

- (d) Persistent gastrointestinal symptoms (e.g., crampy, abdominal pain, vomiting).
- (3) Reduced blood pressure after exposure to known allergen for that patient (minutes to several hours):
 - (a) Infants and Children: Low systolic BP (less than 70 mmHg from 1 month to 1 year, less than $(70 \text{ mmHg} + [2 \times \text{age}])$ from 1 to 10 years, and less than 90 mm Hg from 11 to 17 years) or greater than 30 percent decrease in systolic blood pressure.
 - (b) Adults: Systolic BP of less than 90 mmHg or greater than 30 percent decrease from that person's baseline.
- f. History of systemic allergic reaction to biting or stinging insects, unless it was limited to a large local reaction, a cutaneous only reaction (including hives) occurring under the age of 16, or unless there is documentation of 3-5 years of maintenance venom immunotherapy.
- g. History of acute allergic reaction to fish, shellfish, peanuts, or tree nuts including the presence of a food-specific immunoglobulin E antibody if accompanied by a correlating clinical history.
- h. History of cold urticaria.
- i. History of malignant hyperthermia.
- j. History of industrial solvent or other chemical intoxication with sequelae.
- k. History of motion sickness resulting in recurrent incapacitating symptoms.
- l. History of rheumatic fever if associated with rheumatic heart disease or indication for ongoing prophylactic medication.
- m. History of muscular dystrophies or myopathies.
- n. History of amyloidosis.
- o. History of eosinophilic granuloma and all other forms of histiocytosis except for healed eosinophilic granuloma, when occurring as a single localized bony lesion and not associated with soft tissue or other involvement.
- p. History of polymyositis or dermatomyositis complex with or without skin involvement.
- q. History of rhabdomyolysis.
- r. History of sarcoidosis.
- s. Current active systemic fungus infections or ongoing treatment for systemic fungal infection. History of systemic fungal infection unless resolved or treated without sequelae.

5.24. ENDOCRINE AND METABOLIC CONDITIONS.

- a. Current adrenal dysfunction or any history of adrenal dysfunction requiring treatment or hormone replacement.
- b. Diabetic disorders, including:
 - (1) History of diabetes mellitus.
 - (2) History of unresolved pre-diabetes mellitus (as defined by the American Diabetes Association) within the last 2 years.
 - (3) History of gestational diabetes mellitus.
 - (4) Current persistent glycosuria, when associated with impaired glucose metabolism or renal tubular defects.
- c. History of pituitary dysfunction except for resolved growth hormone deficiency.
- d. History of pituitary tumor unless proven non-functional, less than 1 cm and stable in size for the last 12 months.
- e. History of diabetes insipidus.
- f. History of primary hyperparathyroidism unless surgically corrected.
- g. History of hypoparathyroidism.
- h. Current goiter.
- i. Thyroid nodule unless a solitary thyroid nodule less than 5 mm or less than 3 cm with benign histology or cytology, and that does not require ongoing surveillance.
- j. History of complex thyroid cyst or simple thyroid cyst greater than 2 cm.
- k. Current hypothyroidism unless asymptomatic and demonstrated euthyroid by normal thyroid stimulating hormone testing within the preceding 12 months.
- l. History of hyperthyroidism unless treated successfully with surgery or radioactive iodine.
- m. Current nutritional deficiency diseases, including but not limited to beriberi, pellagra, and scurvy.
- n. Dyslipidemia with low-density lipoprotein greater than 200 milligrams per deciliter (mg/dL) or triglycerides greater than 400 mg/dL. Dyslipidemia requiring more than one medication or low-density lipoprotein greater than 190 mg/dL on therapy. All those on medical management must have demonstrated no medication side effects (e.g., myositis, myalgias, or transaminitis) for a period of 6 months.

o. Metabolic syndrome, as defined in accordance with the 2005 National Heart, Lung, and Blood Institute and American Heart Association Scientific Statement as any three of the following:

(1) Medically-controlled hypertension or elevated blood pressure of greater than 130 mmHg systolic or greater than 85 mmHg diastolic.

(2) Waist circumference greater than 35 inches for women and greater than 40 inches for men.

(3) Medically controlled dyslipidemia or triglycerides greater than 150 mg/dL.

(4) Medically controlled dyslipidemia or high-density lipoprotein less than 40 mg/dL in men or less than 50 mg/dL in women.

(5) Fasting glucose greater than 100 mg/dL.

p. Metabolic bone disease including but not limited to:

(1) Osteopenia, osteoporosis, or low bone mass with history of fragility fracture.

(2) Paget's disease.

(3) Osteomalacia.

(4) Osteogenesis imperfecta.

q. History of hypogonadism that is congenital, treated with hormonal supplementation, or of unexplained etiology.

r. History of islet-cell tumors, nesideoblastosis, or hypoglycemia.

s. History of gout.

5.25. RHEUMATOLOGIC CONDITIONS.

a. History of mixed connective tissue disease variant or systemic lupus erythematosus.

b. History of progressive systemic sclerosis, including calcinosis, Raynaud's phenomenon, esophageal dysmotility, scleroderma, or telangiectasia syndrome.

c. History of reactive arthritis (formerly known as Reiter's disease).

d. History of rheumatoid arthritis.

e. History of Sjögren's syndrome.

DoDI 6130.03, March 30, 2018

f. History of vasculitis, including but not limited to polyarteritis nodosa, arteritis, Behçet's, Takayasu's arteritis, and Anti Neutrophil Cytoplasmic Antibody associated vasculitis.

g. History of Henoch-Schonlein Purpura occurring after the 19th birthday or within the last 2 years.

h. History of non-inflammatory myopathy including but not limited to metabolic myopathy such as glycogen storage disease, lipid storage disease, and mitochondrial myopathy.

i. History of fibromyalgia or myofascial pain syndrome.

j. History of chronic wide-spread pain requiring prescription medication for greater than 6 weeks within the last 2 years.

k. History of chronic fatigue syndrome, systemic exertion intolerance disease, or chronic multisystem illness.

l. History of spondyloarthritis including but not limited to ankylosing spondyloarthritis, psoriatic arthritis, reactive arthritis, or spondyloarthritis associated with inflammatory bowel disease.

m. History of joint hypermobility syndrome (formerly Ehler's Danlos syndrome, Type III).

n. Any history of connective tissue disease including but not limited to Ehlers-Danlos syndrome, Marfan syndrome, Pseudoxanthoma Elasticum, and osteogenesis imperfecta.

o. History of scleroderma.

p. History of IgG-4 related disease.

q. History of polymyositis or dermatomyositis complex, with or without skin involvement.

5.26. NEUROLOGIC CONDITIONS.

a. History of cerebrovascular conditions, including but not limited to subarachnoid or intracerebral hemorrhage, vascular stenosis, aneurysm, stroke, transient ischemic attack or arteriovenous malformation.

b. History of congenital or acquired anomalies of the central nervous system or meningocele.

c. History of disorders of meninges, including but not limited to cysts except for asymptomatic incidental arachnoid cysts demonstrated to be stable by neurological imaging over a 6-month or longer time period.

d. History of neurodegenerative disorders, including but not limited to those disorders affecting the cerebrum, basal ganglia, cerebellum, spinal cord, peripheral nerves, or muscles.

e. History of headaches, including but not limited to, migraines and tension headaches that:

- (1) Are severe enough to disrupt normal activities (e.g., loss of time from school or work) more than twice per year in the past 2 years;
 - (2) Require prescription medications more than twice per year within the last 2 years; or
 - (3) Are associated with neurological deficit other than scotoma.
- f. Cluster headaches.
- g. History of moderate or severe brain injury if associated with:
- (1) Post-traumatic seizure(s) occurring more than 30 minutes after injury;
 - (2) Persistent motor, sensory, vestibular, visual, or any other focal neurological deficit;
 - (3) Persistent impairment of cognitive function;
 - (4) Persistent alteration of personality or behavior;
 - (5) Cerebral traumatic findings, including but not limited to epidural, subdural, subarachnoid, or intracerebral hematoma on neurological imaging;
 - (6) Associated abscess or meningitis;
 - (7) Cerebrospinal fluid rhinorrhea or otorrhea persisting more than 7 days;
 - (8) Penetrating head trauma to include radiographic evidence of retained foreign body or bony fragments secondary to the trauma, or operative procedure in the brain; or
 - (9) Any skull fracture.
- h. History of mild brain injury if:
- (1) The injury occurred within the past month;
 - (2) Neurological evaluation shows residual symptoms, dysfunction or activity limitations, or complications;
 - (3) Two episodes of mild brain injury occurred with or without loss of consciousness within the last 12 months; or
 - (4) Three or more episodes of mild brain injury.
- i. History of persistent post-concussive symptoms that interfere with normal activities or have duration of more than 1 month. Symptoms include but are not limited to headache, vomiting, disorientation, spatial disequilibrium, impaired memory, poor mental concentration, shortened attention span, dizziness, or altered sleep patterns.

DoDI 6130.03, March 30, 2018

- j. History of infectious processes of the central nervous system, including but not limited to encephalitis, neurosyphilis, or brain abscess.
- k. History of meningitis within the last 12 months or with persistent neurologic defects.
- l. History of paralysis, weakness, lack of coordination, chronic pain syndrome (including but not limited to complex regional pain syndrome or neuralgias), or sensory disturbance or other specified paralytic syndromes, including but not limited to Guillain-Barre Syndrome.
- m. Any atraumatic seizure occurring after the 6th birthday, unless the applicant has been free of seizures for a period of 5 years while taking no medication for seizure control, and has a normal sleep-deprived electroencephalogram and normal neurology evaluation while taking no medications for seizure control.
- n. Chronic nervous system disorders, including but not limited to myasthenia gravis, multiple sclerosis, tremor, and tic disorders (e.g., Tourette's Syndrome).
- o. History of central nervous system shunts of all kinds including endoscopic third ventriculocisternostomy.
- p. Syncope or atraumatic loss of consciousness. History of recurrent syncope or presyncope, including blackout, fainting, loss or alteration of level of consciousness (excludes single episode of vasovagal reaction with identified trigger such as venipuncture), unless there has been no recurrence during the preceding 2 years while off all medication for treatment of this condition.
- q. History of muscular dystrophies or myopathies.

5.27. SLEEP DISORDERS.

- a. Chronic insomnia as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, or the use of medications or other substances to promote sleep 15 or more times over the past year.
- b. Current diagnosis or treatment of sleep-related breathing disorders, including but not limited to sleep apnea.
- c. History of narcolepsy, cataplexy, or other hypersomnia disorders.
- d. Circadian rhythm disorders requiring treatment or special accommodation.
- e. History of parasomnia, including but not limited to sleepwalking, or night terrors, after the 13th birthday.
- f. Current diagnosis or treatment of sleep-related movement disorders to include but not limited to restless leg syndrome (i.e., Willis-Ekbom Disease) for which prescription medication is recommended.

5.28. LEARNING, PSYCHIATRIC, AND BEHAVIORAL DISORDERS.

a. Attention Deficit Hyperactivity Disorder, if with:

(1) A recommended or prescribed Individualized Education Program, 504 Plan, or work accommodations after the 14th birthday;

(2) A history of comorbid mental disorders;

(3) Prescribed medication in the previous 24 months; or

(4) Documentation of adverse academic, occupational, or work performance.

b. History of learning disorders after the 14th birthday, including but not limited to dyslexia, if any of the following apply:

(1) With a recommended or prescribed Individualized Education Program, 504 Plan, or work accommodations after the 14th birthday;

(2) With a history of comorbid mental disorders; or

(3) With documentation of adverse academic, occupational, or work performance.

c. Autism spectrum disorders.

d. History of disorders with psychotic features such as schizophrenic disorders, delusional disorders, or other unspecified psychoses or mood disorders with psychotic features.

e. History of bipolar and related disorders (formerly identified as mood disorders not otherwise specified) including but not limited to cyclothymic disorders and affective psychoses.

f. Depressive disorder if:

(1) Outpatient care including counseling required for longer than 12 cumulative months;

(2) Symptoms or treatment within the last 36 months;

(3) The applicant required any inpatient treatment in a hospital or residential facility;

(4) Any recurrence; or

(5) Any suicidality (in accordance with Paragraph 5.28.m.).

g. History of a single adjustment disorder if treated or symptomatic within the previous 6 months, or any history of chronic (lasting longer than 6 months) or recurrent episodes of adjustment disorders.

h. History of disruptive, impulse control and conduct disorder to include but not limited to oppositional defiant and other behavior disorders.

i. Any personality disorder including unspecified personality disorder or maladaptive personality traits demonstrated by:

(1) Repeated inability to maintain reasonable adjustment in school, with employers or fellow workers, other social groups, or psychological testing revealing that the degree of immaturity, instability, of personality inadequacy, impulsiveness, or dependency may reasonably be expected to interfere with their adjustment to the Military Services;

(2) Recurrent encounters with law enforcement agencies (excluding minor traffic violations) or antisocial behaviors are tangible evidence of impaired capacity to adapt to military service; or

(3) Any behavioral health issues that have led to incarceration for any period.

j. Encopresis after 13th birthday.

k. History of any feeding or eating disorder.

l. Any current communication disorder that significantly interferes with producing speech or repeating commands.

m. Suicidality, including suicidal ideation with a plan, suicidal gesture(s), or attempt(s).

n. History of self-mutilation.

o. History of obsessive-compulsive disorder.

p. History of post-traumatic stress disorder.

q. History of anxiety disorders if:

(1) Outpatient care including counseling was required for longer than 12 cumulative months.

(2) Symptomatic or treatment within the last 36 months.

(3) The applicant required any inpatient treatment in a hospital or residential facility.

(4) Any recurrence.

(5) Any suicidality (in accordance with Paragraph 5.28.m.).

r. History of dissociative disorders.

s. History of somatic symptoms and related disorders.

t. History of paraphilic disorders.

- u. Any history of substance-related and addictive disorders (except using caffeine or tobacco).
- v. History of other mental disorders that may reasonably be expected to interfere with or prevent satisfactory performance of military duty.
- w. Prior psychiatric hospitalization for any cause.

5.29. TUMORS AND MALIGNANCIES.

- a. Current benign tumors or conditions that would reasonably be expected to interfere with function, to prevent properly wearing the uniform or protective equipment, or would require frequent specialized attention.
- b. History of malignancy.
- c. History of cutaneous malignancy, meeting criteria in Paragraph 5.21.aa.

5.30. MISCELLANEOUS CONDITIONS.

- a. Any current acute pathological condition, including but not limited to communicable, infectious, parasitic, or tropical diseases, until recovery has occurred without relapse or sequelae.
- b. History of porphyria.
- c. History of cold-related disorders, including but not limited to frostbite, chilblain, and immersion foot.
- d. History of angioedema, including hereditary angioedema.
- e. History of receiving organ or tissue transplantation other than dental.
- f. History of pulmonary or systemic embolism.
- g. History of untreated acute or chronic metallic poisoning (including but not limited to lead, arsenic, silver, beryllium, or manganese), or current complications or residual symptoms of such poisoning.
- h. History of heatstroke, or heat injury with evidence of organ or muscle damage, or recurrent heat exhaustion.
- i. History of any condition that may reasonably be expected to interfere with the successful performance of military duty or training or limit geographical assignment.
- j. History of any medical condition severe enough to warrant use of systemic steroids for greater than 2 months, or any use of other systemic immunosuppressant medications.

GLOSSARY

G.1. ACRONYMS.

ASD(HA)	Assistant Secretary of Defense for Health Affairs
AV	atrioventricular
BP	blood pressure
cm	centimeters
dB	decibel
MEDPERS	Medical and Personnel Executive Steering Committee
mg/dL	milligrams per deciliter
mm	millimeters
mmHg	millimeters of mercury
U.S.C.	United States Code
USD(P&R)	Under Secretary of Defense for Personnel and Readiness
USMEPCOM	United States Military Entrance Processing Command

G.2. DEFINITIONS. Unless otherwise noted, these terms and their definitions are for the purpose of this issuance.

504 Plan. The 504 Plan is a plan developed to ensure that a child who has a disability identified under Section 504 of the Rehabilitation Act of 1973 as amended and codified at Section 701 of Title 29, U.S.C. and is attending an elementary or secondary educational institution, receives accommodations that will ensure their academic success and access to the learning environment.

accession. An enlistment that increases the incremental strength of the Regular or Reserve Components of the Military Services. Personnel enlisted under the Delayed Entry Program are not involved in this category.

existed prior to Service. A term used to signify there is clear and unmistakable evidence that the disease or injury, or the underlying condition producing the disease or injury, existed prior to the individual's entry into military service.

induction. Transition from civilian to military status for a period of definite military obligation under Chapter 49 of Title 50, U.S.C. also known as the "Military Selective Service Act."

medical waiver. A formal request to consider the suitability for service of an applicant who, because of current or past medical conditions, does not meet medical standards. Upon the completion of a thorough review, the applicant may be considered for a waiver. The applicant must have displayed sufficient mitigating circumstances/provided medical documentation that

clearly justify waiver consideration. The Secretaries of the Military Departments may delegate the final approval authority for all waivers.

mild head injury. Unconsciousness of less than 30 minutes post-injury, or amnesia or disorientation of person, place, or time, alone or in combination, of less than 24 hours post-injury.

MEDPERS. Includes leaders from the medical and personnel communities to develop, discuss, and make decisions about common medical issues that require resolution. The primary focus is the nexus of medical and personnel systems that impact the total force to include those seeking entry into the armed forces and those who must depart prior to completion of an enlistment or career.

Military Department. Defined in the DoD Dictionary of Military and Associated Terms.

moderate brain injury. Unconsciousness of more than 30 minutes but less than 24 hours, or amnesia, or disorientation of person, place or time, alone or in combination, lasting more than 24 hours but less than 7 days after the injury.

National Heart, Lung, and Blood Institute. An agency within the National Institutes of Health that provides global leadership for a research, training, and education program to promote the prevention and treatment of heart, lung, and blood diseases and enhance the health of all individuals so that they can live longer and more fulfilling lives.

severe brain injuries. Unconsciousness of 24 hours or more post injury, or amnesia or disorientation of person, place or time longer than 7 days after the-injury.

REFERENCES

- 2010 Healthcare Common Procedure Coding System (HCPCS) Level II Codes from Centers for Medicare and Medicaid Services (CMS)¹
- American Diabetes Association, “Diagnosis and Classification of Diabetes Mellitus,” current edition
- American Heart Association/American College of Cardiology, “Guidelines for the Management of Patients with Valvular Heart Disease,” current edition
- American Medical Association, “Current Procedural Terminology (CPT®),” Fourth Edition, 2010 Revision, Chicago, IL, 20102
- American National Standards Institute S3.6-2010, “Specification for Audiometers”²
- American Society to Colposcopy and Cervical Pathology, “Guidelines on the Management of Women with Abnormal Cervical Cancer Screening Tests and Cancer Precursors,” current edition
- Centers for Disease Control and Prevention, “Tuberculosis Guidelines,” current edition
- Code of Federal Regulations, Title 46, Section 310.56
- Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
- DoD Directive 5124.02, “Under Secretary of Defense for Personnel and Readiness (USD(P&R)),” June 23, 2008
- DoD Manual 8910.01, Volume 2, “DoD Information Collections: Procedures for DoD Public Information Collections,” June 30, 2014, as amended
- International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)³
- National Heart, Lung, and Blood Institute and American Heart Association Scientific Statement, “Diagnosis and management of metabolic syndrome,” October 25, 2005
- Under Secretary of Defense for Personnel and Readiness, Medical and Personnel Executive Steering Committee (MEDPERS) Charter, September 2012
- Office of the Chairman of the Joint Chiefs of Staff, “DoD Dictionary of Military and Associated Terms,” current edition
- United States Code, Title 10
- United States Code, Title 18, Section 1001
- United States Code, Title 29, Section 701 (also known as the “Rehabilitation Act of 1973”)
- United States Code, Title 50, Chapter 49 (also known as the “Military Selective Service Act”)

¹ Available at https://catalog.ama-assn.org/Catalog/cpt/cpt_home.jsp

² Available for purchase at <http://www.ansi.org/>

³ Available at <http://www.cdc.gov/nchs/icd/icd10cm.htm#icd2016>.