture of the spine or pelvic bones* with associated symptoms which have prevented the individual from following a *physically active vocation* in civilian life or which preclude the satisfactory performance of military duty.
- g. *Ruptured nucleus pulposus* (herniation of intervertebral disk) or history of operation for this condition.
- h. *Spondylolisthesis*.

### 2-37. Scapulae, Clavicles, and Ribs

(See also par. 2-11.)

The causes for rejection for appointment, enlistment, and induction are—

- a. *Fractures*, until well healed, and until determined that the residuals thereof will not preclude the satisfactory performance of military duty.
- b. *Injury within the preceding 6 weeks*, without fracture, or dislocation, of more than a minor nature.
- c. *Osteomyelitis* of rib, sternum, clavicle, scapula, or vertebra.
- d. *Prominent scapulae* interfering with function or with the wearing of uniform or military equipment.

## Section XIX. SYSTEMIC DISEASES AND MISCELLANEOUS CONDITIONS AND EFFECTS

### 2-38. Systemic Diseases

The causes for rejection for appointment, enlistment, and induction are—

- a. *Dermatomyositis*.
- b. *Lupus erythematosus*; acute, subacute, or chronic.
- c. *Progressive systemic sclerosis*.
- d. *Reiter's Disease*.
- e. *Sarcoidosis*.
- f. *Scleroderma*, diffuse type.
- g. *Tuberculosis*:
  - (1) Active tuberculosis in any form or location.
  - (2) Pulmonary tuberculosis. See paragraph 2-25.
  - (3) Confirmed history of tuberculosis of a bone or joint, genitourinary organs, intestines, peritoneum or mesenteric glands at any time.
  - (4) Meningeal tuberculosis; disseminated tuberculosis.

### 2-39. General and Miscellaneous Conditions and Defects

The causes for rejection for appointment, enlistment, and induction are—

- a. *Allergic manifestations*:
  - (1) Allergic rhinitis (hay fever). See paragraph 2-28.
  - (2) Asthma. See paragraph 2-26b.
  - (3) Allergic dermatoses. See paragraph 2-35.
  - (4) Visceral, abdominal, and cerebral allergy, if severe or not responsive to treatment.
- b. *Any acute pathological condition*, including acute communicable diseases, until recovery has occurred without sequelae.
- c. *Any deformity which is markedly unsightly* or which impairs general functional ability to such

an extent as to prevent satisfactory performance of military duty.

d. *Chronic metallic poisoning* especially beryllium, manganese, and mercury. Undesirable residuals from lead, arsenic, or silver poisoning make the examinee medically unacceptable.

e. *Cold injury*, residuals of, (example: frostbite, chilblain, immersion foot, or trench foot) such as deep seated ache, paresthesia, hyperhidrosis, easily traumatized skin, cyanosis, amputation of any digit, or ankylosis.

★ f. *Positive tests for syphilis* with negative TPI test unless there is a documented history of adequately-treated lues or any of the several conditions which are known to give a false-positive S.T.S. (vaccinia, infectious hepatitis, immunizations, atypical pneumonia, etc.) or unless there has been a reversal to a negative S.T.S. during an appropriate followup period (3 to 6 months).

g. *Filariasis; trypanosomiasis; amebiasis; schistosomiasis; uncinariasis* (hookworm) associated with anemia, malnutrition, etc., if more than mild, and other similar worm or animal parasitic infestations, including the carrier states thereof.

h. *Heat pyrexia* (heatstroke, sunstroke, etc.): Documented evidence of predisposition (includes disorders of sweat mechanism and previous serious episode), recurrent episodes requiring medical attention, or residual injury resulting therefrom (especially cardiac, cerebral, hepatic, and renal).

i. *Industrial solvent* and other chemical intoxication, chronic including carbon bisulfide, trichloroethylene, carbon tetrachloride, and methyl cellosolve.

j. *Mycotic infection* of internal organs.

k. *Myositis or fibrositis*; severe, chronic.

l. *Residuals of tropical fevers* and various parasitic or protozoal infestations which in the opinion of the medical examiner preclude the satisfactory performance of military duty.

## Section XX. TUMORS AND MALIGNANT DISEASES

### 2-40. Benign Tumors

The causes for rejection for appointment, enlistment, and induction are—

- a. *Any tumor of the—*
  - (1) Auditory canal, if obstructive.
  - (2) Eye or orbit (see also par. 2-12a(6)).

- (3) Kidney, bladder, testicle, or penis.
- (4) Central nervous system and its membranous coverings unless 5 years after surgery and no otherwise disqualifying residuals of surgery or original lesion.

*b. Benign tumors of the abdominal wall* if sufficiently large to interfere with military duty.

★*c. Benign tumors of bone* likely to continue to enlarge, be subjected to trauma during military service, or show malignant potential.

*d. Benign tumors of the thyroid* or other structures of the neck, including enlarged lymph nodes, if the enlargement is of such degree as to interfere with the wearing of a uniform or military equipment.

*e. Tongue, benign tumor of*, if it interferes with function.

*f. Breast, thoracic contents, or chest wall*, tumors, of, other than fibromata lipomata, and inclusion or sebaceous cysts which do not interfere with military duty.

*f. For tumors of the internal or external female genitalia* see paragraph 2-14h.

## 2-41. Malignant Diseases and Tumors

The causes for rejection for appointment, enlistment, and induction are—

*a. Leukemia*, acute or chronic.

*b. Malignant lymphomata*.

*c. Malignant tumor of any kind*, at any time, substantiated diagnosis of, even though surgically removed, confirmed by accepted laboratory procedures, except as noted in paragraph 2-12a(6).

## Section XXI. VENEREAL DISEASES

### 2-42. Venereal Diseases

In general the finding of acute, uncomplicated venereal disease which can be expected to respond to treatment is not a cause for medical rejection for military service. The causes for rejection for appointment, enlistment, and induction are—

*a. Chronic venereal disease* which has not satisfactorily responded to treatment. The finding of a positive serologic test for syphilis following the

adequate treatment of syphilis is not in itself considered evidence of chronic venereal disease which has not responded to treatment (par. 2-39f).

*b. Complications and permanent residuals* of venereal disease if progressive, of such nature as to interfere with the satisfactory performance of duty, or if subject to aggravation by military service.

*c. Neurosyphilis*. See paragraph 2-31c.

*l. Ulcer, peptic, duodenal and gastric.* Repeated hospitalization or repeated "sick in quarters" because of excessive frequent recurrence of symptoms (pain, vomiting, or bleeding), in spite of good medical management and supported by laboratory and X-ray evidence of activity.

*m. Ulcerative colitis.* Except when responding well to treatment.

*n. Rectum, stricture of.* Severe symptoms of obstruction characterized by intractable constipation, pain on defecation, difficult bowel movements requiring the regular use of laxatives or enemas, or requiring repeated hospitalization.

### 3-6. Gastrointestinal and Abdominal Surgery

The causes of medical unfitness for further military service are—

*a. Colectomy, partial,* when more than mild symptoms of diarrhea remain or if complicated by colostomy.

*b. Colostomy.* Per se, when permanent.

*c. Enterostomy,* if permanent.

*d. Gastrectomy, total per se.* Gastrectomy, subtotal with or without vagotomy; gastrojejunostomy with or without vagotomy; when, in spite of good medical management, the individual develops "dumping syndrome" persisting 6 months postoperatively; or frequent episodes of epigastric distress with characteristic circulatory symptoms or diarrhea persisting more than 6 months postoperatively; or continues to demonstrate appreciable weight loss more than 6 months postoperatively.

*e. Gastrostomy,* permanent.

*f. Ileostomy,* permanent.

*g. Pancreatectomy.*

*h. Pancreaticoduodenostomy and Pancreaticogastronomy.* More than mild symptoms of digestive disturbance or requiring insulin.

*i. Pancreaticojejunostomy.* If for cancer in the pancreas or, if more than mild symptoms of digestive disturbance and requiring insulin.

*j. Proctectomy.*

*k. Proctopexy, proctoplasty, proctorrhaphy, and proctotomy.* If fecal incontinence remains after an appropriate treatment period.

## Section III. BLOOD AND BLOOD-FORMING TISSUE DISEASES

### 3-7. Blood and Blood-Forming Tissue Diseases

Any of the following make the individuals medically unfit for further military service when response to therapy is unsatisfactory, or when therapy is such as to require prolonged intensive medical supervision. See also paragraph 3-41.

*a. Anemia.*

*b. Hemolytic crisis,* chronic and symptomatic.

*c. Leukopenia,* chronic and not responsive to therapy.

*d. Polycythemia.*

*e. Purpura and other bleeding diseases.*

*f. Thromboembolic disease.*

*g. Splenomegaly,* chronic and not responsive to therapy.

## Section IV. DENTAL

### 3-8. Dental Diseases and Abnormalities

Diseases or abnormalities of the jaws or associated tissues render an individual medically unfit

when permanently incapacitating or interfering with the individual's satisfactory performance of military duty.

## Section V. EARS AND HEARING

### 3-9. Ears

The causes of medical unfitness for further military service are—

*a. Infections of the external auditory canal.* Chronic and severe, resulting in thickening and excoriation of the canal or chronic secondary infection requiring frequent and prolonged medical treatment and hospitalization.

*b. Malfunction of the acoustic nerve.* Functional impairment of hearing at levels indicated in paragraph 3-10.

*c. Mastoiditis, chronic,* following mastoidectomy. Constant drainage from the mastoid cavity which is resistant to treatment, requiring frequent and prolonged medical care or hospitalization, and hearing level in the better ear of 30 decibels or more.

*d. Meniere's syndrome.* Recurring attacks of sufficient frequency and severity as to interfere with the performance of military duty; requiring hospitalization and documented by the presence of objective findings of vestibular disturbance, not adequately controlled by treatment.

*e. Otitis media.* Moderate, chronic, suppurative, resistant to treatment, and necessitating frequent hospitalization.

*f. Perforation of the tympanic membrane,* *per se,* is not considered to render an individual medically unfit.

### 3-10. Hearing

*a. Individuals on active duty* who have an average hearing level in the better ear of 30 deci-

bels or more, in the speech range, will be processed as outlined in section II, AR 40-3, for further medical evaluation and disposition.

*b. Individuals on active duty* are medically unfit for further military service whenever their uncorrected hearing in the better ear is 30 decibels or more in the speech range, unless their hearing can be improved with a hearing aid to a level of 20 decibels or less in the speech range. Processing for separation from active duty of individuals who are determined by audiometric testing to have uncorrected hearing in the better ear of 30 decibels or more in the speech range will be accomplished as set forth in section II, AR 40-3, within 90 days of anticipated separation from active duty. No determination of medical unfitness for hearing loss of individuals on active duty will be made without the application of section II, AR 40-3.

- (1) Members of the Reserve Components not on active duty, will be found unfit whenever it is determined that their hearing in the speech range is 30 decibels or more in the better ear, unless they offer acceptable documentary proof that their hearing is correctable to 20 decibels in the speech range.
- (2) Individuals not on active duty whose hearing loss is the result of injury or disease incurred in line of duty will be evaluated and processed as indicated in *b* above.

## Section VI. ENDOCRINE AND METABOLIC DISORDERS

### 3-11. Endocrine and Metabolic Disorders

The causes of medical unfitness for further military service are—

*a. Acromegaly.* With severe function impairment.

*b. Adrenal hyperfunction.* Which does not respond to therapy satisfactorily or where replacement therapy presents serious problems in management.

*c. Diabetes insipidus.* Unless mild and patient shows good response to treatment.

*d. Diabetes mellitus.* When proven to require hypoglycemic drugs in addition to restrictive diet for control.

*e. Goiter.* With symptoms of obstruction to breathing with increased activity, unless correctable.

*f. Gout.* Advanced cases with frequent acute exacerbations and severe bone, joint, or kidney damage.

*g. Hyperinsulinism.* When caused by a malignant tumor or when the condition is not readily controlled.

*m. Pregnancy.* A confirmed diagnosis of pregnancy provides the basis for administrative separation in accordance with existing policies concerning pregnancy.

*n. Sterility.* Per se, does not render the individual medically unfit.

*o. Strictures of the urethra or ureter.* Severe and not amenable to treatment.

*p. Urethritis, chronic,* not responsive to treatment and necessitating frequent absences from duty.

*q. Urinary bladder calculus or diverticulum* does not render the individual medically unfit.

### 3-18. Genitourinary and Gynecological Surgery

The causes of medical unfitness for further military service are those listed below:

*a. Cystectomy.*

*b. Cystoplasty.* If reconstruction is unsatisfactory or if residual urine persists in excess of 50 cc or if refractory symptomatic infection persists.

*c. Hysterectomy,* per se, does not make the individual medically unfit; however, residual symptoms or complications may render the individual medically unfit.

*d. Nephrectomy.* Performed as a result of trauma, simple pyogenic infection, unilateral hydronephrosis, or nonfunctioning kidney when after the treatment period the remaining kidney still presents infection or pathology. Residuals of nephrectomy performed for polycystic disease, renal tuberculosis and malignant neoplasm of the kidney, must be individually evaluated by a genitourinary consultant and the medical unfitness

must be determined on the basis of the concepts contained in paragraph 3-3.

*e. Nephrostomy.* If permanent drainage persists.

*f. Oophorectomy.* When following treatment and convalescent period there remain more than mild mental or constitutional symptoms.

*g. Pyelostomy.* If permanent drainage persists.

*h. Ureterocolostomy.*

*i. Ureterocystostomy.* When both ureters were noted to be markedly dilated with irreversible changes.

*j. Ureteroileostomy cutaneous.*

*k. Ureteroplasty.*

(1) When unilateral operative procedure is unsuccessful and nephrectomy is resorted to, and the remaining kidney is abnormal after an adequate period of treatment.

(2) When the obstructive condition is bilateral the residual obstruction or hydronephroses must be evaluated on an individual basis by a genitourinary consultant and medical fitness for further military service determined in accordance with the concepts in paragraph 3-3.

*l. Ureterosigmoidostomy.*

*m. Ureterostomy.* External or cutaneous.

*n. Urethroostomy.* Complete amputation of the penis or when a satisfactory urethra cannot be restored.

*o. Medical fitness for further military service following other genitourinary and gynecological surgery* will depend upon an individual evaluation of the etiology, complication, and residuals.

## Section X. HEAD AND NECK

### 3-19. Head

(See also par. 3-30.)

*Plating of the skull,* loss of substance of the skull, and decompressions do not in themselves render the individual medically unfit. However, the residual neurologic signs and symptoms may render the individual medically unfit (par. 3-31o).

### 3-20. Neck

(See also par. 3-11.)

The causes of medical unfitness for further military service are—

*a. Cervical ribs* per se, do not render the individual medically unfit.

*b. Torticollis (wry neck).* Severe fixed deformity with cervical scoliosis, flattening of the head and face, and loss of cervical mobility.

## Section XI. HEART AND VASCULAR SYSTEM

### 3-21. Heart

The causes of medical unfitness for further military service are—

*a. Arteriosclerotic heart disease.* Associated with myocardial insufficiency (congestive heart failure), repeated anginal attacks, or objective evidence of myocardial infraction.

*b. Auricular fibrillation and auricular flutter.* Associated with organic heart disease, or if not adequately controlled by medication.

*c. Endocarditis.* Bacterial endocarditis resulting in myocardial insufficiency.

*d. Heart block.* Associated with other signs and symptoms of organic heart disease or syncope (Stokes-Adams).

*e. Myocarditis and degeneration of the myocardium.* Myocardial insufficiency at a functional level of Class IIC or worse, American Heart Association (app. VII).

*f. Paroxysmal tachycardia, ventricular or atrial.* Associated with organic heart disease or if not adequately controlled by therapy.

*g. Pericarditis.*

(1) Chronic constrictive pericarditis unless successful remedial surgery has been performed.

(2) Chronic serous pericarditis.

*h. Rheumatic valvulitis.* Cardiac insufficiency at a functional capacity level of Class IIC or worse, American Heart Association (app. VII). A diagnosis made during the initial period of service and/or enlistment and which is determined to be a residual of a condition that existed prior to service, will be determined unfitting regardless of the degree of severity.

*i. Ventricular premature contractions.* Frequent or continuous attacks, whether or not associated with organic heart disease, accompanied by discomfort or fear of such a degree as to interfere with the satisfactory performance of duties.

### 3-22. Vascular System

The causes of medical unfitness for further military service are—

*a. Arteriosclerosis obliterans* when any of the following conditions are present.

(1) Intermittent claudication of sufficient severity to produce discomfort and inability to complete a walk of 200 yards or less on level ground at 112 steps per minute without a rest, or

(2) Objective evidence of arterial disease with symptoms of claudication, ischemic rest pain or with gangrenous or ulcerative skin changes of a permanent degree in the distal extremity, or

(3) The demonstration of objective involvement of more than one organ system or anatomic region with symptoms of arterial insufficiency (the lower extremities for this purpose will be considered as one anatomic region).

(4) Correction by reconstructive vascular surgery.

*b. Coarctation of the aorta* and other significant congenital anomalies of the cardiovascular system unless satisfactorily treated by surgical correction.

*c. Aneurysm of aorta*, or corrective surgery therefor.

*d. Periarteritis nodosa*, with definite evidence of functional impairment.

*e. Chronic venous insufficiency (post-phlebotic syndrome).* When more than mild in degree and symptomatic despite elastic support.

*f. Raynaud's phenomena.* Manifested by trophic changes of the involved parts characterized by scarring of the skin, or ulceration.

*g. Thromboangitis obliterans.* Intermittent claudication of sufficient severity to produce discomfort and inability to complete a walk of 200 yards or less on level ground at 112 steps per minute, or with other complications.

*h. Thrombophlebitis.* When supported by a history of repeated attacks requiring treatment of such frequency as to interfere with the satisfactory performance of duty.

*i. Varicose veins.* Severe in degree and symptomatic despite therapy.

### 3-23. Miscellaneous

The causes of medical unfitness for further military service are—

*a. Aneurysms.*

- (1) Acquired arteriovenous aneurysm when more than minimal vascular symptoms remain following remedial treatment or if associated with cardiac involvement.
- (2) Other aneurysms of the arteries will be individually evaluated based upon the vessel involved and the residuals remaining after appropriate treatment.

*Note.* When the remedial or appropriate treatment involves reconstructive vascular surgery, the member will be considered unfit.

*b. Erythromelalgia.* Persistent burning pain in the soles or palms not relieved by treatment.

*c. Hypertensive cardiovascular disease and hypertensive vascular disease.*

- (1) Diastolic pressure of over 110 mm of mercury following an adequate period of oral therapy while on an ambulatory status.

- (2) Any documented history of hypertension regardless of the pressure values if associated with one or more of the following:
  - (a) More than minimal changes in the brain.
  - (b) Heart disease.
  - (c) Kidney involvement, with moderate impairment of renal function.
  - (d) Grade III (Keith-Wagner-Barker) changes in the fundi.

*d. Rheumatic fever, active, with or without heart damage.* Recurrent attacks.

*e. Residuals of surgery of the heart, pericardium, or vascular system* resulting in inability of the individual to perform duties without discomfort or dyspnea. When the surgery involves insertion of a pacemaker, reconstructive vascular surgery, or similar newly developed techniques or prostheses, the individual will be considered unfit.

## Section XII. HEIGHT, WEIGHT, AND BODY BUILD

### 3-24. Height

*Under-height or over-height.* Per se, does not render the individual medically unfit.

### 3-25. Weight

*Over-weight or under-weight.* Per se, does not render the individual medically unfit. However, the etiological factor may in itself render the individual medically unfit.

### 3-26. Body Build

*a. Obesity.* Per se, does not render the individual medically unfit. However, the etiological factor in itself may render the individual medically unfit.

*b. Deficient muscular development* which is the result of injury or illness does not in itself render the individual medically unfit. However, as a residual or complication of injury or illness, it may contribute to overall medical unfitness.

## Section XIII. LUNGS AND CHEST WALL

### 3-27. Tuberculous Lesions

(See also par. 3-28.)

The causes of medical unfitness for further military service are—

*a. Pulmonary tuberculosis except as stated below.*

- (1) Individuals on active duty will be held for definitive treatment when—
  - (a) The disease is service incurred.
  - (b) The individual's return to useful duty can be expected within 12 to 15 months, inclusive of a period of inactivity of 1 to 6 months or more. See TB Med 236.
- (2) Members of the U.S. Army Reserve not on active duty will be found fit for re-

tention in this status, not subject to call to active duty for training, inactive duty training, or mobilization for a period not to exceed 12 to 15 months, when the individual will be capable of performing full-time useful military duty within 12 to 15 months with appropriate treatment, inclusive of a period of inactivity of 6 months or more. See TB Med 236.

- (3) Members of the ARNG, not on active duty, will be separated from the ARNG in accordance with the provisions of NGR 20-4 (officers) and NGR 25-3 (enlisted). However, such members will be per-

mitted to reenlist or be reappointed in the ARNG under the standards in this chapter following the 12- to 15-month period described in (2) above.

b. *Tuberculous empyema.*

c. *Tuberculous pleurisy.* Same as pulmonary tuberculosis (a above).

### 3-28. Nontuberculous Lesions

The causes of medical unfitness for further military service are—

a. *Asthma.* Associated with emphysema of sufficient degree to interfere with performance of duty or frequent attacks not controlled by oral medication.

b. *Atelectasis or massive collapse of the lung.* Moderately symptomatic with paroxysmal cough at frequent intervals throughout the day or moderate emphysema, or residuals or complications which require repeated hospitalization.

c. *Bronchiectasis and bronchiolectasis.* Cylindrical or saccular type which is moderately symptomatic, with paroxysmal cough at frequent intervals throughout the day or moderate emphysema with moderate amount of bronchiectatic sputum or recurrent pneumonia, or residuals or complications which require repeated hospitalization.

d. *Bronchitis.* Chronic, severe, persistent cough, considerable expectoration, moderate emphysema or dyspnea at rest or on slight exertion, or residuals or complications which require repeated hospitalization.

e. *Cystic disease of the lung, congenital.* Involving more than one lobe in a lung.

f. *Diaphragm, congenital defect.* Symptomatic.

g. *Hemopneumothorax, hemothorax and pyopneumothorax.* More than moderate pleuritic residuals with persistent underweight, marked re-

striction of respiratory excursions and chest deformity, or marked weakness and fatigability on slight exertion.

h. *Histoplasmosis.* Chronic disease not responding to treatment.

i. *Pleurisy, chronic, or pleural adhesions.* Severe dyspnea or pain on mild exertion associated with definite evidence of pleural adhesions and demonstrable moderate reduction of pulmonary function.

j. *Pneumothorax, spontaneous.* Repeated episodes of pneumothorax not correctable by surgery.

k. *Pulmonary calcification.* Multiple calcifications associated with significant respiratory embarrassment or active disease not responsive to treatment.

l. *Pulmonary emphysema.* Marked emphysema with dyspnea on mild exertion and demonstrable moderate reduction in pulmonary function.

m. *Pulmonary fibrosis.* Linear fibrosis or fibrocalcific residuals of such a degree as to cause dyspnea on mild exertion and demonstrable moderate reduction in pulmonary function.

n. *Pneumoconiosis.* Severe, with dyspnea on mild exertion.

o. *Pulmonary sarcoidosis.* If not responding to therapy and complicated by demonstrable moderate to severe reduction in pulmonary function.

p. *Stenosis, bronchus.* Severe stenosis associated with repeated attacks of bronchopulmonary infections requiring hospitalization of such frequency as to interfere with the satisfactory performance of duty.

q. *Stenosis, trachea.*

### 3-29. Surgery of the Lungs and Chest

The cause of medical unfitness for further military service is—

*Lobectomy:* Of more than one lobe or if pulmonary function is seriously impaired.

## Section XIV. MOUTH, NOSE, PHARYNX, TRACHEA, ESOPHAGUS, AND LARYNX

### 3-30. Mouth, Nose, Pharynx, Trachea, Esophagus, and Larynx

The causes of medical unfitness for further military service are—

a. *Esophagus.*

(1) Achalasia unless controlled by medical therapy.

(2) Esophagitis, severe.

(3) Diverticulum of the esophagus of such a degree as to cause frequent regurgitation, obstruction, and weight loss, which does not respond to treatment.

(4) Stricture of the esophagus of such a degree as to almost restrict diet to liquids,

*z. Scleroderma.* Generalized or of the linear type which seriously interferes with the function of an extremity.

*aa. Tuberculosis of the skin.* See paragraph 3-38h(5).

*ab. Ulcers of the skin.* Not responsive to treatment after an appropriate period of time or if interfering with the satisfactory performance of duty.

*ac. Urticaria.* Chronic, severe, and not amenable to treatment.

*ad. Xanthoma.* Regardless of type, only when interfering with the satisfactory performance of duty.

*ae. Other skin disorders.* If chronic, or of a nature which requires frequent medical care or interferes with the satisfactory performance of military duty.

### Section XVIII. SPINE, SCAPULAE, RIBS, AND SACROILIAC JOINTS

#### 3-37. Spine, Scapulae, Ribs, and Sacroiliac Joints

(See also par. 3-14.)

The causes of medical unfitness for further military service are—

*a. Congenital anomalies.*

(1) *Dislocation, congenital, of hip.*

(2) *Spina bifida.* Demonstrable signs and moderate symptoms of cord or root involvement.

(3) *Spondylolisthesis or spondylolysis.* Moderate displacement and symptoms requiring repeated hospitalization.

(4) *Others:* Associated with muscular spasm, pain to the lower extremities, postural de-

formities, and limitation of motion which have not been amenable to treatment or improved by assignment limitations.

*b. Coxa vara.* More than moderate with pain, deformity, and arthritic changes.

*c. Herniation of nucleus pulposus.* More than mild symptoms with sufficient objective findings, following appropriate treatment or remediable measures, of such a degree as to interfere with the satisfactory performance of duty.

*d. Kyphosis.* More than moderate, interfering with function, or causing unmilitary appearance.

*e. Scoliosis.* Severe deformity with over 2 inches deviation of tips of spinous processes from the midline.

### Section XIX. SYSTEMIC DISEASES, AND MISCELLANEOUS CONDITIONS AND DEFECTS

#### 3-38. Systemic Diseases

The causes of medical unfitness for further military service are—

*a. Blastomycosis.*

*b. Brucellosis.* Chronic with substantiated recurring febrile episodes, severe fatigability, lassitude, depression or general malaise.

*c. Leprosy* of any type.

*d. Lupus erythematosus disseminated, chronic.*

*e. Myasthenia gravis.*

*f. Porphyria cutanea tarda.*

*g. Sarcoidosis.* Progressive with severe or multiple organ involvement and not responsive to therapy.

*h. Tuberculosis.*

(1) Meningitis, tuberculous.

(2) Pulmonary tuberculosis, tuberculous empyema, and tuberculous pleurisy. See paragraph 3-27.

(3) Tuberculosis of the male genitalia. Involvement of prostate or seminal vesicles and other instances not corrected by surgical excision or when residuals are more than minimal or are symptomatic.

(4) Tuberculosis of the larynx, female genitalia, and kidney.

(5) Tuberculosis of the lymph nodes, skin, bone, joints, intestines, eyes, and peritoneum or mesenteric glands will be evaluated on an individual basis considering the associated involvement, residuals and complications.

#### 3-39. General and Miscellaneous Conditions and Defects

The causes of medical unfitness for further military service are—

*a. Allergic manifestations.*

- (1) *Allergic rhinitis*. See paragraph 3-30d and e.
- (2) *Asthma*. See paragraph 3-28a.
- (3) *Allergic dermatoses*. See paragraph 3-36.
- (4) *Visceral, abdominal, or cerebral allergy*. Severe, or not responsive to therapy.

b. *Cold injury residuals (frostbite, chilblain, immersion foot, or trench foot)*. With chronic objective and subjective findings, listed in TB MED 81 or loss of parts as outlined in paragraphs 3-12 and 3-13.

c. *Miscellaneous medical conditions* and physical defects not elsewhere provided for in this chapter, which—

- (1) Obviously precludes the individual's satisfactory performance of duty.

- (2) Would compromise the individual's health and well-being if he were to remain in the military service.
- (3) Would prejudice the interests of the Government if the individual were to remain in the military service.

*Questionable cases* not falling within the above may be referred to The Surgeon General for an opinion of medical fitness prior to Physical Evaluation Board processing.

d. Exceptionally, as regards members of National Guard and U.S. Army Reserve, not on active duty, medical conditions or physical defects of a progressive nature approaching the levels of severity described as unfitting in other parts of this chapter when unfitness within a short time may reasonably be expected.

## Section XX. TUMORS AND MALIGNANT DISEASES

### 3-40. Malignant Neoplasms

The causes of medical unfitness for further military service are—

a. Malignant growths when unresponsive to therapy, or when the residuals of remediable treatment are in themselves unfitting under other provisions of this chapter.

b. Malignant neoplasms in individuals on active duty when they are of such a nature as to preclude satisfactory performance of duty, and treatment is refused by the individual.

c. Presence of malignant neoplasms or reasonable suspicion thereof when an individual not on active duty is unwilling to undergo treatment or appropriate diagnostic procedures.

d. Malignant growths when on evaluation for separation from active duty, the observation period subsequent to treatment is deemed inadequate for disposition purposes as distinguished from clinical followup.

### 3-41. Neoplastic Conditions of Lymphoid and Blood-Forming Tissues

*Neoplastic conditions of the lymphoid and blood-forming tissues* are generally considered as

rendering an individual medically unfit for further military duty.

### 3-42. Benign Neoplasms

a. *Benign tumors*, except as noted in b below, are not generally cause for medical unfitness because they are usually remediable. Individuals who refuse treatment will be considered medically unfit only if their condition precludes their satisfactory performance of military duty.

b. The following, upon the diagnosis thereof, are considered to render the individual unfit for further military service.

- (1) Ganglioneuroma.
- (2) Meningeal fibroblastoma, when the brain is involved.

### 3-43. Venereal Disease

The causes of medical unfitness for further military service are—

- a. *Aneurysm of the aorta* due to syphilis.
- b. *Atrophy of the optic nerve* due to syphilis.
- c. *Symptomatic neurosyphilis* in any form.
- d. *Complications or residuals of venereal disease* of such chronicity or degree that the individual is incapable of performing useful duty.

## CHAPTER 4.

## MEDICAL FITNESS STANDARDS FOR FLYING DUTY

(Short Title: MEDICAL FITNESS STANDARDS FOR FLYING)

## Section I. GENERAL

## 4-1. Scope

This regulation sets forth medical conditions and physical defects which are considered causes for rejection for selection and retention for—

- a. Aircraft mechanics, air traffic controllers, and flight simulator specialists.
- b. Civilian flight instructors.
- c. Participation in regular and frequent aerial flights as nondesignated or nonrated personnel.
- d. Rated Naval aviator, Air Force pilot, or Army aviator or training leading to such designation.

## 4-2. Classes of Medical Standards for Flying and Applicability

★The established classes of medical fitness standards for flying duties and their applicability are as follows:

a. *Class 1 standards apply* in the case of individuals being considered for selection for—

- (1) Aviator training leading to the aeronautical designation of Army aviator, who do not hold a Naval aviator, Air Force pilot or Army aviator rating.
- (2) ROTC Flight Training Program.

b. *Class 1A standards apply* in the case of—

- (1) Individuals being considered for selection for aviator training leading to the aeronautical designation of Army aviator only upon a specific directive by the Department of the Army.

★(2) Evaluation of individuals selected for training (a(1) above) before such training has begun.

c. *Class 2 standards apply* in the case of—

- (1) FAA rated flight instructors who are to conduct flying instructions at Army aviation training bases.
- (2) Individuals being considered for or performing duty as air traffic controllers.

- (3) Individuals on flying status as a Naval aviator, Air Force pilot, or Army aviator undergoing annual medical examination.
- (4) Rated military pilots being considered for return to duty in a flying status.
- (5) Rated Naval aviators, Air Force pilots, or Army aviators being considered for further flying training.
- (6) Student pilots in military aviation training programs including the ROTC Flight Training Program graduates.
- (7) Test pilots employed by the Department of the Army.

d. *Class 3 standards apply* in the case of individuals ordered by competent authority to participate in regular and frequent aerial flights as nondesignated or nonrated personnel not engaged in the actual control of aircraft, such as aviation medical officers, observers, aircraft mechanics, etc.

## 4-3. Disposition of Personnel Who Do Not Meet These Standards

a. *Applicants.* The reports of medical examination pertaining to applicants who do not meet the medical fitness standards for flying as prescribed herein will nevertheless be processed for review by the Department of the Army as prescribed in the appropriate procurement regulation.

b. *Rated or designated personnel and nondesignated or nonrated personnel.* Individuals who do not meet the medical fitness standards for flying as prescribed herein will be immediately suspended from flying as outlined in AR 600-107, unless they have previously been continued in flying status for the same defect by designated higher authority in which case they may be permitted to fly until the continuance is confirmed, provided the condition is essentially unchanged and that flying safety and the individual's well-being are not compromised.

## Section II. ABDOMEN AND GASTROINTESTINAL SYSTEM

### 4-4. Abdomen and Gastrointestinal System

The causes of medical unfitness for flying duty Classes 1, 1A, 2, and 3 are causes listed in paragraph 2-3, plus the following:

a. *Enlargement of liver* except when liver function tests are normal with no history of jaundice (other than simple catarrhal), and the condition does not appear to be caused by active disease.

b. *Functional bowel distress syndrome* (irritable colon).

c. *Hernia* of any variety, other than small umbilical.

d. *History of bowel resection* for any cause (except appendectomy) and operation for relief of intestinal adhesions. In addition pylorotomy in infancy without complications at present, will not, per se, be cause for rejection.

e. *Operation for intussusception* except when done in childhood or infancy. Bowel resection in the latter instance will not disqualify examinee.

f. *Ulcer:*

(1) *Classes 1 and 1A.* See paragraph 2-3r.

(2) *Classes 2 and 3.* Until reviewed by The Surgeon General.

## Section III. BLOOD AND BLOOD-FORMING TISSUE DISEASES

### 4-5. Blood and Blood-Forming Tissue Diseases

The causes of medical unfitness for flying duty

Classes 1, 1A, 2, and 3 are the causes listed in paragraphs 2-4 and 4-27, plus the following:

*Sickle cell trait or sickle cell disease.*

## Section IV. DENTAL

### 4-6. Dental

The causes of medical unfitness for flying duty

Classes 1, 1A, 2, and 3 are the causes listed in paragraph 2-5.

## Section V. EARS AND HEARING

### 4-7. Ears

The causes of medical unfitness for flying duty Classes 1, 1A, 2, and 3 are the causes listed in paragraph 2-6, plus the following:

a. *Abnormal labyrinthine function* when determined by appropriate tests.

b. *Any infectious process of the ear*, including external otitis, until completely healed.

c. *Deformities of the pinna* if associated with tenderness which may be distracting when constant pressure is exerted.

d. *History of attacks of vertigo* with or without nausea, vomiting, deafness, and tinnitus.

e. *Marked retraction of the tympanic membrane* if mobility is limited or if associated with occlusion of the eustachian tubes.

f. *Post auricular fistula.*

g. *Radical mastoidectomy.*

h. *Recurrent or persistent tinnitus* except that personnel under Classes 2 and 3 standards are to be individually evaluated after a period of observation on a nonflying status.

i. *Simple mastoidectomy* and modified radical mastoidectomy until recovery is complete and the ear is functionally normal.

j. *Tympanoplasty.*

(1) *Classes 1 and 1A:* Tympanoplasty at any time.

(2) *Classes 2 and 3:* Tympanoplasty, until healed with acceptable hearing (app. II) and good motility.

### 4-8. Hearing

The causes of medical unfitness for flying duty Classes 1, 1A, 2, and 3 are—

Hearing level in decibels greater than shown in table 2, appendix II.

## Section IX. GENITOURINARY SYSTEM

### 5-13. Genitourinary System

Causes of medical unfitness for USMA are the causes listed in paragraphs 2-14 and 2-15, plus the following:

- a. *Atrophy, deformity, or maldevelopment of both testicles.*
- b. *Epispadias.*
- c. *Hypospadias, pronounced.*

d. *Penis: Amputation or gross deformity.*

e. *Phimosis: Redundant prepuce is not cause for rejection.*

f. *Urine:*

- (1) *Albuminuria: Persistent or recurrent of any type regardless of etiology.*
- (2) *Casts: Persistent or recurrent regardless of cause.*

## Section X. HEAD AND NECK

### 5-14. Head and Neck

The causes of medical unfitness for USMA are the causes listed in paragraphs 2-16 and 2-17, plus the following:

a. *Deformities of the skull in the nature of depressions, exostoses, etc., which affect the military appearance of the candidate.*

b. *Loss or congenital absence of the bony substance of the skull of any amount.*

## Section XI. HEART AND VASCULAR SYSTEM

### 5-15. Heart and Vascular System

The causes of medical unfitness for USMA are the causes listed in paragraphs 2-18, 2-19, and 2-20, plus the following:

a. *Any evidence of organic heart disease.*

★b. *Hypertension evidenced by preponderant readings of 140-mm or more systolic or preponderant diastolic pressure of over 90-mm.*

## Section XII. HEIGHT, WEIGHT AND BODY BUILD

### 5-16. Height

The causes of medical unfitness for USMA are—

a. *Height below 66 inches.* However, see special administrative criteria in paragraph 7-14.

b. *Height over 78 inches.* However, see special administrative criteria in paragraph 7-14.

### 5-17. Weight

The causes of medical unfitness for USMA are—

a. *Weight related to age and height which is below the minimum shown in table I, appendix III.*

b. *Weight related to age and height which is in*

excess of the maximum shown in table I, appendix III.

### 5-18. Body Build

The causes of medical unfitness for USMA are the causes listed in paragraph 2-23, plus the following:

*Obesity:* Even though the candidate's weight is within the maximum shown in table I, appendix III, he will be reported as nonacceptable when the medical examiner considers that the excess weight, in relation to the bony structure and musculature, constitutes obesity of such a degree as to interfere with the satisfactory completion or immediate participation in the required physical activities at the USMA.

## Section XIII. LUNGS AND CHEST WALL

### 5-19. Lungs and Chest Wall

The causes of medical unfitness for USMA are

the causes listed in paragraphs 2-24, 2-25, and 2-26.

## Section XIV. MOUTH, NOSE, PHARYNX, TRACHEA, ESOPHAGUS, AND LARYNX

### 5-20. Mouth, Nose, Pharynx, Trachea, Esophagus, and Larynx

The causes of medical unfitness for USMA are the causes listed in paragraphs 2-27, 2-28, 2-29, and 2-30, plus the following:

*a. Septal deviation, hypertrophic rhinitis, or other conditions which result in 50 percent or*

more obstruction of either airway, or which interfere with drainage of a sinus on either side.

*b. Speech abnormalities:* Defects and conditions which interfere with the candidate's ability to pronounce and enunciate words correctly and clearly considering the requirements of class recitation and the issuing of commands to large groups of men.

## Section XV. NEUROLOGICAL DISORDERS

### 5-21. Neurological Disorders

The causes of medical unfitness for USMA are the causes listed in paragraph 2-31.

## Section XVI. PSYCHOSES, PSYCHONEUROSES, AND PERSONALITY DISORDERS

### 5-22. Psychoses, Psychoneuroses, and Personality Disorders

The causes of medical unfitness for USMA are the causes listed in paragraphs 2-32, 2-33, and 2-34, plus the following:

*a. Prominent antisocial tendencies, personality defects, neurotic traits, emotional instability,*

*schizoid tendencies, and other disorders of a similar nature.*

*b. Stammering or stuttering* which interferes with the candidate's ability to pronounce and enunciate words correctly and clearly, considering the requirements of class recitation and the issuing of commands to large groups of men.

## Section XVII. SKIN AND CELLULAR TISSUES

### 5-23. Skin and Cellular Tissues

The causes of medical unfitness for USMA are the causes listed in paragraph 2-35, plus the following:

*a. Acne, moderately severe, or interfering with*

wearing of military equipment.

*b. Acne scarring:* Severe.

*c. Bromidrosis:* More than mild.

*d. Vitiligo* or other skin disorders which are disfiguring or unsightly.

## Section XVIII. SPINE, SCAPULAE, RIBS, AND SACROILIAC JOINTS

### 5-24. Joints, Spine, Scapulae, Ribs, and Sacroiliac

The causes of medical unfitness for USMA are the causes listed in paragraphs 2-11, 2-36, and 2-37, plus the following:

*a. Defects and diseases of the spine, scapulae,*

*ribs, or sacroiliac joints* which interfere with the daily participation in a rigorous physical training or athletic program, with the wearing of military equipment, or which detract from a smart military bearing or appearance.

*b. Spondylolysis.*

## Section XIX. SYSTEMIC DISEASES AND MISCELLANEOUS CONDITIONS AND DEFECTS

### 5-25. Systemic Diseases and Miscellaneous Conditions and Defects

The causes for rejection for USMA are the same as those listed in paragraphs 2-38 and 2-39, plus the following:

Systemic diseases and miscellaneous medical conditions and physical defects which interfere with the daily participation in a rigorous physical training or athletic program, with the wearing of military equipment, or which detract from a smart military bearing or appearance.

**Section XX. TUMORS AND MALIGNANT DISEASES**

**5-26. Tumors and Malignant Diseases**

The causes of medical unfitness for USMA are the causes listed in paragraphs 2-40 and 2-41.

**Section XXI. VENEREAL DISEASES**

**5-27. Venereal Diseases**

The causes of medical unfitness for USMA are the causes listed in paragraph 2-42, plus the following:

- a. Confirmed positive serologic test for syphilis.*
- b. Positive spinal fluid test for syphilis at any time.*

*e. Muscles:*

- (1) Paralysis secondary to poliomyelitis if the use of a cane or crutches is required.
- (2) Progressive muscular dystrophy: Confirmed.

*f. Myotonia congenital:* Confirmed.

*g. Osteitis deformans (Paget's Disease):* Involvement in single or multiple bones with resultant deformities or symptoms severely interfering with function.

*h. Osteoarthropathy, hypertrophic, secondary:*

Moderately severe to severe pain present, with joint effusion occurring intermittently in one or multiple joints and with at least moderate loss of function.

*i. Osteomyelitis:* When recurrent, not responsive to treatment, and involves the bone to a degree which severely interferes with stability and function.

*j. Tendon transplantation:* Fair or poor restoration of function with weakness which seriously interferes with the function of the affected part.

## Section VIII. EYES AND VISION

## 6-13. Eyes

The causes of medical unfitness for military service are—

*a. Active eye disease or any progressive organic eye disease* regardless of the stage of activity, resistant to treatment which affects the distant visual acuity or visual fields of an eye to any degree when—

- (1) The distant visual acuity cannot be corrected to 20/70 in the better eye.
- (2) The diameter of the visual field in the unaffected eye is less than 20 degrees.

*b. Aphakia, bilateral.**c. Atrophy of optic nerve* due to disease.

*d. Chronic congestive (closed angle) glaucoma or chronic noncongestive (open angle) glaucoma* if well established, with demonstrable changes in the optic discs or visual fields.

*e. Degenerations:* When visual loss exceeds the limits shown below or when vision is correctable only by the use of contact lenses, or other special corrective devices (telescopic lenses, etc.).

*f. Diseases and infections of the eye:* When chronic, more than mildly symptomatic, progressive, and resistant to treatment after a reasonable period.

*g. Residuals or complications of injury to the eye* which are progressive or which bring vision below the criteria in paragraph 6-14.

*h. Retina, detachment of.*(1) *Unilateral:*

- (a) When vision in the better eye cannot be corrected to at least 20/70.
- (b) When the visual field in the better eye

is constricted to less than 20° in diameter;

- (c) When uncorrectable diplopia exists; or
- (d) When the detachment is the result of documented organic progressive disease or new growth, regardless of the condition of the better eye.

(2) *Bilateral:* Regardless of etiology or results of corrective surgery.

## 6-14. Vision

The causes of medical unfitness for military service are—

*a. Aniseikonia:* Subjective eye discomfort, neurologic symptoms, sensations of motion sickness and other gastrointestinal disturbances, functional disturbances, and difficulties in form sense, and not corrected by iseikonic lenses.

*b. Binocular diplopia:* Not correctable by surgery, and which is severe, constant, and in zone less than 20° from the primary position.

*c. Hemianopsia:* Of any type, if bilateral, permanent, and based on an organic defect. Those due to a functional neurosis and those due to transitory conditions, such as periodic migraine, are not considered to render an individual unfit.

*d. Loss of an eye:* An individual with the loss of an eye if suitable prosthesis cannot be tolerated.

*e. Night blindness:* Of such a degree that the individual requires assistance in any travel at night.

*f. Visual acuity* which cannot be corrected to at least 20/70 in the better eye.

*g. Visual field:* Constricted to less than 20° in diameter.

## Section IX. GENITOURINARY SYSTEM

### 6-15. Genitourinary System

(See also par. 6-16.)

The causes of medical unfitness for military service are—

*a. Dysmenorrhea:* Symptomatic, irregular cycle, not amenable to treatment, and of such severity as to necessitate recurrent absences of more than one day from civilian occupation.

*b. Endometriosis:* Symptomatic and incapacitating to a degree which necessitates recurrent absences of more than a day from civilian occupation.

*c. Enuresis* determined to be a symptom of an organic defect not amenable to treatment.

*d. Hypospadias:* Accompanied by evidence of chronic infection of the genitourinary tract or instances where the urine is voided in such a manner as to soil clothes or surroundings and the condition is not amenable to treatment.

*e. Incontinence of urine:* Due to disease or defect not amendable to treatment and of such severity as to necessitate repeated absence from civilian occupation.

#### *f. Kidney.*

- (1) Calculus in kidney: Bilateral, symptomatic and not responsive to treatment.
- (2) Bilateral congenital anomaly of the kidney resulting in frequent or recurrent infections, or when there is evidence of obstructive uropathy not responding to medical and/or surgical treatment.
- (3) Cystic kidney (polycystic kidney):
  - (a) Symptomatic. Impaired renal function, or if the focus of frequent infections.
  - (b) Asymptomatic, history of, confirmed.
- (4) Hydronephrosis: More than mild, bilateral, and causing continuous or frequent symptoms.
- (5) Hypoplasia of the kidney: Symptomatic, and associated with elevated blood pressure or frequent infections and not controlled by surgery.
- (6) Perirenal abscess residual(s) of a degree which interfere(s) with performance of duty.

- (7) Pyelonephritis: Chronic, confirmed.
- (8) Pyonephrosis: More than minimal and not responding to treatment following surgical drainage.
- (9) Nephrosis.
- (10) Chronic glomerulonephritis.
- (11) Chronic nephritis.

*g. Menopausal syndrome,* either physiologic or artificial: More than mild mental and constitutional symptoms.

*h. Menstrual cycle irregularities* including amenorrhea, menorrhagia, leukorrhea, metrorrhagia, etc., per se, do not render the individual medically unfit.

*i. Pregnancy.*

*j. Strictures of the urethra or ureter:* Severe and not amenable to treatment.

*k. Urethritis,* chronic, not responsive to treatment.

### 6-16. Genitourinary and Gynecological Surgery

The causes of medical unfitness for military service are—

*a. Cystectomy.*

*b. Cystoplasty:* If reconstruction is unsatisfactory, or if residual urine persists in excess of 50 cc, or if refractory symptomatic infection persists.

*c. Nephrectomy:* Performed as a result of trauma, simple pyogenic infection, unilateral hydronephrosis, or nonfunctioning kidney when after the treatment period the remaining kidney is functioning abnormally. Residuals of nephrectomy performed for polycystic disease, renal tuberculosis and malignant neoplasm of the kidney must be individually evaluated by a genitourinary consultant and the medical unfitness must be determined on the basis of expected productivity in the service.

*d. Nephrostomy:* If permanent drainage persists.

*e. Oophorectomy:* When there remain more than mild mental or constitutional symptoms.

### Section XIII. LUNGS AND CHEST WALL

#### 6-25. Tuberculous Lesions

(See also par. 6-26.)

The causes of medical unfitness for military service are—

*a. Pulmonary tuberculosis*, except when (1) or (2) below is applicable.

(1) Pulmonary tuberculosis of minimal extent, which has been adequately treated and serial chest X-rays indicate that the lesion appears to be fibrous or well calcified and has remained stable for 2 years or more with the individual performing full activity.

(2) Pulmonary tuberculosis of moderately advanced extent which has been adequately treated and X-rays indicate that the lesions have remained inactive for 5 years or more with the individual performing full activity.

*b. Tuberculous emphysema.*

*c. Tuberculous pleurisy*: Except when inactive 2 or more years without impaired pulmonary function or associated active pulmonary disease.

#### 6-26. Nontuberculous Lesions

The causes of medical unfitness for military service are—

*a. Asthma*: Associated with emphysema of sufficient degree to interfere with performance of duty or frequent attacks not controlled by oral medication.

*b. Atelectasis* or massive collapse of the lung: Moderately symptomatic, with or without paroxysmal cough at frequent intervals throughout the day, mild emphysema, or loss in weight.

*c. Bronchiectasis and bronchiolectasis*: Confirmed.

*d. Bronchitis*: Chronic state with persistent cough, considerable expectoration, more than mild emphysema, or dyspnea at rest or on slight exertion.

*e. Cystic disease of the lung, congenital*: Involving more than one lobe in a lung.

*f. Diaphragm, congenital defect*: Symptomatic.

*g. Hemopneumothorax, hemothorax and pyopneumothorax*: More than moderate pleuritic residuals with persistent underweight, marked restriction of respiratory excursions and chest deformity, or marked weakness and fatigability on slight exertion.

*h. Histoplasmosis*: Chronic disease not responding to treatment.

*i. Pleurisy, chronic, or pleural adhesions*: More than moderate dyspnea or pain on mild exertion associated with definite evidence of pleural adhesions.

*j. Pneumothorax, spontaneous*: Recurring spontaneous pneumothorax requiring hospitalization or outpatient treatment of such frequency as would interfere with the satisfactory performance of duty.

*k. Pulmonary calcification*: Multiple calcifications associated with significant respiratory embarrassment or active disease not responsive to treatment.

*l. Pulmonary emphysema*: Evidence of more than mild emphysema with dyspnea on moderate exertion.

*m. Pulmonary fibrosis*: Linear fibrosis or fibrocalcific residuals of such degree as to cause more than moderate dyspnea on mild exertion.

*n. Pneumoconiosis*: More than moderate, with moderately severe dyspnea on mild exertion, or more than moderate pulmonary emphysema.

*o. Sarcoidosis*: See paragraph 6-35f.

*p. Stenosis, bronchus*: Severe stenosis associated with repeated attacks of bronchopulmonary infections requiring hospitalization of such frequency as would interfere with the satisfactory performance of duty.

*q. Stenosis, trachea.*

#### 6-27. Surgery of the Lungs and Chest

The causes of medical unfitness for military service are—

*Lobectomy*. Of more than one lobe or if pulmonary function is seriously impaired.

## Section XIV. MOUTH, NOSE, PHARYNX, TRACHEA, ESOPHAGUS, AND LARYNX

### 6-28. Mouth, Nose, Pharynx, Trachea, Esophagus, and Larynx

The causes of medical unfitness for military service are—

#### a. Esophagus:

- (1) Achalasia unless controlled by medical therapy.
- (2) Esophagitis: severe.
- (3) Diverticulum of the esophagus of such a degree as to cause frequent regurgitation, obstruction, and weight loss, which has not responded to treatment.
- (4) Stricture of the esophagus of such a degree as to almost restrict diet to liquids, which has required frequent dilatation and hospitalization, and has caused the individual to have difficulty in maintaining weight and nutrition, when the condition has not responded to treatment.

#### b. Larynx:

- (1) Paralysis of the larynx characterized by bilateral vocal cord paralysis seriously interfering with speech and adequate airway.
- (2) Stenosis of the larynx of a degree causing respiratory embarrassment upon more than minimal exertion.

c. *Obstructive edema of glottis*: If chronic, not amenable to treatment and requiring tracheotomy.

d. *Rhinitis*: Atrophic rhinitis characterized by bilateral atrophy of nasal mucous membrane with severe crusting, concomitant severe headaches, and foul, fetid odor with associated paranasitis.

e. *Sinusitis*: Severe, chronic sinusitis which is suppurative, complicated by polyps, and which has not responded to treatment.

## Section XV. NEUROLOGICAL DISORDERS

### 6-29. Neurological Disorders

The causes of medical unfitness for military service are—

a. *General*: Any neurological condition, regardless of etiology, when after adequate treatment there remain residuals, such as persistent and severe headaches, convulsions not controlled by medication, weakness or paralysis of important muscle groups, deformity, incoordination, pain or sensory disturbance, disturbance of consciousness, speech or mental defects, and personality changes of such a degree as to definitely interfere with the satisfactory performance of duty.

b. *Convulsive disorders* except when infrequent convulsions while under standard drugs which are relatively non-toxic and which do not require frequent clinical and laboratory followings.

c. *Narcolepsy*: When attacks are not controlled by medication.

#### d. Peripheral nerve condition:

- (1) *Neuralgia*: When symptoms are severe, persistent, and has not responded to treatment.
- (2) *Neuritis*: When manifested by more than moderate permanent functional impairment.
- (3) *Paralysis* due to peripheral nerve injury: When manifested by more than moderate permanent functional impairment.

#### e. Miscellaneous:

- (1) *Migraine*: Cause unknown, when manifested by frequent incapacitating attacks occurring or lasting for several consecutive days and unrelieved by treatment.
- (2) *Multiple sclerosis*, confirmed.

## Section XVI. PSYCHOSES, PSYCHONEUROSES, AND PERSONALITY DISORDERS

### 6-30. Psychoses

The causes for rejection are—

*Psychosis or authenticated history of a psychotic illness* other than those of a brief duration associated with a toxic or infectious process.

### 6-31. Psychoneuroses

The causes for rejection are—

a. History of a psychoneurotic reaction which caused—

- (1) Hospitalization;

- (2) Prolonged care by a physician;
- (3) Loss of time from normal pursuits for repeated periods even if of brief duration; or
- (4) Symptoms or behavior of a repeated nature which impaired school or work efficiency.

*b. History of a brief psychoneurotic reaction or nervous disturbance within the preceding 12 months which was sufficiently severe to require medical attention or absence from work or school for a brief period (maximum of 7 days).*

### 6-32. Personality Disorders

The causes for rejection are—

*a. Character and behavior disorders*, as evidenced by—

- (1) Frequent encounters with law enforcement agencies, or antisocial attitudes or behavior which, while not a cause for administrative rejection, are tangible evidence of an impaired characterological capacity to adapt to the military service.

- (2) Overt homosexuality or other forms of sexual deviant practices such as exhibitionism, transvestism, voyeurism, etc.
- (3) Chronic alcoholism or alcohol addiction.
- (4) Drug addiction.

*b. Character and behavior disorders* where it is evident by history and objective examination that the degree of immaturity, instability, personality inadequacy, and dependency seriously will interfere with adjustment in the military service as demonstrated by repeated inability to maintain reasonable adjustment in school, with employers and fellow workers, and other society groups.

*c. Other symptomatic immaturity reactions* such as authenticated evidence of enuresis which is habitual or persistent, not due to an organic condition (par. 6-15c) occurring beyond early adolescence (age 12 to 14) and stammering or stuttering of such a degree that the individual is normally unable to express himself clearly or to repeat commands.

## Section XVII. SKIN AND CELLULAR TISSUES

### 6-33. Skin and Cellular Tissues

The causes of medical unfitness for military service are—

*a. Acne.* Severe, when the face is markedly disfigured, or when extensive involvement of the neck, shoulders, chest, or back would be aggravated by, or would interfere with the wearing of military equipment.

*b. Atopic dermatitis:* More than moderate or requiring periodic hospitalization.

*c. Amyloidosis:* Confirmed.

*d. Cysts and tumors:* See paragraph 6-37 and 6-38.

*e. Cyst, pilonidal:* To be evaluated under provisions of *af* below.

*f. Dermatitis herpetiformis:* When symptoms have failed to respond to medication.

*g. Dermatomyositis:* Confirmed.

*h. Dermographism:* Which would interfere with the satisfactory performance of duty.

*i. Eczema:* Any type which is chronic and resistant to treatment.

*j. Elephantiasis or chronic lymphedema.*

*k. Epidermolysis bullosa:* Confirmed.

*l. Erythema multiforme:* More than moderate, chronic or recurrent.

*m. Exfoliative dermatitis:* Of any type, confirmed.

*n. Fungus infections, systemic or superficial types:* If extensive and not amenable to treatment.

*o. Hidradenitis suppurativa and folliculitis decalvans:* More than minimal degree.

*p. Hyperhidrosis:* Of the hands or feet when severe and complicated by a dermatitis or infection, either fungal or bacterial, not amenable to treatment.

*q. Leukemia cutis and mycosis fungoides:* In the tumor stage.

*r. Lichen planus:* Generalized and not responsive to treatment.

*s. Lupus erythematosus:* Systemic acute or subacute and occasionally the chronic discoid variety with extensive involvement of the skin and mucous membranes or when the condition has not responded to treatment after an appropriate period of time.

*t. Neurofibromatosis (Von Recklinghausen's Disease):* If repulsive in appearance or when it would interfere with the satisfactory performance of duty.

*u. Panniculitis, nodular, non-suppurative, febrile, relapsing:* Confirmed.

*v. Parapsoriasis:* Extensive and when it would interfere with the satisfactory performance of duty.

*w. Pemphigus vulgaris, pemphigus foliaceus, pemphigus vegetans and pemphigus erythematous:* Confirmed.

*x. Psoriasis:* Extensive and not controllable by treatment and when it would interfere with the satisfactory performance of military duty.

*y. Radiodermatitis:* If the site of malignant degeneration, or if symptomatic to a degree not amenable to treatment.

*z. Scars and Keloids:* So extensive to adherent that they would seriously interfere with function

or with the satisfactory performance of duty or preclude the wearing of necessary military equipment.

*aa. Scleroderma:* Generalized or of the linear type which seriously interferes with the function of an extremity.

*ab. Tuberculosis of the skin:* See paragraph 6-35.

*ac. Ulcers of the skin:* Has not responded to treatment or which would interfere with the satisfactory performance of duty.

*ad. Urticaria:* Chronic, severe, and not amenable to treatment.

*ae. Xanthoma:* Regardless of type, only when it would preclude the satisfactory performance of duty.

*af. Other skin disorders:* If chronic, or of a nature which requires frequent medical care or would interfere with the satisfactory performance of military duty.

## Section XVIII. SPINE, SCAPULAE, RIBS, AND SACROILIAC JOINTS

### 6-34. Spine, Scapulae, Ribs, and Sacroiliac Joints

(See also par. 6-37.)

The causes of medical unfitness for military service are—

*a. Congenital anomalies:*

(1) *Dislocation, congenital, of hip.*

(2) *Spina bifida:* Associated with pain to the lower extremities, muscular spasm, and limitation of motion which has not been amenable to treatment.

(3) *Spondylolisthesis or spondylolysis:* More than mild displacement and more than mild symptoms on normal activity.

(4) *Others:* Associated with muscular spasm, pain to the lower extremities, postural deformities, and limitation of motion which have not been amenable to treatment.

*b. Coxa vara:* More than moderate with pain, deformity, and arthritic changes.

*c. Disarticulation of hip joint.*

*d. Herniation of nucleus pulposus:* More than mild symptoms with sufficient objective findings.

*e. Kyphosis:* More than moderate, interfering with function, or causing unmilitary appearance.

*f. Scoliosis:* Severe deformity with over 2 inches deviation of tips of spinous processes from the midline.

## Section XIX. SYSTEMIC DISEASES, AND MISCELLANEOUS CONDITIONS AND DEFECTS

### 6-35. Systemic Diseases

The causes of medical unfitness for military service are—

*a. Blastomycosis.*

*b. Brucellosis:* Documented history of chronicity with substantiated recurring febrile episodes, more than mild fatigability, lassitude, depression, or general malaise.

*c. Leprosy of any type.*

*d. Myasthenia gravis:* Confirmed.

*e. Porphyria cutanea tarda:* Confirmed.

*f. Sarcoidosis:* Not responding to therapy or complicated by residual pulmonary fibrosis.

*g. Tuberculosis:*

(1) Meningitis, tuberculosis.

(2) Pulmonary tuberculosis, tuberculous empyema, and tuberculous pleurisy. See paragraph 6-25.

concerned are medically fit to be retained in that specialty except when there is medical evidence

to the effect that continued performance therein will adversely affect their health and well-being.

## Section VI. MEDICAL FITNESS STANDARDS FOR CERTAIN GEOGRAPHICAL AREAS

### 7-9. Medical Fitness Standards for Certain Geographical Areas

*a.* All individuals considered medically qualified for continued military status and medically qualified to serve in all or certain areas of the continental United States are medically qualified to serve in similar or corresponding areas outside the continental United States.

*b.* Certain individuals, by reason of certain medical conditions or certain physical defects, may require administrative consideration when assignment to certain geographical areas is contemplated to insure that they are utilized within their medical capabilities without undue hazard to their health and well-being. In many instances, such individuals can serve effectively in a specific assignment when the assignment is made on an individual basis considering all of the administrative and medical factors. Guidance as to assignment limitations indicated for various medical conditions and physical defects is contained in chapter 9 and *c* and *d* below.

*c.* Fort Churchill, Canada (see AR 611-22).

(1) The following preclude assignment to Fort Churchill, Canada:

- (*a*) Anomalies of the cardiovascular system or plasma or other conditions which are adversely affected by extreme cold or may result in frostbite.
- (*b*) Artificial limbs, braces, or artificial eye.
- (*c*) Chronic, symptomatic sinusitis, more than mild.
- (*d*) History of prolonged or repeated treatment for a nervous, emotional, or mental disorder.
- (*e*) History or residuals of cold injury cases will be evaluated as outlined in TB MED 81.
- (*f*) Skin hypersensitive to sun or wind.

2) Any dental, medical, or physical condition or defect which might reasonably be expected to require care during a tour at Fort Churchill will be corrected prior to

the individual's departure for this assignment.

★*d.* MAAG's, military attachés, military missions and duty in isolated areas (see AR 55-46, AR 612-35, and AR 614-212).

- (1) The following medical conditions and defects will preclude assignment or attachment to duty with MAAG's, military attachés, military missions, or any type duty in isolated oversea stations requiring residence in areas where U.S. military treatment facilities are limited or non-existent:
  - (*a*) A history of peptic ulcer which has required medical or surgical management within the preceding 3 years.
  - (*b*) A history of colitis.
  - (*c*) A history of emotional or mental disorders, including character disorders, of such a degree as to have interfered significantly with past adjustment or to be likely to require treatment during this tour.
  - (*d*) Any medical condition where maintenance medication is of such toxicity as to require frequent clinical and laboratory followup.
  - (*e*) Inherent, latent, or incipient medical or dental conditions which are likely to be aggravated by climate or general living environment prevailing in the area where individual is expected to reside, to such a degree as to preclude acceptable performance of duty.
- (2) Of special consideration is a thorough evaluation of a history of chronic cardiovascular respiratory, or nervous system disorders. This is especially important in the case of individuals with these disorders who are scheduled for assignment and/or residence in an area 6,000 feet or more above sea level. While such individuals may be completely asymptomatic at the time of examination, hypoxia due to residence at high altitude may aggravate

the condition and result in further progression of the disease. Examples of areas where altitude is an important consideration are La Paz, Bolivia; Quito, Ecuador; Bogota, Colombia; and Addis Ababa, Ethiopia.

- (3) Remediable medical, dental, or physical conditions or defects which might reasonably be expected to require care during a normal tour of duty in the assigned area are to be corrected prior to departure from CONUS.
- (4) Findings and recommendations of the examining physicians and dentists will

be based entirely on the examination and a review of the Health Record, outpatient, or inpatient medical records. Motivation of the examinee *must* be minimized and recommendations based only on the professional judgment of the examiners.

★*e.* The medical fitness standards set forth in *d* above are prescribed for the purpose of meeting selection criteria for military personnel under consideration for assignment or attachment to duty with MAAG's, military attachés, military missions or any type duty in isolated oversea stations. These fitness standards also pertain to dependents of personnel being considered.

## Section VII. MEDICAL FITNESS STANDARDS FOR ADMISSION TO SERVICE ACADEMIES OTHER THAN U.S. MILITARY ACADEMY

### 7-10. Medical Fitness Standards for Admission to U.S. Naval Academy

The medical fitness standards for admission to the United States Naval Academy are set forth in chapter 15 of the Manual of the Medical Department, U.S. Navy as well as in NAVPERS 15,010 Regulations Governing the Admission of Candi-

dates into the United States Naval Academy as Midshipmen.

### 7-11. Medical Fitness Standards for Admission to U.S. Air Force Academy

The medical fitness standards for admission to the United States Air Force Academy are set forth in section VI of AFM 160-1, Medical Examination.

## Section VIII. SPECIAL ADMINISTRATIVE CRITERIA APPLICABLE TO CERTAIN MEDICAL FITNESS REQUIREMENTS

The special administrative criteria in paragraphs 7-12 through 7-15 are listed for the information and guidance of all concerned.

### 7-12. Dental—Induction and Appointment or Enlistment in U.S. Army

(See para. 2-5.)

The following applies to all individuals undergoing medical examination pursuant to the Universal Military Training and Service Act, as amended, except Medical and Dental Registrants, and to all men and women being considered for appointment or enlistment in the U.S. Army, regardless of component, as well as for enrollment in the Advanced Course Army ROTC:

Individuals with orthodontic appliances attached to the teeth are administratively unacceptable so long as active treatment is required. Individuals with retainer orthodontic appliances who are not considered to require active treatment are administratively acceptable.

### 7-13. Height—Regular Army Commission (See para. 2-21a(1).)

The following applies to all males being considered for a Regular Army commission:

*a.* Individuals being considered for appointment in the Regular Army in other than Armor, Artillery, or Infantry who are not more than 2 inches below the minimum height requirement of 66 inches *will automatically* be considered on an individual basis for an administrative waiver by Headquarters, Department of the Army during the processing of their applications.

*b.* Individuals being considered for appointment in the Regular Army in Armor, Artillery, or Infantry who are not more than 2 inches below the minimum height requirement of 66 inches *will automatically* be considered for an administrative

*h. Paralysis secondary to poliomyelitis* when suitable brace cannot be worn or if cane or crutches are required for the lower extremities. Mobility of the extremities should be adequate to assure useful function thereof and a military appearance.

*i. Old ununited or malunited fractures*, involving weight-bearing bones when there is sufficient shortening or deformity to prevent the performance of military duty.

### 8-12. Eyes and Vision

The causes of medical unfitness for Medical and Dental Registrants are—

*a.* Paragraphs 3-15 and 3-16.

*b. Absence of an eye* when there is active disease in the other eye or the vision in the remaining eye is less than the standards in *c* below.

*c. Visual acuity:* Any degree of uncorrected vision which will not correct to at least 20/30 in the better eye or when the defective vision is due to active or progressive organic disease.

### 8-13. Genitourinary System

The causes of medical unfitness for Medical and Dental Registrants are—

*a.* Paragraphs 3-17 and 3-18.

*b. Chronic prostatitis or hypertrophy of prostate*, with evidence of urinary retention.

*c. Kidney:*

(1) Absence of one kidney where there is progressive disease or impairment of function in the remaining kidney.

(2) Cystic (polycystic kidney.) Asymptomatic, history of.

*d. Nephritis:* A history of nephritis, with residuals such as hypertension or abnormal urinary or blood findings.

*e. Nephrolithiasis:* A history of nephrolithiasis with evidence of the presence of a stone at the time of examination.

### 8-14. Head and Neck

The causes of medical unfitness for Medical and Dental Registrants are—

*a.* Paragraphs 3-19 and 3-20.

*b. Skull defects* are acceptable unless residual signs and symptoms are incapacitating in civilian practice.

### 8-15. Heart and Vascular System

The causes of medical unfitness for Medical and Dental Registrants are—

*a.* Paragraphs 3-21, 3-22, and 3-23.

*b. Auricular fibrillation:* Paroxysmal auricular fibrillation with evidence of organic heart disease, or persistent auricular fibrillation from any cause.

*c. Auriculoventricular block*, when due to organic heart disease.

*d. Coarctation of the aorta and other significant congenital anomalies of the vascular system* unless satisfactorily treated by surgical correction.

*e. Hypertension:* Blood pressure frequently elevated to 200/120 or more (which returns to normal limits with rest and sedatives) or a persistent diastolic pressure over 110-mm mercury even though cerebral, renal, cardiac, and retinal findings are normal.

*f. Phlebitis:* Recurrent phlebitis, other than mild. Residuals of phlebitis, such as persistent edema, dermatitis, ulceration, or claudication, which interfere materially with civilian practice, also make the individual medically unfit.

★*g. Valvular heart disease:* Cardiac insufficiency at a functional capacity level of Class IIC or worse, American Heart Association (app. VII).

*h. Varicose veins* associated with ulceration of the skin, symptomatic edema, or recurring incapacitating dermatitis.

★*i. Rheumatic fever:*

(1) Residuals involving the heart at a functional capacity level of Class IIC or worse, American Heart Association (app. VII).

(2) Verified history of recurrent attacks or cardiac involvement within the past 2 years.

### 8-16. Height, Weight, and Body Build

The causes for medical unfitness for Medical and Dental Registrants are the causes listed in paragraphs 3-24, 3-25, and 3-26.

### 8-17. Lungs and Chest Wall

The causes of medical unfitness for Medical and Dental Registrants are—

*a.* Paragraphs 3-27, 3-28, and 3-29.

*b. Bronchial asthma*, more than mild or seasonal and not readily controlled by oral medications or by desensitization.

*c. Bronchiectasis and emphysema:* When outpatient treatment or hospitalization is of such frequency as to interfere materially with civilian practice. Bronchiectasis confined to one lobe is usually acceptable; however, the saccular, systic, and dry types, involving more than one lobe, make the individual medically unfit.

*d. Chronic bronchitis* complicated by disabling emphysema or requiring outpatient treatment or hospitalization of such frequency as to interfere materially with civilian practice.

*e. Pleurisy with effusion:* An individual with serofibrinous pleurisy due to known or proven acute or inflammatory conditions may be considered as acceptable for military service if there has been no recurrence for 1 year. If the effusion exceeds 100 cc, is not transient in character, and does not appear to be secondary to pneumonia or other demonstrable non-tuberculous disease, it will be considered to be a manifestation of active tuberculosis and will be disqualifying until the disease has become inactive and remained so for 5 years.

*f. Sarcoidosis:* Symptomatic pulmonary sarcoidosis which has not responded promptly to therapy or which is complicated by residual pulmonary fibrosis.

*g. Spontaneous pneumothorax* with recovery is acceptable.

*h. Tuberculosis:* Uncomplicated minimal tuberculosis which has been adequately treated is acceptable provided serial X-rays indicate that the lesion has remained stable for 2 years of full physical activity. An arbitrary time limit cannot definitely be established when an individual who has had tuberculosis can safely be accepted for military service. The 2 years specified may not always be applicable. The borderline between minimal and moderately advanced tuberculosis is not always definite since a lesion may be classified as either minimal or moderately advanced by several different competent observers. The difference between moderately advanced and far advanced tuberculosis disease is less controversial. If an individual has a history of minimal tuberculosis and X-rays reveal a lesion which is well calcified and which has appeared stable for 2 years of full physical activity, he can with reasonable certainty be expected to perform useful military service. If an individual is on restricted

activity or under treatment or has a moderately advanced or far-advanced lesion, then he will be considered disqualified for military service for at least 2 years. Moderately-advanced lesions which have healed satisfactorily and have remained arrested for as long as 5 years with the individual allowed full activity are acceptable. An individual with a verified history of tuberculosis pleurisy with effusion which has not been clinically active or caused restricted activity within the previous 5 years is acceptable.

### 8-18. Mouth, Nose, Pharynx, Trachea, Esophagus, and Larynx

The causes of medical unfitness for Medical and Dental Registrants are—

*a.* Paragraph 3-30.

*b. Polyps or mucocoeles*, when moderate to severe, suppurative, and unresponsive to treatment.

*c. Chronic sinusitis*, when moderate to severe, suppurative, and unresponsive to treatment.

### 8-19. Neurological Disorders

The causes of medical unfitness for Medical and Dental Registrants are the causes listed in paragraph 3-31.

### 8-20. Psychoses, Psychoneuroses, and Personality Disorders

The causes of medical unfitness for Medical and Dental Registrants are—

*a.* Paragraphs 3-32, 3-33, 3-34, and 3-35.

★*b. Psychoneurosis* when severe and incapacitating for practice in civilian life. An individual who is undergoing continuous active neuropsychiatric therapy should be deferred and reconsidered at a later date. Neuropsychiatric consultation, in addition to Standard Forms 88 and 89 on an individual who is or claims to be a sexual deviate will be referred to The Surgeon General, ATTN: MEDPS-SP, Department of the Army, for an opinion of acceptability prior to qualification.

*c. Psychosis* of organic or functional etiology except if in complete remission for 2 years or more. Neuropsychiatric consultation, in addition to Standard Forms 88 and 89, will be sent to The Surgeon General, ATTN: MEDPS-SP, Department of the Army, Washington, D.C., 20315, for an opinion of acceptability prior to qualification.

**8-21. Skin and Cellular Tissues**

The causes of medical unfitness for Medical and Dental Registrants are—

- a. Paragraph 3-36.
- b. *Chronic dermatitis* more than mild in degree, generalized, requiring frequent outpatient treatment or hospitalization or if it has been resistant to prolonged periods of treatment.
- c. *Pilonidal cysts* are acceptable.

**8-22. Spine, Scapulae, Ribs and Sacroiliac Joints**

Causes of medical unfitness for Medical and Dental Registrants are—

- a. Paragraph 3-37.
- b. *Intervertebral disc syndrome* when there are definite objective abnormal findings on physical examination.
- c. *Osteoarthritis*: When there is persistent pain and limited function associated with objective X-ray evidence and documented history of recurrent incapacity for prolonged periods.
- d. *Scoliosis* when the deformity is so marked as to be apparent and objectionable when wearing the uniform.
- e. *Spondylolisthesis and other congenital anomalies of the spine* when individual has been incapacitated for civilian practice by recurring symptoms with moderate or normal activity.

**8-23. Systemic Diseases and Miscellaneous Conditions and Defects**

The causes of medical unfitness for Medical and Dental Registrants are—

- a. Paragraphs 3-38 and 3-39.
- b. *Tuberculosis*:
  - (1) Pulmonary tuberculosis. See paragraph 8-17h.
  - (2) Active tuberculosis of a bone or joint or a verified history of tuberculosis of a bone or joint.
- c. *Sarcoidosis*. See also paragraph 8-17f.

**8-24. Tumors and Malignant Diseases**

Causes of medical unfitness for Medical and Dental Registrants are—

- a. Paragraphs 3-40, 3-41, and 3-42.
- b. *Malignant growths* are generally disqualifying. Those which have been entirely removed without evidence of metastasis, which are of a type from which a "cure" may be expected after removal, and which have had adequate followups are acceptable.

**8-25. Venereal Diseases**

The causes of medical unfitness for Medical and Dental Registrants are the causes listed in paragraph 3-43.

CODE W.....	<i>Description/assignment limitation</i>	<i>Medical criteria</i>
	<b>Waiver.</b> This code identifies the case of an individual with disease, injury, or medical defect which is below the prescribed medical criteria for retention who is accepted under the special provisions of paragraph 8-4, or who is granted a waiver by direction of the Secretary of the Army. The numerical designation "4" will be inserted under the appropriate factor in all such cases. Such members generally have rigid and strict limitations as to duty, geographical or climatic area utilization. In some instances the member may have to be utilized only with close proximity to a medical facility capable of handling his case.	Chapters 3, 6, and 8, AR 40-501.

### 9-6. Profiling Officer

The commander of a medical treatment facility will designate one or more medical officer(s) as profiling officer(s). He will assure that officers so designated are thoroughly familiar with profiling procedures as set forth in this chapter. The senior medical officer on duty at an Armed Forces examining station will be designated as the profiling officer for that station.

### 9-7. Recording and Reporting of Initial Physical Profile

*a.* Individuals accepted for initial appointment, enlistment, or induction in peacetime normally will be given a numerical designator "1" or "2" physical profile in accordance with the instructions contained herein. Initial physical profiles will be recorded on Standard Form 88 (Report of Medical Examination) by the medical profiling officer at the time of the initial appointment, enlistment, or induction medical examination.

*b.* The initial physical profile serial will be entered on SF 88 and also recorded on DD Form 47 (Record of Induction) or DD Form 4 (Enlistment Record--Armed Forces of the United States), in the items provided on these forms for this purpose. Modifier "R" and "T" will be entered with the factor involved. When numerical designators of "3" and "4" or modifiers "R," "T" are entered on the profile serial, a brief description of the defect expressed in nontechnical language will always be recorded in item 74, Standard Form 88, in addition to the exact diagnosis required to be reported in summarizing the defects under item

74. The appropriate diagnosis code (SR 40-1025-1) corresponding to the exact diagnosis will be entered in parentheses *after* the nontechnical description, e.g., nervousness (3100). All assignment, geographic, or climatic area limitations applicable to the defect recorded in item 74, will be entered in this item. If sufficient room for a full explanation is not available in item 74 of the Standard Form 88, proper reference will be made in that item and an additional sheet of paper will be added to the Standard Form 88.

*c.* Individuals who are found unacceptable under medical fitness standards of chapters 4, 5, or 7 will not be given a physical profile based on the provisions of these chapters. Profiling will be accomplished under provisions of this chapter, whenever such individuals are found to meet the medical procurement standards obtaining at the time of examination.

### 9-8. Revision and Verification of Physical Profile

*a.* The physical profile may be verified or revised by a medical profiling officer, by the commander of the medical treatment facility, or by a medical board as provided for in AR 40-3.

★*b.* Each individual whose functional capacity has changed will be interviewed as indicated below and, if necessary, examined by a medical profiling officer to ascertain whether or not the recorded physical profile serial is a true reflection of his actual functional capacity. If the individual's unit commander or a personnel management officer is available, he or they should assist the

profiling officer, when requested, in verifying and/or recommending revision of the profile. Temporary revision of profile will be accomplished when in the opinion of the profiling officer the functional capacity of the individual has changed to such an extent that it temporarily alters his ability to perform duty. Except as indicated in *e* and *h* below, permanent revision of profile from or to a numerical designator "3" or "4" will be accomplished by a medical board when, in the opinion of the profiling officer, the functional capacity of the individual has changed to such an extent that it permanently alters his functional ability to perform duty. Whenever a medical board is held for the sole purpose of permanently revising the physical profile to or from a numerical designator "3" the Medical Condition, Physical Profile Record (DA Form 8-274) (fig. 9-1) will be used in lieu of the Medical Board Proceedings (DA Form 8-118). Medical Board officers and the approving authority will complete the appropriate items on reverse of DA Form 8-274. When the profile serial is revised, the revision will be submitted to the individual's unit commander on a DA Form 8-274. This will permit proper coding by personnel officers as outlined in paragraph 9-5 and reclassification and assignment in keeping with the individual's physical and mental qualifications. If, in the opinion of the medical profiling officer, the functional capacity of the individual has not been fundamentally changed at the time of verification, no revision of the profile will be necessary, and the unit commander will be appropriately informed by DA Form 8-274.

*c.* Physical profiles will be verified as follows:

- (1) *Hospitals and other medical treatment facilities.* Prior to a patient's return to duty upon completion of hospitalization, regardless of duration (the profile of patients hospitalized over 6 months will be verified by a medical board) and at the time service members undergo periodic, active duty, or active duty for training medical examinations or whenever a significant change in functional ability is believed to have occurred.
- (2) *Unit and organizations.*
  - (a) Any time during training of new

enlistees or inductees that such action appears warranted.

- (b) Upon request of the unit commander.
- (c) At the time of the periodic medical examination.

*d.* Except as noted in *f* below, an individual on active duty having a modifier "R" or "T" will have his profile reviewed at least every 3 months in order to insure that it reflects his current functional capability. Unit commanders are responsible for the initiation of his review (except when the individual is hospitalized).

*e.* Individuals returned to a duty status pursuant to the approved findings of a physical evaluation board or the Army Physical Review Council under AR 635-40A and AR 635-40B will be given a designation commensurate with functional capability under the appropriate factor by the medical profiling officer of the facility processing the member for return to duty. Pertinent assignment limitations will be established concurrently (para. 9-10). After a sufficient interval of time, such profiles may be revised if the individual's functional ability warrants such action.

*f.* Tuberculous patients returned to a duty status who require antituberculous chemotherapy following hospitalization will be given a P-3-T profile for a period of 1 year with recommendation that the member be placed on duty at a fixed installation and will be provided the required medical supervision for a period of 1 year.

*g.* The physical profile in controversial or equivocal cases may be verified or revised by a medical board, hospital commander, or major command surgeon, who may refer unusual cases, when appropriate, to The Surgeon General for final determination of an appropriate profile.

★*h.* Revision of the physical profile for reservists not on active duty will be accomplished by the surgeon of the major command without medical board procedure. For members of the Army National Guard not on active duty, such profile revision will be accomplished by the unit medical officer or the state surgeon. See NGR 27.

### 9-9. Separation of Individuals With a Modifier "R" or "T" or a Code "V" or "W"

*a.* Individuals whose period of service expires and whose physical profile contains the modifier

## APPENDIX III

### TABLES OF WEIGHT

Table I. Table of Militarily Acceptable Weight (in Pounds) as Related to Age and Height for Males—Initial Procurement

Height (inches)	Minimum (regardless of age)	Maximum					
		16-20 years	21-24 years	25-30 years	31-35 years	36-40 years	41 years and over
60.....	100	163	173	173	173	168	164
61.....	102	171	176	175	175	171	166
62.....	103	174	178	178	177	173	169
63.....	104	178	182	181	180	176	171
64.....	105	183	184	185	185	180	175
65.....	106	187	190	191	190	185	180
66.....	107	191	196	197	196	190	185
67.....	111	196	201	202	201	195	190
68.....	115	202	207	208	207	201	195
69.....	119	208	213	214	212	206	200
70.....	123	214	219	219	218	211	205
71.....	127	219	224	225	223	216	210
72.....	131	225	231	232	230	224	216
73.....	135	231	239	238	237	230	223
74.....	139	237	246	246	243	236	229
75.....	143	243	253	253	251	243	235
76.....	147	248	260	260	257	250	241
77.....	151	254	267	267	264	256	248
78.....	153	260	275	273	271	263	254

★ Table II. Table of Militarily Acceptable Weight (in Pounds) as Related to Age and Height for Females—Initial Procurement

Height (inches)	Minimum (regardless of age)	Maximum					
		18-20 years	21-24 years	25-30 years	31-35 years	36-40 years	41 years and over
58.....	90	121	123	126	124	135	135
59.....	93	123	125	129	126	139	138
60.....	96	125	127	132	128	142	141
61.....	99	127	129	135	131	145	141
62.....	102	129	132	139	132	148	147
63.....	105	135	136	141	136	151	150
64.....	109	136	140	144	140	155	154
65.....	112	140	144	148	145	159	158
66.....	115	144	149	151	150	164	163
67.....	119	147	151	156	154	168	167
68.....	122	152	158	159	159	172	171
69.....	125	158	160	164	162	176	175
70.....	128	162	166	168	167	181	180
71.....	131	168	171	171	171	185	184
72.....	135	171	175	176	175	189	188

Table III. Table of Acceptable Weight (in Pounds) as Related to Age and Height for Army Aviation

Height (inches)	Minimum (regardless of age)	Maximum					
		16-20 years	21-24 years	25-30 years	31-35 years	36-40 years	41 years and over
60.....	100	146	150	153	157	160	164
61.....	102	149	153	155	159	163	166
62.....	103	151	155	158	161	165	169
63.....	104	155	159	160	164	168	171
64.....	105	159	160	164	168	171	175
65.....	106	163	165	169	173	176	180
66.....	107	166	170	174	178	181	185
67.....	111	171	175	179	183	186	190
68.....	115	176	180	184	188	191	195
69.....	119	181	185	189	193	196	200
70.....	123	186	190	194	198	200	200
71.....	127	191	195	199	200	200	200
72.....	131	196	200	200	200	200	200
73.....	135	200	200	200	200	200	200
74.....	139	200	200	200	200	200	200
75.....	143	200	200	200	200	200	200
76.....	147	200	200	200	200	200	200

Table IV. Table of Acceptable Weight (in Pounds) as Related to Height for Diving Duty

Height (inches)	Minimum	Maximum
	Regardless of age	Regardless of age
60.....	100	139
61.....	100	143
62.....	100	146
63.....	100	150
64.....	102	154
65.....	106	158
66.....	109	163
67.....	112	168
68.....	115	173
69.....	118	178
70.....	122	182
71.....	125	187
72.....	128	192
73.....	131	197
74.....	135	202
75.....	138	206
76.....	141	211
77.....	144	216
78.....	147	221

## APPENDIX IX

### VALIDITY PERIOD FOR REPORTS OF MEDICAL EXAMINATION

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Medical examinations will be valid for the purpose and within the periods set forth in *a* through *f* below provided there has been no significant change in the individual's medical condition.

*a.* Medical examinations conducted for the purpose of qualifying for induction, enlistment, or reenlistment will be valid for a period of 180 days.

*b.* Medical examinations conducted for the purpose of qualifying for appointment as commissioned officer or warrant officer, active duty, active duty for training, advanced ROTC, OCS, promotion, or admission to USMA will be valid for a period of 1 year. An examination conducted for any one of these purposes may be used for any other of these purposes. *Example:* A medical examination taken for the purpose of appointment as a commissioned officer will be valid for the purpose of qualifying for active duty within 1 year.

*c.* Medical examinations conducted for the purpose of qualifying for class I, IA, II, or III (flight status) will be valid for a period of 1 year when applied to personnel whose duties require frequent participation in aerial flights as crew members or noncrew members. These examinations will also be valid for a period of 1 year for any of the purposes listed in *b* above.

★*d.* Medical examinations conducted for the purpose of qualifying for retirement from active duty will be valid until retirement when this occurs within 180 days.

★*e.* Medical examinations conducted for the purpose of qualifying for separation from active duty other than retirement will be valid until separation when this occurs within 90 days. Such examinations will be valid for 180 days when applied toward reenlistments or recall to active duty occurring within 90 days after separation from active duty.

★*f.* Periodic medical examinations conducted in TDRL cases will be valid for a period of 90 days after approval of removal from the list by the Secretary of the Army.

CHAPTER 2

MEDICAL FITNESS STANDARDS FOR APPOINTMENT, ENLISTMENT, AND INDUCTION  
(Short Title: PROCUREMENT MEDICAL FITNESS STANDARDS)

Section I. GENERAL

2-1. Scope

This chapter sets forth the medical conditions and physical defects which make an individual medically unacceptable for—

- a. Appointment as a commissioned or warrant officer.
- b. Enlistment.
- c. Induction.

2-2. Applicability

These standards apply to—

- a. All men and women being considered for appointment or enlistment in the United States

Army, regardless of component, as well as enrollment in the Advanced Course Army ROTC and other personnel procurement programs other than induction where these standards are prescribed. For medical fitness standards during a period of mobilization see chapter 6.

- b. All individuals undergoing medical examination pursuant to the Universal Military Training and Service Act, as amended, except Medical and Dental Registrants, who are to be evaluated under the medical standards contained in chapter 8. For medical fitness standards during a period of mobilization see chapter 6.

Section II. ABDOMEN AND GASTROINTESTINAL SYSTEM

2-3. Abdominal Organs and Gastrointestinal System

The causes for rejection for appointment, enlistment, and induction are—

- a. *Cholecystectomy*, sequelae of, such as post-operative stricture of the common bile duct, reforming of stones in hepatic or common bile ducts, or incisional hernia, or post-cholecystectomy syndrome when symptoms are so severe as to interfere with normal performance of duty.

- b. *Cholecystitis*, acute or chronic, with or without cholelithiasis, if diagnosis is confirmed by usual laboratory procedures or authentic medical records.

- c. *Cirrhosis* regardless of the absence of manifestations such as jaundice, ascites or known esophageal varices, abnormal liver function tests with or without history of chronic alcoholism.

- d. *Fistula* in ano.

- e. *Gastritis*, chronic hypertrophic, severe.

- f. *Hemorrhoids*:

- (1) External hemorrhoids producing marked symptoms.
- (2) Internal hemorrhoids, if large or accom-

panied with hemorrhage or protruding intermittently or constantly.

- g. *Hepatitis* within the preceding 6 months, or persistence of symptoms after a reasonable period of time with objective evidence of impairment of liver function.

- h. *Hernia*:

- (1) Hernia other than small asymptomatic umbilical or hiatal.
- (2) History of operation for hernia within the preceding 60 days.

- i. *Intestinal obstruction* or, authenticated history of more than one episode, if either occurred during the preceding 5 years, or if resulting condition remains which produces significant symptoms or requires treatment.

- ★j. *Megacolon* of more than minimal degree, *diverticulitis*, *regional enteritis*, and *ulcerative colitis*. *Irritable colon* of more than moderate degree.

- k. *Pancreas*, acute or chronic disease of, if proven by laboratory tests, or authenticated medical records.

- l. *Rectum*, stricture or prolapse of.

*m. Resection, gastric or of bowel; or gastroenterostomy; however minimal intestinal resection in infancy or childhood (for example: for intussusception or pyloric stenosis) is acceptable if the individual has been asymptomatic since the resection and if surgical consultation (to include upper and lower gastrointestinal series) gives complete clearance.*

*n. Scars.*

- (1) Scars, abdominal, regardless of cause, which show hernial bulging or which interfere with movements.
- (2) Scar pain associated with disturbance of function of abdominal wall or contained viscera.

*o. Sinuses of the abdominal wall.*

★*p. Splenectomy, except when accomplished for the following:*

- (1) Trauma.
- (2) Causes unrelated to diseases of the spleen.
- (3) Hereditary spherocytosis.
- (4) Disease involving the spleen when followed by correction of the condition for a period of at least 2 years.

*q. Tumors.* See paragraphs 2-40 and 2-41.

*r. Ulcer:*

- (1) Ulcer of the stomach or duodenum, if diagnosis is confirmed by X-ray examination, or authenticated history thereof.
- (2) Authentic history of surgical operation(s) for gastric or duodenal ulcer.

*s. Other congenital or acquired abnormalities and defects which preclude satisfactory performance of military duty or which require frequent and prolonged treatment.*

**Section III. BLOOD AND BLOOD-FORMING TISSUE DISEASES**

**2-4. Blood and Blood-Forming Tissue Diseases**

The causes for rejection for appointment, enlistment, and induction are—

*a. Anemia:*

- (1) Blood loss anemia—until both condition and basic cause are corrected.
- (2) Deficiency anemia, not controlled by medication.
- (3) Abnormal destruction of RBC's: Hemolytic anemia.
- (4) Faulty RBC construction: Hereditary hemolytic anemia, thalassemia and sickle cell anemia.
- (5) Myelophthisic anemia: Myelomatosis, leukemia, Hodgkin's disease.

(6) Primary refractory anemia: Aplastic anemia, DiGuglielmo's syndrome.

*b. Hemorrhagic states:*

- (1) Due to changes in coagulation system (hemophilia, etc.).
- (2) Due to platelet deficiency.
- (3) Due to vascular instability.

*c. Leukopenia, chronic or recurrent, associated with increased susceptibility to infection.*

*d. Myeloproliferative disease (other than leukemia):*

- (1) Myelofibrosis.
- (2) Megakaryocytic myelosis.
- (3) Polycythemia vera.

*e. Splenomegaly until the cause is remedied.*

*f. Thromboembolic disease except for acute, nonrecurrent conditions.*

**Section IV. DENTAL**

**2-5. Dental**

The causes for rejection for appointment, enlistment, and induction are—

*a. Diseases of the jaws or associated tissues which are not easily remediable and which will incapacitate the individual or prevent the satisfactory performance of military duty.*

*b. Malocclusion, severe, which interferes with the mastication of a normal diet.*

*c. Oral tissues, extensive loss of, in an amount that would prevent replacement of missing teeth with a satisfactory prosthetic appliance.*

*d. Orthodontic appliances.* See special administrative criteria in paragraph 7-12.

*e. Relationship between the mandible and maxilla of such a nature as to preclude future satisfactory prosthodontic replacement.*

## Section V. EARS AND HEARING

## 2-6. Ears

The causes for rejection for appointment, enlistment, and induction are—

a. *Auditory canal:*

- (1) Atresia or severe stenosis of the external auditory canal.
- (2) Tumors of the external auditory canal except mild exostoses.
- (3) Severe external otitis, acute or chronic.

b. *Auricle:* Agenesis, severe; or severe traumatic deformity, unilateral or bilateral.

c. *Mastoids:*

- (1) Mastoiditis, acute or chronic.
- (2) Residual or mastoid operation with marked external deformity which precludes or interferes with the wearing of a gas mask or helmet.
- (3) Mastoid fistula.

d. *Meniere's syndrome.*e. *Middle ear:*

- (1) Acute or chronic suppurative otitis media. Individuals with a recent history of acute suppurative otitis media will not be accepted unless the condition is healed and a sufficient interval of time subsequent to treatment has elapsed to insure that the disease is in fact not chronic.
- (2) Adhesive otitis media associated with hearing level by audiometric test of 20 db or more average for the speech frequencies (500, 1000, and 2000 cycles per second) in either ear regardless of the hearing level in the other ear.

- (3) Acute or chronic serous otitis media.
- (4) Presence of attic perforation in which presence of cholesteatoma is suspected.
- (5) Repeated attacks of catarrhal otitis media; intact greyish, thickened drum(s).

f. *Tympanic membrane:*

- (1) Open marginal or central perforations of the tympanic membrane.
- (2) Severe scarring of the tympanic membrane associated with hearing level by audiometric test of 20 db or more average for the speech frequencies (500, 1000, and 2000 cycles per second) in either ear regardless of the hearing level in the other ear.

g. *Other diseases and defects of the ear which obviously preclude satisfactory performance of duty or which require frequent and prolonged treatment.*

## 2-7. Hearing

(See also par. 2-6.)

The cause for rejection for appointment, enlistment, and induction is—

★ *Hearing acuity level* by audiometric testing (regardless of conversational or whispered voice hearing acuity) greater than that described in table I; appendix II. There is no objection to conducting the whispered voice test or the spoken voice test as a preliminary to conducting the audiometric hearing test.

## Section VI. ENDOCRINE AND METABOLIC DISORDERS

## 2-8. Endocrine and Metabolic Disorders

The causes for rejection for appointment, enlistment, and induction are—

a. *Adiposogenital dystrophy.* (Frohlich's syndrome) more than moderate in degree.

b. *Adrenal gland,* malfunction of, of any degree.

c. *Cretinism.*

d. *Diabetes insipidus.*

e. *Diabetes mellitus.*

f. *Gigantism or acromegaly.*

g. *Glycosuria,* persistent, regardless of cause.

h. *Goiter:*

- (1) Simple goiter with definite pressure

symptoms or so large in size as to interfere with the wearing of a military uniform or military equipment.

(2) *Thyrotoxicosis.*

i. *Gout.*

j. *Hyperinsulinism,* confirmed, symptomatic.

k. *Hyperparathyroidism* and *hypoparathyroidism.*

l. *Hypopituitarism,* severe.

m. *Myxedema,* spontaneous or postoperative (with clinical manifestations and not based solely on low basal metabolic rate).

n. *Nutritional deficiency diseases* (including sprue, beriberi, pellagra, and scurvy) which are more than mild and not readily remediable or in which permanent pathological changes have been established.

o. *Other endocrine or metabolic disorders* which obviously preclude satisfactory performance of duty or which require frequent and prolonged treatment.

## Section VII. EXTREMITIES

### 2-9. Upper Extremities

(See par. 2-11.)

The causes for rejection for appointment, enlistment, and induction are—

a. *Limitation of motion.* An individual will be considered unacceptable if the joint ranges of motion are less than the measurements listed below (app. IV).

- (1) *Shoulder:*
    - (a) Forward elevation to 90°.
    - (b) Abduction to 90°.
  - (2) *Elbow:*
    - (a) Flexion to 100°.
    - (b) Extension to 15°.
  - (3) *Wrist:* A total range of 15° (extension plus flexion).
  - (4) *Hand:* Pronation to the first quarter of the normal arc.  
Supination to the first quarter of the normal arc.
  - (i) *Fingers:* Inability to clench fist, pick up a pin or needle, and grasp an object.
- b. *Hand and fingers:*
- (1) Absence (or loss) of more than  $\frac{1}{3}$  of the distal phalanx of either thumb.
  - ★(2) Absence (or loss) of distal and middle phalanx of an index or ring finger of either hand irrespective of the absence (or loss) of little finger.
  - ★(2.1) Absence of more than the distal phalanx of any two of the following fingers, index, middle finger or ring finger, of either hand.
  - (3) Absence of hand or any portion thereof except for fingers as noted above.
  - (4) Hyperdactylia.
  - (5) Scars and deformities of the fingers and/or hand which impair circulation, are symptomatic, are so disfiguring as to make the individual objectionable in ordinary social relationships, or which impair

normal function to such a degree as to interfere with the satisfactory performance of military duty.

c. *Wrist, forearm, elbow, arm, and shoulder:* Healed disease or injury of wrist, elbow, or shoulder with residual weakness or symptoms of such a degree as to preclude satisfactory performance of duty.

### 2-10. Lower Extremities

(See par. 2-11.)

The causes for rejection for appointment, enlistment, and induction are—

a. *Limitation of motion.* An individual will be considered unacceptable if the joint ranges of motion are less than the measurements listed below (app. IV).

- (1) *Hip:*
    - (a) Flexion to 90°
    - (b) Extension to 10° (beyond 0).
  - (2) *Knee:*
    - (a) Full extension.
    - (b) Flexion to 90°.
  - (3) *Ankle:*
    - (a) Dorsiflexion to 10°
    - (b) Plantar flexion to 10°
  - (4) *Toes:* Stiffness which interferes with walking, marching, running, or jumping.
- b. *Foot and ankle:*
- (1) Absence of one or more small toes of one or both feet, if function of the foot is poor or running or jumping is precluded, or absence of foot or any portion thereof except for toes as noted herein.
  - (2) Absence (or loss) of great toe(s) or loss of dorsal flexion thereof if function of the foot is impaired.
  - (3) Claw toes precluding the wearing of combat service boots.
  - (4) Clubfoot.
  - (5) Flat foot, pronounced cases, with decided eversion of the foot and marked bulging

of the inner border, due to inward rotation of the astragalus, regardless of the presence or absence of symptoms.

- (6) Flat foot, spastic.
- (7) Hallux valgus, if severe and associated with marked exostosis or bunion.
- (8) Hammer toe which interferes with the wearing of combat service boots.
- (9) Healed disease, injury or deformity including hyperdactylia which precludes running, is accompanied by disabling pain, or which prohibits wearing of combat service boots.
- (10) Ingrowing toe nails, if severe, and not remediable.
- (11) Obliteration of the transverse arch associated with permanent flexion of the small toes.
- (12) Pes cavus, with contracted plantar fascia, dorsiflexed toes, tenderness under the metatarsal heads, and callosity under the weight bearing areas.

*c. Leg, knee, thigh, and hip:*

- (1) Dislocated semilunar cartilage loose or foreign bodies within the knee joint or history of surgical correction of same if—
  - (a) Within the preceding 6 months.
  - (b) Six months or more have elapsed since operation without recurrence, and there is instability of the knee ligaments in lateral or anteroposterior directions in comparison with the normal knee or abnormalities noted on X-ray, there is significant atrophy or weakness of the thigh musculature in comparison with the normal side, there is not acceptable active motion in flexion and extension, or there are other symptoms of internal derangement.
- (2) Authentic history or physical findings of an unstable or internally deranged joint causing disabling pain or seriously limiting function. Individuals with verified episodes of buckling or locking of the knee who have not undergone satisfactory surgical correction or if, subsequent to surgery, there is evidence of more than mild instability of the knee ligaments in lateral and anteroposterior directions in

comparison with the normal knee, weakness or atrophy of the thigh musculature in comparison with the normal side, or if the individual requires medical treatment of sufficient frequency to interfere with the performance of military duty.

*d. General.*

- (1) Deformities of one or both lower extremities which have interfered with function to such a degree as to prevent the individual from following a *physically active* vocation in civilian life or which would interfere with the satisfactory completion of prescribed training and performance of military duty.
- (2) Diseases or deformities of the hip, knee, or ankle joint which interfere with walking, running, or weight bearing.
- (3) Pain in the lower back or leg which is intractable and disabling to the degree of interfering with walking, running, and weight bearing.
- (4) Shortening of a lower extremity resulting in a limp of noticeable degree.

## 2-11. Miscellaneous

(See also para. 2-9 and 2-10.)

The causes for rejection for appointment, enlistment, and induction are—

*a. Arthritis:*

- (1) Active or subacute arthritis, including Marie-Strumpell type.
- (2) Chronic osteoarthritis or traumatic arthritis of isolated joints of more than minimal degree, which has interfered with the following of a physically active vocation in civilian life or which precludes the satisfactory performance of military duty.
- (3) Documented clinical history of rheumatoid arthritis (atrophic arthritis).
- (4) Traumatic arthritis of a major joint of more than minimal degree.

*b. Disease of any bone or joint*, healed, with such resulting deformity or rigidity that function is impaired to such a degree that it will interfere with military service.

*c. Dislocation*, old unreduced; substantiated history of recurrent dislocations of major joints; in-

stability of a major joint, symptomatic and more than mild; or if, subsequent to surgery, there is evidence of more than mild instability in comparison with the normal joint, weakness or atrophy in comparison with the normal side, or if the individual requires medical treatment of sufficient frequency to interfere with the performance of military duty.

*d. Fractures:*

- (1) Malunited fractures that interfere significantly with function.
- (2) Ununited fractures.
- (3) Any old or recent fracture in which a plate, pin, or screws were used for fixation and left in place and which may be subject to easy trauma, i.e., as a plate tibia, etc.

*e. Injury of a bone or joint within the preced-*

ing 6 weeks, without fracture or dislocation, of more than a minor nature.

*f. Muscular paralysis*, contracture, or atrophy, if progressive or of sufficient degree to interfere with military service.

★*f.1. Myotonia congenita*: Confirmed.

*g. Osteomyelitis*, active or recurrent, of any bone or substantiated history of osteomyelitis of any of the long bones unless successfully treated 2 or more years previously without subsequent recurrence or disqualifying sequelae as demonstrated by both clinical and X-ray evidence.

*h. Osteoporosis*.

*i. Scars*, extensive, deep, or adherent, of the skin and soft tissues or neuromas of an extremity which are painful, which interfere with muscular movements, which preclude the wearing of military equipment, or that show a tendency to break down.

## Section VIII. EYES AND VISION

### 2-12. Eyes

The causes for rejection for appointment, enlistment, and induction are—

*a. Lids:*

- (1) Blepharitis, chronic more than mild. Cases of acute blepharitis will be rejected until cured.
- (2) Blepharospasm.
- (3) Dacryocystitis, acute or chronic.
- (4) Destruction of the lids, complete or extensive, sufficient to impair protection of the eye from exposure.
- (5) Disfiguring cicatrices and adhesions of the eyelids to each other or to the eyeball.
- (6) Growth or tumor of the eyelid other than small early basal cell tumors of the eyelid, which can be cured by treatment, and small nonprogressive asymptomatic benign lesions. See also paragraphs 2-40 and 2-41.
- (7) Marked inversion or eversion of the eyelids sufficient to cause unsightly appearance or watering of eyes (entropion or ectropion).
- (8) Lagophthalmos.
- (9) Ptosis interfering with vision.
- (10) Trichiasis, severe.

*b. Conjunctiva:*

- (1) Conjunctivitis, chronic, including vernal catarrh and trachoma. Individuals with acute conjunctivitis are unacceptable until the condition is cured.
- (2) Pterygium:
  - (a) Pterygium recurring after three operative procedures.
  - (b) Pterygium encroaching on the cornea in excess of 3 millimeters or interfering with vision.

*c. Cornea:*

- (1) Dystrophy, corneal, of any type including keratoconus of any degree.
- (2) Keratitis, acute or chronic.
- (3) Ulcer, corneal; history of recurrent ulcers or corneal abrasions (including herpetic ulcers).
- (4) Vascularization or opacification of the cornea from any cause which interferes with visual function or is progressive.

*d. Uveal tract:* Inflammation of the uveal tract except healed traumatic choroiditis.

*e. Retina:*

- (1) Angiomatoses, phakomatoses, retinal cysts, and other congenito-hereditary conditions that impair visual function.

(5) Nephritis, acute or chronic.

(6) Pyelitis, pyelonephritis.

*h. Penis*, amputation of, if the resulting stump is insufficient to permit micturition in a normal manner.

*i. Peyronie's disease.*

★*j. Prostate gland*, hypertrophy of, with urinary retention.

*k. Renal calculus:*

(1) Substantiated history of bilateral renal calculus at any time.

(2) Verified history of renal calculus at any time with evidence of stone formation

within the preceding 12 months, current symptoms or positive X-ray for calculus.

*l. Skeneitis.*

*m. Urethra:*

(1) Stricture of the urethra.

(2) Urethritis, acute or chronic, other than gonorrheal urethritis without complications.

*n. Urinary fistula.*

*o. Other diseases and defects of the urinary system* which obviously preclude satisfactory performance of duty or which require frequent and prolonged treatment.

## Section X. HEAD AND NECK

### 2-16. Head

The causes for rejection for appointment, enlistment, and induction are—

*a. Abnormalities* which are apparently temporary in character resulting from recent injuries until a period of 3 months has elapsed. These include severe contusions and other wounds of the scalp and cerebral concussion. See paragraph 2-31.

*b. Deformities of the skull* in the nature of depressions, exostoses, etc., of a degree which would prevent the individual from wearing a gas mask or military headgear.

*c. Deformities of the skull of any degree* associated with evidence of disease of the brain, spinal cord, or peripheral nerves.

*d. Depressed fractures near central sulcus* with or without convulsive seizures.

*e. Loss or congenital absence* of the bony substance of the skull except that The Surgeon General may find individuals acceptable when—

(1) The area *does not* exceed 25 square centimeters and *does not* overlie the motor cortex or a dural sinus.

(2) There is no evidence of alteration of brain function in any of its several spheres (intelligence, judgment, perception, behavior, motor control, sensory function, etc.)

(3) There is no evidence of bone degenera-

tion, disease, or other complications of such a defect.

*f. Unsightly deformities*, such as large birthmarks, large hairy moles, extensive scars, and mutilations due to injuries or surgical operations; ulcerations; fistulae, atrophy, or paralysis of part of the face or head.

### 2-17. Neck

The causes for rejection for appointment, enlistment, and induction are—

*a. Cervical ribs* if symptomatic or so obvious that they are found on routine physical examination. (Detection based primarily on X-ray is not considered to meet this criterion.)

*b. Congenital cysts* of branchial cleft origin or those developing from the remnants of the thyroglossal duct, with or without fistulous tracts.

*c. Fistula*, chronic draining, of any type.

*d. Healed tuberculous lymph nodes* when extensive in number or densely calcified.

*e. Nonspastic contraction* of the muscles of the neck or cicatricial contracture of the neck to the extent that it interferes with the wearing of a uniform or military equipment or so disfiguring as to make the individual objectionable in common social relationships.

*f. Spastic contraction* of the muscles of the neck, persistent, and chronic.

*g. Tumor of thyroid or other structures of the neck.* See paragraphs 2-40 and 2-41.

## Section XI. HEART AND VASCULAR SYSTEM

### 2-18. Heart

The causes for rejection for appointment, enlistment, and induction are—

*a. All organic valvular diseases of the heart, including those improved by surgical procedures.*

*b. Coronary artery disease or myocardial infarction, old or recent or true angina pectoris, at any time.*

*c. Electrocardiographic evidence of major arrhythmias such as—*

- (1) Atrial tachycardia, flutter, or fibrillation, ventricular tachycardia or fibrillation.
- ★(2) Conduction defects such as first degree atrio-ventricular block and right bundle branch block. (These conditions occurring as isolated findings are not unfitting when cardiac evaluation reveals no cardiac disease.)
- ★(3) Left bundle branch block, 2d and 3d degree AV block.
- (4) Unequivocal electrocardiographic evidence of old or recent myocardial infarction; coronary insufficiency at rest or after stress; or evidence of heart muscle disease.

*d. Hypertrophy or dilatation of the heart as evidenced by clinical examination or roentgenographic examination and supported by electrocardiographic examination. Care should be taken to distinguish abnormal enlargement from increased diastolic filling as seen in the well conditioned subject with a sinus bradycardia. Cases of enlarged heart by X-ray not supported by electrocardiographic examination will be forwarded to The Surgeon General for evaluation.*

*e. Myocardial insufficiency (congestive circulatory failure, cardiac decompensation) obvious or covert, regardless of cause.*

*f. Paroxysmal tachycardia within the preceding 5 years, or any time if recurrent or disabling or if associated with electrocardiographic evidence of accelerated A-V conduction (Wolff-Parkinson-White).*

*g. Pericarditis; endocarditis; or myocarditis, history or finding of, except for a history of a single acute idiopathic or coxsackie pericarditis with no residuals.*

*h. Tachycardia, persistent with a resting pulse rate of 100 or more, regardless of cause.*

### 2-19. Vascular System

The causes for rejection for appointment, enlistment, and induction are—

*a. Congenital or acquired lesions of the aorta and major vessels, such as syphilitic aortitis, demonstrable atherosclerosis which interferes with circulation, congenital or acquired dilatation of the aorta (especially if associated with other features of Marfan's syndrome), and pronounced dilatation of the main pulmonary artery.*

*b. Hypertension evidenced by persistent blood pressure readings of 150-mm or more systolic in an individual over 35 years of age or persistent readings of 140-mm or more systolic in an individual 35 years of age or less. Persistent diastolic pressure over 90-mm diastolic is cause for rejection at any age.*

*c. Marked circulatory instability as indicated by orthostatic hypotension, persistent tachycardia, severe peripheral vasomotor disturbances and sympathicotonia.*

*d. Peripheral vascular disease including Raynaud's phenomena, Buerger's disease (thromboangiitis obliterans), erythromelalgia, arteriosclerotic and diabetic vascular diseases. Special tests will be employed in doubtful cases.*

*e. Thrombophlebitis:*

- (1) History of thrombophlebitis with persistent thrombus or evidence of circulatory obstruction or deep venous incompetence in the involved veins.
- (2) Recurrent thrombophlebitis.

*f. Varicose veins, if more than mild, or if associated with edema, skin ulceration, or residual scars from ulceration.*

### 2-20. Miscellaneous

The causes for rejection for appointment, enlistment, and induction are—

*a. Aneurysm of the heart or major vessel, congenital or acquired.*

*b. History and evidence of a congenital abnormality which has been treated by surgery but with residual abnormalities or complications, for example: Patent ductus arteriosus with residual cardiac enlargement or pulmonary hypertension;*

## ★CHAPTER 3

**MEDICAL FITNESS STANDARDS FOR RETENTION, PROMOTION AND SEPARATION INCLUDING RETIREMENT****(Short Title: RETENTION MEDICAL FITNESS STANDARDS)****Section I. GENERAL****3-1. Scope**

This chapter sets forth the medical conditions and physical defects which, upon detection, make an individual medically unfit for further military service. This includes medical examinations accomplished at any time such as—

- a. Periodic.
- b. Promotion.
- c. Active duty, active duty for training, inactive duty training, and mobilization of units and members of the Reserve Components of the Army.
- d. Reenlistment within 90 days of separation.
- e. Separation including retirement.

**3-2. Applicability**

a. These standards apply to the following, regardless of grade, branch of service, MOS, age, length of service, component, or service connection:

- (1) All personnel on active duty including active duty for training.
- (2) All members of Reserve Components not on active duty except members of the Retired Reserve.
- (3) All members whenever chapter 6 is in effect and requires a higher standard of medical fitness than the standards of this chapter.
- (4) Personnel approved for continuance (waiver) under AR 616-41, AR 140-120, and NGR 27, except for medical conditions and physical defects for which continuance has been approved. These standards will apply upon termination (or withdrawal) of continuance under AR 616-41, AR 140-120, or NGR 27.

b. These standards *do not apply* in the determination of an individual's medical fitness for Army Aviation, Airborne, Marine Diving, Ranger, or

other assignments or duties having different medical fitness standards for retention therein.

**3-3. Evaluation of Physical Disabilities**

a. An individual who was accepted for military service with a known defect which is disqualifying under these standards, or who has been continued under AR 616-41, AR 140-120, or NGR 27, will not be declared medically unfit under these regulations solely because of the defect, when it has remained essentially unchanged and has not interfered with his successful performance of duty, until his separation or retirement is authorized or required for some other reason.

b. These standards take into consideration the individual's medical fitness to perform satisfactory military duty; the nature, degree, and prognosis of the condition or defect; and the effect of continued service in the military environment upon the health of the individual. Most members possess some physical imperfections which, although ratable in the Veterans Administration Schedule for Rating Disabilities, do not, per se, preclude the individual's satisfactory performance of military duties. The presence of physical imperfections whether or not they are ratable, should routinely be made a matter of record whenever discovered.

c. Lack of motivation for service should not influence the medical examiner in evaluating disabilities under these standards. Poorly motivated individuals who are medically fit for duty will be recommended for administrative disposition.

**3-4. Disposition of Members Who Are Medically Unfit Under These Standards**

a. Members on active duty, or active duty for training, who are medically unfit under these standards, will be processed for physical disabil-

ity separation or retirement in accordance with the procedures contained in AR 40-3 and AR 635-40-series for the purpose of determining their eligibility for physical disability benefits under title 10, United States Code, chapter 61, or for continuance as indicated below. When the standards prescribed for mobilization in chapter 6 are in effect, or as directed by the Secretary of the Army, individuals who are medically unfit under these standards but who are medically fit under mobilization medical fitness standards will be continued on active duty and their disability separation processing deferred for the duration of the mobilization or as directed by the Secretary of the Army. Those who are medically unfit under mobilization medical fitness standards will be processed for disability separation or retirement.

b. Members *on active duty* who do not meet retention medical fitness standards will be advised of their eligibility to apply for continuance as provided in paragraph 62, AR 40-3, and AR 616-41. Any member, regardless of length of service, may be recommended for continuance by a medical board if he meets requirements of the cited

regulations. Members having between 18 and 20 years of service will not be processed for physical disability separation or retirement if they request continuance on active duty, without referral to Headquarters, Department of the Army, for consideration as provided in AR 616-41.

c. Members *not on active duty* who are medically unfit under these standards will be administratively processed in accordance with AR 140-120, NGR 25-3, NGR 27, or NGR 62, as appropriate, for disability separation or continuance in Reserve Component status as prescribed therein. Individuals who become medically unfit under these standards because of injury incurred during a period of active duty training of 30 days or less or inactive duty training will be processed as prescribed in AR 40-3.

d. Active duty personnel who are *administratively unfit* for retention will be processed in accordance with the procedures contained in appropriate administrative regulations such as AR 635-89, AR 635-105, AR 635-206, AR 635-208, and AR 635-209.

## Section II. ABDOMEN AND GASTROINTESTINAL SYSTEM

### 3-5. Abdominal and Gastrointestinal Defects and Diseases

The causes for medical unfitness for further military service are—

a. *Achalasia (Cardiospasm)*. Dysphagia not controlled by dilatation, with continuous discomfort, or inability to maintain weight.

b. *Amebic abscess residuals*. Persistent abnormal liver function tests and failure to maintain weight and vigor after appropriate treatment.

c. *Biliary dyskinesia*. Frequent abdominal pain not relieved by simple medication, or with periodic jaundice.

d. *Cirrhosis of the liver*. Recurrent jaundice, ascites, or demonstrable esophageal varices or history of bleeding therefrom.

e. *Gastritis*. Severe, chronic hypertrophic gastritis with repeated symptomatology and hospitalization and confirmed by gastroscopic examination.

f. *Hepatitis, chronic*. When, after a reasonable time (1 to 2 years) following the acute stage,

symptoms persist, and there is objective evidence of impairment of liver function.

g. *Hernia*.

(1) *Hiatus hernia*. Severe symptoms not relieved by dietary or medical therapy or recurrent bleeding in spite of prescribed treatment.

(2) *Other*. If operative repair is contraindicated for medical reasons or when not amenable to surgical repair.

h. *Ileitis, regional*.

i. *Pancreatitis, chronic*. Frequent abdominal pain of a severe nature; steatorrhea or disturbance of glucose metabolism requiring insulin.

j. *Peritoneal adhesions*. Recurring episodes of intestinal obstruction characterized by abdominal colicky pain, vomiting, and intractable constipation requiring frequent admissions to the hospital.

k. *Proctitis, chronic*. Moderate to severe symptoms of bleeding, painful defecation, tenesmus and diarrhea with repeated admissions to the hospital.

## CHAPTER 4

## MEDICAL FITNESS STANDARDS FOR FLYING DUTY

## (Short Title: MEDICAL FITNESS STANDARDS FOR FLYING)

## Section I. GENERAL

## 4-1. Scope

This regulation sets forth medical conditions and physical defects which are considered causes for rejection for selection and retention for—

- a. Aircraft mechanics, air traffic controllers, and flight simulator specialists.
- b. Civilian flight instructors.
- c. Participation in regular and frequent aerial flights as nondesignated or nonrated personnel.
- d. Rated Naval aviator, Air Force pilot, or Army aviator or training leading to such designation.

## 4-2. Classes of Medical Standards for Flying and Applicability

The causes for rejection for flying duty Classes 1, 1A, 2, and 3 are all of the causes listed in chapter 2, plus all of the causes listed in this chapter apply as indicated below.

a. *Class 1 standards apply* in the case of individuals being considered for selection for—

- (1) Aviator training leading to the aeronautical designation of Army aviator, who do not hold a Naval aviator, Air Force pilot or Army aviator rating.
- (2) ROTC Flight Training Program.

b. *Class 1A standards apply* in the case of—

- (1) Individuals being considered for selection for aviator training leading to the aeronautical designation of Army aviator only upon a specific directive by the Department of the Army.
- (2) Evaluation of individuals selected for training (a(1) above) before such training has begun except as noted in c(5) and (6) below.

c. *Class 2 standards apply* in the case of—

- (1) FAA rated flight instructors who are to conduct flying instructions at Army aviation training bases.

- ★(2) Individuals being considered for or performing duty as air traffic controllers.
- (3) Individuals on flying status as a Naval aviator, Air Force pilot, or Army aviator undergoing annual medical examination.
- (4) Rated military pilots being considered for return to duty in a flying status.
- (5) Rated Naval aviator, Air Force pilots, or Army aviators being considered for further flying training.
- (6) Student pilots in military aviation training programs including the ROTC Flight Training Program graduates.
- (7) Test pilots employed by the Department of the Army.

d. *Class 3 standards apply* in the case of individuals ordered by competent authority to participate in regular and frequent aerial flights as nondesignated or nonrated personnel not engaged in the actual control of aircraft, such as aviation medical officers, observers, aircraft mechanics, etc.

## 4-3. Disposition of Personnel Who Do Not Meet These Standards

a. *Applicants.* The reports of medical examination pertaining to applicants who do not meet the medical fitness standards for flying as prescribed herein will nevertheless be processed for review by the Department of the Army as prescribed in the appropriate procurement regulation.

b. *Rated or designated personnel and nondesignated or nonrated personnel.* Individuals who do not meet the medical fitness standards for flying as prescribed herein will be immediately suspended from flying as outlined in AR 600-107, unless they have previously been continued in flying status for the same defect by designated higher authority in which case they may be permitted to fly until the continuance is confirmed, provided the condition is essentially unchanged and that flying safety and the individual's well-being are not compromised.

## Section II. ABDOMEN AND GASTROINTESTINAL SYSTEM

### 4-4. Abdomen and Gastrointestinal System

The causes of medical unfitness for flying duty Classes 1, 1A, 2, and 3 are causes listed in paragraph 2-3, plus the following:

*a. Enlargement of liver* except when liver function tests are normal with no history of jaundice (other than simple catarrhal), and the condition does not appear to be caused by active disease.

*b. Functional bowel distress syndrome* (irritable colon).

*c. Hernia* of any variety, other than small umbilical.

*d. History of bowel resection* for any cause (except appendectomy) and operation for relief of intestinal adhesions. In addition pylorotomy in infancy without complications at present, will not, per se, be cause for rejection.

*e. Operation for intussusception* except when done in childhood or infancy. Bowel resection in the latter instance will not disqualify examinee.

*f. Ulcer:*

(1) *Classes 1 and 1A.* See paragraph 2-3r.

(2) *Classes 2 and 3.* Until reviewed by The Surgeon General.

## Section III. BLOOD AND BLOOD-FORMING TISSUE DISEASES

### 4-5. Blood and Blood-Forming Tissue Diseases

The causes of medical unfitness for flying duty

Classes 1, 1A, 2, and 3 are the causes listed in paragraphs 2-4 and 4-27, plus the following:

*Sickle cell trait or sickle cell disease.*

## Section IV. DENTAL

### 4-6. Dental

The causes of medical unfitness for flying duty

Classes 1, 1A, 2, and 3 are the causes listed in paragraph 2-5.

## Section V. EARS AND HEARING

### 4-7. Ears

The causes of medical unfitness for flying duty Classes 1, 1A, 2, and 3 are the causes listed in paragraph 2-6, plus the following:

*a. Abnormal labyrinthine function* when determined by appropriate tests.

*b. Any infectious process of the ear*, including external otitis, until completely healed.

*c. Deformities of the pinna* if associated with tenderness which may be distracting when constant pressure is exerted.

*d. History of attacks of vertigo* with or without nausea, vomiting, deafness, and tinnitus.

*e. Marked retraction of the tympanic membrane* if mobility is limited or if associated with occlusion of the eustachian tubes.

*f. Post auricular fistula.*

*g. Radical mastoidectomy.*

*h. Recurrent or persistent tinnitus* except that personnel under Classes 2 and 3 standards are to be individually evaluated after a period of observation on a nonflying status.

*i. Simple mastoidectomy* and modified radical mastoidectomy until recovery is complete and the ear is functionally normal.

*j. Tympanoplasty.*

(1) *Classes 1 and 1A:* Tympanoplasty at any time.

(2) *Classes 2 and 3:* Tympanoplasty, until healed with acceptable hearing (app. II) and good motility.

### 4-8. Hearing

The causes of medical unfitness for flying duty Classes 1, 1A, 2, and 3 are—

Hearing level in decibels greater than shown in table 2, appendix II.

## Section VI. ENDOCRINE AND METABOLIC DISEASES

### 4-9. Endocrine and Metabolic Diseases

The causes of medical unfitness for flying duty

Classes 1, 1A, 2, and 3 are the causes listed in paragraph 2-8.

## Section VII. EXTREMITIES

### 4-10. Extremities

The causes of medical unfitness for flying duty Classes 1, 1A, 2, and 3 are the causes listed in paragraphs 2-9, 2-10, 2-11, and 4-23, plus *Limitation of motion*.

*a. Classes 1, 1A, and 3:* Less than full strength and range of motion of all joints.

*b. Class 2:* Any limitation of motion of any joint which might compromise flying safety.

## Section VIII. EYES AND VISION

### 4-11. Eyes

The causes of medical unfitness for flying duty Classes 1, 1A, 2, and 3 are the causes listed in paragraph 2-12, plus the following:

*a. Asthenopia of any degree.*

*b. Chorioretinitis* or substantiated history thereof.

*c. Coloboma* of the choroid or iris.

*d. Epiphora.*

*e. Inflammation of the uveal tract;* acute, chronic or recurrent.

*f. Pterygium* which encroaches on the cornea more than 1mm or is progressive, as evidenced by marked vascularity or a thick elevated head.

*g. Trachoma* unless healed without cicatrices.

(b) Any error with Verhoeff Stereometer when used in lieu of (a) above or when examinee fails (a).

(3) *Distant visual acuity*, uncorrected, less than 20/20 in each eye.

(4) *Field of vision:*

(a) Any demonstrable scotoma, other than physiologic.

(b) Contraction of the field for form of 15° or more in any meridian.

(5) *Near visual acuity*, uncorrected, less than 20/20 (J-1) in each eye.

(6) *Night vision:* Failure to pass test when indicated by history of night blindness.

(7) *Ocular motility:*

(a) Any diplopia or suppression in the red lens test which develops within 20 inches from the center of the screen in any of the six cardinal directions.

(b) Esophoria greater than 10 prism diopters.

(c) Exophoria greater than 5 prism diopters.

(d) Hyperphoria greater than 1 prism diopter.

(e) Heterotropia, any degree.

(8) *Power of accommodation* of less than minimum for age as shown in appendix V.

(9) *Refractive error:*

(a) Astigmatism in excess of 0.75 diopters.

(b) Hyperopia in excess of 1.75 diopters in any meridian.

### 4-12. Vision

The causes of medical unfitness for flying duty Classes 1, 1A, 2, and 3 are—

*a. Class 1.*

(1) *Color vision:*

(a) Five or more errors in reading the 14 test plates of the Pseudoisochromatic Plate Set (Federal Stock No. 6515-299-8186), or

(b) Four or more errors in reading the 17 test plates of the Pseudoisochromatic Plate Set (Federal Stock No. 6515-388-6606), or

★(c) *Rescinded.*

(2) *Depth perception:*

(a) Any error in lines B, C, or D when using the Machine Vision Tester.

(c) Myopia in excess of 0.25 diopters in any meridian.

b. *Class 1A.* Same as Class 1 except as listed below.

(1) *Distant visual acuity.* Uncorrected less than 20/50 in each eye or not correctable to 20/20 in each eye.

(2) *Near visual acuity:*

(a) *Individuals under age 35:* Uncorrected, less than 20/20 (J-1) in each eye.

(b) *Individuals age 35 or over:* Uncorrected, less than 20/50 or not correctable to 20/20 in each eye.

(3) *Refractive error:*

(a) Astigmatism greater than 0.75 diopters.

(b) Hyperopia:

1. *Individuals under age 35:* Greater than 1.75 diopters in any meridian.

2. *Individuals age 35 or over:* Greater than 2.00 diopters in any meridian.

(c) Myopia greater than 0.75 diopters in any meridian.

c. *Class 2.* Same as Class 1 except as listed below:

(1) *Distant visual acuity:*

(a) *Control tower operators:* Uncorrected less than 20/50 in each eye or not correctable to 20/20 in each eye.

★(b) *Rescinded.*

(c) *Pilots:* Uncorrected less than 20/100

in each eye or not correctable to 20/20 in each eye.

(2) *Field of Vision.* Scotoma, other than physiological unless the pathologic process is healed and which will in no way interfere with flying efficiency or the well-being of the individual.

(3) *Near visual acuity.* Uncorrected less than 20/100 (J-16) in each eye or not correctable to 20/20 in each eye.

★(4) *Ocular motility:*

(a) Hyperphoria greater than 1.5 prism.

(b) Failure of the Red Lens Test (suppression or diplopia within 20 inches from the center of the screen in any of the six cardinal directions) until a complete evaluation by a certified ophthalmologist has been forwarded to The Surgeon General for review.

(5) *Refractive error:* No maximum limits prescribed.

d. *Class 3:*

(1) *Color vision:* Same as Class 2, paragraph 4-12.

(2) *Distant visual acuity:* Uncorrected, less than 20/200 in each eye, not correctable to 20/20 in each eye.

(3) *Near visual acuity, field of vision, night vision, depth perception, power of accommodation, ocular motility:* Same as Class 2.

## Section IX. GENITOURINARY SYSTEM

### 4-13. Genitourinary System

The causes of medical unfitness for flying duty Classes 1, 1A, 2 and 3, are the causes listed in paragraphs 2-14 and 2-15, plus the following:

a. *Classes 1 and 1A.* *Substantiated history of bilateral renal calculi or of repeated attacks of renal or ureteral colic.* Examinees with a history of a single unilateral attack are acceptable, provided—

(1) Excretory urography reveals no congenital or acquired anomaly.

(2) Renal function is normal.

(3) The calculus has been passed and the X-ray shows no evidence of concretion in the kidney, ureter, or bladder.

b. *Classes 2 and 3.* *A history of renal calculus, unless—*

(1) Excretory urography reveals no congenital or acquired anomaly.

(2) Renal function is normal.

(3) The calculus has been passed and the X-ray shows no evidence of concretion in the kidney, ureter, or bladder.

## Section X. HEAD AND NECK

### 4-14. Head and Neck

The causes of medical unfitness for flying duty Classes 1, 1A, 2, and 3 are the causes listed in paragraphs 2-16, 2-17, and 4-23, plus the following:

a. *A history of subarachnoid hemorrhage.*

b. *Cervical lymph node involvement of malignant origin.*

c. *Loss of bony substance of skull.*

d. *Persistent neuralgia; tic douloureux; facial paralysis.*

## Section XI. HEART AND VASCULAR SYSTEM

### 4-15. Heart and Vascular System

The causes for unfitness for flying duty Classes 1, 1A, 2, and 3 are the causes listed in paragraphs 2-18, 2-19, and 2-20, plus the following:

*a. Abnormal slowing of the pulse, fall in blood pressure, or alteration in cerebral circulation resulting in fainting or syncope because of digital pressure on either carotid sinus (abnormal carotid sinus reflex).*

*b. A substantiated history of paroxysmal supraventricular arrhythmias such as paroxysmal atrial tachycardia, nodal tachycardia, atrial flutter, and atrial fibrillation.*

*c. A history of paroxysmal ventricular tachycardia.*

*d. A history of rheumatic fever, or documented manifestation suggestive of rheumatic fever within the preceding 5 years.*

*e. Transverse diameter of heart 15 percent or more greater than predicted by appropriate tables.*

*f. Blood pressure below 90 systolic or 60 diastolic.*

*g. Unsatisfactory orthostatic tolerance test.*

*h. Electrocardiographic.*

- (1) Borderline ECG findings until reviewed by The Surgeon General.
- (2) Left bundle branch block.
- (3) Persistent premature contractions, except in rated personnel when unassociated with significant heart disease or recurrent tachycardia.
- (4) Right bundle branch block unless cardiac evaluation reveals the absence of cardiac disease and that the block is presumably congenital.
- ★(5) Short P-R interval and prolonged QRS time (Wolff-Parkinson-White syndrome) or other short P-R interval syndromes predisposing to paroxysmal arrhythmias. In cases involving Class II or Class III examinations, a complete cardiac evaluation including ECG's will be forwarded to The Surgeon General for review.

## Section XII. HEIGHT, WEIGHT, AND BODY BUILD

### 4-16. Height

The causes of medical unfitness for flying duty Classes 1, 1A, 2, and 3 are—

*a. Classes 1, 1A, and 2.* Height below 64 inches or over 76 inches.

*b. Class 3:*

- (1) *Female.* Height below 60 inches or over 72 inches.
- (2) *Male.* Height below 62 inches or over 76 inches.

### 4-17. Weight

The cause of medical unfitness for flying duty Classes 1, 1A, 2, and 3 is—

*Weight* which does not fall within the limits

prescribed in table III, appendix III except that females may not exceed 180 pounds.

### 4-18. Body Build

The causes of medical unfitness for flying duty Classes 1, 1A, 2, and 3 are the causes listed in paragraph 2-23, plus the following:

*Obesity.* Even though the individual's weight is within the maximum shown in table III, appendix III, he will be found medically unfit for any flying duty (Classes 1, 1A, 2, and 3) when the medical examiner considers that the excess weight, in relationship to the bony structure and musculature, would adversely affect flying efficiency or endanger the individual's well-being if permitted to continue in flying status.

## Section XIII. LUNGS AND CHEST WALL

### 4-19. Lung and Chest Wall

The causes of medical unfitness for flying duty Classes 1, 1A, 2, and 3 are the causes listed in paragraphs 2-24, 2-25, 2-26, and 4-27g, plus the following:

*a. Coccidioidomycosis* unless healed without evidence of cavitation.

*b. Lobectomy:*

- (1) Classes 1 and 1A—Lobectomy, per se.
- (2) Classes 2 and 3—Lobectomy:

- (a) Within the preceding 6 months.
  - (b) With a value of less than 80 percent of the predicted vital capacity (app. VI).
  - (c) With a value of less than 75 percent of exhaled predicted vital capacity in 1 second (app. VI).
  - (d) With a value of less than 80 percent of the predicted maximum breathing capacity (app. VI).
  - (e) With any other residual or complication of lobectomy which might endanger the individual's health and well-being or comprise flying safety.
- c. *Pneumothorax, spontaneous:*
- (1) *Classes 1 and 1A.* A history of spontaneous pneumothorax.
  - (2) *Classes 2 and 3.* Spontaneous pneumothorax except a single instance of spontaneous pneumothorax if clinical evalu-

ation shows complete recovery with full expansion of the lung, normal pulmonary function, no additional lung pathology or other contra-indication to flying is discovered and the incident of spontaneous pneumothorax has not occurred within the preceding 3 months.

d. *Pulmonary tuberculosis:*

- (1) *Classes 1 and 1A.* See paragraph 2-25.
- (2) *Classes 2 and 3.* Pulmonary tuberculosis with less than 2 years of inactive disease including 12 months cessation of therapy, or with impaired pulmonary function greater than outlined in b(2) above.

e. *Tuberculous pleurisy with effusion:*

- (1) *Classes 1 and 1A.* Tuberculous pleurisy with effusion, per se.
- (2) *Classes 2 and 3.* Tuberculous pleurisy with effusion until 12 months after cessation of therapy.

#### Section XIV. MOUTH, NOSE, PHARYNX, LARYNX, TRACHEA, ESOPHAGUS

##### 4-20. Mouth

The cause of medical unfitness for flying duty Classes 1, 1A, 2, and 3 are the causes listed in paragraph 2-27, plus the following:

- a. *Any infectious lesion* until recovery is complete and the part is functionally normal.
- b. *Any congenital or acquired lesion* which interferes with the function of the mouth or throat.
- c. *Any defect in speech* which would prevent clear enunciation over a radio communications system.
- d. *Recurrent calculi* of any salivary gland or duct.

##### 4-21. Nose

The causes of medical unfitness for flying duty Classes 7, 1A, 2, and 3 are the causes listed in paragraphs 2-28 and 4-27, plus the following:

- a. *Acute coryza.*
- b. *Allergic rhinitis* (unless mild and functionally asymptomatic).
- c. *Anosmia, parosmia, and paresthesia.*
- d. *Atrophic rhinitis.*
- e. *Deviation of nasal septum or septal spurs* which result in 50 percent or more obstruction of either airway; or which interfere with drainage of the sinus on either side.

f. *Hypertrophic rhinitis* (unless mild and functionally asymptomatic).

g. *Nasal polyps.*

h. *Perforation of the nasal septum* unless small, asymptomatic, and the result of trauma.

i. *Sinusitis:*

- (1) *Classes 1 and 1A.* Sinusitis of any degree, acute or chronic. If there is only X-ray evidence of chronic sinusitis and the history reveals the examinee to have been asymptomatic for 5 years, this X-ray finding alone will not be considered as rendering the individual medically unfit.
- (2) *Classes 2 and 3.* Acute sinusitis of any degree.

##### 4-22. Pharynx, Larynx, Trachea, Esophagus

The causes of medical unfitness for flying duty Classes 1, 1A, 2, and 3 are the causes listed in paragraph 2-29, plus the following:

a. *Any lesion of the nasopharynx* causing nasal obstruction.

b. *A history of recurrent hoarseness.*

c. *A history of recurrent aphonia* or a single attack if the cause was such as to make subsequent attacks probable.

**Section IX. GENITOURINARY SYSTEM****5-13. Genitourinary System**

Causes of medical unfitness for USMA are the causes listed in paragraphs 2-14 and 2-15, plus the following:

- a. *Atrophy, deformity, or maldevelopment of both testicles.*
- b. *Epispadias.*
- c. *Hypospadias, pronounced*

d. *Penis: Amputation or gross deformity.*

e. *Phimosis: Redundant prepuce is not cause for rejection.*

f. *Urine:*

- (1) *Albuminuria: Persistent or recurrent of any type regardless of etiology.*
- (2) *Casts: Persistent or recurrent regardless of cause.*

**Section X. HEAD AND NECK****5-14. Head and Neck**

The causes of medical unfitness for USMA are the causes listed in paragraphs 2-16 and 2-17, plus the following:

a. *Deformities of the skull* in the nature of depressions, exostoses, etc., which affect the military appearance of the candidate.

b. *Loss or congenital absence of the bony substance of the skull* of any amount.

**Section XI. HEART AND VASCULAR SYSTEM****5-15. Heart and Vascular System**

The causes of medical unfitness for USMA are the causes listed in paragraphs 2-18, 2-19, and 2-20, plus the following:

a. *Any evidence of organic heart disease.*

b. *Hypertension* evidenced by persistent readings of 140-mm or more systolic or persistent diastolic pressure of over 90-mm.

**Section XII. HEIGHT, WEIGHT AND BODY BUILD****5-16. Height**

The causes of medical unfitness for USMA are—

a. *Height below 66 inches.* However, see special administrative criteria in paragraph 7-14.

b. *Height over 78 inches.* However, see special administrative criteria in paragraph 7-14.

**5-17. Weight**

The causes of medical unfitness for USMA are—

a. *Weight related to age and height* which is below the minimum shown in table I, appendix III.

b. *Weight related to age and height* which is in

excess of the maximum shown in table I, appendix III.

**5-18. Body Build**

The causes of medical unfitness for USMA are the causes listed in paragraph 2-23, plus the following:

*Obesity:* Even though the candidate's weight is within the maximum shown in table I, appendix III, he will be reported as nonacceptable when the medical examiner considers that the excess weight, in relation to the bony structure and musculature, constitutes obesity of such a degree as to interfere with the satisfactory completion or immediate participation in the required physical activities at the USMA.

**Section XIII. LUNGS AND CHEST WALL****5-19. Lungs and Chest Wall**

The causes of medical unfitness for USMA are

the causes listed in paragraphs 2-24, 2-25, and 2-26.

#### Section XIV. MOUTH, NOSE, PHARYNX, TRACHEA, ESOPHAGUS, AND LARYNX

##### 5-20. Mouth, Nose, Pharynx, Trachea, Esophagus, and Larynx

The causes of medical unfitness for USMA are the causes listed in paragraphs 2-27, 2-28, 2-29, and 2-30, plus the following:

*a. Septal deviation, hypertrophic rhinitis, or other conditions* which result in 50 percent or

more obstruction of either airway, or which interfere with drainage of a sinus on either side.

*b. Speech abnormalities:* Defects and conditions which interfere with the candidate's ability to pronounce and enunciate words correctly and clearly considering the requirements of class recitation and the issuing of commands to large groups of men.

#### Section XV. NEUROLOGICAL DISORDERS

##### 5-21. Neurological Disorders

The causes of medical unfitness for USMA are the causes listed in paragraph 2-31.

#### Section XVI. PSYCHOSES, PSYCHONEUROSES, AND PERSONALITY DISORDERS

##### 5-22. Psychoses, Psychoneuroses, and Personality Disorders

The causes of medical unfitness for USMA are the causes listed in paragraphs 2-32, 2-33, and 2-34, plus the following:

*a. Prominent antisocial tendencies, personality defects, neurotic traits, emotional instability,*

*schizoid tendencies, and other disorders of a similar nature.*

*b. Stammering or stuttering* which interferes with the candidate's ability to pronounce and enunciate words correctly and clearly, considering the requirements of class recitation and the issuing of commands to large groups of men.

#### Section XVII. SKIN AND CELLULAR TISSUES

##### 5-23. Skin and Cellular Tissues

The causes of medical unfitness for USMA are the causes listed in paragraph 2-35, plus the following:

*a. Acne, moderately severe, or interfering with wearing of military equipment.*

*b. Acne scarring: Severe.*

*c. Bromidrosis: More than mild.*

*d. Vitiligo* or other skin disorders which are disfiguring or unsightly.

#### Section XVIII. SPINE, SCAPULAE, RIBS, AND SACROILIAC JOINTS

##### 5-24. Spine, Scapulae, Ribs, and Sacroiliac Joints

The causes of medical unfitness for USMA are the causes listed in paragraphs 2-11, 2-36, and 2-37, plus the following:

*d. Defects and diseases of the spine, scapulae,*

*ribs, or sacroiliac joints* which interfere with the daily participation in a rigorous physical training or athletic program, with the wearing of military equipment, or which detract from a smart military bearing or appearance.

★ *b. Spondylolysis.*

#### Section XIX. SYSTEMIC DISEASES AND MISCELLANEOUS CONDITIONS AND DEFECTS

##### 5-25. Systemic Diseases and Miscellaneous Conditions and Defects

The causes for rejection for USMA are the same as those listed in paragraphs 2-38 and 2-39, plus the following:

Systemic diseases and miscellaneous medical conditions and physical defects which interfere with the daily participation in a rigorous physical training or athletic program, with the wearing of military equipment, or which detract from a smart military bearing or appearance.

S/S C13

13 May 1964

★CHAPTER 2

**MEDICAL FITNESS STANDARDS FOR APPOINTMENT, ENLISTMENT, AND INDUCTION**  
(Short Title: **PROCUREMENT MEDICAL FITNESS STANDARDS**)

**Section I. GENERAL**

**2-1. Scope**

This chapter sets forth the medical conditions and physical defects which make an individual medically unacceptable for—

- a. Appointment as a commissioned or warrant officer.
- b. Enlistment.
- c. Induction.

**2-2. Applicability**

These standards apply to—

- a. All men and women being considered for appointment or enlistment in the United States

Army, regardless of component, as well as enrollment in the Advanced Course Army ROTC and other personnel procurement programs other than induction where these standards are prescribed. For medical fitness standards during a period of mobilization see chapter 6.

- b. All individuals undergoing medical examination pursuant to the Universal Military Training and Service Act, as amended, except Medical and Dental Registrants, who are to be evaluated under the medical standards contained in chapter 8. For medical fitness standards during a period of mobilization see chapter 6.

**Section II. ABDOMEN AND GASTROINTESTINAL SYSTEM**

**2-3. Abdominal Organs and Gastrointestinal System**

The causes for rejection for appointment, enlistment, and induction are—

- a. *Cholecystectomy*, sequelae of, such as post-operative stricture of the common bile duct, reforming of stones in hepatic or common bile ducts, or incisional hernia, or post-cholecystectomy syndrome when symptoms are so severe as to interfere with normal performance of duty.
- b. *Cholecystitis*, acute or chronic, with or without cholelithiasis, if diagnosis is confirmed by usual laboratory procedures or authentic medical records.
- c. *Cirrhosis* regardless of the absence of manifestations such as jaundice, ascites or known esophageal varices, abnormal liver function tests with or without history of chronic alcoholism.
- d. *Fistula* in ano.
- e. *Gastritis*, chronic hypertrophic, severe.
- f. *Hemorrhoids*:
  - (1) External hemorrhoids producing marked symptoms.
  - (2) Internal hemorrhoids, if large or accompanied with hemorrhage or protruding intermittently or constantly.
- g. *Hepatitis* within the preceding 6 months, or persistence of symptoms after a reasonable

period of time with objective evidence of impairment of liver function.

*h. Hernia:*

- (1) Hernia other than small asymptomatic umbilical or hiatal.
- (2) History of operation for hernia within the preceding 60 days.

*i. Intestinal obstruction* or, authenticated history of more than one episode, if either occurred during the preceding 5 years, or if resulting condition remains which produces significant symptoms or requires treatment.

*j. Megacolon* of more than minimal degree, *diverticulitis*, *ileitis*, and *ulcerative colitis*. *Irritable colon* of more than moderate degree.

*k. Pancreas*, acute or chronic disease of, if proven by laboratory tests, or authenticated medical records.

*l. Rectum*, stricture or prolapse of.

*m. Resection; gastric or of bowel; or gastroenterostomy; however minimal intestinal resection in infancy or childhood (for example: for intussusception or pyloric stenosis) is acceptable if the individual has been asymptomatic since the resection and if surgical consultation (to include upper and lower gastrointestinal series) gives complete clearance.*

*n. Scars.*

- (1) Scars, abdominal, regardless of cause, which show hernial bulging or which interfere with movements.
- (2) Scar pain associated with disturbance of function of abdominal wall or contained viscera.

*o. Sinuses* of the abdominal wall.

*p. Splenectomy* for any cause, other than trauma, if unrelated to disease of the spleen, hereditary spherocytosis, or disease involving the spleen where splenectomy was followed by correction of

the condition for a period of at least 2 years (see also par. 2-4).

*q. Tumors.* See paragraphs 2-40 and 2-41.

*r. Ulcer:*

- (1) Ulcer of the stomach or duodenum, if diagnosis is confirmed by X-ray examination, or authenticated history thereof.
- (2) Authentic history of surgical operation(s) for gastric or duodenal ulcer.

*s. Other* congenital or acquired abnormalities and defects which preclude satisfactory performance of military duty or which require frequent and prolonged treatment.

### Section III. BLOOD AND BLOOD-FORMING TISSUE DISEASES

#### 2-4. Blood and Blood-Forming Tissue Diseases

The causes for rejection for appointment, enlistment, and induction are—

*a. Anemia:*

- (1) Blood loss anemia—until both condition and basic cause are corrected.
- (2) Deficiency anemia, not controlled by medication.
- (3) Abnormal destruction of RBC's: Hemolytic anemia.
- (4) Faulty RBC construction: Hereditary hemolytic anemia, thalassemia and sickle cell anemia.
- (5) Myelophthisic anemia: Myelomatosis, leukemia, Hodgkins disease.

- (6) Primary refractory anemia: Aplastic anemia, DiGuglielmo's syndrome.

*b. Hemorrhagic states:*

- (1) Due to changes in coagulation system (hemophilia, etc.).
- (2) Due to platelet deficiency.
- (3) Due to vascular instability.

*c. Leukopenia*, chronic or recurrent, associated with increased susceptibility to infection.

*d. Myeloproliferative disease (other than leukemia):*

- (1) Myelofibrosis.
- (2) Megakaryocytic myelosis.
- (3) Polycythemia vera.

*e. Splenomegaly* until the cause is remedied.

*f. Thromboembolic disease* except for acute, nonrecurrent conditions.

### Section IV. DENTAL

#### 2-5. Dental

The causes for rejection for appointment, enlistment, and induction are—

*a. Diseases of the jaws or associated tissues* which are not easily remediable and which will incapacitate the individual or prevent the satisfactory performance of military duty.

*b. Malocclusion*, severe, which interferes with the mastication of a normal diet.

*c. Oral tissues*, extensive loss of, in an amount that would prevent replacement of missing teeth with a satisfactory prosthetic appliance.

*d. Orthodontic appliances.* See special administrative criteria in paragraph 7-12.

*e. Relationship* between the mandible and maxilla of such a nature as to preclude future satisfactory prosthodontic replacement.

of the inner border, due to inward rotation of the astragalus, regardless of the presence or absence of symptoms.

- (6) Flat foot, spastic.
- (7) Hallux valgus, if severe and associated with marked exostosis or bunion.
- (8) Hammer toe which interferes with the wearing of combat service boots.
- (9) Healed disease, injury or deformity including hyperdactylia which precludes running, is accompanied by disabling pain, or which prohibits wearing of combat service boots.
- (10) Ingrowing toe nails, if severe, and not remediable.
- (11) Obliteration of the transverse arch associated with permanent flexion of the small toes.
- (12) Pes cavus, with contracted plantar fascia, dorsiflexed toes, tenderness under the metatarsal heads, and callosity under the weight bearing areas.

*c. Leg, knee, thigh, and hip:*

- (1) Dislocated semilunar cartilage loose or foreign bodies within the knee joint or history of surgical correction of same if—
  - (a) Within the preceding 6 months.
  - (b) Six months or more have elapsed since operation without recurrence, and there is instability of the knee ligaments in lateral or anteroposterior directions in comparison with the normal knee or abnormalities noted on X-ray, there is significant atrophy or weakness of the thigh musculature in comparison with the normal side, there is not acceptable active motion in flexion and extension, or there are other symptoms of internal derangement.
- (2) Authentic history or physical findings of an unstable or internally deranged joint causing disabling pain or seriously limiting function. Individuals with verified episodes of buckling or locking of the knee who have not undergone satisfactory surgical correction or if, subsequent to surgery, there is evidence of more than mild instability of the knee ligaments in lateral and anteroposterior directions in

comparison with the normal knee, weakness or atrophy of the thigh musculature in comparison with the normal side, or if the individual requires medical treatment of sufficient frequency to interfere with the performance of military duty.

*d. General.*

- (1) Deformities of one or both lower extremities which have interfered with function to such a degree as to prevent the individual from following a *physically active* vocation in civilian life or which would interfere with the satisfactory completion of prescribed training and performance of military duty.
- (2) Diseases or deformities of the hip, knee, or ankle joint which interfere with walking, running, or weight bearing.
- (3) Pain in the lower back or leg which is intractable and disabling to the degree of interfering with walking, running, and weight bearing.
- (4) Shortening of a lower extremity resulting in any limp of noticeable degree.

## 2-11. Miscellaneous

(See also pars. 2-9 and 2-10.)

The causes for rejection for appointment, enlistment, and induction are—

*a. Arthritis:*

- (1) Active or subacute arthritis, including Marie-Strumpell type.
- (2) Chronic osteoarthritis or traumatic arthritis of isolated joints of more than minimal degree, which has interfered with the following of a physically active vocation in civilian life or which precludes the satisfactory performance of military duty.
- (3) Documented clinical history of rheumatoid arthritis (atrophic arthritis).
- (4) Traumatic arthritis of a major joint of more than minimal degree.

*b. Disease of any bone or joint, healed, with such resulting deformity or rigidity that function is impaired to such a degree that it will interfere with military service.*

*c. Dislocation, old unreduced; substantiated history of recurrent dislocations of major joints; in-*

stability of a major joint, symptomatic and more than mild; or if, subsequent to surgery, there is evidence of more than mild instability in comparison with the normal joint, weakness or atrophy in comparison with the normal side, or if the individual requires medical treatment of sufficient frequency to interfere with the performance of military duty.

*d. Fractures:*

- (1) Malunited fractures that interfere significantly with function.
  - (2) Ununited fractures.
  - (3) Any old or recent fracture in which a plate, pin, or screws were used for fixation and left in place and which may be subject to easy trauma, i.e., as a plate tibia, etc.
- e. Injury of a bone or joint within the preced-*

ing 6 weeks, without fracture or dislocation, of more than a minor nature.

*f. Muscular paralysis*, contracture, or atrophy, if progressive or of sufficient degree to interfere with military service.

*g. Osteomyelitis*, active or recurrent, of any bone or substantiated history of osteomyelitis of any of the long bones unless successfully treated 2 or more years previously without subsequent recurrence or disqualifying sequelae as demonstrated by both clinical and X-ray evidence.

*h. Osteoporosis.*

*i. Scars*, extensive, deep, or adherent, of the skin and soft tissues or neuromas of an extremity which are painful, which interfere with muscular movements, which preclude the wearing of military equipment, or that show a tendency to break down.

## Section VIII. EYES AND VISION

### 2-12. Eyes

The causes for rejection for appointment, enlistment, and induction are—

*a. Lids:*

- (1) Blepharitis, chronic more than mild. Cases of acute blepharitis will be rejected until cured.
- (2) Blepharospasm.
- ★(3) Dacryocystitis, acute or chronic.
- (4) Destruction of the lids, complete or extensive, sufficient to impair protection of the eye from exposure.
- (5) Disfiguring cicatrices and adhesions of the eyelids to each other or to the eyeball.
- (6) Growth or tumor of the eyelid other than small early basal cell tumors of the eyelid; which can be cured by treatment, and small nonprogressive asymptomatic benign lesions. See also paragraph 2-40 and 2-41.
- (7) Marked inversion or eversion of the eyelids sufficient to cause unsightly appearance or watering of eyes (entropion or ectropion).
- (8) Lagophthalmos.
- (9) Ptosis interfering with vision.
- (10) Trichiasis, severe.

*b. Conjunctiva:*

- (1) Conjunctivitis, chronic, including vernal catarrh and trachoma. Individuals with acute conjunctivitis are unacceptable until the condition is cured.
- (2) Pterygium:
  - (a) Pterygium recurring after three operative procedures.
  - (b) Pterygium encroaching on the cornea in excess of 3 millimeters or interfering with vision.

*c. Cornea:*

- (1) Dystrophy, corneal, of any type including keratoconus of any degree.
- (2) Keratitis, acute or chronic.
- (3) Ulcer, corneal; history of recurrent ulcers or corneal abrasions (including herpetic ulcers).
- (4) Vascularization or opacification of the cornea from any cause which interferes with visual function or is progressive.

*d. Uveal tract:* Inflammation of the uveal tract except healed traumatic choroiditis.

*e. Retina:*

- (1) Angiomatoses, phakomatoses, retinal cysts, and other congenito-hereditary conditions that impair visual function.

- (2) Degenerations of the retina to include macular diseases, macular cysts, holes, and other degenerations (hereditary or acquired) affecting the macula pigmentary degenerations (primary and secondary).
- (3) Detachment of the retina or history of surgery for same.
- (4) Inflammation of the retina (retinitis or other inflammatory conditions of the retina to include Coats' disease, diabetic retinopathy, Eales' disease, and retinitis proliferans).

*f. Optic nerve.*

- (1) Congenito-hereditary conditions of the optic nerve or any other central nervous system pathology affecting the efficient function of the optic nerve.
- (2) Optic neuritis, neuroretinitis, or secondary optic atrophy resulting therefrom or document history of attacks of retrobulbar neuritis.
- (3) Optic atrophy (primary or secondary).
- (4) Papilledema.

*g. Lens.*

- (1) Aphakia (unilateral or bilateral).
- (2) Dislocation, partial or complete, of a lens.
- (3) Opacities of the lens which interfere with vision or which are considered to be progressive.

*h. Ocular mobility and motility.*

- (1) Diplopia, documented, constant or intermittent from any cause or of any degree interfering with visual function (i.e., may suppress).
- (2) Diplopia, monocular, documented, interfering with visual function.
- (3) Nystagmus, with both eyes fixing, congenital or acquired.
- (4) Strabismus of 40 diopters deviation or more.
- (5) Strabismus of any degree accompanied by documented diplopia.
- (6) Strabismus, surgery for the correction of, within the preceding 6 months.

★ *i. Miscellaneous defects and diseases.*

- (1) Abnormal conditions of the eye or visual fields due to diseases of the central nervous system.

- (2) Absence of an eye.
- (3) Asthenopia severe.
- (4) Exophthalmos, unilateral or bilateral.
- (5) Glaucoma, primary or secondary.
- (6) Hemianopsia of any type.
- (7) Loss of normal pupillary reflex reactions to light or accommodation to distance or Adies syndrome.
- (8) Loss of visual fields due to organic disease.
- (9) Night blindness associated with objective disease of the eye. Verified congenital night blindness.
- (10) Residuals of old contusions, lacerations, penetrations, etc., which impair visual function required for satisfactory performance of military duty.
- (11) Retained intra-ocular foreign body.
- (12) Tumors. See *a*(6) above and paragraphs 2-40 and 2-41.
- (13) Any organic disease of the eye or adnexa not specified above which threatens continuity of vision or impairment of visual function.

## 2-13. Vision

The causes for medical rejection for appointment, enlistment, and induction are listed below. The special administrative criteria for officer assignment to Armor, Artillery, Infantry, Corps of Engineers, Signal Corps, and Military Police Corps are listed in paragraph 7-15.

*a. Distant visual acuity.* Distant visual acuity of any degree which does not correct to at least one of the following:

- (1) 20/40 in one eye and 20/70 in the other eye.
- (2) 20/30 in one eye and 20/100 in the other eye.
- (3) 20/20 in one eye and 20/400 in the other eye.

★ *b. Near visual acuity.* Near visual acuity of any degree which does not correct to at least J-6 in the better eye.

★ *c. Refractive error.* Any degree of refractive error in spherical equivalent of over -8.00 or +8.00; or if ordinary spectacles cause discomfort by reason of ghost images, prismatic displacement, etc.; or if an ophthalmological consultation reveals a condition which is disqualifying.

*d. Contact lens.* Complicated cases requiring contact lens for adequate correction of vision as

keratoconus, corneal scars, and irregular astigmatism.

## Section IX. GENITOURINARY SYSTEM

### 2-14. Genitalia

(See also pars. 2-40 and 2-41.)

The causes for rejection for appointment, enlistment, and induction are—

*a. Bartholinitis*, Bartholin's cyst.

*b. Cervicitis*, acute or chronic, manifested by leukorrhea.

*c. Dysmenorrhea*, incapacitating to a degree which necessitates recurrent absences of more than a few hours from routine activities.

*d. Endometriosis*, or confirmed history thereof.

*e. Hermaphroditism.*

*f. Menopausal syndrome*, either physiologic or artificial if manifested by more than mild constitutional or mental symptoms, or artificial menopause if less than 13 months have elapsed since cessation of menses. In all cases of artificial menopause, the clinical diagnosis will be reported; if accomplished by surgery, the pathologic report will be obtained and recorded.

*g. Menstrual cycle*, irregularities of, including menorrhagia, if excessive; metrorrhagia; polymenorrhea; amenorrhea, except as noted below.

*h. New growths of the internal or external genitalia* except single uterine fibroid, subserous, asymptomatic, less than 3 centimeters in diameter, with no general enlargement of the uterus. See also paragraphs 2-40 and 2-41.

*i. Oophoritis*, acute or chronic.

*j. Ovarian cysts*, persistent and considered to be of clinical significance.

*k. Pregnancy.*

*l. Salpingitis*, acute or chronic.

*m. Testicle(s).* (See also pars. 2-40 and 2-41.)

(1) Absence or non-descent of both testicles.

(2) Undiagnosed enlargement or mass of testicle or epididymis.

★ (3) Undescended testicle which lies within the inguinal canal.

*n. Urethritis*, acute or chronic, other than gonorrheal urethritis without complications.

*o. Uterus.*

(1) Cervical polyps, cervical ulcer, or marked erosion.

(2) Endocervicitis, more than mild.

(3) Generalized enlargement of the uterus due to any cause.

(4) Malposition of the uterus if more than mildly symptomatic.

*p. Vagina.*

(1) Congenital abnormalities or severe lacerations of the vagina.

(2) Vaginitis, acute or chronic, manifested by leukorrhea.

*q. Varicocele or hydrocele*, if large or painful.

*r. Vulva.*

(1) Leukoplakia.

(2) Vulvitis, acute or chronic.

*s. Major abnormalities and defects of the genitalia* such as a change of sex, a history thereof, or complications (adhesions, disfiguring scars, etc.) residual to surgical correction of these conditions.

### 2-15. Urinary System

(See pars. 2-8, 2-40, and 2-41.)

The causes for rejection for appointment, enlistment, and induction are—

*a. Albuminuria* including so-called orthostatic or functional albuminuria, other than that produced by obvious extrarenal disease.

*b. Cystitis*, chronic. Individuals with acute cystitis are unacceptable until the condition is cured.

*c. Enuresis* determined to be a symptom of an organic defect not amenable to treatment. (See also par. 2-34c.)

*d. Epispadias or hypospadias* when accompanied by evidence of infection of the urinary tract of if clothing is soiled when voiding.

*e. Hematuria, cylindruria*, or other findings indicative of renal tract disease.

*f. Incontinence* of urine.

*g. Kidney:*

(1) Absence of one kidney, regardless of cause.

(2) Acute or chronic infections of the kidney.

(3) Cystic or polycystic kidney, confirmed history of.

(4) Hydronephrosis or pyonephrosis.

★ *c. Nasal septum, perforation of:*

- (1) Associated with interference of function, ulceration of crusting, and when the result of organic disease.
- (2) If progressive.
- (3) If respiration is accompanied by a whistling sound.

*d. Sinusitis, acute.**e. Sinusitis, chronic:*

- (1) Evidenced by chronic purulent nasal discharge, large nasal polyps, hyperplastic changes of the nasal tissues and other signs and symptoms.
- (2) Confirmed by transillumination or X-ray examination or both.

**2-29. Pharynx, Trachea, Esophagus, and Larynx**

The causes for rejection for appointment, enlistment, and induction are—

*a. Esophagus, organic disease of, such as ulceration, varices; achalasia; peptic esophagitis; if confirmed by appropriate X-ray or esophagosopic examinations.*

*b. Laryngeal paralysis, sensory or motor, due to any cause.*

*c. Larynx, organic disease of, such as neoplasm, polyps, granuloma, ulceration, and chronic laryngitis.*

*d. Plica dysphonia ventricularis.*

*e. Tracheostomy or tracheal fistula.*

**2-30. Other defects and Diseases**

The causes for rejection for appointment, enlistment, and induction are—

*a. Aphonia.*

*b. Deformities or conditions of the mouth, throat, pharynx, larynx, esophagus, and nose which interfere with mastication and swallowing of ordinary food, with speech, or with breathing.*

*c. Destructive syphilitic disease of the mouth, nose, throat, larynx, or esophagus. (See par. 2-42.)*

*d. Pharyngitis and nasopharyngitis, chronic, with positive history and objective evidence, if of such a degree as to result in excessive time lost in the military environment.*

**Section XV. NEUROLOGICAL DISORDERS****2-31. Neurological Disorders**

The causes for rejection for appointment, enlistment, and induction are—

*a. Degenerative disorders:*

- (1) Cerebellar and Friedreich's ataxia.
- (2) Cerebral arteriosclerosis.
- (3) Encephalomyelitis, residuals of, which preclude the satisfactory performance of military duty.
- (4) Huntington's chorea.
- (5) Multiple sclerosis.
- (6) Muscular atrophies and dystrophies of any type.

*b. Miscellaneous:*

- (1) Congenital malformations if associated with neurological manifestations and meningocele even if uncomplicated.
- (2) Migraine when frequent and incapacitating.
- (3) Paralysis or weakness, deformity, discoordination, pain, sensory disturbance, intellectual deficit, disturbances of con-

sciousness, or personality abnormalities regardless of cause which is of such a nature or degree as to preclude the satisfactory performance of military duty.

- (4) Tremors, spasmodic torticollis, athetosis or other abnormal movements more than mild.

*c. Neurosyphilis of any form (general paresis, tabes dorsalis, meningovascular syphilis).*

*d. Paroxysmal convulsive disorders, disturbances of consciousness, all forms of psychomotor or temporal lobe epilepsy or history thereof except for seizures associated with toxic states or fever during childhood up to the age of 12.*

*e. Peripheral nerve disorder:*

- (1) Polyneuritis.
- (2) Mononeuritis or neuralgia which is chronic or recurrent and of an intensity that is periodically incapacitating.
- (3) Neurofibromatosis.

*f. Spontaneous subarachnoid hemorrhage, verified history of, unless cause has been surgically corrected.*

## Section XVI. PSYCHOSES, PSYCHONEUROSES, AND PERSONALITY DISORDERS

### 2-32. Psychoses

The causes for rejection for appointment, enlistment, and induction are—

*Psychosis or authenticated history of a psychotic illness* other than those of a brief duration associated with a toxic or infectious process.

### 2-33. Psychoneuroses

The causes for rejection for appointment, enlistment, and induction are—

*a. History of a psychoneurotic reaction which caused—*

- (1) Hospitalization.
- (2) Prolonged care by a physician.
- (3) Loss of time from normal pursuits, for repeated periods even if of brief duration, or
- (4) Symptoms or behavior of a repeated nature which impaired school or work efficiency.

*b. History of a brief psychoneurotic reaction or nervous disturbance within the preceding 12 months which was sufficiently severe to require medical attention or absence from work or school for a brief period (maximum of 7 days).*

### 2-34. Personality Disorders

The causes for rejection for appointment, enlistment, and induction are—

*a. Character and behavior disorders, as evidenced by—*

- (1) Frequent encounters with law enforcement agencies, or antisocial attitudes or behavior which, while not a cause for administrative rejection, are tangible evidence of an impaired characterological capacity to adapt to the military service.
- (2) Overt homosexuality or other forms of sexual deviant practices such as exhibitionism, transvestism, voyeurism, etc.
- (3) Chronic alcoholism or alcohol addiction.
- (4) Drug addiction.

*b. Character and behavior disorders* where it is evident by history and objective examination that the degree of immaturity, instability, personality inadequacy, and dependency will seriously interfere with adjustment in the military service as demonstrated by repeated inability to maintain reasonable adjustment in school, with employers and fellow-workers, and other society groups.

*c. Other symptomatic immaturity reactions* such as authenticated evidence of enuresis which is habitual or persistent, not due to an organic condition (par. 2-15c) occurring beyond early adolescence (age 12 to 14) and stammering or stuttering of such a degree that the individual is normally unable to express himself clearly or to repeat commands.

*d. Specific learning defects* as listed in SR 40-1025-2.

## Section XVII. SKIN AND CELLULAR TISSUES

### 2-35. Skin and Cellular Tissues

The causes for rejection for appointment, enlistment, and induction are—

*a. Acne:* Severe, when the face is markedly disfigured, or when extensive involvement of the neck, shoulders, chest, or back would be aggravated by or interfere with the wearing of military equipment.

*b. Atopic dermatitis:* With active or residual lesions in characteristic areas (face and neck, antecubital and popliteal fossae, occasionally wrists and hands), or documented history thereof.

*c. Cysts:*

- (1) *Cysts, other than pilonidal.* Of such a size or location as to interfere with the normal wearing of military equipment.

- (2) *Cysts, pilonidal.* Pilonidal cysts, if evidenced by the presence of a tumor mass or a discharging sinus.

*d. Dermatitis factitia.*

*e. Dermatitis herpetiformis.*

*f. Eczema:* Any type which is chronic and resistant to treatment.

★ *f.1 Elephantiasis or chronic lymphedema.*

*g. Epidermolysis bullosa; pemphigus.*

*h. Fungus infections, systemic or superficial types:* If extensive and not amenable to treatment.

*i. Furunculosis:* Extensive, recurrent, or chronic.

*j. Hyperhidrosis* of hands or feet: Chronic or severe.

## ★CHAPTER 4

## MEDICAL FITNESS STANDARDS FOR FLYING DUTY

## (Short Title: MEDICAL FITNESS STANDARDS FOR FLYING)

## Section I. GENERAL

## 4-1. Scope

These regulations set forth medical conditions and physical defects which are considered causes for rejection for selection and retention for—

- a. Aircraft mechanics, air traffic controllers, and flight simulator specialists.
- b. Civilian flight instructors
- c. Participation in regular and frequent aerial flights as nondesignated or nonrated personnel.
- d. Rated Naval aviator, Air Force pilot, or Army aviator or training leading to such designation.

## 4-2. Classes of Medical Standards for Flying and Applicability

The causes for rejection for flying duty Classes 1, 1A, 2, and 3 are all of the causes listed in chapter 2, plus all of the causes listed in this chapter apply as indicated below.

- a. *Class 1 standards apply* in the case of individuals being considered for selection for—
  - (1) Aviator training leading to the aeronautical designation of Army aviator, who do not hold a Naval aviator, Air Force pilot or Army aviator rating.
  - (2) ROTC Flight Training Program.
- b. *Class 1A standards apply* in the case of—
  - (1) Individuals being considered for selection for aviator training leading to the aeronautical designation of Army aviator only upon a specific directive by the Department of the Army.
  - (2) Evaluation of individuals selected for training (a(1) above) before such training has begun except as noted in c(5) and (6) below.
- c. *Class 2 standards apply* in the case of—
  - (1) FAA rated flight instructors who are to conduct flying instructions at Army aviation training bases.

- (2) Individuals being considered for or performing duty as air traffic controllers, or flight simulator specialists.
- (3) Individuals on flying status as a Naval aviator, Air Force pilot, or Army aviator undergoing annual medical examination.
- (4) Rated military pilots being considered for return to duty in a flying status.
- (5) Rated Naval aviator, Air Force pilots, or or Army aviators being considered for further flying training.
- (6) Student pilots in military aviation training programs including the ROTC Flight Training Program graduates.
- (7) Test pilots employed by the Department of the Army.

d. *Class 3 standards apply* in the case of individuals ordered by competent authority to participate in regular and frequent aerial flights as nondesignated or nonrated personnel not engaged in the actual control of aircraft, such as aviation medical officers, observers, aircraft mechanics, etc.

## 4-3. Disposition of Personnel Who Do Not Meet These Standards

a. *Applicants.* The reports of medical examination pertaining to applicants who do not meet the medical fitness standards for flying as prescribed herein will nevertheless be processed for review by the Department of the Army as prescribed in the appropriate procurement regulation.

b. *Rated or designated personnel and nondesignated or nonrated personnel.* Individuals who do not meet the medical fitness standards for flying as prescribed herein will be immediately suspended from flying as outlined in AR 600-107, unless they have previously been continued in flying status for the same defect by designated higher authority in which case they may be per-

mitted to fly until the continuance is confirmed, provided the condition is essentially unchanged

and that flying safety and the individual's well-being are not compromised.

## Section II. ABDOMEN AND GASTROINTESTINAL SYSTEM

### 4-4. Abdomen and Gastrointestinal System

The causes of medical unfitness for flying duty Classes 1, 1A, 2, and 3 are causes listed in paragraph 2-3, plus the following:

*a. Enlargement of liver* except when liver function tests are normal with no history of jaundice (other than simple catarrhal), and the condition does not appear to be caused by active disease.

*b. Functional bowel distress syndrome* (irritable colon).

*c. Hernia* of any variety, other than small umbilical.

*d. History of bowel resection* for any cause (except appendectomy) and operation for relief of intestinal adhesions. In addition pylorotomy in infancy without complications at present, will not, per se, be cause for rejection.

*e. Operation for intussusception* except when done in childhood or infancy. Bowel resection in the latter instance will not disqualify examinee.

★*f. Ulcer:*

(1) *Classes 1 and 1A.* See paragraph 2-3r.

(2) *Classes 2 and 3.* Until reviewed by The Surgeon General.

## Section III. BLOOD AND BLOOD-FORMING TISSUE DISEASES

### 4-5. Blood and Blood-Forming Tissue Diseases

The causes of medical unfitness for flying duty Classes 1, 1A, 2, and 3 are the causes listed in

paragraph 2-4 and paragraph 4-27, plus the following:

*Sickle cell trait or sickle cell disease.*

## Section IV. DENTAL

### 4-6. Dental

The causes of medical unfitness for flying duty

Classes 1, 1A, 2, and 3 are the causes listed in paragraph 2-5.

## Section V. EARS AND HEARING

### 4-7. Ears

The causes of medical unfitness for flying duty Classes 1, 1A, 2, and 3 are the causes listed in paragraph 2-6, plus the following:

*a. Abnormal labyrinthine function* when determined by appropriate tests.

*b. Any infectious process of the ear*, including external otitis, until completely healed.

*c. Deformities of the pinna* if associated with tenderness which may be distracting when constant pressure is exerted.

*d. History of attacks of vertigo* with or without nausea, vomiting, deafness, and tinnitus.

*e. Marked retraction of the tympanic membrane* if mobility is limited or if associated with occlusion of the eustachian tubes.

*f. Post auricular fistula.*

*g. Radical mastoidectomy.*

*h. Recurrent or persistent tinnitus* except that personnel under Classes 2 and 3 standards are to be individually evaluated after a period of observation on a nonflying status.

*i. Simple mastoidectomy* and modified radical mastoidectomy until recovery is complete and the ear is functionally normal.

*j. Tympanoplasty.*

(1) *Classes 1 and 1A:* Tympanoplasty at any time.

(2) *Classes 2 and 3:* Tympanoplasty, until healed with acceptable hearing (app. III) and good motility.

### 4-8. Hearing

The causes of medical unfitness for flying duty Classes 1, 1A, 2, and 3 are—

Hearing level in decibels greater than shown in table 2, appendix II.

**Section VI. ENDOCRINE AND METABOLIC DISEASES****4-9. Endocrine and Metabolic Diseases**

The causes of medical unfitness for flying duty

Classes 1, 1A, 2, and 3 are the causes listed in paragraph 2-8.

**Section VII. EXTREMITIES****4-10. Extremities**

The causes of medical unfitness for flying duty

Classes 1, 1A, 2, and 3 are the causes listed in paragraphs 2-9, 2-10, 2-11, and 4-23, plus *Limitation of motion*.

*a. Classes 1, 1A, and 3:* Less than full strength and range of motion of all joints.

*b. Class 2:* Any limitation of motion of any joint which might compromise flying safety.

**Section VIII. EYES AND VISION****4-11. Eyes**

The causes of medical unfitness for flying duty Classes 1, 1A, 2, and 3 are the causes listed in paragraph 2-12, plus the following:

- a. Asthenopia of any degree.*
- b. Chorioretinitis* or substantiated history thereof.
- c. Coloboma* of the choroid or iris.
- d. Epiphora.*
- e. Inflammation of the uveal tract;* acute, chronic or recurrent.
- f. Pterygium* which encroaches on the cornea more than 1mm or is progressive, as evidenced by marked vascularity or a thick elevated head.
- g. Trachoma* unless healed without cicatrices.

**4-12. Vision**

The causes of medical unfitness for flying duty Classes 1, 1A, 2, and 3 are—

*a. Class 1.*(1) *Color vision:*

- (a) Five or more errors in reading the 14 test plates of the Pseudoisochromatic Plate Set (Federal Stock No. 6515-299-8186), or
- (b) Four or more errors in reading the 17 test plates of the Pseudoisochromatic Plate Set (Federal Stock No. 6515-388-6606), or
- (c) Failure to pass the Farnsworth Lantern Test when used in lieu of (a) or (b) above.

(2) *Depth perception:*

- (a) Any error in lines B, C, or D when using the Machine Vision Tester.

(b) Any error with Verhoeff Stereometer when used in lieu of (a) above or when examinee fails (a).

(3) *Distant visual acuity*, uncorrected, less than 20/20 in each eye.

(4) *Field of vision:*

(a) Any demonstrable scotoma, other than physiologic.

(b) Contraction of the field for form of 15° or more in any meridian.

(5) *Near visual acuity*, uncorrected, less than 20/20 (J-1) in each eye.

(6) *Night vision:* Failure to pass test when indicated by history of night blindness.

(7) *Ocular motility:*

(a) Any diplopia or suppression in the red lens test which develops within 20 inches from the center of the screen in any of the six cardinal directions.

(b) Esophoria greater than 10 prism diopters.

(c) Exophoria greater than 5 prism diopters.

(d) Hyperphoria greater than 1 prism diopter.

★ (e) Heterotropia, any degree.

(8) *Power of accommodation* of less than minimum for age as shown in appendix V.

(9) *Refractive error.*

(a) Astigmatism in excess of 0.75 diopters.

(b) Hyperopia in excess of 1.75 diopters in any meridian.

(c) Myopia in excess of 0.25 diopters in any meridian.

b. *Class 1A.* Same as Class 1 except as listed below.

- (1) *Distant visual acuity.* Uncorrected less than 20/50 in each eye or not correctable to 20/20 in each eye.
- (2) *Near visual acuity:*
  - (a) *Individuals under age 35:* Uncorrected, less than 20/20 (J-1) in each eye.
  - (b) *Individuals age 35 or over:* Uncorrected, less than 20/50 or not correctable to 20/20 in each eye.
- (3) *Refractive error:*
  - (a) Astigmatism greater than 0.75 diopters.
  - (b) Hyperopia:
    1. Individuals under age 35: Greater than 1.75 diopters in any meridian.
    2. Individuals age 35 or over: Greater than 2.00 diopters in any meridian.
  - (c) Myopia greater than 0.75 diopters in any meridian.

c. *Class 2.* Same as Class 1 except as listed below:

- (1) *Distant visual acuity:*
  - (a) *Control Tower Operators:* Uncorrected less than 20/50 in each eye or not correctable to 20/20 in each eye.

(b) *Flight Simulator Specialists:* Distant visual acuity which is not correctable to 20/20 in each eye.

(c) *Pilots:* Uncorrected less than 20/100 in each eye or not correctable to 20/20 in each eye.

(2) *Field of Vision.* Scotoma, other than physiological unless the pathologic process is healed and which will in no way interfere with flying efficiency or the well-being of the individual.

(3) *Near visual acuity.* Uncorrected less than 20/100 (J-16) in each eye or not correctable to 20/20 in each eye.

(4) *Ocular motility:* Hyperphoria greater than 1.5 prism diopters.

(5) *Refractive error:* No maximum limits prescribed.

d. *Class 3:*

(1) *Color vision:* Same as Class 1, paragraph 4-12a(5).

★ (2) *Distant visual acuity:* Uncorrected, less than 20/200 in each eye, not correctable to 20/20 in each eye.

(3) *Near visual acuity, field of vision, night vision, depth perception, power of accommodation, ocular motility:* Same as Class 2.

## Section IX. GENITOURINARY SYSTEM

### 4-13. Genitourinary System

The causes of medical unfitness for flying duty Classes 1, 1A, 2 and 3, are the causes listed in paragraphs 2-14 and 2-15, plus the following:

a. *Classes 1 and 1A.* Substantiated history of bilateral renal calculi or of repeated attacks of renal or ureteral colic. Examinees with a history of a single unilateral attack are acceptable, provided—

- (1) Excretory urography reveals no congenital or acquired anomaly.

(2) Renal function is normal.

(3) The calculus has been passed and the X-ray shows no evidence of concretion in the kidney, ureter, or bladder.

b. *Classes 2 and 3.* A history of renal calculus, unless—

(1) Excretory urography reveals no congenital or acquired anomaly.

(2) Renal function is normal.

(3) The calculus has been passed and the X-ray shows no evidence of concretion in the kidney, ureter, or bladder.

## Section X. HEAD AND NECK

### 4-14. Head and Neck

The causes of medical unfitness for flying duty Classes 1, 1A, 2, and 3 are the causes listed in paragraphs 2-16, 2-17, and 4-23, plus the following:

a. *A history of subarachnoid hemorrhage.*

b. *Cervical lymph node involvement of malignant origin.*

c. *Loss of bony substance of skull.*

d. *Persistent neuralgia; tic douloureux; facial paralysis.*

## CHAPTER 7

## MEDICAL FITNESS STANDARDS FOR MISCELLANEOUS PURPOSES

(Short Title: MISCELLANEOUS MEDICAL FITNESS STANDARDS)

## Section I. GENERAL

## 7-1. Scope

This chapter sets forth medical conditions and physical defects which are causes for rejection for—

- a. Airborne training and duty, ranger training and duty, and special forces training and duty.
- b. Army service schools.
- c. Diving training and duty.

- d. Enlisted military occupational specialties.
- e. Geographical area assignments.
- f. Service academies other than the U.S. Military Academy.

## 7-2. Applicability

These standards apply to all applicants or individuals under consideration for selection or retention in these programs, assignments, or duties.

## Section II. MEDICAL FITNESS STANDARDS FOR AIRBORNE TRAINING AND DUTY, RANGER TRAINING AND DUTY, AND SPECIAL FORCES TRAINING AND DUTY

## 7-3. Medical Fitness Standards, for Initial Selection for Airborne Training, Ranger Training, and Special Forces Training

The causes of medical unfitness for initial selection for airborne training, ranger training, and special forces training are all the causes listed in chapter 2, plus all the causes listed in this section.

a. *Abdomen and gastrointestinal system.*

- (1) Paragraph 2-3.
- (2) Hernia of any variety.
- (3) Operation for relief of intestinal adhesions at any time.
- (4) Laparotomy within a 6-month period.
- (5) Chronic or recurrent gastrointestinal disorder.

b. *Blood and blood-forming tissue diseases.*

- (1) Paragraph 2-4.
- (2) Sickle cell trait or sickle cell disease.

c. *Dental.* Paragraph 2-5.d. *Ears and hearing.*

- (1) Paragraphs 2-6 and 2-7.
- (2) Radical mastoidectomy.
- (3) Any infectious process of the ear until completely healed.
- (4) Marked retraction of the tympanic membrane if mobility is limited or if associated with occlusion of the eustachian tube.

- (5) Recurrent or persistent tinnitus.
- (6) History of attacks of vertigo, with or without nausea, vomiting, deafness, or tinnitus.

e. *Endocrine and metabolic diseases.* Paragraph 2-8.f. *Extremities.*

- (1) Paragraphs 2-9, 2-10, and 2-11.
- (2) Less than full strength and range of motion of all joints.
- (3) Loss of any digit from either hand.
- (4) Deformity or pain from old fracture.
- (5) Instability of any degree of major joints.
- (6) Poor grasping power in either hand.
- (7) Locking of a knee joint at any time.
- (8) Pain in a weight bearing joint.

★ g. *Eyes and vision.*

- (1) Paragraphs 2-12 and 2-13 with exceptions noted below.
- (2) Distant visual acuity.
  - (a) Airborne training. Uncorrected less than 20/200 in each eye not correctable to 20/20 in each eye.
  - (b) Ranger training. Uncorrected less than 20/200 in each eye not correctable to 20/20 in each eye.
  - (c) Special forces training. Uncorrected

less than 20/200 in each eye or not correctable to 20/20 in each eye.

(3) **Color vision.** (No requirement for Ranger Training.)

(a) Five or more errors in reading the 14 test plates of the Pseudoisochromatic Plate Set (Federal Stock No. 6515-299-8186), or

(b) Four or more errors in reading the 17 test plates of the Pseudoisochromatic Plate Set (Federal Stock No. 6515-388-6606).

*h. Genitourinary system.* Paragraphs 2-14 and 2-15.

*i. Head and neck.*

(1) Paragraphs 2-16 and 2-17.

(2) Loss of bony substance of the skull.

(3) Persistent neuralgia; tic douloureux; facial paralysis.

(4) A history of subarachnoid hemorrhage.

*j. Heart and vascular system.* Paragraphs 2-18, 2-19, and 2-20.

*k. Height.* No special requirement.

*l. Weight.* No special requirement.

*m. Body build.* Paragraph 2-23.

*n. Lungs and chest wall.*

(1) Paragraphs 2-24, 2-25, and 2-26.

(2) Spontaneous pneumothorax except a single instance of spontaneous pneumothorax if clinical evaluation shows complete recovery with full expansion of the lung, normal pulmonary function, and no additional lung pathology or other contraindication to flying if discovered and the incident of spontaneous pneumothorax has not occurred within the preceding 3 months.

*o. Mouth, nose, pharynx, larynx, trachea, and esophagus.* Paragraphs 2-27, 2-28, 2-29, and 2-30.

*p. Neurological disorders.*

(1) Paragraph 2-31.

(2) Active disease of the nervous system of any type.

(3) Craniocerebral injury (par. 4-23a(7)).

*q. Psychoses, psychoneuroses, and personality disorders.*

(1) Paragraphs 2-32, 2-33, and 2-34.

(2) Evidence of excessive anxiety, tenseness, or emotional instability.

(3) Fear of flying as a manifestation of psychiatric illness.

(4) Abnormal emotional responses to situations of stress (both combat and noncombat) when in the opinion of the medical examiner such reactions will interfere with the efficient and safe performance of the individual's duties.

*r. Skin and cellular tissues.* Paragraph 2-35.

*s. Spine, scapulae, and sacroiliac joints.*

(1) Paragraphs 2-36, 2-37, and *e* above.

(2) Scoliosis: lateral deviation of tips of vertebral spinous processes more than one inch.

(3) Spondylolysis, spondylolisthesis.

(4) Healed fractures or dislocations of the vertebrae.

(5) Lumbosacral or sacroiliac strain, or any history of a disabling episode of back pain, especially when associated with significant objective findings.

*t. Systemic diseases and miscellaneous conditions and defects.*

(1) Paragraphs 2-38 and 2-39.

(2) Chronic motion sickness.

(3) Individuals who are under treatment with any of the mood-ameliorating, tranquilizing, or ataraxic drugs and for a period of 4 weeks after the drug has been discontinued.

(4) Any severe illness, operation, injury, or defect of such a nature or of so recent occurrence as to constitute an undue hazard to the individual.

*u. Tumors and malignant diseases.* Paragraphs 2-40 and 2-41.

*v. Venereal diseases.* Paragraph 2-42.

**7-4. Medical Fitness Standards for Retention for Airborne Duty, Ranger Duty, and Special Forces Duty**

Retention of an individual in airborne duty, ranger duty, and special forces duty will be based on—

*a.* His continued demonstrated ability to perform satisfactorily his duty as an airborne officer or enlisted man, ranger, or special forces member.

*b.* The effect upon the individual's health and well-being by remaining on airborne duty, in ranger duty, or in special forces duty.

concerned are medically fit to be retained in that specialty except when there is medical evidence

to the effect that continued performance therein will adversely affect their health and well-being.

## Section VI. MEDICAL FITNESS STANDARDS FOR CERTAIN GEOGRAPHICAL AREAS

### 7-9. Medical Fitness Standards for Certain Geographical Areas

*a.* All individuals considered medically qualified for continued military status and medically qualified to serve in all or certain areas of the continental United States are medically qualified to serve in similar or corresponding areas outside the continental United States.

*b.* Certain individuals, by reason of certain medical conditions or certain physical defects, may require administrative consideration when assignment to certain geographical areas is contemplated to insure that they are utilized within their medical capabilities without undue hazard to their health and well-being. In many instances, such individuals can serve effectively in a specific assignment when the assignment is made on an individual basis considering all of the administrative and medical factors. Guidance as to assignment limitations indicated for various medical conditions and physical defects is contained in chapter 9 and *c* and *d* below.

★*c.* Fort Churchill, Canada. (Reference AR 611-22.)

(1) The following preclude assignment to Fort Churchill, Canada:

- (a) Anomalies of the cardiovascular system or plasma or other conditions which are adversely affected by extreme cold or may result in frostbite.
- (b) Artificial limbs, braces, or artificial eye.
- (c) Chronic, symptomatic sinusitis, more than mild.
- (d) History of prolonged or repeated treatment for a nervous, emotional, or mental disorder.

(e) History or residuals of cold injury cases will be evaluated as outlined in TB MED 81.

(f) Skin hypersensitive to sun or wind.

(2) Any dental, medical, or physical condition or defect which might reasonably be expected to require care during a tour at Fort Churchill will be corrected prior to the individual's departure for this assignment.

★*d.* MAAG, military attachés, and military missions. (Reference AR 55-46, AR 612-35, AR 614-212.)

(1) The following preclude assignment to MAAG, military attachés, or military missions:

(a) The current requirement of any maintenance medication of such toxicity as to require frequent clinical and laboratory followups.

(b) History of prolonged or repeated treatment for a nervous, emotional, or mental disorder.

(c) A history of peptic ulcer.

(d) A history of colitis.

(e) Inherent, latent, or incipient medical conditions or physical defects which might make the examinee's residence in a given country inadvisable because of the effect(s) of climatic or other factors on the medical condition or physical defect.

(2) Any dental, medical, or physical condition or defect which might reasonably be expected to require care during a tour outside of the continental United States will be corrected prior to the departure of an individual for such a tour of duty.

## Section VII. MEDICAL FITNESS STANDARDS FOR ADMISSION TO SERVICE ACADEMIES OTHER THAN U.S. MILITARY ACADEMY

### 7-10. Medical Fitness Standards for Admission to U.S. Naval Academy

The medical fitness standards for admission to the United States Naval Academy are set forth in chapter 15 of the Manual of the Medical Department, U.S. Navy as well as in NAVPERS 15,010 Regulations Governing the Admission of Candi-

dates into the United States Naval Academy as Midshipmen.

### 7-11. Medical Fitness Standards for Admission to U.S. Air Force Academy

The medical fitness standards for admission to the United States Air Force Academy are set forth in section VI of AFM 160-1, Medical Examination.

## Section VIII. SPECIAL ADMINISTRATIVE CRITERIA APPLICABLE TO CERTAIN MEDICAL FITNESS REQUIREMENTS

The special administrative criteria in paragraphs 7-12 through 7-15 are listed for the information and guidance of all concerned.

### 7-12. Dental—Induction and Appointment or Enlistment in U.S. Army

(See par. 2-5.)

The following applies to all individuals undergoing medical examination pursuant to the Universal Military Training and Service Act, as amended, except Medical and Dental Registrants, and to all men and women being considered for appointment or enlistment in the U.S. Army, regardless of component, as well as for enrollment in the Advanced Course Army ROTC:

Individuals with orthodontic appliances attached to the teeth are administratively unacceptable so long as active treatment is required. Individuals with retainer orthodontic appliances who are not considered to require active treatment are administratively acceptable.

### 7-13. Height—Regular Army Commission

(See par. 2-21a(1).)

The following applies to all males being considered for a Regular Army commission:

a. Individuals being considered for appointment in the Regular Army in other than Armor, Artillery, or Infantry who are not more than 2 inches below the minimum height requirement of 66 inches *will automatically* be considered on an

individual basis for an administrative waiver by Headquarters, Department of the Army during the processing of their applications.

b. Individuals being considered for appointment in the Regular Army in Armor, Artillery, or Infantry who are not more than 2 inches below the minimum height requirement of 66 inches *will automatically* be considered for an administrative waiver by Headquarters, Department of the Army during the processing of their applications provided they have outstanding abilities, military records, or educational qualifications.

### ★7-14. Height—United States Military Academy

(See par. 5-16.)

The following applies to all male candidates to the United States Military Academy:

Candidates for admission to the United States Military Academy who are over the maximum height requirement of 78 inches or up to 2 inches below the minimum height requirement of 66 inches *will automatically* be considered for an administrative waiver by Headquarters, Department of the Army during the processing of their cases, provided they have exceptional educational qualification, have an outstanding military record, or have demonstrated outstanding abilities.

*h. Paralysis secondary to poliomyelitis* when suitable brace cannot be worn or if canes or crutches are required for the lower extremities. Mobility of the extremities should be adequate to assure useful function thereof and a military appearance.

*i. Old ununited or malunited fractures*; involving weight-bearing bones when there is sufficient shortening or deformity to prevent the performance of military duty.

### 8-12. Eyes and Vision

The causes of medical unfitness for Medical and Dental Registrants are—

- a. Paragraphs 3-15 and 3-16, chapter 3.*
- ★*b. Absence of an eye* when there is active disease in the other eye or the vision in the remaining eye is less than the standards in *c* below.
- c. Visual acuity*: Any degree of uncorrected vision which will not correct to at least 20/30 in the better eye or when the defective vision is due to active or progressive organic disease.

### 8-13. Genitourinary System

The causes of medical unfitness for Medical and Dental Registrants are—

- a. Paragraphs 3-17 and 3-18, chapter 3.*
- b. Chronic prostatitis or hypertrophy of prostate*, with evidence of urinary retention.
- c. Kidney*:
  - (1) Absence of one kidney where there is progressive disease or impairment of function in the remaining kidney.
  - (2) Cystic (polycystic kidney). Asymptomatic, history of.
- d. Nephritis*: A history of nephritis, with residuals such as hypertension or abnormal urinary or blood findings.
- e. Nephrolithiasis*: A history of nephrolithiasis with evidence of the presence of a stone at the time of examination.

### 8-14. Head and Neck

The causes of medical unfitness for Medical and Dental Registrants are—

- a. Paragraphs 3-19 and 3-20, chapter 3.*
- b. Skull defects* are acceptable unless residual signs and symptoms are incapacitating in civilian practice.

### 8-15. Heart and Vascular System

The causes of medical unfitness for Medical and Dental Registrants are—

- a. Paragraphs 3-21, 3-22, and 3-23, chapter 3.*
- b. Auricular fibrillation*: Paroxysmal auricular fibrillation with evidence of organic heart disease, or persistent auricular fibrillation from any cause.
- c. Auriculoventricular block*, when due to organic heart disease.
- d. Coarctation of the aorta and other significant congenital anomalies of the vascular system* unless satisfactorily treated by surgical correction.
- e. Hypertension*: Blood pressure frequently elevated to 200/120 or more (which returns to normal limits with rest and sedatives) or a persistent diastolic pressure over 110-mm mercury even though cerebral, renal, cardiac, and retinal findings are normal.
- f. Phlebitis*: Recurrent phlebitis, other than mild. Residuals of phlebitis, such as persistent edema, dermatitis, ulceration, or claudication, which interfere materially with civilian practice, also make the individual medically unfit.
- g. Valvular heart disease*: Inability to perform duties within the definitions of functional Class II C, American Heart Association (app. VII).
- h. Varicose veins* associated with ulceration of the skin, symptomatic edema, or recurring incapacitating dermatitis.
- i. Rheumatic fever*: The residuals and chronicity of the disease are the determining factors for acceptability: An individual is unacceptable if residuals involving the heart render him unable to perform duties within the definitions of functional Class II C, American Heart Association (app. VII), or if there is a verified history of recurrent attacks or cardiac involvement within the past 2 years.

### 8-16. Height, Weight, and Body Build

The causes for medical unfitness for Medical and Dental Registrants are the causes listed in paragraphs 3-24, 3-25, and 3-26, chapter 3.

### 8-17. Lungs and Chest Wall

The causes of medical unfitness for Medical and Dental Registrants are—

- a. Paragraphs 3-27, 3-28, and 3-29, chapter 3.*

b. *Bronchial asthma*, more than mild or seasonal and not readily controlled by oral medications or by desensitization.

c. *Bronchiectasis and emphysema*: When outpatient treatment or hospitalization is of such frequency as to interfere materially with civilian practice. Bronchiectasis confined to one lobe is usually acceptable; however, the saccular, cystic, and dry types, involving more than one lobe, make the individual medically unfit.

d. *Chronic bronchitis* complicated by disabling emphysema or requiring outpatient treatment or hospitalization of such frequency as to interfere materially with civilian practice.

e. *Pleurisy with effusion*: An individual with serofibrinous pleurisy due to known or proven acute or inflammatory conditions may be considered as acceptable for military service if there has been no recurrence for 1 year. If the effusion exceeds 100 cc, is not transient in character, and does not appear to be secondary to pneumonia or other demonstrable non-tuberculous disease, it will be considered to be a manifestation of active tuberculosis and will be disqualifying until the disease has become inactive and remained so for 5 years.

f. *Sarcoidosis*: Symptomatic pulmonary sarcoidosis which has not responded promptly to therapy or which is complicated by residual pulmonary fibrosis.

g. *Spontaneous pneumothorax* with recovery is acceptable.

h. *Tuberculosis*: Uncomplicated minimal tuberculosis which has been adequately treated is acceptable provided serial X-rays indicate that the lesion has remained stable for 2 years of full physical activity. An arbitrary time limit cannot definitely be established when an individual who has had tuberculosis can safely be accepted for military service. The 2 years specified may not always be applicable. The borderline between minimal and moderately advanced tuberculosis is not always definite since a lesion may be classified as either minimal or moderately advanced by several different competent observers. The difference between moderately advanced and far advanced tuberculosis disease is less controversial. If an individual has a history of minimal tuberculosis and X-rays reveal a lesion which is well calcified and which has appeared stable for 2 years of full physical activity, he can with rea-

sonable certainty be expected to perform useful military service. If an individual is on restricted activity or under treatment or has a moderately advanced or far advanced lesion, then he will be considered disqualified for military service for at least 2 years. Moderately advanced lesions which have healed satisfactorily and have remained arrested for as long as 5 years with the individual allowed full activity are acceptable. An individual with a verified history of tuberculosis pleurisy with effusion which has not been clinically active or caused restricted activity within the previous 5 years is acceptable.

### 8-18. Mouth, Nose, Pharynx, Trachea, Esophagus, and Larynx

The causes of medical unfitness for Medical and Dental Registrants are—

a. Paragraph 3-30, chapter 3.

b. *Polyps or mucocoeles*, when moderate to severe, suppurative, and unresponsive to treatment.

c. *Chronic sinusitis*, when moderate to severe, suppurative, and unresponsive to treatment.

### 8-19. Neurological Disorders

The causes of medical unfitness for Medical and Dental Registrants are the causes listed in paragraph 3-31, chapter 3.

### 8-20. Psychoses, Psychoneuroses, and Personality Disorders

The causes of medical unfitness for Medical and Dental Registrants are—

a. Paragraphs 3-32, 3-33, 3-34, and 3-35, chapter 3.

b. *Psychoneurosis* when severe and incapacitating for practice in civilian life. An individual who is undergoing continuous active neuropsychiatric therapy should be deferred and reconsidered at a later date. Standard Forms 88 and 89 and neuropsychiatric consultation on an individual who is or claims to be a sexual deviate will be referred to The Surgeon General, ATTN: MEDPS-SP, Department of the Army, for an opinion of acceptability prior to qualification.

c. *Psychosis* of organic or functional etiology except if in complete remission for 2 years or more. Standard Forms 88 and 89 and neuropsychiatric consultation will be sent to The Surgeon General, ATTN: MEDPS-SP, Department of the Army, for an opinion of acceptability prior to qualification.

**8-21. Skin and Cellular Tissues**

The causes of medical unfitness for Medical and Dental Registrants are—

a. Paragraph 3-36, chapter 3.

b. *Chronic dermatitis* more than mild in degree, generalized, requiring frequent outpatient treatment or hospitalization or if it has been resistant to prolonged periods of treatment.

c. *Pilonidal cysts* are acceptable.

**8-22. Spine, Scapulae, Ribs and Sacroiliac Joints**

Causes of medical unfitness for Medical and Dental Registrants are—

a. Paragraph 3-37, chapter 3.

b. *Intervertebral disc syndrome* when there are definite objective abnormal findings on physical examination.

c. *Osteoarthritis*: When there is persistent pain and limited function associated with objective X-ray evidence and documented history of recurrent incapacity for prolonged periods.

d. *Scoliosis* when the deformity is so marked as to be apparent and objectionable when wearing the uniform.

e. *Spondylolisthesis and other congenital anomalies of the spine* when individual has been incapacitated for civilian practice by recurring symptoms with moderate or normal activity.

**8-23. Systemic Diseases and Miscellaneous Conditions and Defects**

The causes of medical unfitness for Medical and Dental Registrants are—

a. Paragraphs 3-38 and 3-39, chapter 3.

b. *Tuberculosis*:

(1) Pulmonary tuberculosis. See paragraph 8-17h.

(2) Active tuberculosis of a bone or joint or a verified history of tuberculosis of a bone or joint.

c. *Sarcoidosis*. See also paragraph 8-17f.

**8-24. Tumors and Malignant Diseases**

Causes of medical unfitness for Medical and Dental Registrants are—

a. Paragraphs 3-40, 3-41, and 3-42, chapter 3.

b. *Malignant growths* are generally disqualifying. Those which have been entirely removed without evidence of metastasis, which are of a type from which a "cure" may be expected after removal, and which have had adequate followups are acceptable.

**8-25. Venereal Diseases**

The causes of medical unfitness for Medical and Dental Registrants are the causes listed in paragraph 3-43, chapter 3.

CODE W-----	<i>Description/assignment limitation</i>	<i>Medical criteria</i>
	<i>Waiver.</i> This code identifies the case of an individual with disease, injury, or medical defect which is below the prescribed medical criteria for retention who is accepted under the special provisions of paragraph 6-4, chapter 8, or who is granted a waiver by direction of the Secretary of the Army. The numerical designation "4" will be inserted under the appropriate factor in all such cases. Such members generally have rigid and strict limitations as to duty, geographical or climatic area utilization. In some instances the member may have to be utilized only with close proximity to a medical facility capable of handling his case.	Chapters 3, 6, and 8, AR 40-501.

### 9-6. Profiling Officer

The commander of a medical treatment facility will designate one or more medical officer(s) as profiling officer(s). He will assure that officers so designated are thoroughly familiar with profiling procedures as set forth in this chapter. The senior medical officer on duty at an Armed Forces examining station will be designated as the profiling officer for that station.

### 9-7. Recording and Reporting of Initial Physical Profile

a. Individuals accepted for initial appointment, enlistment, or induction in peacetime normally will be given a numerical designator "1" or "2" physical profile in accordance with the instructions contained herein. Initial physical profiles will be recorded on Standard Form 88 (Report of Medical Examination) by the medical profiling officer at the time of the initial appointment, enlistment, or induction medical examination.

b. The initial physical profile serial will be entered on SF 88 and also recorded on DD Form 47 (Record of Induction) or DD Form 4 (Enlistment Record—Armed Forces of the United States), in the items provided on these forms for this purpose. Modifier "R" and "T" will be entered with the factor involved. When numerical designators of "3" and "4", or modifiers "R", "T" are entered on the profile serial, a brief description of the defect expressed in nontechnical language will always be recorded in item 74, Standard Form 88, in addition to the exact diagnosis required to be reported in summarizing the defects under item 74. The appropriate diagnosis code (SR 40-

1025-1) corresponding to the exact diagnosis will be entered in parentheses *after* the nontechnical description, e.g., nervousness (3100). All assignment, geographic, or climatic area limitations applicable to the defect recorded in item 74, will be entered in this item. If sufficient room for a full explanation is not available in item 74 of the Standard Form 88, proper reference will be made in that item and an additional sheet of paper will be added to the Standard Form 88.

c. Individuals who are found unacceptable under medical fitness standards of chapters 4, 5, or 7 will not be given a physical profile based on the provisions of these chapters. Profiling will be accomplished under provisions of this chapter, whenever such individuals are found to meet the medical procurement standards obtaining at the time of examination.

### 9-8. Revision and Verification of Physical Profile

a. The physical profile may be verified or revised by a medical profiling officer, by the commander of the medical treatment facility, or by a medical board as provided for in AR 40-212.

b. Each individual whose functional capacity has changed will be interviewed as indicated below and, if necessary, examined by a medical profiling officer to ascertain whether or not the recorded physical profile serial is a true reflection of his actual functional capacity. If the individual's unit commander or a personnel management officer is available, he or they should assist the profiling officer, when requested, in verifying and/or recommending revision of the profile. Temporary revision of profile will be accomplished

when in the opinion of the profiling officer the functional capacity of the individual has changed to such an extent that it temporarily alters his ability to perform duty. Permanent revision of profile from or to a numerical designator "3" or "4" will be accomplished by a medical board when, in the opinion of the profiling officer, the functional capacity of the individual has changed to such an extent that it permanently alters his functional ability to perform duty. Whenever a medical board is held for the sole purpose of permanently revising the physical profile to or from a numerical designator "3" the Medical Condition, Physical Profile Record (DA Form 8-274) (fig. 9-1) will be used in lieu of the Medical Board Proceedings (DA Form 8-118). Medical Board officers and the approving authority will complete the appropriate items on reverse of DA Form 8-274. When the profile serial is revised, the revision will be submitted to the individual's unit commander on a DA Form 8-274. This will permit proper coding by personnel officers as outlined in paragraph 9-5 and reclassification and assignment in keeping with the individual's physical and mental qualifications. If, in the opinion of the medical profiling officer, the functional capacity of the individual has not been fundamentally changed at the time of verification, no revision of the profile will be necessary, and the unit commander will be appropriately informed by DA Form 8-274.

c. Physical profiles will be verified as follows:

(1) *Hospitals and other medical treatment facilities.* Prior to a patient's return to duty upon completion of hospitalization, regardless of duration (the profile of patients hospitalized over 6 months will be verified by a medical board) and at the time service members undergo periodic, active duty, or active duty for training medical examinations or whenever a significant change in functional ability is believed to have occurred.

(2) *Unit and organizations.*

(a) Any time during training of new enlistees or inductees that such action appears warranted.

(b) Upon request of the unit commander.

(c) At the time of the periodic medical examination.

d. Except as noted in *f* below, an individual on

active duty having a modifier "R" or "T" will have his profile reviewed at least every 3 months in order to insure that it reflects his current functional capability. Unit commanders are responsible for the initiation of his review (except when the individual is hospitalized).

e. Individuals returned to a duty status pursuant to the approved findings of a physical evaluation board or the Army Physical Review Council under AR 635-40A and AR 635-40B will be given a designation commensurate with functional capability under the appropriate factor by the medical profiling officer of the facility processing the member for return to duty. Pertinent assignment limitations will be established concurrently (par. 9-10). After a sufficient interval of time, such profiles may be revised if the individual's functional ability warrants such action.

f. Tuberculous patients returned to a duty status who require antituberculous chemotherapy following hospitalization will be given a P-3-T profile for a period of 1 year with recommendation that the member be placed on duty at a fixed installation and will be provided the required medical supervision for a period of 1 year.

g. The physical profile in controversial or equivocal cases may be verified or revised by a medical board, hospital commander, or major command surgeon, who may refer unusual cases, when appropriate, to The Surgeon General for final determination of an appropriate profile.

### 9-9. Separation of Individuals With a Modifier "R" or "T" or a Code "V" or "W"

a. Individuals whose period of service expires and whose physical profile contains the modifier "R" or "T" will undergo appropriate medical evaluation to determine the desirability of termination of the modifier. In those instances where the termination of the modifier is not deemed appropriate, the procedure in paragraph 14d(1) and e, AR 635-200 will be followed in the case of enlisted personnel and paragraph 4, AR 135-173 in the case of officer personnel.

b. Individuals whose period of service expires and whose physical profile code is "W" will appear before a medical board to determine if processing as provided in paragraphs 3-3 and 3-4 is indicated.

c. Individuals whose period of service expires and whose physical profile code is "V" will appear

before a medical board for processing as provided in paragraph 3-4.

### 9-10. Assignment Restrictions, or Geographical or Climatic Area Limitations

Paragraph 7-9 establishes that personnel fit for continued military status are medically fit for duty on a worldwide basis. Assignment restrictions or geographical or climatic area limitations are contained in paragraph 9-5 and on the reverse of DA Form 8-274 (Medical Condition—Physical Profile Record). Policies applying to assignment restrictions or geographical or climatic limitations with physical profiles are as follows:

a. There are no assignment restrictions, or geographical or climatic area limitations associated with a numerical designator "1". An individual with "1" under all factors is medically fit for any assignment including training in Ranger or assignment in Airborne or Special Forces.

b. There are no assignment limitations associated with a numerical designator "2" except that an individual with a "2" does not meet the medical fitness standards for Ranger training or initial assignment to Airborne and Special Forces.

c. There are significant assignment restrictions, or geographical or climatic area limitations associated with a physical profile identified with one or more numerical designator "3".

d. There are always major assignment restrictions, or geographical or climatic area limitations associated with a physical profile identified with one or more numerical designator "4" when the individual is on active duty.

e. Permanent assignment limitations under peacetime conditions (AR 40-212) normally will be established only by a medical board. Individuals accepted for military service under the provisions of chapter 8 will have assignment limitations established by the AFES profiling officer.

f. Permanent geographical or climatic area assignment limitations may be removed or modified only by a medical board.

g. In every instance each medical condition or physical defect causing an assignment limitation will be identified in nontechnical language.

h. Assignment restrictions or geographical or climatic area limitations must be realistic and in accordance with accepted medical principles rather than based upon the personal beliefs or feelings of the profiling officer or the desires of the individual or his family. Individuals found fit for military service must be utilized in positions wherein the maximum benefit can be derived from their capabilities. It is desirable that all limitations be confirmed at least once every 3 years, particularly in conjunction with the periodic medical examination, with a view to updating the nature and extent of limitations.

### 9-11. Responsibility for Personnel Actions

Unit commanders are responsible for necessary personnel actions, including appropriate entries on personnel management records (AR 611-103 and AR 640-203) and the assignment of the individual to military duties commensurate with his recorded physical profile and physical profile code and recorded assignment limitations.

## APPENDIX IX

VALIDITY PERIOD FOR REPORTS OF MEDICAL EXAMINATION

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Medical examinations will be valid for the purpose and within the periods set forth below provided there has been no significant change in the individual's medical condition.

*a.* Medical examinations conducted for the purpose of qualifying for induction, enlistment, or reenlistment will be valid for a period of 180 days.

*b.* Medical examinations conducted for the purpose of qualifying for appointment as commissioned officer or warrant officer, active duty, active duty for training, advanced ROTC, OCS, promotion, or admission to USMA will be valid for a period of 1 year. An examination conducted for

any one of these purposes may be used for any other of these purposes. Example: A medical examination taken for the purpose of appointment as a commissioned officer will be valid for the purpose of qualifying for active duty within 1 year.

*c.* Medical examinations conducted for the purpose of qualifying for class I, IA, II, or III (flight status) will be valid for a period of 1 year when applied to personnel whose duties require frequent participation in aerial flights as crew members or noncrew members. These examinations will also be valid for a period of 1 year for any of the purposes listed in *b* above.

*d.* Medical examinations conducted for the purpose of qualifying for all types of separation from active duty will be valid until separation when this occurs within 90 days. Such examinations will be valid for 180 days when applied toward reenlistments or recall to active duty, occurring

within 90 days after separation from active duty.  
*e.* Periodic medical examinations conducted in TDRL cases will be valid for a period of 90 days after approval of removal from the list by the Secretary of the Army.

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## CHAPTER 3

MEDICAL FITNESS STANDARDS FOR RETENTION, PROMOTION AND  
SEPARATION INCLUDING RETIREMENT

(Short Title: RETENTION MEDICAL FITNESS STANDARDS)

## Section I. GENERAL

## 3-1. Scope

This chapter sets forth the medical conditions and physical defects which, upon detection, make an individual medically unfit for further military service. This includes medical examinations accomplished at any time such as—

- a. Periodic.
- b. Promotion.
- c. Active duty, active duty for training, inactive duty training, and mobilization of units and members of the Reserve Components of the Army.
- d. Reenlistment within 90 days of separation.
- e. Separation including retirement.

## 3-2. Applicability

a. These standards apply to the following regardless of grade, branch of service, MOS, age, length of service, component, or service connection:

- (1) All personnel on active duty including active duty for training.
- (2) All members of the Army National Guard of the United States, not on active duty.
- (3) All members of the Army Reserve, not on active duty, except members of the Retired Reserve.
- (4) Personnel approved for continuance (waiver) under AR 616-41, AR 140-120, and NGR 27, except for medical conditions and physical defects for which continuance has been approved. These standards will apply upon termination (or withdrawal) of continuance under AR 616-41, AR 140-120, or NGR 27.

b. These standards *do not apply* in the determination of an individual's medical fitness for Army Aviation, Airborne, Marine Diving, Ranger, or other assignments or duties having different medical fitness standards for retention therein.

## 3-3. Evaluation of Physical Disabilities

a. An individual will not be declared medically unfit for further military service (par. 3-1) under these standards because of disabilities which were known at the time of initial acceptance for military service or continuance under AR 616-41, AR 140-120, or NGR 27 when the medical condition or physical defect is essentially unchanged and has not interfered with the individual's successful performance of duty.

b. These standards take into consideration the individual's medical fitness to perform satisfactory military duty; the nature, degree, and prognosis of the condition or defect; and the effect of continued service in the military environment upon the health of the individual. Most members possess some physical imperfections which, although ratable in the Veterans Administration Schedule for rating disabilities, do not, per se, preclude the individual's satisfactory performance of military duties. The presence of physical imperfections whether or not they are ratable, should routinely be made a matter of record whenever discovered.

c. Lack of motivation for service should not influence the medical examiner in evaluating disabilities under these standards. Poorly motivated individuals who are medically fit for duty will be recommended for administrative disposition.

## 3-4. Disposition of Personnel Who Are Medically Unfit Under These Standards

★ a. Individuals on active duty including active duty for training who are medically unfit under these standards will be processed for disability separation (including retirement) in accordance with the procedures contained in AR 40-212, AR 635-40A, and AR 635-40B for the purpose of determining their eligibility for physical disability benefits under title 10, United States Code, chap-

ter 61 (formerly title IV, Career Compensation Act of 1949) or for continuance on active duty with deferment of disability separation (waiver) as outlined in AR 616-41. When the standards prescribed for either partial or total mobilization in chapter 6 are in effect, or as directed by the Secretary of the Army, individuals who are medically unfit under these standards but who are medically fit under the total mobilization medical fitness standards in chapter 6 will be continued on active duty and their disability separation processing deferred for the duration of the mobilization or as directed by the Secretary of the Army; those who are medically unfit under total mobilization medical fitness standards will be processed for disability separation.

## Section II. ABDOMEN AND GASTROINTESTINAL SYSTEM

### 3-5. Abdominal and Gastrointestinal Defects and Diseases

The causes for medical unfitness for further military service are—

a. *Achalasia (Cardiospasm)*: Dysphagia not controlled by dilatation, with continuous discomfort, or inability to maintain weight.

b. *Amebic abscess residuals*: Persistent abnormal liver function tests after appropriate treatment.

c. *Biliary dyskinesia*: Frequent abdominal pain not relieved by simple medication, or with periodic jaundice.

d. *Cirrhosis of the liver*: Recurrent jaundice, ascites or demonstrable esophageal varices or history of bleeding therefrom; failure to maintain weight and normal vigor.

e. *Gastritis*: Severe, chronic hypertrophic gastritis with repeated symptomatology and hospitalization and confirmed by gastroscopic examination.

f. *Hepatitis, chronic*: When, after a reasonable time (1 to 2 years) following the acute stage, symptoms persist, and there is objective evidence of impairment of liver function.

g. *Hernia*:

- (1) Hiatus hernia: Symptoms not relieved by simple dietary or medical means, or recurrent bleeding in spite of prescribed treatment.

b. Individuals *not on active duty* who are medically unfit under these standards will be administratively processed in accordance with AR 140-120, NGR 25-3, or NGR 62, as appropriate, for disability separation or continuance in Reserve Component status (waiver) as prescribed therein. Individuals who become medically unfit under these standards by reason of injury incurred during a period of inactive duty training will be processed as prescribed in AR 40-212.

c. Active duty personnel who are *administratively unfit* for retention will be processed in accordance with the procedures contained in appropriate administrative regulations such as AR 635-89, AR 635-105, AR 635-206, AR 635-208, and AR 635-209.

- (2) If operative repair is contraindicated for medical reasons or when not amenable to surgical repair.

h. *Ileitis, regional*: Confirmed diagnosis thereof. However, individuals on active duty who are able to maintain weight, have no significant abdominal pain, have no signs of anemia, average no more than 4 bowel movements per day, have a good understanding of the disease, who do not require frequent medical attention and who are of special value to the service may be recommended for continuance on active duty.

i. *Pancreatitis, chronic*: Frequent abdominal pain of a severe nature; steatorrhea or disturbance of glucose metabolism requiring insulin.

j. *Peritoneal adhesions*: Recurring episodes of intestinal obstruction characterized by abdominal colicky pain, vomiting, and intractable constipation requiring frequent admissions to the hospital.

k. *Proctitis, chronic*: Moderate to severe symptoms of bleeding, painful defecation, tenesmus and diarrhea with repeated admissions to the hospital.

l. *Ulcer, peptic*, Duodenal and gastric: Frequent recurrence of symptoms (pain, vomiting, and bleeding) in spite of good medical management and supported by laboratory and X-ray evidence.

★ m. *Ulcerative colitis*: Confirmed diagnosis thereof. However, individuals on active duty who are able

to maintain weight, have no significant abdominal pain, have no signs of anemia, average no more than 4 bowel movements per day, have a good understanding of the disease, and who are of special value to the service may be recommended for continuance on active duty.

*n. Rectum*, stricture of, severe symptoms of obstruction characterized by intractable constipation, pain on defecation, difficult bowel movements requiring the regular use of laxatives or enemas, or requiring repeated hospitalization or surgical treatment.

### ★ 3-6. Gastrointestinal and Abdominal Surgery

The causes of medical unfitness for further military service are—

*a. Colectomy partial*, when more than mild symptoms of diarrhea remain or if complicated by colostomy.

*b. Colostomy*: Per se, when permanent. However, individuals on active duty who have no diarrhea or indigestion and who can be assigned to installations where adequate medical supervision is available may be recommended for continuance

on active duty if they are of special value to the service.

*c. Enterostomy*, if permanent.

*d. Gastrectomy, total, per se*: Gastrectomy, subtotal with or without vagotomy; gastrojejunostomy with or without vagotomy; when residual conditions are such that an individual requires a special diet, develops "dumping syndrome", persisting 6 months postoperatively, has frequent episodes of epigastric distress or diarrhea, or shows marked weight loss.

*e. Gastrostomy*, permanent.

*f. Ileostomy*, permanent.

*g. Pancreatectomy*.

*h. Pancreaticoduodenostomy and Pancreaticogastronomy*: More than mild symptoms of digestive disturbance or requiring insulin.

*i. Pancreaticojejunostomy*: If for cancer in the pancreas or, if more than mild symptoms of digestive disturbance and requiring insulin.

*j. Proctectomy*.

*k. Proctopexy, proctoplasty, proctorrhaphy, and proctotomy*: If fecal incontinence remains after an appropriate treatment period.

## Section III. BLOOD AND BLOOD-FORMING TISSUE DISEASES

### 3-7. Blood and Blood-Forming Tissue Diseases

(See also par. 3-41.)

Any of the following make the individuals medically unfit for further military service when the condition is such as to preclude satisfactory performance of military duty, when response to therapy is unsatisfactory, or when therapy is such as to require prolonged intensive medical supervision.

*a. Anemia*.

*b. Hemolytic crisis*, chronic and symptomatic.

*c. Leukopenia*, chronic and not responsive to therapy.

*d. Polycythemia*.

*e. Purpura and other bleeding diseases*.

*f. Thromboembolic disease*.

*g. Splenomegaly*, chronic and not responsive to therapy.

## Section IV. DENTAL

### 3-8. Dental Diseases and Abnormalities

Diseases or abnormalities of the jaws or associated tissues render an individual medically unfit

when permanently incapacitating or interfering with the individual's satisfactory performance of military duty.

## Section V. EARS AND HEARING

### 3-9. Ears

The causes of medical unfitness for further military service are—

*a. Infections of the external auditory canal:* Chronic and severe, resulting in thickening and excoriation of the canal or chronic secondary infection requiring frequent and prolonged medical treatment or hospitalization.

*b. Malfunction of the acoustic nerve:* Over 30 decibels hearing level (by audiometer) in the better ear, severe tinnitus which cannot be satisfactorily corrected by a hearing aid or other measures, or complicated by vertigo or otitis media.

*c. Mastoiditis, chronic, following mastoidectomy:* Constant drainage from the mastoid cavity which is resistant to treatment, requiring frequent dispensary care or hospitalization, and hearing level in the better ear of 30 decibels or more.

*d. Meniere's syndrome:* Severe recurring attacks requiring hospitalization of sufficient frequency to interfere with the performance of military duty, or when the condition is not controlled by any treatment.

*e. Otitis Media:* Moderate, chronic, suppurative, resistant to treatment, and necessitating frequent hospitalization.

*f. Perforation of the tympanic membrane, per se,* is not considered to render an individual medically unfit.

### 3-10. Hearing

*a. Individuals on active duty* who have an average hearing level in the better ear of 30 decibels or more, in the speech range, will be processed as outlined in AR 40-118 for further medical evaluation and disposition.

*b. Individuals with an average hearing level in the better ear of 30 decibels or more whose hearing in the better ear cannot be improved by the use of a hearing aid to a level of 20 decibels or less in the speech reception score, are considered as medically unfit for further military service.*

(1) Members on active duty will be processed through auditory screening centers as prescribed in AR 40-118.

(2) Members not on active duty will be disposed as outlined in paragraph 3-4b.

## Section VI. ENDOCRINE AND METABOLIC DISORDERS

### 3-11. Endocrine and Metabolic Disorders

The causes of medical unfitness for further military service are—

*a. Acromegaly:* Severe with considerable incapacity after treatment.

*b. Adrenal hyperfunction:* Which does not respond to therapy satisfactorily or where replacement therapy presents serious problems in management.

*c. Diabetes insipidus:* Unless mild and patient shows good response to treatment.

*d. Diabetes Mellitus:* Confirmed. Individuals on active duty, whose diabetes is mild, readily controlled by diet and/or hypoglycemic substances, who are of special value to the service, may be recommended for continuance on active duty. However, individuals manifesting retinopathy, intercapillary glomerulosclerosis, or other evi-

dence of complicating involvement *will not* be continued.

*e. Goiter:* With symptoms of obstruction to breathing with increased activity, unless correctable.

*f. Gout:* Advanced cases with frequent acute exacerbations and/or bone, joint, or kidney damage of such severity as to interfere with satisfactory performance of duty.

*g. Hyperinsulinism:* When caused by a malignant tumor or when the condition is not readily controlled.

*h. Hyperparathyroidism per se,* does not render medically unfit. However, residuals or complications of the surgical correction of this condition, such as renal disease, or bony deformities, usually preclude the satisfactory performance of military duty; such individuals are medically unfit for further military service.

*i. Hyperthyroidism:* Severe symptoms of hyperthyroidism, with or without evidence of goiter which do not respond to treatment.

*j. Hypofunction, adrenal cortex.*

*k. Hypoparathyroidism:* When not easily controlled by maintenance therapy.

*l. Hypothyroidism:* When not adequately controlled by medication.

*m. Osteomalacia:* Residuals after therapy of such nature or degree as to preclude the satisfactory performance of duty.

*n. Pituitary basophilism:* Confirmed.

## Section VII. EXTREMITIES

### 3-12. Upper Extremities

(See also par. 3-14.)

The causes of medical unfitness for further military service are—

*a. Amputations:*

- (1) Loss of fingers which precludes ability to clench fist, pick up a pin or needle, or grasp an object.
- (2) Any loss greater than specified above to include hand, forearm, or arm. Individuals who incur the loss of a hand, forearm, or arm, who are fitted with a satisfactory prosthesis, may be recommended for continuance provided they are of special value to the service and can be appropriately assigned.

*b. Joint ranges of motion* which do not equal or exceed the measurements listed below (app. IV). Range of motion limitations temporarily not meeting these standards because of disease or injury or remedial conditions *do not make* the individual medically unfit.

- (1) Shoulder.
  - (a) Forward elevation to 90°
  - (b) Abduction to 90°.
- (2) Elbow.
  - (a) Flexion to 100°.
  - (b) Extension to 60°.
- (3) Wrist. A total range of 15° (extension plus flexion).
- (4) Hand. Pronation to the first quarter of the normal arc.

Individuals whose limitation of motion does not meet prescribed standards for further military service may be recommended for continuance if there is no evidence of active or progressive disease and provided the individual is of special value to the service and can be appropriately assigned.

### 3-13. Lower Extremities

(See also par. 3-14.)

The causes of medical unfitness for further military service are—

*a. Amputations:*

- (1) Loss of toes which precludes the ability to run or walk without a perceptible limp, and to engage in fairly strenuous jobs.
- (2) Any loss greater than specified above to include foot, leg, or thigh. Individuals who incur the loss of a foot, leg, or thigh, who are fitted with a satisfactory prosthesis, adjust well to the wearing and use of the prosthesis, and who can be appropriately assigned, may be recommended for continuance provided they are of special value to the service.

*b. Feet:*

- (1) Hallux valgus when moderately severe, with exostosis or rigidity and pronounced symptoms; or severe with arthritic changes.
- (2) Pes Planus: Symptomatic, more than moderate, with pronation on weight bearing which prevents the wearing of a military shoe, or when associated with vascular changes.
- (3) Talipes cavus when moderately severe, with moderate discomfort on prolonged standing and walking, metatarsalgia, and which prevent the wearing of a military shoe.

*c. Internal Derangement of the Knee:*

- (1) Residual instability following remediable measures, if more than moderate in degree.
- (2) If arthritis has supervened, see paragraph 3-14a below.

- (3) Individuals who refuse necessary treatment will be considered medically unfit only if their condition precludes satisfactory performance of a military job.

*d. Joint ranges of motion* which do not equal or exceed the measurements listed below. (See app. IV.) Range of motion limitations temporarily not meeting these standards because of disease or remedial conditions do not make the individual medically unfit.

- (1) Hip.
  - (a) Flexion to 90°.
  - (b) Extension to 10° (beyond 0°).
- (2) Knee.
  - (a) Extension to 10°.
  - (b) Flexion to 90°.
- (3) Ankle.
  - (a) Dorsiflexion to 10°.
  - (b) Plantar Flexion to 10°.

Individuals whose limitation of motion does not meet the prescribed standard for further military service may be recommended for continuance when there is no evidence of active or progressive disease and who are able to walk without the use of cane or crutch, if he is of special value to the service and he can be appropriately assigned.

*e. Shortening of an extremity* which exceeds 2 inches.

### 3-14. Miscellaneous

(See also pars. 3-12 and 3-13.)

The causes of medical unfitness for further military service are—

*a. Arthritis:*

- (1) Arthritis due to infection (not including arthritis due to gonococcal infection or tuberculous arthritis for which see pars. 3-38 *g* and 3-43): Associated with persistent pain and marked loss of function, with objective X-ray evidence, and documented history of recurrent incapacity for prolonged periods.
- (2) Arthritis due to trauma: When surgical treatment fails or is contraindicated and there is functional impairment of the involved joints so as to preclude the satisfactory performance of duty.
- (3) Osteoarthritis: Frequent recurrence of

symptoms associated with impairment of function, supported by X-ray evidence and documented history of recurrent incapacity for prolonged periods.

- (4) Rheumatoid arthritis or rheumatoid myositis: Substantiated history of frequent recurrences and supported by objective and subjective findings.

*b. Bursitis per se, does not* render the individual medically unfit.

*c. Calcification of cartilage does not, per se,* render the individual medically unfit.

*d. Chondromalacia:* Severe, manifested by frequent joint effusion, more than moderate interference with function or with severe residuals from surgery.

*e. Fractures:*

- (1) Malunion of fractures: When after appropriate treatment, there is more than moderate malunion with marked deformity and more than moderate loss of function.
- (2) Nonunion of fracture: When after an appropriate healing period nonunion of a fracture interferes with adequate function.
- (3) Bone fusion defect: When manifested by more than moderate pain and loss of function.
- (4) Callus, excessive, following fracture: When it interferes with function and has not responded to treatment and observation for an adequate period of time.

*f. Joints:*

- (1) Arthroplasty: Severe pain, limitation of motion, and loss of function.
- (2) Bony or fibrous ankylosis: Painful, major joints in unfavorable position, and the condition has not responded to treatment.
- (3) Contracture of joint: More than moderate, loss of function is severe and the condition is not remediable by surgery.
- (4) Loose foreign bodies within a joint: Complicated by arthritis to such a degree as to preclude favorable results of treatment or not remediable and seriously interfering with function.

*g. Muscles:*

- (1) Flaccid paralysis of one or more muscles: More than moderate loss of function which precludes the satisfactory performance of duty following surgical correction or if not remediable by surgery.
- (2) Spastic paralysis of one or more muscles: More than moderate with pronounced loss of function which precludes the satisfactory performance of military duty.
- (3) Progressive muscular dystrophy: Confirmed.

*h. Myotonia congenital:* Confirmed.

*i. Osteitis deformans (Paget's Disease):* Involvement in single or multiple bones with resultant deformities or symptoms severely interfering with function.

*j. Osteitis fibrosa cystica:* Per se, does not render medically unfit.

*k. Osteoarthropathy, hypertrophic, secondary:* Moderately severe to severe pain present, with joint effusion occurring intermittently in one or multiple joints and with at least moderate loss of function.

*l. Osteochondritis dissecans:* Per se, does not render medically unfit.

*m. Osteochondrosis:* Including metatarsalgia and Osgood-Schlatter Disease per se does not render the individual medically unfit.

*n. Osteomyelitis:* When recurrent, not responsive to treatment, and involves the bone to a degree which severely interferes with stability and function.

*o. Tendon Transplantation:* Fair or poor restoration of function with weakness which seriously interferes with the function of the affected part.

*p. Tenosynovitis:* Per se, does not render the individual medically unfit.

## Section VIII. EYES AND VISION

## 3-15. Eyes

The causes of medical unfitness for further military service are—

*a.* Active eye disease or any progressive organic eye disease regardless of the stage of activity, resistant to treatment which affects the distant visual acuity or visual field of an eye to any degree when—

- (1) The distant visual acuity in the unaffected eye cannot be corrected to 20/40 or better, or
- (2) The diameter of the visual field in the unaffected eye is less than 20 degrees.

*b. Aphakia, bilateral.*

★ *c. Atrophy of optic nerve due to disease.*

★ *d. Chronic congestive (closed angle) glaucoma or chronic non-congestive (open angle) glaucoma* if well established with demonstrable changes in the optic disc or visual fields.

*e. Congenital and developmental defects do not per se, render the individual medically unfit.*

*f. Degenerations:* When visual loss exceeds the limits shown below or when vision is correctable only by the use of contact lenses, or other special corrective devices (telescopic lenses, etc.).

*g. Diseases and infections of the eye:* When

chronic, more than mildly symptomatic, progressive, and resistant to treatment after a reasonable period.

*h. Ocular manifestations of endocrine or metabolic disorders do not* in themselves, render the individual medically unfit. However, the residuals or complications thereof or the underlying disease may render medically unfit.

*i. Residuals or complications of injury to the eye* which are progressive or which bring vision below the criteria in paragraph 3-16.

*j. Retina, detachment of:*

## (1) Unilateral:

- (a) When vision in the better eye cannot be corrected to at least 20/40,
- (b) When the visual field in the better eye is constricted to less than 20° in diameter,
- (c) When uncorrectable diplopia exists, or
- (d) When the detachment is the result of documented organic progressive disease or new growth, regardless of the condition of the better eye.

(2) Bilateral: Regardless of etiology or results of corrective surgery.

### ★3-16. Vision

The causes of medical unfitness for further military service are—

a. *Aniseikonia*: Subjective eye discomfort, neurologic symptoms, sensations of motion sickness and other gastrointestinal disturbances, functional disturbances and difficulties in form sense, and not corrected by iseikonic lenses.

b. *Binocular diplopia*: Not correctable by surgery, and which is severe, constant, and in zone less than 20° from the primary position.

c. *Color blindness*: Per se, does not render the individual medically unfit.

d. *Hemianopsia*: Of any type, if bilateral, permanent, and based on an organic defect. Those

due to a functional neurosis and those due to transitory conditions, such as periodic migraine, are not considered to render an individual unfit.

e. *Loss of an eye*: Per se. Individuals whose loss of an eye was due to other than progressive eye disease, who have a satisfactory prosthesis and who adjust well to the wearing of the prosthesis, may be recommended for continuance if they are of special value to the service.

f. *Night blindness*: Of such a degree that the individual requires assistance in any travel at night.

g. *Visual acuity* which cannot be corrected to at least 20/40 in the better eye.

h. *Visual field*: Constricted to less than 20° in diameter.

## Section IX. GENITOURINARY SYSTEM

### 3-17. Genitourinary System

(See also par. 3-18.)

The causes of medical unfitness for further military service are—

a. *Albuminuria*: Per se, does not render the individual medically unfit.

b. *Cystitis*: Per se, does not render the individual medically unfit. However, the residual symptoms or complications may in themselves render medically unfit

c. *Dysmenorrhea*: Symptomatic, irregular cycle, not amenable to treatment, and of such severity as to necessitate recurrent absences of more than 1 day.

d. *Endometriosis*: Symptomatic and incapacitating to a degree which necessitates recurrent absences of more than a day.

e. *Enuresis*: Per se, does not render the individual medically unfit. Recommend administrative separation, if appropriate.

f. *Epididymitis*: Per se, does not render the individual medically unfit.

g. *Glycosuria*: Per se, does not render the individual medically unfit.

h. *Hypospadias*: Accompanied by evidence of chronic infection of the genitourinary tract or instances where the urine is voided in such a manner as to soil clothes or surroundings and the condition is not amenable to treatment.

i. *Incontinence of urine*: Due to disease or defect not amenable to treatment and of such severity as to necessitate recurrent absence from duty.

#### j. *Kidney*.

(1) Calculus in kidney: Bilateral, symptomatic and not responsive to treatment.

★(2) Bilateral congenital anomaly of the kidney resulting in frequent or recurrent infections, or when there is evidence of obstructive uropathy not responding to medical and/or surgical treatment.

★(3) Cystic kidney (polycystic kidney): Symptomatic. Impaired renal function, or if the focus of frequent infections.

(4) Hydronephrosis: More than mild, bilateral, and causing continuous or frequent symptoms.

(5) Hypoplasia of the kidney: Symptomatic, and associated with elevated blood pressure or frequent infections and not controlled by surgery.

(6) Perirenal abscess residual(s) of a degree which interfere(s) with performance of duty.

★(7) Pyelonephritis: Chronic, more than mild which has not responded to medical or surgical treatment, with evidence of hypertension, eye ground changes, or cardiac abnormalities.

(8) Pyonephrosis: More than minimal and not responding to treatment following surgical drainage.

(9) Nephrosis.

(10) Chronic glomerulonephritis.

(11) Chronic nephritis.

*k. Menopausal syndrome*, either physiologic or artificial: More than mild mental and constitutional symptoms.

*l. Menstrual cycle irregularities* including amenorrhea, menorrhagia, leukorrhea, metrorrhagia, etc., per se, do not render the individual medically unfit (*c* above).

*m. Pregnancy*: A confirmed diagnosis of pregnancy provides the basis for administrative separation in accordance with existing policies concerning pregnancy.

*n. Sterility*: Per se, does not render the individual medically unfit.

*o. Strictures of the urethra or ureter*: Severe and not amenable to treatment.

*p. Urethritis*, chronic, not responsive to treatment and necessitating frequent absences from duty.

*q. Urinary bladder calculus or diverticulum* does not render the individual medically unfit.

### ★ 3-18. Genitourinary and Gynecological Surgery

The causes of medical unfitness for further military service are those listed below; any of these conditions although unfitting, may be recommended for continuance when there is no evidence of active or progressive disease and the individual is of special value to the service and can be appropriately assigned.

*a. Cystectomy*.

*b. Cystoplasty*. If reconstruction is unsatisfactory or if residual urine persists in excess of 50 cc or if refractory symptomatic infection persists.

*c. Hysterectomy*, per se, does not make the individual medically unfit; however, residual symptoms or complications may render the individual medically unfit.

*d. Nephrectomy*: Performed as a result of trauma, simple pyogenic infection, unilateral hy-

dronephrosis, or nonfunctioning kidney when after the treatment period the remaining kidney still presents infection or pathology. Residuals of nephrectomy performed for polycystic disease, renal tuberculosis and malignant neoplasm of the kidney must be individually evaluated by a genitourinary consultant and the medical unfitness must be determined on the basis of the concepts contained in paragraph 3-3.

*e. Nephrostomy*: If permanent drainage persists.

*f. Oophorectomy*: When following treatment and convalescent period there remain more than mild mental or constitutional symptoms.

*g. Pyelostomy*: If permanent drainage persists.

*h. Ureterocolostomy*.

*i. Ureterocystostomy*: When both ureters were noted to be markedly dilated with irreversible changes.

*j. Ureteroileostomy cutaneous*.

*k. Ureteroplasty*:

(1) When unilateral operative procedure is unsuccessful and nephrectomy is resorted to, and the remaining kidney is abnormal after an adequate period of treatment.

(2) When the obstructive condition is bilateral the residual obstruction or hydronephroses must be evaluated on an individual basis by a genitourinary consultant and medical fitness for further military service determined in accordance with the concepts in paragraph 3-3.

*l. Ureterosigmoidostomy*.

*m. Ureterostomy*: External or cutaneous.

*n. Urethrostomy*: Complete amputation of the penis or when a satisfactory urethra cannot be restored.

*o. Medical fitness for further military service following other genitourinary and gynecological surgery* will depend upon an individual evaluation of the etiology, complication, and residuals.

## Section X. HEAD AND NECK

### 3-19. Head

(See also par. 3-30.)

*Plating of the skull*, loss of substance of the skull, and decompressions do not in themselves render the individual medically unfit. However, the residual neurologic signs and symptoms may

render the individual medically unfit, see paragraph 3-31.

### 3-20. Neck

(See also par. 3-11.)

The causes of medical unfitness for further military service are—

- a. *Cervical ribs per se* do not render the individual medically unfit.
- b. *Torticollis (wry neck)*: Severe fixed deformity

with cervical scoliosis, flattening of the head and face, and loss of cervical mobility.

## Section XI. HEART AND VASCULAR SYSTEM

### 3-21. Heart

The causes of medical unfitness for further military service are—

a. *Arteriosclerotic heart disease*: Associated with myocardial insufficiency (congestive heart failure), repeated anginal attacks, or objective evidence of past myocardial infarction.

b. *Auricular fibrillation and auricular flutter*: Associated with organic heart disease, and not adequately controlled by medication.

c. *Endocarditis*: Bacterial endocarditis resulting in myocardial insufficiency.

d. *Heart block*: Associated with other signs and symptoms or organic heart disease or syncope (Stokes-Adams).

e. *Infarction of the myocardium*: Documented, symptomatic, and acute. Individuals on active duty, who recover from this condition without any residuals, signs, or symptoms may be recommended for continuance on active duty if they are of special value to the service and can be utilized in assignments on a worldwide basis.

f. *Myocarditis and degeneration of the myocardium*: Myocardial insufficiency at a functional level of Class IIC or worse, American Heart Association. See appendix VII.

g. *Paroxysmal tachycardia, ventricular or atrial*: Associated with organic heart disease or if not adequately controlled by medication.

#### h. *Pericarditis*:

- (1) Chronic constrictive pericarditis unless successful remediable surgery has been performed and the individual is able to perform at least relatively sedentary duties without discomfort of dyspnea.
- (2) Chronic serous pericarditis.

★ *i. Rheumatic valvulitis*: Inability to perform duties within the definitions of functional Class IIC, American Heart Association. See appendix VII. A diagnosis made during the initial period of service and/or enlistment and which is determined to be a residual of a condition which existed prior

to service, will be determined unfitting regardless of the degree of severity.

j. *Ventricular premature contractions*: Frequent or continuous attacks, whether or not associated with organic heart disease, accompanied by discomfort or fear of such a degree as to interfere with the satisfactory performance of duties.

### ★ 3-22. Vascular System

The causes of medical unfitness for further military service are—

a. *Arteriosclerosis obliterans*: Intermittent claudication of sufficient severity to produce discomfort and disability during a walk of 200 yards or less on level ground at 112 steps per minute.

b. *Coarctation of the aorta and other significant congenital anomalies of the cardiovascular system* unless satisfactorily treated by surgical correction.

c. *Aneurysm of aorta*. Individuals on active duty who have undergone successful surgical treatment and who are of special value to the service may be recommended for continuance on active duty.

d. *Periarteritis nodosa*, symptomatic.

e. *Chronic venous insufficiency (post-phlebotic syndrome)*: When more than mild in degree and symptomatic despite elastic support.

f. *Raynaud's phenomena*: Manifested by trophic changes of the involved parts characterized by scarring of the skin, or ulceration.

g. *Thromboangiitis obliterans*: Intermittent claudication of sufficient severity to produce discomfort and disability during a walk of 200 yards or less on level ground at 112 steps per minute, or with other complications.

h. *Thrombophlebitis*: When supported by a history of repeated attacks requiring treatment of such frequency as to interfere with the satisfactory performance of duty.

i. *Varicose veins*: When more than mild in degree and symptomatic despite elastic support.

**3-23. Miscellaneous**

The causes of medical unfitness for further military service are—

*a. Aneurysms:*

- (1) Acquired arteriovenous aneurysm when more than minimal vascular symptoms remain following remediable treatment or if associated with cardiac involvement.
- (2) Other aneurysms of the artery will be individually evaluated based upon the vessel involved and the residuals remaining after appropriate treatment.

*b. Erythromelalgia:* Persistent burning pain in the soles or palms not relieved by treatment.

★ *c. Hypertensive cardiovascular disease and hypertensive vascular disease:*

- (1) Systolic blood pressure consistently over 180 mm. of mercury or a diastolic pres-

sure of over 110 mm of mercury following an adequate period of oral therapy while on an ambulatory status.

- (2) Any documented history of hypertension regardless of the pressure values if associated with one or more of the following:
  - (a) More than minimal changes in the brain.
  - (b) Heart disease.
  - (c) Kidney involvement.
  - (d) Grade 3 (Keith-Wagner-Barker) changes in the fundi.

*d. Rheumatic fever, active, with or without heart damage: Recurrent attacks.*

*e. Residuals of surgery of the heart, pericardium, or vascular system resulting in inability of the individual to perform duties without discomfort or dyspnea.*

**Section XII. HEIGHT, WEIGHT, AND BODY BUILD****3-24. Height**

*Under-height or over-height:* Per se, does not render the individual medically unfit.

**3-25. Weight**

*Over-weight or under-weight:* Per se, does not render the individual medically unfit. However, the etiological factor may in itself render the individual medically unfit.

**3-26. Body Build**

*a. Obesity:* Per se, does not render the individual medically unfit. However, the etiological factor in itself may render the individual medically unfit.

*b. Deficient muscular development* which is the result of injury or illness does not in itself render the individual medically unfit. However, as a residual or complication of injury or illness it may contribute to overall medical unfitness.

**Section XIII. LUNGS AND CHEST WALL****3-27. Tuberculous Lesions**

(See also par. 3-28.)

The causes of medical unfitness for further military service are—

*a. Pulmonary tuberculosis* except as stated below.

- (1) Individuals on active duty will be held for definitive treatment when—
  - (a) The disease is service incurred.
  - (b) The individual's return to useful duty can be expected within 12 to 15 months, inclusive of a period of inactivity of 1 to 6 months or more. See TB Med 236.
- (2) Members of the Reserve Components, not on active duty will be found fit for re-

tention in this status, not subject to call to active duty for training, inactive duty training, or mobilization for a period not to exceed 12 to 15 months when the individual will be capable of performing full time useful military duty within 12 to 15 months with appropriate treatment, inclusive of a period of inactivity of 6 months or more. See TB Med 236.

*b. Tuberculous empyema.*

*c. Tuberculous pleurisy:* Same as pulmonary tuberculosis (*a* above).

**3-28. Nontuberculous Lesions**

The causes of medical unfitness for further military service are—

*a. Asthma:* Associated with emphysema of

sufficient degree to interfere with performance of duty or frequent attacks not controlled by oral medication.

*b. Atelectasis* or massive collapse of the lung: Moderately symptomatic, with or without paroxysmal cough at frequent intervals throughout the day, mild emphysema, or loss in weight.

*c. Bronchiectasis and bronchiolectasis*: Cylindrical or saccular type which is moderately symptomatic, with or without paroxysmal cough at frequent intervals throughout the day, mild emphysema, recurrent pneumonia, loss in weight, or frequent hospitalization.

*d. Bronchitis*: Chronic state with persistent cough, considerable expectoration, more than mild emphysema, or dyspnea at rest or on slight exertion.

*e. Cystic disease of the lung, congenital*: Involving more than one lobe in a lung.

*f. Diaphragm, congenital defect*: Symptomatic.

*g. Hemopneumothorax, hemothorax and pyopneumothorax*: More than moderate pleuritic residuals with persistent underweight, marked restriction of respiratory excursions and chest deformity, or marked weakness and fatigability on slight exertion.

*h. Histoplasmosis*: Chronic disease not responding to treatment.

*i. Pleurisy, chronic, or pleural adhesions*: More than moderate dyspnea or pain on mild exertion.

#### Section XIV. MOUTH, NOSE, PHARYNX, TRACHEA, ESOPHAGUS, AND LARYNX

##### 3-30. Mouth, Nose, Pharynx, Trachea, Esophagus, and Larynx

The causes of medical unfitness for further military service are—

*a. Esophagus*:

- (1) Achalasia unless controlled by medical therapy.
- (2) Esophagitis: severe.
- (3) Diverticulum of the esophagus of such a degree as to cause frequent regurgitation, obstruction, and weight loss, which does not respond to treatment.
- (4) Stricture of the esophagus of such a degree as to almost restrict diet to liquids, require frequent dilatation and hospitali-

associated with definite evidence of pleural adhesions.

*j. Pneumothorax, spontaneous*: Recurring spontaneous pneumothorax requiring hospitalization or outpatient treatment of such frequency as to interfere with the satisfactory performance of duty.

*k. Pulmonary calcification*: Multiple calcifications associated with significant respiratory embarrassment or active disease not responsive to treatment.

*l. Pulmonary emphysema*: Evidence of more than mild emphysema with dyspnea on moderate exertion.

*m. Pulmonary fibrosis*: Linear fibrosis or fibrocalcific residuals of such degree as to cause more than moderate dyspnea on mild exertion.

*n. Pneumoconiosis*: More than moderate, with moderately severe dyspnea on mild exertion, or more than moderate pulmonary emphysema.

★*o. Stenosis, bronchus*: Severe stenosis associated with repeated attacks of bronchopulmonary infections requiring hospitalization of such frequency as to interfere with the satisfactory performance of duty.

★*p. Stenosis, trachea*.

##### 3-29. Surgery of the Lungs and Chest

The causes of medical unfitness for further military service are—

*Lobectomy*: Of more than one lobe or if pulmonary function is seriously impaired.

zation, and cause the individual to have difficulty in maintaining weight and nutrition, when the condition does not respond to treatment.

*b. Larynx*:

- (1) Paralysis of the larynx characterized by bilateral vocal cord paralysis seriously interfering with speech and adequate airway.
  - (2) Stenosis of the larynx of a degree causing respiratory embarrassment upon more than minimal exertion.
- c. Obstructive edema of glottis*: If chronic, not amenable to treatment and requiring tracheotomy.
- d. Rhinitis*: Atrophic rhinitis characterized by

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bilateral atrophy of nasal mucous membrane with severe crusting, concomitant severe headaches, and foul, fetid odor with associated paranasitis.

*e. Sinusitis:* Severe, chronic sinusitis which is suppurative, complicated by polyps, and which does not respond to treatment.

**Section XV. NEUROLOGICAL DISORDERS****3-31. Neurological Disorders**

The causes of medical unfitness for further military service are—

*a. General:* Any neurological condition, regardless of etiology, when after adequate treatment there remain residuals, such as persistent and severe headaches, convulsions not controlled by medication, weakness or paralysis of important muscle groups, deformity, incoordination, pain or sensory disturbance, disturbance of consciousness, speech or mental defects, and personality changes of such a degree as to definitely interfere with the satisfactory performance of duty.

*b. Convulsive disorders* (Except those caused by and exclusively incident to the use of alcohol): When seizures are not adequately controlled (complete freedom from seizure of any type) by standard drugs which are relatively non-toxic and which do not require frequent clinical and laboratory checks. However, individuals on active duty who have infrequent seizures while under medication may be recommended for continuance on active duty if they are deemed to be of special value to the service.

*c. Narcolepsy:* When attacks are not controlled by medication. However, individuals on active

duty who have infrequent attacks when under medication may be recommended for continuance on active duty if they are deemed to be of special value to the service.

*d. Peripheral nerve condition:*

- (1) Neuralgia: When symptoms are severe, persistent, and not responsive to treatment.
- (2) Neuritis: When manifested by more than moderate permanent functional impairment.
- (3) Paralysis due to peripheral nerve injury: When manifested by more than moderate permanent functional impairment.

*e. Miscellaneous:*

- (1) Migraine: Cause unknown, when manifested by frequent incapacitating attacks occurring or lasting for several consecutive days and unrelieved by treatment.
- (2) Multiple sclerosis, confirmed: However, individuals on active duty, whose condition is in good clinical remission, and who manifest only mild symptoms, may be recommended for continuance on active duty if they are deemed to be of special value to the service.

**Section XVI. PSYCHOSES, PSYCHONEUROSES, AND PERSONALITY DISORDERS****3-32. Psychoses**

The causes of medical unfitness for further military service are—

*Psychosis:* Recurrent psychotic episodes, existing symptoms or residuals thereof, or a recent history of psychotic reaction sufficient to interfere with performance of duty or social adjustment.

**3-33. Psychoneuroses**

The causes of medical unfitness for further military service are—

*Psychoneurosis:* Persistence or severity of symptoms sufficient to require frequent hospitalization, lack of improvement of symptoms by hospitalization and treatment, or the necessity for

duty assignments in a very protected environment. However, incapacitation because of neurosis must be distinguished from weakness of motivation or underlying personality disorder.

**3-34. Personality Disorders**

*a. Character and behavior disorders* are considered to render an individual administratively rather than medically unfit. When manifestations are so severe as to significantly interfere with the effective performance of duty, a recommendation for administrative separation through administrative channels is appropriate.

*b. Transient personality disruptions* of a non-psychotic nature and situational maladjustment

due to acute or special stress *do not* render the individual medically unfit.

*c. Sexual deviate:* Confirmation of abnormal sexual practices which are not a manifestation of psychiatric disease provides a basis for medical recommendation for administrative separation through administrative channels.

## Section XVII. SKIN AND CELLULAR TISSUES

### 3-36. Skin and Cellular Tissues

The causes of medical unfitness for further military service are—

*a. Acne:* Severe, unresponsive to treatment, interfering with the satisfactory performance of duty or the wearing of the uniform or other military equipment.

*b. Atopic dermatitis:* More than moderate or requiring periodic hospitalization.

*c. Amyloidosis:* Generalized.

*d. Cysts and tumors:* See paragraphs 3-40 and 3-41.

*e. Dermatitis herpetiformis:* When symptoms fail to respond to medication.

*f. Dermatomyositis:* Confirmed.

*g. Dermographism:* Interfering with the satisfactory performance of duty.

*h. Eczema, chronic:* Regardless of type, when there is more than minimal involvement and the condition is unresponsive to treatment and interferes with the satisfactory performance of duty.

*i. Elephantiasis or chronic lymphedema:* Interfering with the satisfactory performance of duty and not responsive to treatment.

*j. Epidermolysis bullosa:* Confirmed.

*k. Erythema multiforme:* More than moderate, chronic or recurrent.

*l. Exfoliative dermatitis:* Of any type, confirmed.

*m. Fungus infections, superficial or systemic types:* If not responsive to therapy and interfering with the satisfactory performance of duty.

*n. Hidradenitis suppurativa and folliculitis decalvans:* More than minimal degree and interfering with the satisfactory performance of duty, or wearing of military equipment.

*o. Hyperhidrosis:* Of the hands or feet when

### 3-35. Disorders of Intelligence

Individuals determined to have primary mental deficiency or special learning defect of such degree as to interfere with their satisfactory performance of duty are administratively rather than medically unfit and should be recommended for administrative separation through administrative channels.

severe and complicated by a dermatitis or infection, either fungal or bacterial, not amenable to treatment.

*p. Leukemia cutis and mycosis fungoides:* In the tumor stage.

*q. Lichen planus:* Generalized and not responsive to treatment.

*r. Lupus erythematosus:* Acute or subacute and occasionally the chronic discoid variety with extensive involvement of the skin and mucous membranes or when the condition does not respond to treatment after an appropriate period of time.

*s. Neurofibromatosis (Von Recklinghausen's Disease):* If repulsive in appearance or when interfering with the satisfactory performance of duty.

*t. Panniculitis, nodular, non-suppurative, febrile, relapsing:* Confirmed.

*u. Parapsoriasis:* Extensive and when interfering with the satisfactory performance of duty.

*v. Pemphigus vulgaris, pemphigus foliaceus, pemphigus vegetans and pemphigus erythematosus:* Confirmed.

*w. Psoriasis:* Extensive and not controllable by treatment and if interfering with the satisfactory performance of military duty.

*x. Radiodermatitis:* If the site of malignant degeneration, or if symptomatic to a degree not amenable to treatment.

*y. Scars and Keloids:* So extensive or adherent that they seriously interfere with function or with the satisfactory performance of duty or preclude the wearing of necessary military equipment.

*z. Scleroderma:* Generalized or of the linear type which seriously interferes with the function of an extremity.

*aa. Tuberculosis of the skin:* See paragraph 3-38g(5).

*ab. Ulcers of the skin:* Not responsive to treatment after an appropriate period of time or if interfering with the satisfactory performance of duty.

*ac. Urticaria:* Chronic, severe, and not amenable to treatment.

*ad. Xanthoma:* Regardless of type, only when interfering with the satisfactory performance of duty.

*ae. Other skin disorders:* If chronic, or of a nature which requires frequent medical care or interferes with the satisfactory performance of military duty.

## Section XVIII. SPINE, SCAPULAE, RIBS, AND SACROILIAC JOINTS

### 3-37. Spine, Scapulae, Ribs, and Sacroiliac Joints

(See also par. 3-14.)

The causes of medical unfitness for further military service are—

*a. Abdominopelvic amputation.*

*b. Congenital anomalies:*

- (1) Dislocation, congenital, of hip.
- (2) Spina bifida: Associated with pain to the lower extremities, muscular spasm, and limitation of motion which has not been amenable to treatment or improved by assignment restrictions.
- (3) Spondylolisthesis or spondylolysis: More than mild displacement and more than mild symptoms on normal activity.
- (4) Others: Associated with muscular

spasm, pain to the lower extremities, postural deformities, and limitation of motion which have not been amenable to treatment or improved by assignment limitations.

*c. Coxa vara:* More than moderate with pain, deformity, and arthritic changes.

*d. Disarticulation of hip joint.*

*e. Herniation of nucleus pulposus:* More than mild symptoms with sufficient objective findings, following appropriate treatment or remediable measures, of such a degree as to interfere with the satisfactory performance of duty.

*f. Kyphosis:* More than moderate, interfering with function, or causing unmilitary appearance.

*g. Scoliosis:* Severe deformity with over 2 inches deviation of tips of spinous processes from the midline.

## Section XIX. SYSTEMIC DISEASES, AND MISCELLANEOUS CONDITIONS AND DEFECTS

### 3-38. Systemic Diseases

The causes of medical unfitness for further military service are—

*a. Blastomycosis.*

*b. Brucellosis:* Chronic with substantiated recurring febrile episodes, more than mild fatigability, lassitude, depression, or general malaise.

*c. Leprosy* of any type.

*d. Myasthenia gravis:* Confirmed.

*e. Porphyria cutanea tarda:* Confirmed.

★*f. Sarcoidosis:* Systemic type not responding to therapy or complicated by more than moderate residual pulmonary fibrosis, associated with dyspnea on moderate exertion.

*g. Tuberculosis:*

- (1) Meningitis, tuberculous.

- (2) Pulmonary tuberculosis, tuberculous empyema, and tuberculous pleurisy. See paragraph 3-27.

- (3) Tuberculosis of the male genitalia: Involvement of prostate or seminal vesicles and other instances not corrected by surgical excision or when residuals are more than minimal or are symptomatic.

- (4) Tuberculosis of the larynx, female genitalia, and kidney.

- (5) Tuberculosis of the lymph nodes, skin, bone, joints, intestines, eyes, and peritoneum or mesenteric glands will be evaluated on an individual basis considering the associated involvement, residuals and complications.

### 3-39. General and Miscellaneous Conditions and Defects

The causes of medical unfitness for further military service are—

*a. Allergic manifestations:*

- (1) Allergic rhinitis. See paragraph 3-30*d* and *e*.
- (2) Asthma. See paragraph 3-28*a*.
- (3) Allergic dermatoses. See paragraph 3-36.
- (4) Visceral, abdominal, or cerebral allergy: Severe, or not responsive to therapy.

*b. Cold injury residuals* (frostbite, chilblain, immersion foot, or trench foot): With chronic objective and subjective findings, listed in TB Med

81 (cold injury) or loss of parts as outlined in paragraphs 3-12 and 3-13.

*c. Miscellaneous medical conditions and physical defects, not elsewhere provided for in this chapter, which—*

- (1) Obviously precludes the individual's satisfactory performance of duty.
- (2) Would compromise the individual's health and well-being if he were to remain in the military service.
- (3) Would prejudice the interests of the Government if the individual were to remain in the military service.

Questionable cases not falling within the above may be referred to The Surgeon General for an opinion of medical fitness prior to Physical Evaluation Board processing.

## Section XX. TUMORS AND MALIGNANT DISEASES

### 3-40. Malignant Neoplasms

The causes of medical unfitness for further military service are—

Malignant growths when inoperable, metastasized beyond regional nodes, recur subsequent to treatment, or the residuals of the remedial treatment are in themselves incapacitating. The complete removal of malignant growths without evidence of metastasis *does not* render the individual medically unfit.

*a. Individuals on active duty* who refuse treatment will be considered as medically unfit only if their condition precludes their satisfactory performance of duty.

*b. Individuals on active duty* whose followup period has been deemed inadequate at the time of medical evaluation prior to separation or retirement, should, if indicated, be processed as provided in paragraph 3-4*a* with a view to placement on the Temporary Disability Retired List for an additional followup period.

*c. Individuals not on active duty* who refuse treatment will be considered as medically unfit.

### 3-41. Neoplastic Conditions of Lymphoid and Blood-Forming Tissues

Neoplastic conditions of the lymphoid and blood-forming tissues are generally considered as rendering an individual medically unfit for further military duty. Individuals on active duty who are relatively asymptomatic, who are of special value to the service, and who can be assigned where adequate medical followup facilities are available, may be recommended for continuance on active duty.

### 3-42. Benign Neoplasms

*a. Benign tumors*, except as noted below, are not generally cause for medical unfitness because they are usually remediable. Individuals who refuse treatment will be considered medically unfit only if their condition precludes their satisfactory performance of a military job.

*b. The following, upon the diagnosis thereof, are considered to render the individual unfit for further military service.*

- (1) *Ganglioneuroma*.
- (2) *Meningeal fibroblastoma*, when the brain is involved.

**Section XXI. VENEREAL DISEASE**

**3-43. Venereal Disease**

The causes of medical unfitness for further military service are—

*a. Aneurysm of the aorta* due to syphilis.

*b. Atrophy of the optic nerve* due to syphilis.

*c. Symptomatic neurosyphilis* in any form.

*d. Complications or residuals of venereal disease* of such chronicity or degree that the individual is incapable of performing useful duty.

concerned are medically fit to be retained in that specialty except when there is medical evidence

to the effect that continued performance therein will adversely affect their health and well-being.

## Section VI.. MEDICAL FITNESS STANDARDS FOR CERTAIN GEOGRAPHICAL AREAS

### 7-9. Medical Fitness Standards for Certain Geographical Areas

*a.* All individuals considered medically qualified for continued military status and medically qualified to serve in all or certain areas of the continental United States are medically qualified to serve in similar or corresponding areas outside the continental United States.

*b.* Certain individuals, by reason of certain medical conditions or certain physical defects, may require administrative consideration when assignment to certain geographical areas is contemplated to insure that they are utilized within their medical capabilities without undue hazard to their health and well-being. In many instances, such individuals can serve effectively in a specific assignment when the assignment is made on an individual basis considering all of the administrative and medical factors. Guidance as to assignment limitations indicated for various medical conditions and physical defects is contained in chapter 9 and *c* and *d* below.

★*c.* Fort Churchill, Canada. (Reference AR 611-22.)

- (1) The following preclude assignment to Fort Churchill, Canada:
  - (*a*) Anomalies of the cardiovascular system or plasma or other conditions which are adversely affected by extreme cold or may result in frostbite.
  - (*b*) Artificial limbs, braces, or artificial eye.
  - (*c*) Chronic, symptomatic sinusitis, more than mild.
  - (*d*) History of prolonged or repeated treatment for a nervous, emotional, or mental disorder.

(*e*) History or residuals of cold injury cases will be evaluated as outlined in TB MED 81.

(*f*) Skin hypersensitive to sun or wind.

- (2) Any dental, medical, or physical condition or defect which might reasonably be expected to require care during a tour at Fort Churchill will be corrected prior to the individual's departure for this assignment.

★*d.* MAAG, military attachés, and military missions. (Reference AR 55-46, AR 612-35, AR 614-212.)

- (1) The following preclude assignment to MAAG, military attachés, or military missions:
  - (*a*) The current requirement of any maintenance medication of such toxicity as to require frequent clinical and laboratory followups.
  - (*b*) History of prolonged or repeated treatment for a nervous, emotional, or mental disorder.
  - (*c*) A history of peptic ulcer.
  - (*d*) A history of colitis.
  - (*e*) Inherent, latent, or incipient medical conditions or physical defects which might make the examinee's residence in a given country inadvisable because of the effect(s) of climatic or other factors on the medical condition or physical defect.
- (2) Any dental, medical, or physical condition or defect which might reasonably be expected to require care during a tour outside of the continental United States will be corrected prior to the departure of an individual for such a tour of duty.

## Section VII. MEDICAL FITNESS STANDARDS FOR ADMISSION TO SERVICE ACADEMIES OTHER THAN U.S. MILITARY ACADEMY

### 7-10. Medical Fitness Standards for Admission to U.S. Naval Academy

The medical fitness standards for admission to the United States Naval Academy are set forth in chapter 15 of the Manual of the Medical Department, U.S. Navy as well as in NAVPERS 15,010, Regulations Governing the Admission of Candidates into the United States Naval Academy as Midshipmen.

### 7-11. Medical Fitness Standards for Admission to U.S. Air Force Academy

The medical fitness standards for admission to the United States Air Force Academy are set forth in section VI of AFM 160-1, Medical Examination.

## Section VIII. SPECIAL ADMINISTRATIVE CRITERIA APPLICABLE TO CERTAIN MEDICAL FITNESS REQUIREMENTS

The special administrative criteria in paragraphs 7-12 through 7-15 are listed for the information and guidance of all concerned.

### 7-12. Dental—Induction and Appointment or Enlistment in U.S. Army

(See par. 2-5.)

The following applies to all individuals undergoing medical examination pursuant to the Universal Military Training and Service Act, as amended, except Medical and Dental Registrants, and to all men and women being considered for appointment or enlistment in the U.S. Army, regardless of component, as well as for enrollment in the Advanced Course Army ROTC:

Individuals with orthodontic appliances attached to the teeth are administratively unacceptable so long as active treatment is required. Individuals with retainer orthodontic appliances who are not considered to require active treatment are administratively acceptable.

### 7-13. Height—Regular Army Commission

(See par. 2-21a(1).)

The following applies to all males being considered for a Regular Army commission:

a. Individuals being considered for appointment in the Regular Army in other than Armor, Artillery, or Infantry who are not more than 2 inches below the minimum height requirement of 66 inches *will automatically* be considered on an individual basis for an administrative waiver by Headquarters, Department of the Army during the processing of their applications.

b. Individuals being considered for appointment in the Regular Army in Armor, Artillery, or Infantry who are not more than 2 inches below the minimum height requirement of 66 inches *will automatically* be considered for an administrative waiver by Headquarters, Department of the Army during the processing of their applications provided they have outstanding abilities, military records, or educational qualifications.

### 7-14. Height—United States Military Academy

(See par. 5-16.)

The following applies to all male candidates to the United States Military Academy:

a. Candidates for admission to the U.S. Military Academy under 20 years of age on 1 July of the year of entry who are not more than 1 inch below the minimum height requirement of 66 inches *will automatically* be considered on an individual basis for an administrative waiver by Headquarters, Department of the Army during the processing of such cases.

b. Candidates for admission to the U.S. Military Academy who are over the maximum height requirement of 78 inches or up to 2 inches below the minimum height requirement of 66 inches *will automatically* be considered for an administrative waiver by Headquarters, Department of the Army during the processing of their cases provided they

have exceptional educational qualifications, have an outstanding military record, or have demonstrated outstanding abilities.

**7-15. Vision—Officer Assignment to Armor, Artillery, Infantry, Corps of Engineers, Signal Corps, and Military Police Corps**

(See par. 2-13.)

*a.* Individuals being considered for officer assignment to Armor, Artillery, Infantry, Corps of Engineers, Signal Corps, or Military Police Corps who exceed the criteria listed below are administratively unacceptable for such assignment:

- (1) Distant visual acuity: 20/200 in each eye correctable to 20/20 in one eye and 20/40 in the other eye.
- (2) Refractive error:
  - (a) Hyperopia: 5.00 diopters.
  - (b) Myopia: 3.00 diopters.

*b.* Individuals who have been designated as Distinguished Military Graduates of the Army ROTC accepting Regular Army commissions or who are graduates of the U.S. Military Academy will automatically be considered for an administrative waiver by Headquarters, Department of the Army during the processing of their cases for assignment to Armor, Artillery, Infantry, Corps

of Engineers, Signal Corps, or Military Police Corps, if they meet the following:

- (1) Distant visual acuity: Any degree of uncorrected visual acuity which corrects to 20/20 in both eyes.
- (2) Refractive error:
  - (a) Hyperopia: 5.50 diopters.
  - (b) Myopia: 5.50 diopters.
  - (c) Astigmatism: 3.00 diopters.
  - (d) Anisometropia: 3.50 diopters.

**7-16. Weight—Enlistment in WAC for Student Nurse Program and Student Dietician Program and Appointment Therefrom**

Medical Fitness Standards for Initial Selection as Members of the Women's Army Corps for Training under the Army Student Nurse and the Army Student Dietician Programs; and the Commissioning from these Programs.

The medical fitness standards for initial selection as members of the Women's Army Corps for Training under the Army Student Nurse and the Army Student Dietician Programs, and for commissioning from these programs are set forth in chapter 2 except that the maximum weight standards set forth in table II, appendix III may be exceeded by 10 percent.

**★Section IX. MEDICAL FITNESS STANDARDS FOR TRAINING AND DUTY AS NUCLEAR POWERPLANT OPERATORS AND/OR OFFICER-IN-CHARGE (OIC) NUCLEAR POWERPLANT (Ref. TB MED 267)**

**7-17. Medical Fitness Standards for Training and Duty at Nuclear Powerplants**

The causes for medical unfitness for initial selection, training, and duty as Nuclear Powerplant Operators and/or Officer-in-Charge (OIC) Nuclear Powerplants are all the causes listed in chapter 2 plus the following:

- a.* Paragraph 7-9c and *d.*
- b.* Inability to distinguish and identify without confusion the color of an object, substance, material, or light that is uniformly colored a vivid red or a vivid green.
- c.* Familial history of any of the following (refer to TB MED 267):
  - (1) Congenital malformations.
  - (2) Leukemia.
  - (3) Blood clotting disorders.
  - (4) Mental retardation.

- (5) Cancer.
- (6) Cataracts (early).

*d.* Abnormal results from the following studies which will be accomplished (see TB MED 267):

- (1) White cell count (with differential).
- (2) Hematocrit.
- (3) Hemoglobin.
- (4) Red cell morphology.
- (5) Sickle cell preparation (for individuals of susceptible groups).
- (6) Platelet count.
- (7) Fasting blood sugar.

*e.* Presence or history of psychiatric illness requiring hospitalization or extensive treatment, or personality disorders including alcoholism, where either, in the opinion of the examining officer, would make assignment at this specialty inadvisable.

**Section V. EARS AND HEARING****2-6. Ears**

The causes for rejection for appointment, enlistment, and induction are—

*a. Auditory canal:*

- (1) Atresia or severe stenosis of the external auditory canal.
- (2) Tumors of the external auditory canal except mild exostoses.
- (3) Severe external otitis, acute or chronic.

*b. Auricle:* Agenesis, severe; or severe traumatic deformity, unilateral or bilateral.

*c. Mastoids:*

- (1) Mastoiditis, acute or chronic.
- (2) Residual of mastoid operation with marked external deformity which precludes or interferes with the wearing of a gas mask or helmet.
- (3) Mastoid fistula.

*d. Meniere's syndrome.**e. Middle ear:*

- (1) Acute or chronic suppurative otitis media. Individuals with a recent history of acute suppurative otitis media will not be accepted unless the condition is healed and a sufficient interval of time subsequent to treatment has elapsed to insure that the disease is in fact not chronic.
- (2) Adhesive otitis media associated with hearing level by audiometric test of 20 db or more average for the speech frequencies (500, 1000, and 2000 cycles per second) in either ear regardless of the hearing level in the other ear.

(3) Acute or chronic serous otitis media.

(4) Presence of attic perforation in which presence of cholesteatoma is suspected.

(5) Repeated attacks of catarrhal otitis media; intact greyish, thickened drum(s).

*f. Tympanic membrane:*

(1) Open marginal or central perforations of the tympanic membrane.

(2) Severe scarring of the tympanic membrane associated with hearing level by audiometric test of 20 db or more average for the speech frequencies (500, 1000, and 2000 cycles per second) in either ear regardless of the hearing level in the other ear.

*g. Other diseases and defects of the ear which obviously preclude satisfactory performance of duty or which require frequent and prolonged treatment.*

**2-7: Hearing**

(See also par. 2-6.)

The cause for rejection for appointment, enlistment, and induction is—

★Hearing acuity level by audiometric testing (regardless of conversational or whispered voice hearing acuity) greater than that described in table I, appendix II. There is no objection to conducting the whispered voice test or the spoken voice test as a preliminary to conducting the audiometric hearing test.

**Section VI. ENDOCRINE AND METABOLIC DISORDERS****2-8. Endocrine and Metabolic Disorders**

The causes for rejection for appointment, enlistment, and induction are—

*a. Adiposogenital dystrophy.* (Frohlich's syndrome) more than moderate in degree.

*b. Adrenal gland,* malfunction of, of any degree.

*c. Cretinism.*

*d. Diabetes insipidus.*

*e. Diabetes mellitus.*

*f. Gigantism or acromegaly.*

*g. Glycosuria,* persistent, regardless of cause.

*h. Goiter:*

(1) Simple goiter with definite pressure symptoms or so large in size as to interfere with the wearing of a military uniform or military equipment.

(2) *Thyrotoxicosis.*

*i. Gout.*

*j. Hyperinsulinism,* confirmed, symptomatic.

*k. Hyperparathyroidism and hypoparathyroidism.*

*l. Hypopituitarism,* severe.

*m. Myxedema,* spontaneous or postoperative (with clinical manifestations and not based solely on low basal metabolic rate).

n. *Nutritional deficiency diseases* (including sprue, beriberi, pellagra, and scurvy) which are more than mild and not readily remediable or in which permanent pathological changes have been established.

o. *Other endocrine or metabolic disorders* which obviously preclude satisfactory performance of duty or which require frequent and prolonged treatment.

## Section VII. EXTREMITIES

### 2-9. Upper Extremities

(See par. 2-11.)

The causes for rejection for appointment, enlistment, and induction are—

a. *Limitation of motion.* An individual will be considered unacceptable if the joint ranges of motion are less than the measurements listed below (app. IV).

- (1) *Shoulder:*
  - (a) Forward elevation to 90°.
  - (b) Abduction to 90°.
- (2) *Elbow:*
  - (a) Flexion to 100°.
  - (b) Extension to 15°.
- (3) *Wrist:* A total range of 15° (extension plus flexion).
- (4) *Hand:* Pronation to the first quarter of the normal arc.  
Supination to the first quarter of the normal arc.
- (5) *Fingers:* Inability to clench fist, pick up a pin or needle, and grasp an object.

b. *Hand and fingers:*

- (1) Absence (or loss) of more than  $\frac{1}{3}$  of the distal phalanx of either thumb.
- (2) Absence (or loss) of distal and middle phalanx of an index, middle, or ring finger of either the right or left hand irrespective of the absence (or loss) of the small fingers. Two of three fingers (index, middle, and ring fingers) must be intact.
- (3) Absence of hand or any portion thereof except for fingers as noted above.
- (4) Hyperdactylia.
- (5) Scars and deformities of the fingers and/or hand which impair circulation, are symptomatic, are so disfiguring as to make the individual objectionable in ordinary social relationships, or which impair normal function to such a degree as to in-

terfere with the satisfactory performance of military duty.

c. *Wrist, forearm, elbow, arm, and shoulder:* Healed disease or injury of wrist, elbow, or shoulder with residual weakness or symptoms of such a degree as to preclude satisfactory performance of duty.

### 2-10. Lower Extremities

(See par. 2-11.)

The causes for rejection for appointment, enlistment, and induction are—

a. *Limitation of motion.* An individual will be considered unacceptable if the joint ranges of motion are less than the measurements listed below (app. IV).

- (1) *Hip:*
  - (a) Flexion to 90°
  - (b) Extension to 10° (beyond 0).
- (2) *Knee:*
  - (a) Full extension.
  - (b) Flexion to 90°.
- (3) *Ankle:*
  - (a) Dorsiflexion to 10°.
  - (b) Plantar flexion to 10°.
- (4) *Toes:* Stiffness which interferes with walking, marching, running, or jumping.

b. *Foot and ankle:*

- (1) Absence of one or more small toes of one or both feet, if function of the foot is poor or running or jumping is precluded, or absence of foot or any portion thereof except for toes as noted herein.
- (2) Absence (or loss) of great toe(s) or loss of dorsal flexion thereof if function of the foot is impaired.
- (3) Claw toes precluding the wearing of combat service boots.
- (4) Clubfoot.
- (5) Flat foot, pronounced cases, with decided eversion of the foot and marked bulging

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- (2) Degenerations of the retina to include macular diseases, macular cysts, holes, and other degenerations (hereditary or acquired) affecting the macula pigmentary degenerations (primary and secondary).
- (3) Detachment of the retina or history of surgery for same.
- (4) Inflammation of the retina (retinitis or other inflammatory conditions of the retina to include Coats' disease, diabetic retinopathy, Eales' disease, and retinitis proliferans).

*f. Optic nerve.*

- (1) Congenito-hereditary conditions of the optic nerve or any other central nervous system pathology affecting the efficient function of the optic nerve.
- (2) Optic neuritis, neuroretinitis, or secondary optic atrophy resulting therefrom or document history of attacks of retrobulbar neuritis.
- (3) Optic atrophy (primary or secondary).
- (4) Papilledema.

*g. Lens.*

- (1) Aphakia (unilateral or bilateral).
- (2) Dislocation, partial or complete, of a lens.
- (3) Opacities of the lens which interfere with vision or which are considered to be progressive.

*h. Ocular mobility and motility.*

- (1) Diplopia, documented, constant or intermittent from any cause or of any degree interfering with visual function (i.e., may suppress).
- (2) Diplopia, monocular, documented, interfering with visual function.
- (3) Nystagmus, with both eyes fixing, congenital or acquired.
- (4) Strabismus of 40 diopters deviation or more.
- (5) Strabismus of any degree accompanied by documented diplopia.
- (6) Strabismus, surgery for the correction of, within the preceding 6 months.

★*i. Miscellaneous defects and diseases.*

- (1) Abnormal conditions of the eye or visual fields due to diseases of the central nervous system.

- (2) Absence of an eye.
- (3) Asthenopia severe.
- (4) Exophthalmos, unilateral or bilateral.
- (5) Glaucoma, primary or secondary.
- (6) Hemianopsia of any type.
- (7) Loss of normal pupillary reflex reactions to light or accommodation to distance or Adies syndrome.
- (8) Loss of visual fields due to organic disease.
- (9) Night blindness associated with objective disease of the eye. Verified congenital night blindness.
- (10) Residuals of old contusions, lacerations, penetrations, etc., which impair visual function required for satisfactory performance of military duty.
- (11) Retained intra-ocular foreign body.
- (12) Tumors. See *a*(6) above and paragraphs 2-40 and 2-41.
- (13) Any organic disease of the eye or adnexa not specified above which threatens continuity of vision or impairment of visual function.

**2-13. Vision**

The causes for medical rejection for appointment, enlistment, and induction are listed below. The special administrative criteria for officer assignment to Armor, Artillery, Infantry, Corps of Engineers, Signal Corps, and Military Police Corps are listed in paragraph 7-15.

*a. Distant visual acuity.* Distant visual acuity of any degree which does not correct to at least one of the following:

- (1) 20/40 in one eye and 20/70 in the other eye.
- (2) 20/30 in one eye and 20/100 in the other eye.
- (3) 20/20 in one eye and 20/400 in the other eye.

★ *b. Near visual acuity.* Near visual acuity of any degree which does not correct to at least J-6 in the better eye.

★ *c. Refractive error.* Any degree of refractive error in spherical equivalent of over -8.00 or +8.00; or if ordinary spectacles cause discomfort by reason of ghost images, prismatic displacement, etc.; or if an ophthalmological consultation reveals a condition which is disqualifying.

*d. Contact lens.* Complicated cases requiring contact lens for adequate correction of vision as

keratoconus, corneal scars, and irregular astigmatism.

## Section IX. GENITOURINARY SYSTEM

### 2-14. Genitalia

(See also pars. 2-40 and 2-41.)

The causes for rejection for appointment, enlistment, and induction are—

- a. Bartholinitis*, Bartholin's cyst.
- b. Cervicitis*, acute or chronic, manifested by leukorrhea.
- c. Dysmenorrhea*, incapacitating to a degree which necessitates recurrent absences of more than a few hours from routine activities.
- d. Endometriosis*, or confirmed history thereof.
- e. Hermaphroditism.*
- f. Menopausal syndrome*, either physiologic or artificial if manifested by more than mild constitutional or mental symptoms, or artificial menopause if less than 13 months have elapsed since cessation of menses. In all cases of artificial menopause, the clinical diagnosis will be reported; if accomplished by surgery, the pathologic report will be obtained and recorded.
- g. Menstrual cycle*, irregularities of, including menorrhagia, if excessive; metrorrhagia; polymenorrhea; amenorrhea, except as noted below.
- h. New growths of the internal or external genitalia* except single uterine fibroid, subserous, asymptomatic, less than 3 centimeters in diameter, with no general enlargement of the uterus. See also paragraphs 2-40 and 2-41.
- i. Oophoritis*, acute or chronic.
- j. Ovarian cysts*, persistent and considered to be of clinical significance.
- k. Pregnancy.*
- l. Salpingitis*, acute or chronic.
- m. Testicle(s).* (See also pars. 2-40 and 2-41.)
  - (1) Absence or non-descent of both testicles.
  - (2) Undiagnosed enlargement or mass of testicle or epididymis.
- n. Urethritis*, acute or chronic, other than gonorrhoeal urethritis without complications.
- o. Uterus.*
  - (1) Cervical polyps, cervical ulcer, or marked erosion.
  - (2) Endocervicitis, more than mild.

- (3) Generalized enlargement of the uterus due to any cause.
- (4) Malposition of the uterus if more than mildly symptomatic.

#### *p. Vagina.*

- (1) Congenital abnormalities or severe lacerations of the vagina.
- (2) Vaginitis, acute or chronic, manifested by leukorrhea.

#### *q. Varicocele or hydrocele*, if large or painful.

#### *r. Vulva.*

- (1) Leukoplakia.
- (2) Vulvitis, acute or chronic.

*s. Major abnormalities and defects of the genitalia* such as a change of sex, a history thereof, or complications (adhesions, disfiguring scars, etc.) residual to surgical correction of these conditions.

### 2-15. Urinary System

(See pars. 2-8, 2-40, and 2-41.)

The causes for rejection for appointment, enlistment, and induction are—

- a. Albuminuria* including so-called orthostatic or functional albuminuria, other than that produced by obvious extrarenal disease.
- b. Cystitis*, chronic. Individuals with acute cystitis are unacceptable until the condition is cured.
- ★*c. Enuresis* determined to be a symptom of an organic defect not amenable to treatment. (See also par. 2-34c.)
- d. Epispadias or hypospadias* when accompanied by evidence of infection of the urinary tract or if clothing is soiled when voiding.
- e. Hematuria, cylindruria*, or other findings indicative of renal tract disease.
- f. Incontinence* of urine.
- g. Kidney:*
  - (1) Absence of one kidney, regardless of cause.
  - (2) Acute or chronic infections of the kidney.
  - (3) Cystic or polycystic kidney, confirmed history of.
  - (4) Hydronephrosis or pyonephrosis.

★ *c. Nasal septum*, perforation of:

- (1) Associated with interference of function, ulceration or crusting, and when the result of organic disease.
- (2) If progressive.
- (3) If respiration is accompanied by a whistling sound.

*d. Sinusitis*, acute.*e. Sinusitis*, chronic:

- (1) Evidenced by chronic purulent nasal discharge, large nasal polyps, hyperplastic changes of the nasal tissues and other signs and symptoms.
- (2) Confirmed by transillumination or X-ray examination or both.

**2-29. Pharynx, Trachea, Esophagus, and Larynx**

The causes for rejection for appointment, enlistment, and induction are—

*a. Esophagus*, organic diseases of, such as ulceration, varices; achalasia; peptic esophagitis; if confirmed by appropriate X-ray or esophagosopic examinations.

*b. Laryngeal paralysis*, sensory or motor, due to any cause.

*c. Larynx*, organic disease of, such as neoplasm, polyps, granuloma, ulceration, and chronic laryngitis.

*d. Plica dysphonia venricularis*.

*e. Tracheostomy or tracheal fistula*.

**2-30. Other Defects and Diseases**

The causes for rejection for appointment, enlistment, and induction are—

*a. Aphonia*.

*b. Deformities or conditions of the mouth, throat, pharynx, larynx, esophagus, and nose* which interfere with mastication and swallowing of ordinary food, with speech, or with breathing.

*c. Destructive syphilitic disease of the mouth, nose, throat, larynx, or esophagus*. (See par. 2-42.)

*d. Pharyngitis and nasopharyngitis*, chronic, with positive history and objective evidence, if of such a degree as to result in excessive time lost in the military environment.

**Section XV. NEUROLOGICAL DISORDERS****2-31. Neurological Disorders**

The causes for rejection for appointment, enlistment, and induction are—

*a. Degenerative disorders:*

- (1) Cerebellar and Friedreich's ataxia.
- (2) Cerebral arteriosclerosis.
- (3) Encephalomyelitis, residuals of, which preclude the satisfactory performance of military duty.
- (4) Huntington's chorea.
- (5) Multiple sclerosis.
- (6) Muscular atrophies and dystrophies of any type.

*b. Miscellaneous:*

- (1) Congenital malformations if associated with neurological manifestations and meningocele even if uncomplicated.
- (2) Migraine when frequent and incapacitating.
- (3) Paralysis or weakness, deformity, discoordination, pain, sensory disturbance, intellectual deficit, disturbances of con-

sciousness, or personality abnormalities regardless of cause which is of such a nature or degree as to preclude the satisfactory performance of military duty.

- (4) Tremors, spasmodic torticollis, athetosis or other abnormal movements more than mild.

*c. Neurosyphilis* of any form (general paresis, tabes dorsalis, meningovascular syphilis).

*d. Paroxysmal convulsive disorders*, disturbances of consciousness, all forms of psychomotor or temporal lobe epilepsy or history thereof except for seizures associated with toxic states or fever during childhood up to the age of 12.

*e. Peripheral nerve disorder:*

- (1) Polyneuritis.
- (2) Mononeuritis or neuralgia which is chronic or recurrent and of an intensity that is periodically incapacitating.
- (3) Neurofibromatosis.

*f. Spontaneous subarchnoid hemorrhage*, verified history of, unless cause has been surgically corrected.

## Section XVI. PSYCHOSES, PSYCHONEUROSES, AND PERSONALITY DISORDERS

### 2-32. Psychoses

The causes for rejection for appointment, enlistment, and induction are—

*Psychosis or authenticated history of a psychotic illness* other than those of a brief duration associated with a toxic or infectious process.

### 2-33. Psychoneuroses

The causes for rejection for appointment, enlistment, and induction are—

*a. History of a psychoneurotic reaction which caused—*

- (1) Hospitalization.
- (2) Prolonged care by a physician.
- (3) Loss of time from normal pursuits for repeated periods even if of brief duration, or
- (4) Symptoms or behavior of a repeated nature which impaired school or work efficiency.

*b. History of a brief psychoneurotic reaction or nervous disturbance within the preceding 12 months which was sufficiently severe to require medical attention or absence from work or school for a brief period (maximum of 7 days).*

### 2-34. Personality Disorders

The causes for rejection for appointment, enlistment, and induction are—

*a. Character and behavior disorders, as evidenced by—*

- (1) Frequent encounters with law enforcement agencies, or antisocial attitudes or behavior which, while not a cause for administrative rejection, are tangible evidence of an impaired characterological capacity to adapt to the military service.
- (2) Overt homosexuality or other forms of sexual deviant practices such as exhibitionism, transvestism, voyeurism, etc.
- (3) Chronic alcoholism or alcohol addiction.
- (4) Drug addiction.

*b. Character and behavior disorders* where it is evident by history and objective examination that the degree of immaturity, instability, personality inadequacy, and dependency will seriously interfere with adjustment in the military service as demonstrated by repeated inability to maintain reasonable adjustment in school, with employers and fellow-workers, and other society groups.

★*c. Other symptomatic immaturity reactions* such as authenticated evidence of enuresis which is habitual or persistent, not due to an organic condition (par. 2-15c) occurring beyond early adolescence (age 12 to 14) and stammering or stuttering of such a degree that the individual is normally unable to express himself clearly or to repeat commands.

*d. Specific learning defects* as listed in SR 40-1025-2.

## Section XVII. SKIN AND CELLULAR TISSUES

### 2-35. Skin and Cellular Tissues

The causes for rejection for appointment, enlistment, and induction are—

*a. Acne:* Severe, when the face is markedly disfigured, or when extensive involvement of the neck, shoulders, chest, or back would be aggravated by or interfere with the wearing of military equipment.

*b. Atopic dermatitis:* With active or residual lesions in characteristic areas (face and neck, antecubital and popliteal fossae, occasionally wrists and hands), or documented history thereof.

*c. Cysts:*

- (1) *Cysts, other than pilonidal.* Of such a size or location as to interfere with the normal wearing of military equipment.
- (2) *Cysts, pilonidal.* Pilonidal cysts, if evi-

denced by the presence of a tumor mass or a discharging sinus.

*d. Dermatitis factitia.*

*e. Dermatitis herpetiformis.*

*f. Eczema:* Any type which is chronic and resistant to treatment.

*g. Epidermolysis bullosa; pemphigus.*

*h. Fungus infections,* systemic or superficial types: If extensive and not amenable to treatment.

*i. Furunculosis:* Extensive, recurrent, or chronic.

*j. Hyperhidrosis* of hands or feet: Chronic or severe.

*k. Ichthyosis:* Severe.

*l. Leprosy:* Any type.

*m. Leukemia cutis; mycosis fungoides; Hodgkins' disease.*

*n. Lichen planus.*

*o. Lupus erythematosus* (acute, subacute, or chronic) or any other dermatosis aggravated by sunlight.

*p. Neurofibromatosis* (Von Recklinghausen's disease).

*q. Nevi or vascular tumors:* If extensive, unsightly, or exposed to constant irritation.

*r. Psoriasis* or a verified history thereof.

*s. Radiodermatitis.*

*t. Scars* which are so extensive, deep, or adherent that they may interfere with the wearing of military equipment, or that show a tendency to ulcerate.

*u. Scleroderma:* Diffuse type.

*v. Tuberculosis.* See paragraph 2-39.

*w. Urticaria:* Chronic.

*x. Warts,* plantar, which have materially interfered with the following of a useful vocation in civilian life.

*y. Xanthoma:* If disabling or accompanied by hypercholesterolemia or hyperlipemia.

*z. Any other chronic skin disorder* of a degree or nature which requires frequent outpatient treatment or hospitalization, interferes with the satisfactory performance of duty, or is so disfiguring as to make the individual objectionable in ordinary social relationships.

## Section XVIII. SPINE, SCAPULAE, RIBS, AND SACROILIAC JOINTS

### 2-36. Spine and Sacroiliac Joints

(See also par. 2-11.)

The causes for rejection for appointment, enlistment, and induction are—

*a. Arthritis.* See paragraph 2-11a.

*b. Complaint of disease or injury of the spine or sacroiliac joints* either with or without objective signs and symptoms which have prevented the individual from successfully following a physically active vocation in civilian life. Substantiation or documentation of the complaint without symptoms and objective signs is required.

*c. Deviation or curvature of spine* from normal alignment, structure, or function (scoliosis, kyphosis, or lordosis, spina bifida occulta, spondylolysis, etc.), if—

- (1) Mobility and weight-bearing power is poor.
- (2) More than moderate restriction of normal physical activities is required.
- (3) Of such a nature as to prevent the individual from following a *physically active* vocation in civilian life.
- (4) Of a degree which will interfere with the wearing of a uniform or military equipment.
- (5) Symptomatic, associated with positive physical finding(s) demonstrable by X-ray.

*d. Diseases of the lumbosacral or sacroiliac*

*joints* of a chronic type and obviously associated with pain referred to the lower extremities, muscular spasm, postural deformities and limitation of motion in the lumbar region of the spine.

*e. Granulomatous diseases* either active or healed.

*f. Healed fracture of the spine or pelvic bones* with associated symptoms which have prevented the individual from following a *physically active* vocation in civilian life or which preclude the satisfactory performance of military duty.

*g. Ruptured nucleus pulposus* (herniation of intervertebral disk) or history of operation for this condition.

*h. Spondylolisthesis.*

### 2-37. Scapulae, Clavicles, and Ribs

(See also par. 2-11.)

The causes for rejection for appointment, enlistment, and induction are—

*a. Fractures,* until well healed, and until determined that the residuals thereof will not preclude the satisfactory performance of military duty.

*b. Injury within the preceding 6 weeks,* without fracture, or dislocation, of more than a minor nature.

*c. Osteomyelitis* of rib, sternum, clavicle, scapula, or vertebra.

*d. Prominent scapulae* interfering with function or with the wearing of uniform or military equipment.

## Section XIX. SYSTEMIC DISEASES AND MISCELLANEOUS CONDITIONS AND DEFECTS

### 2-38. Systemic Diseases

The causes for rejection for appointment, enlistment, and induction are—

- a. *Dermatomyositis*.
- b. *Lupus erythematosus*; acute, subacute, or chronic.
- c. *Progressive systemic sclerosis*.
- d. *Reiter's Disease*.
- e. *Sarcoidosis*.
- f. *Scleroderma*, diffuse type.
- g. *Tuberculosis*:
  - (1) Active tuberculosis in any form or location.
  - (2) Pulmonary tuberculosis. See paragraph 2-25.
  - (3) Confirmed history of tuberculosis of a bone or joint, genitourinary organs, intestines, peritoneum or mesenteric glands at any time.
  - (4) Meningeal tuberculosis; disseminated tuberculosis.

### 2-39. General and Miscellaneous Conditions and Defects

The causes for rejection for appointment, enlistment, and induction are—

- a. *Allergic manifestations*:
  - (1) Allergic rhinitis (hay fever). See paragraph 2-28.
  - (2) Asthma. See paragraph 2-26b.
  - (3) Allergic dermatoses. See paragraph 2-35.
  - (4) Visceral, abdominal, and cerebral allergy, if severe or not responsive to treatment.
- b. *Any acute pathological condition*, including acute communicable diseases, until recovery has occurred without sequelae.
- c. *Any deformity which is markedly unsightly* or which impairs general functional ability to such an extent as to prevent satisfactory performance of military duty.

d. *Chronic metallic poisoning* especially beryllium, manganese, and mercury. Undesirable residuals from lead, arsenic, or silver poisoning make the examinee medically unacceptable.

e. *Cold injury*, residuals of, (example: frostbite, chilblain, immersion foot, or trench foot) such as deep seated ache, paresthesia, hyperhidrosis, easily traumatized skin, cyanosis, amputation of any digit, or ankylosis.

f. *Positive tests for syphilis* with negative TPI test unless there is a documented history of any of the several conditions which are known to give a false positive S.T.S. (vaccinia, infectious mononucleosis, malaria, yaws, pinta, chicken-pox, infectious hepatitis, immunizations, atypical pneumonia, etc.) or unless there has been a reversal to a negative S.T.S. during an appropriate followup period (3 to 6 months).

g. *Filariasis; trypanosomiasis; amebiasis; schistosomiasis; uncinariasis* (hookworm) associated with anemia, malnutrition, etc., if more than mild, and other similar worm or animal parasitic infestations, including the carrier states thereof.

h. *Heat pyrexia* (heatstroke, sunstroke, etc.): Documented evidence of predisposition (includes disorders of sweat mechanism and previous serious episode), recurrent episodes requiring medical attention, or residual injury resulting therefrom (especially cardiac, cerebral, hepatic, and renal).

i. *Industrial solvent* and other chemical intoxication, chronic including carbon bisulfide, trichloroethylene, carbon tetrachloride, and methyl cellosolve.

j. *Mycotic infection* of internal organs.

k. *Myositis or fibrositis*; severe, chronic.

l. *Residuals of tropical fevers* and various parasitic or protozoal infestations which in the opinion of the medical examiner preclude the satisfactory performance of military duty.

## Section XX. TUMORS AND MALIGNANT DISEASES

### 2-40. Benign Tumors

The causes for rejection for appointment, enlistment, and induction are—

- a. *Any tumor of the—*
  - (1) Auditory canal, if obstructive.
  - (2) Eye or orbit (see also par. 2-12a(6))

## ★CHAPTER 4

**MEDICAL FITNESS STANDARDS FOR FLYING DUTY**  
**(Short Title: MEDICAL FITNESS STANDARDS FOR FLYING)**

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## Section I. GENERAL

**4-1. Scope**

These regulations set forth medical conditions and physical defects which are considered causes for rejection for selection and retention for—

- a. Aircraft mechanics, air traffic controllers, and flight simulator specialists.
- b. Civilian flight instructors.
- c. Participation in regular and frequent aerial flights as nondesignated or nonrated personnel.
- d. Rated Naval aviator, Air Force pilot, or Army aviator or training leading to such designation.

**4-2. Classes of Medical Standards for Flying and Applicability**

The causes for rejection for flying duty Classes 1, 1A, 2, and 3 are all of the causes listed in chapter 2, plus all of the causes listed in this chapter apply as indicated below.

- a. *Class 1 standards apply* in the case of individuals being considered for selection for—
  - (1) Aviator training leading to the aeronautical designation of Army aviator, who do not hold a Naval aviator, Air Force pilot or Army aviator rating.
  - (2) ROTC Flight Training Program.
- b. *Class 1A standards apply* in the case of—
  - (1) Individuals being considered for selection for aviator training leading to the aeronautical designation of Army aviator only upon a specific directive by the Department of the Army.
  - (2) Evaluation of individuals selected for training (a(1) above) before such training has begun except as noted in e(5) and (6) below.
- c. *Class 2 standards apply* in the case of—
  - (1) FAA rated flight instructors who are to conduct flying instructions at Army aviation training bases.

- (2) Individuals being considered for or performing duty as air traffic controllers, or flight simulator specialists.
- (3) Individuals on flying status as a Naval aviator, Air Force pilot, or Army aviator undergoing annual medical examination.
- (4) Rated military pilots being considered for return to duty in a flying status.
- (5) Rated Naval aviator, Air Force pilots, or Army aviators being considered for further flying training.
- (6) Student pilots in military aviation training programs including the ROTC Flight Training Program graduates.
- (7) Test pilots employed by the Department of the Army.

d. *Class 3 standards apply* in the case of individuals ordered by competent authority to participate in regular and frequent aerial flights as nondesignated or nonrated personnel not engaged in the actual control of aircraft, such as aviation medical officers, observers, aircraft mechanics etc.

**4-3. Disposition of Personnel Who Do Not Meet These Standards**

a. *Applicants.* The reports of medical examination pertaining to applicants who do not meet the medical fitness standards for flying as prescribed herein will nevertheless be processed for review by the Department of the Army as prescribed in the appropriate procurement regulation.

b. *Rated or designated personnel and nondesignated or nonrated personnel.* Individuals who do not meet the medical fitness standards for flying as prescribed herein will be immediately suspended from flying as outlined in AR 600-107, unless they have previously been continued in flying status for the same defect by designated higher authority in which case they may be per-

mitted to fly until the continuance is confirmed, provided the condition is essentially unchanged

and that flying safety and the individual's well being are not compromised.

## Section II. ABDOMEN AND GASTROINTESTINAL SYSTEM

### 4-4. Abdomen and Gastrointestinal System

The causes of medical unfitness for flying duty Classes 1, 1A, 2, and 3 are causes listed in paragraph 2-3, plus the following:

*a. Enlargement of liver* except when liver function tests are normal with no history of jaundice (other than simple catarrhal), and the condition does not appear to be caused by active disease.

*b. Functional bowel distress syndrome* (irritable colon).

*c. Hernia* of any variety, other than small umbilical.

*d. History of bowel resection* for any cause (ex-

cept appendectomy) and operation for relief of intestinal adhesions. In addition pylorotomy in infancy without complications at present, will not, per se, be cause for rejection.

*e. Operation for intussusception* except when done in childhood or infancy. Bowel resection in the latter instance will not disqualify examinee.

*f. Ulcer:*

(1) Classes 1, 1A, and 3. See paragraph 2-3r.

(2) Class 2. Ulcer when less than 12 months since cessation of symptoms or radiological activity.

## Section III. BLOOD AND BLOOD-FORMING TISSUE DISEASES

### 4-5. Blood and Blood-Forming Tissue Diseases

The causes of medical unfitness for flying duty Classes 1, 1A, 2, and 3 are the causes listed in

paragraph 2-4 and paragraph 4-27, plus the following:

*Sickle cell trait or sickle cell disease.*

## Section IV. DENTAL

### 4-6. Dental

The causes of medical unfitness for flying duty

Classes 1, 1A, 2, and 3 are the causes listed in paragraph 2-5.

## Section V. EARS AND HEARING

### 4-7. Ears

The causes of medical unfitness for flying duty Classes 1, 1A, 2, and 3 are the causes listed in paragraph 2-6, plus the following:

*a. Abnormal labyrinthine function* when determined by appropriate tests.

*b. Any infectious process of the ear*, including external otitis, until completely healed.

*c. Deformities of the pinna* if associated with tenderness which may be distracting when constant pressure is exerted.

*d. History of attacks of vertigo* with or without nausea, vomiting, deafness, and tinnitus.

*e. Marked retraction of the tympanic membrane* if mobility is limited or if associated with occlusion of the eustachian tubes.

*f. Post auricular fistula.*

*g. Radical mastoidectomy.*

*h. Recurrent or persistent tinnitus* except that personnel under Classes 2 and 3 standards are to be individually evaluated after a period of observation on a nonflying status.

*i. Simple mastoidectomy* and modified radical mastoidectomy until recovery is complete and the ear is functionally normal.

*j. Tympanoplasty.*

(1) Classes 1 and 1A: Tympanoplasty at any time.

(2) Classes 2 and 3: Tympanoplasty, until healed with acceptable hearing (app. III) and good motility.

### 4-8. Hearing

The causes of medical unfitness for flying duty Classes 1, 1A, 2, and 3 are—

Hearing level in decibels greater than shown in table 2, appendix II.

## Section VI. ENDOCRINE AND METABOLIC DISEASES

### 4-9. Endocrine and Metabolic Diseases

The causes of medical unfitness for flying duty

Classes 1, 1A, 2, and 3 are the causes listed in paragraph 2-8.

## Section VII. EXTREMITIES

### 4-10. Extremities

The causes of medical unfitness for flying duty Classes 1, 1A, 2, and 3 are the causes listed in paragraphs 2-9, 2-10, 2-11, and 4-23, plus *Limitation of motion*.

a. Classes 1, 1A, and 3: Less than full strength and range of motion of all joints.

b. Class 2: Any limitation of motion of any joint which might compromise flying safety.

## Section VIII. EYES AND VISION

### 4-11. Eyes

The causes of medical unfitness for flying duty Classes 1, 1A, 2, and 3 are the causes listed in paragraph 2-12, plus the following:

a. *Asthenopia of any degree*.

b. *Chorioretinitis* or substantiated history thereof.

c. *Coloboma* of the choroid or iris.

d. *Epiphora*.

e. *Inflammation of the uveal tract*; acute, chronic or recurrent.

f. *Pterygium* which encroaches on the cornea more than 1mm or is progressive, as evidenced by marked vascularity or a thick elevated head.

g. *Trachoma* unless healed without cicatrices.

### 4-12. Vision

The causes of medical unfitness for flying duty Classes 1, 1A, 2, and 3 are—

a. *Class 1*

★(1) *Color vision*:

(a) Five or more errors in reading the 14 test plates of the Pseudoisochromatic Plate Set (Federal Stock No. 6515-299-8186), or

(b) Four or more errors in reading the 17 test plates of the Pseudoisochromatic Plate Set (Federal Stock No. 6515-388-6606), or

(c) Failure to pass the Farnsworth Lantern Test when used in lieu of (a) or (b) above.

(2) *Depth perception*:

(a) Any error in lines B, C, or D when using the Machine Vision Tester.

(b) Any error with Verhoeff Stereometer when used in lieu of (a) above or when examinee fails (a).

(3) *Distant visual acuity*, uncorrected, less than 20/20 in each eye.

(4) *Field of vision*:

(a) Any demonstrable scotoma, other than physiologic.

(b) Contraction of the field for form of 15° or more in any meridian.

(5) Near visual acuity, uncorrected, less than 20/20 (J-1) in each eye.

(6) *Night vision*: Failure to pass test when indicated by history of night blindness.

(7) *Ocular motility*:

(a) Any diplopia or suppression in the red lens test which develops within 20 inches from the center of the screen in any of the six cardinal directions.

(b) Esophoria greater than 10 prism diopters.

(c) Exophoria greater than 5 prism diopters.

(d) Hyperphoria greater than 1 prism diopter.

(8) *Power of accommodation* of less than minimum for age as shown in appendix V.

(9) *Refractive error*.

(a) Astigmatism in excess of 0.75 diopters.

(b) Hyperopia in excess of 1.75 diopters in any meridian.

(c) Myopia in excess of 0.25 diopters in any meridian.

b. *Class 1A.* Same as Class 1 except as listed below.

- (1) *Distant visual acuity.* Uncorrected less than 20/50 in each eye or not correctable to 20/20 in each eye.
- (2) *Near visual acuity:*
  - (a) Individuals under age 35: Uncorrected, less than 20/20 (J-1) in each eye.
  - (b) Individuals age 35 or over: Uncorrected, less than 20/50 or not correctable to 20/20 in each eye.
- (3) *Refractive error:*
  - (a) Astigmatism greater than 0.75 diopters.
  - (b) Hyperopia:
    1. Individuals under age 35: Greater than 1.75 diopters in any meridian.
    2. Individuals age 35 or over: Greater than 2.00 diopters in any meridian.
  - (c) Myopia greater than 0.75 diopters in any meridian.

c. *Class 2.* Same as Class 1 except as listed below:

- (1) *Distant visual acuity:*
  - (a) Control Tower Operators: Uncorrected less than 20/50 in each eye or not correctable to 20/20 in each eye.

(b) *Flight Simulator Specialists:* Distant visual acuity which is not correctable to 20/20 in each eye.

(c) *Pilots:* Uncorrected less than 20/100 in each eye or not correctable to 20/20 in each eye.

(2) *Field of Vision.* Scotoma, other than physiological unless the pathologic process is healed and which will in no way interfere with flying efficiency or the well-being of the individual.

(3) *Near visual acuity.* Uncorrected less than 20/100 (J-16) in each eye or not correctable to 20/20 in each eye.

(4) *Ocular motility:* Hyperphoria greater than 1.5 prism diopters.

(5) *Refractive Error:* No maximum limits prescribed.

d. *Class 3:*

(1) *Color vision:* Same as Class 1, paragraph 4-12a(5).

(2) *Distant visual acuity:* Uncorrected less than 20/200 in each eye.

(3) *Near visual acuity, field of vision, night vision, depth perception, power of accommodation, ocular motility:* Same as Class 2.

## Section IX. GENITOURINARY SYSTEM

### 4-13. Genitourinary System

The causes of medical unfitness for flying duty Classes 1, 1A, 2, and 3, are the causes listed in paragraphs 2-14 and 2-15, plus the following:

a. *Classes 1 and 1A.* *Substantiated history of bilateral renal calculi or of repeated attacks of renal or ureteral colic.* Examinees with a history of a single unilateral attack are acceptable, provided—

- (1) Excretory urography reveals no congenital or acquired anomaly.

(2) Renal function is normal.

(3) The calculus has been passed and the X-ray shows no evidence of concretion in the kidney, ureter, or bladder.

b. *Classes 2 and 3.* *A history of renal calculus,* Unless—

(1) Excretory urography reveals no congenital or acquired anomaly.

(2) Renal function is normal.

(3) The calculus has been passed and the X-ray shows no evidence of concretion in the kidney, ureter, or bladder.

## Section X. HEAD AND NECK

### 4-14. Head and Neck

The causes of medical unfitness for flying duty Classes 1, 1A, 2, and 3 are the causes listed in paragraphs 2-16, 2-17, and 4-23, plus the following:

a. *A history of subarachnoid hemorrhage.*

b. *Cervical lymph node involvement of malignant origin.*

c. *Loss of bony substance of skull.*

d. *Persistent neuralgia; tic douloureux; facial paralysis.*

**Section XI. HEART AND VASCULAR SYSTEM****4-15. Heart and Vascular System**

The causes for unfitness for flying duty Classes 1, 1A, 2, and 3 are the causes listed in paragraphs 2-18, 2-19, and 2-20, plus the following:

*a. Abnormal slowing of the pulse, fall in blood pressure, or alteration in cerebral circulation resulting in fainting or syncope because of digital pressure on either carotid sinus (abnormal carotid sinus reflex).*

*b. A substantiated history of paroxysmal supraventricular arrhythmias such as paroxysmal atrial tachycardia, nodal tachycardia, atrial flutter, and atrial fibrillation.*

*c. A history of paroxysmal ventricular tachycardia.*

*d. A history of rheumatic fever, or documented manifestation suggestive of rheumatic fever within the preceding 5 years.*

*e. Transverse diameter of heart 15 percent or*

more greater than predicted by appropriate tables.

*f. Blood pressure below 90 systolic or 60 diastolic.*

*g. Unsatisfactory orthostatic tolerance test.*

*h. Electrocardiographic.*

- (1) Borderline ECG findings until reviewed by the Surgeon General.
- (2) Left bundle branch block.
- (3) Persistent premature contractions, except in rated personnel when unassociated with significant heart disease or recurrent tachycardia.
- (4) Right bundle branch block unless cardiac evaluation reveals the absence of cardiac disease and that the block is presumably congenital.
- (5) Short P-R interval and prolonged QRS time (Wolff-Parkinson-White syndrome) or other short P-R interval syndromes predisposing to paroxysmal arrhythmias.

**Section XII. HEIGHT, WEIGHT, AND BODY BUILD****4-16. Height**

The causes of medical unfitness for flying duty Classes 1, 1A, 2, and 3 are—

*a. Classes 1, 1A, and 2. Height below 64 inches or over 76 inches.*

*b. Class 3:*

(1) Female. Height below 60 inches or over 72 inches.

(2) Male. Height below 62 inches or over 76 inches.

**4-17. Weight**

The cause of medical unfitness for flying duty Classes 1, 1A, 2, and 3 is—

*Weight which does not fall within the limits*

prescribed in table III, appendix III except that females may not exceed 180 pounds.

**4-18. Body Build**

The causes of medical unfitness for flying duty Classes 1, 1A, 2, and 3 are the causes listed in paragraph 2-23, plus the following:

*Obesity.* Even though the individual's weight is within the maximum shown in table III, appendix III, he will be found medically unfit for any flying duty (Classes 1, 1A, 2, and 3) when the medical examiner considers that the excess weight, in relationship to the bony structure and musculature, would adversely affect flying efficiency or endanger the individual's well-being if permitted to continue in flying status.

**Section XIII. LUNGS AND CHEST WALL****4-19. Lung and Chest Wall**

The causes of medical unfitness for flying duty Classes 1, 1A, 2, and 3 are the causes listed in paragraphs 2-24, 2-25, 2-26, and 4-27g, plus the following:

*a. Coccidioidomycosis unless healed without evidence of cavitation.*

*b. Lobectomy:*

- (1) Classes 1 and 1A—Lobectomy, per se.
- (2) Classes 2 and 3—Lobectomy:

- (a) Within the preceding 6 months.
  - (b) With a value of less than 80 percent of the predicted vital capacity (app. VI).
  - (c) With a value of less than 75 percent of exhaled predicted vital capacity in 1 second (app. VI).
  - (d) With a value of less than 80 percent of the predicted maximum breathing capacity (app. VI).
  - (e) With any other residual or complication of lobectomy which might endanger the individual's health and well-being or comprise flying safety.
- c. *Pneumothorax, spontaneous:*
- (1) *Classes 1 and 1A.* A history of spontaneous pneumothorax.
  - (2) *Classes 2 and 3.* Spontaneous pneumothorax except a single instance of spontaneous pneumothorax if clinical evaluation

shows complete recovery with full expansion of the lung, normal pulmonary function, no additional lung pathology or other contra-indication to flying is discovered and the incident of spontaneous pneumothorax has not occurred within the preceding 3 months.

- d. *Pulmonary tuberculosis:*
- (1) *Classes 1 and 1A.* See paragraph 2-25.
  - (2) *Classes 2 and 3.* Pulmonary tuberculosis with less than 2 years of inactive disease including 12 months cessation of therapy, or with impaired pulmonary function greater than outlined in b(2) above.
- e. *Tuberculous pleurisy with effusion:*
- (1) *Classes 1 and 1A.* Tuberculous pleurisy with effusion, per se.
  - (2) *Classes 2 and 3.* Tuberculous pleurisy with effusion until 12 months after cessation of therapy.

#### Section XIV. MOUTH, NOSE, PHARYNX, LARYNX, TRACHEA, ESOPHAGUS

##### 4-20. Mouth

The cause of medical unfitness for flying duty Classes 1, 1A, 2, and 3 are the causes listed in paragraph 2-27, plus the following:

- a. *Any infectious lesion* until recovery is complete and the part is functionally normal.
- b. *Any congenital or acquired lesion* which interferes with the function of the mouth or throat.
- c. *Any defect in speech* which would prevent clear enunciation over a radio communications system.
- d. *Recurrent calculi* of any salivary gland or duct.

##### 4-21. Nose

The causes of medical unfitness for flying duty Classes 1, 1A, 2, and 3 are the causes listed in paragraphs 2-28 and 4-27, plus the following:

- a. *Acute coryza.*
- b. *Allergic rhinitis* (unless mild and functionally asymptomatic).
- c. *Anosmia, parosmia, and paresthesia.*
- d. *Atrophic rhinitis.*
- e. *Deviation of nasal septum or septal spurs* which result in 50 percent or more obstruction of either airway, or which interfere with drainage of the sinus on either side.

f. *Hypertrophic rhinitis* (unless mild and functionally asymptomatic).

g. *Nasal polyps.*

h. *Perforation of the nasal septum* unless small, asymptomatic, and the result of trauma.

i. *Sinusitis:*

- (1) *Classes 1 and 1A.* Sinusitis of any degree, acute or chronic. If there is only X-ray evidence of chronic sinusitis and the history reveals the examinee to have been asymptomatic for 5 years, this X-ray finding alone will not be considered as rendering the individual medically unfit.
- (2) *Classes 2 and 3.* Acute sinusitis of any degree.

##### 4-22. Pharynx, Larynx, Trachea, Esophagus

The causes of medical unfitness for flying duty Classes 1, 1A, 2, and 3 are the causes listed in paragraph 2-29 plus the following:

- a. *Any lesion of the nasopharynx* causing nasal obstruction.
- b. *A history of recurrent hoarseness.*
- c. *A history of recurrent aphonia* or a single attack if the cause was such as to make subsequent attacks probable.

## Section IX. GENITOURINARY SYSTEM

### 5-13. Genitourinary System

Causes of medical unfitness for USMA are the causes listed in paragraphs 2-14 and 2-15, plus the following:

- a. *Atrophy, deformity, or maldevelopment of both testicles.*
- b. *Epispadias.*
- c. *Hypospadias, pronounced.*

d. *Penis:* Amputation or gross deformity.  
e. *Phimosis:* Redundant prepuce is not cause for rejection.

f. *Urine:*

- (1) Albuminuria: Persistent or recurrent of any type regardless of etiology.
- (2) Casts: Persistent or recurrent regardless of cause.

## Section X. HEAD AND NECK

### 5-14. Head and Neck

The causes of medical unfitness for USMA are the causes listed in paragraphs 2-16 and 2-17, plus the following:

a. *Deformities of the skull* in the nature of depressions, exostoses, etc., which affect the military appearance of the candidate.

b. *Loss or congenital absence of the bony substance of the skull* of any amount.

## Section XI. HEART AND VASCULAR SYSTEM

### 5-15. Heart and Vascular System

The causes of medical unfitness for USMA are the causes listed in paragraphs 2-18, 2-19, and 2-20, plus the following:

a. *Any evidence of organic heart disease.*

b. *Hypertension* evidenced by persistent readings of 140-mm or more systolic or persistent diastolic pressures of over 90-mm.

## Section XII. HEIGHT, WEIGHT AND BODY BUILD

### 5-16. Height

The causes of medical unfitness for USMA are—

a. *Height below 66 inches.* However, see special administrative criteria in paragraph 7-14.

b. *Height over 78 inches.* However, see special administrative criteria in paragraph 7-14.

### 5-17. Weight

The causes of medical unfitness for USMA are—

a. *Weight related to age and height* which is below the minimum shown in table I, appendix III.

b. *Weight related to age and height* which is in

excess of the maximum shown in table I, appendix III.

### 5-18. Body Build

The causes of medical unfitness for USMA are the causes listed in paragraph 2-23, plus the following:

*Obesity:* Even though the candidate's weight is within the maximum shown in table I, appendix III, he will be reported as nonacceptable when the medical examiner considers that the excess weight, in relation to the bony structure and musculature, constitutes obesity of such a degree as to interfere with the satisfactory completion or immediate participation in the required physical activities at the USMA.

## Section XIII. LUNGS AND CHEST WALL

### 5-19. Lungs and Chest Wall

The causes of medical unfitness for USMA are

the causes listed in paragraphs 2-24, 2-25, and 2-26.

#### Section XIV. MOUTH, NOSE, PHARYNX, TRACHEA, ESOPHAGUS, AND LARYNX

##### 5-20. Mouth, Nose, Pharynx, Trachea, Esophagus, and Larynx

The causes of medical unfitness for USMA are the causes listed in paragraphs 2-27, 2-28, 2-29, and 2-30, plus the following:

a. *Septal deviation, hypertrophic rhinitis, or other conditions* which result in 50 percent or

more obstruction of either airway, or which interfere with drainage of a sinus on either side.

b. *Speech abnormalities:* Defects and conditions which interfere with the candidate's ability to pronounce and enunciate words correctly and clearly considering the requirements of class recitation and the issuing of commands to large groups of men.

#### Section XV. NEUROLOGICAL DISORDERS

##### 5-21. Neurological Disorders

The causes of medical unfitness for USMA are the causes listed in paragraph 2-31.

#### Section XVI. PSYCHOSES, PSYCHONEUROSES, AND PERSONALITY DISORDERS

##### 5-22. Psychoses, Psychoneuroses, and Personality Disorders

The causes of medical unfitness for USMA are the causes listed in paragraphs 2-32, 2-33, and 2-34, plus the following:

a. *Prominent antisocial tendencies, personality defects, neurotic traits, emotional instability,*

schizoid tendencies, and other disorders of a similar nature.

b. *Stammering or stuttering* which interferes with the candidate's ability to pronounce and enunciate words correctly and clearly, considering the requirements of class recitation and the issuing of commands to large groups of men.

#### Section XVII. SKIN AND CELLULAR TISSUES

##### 5-23. Skin and Cellular Tissues

The causes of medical unfitness for USMA are the causes listed in paragraph 2-35, plus the following:

a. *Acne*, moderately severe, or interfering with wearing of military equipment.

b. *Acne scarring:* Severe.

c. *Bromidrosis:* More than mild.

d. *Vitiligo* or other skin disorders which are disfiguring or unsightly.

#### Section XVIII. SPINE, SCAPULAE, RIBS, AND SACROILIAC JOINTS

##### 5-24. Spine, Scapulae, Ribs, and Sacroiliac Joints

The causes of medical unfitness for USMA are the causes listed in paragraphs 2-11, 2-36, and 2-37, plus the following:

*Defects and diseases of the spine, scapulae, ribs, or sacroiliac joints* which interfere with the daily participation in a rigorous physical training or athletic program, with the wearing of military equipment, or which detract from a smart military bearing or appearance.

#### Section XIX. SYSTEMIC DISEASES AND MISCELLANEOUS CONDITIONS AND DEFECTS

##### 5-25. Systemic Diseases and Miscellaneous Conditions and Defects

The causes for rejection for USMA are the same as those listed in paragraphs 2-38 and 2-39, plus the following:

Systemic diseases and miscellaneous medical conditions and physical defects which interfere with the daily participation in a rigorous physical training or athletic program, with the wearing of military equipment, or which detract from a smart military bearing or appearance.

## ★CHAPTER 6

**MEDICAL FITNESS STANDARDS FOR PARTIAL AND TOTAL MOBILIZATION**  
(Short Title: **MOBILIZATION MEDICAL FITNESS STANDARDS**)**Section I. GENERAL****6-1. Scope**

This chapter sets forth medical conditions and physical defects which are causes for rejection of personnel during mobilization.

**6-2. Applicability**

These standards will be implemented only upon specific instruction from the Secretary of the Army.

**Section II. MEDICAL FITNESS STANDARDS FOR PARTIAL MOBILIZATION****6-3. Standards of Medical Fitness for Partial Mobilization**

The causes of medical unfitness for partial

mobilization are all of the causes listed in chapter 3, plus the causes listed in paragraph 6-4e.

**Section III. MEDICAL FITNESS STANDARDS FOR TOTAL MOBILIZATION****6-4. Standards of Medical Fitness for Total Mobilization**

The causes of medical unfitness for total mobilization are all of the causes in chapter 3, plus any of the following:

*a. Abdomen and gastrointestinal system.*

- (1) Paragraphs 3-5 and 3-6.
- (2) Gastrectomy, partial, when the individual is unable to maintain his weight on a normal diet, when a normal diet produces indigestion or when special diet is required.

*b. Blood and blood-forming tissue diseases.* Paragraph 3-7.*c. Dental.* Paragraph 3-8.*d. Ears and hearing.* Paragraphs 3-9 and 3-10.*e. Endocrine and metabolic disorders.*

- (1) Paragraph 3-11.
- (2) Diabetes mellitus when more than mild, not readily controlled by diet or oral drugs or manifesting retinopathy, intercapillary glomerulosclerosis, or other evidence of complicating involvement; or diabetes mellitus requiring insulin injection.

*f. Extremities.*

- (1) Paragraphs 3-12, 3-13, and 3-14.

- (2) Amputation of leg, thigh, arm, or forearm if suitable prosthesis is not available or if the use of a cane or crutches is required.

- (3) Loss of fingers and toes rendering the individual unable to perform useful military service in his specialty.

- (4) Ankylosis of weight bearing joints if fusion is such as to require the use of a cane or crutches or if evidence of active or progressive disease.

- (5) Congenital and acquired deformities of the feet which preclude the wearing of shoes or if the individual is required to use a cane or crutches.

- (6) Dislocated semilunar cartilage so disabling as to prevent gainful civilian endeavor.

- (7) Paralysis secondary to poliomyelitis if the use of a cane or crutches is required.

*g. Eyes and vision.*

- (1) Paragraphs 3-15 and 3-16.
- (2) Visual acuity which cannot be corrected to 20/70 in the better eye. An individual with the loss of an eye is acceptable if he can tolerate a suitable prosthesis.

- h. *Genitourinary system.* Paragraphs 3-17 and 3-18.
- i. *Head and neck.* Paragraphs 3-19 and 3-20.
- j. *Heart and vascular system.* Paragraphs 3-21, 3-22, and 3-23.
- k. *Height, weight and body build.* Paragraphs 3-24, 3-25, 3-26.
- l. *Lungs and chest wall.*
  - (1) Paragraphs 3-27, 3-28, and 3-29.
  - (2) *Pulmonary tuberculosis*, except when (a) or (b) below is applicable.
    - (a) Pulmonary tuberculosis of minimal extent, which has been adequately treated and serial chest X-rays indicate that the lesion appears to be fibrous or well calcified and has remained stable for 2 years or more with the individual performing full activity.
    - (b) Pulmonary tuberculosis of moderately advanced extent which has been adequately treated and X-rays indicate that the lesions have remained inactive for 5 years or more with the individual performing full activity.
- (3) *Tuberculous pleurisy:* Except when inactive 2 or more years without impaired pulmonary function or associated active pulmonary disease.
- m. *Mouth, nose, pharynx, trachea, esophagus, and larynx.* Paragraph 3-30.
- n. *Neurological disorders.*
  - (1) Paragraph 3-31.
  - (2) Convulsive disorders except when infrequent convulsions while under standard drugs which are relatively non-toxic and which do not require frequent clinical and laboratory followings.
- o. *Psychoses, psychoneuroses, and personality disorders.* Paragraphs 3-32, 3-33, 3-34, and 3-35.
- p. *Skin and cellular tissues.* Paragraph 3-36.
- q. *Spine, scapulae, ribs, and sacroiliac joints.* Paragraph 3-37.
- r. *Systemic diseases and miscellaneous conditions and defects.* Paragraphs 3-38 and 3-39.
- s. *Tumors and malignant diseases.* Paragraphs 3-40, 3-41, and 3-42.
- t. *Venereal diseases.* Paragraph 3-43.

*h. Paralysis secondary to poliomyelitis* when suitable brace cannot be worn or if cane or crutches are required for the lower extremities. Mobility of the extremities should be adequate to assure useful function thereof and a military appearance.

*i. Old ununited or malunited fractures*, involving weight-bearing bones when there is sufficient shortening or deformity to prevent the performance of military duty.

### 8-12. Eyes and Vision

The causes of medical unfitness for Medical and Dental Registrants are—

- a. Paragraphs 3-15 and 3-16, chapter 3.*
- b. Anophthalmia* when there is active disease in the other eye or the vision in the remaining eye is less than the standards in *c* below.
- c. Visual acuity:* Any degree of uncorrected vision which will not correct to at least 20/30 in the better eye or when the defective vision is due to active or progressive organic disease.

### 8-13. Genitourinary System

The causes of medical unfitness for Medical and Dental Registrants are—

- a. Paragraphs 3-17 and 3-18, chapter 3.*
- b. Chronic prostatitis or hypertrophy of prostate*, with evidence of urinary retention.
- ★ *c. Kidney:*
  - (1) Absence of one kidney when there is progressive disease or impairment of function in the remaining kidney.
  - (2) Cystic (polycystic kidney). Asymptomatic, history of.
- d. Nephritis:* A history of nephritis, with residuals such as hypertension or abnormal urinary or blood findings.
- e. Nephrolithiasis.* A history of nephrolithiasis with evidence of the presence of a stone at the time of examination.

### 8-14. Head and Neck

The causes of medical unfitness for Medical and Dental Registrants are—

- a. Paragraphs 3-19 and 3-20, chapter 3.*
- b. Skull defects* are acceptable unless residual signs and symptoms are incapacitating in civilian practice.

### ★ 8-15. Heart and Vascular System

The causes of medical unfitness for Medical and Dental Registrants are—

- a. Paragraphs 3-21, 3-22, and 3-23, chapter 3.*
- b. Auricular fibrillation:* Paroxysmal auricular fibrillation with evidence of organic heart disease, or persistent auricular fibrillation from any cause.
- c. Auriculoventricular block*, when due to organic heart disease.
- d. Coarctation of the aorta and other significant congenital anomalies of the vascular system* unless satisfactorily treated by surgical correction.
- e. Hypertension:* Blood pressure frequently elevated to 200/120 or more (which returns to normal limits with rest and sedatives) or a persistent diastolic pressure over 110-mm mercury even though cerebral, renal, cardiac, and retinal findings are normal.
- f. Phlebitis:* Recurrent phlebitis, other than mild. Residuals of phlebitis, such as persistent edema, dermatitis, ulceration, or claudication, which interfere materially with civilian practice, also make the individual medically unfit.
- g. Valvular heart disease:* Inability to perform duties within the definitions of functional Class II C American Heart Association. See appendix VII.

*h. Varicose veins* associated with ulceration of the skin, symptomatic edema, or recurring incapacitating dermatitis.

*i. Rheumatic fever:* The residuals and chronicity of the disease are the determining factors for acceptability. An individual is unacceptable if residuals involving the heart render him unable to perform duties within the definitions of functional Class II C, American Heart Association, (See appendix VII) or if there is a verified history of recurrent attacks or cardiac involvement within the past 2 years.

### 8-16. Height, Weight, and Body Build

The causes for medical unfitness for Medical and Dental Registrants are the causes listed in paragraphs 3-24, 3-25, and 3-26, chapter 3.

### 8-17. Lungs and Chest Wall

The causes of medical unfitness for Medical and Dental Registrants are—

- a. Paragraphs 3-27, 3-28, and 3-29, chapter 3.*

b. *Bronchial asthma*, more than mild or seasonal and not readily controlled by oral medications or by desensitization.

c. *Bronchiectasis and emphysema*: When outpatient treatment or hospitalization is of such frequency as to interfere materially with civilian practice. Bronchiectasis confined to one lobe is usually acceptable; however, the saccular, cystic, and dry types, involving more than one lobe, make the individual medically unfit.

d. *Chronic bronchitis* complicated by disabling emphysema or requiring outpatient treatment or hospitalization of such frequency as to interfere materially with civilian practice.

e. *Pleurisy with effusion*: An individual with serofibrinous pleurisy due to known or proven acute or inflammatory conditions may be considered as acceptable for military service if there has been no recurrence for 1 year. If the effusion exceeds 100 cc, is not transient in character, and does not appear to be secondary to pneumonia or other demonstrable non-tuberculous disease, it will be considered to be a manifestation of active tuberculosis and will be disqualifying until the disease has become inactive and remained so for 5 years.

f. *Sarcoidosis*: Symptomatic pulmonary sarcoidosis which has not responded promptly to therapy or which is complicated by residual pulmonary fibrosis.

g. *Spontaneous pneumothorax* with recovery is acceptable.

h. *Tuberculosis*: Uncomplicated minimal tuberculosis which has been adequately treated is acceptable provided serial X-rays indicate that the lesion has remained stable for 2 years of full physical activity. An arbitrary time limit cannot definitely be established when an individual who has had tuberculosis can safely be accepted for military service. The 2 years specified may not always be applicable. The borderline between minimal and moderately advanced tuberculosis is not always definite since a lesion may be classified as either minimal or moderately advanced by several different competent observers. The difference between moderately advanced and far advanced tuberculosis disease is less controversial. If an individual has a history of minimal tuberculosis and X-rays reveal a lesion which is well calcified and which has appeared stable for 2 years of full physical activity, he can with reasonable certainty be expected to perform useful

military service. If an individual is on restricted activity or under treatment or has a moderately-advanced or far-advanced lesion, then he will be considered disqualified for military service for at least 2 years. Moderately-advanced lesions which have healed satisfactorily and have remained arrested for as long as 5 years with the individual allowed full activity are acceptable. An individual with a verified history of tuberculosis pleurisy with effusion which has not been clinically active or caused restricted activity within the previous 5 years is acceptable.

### **8-18. Mouth, Nose, Pharynx, Trachea, Esophagus, and Larynx**

The causes of medical unfitness for Medical and Dental Registrants are—

a. Paragraph 3-30, chapter 3.

b. *Polyps or mucocoeles*, when moderate to severe, suppurative, and unresponsive to treatment.

c. *Chronic sinusitis*, when moderate to severe, suppurative, and unresponsive to treatment.

### **8-19. Neurological Disorders**

The causes of medical unfitness for Medical and Dental Registrants are the causes listed in paragraph 3-31, chapter 3.

### **8-20. Psychoses, Psychoneuroses, and Personality Disorders**

The causes of medical unfitness for Medical and Dental Registrants are—

a. Paragraphs 3-32, 3-33, 3-34, and 3-35, chapter 3.

b. *Psychoneurosis* when severe and incapacitating for practice in civilian life. An individual who is undergoing continuous active neuropsychiatric therapy should be deferred and reconsidered at a later date. Standard Forms 88 and 89 are neuropsychiatric consultation on an individual who is or claims to be a sexual deviate will be referred to The Surgeon General, ATTN: MEDPS-SP, Department of the Army, for an opinion of acceptability prior to qualification.

c. *Psychosis* of organic or functional etiology except if in complete remission for 2 years or more. Standard Forms 88 and 89 and neuropsychiatric consultation will be sent to The Surgeon General, ATTN: MEDPS-SP, Department of the Army, for an opinion of acceptability prior to qualification.

## ★APPENDIX I

### DEFINITIONS

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For the purpose of these regulations the following definitions apply:

#### 1. Accepted Medical Principles

Fundamental deduction consistent with medical facts and based upon the observation of a large number of cases. To constitute accepted medical principles, the deduction must be based upon the observation of a large number of cases over a significant period of time and be so reasonable and logical as to create a moral certainty that they are correct.

#### 2. Candidate

Any individual under consideration for military status or for a military service program whether voluntary (appointment, enlistment, ROTC, etc.) or involuntary (induction, etc.).

#### 3. Enlistment

The voluntary enrollment for a specific term of service in one of the Armed Forces as contrasted with induction under the Universal Military Training and Service Act of 1948, as amended.

#### 4. Impairment of Function

Any anatomic or functional loss, lessening, or weakening of the capacity of the body, or any of its parts, to perform that which is considered by accepted medical principles to be the normal activity in the body economy.

#### 5. Latent Impairment

Impairment of function which is not accompanied by signs and/or symptoms but which is of such a nature that there is reasonable and moral certainty, according to accepted medical principles, that signs and/or symptoms will appear within a reasonable period of time or upon change of environment.

#### 6. Manifest Impairment

Impairment of function which is accompanied by signs and/or symptoms.

#### 7. Medical Capability

General ability, fitness, or efficiency (to perform military duty) based on accepted medical principles.

#### 8. Obesity

Excessive accumulation of fat in the body manifested by poor muscle tone, flabbiness and folds, bulk out of proportion to body build, dyspnea and fatigue upon mild exertion, and frequently accompanied by flat feet and weakness of the legs and lower back.

#### 9. Partial Mobilization

Partial mobilization means mobilization resulting from action by Congress or the President, under any law to effect a limited expansion of the active Armed Forces from the Reserve components and other manpower resources of the Nation.

#### 10. Physical Disability

Any manifest or latent impairment of function due to disease or injury, regardless of the degree of impairment, which reduces or precludes an individual's actual or presumed ability to perform military duty. The presence of physical disability does not necessarily require a finding of unfitness for duty. The term "physical disability" includes mental diseases other than such inherent defects as behavior disorders, personality disorders, and primary mental deficiency.

#### 11. Questionable Cases

(Ch. 8)

The case of a physician or dentist who, because of the severity of the physical, medical, mental, or dental condition, may not be able to perform a full days work as a military physician or dentist, would require frequent hospitalization, or require assignment limitation to a very restricted geographical area.

#### 12. Retirement

Release from active military service because of

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age, length of service, disability, or other causes, in accordance with Army Regulations and applicable laws with or without entitlement to receive retired pay. For purposes of these regulations this includes both temporary and permanent disability retirement.

**13. Sedentary Duties**

Tasks to which military personnel are assigned which are primarily *sitting in nature*, do not involve any strenuous physical efforts, and permit the individual to have relatively regular eating and sleeping habits.

**14. Separation (Except for Retirement)**

Release from the military service by relief from active duty, transfer to Reserve component, dismissal, resignation, dropped from the rolls of the Army, vacation of commission, removal from office, and discharge with or without disability severance pay.

**15. Total Mobilization**

Total mobilization means mobilization resulting from action by Congress or the President, under any law, to effect a maximum expansion of the active Armed Forces from the Reserve components and other manpower resources of the Nation.

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## CHAPTER 7

**MEDICAL FITNESS STANDARDS FOR MISCELLANEOUS PURPOSES**  
**(Short Title: MISCELLANEOUS MEDICAL FITNESS STANDARDS)**

## Section I. GENERAL

**7-1. Scope**

This chapter sets forth medical conditions and physical defects which are causes for rejection for—

- a. Airborne training and duty, ranger training and duty, and special forces training and duty.
- b. Army service schools.
- c. Diving training and duty.

- d. Enlisted military occupational specialties.
- e. Geographical area assignments.
- f. Service academies other than the U.S. Military Academy.

**7-2. Applicability**

These standards apply to all applicants or individuals under consideration for selection or retention in these programs, assignments, or duties.

**Section II. MEDICAL FITNESS STANDARDS FOR AIRBORNE TRAINING AND DUTY, RANGER TRAINING AND DUTY, AND SPECIAL FORCES TRAINING AND DUTY**

**7-3. Medical Fitness Standards for Initial Selection for Airborne Training, Ranger Training, and Special Forces Training**

The causes of medical unfitness for initial selection for airborne training, ranger training, and special forces training are all the causes listed in chapter 2, plus all the causes listed in this section.

*a. Abdomen and gastrointestinal system.*

- (1) Paragraph 2-3.
- (2) Hernia of any variety.
- (3) Operation for relief of intestinal adhesions at any time.
- (4) Laparotomy within a 6-month period.
- (5) Chronic or recurrent gastrointestinal disorder.

*b. Blood and blood-forming tissue diseases.*

- (1) Paragraph 2-4.
- (2) Sick cell trait or sickle cell disease.

*c. Dental. Paragraph 2-5.**d. Ears and hearing.*

- (1) Paragraphs 2-6 and 2-7.
- (2) Radical mastoidectomy.
- (3) Any infectious process of the ear until completely healed.
- (4) Marked retraction of the tympanic membrane if mobility is limited or if associ-

ated with occlusion of the eustachian tube.

- (5) Recurrent or persistent tinnitus.
- (6) History of attacks of vertigo, with or without nausea, vomiting, deafness, or tinnitus.

*e. Endocrine and metabolic diseases. Paragraph 2-8.**f. Extremities.*

- (1) Paragraphs 2-9, 2-10, and 2-11.
- (2) Less than full strength and range of motion of all joints.
- (3) Loss of any digit from either hand.
- (4) Deformity or pain from old fracture.
- (5) Instability of a major joint of any degree including operation therefor.
- (6) Poor grasping power in either hand.
- (7) Locking of a knee joint at any time.
- (8) Pain in a weight bearing joint.

*g. Eyes and vision.*

- (1) Paragraphs 2-12 and 2-13.
- (2) Distant visual acuity.
  - (a) Airborne training. Paragraph 3-16.
  - (b) Ranger training. Paragraph 2-13.
  - (c) Special forces training. Uncorrected less than 20/200 in each eye or not correctable to 20/20 in each eye.