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NAVADMIN 146/25

SUBJ/2025 SEPARATION HISTORY AND PHYSICAL EXAM FITNESS TO SEPARATE VERSUS
FITNESS TO REAFFILIATE TO SERVICE IN THE NAVY RESERVE//

REF/A/DOC/DODI 6040.46/14APR16//
REF/B/DOC/DoDI 1332.18 Vol 1/24FEB23//
REF/C/DOC/DoDI 6130.03 Vol 2/04SEP20//
REF/D/DOC/BUMEDINST 1300.6/21MAR23//
REF/E/DOC/NAVMED CH 15/15FEB19//
REF/F/DOC/DoDI 6130.03 Vol 1/06MAY18//
REF/G/DOC/SECNAVINST 1770.5/23AUG18//
REF/H/DOC/SECNAVINST M-1850.1/SEP19//

NARR/REF A IS DOD INSTRUCTION 6040.46, THE SEPARATION HISTORY AND PHYSICAL
EXAMINATION (SHPE) FOR THE DOD SEPARATION HEALTH ASSESSMENT PROGRAM.
REF B IS DOD INSTRUCTION 1332.18 VOLUME 1, DISABILITY EVALUATION SYSTEM
MANUAL: PROCESSES.
REF C IS DOD INSTRUCTION 6130.03 VOLUME 2, MEDICAL STANDARDS FOR MILITARY
SERVICE: RETENTION.
REF D IS BUMEDINST 1300.6, GENERAL DEPLOYABILITY ASSESSMENTS IN SUPPORT OF
OPERATIONAL MEDICAL READINESS.
REF E IS NAVMED P-117, MANUAL OF THE MEDICAL DEPARTMENT, CHAPTER 15.
REF F IS DOD INSTRUCTION 6130.03 VOLUME 1, MEDICAL STANDARDS FOR MILITARY
SERVICE: APPOINTMENT, ENLISTMENT, OR INDUCTION.
REF G IS SECNAVINST 1770.5, MANAGEMENT AND DISPOSITION OF LINE OF DUTY
BENEFITS FOR MEMBERS OF THE NAVY AND MARINE CORPS RESERVE.
REF H IS SECNAVINST M-1850.1, DISABILITY EVALUATION SYSTEM MANUAL.
POC/FORCE HEALTH PLANS AND POLICY OFFICER, RESERVE POLICY & INTEGRATION
(N1R), NAVY BUREAU OF MEDICINE AND SURGERY/PHONE/ 703-681-9170

RMKS/1. Per reference (a), all Service members completing a period of
qualifying active duty must complete a SHPE. The SHPE serves primarily to:
a. Document the member's suitability for continuing service (e.g., Reserve
affiliation or potential return to active duty) as the baseline measurement
of "Fitness to Separate". "Fit to separate" status at the time of retirement
or separation does not imply that a departing Service member is devoid of
medical conditions or diagnoses, but rather indicates:

(1) The absence of a service-connected disability condition warranting
referral to the Physical Evaluation Board (PEB) (except for cases where the
PEB has already made a finding).

(2) Member meets medical retention standards, making them physically
qualified to satisfy Reserve affiliation obligations or be considered to re-
enter active service.

2. Per references (a) and (b), SHPEs are predicated on criteria for
retention standards, and the exam may be used for affiliation or
reaffiliation screening for up to 36 months from the exam completion date.

Because of this, it is essential that when conducting SHPEs providers truly assess the member's medical status (diagnoses and all functional limitations) against retention standards stated in reference (c), and document current stability and all duty/deployment limitations associated with each of the Service member's known diagnoses, and whether the Service member is fit for continuing service by stating "fit to affiliate" or "fit to re-affiliate".

a. Fitness to Separate. If a provider deems a member is "fit to separate", but the member has a condition that is not currently in a stable phase of treatment or would render them as non-deployable if remaining on active duty, the Service member is considered not fit to immediately affiliate or re-affiliate with the Reserve Component (RC) and will require a new or updated accessions physical as per para 2.b.(3) of this policy to immediately affiliate or re-affiliate with the Reserve Component (RC), the provider must clearly document on the SHPE that the member is "NOT fit to affiliate" to avoid automatic clearance to affiliate or re-affiliate into the Active or Reserve Component with conditions that do not meet retention standards.

b. Fitness to Affiliate/Re-affiliate.

(1) For the purpose of this NAVADMIN, affiliation refers to direct transfer from Active Component (AC) to RC immediately after separation from the AC. Reaffiliation pertains to applicants with prior service in the Navy or Marine Corps who are not currently contracted in the Active or Reserve Component and desire to affiliate with the Navy or Marine Corps Reserve after a break in service.

(2) Fit to affiliate/re-affiliate equates to Deployability Category one (DCAT1) or two (DCAT2) as defined in reference (d).

(3) If their prior Service separation was related to a medical condition (e.g., a PEB finding of unfitness, administrative separation for fraudulent or defective enlistment related to a medical condition, or not being worldwide assignable due to a medical condition) the following applies:

(a) These applicants must undergo a new or updated accessions physical examination, following the procedures outlined in reference (e) and;

(b) To affiliate, these applicants are required to meet the accession standards for enlistment or commission, as outlined in reference (f) or receive a waiver of the standards.

(4) If their prior Service separation was not related to a medical condition (e.g., separation at end of obligated service or separation at the convenience of the government), their SHPE is current within 36 months, and they were deemed "fit for separation" with all diagnoses noted as stable with a deployability assessment that equates to DCAT1 or DCAT2 as documented on the SHPE and "fit for affiliation/re-affiliation" (equating to Deployability Category one [1] or two [2]), a new accession physical is not required unless specifically requested by the organization through which they complete their re-affiliation processing. Other documents may be required in lieu of a full accession physical, such as an updated DD 2807-1.

(5) An Echelon 5 medical department shall not initiate a Medical Retention Review for condition(s) determined in the SHPE to meet affiliation or re-affiliation standards for the period the SHPE is valid. MP1 Manpower Availability Status Code may be directly assigned if the following criteria are met: SHPE has been completed within the last 12 months, and Echelon 4 Regional Medical Director reviews SHPE and confirms mobilization limiting medical conditions are present and meet the criteria of Physically Qualified - Mobilization Limited.

(6) If the individual has been separated for over 36 months or if there is no available SHPE or military physical examination current within 36 months, the individual is required to obtain a new accession physical examination and receive a "physically qualified" determination or medical

waiver to re-affiliate. Other examination timelines or requirements may apply based on the policies of the organization through which the re-affiliation is processed.

3. Other Findings. RC Service members on active duty for more than 30 days may be eligible for medical hold (MEDHOLD) per reference (g) and (h). RC Service members who decline or are ineligible for MEDHOLD may be eligible for Line of Duty Healthcare, or Line of Duty Benefits for Disability Evaluation System if their disability was incurred or aggravated in a qualified duty status pending adjudication by Benefits Issuing Authority per reference (h). RC Service members may enter the DES process from either MEDHOLD or LOD if conditions do not resolve. Limited Duty is not an administrative category available to RC members.

4. The point of contact is BUMED N1R and can be reached at 703-681-9170.

5. This NAVADMIN remains in effect until superseded or cancelled, whichever comes first.

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

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