

(3) Insufficient information to provide an assessment.

e. In the case of "processing warranted," refer to chapter 4 for application submission guidance.

f. In the case of "processing not warranted," the NAVTALACQGRU will inform the applicant of N33's assessment and discontinue further processing. The NAVTALACQGRU CO will follow field rejection criteria provided in paragraph 040112c.

g. In the case of "insufficient information to provide an assessment," the NAVTALACQGRU has two options.

(1) The applicant can seek, at the applicant's own expense, additional civilian medical documentation to assist N33 in making a medical risk assessment. If the applicant chooses to do so, the NAVTALACQGRU will resubmit all documents included in the initial courtesy review request, any new documents obtained by the applicant and a new Officer Applicant Courtesy Review Cover Sheet (checklist).

(2) The applicant may submit an application to board. Refer to chapter 4 for application to board submission guidance. Physical at MEPS should not be completed until after the applicant is RECPRO "Y." Forward final documents when completed as required.

h. Courtesy Reviews do not replace processing of the official physical.

020813. Medical Waiver Procedures. All officer program applicants will have their medical documents reviewed by NAVCRUITCOM (N33). The procedures listed in subparagraphs 020813a through 020812f apply.

a. Requests for medical waivers will be sent to and processed by NAVCRUITCOM (N33) only after HIV and DAT results are obtained and documented on a MHS Genesis Readiness Report.

b. The applicant is found to be physically qualified (PQ) or not physically qualified, waiver approval (NPQRW).

c. If an applicant is found to be temporarily not physically qualified (TNPQ), NAVCRUITCOM (N33) will forward a letter directly to the NAVTALACQGRU stating the additional information that is needed prior to a final determination of physical qualification.

d. If an applicant is not physically qualified (NPQ), a letter stating the reason for physical disqualification will be forwarded to the NAVTALACQGRU from NAVCRUITCOM (N33) and the applicant will be processed for non-selection.

e. Medical conditions listed in subparagraphs 020813e(1) through 020813e(42) are generally unfavorable for a waiver.

(1) Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), HIV Antibody, or history of any of the items listed in subparagraphs 020813e(2) through 020813e(42).

(2) Single kidney - regardless of cause.

(3) Loss of an arm or leg.

(4) Seizure disorder with seizure and or medication within five years.

(5) History of cancer with treatment within five years (except basal cell carcinoma, or several other cancers that are in sustained remission with infrequent or no ongoing surveillance requirements).

(6) Diabetes Mellitus Type I or Type II.

(7) Loss of one eye.

(8) History of cataract surgery.

(9) History of keratoconus or corneal ectasia (abnormal corneal shape).

(10) History of glaucoma.

(11) Radial Keratotomy.

(12) History of aphakia (lens replacement of the eye).

(13) Severe allergic reaction to common foods.

(14) Cirrhosis.

(15) Corneal transplant history.

(16) Crohn's disease or ulcerative colitis (inflammatory bowel disease).

(17) Eosinophilic esophagitis.

(18) Severe deformities of the mouth, throat, or nose that interfere with speech or mastication of ordinary food.

(19) Scoliosis or kyphosis (spine curvature) that is symptomatic or outside of accession standards in the DoDI 6130.03, volume 1.

(20) History of eating disorders: Anorexia nervosa and bulimia.

(21) Headaches (recurrent and severe), which require prescription medication or interfere with daily activity.

(22) Hepatitis, chronic: Hepatitis B or Hepatitis C that has not been successfully treated with confirmed test of cure.

(23) Malignant hyperthermia or hyperpyrexia (adverse reaction to anesthesia).

(24) Multiple sclerosis (nerve disease involving muscle weakness and un-coordination) and muscular dystrophy (progressive atrophy or wasting of the muscles).

(25) Severe orthopedic injuries that result in functional limitations secondary to residual muscle weakness, paralysis, or marked decreased range of motion.

(26) Chronic Eustacian tube dysfunction, if associated with cholesteatoma, tympanic membrane perforation, hearing loss, or bony erosions of the inner ear.

(27) Pes cavus (abnormally high-arched feet) or pes planus (flat feet) that is symptomatic or interferes with high impact activity.

(28) Pneumonectomy, removal of entire lung.

(29) Pregnancy (except for prior service processing for affiliation).

(30) Prosthetic replacement of joints.

(31) Psychiatric conditions: schizophrenia; major Depression, recurrent; bipolar disorder; panic disorders; sexual disorders; eating disorder (e.g. anorexia, bulimia); and personality disorders, severe.

(32) History of retinal disease or detachment.

(33) Un-descended testicle unless surgically removed or confirmed to be congenital absence.

(34) Chronic skin disorders. hidradenitis suppurativa; psoriasis.

(35) Congenital spinal fusion, if greater than two vertebral interspaces. Surgical spinal fusion, regardless of method or number of interspaces.

(36) History of drug or alcohol abuse or diagnosed substance dependence.

(37) History of neurofibromatosis.

(38) Congenital (birth) heart defects that have not been repaired or complex congenital heart disease, that has or has not been repaired.

(39) History of intestinal bypass or stomach stapling or other bariatric surgery.

(40) Severe head injury within the past five years.

(41) Anabolic steroid use. Any applicant admitting steroid use within the previous two months is not enlistment eligible. The chief medical officer at MEPS may consider waivers on an individual basis after attaining internal medicine consultation or appropriate history. If a waiver is recommended, request must be forwarded to NAVCRUITCOM N33 with the test results listed in subparagraphs 020813e(42)(a) and 020813e(42)(b).

(a) Microscopic urinalysis and

(b) Liver function study. Dosage strength of steroids used must also be documented. Use of steroids longer than two months before enlistment application is not medically disqualifying; however, any indication of high steroid dosage or chronic use must have internal medicine consultation to evaluate late or residual steroid effects.

f. Medical Conditions Generally Considered Waiverable. Applicants, who appear to be, in all other respects, qualified for enlistment, but reveal a history of one or more of the common conditions listed in subparagraphs 020813f(1) and 020813f(11), must be advised that treatment records or a summary from their private or attending physician will be of value to the examining MEPS physician during the pre-enlistment physical examination; and may reduce the possibility of temporary medical disqualification.

Note: This list in subparagraphs 020813f(1) through 020813f(11) is not all-inclusive.

(1) History of ophthalmologic disorders such as excessive refractive error: +/- 8.00 diopters sphere, +/- 4.00 diopters cylinder. LASIK and PRK surgery; to include preoperative refractive measurements.

(2) History of respiratory disorders such as childhood asthma, reactive airway disease or exercise-induced asthma, pneumothorax (traumatic or spontaneous).

(3) History of orthopedic surgery or injury (ORIF, retained hardware, ACL or arthroscopic, Bankhart repair, bunionectomy).

(4) History of gynecological disorders such as endometriosis, cervical dysplasia, or abnormal PAP smear.

(5) History of cardiovascular disorders such as repaired congenital heart malformation or conductive disorder (WPW) treatment.

(6) History of abdominal or gastrointestinal disorders such as hernia repair (must be 60 days postoperative with release from care statement), GERD, hemorrhoids.

(7) History of neurological disorders such as back pain, surgery or asymptomatic mild Scoliosis, childhood epilepsy, concussion.

(8) History of urinary disorders such as kidney stones, proteinuria, or resolved childhood enuresis.

(9) History of psychiatric disorders such as mood, personality, conduct, or behavior disorder. History of ADD or ADHD with medication use. (Must provide medical treatment records and transcripts regarding work or school performance after discontinuation of medication. Applicant must have been off medication for one year.

(10) History of dermatological disorders such as mild skin disorders (i.e., acne, pilonidal cyst, contact dermatitis, urticaria, and warts).

(11) Hearing. Pure tone hearing loss at 500, 1000, 2000 Hz of not more than 30 db on average with no individual level greater than 35 db at these frequencies in either ear. Pure tone hearing loss at 3000 Hz of not more than 45 db and 4000 Hz not more than 55 db in either ear.

Note: The NAVTALACQGRU may request a physical profile reconsideration from N33 when new additional medical or physical information is obtained.

Note: NAVTALACQGRU OPs will ensure the N33 determination letter is uploaded into PRIDE Mod II and forwarded to the appropriate program manager for next action.

020814. Flag Review Procedures. Requests for flag review of a NPQ applicant are only to be completed following receipt and acceptance of an official NPQ determination from NAVCRUITCOM (N33). The procedures in subparagraphs 020814a and 020814b apply.

a. The NAVTALACQGRU CO must write a formal request for flag review endorsing the applicant.

b. The NAVTALACQGRU CO's formal request and all new additional medical documentation will be forwarded to NAVCRUITCOM (N33) via the respective region commander.

c. Any request received at NAVCRUITCOM that does not include the respective region's endorsement will be returned to the NAVTALACQGRU with no action taken.

Table 2.6 Weight And Height Screening Standards

Height (Inches)	Men Maximum Weight (pounds)	Women Maximum Weight (pounds)
57	127	127
58	131	131
59	136	136
60	141	141
61	145	145
62	150	149
63	155	152
64	160	156
65	165	160
66	170	163
67	175	167
68	181	170
69	186	174
70	191	177
71	196	181
72	201	185
73	206	189
74	211	194
75	216	200
76	221	205
77	226	211
78	231	216
79	236	222
80	241	227

Note 1: If the applicant is within the height and weight standards listed in Table 2.6, he or she is eligible for enlistment or commissioning with no further action required.

Note 2: If the applicant fails to meet prescribed height and weight requirements, a single-site abdominal circumference measurement will be taken. Male applicants with an abdominal measurement of 39.0 inches or less and females measuring 35.5 inches or less are qualified for enlistment or commissioning with no further action required.

Note 3: Applicants who fail the single-site abdominal circumference measurement will be measured for body fat (BF) percentage per OPNAVINST 6110.1 series. Males having 26 percent or less BF and females with a 36 percent or less BF are eligible for enlistment or commissioning with no further action required.

Note 4: If the applicant fails to meet any of the requirements listed in subparagraph 020814a(2) Note 1 through 020814a(2) Note 3, he or she is not eligible.

Note 5: Height waivers for applicants above 80 inches or under 57 inches are not authorized. Exceptions to this policy may be requested for NAVETs only.

Note 6: Aviation applicants must weigh between 103-245 lbs. Pilot applicants rarely meet anthropometric standards under 62 or above 77 inches in height. NFO applicants between 60 and 78 inches in height generally will meet anthropometric standards. Questions regarding anthropometric qualifications are to be directed to NAVCRUITCOM N31.