

Medical Services

A Recruiter's Guide to the Medical Process

This UPDATE publishes a revised USAREC pamphlet.

For the Commander:

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**Summary.** The purpose of this pamphlet is to make the medical qualifying process as easy as possible for the applicant and recruiter.

pamphlet does not contain information that affects the New Manning System.

Forms directly to HQ USAREC (RCCS-SURG), Fort Knox, KY 40121-2726.

**Applicability.** This pamphlet is applicable to all elements of this command.

**Suggested improvements.** The proponent agency of this pamphlet is the Office of the Chief of Staff. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank

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**Impact on New Manning System.** This pam-

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- (2) SF 88 (Report of Medical Examination).
- (3) SF 93 (Report of Medical History).
- (4) USMEPCOM Form 714-A (Request for Examination).

recruiter, his or her career is in your hands. The impression the applicant has of your professionalism is the impression he or she will have of the United States Army. This pamphlet will attempt to direct you through the medical portion of the applicant's enlistment. It will enable you to lead the applicant through the process in a smooth, professional manner. Please familiarize yourself with the procedures, pertinent regulations, and remember, "honesty is the best policy." Remember, with proper documentation, over 75 percent of submitted waivers are approved.

**1. Purpose**

This pamphlet has been designed to make the medical qualifying process as easy as possible for the applicant and recruiter. It should save recruiters time from being spent on applicants who cannot be qualified. Also, it should prevent costly existing prior to service (EPTS) discharges while increasing the approval rate of submitted waivers.

**3. Explanation of abbreviations**

- a. CMO—chief medical officer
- b. DEP—Delayed Entry Program
- c. EPTS—existing prior to service
- d. MEPS—Military Entrance Processing Station
- e. RBJ—reevaluation believed justified
- f. Rctg Bn—recruiting battalion
- g. TDQ—temporary disqualification
- h. USAREC—United States Army Recruiting Command

b. Step II.

(1) During your interview with the applicant, you will have him or her fill out DD Form 2246 (Applicant Medical Prescreening Form). If all the answers are checked "no," review the form with the applicant and have him or her sign and date it. If the applicant has checked "unsure," have him or her obtain the required medical information before finalizing the form. Remember, be sure the applicant is being totally honest with you. The purpose of the prescreening form is to help you determine the applicant's eligibility to enlist. After completion of the form, include it in the enlistment packet and forward to the MEPS.

**2. References**

- a. Related publications.
  - (1) AR 40-501 (Standards of Medical Fitness).
  - (2) AR 601-210 (Regular Army and Army Reserve Enlistment Program).
  - (3) USAREC Reg 601-56 (Waiver, Delayed Entry Program Separation, and Void Enlistment Processing Procedures).
  - (4) USMEPCOM Reg 40-1 (Medical Processing and Examination Policies—Military Entrance Processing Stations).
  - (5) USMEPCOM Reg 40-4 (Applicant Medical Prescreening).
  - (6) USMEPCOM Reg 40-8 (DOD Preaccession Drug and Alcohol Testing (DAT) Program).
- b. Related forms.

**4. General**

a. The recruiting process is taxing on the applicant and recruiter alike. The medical qualification process plays a major part in an applicant's enlistment. Cooperation between the Military Entrance Processing Stations (MEPS), applicants, and recruiters can make this process professional and relatively painless.

b. Each EPTS discharge costs the Army \$8,000. Each year, the Army has approximately 5,736 EPTS discharges that cost the Army \$45,888,000. Since the recruiter is the primary point of contact and closest to the applicants, careful screening can reduce the EPTS rate dramatically. See figure 1 for medical processing flowchart.

(2) If the applicant has marked some items "yes," make sure he or she has given full details explaining the "yes" response. At this point, call Dial-A-Medic and ask what steps you should take next. When you have received all the requested documents and actions required by the Dial-A-Medic, call-up and check one more time. If the MEPS feels that your documentation is complete, forward all the documentation along with

- b. Related forms.
  - (1) DD Form 2246 (Applicant Medical Prescreening Form).

**5. Procedures**

- a. Step I. When an applicant has you as a

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the signed DD Form 2246 and USMEPCOM Form 714-A (Request for Examination) to the MEPS for a papers only prescreen. Headquarters, United States Military Entrance Processing Command suggests you give them at least 48 hours to act on the prescreening form and all documentation forwarded to the MEPS.

c. Step III.

(1) After forwarding all the applicant's paperwork to the MEPS, there are three possibilities. One, the packet will be complete and the applicant appear to be qualified. Two, the packet will be incomplete and require further information and three, the packet will be complete but the applicant not qualified.

(2) If the packet is complete and the applicant appears to be qualified according to the MEPS prescreen, go ahead and schedule the applicant for the MEPS physical. Make sure you review the back of DD Form 2246 as to what he or she should bring to the exam.

(3) If the packet is incomplete and needs further information, the MEPS will notify you as to what is missing and what further information you will need. At this time, you should get with the applicant and obtain the further required documentation. When all the documentation is obtained, call Dial-A-Medic to ensure you have a completed packet. Forward the completed packet back to MEPS for another papers only review. If the packet is approved by the MEPS, schedule the applicant for a physical on the MEPS recommended day.

(4) If upon receiving a completed packet the MEPS determined the applicant is disqualified, you should notify the applicant of his or her disqualification and explain the reasoning. If the applicant is not satisfied, he or she has the option of providing additional paperwork. If you feel the rejection is unjustified, contact the recruiting battalion (Rctg Bn) operations and ask them to coordinate with the chief medical officer (CMO) and the MEPS to discuss the case. If it is resolved, no further action is needed. If the CMO still feels the applicant is disqualified and the Rctg Bn disagrees or feels that a waiver would be justified, the Rctg Bn operations officer or the noncommissioned officer should contact the United States Army Recruiting Command (USAREC) Surgeon for information and guidance. Recruiters will not call the Command Surgeon directly.

d. Step IV.

(1) Once all the prescreening is accomplished and the applicant has received a MEPS physical date, ensure that he or she brings all the items the MEPS has asked for. Remember, all applicants will be weighed. You can save yourself and the applicant a wasted trip by weighing the applicant before going. Instruct the applicant to avoid exposure to noise for 48 hours prior to the physical. This usually improves hearing up to five decibels.

(2) This physical can produce three possible results:

(a) The applicant could pass the physical and be determined medically qualified. At this point the applicant will enter the Delayed Entry Program (DEP).

(b) Temporary disqualification (TDQ) or re-evaluation believed justified (RBJ)--The applicant may be temporarily disqualified for an existing condition. The MEPS will instruct the applicant what the condition is, what the procedure is for rectifying it, and the waiting period. For example, if the applicant was four pounds overweight, he or she would be instructed that four pounds must be lost to qualify. Since the surgeon general allows only two pounds weight loss per week (for medical safety), the applicant can be scheduled no earlier than 2 weeks from the date of the RBJ. Once the applicant's problem is rectified, he or she is taken back to the MEPS for reevaluation. If the applicant is qualified, he or she will DEP-in.

(c) Permanent disqualification--Certain conditions are of a permanent nature and are disqualifying. At this juncture the MEPS CMO has two options: (1) Recommend the physical be sent to Headquarters, United States Army Recruiting Command for a waiver, or (2) Counsel the applicant as to the reasoning behind his or her disqualification and end the processing of the applicant at that time. If you feel the applicant's disqualification may be waiverable, but the CMO will not recommend a waiver, follow the procedures in c(4) above.

e. Step IVa (Nonwaiverable conditions). Here is a list of conditions that are unlikely to be waived for enlistees.

(1) Hearing--H-3 profiles in which the problem lies primarily in the high frequency ranges for nonprior service applicants.

(2) Surgery for radial keratotomy as well as the newer techniques for decreasing refraction.

(3) Surgery for morbid obesity.

(4) Any history of anterior cruciate tear with or without repair with residual instability.

(5) Psoriasis or atopic dermatitis. This may be waiverable based on severity of the case.

(6) Spondylosis, spondylolisthesis, any spinal fusion by surgery (as opposed to congenital) as well as laminectomy or other surgery for spinal disc degeneration.

(7) Ulcerative colitis or regional enteritis.

(8) Symptomatic scoliosis or a history of Harrington rod surgery.

f. Step IVb (MEPS responsibility). Here are some tips to help speed up the waiver process. These conditions will require the following information to accompany the waiver request. This is what the CMO should do:

(1) Cardiac - Mitral Valve Prolapse - if asymptomatic and uncomplicated (AR 40-501, para 2-18a) is qualifying. If disqualified and feel a waiver is possible:

(a) Cardiology consult with complete review of cardiac history and symptoms. If consult suggests further tests, then consult must make a conclusive diagnosis and prognosis after the test results are reviewed.

(b) Electrocardiogram and chest x-ray.

(c) 2-D echocardiogram with Doppler flow studies.

(d) All previous medical and/or hospital summaries.

(2) Proteinuria (AR 40-501, para 2-15k). If random specimens indicate urine creatinine ratio of more than .2 but less than .5, the condition is waiverable. If ratio exceeds .5, the applicant is automatically medically disqualified. Microscopic urinalysis is required.

(3) Orthopedic.

(a) Specify on the consult request what you need. Activities history and presence of pain, always. Be quantitative. Complete orthopedic exam with documentation of each test. Ortho consult must address whether applicant can march 25 miles in boots. Diagnosis and prognosis are necessary. Use of orthotics is a nonwaiverable disqualification.

(b) Chondromalecia patellae, subluxing patella, or shoulder need an "apprehension" test. Must be documented.

(c) All medical, hospital, and/or operative reports.

(d) Scoliosis needs full range of motion and strength of back, history of symptoms, treatment, measurement of scoliotic angle. Photograph of applicant.

(e) Send x-ray with scoliosis, any internal fixation devices, fractures into joints of "arthritic" joints, and any amputations.

(f) Missing pectoralis: Photograph in up and down push-up position from in front, and standing.

(4) Abdominal surgery.

(a) No waiver required on appendectomy or cholecystectomy unless there were complications.

(b) Any intestinal obstruction or resection - all medical and/or hospital records. Suggest gastrointestinal series of appropriate area.

(c) No waivers for stomach stapling or other obesity control surgery.

(5) Peptic ulcer.

(a) All medical records.

(b) Interim history of symptoms and/or bleeding - annotate SF 93 (Report of Medical History).

(c) Current upper gastrointestinal or endoscopy (less than 1 year old).

(6) Skin.

(a) Eczema - Consult must give a history to include how long, how often, and what medication used. Physical should describe and quantify the number and placement of all lesions. A diagnosis and prognosis should be included.

(b) Scars - Must have prognosis regarding breakdown potential, especially if in the "boot or backpack" area. Photographs help.

(7) Hypertension - If preponderant readings are abnormal and you want to submit a waiver:

(a) Obtain 3-day blood pressure check in three positions (stand, sit, supine) done twice daily. That physician should also state if applicant was on medication.

(b) Another recheck (RBJ) at MEPS.  
(c) If applicant has large arms, annotate if the obese cuff was used.

(8) Vision - Spherical equivalent up to  $\pm 8.25$  will be waived automatically. Waivers for greater correction are evaluated individually.

(9) Hearing. Waiver criteria is left to the discretion of the CMO and the USAREC Command Surgeon. Retest after 48 hours of noise-free environment, be sure there is no hay fever or respiratory infection.

(10) Asthma - Take an accurate history to include dyspnea, cough (especially at night), or wheezing with exercise. Obtain all medical records. We may later request post exercise pulmonary function tests both before and after bronchodilators.

(11) Bee sting allergy, if systemic (anaphylactic) - must have venom testing results. Some doctors will provide radioallergosorbent test results showing the applicant is not allergic. Radioallergosorbent test results are unacceptable. Venom testing (skin tests) is the only acceptable method of determining allergy status. If desensitized must have allergist statement that applicant is on maintenance. Waiver only available for persons who have completed desensitization to the maintenance level.

(12) Flat feet. Need photographs with pant legs rolled up, feet parallel, and 12 inches apart. Photograph from in front and in back at foot level. Comment on SF 88 (Report of Medical Examination) for bulging (yes or no), pronation, etc. Give not only statement "asymptomatic" but add the applicant's exercise history (i.e., teams competed on, work, etc.,) does he or she run. Use of orthotics is a nonwaiverable disqualification.

(13) Finally, a photograph of any unusual physical finding (scars, acne, scoliosis, pectus missing joints, pes cavus, or planus).

g. Step IVc (Recruiter responsibility). This is what you should send along:

(1) Endorsements. An applicant is usually disqualified for a specific defect. A good endorsement should prove, beyond any doubt, that the applicant functions well in spite of it. For example, if the applicant was disqualified for flat feet, the endorsements should demonstrate he or she has never been limited by the feet. Good endorsements would include:

(a) Letters from coaches that the applicant has been on a varsity team in a sport (e.g., basketball, football, track, etc.,) and has not experienced any pain. The letter should describe the participation and make clear that he or she was not a "bench warmer."

(b) Letters from employers stating the applicant is on his or her feet 8 hours a day, never complains about foot pain, and never misses work.

(c) The recruiter will not request the applicant perform any exercise in the recruiter's presence nor will a fitness test be administered.

(2) Photographs. A picture is truly worth a thousand words. Photographs, if required below, should be taken by recruiting officials or MEPS

personnel. For example if a person is disqualified for:

(a) Scoliosis. Send pictures (for men in shorts, females in two-piece attire). We will want to see if the person can stand erect in spite of the curvature.

(b) Flat feet. Send pictures, close up in all positions, including bottoms.

(c) Overweight. If the person was taped and found to meet body fat standards and could be considered to be a body builder, send photographs (men in shorts, females in two-piece attire).

(d) Orthopedic problems. Always have pictures sent of the defect and how the applicant can perform military duties (i.e., shooting, push-ups, typing, squatting, saluting, etc.).

(e) Tattoos. If disqualifying, send a picture. Pictures always help in determining the extent of the disability.

h. Step V. Upon successful completion of the physical exam or waiver approval, the applicant can be enlisted. However, your job is not done yet. You must continue to monitor the DEP member, while he or she is in the DEP to ensure that they remain physically eligible to access on their ship date.

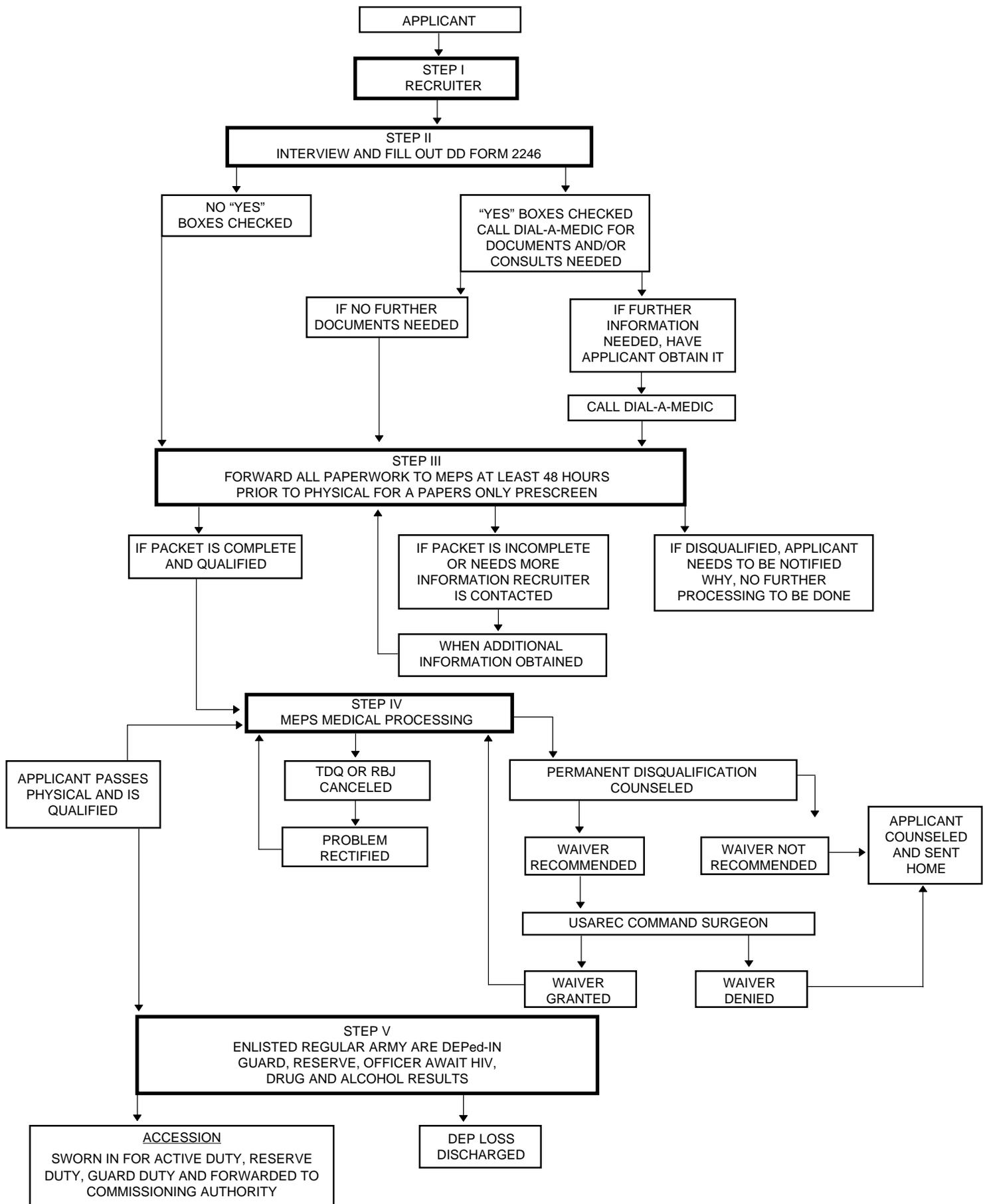


Figure 1. Medical processing flowchart for recruiters