Change 116
Manual of the Medical Department
U.S. Navy
NAVMED P-117

11 June 2001

To: Holders of the Manual of the Medical Department

1. **This Change** completely revises Chapter 15, Section III, Physical Standards, as well as changes the title for the section to Physical Standards for Appointment, Enlistment, or Induction.

2. **Action**

   a. Remove Chapter 15, **Section III only,** and replace with new Section III.

   b. Record this change 116 in the Record of Page Changes.

R. A. NELSON
Chief, Bureau of
Medicine and Surgery

Section III
PHYSICAL STANDARDS FOR APPOINTMENT, ENLISTMENT, OR INDUCTION

Article		Page
15-32	General	15-19
15-33	Abdominal Organs and Gastrointestinal System	15-19
15-34	Blood and Blood-Forming Tissue Diseases	15-21
15-35	Dental	15-21
15-36	Ears	15-21
15-37	Hearing	15-22
15-38	Endocrine and Metabolic Disorders	15-22
15-39	Upper Extremities	15-22
15-40	Lower Extremities	15-23
15-41	Miscellaneous Conditions of the Extremities	15-24
15-42	Eyes and Vision	15-25
15-43	Genitalia (Male and Female)	15-27
15-44	Urinary System	15-28
15-45	Head and Neck	15-29

Article		Page
15-46	Heart and Vascular System	15-29
15-47	Height, Weight, and Body Build	15-30
15-48	Lungs, Chest Wall, Pleura, and Mediastinum	15-30
15-49	Mouth	15-31
15-50	Nose, Sinuses, and Larynx	15-31
15-51	Neurological Disorders	15-32
15-52	Disorders with Psychotic Features	15-33
15-53	Neurotic, Anxiety, Mood, Somatoform, Dissociative, or Factitious Disorders	15-33
15-54	Personality, Conduct, and Behavior Disorders	15-34
15-55	Psychosexual Conditions	15-34
15-56	Substance Misuse	15-34
15-57	Skin and Cellular Tissues	15-35
15-58	Spine and Sacroiliac Joints	15-36
15-59	Systemic Diseases	15-36
15-60	General and Miscellaneous Conditions and Defects	15-37
15-61	Tumors and Malignant Diseases	15-38
15-62	Miscellaneous	15-38

15-32 General

(1) Accession physical standards ensure individuals under consideration for appointment, enlistment, and induction into the United States Navy and Unites States Marine Corps are:

(a) Free of contagious diseases that are likely to endanger the health of other personnel.

(b) Free of medical conditions or physical defects that would require excessive time lost from duty for necessary treatment or hospitalization or that would likely result in separation from the Navy for medical unfitness.

(c) Medically capable of satisfactorily completing required training.

(d) Medically adaptable to the military environment without the necessity of geographical area limitations.

(e) Medically capable of performing duties without aggravation of existing physical defects or medical conditions.

(2) This chapter establishes physical standards, that, if not met, are grounds for rejection for service in the Navy or Marine Corps. Other standards may be prescribed for a mobilization for a national emergency. The physical standards outlined in this chapter apply to:

(a) Applicants for appointment as commissioned or warrant officers in the active and Reserve Navy and Marine Corps components.

(b) Applicants for enlistment in the regular Navy and Marine Corps and for enlistment in the Navy and Marine Corps Reserve. For medical conditions or physical defects predating original enlistment, these standards pertain to enlistee's first 6 months of active or Reserve duty.

(c) Applicants for reenlistment in regular and Reserve components after a period of more than 6 months has elapsed since discharge.

(d) Applicants for the scholarship or advanced course Reserve Officers' Training Corps (ROTC) and all other special officer personnel procurement programs.

(e) Retention of cadets and midshipmen at the United States Naval Academy and students enrolled in ROTC scholarship programs.

(f) Individuals on the Temporary Disability Retired List (TDRL) who have been found fit on reevaluation and wish to return to active duty. The prior disabling defect(s), and any other physical defects, identified before placement on theTDRL that would not have prevented reenlistment are exempt from this instruction.

(g) All individuals being inducted into the Navy and Marine Corps.

(3) These standards apply for determining physical qualification for general service. Additional, more restrictive standards may be established for special duty requiring a level or type of physical ability or capacity different from that required for general service. Some of these standards are outlined in this chapter, Section IV, Special Duty. An applicant who does not meet special duty standards may be physically qualified for general service.

(4) Furthermore, for programs leading to a commission, more restrictive entry standards can be imposed to assure qualification at the time of commissioning.

15-33 Abdominal Organs and Gastrointestinal System

(1) The causes for rejection for appointment, enlistment, or induction are a history of:

(a) ***Esophagus.*** Ulceration, varices, fistula, achalasia, or other dysmotility disorders; chronic, or recurrent esophagitis if confirmed by x-ray or endoscopic examination.

(b) ***History of Gastroesophageal Reflux Disease.***

(c) ***Stomach and Duodenum***

(1) ***Gastritis.*** Chronic hypertrophic or severe.

(2) ***Active ulcer of stomach or duodenum.*** Confirmed by x-ray or endoscopy.

(3) ***Congenital abnormalities of the stomach or duodenum.*** Causing symptoms or requiring surgical treatment, except a history of surgical correction of hypertrophic pyloric stenosis of infancy.

(d) ***Small and Large Intestine***

(1) ***Inflammatory bowel disease.*** Regional enteritis, Crohn's disease, ulcerative colitis, or ulcerative proctitis.

(2) ***Duodenal diverticula.*** That with symptoms or sequelae (hemorrhage or perforation; etc.).

(3) ***Intestinal malabsorption syndromes.*** Including, but not limited to, postsurgical, idiopathic, and celiac disease (sprue).

(4) ***History of intestinal obstruction.***

(5) ***History of megacolon or Hirshsprung's disease.***

(6) ***Irritable bowel syndrome or history of chronic diarrhea or constipation.***

(7) ***Congenital.*** Conditions to include, but are not limited to, Meckel's diverticulum, malrotation, situs inversus, or functional abnormalities.

(8) ***Gastrointestinal bleeding.*** History of such, unless the cause shall have been corrected and is not otherwise disqualifying.

(9) ***Bowel resection.***

(10) ***Malrotation of bowel.***

(e) ***Hepato-Pancreatic-Biliary Tract***

(1) ***Viral hepatitis or unspecified hepatitis.*** Hepatitis in the preceding 6 months or persistence of symptoms after 6 months, or objective evidence of impairment of liver function, chronic hepatitis, or hepatitis B carriers. The presence of hepatitis B surface antigen, hepatitis C antibody, and ALT (SGPT) above normal laboratory reference range.

(2) ***Metabolic liver disease.*** Including, but not limited to, hemochromatosis, Wilson's disease, and alpha-1-antitrypsin deficiency.

(3) ***Cirrhosis, hepatic cysts and abscess, and sequelae of chronic liver disease.***

(4) ***Cholecystitis.*** Acute or chronic, with or without cholelithiasis; and other disorders of the gallbladder, including postcholecystectomy syndrome, and biliary system.

(5) ***Bile duct abnormalities or strictures.***

(6) ***Pancreatitis.*** Acute and chronic.

(f) ***Anorectal***

(1) ***Anal fissure, if persistent, or anal fistula.***

(2) ***Anal or rectal polyp, prolapse, stricture, or incontinence.***

(3) ***Hemorrhoids.*** Internal or external, when large, symptomatic, or history of bleeding.

(4) ***Spleen.***

(5) ***Splenomegaly.*** If persistent.

(6) ***Splenectomy.*** Except when accomplished for trauma or conditions unrelated to the spleen, or for hereditary spherocytosis.

(g) ***Abdominal Wall***

(1) ***Hernia.*** Including inguinal and other abdominal hernias including umbilical and hiatal.

(2) ***History of abdominal surgery during the preceding 60 days.***

(3) ***Other.*** Gastrointestinal bypass or stomach stapling for control of obesity. Persons with artificial openings.

15-34 Blood and Blood-Forming Tissue Diseases

(1) The causes for rejection for appointment, enlistment, or induction are a history of the following:

(a) ***Anemia.*** Any hereditary, acquired, aplastic, or unspecified anemia that has not been permanently corrected with therapy.

(b) ***Sickle-cell disease and sickle-cell trait.*** If sickle hemoglobin is greater than 45 percent. Sickle-cell syndromes including sickle beta-thalassemia and hemoglobin SC disease.

(c) ***Thalassemia.*** Including, but not limited to, beta-thalassemia major and intermedia or any other thalassemia causing anemia.

(d) ***Hemorrhagic disorders.*** Any congenital or acquired tendency to bleed due to a platelet or coagulation disorder.

(e) ***Thromboembolic disease, current or history thereof.***

(f) ***Leukopenia.*** Chronic or recurrent, based on available norms for ethnic background.

(g) ***Immunodeficiency.***

(h) ***Platelet Deficiency.***

15-35 Dental

(1) The causes for rejection for appointment, enlistment, or induction are as follows:

(a) ***Diseases of the Jaw or Associated Tissues that are not Easily Remediable and will Incapacitate the Individual or Otherwise Prevent the Satisfactory Performance of Duty.*** Those diseases include a current or past history of temporomandibular disorders and/or myofacial pain dysfunction, or any other condition, which has the potential for future problems with pain or function.

(b) ***Severe Malocclusion.*** That malocclusion which interferes with normal mastication or requires early and protracted treatment; or relationship between mandible and maxilla that prevents satisfactory future prosthodontic replacement.

(c) ***Insufficient Natural Healthy Teeth or Lack of a Serviceable Prosthesis.*** If this condition prevents adequate mastication and incision of a normal diet. That includes complex (multiple fixture) dental implant systems that have associated complications that severely limit assignments and adversely affect performance of worldwide duty. Dental implant systems must be successfully osseointegrated and completed.

(d) ***Orthodontic Appliances for Continued Treatment, Attached or Removable.*** Retainer appliances are permissible, if all active orthodontic treatment has been satisfactorily completed.

15-36 Ears

(1) The causes for rejection for appointment, enlistment, or induction are as follows:

(a) ***External Ear.*** Atresia or microtia, stenosis, chronic or acute otitis externa, or traumatic deformity.

(b) ***Mastoids.*** Mastoiditis, residual of mastoid operation with fistula, or external deformity that prevents or interferes with the wearing of protective mask or helmet.

(c) ***Meniere's Syndrome, or Other Diseases of the Vestibular System.***

(d) ***Middle and Inner Ear.*** History or presence of acute, chronic, or recurrent otitis media. History or presence of cholesteatoma. History of any inner or middle ear surgery, excluding myringotomy or successful tympanoplasty. Chronic serous otitis media.

(e) ***Tympanic Membrane.*** Any perforation of the tympanic membrane or surgery to correct perforation during the preceding 120 days.

15-37 Hearing

(1) The cause for rejection for appointment, enlistment, or induction is a hearing threshold level greater than that described in paragraph (1)(a)(3) below:

(a) ***Audiometric Hearing Levels***

(1) Only audiometers calibrated to the International Standards Organization (ISO 1964) or the American National Standards Institute (ANSI 1996) shall be used to test the hearing of all applicants.

(2) All audiometric tracings or audiometric readings recorded on reports of medical examinations or other medical records shall be clearly identified.

(3) Acceptable audiometric hearing levels (both ears) are as follows:

(a) Pure tone at 500, 1000, and 2000 cycles per second of not more than 30 decibels on the average with no individual level greater than 35 decibels at those frequencies.

(b) Pure tone level not more than 35 decibels at 3000 cycles per second and 35 decibels at 4000 cycles per second.

15-38 Endocrine and Metabolic Disorders

(1) The causes for rejection for appointment, enlistment, or induction are a history of the following:

(a) ***Adrenal Dysfunction.*** Of any degree.

(b) ***Diabetes Mellitus.*** Of any type.

(c) ***Glycosuria.***

(d) ***Acromegaly.*** Gigantism, or other disorder of pituitary function.

(e) ***Gout.***

(f) ***Hyperinsulinism.***

(g) ***Hyperparathyroidism and Hypoparathyroidism.***

(h) ***Osteoporosis.***

(i) ***Thyroid Disorders***

(1) Goiter.

(2) Hypothyroidism. Condition uncontrolled by medication.

(3) Cretinism.

(4) Hyperthyroidism.

(5) Thyroiditis.

(j) ***Nutritional Deficiency Diseases.*** Such diseases include beriberi, pellagra, and scurvy.

(k) ***Other Endocrine or Metabolic Disorders.*** Disorders such as cystic fibrosis, porphyria, and amyloidosis prevent satisfactory performance of duty or require frequent or prolonged treatment.

15-39 Upper Extremities

(1) The causes for rejection for appointment, enlistment, or induction are as follows:

(a) ***Limitation of Motion.*** An individual shall be considered unacceptable if the joint ranges of motion are less than the measurements listed in paragraphs (1)(a)(1) and (1)(a)(5), below.

(1) ***Shoulder***

(a) Forward elevation to 90 degrees.

(b) Abduction to 90 degrees.

(2) ***Elbow***

(a) Flexion to 100 degrees.

(b) Extension to 15 degrees.

(3) ***Wrist.*** A total range of 60 degrees (extension plus flexion), or radial and ulnar deviation combined arc 30 degrees.

(4) ***Hand***

(a) Pronation to 45 degrees.

(b) Supination to 45 degrees.

(5) ***Fingers and thumb.*** Inability to clench fist, pick up a pin, grasp an object, or touch tips of at least three fingers with thumb.

(b) ***Hand and Fingers***

(1) Absence of the distal phalanx of either thumb.

(2) Absence of distal and middle phalanx of an index, middle, or ring finger of either hand irrespective of the absence of little finger.

(3) Absence of more than the distal phalanx of any two of the following: index, middle, or ring finger of either hand.

(4) Absence of hand or any portion thereof, except for fingers as noted in paragraphs (1)(b)(1) and (1)(b)(2) above.

(a) Polydactyly.

(b) Scars and deformities of the fingers or hand that are symptomatic or impair normal function to such a degree to interfere with the satisfactory performance of military duty.

(c) Intrinsic paralysis or weakness, including nerve palsy sufficient to produce physical findings in the hand such as muscle atrophy or weakness.

(c) ***Wrist, Forearm, Elbow, Arm, and Shoulder.*** Recovery from disease or injury with residual weakness or symptoms such as preventing satisfactory performance of duty, or grip strength of less than 75 percent of predicted normal when injured hand is compared with the normal hand (nondominant is 80 percent of dominant grip).

15-40 Lower Extremities

(1) The causes for rejection for appointment, enlistment, or induction are as follows (see also article 15-41 below):

(a) ***Limitation of Motion.*** An individual shall be considered unacceptable if the joint ranges of motion are less than the measurements listed in paragraphs (1)(a)(1) through (1)(a)(4), below.

(1) ***Hip (due to disease or injury)***

(a) Flexion to 90 degrees.

(b) Extension to 10 degrees (beyond 0 degrees).

(c) Abduction to 45 degrees.

(d) Rotation - 60 degrees (internal and external combined).

(2) ***Knee (due to disease or injury)***

(a) Full extension, compared with contralateral.

(b) Flexion to 90 degrees.

(3) ***Ankle (due to disease or injury)***

(a) Dorsiflexion to 10 degrees.

(b) Planter flexion to 30 degrees.

(4) ***Subtalar (due to disease or injury).*** Eversion and inversion total to 5 degrees.

(b) ***Foot and Ankle***

(1) ***Absence of one or more small toes.*** If function of the foot is poor, or running or jumping is prevented; absence of a foot or any portion except for toes.

(2) ***Absence of great toe.*** Loss of dorsal and/or planter flexion if function of the foot is impaired.

(3) ***Deformities of the toes.*** Either acquired or congenital, including polydactyly, that prevents the wearing of military footwear, or impairs walking, marching, running, or jumping. That includes hallux valgus.

(4) ***Clubfoot and/or pes cavus.*** If stiffness or deformity prevents foot function or wearing military footwear.

(5) ***Symptomatic pes planus.*** Acquired or congenital or pronounced cases with absence of subtalar motion.

(6) ***Ingrown toenails.***

(7) ***Plantar fasciitis.***

(8) ***Neuroma.*** Confirmed condition and refractory to medical treatment, or will impair function of the foot.

(c) ***Leg, Knee, Thigh, and Hip***

(1) Loose or Foreign Bodies in the Knee Joint.

(2) Physical Findings of an Unstable or Internally Deranged Joint. History of uncorrected anterior or posterior cruciate ligament injury.

(3) Surgical correction of any knee ligaments, if symptomatic or unstable.

(4) History of Congenital Dislocation of the Hip. Osteochondritis of the hip (Legg-Perthes Disease), or slipped femoral epiphysis of the hip.

(5) Hip Dislocation. Dislocation within 2 years before examination.

(6) Osteochondritis of the Tibial Tuberosity (Osgood-Schlatter's Disease), if symptomatic.

(d) ***General***

(1) Deformities, disease, or chronic pain of one or both lower extremities that have interfered with function to such a degree to prevent the individual from following a physically active vocation in civilian life; or that would interfere with walking, running, weight bearing, or the satisfactory completion of training or military duty.

(2) Shortening of a lower extremity, resulting in a noticeable limp, scoliosis or leg length discrepancy of greater than 2 cm.

15-41 Miscellaneous Conditions of the Extremities

(1) The causes for rejection for appointment, enlistment, or induction are as follows:

(a) ***Arthritis***

(1) Active, subacute, or chronic arthritis.

(2) Chronic osteoarthritis or traumatic arthritis of isolated joints of more than a minimal degree that has interfered with the following of a physically active vocation in civilian life or that prevents the satisfactory performance of military duty.

(b) ***Chronic Retropatellar Knee Pain.***

(c) ***Dislocation if Unreduced, or Recurrent Dislocations of Any Major Joint.*** Such as, shoulder, hip, elbow, knee; or instability of any major joint (shoulder, elbow, or hip).

(d) ***Fractures***

(1) Malunion or Nonunion of Any Fracture.

(2) Orthopedic Hardware. Hardware including plates, pins, rods, wires, or screws used for fixation and left in place; except a pin, wire, or screw not subject to easy trauma is not disqualifying.

(3) Injury of Bone or Joint. An injury of more than a minor nature, with or without fracture or dislocation, which occurred in the preceding 6 weeks (upper extremity, lower extremity, or ribs and clavicle).

(e) ***Joint Replacement***

(f) ***Muscular Paralysis, Contracture, or Atrophy).*** If progressive or of sufficient degree to interfere with military service, and muscular dystrophies.

(g) ***Osteochondritis Dessicans.***

(h) ***Osteochrondromatosis or Multiple Cartilaginous Exostoses.***

(i) ***Osteoporosis.***

(j) ***Osteomyelitis.*** Active or recurrent.

(k) ***Scars.*** Extensive, deep, or adherent to the skin and soft tissues that interfere with muscular movements.

(l) ***Implants.*** Silastic or other devices implanted to correct orthopedic abnormalities.

15-42 Eyes and Vision

(1) The causes for rejection for appointment, enlistment, or induction are as follows:

(a) ***Eyes***

(1) ***Lids***

(a) ***Blepharitis.*** Chronic condition, of more than a mild degree.

(b) ***Blepharospasm.***

(c) ***Dacryocystitis.*** Acute or chronic condition.

(d) ***Deformity of the lids.*** Complete or extensive lid deformity, sufficient to interfere with vision or impair protection of the eye from exposure.

(2) ***Conjunctiva***

(a) ***Conjunctivitis.*** Chronic condition, including trachoma, and allergic conjunctivitis.

(b) ***Pterygium.*** If condition encroaching on the cornea in excess of 3 millimeters, interfering with vision, progressive or recurring after two operative procedures.

(c) ***Xerophthalmia.***

(3) ***Cornea***

(a) Dystrophy. Corneal dystrophy, of any type, including keratoconus of any degree.

(b) ***Keratorefractive surgery.*** History of lamellar and/or penetrating keratoplasty. Laser surgery or appliance used to reconfigure the cornea is also disqualifying. All corneal procedures including, but not limited to, radial keratotomy (RK), photorefractive keratotomy (PRK), laser-in-situ keratomileusus (LASIK) and intracorneal rings.

(c) ***Keratitis.*** Acute or chronic keratitis, which includes recurrent corneal ulcers, erosions (abrasions), or herpetic ulcers.

(d) ***Vascularization or opacification of the cornea.*** Condition from any cause that is progressive or reduces vision below the standards prescribed in (1)(b) below.

(4) ***Uveitis or iridocyclitis.***

(5) ***Retina***

(a) ***Angiomatosis.*** Or other congenitohereditary retinal dystrophy that impairs visual function.

(b) ***Chorioretinitis.*** Unless single episode that has healed and does not interfere with vision.

(c) ***Congenital or degenerative changes of any part of the retina including lattice degeneration.***

(d) ***Detachment of the retina.*** A history of surgery for same, or peripheral retinal injury or degeneration that may cause retinal detachment.

(e) ***Chorioretinis or inflammation of the retina.*** Condition including histoplasmosis, toxoplasmosis, or vascular conditions of the eye to include Coats' Disease, Eales' Disease, and retinitis proliferans, unless a single episode of known cause that has healed and does not interfere with vision.

(6) ***Optic nerve***

(a) ***Optic neuritis.*** Neuroretinitis, secondary optic atrophy, or documented history of attacks of retrobulbar neuritis.

(b) ***Optic atrophy or cortical blindness.***

(c) ***Papilledema.***

(7) *Lens*

(a) ***Aphakia.*** Lens implant, or dislocation of a lens.

(b) ***Opacities of the lens.*** Those conditions that interfere with vision or that are considered to be progressive.

(8) ***Ocular mobility and motility***

(a) ***Diplopia.*** Constant or intermittent.

(b) ***Nystagmus.***

(c) ***Strabismus.*** Greater than 40 diopters or accompanied by diplopia.

(d) ***Strabismus.*** Corrective surgery in the preceding 6 months.

(e) ***For entrance into Service academies and ROTC programs, additional requirements relating to esotropia and hypertropia may be set.***

(9) ***Miscellaneous defects and diseases***

(a) ***Abnormal visual fields due to diseases of the eye or central nervous system, or trauma.*** Meridian-specific visual field minimums are as follows:

- Temporal 85°
- Superior-Temporal 55°
- Superior 45°
- Superior Nasal 55°
- Nasal 60°
- Inferior Nasal 50°
- Inferior 65°
- Inferior Temporal 85°

(b) ***Absence of an eye.*** Congenital or acquired.

(c) ***Asthenopia.*** Severe.

(d) ***Exophthalmos.*** Unilateral or bilateral, non-familial.

(e) ***Glaucoma.*** Primary, secondary, pre-glaucoma as evidenced by intraocular pressure above 21 mmHg, or the secondary changes in the optic disc or visual field loss associated with glaucoma.

(f) ***Loss of normal pupillary reflex, reactions to accommodation or light, including Adie's Syndrome.***

(g) ***Night blindness.***

(h) ***Retained intraocular foreign body.***

(i) ***Tumors.*** Growths or tumors of the eyelid, other than small basal cell tumors that may be cured by treatment, and small nonprogressive asymptomatic benign lesions.

(j) ***Any organic disease of the eye or adnexa, not specified above, which threatens vision or visual function.***

(b) *Vision*

(1) ***Distant visual acuity of any degree that does not correct with spectacle lenses to at least one of the following:***

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

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

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

(d) Commissioning as an officer in the Navy or Marine Corps requires visual acuity that corrects to 20/20 in both eyes with standard lenses.

(2) ***Near visual acuity of any degree that does not correct to 20/40 in the better eye.*** For Navy officers and Marine Corps officers, vision must correct to 20/20 in both eyes with standard lenses.

(3) ***Refractive error (hyperopia, myo-pia, astigmatism).*** Refractive error of worse than +/-8.00 diopters of sphere or +/-4.00 diopters of cylinder; if ordinary spectacles cause discomfort by reason of ghost images or prismatic displacement; or if corrected by orthokeratology or keratorefractive surgery.

(a) For Navy and Marine Corps programs leading to a commission the refractive error cannot exceed +/-6.00 diopters sphere and +/-3.00 diopters cylinder.

(4) ***Contact lenses.*** Complicated cases requiring contact lenses for adequate correction of vision, such as corneal scars and irregular astigmatism.

(5) ***Color vision***

(a) Color vision is not required for enlisted service. However, some occupational specialties may require color vision.

(b) Adequate color vision is required for unrestricted line officers and Navy programs leading to a commission as an unrestricted line officer. In addition, some restricted line, limited duty officer and warrant officer programs also require adequate color vision. These designators include, but are not limited to: 163x, 611x, 612x, 616x, 621x, 622x, 626x, 648x, 711x, 712x, 717x, 721x, 722x, 727x, and 748x.

(c) The Farnsworth Lantern (FALANT) is the Navy's definitive test for color vision. Those passing an appropriately conducted FALANT are considered to have adequate color vision for naval service. A passing score using the FALANT is 9 correct responses out of a series of 9 presentations. If any errors are made, a consecutive series of 18 presentations will be made with a passing score being 16 correct responses out of the 18 consecutive presentations.

(d) Screening for color deficiency with pseudo-isochromatic plates (PIP) is an acceptable alternative. Applicants will be screened with a 14-plate PIP set with passing defined as 12/14 correct. Applicants scoring 12/14 correct on screening with a PIP set need not be tested with the FALANT. Applicant's failing the PIP screening test should be tested for adequate color vision using the FALANT if they are applying for a program that requires adequate color vision.

15-43 Genitalia (Male and Female)

(1) ***Male Genitalia.*** The causes of medical rejection for appointment, enlistment, or induction are:

(a) ***Absence of Both Testicles.*** Congenital or acquired, or unexplained absence of a testicle.

(b) ***Epispadias or Hypospadias.***

(c) ***Undiagnosed Enlargement or Mass of Testicle, Epididymis or any Scrotal Structure.***

(d) ***Undescended Testicle(s).***

(e) ***Orchitis.*** Acute, or chronic epididymitis.

(f) ***Penis.*** Amputation of, if the resulting stump is insufficient to permit micturition in a normal manner.

(1) ***Penile infectious lesions.*** Including herpes genitalis and condyloma acuminatum: acute or chronic, not amenable to treatment. Such treatment must be given and demonstrated effective prior to accession.

(g) ***Prostatitis.*** Acute or chronic condition.

(h) ***Prostatic Hypertrophy with Urinary Retention.***

(i) ***Hydrocele.*** Left varicocele (if painful), or any right varicocele.

(j) ***Major Abnormalities and Defects of the Genitalia.*** Such as a change of sex. A history thereof, or dysfunctional residuals from surgical correction of these conditions.

(2) ***Female Genitalia.*** The causes for rejection for appointment, enlistment, or induction are as follows:

(a) ***Abnormal Uterine Bleeding.*** Including such bleeding as menorrhagia, metrorrhagia, or polymenorrhea.

(b) ***Amenorrhea.***

(c) ***Dysmenorrhea.*** Incapacitating to a degree recurrently necessitating absences of more than a few hours from routine activities.

(d) ***Endometriosis.***

(e) ***Hermaphroditism.***

(f) ***Menopausal Syndrome.*** If manifested by more than mild constitutional or mental symptoms, or artificial menopause less than a 1-year duration.

(g) ***Ovarian Cysts.*** Persistent or clinically significant.

(h) ***Pelvic Inflammatory Disease.*** Acute or chronic.

(i) ***Pregnancy.***

(j) ***Uterus.*** Congenital absence of or enlargement due to any cause.

(k) ***Vulvar or Vagina Ulceration.*** Including herpes genitalis and condyloma acuminatum: acute or chronic, not amenable to treatment. Such treatment must be given and demonstrated effective prior to accession.

(l) ***Abnormal Pap Smear.*** Graded low-grade squamous intraepithelial lesion or higher severity; or any smear in which the descriptive terms carcinoma-in-situ, invasive cancer, condyloma accuminatum, human papilloma virus, or dysplasia are used.

(m) ***Major Abnormalities and Defects of the Genitalia.*** Such as a change of sex. A history thereof, or dysfunctional residuals from surgical correction of these conditions.

15-44 Urinary System

(1) The causes for rejection for appointment, enlistment, or induction are:

(a) ***Cystitis.***

(b) ***Urethritis.***

(c) ***Enuresis or Incontinence of Urine Beyond Age 12.*** (See article 15-54.)

(d) ***Hematuria, Pyuria, or Other Findings Indicative of Urinary Tract Disease.***

(e) ***Urethral Stricture or Fistula.***

(f) ***Kidney***

(1) ***Absence of one kidney.*** Congenital or acquired.

(2) ***Infections.*** Acute or chronic infections.

(3) ***Polycystic kidney.*** Confirmed history of such a condition.

(4) ***Horseshoe kidney.***

(5) ***Hydronephrosis.***

(6) ***Nephritis.*** Acute or chronic.

(7) ***Proteinuria.***

(8) ***Renal calculus.*** Within the previous 12 months, recurrent calculus, nephrocalcinosis, or bilateral renal calculi at any time.

15-45 Head and Neck

(1) ***Head.*** The causes for rejection for appointment, enlistment, or induction are:

(a) ***Injuries.*** Including severe contusions and other wounds of the scalp and cerebral concussion, until a period of 3 months has elapsed. (See article 15-51.)

(b) ***Deformities of the Skull, Face, or Jaw.*** Such deformities of a degree that will prevent the individual from wearing a protective mask or military headgear.

(c) ***Defects.*** Loss, or congenital absence of the bony substance of the skull not successfully corrected by reconstructive materials, or leaving residual defect in excess of one square inch (6.45cm^2) or the size of a 25-cent piece.

(d) ***Paralysis of any part of the face.***

(2) ***Neck.*** The causes for rejection for appointment, enlistment, or induction are:

(a) ***Cervical Ribs.*** If symptomatic, or so obvious that they are found on routine physical examination.

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

(c) ***Contraction.*** Contraction of the muscles of the neck, spastic or nonspastic, or cicatricial contracture of the neck to the extent that it interferes with the wearing of a uniform or military equipment, or is so disfiguring to impair military bearing.

15-46 Heart and Vascular System

(1) ***Heart.*** The causes for rejection for appointment, enlistment, or induction are:

(a) ***All Valvular Heart Diseases.*** Congenital or acquired, including those improved by surgery, except mitral valve prolapse. Mitral valve prolapse is a cause for rejection if there is associated tachyarrhythmia, mitral regurgitation, or degeneration of the valve leaflets.

(b) ***Coronary Heart Disease.***

(c) ***Symptomatic Arrhythmia (or Electrocardiographic Evidence of Arrhythmia).*** A history of such condition.

(1) ***Supraventricular tachycardia.*** Or any dysrhythmia originating from the atrium or sinoatrial node, such as atrial flutter, and atrial fibrillation unless there has been no recurrence during the preceding 2 years while off all medications. Premature atrial or ventricular contractions are disqualifying when sufficiently symptomatic to require treatment or result in physical or psychological impairment.

(2) ***Ventricular arrythmias.*** Those arrythmias including ventricular fibrillation, tachycardia, and multifocal premature ventricular contractions. Occasional asymptomatic premature ventricular contractions are not disqualifying.

(3) ***Ventricular conduction disorders.*** Such disorders with left bundle branch block, Mobitz type II second degree AV block, third degree AV block. Wolff-Parkinson-White syndrome and Lown-Ganong-Levine Syndrome associated with an arrhythmia are also disqualifying.

(4) ***Conduction disturbances.*** Conduction disturbances such as first degree AV block, left anterior hemiblock, right bundle branch block or Mobitz type I second degree AV block are disqualifying when symptomatic or associated with underlying cardiovascular disease.

(d) ***Hypertrophy or Dilatation of the Heart.***

(e) ***Cardiomyopathy.*** Including myocarditis, or history of congestive heart failure even though currently compensated.

(f) ***Pericarditis.***

(g) ***Persistent Tachycardia (Resting Pulse Rate of 100 or Greater).***

(h) ***Congenital Anomalies of Heart and Great Vessels.*** Except for corrected patent ductus arteriosus.

(2) ***Vascular System.*** The causes for rejection for appointment, enlistment, or induction are:

(a) ***Abnormalities of the Arteries and Blood Vessels.*** Abnormalities including, but not limited to, aneurysms even if repaired, coarctation of the aorta, atherosclerosis, and arteritis.

(b) ***Circulatory instability such as orthostatic hypotension.***

(c) ***Hypertensive Vascular Disease.*** Such disease evidenced by the average of three consecutive diastolic blood pressure measurements greater than 90 mmHg or three consecutive systolic pressures greater than 140 mmHg. High blood pressure requiring medication or a history of treatment including dietary restriction.

(d) ***Pulmonary or Systemic Embolization.***

(e) ***Peripheral Vascular Disease.*** Including diseases such as Raynaud's Phenomenon.

(f) ***Vein Diseases.*** Vein diseases including recurrent thrombophlebitis, thrombophlebitis during the preceding year, or any evidence of venous incompetence, such as large or symptomatic varicose veins, edema, or skin ulceration.

15-47 Height, Weight, and Body Build

(1) ***Height and Weight.*** The causes for rejection for appointment, enlistment, or induction are specified under the respective Navy or Marine Corps recruiting command instruction.

(2) ***Body Build.*** The cause for rejection for appointment, enlistment, or induction is deficient muscular development that will interfere with the completion of required training. In addition, the respective Navy or Marine Corps recruiting commands may issue additional requirements.

15-48 Lungs, Chest Wall, Pleura, and Mediastinum

(1) The causes for rejection for appointment, enlistment, or induction are a history of:

(a) ***Abnormal Elevation of the Diaphragm.*** Such elevation may be either side.

(b) ***Abscess of the Lung.***

(c) ***Acute Infectious Processes of the Lung.*** Until cured.

(d) ***Asthma.*** Including reactive airway disease, exercise induced bronchospasm or asthmatic bronchitis, reliably diagnosed at any age.

(e) ***Substantiated History of Cough, Wheeze, and/or Dyspnea which Persists.***

(f) ***Bronchitis.*** That which is chronic, symptoms over 3 months occurring at least twice a year.

(g) ***Bronchiectasis.***

(h) ***Bronchopleural Fistula.***

(i) ***Bullous or Generalized Pulmonary Emphysema.***

(j) ***Chronic Mycotic Diseases of the Lung.*** Such diseases including coccidioidomycosis.

(k) ***Chest Wall Malformation or Fracture.*** Those conditions that interfere with vigorous physical exertion.

(l) ***Empyema.*** That condition includes residual pleural effusion, or unhealed sinuses of chest wall.

(m) ***Extensive Pulmonary Fibrosis.***

(n) ***Foreign Body in Lung, Trachea, or Bronchus.***

(o) ***Lobectomy.*** With residual pulmonary disease or removal of more than one lobe.

(p) ***Pleurisy with Effusion.*** That condition occurring within the previous 2 years if known origin, or unknown origin.

(q) ***Pneumothorax.*** That condition occurring during the year preceding examination if due to simple trauma or surgery, during the 3 years preceding examination from spontaneous origin. Recurrent spontaneous pneumothorax after surgical correction or pleural sclerosis.

(r) ***Sarcoidosis.*** (See article 15-59.)

(s) ***Silicone Breast Implants.*** Those encapsulated, if less than 9 months since surgery or with symptomatic complications.

(t) ***Tuberculous Lesions.*** (See article 15-59.)

15-49 Mouth

(1) The causes for rejection for appointment, enlistment, or induction are:

(a) ***Cleft Lip or Palate Defects.*** Unless satisfactorily repaired by surgery.

(b) ***Leukoplakia.***

(c) ***Conditions of the Oral Cavity Leading to Poor Articulation or Inability to Articulate.***

15-50 Nose, Sinuses, and Larynx

(1) The causes for rejection for appointment, enlistment, or induction are:

(a) ***Allergic Manifestations***

(1) ***Allergic or vasomotor rhinitis.*** If moderate or severe and not controlled by oral medications, desensitization, or topical corticosteroid medication.

(2) ***Allergy immunotherapy within the preceding 2 Years.***

(3) ***Atrophic rhinitis.***

(b) ***Vocal Cord Paralysis and Dysfunction.***

(c) ***Symptomatic Disease of the Larynx.***

(d) ***Hoarseness.***

(e) ***Anosmia or Parosmia.***

(f) ***Epistaxis.*** Recurrent condition.

(g) ***Nasal Polyps.***

(h) ***Perforation of Nasal Septum.***

(i) ***Sinusitis.*** Acute.

(j) ***Sinusitis Chronic.*** Such condition exists when evidenced by chronic purulent nasal discharge, hyperplastic changes of the nasal tissue, symptoms requiring frequent medical attention, or x-ray findings.

(k) ***Larynx Ulceration, Polyps or Granulation Tissue, or Chronic Laryngitis.***

(l) ***Tracheostomy or Tracheal Fistula.***

(m) ***Deformities or Conditions.*** Those of the mouth, tongue, palate throat, pharynx, larynx, and nose that interfere with chewing, swallowing, speech, or breathing.

(n) ***Pharyngitis and Nasopharyngitis.*** Chronic conditions.

(o) ***History of Cancer of the Oral Cavity.***

15-51 Neurological Disorders

(1) The causes for rejection for appointment, enlistment, or induction are:

(a) ***Cerebrovascular Conditions.*** Any history of subarachnoid or intracerebral hemorrhage, vascular insufficiency, aneurysm, arteriovenous malformation, thrombotic or embolic stroke, transient ischemic attack, and cerebral vein thrombosis.

(b) ***Congenital Malformations.*** If associated with neurological manifestations, or if known to be progressive; meningocele, even if uncomplicated; skull deformities precluding adequate fitting of helmets, face masks, etc.

(c) ***Degenerative and Hereditodegenerative Disorders.*** Those disorders affecting the cerebrum, basal ganglia, cerebellum, spinal cord, and peripheral nerves or muscles.

(d) ***Recurrent Headaches.*** Headaches of all types of sufficient severity or frequency that interfered with normal function in the past 3 years.

(e) ***Head Injury.*** Applicants with a history of head injury with:

(1) Late post-traumatic epilepsy (occurrings, more than 1 week after injury).

(2) Permanent motor or sensory deficits.

(3) Impairment of intellectual function.

(4) Alternation of personality.

(5) Central nervous system shunt.

(f) ***Applicants with a History of Severe Closed Head Injury are Unfit for a Period of at Least 5 Years After the Injury.*** After 5 years they may be considered fit if complete neurological and neuropsychological evaluation shows no residual dysfunction or complications. Applicants with a history of severe penetrating head injury are unfit for a period of at least 10 years after the injury. After 10 years they may be considered fit if complete neurological and neuropsychological evaluation shows no residual dysfunction or complications. Severe head injuries are defined by one or more of the following:

(1) Unconsciousness or amnesia. Conditions, alone or in combination, of 24-hours duration or longer.

(2) Depressed skull fracture.

(3) Laceration or contusion of dura or brain.

(4) Epidural, subdural, subarachnoid, or intracerebral hematoma.

(5) Associated abscess or meningitis.

(6) Cerebrospinal fluid rhinorrhea or otorrhea.

(7) Focal neurologic signs.

(8) Radiographic evidence of retained metallic or bony fragments.

(9) Leptomeningeal cysts or arteriovenous Fistula.

(10) Early post-traumatic seizure(s) (occurring within 1 week of injury, but more than 30 minutes after injury).

(g) ***Applicants with a History of Moderate Head Injury.*** Those applicants are unfit for a period of at least 2 years after the injury. After 2 years they

may be considered fit if complete neurological evaluation shows no residual dysfunction or complications. Moderate head injuries are defined as unconsciousness or amnesia, alone or in combination, of 1- to 24-hours duration, or linear skull fracture.

(h) ***Applicants with a History of Mild Head Injury.*** Those applicants with mild head injuries, as defined by a period of unconsciousness or amnesia, alone or in combination, of 1 hour or less, are unfit for at least 1 month after the injury. After 1 month, they may be acceptable if complete neurological evaluation shows no residual dysfunction or complications.

(i) ***Persistent Post-Traumatic Seizure.*** Such conditions, as manifested by headache, vomiting, disorientation, spatial disequilibrium, personality changes, impaired memory, poor mental concentration, shortened attention span, dizziness, altered sleep patterns, or any findings consistent with organic brain syndrome, are disqualifying until full recovery has been confirmed by complete neurological and neuropsychological evaluation.

(j) ***Infectious Diseases***

(1) ***Meningitis, encephalitis, or poliomyelitis.*** Such diseases occurring within 1 year before examination, or if there are residual neurological defects.

(2) ***Neurosyphilis.*** That disease of any form, general paresis, tabes dorsalis, or meningovascular syphilis.

(3) ***Narcolepsy.*** Sleep Apnea Syndrome.

(4) ***Paralysis, weakness, lack of coordination, chronic pain, neuralgia or sensory disturbance.***

(5) ***Epilepsy.*** That epilepsy occurring beyond the age of 5 unless the applicant has been free of seizures for a period of 5 years while taking no medication for seizure control, and has a normal electroencephalogram (EEG). All such applicants shall have a current neurology consultation with current EEG results. EEG may be requested by reviewing authority.

(6) ***Chronic disorders.*** Disorders including but not limited to myasthenia gravis and multiple sclerosis.

(7) ***Central nervous system shunts.*** Of all kinds.

(8) ***Disturbances of consciousness or equilibrium.*** Including, but not limited to, syncope and motion sickness.

(9) ***Spinal cord or column disorders.*** Resulting in motor, sensory, gait or genitourinary dysfunction or chronic pain.

(10) ***Peripheral nerve disorders.*** Including, but not limited to, neuritis, neuropathy, radiculopathy, and plexopathy.

(11) ***Movement disorders.*** Including, but not limited to, chorea, athetosis, torticollis, and dystonia.

(12) ***Central nervous system neoplasms.***

15-52 Disorders with Psychotic Features

(1) The causes for rejection for appointment, enlistment, or induction are a history of disorders with psychotic features.

15-53 Neurotic, Anxiety, Mood, Somatoform, Dissociative, or Factitious Disorders

(1) The causes for rejection for appointment, enlistment, or induction are a history of such disorders resulting in any or all of the below:

(a) Admission to a hospital or residential facility.

(b) Care by a physician or other mental health professional.

(c) Symptoms or behavior of a repeated nature that impaired social, school, or work efficiency.

15-54 Personality, Conduct, and Behavior Disorders

(1) The causes for rejection for appointment, enlistment, or induction or a history of such disorders resulting in any or all of the below:

(a) ***Personality, Conduct, or Behavior Disorders***

(1) Disorders as evidenced by frequent encounters with law enforcement agencies, antisocial attitudes or behavior that, while not sufficient cause for administrative rejection, are tangible evidence of impaired capacity to adapt to military service.

(2) Disorders as evidenced by history, interview, or psychological testing the degree of immaturity, instability, personality inadequacy, impulsiveness, or dependency will seriously interfere with adjustment in the Armed Forces as demonstrated by repeated inability to maintain reasonable adjustment in school, with employers and fellow workers, and other social groups.

(b) ***Other Behavior Disorders including, but not limited to, Conditions such as the following:***

(1) Enuresis or encopresis.

(2) Sleepwalking.

(3) Eating disorders that are habitual or persistent occurring beyond age 12.

(4) Stammering of such a degree that the individual is often unable to express himself or herself clearly, or to repeat commands.

(c) ***Specific Academic Skills Defects.*** Chronic history of academic skills or perceptual defects, secondary to organic or functional mental disorders that interfere with work or school after age 12. Current use of medication to improve or maintain academic skills.

(d) ***Suicide.*** History of attempted or suicidal behavior.

15-55 Psychosexual Conditions

(1) The causes for rejection for appointment, enlistment, or induction are transsexualism, exhibitionism, transvestism, voyeurism, and other paraphilias or gender identity disorders.

15-56 Substance Misuse

(1) The causes for rejection for appointment, enlistment, or induction are:

(a) ***Alcohol Dependence.***

(b) ***Alcohol Abuse.*** Use of alcoholic beverages that leads to misconduct, unacceptable social behavior, poor work or academic performance, impaired physical or mental health, lack of financial responsibility, or a disrupted personal relationship.

(c) ***Drug Dependence.***

(d) ***Nondependent Use of Drugs Characterized by the Following:***

(1) The evidence of use of any controlled, hallucinogenic, or other intoxicating substances at time of the examination, when the use cannot be accounted for as the result of a prescription by a physician.

(2) Documented misuse or abuse of any controlled substance (including cannabinoids or anabolic steroids) requiring professional care.

(3) The repeated self-procurement and self-administration of any drug or chemical substance, including cannabinoids or anabolic steroids, with such frequency it appears the applicant has accepted the use of or reliance on those sub-stances as part of his or her pattern of behavior.

(4) The use of LSD in a 2-year period before the examination.

15-57 Skin and Cellular Tissues

(1) The causes for rejection for appointment, enlistment, or induction are:

(a) ***Acne.*** Severe acne, or when extensive involvement of the neck, shoulders, chest, or back will be aggravated by or interfere with the wearing of military equipment and not amenable to treatment. Patients under treatment with isotretinoin (Accutane) are medically unacceptable until 8 weeks after completion of a course of therapy.

(b) ***Atopic Dermatitis or Eczema.*** Occurring with active or residual lesions in characteristic areas (face, neck, scalp, antecubital and/or popliteal fossae, occasionally wrists and hands), or documented history thereof after the age of 8.

(c) ***Contact Dermatitis.*** Dermatitis especially involving rubber or other materials used in any type of required protective equipment.

(d) ***Cysts***

(1) Cysts, Other Than Pilonidal. Cysts of such a size or location to interfere with the normal wearing of military equipment.

(2) Cysts Pilonidal. Cysts evidenced by the presence of a tumor mass or a discharging sinus. History of pilonidal cystectomy in 6 months before examination.

(e) ***Dermatitis Factitia.***

(f) ***Bullous Dermatoses.*** Conditions such as dermatitis herpetiformis, pemphigus, and epidermolysis bullosa.

(g) ***Chronic Lymphedema.***

(h) ***Fungus Infections.*** Systemic or superficial types, if extensive and not amenable to treatment.

(i) ***Furunculosis.*** Extensive, recurrent, or chronic condition.

(j) ***Grafted Skin.***

(k) ***Hydradenitis Suppurativa.***

(l) ***Hyperhidrosis of Hands or Feet.*** Chronic or severe condition.

(m) ***Ichthyosis.*** Or other congenital or acquired anomalies of the skin, such as nevi or vascular tumors that interfere with function or are exposed to constant irritation.

(n) ***Keloid Formation.*** If that tendency is marked or interferes with the wearing of military equipment.

(o) ***Leprosy.***

(p) ***Lichen Planus.***

(q) ***Neurofibromatosis (Von Recklinghausen's Disease).***

(r) ***Pemphigus or Pemphigoid.***

(s) ***Photosensitivity.*** Any primary sun-sensitive condition, such as polymorphous light eruption or solar urticaria; any dermatosis aggravated by sunlight such as lupus erythematosus.

(t) ***Psoriasis.***

(u) ***Radiodermatitis.***

(v) ***Scars.*** Scars so extensive, deep, or adherent they may interfere with the wearing of military clothing or equipment, exhibit a tendency to ulcerate, or interfere with function. Includes scars at skin graft donor or recipient sites if in an area susceptible to trauma.

(w) ***Scleroderma.***

(x) ***Tattoos.*** Tattoos that shall significantly limit effective performance of military service.

(y) ***Urticaria.*** Chronic.

(z) ***Warts.*** Planter warts that are symptomatic.

(aa) ***Xanthoma.*** If disabling or accompanied by hyperlipemia.

(bb) ***Any Other Chronic Skin Disorder.*** Any skin disorder of a degree or nature, such as dysplastic nevi syndrome, which requires frequent outpatient treatment or hospitalization, or interferes with the satisfactory performance of duty.

15-58 Spine and Sacroiliac Joints

(1) The causes for rejection for appointment, enlistment, or induction are:

(a) ***Arthritis.*** (See article 15-41.)

(b) ***Complaint of a disease or injury of the spine or sacroiliac joints.*** With or without objective signs that prevent the individual from successfully following a physically active vocation in civilian life, or is associated with pain referred to the lower extremities, muscular spasms, postural deformities, or limitation of motion.

(c) ***Deviation or curvature of spine from normal alignment, structure, or function if:***

(1) It prevents the individual from following a physically active vocation in civilian life.

(2) It interferes with the wearing of a uniform or military equipment.

(3) It is symptomatic and associated with positive physical findings and demonstrable by x-ray.

(4) There is lumbar scoliosis greater than 20 degrees, thoracic scoliosis greater than 30 degrees, and kyphosis or lordosis greater than 55 degrees when measured by the Cobb Method.

(d) ***Fusion.*** Congenital fusion, involving more than two vertebrae. Any surgical fusion.

(e) ***Healed Fractures or Dislocations of the Vertebrae.*** A compression fracture involving less than 25 percent of a single vertebra is not disqualifying if the injury occurred more than 1 year before examination and the applicant is asymptomatic. A history of fractures of the transverse or spinous processes is not disqualifying if the applicant is asymptomatic.

(f) ***Juvenile Epiphysitis.*** That with any degree of residual change indicated by x-ray or kyphosis.

(g) ***Ruptured Nucleus Pulposus.*** Herniation of intervertebral disk or surgery for this condition.

(h) ***Spina Bifida.*** When symptomatic or there is more than one vertebra involved, dimpling of the overlying skin, or a history of surgical repair.

(i) ***Spondylolysis and Spondylolisthesis.***

(j) ***Weak or Painful Back.*** Back condition requiring external support; that is, corset or brace. Recurrent sprains or strains requiring limitation of physical activity or frequent treatment.

15-59 Systemic Diseases

(1) The causes for rejection for appointment, enlistment, or induction are:

(a) ***Amyloidosis.***

(b) ***Ankylosing Spondylitis.***

(c) ***Eosinophilic Granuloma.*** Eosinophilic granuloma, when occurring as a single localized bony lesion and not associated with soft tissue or other involvement, shall not be a cause for rejection once healing has occurred. All other forms of the Histiocytosis X spectrum should be rejected.

(d) ***Lupus Erythnematosus and Mixed Connective Tissue Disease.***

(e) ***Polymyositis/Dermatomyositis Complex.***

(f) ***Progressive Systemic Sclerosis.*** Condition including CRST Variant.

(g) ***Psoriatic Arthritis.***

(h) ***Reiter's Disease.***

(i) ***Rheumatoid Arthritis.***

(j) ***Rhabdomyolysis or history thereof.***

(k) ***Sarcoidosis.*** Unless there is substantiated evidence of a complete spontaneous remission of at least a 2-year duration.

(l) ***Sjogren's Syndrome.***

(m) ***Tuberculosis***

(1) Active tuberculosis in any form or location, or substantiated history of active tuberculosis in the previous 2 years.

(2) One or more reactivations.

(3) Residual physical or mental defects from past tuberculosis that will prevent the satisfactory performance of duty.

(4) Individuals with a past history of active tuberculosis more than 2 years before appointment, enlistment, or induction are qualified if they have received a complete course of standard chemotherapy for tuberculosis and have no residual signs of disease. Additionally, individuals with a tuberculin reaction 10 mm or greater and without evidence of residual disease are qualified once they have been treated with chemoprophylaxis.

(n) ***Vasculitis.*** Such as Bechet's, Wegener's granulomatosis, polyarteritis nodosa.

15-60 General and Miscellaneous Conditions and Defects

(1) The causes for rejection for appointment, enlistment, or induction are:

(a) ***Allergic Manifestations.*** A reliable history of anaphylaxis to stinging insects. Reliable history of a moderate to severe reaction to common foods, spices, or food additives.

(b) ***Idiopathic or exercise induced anaphylaxis.***

(c) ***Any Acute Pathological Condition.*** Those including acute communicable diseases, until recovery has occurred without sequelae.

(d) ***Chronic Metallic Poisoning.*** Poisoning with lead, arsenic, silver, beryllium, or manganese.

(e) ***Cold Injury.*** Residuals of injury, such as frostbite, chilblain, immersion foot, trenchfoot, deep-seated ache, paresthesia, hyperhidrosis, easily traumatized skin, cyanosis amputation of any digit, or ankylosis.

(f) ***Cold Urticaria and Angioedema, Hereditary Angioedema.***

(g) ***Filariasis, Trypanosomiasis, Schistosomiasis.*** Uncinariasis or other parasitic conditions, if symptomatic or carrier state.

(h) ***Heat Pyrexia Heatstroke, or Sunstroke.*** Documented evidence of a predisposition (including disorders of sweat mechanism and a previous serious episode), recurrent episodes requiring medical attention, or residual injury (especially cardiac, cerebral, hepatic, or renal).

(i) ***Malignant Hyperthermia.***

(j) ***Industrial Solvent and Other Chemical Intoxication.***

(k) ***Latex Allergy.***

(l) ***Motion Sickness.*** An authenticated history of frequent, incapacitating motion sickness after the 12th birthday.

(m) ***Mycotic Infection of Internal Organs.***

(n) ***Organ Transplant Recipient.***

(o) ***Presence of HIV-I or Antibody.*** That presence confirmed by repeatedly reactive enzyme-linked immunosorbent assay (ELISA) and positive immunoelectrophoresis (Western Blot) test, or other DOD-approved screening and confirmatory test.

(p) ***Reactive Tests for Syphilis.*** Tests such as the Rapid Plasma Reagin (RPR) or Venereal Disease Research Laboratory (VDRL) followed by a reactive, confirmatory Fluorescent Treponemal Antibody Absorption (FFA-ABS) test, unless there is a documented history of adequately treated syphilis. In the absence of clinical findings, the presence of reactive RPR or VDRL followed by a negative FFA-ABS test is not disqualifying if a cause for the false positive reaction can be identified and is not otherwise disqualifying.

(q) ***Residual of Tropical Fevers.*** Fevers such as malaria and various parasitic or protozoan infestations.

(r) ***Rheumatic Fever.*** Sydenham's chorea at any age.

(s) ***Sleep Apnea.***

(t) ***Snoring that is Objectionable to People in the Same Room.***

(u) ***Genetic Disorders Including, But Not Limited To, Klinefelter's Syndrome.***

(v) ***Connective Tissue Disorders Including, But Not Limited To, Marfan's Syndrome.***

15-61 Tumors and Malignant Diseases

(1) The causes for rejection for appointment, enlistment, or induction are:

(a) ***Benign Tumors.*** That interfere with function, prevent wearing of uniform or protective equipment, shall require frequent specialized attention, or have a high malignant potential.

(b) ***Malignant Tumors.*** Exception for basal cell carcinoma, removed with no residual. In addition, the following cases should be qualified, if on careful review they meet the following criteria: individuals who have a history of childhood cancer and who have not received any surgical or medical cancer therapy for 5 years and are free of cancer; individuals with a history of Wilm's tumor and germ cell tumors of the testis treated surgically and/or with chemotherapy in childhood after a 5-year disease-free interval off all treatment; individuals with a history of Hodgkin's disease treated with radiation therapy and/or chemotherapy and 5-year disease-free interval off all treatment; individuals with a history of large cell lymphoma after a 5-year disease-free interval off all therapy.

(c) ***Any Malignant Condition Not Listed Above.***

15-62 Miscellaneous

(1) Any condition that, in the opinion of the examining medical officer, will significantly interfere with the successful performance of military duty or training.