

PHYSICAL READINESS PROGRAM

Authorized Medical Department Representative Training

APPROVED
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The Navy Physical Readiness Program (PRP) policy is published in OPNAVINST 6110.1 Series. Policy requires all Navy military personnel be properly screened prior to participation in the Navy's Physical Fitness Assessment (PFA).

Only Authorized Medical Department Representatives (AMDR) may recommend a medical waiver.

AMDRs are required to complete training on proper procedures for PFA medical screening and waivers.

This presentation serves as the required AMDR training.

There is an expectation for a minimum annual review prior to the first calendar year (CY) PFA cycle.

Physical Readiness Program (PRP) Guides

The PRP Guides (11 in total) provide official supplemental policy information to OPNAVINST 6110.1 Series. Available for download via:

- MyNavyHR, Physical Readiness Program website: [Physical Readiness \(navy.mil\)](https://www.mynavyhr.navy.mil/Support-Services/Culture-Resilience/Physical-Readiness/).
 - <https://www.mynavyhr.navy.mil/Support-Services/Culture-Resilience/Physical-Readiness/>.
- Official Navy PFA app.

Pertinent Guides for this training:

- Guide 4 (Body Composition Assessment (BCA)) describes the BCA standards and measurement procedures.
- Guide 6 (PFA Medical Readiness) provides Command Fitness Leaders (CFLs) and AMDRs additional guidance on medical clearance/waiver procedures and management.
- Guide 8 (Managing PFA Records of Pregnant Sailors) defines the term and policy for 'pregnancy status', the Postpartum PFA schedule, and other pregnancy-related considerations.

Additional Guides of interest for medical personnel, but not required and not covered in this training, may include but are not limited to:

- Guide 5 (Physical Readiness Test), sections 2 and 3.
- Guide 9 (Command Physical Training (PT) and Fitness Enhance Program (FEP)).
- Guide 10 (Nutrition Resources).
- Guide 11 (Conduct of the PFA in COVID-19 Conditions).

- 1. AMDR Roles and Responsibilities**
- 2. Components of the PFA and the medical clearance**
- 3. Body Composition Assessment (BCA) Procedures**
- 4. Physical Fitness Assessment (PFA) Medical Clearance/Waivers Policy**
- 5. Medical Evaluation Boards (MEBs) as a Result of Multiple PFA Medical Waivers**
- 6. Completing the PFA Medical Clearance/Waiver Form (NAVMED 6110/4)**
- 7. PFA Policy for Pregnancy, Assisted Reproductive Technology (ART), and Postpartum Service Women**

AMDR ROLES AND RESPONSIBILITIES

AMDR Roles and Responsibilities



AMDR must:

- Be a physician, adult (including family) nurse practitioner, physician assistant, or Independent Duty Corpsman (IDC).
- Complete Physical Readiness Program AMDR training and review at least annually. **Highly encouraged to review before each PFA cycle.*
- Be designated in writing (after completing training) by the Commanding Officer or Officer in Charge. Note: The AMDR cannot also be designated as a CFL.
- Familiarize oneself with OPNAVINST 6110.1 Series, BUMEDINST 6110.15 Series, and the Physical Readiness Program Operating Guides.
- Review and Sign ALL medical waiver recommendations on the NAVMED 6110/4 only.
- Coordinate with CFLs as needed to support MEB review for those who meet criteria.

COMPONENTS OF THE PFA AND MEDICAL CLEARANCE

The Navy PFA is composed of two main parts:

1. Body Composition Assessment
2. Physical Readiness Test
 - a) Cardiorespiratory fitness – One event; 1.5 mile run/walk
 - 1) Alternate options: stationary bike, treadmill, Concept 2 rower, and 500-yard/450-meter swim.
 - 2) Participation in alternate options is at the discretion of the commanding officer (CO).
 - b) Muscular Strength and endurance – 2 events; no alternate options
 - 1) Push-ups – maximum repetitions in 2 minutes.
 - 2) Forearm Planks – sustained hold for as long as possible until a maximum time has been reached.

PFA medical clearance includes three components:

1. Current Health Assessments:
 - Periodic Health Assessment (PHA) – within 12 months
 - Post-Deployment Health Re-Assessment (PDHRA) – if required
2. Physical Assessment Risk Factor Questionnaire (PARFQ) (NAVPERS 6110/3) for current PFA cycle
 - PFA Medical Clearance/Waiver Form (NAVMED 6110/4) if directed based on PARFQ response
3. Pre-Physical Activity Questions (PPAQ)** prior to any command/unit PT to include
 - Fitness Enhancement Program (FEP) session
 - Physical Readiness Test (PRT)

** Conducted by CFL/ACFL. Does not involve AMDR.

BODY COMPOSITION ASSESSMENT (BCA) PROCEDURES

BCA Requirement:

- Must participate in BCA measurement, regardless of ability or authorization to participate in the PRT portion of the PFA **UNLESS:**
 - Medically Waived specifically from the BCA
 - Exempt (pregnancy/postpartum)
- ** Members on limited duty (LIMDU) must have specific limitation for BCA documented as part of their duty restrictions; otherwise, they follow same BCA waiver policy as those not on LIMDU.

Step-1: Maximum Weight for Height

- Specific to gender
- Member must be able to stand unassisted bearing weight on both legs/feet
- **If pass – STOP**
- **If fail – proceed to Step-2**

TABLE 1
MAXIMUM WEIGHT FOR HEIGHT SCREENING TABLE

Men Maximum Weight (pounds)	Sailor's Height (inches) (fractions rounded up to nearest whole inch)	Women Maximum Weight (pounds)
97	51	102
102	52	106
107	53	110
112	54	114
117	55	118
122	56	123
127	57	127
131	58	131
136	59	136
141	60	141
145	61	145
150	62	149
155	63	152
160	64	156
165	65	160
170	66	163
175	67	167
181	68	170
186	69	174
191	70	177
196	71	181
201	72	185
206	73	189
211	74	194
216	75	200
221	76	205
226	77	211
231	78	216
236	79	222
241	80	227
246	81	233
251	82	239
256	83	245
261	84	251
266	85	257
271	86	263

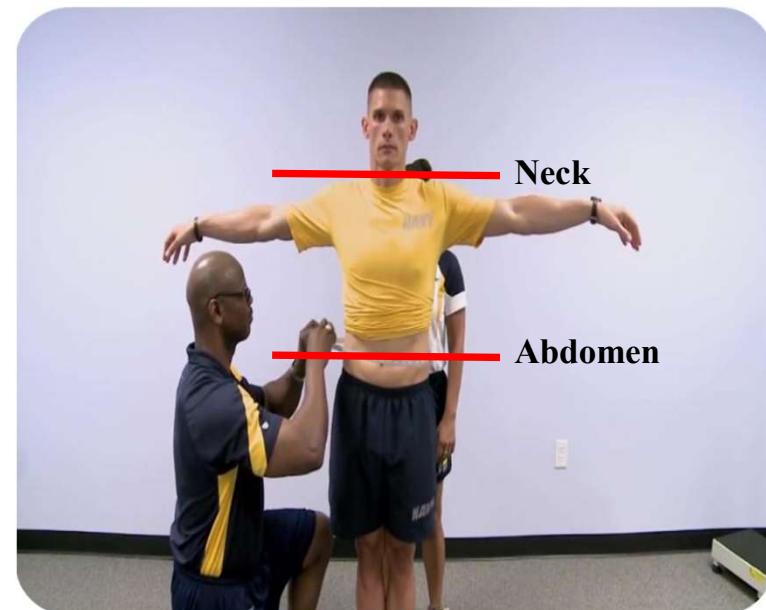
Step-2: Single-Site Abdominal Circumference (AC)

- **Same site for both genders**
 - Immediately above the uppermost hipbone (superior border of the iliac crest) on the RIGHT side of the body, vertically in line with the armpit (mid-axillary line).
- **Maximum (regardless of height or age)**
 - Males: 39 inches
 - Females: 35.5 inches
- **If pass – STOP**
- **If fail – Go to Step-3**



Step-3: Body Circumference (BC) Measurement

- **Anatomical locations for Male measurements:**
 - Neck under Adam's apple
 - Abdomen across navel
- **Anatomical locations for Female measurements:**
 - Neck at larynx
 - Natural waist at smallest portion
 - Hips across **greatest** protrusion of gluteal muscle
- **If pass – PASS BCA**
- **If fail – FAIL BCA**



PFA MEDICAL CLEARANCE/WAIVER POLICY

PFA Medical Clearance/Waiver Policy



1. **Members with any positive PARFQ (NAVPERS 6110/3) responses will be referred for clearance or waiver, documented on the NAVMED 6110/4:**
 - a) Waivers may be initiated by the treating provider or an AMDR.
 - b) Final waiver recommendations (NAVMED 6110/4, Sec 4) to the Commanding Officer (CO) must be completed by a properly trained and appointed AMDR only.
 - c) Waivers initiated by treating providers (non-AMDR) must be routed to AMDR for review and final recommendation. If the AMDR determines additional evaluation is required, the Member must schedule an appointment with the AMDR to complete the process. To support remote Members, telehealth is authorized.

2. **All waiver recommendations must be completed on the official NAVMED 6110/4, PFA Medical Clearance/Waiver Form, 12/2023 version and must:**
 - a) Have all portions of Sections 1-4 fully completed and appropriately signed.
 - b) Be accompanied by a completed PARFQ (NAVPERS 6110/3), signed by Member, and endorsed by the AMDR.
 - c) Be documented in the medical record including a copy of the AMDR-signed NAVMED 6110/4 and NAVPERS 6110/3.

3. Waiver Recommendation Determination:

- a) Authorized for injury, illness, or recovery from a procedure preventing participation in PFA prior to the end of the cycle.
 - 1) If an injury or illness occurs during the PRT and prevents a Member from completing, a waiver should only be recommended if it is determined by the AMDR that it is not due to lack of physical conditioning.
 - 2) Members currently on LIMDU must have any PFA limitations specifically stated on LIMDU documentation.
- b) BCA waivers will be addressed separately on next slide (slide 18).

4. Periodicity:

- a) Waivers are only valid for one (1) PFA cycle.
- b) Expiration dates may not exceed the end of the current official Navy PFA cycle.

5. BCA Clearance/Waiver (NAVMED 6110/4, Sec 3):

- a) Member must be under the care of a physician.
- b) Requires **two (2) Physician signatures**:
 - 1) Treating physician recommending the waiver, AND
 - 2) AMDR physician
 - 3) If the AMDR physician is the treating physician, the 2nd signature must be either another AMDR physician or the AMDR's supervising physician
- c) **Acceptable reasons** for BCA waiver include:
 - 1) Inability to obtain accurate weight (e.g., leg cast) or measurement (e.g., recent surgery on an area directly involved with the measurements used to calculate BCA)
 - 2) Medical condition or therapy which has been newly diagnosed, worsened in severity, or a change in dosage of medication which is **known to result in weight gain**
- d) **Inability to exercise is NOT a valid reason for BCA medical waiver**
- e) **Members approved for BCA medical waiver are NOT authorized to participate in the stationary bike alternate cardio as an official weight is required for scoring purposes.**

MEB AS A RESULT OF MULTIPLE PFA MEDICAL WAIVERS

Medical Evaluation Board (MEB)

1. MEB Reviews are required when the following criteria are met:

- a) Sailor receives multiple PFA medical waivers which resulted in the member not participating in the BCA, or
- b) Sailor receives multiple PFA medical waivers which resulted in the member not participating in a cardio event and at least one (1) muscular endurance event; or two (2) muscular endurance events in the following scenarios:
 - i. For the same medical condition for two (2) consecutive PFA cycles.
 - ii. Three (3) PFA medical waivers in the most recent four-year period for any medical condition.

2. Responsibilities:

- a) CFL is to inform the CO of any Member that meets MEB criteria on the basis of PFA medical waivers.
- b) The Member's chain of command is responsible to direct the Member to the cognizant medical authority for an MEB. The CFL may assist in the coordination of this process at the CO's discretion.

The MEB process is not specifically a responsibility of the AMDR; further information can be found in Guide 6.

COMPLETING THE PFA MEDICAL CLEARANCE/WAIVER FORM (NAVMED 6110/4)

Sample NAVMED 6110/4 (12/2023)



PHYSICAL FITNESS ASSESSMENT MEDICAL CLEARANCE/WAIVER			
SECTION 1 Completed by Member			
A. Command	B. UIC/RUIC	C. CFL/POC	D. CFL Telephone No.
E. Reason for Referral	Positive PARFQ Screening <input type="checkbox"/> Yes <input type="checkbox"/> No	Injury/Illness <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION 2 Completed by Treating Provider OR AMDR			
A. PRT Waiver Recommended	Push-Ups <input type="checkbox"/> Yes <input type="checkbox"/> No	Forearm Plank <input type="checkbox"/> Yes <input type="checkbox"/> No	1.5 mile run/walk <input type="checkbox"/> Yes <input type="checkbox"/> No
B. Cardio Event Modification Clearance Cardio Waiver is NOT REQUIRED if member is cleared for at least one modification <u>unless</u> command is not authorizing alternate cardio event(s).			
CLEARED TO PARTICIPATE	PRT ACTIVITY	COMMENTS	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Treadmill		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Rower		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stationary Bike		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Swim		
C. Physical Training Clearance Indicate if member is cleared to participate in the following physical training activities. If not, command is required and right duty chit should be provided.			
CLEARED TO PARTICIPATE	PHYSICAL TRAINING	COMMENTS	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Command Physical Training/ Fitness Enhancement Program		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Individual Physical Training		
D. AMDR/Treating Provider Name	E. AMDR/Treating Provider Signature	F. Date	
SECTION 3 Completed by Treating Physician and AMDR/AMDR Supervising Physician			
A. BCA Waiver Recommended (Requires two physician signatures)			
Waiver <input type="checkbox"/> Yes <input type="checkbox"/> No	First Physician Signature (AMDR/Treating Physician)	Second Physician Signature (AMDR/AMDR Supervisor)	
B. Reason IAW OPNAVINST 6110.1 (series)	<input type="checkbox"/> Inability to obtain BCA measurement	<input type="checkbox"/> Medical Treatment/Therapy	
SECTION 4 Final Waiver Recommendation. Completed by AMDR only			
A. Member Cleared for full PFA <input type="checkbox"/> Yes <input type="checkbox"/> No	B. PRT Waiver Recommended If yes, please specify the PRT event(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	Push-Ups <input type="checkbox"/> Yes <input type="checkbox"/> No	Forearm Plank <input type="checkbox"/> Yes <input type="checkbox"/> No
C. BCA Waiver Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No	D. Is this a second consecutive waiver for the same medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	E. Waiver Expiration Date	
F. AMDR Name	G. AMDR Signature	H. Date	
SECTION 5 CO Endorsement Required Prior to Input into PRIMS			
A. Waiver Status			
Number Waivers in last 4 years	Meets MEB Requirements <input type="checkbox"/> Yes <input type="checkbox"/> No	CFL Signature	Date
B. PRT Waiver Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	C. BCA Waiver Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	D. Member CO/IOIC Signature	E. Date
PATIENT'S IDENTIFICATION (Use this space for mechanical imprint)		PATIENT'S NAME (Last, First, Middle Initial)	
		SEX	
		DODID/EDIPI	STATUS
		RANK/GRADE	
		RECORDS MAINTAINED AT	DATE OF BIRTH

Form is located at:

https://www.med.navy.mil/Portals/62/Documents/BUMED/Directives/NAVMED%20Forms/NAVMED%206110_4%20-%202012-2023.pdf

A copy must be placed in the medical record for proper medical documentation and accounting.

If the electronic health record is not available, at minimum a copy should be placed in the hard copy medical record.

****Current version: 12/2023**

PHYSICAL FITNESS ASSESSMENT MEDICAL CLEARANCE/WAIVER

SECTION 1
Completed by Member

A. Command _____ B. UIC/UC _____ C. CFLPOC _____ D. CFL Telephone No. _____

E. Reason for Referral: Positive PARFQ Screening ☐ Yes ☐ No Injury/Illness ☐ Yes ☐ No

SECTION 2
Completed by Treating Provider OR AMDR

A. PRT Waiver Recommended: Push-Ups ☐ Yes ☐ No Forearm Plank ☐ Yes ☐ No 1.5 mile run/walk ☐ Yes ☐ No

B. Cardio Event Modification Clearance
Cardio Waiver is **NOT REQUIRED** if member is cleared for at least one modification (unless command is not authorizing alternate cardio event(s)).

CLEARED TO PARTICIPATE: PRT ACTIVITY COMMENTS

☐ Yes ☐ No Treadmill _____

☐ Yes ☐ No Rowing _____

☐ Yes ☐ No Stationary Bike _____

☐ Yes ☐ No Swim _____

C. Physical Training Clearance
Indicate if member is cleared to participate in the following physical training activities. If 'No', comment is required and light duty chit should be provided.

CLEARED TO PARTICIPATE: TRAINING ACTIVITY COMMENTS

☐ Yes ☐ No _____

☐ Yes ☐ No _____

☐ Yes ☐ No _____

D. AMDR/Treating Provider Name _____ E. AMDR Signature _____

SECTION 3
Completed by Treating Physician and AMDR/AMDR Supervising Physician

A. BCA Waiver Recommended (Requires two physician signatures)
Waiver ☐ Yes ☐ No First Physician Signature (AMDR/Treating Physician) _____ Second Physician Signature (AMDR/AMDR Supervisor) _____

B. Reason IAW OPNAVINST 6110.1 (series) ☐ Inability to obtain BCA measurement ☐ Medical Treatment/Therapy

SECTION 4
Final Waiver Recommendation: Completed by AMDR only

A. Member Cleared for full PFA ☐ Yes ☐ No

B. PRT Waiver Recommended (if yes, please specify the PRT event(s)) ☐ Yes ☐ No Push-Ups ☐ Yes ☐ No Forearm Plank ☐ Yes ☐ No 1.5 mile run/walk (Cardio Event) ☐ Yes ☐ No

C. BCA Waiver Recommended ☐ Yes ☐ No

D. Is this a second consecutive waiver for the same medical condition? ☐ Yes ☐ No ☐ Not applicable

E. Waiver Expiration Date _____

F. AMDR Name _____ G. AMDR Signature _____ H. Date _____

SECTION 5
CO Endorsement Required Prior to Input into PRIMS

A. Waiver Status
Number Waivers in last 4 years _____ Meets MEB Requirements ☐ Yes ☐ No CFL Signature _____ Date _____

B. PRT Waiver Approved ☐ Yes ☐ No C. BCA Waiver Approved ☐ Yes ☐ No D. Member's CO Signature _____ E. Date _____

PATIENT'S IDENTIFICATION
(Use this space for mechanical imprint)

PATIENT'S NAME (Last, First, Middle Initial) _____ SEX _____

DODID/EDIPI _____ STATUS _____ RANK/GRADE _____

RECORDS MAINTAINED AT _____ DATE OF BIRTH _____

PATIENT'S IDENTIFICATION
(Use this space for mechanical imprint)

NAVMED 6110/4 (12/2023)

PATIENT'S NAME (Last, First, Middle Initial)		SEX
DODID/EDIPI	STATUS	RANK/GRADE
RECORDS MAINTAINED AT	DATE OF BIRTH	

SAMPLE

NAVMED 6110/4: Section 1



SECTION 1 Completed by Member			
A. Command	B. UIC/RUIC	C. CFL/POC	D. CFL Telephone No.
SAMPLE			
E. Reason for Referral	Positive PARFQ Screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	Injury/Illness <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 1, A-E, is for the Member to complete

- However, Section 1.E., often needs to be completed by the AMDR.

NAVMED 6110/4: Section 2



SECTION 2			
Completed by Treating Provider OR AMDR			
A. PRT Waiver Recommended	Push-Ups <input type="checkbox"/> Yes <input type="checkbox"/> No	Forearm Plank <input type="checkbox"/> Yes <input type="checkbox"/> No	1.5 mile run/walk <input type="checkbox"/> Yes <input type="checkbox"/> No
B. Cardio Event Modification Clearance <i>Cardio Waiver is NOT REQUIRED if member is cleared for at least one modification unless command is not authorizing alternate cardio event(s).</i>			
CLEARED TO PARTICIPATE	PRT ACTIVITY	COMMENTS	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Treadmill	SAMPLE	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Rower		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stationary Bike		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Swim		
C. Physical Training Clearance <i>Indicate if member is cleared to participate in the following physical training activities. If 'No', comment is required and light duty chit should be provided.</i>			
CLEARED TO PARTICIPATE	PHYSICAL TRAINING	COMMENTS	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Command Physical Training/ Fitness Enhancement Program		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Individual Physical Training		
D. AMDR/Treating Provider Name		E. AMDR/Treating Provider Signature	F. Date

Section 2 can be completed by EITHER the treating provider or AMDR.

- AMDR is ultimately responsible for ensuring it is completed accurately and within accordance of the policy.

SECTION 2 Completed by Treating Provider OR AMDR			
A. PRT Waiver Recommended	Push-Ups	Forearm Plank	1.5 mile run/walk
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SAMPLE

PRT Waiver Recommendation

- “Yes” = Member is recommended NOT to participate in that portion of the PRT.
- “No” = Member MAY participate in that portion of the PRT.

NAVMED 6110/4: Section 2.B-C



B. Cardio Event Modification Clearance Cardio Waiver is <u>NOT REQUIRED</u> if member is cleared for at least one modification <u>unless</u> command is not authorizing alternate cardio event(s).		
CLEARED TO PARTICIPATE	PRT ACTIVITY	COMMENTS
<input type="checkbox"/> Yes <input type="checkbox"/> No	Treadmill	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;"> *See Guide 5, Section 3 for description of PRT modalities and procedures. </div> <div style="font-size: 48px; font-weight: bold; color: black;">SAMPLE</div> </div>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Rower	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stationary Bike	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Swim	
C. Physical Training Clearance Indicate if member is cleared to participate in the following physical training activities. If 'No', comment is required and light duty chit should be provided.		
CLEARED TO PARTICIPATE	PHYSICAL TRAINING	COMMENTS
<input type="checkbox"/> Yes <input type="checkbox"/> No	Command Physical Training/ Fitness Enhancement Program	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;"> *See Guide 9 for further information </div> <div style="border: 1px solid black; padding: 10px; margin-left: 10px;"> Any limitations in FEP, command or individual physical training should be accompanied by a light duty chit. </div> </div>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Individual Physical Training	
D. AMDR/Treating Provider Name		E. AMDR/Treating Provider Signature
F. Date		

PRT Modifications:

“Yes” = Member is CLEARED to participate in those activities.

“No” = Member is NOT cleared to participate in those activities.

Failure to prepare/train, **IS NOT an indication to waive from an activity.

You can clear a Member to participate in physical training **EVEN IF they are **NOT** cleared to participate in the PRT.

NAVMED 6110/4: Section 3, BCA Waiver Recommendation



SECTION 3 Completed by Treating Physician and AMDR/AMDR Supervising Physician		
A. BCA Waiver Recommended (<i>Requires two physician signatures</i>)		
Waiver <input type="checkbox"/> Yes <input type="checkbox"/> No	First Physician Signature (AMDR/Treating Physician) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Second Physician Signature (AMDR/AMDR Supervisor) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
B. Reason IAW OPNAVINST 6110.1 (series)		
	<input type="checkbox"/> Inability to obtain BCA measurement	<input type="checkbox"/> Medical Treatment/Therapy

SAMPLE

Section 3.A

- “Yes” = Recommend Member NOT participate in the BCA.
- Signatures:
 - Requires TWO physician signatures.
 - Should be the “Treating Physician” + “AMDR Physician.”
 - If the Treating Physician = AMDR, the second physician signature must ALSO be an AMDR or the supervising physician (i.e., Senior Medical Officer) in the AMDR’s chain of command.
 - NMRTCs with Medical Cognizance of a geographic area may be requested to support this requirement.

NAVMED 6110/4: Section 3, BCA Waiver Recommendation



SECTION 3		
Completed by Treating Physician and AMDR/AMDR Supervising Physician		
A. BCA Waiver Recommended <i>(Requires two physician signatures)</i>		
Waiver <input type="checkbox"/> Yes <input type="checkbox"/> No	First Physician Signature (AMDR/Treating Physician) <div style="background-color: #e0e0ff; height: 40px; width: 100%;"></div>	Second Physician Signature (AMDR/AMDR Supervisor) <div style="background-color: #e0e0ff; height: 40px; width: 100%;"></div>
B. Reason IAW OPNAVINST 6110.1 (series)		
<input type="checkbox"/> Inability to obtain BCA measurement <input type="checkbox"/> Medical Treatment/Therapy		

SAMPLE

Section 3.B

- Select indication for BCA Waiver
 - Inability to obtain the proper measurements (see BCA procedures, slides 11-13)
 - OR**
 - Medical condition/therapy that is known to cause weight gain **and** **MUST** meet at least one of the following in the preceding 6 months:
 1. Newly diagnosed OR worsened in severity (i.e., Hypothyroidism)
 2. Increased dosage (i.e., Corticosteroids)

NAVMED 6110/4: Section 4



SECTION 4		
Final Waiver Recommendation, Completed by AMDR only		
A. Member Cleared for full PFA <input type="checkbox"/> Yes <input type="checkbox"/> No	B. PRT Waiver Recommended <input type="checkbox"/> Yes <input type="checkbox"/> Push-Ups <input type="checkbox"/> Forearm Plank <input type="checkbox"/> 1.5 mile run/walk (Cardio Event) If yes, please specify the PRT event(s) <input type="checkbox"/> No	
C. BCA Waiver Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No	D. Is this a second consecutive waiver for the same medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	E. Waiver Expiration Date
F. AMDR Name	G. AMDR Signature	H. Date

SAMPLE

Final PFA Clearance/Waiver Recommendation – completed by AMDR only

- 4.A. "Member Cleared for Full PFA" "YES"- If cleared for ALL portions of the PFA
"NO"- If recommending waiver from BCA or at least 1 PRT event
- 4.B. "PRT Waiver Recommended" "YES" – If recommending a waiver for any PRT event, check all events that apply
"NO" – If not recommending a waiver for any PRT event
- 4.C. "BCA Waiver Recommended" Self explanatory
- 4.D. "Is this a second consecutive waiver for the same medical condition?"
 - Self explanatory. Select "N/A" if this is not the Sailor's second consecutive waiver. This information assists CFLs in determining a given Sailor's MEB status in Section 5.
- 4.E. Waiver expiration date = DON official LAST day of the current PFA cycle as prescribed in the annual PFA NAVADMIN. **CY 2024 END date is 30 NOV 2024, per NAVADMIN 258/23.**
- ***NOTE that command Official PFA dates WILL differ.
- If the Member is expected to recover AFTER their command official PFA ends BUT before the end of the official DON cycle, **you MAY consider giving a light duty chit recommending the late PFA for that Member in lieu of waiving them entirely.**
 - CFLs document medical waivers in PRIMS-2, which ONLY allows for the expiration date to be the official DON end date and it **cannot be removed.**

****The AMDR is responsible to review the form for accuracy and completeness and to ensure it is copied into the medical record after completing Section 4.****

Sample Completed NAVMED 6110/4



PHYSICAL FITNESS ASSESSMENT MEDICAL CLEARANCE/WAIVER			
SECTION 1 Completed by Member			
A. Command BUMED	B. UIC/NUIC 00018	C. CFL/POC HM1 Diana Prince	D. CFL Telephone No. 555-555-5555
E. Reason for Referral	Positive PARFQ Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Injury/Illness <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
SECTION 2 Completed by Treating Provider OR AMDR			
A. PRT Waiver Recommended	Push-Ups <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Forearm Plank <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1.5 mile run/walk <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Cardio Event Modification Clearance Cardio Waiver is NOT REQUIRED if member is cleared for at least one modification <u>unless</u> command is not authorizing alternate cardio event(s).			
CLEARED TO PARTICIPATE	PRT ACTIVITY	COMMENTS	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Treadmill		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Rower		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stationary Bike		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Swim		
C. Physical Training Clearance Indicate if member is cleared to participate in the following physical training activities. If 'No', comment is required and light duty chit should be provided.			
CLEARED TO PARTICIPATE	PHYSICAL TRAINING	COMMENTS	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Command Physical Training/ Fitness Enhancement Program	All own pace and distance; see light duty chit for specific restrictions	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Individual Physical Training	As per light duty chit and rehab instructions provided	
D. AMDR/Treating Provider Name LCDR Treating Physician, MC, USN	E. AMDR/Treating Provider Signature <i>Treating Physician</i>	F. Date 09 FEB 2024	
SECTION 3 Completed by Treating Physician and AMDR/AMDR Supervising Physician			
A. BCA Waiver Recommended (Requires two physician signatures)	First Physician Signature (AMDR/Treating Physician) <i>Treating Physician</i>	Second Physician Signature (AMDR/AMDR Supervisor) <i>CDR AMDR</i>	
B. Reason IAW OPNAVINST 6110.1 (series)	<input type="checkbox"/> Inability to obtain BCA measurement <input checked="" type="checkbox"/> Medical Treatment/Therapy		
SECTION 4 Final Waiver Recommendation, Completed by AMDR only			
A. Member Cleared for full PFA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	B. PRT Waiver Recommended If yes, please specify the PRT event(s) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Push-Ups <input type="checkbox"/> Forearm Plank <input checked="" type="checkbox"/> 1.5 mile run/walk (Cardio Event) <input type="checkbox"/> No		
C. BCA Waiver Recommended <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	D. Is this a second consecutive waiver for the same medical condition? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	E. Waiver Expiration Date 30 NOV 2024	
F. AMDR Name LT AMDR	G. AMDR Signature <i>LT AMDR</i>	H. Date 11 FEB 2024	
SECTION 5 CO Endorsement Required Prior to Input into PRIMS			
A. Waiver Status			
Number Waivers in last 4 years	Meets MEB Requirements <input type="checkbox"/> Yes <input type="checkbox"/> No	CFL Signature	Date
B. PRT Waiver Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	C. BCA Waiver Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	D. Member CO/OIC Signature	E. Date

PATIENT'S IDENTIFICATION (Use this space for mechanical imprint)

PATIENT'S NAME (Last, First, Middle Initial) Sailor, John B		SEX M
DODID/EDIPI XXXXXXXXXX	STATUS AD	RANK/GRADE E4
RECORDS MAINTAINED AT BHC WASHINGTON NAVY YARD		DATE OF BIRTH 11/27/2000

Sample of a properly completed NAVMED 6110/4 when initiated by the treating provider.

Section 2.A. – Member is being recommended for waiver from 1 muscular strength and endurance event AND the cardio event

Section 2.B. – Clears the member to participate in physical training and provides specific comment.

Section 3A – Recommends a waiver for BCA; it is signed by the treating physician and co-signed by the AMDR physician.

Section 3B – Indicates that the waiver is due to medical treatment/therapy.

Section 4 – Final recommendation is completed by the AMDR, ensuring all sections have been properly completed. This section includes a summary of the recommendations for the waivers, indicates that it's the Sailor's second consecutive waiver for the same medical condition, and lists the waiver expiration date of 30 Nov 2024 (end of current year's cycle).

Section 5 -- LEFT BLANK FOR THE CFL AND COMMANDING OFFICER/OIC TO COMPLETE.

The patient demographic information is completed



PFA POLICY FOR PREGNANCY, ASSISTED REPRODUCTIVE TECHNOLOGY (ART), AND POSTPARTUM SERVICE WOMEN

PFA Policy for Pregnancy, ART, and Postpartum Sailors



1. Definition:

- a) Pregnant status: From the time pregnancy is confirmed by a Health Care Provider (HCP) until the end of the 12 months following a Qualified Birth Event (QBE).
- b) QBE: A live birth.

2. Notification:

- a) In accordance with ALNAV 017/23, Sailors have until they are 20-weeks gestation to notify commanders of a pregnancy, unless special circumstances dictate otherwise.
- b) For those who do not wish to delay notification or are beyond 20-weeks gestation, the HCP will complete the pregnancy notification documentation and the Sailor will show this documentation to the CFL who will update the Physical Readiness Information Management System TWO (PRIMS-2) to place the Member in a “pregnant status.”

PFA Policy for Pregnancy, ART, and Postpartum Sailors



3. Official PFA Participation:

- a) Sailors in “pregnant status” are considered **EXEMPT** from the PFA until the **NEXT PFA cycle following the end of their 12-month postpartum period.**
 - 1) MEDICAL WAIVERS are NOT provided.
 - 2) If the 12-month postpartum period ends during a PFA cycle, they are not required to participate until the next PFA cycle. For example, Calendar Year 2024 Navy PFA cycle is 01 FEB through 30 NOV 2024:
 - a. For a QBE in JAN 2023, the 12-month period ends JAN 2024 – Sailor is required to take the 2024 PFA.
 - b. For a QBE in APR 2023, the 12-month period ends APR 2024 – Sailor is exempt from the 2024 PFA and would be required to take the 2025 PFA.
 - 3) If medically necessary for the Sailor to have additional time past the 12-month postpartum period, a medical waiver is required.
- b) Sailors less than 20-weeks gestation who wish to delay notification will be granted a medical waiver by the AMDR, to include a BCA waiver, to protect their privacy.

PFA Policy for Pregnancy, ART, and Postpartum Sailors



3. Official PFA Participation (cont.):

- c) If a Sailor failed her PFA **or** was pregnant and did not disclose and is able to provide documentation from her HCP that she was pregnant at the time the BCA and/or PRT was conducted, annotating the estimated date of conception, the Sailor's official PFA record will be updated in PRIMIS-2 and correctly documented as "Pregnant" once the PRP Office receives the letter of correction (LOC) from the command.
 - 1) The LOC is the responsibility of the CFL; the HCP's only requirement is to provide medical documentation.
 - 2) There is no specific AMDR responsibility to address this issue.

4. Pregnancy Loss or Termination:

- a) Sailors who miscarry or have an abortion must seek evaluation by their Obstetric HCP to determine the appropriate convalescent leave period.
- b) The "pregnant status" of these Sailors, including length of the postpartum period, will be based on the recommendation of their Obstetric HCP.

***Guide 8, page 5 provides recommendations based on gestational age at the time of pregnancy loss to assist the Obstetric HCP in making determination.*

PFA Policy for Pregnancy, ART, and Postpartum Sailors



5. Assisted Reproductive Technology (ART):

- a) During ART procedures [e.g., In-Vitro Fertilization (IVF)], CO/OICs are authorized to approve a medical waiver (NAVMED 6110/4) to increase likelihood of ART success.
- b) ART Results:
 - a) Pregnancy achieved - the provisions of the pregnancy policy will pertain.
 - b) Pregnancy not achieved - the Sailor must participate in the current PFA cycle once medically cleared. If not cleared, a medical waiver (NAVMED 6110/4) is required.

6. Stillborn Birth:

- a) Sailors who give birth to a stillborn child(ren) are exempt from participating in a PFA for 12-months following the birth event.

KNOWLEDGE CHECK

Question



What is required to fully document and complete PFA medical waivers? *(Choose all that apply)*

- A. SF 600
- B. NAVMED 6110/4 - PFA Medical Clearance/Waiver
- C. Signed Physical Assessment Risk Factor Questionnaire (PARFQ) NAVPERS 6110/3
- D. Memorandum to Member's Chain of Command (COC)

What is required to fully document and complete PFA medical waivers? *(Choose all that apply)*

A. SF 600

B. NAVMED 6110/4 - PFA Medical Clearance/Waiver

C. Signed Physical Assessment Risk Factor Questionnaire (PARFQ) NAVPERS 6110/3

D. Memorandum to Member's Chain of Command (COC)

Answer: B. and C. NAVMED 6110/4 – PFA Medical Clearance/Waiver and PARFQ must be signed by a designated AMDR.

****Slide 15****

Question



When recommending BCA waivers, the Member must be under the care of a physician.

- A. True
- B. False

When recommending BCA waivers, the Member must be under the care of a physician.

A. True

B. False

Answer: A. True, Members receiving a BCA waiver must be under the care of a physician. Additionally, the NAVMED 6110/4 will require two physician signatures as noted in Guide 6.

****Slide 17****

Recent surgery involving which anatomical locations would be considered an “inability to obtain an accurate measurement”? (*Choose all that apply*)

- A. Shoulder
- B. Neck
- C. Lower abdomen
- D. Hips

Recent surgery involving which anatomical locations would be considered an “inability to obtain an accurate measurement”? (*Choose all that apply*)

- A. Shoulder
- B. Neck**
- C. Lower abdomen**
- D. Hips**

Answer: B, C, D* (*indication for females only)

These are the only areas used to obtain measurements for AC or BC. Additional consideration could be made for surgeries that result in Member's inability to obtain an accurate height (i.e., unable to bear weight and stand on both feet unassisted).

****Slides 11-13 and 17****

Wearing a cast or immobility device that cannot be safely removed to obtain a weight is an appropriate indication for a BCA waiver.

- A. True
- B. False

Wearing a cast or immobility device that cannot be safely removed to obtain a weight is an appropriate indication for a BCA waiver.

A. True

B. False

Answer: True

While a cast/immobility device may NOT be in a location required for a measurement, it WOULD impact the ability to obtain an accurate weight and therefore is an appropriate indication for a BCA waiver.

****Slide 17****

Question



A female Sailor fails the BCA. One week later she learns she is pregnant. **Can the Sailor be entered in PRIMS-2 as pregnant for the BCA after the fact?**

A female Sailor fails the BCA. One week later she learns she is pregnant. **Can the Sailor be entered in PRIMS-2 as pregnant for the BCA after the fact?**

Yes, this is done by the Physical Readiness Program office AFTER receiving CO signed Letter of Correction (LOC) which is submitted by the CFL.

Sailor must provide documentation from her HCP that she was pregnant at the time it was conducted, annotating the date of conception as supporting documentation.

There is no specific role/responsibility of the AMDR in this process.

****Slide 34****

Question



YNC Fields sprained his ankle $\frac{3}{4}$ mile into the 1.5 mile run and is unable to complete the remainder of the event. Upon medical evaluation, it was determined that the injury occurred due to tripping over a hazard on the course.

Can YNC Fields be provided a PFA medical waiver for the cardio event?

YNC Fields sprained his ankle $\frac{3}{4}$ mile into the 1.5 mile run and is unable to complete the remainder of the event. Upon medical evaluation, it was determined that the injury occurred due to tripping over a hazard on the course.

Can YNC Fields be provided a PFA medical waiver for the cardio event?

Yes. As it has been determined that the injury was not due to a failure to prepare for the PFA, the AMDR can complete a NAVMED 6110/4, medical waiver recommendation for the cardio event.

****Slide 16****

How long are Postpartum Sailors exempt from participating in the official PFA?

How long are Sailors in a Pregnancy status who experience a pregnancy **loss**, exempt from the PFA?

How long are Postpartum Sailors exempt from participating in the official PFA?

Postpartum Sailors are exempt from participating in an official PFA for 12-months following a QBE.

****Slide 33****

How long are Sailors in a Pregnancy status who experience a pregnancy **loss**, exempt from the PFA?

The “pregnant status” of these Sailors, including length of the postpartum period, will be based on the recommendation of their Obstetric HCP.

Guide 8, page 5 provides recommendations based on gestational age at the time of pregnancy loss to assist the Obstetric HCP in making determination

****Slide 34****

AMDRs must be designated in writing and are the only authorized Member of the medical staff that may recommend a PFA medical waiver. **What Medical Department Personnel may be designated an AMDR?**

- A. IDCs
- B. Adult (including Family) Nurse Practitioners
- C. Physician Assistants
- D. Physicians
- E. All of the above

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- A. IDCs
- B. Adult (including Family) Nurse Practitioners
- C. Physician Assistants
- D. Physicians
- E. All of the above**

****Slide 6****

LCDR S. Brown underwent a cervical fusion in 2018. Since her recovery, she has participated in the PFA, with the exception of push-ups.

Does LCDR S. Brown meet requirements for a MEB review?

LCDR S. Brown underwent a cervical fusion in 2018. Since her recovery, she has participated in the PFA, with the exception of the push-ups.

Does LCDR S. Brown meet requirements for a MEB review?

No. Although the waivers are for the same condition, the member is able to participate in the BCA, the cardio event, and one muscular endurance event (i.e., forearm plank), therefore does NOT meet MEB review requirements.

****Slide 19****

IT2 Gray has shoulder surgery in February. Following surgery, he receives Physical Therapy and is released with home exercises. The Orthopedic Surgeon documents “No PRT this cycle.” His Command PRT is in April. IT2 Gray answers his PARFQ (NAVPERS 6110/3) positively regarding “a bone or joint problem.”

What expiration date should be documented in the PFA medical/clearance waiver (NAVMED 6110/4)?

IT2 Gray has shoulder surgery in February. Following surgery, he receives Physical Therapy and is released with home exercises. The Orthopedic Surgeon documents “No PRT this cycle.” His Command PRT is in April. IT2 Gray answers his PARFQ (NAVPERS 6110/3) positively regarding “a bone or joint problem.”

What expiration date should be documented in the PFA medical/clearance waiver (NAVMED 6110/4)?

For 2024 PFA cycle, 30 Nov 2024

Medical Waivers are valid for one PFA cycle only. Medical waivers granted for the entire PFA cycle are not to exceed the official Navy PFA cycle.

****Slide 16****

Detailed guidance for designated AMDRs is available via:

- PRP Guide 6 – PFA Medical Clearance/Waiver
<https://www.mynavyhr.navy.mil/Support-Services/Culture-Resilience/Physical-Readiness/>
- PRP Guide 8 – Managing PFA Records for Pregnant Servicewomen
<https://www.mynavyhr.navy.mil/Support-Services/Culture-Resilience/Physical-Readiness/>
- Navy Pregnancy and Postpartum Physical Training and Nutrition Guidebook
[Navy Pregnancy and Postpartum Physical Training and Nutrition Guidebook](#)
- MyNavy HR Physical Readiness Program
<https://www.mynavyhr.navy.mil/Support-Services/Culture-Resilience/Physical-Readiness/>

AMDR Training Certificate



**You have completed Navy Medicine's
Physical Readiness Program
Authorized Medical Department Representative
Training**

Name:

Date:

***Please print your name and the date completed.
Ensure that a copy is maintained in your training record***