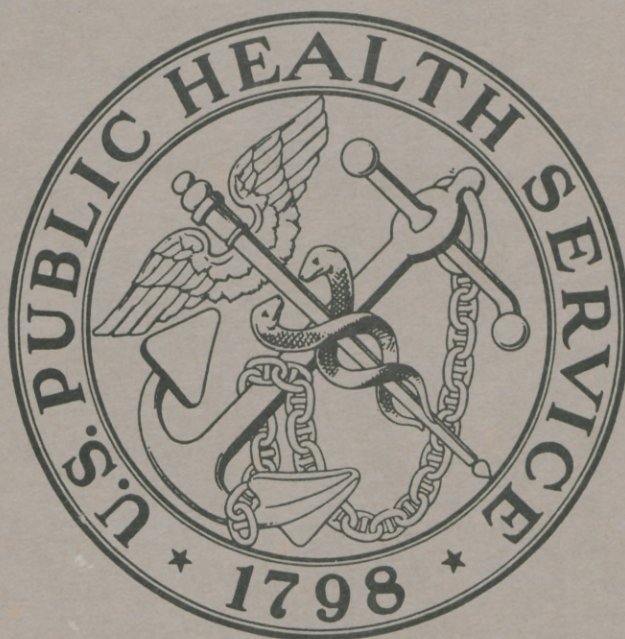


**GUIDING MEDICAL STANDARDS
FOR THE
COMMISSIONED CORPS
OF THE
U.S. PUBLIC HEALTH SERVICE**



CCb
.143
Fil

**U.S. Department of Health and Human Services
Public Health Service**

NATIONAL LIBRARY OF MEDICINE
Bethesda, Maryland



TABLE OF CONTENTS

Page

Preface to Guiding Standards..... 1

Guiding Standards

Authority for Guiding Medical Standards

PHS Regulation 21.24 states that every candidate for appointment as an officer shall undergo such physical examination as the Surgeon General may direct. The medical standards as outlined hereafter shall be used as guidelines in determining such qualification. These guidelines incorporate the most recent changes approved by the Surgeon General.

I. Head and Neck..... 2

II. Eyes and Vision..... 3

III. Ears and Hearing..... 4

IV. Cardiovascular..... 5

V. Blood and Blood Forming Tissues..... 6

VI. Bones and Joints of Extremities..... 7

VII. Spine and Thorax..... 8

VIII. Neuromuscular..... 9

IX. Skin..... 10

X. Neoplasms and Other Tumors..... 11

XI. Systemic Diseases and Other Conditions..... 12

XII. Pericardial Conditions..... 13

Table I. Acceptable weight for Males..... 14

Table II. Acceptable weight for Females..... 15

Table III. Range of Motion Charts..... 16

Agency for Critical Medical Standards

and any action it takes that every candidate for appointment as
an officer shall undergo psychological examination as the Bureau
deems appropriate. The medical standards as defined hereafter
shall be used as guidelines in determining such qualification.
These guidelines incorporate recent changes approved by the
Bureau for the



REPORT OF MEDICAL HISTORY

TABLE OF CONTENTS

	<u>Page</u>
Preface to Guiding Standards.....	i-v
<u>Guiding Standards</u>	
I. Head and Neck.....	1
II. Eyes and Vision.....	3
III. Ears and Hearing.....	7
IV. Mouth, Nose, Larynx, Trachea, and Esophagus.....	10
V. Gastrointestinal Tract.....	12
VI. Liver and Biliary System.....	16
VII. Endocrine and Metabolic.....	17
VIII. Genitourinary System.....	21
IX. Lungs and Chest Wall.....	26
X. Cardiovascular.....	30
XI. Blood and Blood Forming Tissues.....	35
XII. Bones and Joints of Extremities.....	37
XIII. Spine and Thorax.....	41
XIV. Neuromuscular.....	43
XV. Skin.....	46
XVI. Malignancies and Other Tumors.....	49
XVII. Systemic Diseases and Other Conditions.....	50
XVIII. Psychiatric Conditions.....	52
Table I. Acceptable Weight for Males.....	53
Table II. Acceptable Weight for Females.....	54
Table III. Range of Motion Charts.....	55

TABLE OF CONTENTS

<u>Page</u>	
i-v	Preface to Guiding Standards
	<u>Guiding Standards</u>
1	I. Head and Neck
3	II. Eyes and Vision
7	III. Ears and Hearing
10	IV. Mouth, Nose, Larynx, Trachea, and Esophagus
12	V. Gastrointestinal Tract
16	VI. Liver and Biliary System
17	VII. Endocrine and Metabolic
21	VIII. Genitourinary System
26	IX. Lungs and Chest Wall
30	X. Cardiovascular
33	XI. Blood and Blood Forming Tissues
35	XII. Bones and Joints of Skeleton
41	XIII. Spine and Thorax
43	XIV. Neuromuscular
46	XV. Skin
49	XVI. Malnutrition and Other Toxic
50	XVII. Systemic Diseases and their Complications
52	XVIII. Psychiatric Conditions
53	Table I. Acquired Weight for Males
54	Table II. Acquired Weight for Females
55	Table III. Range of Normal Cholesterol

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME		2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)			5. PURPOSE OF EXAMINATION		6. DATE OF EXAMINATION
7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
12. DATE OF BIRTH		13. PLACE OF BIRTH		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS				16. OTHER INFORMATION	
17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS (Follow by description of past history, if complaint exists)					

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE		
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	RELATION(S)
FATHER							HAD TUBERCULOSIS
MOTHER							HAD SYPHILIS
SPOUSE							HAD DIABETES
BROTHERS							HAD CANCER
AND							HAD KIDNEY TROUBLE
SISTERS							HAD HEART TROUBLE
							HAD STOMACH TROUBLE
CHILDREN							HAD RHEUMATISM (Arthritis)
							HAD ASTHMA, HAY FEVER, HIVES
							HAD EPILEPSY (Fits)
							COMMITTED SUICIDE
							BEEN INSANE

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)								
YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
		SCARLET FEVER, ERYSIPELAS			GOITER			TUMOR, GROWTH, CYST, CANCER
		DIPHTHERIA			TUBERCULOSIS			RUPTURE, HERNIA
		RHEUMATIC FEVER			SOAKING SWEATS (Night sweats)			APPENDICITIS
		SWOLLEN OR PAINFUL JOINTS			ASTHMA			PILES OR RECTAL DISEASE
		MUMPS			SHORTNESS OF BREATH			FREQUENT OR PAINFUL URINATION
		COLOR BLINDNESS			PAIN OR PRESSURE IN CHEST			KIDNEY STONE OR BLOOD IN URINE
		FREQUENT OR SEVERE HEADACHE			CHRONIC COUGH			SUGAR OR ALBUMIN IN URINE
		DIZZINESS OR FAINTING SPELLS			PALPITATION OR POUNDING HEART			BOILS
		EYE TROUBLE			HIGH OR LOW BLOOD PRESSURE			VD—SYPHILIS, GONORRHEA, ETC.
		EAR, NOSE OR THROAT TROUBLE			CRAMPS IN YOUR LEGS			RECENT GAIN OR LOSS OF WEIGHT
		RUNNING EARS			FREQUENT INDIGESTION			ARTHRITIS OR RHEUMATISM
		HEARING LOSS			STOMACH, LIVER OR INTESTINAL TROUBLE			BONE, JOINT, OR OTHER DEFORMITY
		CHRONIC OR FREQUENT COLDS			GALL BLADDER TROUBLE OR GALL STONES			LAMENESS
		SEVERE TOOTH OR GUM TROUBLE			JAUNDICE			LOSS OF ARM, LEG, FINGER, OR TOE
		SINUSITIS			ANY REACTION TO SERUM, DRUG OR MEDICINE			PAINFUL OR "TRICK" SHOULDER OR ELBOW
		HAY FEVER			HISTORY OF BROKEN BONES			RECURRENT BACK PAIN
		HISTORY OF HEAD INJURY						
		SKIN DISEASES						

21. HAVE YOU EVER (Check each item)			22. FEMALES ONLY: A. HAVE YOU EVER—			B. COMPLETE THE FOLLOWING:		
		WORN GLASSES—CONTACT LENS			ATTEMPTED SUICIDE			AGE AT ONSET OF MENSTRUATION
		WORN AN ARTIFICIAL EYE			BEEN A SLEEP WALKER			INTERVAL BETWEEN PERIODS
		WORN HEARING AIDS			LIVED WITH ANYONE WHO HAD TUBERCULOSIS			DURATION OF PERIODS
		STUTTERED OR STAMMERED			COUGHED UP BLOOD			DATE OF LAST PERIOD
		WORN A BRACE OR BACK SUPPORT			BIED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION			QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?			24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS			25. WHAT IS YOUR USUAL OCCUPATION?		
						26. ARE YOU (Check one)		
						<input type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED		

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT	
		27. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF A SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	
		28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?	
		29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)	
		30. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	
		31. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give date of each occurred)	
		32. HAVE YOU EVER BEEN A PATIENT (committed or voluntarily) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)	
		33. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	
		34. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)	
		35. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)	
		36. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)	
		37. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsustainability)	
		38. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)	

WARNING: A FALSE OR DISHONEST ANSWER TO ANY OF THE QUESTIONS ON THIS FORM MAY BE PUNISHED BY FINE OR IMPRISONMENT (18 U.S.C. 1001)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE _____ SIGNATURE _____

39. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 38)

15. DEVELOPMENT OF EXISTING PHYSICAL DEFECTS OR DEFICIENCIES (If present, state date of development, if possible)

16. EXISTING PHYSICAL DEFECTS OR DEFICIENCIES AND COMMENTS

17. DATE OF EXAM

18. NAME OF EXAM

19. TYPE OF EXAM

20. PHYSICIAN'S SIGNATURE AND ADDRESS OF OFFICE

21. QUALIFICATION TITLE

22. ADDRESS OF EXAMINATION

23. PHYSICIAN'S COMMENTS ON QUALIFICATION

24. SIGNATURE OF EXAMINATION

25. DATE OF EXAMINATION

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER _____ DATE _____ SIGNATURE _____ NUMBER OF ATTACHED SHEETS _____

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME			2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)			5. PURPOSE OF EXAMINATION		6. DATE OF EXAMINATION	
7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT	
		MILITARY	CIVILIAN			
12. DATE OF BIRTH		13. PLACE OF BIRTH			14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS				16. OTHER INFORMATION		

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS (Follow by description of past history, if complaint exists)

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER							HAD TUBERCULOSIS	
MOTHER							HAD SYPHILIS	
SPOUSE							HAD DIABETES	
							HAD CANCER	
BROTHERS							HAD KIDNEY TROUBLE	
AND							HAD HEART TROUBLE	
SISTERS							HAD STOMACH TROUBLE	
							HAD RHEUMATISM (Arthritis)	
CHILDREN							HAD ASTHMA, HAY FEVER, HIVES	
							HAD EPILEPSY (Fits)	
							COMMITTED SUICIDE	
							BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)											
YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
		SCARLET FEVER, ERYSIPELAS			GOITER			TUMOR, GROWTH, CYST, CANCER			"TRICK" OR LOCKED KNEE
		DIPHTHERIA			TUBERCULOSIS			RUPTURE / HERNIA			FOOT TROUBLE
		RHEUMATIC FEVER			SOAKING SWEATS (Night sweats)			APPENDICITIS			NEURITIS
		SWOLLEN OR PAINFUL JOINTS			ASTHMA			PILES OR RECTAL DISEASE			PARALYSIS (Inc. infantile)
		MUMPS			SHORTNESS OF BREATH			FREQUENT OR PAINFUL URINATION			EPILEPSY OR FITS
		COLOR BLINDNESS			PAIN OR PRESSURE IN CHEST			KIDNEY STONE OR BLOOD IN URINE			CAR, TRAIN, SEA, OR AIR SICKNESS
		FREQUENT OR SEVERE HEADACHE			CHRONIC COUGH			SUGAR OR ALBUMIN IN URINE			FREQUENT TROUBLE SLEEPING
		DIZZINESS OR FAINTING SPELLS			PALPITATION OR POUNDING HEART			BOILS			FREQUENT OR TERRIFYING NIGHTMARES
		EYE TROUBLE			HIGH OR LOW BLOOD PRESSURE			VD—SYPHILIS, GONORRHEA, ETC.			DEPRESSION OR EXCESSIVE WORRY
		EAR, NOSE OR THROAT TROUBLE			CRAMPS IN YOUR LEGS			RECENT GAIN OR LOSS OF WEIGHT			LOSS OF MEMORY OR AMNESIA
		RUNNING EARS			FREQUENT INDIGESTION			ARTHRITIS OR RHEUMATISM			BED WETTING
		HEARING LOSS			STOMACH, LIVER OR INTESTINAL TROUBLE			BONE, JOINT, OR OTHER DEFORMITY			NERVOUS TROUBLE OF ANY SORT
		CHRONIC OR FREQUENT COLDS			GALL BLADDER TROUBLE OR GALL STONES			LAMENESS			ANY DRUG OR NARCOTIC HABIT
		SEVERE TOOTH OR GUM TROUBLE			JAUNDICE			LOSS OF ARM, LEG, FINGER, OR TOE			EXCESSIVE DRINKING HABIT
		SINUSITIS			ANY REACTION TO SERUM, DRUG OR MEDICINE			PAINFUL OR "TRICK" SHOULDER OR ELBOW			HOMOSEXUAL TENDENCIES
		HAY FEVER			HISTORY OF BROKEN BONES			RECURRENT BACK PAIN			PERIODS OF UNCONSCIOUSNESS
		HISTORY OF HEAD INJURY									
		SKIN DISEASES									

21. HAVE YOU EVER (Check each item)			22. FEMALES ONLY: A. HAVE YOU EVER—			B. COMPLETE THE FOLLOWING:					
		WORN GLASSES—CONTACT LENS			ATTEMPTED SUICIDE			BEEN PREGNANT			AGE AT ONSET OF MENSTRUATION
		WORN AN ARTIFICIAL EYE			BEEN A SLEEP WALKER			HAD A VAGINAL DISCHARGE			INTERVAL BETWEEN PERIODS
		WORN HEARING AIDS			LIVED WITH ANYONE WHO HAD TUBERCULOSIS			BEEN TREATED FOR A FEMALE DISORDER			DURATION OF PERIODS
		STUTTERED OR STAMMERED			COUGHED UP BLOOD			HAD PAINFUL MENSTRUATION			DATE OF LAST PERIOD
		WORN A BRACE OR BACK SUPPORT			bled excessively after injury or tooth extraction			HAD IRREGULAR MENSTRUATION			QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?			24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS			25. WHAT IS YOUR USUAL OCCUPATION?			26. ARE YOU (Check one)		
									<input type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED		

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		27. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC. B. INABILITY TO PERFORM CERTAIN MOTIONS C. INABILITY TO ASSUME CERTAIN POSITIONS D. OTHER MEDICAL REASONS (If yes, give reasons)
		28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
		29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
		30. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
		31. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give date at which occurred)
		32. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic.)
		33. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
		34. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
		35. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COOLS? (If yes, which illnesses)
		36. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
		37. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge, whether honorable, other than honorable, for unfitness or unsustainability)
		38. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

WARNING: A FALSE OR DISHONEST ANSWER TO ANY OF THE QUESTIONS ON THIS FORM MAY BE PUNISHED BY FINE OR IMPRISONMENT (18 U.S.C. 1001)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE _____ SIGNATURE _____

39. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 38)

15. PHYSICIAN OR EXAMINER'S SPECIAL INTEREST IN THIS CASE (If any, specify)

16. EXPLAINING SPECIAL OR EXPLAINING WHO REQUEST?

17. DATE OF EXAMINATION

18. NAME OF PHYSICIAN

19. NAME OF EXAMINER

20. NAME OF PHYSICIAN

21. EXAMINATION DATE

22. NAME OF PHYSICIAN

23. NAME OF EXAMINER

24. NAME OF PHYSICIAN

25. NAME OF EXAMINER

26. NAME OF PHYSICIAN

27. NAME OF EXAMINER

28. NAME OF PHYSICIAN

29. NAME OF EXAMINER

30. NAME OF PHYSICIAN

31. NAME OF EXAMINER

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER _____ DATE _____ SIGNATURE _____ NUMBER OF ATTACHED SHEETS _____

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME			2. GRADE AND COMPONENT OR POSITION			3. IDENTIFICATION NO.					
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)						5. PURPOSE OF EXAMINATION			6. DATE OF EXAMINATION		
7. SEX		8. RACE		9. TOTAL YEARS GOVERNMENT SERVICE			10. AGENCY		11. ORGANIZATION UNIT		
				MILITARY		CIVILIAN					
12. DATE OF BIRTH			13. PLACE OF BIRTH			14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN					
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS						16. OTHER INFORMATION					
17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS (Follow by description of past history, if complaint exists)											

18. FAMILY HISTORY						19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)		RELATION(S)
FATHER							HAD TUBERCULOSIS		
MOTHER							HAD SYPHILIS		
SPOUSE							HAD DIABETES		
BROTHERS							HAD CANCER		
							HAD KIDNEY TROUBLE		
AND							HAD HEART TROUBLE		
SISTERS							HAD STOMACH TROUBLE		
							HAD RHEUMATISM (Arthritis)		
CHILDREN							HAD ASTHMA, HAY FEVER, HIVES		
							HAD EPILEPSY (Fits)		
							COMMITTED SUICIDE		
							BEEN INSANE		

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)											
YES	NO	(Check each item)		YES	NO	(Check each item)		YES	NO	(Check each item)	
			SCARLET FEVER, ERYSIPELAS				GOITER				TUMOR, GROWTH, CYST, CANCER
			DIPHTHERIA				TUBERCULOSIS				RUPTURE/HERNIA
			RHEUMATIC FEVER				SOAKING SWEATS (Night sweats)				APPENDICITIS
			SWOLLEN OR PAINFUL JOINTS				ASTHMA				PILES OR RECTAL DISEASE
			MUMPS				SHORTNESS OF BREATH				FREQUENT OR PAINFUL URINATION
			COLOR BLINDNESS				PAIN OR PRESSURE IN CHEST				KIDNEY STONE OR BLOOD IN URINE
			FREQUENT OR SEVERE HEADACHE				CHRONIC COUGH				SUGAR OR ALBUMIN IN URINE
			DIZZINESS OR FAINTING SPELLS				PALPITATION OR POUNDING HEART				BOILS
			EYE TROUBLE				HIGH OR LOW BLOOD PRESSURE				VD—SYPHILIS, GONORRHEA, ETC.
			EAR, NOSE OR THROAT TROUBLE				CRAMPS IN YOUR LEGS				RECENT GAIN OR LOSS OF WEIGHT
			RUNNING EARS				FREQUENT INDIGESTION				ARTHRITIS OR RHEUMATISM
			HEARING LOSS				STOMACH, LIVER OR INTESTINAL TROUBLE				BONE, JOINT, OR OTHER DEFORMITY
			CHRONIC OR FREQUENT COLDS				GALL BLADDER TROUBLE OR GALL STONES				LAMENESS
			SEVERE TOOTH OR GUM TROUBLE				JAUNDICE				LOSS OF ARM, LEG, FINGER, OR TOE
			SINUSITIS				ANY REACTION TO SERUM, DRUG OR MEDICINE				PAINFUL OR "TRICK" SHOULDER OR ELBOW
			HAY FEVER				HISTORY OF BROKEN BONES				RECURRENT BACK PAIN
			HISTORY OF HEAD INJURY								
			SKIN DISEASES								

21. HAVE YOU EVER (Check each item)				22. FEMALES ONLY: A. HAVE YOU EVER—				B. COMPLETE THE FOLLOWING:							
			WORN GLASSES—CONTACT LENS				ATTEMPTED SUICIDE				BEEN PREGNANT			AGE AT ONSET OF MENSTRUATION	
			WORN AN ARTIFICIAL EYE				BEEN A SLEEP WALKER				HAD A VAGINAL DISCHARGE			INTERVAL BETWEEN PERIODS	
			WORN HEARING AIDS				LIVED WITH ANYONE WHO HAD TUBERCULOSIS				BEEN TREATED FOR A FEMALE DISORDER			DURATION OF PERIODS	
			STUTTERED OR STAMMERED				COUGHED UP BLOOD				HAD PAINFUL MENSTRUATION			DATE OF LAST PERIOD	
			WORN A BRACE OR BACK SUPPORT				BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION				HAD IRREGULAR MENSTRUATION			QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY	
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?				24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS				25. WHAT IS YOUR USUAL OCCUPATION?				26. ARE YOU (Check one) <input type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED			

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		27. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
		B. INABILITY TO PERFORM CERTAIN MOTIONS
		C. INABILITY TO ASSUME CERTAIN POSITIONS
		D. OTHER MEDICAL REASONS (If yes, give reasons)
		28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
		29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
		30. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
		31. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give date at which occurred)
		32. HAVE YOU EVER BEEN A PATIENT (committed or involuntarily) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
		33. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
		34. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
		35. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COUGHS? (If yes, which illnesses)
		36. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
		37. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge, whether honorable, other than honorable, for unfitness or unsuitability)
		38. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

WARNING: A FALSE OR DISHONEST ANSWER TO ANY OF THE QUESTIONS ON THIS FORM MAY BE PUNISHED BY FINE OR IMPRISONMENT (18 U.S.C. 1001)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
-----------------------------------	-----------

39. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 38)

13. GENERAL INFORMATION		14. HISTORY	
17. EXAMINING PHYSICIAN'S EXPERIENCE AND QUALIFICATIONS		18. PHYSICIAN'S COMMENTS	
15. PHYSICIAN'S SUMMARY		16. PHYSICIAN'S RECOMMENDATION	
19. PHYSICIAN'S SIGNATURE		20. PHYSICIAN'S DATE	

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
--	------	-----------	---------------------------

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME		2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)		5. PURPOSE OF EXAMINATION		6. DATE OF EXAMINATION	
7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
12. DATE OF BIRTH		13. PLACE OF BIRTH		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS				16. OTHER INFORMATION	
17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)					

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE				
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)	
FATHER							HAD TUBERCULOSIS		
MOTHER							HAD SYPHILIS		
SPOUSE							HAD DIABETES		
BROTHERS AND SISTERS							HAD CANCER		
							HAD KIDNEY TROUBLE		
							HAD HEART TROUBLE		
							HAD STOMACH TROUBLE		
CHILDREN							HAD RHEUMATISM (Arthritis)		
							HAD ASTHMA, HAY FEVER, HIVES		
							HAD EPILEPSY (Fits)		
						COMMITTED SUICIDE			
						BEEN INSANE			

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)											
YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
		SCARLET FEVER, ERYSIPELAS			GOITER			TUMOR, GROWTH, CYST, CANCER			"TRICK" OR LOCKED KNEE
		DIPHTHERIA			TUBERCULOSIS			RUPTURE/HERNIA			FOOT TROUBLE
		RHEUMATIC FEVER			SOAKING SWEATS (Night sweats)			APPENDICITIS			NEURITIS
		SWOLLEN OR PAINFUL JOINTS			ASTHMA			PILES OR RECTAL DISEASE			PARALYSIS (Inc. infantile)
		MUMPS			SHORTNESS OF BREATH			FREQUENT OR PAINFUL URINATION			EPILEPSY OR FITS
		COLOR BLINDNESS			PAIN OR PRESSURE IN CHEST			KIDNEY STONE OR BLOOD IN URINE			CAR, TRAIN, SEA, OR AIR SICKNESS
		FREQUENT OR SEVERE HEADACHE			CHRONIC COUGH			SUGAR OR ALBUMIN IN URINE			FREQUENT TROUBLE SLEEPING
		DIZZINESS OR FAINTING SPELLS			PALPITATION OR POUNDING HEART			BOILS			FREQUENT OR TERRIFYING NIGHTMARES
		EYE TROUBLE			HIGH OR LOW BLOOD PRESSURE			VD—SYPHILIS, GONORRHEA, ETC.			DEPRESSION OR EXCESSIVE WORRY
		EAR, NOSE OR THROAT TROUBLE			CRAMPS IN YOUR LEGS			RECENT GAIN OR LOSS OF WEIGHT			LOSS OF MEMORY OR AMNESIA
		RUNNING EARS			FREQUENT INDIGESTION			ARTHRITIS OR RHEUMATISM			BED WETTING
		HEARING LOSS			STOMACH, LIVER OR INTESTINAL TROUBLE			BONE, JOINT, OR OTHER DEFORMITY			NERVOUS TROUBLE OF ANY SORT
		CHRONIC OR FREQUENT COLDS			GALL BLADDER TROUBLE OR GALL STONES			LAMENESS			ANY DRUG OR NARCOTIC HABIT
		SEVERE TOOTH OR GUM TROUBLE			JAUNDICE			LOSS OF ARM, LEG, FINGER, OR TOE			EXCESSIVE DRINKING HABIT
		SINUSITIS			ANY REACTION TO SERUM, DRUG OR MEDICINE			PAINFUL OR "TRICK" SHOULDER OR ELBOW			HOMOSEXUAL TENDENCIES
		HAY FEVER			HISTORY OF BROKEN BONES			RECURRENT BACK PAIN			PERIODS OF UNCONSCIOUSNESS
		HISTORY OF HEAD INJURY									
		SKIN DISEASES									

21. HAVE YOU EVER (Check each item)				22. FEMALES ONLY: A. HAVE YOU EVER—				B. COMPLETE THE FOLLOWING:			
		WORN GLASSES—CONTACT LENS				ATTEMPTED SUICIDE					AGE AT ONSET OF MENSTRUATION
		WORN AN ARTIFICIAL EYE				BEEN A SLEEP WALKER					INTERVAL BETWEEN PERIODS
		WORN HEARING AIDS				LIVED WITH ANYONE WHO HAD TUBERCULOSIS					DURATION OF PERIODS
		STUTTERED OR STAMMERED				COUGHED UP BLOOD					DATE OF LAST PERIOD
		WORN A BRACE OR BACK SUPPORT				bled excessively after injury or tooth extraction					QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?				24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS				25. WHAT IS YOUR USUAL OCCUPATION?			
								26. ARE YOU (Check one) <input type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED			

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		27. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC. B. INABILITY TO PERFORM CERTAIN MOTIONS C. INABILITY TO ASSUME CERTAIN POSITIONS D. OTHER MEDICAL REASONS (If yes, give reasons)
		28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
		29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
		30. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
		31. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
		32. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
		33. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
		34. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
		35. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
		36. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
		37. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
		38. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

WARNING: A FALSE OR DISHONEST ANSWER TO ANY OF THE QUESTIONS ON THIS FORM MAY BE PUNISHED BY FINE OR IMPRISONMENT (18 U.S.C. 1001)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
-----------------------------------	-----------

39. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 38)

1. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA	
2. SIGNATURE OF PHYSICIAN	
3. DATE	
4. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
--	------	-----------	---------------------------

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME			2. GRADE AND COMPONENT OR POSITION			3. IDENTIFICATION NO.		
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)			5. PURPOSE OF EXAMINATION			6. DATE OF EXAMINATION		
7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT			
		MILITARY	CIVILIAN					
12. DATE OF BIRTH		13. PLACE OF BIRTH		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN				
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS				16. OTHER INFORMATION				

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS (Follow by description of past history, if complaint exists)

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER							HAD TUBERCULOSIS	
MOTHER							HAD SYPHILIS	
SPOUSE							HAD DIABETES	
BROTHERS							HAD CANCER	
							HAD KIDNEY TROUBLE	
AND							HAD HEART TROUBLE	
SISTERS							HAD STOMACH TROUBLE	
							HAD RHEUMATISM (Arthritis)	
CHILDREN							HAD ASTHMA, HAY FEVER, HIVES	
							HAD EPILEPSY (Fits)	
							COMMITTED SUICIDE	
							BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)												
YES	NO	(Check each item)		YES	NO	(Check each item)		YES	NO	(Check each item)		
		SCARLET FEVER, ERYSIPELAS				GOITER				TUMOR, GROWTH, CYST, CANCER		"TRICK" OR LOCKED KNEE
		DIPHTHERIA				TUBERCULOSIS				RUPTURE, HERNIA		FOOT TROUBLE
		RHEUMATIC FEVER				SOAKING SWEATS (Night sweats)				APPENDICITIS		NEURITIS
		SWOLLEN OR PAINFUL JOINTS				ASTHMA				PILES OR RECTAL DISEASE		PARALYSIS (Inc. infantile)
		MUMPS				SHORTNESS OF BREATH				FREQUENT OR PAINFUL URINATION		EPILEPSY OR FITS
		COLOR BLINDNESS				PAIN OR PRESSURE IN CHEST				KIDNEY STONE OR BLOOD IN URINE		CAR, TRAIN, SEA, OR AIR SICKNESS
		FREQUENT OR SEVERE HEADACHE				CHRONIC COUGH				SUGAR OR ALBUMIN IN URINE		FREQUENT TROUBLE SLEEPING
		DIZZINESS OR FAINTING SPELLS				PALPITATION OR POUNDING HEART				BOILS		FREQUENT OR TERRIFYING NIGHTMARES
		EYE TROUBLE				HIGH OR LOW BLOOD PRESSURE				VD—SYPHILIS, GONORRHEA, ETC.		DEPRESSION OR EXCESSIVE WORRY
		EAR, NOSE OR THROAT TROUBLE				CRAMPS IN YOUR LEGS				RECENT GAIN OR LOSS OF WEIGHT		LOSS OF MEMORY OR AMNESIA
		RUNNING EARS				FREQUENT INDIGESTION				ARTHRITIS OR RHEUMATISM		BED WETTING
		HEARING LOSS				STOMACH, LIVER OR INTESTINAL TROUBLE				BONE, JOINT, OR OTHER DEFORMITY		NERVOUS TROUBLE OF ANY SORT
		CHRONIC OR FREQUENT COLDS				GALL BLADDER TROUBLE OR GALL STONES				LAMENESS		ANY DRUG OR NARCOTIC HABIT
		SEVERE TOOTH OR GUM TROUBLE				JAUNDICE				LOSS OF ARM, LEG, FINGER, OR TOE		EXCESSIVE DRINKING HABIT
		SINUSITIS				ANY REACTION TO SERUM, DRUG OR MEDICINE				PAINFUL OR "TRICK" SHOULDER OR ELBOW		HOMOSEXUAL TENDENCIES
		HAY FEVER				HISTORY OF BROKEN BONES				RECURRENT BACK PAIN		PERIODS OF UNCONSCIOUSNESS
		HISTORY OF HEAD INJURY										
		SKIN DISEASES										

21. HAVE YOU EVER (Check each item)				22. FEMALES ONLY: A. HAVE YOU EVER—				B. COMPLETE THE FOLLOWING:				
		WORN GLASSES—CONTACT LENS				ATTEMPTED SUICIDE				BEEN PREGNANT		AGE AT ONSET OF MENSTRUATION
		WORN AN ARTIFICIAL EYE				BEEN A SLEEP WALKER				HAD A VAGINAL DISCHARGE		INTERVAL BETWEEN PERIODS
		WORN HEARING AIDS				LIVED WITH ANYONE WHO HAD TUBERCULOSIS				BEEN TREATED FOR A FEMALE DISORDER		DURATION OF PERIODS
		STUTTERED OR STAMMERED				COUGHED UP BLOOD				HAD PAINFUL MENSTRUATION		DATE OF LAST PERIOD
		WORN A BRACE OR BACK SUPPORT				BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION				HAD IRREGULAR MENSTRUATION		QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?				24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS				25. WHAT IS YOUR USUAL OCCUPATION?				
								26. ARE YOU (Check one) <input type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED				

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		27. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC. B. INABILITY TO PERFORM CERTAIN MOTIONS C. INABILITY TO ASSUME CERTAIN POSITIONS D. OTHER MEDICAL REASONS (If yes, give reasons)
		28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
		29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
		30. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
		31. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give date at which occurred)
		32. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic.)
		33. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
		34. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
		35. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
		36. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
		37. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge, whether honorable, other than honorable, for unfitness or unsustainability)
		38. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

WARNING: A FALSE OR DISHONEST ANSWER TO ANY OF THE QUESTIONS ON THIS FORM MAY BE PUNISHED BY FINE OR IMPRISONMENT (18 U.S.C. 1001)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
-----------------------------------	-----------

39. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 38)

21. SIGNATURE OF EXAMINER		22. DATE OF EXAMINATION	
23. TYPE OF EXAMINEE		24. TYPE OF SERVICE	
25. TYPE OF SERVICE		26. TYPE OF SERVICE	
27. TYPE OF SERVICE		28. TYPE OF SERVICE	
29. TYPE OF SERVICE		30. TYPE OF SERVICE	
31. TYPE OF SERVICE		32. TYPE OF SERVICE	
33. TYPE OF SERVICE		34. TYPE OF SERVICE	
35. TYPE OF SERVICE		36. TYPE OF SERVICE	
37. TYPE OF SERVICE		38. TYPE OF SERVICE	
39. TYPE OF SERVICE		40. TYPE OF SERVICE	
41. TYPE OF SERVICE		42. TYPE OF SERVICE	
43. TYPE OF SERVICE		44. TYPE OF SERVICE	
45. TYPE OF SERVICE		46. TYPE OF SERVICE	
47. TYPE OF SERVICE		48. TYPE OF SERVICE	
49. TYPE OF SERVICE		50. TYPE OF SERVICE	
51. TYPE OF SERVICE		52. TYPE OF SERVICE	
53. TYPE OF SERVICE		54. TYPE OF SERVICE	
55. TYPE OF SERVICE		56. TYPE OF SERVICE	
57. TYPE OF SERVICE		58. TYPE OF SERVICE	
59. TYPE OF SERVICE		60. TYPE OF SERVICE	
61. TYPE OF SERVICE		62. TYPE OF SERVICE	
63. TYPE OF SERVICE		64. TYPE OF SERVICE	
65. TYPE OF SERVICE		66. TYPE OF SERVICE	
67. TYPE OF SERVICE		68. TYPE OF SERVICE	
69. TYPE OF SERVICE		70. TYPE OF SERVICE	
71. TYPE OF SERVICE		72. TYPE OF SERVICE	
73. TYPE OF SERVICE		74. TYPE OF SERVICE	
75. TYPE OF SERVICE		76. TYPE OF SERVICE	
77. TYPE OF SERVICE		78. TYPE OF SERVICE	
79. TYPE OF SERVICE		80. TYPE OF SERVICE	
81. TYPE OF SERVICE		82. TYPE OF SERVICE	
83. TYPE OF SERVICE		84. TYPE OF SERVICE	
85. TYPE OF SERVICE		86. TYPE OF SERVICE	
87. TYPE OF SERVICE		88. TYPE OF SERVICE	
89. TYPE OF SERVICE		90. TYPE OF SERVICE	
91. TYPE OF SERVICE		92. TYPE OF SERVICE	
93. TYPE OF SERVICE		94. TYPE OF SERVICE	
95. TYPE OF SERVICE		96. TYPE OF SERVICE	
97. TYPE OF SERVICE		98. TYPE OF SERVICE	
99. TYPE OF SERVICE		100. TYPE OF SERVICE	

PREFACE TO GUIDING STANDARDS

Purpose: Public Health Service (PHS) Regulation 21.24 requires that all applicants to the Commissioned Corps of PHS must undergo a physical examination and be found medically qualified prior to appointment. The purpose of the Guiding Medical Standards (hereinafter referred to as Standards) is to specify those conditions which are, or may be, cause for rejection or limitation of tours of duty with PHS.

Basis for Standards: The Commissioned Corps of PHS is one of the seven uniformed services and, as such, members share many of the same responsibilities, privileges, and benefits as those provided under law to members of the Armed Forces. As a commissioned officer, an individual is expected to be physically qualified to perform the duties of his/her rank and category in various climates and work assignments without endangering his/her health or the health of others. It is not sufficient that the officer be "qualified" for a particular assignment at a particular geographic location. For career service, the officer must be physically capable of assuming any assignment in his/her professional category whether or not such is likely to occur in the foreseeable future. Thus, physical standards are intentionally similar to those of the Armed Forces.

In addition, a commissioned officer is entitled to comprehensive medical care with liberal sick leave and generous disability and death benefits. These are noncontributory benefits and cannot be waived by the individual. For this reason, health conditions which place an individual at an increased risk to excessive use of sick leave and medical services, and/or to early death or disability may be cause for rejection or limitation of tour of duty.

Use of Standards: The Standards are considered "guiding" rather than definitive. The ultimate determination of medical qualification rests with the PHS Medical Review Board. However, the Medical Branch, Commissioned Personnel Operations Division, Office of Personnel Management, Office of Management (CPOD/OPM/OM), PHS, will apply the Standards as written and will refer a case to PHS MRB only when the decision is questionable, in cases of possible rejection, or at the request of the applicant.

The examining physician should become familiar with the Standards. Although determination of medical qualification is made centrally, the Standards contain information which can expedite the processing of applications.

The Standards are arranged by systems. The first column under each system categorizes conditions for ease of reference. The second column lists those conditions which are disqualifying for unlimited (career) appointment. The third column lists conditions for which a limited tour of duty may be granted under certain circumstances. The fourth column provides guidance on the type of information needed to determine qualification in certain questionable cases or for limited tour consideration. This column is especially important since obtaining such information at the time of

the initial examination will expedite the final determination of eligibility and will minimize the inconvenience to both the applicant and the examining facility caused by the need for a return visit.

Importance of Complete Information: It is important to perform a thorough examination initially and to assure that all required information on Forms SF-88 (Report of Medical Examination) and SF-93 (Report of Medical History) is provided. Otherwise, several weeks' delay of medical clearance can be expected at considerable inconvenience to all concerned. Several aspects of the examination are particularly important:

1. All positive items marked by the applicant on the history form should be clarified by the examining physician, giving dates, diagnoses (if known), treatment (if any), and current status. This is especially important for conditions which may be disqualifying.
2. If listed under "Remarks" in the Standards, or otherwise indicated, consultation with appropriate specialists at the facility should be obtained and a written report should be included with the aforementioned Standard Forms.
3. If indicated in order to clarify the physical status of an applicant, or if asked for in "Remarks" in the Standards, pertinent laboratory, x-ray, or special studies should be obtained at the time of the examination.
4. During the physical examination, emphasis should be placed on evaluating the current status of positive items on the medical history and on carefully documenting the nature and extent of defects, i.e., the extent of skin lesions, range of motion of joints, etc.

Determination of Qualification: Results of the medical examination are reviewed by medical personnel in the Medical Branch, CPOD/OPM/OM/PHS, and the following actions are taken:

1. If no disqualifying conditions are found, the applicant is cleared medically for an unlimited or limited appointment.
2. If conditions are found that are disqualifying for limited or unlimited appointment, the case is referred to the PHS Medical Review Board (PHS MRB). PHS MRB may take the following actions:
 - a. Recommend a waiver of the standard to permit a limited tour of duty if the applicant meets certain minimal functional standards (see "Administrative Waiver" below).
 - b. Uphold the medical standards and find the applicant disqualified for commissioning.

3. If items are omitted or if sufficient information is not submitted regarding a reported finding, a communication to the applicant or examining facility to obtain such information will be necessary. Obviously, this delays the processing of the application.

Limited Tours: Tours may be limited for two reasons:

1. If an applicant has a medical condition which may be disqualifying for career service but current findings are equivocal, a limited tour may be granted for observational purposes. At the end of the limited tour period, the officer may be reevaluated for removal of the limitation.
2. If an applicant has a medical condition which is disqualifying for career service but such condition does not represent an undue short-term risk, a limited tour may be granted but removal of the restriction does not ordinarily apply.

Administrative Waiver of Medical Standards: The cases of all applicants who do not meet standards for career or limited appointment will be referred to PHS MRB for review. The purpose of this review is to determine if the disqualifying medical condition is such that it does not necessarily preclude satisfactory performance of professional duties or place the Government at undue risk for the costs of excessive sick leave, medical care costs, early disability, or death. In such cases, PHS MRB may recommend to the Director, CPOD, that the medical standards be waived to permit a limited tour of duty with or without option for removal of such restrictions provided the applicant meets the following minimal functional standards:

- A. The applicant should be physically and mentally able to safely perform the usual acts of daily living without requiring direct assistance of another individual or elaborate mechanical devices.
- B. The applicant should be capable of travelling safely to and from a duty station by private or public transportation.
- C. The applicant must be capable of travelling on official business without assistance using public transportation.
- D. The applicant should not be severely limited in musculoskeletal mobility or exercise tolerance regardless of the physical requirements of the projected assignment. Ordinary physical activity should not cause undue fatigue, shortness of breath, pronounced muscular weakness, or pain which is severe or ominous.
- E. The applicant must not require medication or medical devices to be able to perform his/her duties unless the following criteria are substantially met:
 1. After an adequate period of observation, the underlying medical problem is adequately controlled by medication or device.

2. The applicant has demonstrated and continues to demonstrate responsibility in taking the medication or maintaining the device, if applicable.
 3. Frequent medical attention requiring limitation in geographical assignments is not necessary.
 4. The duties of the applicant's category and specialty are not such that failure to take the medication, the side effects of the medication, or failure of the mechanical device would likely have effects which would occur without adequate warning and could endanger the lives of co-workers or the public.
- F. The applicant must be capable of being assigned or reassigned as necessary to meet the needs of the Service. The applicant must not have an acute, progressive, or recurrent disease or disability which will or may require frequent or prolonged periods of absence from duties or which will substantially restrict the types of duties he/she may be assigned or the geographic location of his/her assignment. This applies even though the applicant may be functional at the time the determination is made. Such illnesses include malignancies, progressive neurological or muscular disease, certain psychiatric conditions, etc.

A recommendation to the Director, CPOD, for a waiver of medical standards will include any restrictions on types or locations of assignments which are considered in the best interest of protecting the health and safety of the applicant, his co-workers, and the public. If the Director, CPOD, approves the recommended waiver, the approval, accompanied by the recommended restrictions on duty assignments, will become part of the applicant's file. It is the responsibility of the selecting program to determine if the applicant can safely perform the duties of the assignment for which he/she is being recruited. Evidence must be on record in the personnel file indicating that the program is aware of the restrictions placed upon assignments and can accommodate to such restrictions. If the recruiting program has any question about the restrictions, the Medical Branch, CPOD, should be contacted for further information.

Disqualification: If PHS MRB does not find an applicant qualified for an administrative waiver, the applicant will be disqualified and so informed in writing.

Appeal: PHS MRB represents the final determinant of medical qualification for commissioning. Any applicant who feels that a determination made by PHS MRB is inequitable may appeal. The applicant may submit any information he/she deems relevant to assist the Board in making an equitable finding. The applicant does not have a right, however, to appear in person before the Board although a written statement may be submitted if he/she so desires.

Information Provided by the Examiner to the Applicant: It is important to inform applicants that determination of medical qualification for commissioning is made centrally. However, any findings which require further medical attention must be discussed with the applicant by the examining physician whether such findings are made at the time of the examination or subsequently when results of x-rays or laboratory reports become available. The need for further examination, as called for in the "Remarks" column or as deemed necessary by the examining physician, should be explained to the applicant. If the services required for further examination are available at the examining facility, such examination should be performed as expeditiously as possible. If such services are not available at the facility, this fact should be noted on the Standard Forms and the Medical Branch, CPOD/OPM/OM/PHS, will then arrange with the applicant to have the examinations performed. Any narrative summaries of past medical care will also be obtained by the Medical Branch, CPOD/OPM/OM/PHS. Applicants may appeal the Board's decision and will be advised of the appeals process.

IMPORTANT: The falsification or willful omission of requested medical information on the part of the applicant may result in the immediate separation of the officer from PHS without benefits. Appropriate action may also be taken against any examining physician or other examining personnel who willfully falsifies or omits pertinent medical information.

I. HEAD AND NECK

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(A) Deformities of the skull	Exostoses, depression, absence of bone or other deformity which is a manifestation of an underlying progressive disease, or excessively increases risk to injury, or if associated with otherwise disqualifying neurological abnormality.	Limited tours may be granted on case-by-case basis with or without option for removal of restriction.	In questionable cases examination by a qualified specialist will be required.
(B) Recent head injuries	Severe head injuries resulting in prolonged unconsciousness, convulsions or neurologic signs until a period of 3 months elapses without significant sequelae.	Not Applicable	An evaluation by a qualified specialist will be required at time of examination or reapplication.
(C) Tumors, cysts, fistula, etc.	Any tumor, cyst, fistula, or enlargement of the salivary glands, lymph nodes or other structures of the head and neck, unless the cause is known, considered benign, and no medical or surgical treatment is indicated.	Limited tours may be granted if a period of observation is indicated in questionable cases.	Conditions may be correctable. A narrative summary from the treating physician must accompany reapplication.
(D) Recurrent headaches	1. Migraine, severe, with frequent attacks, often requiring loss from work. 2. Other causes of severe, recurrent, or intractable headaches.	1,2. Limited tours may be granted for period of observation, with option for removal.	Consideration for limited tours will require a narrative summary of diagnostic work-up and treatment from a qualified physician.

I. HEAD AND NECK (continued)

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(E) Musculo-skeletal diseases of the neck	<ol style="list-style-type: none"> 1. Congenital torticollis, more than mild. 2. Acquired torticollis, until relieved and underlying cause is not otherwise disqualifying. 3. Cervical spondylosis or other causes of acute or chronic symptoms referable to the musculoskeletal structures of the neck (see also Sect. XIII B). 4. Symptomatic cervical rib or scalenus anticus syndrome. 	<ol style="list-style-type: none"> 1. Limited tours with option may be granted if more than mild without cervical scoliosis, flattening of head and face and without loss of adequate cervical mobility. Option for removal of restriction. 2,3,4. Limited tours with option may be granted in cases which are questionably disqualifying and a period of observation is appropriate. 	<ol style="list-style-type: none"> 1. A description of the extent of deformity and functional impairment is required. 2. May be correctable defect. Summary from the treating physician including pertinent x-ray and neurologic findings must accompany reapplication. 3,4. In questionable cases examination by a qualified specialist will be required, including pertinent x-ray and neurological findings.
F) Dental	<ol style="list-style-type: none"> 1. In cases requiring significant dental restoration, commissioning may be postponed until necessary dental treatment has been satisfactorily completed. 2. Diseases of the jaws or associated tissues when, following restorative surgery, there remain residuals which are incapacitating or interfere with the individual's satisfactory performance of duty. 	<ol style="list-style-type: none"> 1. Not applicable. 2. Limited tours may be granted if a period of observation is indicated. 	

II. EYES AND VISION

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(A) Visual Acuity	<p>1. Distant visual defect which is not correctable to 20/20 in one eye and 20/70 in the other.</p> <p>2. Any condition requiring contact or telescopic lens for adequate correction.</p> <p>3. Pathological (degenerative) myopia regardless of refractive error. (see remarks)</p> <p>4. Pathologic alterations in the field of vision unless due to lesions of known insignificance.</p> <p>5. Aniseikonia, uncorrected.</p>	<p>1. Limited tours may be granted in cases of non-progressive eye diseases if corrected visual acuity is at least 20/60 in one eye, 20/60 in the other; 20/80 in the other; 20/40 in one eye, 20/100 in the other; 20/30 in one eye, 20/200 or less in other.</p> <p>2. On case-by-case basis - PHS MRB.</p> <p>3. Pathologic myopia, without macular degeneration or retinal holes, regardless of refractive error.</p> <p>4, 5. Not applicable in proven cases.</p>	<p>1. Examination by an ophthalmologist required in cases for limited tour consideration. Option for removal of limitation if condition is nonprogressive and defective vision does not interfere with performance.</p> <p>2. Report from ophthalmologist required for those seeking limited tours.</p> <p>3. Those with myopia requiring -6 or more diopter correction will require ophthalmologic examination with detailed report of fundoscopic findings. Option for removal of restriction if no progression after 3 years.</p>
(B) Abnormalities of eyelids	<p>Any condition which impairs protection of eye from exposure, interferes with vision, or chronically irritates eyes, including:</p> <ol style="list-style-type: none"> Marked ectropion or entropion. Trichiasis. Ptoisis. Lagophthalmus. Chronic or recurring blepharitis, if severe. 	<p>Limited tours may be granted on a case-by-case basis for observational purposes.</p>	<p>In questionable cases an evaluation by ophthalmologist must be obtained.</p>

II. EYES AND VISION (continued)

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(C) Abnormalities of lacrimal apparatus	<ol style="list-style-type: none"> Obstruction of nasolacrimal duct. Keratoconjunctivitis sicca. 	<ol style="list-style-type: none"> Limited tours may be granted if conditions are controllable without requiring frequent medical care. 	<ol style="list-style-type: none"> May be correctable condition. Reapplication must be accompanied by a medical summary of treatment and current evaluation by ophthalmologist.
(D) Abnormalities of conjunctiva	<ol style="list-style-type: none"> Chronic or recurrent severe conjunctivitis, regardless of cause. Pterygium interfering or threatening to interfere with vision. Trachoma, active. 	<ol style="list-style-type: none"> Limited tours may be granted if a period of observation is indicated. 3. Not applicable 	<ol style="list-style-type: none"> Pterygium may be a correctable condition. Reapplication must be accompanied by summary of treatment and follow-up. Trachoma may be a correctable condition. Severe cicatricial deformity in tarsal plate is disqualifying.
(E) Abnormalities of cornea	<ol style="list-style-type: none"> Acute keratitis or corneal ulcer until cured and without sequelae. Chronic keratitis or history of recurrent corneal ulcerations Keratoconus. Corneal dystrophy. Corneal transplant on a case-by-case basis (PHS MRB). 	<ol style="list-style-type: none"> 4. Not applicable. Limited tours may be granted those with recurrent corneal ulcers if last episode was over 12 months and visual standards are otherwise met. Limited tours may be granted for nonprogressive keratoconus provided visual acuity meets standards. No option for removal of restriction. 	<ol style="list-style-type: none"> Finding or history of keratitis, corneal ulceration, or injury will require an evaluation by an ophthalmologist. In cases of keratoconus considered for limited tours, an ophthalmologic evaluation must be obtained including past and present K values, refractive errors and integrity of Descemet's membrane and corneal stroma. Nonprogressive corneal opacity or scars will be evaluated according to best corrected vision.

II. EYES AND VISION (continued)

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(F) Abnormalities of the uveal tract (iris, ciliary body, choroid)	<ol style="list-style-type: none"> 1. Presence or history of recent or recurring uveitis, regardless of cause. 2. Anterior or posterior synechiae. 	<ol style="list-style-type: none"> 1. Limited tours may be considered on case-by-case basis with option for removal of restrictions if disease is quiescent and not likely to recur but a period of observation is indicated. The applicant must otherwise meet visual standards. 2. Not applicable. 	<ol style="list-style-type: none"> 1. Applicants with history or evidence of uveal tract abnormalities of questionable significance will require an evaluation by an ophthalmologist.
(G) Abnormalities of retina	<ol style="list-style-type: none"> 1. Evidence or history of retinal disease which is progressive; or is known to have potential for progression, regardless of current visual acuity. 2. Detached retina or retinal tears unless unilateral, adequately treated, and without problems for period of 3 yrs. 3. Night blindness due to organic eye disease. 	<ol style="list-style-type: none"> 1. Not applicable. 2. Limited tours may be granted after 1 year. 3. Not applicable. 	<ol style="list-style-type: none"> 1, 2. In cases meeting visual acuity standards but with evidence or history of retinal disease, regardless of present status, will require a current evaluation by an ophthalmologist. 2. Option for removal of restriction after 3 years of observation.
(H) Optic nerve disease	<ol style="list-style-type: none"> 1. Optic neuritis, or history of optic neuritis, except in cases without significant optic atrophy if etiology is known and is not likely to recur. 2. Papilledema. 3. Optic atrophy unless cause is known, not considered progressive, and eye standards are otherwise met. 	<p>Not applicable.</p>	<ol style="list-style-type: none"> 1. Exceptions under "optic neuritis" and "optic atrophy" will require a narrative summary from treating physician, and a current ophthalmologic evaluation.

II. EYES AND VISION (continued)

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(I) Abnormalities of lens	<ol style="list-style-type: none"> 1. Aphakia or dislocation of lens. 2. Opacities which are progressive or reduce visual acuity below standards. 	<ol style="list-style-type: none"> 1. Monocular aphakia may be granted limited tour on case-by-case basis. 2. Not applicable. 	Questionable cases will require a current evaluation by an ophthalmologist.
(J) Abnormalities of ocular mobility Nystagmus	<ol style="list-style-type: none"> 1. Strabismus of any degree associated with marked amblyopia, diplopia, or nervous system disease. 2. Nystagmus if associated with nervous system disease or defective visual acuity. 	<ol style="list-style-type: none"> 1. Limited tours may be granted in cases of amblyopia (see visual acuity standard). 2. Not applicable. 	<ol style="list-style-type: none"> 1, 2. Applicants with noticeable strabismus or nystagmus who meet visual acuity standards will require an evaluation by ophthalmologist, including type, measurement of tropia (if applicable), and functional status.
(K) Glaucoma	History or presence of glaucoma, except transient, nonprogressive, correctable glaucoma without evidence of visual loss.	Limited tours may be granted if controlled by treatment without medication side effects. Must not have evidence of visual field defects. No option for removal of restriction.	Exceptions will require narrative summary by treating ophthalmologist and current ophthalmologic evaluation.
(L) Eye trauma	<ol style="list-style-type: none"> 1. Recent trauma to eye, until maximum recovery has occurred without significant sequelae and with good prognosis. 2. Post trauma with residuals which do not meet criteria contained in this section. 	<ol style="list-style-type: none"> 1, 2. Limited tours may be granted on case-by-case basis if an observational period is indicated. 	A current evaluation by an ophthalmologist will be required for consideration of limited tours.

III. EARS AND HEARING

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(A) Ear: abnormalities of auricle and external canal	<ol style="list-style-type: none"> Acute infections or inflammation of external canal, if more than mild, until cured. Deformities of auricle or external canal which interfere with hearing or predispose to chronic infection, regardless of cause. 	<ol style="list-style-type: none"> Limited tours with or without option may be granted on a case-by-case basis. 	Disqualifying defects may be correctable. Reapplication must be accompanied by narrative summary and current evaluation by treating physician.
(B) Otitis media	<ol style="list-style-type: none"> Acute otitis media until cured and without residual. Chronic otitis media, regardless of cause. History of recurrent otitis media in adulthood. 	<ol style="list-style-type: none"> Not applicable. Limited tours may be granted on case-by-case basis in cases of serous otitis if the disease is amenable to outpatient treatment and has not interfered with professional duties. Recurrent adult acute otitis media if last episode over 6 months with no signs or symptoms of chronicity (perforated tympanum, discharge) or hearing loss. 	2,3. Consideration for limited tour will require an evaluation by a qualified otolaryngologist. Limited tours may be with or without option for removal of restriction according to long-term prognosis.
(C) Perforated tympanic membrane	Disqualifying, regardless of cause, (unless satisfactorily repaired, one year post-operative and hearing acuity meets standards).	Limited tours may be granted for dry, central perforations, without option for extension.	Limited tours will require a narrative summary of past medical care and a current evaluation by an otolaryngologist.

III. EARS AND HEARING (continued)

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(D) Mastoiditis	<ol style="list-style-type: none"> 1. Acute or chronic mastoiditis. 2. Surgery for mastoid disease within past 2 years or if evidence of activity persists after 2 years. 3. Presence of cholesteatoma. 	<ol style="list-style-type: none"> 1. 3. Not applicable. 2. Limited tours may be granted on surgically treated mastoiditis on a case-by-case basis after 1 year post operation if disease has remained inactive. Option for removal of restriction. 	<p>2. Request for limited tours must be accompanied by a narrative summary of past treatment and a current evaluation by treating otolaryngologist.</p>
(E) Otosclerosis	Disqualifying.	<p>Limited tours may be granted for surgically corrected cases, at least 1 year postoperative, who otherwise meet hearing standards. Option for removal of restriction.</p>	<p>Consideration for limited tours must be accompanied by narrative summary from treating physician(s) and a current evaluation including pertinent audiometric tests.</p>
(F) Meniere's syndrome, recurrent vertigo, tinnitus, or other signs and symptoms of inner ear disease	<ol style="list-style-type: none"> 1. Presence or history of Meniere's syndrome. 2. Unexplained recurring attacks of vertigo, tinnitus, or other signs and symptoms referable to cochlear or vestibular dysfunction. 	<ol style="list-style-type: none"> 1. Cases which are questionable or with infrequent, mild attacks, easily controlled by treatment without hospitalization or loss of time from work, may be given limited tours without option for removal. 2. Limited tours may be granted in cases of questionable diagnosis for a period of observation. 	<p>1, 2. Questionable cases must have a current evaluation by an otolaryngologist.</p>

III. EARS AND HEARING (continued)

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(G) Hearing	<p>1. Loss in either ear, exceeding an average of 25 db in the 500, 1000, 2000, and 3000 hz frequencies.</p> <p>2. Loss in either ear, exceeding 45 db in the 250, 4000, or 6000 hz frequencies unless the stability and etiology of the hearing loss can be documented.</p>	<p>1. Stabilized (no change in 3 yrs) hearing loss with a hearing level of at least 25 db speech reception threshold and at least 80% speech discrimination in one ear, aided or unaided, with evidence that individual can function in his/her usual profession. Option for removal of restriction. Case-by-case basis.</p> <p>2. Cases of high frequency hearing loss in which stability cannot be determined may be granted limited tour with option for removal of restriction if hearing loss is stable for 1 year or more.</p>	<p>Previous audiometry will be required to determine stability of hearing loss. Limited tours will require current evaluation by an otolaryngologist, including comprehensive hearing acuity testing.</p>

IV. MOUTH, NOSE, LARYNX, TRACHEA, AND ESOPHAGUS

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(A) Abnormalities of the nose and nasal passages	<ol style="list-style-type: none"> 1. Severe hypertrophic or atrophic rhinitis interfering with breathing. 2. Deviated septum, severe, and associated with nasal obstruction and/or signs of chronic inflammation or perforation. 	<ol style="list-style-type: none"> 1, 2. Limited tours may be granted on case-by-case basis with or without option for removal of restriction. 	<p>Questionable cases require a current evaluation by an otolaryngologist. May be correctable conditions. Reapplication must be accompanied by a narrative summary of treatment and current evaluation by the treating physician.</p>
(B) Paranasal sinusitis	<ol style="list-style-type: none"> 1. Acute purulent sinusitis until cured. 2. Chronic, or history of, recurrent acute sinusitis associated with chronic rhinitis. 	<ol style="list-style-type: none"> 1. Not applicable. 2. Limited tours may be granted if current examination is essentially negative and last episode of sinusitis occurred over 6 months previously. Option for removal of restriction. 	<p>See above.</p>
(C) Abnormalities of larynx	<ol style="list-style-type: none"> 1. Paralysis of vocal cords. 2. Other causes of marked dysphonia or respiratory embarrassment on minimal exertion, including laryngeal stenosis, polyps, granuloma, ulcers. 	<ol style="list-style-type: none"> 1. Cases of unilateral paralysis, if the cause is not otherwise disqualifying and speech is not severely affected, may be granted limited tours for observation. 2. Limited tours may be granted on case-by-case basis if condition is nonprogressive and causes only dysphonia. 	<ol style="list-style-type: none"> 1. Consideration for limited tours will require a current evaluation by a qualified otolaryngologist. 2. Other causes of dysphonia may be correctable. Application must be accompanied by a narrative summary and current evaluation by the treating physician.

IV. MOUTH, NOSE, LARYNX, TRACHEA, AND ESOPHAGUS (continued)

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(D) Abnormalities of the trachea	<ol style="list-style-type: none"> 1. Tracheostomy, regardless of cause. 2. Congenital or acquired stenosis or fistula. 	Not applicable.	
(E) Abnormalities of the mouth and pharynx	<ol style="list-style-type: none"> 1. Cleft lip, cleft palate, other functionally significant congenital malformations, unless adequately repaired without use of prosthesis. 2. Salivary gland calculus, ranula, or salivary fistula. 3. Deformity of the tongue which interferes with speech or mastication. 4. Leukoplakia, extensive. 	<ol style="list-style-type: none"> 1. Limited tours with option may be granted in cases of questionable functional significance. 2, 3, 4. Not applicable. 	<p>2. May be correctable conditions. Reapplication will require a current evaluation by a qualified surgeon.</p>
(F) Abnormalities of the esophagus	<ol style="list-style-type: none"> 1. Esophageal varices. 2. Strictures causing dysphagia or esophageal dilatation. 3. Peptic esophagitis, chronic or recurrent. 4. Symptomatic diverticulum, until corrected and one year postoperative with good results. 5. Achalasia, or history thereof. 	<ol style="list-style-type: none"> 1, 2. Not applicable. 3, 4. Limited tour may be granted on case-by-case basis if a period of observation is indicated. 5. Limited tours, with or without option, may be granted in cases of <u>achalasia</u> if at least one year posttreatment (surgical or dilatation) and if relatively symptom free. 	<p>Exceptions under 4 and limited tours under 3, 4, and 5 will require current evaluation of esophageal function by a qualified specialist.</p>

V. GASTROINTESTINAL TRACT

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
<p>(A) Peptic ulcer disease</p> <p>Hypertrophic gastritis</p>	<p>1. Active peptic ulcer within past 5 years or if history of perforation, hemorrhage, or obstruction.</p> <p>2. History of surgical procedure for peptic ulcer within past 2 years or with surgical complications.</p> <p>(For exceptions, see "Limited Tour Criteria" and "Remarks.")</p> <p>3. Chronic hypertrophic gastritis with repeated or chronic symptomatology.</p>	<p>Limited Tour Criteria</p> <p>1. Last episode of peptic ulcer apparently "healed" for at least 12 months; and</p> <p>a) Presently no signs or symptoms of peptic ulceration;</p> <p>b) Current x-ray or endoscopic exam negative for active peptic ulcer; and</p> <p>c) Negative history of obstruction, massive or repeated hemorrhage, or perforation (unless surgically treated).</p> <p>2. Over 1 year postoperative without complications.</p> <p>3. Limited tours may be granted on case-by-case basis.</p>	<p>Remarks</p> <p>Evaluation for limited tour will require medical summary from treating physician and a current report of upper G-I x-ray or endoscopy.</p> <p>Option for removing limitation if disease remains quiescent for period of 2 years.</p>
<p>(B) Inflammatory disease of the bowel including: Ulcerative colitis, proctitis, regional enteritis Crohn's disease</p>	<p>1. Active inflammatory disease of the bowel, or history thereof.</p> <p>2. History of surgical procedure for inflammatory disease of the bowel.</p>	<p>Not applicable for confirmed diagnosis. Questionable cases may be granted limited tours with option if asymptomatic for period of 5 years.</p>	<p>Remarks</p> <p>Questionable cases will require a narrative summary of past medical treatment and a current evaluation by a qualified specialist, including appropriate x-ray, endoscopic, and biopsy reports.</p>

V. GASTROINTESTINAL TRACT (continued)

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
<p>(C) Surgical procedures resulting in altered G-I functions, including gastrectomy, gastrostomy, ileostomy, colostomy, proctectomy, total colectomy, or other extensive bowel resection.</p>	<p>Conditions are disqualifying regardless of underlying cause.</p>	<p>In cases of extensive but not disqualifying bowel surgery for nonprogressive disease, limited tours may be granted if indicated for observational purposes.</p>	<p>Minimal resection of bowel in infancy is acceptable if the individual has been asymptomatic since surgery.</p>
<p>(D) Gastrointestinal fistula--any site, including fistula in ano</p>	<p>1. Presence of, or history of surgical correction of fistula within past 6 months, regardless of cause. 2. History of recurrent fistulas.</p>	<p>1,2. Limited tours may be granted in cases of anal fistula without multiple sinus tracts unless associated with a condition otherwise disqualifying.</p>	<p>Underlying cause for fistula(s) must be ascertained to determine if underlying disease process is disqualifying. Narrative summary and current surgical consultation required for all cases with history of fistulas.</p>
<p>(E) Hemorrhoids</p>	<p>1. Causing marked symptoms of pain or bleeding. 2. With prolapse of rectum.</p>	<p>Not applicable.</p>	<p>Correctable condition. May reapply.</p>

V. GASTROINTESTINAL TRACT (continued)

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(F) Hernias	<ol style="list-style-type: none"> Inguinal, femoral, or significant umbilical hernia. Hiatal hernia if associated with chronic esophagitis or other symptoms. History of surgery within preceding 60 days. 	<p>2. Limited tours may be granted if a period of observation is indicated and surgery is not indicated.</p> <p>1,3. Not applicable.</p>	<p>1,2. Correctable condition. May reapply. Narrative summary of treatment must be included with reapplication.</p>
(G) Infectious diseases, acute or chronic	<ol style="list-style-type: none"> Amebiasis, other parasitic infections, until cured. Bacterial enteritis until cured. 	<p>Not applicable.</p>	<p>May be a correctable condition. Reapplication must include a narrative summary from treating physician.</p>
(H) Malabsorption syndromes Chronic or recurring diarrhea	<p>Any condition which results in impaired absorption or loss of nutrients, electrolytes, and water from gastrointestinal tract, or history thereof, until cause is known and has been corrected or controlled.</p>	<p>Limited tours may be granted in questionable cases for observational purposes.</p>	<p>A detailed medical summary from treating physician(s) and current medical evaluation by a qualified gastroenterologist is required for consideration of limited tour. Option for removing limitation if disease remains quiescent.</p>

V. GASTROINTESTINAL TRACT (continued)

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(I) Other	<p>1. Diverticulosis of the colon with repeated episodes of diverticulitis.</p> <p>2. Polyp(s) in colon until biopsied or removed and found to be benign.</p> <p>3. Familial multiple polyposis.</p> <p>4. Evidence or history of G-I bleeding until cause is known and corrected.</p> <p>5. History of recurrent bowel obstruction until cause is known and corrected without recurrence for a period of 2 years.</p> <p>6. Fecal incontinence from any cause.</p> <p>7. Megacolon of more than mild degree.</p> <p>8. Rectal stricture with symptoms of obstruction, constipation, and/or pain on defecation.</p>	<p>1,4,5. Limited tours may be granted on a case-by-case basis for a period of observation.</p> <p>2,3,6,7,8. Not applicable.</p>	<p>In questionable cases or for limited tours, a medical summary from treating physician(s) and a current evaluation will be required.</p> <p>Option for removal of restriction in limited tours.</p>

VI. LIVER AND BILIARY SYSTEM

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(A) Hepatitis Liver abscess	<ol style="list-style-type: none"> 1. Recent history of viral hepatitis, until liver function studies are normal. 2. Toxic or other forms of acute hepatitis or abscess, or history thereof, if liver function tests are abnormal. 3. Chronic active hepatitis, regardless of cause. 	<ol style="list-style-type: none"> 1,2. Not applicable. 3. Chronic persistent hepatitis, if proven by biopsy and observation, may be acceptable for limited tour with option. 	<p>Individual with recent history of hepatitis must have current liver function evaluation and antigen studies, if indicated.</p>
(B) Cirrhosis of liver	<p>Disqualifying, regardless of type or cause.</p>	<p>Not applicable.</p>	
(C) Gallbladder disease	<ol style="list-style-type: none"> 1. Acute or recurrent cholecystitis, with or without stones. 2. Cholelithiasis, if symptomatic. 3. Surgical treatment within preceding 3 months. 4. Post surgical complications or post cholecystectomy syndrome. 	<ol style="list-style-type: none"> 1,2. Limited tours may be granted if diagnosis is questionable and pain is infrequent and relieved by simple medication. 3. Not applicable. 4. Limited tours may be granted in post surgical cases with post cholecystectomy syndrome if symptoms have not interfered with performance of duties. 	<ol style="list-style-type: none"> 1,2. May be a correctable defect. 4. Option for removing limitation.
(D) Hepatomegaly, jaundice, or abnormal liver function studies	<p>Disqualifying, regardless of cause, except in cases of apparent benign hyperbilirubinemia.</p>	<p>Consideration on a case-by-case basis.</p>	<p>A detailed medical summary from treating physician and a current medical evaluation by a qualified internist required for consideration in questionable cases.</p>

VII. ENDOCRINE AND METABOLIC

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(A) Pituitary diseases	<p>1. Hypersecretion of one or more pituitary hormones, regardless of cause (Cushing's disease, acromegaly, etc.).</p> <p>2. Hypopituitarism, regardless of cause (Simmond's disease, diabetes insipidus, dwarfism).</p>	<p>In certain cases of pituitary malfunction which has not affected the individual's ability to perform, does not involve adrenal function, and other manifestations have been controlled for 2 or more years, limited tours may be granted with option for removal of restriction.</p>	<p>Individuals with history of known or suspected pituitary disorders, which may not be disqualifying, will require a narrative summary from the treating physician(s) along with a current evaluation by a qualified endocrinologist.</p>
(B) Thyroid disease	<p>1. Hyperthyroidism or history thereof, unless treated and without recurrence or need for antithyroid medication for at least 2 years.</p> <p>2. Hypothyroidism, unless adequately controlled by replacement therapy.</p> <p>3. Thyroid nodule of undetermined etiology.</p>	<p>1. Post-treatment hyperthyroidism at least one year after successful treatment if clinically euthyroid or resultant hypothyroidism is controlled by replacement therapy.</p> <p>Option for removal.</p> <p>2,3. Not applicable.</p>	<p>1,2. Exceptions and limited tours will require a narrative summary of treatment and current evaluation by a qualified specialist in thyroid disease.</p> <p>3. Thyroid nodule may be correctable condition. Reapplication must be accompanied by a narrative summary of treatment, including pathology findings, if applicable.</p>
(C) Adrenal gland malfunction	<p>Malfunction of adrenal gland or history thereof including Cushing's syndrome, Addison's disease, aldosteronism, pheochromocytoma (unless surgically removed and without signs or symptoms of activity for 2 yrs)</p>	<p>Not applicable unless diagnosis is questionable and a period of observation is indicated.</p>	<p>Questionable cases will require a thorough evaluation by a qualified endocrinologist and a narrative summary of past diagnostic and treatment procedures.</p>

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(D) Diabetes mellitus and other diseases of the pancreas	<ol style="list-style-type: none"> 1. Diabetes mellitus is disqualifying, regardless of clinical severity. 2. Chronic or recurring pancreatitis. 3. Pancreatectomy. 	<ol style="list-style-type: none"> 1. Individuals with blood glucose controlled by diet alone may be given limited tours with option for removal of limitation provided there is no evidence of complications or other risk factors. 2,3. Not applicable. 	<ol style="list-style-type: none"> 1. Individuals with glycosuria or elevated blood glucose must have a fasting and 2-hour blood glucose measurement and, if indicated, a complete glucose tolerance test or measures indicative of insulin levels.
(E) Hypoglycemia	<ol style="list-style-type: none"> 1. Fasting or organic hypoglycemia, regardless of cause. (see "Remarks") 2. Functional or reactive hypoglycemia, symptomatic and not responding to treatment. 	<ol style="list-style-type: none"> 1. Not applicable. 2. Individuals with functional hypoglycemia under questionable control may be granted limited tours with option for extension. 	<ol style="list-style-type: none"> 1. Any individual with a fasting blood sugar below 50 mg% must have an evaluation by a qualified specialist to determine cause of hypoglycemia.
(F) Parathyroid disease	<ol style="list-style-type: none"> 1. Hyperparathyroidism. 2. Hypoparathyroidism. 	<ol style="list-style-type: none"> 1. Hyperparathyroidism, surgically treated, if no renal or bone complications are present and if calcium metabolism is normal. Option for removal of restriction after 2 yrs. 2. Hypoparathyroidism, surgical, if controlled and asymptomatic and the underlying reason for surgery is not otherwise disqualifying. 	<p>Consideration for limited tour will require a narrative summary from treating physician(s) and a current evaluation, including objective values of pertinent studies.</p>

VII. ENDOCRINE AND METABOLIC (continued)

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(G) Gout, hyperuricemia	Gout, primary or secondary.	Individuals with past history of acute attacks of gout, if controlled and without tophi, bone or kidney damage and those with asymptomatic hyperuricemia may be granted limited tours with option for removal of restriction.	Consideration for limited tours will require a current evaluation by a qualified internist.
(H) Porphyrias	Presence or history of the porphyrias.	Limited tours may be considered for certain types on a case-by-case basis.	Consideration for limited tours will require current evaluation by a qualified specialist.
(I) Other inborn errors of metabolism (amino-acidurias, hepato-lenticular degeneration, other enzyme deficiencies)	Decision of acceptability for limited or unlimited appointment determined on a case-by-case basis. Narrative summary from attending physician(s) and a current evaluation by a qualified specialist will be required.		(See "Cause for Rejection")
(J) Obesity	Weight above 20% of acceptance limits (see attached tables).	Limited tours may be granted regardless of weight if otherwise qualified.	Limitation may be removed upon achieving acceptable weight. Must submit statement by physician attesting to current weight.

VII. ENDOCRINE AND METABOLIC (continued)

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(K) Underweight	Weight below acceptable limits (see attached tables) if weight loss has been recent or accompanied by other signs or symptoms of nutritional deficiency or other chronic physical or mental conditions.	1. Individuals with blood glucose values below 100 mg/dl on a fasted basis are not eligible for unlimited appointments. 2. Individuals with functional hypoglycemia under questionable control may be granted limited tours with option for extension.	Those underweight must be carefully questioned regarding history of recent weight experience, diet, past medical history, etc., to rule out underlying disease states. Such information should be submitted with application physical.
(L) Diabetes Mellitus	1. Uncontrolled diabetes mellitus. 2. Diabetes mellitus with complications. 3. Diabetes mellitus with hypoglycemia under questionable control. 4. Diabetes mellitus with hypoglycemia under questionable control may be granted limited tours with option for extension.	1. Not applicable. 2. Individuals with functional hypoglycemia under questionable control may be granted limited tours with option for extension.	1. Any individual with a fasting blood sugar below 100 mg/dl must have an evaluation by a qualified specialist to determine cause of hypoglycemia. (See "Cause for Selection")
(M) Hypertension	1. Hypertension with complications. 2. Hypertension with complications.	1. Not applicable. 2. Individuals with functional hypoglycemia under questionable control may be granted limited tours with option for extension.	1. Any individual with a fasting blood sugar below 100 mg/dl must have an evaluation by a qualified specialist to determine cause of hypoglycemia. (See "Cause for Selection")
(N) Metabolic	1. Uncontrolled diabetes mellitus. 2. Diabetes mellitus with complications. 3. Diabetes mellitus with hypoglycemia under questionable control. 4. Diabetes mellitus with hypoglycemia under questionable control may be granted limited tours with option for extension.	1. Not applicable. 2. Individuals with functional hypoglycemia under questionable control may be granted limited tours with option for extension.	1. Any individual with a fasting blood sugar below 100 mg/dl must have an evaluation by a qualified specialist to determine cause of hypoglycemia. (See "Cause for Selection")
(O) Other	1. Uncontrolled diabetes mellitus. 2. Diabetes mellitus with complications. 3. Diabetes mellitus with hypoglycemia under questionable control. 4. Diabetes mellitus with hypoglycemia under questionable control may be granted limited tours with option for extension.	1. Not applicable. 2. Individuals with functional hypoglycemia under questionable control may be granted limited tours with option for extension.	1. Any individual with a fasting blood sugar below 100 mg/dl must have an evaluation by a qualified specialist to determine cause of hypoglycemia. (See "Cause for Selection")
All: ENDOCRINE AND METABOLIC (continued)	1. Uncontrolled diabetes mellitus. 2. Diabetes mellitus with complications. 3. Diabetes mellitus with hypoglycemia under questionable control. 4. Diabetes mellitus with hypoglycemia under questionable control may be granted limited tours with option for extension.	1. Not applicable. 2. Individuals with functional hypoglycemia under questionable control may be granted limited tours with option for extension.	1. Any individual with a fasting blood sugar below 100 mg/dl must have an evaluation by a qualified specialist to determine cause of hypoglycemia. (See "Cause for Selection")

VIII. GENITOURINARY SYSTEM

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
<p>(A) Infectious or inflammatory diseases of kidney</p>	<ol style="list-style-type: none"> 1. Acute glomerulonephritis or history thereof except in childhood and without sequelae for a period of 5 years. 2. Subacute or chronic glomerulonephritis regardless of cause. 3. Nephrotic syndrome or history thereof except idiopathic (lipoid) nephrosis in childhood without sequelae for a period of 5 years. 4. Acute pyelonephritis until cured without sequelae. 5. Chronic pyelonephritis or repeated episodes of acute pyelonephritis. 	<ol style="list-style-type: none"> 1, 2. Not applicable. 3. Limited tour with option may be granted those with idiopathic (lipoid) nephrosis without sequelae for 2 years. 4. Not applicable. 5. Limited tours without option may be granted in cases of chronic pyelonephritis if renal function is normal without hypertension, eye-ground changes, or cardiac abnormalities. 	<p>In cases of questionable diagnosis or limited tour, a narrative summary from treating physician(s) and a current evaluation including renal function tests, results of urine cultures, and reports of renal biopsies that have been performed will be required.</p>
<p>(B) Congenital and acquired abnormalities of the kidney, ureters</p>	<ol style="list-style-type: none"> 1. Polycystic kidney. 2. Horseshoe kidney. 3. Other congenital or acquired abnormalities resulting in, or likely to result in, impaired function. 4. Absence of one kidney, with signs of, or risk factors for, involvement of other kidney. 5. Nephrostomy, ureterocolostomy, ureterostomy. 6. Kidney transplant. 	<ol style="list-style-type: none"> 1, 2. Not applicable. 3. Limited tours may be considered on a case-by-case basis if anomaly is confined to one kidney. 4, 5. Not applicable 6. Limited tours may be granted on case-by-case basis. 	<ol style="list-style-type: none"> 3, 4. A narrative summary from treating physician and a current evaluation by a qualified specialist will be required before consideration. Sufficient time (at least 6 months) must have elapsed subsequent to surgery before consideration. 6. Decision by PHS MRB.

VIII. GENITOURINARY SYSTEM (continued)

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(C) Renal calculus	Presence of renal calculus or history of recurrent renal calculi.	Limited tours may be granted for observational purposes in cases of recurrent calculi if current IVP is normal. A unilateral, asymptomatic renal calculus may be acceptable for limited tours.	In cases considered for limited tours, a narrative summary of past treatment and a current evaluation by a qualified specialist will be required, including pertinent x-ray and laboratory findings.
(D) Other kidney diseases or abnormalities	<ol style="list-style-type: none"> 1. Arteriolar nephrosclerosis or other renal manifestations of systemic disease. 2. Persistent albuminuria except in cases where a thorough evaluation has been performed and condition is apparently benign (e.g., orthostatic albuminuria). 3. Pyuria (over 4 WBCs/hpf if in centrifuged, clean catch specimen). 4. Hematuria (over 2 RBCs/hpf if in centrifuged, clean catch specimen). 5. Elevated BUN, creatinine, or significantly decreased creatinine clearance. 	<ol style="list-style-type: none"> 1,5. Not applicable. 2,3,4. Limited tours may be granted for a period of observation in cases of apparent benign albuminuria or microscopic hematuria. 	<ol style="list-style-type: none"> 2,3,4. A repeat urinalysis should be performed in all cases of abnormalities. If abnormality persists, applicant should be encouraged to obtain consultation. Conditions may be correctable. Reapplication must include a narrative summary from treating physician and a current evaluation, including studies of renal function.

VIII. GENITOURINARY SYSTEM (continued)

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(E) Abnormalities of the bladder	<ol style="list-style-type: none"> 1. Urinary incontinence or retention regardless of cause. 2. Cystitis <ol style="list-style-type: none"> a. In males: Presence or history of, unless underlying cause is known and corrected and without sequelae for 3 months. b. In females: Presence or history of recurrent episodes unless underlying cause is known and corrected and without sequelae for 1 year. 3. Cystectomy or cystoplasty if persistent residual urine or infection recurs. 	<ol style="list-style-type: none"> 1. Limited tours may be granted in cases not regularly incapacitated or requiring medical supervision. 2. In cases of cystitis, limited tours may be granted to permit a period of observation to rule out chronicity. 	<p>2. Individuals with history of cystitis (recurrent cystitis in females) must present narrative summary of diagnosis and treatment from attending physician(s) including results of recent culture and special studies if indicated.</p>
(F) Obstructive uropathies	<ol style="list-style-type: none"> 1. Any urinary tract obstruction until relieved and without significant residual. 2. Ureteral or urethral stenosis regardless of cause. 3. Hydronephrosis, unless relieved and without significant residual for 12 months. 	<ol style="list-style-type: none"> 1. Limited tours may be granted on a case-by-case basis for a period of observation. 2. Limited tours may be granted if mild and non-progressive, with or without option. 3. Mild cases of asymptomatic, nonprogressive hydronephrosis may be eligible for limited tours, with or without option. 	<ol style="list-style-type: none"> 1,3. A narrative summary from treating physicians and a current evaluation by a qualified specialist will be required. 2. May be a correctable condition. Reconsideration may be given after 6 months post-correction.

VIII. GENITOURINARY SYSTEM (continued)

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(G) Male genital abnormalities	<ol style="list-style-type: none"> 1. Prostatic hypertrophy greater than 1+ or with signs or symptoms of urinary obstruction. 2. Chronic prostatitis if complicated by signs and symptoms of urinary retention. 3. Acute urethritis, epididymitis, orchitis, or prostatitis until cured and without sequelae. 4. Hydrocele, if symptomatic. 5. Hypospadias if associated with recurrent G-U infections. 	<ol style="list-style-type: none"> 1. Limited tours may be granted in cases of benign prostatic hypertrophy of greater than 1+, if asymptomatic. 2. Limited tours may be granted on case-by-case basis. 3,4,5. Not applicable. 	<p>2,4. May be correctable conditions.</p>
(H) Menstrual disturbances	<ol style="list-style-type: none"> 1. Dysmenorrhea regularly causing lost working days or requiring narcotics for control. 2. Menorrhagia. 3. Metrorrhagia. 4. Primary or secondary amenorrhea. 	<p>1,2,3,4. Limited tour may be granted for observation if thorough examination has been performed and no organic basis for condition is found.</p>	<p>Limited tours will require summary of treating physicians and a current evaluation by a gynecologist. Option for removal after 2 years of observation.</p>
(I) Pregnancy	<p>Not disqualifying, if uncomplicated pregnancy.</p>	<p>Not applicable.</p>	<p>Report of obstetrician required.</p>
(J) Infections of female genitalia	<p>Cervicitis, vulvitis, or vaginitis, severe, until cured or controlled.</p>	<p>Not applicable.</p>	<p>Report of treatment and current evaluation will be required before reconsideration.</p>

VIII. GENITOURINARY SYSTEM (continued)

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
<p>(K) Abnormalities of uterus</p> <p>Endometriosis</p>	<p>1. Fibromyomas, except for small (less than 3 cm) subserous tumors which are asymptomatic.</p> <p>2. Endometriosis, if asymptomatic.</p> <p>3. Grades III or IV Pap smears.</p> <p>4. Acute or chronic salpingitis until adequately treated.</p> <p>5. Hysterectomy, oophorectomy only if underlying cause is disqualifying.</p> <p>6. Enlargement of uterus, unless underlying cause is known and is not disqualifying.</p>	<p>1. Limited tours may be granted in individual cases of asymptomatic fibroids not meeting the standard.</p> <p>2. Limited tours with option may be granted on case-by-case basis if disease does not regularly cause lost work time.</p> <p>3,4,5,6. Not Applicable.</p>	<p>In questionable cases of a disqualifying condition, consideration will require a narrative summary of previous medical care and a current evaluation by a gynecologist.</p>
<p>(L) Abnormalities of ovaries</p> <p>Menopausal syndrome</p>	<p>1. Ovarian cyst or enlargement, persistent, and considered clinically significant.</p> <p>2. Virilism until cause is known, corrected, or considered benign.</p> <p>3. Incapacitating menopausal syndrome, physiologic or surgical.</p>	<p>Not applicable</p>	<p>Consideration of questionably disqualifying conditions will require a current evaluation by a gynecologist. Ovarian cyst may be correctable condition. Summary of treatment must accompany reapplication. Uncomplicated Stein-Leventhal syndrome is not considered disqualifying.</p>

IX. LUNGS AND CHEST WALL

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(A) Infectious diseases of lungs	<p>1. All infectious diseases until cured and without clinically significant sequelae.</p> <p>2. Tuberculosis, unless adequately treated and inactive for preceding 2 years and without cavitation or significant decrement in pulmonary function.</p> <p>3. Active fungal infections.</p>	<p>1, 3. Not applicable.</p> <p>2. Limited tours may be granted to those inactive for one year, regardless of whether treatment has been completed, if no significant functional limitations are present and prognosis is considered good.</p>	<p>1. Those with evidence of infectious disease at time of examination must be reexamined to assure resolution of disease.</p> <p>2. Those with history of tuberculosis must submit narrative summary of treatment and current evaluation by a qualified specialist.</p>
(B) Bronchiectasis	<p>Presence or history of bronchiectasis, regardless of cause, unless localized and surgically treated at least 2 years preceding and without signs or symptoms of recurrent infections or significant decrement in pulmonary function.</p>	<p>Individuals with proven localized bronchiectasis which does not require frequent outpatient or hospital treatment or loss from work may be granted limited tours without option.</p>	<p>Limited tours will require a current evaluation by a qualified specialist, including post-surgical bronchogram and pulmonary function tests. Option for removal of restrictions.</p>
(C) Atelectasis	<p>Presence of atelectasis, until cause is determined, successfully treated, and is found to be otherwise not disqualifying.</p>	<p>Not applicable.</p>	<p>Questionable cases will require a current evaluation by a qualified specialist.</p>

IX. LUNGS AND CHEST WALL (continued)

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(D) Pulmonary thrombo-embolism	History of thromboembolism, unless determined to be an isolated incidence without current known risk factors or anticoagulant therapy.	Limited tours may be granted on case-by-case basis if a period of observation is indicated.	Current evaluation by a qualified specialist required for consideration of limited tour.
(E) Pneumothorax	<ol style="list-style-type: none"> 1. Presence or history of <u>recurrent</u> spontaneous pneumothorax, regardless of cause. 2. A recent episode of spontaneous pneumothorax (within 12 months). 3. Cystic disease of lung. 	<ol style="list-style-type: none"> 1. Cases of recurrent pneumothorax may be granted limited tours on an individual basis if treated surgically and with no recurrence for at least two years. 2. Limited tours with option may be granted if less than 12 months on case-by-case basis. 3. Cystic disease proven to be limited to one lobe may be acceptable for limited tour with or without option. 	Limited tours will require a current evaluation by a qualified specialist. Option for removal of restriction.
(F) Pleurisy and pleural effusion, fibrothorax	<ol style="list-style-type: none"> 1. Dry or fibrinous pleurisy until cured, without significant sequelae and the underlying cause is not otherwise disqualifying. 2. Presence of hemothorax, pleural effusion, bronchopleural fistula, or fibrothorax, regardless of cause, or history of pleural effusion unless the underlying cause is known and is otherwise not disqualifying. 	<ol style="list-style-type: none"> 1. Not applicable. 2. Cases of pleural effusion occurring at least 12 months prior to examination may be given limited tours if adequate exam reveals no underlying disqualifying cause. 	Those with history of recent pleurisy or pleural effusion which may not be disqualifying will require a narrative summary by the treating physician and a current evaluation by a qualified specialist before a decision is rendered.

IX. LUNGS AND CHEST WALL (continued)

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(G) Chronic obstructive pulmonary disease	<p>1. Presence of chronic obstructive pulmonary disease.</p> <p>2. Abnormal pulmonary function studies indicating airways obstruction (FEV 1-second/FVC below 75%).</p>	<p>1, 2. Limited tours without option may be granted in mild cases on a case-by-case basis.</p>	<p>Those with history of shortness of breath, wheezing, chronic cough with sputum, or other suggestive signs or symptoms must have an FEV 1-second and an FVC and chest x-ray.</p>
(H) Bronchial asthma	<p>Onset, or continuation of, extrinsic asthma after 16 years of age unless attacks are infrequent and have been controlled without hospitalization or use of steroids. Persistent intrinsic asthma, and extrinsic asthma, with signs of significant emphysema, or persistently abnormal pulmonary function tests, are disqualifying for career service.</p>	<p>Limited tour with option may be granted if observation is indicated before qualifying for career service.</p> <p>Limited tours without option may be granted if attacks are controlled by oral medication (non-steroid) and only mild emphysema or other pulmonary function abnormalities.</p>	<p>In cases where the exception may apply, a narrative summary from the treating physician(s) must be submitted along with a current evaluation by a qualified specialist, including recent pulmonary function tests and chest x-ray.</p>
(I) Pulmonary fibrosis	<p>1. Presence of pulmonary fibrosis which results in abnormal pulmonary function or is a result of an otherwise disqualifying condition.</p> <p>2. Pneumoconiosis, if more than minimal or likely to be progressive.</p>	<p>1, 2. Limited tours with or without option may be granted on case-by-case basis if mild exertion does not produce dyspnea and disease is not likely to progress.</p>	<p>Individuals with evidence of pulmonary fibrosis must have a current evaluation by a qualified specialist, including pulmonary function studies.</p>

IX. LUNGS AND CHEST WALL (continued)

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(J) Other conditions of lungs and bronchi	<ol style="list-style-type: none"> 1. X-ray or other clinical evidence of pulmonary or hilar pathology unless cause is known and is otherwise not disqualifying. 2. Lobectomy, pneumonectomy, regardless of cause, if pulmonary function tests reveal more than mild impairment. 	<p>2. Limited tours may be granted in cases where further observation is indicated.</p> <p>1. Not applicable.</p>	<p>Consideration of individuals with abnormal pulmonary findings will require a current evaluation by a qualified chest specialist.</p>
(K) Abnormalities of chest wall	<p>Any congenital or acquired malformation or deformity interfering with cardiopulmonary functions.</p>	<p>Not applicable</p>	<p>Questionable cases must have a current evaluation by a qualified specialist.</p>
(L) Diseases of the breast	<ol style="list-style-type: none"> 1. Gynecomastia, unless the cause is known and is otherwise not disqualifying. 2. Tumors of the breast, unless a diagnosis of a benign condition has been made based on a biopsy or sequential clinical examination by qualified surgeons. 3. Galactorrhea, unless adequate studies appear to rule out a significant pathologic cause. 	<p>1, 2, 3. Limited tours may be granted in cases of questionable significance.</p>	<p>In questionable cases, narrative summary of past medical care and a current evaluation by a qualified specialist will be required.</p>

X. CARDIOVASCULAR

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
<p>(A) Coronary artery disease</p> <p>Myocardial infarction</p>	<p>1. History of myocardial infarction.</p> <p>2. Electrocardiographic evidence of myocardial infarction or ischemia.</p> <p>3. History of angina pectoris or coronary insufficiency.</p> <p>4. Revascularization surgery.</p>	<p>Not applicable unless diagnosis is questionable.</p>	<p>In questionable cases, a medical summary and current evaluation by a cardiologist will be required, including copies of pertinent cardiograms, laboratory values, and special studies.</p>
<p>(B) Myocarditis, endocarditis, pericarditis, myocardiopathies</p> <p>Cardiomegaly (except for physiological cardiomegaly in athletes)</p>	<p>1. History, or finding of conditions listed, regardless of cause (except in cases of history of myocarditis or pericarditis associated with acute infections or toxicity, with no residuals and inactive for 2 or more yrs).</p> <p>2. History of rheumatic fever with carditis unless only one episode occurring 5 yrs or more in the past without evidence of sequelae.</p>	<p>1. Limited tours, with or without option, may be granted after 6 months if cause is considered non-recurring and usually without significant residual effects.</p> <p>2. Limited tours may be granted if no evidence of activity within past 2 yrs and no evidence of valvular damage.</p>	<p>1. Exceptions require medical summary from treating physician and current evaluation by a qualified cardiologist.</p> <p>2. Those with history of rheumatic fever must submit narrative summary of medical treatment and undergo a current evaluation by a cardiologist.</p>
<p>(C) Cardiac arrhythmias</p> <p>1. Sinus tachycardia, Sinus bradycardia</p>	<p>1. Resting pulse rate persistently over 100. Pulse rate below 60 only if underlying heart disease is present.</p>	<p>Limited tours with option may be granted if no evidence of underlying heart disease or other pathologic cause of tachycardia.</p>	<p>Underlying cause must be determined. May be a correctable condition.</p>
<p>2. Premature beats (extra-systoles, ectopic beats)</p>	<p>2. Disqualifying if associated with other evidence of organic heart disease or if frequent or continuous attacks interfere with performance of duties.</p>	<p>Questionable cases may be eligible for limited tours.</p>	<p>Careful history and ECG must be obtained in all cases of clinically recognized arrhythmia, or if suspected by history.</p>

X. CARDIOVASCULAR (continued)

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(C) (continued) 3. Paroxysmal atrial tachycardia	Disqualifying if frequent attacks occur, medication is required for control, or if associated with underlying heart disease.	Limited tours may be considered on a case-by-case basis for observational purposes. Those controlled on medication may be granted limited tours with or without option.	Careful history and ECG must be obtained to identify those with Wolff-Parkinson-White syndrome and other underlying heart disease.
4. Atrial fibrillation, flutter, ventricular tachycardia	History or finding of listed conditions, except in cases where cause is known, is not recurrent, and is not associated with other signs of heart disease.	See X (C) above.	Exceptions will require a summary from treating physicians and a current evaluation by a cardiologist.
(D) <u>Heart blocks</u> 1. A-V block	1. First degree block if associated with organic heart disease. 2. Findings of second or third degree blocks. 3. Use of pacemaker.	1. Limited tours may be granted in questionable cases. 2. In cases of Wenckebach phenomenon, limited tours may be granted if not associated with underlying heart disease. 3. Not applicable.	
2. Bundle branch block	1. Left bundle branch block. 2. Right bundle branch block if organic heart disease is suspected.	Not applicable.	2. In cases of RBBB, evaluation by qualified cardiologist is required.
(E) Heart failure	History or findings of congestive heart failure regardless of cause.	Not applicable.	

X. CARDIOVASCULAR (continued)

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
<p>(F) Valvular disease</p> <p>Septal defects including idiopathic hypertrophic subaortic stenosis</p>	<p>1. Valvular or septal defects, congenital or acquired, unless thorough evaluation indicates a condition considered benign.</p> <p>2. Surgical treatment for valvular or septal defects, except for conditions corrected in childhood and known to have a good prognosis.</p> <p>3. Diastolic murmurs, regardless of cause.</p> <p>4. Systolic murmurs associated with other signs of heart disease.</p>	<p>1, 2. Limited tours without option may be granted on a case-by-case basis if short-term prognosis is considered to be good.</p> <p>3. Not applicable.</p> <p>4. Systolic murmurs in which a questionable organic basis exists.</p>	<p>1, 2, 4. Evaluation by a qualified cardiologist required for limited tours.</p> <p>1, 2, 4. Option for removal of limitation after 3 years of observation.</p> <p>1. Prolapsing mitral valve (click murmur syndrome) not disqualifying unless associated with marked arrhythmias and chest pain.</p>

X. CARDIOVASCULAR (continued)

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(G) Hypertension	<ol style="list-style-type: none"> 1. Sitting blood pressure above 90 diastolic or 150 systolic. 2. On medication for hypertension, regardless of current blood pressure readings. 	<ol style="list-style-type: none"> 1. Limited tours with option may be granted for diastolic pressures only occasionally over 90 and never above 100 without medication, if physical evaluation is otherwise negative. 2. Limited tours without option may be granted for cases with past history of severe hypertension, but never over 200/120, if currently controlled on medication to levels below diastolic of 100 and without significant signs of heart, kidney, eye, or other organ effects. 3. Those with history of mild hypertension (diastolics never above 105) controlled on medication to below 90 diastolic, and without secondary findings, may be given limited tours with option. 	<p>Individuals considered for limited tours must have:</p> <ol style="list-style-type: none"> 1. Repeat blood pressures (at least 3 at rest, sitting), the average of which must be below 150/90. Option for removal of limitation if normotensive at end of limited tour (either with or without medication). 2,3. A hypertensive work-up including an ECG, fundoscopic examination, urinalysis with microscopic, and such other studies if indicated to rule out secondary hypertension.
(H) Peripheral arterial disease	<ol style="list-style-type: none"> 1. Arteriosclerotic disease of peripheral arteries. 2. Thromboangiitis obliterans (Buerger's disease). 3. Raynaud's disease, if more than mild. 4. Surgical treatment of any of the above. 	<ol style="list-style-type: none"> 1. Limited tours with or without option may be granted in cases without symptoms of claudication or skin changes. 3. Limited tours may be permitted in questionable or mild cases for a period of observation. 4. Limited tours without option may be granted on case-by-case basis. 2. Not applicable. 	<ol style="list-style-type: none"> 1,3,4. Consideration for limited tour requires a current evaluation of peripheral vascular integrity. Option for removal of limitation.

X. CARDIOVASCULAR (continued)

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
<p>(I) Peripheral venous disease (varicose veins, thrombophlebitis)</p>	<p>1. Varicose veins, if severe and symptomatic. 2. Thrombophlebitis of other than superficial veins, within one year preceding, or with signs of postphlebitis syndrome. 3. Recurrent episodes of deep vein thrombophlebitis, regardless of cause. 4. Surgical treatment of above with persistent signs and symptoms of venous stasis.</p>	<p>1. Limited tours may be granted in questionable cases if no signs of deep vein involvement--edema, ulceration, discoloration of skin. 2,3,4. Not applicable.</p>	<p>Varicose veins may be a correctable condition. Reapplication must include narrative summary and current evaluation.</p>
<p>(J) Congenital or acquired lesions of aorta or major vessels</p>	<p>1. Clinical evidence of atherosclerotic occlusive disease of major vessels. 2. Aneurysm, arteriovenous fistula, dilatation of aorta, regardless of cause. 3. Major congenital abnormalities of aorta, pulmonary artery, or other major vessels, unless satisfactorily corrected in childhood.</p>	<p>1,2. Not applicable 3. Consideration on a case-by-case basis by PHS Medical Review Board.</p>	<p>1,2. Questionable cases require current evaluation by a qualified specialist, including results of special studies. 3. Those with history of congenital abnormalities must submit a narrative summary of past treatment and a current evaluation by a qualified specialist.</p>

XI. BLOOD AND BLOOD FORMING TISSUES

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
<p>(A) Anemia</p> <p><u>MALE</u> Hematocrit below 40%</p> <p>Hemoglobin below 14 gms</p> <p>RBCs below 4.5 M</p> <p><u>FEMALE</u> Hematocrit below 36%</p> <p>Hemoglobin below 12 gms</p> <p>RBCs below 4 M</p>	<p>1. Anemia, as defined, until corrected and underlying cause is not otherwise disqualifying.</p> <p>2. History of anemia, regardless of present status, unless cause has been identified and corrected and a sufficient period of time has elapsed to assume permanent stability of blood picture.</p> <p>Generally, the following are disqualifying:</p> <p>a. Pernicious anemia.</p> <p>b. Recurrent iron, folic acid, or Vitamin C anemias unless underlying cause has been corrected.</p> <p>c. Bone marrow failure.</p> <p>d. Hereditary spherocytosis unless controlled by splenectomy.</p> <p>e. Immuno-hemolytic anemias.</p> <p>f. Hemoglobinopathies associated with anemia or other symptoms.</p>	<p>1, 2. Limited tours may be granted in questionable significant cases to permit a period of observation.</p> <p>2a. Limited tours without option may be granted to cases of pernicious anemia in remission and without significant neurological findings.</p> <p>2f. Limited tours may be granted in cases of asymptomatic thalassemia minor with option for removal of restrictions.</p>	<p>1. In borderline cases, repeat studies must be conducted. If anemia is confirmed, a consultation report from a qualified specialist must be submitted before further consideration will be given.</p> <p>2. In those with history of anemia, a narrative summary of past diagnostic studies and treatment will be required in addition to a current evaluation by a qualified specialist.</p>
<p>(B) Polycythemia</p> <p><u>MALE</u> Hematocrit above 54%</p> <p><u>FEMALE</u> Hematocrit above 47%</p>	<p>1. Polycythemia vera.</p> <p>2. Erythrocytosis, if due to an underlying pathological cause.</p>	<p>1. Not applicable.</p> <p>2. Limited tours may be granted in questionable cases.</p>	<p>Questionable cases will require a narrative summary of past treatment and a current evaluation by a qualified specialist.</p>

XI. BLOOD AND BLOOD FORMING TISSUES (continued)

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(C) Hemorrhagic disorders	<p>1. Hemophilia, Von Willebrand's disease or other coagulation defects.</p> <p>2. Chronic thrombocytopenia.</p> <p>3. Presence or history of other bleeding tendencies until cause is determined and corrected.</p>	<p>1. Limited tours may be granted on case-by-case basis for those with mild Von Willebrand's disease or other coagulation defects considered benign.</p> <p>2,3. Not applicable.</p>	<p>In questionable cases, a narrative summary from treating physician(s) and a current evaluation by a qualified specialist, including laboratory values, will be required. History of acute idiopathic thrombocytopenia in childhood, without evidence of chronicity after 3 yrs, is acceptable.</p>
(D) Leukocytosis, absolute or relative, granulocytosis or lymphocytosis (count above 10,000 or with abnormal differential)	<p>Disqualifying until cause is determined and corrected.</p>	<p>Limited tours may be granted if leukocytosis is borderline, and evidence exists that it has been present over a period of time without apparent pathological cause. Option for removal of restriction after 3 yrs.</p>	<p>Reapplication will require submission of narrative summary by treating physician and current WBC count. Limited tours will require narrative summary of diagnostic work-ups plus a current evaluation by a qualified specialist.</p>
(E) Leukopenia (total count below 3,500), absolute neutropenia or lymphopenia.	<p>Disqualifying until cause is determined and corrected.</p>	<p>Limited tours with option may be granted in cases where condition appears benign and a period of observation is indicated.</p>	<p>Reapplication or consideration for limited tour will require submission of narrative summary by physician including current blood studies and bone marrow examination if indicated.</p>
(F) Splenomegaly	<p>Disqualifying until cause is known and remedied if indicated.</p>	<p>Not applicable.</p>	<p>Those with history of splenomegaly must submit narrative summary of diagnosis and treatment.</p>

XII. BONES AND JOINTS OF EXTREMITIES

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
<p>(A) General- Range of motion, shortening of extremity, disturbance of gait</p>	<p>1. Loss of range of motion of a joint regardless of cause which either interferes with performance of professional duties, limits location or nature of assignment, or pre-disposes the individual to eventual disability. 2. Shortening of lower extremities regardless of cause, resulting in a noticeable limp. 3. Inability to bear full weight on lower extremity. 4. Prosthetic replacement of major joint.</p>	<p>1, 2. Limited tours may be granted if condition is stable and professional duties can be adequately and safely performed at a known duty station without requiring use of cane, crutch, or wheelchair. 3, 4. Not applicable.</p>	<p>1. Standards for range of motion are not set. However, if an individual has a history or evidence of joint limitation, the following must be submitted: a. Measurement of range of motion (see attached) b. Current x-ray reading c. Pertinent history</p>
<p>(B) General bone diseases</p>	<p>1. Achondroplastic dwarfism. 2. Dyschondroplasias with history of multiple osteochondromas. 3. Fibrous dysplasias. 4. Osteitis deformans. 5. Osteoporosis regardless of cause.</p>	<p>1, 3, 5. Not applicable. 2. Limited tours may be granted if disease is quiescent with no significant functional impairment. 4. Limited tours, with or without option, if bone involvement does not interfere with function and appears only slowly progressive and limited in involvement.</p>	<p>2, 4. A current evaluation by orthopedist will be required in questionable cases or for limited tours.</p>

XII. BONES AND JOINTS OF EXTREMITIES (continued)

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(C) Congenital diseases	<ol style="list-style-type: none"> 1. Congenital dislocation of hip unless completely reduced without surgical intervention. 2. Clubfoot unless corrected without multiple surgical procedures. 3. Other congenital abnormalities interfering with function. 	<p>1,2,3. Limited tours may be granted on a case-by-base basis (see (A) above).</p>	<p>See (B) above.</p>
(D) Traumatic and post traumatic conditions	<ol style="list-style-type: none"> 1. Fractures until healed without functional sequelae. 2. Non-union of fracture. 3. Malunion of fracture, causing pain or interfering with function. 4. Post surgical or traumatic ankylosis (see (A) above). 5. Internal derangement of knee with more than minimal anterior-posterior or lateral instability; recurrent locking; pain or swelling; or less than 6 months postoperative. 6. Recurrent dislocations of shoulder, ankle, or other joints, unless surgically corrected and stable for 2 years or more. 	<p>1,2,3,4,5. Limited tours with option may be granted on a case-by-case basis except in cases of non- or mal-union of fractures affecting weight bearing or function.</p> <p>6. Limited tours may be granted in questionable cases of stability or when post corrective period is less than 2 years.</p>	<p>1,2,3,4. In questionable cases, submit current orthopedic evaluations, including results of current x-rays.</p> <p>5. In all cases with history of knee derangements, the physician should examine for anterior-posterior and lateral stability, range of motion, and strength of quadriceps muscle. Questionable cases should be evaluated by orthopedist.</p> <p>6. An orthopedic consultation must be obtained in all cases of recurrent joint dislocation to determine current status and prognosis.</p>

XII. BONES AND JOINTS OF EXTREMITIES (continued)

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(E) Infectious diseases	<ol style="list-style-type: none"> 1. Acute osteomyelitis until cured without sequelae. 2. Chronic osteomyelitis or history thereof in past 3 years. 3. Infectious arthritis until cured and without functional sequelae for period of 2 yrs. 	<p>Limited Tour Criteria</p> <ol style="list-style-type: none"> 1. Not applicable. 2,3. Limited tours may be granted on a case-by-case basis for osteomyelitis or infectious arthritis apparently controlled for 1 year without disabling sequelae. 	<p>Remarks</p> <p>Any applicant with a history of chronic infections of bones or joints must provide a narrative summary from the treating physician(s). Current evaluation by an orthopedist is required, including x-rays, in questionable cases or if limited tours are to be considered.</p>
(F) Inflammatory joint diseases	<ol style="list-style-type: none"> 1. Rheumatoid arthritis or history thereof. 2. Osteoarthritis or traumatic arthritis unless mild and without significant symptoms. 3. Presence or history of arthritic manifestations of systemic diseases, including connective tissue diseases, gout, psoriasis, etc. 	<ol style="list-style-type: none"> 1. Not applicable. 2. Limited tours may be granted in questionable cases. 3. Limited tours may be granted in rare instances, on a case-by-case basis, if the underlying disease is not otherwise disqualifying. 	<ol style="list-style-type: none"> 2. Current x-ray readings, range of motion, and history of symptomatology must be submitted in questionable cases. 3. In all cases with history of joint diseases, if a question exists regarding limited tours, a narrative summary from the treating physician and a current evaluation by a qualified specialist will be required.

XII. BONES AND JOINTS OF EXTREMITIES (continued)

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(G) Other abnormalities	<ol style="list-style-type: none"> 1. History of Legg-Calve-Perthes disease, slipped epiphysis of hip, and coxa vara, if residuals do, or are likely to, cause impairment of function. 2. Foot disorders, congenital or acquired, which due to pain or deformity interfere with gait or the wearing of shoes. 3. Chondromalacia or osteochondritis dissecans, if more than mild or interferes with function. 	<ol style="list-style-type: none"> 1. Limited tours may be granted in cases currently with adequate function. With or without option, according to long-term prognosis. 2,3. Limited tours on case-by-case basis if observation period is indicated. 	<ol style="list-style-type: none"> 1. All cases will require a current evaluation by an orthopedist, including current x-rays. 2. May be correctable condition.
(H) Amputations	<p>The loss of any extremity or part thereof which interferes with the performance of professional duties or acts of daily living, or requires prosthetic devices.</p>	<p>Limited tours with option may be granted in the following cases:</p> <ol style="list-style-type: none"> 1. Amputation of lower extremity if suitable prosthesis permits full performance without use of cane or crutch. 2. Other amputations, if a period of observation is indicated to determine ability to function with or without prosthetic devices. 	<p>A careful description of the amputation and functional status must be submitted for limited tour consideration.</p>

XIII. SPINE AND THORAX

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
<p>(A) Acute, chronic, or recurring low back pain</p>	<ol style="list-style-type: none"> 1. Acute back pain requiring intensive medical care or loss from work until asymptomatic for a period of 3 months and underlying cause is not otherwise disqualifying. 2. Chronic or recurrent low back pain, regardless of cause, which requires intensive treatment or loss of time from work. 3. Spondylolisthesis or spondylolysis if associated with recurrent back pain or if greater than 1° regardless of past symptoms. 4. Sacralization of lumbar vertebrae or other bony abnormalities associated with recurring back pain. 5. Ankylosing spondylitis. 	<ol style="list-style-type: none"> 1,5. Not applicable. 2,3,4. Limited tours may be granted on a case-by-case basis if episodes of pain are infrequent, last episode has been one or more years previously, back brace is unnecessary, and no signs or symptoms of radicular involvement are present. 	<p>2,3,4. Consideration for limited tours will require a current evaluation by an orthopedist, including results of a current x-ray.</p>
<p>(B) Intervertebral disc disease</p>	<ol style="list-style-type: none"> 1. Intervertebral disc disease if associated with marked stiffness, chronic or recurring back or neck pain, or neurological signs or symptoms. 2. Surgery for herniated disc within one year or if significant back or nerve root pain or neurological deficit recurs or persists. 	<p>See (A)2,3,4 above.</p>	<p>See (A) above.</p>

XIII. SPINE AND THORAX (continued)

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(C) Scoliosis, kyphoscoliosis	Structural or functional scoliosis or kyphoscoliosis which is obvious to the observer or is associated with chronic pain, limitation of activities, or cardio-respiratory effects.	Limited tours may be granted on a case-by-case basis.	See (A) above.
(D) Spina bifida	Spina bifida, other than incidental spina bifida occulta, without evidence of meningeal or neural element involvement.	Not applicable.	256 (V) 3 V spine.

XIV. NEUROMUSCULAR

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(A) Hydrocephalus	Disqualifying regardless of cause.	Limited tours may be granted in cases controlled by shunts on a case-by-case basis, without option.	Consideration for limited tours will require a narrative summary from physician, including any restrictions on activities recommended.
(B) Epilepsy	History of epilepsy or seizures regardless of type (except for febrile episodes in infancy or if associated with toxic agents or other self-limiting etiology).	Limited tours without option may be granted in cases completely controlled on relatively safe medication for a period of 3 years and the assignment duties are known and can be safely performed.	Limited tour cases will require a complete history of episodes, diagnostic work-ups, including EEG, and a current evaluation by a qualified specialist, including restrictions on activities.
(C) Narcolepsy	Episodes of uncontrollable and inappropriate sleep.	Limited tours may be granted in questionable cases or those adequately controlled on medication.	Narrative summary by the treating physician will be required in questionable cases.
(D) Cerebrovascular abnormalities	History of stroke, transient ischemic attacks, hemorrhage, or other manifestations of vascular insufficiency or obstruction of blood supply to the brain.	Not applicable.	Questionable cases will require a narrative summary of past diagnostic and treatment procedures and a current evaluation by a qualified specialist.

XIV. NEUROMUSCULAR (continued)

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(E) Degenerative disorders of brain and spinal cord	<ol style="list-style-type: none"> 1. Multiple sclerosis and other progressive demyelinating diseases. 2. Parkinsonism. 3. Amyotrophic lateral sclerosis, syringomyelia, and other progressive spinal cord diseases. 4. Cerebellar degenerative diseases of any type. 	<p>Not applicable.</p>	<p>See (A) above.</p>
(F) Abnormalities of muscles	<ol style="list-style-type: none"> 1. Progressive muscular atrophies or dystrophies, regardless of cause. 2. Myoglobinuria myopathies. 3. Periodic paralysis. 4. Myasthenia gravis. 	<ol style="list-style-type: none"> 1, 2. Not applicable. 3. Limited tours for observation may be granted on a case-by-case basis if diagnosis is questionable or no episodes of paralysis have occurred in the past 2 years. 4. Cases of ocular myasthenia gravis, well controlled and nonprogressive, may be granted limited tours. 	<p>In questionable cases or limited tour consideration, a narrative summary from the treating physician and a current evaluation by a neurologist will be required.</p>
(G) Muscle paralysis	<p>Paralysis, regardless of cause, which interferes with the performance of professional duties or acts of daily living, including more than mild gait disturbances, significant loss of range of motion of upper extremities, and facial nerve paralysis.</p>	<p>Limited tours may be granted in cases in which the underlying cause is known to be nonprogressive and with evidence that professional duties and acts of daily living can be adequately performed without use of crutches, cane, or wheelchair, or other elaborate mechanical devices.</p>	<p>All cases of paralysis will require a thorough documentation of cause, functional restrictions, and prognosis by a qualified specialist.</p>

XIV. NEUROMUSCULAR (continued)

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(H) Abnormalities of peripheral nerves	Neuritis or other neuropathies causing severe pain, anesthesia or paresthesia, muscular weakness or proprioceptive sensory disturbances, regardless of underlying cause.	Limited tours may be granted in questionable cases for a period of observation with option for removal of restriction.	See (F) above.
(I) Other	Tics, tremors, chorea, ataxia, speech disturbances, and other signs or symptoms of neuro-muscular disease until cause is known, is considered non-progressive, and does not interfere significantly with ability to function.	Limited tours may be granted on a case-by-case basis.	See (F) above.

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(A) Adult atopic dermatitis (eczema)	If more than mild, or with history of recurrent exacerbations requiring systemic steroid therapy for control.	Limited tours may be granted for observation with option for extension.	In all cases, a detailed history including family history, past history of extent of involvement, treatment, or known aggravating factors, and current status will be required.
(B) Contact dermatitis	Presence, or history of, if more than mild and due to contactants which cannot be avoided in performance of professional duties.	See (A) above.	Narrative summary of past medical care will be required along with a current evaluation by a dermatologist.
(C) Dyshidrosis or other dermatoses of hands and feet	Chronic, recalcitrant cases which interfere with the performance of professional duties, regardless of cause.	See (A) above.	See (B) above.
(D) Discoid lupus erythematosus	If associated with marked disfigurement or systemic involvement.	See (A) above.	See (B) above.
(E) Psoriasis	If extensive, with history of frequent exacerbations requiring more than local therapy, or if associated with arthritis.	See (A) above.	See (A) above.

XV. SKIN (continued)

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(F) Bullous eruption	<ol style="list-style-type: none"> 1. Pemphigus or pemphigoid. 2. Presence or history of other bullous eruptions until cause is known, is not chronic or recurring, and no skin manifestations have been present for 6 months or more. 	Not applicable.	2. Questionable cases will require a narrative summary and current evaluation by the treating physician(s).
(G) Infectious diseases of skin	<ol style="list-style-type: none"> 1. Hidradenitis suppurativa if chronic or recurrent. 2. Other infectious diseases of the skin, unless mild and amenable to treatment or until cured and without sequelae. 	See (A) above.	See (B) above.
(H) Skin manifestations of systemic disease	Any skin condition which is known to be, or is commonly associated with, systemic disease unless underlying cause is known and not disqualifying (includes amyloidosis, erythema multiforme, erythema nodosum, panniculitis, purpura, petechia, etc.).	See (A) above.	See (A) above.

XV. SKIN (continued)

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(I) Other	Any skin disorder or history thereof, regardless of type or cause, which is chronic or recurring and requires frequent outpatient or inpatient therapy and/or loss from work, or is cosmetically unsightly (includes dermatitis herpetiformis, lichen planus, ichthyosis, extensive nevi, etc).	See (A) above.	See (B) above. In all cases, a detailed history including family history, past history of extent of involvement, treatment, or known allergenic factors, and current status will be required.
(J) Chronic lymphedema	Chronic lymphedema or elephantiasis, nonresponsive to treatment.	Limited tours may be granted on a case-by-case basis.	Medical case will be required along with a current evaluation by a dermatologist. See (A) above. See (B) above. See (A) above. The presence of lymphedema and/or elephantiasis is a contraindication for assignment to duty stations in the continental United States and Alaska.

XVI. MALIGNANCIES AND OTHER TUMORS

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(A) Tumors	<p>1. Any tumor present at time of examination unless by history and medical examination such tumor is benign and does not, nor is likely to, interfere with function or be associated with other systemic abnormalities.</p> <p>2. Presence or history of malignant tumors (other than non-recurrent basal cell epitheliomas of the skin) unless sufficient time has elapsed without evidence of recurrence to assume a "cure" has occurred. Such decision will be made by PHS Medical Review Board.</p>	<p>Limited tours may be granted on a case-by-case basis.</p>	<p>1. Tumors of unknown type or significance will be considered disqualifying until removed or biopsied and pertinent surgical and pathological reports indicate the standard is met, and sufficient time has elapsed to assume no sequelae incident to the surgical procedure.</p> <p>2. A narrative summary of all treatment, pertinent pathology reports, and a current medical evaluation will be required for presentation to the PHS Medical Review Board. Generally, a period of 5 years post-treatment will be considered "sufficient time" for the purpose of considering an applicant.</p>

XVII. SYSTEMIC DISEASES AND OTHER CONDITIONS

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(A) Collagen diseases	<p>Presence or history of:</p> <ol style="list-style-type: none"> 1. Lupus erythematosus 2. Scleroderma 3. Polyarteritis nodosa 4. Dermatomyositis 	<p>Not applicable in proven cases.</p>	<p>In questionable cases, a narrative summary of all diagnostic and treatment procedures and a current evaluation by a qualified specialist will be required. Current evaluation must include appropriate laboratory and other diagnostic tests.</p>
(B) Infectious diseases	<ol style="list-style-type: none"> 1. Any acute infectious disease (other than mild, self-limited diseases) until cured and without sequelae. 2. Chronic systemic infectious diseases, including systemic fungus diseases, leprosy, tuberculosis, tertiary syphilis, parasitism, brucellosis, etc. 	<p>See (A) above.</p>	<p>See (A) above.</p>
(C) Immunologic abnormalities	<ol style="list-style-type: none"> 1. Individuals on immunosuppressive drugs (including steroids). 2. Hereditary or acquired defects of immune response to infections. 3. Severe atopia with reactions to antigens which are severe and such antigens cannot be easily avoided. 4. Autoimmune diseases, not otherwise covered by standards, which require medical supervision and/or treatment. 	<p>See (A) above.</p>	<p>See (A) above</p>

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(D) Other	<p>1. Marfan's syndrome.</p> <p>2. Sarcoidosis, unless currently asymptomatic, a period of one year has elapsed since diagnosis, lesions have remained stable or regressed, eye or multiple organs have not been involved, and pulmonary function is not significantly affected.</p> <p>3. Reiter's syndrome until one year has elapsed without signs or symptoms of the disease.</p> <p>4. Post surgical cases, regardless of operative procedure until such time as post surgical complications are not likely to occur and healing has progressed satisfactorily, and the cause for, or result of, surgery is otherwise not disqualifying.</p>	<p>1, 4. Not applicable.</p> <p>2, 3. Limited tours may be granted if a period of observation is indicated.</p>	<p>See (A) above.</p>

XVIII. PSYCHIATRIC CONDITIONS

Condition	Cause for Rejection of Unlimited Appointment	Limited Tour Criteria	Remarks
(A) Psychosis	History of psychosis regardless of type (unless associated with acute, self-limited infectious or toxic illness).	Not applicable.	(A), (B), (C), (D). All cases with a history or other evidence of one of the conditions listed must submit a narrative summary from all treating physicians and a current evaluation by a psychiatrist. Questionable cases will be presented to the PHS Medical Review Board-Psychiatric for a final determination of qualification.
(B) Psychoneurosis and other mental illness	Any psychoneurotic illness which: 1. Is currently under treatment or has been in the past 12 months. 2. Has required hospitalization. 3. Is cause for repeated periods of poor work performance or social inadaptability.	1, 2, 3. Limited tours may be granted on a case-by-case basis.	
(C) Personality disorders	1. Drug dependency or alcoholism. 2. Documented evidence of repeated episodes of antisocial or inappropriate behavior which has or can be expected to interfere with professional and official duties.	1, 2. See (B).	
(D) Chronic brain syndrome	Disqualifying, regardless of cause.	Not applicable.	

Height (inches)	18-20 years		21-25 years		26-30 years		31-35 years		36-40 years		41-45 years		46-50 years		51-64 years	
	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max
60	105	146	108	150	110	153	112	157	112	160	112	164	112	166	112	169
61	107	149	110	153	112	155	115	159	115	163	115	166	115	169	115	171
62	109	151	112	155	113	158	118	161	118	165	118	169	118	171	118	174
63	111	155	113	159	115	160	121	164	121	168	121	171	121	174	121	176
64	113	159	115	160	118	164	124	168	124	171	124	175	124	178	124	180
65	115	163	119	165	121	169	127	173	127	176	127	180	127	183	127	185
66	117	166	122	170	125	174	130	178	130	181	130	185	130	188	130	190
67	121	171	126	175	129	179	133	183	133	186	133	190	133	193	133	195
68	125	176	130	180	132	184	137	188	137	191	137	195	137	198	137	200
69	129	181	133	185	136	189	141	193	141	196	141	200	141	203	141	205
70	133	186	137	190	139	194	145	198	145	201	145	205	145	208	145	210
71	137	191	140	195	143	199	149	203	149	206	149	210	149	213	149	215
72	141	196	145	201	148	205	152	209	152	213	152	216	152	219	152	221
73	145	201	149	208	152	211	156	215	156	219	156	223	156	225	156	228
74	149	206	154	214	157	218	159	221	159	225	159	229	159	231	159	234
75	153	211	158	220	161	224	163	228	163	231	163	235	163	238	163	240
76	157	216	163	226	166	230	167	234	167	238	167	241	167	244	167	246
77	161	221	167	232	170	236	171	240	171	244	171	248	171	250	171	253
78	165	226	172	239	175	242	175	246	175	250	175	254	175	256	175	259

TABLE I - Table of Acceptable Weight as Related to Age and Height for Males

Height (inches)	18-29 years		30-40 years		41-50 years	
	Min	Max	Min	Max	Min	Max
58 -----	90	124	95	129	100	135
59 -----	93	127	98	132	103	138
60 -----	96	130	101	135	106	141
61 -----	99	133	104	138	109	144
62 -----	102	136	107	141	112	148
63 -----	105	139	110	144	115	152
64 -----	109	142	113	148	118	156
65 -----	112	145	116	152	122	160
66 -----	115	149	120	156	126	164
67 -----	119	153	124	160	130	168
68 -----	122	157	127	164	134	172
69 -----	125	161	130	168	138	176
70 -----	128	165	133	172	142	180
71 -----	131	169	136	176	146	184
72 -----	135	173	140	180	150	188

TABLE II - Table of Acceptable Weight as Related to Age and Height for Females

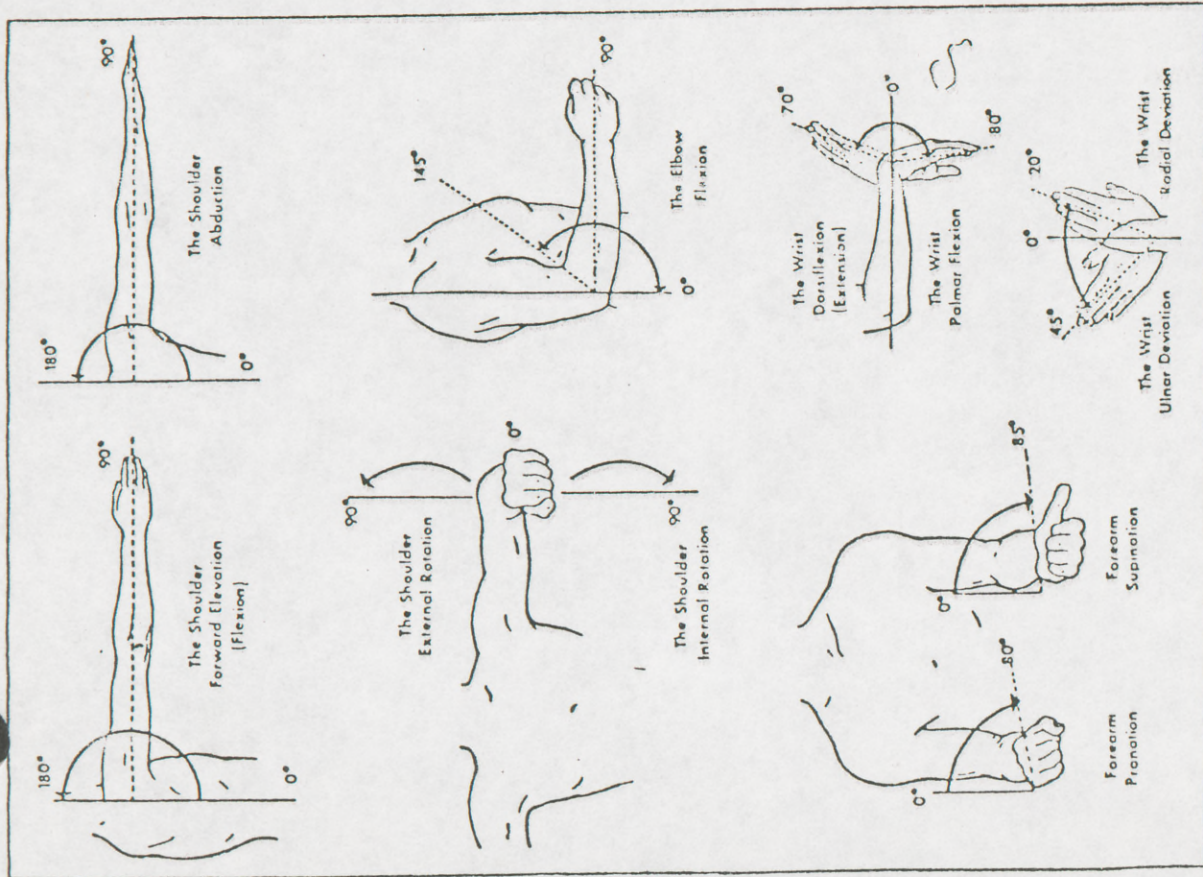


Figure 1

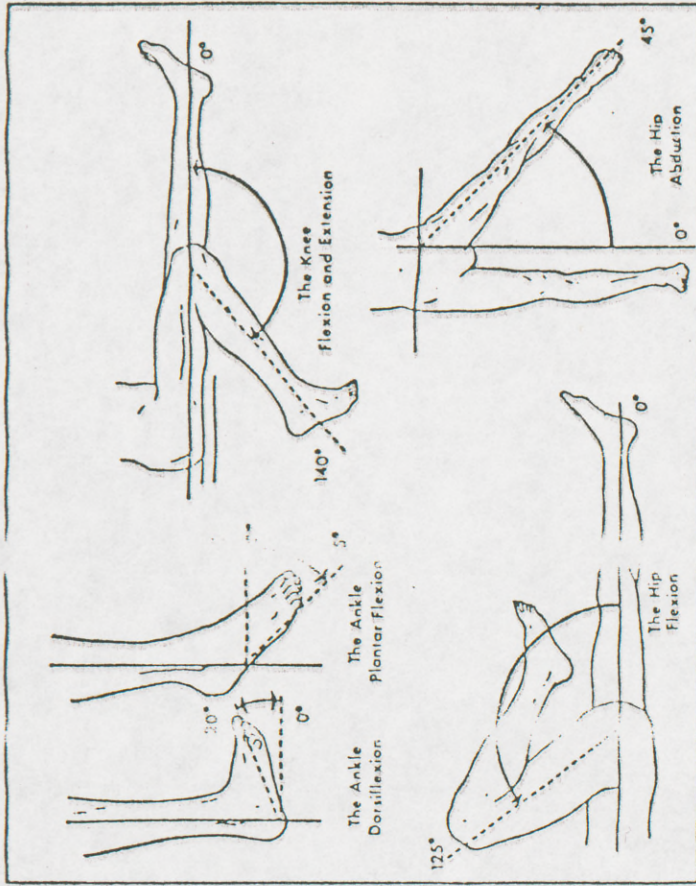


Figure 2

Table III - Range of Motion

