

# PHYSICAL READINESS PROGRAM

## Authorized Medical Department Representative Training

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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.

Note: This training does not provide guidance for AMDRs on the medical clearance or waiver process as it pertains to the future Combat Fitness Assessment (CFA) for combat arms personnel.

# Physical Readiness Program (PRP) Guides

**The PRP Guides (12 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 \(PFA Medical Clearance and Waiver Management\)](#) 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-5A (Physical Readiness Test), sections 2 and 3.
- Guide-9 (Command Physical Training (PT) and Fitness Enhance Program (FEP)).
- Guide-10 (Nutrition Resources)
  - includes Go-for-Green (G4G) and Military Nutrition Environment Assessment Tool (mNEAT).

- **AMDR Roles and Responsibilities**
- **Components of the Physical Fitness Assessment (PFA) and the Medical Clearance**
- **Body Composition Assessment (BCA) Procedures**
- **PFA Medical Clearance/Waivers Policy**
- **Medical Evaluation Boards (MEBs) as a Result of Multiple PFA Medical Waivers**
- **Completing the PFA Medical Clearance/Waiver Form (NAVMED 6110/4)**
- **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 (MD or DO), 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 (CO) or Officer in Charge (OIC).
- Familiarize oneself with OPNAVINST 6110.1 Series, BUMEDINST 6110.15 Series, and Physical Readiness Program Guides-4, 6, and 8.
- 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.

**Note:** The command designated AMDR cannot also be designated as a CFL.

# COMPONENTS OF THE PFA AND MEDICAL CLEARANCE

## The Navy PFA is composed of two (2) main parts:

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



## **PFA medical clearance includes three (3) components:**

- **Current Health Assessments:**
    - Periodic Health Assessment (PHA) – within 12 months
    - Post-Deployment Health Re-Assessment (PDHRA) – if required
  - **Physical Assessment Risk Factor Questionnaire (PARFQ) (NAVPERS 6110/3) for current PFA cycle:**
    - If exempt from participation (e.g., pregnant), PARFQ is not required.
    - PFA Medical Clearance/Waiver Form (NAVMED 6110/4) if directed based on PARFQ response
  - **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:

- **Participation:** ALL Sailors must participate in the BCA measurement portion of the PFA, regardless of participation in the PRT portion of the PFA UNLESS:
  - Exempt (e.g., pregnancy/postpartum) OR
  - Medically Waived from the BCA
    - Minimum (baseline) physical/functional capacity to participate: Able to stand unassisted bearing weight on both legs/feet.
    - Additional factors considered for BCA medical waiver are noted on slide 17.
- **Timing:** Sailors may participate in the PRT as soon as 24 hours to a maximum of 45 days after the official BCA is complete-
- **Documentation:** Only one (1) official BCA is permitted per cycle. There are no options for 'bad day' for the BCA. If the Sailor is found to have had a condition at the time of the BCA measurement that qualifies them as exempt or appropriate for a BCA waiver, a letter of correction (LOC), can be submitted by the CFL to the CO for final disposition.

## High-Performance Exemption:

- Sailors not within BCA standards but meet the exceptional performance criteria, may be eligible for a high-performance exemption.
- The supplemental guide PRP Guide-1 (Physical Readiness Program Policies) provides expanded information on specific requirements, criteria, and documentation guidance.

## Measurements Collected on All Sailors:

- Height, weight, and waist circumference (at umbilicus)

## Step-1: Waist to Height Ratio (WHtR):

- Sex- and age-neutral measurement and standards
- Measurement location: around the abdomen, directly overlying the umbilicus with measuring tape parallel to deck
- Calculation: waist (inches) divided by height (inches)
- Maximum ratio: 0.5499 (rounded down to the fourth decimal place)
  - If  $\leq 0.5499$ , Within Standard for Step-1
  - If  $\geq 0.5500$ , Not Within Standard for Step-1 → proceed to Step-2



## Step-2: Body Composition (BC) Calculation

- Sex-specific standards to pass but sex-neutral process to measure.
- BC calculation is an estimate of percent body fat (%BF) derived from:
  - Height, Weight, and Waist measurements
  - The calculations to determine the estimated %BF, based on sex, are available in Guide-4, section 4, tables 2 and 3.
- Maximum %BF limits, per sex
  - Males: 26%
  - Females: 36%
  - **Within Standard for sex → PASS BCA**
  - **Not Within Standard for sex → FAIL BCA**

### AMDR Key Points:

- BCA clearance / waiver is a separate consideration from PRT clearance / waiver.
- BCA waiver recommendations consider physical abnormalities and functional limitations that interfere with participation / execution of the BCA measurement.
- BCA waivers or exemptions after an official BCA must determine the condition was present at the time of the measurement to support a LOC request via the CFL.

# PFA MEDICAL CLEARANCE/WAIVER POLICY

# PFA Medical Clearance/Waiver Policy



**Members with any positive PARFQ (NAVPERS 6110/3) responses will be referred for clearance or waiver, documented on the NAVMED 6110/4:**

- Waivers may be initiated by the treating provider or an AMDR.
- 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.
- Final waiver recommendations (NAVMED 6110/4, Sec 4) to the CO must be completed by a properly trained and appointed AMDR only.

**All waiver recommendations must be completed on the official NAVMED 6110/4, PFA Medical Clearance/Waiver Form, 12/2023 version and must:**

- Have all portions of Sections 1-4 fully completed and appropriately signed.
- Be accompanied by a completed PARFQ (NAVPERS 6110/3), signed by member, and endorsed by the AMDR.
- Be documented in the medical record including a copy of the AMDR-signed NAVMED 6110/4 and NAVPERS 6110/3.



## Periodicity:

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

## Members on Limited Duty (LIMDU):

- Require a waiver documented on the NAVMED 6110/4.
- Waiver recommendations (for PRT and/or BCA) will reflect the PFA limitations specifically stated on LIMDU documentation.
- If LIMDU documentation does not reflect PFA limitations, the decision to recommend a waiver is the same as for those not on LIMDU.

## PRT Waiver Recommendation Determination:

- Authorized for injury, illness, or recovery from a procedure preventing participation in PFA prior to the end of the cycle.
  - 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.



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

- Requires **two (2) Physician signatures**:
  - Treating physician recommending the waiver, AND
  - AMDR physician
  - If the AMDR physician is the treating physician, the 2<sup>nd</sup> signature must be either another AMDR physician or the AMDR's supervising physician.
- **Acceptable reasons** for BCA waiver include:
  - Inability to obtain accurate weight or measurement; examples include but are not limited to:
    - Inability to bear weight on both legs/feet unassisted (minimal functional requirement for executing BCA measurement).
    - Wearing cast or medical device that cannot be safely removed.
    - Recent surgery or other anatomic anomaly impacting the outward contour of the abdomen or area directly involved with the measurements used to calculate BCA.
  - Medical condition or therapy which, in the preceding six (6) months, has been newly diagnosed, worsened in severity, or a change in dosage of medication which is known to result in weight gain.
- Note: 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.

**Inability to exercise is NOT a valid reason for BCA medical waiver.**

# **MEB AS A RESULT OF MULTIPLE PFA MEDICAL WAIVERS**

# Medical Evaluation Board (MEB)



## **MEB Reviews are required when the following criteria are met:**

- Sailor receives multiple PFA medical waivers for the same condition in the following time periods:
  - Two (2) consecutive PFA cycles.
  - Three (3) PFA medical waivers in the most recent four (4)-year period.
- *A MEB review does not DIRECT placement on LIMDU or referral to DES; it is a review to ensure the member is deployable and meets retention standards considering their medical condition which has required multiple PRT waivers.*

## **Responsibilities:**

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

### **AMDR Key Points:**

- The MEB process is not specifically a responsibility of the AMDR; further information can be found in Guide-6.
- The decision to recommend a PFA waiver is based on medical appropriateness and safety of the member only.

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

# Sample NAVMED 6110/4 (12/2023)



Form is located at:

<https://www.med.navy.mil/Directives/NAVMED-Forms/>

PHYSICAL FITNESS ASSESSMENT MEDICAL CLEARANCE/WAIVER			
<b>SECTION 1</b> 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	
<b>SECTION 2</b> 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 <b>NOT REQUIRED</b> 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 "No", command must provide 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		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Individual Physical Training		
D. AMDR/Treating Provider Name	E. AMDR/Treating Provider Signature	F. Date	
<b>SECTION 3</b> 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	
<b>SECTION 4</b> 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	
<b>SECTION 5</b> CO Endorsement Required Prior to Input into PRIMIS			
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
<b>PATIENT'S IDENTIFICATION</b> (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	

NAVMED 6110/4 (12/2023)



**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/NUIC \_\_\_\_\_ 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 30/30 comment is required and light duty chit should be provided.

CLEARED TO PARTICIPATE PHYSICAL TRAINING

☐ Yes ☐ No Command Approved \_\_\_\_\_

☐ Yes ☐ No Individual Physician 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 ☐ 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 ☐ Forearm Plank ☐ 1.5 mile run/walk (Cardio Event) ☐ 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 Endorsement 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

SECTION 1 Completed by Member			
A. Command	B. UIC/RUIC	C. CFL/POC	D. CFL Telephone No.
<b>SAMPLE</b>			
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		
Cardio Waiver is <b>NOT REQUIRED</b> if member is cleared for at least one modification <b>unless</b> 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 '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	
<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				<b><i>SAMPLE</i></b>	
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

## PRT Waiver Recommendation

- “Yes” = Member is recommended NOT (i.e., **NOT CLEARED**) to participate in that portion of the PRT.
- “No” = Member MAY (i.e., **CLEARED**) participate in that portion of the PRT.

# NAVMED 6110/4: Section 2.B-C



<b>B. Cardio Event Modification Clearance</b> Cardio Waiver is <b><u>NOT REQUIRED</u></b> if member is cleared for at least one modification <b><u>unless</u></b> 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="border: 1px solid black; padding: 10px; text-align: center;"> <p><b>*See Guide 5, Section 3 for description of PRT modalities and procedures.</b></p> <p style="font-size: 2em; font-weight: bold; color: black;">SAMPLE</p> </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	
<b>C. Physical Training Clearance</b> 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="border: 1px solid black; padding: 10px; text-align: center;"> <p><b>*See Guide 9 for further information</b></p> <p style="background-color: yellow; padding: 5px;"><i>Any limitations in FEP, command or individual physical training, issue a light duty chit, if appropriate.</i></p> </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 part 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. If not fully clearing participation in command Physical Training/Fitness Enhancement Program or Individual Physical Training, provide clarification and issue a light duty chit (if they do not have one), if appropriate. If member has permanent limitations after being found fit by physical evaluation board OR is on LIMDU, additional documentation is not warranted.

# NAVMED 6110/4: Section 3, BCA Waiver Recommendation



SECTION 3		
Completed by Treating Physician and AMDR/AMDR Supervising Physician		
<b>SAMPLE</b>		
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

## Section 3.A

- “Yes” = Member is NOT cleared to participate in the BCA; recommending a BCA waiver.
- Signatures:
  - Requires TWO (2) 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		
<b>SAMPLE</b>		
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

## 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 (1) of the following in the preceding six (6) months:
    - Newly diagnosed OR worsened in severity (i.e., Hypothyroidism)
    - 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 <b>Cycle 1 = 30 June / Cycle 2 = 31 Dec</b>
F. AMDR Name	G. AMDR Signature <b>SAMPLE</b>	H. Date

## 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 for same medical condition. 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. For CY2026 END date is either 30 JUN 2026 for PFA Cycle-1 and 31 DEC 2026 for PFA Cycle-2, per NAVADMIN 264/25.
- \*\*\*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.**
  - Reserve Component, not on active duty: waivers are only applicable for the current official Navy cycle.**
  - CFLs document medical waivers in PRIMS, which ONLY allows for the expiration date to be the official DON end date, and it **cannot be removed.**

**\*\*The AMDR is responsible for reviewing the form for accuracy and completeness and for ensuring 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/RUC 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 <b>NOT REQUIRED</b> 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		
<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 type="checkbox"/> No	C. Push-Ups <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	D. Forearm Plank <input checked="" type="checkbox"/> Yes <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



## Pregnant Status Definition:

- From the time pregnancy is confirmed by a Health Care Provider (HCP) until the end of the 12 months after giving birth, loss of pregnancy, or stillbirth.

## Notification:

- 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.
- Those who do not delay notification or are beyond 20-weeks gestation will show the pregnancy notification completed by their HCP to the CFL who will update the Physical Readiness Information Management System (PRIMS) to place the member in a “pregnant status.” **The Sailor does not complete the PARFQ, and no medical waiver is issued.**
- Those who wish to delay notification AND are not yet 20 weeks gestation, see slide 34, “Correcting the Record”, for further details.



# PFA Policy for Pregnancy, ART, and Postpartum Sailors



## Assisted Reproductive Technology (ART):

- 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.
- ART Results:
  - Pregnancy achieved - the provisions of the pregnancy policy will pertain.
  - 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.

## Pregnancy Loss:

- Sailors who experience a pregnancy loss, regardless of the mechanism, are exempt from participation in the PRT for 12-months from the date of the loss.

# PFA Policy for Pregnancy, ART, and Postpartum Sailors



## Stillborn Birth:

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

## Correcting the Record:

- If a Sailor was pregnant and did not disclose or was unaware, and participated in any portion of the official PFA, the Sailor's official PFA record will be updated in PRIMS and correctly documented as "Pregnant" once the PRP Office receives the LOC from the command.
  - The Sailor is responsible for providing the CFL with documentation from their HCP indicating that she was pregnant at the time the BCA and/or PRT was conducted and annotating the estimated date of conception.
  - The LOC is the responsibility of the CFL to generate and route to the CO after receiving the supporting medical documentation.
  - There is no specific AMDR responsibility to address this issue.

# PFA Policy for Pregnancy, ART, and Postpartum Sailors



## Official PFA Participation:

- Sailors in a pregnancy or post-pregnancy/postpartum status are exempt from the PFA. A PARFQ is not to be completed, and a medical waiver is not to be issued.
- 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. A letter-of-correction can be requested from the CO via the CFL when appropriate.
- Sailors who complete their 12-month post-pregnancy/postpartum PFA deferment period must participate in the Navy PFA cycle in which their deferment period expires, provided they are medically cleared for PFA participation.
  - The medical clearance process is the same as noted on slide 9, "Components of the PFA Medical Clearance." These Sailors do not need a clinical evaluation unless indicated.
  - If medically necessary for the Sailor to have additional time past the 12-month postpartum period, a medical waiver is required.

### **AMDR Key Points:**

- Only pregnant Sailors within 20 weeks gestation and delaying notification receive a medical waiver.
- Sailors must participate in the PFA cycle in which their deferment period ends, unless medically waived.

# KNOWLEDGE CHECK

**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\*\***

**When recommending BCA waivers, the recommendation requires two (2) physician signatures.**

- 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, the NAVMED 6110/4 will require two physician signatures. The treating physician and an AMDR that is also a physician. If the AMDR is the treating physician, then the AMDR's supervising physician (i.e. the Senior Medical Officer) will provide the second signature.**

**\*\*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. Umbilical region of the 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. Umbilical region of the abdomen**
- D. Hips

**Answer: C**

Of these options, only the umbilical region of the abdomen is used for the BCA calculations. Additional areas would include the entire circumference of the trunk at the level of the umbilicus. Conditions impacting these areas, not due to surgery, would also be appropriate (i.e., umbilical hernia, lipomas, etc.).

**\*\*Slides 11-13 and Slide 17\*\***

# Question



**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\*\***

A female Sailor fails the BCA. One (1) week later she learns she is pregnant. **Can the Sailor be entered in PRIMS as pregnant for the BCA after the fact?**

A female Sailor fails the BCA. One (1) week later she learns she is pregnant. **Can the Sailor be entered in PRIMS 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 estimated 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\*\***

**Sailors who complete their 12-month post-pregnancy /postpartum deferment, participate in which Navy PFA cycle?**

- A. The same Navy PFA cycle in which their deferment ends.
- B. The next official Navy PFA cycle after their deferment ends.

**Sailors in a Pregnancy status who experience a pregnancy loss must participate in the PRT in that same cycle.**

- A. True
- B. False

## Sailors who complete their 12-month post-pregnancy /postpartum deferment, participate in which Navy PFA cycle?

- A. The same Navy PFA cycle in which their deferment ends.**
- B. The next official Navy PFA cycle after their deferment ends.

### Answer: A.

Per OPNAVINST 6110.1L and updated Guide 8 upon conclusion of the 12-month deferment, post-pregnancy/postpartum Sailors must participate in the current PFA cycle provided they are medically cleared. The clearance process is the same as for any other sailor (see slide 9).

**\*\*Slide 32\*\***

## Sailors in a Pregnancy status who experience a pregnancy loss must participate in the PRT in that same cycle.

- A. True
- B. False**

### Answer: False

They are exempt for 12-months from the date of the loss.

**\*\*Slides 32-33\*\***

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

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**

**\*\*Slide 6\*\***

# Question



LCDR S. Brown underwent a cervical fusion in 2023. 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?**

LCDR S. Brown underwent a cervical fusion in 2023. 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?**

**Yes. The member has been waived for the same condition for two (2) consecutive PRTs.**

**However, meeting criteria for a MEB review does not create a requirement for LIMDU or DES referral. It indicates the member is reviewed for whether or not they require LIMDU or referral to the DES based on their limitations and ability to execute their responsibilities in a deployed setting.**

**\*\*Slide 19\*\***



# Question



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)?**

**Answer: 30 Jun 2026**

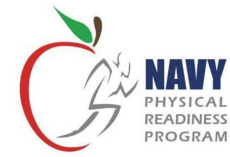
**For CY2026, the official Navy PFA has two cycles:**

**Cycle 1: 1 Jan - 30 Jun 2026**

**Cycle 2: 1 Jul – 31 Dec 2026.**

**Medical Waivers are valid for one (1) PFA cycle and dates may not to exceed the official Navy PFA cycle.**

**\*\*Slide 16\*\***



# AMDR Training Certification

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## **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***



## **Detailed guidance for designated AMDRs is available via:**

### **PRP Guide-6 – PFA Medical Readiness**

<https://www.mynavyhr.navy.mil/Support-Services/Culture-Resilience/Physical-Readiness/>

### **PRP Guide-8 – Managing PFA Records for Pregnant Sailors**

<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/>