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PASS TO OFFICE CODES:
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SUBJ/CORRECTED COPY CHANGES TO SPECIAL DUTY WAIVER PROCESSING//

REF/A/MANUAL OF THE MEDICAL DEPARTMENT (MANMED), NAVMED P-117 OF 21 APR 23//

AMPN/REF A IS MANMED, NAVMED P-117 UPDATED ON 21 APR 23.

RMKS/1. The Chief of Bureau of Medicine and Surgery (BUMED) convened a Critical Action Process Improvement Team (CAPIT) to support Naval Service Training Command in making immediate and long-term improvements to Special Duty Waiver (SDW) processes and eliminate the backlog of medical holds in the future fleet at Recruit Training Command, and at any other accession point (i.e. U.S Naval Academy, Reserve Officer Training Corps, etc.). This memo addresses SDW processes for those communities that fall within undersea medicine. Aviation special duty waiver processes are being reviewed and will be provided by separate message.

2.This NAVADMIN implements changes to processes to improve timeliness and maximize resources in support of SDW process.

3.Procedures for all Undersea Medical Officers (UMO), Undersea Medical Examiners (UME) performing accession physicals for special duty.

a. UMO, UME examine the applicant in accordance with MANMED Chapter 15 and make a determination of "Physically Qualified (PQ)" or "Not Physically Qualified (NPQ)".

(1) In the case of conditions approved for a General Duty Waiver (GDW) by an appropriate waiver authority which do not meet NPQ criteria for Special Duty, no SDW is required. The reviewing UMO/UME should document on the DD2808 the date and serial of the GDW letter, statement of evidence, and notation of "Physically Qualified" or "PQ". Appropriate records keeping supporting continuous process improvement and quality assurance efforts should be maintained to update practice standards.

(2) Through appropriate and full medical review of GDW package, UMO/UME may find accession candidates physically qualified if they meet the following criteria SDW submission and/or evaluation by a mental health provider is not required in these situations:

(a) Attention Deficit Hyperactivity Disorder diagnosed prior to age 14 in absence of ongoing treatment/support for at least the last 12 months and no co-morbid mental health diagnoses. Must have confirmation from most recent academic institution attended that no accommodations were provided.

(b) Unipolar depression or anxiety disorder for less than 12 months with no symptoms or treatment in the previous 36 months and absent a history of suicidal ideation or psychiatric hospitalization.

(c) Learning disorder diagnosis in absence of academic or behavioral concerns in the prior two years. Must have confirmation from most recent academic institution attended that no accommodations were provided for at least the last 12 months.

(3) The following diagnoses, listed by each special duty category, are not appropriate for waivers. If, after careful record review, the UMO/UME substantiates any of these diagnoses among accession candidates, no further workup of other preexisting conditions is required and the candidate should be deemed NPQ for the associated Special Duty. UME/UMO will generate abbreviated DQ package with SF600 which references this message and sends directly to the appropriate BUPERS code for final determination (do not send through BUMED). These criteria were developed by BUMED N10F2 in coordination with the appropriate TYCOMS and communities.

(a) Dive Duty:

- 1 Chronic eustachian tube dysfunction or inability to equalize middle ear pressure
- 2 Active or unresolved asthma
- 3 Cystic or cavitory disease of the lungs
- 4 Inability to correct vision to at least 20/25 in one eye
- 5 Hypertrophic cardiomyopathy
- 6 Hereditary disorders of coagulation
- 7 Chronic immune suppression
- 8 Current seizure disorder or 2 or more atraumatic seizures after the age of 6
- 9 Chronic or recurrent alcoholism
- 10 Illicit drug abuse (non-cannabinoid)
- 11 History of psychosis to include schizophrenia
- 12 Recurrent syncope including secondary to vagal disorder
- 13 Prior suicide attempt with lethal means (i.e. involving a noose or firearms or cutting wrists or ingesting poison or overdosing with an extremely large quantity of medication [e.g. >30 pills of acetaminophen])

(b) Special Operations Duty:

- 1 Abnormalities preventing use of required equipment (i.e. facial deformities and use of mask, regulator, etc.)
- 2 Depth perception out of standards
- 3 Current asthma
- 4 History of spontaneous pneumothorax
- 5 Hypertrophic cardiomyopathy
- 6 Hereditary disorders of coagulation
- 7 Chronic inflammatory gastrointestinal disease, such as Crohn's disease, ulcerative colitis, celiac sprue
- 8 History of bariatric surgery
- 9 History of diverticulitis

- 10 Chronic or active hepatitis
- 11 Any history of diabetes mellitus
- 12 Chronic use of corticosteroids
- 13 History of suicide attempt (any)
- 14 Current seizure disorder or 2 or more atraumatic seizures after the age of 6
- 15 Cerebrovascular disease
- 16 Chronic virus (except skin, e.g., herpes simplex)
- 17 Chronic immune insufficiency of any cause, chronic anemia, abnormal hemoglobin with anemia (excludes sickle cell trait, alpha thalassemia trait or beta thalassemia trait), and defects of platelet function or coagulability are disqualifying
- 18 Chronic or recurrent alcoholism
- 19 Drug abuse
- 20 History of psychosis including schizophrenia
- 21 Recurrent syncope including secondary to vagal disorder
- 22 Food allergy with anaphylaxis

(c) Submarine Duty:

- 1 Food allergy resulting in anaphylaxis
- 2 Cholelithiasis confirmed with radiologic study
- 3 Insulin dependent diabetes mellitus
- 4 Non-insulin dependent diabetes mellitus requiring more than 2 meds for control
- 5 Symptomatic diverticular disease, uncorrected
- 6 Eosinophilic esophagitis with abnormal biopsy results after treatment
- 7 History of retinal detachment
- 8 Color blindness unless designated for YN, CS, HM, or LN rates (as per MANMED Chapter 15 Section 106)
- 9 Complicated peptic ulcer disease
- 10 Recurrent urolithiasis with retained stones
- 11 Prior suicide attempt with lethal means (i.e. involving a noose or firearms or cutting wrists or ingesting poison or overdosing with an extremely large quantity of medication [e.g. >30 pills of acetaminophen])
- 12 Recurrent or refractory suicidality
- 13 Major depressive disorder currently on medications started in past 12 months
- 14 History of major depressive disorder associated with an inpatient psychiatric hospitalization in the past 3 years
- 15 Confirmed bipolar disorder (any)
- 16 Confirmed personality disorders
- 17 Asthma: other than mild intermittent
- 18 History of spontaneous pneumothorax
- 19 Chronic or recurrent alcoholism
- 20 Any illicit drug abuse (non-cannabinoid)
- 21 History of psychosis including schizophrenia or major depressive disorder with psychotic features

(d) Nuclear Field Duty:

- 1 Color blindness (as per MANMED Chapter 15 Section 103)
- 2 Prior suicide attempt with lethal means (i.e. involving a noose or firearms or cutting wrists or ingesting poison or overdosing with an extremely large quantity of medication [e.g. >30 pills of acetaminophen])

- 3 Recurrent or refractory suicidality
- 4 Major depressive disorder currently on medications started in past 12 months
- 5 History of major depressive disorder associated with an inpatient psychiatric hospitalization in the past 3 years
- 6 Confirmed bipolar disorder (any)
- 7 Confirmed personality disorders
- 8 Chronic or recurrent alcoholism
- 9 Any illicit drug abuse (non-cannabinoid)
- 10 History of psychosis including schizophrenia or major depressive disorder with psychotic features

4. BUMED primary point of contact is CAPT Richard Schreckengaust at (703) 681-9286 or via email at Richard.h.schreckengaust.mil@health.mil.

5. Released by Rear Admiral Darin K. Via, N093, Surgeon General of the Navy.//

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