DISQUALIFYING CONDITIONS

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
HEAD	Deformities of the skull, face, or mandible of a degree that may reasonably be expected to prevent the individual from properly wearing a protective mask or military headgear.				
	Loss, or absence of the bony substance of the skull not successfully corrected by reconstructive materials, or leaving any residual defect in excess of 1 square inch (6.45 square centimeters).				
EYES - VISION					
EYE LIDS	Current symptomatic blepharitis.				
	Current blepharospasm.				
	Current dacryocystitis, acute or chronic.				
	Defect or deformity of the lids or other disorders affecting eyelid function, including ptosis, sufficient to interfere with vision, require head posturing, or impair protection of the eye from exposure.				
	Current growths or tumors of the eyelid, other than small, non-progressive, asymptomatic, benign lesions				
CONJUNCTIVA	Current acute or chronic conjunctivitis excluding seasonal allergic conjunctivitis				
	Current pterygium if condition encroaches on the cornea in excess of 3 millimeters (mm), is symptomatic, interferes with vision, or is progressive.				
	History of pterygium recurrence after any prior surgical remova				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
CORNEA	Corneal dystrophy or degeneration of any type, including, but not limited to, keratoconus of any degree				
	History of any incisional corneal surgery including, but not limited to, partial or full thickness corneal transplant, radial keratotomy, astigmatic keratotomy, or corneal implants (e.g., Intacs®).				
	Corneal refractive surgery performed with an excimer or femtosecond laser, including, but not limited to, photorefractive keratectomy, laser epithelial keratomileusis, laserassisted in situ keratomileusis, and small incision lenticule extraction, if any of the following conditions are met:				
	-Pre-surgical refractive error in either eye exceeded a spherical equivalent of +8.00 or -8.00 diopters.				
	-Pre-surgical astigmatism exceeded 3.00 diopters.				
	-Within 180 days of accession medical examination.				
	-Complications, ongoing medications, ophthalmic solutions, or any other therapeutic interventions required beyond 180 days of procedure.				
	Post-surgical refraction in each eye is not stable:				
	-For refractive surgery procedures within the previous 36 months, stability is demonstrated by at least two separate post-operative refractions performed at least 1 month apart that demonstrate no more than +/- 0.50 diopters difference in sphere or no more than +/- 0.50 diopters in cylinder.				
	-For refractive surgery procedures more than 36 months ago, stability is demonstrated by at least two separate post-operative refractions that demonstrate no more than +/- 1.00 diopters difference in sphere or no more than +/- 1.00 diopters in cylinder.				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
CORNEA	Current or recurrent keratitis.				
	History of herpes simplex virus keratitis.				
	Current corneal neovascularization, unspecified, or corneal opacification from any cause that is progressive or reduces vision.				
	Any history of uveitis or iridocyclitis.				
RETINA	Any history of any abnormality of the retina, choroid, or vitreous.				
OPTIC NERVE	Any history of optic nerve disease, including but not limited to optic nerve inflammation, optic nerve swelling, or optic nerve atrophy.				
	Any optic nerve anomaly.				
LENS	Current aphakia, history of lens implant to include implantable collamer lens, or any history of dislocation of a lens.				
	Any history of opacities of the lens, including cataract				
OCULAR MOBILITY AND MOTILITY	Current or recurrent diplopia. Current nystagmus other than physiologic “end-point nystagmus.				
	Current nystagmus other than physiologic “end-point nystagmus				
	Strabismus, if any of the following conditions apply:				
	-Esotropia more than 15 prism diopters.				
	-Exotropia more than 10 prism diopters.				
	-Hypertropia more than 5 prism diopters.				
	-Strabismus resulting in posturing (head tilt or turn), diplopia, or correctable vision that does not meet the applicable standards for enlistment or commission.				
	-History of restrictive ophthalmopathies.				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
MISCELLANEOUS DEFECTS AND DISEASES OF THE EYE	History of abnormal visual fields.				
	Absence of an eye.				
	History of disorders of globe.				
	Current unilateral or bilateral exophthalmoses.				
	History of glaucoma, ocular hypertension, pre-glaucoma, or glaucoma suspect.				
	Any abnormal pupillary reaction to light or accommodation.				
	Asymmetry of pupil size greater than 2 mm.				
	Current night blindness.				
	History of intraocular foreign body, or current corneal foreign body.				
	History of ocular tumors.				
	History of any abnormality of the eye or adnexa, not specified above, which threatens vision or visual function				
VISION	Current distant visual acuity of any degree that does not correct with spectacle lenses to at least 20/40 in each eye.				
	For entrance into Service academies and officer programs, the individual DoD Components may set additional requirements. The DoD Components will determine special administrative criteria for assignment to certain specialties.				
	Current near visual acuity of any degree that does not correct with spectacle lenses to at least 20/40 in the better eye.				
	Current refractive error (hyperopia, myopia, astigmatism) in excess of -8.00 or +8.00 diopters spherical equivalent or astigmatism in excess of 3.00 diopters.				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
VISION	Any condition that specifically requires contact lenses for adequate correction of vision, such as corneal scars and opacities and irregular astigmatism.				
	Color vision defects.				
EARS – NOSE - THROAT					
EARS	Current defect that would require either recurrent evaluation or treatment or that may reasonably be expected to prevent or interfere with the proper wearing or use of military equipment (including hearing protection) including atresia of the external ear or severe microtia, congenital or acquired stenosis, chronic otitis externa, or severe external ear deformity.				
	Any history of Ménière's Syndrome, recurrent labyrinthitis, or other chronic diseases of the vestibular system.				
	Recurrent or persistent vertigo in the previous 12 months.				
	History of any surgically implanted hearing device.				
	History of cholesteatoma.				
	History of any inner or middle ear surgery.				
	Current perforation of the tympanic membrane or history of surgery to correct perforation during the preceding 6 months.				
	Chronic Eustachian tube dysfunction as evidenced by any of the FOLLOWING conditions in the previous 24 months:				
	-More than one episode of acute otitis media, serous otitis media, or persistent middle ear effusion.				
	-Pressure equalization tubes				
	-Any atraumatic tympanic membrane rupture.				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
HEARING	Audiometric hearing levels measured by audiometers calibrated to the standards in American National Standards Institute S3.6-2010. Current hearing threshold level in either ear that exceeds:				
	-Twenty-five decibels (dB) averaged at 500, 1000, and 2000 cycles per second.				
	-Thirty dB at 500, 1000, or 2000 cycles per second				
	-Thirty-five dB at 3000 cycles per second				
	-Forty-five dB at 4000 cycles per second				
	-No standard for 6000 cycles per second.				
	Unexplained asymmetric hearing loss as defined by a difference of 30 or more dB between the left and right ears at any one or more frequencies between 500 hertz, 1000 hertz, or 2000 hertz.				
	History of using hearing aids.				
NOSE, SINUSES, MOUTH, AND LARYNX	Current cleft lip or palate defects not satisfactorily repaired by surgery or that prevent drinking from a straw or that may reasonably be expected to interfere with using or wearing military equipment.				
	Current ulceration of oral mucosa or tongue, excluding aphthous ulcers.				
	Symptomatic vocal cord dysfunction, including, but not limited to:				
	-Vocal cord paralysis.				
	-Paradoxical vocal cord movement.				
	-Spasmodic dysphonia.				
	-Non-benign polyps.				
	-Chronic hoarseness.				
	-Chronic laryngitis (lasting longer than 21 days).				
	-History of vocal cord dysfunction with respiratory symptoms or exercise intolerance.				
	Current olfactory deficit.				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
NOSE, SINUSES, MOUTH, AND LARYNX	Current chronic sinusitis, current nasal polyp or polypoid mass(es) or history of sinus surgery within the last 24 months, excluding antralchoanal polyp or sinus mucosal retention cyst.				
	Current symptomatic perforation of nasal septum.				
	History of deformities or conditions or anomalies of the upper alimentary tract, mouth, tongue, palate, throat, pharynx, larynx, and nose, that interfered with chewing, swallowing, speech, or breathing.				
DENTAL					
DENTAL	Current diseases or pathology of the jaws or associated tissues that prevent the jaws' normal functioning. A minimum of 6 months healing time must elapse for any individual who completes surgical treatment of any maxillofacial pathology lesions.				
	Temporomandibular disorders or myofascial pain that has been symptomatic or required treatment within the last 12 month				
	Current severe malocclusion, which interferes with normal chewing or requires immediate and protracted treatment, or a relationship between the mandible and maxilla that prevents satisfactory future prosthodontic replacement				
	Eight or more teeth with visually apparent decay, cavities, or caries				
	Large edentulous areas of greater than four contiguous missing teeth, unless restored by a well-				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
DENTAL	fitting prosthesis (e.g., fixed bridge, implants, or removable dentures) that allows for adequate chewing and processing of a normal diet.				
	Ongoing endodontic (root canal) treatment, unless the applicant is entering the Delayed Entry Program and a civilian or military dentist or endodontist provides documentation that active endodontic treatment will be completed before the anticipated date of being sworn to active duty.				
	Current orthodontic appliances (mounted or removable, e.g., Invisalign®) for continued active treatment unless:				
	The appliance is permanent or removable retainer(s); or				
	An orthodontist (civilian or military) provides documentation that: (				
	- Active orthodontic treatment will be completed before being sworn in to active duty; or				
	- All orthodontic treatment will be completed before beginning active duty.				
	The presence of wisdom teeth (third molars), if currently symptomatic.				
NECK					
NECK	Current presence of a cervical rib, if it has caused symptoms, including, but not limited to, thoracic outlet syndrome, subclavian vein thrombosis, or other symptoms of nerve or vascular compression.				
	Current congenital mass, including cyst(s) of branchial cleft origin or those developing from the remnants of the thyroglossal duct or history of surgical correction, within 12 months.				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
NECK	Current contraction of the muscles of the neck, spastic or non-spastic, or cicatricial contracture of the neck to the extent that it may reasonably be expected to interfere with properly wearing a uniform or military equipment, or is so disfiguring as to reasonably be expected to interfere with or prevent satisfactorily performing military duty.				
LUNGS, CHEST WALL, PLEURA, AND MEDIASTINUM					
LUNGS, CHEST WALL, PLEURA, AND MEDIASTINUM	Any abnormal findings on imaging or other examination of body structure, such as the lungs, diaphragm, or other thoracic or abdominal organs, unless the findings have been evaluated and further surveillance or treatment is not required.				
	Current abscess of the lung or mediastinum.				
	Infectious pneumonia within the previous 3 months.				
	History of recurrent (2 or more episodes within an 18-month period) infectious pneumonia after the 13th birthday.				
	History of airway hyper responsiveness including asthma, reactive airway disease, exercise-induced bronchospasm or asthmatic bronchitis, after the 13th birthday.				
	- Symptoms suggestive of airway hyper responsiveness include, but are not limited to, cough, wheeze, chest tightness, dyspnea or functional exercise limitations after the 13th birthday.				
	- History of prescription or use of medication (including, but not limited to, inhaled or oral corticosteroids, leukotriene receptor antagonists, or any beta agonists) for airway hyper				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
LUNGS, CHEST WALL, PLEURA, AND MEDIASTINUM	responsiveness after the 13th birthday.				
	Chronic obstructive pulmonary disease including, but not limited to, bullous or generalized pulmonary emphysema or chronic bronchitis.				
	Bronchiectasis (after the 1st birthday)				
	Bronchopleural fistula, unless resolved with no sequelae.				
	Current chest wall malformation, including but not limited to pectus excavatum or pectus carinatum which has been symptomatic, interfered with vigorous physical exertion, has been recommended for surgery, or may interfere with wearing military equipment.				
	History of empyema unless resolved with no sequelae.				
	Interstitial lung disease including pulmonary fibrosis.				
	Current foreign body in lung, trachea, or bronchus.				
	History of thoracic surgery including open and endoscopic procedures.				
	Pleurisy or pleural effusion within the previous 3 months. o. History of spontaneous pneumothorax.				
	Pneumothorax due to trauma or surgery occurring within the previous 12 months.				
	History of chest wall surgery, including breast, during the previous 6 months, or with persistent functional limitations				
	Tuberculosis:				
	- History of active pulmonary or extra-pulmonary tuberculosis in the previous 24 months or history of active pulmonary or extra-pulmonary tuberculosis without				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
	reliable documentation of adequate treatment, or				
LUNGS, CHEST WALL, PLEURA, AND MEDIASTINUM	- History of latent tuberculosis infection, as defined by current Centers for Disease Control and Prevention guidelines, unless documentation of completion of appropriate treatment.				
	History of pulmonary or systemic embolus				
	History of other disorders, including but not limited to cystic fibrosis or porphyria, that prevent satisfactorily performing duty, or require frequent or prolonged treatment.				
	History of nocturnal ventilation support, respiratory failure, or any requirement for chronic supplemental oxygen use.				
	History of pulmonary hypertension or right ventricular systolic pressure greater than 30 mmHg or pulmonary artery systolic pressure greater than or equal to 36 mmHg on the most recent echocardiogram				
HEART					
HEART	History of valvular repair or replacement.				
	History of the following valvular conditions as listed in the current American College of Cardiology and American Heart Association guidelines and evidenced by echocardiogram within the previous 12 months:				
	- Moderate or severe pulmonic regurgitation.				
	- Moderate or severe tricuspid regurgitation.				
	Mitral valve prolapse associated with:				
	-Mild or greater mitral regurgitation.				
	- Cardiopulmonary symptoms.				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
HEART	- Medical therapy specifically for this condition.				
	Bicuspid aortic valve with any degree of stenosis or regurgitation or aortic dilatation.				
	All valvular stenosis				
	History of atherosclerotic coronary artery disease.				
	The presence of an implantable pacemaker or defibrillator				
	-History of supraventricular tachycardia if:				
	History of atrial fibrillation or flutter.				
	-Any atrioventricular (AV) nodal reentrant tachycardia or AV reentrant tachycardia (e.g., Wolff-Parkinson-White syndrome) unless successfully treated with catheter ablation, no recurrence of symptoms after 3 months, and documentation of normal electrocardiograph.				
	Premature atrial or ventricular contractions sufficiently symptomatic to require treatment, or result in physical or psychological impairment				
	Abnormal findings on the most recent electrocardiogram (ECG), with the exception of the following findings in an asymptomatic applicant with a normal clinical examination:				
	-Incomplete right bundle branch block.				
	-Early repolarization.				
	-Sinus bradycardia with a rate between 40 and 59 beats per minute.				
	-Ectopic atrial or junctional rhythm.				
	-Sinus arrhythmia (heart rate variation with respiration). (6) First-degree AV block.				
	-Mobitz Type I (Wenckebach) second-degree AV block.				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
HEART	-Left axis deviation defined as QRS axis -30 degrees to -90 degrees.				
	-Right axis deviation defined as QRS axis more than 120 degrees.				
	-Single preventricular contraction PVC on a 10-second tracing.				
	- Ectopic atrial or junctional rhythm.				
	The following abnormal electrocardiograph patterns:				
	-Long QT (QTc of more than 470 milliseconds in males or more than 480 milliseconds in females).				
	-Brugada Type I pattern.				
	-Ventricular pre-excitation pattern that does not meet the qualification criteria referred in the previous page.				
	History of ventricular arrhythmias including ventricular fibrillation, tachycardia, or multifocal premature ventricular contractions other than occasional asymptomatic unifocal premature ventricular contractions				
	History of conduction disorders, including, but not limited to, disorders of sinus arrest, asystole, Mobitz type II second-degree AV block, and third-degree AV block.				
	History of myocardial infarction or congestive heart failure.				
	History of cardiomyopathy or hypertrophy.				
	Any personal history of hypertrophic cardiomyopathy or a family history hypertrophic cardiomyopathy, unless the applicant is asymptomatic with a normal echocardiogram performed within the previous 12 months.				
	History of myocarditis or pericarditis unless the individual is free of all cardiac symptoms, does				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
HEART	not require medical therapy, and has a normal electrocardiogram and a normal echocardiogram for at least 12 months after the event.				
	History of recurrent myocarditis or pericarditis.				
	Tachycardia as indicated by a resting heart rate of more than 100 beats per minute present on three or more separate measurements.				
	History of congenital anomalies of the heart and great vessels other than the following conditions. Excepted conditions require the applicant to be asymptomatic with an otherwise normal current echocardiogram within the previous 12 months and no residual symptoms (e.g., pulmonary hypertension, myocardial dysfunction, or arrythmia):				
	-Dextrocardia with situs inversus without any other anomalies.				
	- Ligated or occluded patent ductus arteriosus.				
	-Corrected atrial septal defect without residua.				
	-Patent foramen ovale.				
	-Corrected ventricular septal defect without residua				
	History of recurrent syncope or presyncope, including black out, fainting, loss or alteration of level of consciousness (excludes single episode of vasovagal reaction with identified trigger such as venipuncture) unless it has not recurred during the previous 24 months while off all medication for treatment of this condition.				
	Unexplained cardiopulmonary symptoms (including, but not limited to, syncope, presyncope, chest pain, palpitations, and dyspnea on exertion) in the previous 12 months.				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
HEART	History of Postural Orthostatic Tachycardia Syndrome (POTS) or syndrome of inappropriate sinus tachycardia (IST).				
	History of rheumatic fever if associated with rheumatic heart disease or indication for ongoing prophylactic medication.				
ABDOMINAL ORGANS AND GASTROINTESTINAL SYSTEM.					
ESOPHAGEAL DISEASE	History of Gastro-Esophageal Reflux Disease, with complications, including, but not limited to:				
	-Stricture.				
	-Dysphagia.				
	-Recurrent symptoms or esophagitis despite maintenance medication.				
	-Barrett's esophagus.				
	-Extraesophageal complications such as: reactive airway disease; recurrent sinusitis or dental complications; unresponsive to acid suppression.				
	History of surgical correction (e.g., fundoplication) for Gastro-Esophageal Reflux Disease within 6 months or with complications.				
	History of dysmotility disorders including, but not limited to, diffuse esophageal spasm, nutcracker esophagus, and achalasia				
	History of eosinophilic esophagitis.				
	History of other esophageal strictures (e.g., from ingesting lye).				
	History of esophageal disease not specified above; including, but not limited to, neoplasia, ulceration, varices, or fistula.				
STOMACH AND DUODENUM	Current dyspepsia, gastritis, or duodenitis despite medication (over the counter or prescription).				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
STOMACH AND DUODENUM	Current gastric or duodenal ulcers, including, but not limited to, peptic ulcers and gastrojejunal ulcers:				
	-History of a treated ulcer within the previous 3 months.				
	-Recurrent or complicated by bleeding, obstruction, or perforation within the previous 5 years.				
	History of surgery for peptic ulceration or perforated ulcer.				
	History of gastroparesis of greater than 6 week's duration, confirmed by scintigraphy or equivalent test.				
	History of bariatric surgery of any type (e.g., lap-band or gastric bypass surgery for weight loss).				
	History of gastric varices				
SMALL AND LARGE INTESTINE	History of inflammatory bowel disease, including, but not limited to, Crohn's disease, ulcerative colitis, ulcerative proctitis, or indeterminate colitis.				
	Current infectious colitis				
	History of intestinal malabsorption syndromes, including, but not limited to, celiac sprue, pancreatic insufficiency, post-surgical and idiopathic.				
	Dietary intolerances that may interfere with military duty or consuming military rations. Lactase deficiency does not meet the standard only if of sufficient severity to require frequent intervention, or to interfere with military duties.				
	History of gastrointestinal functional or motility disorders including but not limited to volvulus within the previous 24 months, or any history of pseudo-obstruction or megacolon.				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
SMALL AND LARGE INTESTINE	Current chronic constipation, requiring prescription medication or medical interventions (e.g., pelvic floor physical therapy, biofeedback therapy).				
	History of diarrhea of greater than 6 weeks' duration, regardless of cause, persisting or symptomatic in the previous 24 months.				
	History of gastrointestinal bleeding, including positive occult blood, if:				
	-The cause is known but has not been corrected.				
	- The cause is unknown and bleeding has occurred within the previous 12 months.				
	History of irritable bowel syndrome that has been symptomatic or medically managed within the previous 24 months.				
	History of symptomatic diverticular disease of the intestine.				
	Personal or family history of familial adenomatous polyposis syndrome or hereditary non-polyposis colon cancer (Lynch syndrome).				
HEPATIC-BILIARY TRACT	History of chronic Hepatitis B unless successfully treated and the cure is documented. A documented cure for Hepatitis B is viral clearance as evidenced by Hepatitis B serology:				
	-Surface antigen negative.				
	- Surface antibody positive.				
	- Core antibody positive.				
	History of chronic Hepatitis C, unless successfully treated and with documentation of a cure as evidenced by a viral load of "0" or "undetectable" measured at least 12 weeks after completion of a full course of therapy.				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
HEPATIC-BILIARY TRACT	Other acute hepatitis in the previous 6 months, or persistence of symptoms or abnormal serum aminotransferases after 6 months, or objective evidence of impairment of liver function.				
	History of cirrhosis, hepatic abscess, or complications of chronic liver disease.				
	History of symptomatic gallstones or gallbladder disease unless successfully treated.				
	History of sphincter of Oddi dysfunction.				
	History of choledochal cyst.				
	History of primary biliary cirrhosis or primary sclerosing cholangitis.				
	History of metabolic liver disease, excluding Gilbert's syndrome. This includes, but is not limited to, hemochromatosis, Wilson's disease, or alpha-1 anti-trypsin deficiency.				
	History of alcoholic or non-alcoholic fatty liver disease if there is evidence of chronic liver disease, manifested as impairment of liver function or hepatic fibrosis				
	History of traumatic injury to the liver within the previous 6 months.				
PANCREAS	History of:				
	-Pancreatic insufficiency.				
	-Acute pancreatitis, unless due to cholelithiasis successfully treated by cholecystectomy.				
	-Chronic pancreatitis.				
	-Pancreatic cyst or pseudocyst.				
	-Pancreatic surgery				
ANORECTAL	Current anal fissure or anal fistula.				
	History of rectal prolapse or stricture within the previous 24 months.				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
ANORECTAL	History of fecal incontinence after the 13th birthday.				
	Current hemorrhoid (internal or external), if symptomatic or requiring medical intervention within the previous 60 days.				
ABDOMINAL WALL	Current abdominal wall hernia other than small (less than 2 centimeters (cm) in size), asymptomatic inguinal or umbilical hernias.				
	History of open or laparoscopic abdominal surgery during the previous 3 months.				
	The presence of any ostomy (gastrointestinal or urinary).				
GYNECOLOGY					
FEMALE GENITAL SYSTEM	Abnormal uterine bleeding associated with any of the following conditions:				
	- Heavy menstrual bleeding within the previous 6 months defined as periods:				
	Heavy enough to soak more than one pad per hour on more than two cycles within the previous 6 months				
	Lasting longer than 8 days on more than one cycle within the preceding 6 months				
	Associated with anemia.				
	-Irregular menses more than twice within the previous 6 months defined as periods that were fewer than 21 days apart or associated with anemia.				
	-Oligomenorrhea of fewer than four menstrual cycles within the previous 6 months, unless a result of intentional menstrual suppression via external hormone regulation, an implant, or an intrauterine device.				
	-More than 1 day of school or work missed in the previous 6 months due to symptoms associated with menstrual cycle.				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
FEMALE GENITAL SYSTEM	Primary amenorrhea.				
	Current unexplained secondary amenorrhea.				
	Dysmenorrhea resulting in missing more than 1 day of work or school within the previous 6 months.				
	History of symptomatic endometriosis.				
	Any undiagnosed or untreated disorder of sex development.				
	History of urogenital reconstruction or surgery (including, but not limited to, genderaffirming surgery), if:				
	-A period of 18 months has not elapsed since the date of the most recent surgery.				
	-Associated with genitourinary dysfunction or recurrent urinary tract infection.				
	-Associated with functional limitations of activities of daily living or a physically active lifestyle.				
	Additional surgery is anticipated.				
	Current ovarian cyst(s) greater than 5 cm.				
	Polycystic ovarian syndrome unless no evidence of metabolic complications as specified by National Heart, Lung, and Blood Institute and American Heart Association Guidelines.				
	Current pelvic inflammatory disease.				
	History of chronic pelvic pain (6 months or longer) within the previous 24 months.				
	Pregnancy through 6 months postpartum. m. Current uterine enlargement				
	History of genital infection or ulceration, including, but not limited to, herpes genitalis or condyloma acuminatum, if any of the following apply:				
	-Current lesions are present.				
	-Use of chronic suppressive therapy is needed.				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
FEMALE GENITAL SYSTEM	-There have been three or more outbreaks per year.				
	-Any outbreak in the previous 12 months that interfered with normal life activities.				
	- After the initial outbreak, treatment that included hospitalization or intravenous therapy.				
	Abnormal cervical, vaginal, or vulvar cytology if:				
	The most recent exams shows cervical intraepithelial neoplasia II or higher grade cytology, independent of human papillomavirus status.				
	The applicant's treating healthcare provider recommends an ongoing surveillance or treatment schedule more frequent than every 6 months.				
	There has been a finding of ASCUS-H, atypical squamous cells of undetermined significance, human papillomavirus positive, or low-grade squamous intraepithelial lesion that has not received follow-up testing with a repeat pap smear, colposcopy, or co-testing to confirm cervical intraepithelial neoplasia grade I or lower grade.				
	Any history of vaginal, vulvar, or cervical intraepithelial neoplasia grade 3 or higher within the previous 36 months.				
	History of abnormal endometrial pathology excluding benign endometrial polyp.				
ANDROLOGY					
MALE GENITAL SYSTEM	Current undescended testicle, congenital absence of one or both testicles that has not been verified by surgical exploration, or				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
MALE GENITAL SYSTEM	unexplained absence of both testicles.				
	History of epispadias or hypospadias when accompanied by history of urinary tract infection, urethral stricture, urinary incontinence, symptomatic chordee, or genitourinary dysfunction unless currently asymptomatic and more than 18 months.				
	Current enlargement or mass of testicle, epididymis, or spermatic cord, in addition to those described I this section.				
	Current hydrocele or spermatocele associated with pain or which precludes a complete exam of the scrotal contents.				
	Current varicocele, unless it is:				
	-On the left side only.				
	-Asymptomatic and smaller than the testes.				
	-Reducible.				
	-Without associated testicular atrophy				
	Current or history of recurrent orchitis or epididymitis.				
	History of penis amputation that has not been definitively surgically treated to establish a functional urinary tract.				
	History of Peyronie’s disease.				
	History of genital infection or ulceration, including, but not limited to, herpes genitalis or condyloma acuminatum, if:				
	-Current lesions are present.				
	- Use of chronic suppressive therapy is needed.				
	-There are three or more outbreaks per year.				
	-Any outbreak in the previous 12 months interfered with normal activities				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
MALE GENITAL SYSTEM	-After the initial outbreak, treatment included hospitalization or intravenous therapy.				
	History of urethral condyloma acuminatum.				
	History of acute prostatitis within the previous 24 months, history of chronic prostatitis, or history of chronic pelvic pain syndrome.				
	History of chronic or recurrent scrotal pain or unspecified symptoms associated with male genital organs.				
	Any undiagnosed or untreated disorder of sex development.				
	History of urogenital reconstruction or surgery (including, but not limited to, gender affirming surgery), if:				
	-A period of 18 months has not elapsed since the date of the most recent surgery.				
	-Associated with genitourinary dysfunction or recurrent urinary tract infection.				
	-Associated with functional limitations of activities of daily living or a physically active lifestyle.				
	-Additional surgery is anticipated				
UROLOGY					
URINARY SYSTEM	History of interstitial cystitis or painful bladder syndrome.				
	Lower urinary tract infection (cystitis):				
	For males, any cystitis not related to an indwelling catheter or genitourinary surgery.				
	For females:				
	-Current cystitis.				
	Recurrent cystitis, not related to an indwelling catheter or genitourinary surgery, defined as:				
	-Two episodes of acute bacterial cystitis and associated symptoms within the previous 6 months				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
URINARY SYSTEM	- Three episodes within the previous 12 months.				
	- Requiring daily suppressive antibiotics.				
	-Non-responsive to antibiotics for 10 days				
	Current urethritis.				
	History or treatment of the following voiding symptoms within the previous 12 months in the absence of a urinary tract infection:				
	-Urinary frequency or urgency more than every 2 hours on a daily basis.				
	-Nocturia more than two episodes during sleep period.				
	-Enuresis.				
	-Incontinence of urine, such as urge or stress.				
	-Urinary retention.				
	-Dysuria.				
	History of neurogenic bladder or other functional disorder of the bladder that requires urinary catheterization with intermittent or indwelling catheter for any period greater than 2 weeks.				
	History of bladder augmentation, urinary diversion, or urinary tract reconstruction.				
	History of abnormal urinary findings in the absence of urinary tract infection:				
	Gross hematuria.				
	Persistent microscopic hematuria (3 or more red blood cells per high-powered field urinalyses).				
	Pyuria (6 or more white blood cells per high-powered field in 2 of 3 properly collected urinalyses).				
	Current or recurrent urethral or ureteral stricture or fistula involving the urinary tract.				
	Absence of one kidney, congenital or acquired.				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
URINARY SYSTEM	Asymmetry in size or function of kidneys, including, but not limited to, duplex kidney.				
	History of renal transplant.				
	Chronic or recurrent pyelonephritis or any other unspecified infections of the kidney.				
	History of polycystic kidney.				
	History of horseshoe kidney.				
	Hydronephrosis on most recent imaging not related to pregnancy.				
	History of acute nephritis.				
	History of chronic kidney disease of any type as evidenced by:				
	-Estimated glomerular filtration rate of less than 60 milliliters per minute per 1.73 square meter of body surface area for a period of 3 months or longer				
	-Abnormal renal imaging.				
	-Cellular casts or active urine sediment				
	-Abnormal renal biopsy.				
	History of acute kidney injury requiring dialysis.				
	History of proteinuria with a protein-to-creatinine ratio greater than 0.2 in a random urine sample, more than 48 hours after strenuous activity.				
	Urolithiasis if any of the following apply:				
	-Current stone of 3 mm or greater.				
	-Current multiple stones of any size.				
	-History of symptomatic urolithiasis within the previous 12 months.				
	-History of nephrocalcinosis, bilateral renal calculi, or recurrent urolithiasis at any time.				
	-History of urolithiasis requiring a procedure.				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
ORTHOPAEDIC					
SPINE AND SACROILIAC JOINT CONDITIONS.	Ankylosing spondylitis or other inflammatory spondylopathies.				
	History of any condition, in the previous 24 months, or any recurrence, including but not limited to the spine or sacroiliac joints, with or without objective signs, if:				
	-It presented the individual from successfully following a physically active avocation in civilian life, or was associated with local or radicular pain, muscular spasms, postural deformities, or limitation in motion.				
	-It required external support.				
	-It required frequent treatment or limitation of activities of daily living or a physically active lifestyle				
	-It required the applicant to use medication for more than 6 weeks.				
	-It caused one or more episodes of back pain lasting greater than 6 weeks requiring treatment other than self-care.				
	-It involved surgery to the spine or spinal cord, other than a single-level lumbar or thoracic diskectomy.				
	-It required interventional procedures, including, but not limited to, spinal injections, nerve blocks, or radio ablation procedures.				
	Current deviation or curvature of the spine from normal alignment, structure, or function if:				
	- It prevents the individual from following a physically active avocation in civilian life.				
	-It can reasonably be expected to interfere with the proper wearing of military uniform or equipment.				
	-It is symptomatic within the previous 24 months.				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
SPINE AND SACROILIAC JOINT CONDITIONS	-There is lumbar or thoracic scoliosis greater than 30 degrees, or thoracic kyphosis greater than 50 degrees when measured by the Cobb Method.				
	History of congenital fusion involving more than 2 vertebral bodies or any surgical fusion of spinal vertebrae.				
	Current dislocation of the vertebra.				
	History of vertebral fractures including:				
	-Cervical spine fracture.				
	- Fracture(s) of elements of the posterior arch (i.e., pedicle, lamina, pars intraarticularis).				
	-Fracture of lumbar or thoracic vertebral body that exceeds 25 percent of the height of a single vertebra or that has occurred within the previous 12 months or is symptomatic.				
	-Fractures of the transverse or spinous process if currently symptomatic.				
	History of juvenile epiphysitis with any degree of residual change indicated by X-ray or Scheuermann's kyphosis				
	History of lumbar disc pathology, including, but not limited to, bulges, herniations, protrusions, and extrusions associated with symptoms, treatment, or limitations of activities of daily living or a physically active lifestyle, in the previous 24 months or any history of recurrent symptoms.				
	History of surgery to correct herniated nucleus pulposus other than a single-level lumbar or thoracic diskectomy that is currently asymptomatic with full				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
SPINE AND SACROILIAC JOINT CONDITIONS	resumption of unrestricted activity for at least 12 months.				
	Spinal dysraphisms other than spina bifida occulta. k. History of spondylolysis or spondylolisthesis, congenital or acquired.				
	UPPER EXTREMITY CONDITIONS.				
LIMITATION OF MOTION	Current active joint ranges of motion less than: **SHOULDER**				
	Forward elevation to 130 degrees.				
	One hundred and thirty degrees abduction.				
	Sixty degrees external and internal rotation at 90 degrees abduction.				
	Cross body reaching 115 degrees adduction.				
	ELBOW				
	Flexion to 130 degrees.				
	Extension to 30 degrees				
	FOREARM				
	Pronation to 60 degrees.				
	Supination to 60 degrees.				
	WRIST				
	Forty degrees of flexion				
	Forty degrees of combined radial-ulnar deviation.				
	Hand, Fingers, and Thumb.				
	HAND, FINGERS, AND THUMB Inability to clench fist, pick up a pin, grasp an object, or touch tips of at least three fingers with thumb. Hand & Fimgers				
	-Absence of any bony portion of the fingers or thumb.				
	. Absence of hand or any portion thereof.				
	-Current polydactyly or syndactyly.				
	-Current intrinsic hand muscle paralysis, weakness (4 or less on a scale of 5 using a manual muscle				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
LIMITATION OF MOTION	test), or atrophy of the hand or thenar, including, but not limited to, those caused by nerve paralysis, nerve injury, or nerve entrapment (carpal, radial and cubital tunnel syndromes, and brachial plexus).				
	Residual Weakness & Pain				
	Current disease, injury, or congenital condition with residual weakness, pain, sensory disturbance, or other symptoms that may reasonably be expected to prevent satisfactory performance of duty, including, but not limited to, chronic joint pain associated with the shoulder, the upper arm, the elbow, the forearm, the wrist and the hand; or chronic joint pain as a late effect of fracture of the upper extremities, as a late effect of sprains without mention of injury, and as late effects of tendon injury.				
	LOWER EXTREMITY CONDITIONS.				
GENERAL	Current deformities, disease, or chronic joint pain of pelvic region, thigh, lower leg, knee, ankle or foot that prevent the individual from following a physically active avocation in civilian life, or that may reasonably be expected to interfere with walking, running, weight bearing, or with satisfactorily completing training or military duty.				
	Current discrepancy in leg-length that causes a limp.				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
LIMITATION OF MOTION	Current active joint ranges of motion less than: **HIP**				
	Flexion to 90 degrees.				
	No demonstrable flexion contracture.				
	Extension to 10 degrees (beyond 0 degrees).				
	Abduction to 45 degrees.				
	Rotation of 60 degrees (internal and external combined).				
	KNEE				
	Full extension to 0 degrees.				
	Flexion to 110 degrees.				
	ANKLE				
	Dorsiflexion to 10 degrees.				
	Planter flexion to 30 degrees.				
	Subtalar eversion and inversion totaling 5 degrees.				
	FOOT AND ANKLE				
	Current absence of a foot or any portion thereof, other than absence of a single lesser toe that is asymptomatic and does not impair function of the foot.				
	Deformity of the toes that may reasonably be expected to prevent properly wearing military footwear or impair walking, marching, running, maintaining balance, or jumping.				
	Symptomatic deformity of the toes (acquired or congenital), including, but not limited to, conditions such as hallux valgus, hallux varus, hallux rigidus, hammer toe(s), claw toe(s), or overriding toe(s).				
	Clubfoot or pes cavus that may reasonably be expected to properly wearing military footwear or causes symptoms when walking, marching, running, or jumping.				
	Rigid or symptomatic pes planus (acquired or congenital).				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
LIMITATION OF MOTION	Current ingrown toenails, if infected or symptomatic.				
	Current or recurrent plantar fasciitis.				
	Symptomatic neuroma.				
	Leg, Knee, Thigh, and Hip				
	Current loose or foreign body in the knee joint.				
	Instability of the knee, as evidenced by:				
	-Three or more surgeries in the same knee joint.				
	-History of posterior cruciate ligament tear or partial anterior cruciate ligament tear within the previous 12 months or that is not fully rehabilitated.				
	Complete anterior cruciate ligament tear that has not been surgically corrected.				
	History of surgical reconstruction of knee ligaments within the previous12 months, or which is symptomatic or unstable or shows signs of thigh or calf atrophy.				
	Recurrent anterior cruciate ligament reconstruction. (				
	Current medial or lateral meniscal injury with symptoms or limitation of activities of daily living or a physically active lifestyle.				
	Surgical meniscal repair, within the previous 6 months or with residual symptoms or limitation of activities of daily living or a physically active lifestyle.				
	Surgical partial meniscectomy within the previous 3 months or with residual symptoms or limitation of activities of daily living or a physically active lifestyle.				
	Meniscal transplant.				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
LIMITATION OF MOTION	Symptomatic medial and lateral collateral ligament instability or injury.				
	History of developmental dysplasia (congenital dislocation) of the hip, osteochondritis of the hip (Legg-Calve-Perthes Disease), or slipped capital femoral epiphysis of the hip.				
	Symptomatic osteochondritis of the tibial tuberosity (Osgood-Schlatter Disease) within the previous 12 months.				
	Stress fractures, either recurrent or a single episode occurring during the previous 12 months.				
	Recurrent periostitis, shin splints, or tibial stress syndrome within the previous 12 months.				
MISCELLANEOUS CONDITIONS OF THE EXTREMITIES	History of clinically diagnosed anterior knee pain including, but not limited to:				
	-Patellofemoral syndrome.				
	-Patellofemoral pain syndrome				
	-Chondromalacia patella that was symptomatic or required treatment or limitations of activities of daily living or a physically active lifestyle in the previous 12 months.				
	-Any history of recurrent anterior knee pain syndrome.				
	History of any dislocation, subluxation, or instability of the hip, knee, ankle, subtalar joint, foot, shoulder, wrist, elbow except for “nursemaid’s elbow” or dislocated finger				
	Acromioclavicular separation within the previous 12 months or if symptomatic.				
	-History of osteoarthritis or traumatic arthritis of isolated joints that has interfered with a physically active lifestyle, or that may reasonably be expected to				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
MISCELLANEOUS CONDITIONS OF THE EXTREMITIES	prevent satisfactorily performing military duty				
	Fractures, if:				
	-Current malunion or non-union of any fracture (except asymptomatic ulnar styloid process fracture).				
	-Current retained hardware (including plates, pins, rods, wires, or screws) used for fixation that is symptomatic or may reasonably be expected to interfere with properly wearing military equipment or uniforms. Retained hardware is not disqualifying if fractures are healed, ligaments are stable, and there is no pain.				
	Current orthopedic implants or devices to correct congenital or post-traumatic orthopedic abnormalities except for bone anchor and hardware.				
	History of contusion of bone or joint if:				
	-The injury is of more than a minor nature with or without fracture, nerve injury, open wound, crush, or dislocation which occurred within the previous 6 months				
	-Recovery has not been sufficiently completed or rehabilitation has not been sufficiently resolved				
	-The injury may reasonably be expected to interfere with or prevent performance of military duty				
	-The contusion requires frequent or prolonged treatment.				
	History of joint replacement or resurfacing of any site.				
	History of hip arthroscopy or femoral acetabular impingement.				
	History of neuromuscular paralysis, weakness, contracture, or atrophy not completely				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
MISCELLANEOUS CONDITIONS OF THE EXTREMITIES	resolved and of sufficient degree to reasonably be expected to interfere with or prevent satisfactory performing military duty.				
	Current symptomatic osteochondroma or history of two or more osteocartilaginous exostoses.				
	History of atraumatic fractures or bone mineral density below the expected range for age with risk factors for low bone density.				
	Osteopenia, osteoporosis, or history of fragility fracture.				
	History of osteomyelitis within the previous 12 months, or history of recurrent osteomyelitis.				
	History of osteochondral defect, formerly known as osteochondritis dissecans.				
	Surgically or radiographically demonstrated chondromalacia of Grade II or higher.				
	History of cartilage surgery, including, but not limited to, cartilage debridement or chondroplasty for Grade II or greater chondromalacia, microfracture, or cartilage transplant procedure.				
	History of any post-traumatic or exercise-induced compartment syndrome.				
	History of osteonecrosis of any bone.				
	History of recurrent tendon disorder, including, but not limited to, tendonitis, tendonopathy, tenosynovitis.				
	Stress reaction in a weight bearing bone within the previous 6 months.				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
CARDIOLOGY					
VASCULAR SYSTEM	History of abnormalities of the arteries, including, but not limited to, aneurysms, arteriovenous malformations, atherosclerosis, or arteritis (e.g., Kawasaki's disease).				
	Current or medically-managed hypertension.				
	Elevated systolic blood pressure of greater than 140 mm of mercury (mmHg) or diastolic pressure greater than 90 mmHg confirmed by a manual blood pressure cuff averaged over two or more properly measured, seated blood pressure readings on separate days within a 5-day period (an isolated, single-day blood pressure elevation is not disqualifying unless confirmed on 2 separate days within a 5-day period).				
	History of peripheral vascular disease, including, but not limited to, diseases such as Raynaud's Disease and vasculitides.				
	History of venous diseases, including, but not limited to, recurrent thrombophlebitis, thrombophlebitis during the preceding year, or evidence of venous incompetence, such as edema, skin ulceration, or symptomatic varicose veins that would reasonably be expected to limit duty or properly wearing military uniform or equipment.				
	History of deep venous thrombosis or pulmonary embolism.				
	History of operation or endovascular procedure on the arterial or venous systems, including, but not limited to, vena				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
VASCULAR SYSTEM	cava filter, angioplasty, venoplasty, thrombolysis, or stent placement.				
	History of Marfan's Syndrome, Loeys-Dietz, or Ehlers Danlos IV.				
	Dilatation of the aorta on the most recent ECG, CT, or MRI, including aortic root and ascending thoracic aorta.				
	Coarctation of the aorta regardless of treatment by surgery, balloon, or stent.				
DERMATOLOGY					
SKIN AND SOFT TISSUE CONDITIONS.	Applicants under treatment with systemic retinoids, including, but not limited to, isotretinoin (e.g. Accutane®), do not meet the standard until 4 weeks after completing therapy.				
	Severe nodulocystic acne, on or off antibiotics.				
	History of dissecting scalp cellulitis, acne inversa, or hidradenitis suppurativa.				
	History of atopic dermatitis or eczema requiring treatment other than over-the-counter hydrocortisone or moisturizer therapy in the previous 36 months or with active lesions or residual hyperpigmented or hypopigmented areas at the time of the entrance examination.				
	History of recurrent or chronic non-specific dermatitis within the previous 24 months, including contact (irritant or allergic) or dyshidrotic dermatitis requiring treatment other than over-the-counter medication.				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
SKIN AND SOFT TISSUE CONDITIONS	Cysts, if:				
	-The current cyst (other than pilonidal cyst) is of such a size or location as to reasonably be expected to interfere with properly wearing military equipment.				
	- The current pilonidal cyst is associated with a tumor mass or discharging sinus, or is a surgically resected pilonidal cyst that is symptomatic, unhealed, or less than 6 months postoperative. A pilonidal cyst that has been simply incised and drained does not meet the military accession medical entrance standard.				
	History of bullous dermatoses, including, but not limited to, dermatitis herpetiformis, pemphigus, and epidermolysis bullosa.				
	Current or chronic lymphedema.				
	History of furunculosis or carbuncle if extensive, recurrent, or chronic.				
	History of severe hyperhidrosis of hands or feet unless controlled by topical medications.				
	History of congenital or acquired anomalies of the skin, such as nevi or vascular tumors that may interfere with military duties or cause constant irritation.				
	Current lichen planus (either cutaneous or oral).				
	History of oculocutaneous albinism, Neurofibromatosis I (Von Recklinghausen's Disease), Neurofibromatosis II, and tuberous sclerosis.				
	History of photosensitivity, including, but not limited to, any primary sun-sensitive condition,				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
SKIN AND SOFT TISSUE CONDITIONS	such as polymorphous light eruption or solar urticaria, or any dermatosis aggravated by sunlight, such as lupus erythematosus, porphyria, and xeroderma pigmentosa.				
	History of psoriasis excluding non-recurrent childhood guttate psoriasis.				
	History of chronic radiation dermatitis (radiodermatitis).				
	History of scleroderma.				
	History of chronic urticaria lasting longer than 6 weeks even, if it is asymptomatic when controlled by daily maintenance therapy.				
	Current symptomatic plantar wart(s).				
	Current scars or keloids that can reasonably be expected to interfere with properly wearing military clothing or equipment, or to interfere with satisfactorily performing military duty due to pain or decreased range of motion, strength, or agility.				
	Prior burn injury involving 18 percent or more body surface area (including graft sites), or resulting in functional impairment to such a degree, due to scarring, as to interfere with satisfactorily performing military duty due to pain or decreased range of motion, strength, temperature regulation, or agility.				
	Current localized fungal infections, if they can be reasonably expected to interfere with properly wearing military equipment or performing military duties.				
	History of any dermatologic condition severe enough to warrant use of systemic steroids				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
SKIN AND SOFT TISSUE CONDITIONS	for greater than 2 months, or any use of other systemic immunosuppressant medications x. Conditions with malignant potential in the skin including, but not limited to, high-grade atypia, basal cell nevus syndrome, oculocutaneous albinism, xeroderma pigmentosum, MuirTorre Syndrome, Dyskeratosis Congenita, Gardner Syndrome, Peutz-Jeghers Syndrome, Cowden Syndrome, Multiple Endocrine Neoplasia, Familial Atypical Multiple Mole Melanoma Syndrome, and Birt-Hogg-Dube Syndrome.				
	History of any dermatologic condition severe enough to warrant use of systemic steroids for greater than 2 months, or any use of other systemic immunosuppressant medications.				
	Conditions with malignant potential in the skin including, but not limited to, high-grade atypia, basal cell nevus syndrome, oculocutaneous albinism, xeroderma pigmentosum, MuirTorre Syndrome, Dyskeratosis Congenita, Gardner Syndrome, Peutz-Jeghers Syndrome, Cowden Syndrome, Multiple Endocrine Neoplasia, Familial Atypical Multiple Mole Melanoma Syndrome, and Birt-Hogg-Dube Syndrome.				
	History of cutaneous malignancy before the 25th birthday including, but not limited to, basal cell carcinoma and squamous cell carcinoma. History of the following skin cancers at any age: malignant melanoma, Merkel cell carcinoma, sebaceous carcinoma,				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
SKIN AND SOFT TISSUE CONDITIONS	Paget’s disease, extramammary Paget's disease, microcystic adnexal carcinoma, other adnexal neoplasms, and cutaneous lymphoma including mycosis fungoides.				
	History of lupus erythematosus.				
	History of congential disorders of cornification including, but not limited to, ichthyosis vulgaris, x-linked ichthyosis, lamellar ichthyosis, Darier’s Disease, Epidermal Nevus Syndrome, and any palmo-plantar keratoderma.				
	History of congenitalal disorder of the hair and nails including, but not limited to, pachyonychia congenita or ectodermal dysplasia.				
	History of dermatomyositis.				
ΗΑΕΜΑΤΟΛΟΓΥ					
BLOOD AND BLOOD FORMING SYSTEM	Acquired anemia (hemoglobin less than 13.5 grams per deciliter (g/dl) for males or less than 12 g/dl for females) that has not been corrected to normal values as evidenced by a normal hemoglobin within 6 months or that requires ongoing maintenance with agents other than oral supplementation, diet, or menstruation control.				
	Hereditary hemoglobin disorders, if any of the following apply (Sickle cell trait with hemoglobin S fraction of less than 45 percent; alpha thalassemia trait and beta thalassemia trait in the absence of anemia are normal variants and are not considered hemoglobin disorders. Hereditary hemoglobin disorders are disqualifying, if any of the following apply)				
	-Sickle cell disease (e.g., hemoglobin SS, hemoglobin SC, and hemoglobin S/beta thal)				
	-Associated with anemia (hemoglobin less than 13.5 g/dl for males or less than 12 g/dl for females);				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
BLOOD AND BLOOD FORMING SYSTEM	-Sickle cell trait with a hemoglobin S fraction of 45 percent or higher.				
	-History of exercise collapse in an individual with sickle cell trait				
	History of coagulation defects.				
	Any history of chronic, or recurrent thrombocytopenia.				
	History of deep venous thrombosis or pulmonary embolism.				
	History of chronic or recurrent agranulocytosis or leukopenia.				
	History of chronic polycythemia, chronic leukocytosis or chronic thrombocytosis.				
	Disorders of the spleen including:				
	-Current splenomegaly.				
	-History of splenectomy				
GENERAL MEDICINE					
SYSTEMIC CONDITIONS	History of disorders involving the immune mechanism, including immunodeficiencies. b. Presence of human immunodeficiency virus (HIV) or laboratory evidence of infection or false-positive screening test(s) with ambiguous results by supplemental confirmation test(s) is not, in itself, disqualifying with respect to covered personnel (including Military Service Academy cadets and midshipmen, contracted SROTC cadets and midshipmen, and other participants in in-service commissioning programs) seeking to commission while a Service member). Such covered personnel will be evaluated on a case-by-case basis				
	Tuberculosis:				
	-History of active pulmonary or extra pulmonary tuberculosis in the previous 24 months or history				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
SYSTEMIC CONDITIONS	of active pulmonary or extra-pulmonary tuberculosis without reliable documentation of adequate treatment.				
	-History of latent tuberculosis infection, as defined by current Centers for Disease Control guidelines, unless documentation of completion of appropriate treatment				
	History of syphilis without appropriate documentation of treatment and cure.				
	History of anaphylaxis other than anaphylaxis to a single medication or medication class				
	History of systemic allergic reaction to biting or stinging insects, unless it was limited to a large local reaction or unless there is documentation of 3 years of maintenance venom immunotherapy.				
	History of acute allergic reaction to fish, crustaceans, shellfish, peanuts, or tree nuts including the presence of a food-specific immunoglobulin E antibody if accompanied by a correlating clinical history.				
	History of cold- or exercise-induced urticaria.				
	History of malignant hyperthermia.				
	History of industrial solvent or other chemical intoxication with sequelae.				
	History of motion sickness resulting in recurrent incapacitating symptoms.				
	History of rheumatic fever if associated with rheumatic heart				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
SYSTEMIC CONDITIONS	disease or indication for ongoing prophylactic medication.				
	History of muscular dystrophies or myopathies.				
	History of amyloidosis.				
	History of eosinophilic granuloma and all other forms of histiocytosis except for healed eosinophilic granuloma, when occurring as a single localized bony lesion and not associated with soft tissue or other involvement.				
	History of polymyositis or dermatomyositis complex with or without skin involvement.				
	History of rhabdomyolysis.				
	History of sarcoidosis.				
	Current active systemic fungus infections or ongoing treatment for systemic fungal infection. History of systemic fungal infection unless resolved or treated without sequelae.				
	History of angioedema, other than angioedema in response to a single medication or medication class.				
ENDOCRINE AND METABOLIC CONDITIONS	Current adrenal dysfunction or any history of adrenal dysfunction requiring treatment or hormone replacement or the presence of adrenal adenoma.				
	Diabetic disorders, including:				
	-History of diabetes mellitus.				
	-History of unresolved pre-diabetes mellitus (as defined by the American Diabetes Association) within the previous 24 months.				
	History of gestational diabetes mellitus.				
	Current persistent glycosuria, when associated with impaired				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
ENDOCRINE AND METABOLIC CONDITIONS	glucose metabolism or renal tubular defects.				
	History of pituitary dysfunction except for resolved growth hormone deficiency.				
	History of pituitary tumor unless proven non-functional, less than 1 cm and stable in size for the previous 12 months.				
	History of diabetes insipidus.				
	History of primary hyperparathyroidism unless surgically corrected.				
	History of hypoparathyroidism or history of hypocalcemia that requires calcitriol.				
	Current goiter.				
	Thyroid nodule unless a solitary thyroid nodule less than 10 mm or less than 3 cm with benign histology or cytology, and that does not require ongoing surveillance.				
	History of complex thyroid cyst or simple thyroid cyst greater than 2 cm or symptomatic simple thyroid cyst regardless of size.				
	Current hypothyroidism unless asymptomatic and demonstrated euthyroid by normal thyroid stimulating hormone testing within the previous 12 months.				
	History of hyperthyroidism unless treated successfully with surgery or radioactive iodine.				
	Current nutritional deficiency diseases, including, but not limited to, beriberi, pellagra, and scurvy.				
	Dyslipidemia with low-density lipoprotein greater than 200 milligrams per deciliter (mg/dL) or triglycerides greater than 400 mg/dL. Dyslipidemia requiring more than one medication or low-				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
ENDOCRINE AND METABOLIC CONDITIONS	density lipoprotein greater than 190 mg/dL on therapy. All those on medical management must have demonstrated no medication side effects (e.g., myositis, myalgias, or transaminitis) for a period of 6 months				
	Metabolic syndrome, as defined in accordance with the 2005 National Heart, Lung, and Blood Institute and American Heart Association Scientific Statement as any three of the following:				
	-Medically-controlled hypertension or elevated blood pressure of greater than 130 mmHg systolic or greater than 85 mmHg diastolic.				
	-Waist circumference greater than 35 inches for women and greater than 40 inches for men.				
	-Medically controlled dyslipidemia or triglycerides greater than 150 mg/dL				
	-Medically controlled dyslipidemia or high-density lipoprotein less than 40 mg/dL in men or less than 50 mg/dL in women.				
	-Fasting glucose greater than 100 mg/dL.				
	Metabolic bone disease including but not limited to:				
	-Osteopenia, osteoporosis, or low bone mass with history of fragility fracture.				
	-Paget's disease.				
	-Osteomalacia.				
	-Osteogenesis imperfecta.				
	History of hypogonadism that is congenital, treated with hormonal supplementation, or of unexplained etiology.				
	History of islet-cell tumors, nesideoblastosis, or hypoglycemia.				
	History of gout.				
	History of gender-affirming hormone therapy that fails to meet the following stability criteria:				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
ENDOCRINE AND METABOLIC CONDITIONS	-Use of current medication for at least 12 months or no longer requiring such hormones as certified by a treating healthcare provider.				
	-Documentation from a treating healthcare provider that the individual is free of adverse symptoms or medication side effects while meeting the adequacy of dosing targets (laboratory and other clinical targets established by the treating provider).				
	-At least one properly timed hormone laboratory test current within 12 months that shows that the serum hormone level (total and/or free testosterone for masculinizing hormone therapy and serum estradiol for feminizing hormone therapy) is within the physiologic target range, collected after the individual has been on the current medication dose and route for at least 90 days.				
	-Affirmation from the treating provider that no additional gender-affirming treatment is anticipated, other than hormone maintenance.				
RHEUMATOLOGIC CONDITIONS	History of systemic lupus erythematosus.				
	History of progressive systemic sclerosis, including calcinosis, Raynaud's phenomenon, esophageal dysmotility, scleroderma, or telangiectasia syndrome.				
	History of rheumatoid arthritis.				
	History of Sjögren's syndrome.				
	History of vasculitis, including, but not limited to, polyarteritis nodosa, arteritis, Behçet's,				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
RHEUMATOLOGIC CONDITIONS	Takayasu's arteritis, and Anti Neutrophil Cytoplasmic Antibody associated vasculitis.				
	History of Henoch-Schonlein Purpura occurring after the 19th birthday or within the previous 24 months.				
	History of non-inflammatory myopathy including, but not limited to, muscular dystrophies and metabolic myopathy such as glycogen storage disease, lipid storage disease, and mitochondrial myopathy.				
	History of fibromyalgia or myofascial pain syndrome.				
	History of chronic wide-spread pain or complex regional pain syndrome.				
	History of chronic fatigue syndrome, systemic exertion intolerance disease, or chronic multisystem illness.				
	History of spondyloarthritis, including, but not limited to, ankylosing spondyloarthritis, psoriatic arthritis, reactive arthritis (formerly known as Reiter's disease), or spondyloarthritis associated with inflammatory bowel disease.				
	History of joint hypermobility syndrome (formerly Ehler's Danlos syndrome, Type III).				
	History of any structural connective tissue disease including, but not limited to, EhlersDanlos syndrome, Marfan syndrome, Pseudoxanthoma Elasticum, relapsing polychondritis, and osteogenesis imperfecta.				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
RHEUMATOLOGIC CONDITIONS	History of IgG-4 related disease.				
	History of idiopathic inflammatory myositis, including, but not limited to, polymyositis or dermatomyositis, anti-synthetase syndrome, and necrotizing myopathy.				
	History of any rheumatologic or autoimmune condition severe enough to warrantusing systemic steroids for more than 2 months or any use of other systemic immunosuppressant medications.				
	History of antiphospholipid antibody syndrome.				
	History of juvenile idiopathic arthritis or adult Still's disease.				
	History of auto-inflammatory disease or periodic fever syndromes, including, but not limited to, familial Mediterranean fever and tumor necrosis factor receptor-associated periodic syndrome (TRAPS).				
NEUROLOGIC CONDITIONS	History of cerebrovascular conditions, including, but not limited to, subarachnoid or intracerebral hemorrhage, vascular stenosis, aneurysm, stroke, transient ischemic attack or arteriovenous malformation.				
	History of congenital or acquired anomalies of the central nervous system or meningocele.				
	History of disorders of meninges, including, but not limited to, cysts except for asymptomatic incidental arachnoid cysts demonstrated to be stable by neurological imaging over a 6-month or longer time period.				
	History of neurodegenerative disorders, including, but not limited to, those disorders				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
NEUROLOGIC CONDITIONS	affecting the cerebrum, basal ganglia, cerebellum, spinal cord, peripheral nerves, or muscles.				
	History of headaches within the previous 24 months that:				
	-Were severe enough to cause the individual to miss work, school, sports, or other activities more than twice within 12 months.				
	-Required prescription medications more than twice within 12 months.				
	-Involved the use of prophylactic medication or therapy.				
	History of complex migraines associated with neurological deficit other than scotoma.				
	History of cluster headaches.				
	History of moderate or severe brain injury.				
	History of head trauma if associated with:				
	-Post-traumatic seizure(s) occurring more than 30 minutes after injury.				
	-Persistent motor, sensory, vestibular, visual, or any other focal neurological deficit.				
	-Persistent impairment of cognitive function.				
	-Persistent alteration of personality or behavior.				
	-Cerebral traumatic findings, including, but not limited to, epidural, subdural, subarachnoid, or intracerebral hematoma on neurological imaging.				
	-Associated abscess or meningitis.				
	-Cerebrospinal fluid rhinorrhea or otorrhea persisting more than 7 days.				
	-Penetrating head trauma, including radiographic evidence of retained foreign body or bony fragments secondary to the				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
NEUROLOGIC CONDITIONS	trauma, or operative procedure in the brain.				
	Any basilar or depressed skull fracture.				
	History of mild brain injury if:				
	-The injury occurred within the previous month.				
	-Neurological evaluation shows residual symptoms, dysfunction or activity limitations, or complications.				
	-Two episodes of mild brain injury occurred with or without loss of consciousness within the previous 12 months.				
	-Three or more episodes of mild brain injury.				
	History of persistent post-concussive symptoms that interfere with normal activities or have duration of more than 1 month. Symptoms include, but are not limited to, headache, vomiting, disorientation, spatial disequilibrium, impaired memory, poor mental concentration, shortened attention span, dizziness, or altered sleep patterns.				
	History of infectious processes of the central nervous system, including, but not limited to, encephalitis, neurosyphilis, or brain abscess.				
	History of meningitis within the previous 12 months or with persistent neurologic defects.				
	History of paralysis, weakness, lack of coordination, or sensory disturbance or other specified paralytic syndromes, including, but not limited to, Guillain-Barre Syndrome.				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
NEUROLOGIC CONDITIONS	History of chronic pain or pain syndrome (including, but not limited to, complex regional pain syndrome, amplified musculoskeletal pain syndrome (AMPS) or neuralgias).				
	Any traumatic seizure occurring after the 6th birthday, unless the applicant has been free of seizures and has not taken medication for seizures for a period of 60 months and has a normal sleep-deprived electroencephalogram and normal neurology evaluation after discontinuing seizure medications.				
	History of chronic nervous system disorders, including, but not limited to, myasthenia gravis, multiple sclerosis, tremor, and tic disorders (e.g., Tourette's Syndrome).				
	History of central nervous system shunts of all kinds including endoscopic third ventriculocisternostomy.				
	History of recurrent syncope, presyncope, or atraumatic loss of consciousness, including alterated of level of consciousness, unless the applicant has been off all relevant medication and experienced no recurrence during the previous 24 months, excluding a single episode of vasovagal reaction with identified trigger such as venipuncture.				
	History of muscular dystrophies or myopathies.				
SLEEP DISORDERS.	Chronic insomnia as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, or the use of medications or other substances to promote.				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
SLEEP DISORDERS.	sleep 15 or more times over the past 12 months				
	History of sleep-related breathing disorders, including, but not limited to, sleep apnea unless definitively treated by surgical intervention with resolution of symptoms.				
	History of narcolepsy, cataplexy, or other hypersomnia disorders.				
	Circadian rhythm disorders requiring treatment or special accommodation.				
	History of parasomnia, including, but not limited to, sleepwalking, or night terrors, after the 13th birthday.				
	Current diagnosis or treatment of sleep-related movement disorders, including, but not limited to, restless leg syndrome (i.e., Willis-Ekbom Disease) for which prescription medication is recommended.				
PSYCHIATRIC					
LEARNING, PSYCHIATRIC, AND BEHAVIORAL DISORDERS.	Attention Deficit Hyperactivity Disorder, if with:				
	-A recommended or prescribed Individualized Education Program, 504 Plan, or work accommodations after the 14th birthday.				
	-A history of comorbid mental disorders.				
	-Prescribed medication in the previous 24 months.				
	- Documentation of adverse academic, occupational, or work performance.				
	History of learning disorders after the 14th birthday, including, but not limited to, dyslexia, if any of the following apply:				
	-With a recommended or prescribed Individualized Education Program, 504 Plan, or work accommodations after the 14th birthday.				
	-With a history of comorbid mental disorders.				
	- With documentation of adverse academic, occupational, or work performance.				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
LEARNING, PSYCHIATRIC, AND BEHAVIORAL DISORDERS	Autism spectrum disorders.				
	History of disorders with psychotic features such as schizophrenic disorders, delusional disorders, or other unspecified psychoses or mood disorders with psychotic features.				
	History of bipolar and related disorders (formerly identified as mood disorders not otherwise specified) including, but not limited to, cyclothymic disorders and affective psychoses.				
	Depressive disorder if:				
	-Outpatient care including counseling required for longer than 12 cumulative months.				
	-Symptoms or treatment within the previous 36 months.				
	-The applicant required any inpatient treatment in a hospital or residential facility.				
	- Any recurrence.				
	-Any suicidality.				
	History of a single adjustment disorder if treated or symptomatic within the previous 6 months, or any history of chronic (lasting longer than 6 months) or recurrent episodes of adjustment disorders.				
	History of conduct disorders, oppositional defiance disorders, and other behavior disorders.				
	History of personality disorder or maladaptive personality traits including reasonable suspicion for the presence of an undiagnosed personality disorder, based on:				
	Documentation of the recurrent inability to adapt in a school, employment, or training setting that resulted in significant distress or functional impairment within the previous 24 months and that				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
LEARNING, PSYCHIATRIC, AND BEHAVIORAL DISORDERS	is not better accounted for by another condition; or				
	Psychological testing revealing that the degree of immaturity, instability, personality inadequacy, impulsiveness, or dependency may reasonably be expected to interfere with their adjustment to the Military Services.				
	Encopresis after 13th birthday.				
	History of any eating disorder.				
	Any current communication disorder that significantly interferes with producing speech or repeating commands.				
	History of suicidality, including:				
	- Suicide attempt(s).				
	-Suicidal gesture(s).				
	-Suicidal ideation with a plan.				
	-Any suicidal ideation within the previous 12 months.				
	History of self- harm that is endorsed, documented, or otherwise clinically suspected based on scarring.				
	History of obsessive-compulsive or related disorder(s).				
	History of trauma or stressor related disorders, including, but not limited to, post traumatic stress disorder				
	History of anxiety disorders if:				
	-Outpatient care including counseling was required for longer than 12 cumulative months.				
	-Symptomatic or treatment within the previous 36 months.				
	-The applicant required any inpatient treatment in a hospital or residential facility.				
	-Any recurrence.				
	-Any suicidality.				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
LEARNING, PSYCHIATRIC, AND BEHAVIORAL DISORDERS	History of dissociative disorders.				
	History of somatic symptoms and related disorders.				
	History of gender dysphoria if:				
	Symptomatic within the previous 18 months; or				
	Associated with comorbid mental health disorders.				
	History of paraphilic disorders.				
	Any history of substance-related and addictive disorders (except using caffeine or tobacco).				
	History of prescription with psychotropic medication within the previous 36 months, unless a shorter period is authorized in another standard.				
	History of other mental disorders that may reasonably be expected to interfere with or prevent satisfactory performance of military duty.				
	Prior psychiatric hospitalization for any cause				
TUMORS AND MALIGNANCIES	Current benign tumors or conditions that would reasonably be expected to interfere with function, to prevent properly wearing the uniform or protective equipment, or would require frequent specialized attention.				
	History of malignancy.				
	History of cutaneous malignancy.				
MISCELLANEOUS CONDITIONS	Any current acute pathological condition, including, but not limited to, communicable, infectious, parasitic, or tropical diseases, until recovery has occurred without relapse or sequelae.				
	History of porphyria.				
	History of cold-related disorders, including, but not limited to,				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
MISCELLANEOUS CONDITIONS	frostbite, chilblain, and immersion foot.				
	History of angioedema, including hereditary angioedema.				
	History of receiving organ or tissue transplantation other than dental allograft organ or tissue transplantation other than dental or orthopedic ligament graft.				
	History of pulmonary or systemic embolism.				
	History of untreated acute or chronic metallic poisoning (including, but not limited to, lead, arsenic, silver, beryllium, or manganese), or current complications or residual symptoms of such poisoning.				
	History of heatstroke, or recurrent heat injury or exhaustion.				
	History of any condition that may reasonably be expected to interfere with the successful performance of military duty or training or limit geographical assignment.				
	History of any medical condition severe enough to warrant use of systemic steroids for greater than 2 months, or any use of other systemic immunosuppressant medications.				
	Current use of medication for HIV pre-exposure prophylaxis (PrEP), unless the applicant provides documentation of compliance with Centers for Disease Control and Prevention HIV guidelines to include:				
	Normal results from laboratory surveillance (at a minimum, serum creatinine, glomerular filtration rate, and 4th generation HIV test) within the previous 90 days; and				
	Confirmation by the treating healthcare provider of medication compliance, absence of side				

BODY PART	CONDITION	YES	NO	EXAMINING DOCTOR REMARK	SIGNATURE
	effects, and receipt of instruction on proper use of PrEP.				
MISCELLANEOUS CONDITIONS	Current use of medication(s) delivered via an injectable or transdermal mechanism (e.g., allergy immunotherapy, transdermal or injectable hormones or contraceptives) or which that otherwise require(s) refrigeration, unless there is written confirmation by the individual's treating provider that the medication or therapy can be safely postponed, discontinued, or switched to an alternative delivery system without adverse risk to the individual, if the current delivery method (or refrigeration, if applicable) is not available or not authorized during periods of training or deployment.				