



CCI 221.01
EFFECTIVE DATE: 7 March 2025

By Order of the Acting Assistant Secretary for Health:

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SUBJECT: Medical Accession Standards

1. PURPOSE: This Instruction provides the medical and dental conditions that disqualify a candidate for an appointment in the U.S. Public Health Service (USPHS) Commissioned Corps.
2. APPLICABILITY: Except as directed by the Secretary, this Instruction applies to all candidates seeking appointment to the USPHS Commissioned Corps.
3. AUTHORITY:
 - 3-1. [42 C.F.R. Part 21](#), "Commissioned Officers"
 - 3-2. Commissioned Corps Directive (CCD) [128.01](#), "Medical Fitness for Duty"
 - 3-3. [42 U.S.C. § 204a](#), "Deployment readiness"
 - 3-4. [42 U.S.C. § 209](#), "Appointment of personnel"
 - 3-5. [42 U.S.C. § 217](#), "Use of Service in time of war or emergency"
 - 3-6. The Secretary of the Department of Health and Human Services (HHS) has delegated the authority to administer the USPHS Commissioned Corps to the Assistant Secretary for Health (ASH), "Delegations of Authorities Relating to the U.S. Public Health Service (PHS) Commissioned Corps," dated 24 July 2003.
4. PROPONENT: The proponent of this Instruction is the ASH. The Surgeon General (SG) is responsible for providing supervision of activities relating to the day-to day operations of the USPHS Commissioned Corps. The Director, Commissioned Corps Headquarters (CCHQ), provides overall management of USPHS Commissioned Corps personnel operations and processes.
5. SUMMARY OF REVISIONS AND UPDATES: This is the eighth issuance of this Instruction in the electronic Commissioned Corps Issuance System (eCCIS) and replaces Commissioned Corps Instruction (CCI) 221.01, "Medical Accession Standards," dated 9 December 2024. This version:
 - 5-1. Changes the weight standard in Appendix A, Section IX, J.
 - 5-2. Updated Appendix A, Section IX, O. Endocrine and Metabolic Disorders, O.
 - 5-3. Added Appendix A Section XIX. Behavior Health Disorders, #20.

6. POLICY: Public Health Service (PHS) officers must meet medical standards to ensure the fitness of the Service to perform its mission. The disqualifying medical and dental conditions are outlined in Appendix A. For the purposes of this Instruction, medical standards, conditions, qualifications, services, etc., include physical, dental, and mental health standards, conditions, qualifications, services, etc.
- 6-1. Basis for Standards. The USPHS Commissioned Corps is one of the eight Uniformed Services and, as such, its members share many of the same responsibilities, privileges, and benefits as those provided under law to members of the Armed Forces. Further, pursuant to 42 U.S.C. § 217, the President may utilize the USPHS Commissioned Corps in a time of war or emergency and may declare the USPHS Commissioned Corps to be a military service. Moreover, deployments of PHS officers for public health matters can, at times, share the rigors of deployments in the Armed Forces. Thus, the medical standards are similar to those of the Armed Forces.
- a. Candidates must be able to perform the duties defined in Section 6-2. of [CCD 111.03](#), "Conditions of Service," and be able to comply with all other medical requirements applicable to an active duty officer.
- b. The USPHS Commissioned Corps expects candidates to be medically qualified at all times to deploy worldwide in response to urgent and emergency public health needs, fulfill any military missions, and to perform the duties of their profession in various environments and work assignments, including temporary duty in austere environments, without endangering their health or the health of others.
- 6-2. The disqualifying conditions in Appendix A are used by clinical reviewers, who are appointed by the Director, CCHQ or designee, in making professional judgments about the medical qualifications of a candidate to deploy worldwide, and to carry out a variety of assignments under varied conditions over the course of a career without the endangerment of health or increased risk for excessive sick leave, excessive use of medical services, disability, or an early death.
- a. As a matter of professional judgment, the clinical reviewer may find a candidate not qualified because of conditions that are not explicitly addressed in Appendix A.
- b. An applicant may not appeal a determination by the clinical reviewer the candidate is medically disqualified. Therefore, it is the applicant's responsibility to cooperate with the clinical reviewer in order to ensure that the applicant submits comprehensive/additional documentation and tests related to potentially disqualifying medical conditions so that the clinical reviewer can conduct a complete and accurate review of the applicant's medical conditions.
- c. Clinical reviewers use the disqualifying conditions in Appendix A when determining the medical qualifications of civilian candidates to the Regular Corps or the Ready Reserve Corps. Clinical reviewers use the disqualifying conditions in Appendix A of CCI 221.02, "Medical Readiness," when determining the medical qualifications of candidates who are inter-service transfers, transfers from the Regular Corps to the Ready Reserve Corps, or transfers from the Ready Reserve Corps to the Regular Corps.
- 6-3. Determination of Qualification. A candidate's medical and dental documentation are reviewed by clinical reviewers who are appointed by the Director, CCHQ, or designee. Based on the review, one of the following actions are taken:
- a. If no disqualifying conditions or group of conditions are found, the candidate is cleared medically for appointment.

- b. If one or more disqualifying conditions are found, the candidate will be notified in writing of the disqualification and the reasons for this determination.
 - c. If medical or dental information is incomplete or omitted, the candidate will be notified, and the necessary additional information will be requested. Failure to submit requested information within the time limits provided will result in the termination of the candidate's application to the USPHS Commissioned Corps.
- 6-4. Waiver of a Medical Condition. A waiver is an authorization to medically qualify a candidate who has a condition that disqualifies the candidate for an appointment into the USPHS Commissioned Corps or, upon appointment, would prevent a candidate from being able to deploy worldwide in response to urgent or emergency public health care needs pursuant to 42 U.S.C. § 204a(1) or any military mission.
- a. The SG may approve a waiver when it is reasonably expected that a permanent disqualifying condition will not normally be subject to significant change or progressive deterioration; will not prevent a candidate from deploying worldwide in response to urgent and emergency public health care needs, or any required military mission; will not prevent the candidate from assuming any assignment in the candidate's profession in various environments and work assignments; and will not adversely affect the candidate's fitness for duty should the USPHS Commissioned Corps commission the candidate. The waiver must be considered in the best interests of the USPHS Commissioned Corps.
 - b. The SG will not grant a candidate a waiver for a disqualifying condition that is felt to be temporary. In such cases, if authorized by the SG, the candidate may reapply to the USPHS Commissioned Corps when the condition is resolved.
 - c. The SG, or designee, has the sole authority to grant a waiver of a disqualifying medical condition. The decision of the SG, or designee, is final and is not subject to appeal.
- 6-5. If there is any change in a candidate's medical status after the completion of the examinations, but before appointment to the USPHS Commissioned Corps, the applicant must notify CCHQ as soon as possible prior to appointment.
- 6-6. Medical examinations are valid for purposes of appointment for up to one year after the date reflected on the DD Form 2808, "Report of Medical Examination," as long as there is no significant change in a candidate's medical status.
- 6-7. The falsification or other nondisclosure of any information on the part of the candidate will result in the immediate termination of the application review process, the ineligibility of the candidate's appointment to the USPHS Commissioned Corps, and the ineligibility of the candidate to reapply at a later date for a commission in the USPHS Commissioned Corps. If the discovery of the nondisclosure is made after an appointment or call to active duty, the Director, CCHQ, will refer the individual's record to the appropriate disciplinary process which may result in discipline including a separation from active duty without benefits.
- 6-8. The USPHS Commissioned Corps will follow all applicable laws and regulations with regard to the protection and confidentiality of any medical information received.
7. RESPONSIBILITIES:
- 7-1. The SG may issue a Personnel Operations Memorandum (POM), through the eCCIS, to address specific compliance issues.
 - 7-2. The Director, CCHQ, is responsible for providing oversight of the medical review processes. The Director, CCHQ, or designee, may determine the medical documentation that a

candidate must provide in order to make a determination of the candidate's medical and dental fitness for an appointment to the USPHS Commissioned Corps.

8. HISTORICAL NOTES: This is the eighth issuance of this Instruction within the eCCIS.
 - 8-1. CCI 221.01, "Medical Accession Standards, dated 9 December 2024.
 - 8-2. CCI 221. 01, "Medical Accession Standards," dated 30 July 2024.
 - 8-3. CCI 221.01, "Medical Accession Standards," dated 6 November 2023.
 - 8-4. CCI 221.01, "Medical Accession Standards," dated 3 October 2022.
 - 8-5. CCI 221.01, "Medical Accession Standards," dated 29 November 2021.
 - 8-6. CCI 221.01, "Medical Accession Standards," dated 15 January 2021.
 - 8-7. CCI 221.01, "Medical Accession Standards," dated 2 July 2019.
 - 8-8. CCPM Pamphlet No. 46, "Guiding Medical Accession Standards for the Commissioned Corps of the U.S. Public Health Service," dated 1 May 2018.

Appendix A

Disqualifying Medical and Dental Conditions

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Condition	Disqualification for Appointment
I. Head and Neck	
<p>A. Deformities of the skull</p>	<ol style="list-style-type: none"> 1. Deformity of the skull, face, or mandible which is a manifestation of an underlying progressive disease, excessively increases risk for injury, or may be reasonably expected to prevent the individual from the proper wearing of a protective mask or headgear. 2. Loss or absence of the bony substance of the skull not successfully corrected by reconstructive materials or leaving residual defect(s) in excess of one square inch (6.45 cm²) or the size of a 25-cent piece.
<p>B. Tumors, cysts, fistulas, etc.</p>	<ol style="list-style-type: none"> 1. Any tumor, cyst, fistula, or enlargement of the salivary glands, lymph nodes, or other structures of the head and neck, unless the cause is known, considered benign, and no long-term medical or surgical treatment is indicated. 2. Congenital neck mass, including cysts of branchial cleft origin, or those developing from the remnants of the thyroglossal duct, with or without fistulous tracts, until surgically corrected without recurrence for 12 months. 3. Current goiter at or more than two times normal size, with any nodularity seen on ultrasound, or with any abnormality of thyroid function tests. 4. Thyroid nodule unless a solitary thyroid nodule less than 5 mm or less than 3 cm with benign histology or cytology, and that does not require ongoing surveillance. 5. History of complex thyroid cyst or simple thyroid cyst greater than 2 cm unless surgically resected with a benign pathology and no further follow up is indicated.

Condition	Disqualification for Appointment
II. Mouth, Nose, Larynx and Trachea	
A. Abnormalities of the nose and nasal passages	<ol style="list-style-type: none"> 1. Moderate or severe chronic rhinitis (e.g. allergic, vasomotor, atrophic, etc.) interfering with breathing and not controlled with oral medications, desensitization, or topical corticosteroids. 2. Deviated septum, severe, and associated with nasal obstruction and/or current symptomatic perforation of septum. 3. Current nasal polyp, or polypoid mass(es) or history of sinus surgery within the last 2 years, excluding antralchoanal polyp or sinus mucosal retention cyst. 4. Other conditions causing significant nasal obstruction. 5. History of recurrent (more than 1 episode per week occurring over a 3-month period within the last 2 years) or recent severe epistaxis not easily controlled by simple direct pressure, or if requires recurrent cauterization (chemical or electrical), packing/tamponade, or use of topical hemostatics. 6. Current anosmia (absent sense of smell) or parosmia (distorted sense of smell).
B. Paranasal sinusitis	<ol style="list-style-type: none"> 1. Acute purulent sinusitis until cured. 2. Chronic symptomatic or recurrent acute sinusitis requiring frequent medical care.
C. Abnormalities of the larynx	<ol style="list-style-type: none"> 1. Paralysis of vocal cords or other symptomatic vocal cord conditions or dysfunction (e.g., paradoxical vocal cord movement, spasmodic dysphonia).
D. Abnormalities of the trachea	<ol style="list-style-type: none"> 1. Current tracheostomy, regardless of cause 2. Congenital or acquired stenosis or fistula
E. Abnormalities of the mouth and pharynx	<ol style="list-style-type: none"> 1. History of deformities, or conditions or anomalies of the upper alimentary tract, mouth, tongue, palate, throat, pharynx, larynx, and nose, that interfere with chewing, swallowing, speech, or breathing. 2. Salivary gland calculus with recurrent swelling, pain, or infections of the affect gland within the past 2 years. 3. Leukoplakia or hairy leukoplakia or recurrent severe stomatitis 4. Chronic or recurrent severe pharyngitis 5. History of cancer of the oral cavity

Condition	Disqualification for Appointment
<p>III. Dental Disorders</p>	
<p>A. Dental Disorders</p>	<ol style="list-style-type: none"> 1. Complex restoration of maxillary/mandibular edentulism and dental arch stability, until necessary dental treatment has been satisfactorily completed. Examples of complex procedures include: full mouth rehabilitation involving extensive fixed and/or precision removable prosthetics, complete dentures, dental implants, endodontic procedures, or prolonged orthodontic treatment. Six or more teeth requiring restoration. Individuals undergoing endodontic care are acceptable for accession only if a civilian or military dentist provides documentation that active endodontic treatment shall be completed prior to commissioning. 2. Malocclusion which interferes with the mastication of normal diet, the correction of which would involve full-banded orthodontic appliances and/or orthognathic surgery. 3. Current orthodontic treatment is acceptable for accession only if a civilian or military orthodontist provides documentation that active orthodontic treatment shall be completed prior to commissioning. Fixed or removable retainers, and removable active orthodontic appliances (e.g., INVISALIGN) are permissible when reporting to active duty. 4. Any periodontal disease for which surgery is indicated and/or sustained therapy (other than routine periodontal maintenance). The dental reviewer will need to request and evaluate the periodontal charting and radiographs prior to making an assessment. 5. Craniofacial or developmental growth deformities. 6. Temporomandibular joint dysfunction or myofascial pain that has been symptomatic or required treatment within the last 12 months, or that is chronic in nature. 7. Extensive loss of oral tissues (including teeth and supporting bone and soft tissues), the replacement of which would involve complex maxillofacial prosthetic appliances. Not counting third molars and any teeth extracted for orthodontic treatment; it is disqualifying to have more than 2 missing teeth (which would need a treatment plan for more than two dental implants/bridges to treat the edentulous area of the mouth). A dental appliance needs to be present for any missing anterior teeth. 8. A minimum of three months healing time must elapse from the completion of any surgical treatment. The dental reviewer may determine and specify healing time for certain dental extractions to be less than three months. 9. Any disease or condition of the jaw or associated tissues that is not easily remedied and may incapacitate the individual or otherwise prevent the satisfactory performance of duty. 10. Any dental condition whose treatment would require more than single day absences from the duty station for each appointment or significant travel expenses. 11. Any existing dental condition which could potentially cause a dental emergency during the first month of reporting to active duty.

Condition	Disqualification for Appointment
IV. Eyes and Vision	
A. Visual Function	<ol style="list-style-type: none"> 1. Distant visual acuity which is not correctable to 20/20 in one eye and 20/400 in the other, or 20/30 in one eye and 20/100 in the other, or 20/40 in one eye and 20/70 in the other by use of spectacles. 2. Near visual acuity that does not correct to 20/40 in the better eye 3. Any condition requiring telescopic lens for adequate correction 4. Any condition that specifically requires contact lenses for adequate correction of vision, such as corneal scars and opacities and irregular astigmatism. 5. Diplopia 6. Visual field: less than 30 degrees in either eye; a continuous field of vision which is less than 140 degrees (testing both eyes together). 7. Note: for stereo acuity and color vision there is no standard, but both should be tested and documented, since these are prerequisites for function within certain categorical assignments.
B. Lids and adnexa	<ol style="list-style-type: none"> 1. Below conditions, or other eyelid conditions, if they impair protection of eye from exposure, chronically irritate the eye, or interfere with performance of work or daily activities: <ul style="list-style-type: none"> • Marked ectropion or entropion • Trichiasis • Ptosis • Lagophthalmos • Chronic or recurring blepharitis, if severe • Blepharospasm • Dacryocystitis • Obstruction of the nasolacrimal duct, currently symptomatic 2. Growth or tumor of eyelid other than a small, benign, non-progressive lesion.
C. Conjunctiva	<ol style="list-style-type: none"> 1. Current acute or chronic conjunctivitis excluding seasonal allergic conjunctivitis. 2. Pterygium if condition is symptomatic enough to interfere with performance of work or daily activities. 3. Any other condition of the conjunctiva which currently affects visual acuity or has the potential to affect visual acuity in the future.
D. Cornea	<ol style="list-style-type: none"> 1. Acute keratitis or corneal ulcer until cured and without sequelae. 2. History of chronic and/or recurrent keratitis within five years or recurrent corneal ulcerations 3. Keratoconus of any degree which has not been stable for at least 5 years and/or which fails to meet visual function standards. 4. Corneal dystrophy or degeneration if it requires regular use of topical treatments, such as hyperosmotics, to maintain comfort or clarity of vision. 5. Corneal transplant, if not clear or if not in place at least 5 years 6. Progressive vascularization or opacification of the cornea

Condition	Disqualification for Appointment
IV. Eyes and Vision (Continued)	
E. Cornea (Continued.)	7. NOTE: A history of laser or incisional corneal correction/surgery (e.g., photorefractive keratotomy [PRK] or laser-in-situ keratomileusis [LASIK] or radial keratotomy [RK]) within the last 6 months or the corrective surgery has resulted in ongoing post-surgical complications, or the requirement of daily medications.
F. Uveal tract (iris, ciliary body, choroid)	1. Presence or history of recent or recurrent uveitis or iridocyclitis or need for suppressive medication within the past 5 years, regardless of cause.
G. Retina	<ol style="list-style-type: none"> 1. Evidence or history of retinal disease, which is progressive or which is known to have potential for progression, regardless of current visual acuity. 2. Detached retina or retinal tears, with or without a history of surgical repair, unless unilateral, adequately treated, and without problems for a period of 3 years. 3. Significant retinal degeneration likely to cause detachment or significant decrease of vision in the future. 4. Congenital or acquired retinal dystrophy, degeneration, or other disorder that is likely to cause significant decrease of vision in the future. 5. Night blindness due to organic eye disease 6. Chorioretinitis conditions including histoplasmosis, toxoplasmosis, or vascular conditions of the eye to include Coats' Disease, Eales' Disease, and retinitis proliferans, unless single episode that has healed and does not interfere with vision.
H. Optic nerve	<ol style="list-style-type: none"> 1. Optic neuritis, or history of optic neuritis, or documented history of attacks of retrobulbar neuritis except in cases without significant optic atrophy if etiology is known and unlikely to recur. 2. Papilledema or history of papilledema except in cases if etiology is known and unlikely to recur. 3. Optic atrophy, primary or secondary, unless cause is known, not considered progressive, and visual function standards are met. 4. Congenital or hereditary conditions of the optic nerve unless cause is known, not considered progressive, and visual acuity standards are also met.
I. Lens	There are no specific criteria limiting accession, but if candidate has history of cataract surgery, they must have recovered fully with stable vision and exam and no ongoing ophthalmic concerns related to the surgery.
J. Ocular mobility and motility	<ol style="list-style-type: none"> 1. Current or recurrent diplopia 2. Current nystagmus other than physiologic "end-point nystagmus" 3. Ocular deviations if they cause candidate to not meet visual function criteria. 4. History of restrictive ophthalmopathy if expected that it could recur

Condition	Disqualification for Appointment
IV. Eyes and Vision (Continued)	
K. Glaucoma or increased intraocular pressure	Glaucoma which is severe enough that candidate does not meet visual function criteria, or is progressive despite optimal management, such that it would seem likely they might fail visual function criteria in the future. For example, uncontrolled glaucoma which results in progressive thinning of optic nerve by optical coherence tomography (OCT) or progression of visual field loss despite optimal management.
L. Eye trauma	Recent eye trauma, until maximum recovery has occurred without significant sequela and with good prognosis.
M. Other	Any current or past abnormality of the eye or adnexa, not specified in these criteria, which threaten vision or visual function or would be expected to do so in the future.

Condition	Disqualification for Appointment
V. Ears and Hearing	
A. Ear: abnormalities of the auricle and external canal	<ol style="list-style-type: none"> 1. Acute or chronic infections or inflammation of external canal, if more than mild, until cured. 2. Deformities of the auricle or external canal (i.e., atresia, microtia, stenosis, or traumatic etiology) which interfere with hearing or predispose to chronic infection, regardless of cause.
B. Otitis media	<ol style="list-style-type: none"> 1. Acute otitis media until cured and without significant residual. 2. Chronic or recurrent otitis media after age 13 years, regardless of cause. 3. Chronic Eustachian tube dysfunction within the last 3 years as evidenced by retracted tympanic membrane, or recurrent otitis media, or the need for pressure-equalization tube. 4. Presence or history of cholesteatoma. 5. History of any inner or middle ear surgery, excluding myringotomy or successful tympanoplasty 6. History of any surgically implanted hearing device
C. Perforated tympanic membrane	Current perforation of the tympanic membrane or history of surgery to correct perforation during the preceding 180 days.
D. Mastoiditis	<ol style="list-style-type: none"> 1. Acute or chronic mastoiditis 2. Surgery for mastoid disease within the past 2 years or if evidence of activity persists after 2 years; or residual of mastoid operation with fistula.
E. Otosclerosis	Presence or history of otosclerosis
F. Inner ear disease	<ol style="list-style-type: none"> 1. Presence or history of Meniere's syndrome or other diseases of the vestibular system 2. Recurring attacks of vertigo, tinnitus, or other signs and symptoms referable to cochlear or vestibular dysfunction. 3. History of motion sickness resulting in recurrent incapacitating symptoms
G. Hearing	<ol style="list-style-type: none"> 1. Unaided pure tone at 500, 1000, and 2000 cycles per second for each ear of not more than 25 decibels (dB) on the average with no individual level greater than 30 dB at those frequencies. 2. Unaided pure tone level not more than 35dB at 3000 cycles per second or 45 dB at 4000 cycles per second for each ear. 3. Asymmetric hearing loss as evidenced by 20dB or greater for two adjacent frequencies except 6000 cycles per second.

Condition	Disqualification for Appointment
VI. Cardiovascular Disorders	
A. Coronary Artery Disease	<ol style="list-style-type: none"> 1. History or evidence of any acute coronary syndrome (e.g., myocardial infarction, unstable angina). 2. Angiographic or other evidence of significant coronary artery disease, i.e., abnormal resting and/or stress thallium scintigraphy, radionuclide ventriculography, echocardiography, or cardiac magnetic resonance imaging (MRI) consistent with coronary artery disease. 3. History of revascularization, i.e., coronary artery bypass surgery, coronary angioplasty, coronary stent.
B. Cardiomyopathies, Myocarditis, endocarditis, pericarditis.	<ol style="list-style-type: none"> 1. History of significant left ventricular dysfunction, i.e., abnormal ejection fraction as assessed by contrast ventriculography, radionuclide imaging, echocardiography, or cardiac MRI. 2. History or finding of cardiomyopathy, myocarditis, endocarditis, or pericarditis, regardless of cause (except in cases of history of mild myocarditis or pericarditis associated with acute infections, with no residuals, inactive for 2 or more years). 3. History of rheumatic fever with carditis unless only one episode occurring 5 years or more in the past without evidence of sequela.
C. Disturbances of cardiac rate, rhythm or conduction	<ol style="list-style-type: none"> 1. Sinus node dysfunction: <ul style="list-style-type: none"> • Sinus tachycardia: Symptomatic resting pulse rate consistently over 100 • Sinus bradycardia: Pulse rate below 50 only if underlying heart disease is present or symptomatic requiring a pacemaker. 2. Premature beats (extra systoles, ectopic beats) <ul style="list-style-type: none"> • Disqualifying only if symptoms interfere with performance of duties or if accompanied by disqualifying cardiomyopathy or valvular heart disease. 3. Paroxysmal supraventricular tachycardia <ul style="list-style-type: none"> • Disqualifying if frequent attacks occur or if not well-controlled with either medication therapy or radiofrequency catheter ablation 4. Atrial fibrillation <ul style="list-style-type: none"> • Disqualifying except in the uncommon case of single, self-limited episodes associated with: <ul style="list-style-type: none"> ▪ no underlying disqualifying cardiomyopathy or valvular heart disease or ▪ a medically reversible, treatable cause, such as treated, resolved pneumonia 5. Atrial flutter <ul style="list-style-type: none"> • Disqualifying except when eliminated by effective radiofrequency catheter ablation, followed by absence of recurrence for two years.

Condition	Disqualification for Appointment
VI. Cardiovascular Disorders (Continued)	
C. Disturbances of cardiac rate, rhythm or conduction (Continued)	<ol style="list-style-type: none"> 6. Ventricular tachycardia <ul style="list-style-type: none"> • Disqualifying except in the rare case of isolated ventricular tachycardia without symptoms in the absence of structural heart disease when ECG consistently shows a pattern consistent with benign idiopathic ventricular tachycardia. 7. Atrioventricular conduction bloc <ul style="list-style-type: none"> • Disqualifying if symptomatic and inadequately treated 8. Bundle Branch Block <ul style="list-style-type: none"> • Left bundle branch block
D. Heart Failure	History or findings of congestive heart failure regardless of cause.
E. Valvular Disease	<ol style="list-style-type: none"> 1. Valvular or septal defects and shunts, congenital or acquired unless thorough evaluation indicates a condition considered benign. 2. Surgical treatment for valvular or septal defects, except for conditions corrected in childhood known to have a good prognosis. 3. Pathologic cardiac murmurs: <ul style="list-style-type: none"> • Diastolic murmurs, regardless of cause; and • systolic murmurs associated with other signs of cardiac disease 4. Prolapsing mitral valve with disabling arrhythmias, or chest pain or other symptoms, or with more than mild mitral regurgitation, or with significant valve redundancy or thickness on echocardiogram.
F. Hypertension	<ol style="list-style-type: none"> 1. Defined as a preponderance of sitting blood pressures above 90 diastolic or above 140 systolic. Disqualifying unless well-controlled, on medication or non-medical therapy, over a minimum of 3 months with no evidence of secondary end-organ complications. 2. Labile hypertension in which sitting blood pressures on 4 or more days in the last 3 years exceeded 160 systolic or 100 diastolic.
G. Disease of aorta or arteries	<ol style="list-style-type: none"> 1. Aneurysm of the thoracic or abdominal aorta, dilatation of the aorta, or arterio-venous fistula, regardless of cause. Arteries. 2. Acute or chronic peripheral arterial occlusive disease 3. Clinical evidence of atherosclerotic occlusive disease of major vessels 4. Thromboangiitis obliterans (Buerger's disease) 5. Secondary Raynaud's phenomenon 6. Marfan's syndrome 7. Surgical treatment of any of the above 8. Major congenital abnormalities of aorta, pulmonary artery, or other major vessels, unless satisfactorily corrected in childhood 9. Other major vascular abnormalities <p style="text-align: right;">1.</p>

Condition	Disqualification for Appointment
VI. Cardiovascular Disorders (Continued)	
H. Peripheral venous disease (varicose veins, thrombophlebitis)	<ol style="list-style-type: none"> 1. Varicose vein, if severe and symptomatic 2. History of recurrent superficial thrombophlebitis 3. Thromboembolic disease – see Pulmonary section
I. Syncope	<ol style="list-style-type: none"> 1. History of recurrent syncope and/or presyncope of unknown cause including black out, fainting, loss or alteration of level of consciousness (excludes single episode of vasovagal reaction with identified trigger such as venipuncture) in the presence of a normal structural heart evaluation, unless there has been no recurrence during the preceding 2 years while off all medication for treatment of this condition 2. History of Postural Orthostatic Tachycardia Syndrome
J. Other	<ol style="list-style-type: none"> 1. Unexplained ongoing or recurring cardiopulmonary symptoms (to include but not limited to syncope, presyncope, chest pain, palpitations, and dyspnea on exertion). 2. History of rheumatic fever if associated with rheumatic heart disease or indication for ongoing prophylactic medication. 3. Underlying cardiovascular conditions requiring bacterial endocarditis prophylaxis

Condition	Disqualification for Appointment
VII. Pulmonary Disorders	
A. Infectious diseases of the lungs	<ol style="list-style-type: none"> 1. Infectious pneumonia within the last 3 months 2. History of any lower respiratory infectious process with sequelae that prevents satisfactory performance of duty or prohibits vigorous physical exertion. 3. History after the 13th birthday of recurrent (2 or more episodes within an 18-month period) infectious pneumonia. 4. Abscess of the lung or mediastinum within the last 3 months
B. Tuberculosis	<ol style="list-style-type: none"> 1. History of active pulmonary or extra pulmonary tuberculosis unless there is reliable medical documentation showing completion of adequate treatment and complete cure has been achieved. There should be no evidence of significant cavitation or significant decreased in pulmonary function. 2. Treatment of current latent TB infection based upon CDC guidelines is encouraged, but not required.
C. Bronchiectasis	History of bronchiectasis with recurrent infections unless the area of bronchiectasis was documented as being localized and was surgically resected greater than 3 years prior to application.
D. Atelectasis	Presence of atelectasis, until cause is determined and is successfully treated, and is not otherwise disqualifying.
E. Pulmonary Thromboembolism	<ol style="list-style-type: none"> 1. History of thromboembolic disease (Pulmonary embolism and Deep Vein Thrombosis), unless the only single prior incident was over one year ago and was secondary to an acquired risk factor (e.g. post-surgical, lower extremity trauma) and the thromboembolic event resulted in no clinical sequela, including the need for long-term anticoagulant therapy. 2. Current use of anticoagulant therapy (antiplatelet agents are acceptable, however the underlying condition requiring their use, maybe disqualifying). 3. History of previous use of anticoagulant therapy which exceeded 6-month duration
F. Pneumothorax	<ol style="list-style-type: none"> 1. History of single episode of spontaneous pneumothorax occurring within the past 2 years, or pneumothorax due to trauma or surgery occurring within the past year. 2. Recurrent (two or more) spontaneous pneumothoraces unless surgical pleurodesis done after the last episode and it is at least 1 year since that surgery.
G. Pleural Conditions	<ol style="list-style-type: none"> 1. History of empyema unless resolved with no sequelae 2. Pleurisy or pleural effusion within the previous 3 months 3. Recurrent (two or more) episodes of pleurisy or pleural effusion 4. Bronchopleural fistula, unless resolved with no sequelae
H. Chronic Obstructive Pulmonary Disease	Chronic obstructive pulmonary disease including but not limited to bullous or generalized pulmonary emphysema or chronic bronchitis (and excludes asthma and conditions addressed in (I) below).

Condition	Disqualification for Appointment
VII. Pulmonary Disorders (Continued)	
I. Bronchial Asthma	<p>History of airway hyper responsiveness including asthma, reactive airway disease, or asthmatic bronchitis, after the 13th birthday with the following exceptions:</p> <ul style="list-style-type: none"> • Exercise-induced asthma requiring no more than the use of one metered dose inhaler canister of a short-acting bronchodilator every six months <u>and</u> no history of requiring daily asthma controller medications after the 13th birthday. • A single episode of viral respiratory infection induced bronchial hyperreactivity requiring treatment for no more than 60 days.
J. Pulmonary Fibrosis and other restrictive lung disease	Interstitial lung disease including pulmonary fibrosis
K. Other conditions of the lungs and bronchi	<ol style="list-style-type: none"> 1. Any abnormal findings on imaging or other examination of body structure, such as lung, diaphragm, or other thoracic or abdominal organ that prevents satisfactory performance of duty or interferes with vigorous physical exertion now or likely to in the future. 2. Current foreign body in lung, trachea, or bronchus. 3. History of thoracic surgery including open and endoscopic procedures with sequelae that prevent performance of duties or prohibits vigorous physical exertion. 4. History of chest wall surgery, including breast, during the preceding 6 months, or with persistent functional limitations. 5. History of other disorders, including but not limited to cystic fibrosis or lymphangiomyomatosis (LAM) that are currently asymptomatic, but are likely to progress to clinical significance in the future. 6. Nocturnal ventilation support (including effectively treated sleep apnea), respiratory failure, pulmonary hypertension, or any requirement for chronic supplemental oxygen use. 7. Sarcoidosis, unless with a history of stable stage I disease with adenopathy alone without ventilatory deficit and completely resolved.
L. Abnormalities of the chest wall and diaphragm	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 can reasonably be expected to interfere with ability to wear personal protective equipment.

Condition	Disqualification for Appointment
VIII. Gastrointestinal and Hepatobiliary Disorders	
A. Esophagus	<p>History of Gastro-Esophageal Reflux Disease (GERD), with complications, including, but not limited to:</p> <ul style="list-style-type: none"> • 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 (such as fundoplication) for GERD within 6 months or with complications. • History of dysmotility disorders to include but not limited to diffuse esophageal spasm, nutcracker esophagus, and achalasia. • History of eosinophilic esophagitis • History of other esophageal strictures (e.g., lye or other caustic ingestion) • History of esophageal disease not specified above; including but not limited to neoplasia, ulceration, varices, or fistula.
B. Stomach and Duodenum	<ol style="list-style-type: none"> 1. Current dyspepsia, gastritis, or duodenitis despite medication (over the counter or prescription). 2. Current gastric or duodenal ulcers, including but not limited to peptic ulcers and gastrojejunal ulcers: 3. History of a treated ulcer within the last 3 months 4. Recurrent or complicated by bleeding, obstruction, or perforation within preceding 5 years 5. History of surgery for peptic ulceration or perforated ulcer 6. History of gastroparesis of greater than 6 week's duration, confirmed by scintigraphy or equivalent test. 7. History of bariatric surgery of any type (e.g., lap-band or gastric bypass surgery for weight loss) 8. History of gastric varices

Condition	Disqualification for Appointment
VIII. Gastrointestinal and Hepatobiliary Disorders (Continued)	
C. Small and Large Intestine	<ol style="list-style-type: none"> 1. History of inflammatory bowel disease, including but not limited to Crohn's disease, ulcerative colitis, ulcerative proctitis, or indeterminate colitis. 2. Current infectious colitis 3. History of intestinal malabsorption syndromes, including but not limited to celiac sprue, pancreatic insufficiency, post-surgical and idiopathic. 4. Dietary intolerances that may be reasonably expected to interfere with military duty or consumption of military rations. Lactase deficiency does not meet the standard only if of sufficient severity to require frequent intervention, or to interfere with normal function. 5. History of gastrointestinal functional or motility disorders including but not limited to volvulus within the past 24 months, or any history of pseudo-obstruction or megacolon. 6. Current chronic constipation, requiring prescription medication or medical interventions (e.g. pelvic floor physical therapy, biofeedback therapy) coupled with significant physical functional impairment. 7. History of diarrhea of greater than 6 weeks duration, regardless of cause, persisting or symptomatic in the past 2 years unless a specific infectious agent was identified and successfully treated. 8. History of gastrointestinal bleeding, including positive occult blood, if the cause requires treatment and has not been corrected. 9. History of irritable bowel syndrome of sufficient severity to require frequent intervention or prescription medication or that may reasonably be expected to interfere with military duty. 10. History of recurrent symptomatic diverticular disease of the intestine requiring prescription medications or surgical interventions. 11. History of familial adenomatous polyposis syndrome or hereditary non-polyposis colon cancer (Lynch) syndrome.
D. Anorectal	<ol style="list-style-type: none"> 1. Current anal fissure or anal fistula 2. History of rectal prolapse or stricture within the last 2 years 3. History of fecal incontinence after the 13th birthday 4. Current hemorrhoid (internal or external), if symptomatic or requiring medical intervention within the last 60 days.
E. Surgical procedures resulting in significant alteration in GI function	History of bariatric surgery of any type (e.g. lap-band or gastric bypass surgery for weight loss)
F. Abdominal Wall	<ol style="list-style-type: none"> 1. Current abdominal wall hernia other than small umbilical hernias determined to not be clinically significant. 2. History of open or laparoscopic abdominal surgery during the preceding 3 months 3. The presence of any ostomy (gastrointestinal or urinary)

Condition	Disqualification for Appointment
VIII. Gastrointestinal and Hepatobiliary Disorders (Continued)	
G. Hepatic - Biliary Tract, Hepatitis	<ol style="list-style-type: none"> 1. History of chronic Hepatitis B Virus (HBV) infection characterized by the presence of HBsAg for at least 6 months (as defined by the Update on Prevention, Diagnosis, and Treatment of Chronic Hepatitis B: AASLD 2018 Hepatitis B Guidance) unless: <ul style="list-style-type: none"> • On treatment for at least 12 months prior to application with: <ul style="list-style-type: none"> ○ Maintenance of alanine transaminase (ALT) \leq 2x ULN (ULN: 35 U/L for men and 25 U/L for women) for at least 6 months prior to application, ○ Achievement and maintenance of HBV DNA measurements \leq 1000 IU/ml or at least one log decreased from pre-treatment levels for at least 6 months prior to application, ○ No evidence of cirrhosis documented by noninvasive tests or liver biopsy, and ○ No chronic co-infection with hepatitis D • Not on treatment with: <ul style="list-style-type: none"> ○ Maintenance of ALT \leq ULN for at least 6 months prior to application, ○ Maintenance of HBV DNA measurements \leq 1000 IU/ml for at least 6 months prior to application, ○ No evidence of cirrhosis documented by noninvasive tests or liver biopsy, and ○ No chronic co-infection with hepatitis D 2. History of chronic Hepatitis C, unless successfully treated and with documentation of a sustained virologic response at least 12 weeks after completion of a full course of therapy. 3. Other acute hepatitis in the preceding 6 months, or persistence of symptoms or abnormal serum aminotransferases after 6 months, or objective evidence of impairment of liver function. 4. History of cirrhosis, hepatic abscess, or complications of chronic liver disease. 5. History of symptomatic gallstones or gallbladder disease unless successfully treated. 6. History of sphincter of Oddi dysfunction. 7. History of choledochal cyst. 8. History of primary biliary cirrhosis or primary sclerosing cholangitis or autoimmune hepatitis. 9. 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. 10. 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. 11. History of traumatic injury to the liver within the preceding 6 months.
H. Pancreas	<ol style="list-style-type: none"> 1. History of pancreatic insufficiency 2. History of acute pancreatitis, unless due to an identified self-limiting condition (e.g. cholelithiasis successfully treated by cholecystectomy) 3. History of chronic pancreatitis 4. History of pancreatic cyst or pseudocyst 5. History of pancreatic surgery

Condition	Disqualification for Appointment
IX. Endocrine and Metabolic Disorders	
A. Pituitary Disease	<ol style="list-style-type: none"> 1. History of pituitary tumor unless proven non-functional, less than 1 cm and stable in size over the past 12 months 2. History of pituitary dysfunction, except for resolved growth hormone deficiency 3. History of diabetes insipidus
B. Thyroid Disease	<ol style="list-style-type: none"> 1. History of hyperthyroidism unless treated successfully with surgery or radioactive iodine and without either recurrence or need for anti-thyroid medication for at least 2 years. 2. Current hypothyroidism unless asymptomatic, demonstrated euthyroid by normal thyroid stimulating hormone testing within the preceding 12 months, and on stable thyroid replacement therapy for at least 12 months. 3. Thyroid nodule unless a solitary thyroid nodule less than 5 mm or less than 3 cm with benign histology or cytology, and that does not require ongoing surveillance. 4. Thyroid cancer or history thereof, unless complete surgical resection demonstrated features consistent with ATA low risk papillary thyroid cancer, with no evidence of metastases and with resulting hypothyroidism controlled as described above.
C. Adrenal Disease	<ol style="list-style-type: none"> 1. Adrenal dysfunction, current or a history of, requiring treatment or hormone replacement. 2. Adrenal neoplasm unless asymptomatic, non-secreting or non-functional, < 4cm and stable for a minimum of 2 years.
D. Impaired Glucose Metabolism	<ol style="list-style-type: none"> 1. History of Diabetes Mellitus 2. History of unresolved pre-diabetes (as defined by the American Diabetic Association) within the last 2 years (HgbA1C \geq 5.7%) 3. History of gestational diabetes 4. Current persistent glycosuria, when associated with impaired glucose or renal tubular defects
E. Hypoglycemia	<ol style="list-style-type: none"> 1. Fasting or organic hypoglycemia regardless of cause 2. Symptomatic or non-symptomatic functional or reactive hypoglycemia 3. History of islet-cell tumors 4. Congenital or acquired hyperinsulinism
F. Disorders of calcium and phosphate metabolism	<ol style="list-style-type: none"> 1. History of primary hyperparathyroidism unless surgically corrected and with stable calcium and phosphate levels for greater than 12 months 2. History of hypoparathyroidism
G. Gout, hyperuricemia	<ol style="list-style-type: none"> 1. History of Gout 2. Hyperuricemia > 10 gm% not on medication secondary to increased risks for kidney stones or development of gout.
H. Other inborn errors of metabolism	<ol style="list-style-type: none"> 1. Other metabolic disorders not mentioned elsewhere including porphyrias 2. Nutritional deficiencies which require frequent treatment or are associated with significant long-term complications.

Condition	Disqualification for Appointment												
IX. Endocrine and Metabolic Disorders (Continued)													
J. Overweight condition	<ol style="list-style-type: none"> 1. BMI in excess of 29.9 kg/m² 2. If BMI is between 30.0. and 32.9 kg/m², appointment may be granted if estimated percent body fat (as determined by “taping”) does not exceed: <table border="0" data-bbox="673 430 954 541"> <tr> <td style="padding-right: 10px;">Age</td> <td style="padding-right: 10px;">Male</td> <td>Female</td> </tr> <tr> <td>-28</td> <td>24%</td> <td>32%</td> </tr> <tr> <td>28-39</td> <td>26%</td> <td>35%</td> </tr> <tr> <td>40+</td> <td>28%</td> <td>38%</td> </tr> </table> 	Age	Male	Female	-28	24%	32%	28-39	26%	35%	40+	28%	38%
Age	Male	Female											
-28	24%	32%											
28-39	26%	35%											
40+	28%	38%											
K. Dyslipoproteinemia	<ol style="list-style-type: none"> 1. Low density lipoprotein (LDL) greater than 200 mg/dl off therapy 2. Fasting Triglycerides greater than 400 mg/dl 3. Requiring more than one medication 4. LDL greater than 190 mg/dl on therapy 5. If taking treatment, must have been on stable medication for minimum of 6 months and without side effects 												
L. Metabolic Syndrome	<p>As defined by any three of the following:</p> <ol style="list-style-type: none"> 1. Increased waist circumference (≥ 40 in or 102 cm for men, ≥ 35 in or 88 cm in women) 2. Medically controlled dyslipidemia or triglycerides > 150 mg/dl 3. Reduced High Density Lipoproteins (HDL) (< 40 mg/dl in men, <50 mg/dl in women) 4. Medically controlled or elevated blood pressure (≥ 130/85) 5. Elevated fasting glucose (≥ 100 mg/dl) 												
M. Underweight Condition	<ol style="list-style-type: none"> 1. Weight below BMI of 17.6 kg/m² 2. Weight BMI ≥17.6 and ≤ 18.5 kg/m² as a result of chronic weight loss accompanied by signs and/or symptoms of nutritional deficiency, other physiologic abnormalities, or eating disorders. 3. Acute weight loss with signs and symptoms of mental, behavioral, emotional, and/or physical distress. 												
N. Hypogonadism	Congenital, resulting in physiologic and anatomical abnormalities, or of unexplained etiology												
O. History of Gender Affirming Treatment	A History of gender affirming treatment associated with gender transition is disqualifying.												

Condition	Disqualification for Appointment
X. Hematologic Disorders	
<p>A. Anemia MALE Hct ≤ 39% Hgb ≤ 13.6 gms % RBC ≤ 4.3M</p> <p>FEMALE Hct ≤ 33 % Hgb ≤ 12 gms% RBC ≤ 3.5M or meeting standards of testing laboratory</p>	<ol style="list-style-type: none"> 1. Anemia, as defined, until permanently corrected, demonstrated to be correctible with conservative therapy, and underlying cause is known not to be disqualifying. 2. History of anemia, regardless of present status, unless cause has been identified and permanently corrected and a sufficient period of time has elapsed to assure the improbability of relapse. Generally, still disqualifying: <ul style="list-style-type: none"> • Pernicious anemia • Recurrent iron, folic acid, or other deficiency anemias unless underlying cause for deficiency has been corrected • Bone marrow failure • Hereditary spherocytosis unless controlled by splenectomy • Hemolytic anemia • Hemoglobinopathies (e.g. sickle cell anemia; Hemoglobin C; etc.) associated with anemia or symptoms except for asymptomatic thalassemia minor or sickle cell trait
<p>B. Polycythemia MALE Hct ≥ 53%</p> <p>FEMALE Hct ≥ 46%</p>	<ol style="list-style-type: none"> 1. Polycythemia vera, regardless of hematocrit 2. Erythrocytosis if due to an underlying pathological cause
<p>C. Hemorrhagic Disorders</p>	<ol style="list-style-type: none"> 1. Hemophilia, von Willebrand's disease or other coagulation defects 2. Acute or Chronic thrombocytopenia, for any reason 3. Presence or history of other bleeding tendencies until cause is determined, corrected, and is highly unlikely to recur 4. Anticoagulant therapy (except aspirin)
<p>D. Leukocytosis, granulocytosis, or lymphocytosis (total WBC ≥ 10K or with abnormal differential)</p>	<p>Disqualifying until cause is determined to be benign and has been corrected</p>
<p>E. Thrombocytosis (450,000/μL)</p>	<p>Disqualifying until cause is known to be benign and has been corrected</p>
<p>F. Leukopenia (WBC ≤ 3.3K (≤ 2.8K if black), neutropenia (≤ 2K or ≤ 1.0K, if black), or lymphopenia ≤ 1K</p>	<ol style="list-style-type: none"> 1. Disqualifying if the leukopenia may cause complications and until the cause is determined to be benign 2. Diagnosis or presumptive diagnosis of Benign Ethnic Neutropenia (BEN) with Absolute Neutrophil Count >800 with no history of severe or recurrent infections is not disqualifying
<p>G. Splenic conditions</p>	<ol style="list-style-type: none"> 1. History of splenomegaly unless secondary to a known infectious process which is no longer active (e.g. EBV infection). 2. Current splenomegaly <ul style="list-style-type: none"> • History of splenectomy except dswhen done for trauma or conditions unrelated to the spleen or for hereditary spherocytosis.

Condition	Disqualification for Appointment
XI. Renal and Urologic Disorders	
A. Infectious or inflammatory disease of the kidney	<ol style="list-style-type: none"> 1. Acute glomerulonephritis or history thereof except in childhood and without sequelae for a period of 5 years 2. Rapidly progressive ("subacute") or chronic glomerulonephritis regardless of cause 3. Nephrotic syndrome or history thereof except in childhood without sequelae for a period of 5 years. 4. Acute urinary tract infection or pyelonephritis until cured without sequelae 5. Repeated episodes of acute pyelonephritis 6. Chronic pyelonephritis
B. Congenital and acquired abnormalities of the kidney	<ol style="list-style-type: none"> 1. Renal cystic disease (except simple cysts and medullary sponge kidney) 2. Horseshoe kidney 3. Other congenital or acquired abnormalities resulting in, or likely to result in, impaired function or recurrent infection 4. Absence of one kidney, congenital or acquired 5. Kidney transplant recipient
C. Renal or ureteral calculi	<p>Urolithiasis if any of the following apply:</p> <ul style="list-style-type: none"> • Current stone of 3 mm or greater • Current multiple stones of any size • History of symptomatic urolithiasis within the preceding 12 months • History of nephrocalcinosis, bilateral renal calculi, or recurrent urolithiasis at any time • History of urolithiasis requiring medical (e.g. extracorporeal shock wave lithotripsy) or surgical procedures
D. Other kidney diseases or abnormalities	<ol style="list-style-type: none"> 1. History of proteinuria (protein-to-creatinine ratio greater than 0.2 and/or albumin-to-creatinine ratio \geq 30mg/g), except in cases where a thorough evaluation has been performed and the condition is apparently benign (e.g., orthostatic proteinuria) 2. Pyuria in the absence of urinary tract infection (3 or more white blood cells per high-powered field on properly collected urinalyses) 3. Hematuria in the absence of urinary tract infection: <ul style="list-style-type: none"> • Gross hematuria • Persistent microscopic hematuria (3 or more red blood cells per high-powered field on properly collected urinalyses, unless urology evaluation determines benign essential hematuria) 4. Elevated creatinine, decreased creatinine clearance, or decreased glomerular filtration rate (eGFR) 5. Acute kidney injury, acute renal failure, or history thereof until resolved without residuals 6. Chronic kidney disease, chronic renal failure or chronic insufficiency 7. Tubular or interstitial disease unless completely resolved and unlikely to recur

Condition	Disqualification for Appointment
XI. Renal and Urologic Disorders (Continued)	
E. Infections of the lower urinary tract	Cystitis or urethritis, presence or history thereof: <ul style="list-style-type: none"> • For males, any cystitis not related to an indwelling catheter during a hospitalization. • For females, current cystitis or recurrent cystitis of greater than two episodes per year, or requiring daily suppressive antibiotics, or non-responsive to antibiotics for 10 days • For males and females, current urethritis until cured and without sequelae
F. Abnormalities of the urinary tract including voiding abnormalities	<ol style="list-style-type: none"> 1. History of interstitial cystitis or bladder pain syndrome 2. History or treatment of the following voiding symptoms, if not associated with an active urinary tract infection, within the previous 12 months: <ul style="list-style-type: none"> • 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 3. History of neurogenic bladder or other functional disorder of the bladder necessitating urinary catheterization with intermittent or indwelling catheter for any period greater than 2 weeks 4. Nephrostomy, ureterostomy, or ureteral conduit procedure 5. Cystoplasty or urethroplasty 6. Cystectomy 7. Urinary fistula
G. Obstructive uropathies	<ol style="list-style-type: none"> 1. Any urinary tract obstruction (e.g., stenosis, stricture) until relieved and without significant residuals 2. Hydronephrosis, unless relieved and without significant residuals for 12 months

Condition	Disqualification for Appointment
XI. Renal and Urologic Disorders (Continued)	
H. Male genital system	<ol style="list-style-type: none"> 1. Current undescended testicle, or congenital absence of one testicle not verified by surgical exploration, or unexplained absence of both testicles. 2. History of epispadias or hypospadias when accompanied by history of urinary tract infection, urethral stricture, urinary incontinence, symptomatic chordee, or voiding dysfunction or surgical intervention for these issues within the past 24 months 3. Current varicocele, unless all of the following are met: <ul style="list-style-type: none"> • Left side only • Asymptomatic and smaller than the testes • Reducible 4. Current hydrocele, epididymal cyst or spermatocele associated with pain or discomfort or precludes a complete exam of scrotal contents. 5. Current or history of recurrent orchitis or epididymitis until cured and without sequelae. 6. History of penis amputation that results in chronic pain, loss of sphincter control, urinary incontinence, recurrent infections, or requires catheterization. 7. Current penile curvature if associated with symptoms to include but not limited to pain. 8. Major abnormalities or defect of the genitalia or dysfunctional residuals from surgical procedures for major abnormalities or Defects.
I. Male genital infections, inflammation or pain	<ol style="list-style-type: none"> 1. History of genital infection or ulceration, including but not limited to condyloma acuminatum, if any of the following apply: <ul style="list-style-type: none"> • Current lesions are present. • There are three or more outbreaks per year. • Any outbreak in the past 12 months interfered with normal activities. • After the initial outbreak, treatment included hospitalization or intravenous therapy. 2. History of urethral condyloma acuminatum 3. History of acute prostatitis within the last 24 months, history of chronic prostatitis, or history of chronic pelvic pain syndrome. 4. History of chronic or recurrent scrotal pain or unspecified symptoms associated with male genital organs.
J. Urogenital reconstruction surgery	<p>History of urogenital reconstruction surgery is disqualifying, unless documentation is provided that demonstrates:</p> <ul style="list-style-type: none"> • A period of 12 months has elapsed since the date of the most recent of any such surgery. • No conditions exist associated with genitourinary dysfunction, including but not limited to chronic pain, loss of sphincter control, urinary incontinence, recurrent infections, or requires catheterization. • No conditions exist associated with functional limitations of activities of daily living or a physically active lifestyle.

K. Tumors of the genitourinary tract	<ol style="list-style-type: none">1. Tumors of the genitourinary tract unless benign, is not likely to interfere with performance of duties and wearing uniforms/equipment.2. Current enlargement of testicle, epididymis, or spermatic cord in addition to those described elsewhere in section.
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Condition	Disqualification for Appointment
XII. Gynecological Disorders and Breast Disease	
A. Menstrual disturbances	<ol style="list-style-type: none"> 1. Dysmenorrhea regularly resulting in absences of >1 week per month. 2. Abnormal uterine bleeding (AUB) (bleeding that is longer or heavier than usual or does not occur at the usual time) regularly resulting in absences of >1 week per month. 3. Abnormal uterine bleeding related to malignancy or hyperplasia (AUB-M) 4. Abnormal uterine bleeding not yet classified (AUB-N)
B. Pregnancy	Pregnancy through 6 months after the completion of the pregnancy
C. Infections of the female genitalia	<ol style="list-style-type: none"> 1. Cervicitis (exception: the pap smear demonstrates normal cytology), vulvitis, or severe vaginitis (Ire disqualifications, until cured or controlled) 2. Infection of Skene's or Bartholin's glands until definitive treatment has been completed. 3. Acute pelvic inflammatory disease (PID) which has not been treated. 4. Current findings of the uterine cervix as listed below would disqualify for appointment: <ul style="list-style-type: none"> • HGSIL (high-grade squamous intraepithelial lesion) or more advanced cytologically (via Pap smear) • CIN II (cervical intraepithelial neoplasia, grade II) or more advanced histologically (by colposcopic biopsy) • ASC-H, which is "atypical squamous cells of undetermined significance (ASCUS) but cannot rule out high-grade intraepithelial lesion." • AGUS (atypical glandular cells of undetermined significance) 5. An appointment may be granted to persons demonstrating the Pap smear results bulleted below only after demonstrating biopsy findings of either CIN I or less-advanced histology via colposcopy: <ul style="list-style-type: none"> • ASCUS (excluding ASC-H) on follow-up Pap smear after a previous ASCUS diagnosis. • LGSIL (low-grade squamous intraepithelial lesion)

Condition	Disqualification for Appointment
XII. Gynecologic Disorders and Breast Disease (Continued)	
D. Other gynecologic disorders	<ol style="list-style-type: none"> 1. Screening results (from Pap smear and/or HPV testing) <ul style="list-style-type: none"> • Atypical Glandular Cells (AGC) 2. Biopsy-confirmed results (from colposcopy or excision) <ul style="list-style-type: none"> • Adenocarcinoma in-situ (AIS) • Cervical carcinoma • Vaginal carcinoma • Vulvar carcinoma 3. Biopsy or pathology confirmed results <ul style="list-style-type: none"> • Endometrial hyperplasia (simple), until satisfactorily treated • Endometrial hyperplasia (atypical or complex) • Endometrial carcinoma • Fallopian tube carcinoma • Ovarian carcinoma 4. History of symptomatic endometriosis. 5. Genital trauma or abnormalities that result in chronic pain, urinary incontinence, recurrent infections, or the need for catheterization. Current ovarian cyst(s) greater than 5 cm. 6. Polycystic ovarian syndrome unless no evidence of metabolic complications as specified by the National Heart, Lung, and Blood Institute and the American Heart Association guidelines. 7. History of chronic pelvic pain (6 months or longer) within the preceding 6 months.
E. Menopausal syndrome	Menopausal symptoms resulting in absences of >1 week per month
F. Diseases of the Breast; gynecomastia	Biopsy or pathology confirmed breast cancer

Condition	Disqualification for Appointment
XIII. Musculoskeletal and Rheumatologic Disorders	
<p>A. Upper Extremity Conditions</p>	<ol style="list-style-type: none"> 1. Limitation of Motion. Current active joint ranges of motion less than: <ul style="list-style-type: none"> • Shoulder <ul style="list-style-type: none"> ▪ Forward elevation to 90 degrees ▪ 130 degrees abduction ▪ 60 degrees external and internal rotation at 90 degrees abduction ▪ Cross body reaching 115 degrees adduction • Elbow <ul style="list-style-type: none"> ▪ Flexion to 130 degrees ▪ Extension to 30 degrees • Wrist. A total range of 60 degrees (extension plus flexion), or radial and ulnar deviation combined are 30 degrees • Hand <ul style="list-style-type: none"> ▪ Pronation to 45 degrees ▪ Supination to 45 degrees • Fingers and Thumb. Inability to clench fist, pick up a pin, grasp an object, or touch tips of at least three fingers with thumb. 2. Hand and Fingers <ul style="list-style-type: none"> • Disorder or absence of fingers and/or digits that would reasonably be expected to interfere with the performance of duty. • Symptomatic mononeuropathies (including but not limited to carpal tunnel syndrome) that interfere with function. • Focal muscle or limb weakness due to congenital or acquired causes that causes weakness of the limb, hand or foot that impair function (isolated injuries to fingers or toes not included unless affects functionality). 3. Residual Weakness and 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 forearm, 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.

Condition	Disqualification for Appointment
XIII. Musculoskeletal and Rheumatic Disorders (Continued)	
<p>B. Lower Extremity Conditions</p>	<ol style="list-style-type: none"> 1. General <ul style="list-style-type: none"> • Current deformities, disease, or chronic joint pain of pelvic region, thigh, lower leg, knee, ankle or foot that have interfered with function to such a degree as to 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 the satisfactory completion of training or military duty. • Current leg-length discrepancy resulting in a limp. 2. Limitation of Motion - Current active joint ranges of motion less than: <ul style="list-style-type: none"> • Hip <ul style="list-style-type: none"> ▪ 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 <ul style="list-style-type: none"> ▪ Full extension to 0 degrees. ▪ Flexion to 110 degrees. • Ankle <ul style="list-style-type: none"> • Dorsiflexion to 10 degrees. • Planter flexion to 30 degrees. • Subtalar eversion and inversion totaling 5 degrees. 3. Foot and Ankle <ul style="list-style-type: none"> • 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. • Deformity of the toes that may reasonably be expected to prevent the proper wearing of uniform military footwear or impairs 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 prevent the proper wearing of uniform military footwear or causes symptoms when walking, marching, running, or jumping. • Rigid or symptomatic pes planus (acquired or congenital) • Current ingrown toenails, if infected or symptomatic

Condition	Disqualification for Appointment
XIII. Musculoskeletal and Rheumatic Disorders (Continued)	
<p>B. Lower Extremity Conditions (Continued)</p>	<ul style="list-style-type: none"> • Current or recurrent plantar fasciitis • Symptomatic neuroma <p>4. Leg, Knee, Thigh, and Hip</p> <ul style="list-style-type: none"> • Current loose or foreign body in the knee joint • History of uncorrected anterior or posterior cruciate ligament injury • History of surgical reconstruction of knee ligaments within the last 12 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 activity • Surgical meniscal repair, within the last 6 months or with residual symptoms or limitation of activity • Surgical partial meniscectomy within the last 3 months or with residual symptoms or limitation of activity • Meniscal transplant • Symptomatic medial and lateral collateral ligament instability • History of developmental dysplasia (congenital dislocation) of the hip, osteochondritis of the hip (Legg-Calvé e-Perthes Disease), or slipped capital femoral epiphysis of the hip. • History of hip dislocation • Symptomatic osteochondritis of the tibial tuberosity (Osgood-Schlatter Disease) within the past 12 months. • Stress fractures, either recurrent or a single episode occurring during the past 12 months.
<p>C. Neck Conditions</p>	<ol style="list-style-type: none"> 1. Current symptomatic cervical ribs 2. 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. 3. 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 the proper wearing of a uniform or equipment, or is so disfiguring as to reasonably be expected to interfere with or prevent satisfactory performance of duty.

Condition	Disqualification for Appointment
XIII. Musculoskeletal and Rheumatic Disorders (Continued)	
<p>D. Spine and Sacroiliac Joint Conditions</p>	<ol style="list-style-type: none"> 1. Ankylosing spondylitis or other inflammatory spondylopathies 2. Current deviation or curvature of spine from normal alignment, structure, or function if any of the following apply: <ul style="list-style-type: none"> • It would interfere with the candidate's fitness for duty • It can reasonably be expected to interfere with the proper wearing of military uniform or equipment • It is symptomatic • There is lumbar or thoracic scoliosis greater than 30 degrees, or thoracic kyphosis greater than 50 degrees when measured by the Cobb Method 3. History of congenital fusion involving more than two vertebral bodies or any surgical fusion of spinal vertebrae. 4. Current dislocation of the vertebra 5. Vertebral fractures including but not limited to: <ul style="list-style-type: none"> • Any cervical spine fracture. • History of fracture of lumbar or thoracic vertebral body that exceeds 25 percent height of a single vertebra or that has occurred within the last 12 months or is symptomatic. • A history of fractures of the transverse or spinous process if currently symptomatic. 6. History of juvenile epiphysitis with any degree of residual change indicated by X-ray or Scheuermann's kyphosis. 7. History of uncorrected herniated nucleus pulposus associated with any treatment, symptoms, or activity limitations. 8. History of surgery to correct herniated nucleus pulposus other than a single-level lumbar or thoracic discectomy that is currently asymptomatic with full resumption of unrestricted activity for at least 12 months. 9. Spinal dysraphisms other than spina bifida occulta 10. History of spondylolysis or spondylolisthesis, congenital or acquired
<p>E. Acute, chronic or recurring musculoskeletal pain</p>	<p>History of any condition, in the last 2 years, or any recurrence, including but not limited to the spine or sacroiliac joints, with or without objective signs, if any of the following apply:</p> <ul style="list-style-type: none"> • It would interfere with the candidate's fitness for duty or is associated with local or radicular pain, muscular spasms, postural deformities, or limitation in motion. • It requires external support. • It requires limitation of physical activity or frequent treatment. • Chronic medication use for greater than 12 weeks. • One or more episodes of back pain lasting greater than 12 weeks requiring other than self-care.

Condition	Disqualification for Appointment
XIII. Musculoskeletal and Rheumatic Disorders (Continued)	
<p>F. Rheumatic diseases and associated systemic disorders</p>	<ol style="list-style-type: none"> 1. Rheumatoid arthritis 2. Spondyloarthritis including but not limited to ankylosing spondylitis, psoriatic arthritis, reactive arthritis (formerly known as Reiter's disease), or spondyloarthritis associated with inflammatory bowel disease. 3. Systemic lupus erythematosus 4. Sjögren's syndrome 5. Systemic sclerosis (or scleroderma), including but not limited to calcinosis, Raynaud's phenomenon, esophageal dysmotility, scleroderma, or telangiectasia syndrome (CREST). 6. Mixed connective tissue disease or undifferentiated connective tissue diseases 7. Vasculitides including but not limited to polyarteritis nodosa, arteritis, Behçet's, Takayasu's arteritis, and Anti-Neutrophil Cytoplasmic Antibody-associated vasculitis. 8. Henoch-Scholenlein Purpura occurring after the 19th birthday or within the last 2 years 9. Rheumatic fever if associated with rheumatic heart disease or indication for ongoing prophylactic medication. 10. IgG-4 related disease 11. Dermatomyositis with or without skin involvement 12. Polymyositis 13. Non-inflammatory myopathy including but not limited to metabolic myopathy such as glycogen storage disease, lipid storage disease, and mitochondrial myopathy. 14. Joint hypermobility syndrome (formerly Ehler's Danlos syndrome, Type III) 15. Any history of connective tissue disease including but not limited to Ehlers-Danlos syndrome, Marfan's syndrome, Pseudoxanthoma Elasticum, and Osteogenesis Imperfecta. 16. History of Gout and other crystal induced joint disease 17. Other autoimmune disease which can lead to chronic disability, such as anticardiolipin syndrome, systemic amyloidosis. 18. Osteoarthritis degenerative joint disease, other arthritis, or other rheumatic disorder if associated with the following: <ul style="list-style-type: none"> • Chronic or recurrent and/or disabling symptoms • Limitation of motion, tenderness, swelling, effusion, joint instability, or deformity. • Persistent neurologic symptoms or signs, or muscle weakness • Requires sustained use of cervical collar, cane, crutch, corset, traction, other devices, and/or ongoing physical therapy. • Interferes with function, likely to interfere with performance of duties now or in the course of a career.

Condition	Disqualification for Appointment
XIII. Musculoskeletal and Rheumatic Disorders (Continued)	
F. Rheumatic diseases and associated systemic disorders (Continued)	19. Fibromyalgia or chronic/recurrent myofascial pain syndrome 20. Chronic fatigue syndrome (or systemic exertion intolerance disease or myalgic encephalomyelitis) or chronic multisystem disease.
G. Miscellaneous Conditions of the Extremities	1. History of chondromalacia, including but not limited to chronic patello-femoral pain syndrome and retro-patellar pain syndrome, osteoarthritis, or traumatic arthritis if it could reasonably be expected to interfere with the performance of duty. 2. Dislocation of patella if two or more episodes, or any occurring within the last 12 months 3. 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. 4. Acromioclavicular separation within the last 12 months or if symptomatic 5. History of osteoarthritis or traumatic arthritis of isolated joints 6. Fractures, if: <ul style="list-style-type: none"> • 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 proper wearing of equipment or uniform. Retained hardware is not disqualifying if fractures are healed, ligaments are stable, and there is no pain. 7. Current orthopedic implants or devices to correct congenital or post-traumatic orthopedic abnormalities except for bone anchor and hardware as allowed in the second bullet of section XIII.G.6 8. History of contusion of bone or joint if any of the following apply: <ul style="list-style-type: none"> • An injury of more than a minor nature with or without fracture, nerve injury, open wound, crush, or dislocation which occurred within the last 6 months. • Recovery has not been sufficiently completed • May reasonably be expected to interfere with or prevent performance of duty • Requires frequent or prolonged treatment 9. History of joint replacement or resurfacing of any site 10. History of hip arthroscopy or femoral acetabular impingement 11. History of neuromuscular paralysis, weakness, contracture, or atrophy not completely resolved and of sufficient degree to reasonably be expected to interfere with or prevent satisfactory performance of duty. 12. Current symptomatic osteochondroma or history of two or more osteochondromas

Condition	Disqualification for Appointment
XIII. Musculoskeletal and Rheumatic Disorders (Continued)	
<p>G. Miscellaneous Conditions of the Extremities (Continued)</p>	<ol style="list-style-type: none"> 13. History of atraumatic fractures or bone mineral density below expected range for age on a dual energy x-ray absorptiometry scan with risk factors for low bone density. 14. Current osteopenia until resolved 15. History of osteomyelitis within the past 12 months, or history of recurrent osteomyelitis 16. History of osteochondral defect, formerly known as osteochondritis dissecans 17. History of cartilage surgery, including but not limited to cartilage debridement or chondroplasty for Grade III or greater chondromalacia, microfracture, or cartilage transplant procedure. 18. History of osteonecrosis of any bone. 19. History of recurrent tendon disorder, including but not limited to tendonitis, tendinopathy, tenosynovitis if reasonably be expected to interfere with or prevent satisfactory performance of duty or to require ongoing episodes of care. 20. History of developmental dysplasia (congenital dislocation) of the hip, osteochondritis of the hip (Legg-Calvé-Perthes Disease), or slipped capital femoral epiphysis of the hip. 21. History of hip dislocation. 22. Symptomatic osteochondritis of the tibial tuberosity (Osgood-Schlatter Disease) within the past 12 months. 23. Stress fractures, either recurrent or a single episode occurring during the past 12 months

Condition	Disqualification for Appointment
XIV. Skin Disorders	
A. Eczema (erythema, scale and vesicles)	If more than mild (presently requiring intensive topical therapy or involving 10% or more of the body surface,) or with history of recurrent exacerbations requiring systemic steroid therapy.
B. Adult atopic dermatitis (pruritus, dermatitis; allergies ± eczema)	If more than mild (presently requiring intensive topical therapy or involving 10% or more of the body surface,) or with history of recurrent exacerbations requiring systemic steroid therapy.
C. Contact dermatitis	History of recurrent or chronic non-specific dermatitis within the past 2 years to include contact (irritant or allergic) or dyshidrotic dermatitis requiring more than treatment with topical corticosteroid.
D. Dyshidrosis or other dermatoses of the hands and feet	History of severe hyperhidrosis of hands or feet unless controlled by topical medications
E. Psoriasis	If more than mild (presently requiring intensive topical therapy or involving more than 10% of the body surface), or with history of frequent exacerbations requiring more than local therapy, or if associated with therapy.
F. Bullous eruptions	History of bullous dermatoses, including but not limited to dermatitis herpetiformis, pemphigus, and epidermolysis bullosa.
G. Chronic lymphedema	Current or chronic lymphedema
H. Neurofibromatosis	History of oculocutaneous albinism, Neurofibromatosis I (Von Recklinghausen's Disease), Neurofibromatosis II, and tuberous sclerosis.
I. Infectious diseases of the skin	<ol style="list-style-type: none"> 1. History of dissecting scalp cellulitis, acne inversa, or hidradenitis suppurativa 2. Current localized fungus infections, if they can be reasonably expected to interfere with the proper wearing of military equipment or the performance of military duties. History of furunculosis or carbuncle if extensive, recurrent, or chronic. History of Pseudofolliculitis barbae or keloidalis nuchae, of a severity that precludes daily shaving or would reasonably be expected to interfere with the wearing of equipment. 3. Severe acne (including nodulocystic acne on or off antibiotics), or when extensive involvement of the neck, shoulders, chest, or back will be aggravated by or interfere with the wearing of required clothing and uniforms and not amenable to treatment. Applicants under treatment with systemic retinoids, including, but not limited to isotretinoin (Accutane®), do not meet the standard until 8 weeks after completion of therapy. Use of isotretinoin requires documentation of completion of treatment.
J. Skin manifestations of systemic disease	<ol style="list-style-type: none"> 1. Any skin condition which is known to be a manifestation of or is commonly associated with systemic disease (such as amyloidosis, erythema multiforme, erythema nodosum, panniculitis, purpura, petechia, etc.,) unless underlying cause is known and is not disqualifying. 2. History of scleroderma, dermatomyositis, lupus erythematosus, (including CCLE, SCLE, or ACLE).

Condition	Disqualification for Appointment
XIV. Skin Disorders (Continued)	
K. Pilonidal or non-pilonidal cyst	<ol style="list-style-type: none"> 1. The current cyst (other than pilonidal cyst) is of such a size or location as to reasonably be expected to interfere with the proper wearing of military equipment. 2. The current pilonidal cyst is evidenced by the presence of a tumor mass or a discharging sinus, or is a surgically resected pilonidal cyst that is symptomatic, unhealed, or less than 6 months post-operative. A pilonidal cyst that has been simply incised and drained does not meet the standard.
L. Other	<ol style="list-style-type: none"> 1. Any skin disorder or history thereof which is chronic or recurring or requires frequent treatment or loss from work or restriction of duties, or is cosmetically unsightly such as: <ul style="list-style-type: none"> • History of chronic urticaria lasting longer than 6 weeks even if asymptomatic on daily maintenance therapy. • Current lichen planus (either cutaneous or oral) • Ichthyosis • Photosensitivity 2. Keloid formation, if the tendency is marked or interferes with the wearing of required equipment or clothes. 3. Current scars or grafted skin that can reasonably be expected to interfere with the proper wearing of military clothing or equipment, or to interfere with the satisfactory performance of military duty due to pain or decreased range of motion, strength, or agility. 4. History of chronic radiation dermatitis (radiodermatitis) 5. History of photosensitivity, including but not limited to any primary sun-sensitive condition, such as polymorphous light eruption or solar urticaria, or any dermatosis aggravated by sunlight, such as lupus erythematosus, porphyria, and xeroderma pigmentosa 6. Current plantar warts that are symptomatic 7. Prior burn injury (including graft sites) resulting in functional impairment to such a degree, due to scarring, as to interfere with the satisfactory performance of officer duties or proper wearing and use of uniform wear due to pain or decreased range of motion, strength, temperature regulation, or agility. 8. History of congenital disorder of the hair and nails including but not limited to pachyonychia congenita or ectodermal dysplasia.
M. Congenital giant pigmented nevus	<ol style="list-style-type: none"> 1. Lesion greater than 20 cm in any direction 2. History of congenital 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. 10. History of congenital or acquired anomalies of the skin, such as nevi or vascular tumors, that can reasonably be expected to interfere with function or are exposed to constant irritation.

Condition	Disqualification for Appointment
XIV. Skin Disorders (Continued)	
<p>N. Cutaneous Malignancies</p>	<ol style="list-style-type: none"> 1. Conditions with malignant potential in the skin including but not limited to basal cell nevus syndrome, oculocutaneous albinism, xeroderma pigmentosum, Muir-Torre Syndrome, Dyskeratosis Congenita, Gardner Syndrome, Peutz-Jeghers Syndrome, Cowden Syndrome, Multiple Endocrine Neoplasia, Familial Atypical Multiple Mole Melanoma Syndrome, and Birt-Hogg Dube Syndrome. 2. 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, Paget's disease, extramammary Paget's disease, microcystic adnexal carcinoma, other adnexal neoplasms, and cutaneous lymphoma including mycosis fungoides. 3. "Malignant Adnexal Neoplasm" as long as not as a manifestation of genetic dermatoses

Condition	Disqualification for Appointment
XV. Infectious Diseases	
<p>A. Infectious diseases</p>	<ol style="list-style-type: none"> 1. Any acute infection or infectious disease (other than mild, self-limited diseases) until cured and without significant sequelae. 2. Unless specifically referenced in the Medical Accessions Standards, any chronic infection or infectious disease (including viral, bacterial, fungal, parasitic, etc. disease,) until recovered or cured without significant sequelae. 3. Presence of Human Immunodeficiency Virus (HIV) infection confirmed using the U.S. Centers for Disease Control and Prevention’s HIV testing algorithm as described in “Laboratory Testing for the Diagnosis of HIV Infection: Updated Recommendations” and any technical updates to this algorithm (all available at https://www.cdc.gov/hiv/guidelines/testing.html) unless: <ul style="list-style-type: none"> • HIV replication has been durably suppressed <200 copies/mL for at least the 12 prior months, and • CD4 cell count has been maintained at >350 cell/mm3 for at least the prior 12 months. 4. Reactive Tests for Syphilis, such as the Rapid Plasma Reagin (RPR) or Venereal Disease Research Laboratory (VDRL), followed by a reactive confirmatory Fluorescent Treponema 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 of the false positive reaction can be identified and is not otherwise disqualifying.

Condition	Disqualification for Appointment
XVI. Immunologic Disorders	
<p>A. Immunologic Disorders</p>	<ol style="list-style-type: none"> 1. Current use of immunosuppressive drugs such as adrenal suppressive doses of corticosteroids, cyclosporine, azathioprine, and other agents that carry an unacceptable risk for increased infection or other significant adverse effects. 2. History of primary immunodeficiency with symptoms frequent enough to require continuing diagnostic evaluations, frequent follow-up or medical care, treatment or therapy which, in the judgment of the reviewing examiner, may limit geographic area of assignment or may interfere with performance of duties. 3. A reliable history of severe allergic reactions or anaphylaxis. Anaphylaxis is highly likely when any one of the following 3 criteria are fulfilled: <ul style="list-style-type: none"> • Acute onset of an illness (minutes to several hours) with involvement of the skin, mucosal tissue, or both (e.g., generalized hives, pruritus or flushing, swollen lips-tongue-uvula) and at least one of the following: <ul style="list-style-type: none"> ▪ Respiratory compromise (e.g., dyspnea, wheeze-bronchospasm, stridor, reduced peak expiratory flow, hypoxemia). ▪ Reduced blood pressure (BP) or associated symptoms of end-organ dysfunction (e.g., hypotonia [collapse], syncope, incontinence). • Two or more of the following that occur rapidly after exposure to a likely allergen for the patient (minutes to several hours): <ul style="list-style-type: none"> ▪ Involvement of the skin-mucosal tissue (e.g., generalized hives, itch-flush, swollen lips-tongue-uvula). ▪ Respiratory compromise (e.g., dyspnea, wheeze-bronchospasm, stridor, reduced peak expiratory flow, hypoxemia). ▪ Reduced BP or associated symptoms (e.g., hypotonia [collapse], syncope, incontinence). ▪ Persistent gastrointestinal symptoms (e.g., crampy, abdominal pain, vomiting). • Reduced blood pressure after exposure to known allergen for that patient (minutes to several hours): <ul style="list-style-type: none"> ▪ Infants and children: low systolic BP (age-specific) or greater than 30 percent decrease in systolic blood pressure. ▪ Adults: systolic BP of less than 90 mmHg or greater than 30 percent decrease in from that person's baseline.

Condition	Disqualification for Appointment
XVI. Immunologic Disorders (Continued)	
<p>A. Immunologic Disorders (Continued)</p>	<ol style="list-style-type: none"> 4. History of systemic allergic reaction to biting or stinging insects, unless it was limited to a large local reaction, a cutaneous only reaction (including hives) occurring under the age of 16, or unless there is documentation of 3-5 years of maintenance venom immunotherapy. 5. History of severe allergic reaction to fish, shellfish, peanuts, or tree nuts to include the presence of food-specific immunoglobulin E antibody if accompanied by a correlating clinical history. 6. Allergic reactions to antigens which are severe and such antigens cannot be easily avoided. 7. Urticaria or angioedema that requires frequent treatment or loss from work or restriction from duties or affecting the airway or occurring with anaphylaxis. 8. Cold urticarial 9. Hereditary angioedema 10. Autoimmune disorders or disorders due to allergy or hypersensitivity not otherwise covered by the standards and which require excessive medical supervision and/or treatment.

Condition	Disqualification for Appointment
XVII. Neoplastic Disorders	
<p>A. Tumors or neoplastic disorders, including leukemias and lymphomas</p>	<ol style="list-style-type: none"> 1. Any tumor present at time of examination unless it is benign, is not likely to impair function, and is not associated with systemic abnormalities. Any benign tumor that interferes with function, prevents the wearing of uniforms or necessary equipment, requires frequent specialized attention, or has a high malignant potential is disqualifying. 2. Presence or history of malignancy, other than non-melanoma skin cancer cured by excision (see exceptions below), or carcinoma in situ of the uterine cervix which had been cured without sequela. 3. 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: <ul style="list-style-type: none"> • Malignant melanoma • Merkel cell carcinoma • Sebaceous carcinoma • Paget's disease • Extramammary Paget's disease • Microcystic adnexal carcinoma • Other adnexal neoplasms, and • Cutaneous lymphoma including mycosis fungoides. 4. Tumors and/or tumor-related problems requiring continuing diagnostic evaluation, frequent follow-up, medical care, treatment, or therapy which in the judgment of the reviewing examiner may limit geographic area of assignment and/or interfere with performance of duties.

Condition	Disqualification for Appointment
XVIII. Neurologic and Muscle Disorders	
1. Congenital or acquired anomalies of the CNS or meninges	<ol style="list-style-type: none"> 1. Hydrocephalus 2. Spina bifida - exception for asymptomatic spina bifida occulta 3. Meningocele 4. Arachnoid cyst – exception for asymptomatic and stable arachnoid cysts 5. Syrinx associated with neurological deficits or symptoms
2. Epilepsy or seizure disorder	<ol style="list-style-type: none"> 1. History of epilepsy or seizures regardless of type (except if associated with toxic agents or other self-limiting etiology) that require ongoing treatment. 2. A history of being seizure-free for 5 years without medication would be deemed acceptable
3. Sleep disorders, e.g. narcolepsy, sleep apnea	<ol style="list-style-type: none"> 1. Chronic insomnia as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. 2. Obstructive sleep apnea or any apnea that requires treatment with CPAP or other positive pressure treatment. 3. History of narcolepsy, cataplexy, or other hypersomnias 4. History of sleep-related movement disorders such as REM sleep behavior disorder and restless leg syndrome. 5. History of parasomnia including sleepwalking and night terrors that persist after the 13th birthday 6. Circadian rhythm disorders requiring treatment or special accommodations.
4. Cerebrovascular disorders	<ol style="list-style-type: none"> 1. History of stroke (thrombotic, embolic, or hemorrhagic), transient ischemic attacks, hemorrhage (e.g. subarachnoid or intracerebral), or other manifestations of vascular disease or obstruction of blood supply to the brain (e.g. cerebral vein thrombosis). 2. History of aneurysm 3. History of symptomatic or unstable arteriovenous malformation(s)
5. Disorders of the CNS (cerebrum, cerebellum, basal ganglia and spinal cord)	<ol style="list-style-type: none"> 1. Multiple sclerosis and other CNS demyelinating disorders 2. Parkinson's disease, multisystem atrophy, and other degenerative disorders of the basal ganglia 3. Cerebellar degenerative disorders including spinocerebellar disorders 4. Spinal cord disorders including hereditary spastic paraparesis and other degenerative spinal cord Disorders. 5. Motor neuron disorders including Amyotrophic lateral sclerosis 6. Cognitive disorders including dementias of various types
6. Disorders of the muscle	<ol style="list-style-type: none"> 1. Muscular dystrophy or congenital myopathy 2. Acquired myopathy or myositis that has resulted in continual weakness or requires ongoing treatment. 3. Myasthenia gravis or congenital myasthenia 4. Periodic paralysis or myotonic disorders 5. Focal muscle or limb weakness due to congenital or acquired causes that causes weakness of the limb, hand or foot that impair function (isolated injuries to fingers or toes not included unless affects functionality). 6. History of Rhabdomyolysis

Condition	Disqualification for Appointment
XVIII. Neurologic and Muscle Disorders (Continued)	
7. Disorders of the Peripheral Nervous System	<ol style="list-style-type: none"> 1. Hereditary neuropathies 2. Acquired neuropathies that are either progressive, interfere with routine activities, or require medication to control symptoms. 3. Brachial plexus or lumbosacral plexus injuries that have not resolved and have residual weakness that impairs function. 4. Radiculopathies – cervical or lumbosacral; that have not resolved with conservative treatment and interfere with physical activities. 5. Chronic inflammatory demyelinating neuropathies or acute inflammatory demyelinating neuropathies (Guillain-Barre Syndrome) with residual weakness that impairs function and requires ongoing treatment. 6. Complex regional pain syndromes
8. Neoplastic disorders	<ol style="list-style-type: none"> 1. Brain tumors – primary or metastatic 2. Pituitary tumors – if active or have not been surgically removed 3. Spinal cord tumors – primary or metastatic 4. Peripheral nerve tumors – if malignant or associated with neurological abnormality 5. Disorders that are prone to neurologically associated tumors such as neurofibromatosis or von Hippel-Lindau disease.
9. Movement disorders	<ol style="list-style-type: none"> 1. Facial dystonia – for example, blepharospasm and cervical dystonia 2. Limb dystonias-for example, writer’s cramp and leg dystonia 3. Hereditary dystonias or Tourette’s syndrome
10. Cranial neuropathies	<ol style="list-style-type: none"> 1. Optic neuritis 2. Facial palsy with ongoing inability to close eyes
11. Implanted devices	<ol style="list-style-type: none"> 1. Ventricular shunts – of any type 2. Deep brain stimulation 3. Baclofen or other pumps 4. Implanted electrical stimulators including vagal nerve stimulators
12. Traumatic brain injury	<ol style="list-style-type: none"> 1. Penetrating head trauma including radiographic evidence of foreign bodies or bony fragments 2. Skull fractures, particularly if associated epidural, subdural, subarachnoid or intracerebral hematomas or associated with the presence of rhinorrhea or otorrhea for over 7 days. 3. Moderate or severe head trauma – associated with post-traumatic seizures after acute injury (30 minutes), persistent motor, sensory, vestibular, visual or any other focal neurological deficit, persistent cognitive impairment, or persistent altered behavior or personality. 4. Mild head trauma – if associated with persistent neurological or psychological problems as described for moderate or severe head trauma. 5. Post-concussive headaches related to any severity of head trauma

Condition	Disqualification for Appointment
XVIII. Neurologic and Muscle Disorders (Continued)	
13. Headache disorders	<ol style="list-style-type: none"> 1. Migraine headaches – particularly if associated with neurological deficits other than scotomas or have disrupted normal activities including work absences, more than twice per year in the past year. 2. Cluster headaches 3. Tension headaches – particularly if they have disrupted normal activities including work absences more than twice per year in the past year. 4. Trigeminal neuralgia
14. Other	<ol style="list-style-type: none"> 1. Dysautonomias including postural orthostatic tachycardia. 2. Unexplained recurrent episodes of loss of consciousness 3. Hypoxic-ischemic brain injury with residual neurological deficits

Condition	Disqualification for Appointment
XIX. Behavior Health Disorders	
<p>A. All Behavior Health Disorders</p>	<ol style="list-style-type: none"> 1. Attention Deficit Hyperactivity Disorder, if any of the following apply: <ul style="list-style-type: none"> • With a recommended or prescribed work accommodation, except accommodations that preceded –and did not persist after–treatment for the underlying condition • With a newly prescribed psychotropic, more than 1 prescribed psychotropic or increase in dose of psychotropic over the previous 12 months • With prescribed deployment-limiting medication, such as lithium, anticonvulsant, antipsychotic, controlled substance (with the exception of FDA-approved stimulant for ADHD), tricyclic antidepressant, monoamine oxidase inhibitor or those requiring special storage, within the past 36 months • With documentation of functional impairment, to include significant adverse academic, occupational, or work performance, or impairment in activities/independent activities of daily living (not including individuals whose impairment preceded –and did not persist after–treatment for underlying condition) • Regarding the ability to deploy to austere environments, cannot temporarily suspend non-pharmacologic therapy for a minimum of 3 months without incurring a risk of significant exacerbation of the underlying condition 2. History of learning disorders after the 14th birthday, including but not limited to dyslexia, if any of the following apply: <ul style="list-style-type: none"> • With a recommended or prescribed work accommodation, except accommodations that preceded –and did not persist after–treatment for the underlying condition • With documentation of functional impairment, to include adverse academic, occupational, or work performance, or impairment in activities/independent activities of daily living (not including individuals whose impairment preceded –and did not persist after–treatment for underlying condition) 3. Autism spectrum disorders 4. History of disorders with psychotic features to include but not limited to schizophrenic disorders, delusional disorders, or other unspecified psychoses or mood disorders with psychotic features. 5. History of bipolar and related disorders (formerly identified as mood disorders not otherwise specified) to include but not limited to cyclothymic disorders and affective psychoses. 6. Depressive disorder if any of the following apply: <ul style="list-style-type: none"> • With documentation of functional impairment, to include significant adverse academic, occupational, or work performance, or impairment

	<p>in activities/independent activities of daily living within the past 36 months</p> <ul style="list-style-type: none">• With a newly prescribed psychotropic, more than 1 prescribed psychotropic or increase in dose of psychotropic within the past 36 months.• With prescribed deployment-limiting medication, such as lithium, anticonvulsant, antipsychotic, controlled substance (with the exception of FDA-approved stimulant for ADHD), tricyclic antidepressant, monoamine oxidase inhibitor or those requiring special storage within the past 36 months• Any intensive outpatient, partial hospitalization, inpatient treatment in a hospital or residential facility• Any recurrent major depressive episodes• Regarding the ability to deploy to austere environments, cannot temporarily suspend non-pharmacologic therapy for a minimum of 3 months without incurring a risk of significant exacerbation of the underlying condition <p>7. 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.</p> <p>8. History of disruptive, impulse control and conduct disorder to include but not limited to oppositional defiant and other behavior disorders.</p>
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Condition	Disqualification for Appointment
XIX. Behavior Health Disorders (Continued)	
<p>A. All Behavior Health Disorders (Continued)</p>	<p>9. Any personality disorder including unspecified personality disorder or maladaptive personality traits demonstrated by either:</p> <ul style="list-style-type: none"> • Repeated inability to maintain reasonable adjustment in school, with employers or fellow workers, other social groups, or psychological testing revealing that the degree of immaturity, instability, of personality inadequacy, impulsiveness, or dependency may reasonably be expected to interfere with adjustment in the USPHS. • Recurrent encounters with law enforcement agencies (excluding minor traffic violations) or antisocial behaviors are tangible evidence of impaired capacity to adapt to service in the USPHS. • Any behavioral health issues that have led to incarceration for any period. <p>10. Enuresis or Encopresis after 13th birthday</p> <p>11. History of any feeding or eating disorder to include but not limited to Anorexia Nervosa, Bulimia Nervosa, Binge-Eating Disorder.</p> <p>12. Any current communication disorder of such a degree as to significantly interfere with production of speech or the ability to repeat commands.</p> <p>13. History of suicidality to include suicidal self-directed violence, suicidal ideation with suicidal intent or preparatory behavior, or suicide attempt, regardless of whether associated with a psychiatric disorder or not.</p> <p>14. History of non-suicidal self-injury behavior, regardless of whether associated with a psychiatric disorder or not.</p> <p>15. History of obsessive-compulsive disorder, if any of the following apply:</p> <ul style="list-style-type: none"> • Outpatient care including counseling was required for longer than 12 cumulative months for a single episode of care. • Symptomatic or treatment within the last 36 months. • Any intensive outpatient, partial hospitalization, or inpatient treatment in a hospital or residential facility. • Any recurrence. <p>16. History of post-traumatic stress disorder, if any of the following apply</p> <ul style="list-style-type: none"> • With documentation of functional impairment, to include significant adverse academic, occupational, or work performance, or impairment in activities/independent activities of daily living within the past 36 months. • With a newly prescribed psychotropic, more than 1 prescribed psychotropic or increase in dose of psychotropic over the past 36 months. • With prescribed deployment-limiting medication, such as lithium, anticonvulsant, antipsychotic, controlled substance (with the

	<p>exception of FDA-approved stimulant for ADHD), tricyclic antidepressant, monoamine oxidase inhibitor or those requiring special storage, within the past 36 months.</p> <ul style="list-style-type: none">• Any intensive outpatient, partial hospitalization, inpatient treatment in a hospital or residential facility.• Regarding the ability to deploy to austere environments, cannot temporarily suspend non-pharmacologic therapy for a minimum of 3 months without incurring a risk of significant exacerbation of the underlying condition.
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Condition	Disqualification for Appointment
XIX. Behavior Health Disorders (Continued)	
<p>A. All Behavior Health Disorders (Continued)</p>	<p>17. History of anxiety disorders, if any of the following apply:</p> <ul style="list-style-type: none"> • With documentation of functional impairment, to include significant adverse academic, occupational, or work performance, or impairment in activities/independent activities of daily living within the past 36 months. • With a newly prescribed psychotropic, more than 1 prescribed psychotropic or increase in dose of psychotropic over the past 36 months. • With prescribed deployment-limiting medication, such as lithium, anticonvulsant, antipsychotic, controlled substance (with the exception of FDA-approved stimulant for ADHD), tricyclic antidepressant, monoamine oxidase inhibitor or those requiring special storage, within the past 36 months. • Any intensive outpatient, partial hospitalization, inpatient treatment in a hospital or residential facility. • Regarding the ability to deploy to austere environments, cannot temporarily suspend non-pharmacologic therapy for a minimum of 3 months without incurring a risk of significant exacerbation of the underlying condition. <p>18. History of dissociative disorders.</p> <p>19. History of somatic symptom and related disorders.</p> <p>20. History or current diagnosis of gender dysphoria.</p> <p>21. History of paraphilic disorders to include but not limited to Voyeuristic Disorder, Frotteuristic Disorder, Pedophilic Disorder.</p> <p>22. History of other mental disorders that may reasonably be expected to interfere with or prevent satisfactory performance of duty in the USPHS.</p> <p>23. Prior psychiatric intensive outpatient, partial hospitalization, or inpatient hospitalization.</p>

Condition	Disqualification for Appointment
XX. Substance Use and Addictive Behaviors	
Substance use and Addictive Behaviors	History of any of the following within the past 36 months: <ul style="list-style-type: none"> • Having received clinical treatment for substance-related or addictive disorders/behaviors in the attempt to reduce frequency or severity of substance use (including nicotine use) or addictive behavior. • Having adverse medical, legal, social or occupational problems related to substance use (including nicotine use) or addictive behaviors. • Regular use of any tobacco or nicotine products (to include, but not limited to cigarettes, chewing tobacco, e-cigarettes).

Condition	Disqualification for Appointment
XXI. Miscellaneous	
Other disorders and/or conditions	<ol style="list-style-type: none"> 1. Health conditions or problems requiring continuing diagnostic evaluation, frequent follow-up, medical care, treatment, therapy, or which in the judgment of the reviewing examiner may limit geographic area of assignment and/or may interfere with performance of duties. 2. Post-surgical cases, regardless of operative procedure, until such time as post-surgical complications are not likely to occur and healing has progressed satisfactorily, and the cause for or result of surgery is not otherwise disqualifying. 3. Health conditions or problems which place an individual at unacceptable risk for use of sick leave, or medical, dental, psychiatric, psychological, or surgical services, or early death or disability. 4. Conditions which prevent the performance of full duties at the time of call to duty.