

August 2024

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NSF 2022-2023 PQ (Physical Qualification) Guidelines

Antarctica is the highest, driest, and coldest continent on earth. Temperatures at McMurdo Station are frequently below freezing in the summer, while at the South Pole average winter temperatures dip below –100 degrees F. Employees live in a confined space during persistent periods of summer daylight or winter blackness. Altitudes vary from sea level at McMurdo and Palmer Stations to 9,000 feet at the South Pole.

Due to the remoteness of the continent, access to advanced medical care is limited. Medical facilities in Antarctica can comfortably manage routine primary care problems, but advanced diagnostic technology and specialty medical expertise is not readily available. Under optimal conditions, a medical evacuation from McMurdo Station to New Zealand may take several days or longer in the summer season. From Palmer station, the process is a minimum of a week if the vessel is in the vicnity. Winter medical evacuations are high-risk events that may take days to weeks and may be impossible.

Summit Station in Greenland is also extremely cold with average temperatures of around -20F during the summer season months. Further, Summit Station is at 10,555 feet of elevation but physiologically can feel much higher, increasing risk of various health infirmities. However, because medevac is easier, Physical Qualification (PQ) is only required if staying longer than a "flight cycle" which is defined as the period of time when the ANG (Air National Guard) is available and making routine flights to Summit Station from nearby at Kangerlussuaq, Greenland.

The delivery of pharmaceuticals, supplies, and equipment to all Arctic and Antarctic locations, can take weeks to months and may be impossible during winter. Laboratory diagnostics are limited and surgery of any kind not possible.

The types of medical clearance are defined as follows:

- 1) <u>Unrestricted</u> This clearance applies to all candidates who have reasonable health that should not require advanced evaluation or treatment. Unrestricted summer clearance allows the applicant to travel to all sites on the Antarctic continent and Arctic. Unrestricted winter clearance authorizes deployment to a specific station during the winter season.
- 2) Restricted This clearance indicates that the applicant has some medical concerns requiring further evaluation or is at risk of recurrence of a condition that would require a medical evacuation. Restricted clearance allows for deployment during the summer months. It implies that there is a medical condition that warrants reassessment before a clearance decision for winter deployment. Winter deployment is considered on a case-by-case basis. In certain cases, the physician advisor may advise restricting the applicant to certain locations on the continent.

PQ/NPQ and Waiver Process

1. The Medical Screening Guidelines – The latest NSF approved version of the Medical Screening Guidelines is the primary source utilized by the medical chart reviewer to classify applicants.

All patients falling in the NPQ category per medical screening guidelines for deployment must request a waiver if they wish to deploy. All waiver requests are reviewed by the NSF Safety and Occupational Health Office.

Reviewing physicians can request additional information from treating physicians to determine whether the condition meets the NPQ or restricted/unrestricted PQ criteria. This information can be requested without putting the applicant through the waiver process.

- 2. Summer-only clearances may be reassessed if the participant requests winter- over status. The subcontractor's medical advisor is authorized, and if necessary, upon consultation with the physician on station, to make a clearance decision if the participant meets all the winter-over PQ and related criteria. The subcontractor's medical advisor will briefly document rationale for the updated winter PQ decision. An applicant may request a waiver if the decision is NPQ, and the regular waiver process will be implemented. NSF will make the final waiver decision. If the waiver is approved, the subcontractor's medical advisor will assure the Antarctic or Arctic physicians, including the on-site winter physician, have direct input into whether they think they can handle any medical problem in question.
- 3. The medical chart reviewer may change a summer-only PQ to unrestricted PQ or to an NPQ if new facts come to light. However, any NPQ's with subsequent waiver requests must follow the standard waiver process. Such facts might arise from medical conditions that develop following the initial clearance decision or when new medical facts are provided.
- 4. Any restrictions imposed through an NSF-granted waiver cannot be removed without consultation with NSF Safety and Occupational Health Office. The medical chart reviewer should submit reasons for requesting a change, in writing, to the NSF.
- 5. A winter deployment waiver approval may require the following statement from the treating physician in their letter of support: "Supported for winter-over deployment to an austere location without regular medevac capability which would likely result in weeks to months before evacuation to definitive care".
- 6. The guidelines cannot include every medical condition, nor do they consider the impact of multiple medical conditions that may interact to increase programmatic risk. Guidelines are based upon common presentations or conditions observed in program applicants. The ultimate decision on who may deploy resides solely with the NSF.

Medical and Laboratory Testing Requirements for 2023-2024

General Requirements

Test	Summer: McMurdo, Summit	Summer: S. Pole	Winter: McMurdo	Winter: S. Pole	Palmer Station	Winter: Summit Station
Medical Self-History (Signed, dated)	Х	х	х	Х	Х	Х
Physical Exam	Х	Х	Х	Х	Х	Х
Dental	Х	Х	Х	Х	Х	Х
Up-to Date Immunizations See notes	Х	Х	х	Х	Х	Х
Complete misc. NSF Forms	Х	Х	Х	х	х	Х
Tuberculosis Test PPD/Quantiferon	Х	Х	х	Х	Х	Х

Blood Tests

Test	Summer: McMurdo, Summit	Summer: S. Pole	Winter: McMurdo	Winter: S. Pole	Palmer Station	Winter: Summit Station
CBC with Diff	X	Х	X	Χ	Χ	X
Chemistries	X	Х	X	X	Χ	X
Hepatic Panel	X	Х	X	X	Χ	X
Lipid Panel	X	Х	X	X	Χ	X
Anti-HBc Anti-HCV RPR (syphilis)	Х	Х	Х	Х	Х	х
Blood Type ABO, Rh	Х	Х	x	Х	Х	Х
TSH (only for those with thyroid disease history)	x	х	х	Х	Х	x
TSH (only for those deploying winter S Pole and Summit)				Х		x
HIV			X	Χ		X
HIV (walking blood bank)	Х	Х	X	Х	Х	Х
Ferritin				X		
PSA (men >50)				X		
Uric Acid				Х		

Test	Summer: McMurdo, Summit	Summer: S. Pole	Winter: McMurdo	Winter: S. Pole	Palmer Station	Winter: Summit Station
HgA1c (if glucose 100 or greater)	X	x	x	Х	Х	X

Other

Otner			\A/* -1	34" -1 -	B.L	\A(* -1
_	Summer:	Summer:	Winter:	Winter:	Palmer	Winter:
Test	McMurdo,	S. Pole	McMurdo	S. Pole	Station	Summit
	Summit					Station
Guaiac Stool	x	Х	x	X	X	X
(Age 50+)	^	^	^	^	^	^
12-lead EKG or						
rhythm strip (All new						
participants; then,	X	Х	x	Х	Х	Х
age 40-49 every 5						
yrs; then age 50+						
annually)						
Cardiac Stress Test						
(Age 50-59 every 2						
yrs; Age 60+ annually			X	X		Х
OR FRS>20% (see						
Guidelines)						
PAP Smear (females)						
Cytology Report w/						
Endocervical cell						
report (Age 21-65	X	X	Х	X	X	Х
every 3 yrs;						
All women wintering						
over – annually)						
Mammogram						
(females) (radiology)	V	V	V	V	V	V
(Age 40+ every 2 yrs;	Х	Х	Х	X	Х	X
All women wintering-						
over – annually) Gallbladder						
Ultrasound						
(fast 6 hrs) (All			X	Х		X
winter deployers)						
Chest x-ray				X		
Lung Cancer Screen				^		
(See notes)				Х		
Behavioral Health						
Assessment (not part				X		
of PQ process)						
or r & process;		1		1	1	1

Test	Summer: McMurdo, Summit	Summer: S. Pole	Winter: McMurdo	Winter: S. Pole	Palmer Station	Winter: Summit Station
Pulmonary Function Test (See notes)	x	×	×	х	х	Х
Original Bitewing X- rays (Note: 4 sets, mounted, completed within 12 months of PQ submission)	Х	Х	х	х	х	Х
Panoramic or mounted full mouth survey (one time requirement)	Х	Х	Х	Х	Х	х
Periapical (PA) Film	X	X	X	Χ	Χ	X

NOTE:

- 1) Up-to-Date Immunizations include Influenza, COVID-19, measles (if not immune), TDAP
- 2) Blood Chemistries Sodium, Potassium, Chloride, Glucose, Creatinine, GFR/BUN, Calcium
- 3) Hepatic Panel Alkaline phosphatase, Total Bilirubin, AST, ALT
- 4) Lipid Panel Cholesterol, HDL, LDL, Triglycerides
- 5) Chest X-ray Low-dose CT scan can substitute; required per TB protocol (+ PPD); or symptomatic pulmonary disease; submit report only not actual films
- 6) Lung Cancer Screen age 55-80 AND at least 30 pack-yr history AND current smoker or quit less than 15 years ago
- 7) Pulmonary Function Test pre/post bronchodilator if history of asthma, emphysema, or COPD OR occupational PFT (spirometry for work)
- 8) Short Duration and 2-yr PQ are exceptions to the above. They are addressed in separate policies.

Vaccinations and Infectious Disease

The PQ Determination Policy concerning vaccinations primarily follows the recommendations of the Center for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP). Any immunizing agent licensed by the Food and Drug Administration (FDA) or the Department of Health and Human Services (DHHS) may be used, as well as emergency use authorization (EUA) process. The requirements are based on CDC recommendations, host country requirements and OPP's Medical Review Panel.

Required Vaccinations:

- Tetanus
- Seasonal Influenza (exception for Arctic participants deploying in late spring/ summer)
- Measles
- COVID-19 (CDC up-to-date recommendations)

Required Infectious Disease Testing:

- Hepatitis A
- Hepatitis B
- HIV (USAP only: Walking Bloodbank & Winter overs)
- Syphilis
- Tuberculosis.

Screening for immunity. For some vaccine—preventable diseases, serologic or other tests can be used to identify preexisting immunity from prior infection or immunization that may eliminate the need for unnecessary immunization. Such testing may be adopted where it offers advantages in terms of improved care or medical economics. Titers may be used for measles.

**The PQ Guidelines are intended to be used by medical providers making PQ (Physically Qualified) and NPQ (Non-physically Qualified) determinations, and though potentially helpful to lay persons, may not be understandable in some cases due to the technicality of verbiage required. The Guidelines are not intended to include all medical conditions. As a reminder, medical providers develop a "Total Health Risk Profile" to make determinations that account for all health concerns identified. For specific questions on the process or help on who to contact, refer to the NSF PQ webpage https://www.nsf.gov/geo/opp/soh/index.jsp.

Behavior Health and Psychiatry

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
Psychiatric Diagnosis In DSM-5-TR	Asymptomatic without psychotropic medications or psychotherapy at least 1 year prior to deployment, AND LOS (Letter of Support) if last treatment within 3 years).	Stable at least 1 year and in active treatment of psychiatric illness (medication and/or psychotherapy), AND regular treatment provider supports deployment (if winter over, LOS must support with "essentially no medevac capability.") (Does not meet any of the NPQ criteria).	Within 10 years of deployment any of the following; History of psychosis from any cause, OR psychiatric hospitalization, OR suicidal ideation/attempt, OR emergency department visit for psychiatric condition, OR in active treatment for psychiatric illness without LOS,	

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
			OR medication change less than one year.	
Eating Disorders		Stable at least 3 years with normal examination and lab findings (i.e. BMI, potassium, protein, etc)	Concern for eating disorder, with BMI less than 17% or decreasing 10% over past 2 years. Signs of acute or chronic weight loss or gain (greater than 10% body weight or outside normal values for height for weight), or abnormal relevant laboratory findings.	Eating disorders potentially life threatening.
Seasonal Affective Disorder		Stable at least 3 years with normal examination and lab findings.	Severe or not responsive to phototherapy.	
Bipolar Disorder	None	No manic (or hypomanic) episode within 2 years of application AND No medication change within 1 year of application. No prescribed Lithium. AND No requirement for on-going support AND LOS from treating provider	Manic (or hypomanic) or depressive episode within 2 years of application OR Medication change within 1 year OR Prescribed Lithium for management OR Requirement for on- going support OR Winter Deployment OR LOS inadequate	
Dementia			Any dementia	

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
Attention Deficit/ Hyperactivity Disorder	ADHD mild, controlled on medications, AND consistent dose for at least 1 year, AND LOS from treating provider, AND arrangements must be confirmed for medication supply; not feasible in	ADHD, mild controlled on medications, AND dose change less than 1 year, AND LOS from treating provider, AND arrangements must be confirmed for medication supply; not feasible in winter.	ADHD poorly controlled, with or without meds. Winter deployment any location (due to medication supplies).	
	winter.			
Chronic Pain	No use of controlled substances for pain treatment.		Use of controlled substances for management of non-acute pain on either an intermittent or continuous basis.	

NOTE: South Pole participants must clear Behavioral Health Assessment prior to deployment; not part of the PQ process.

Breast Disease

Di Cast Discasi				
Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
Breast Cancer	Carcinoma of the	Treated	Carcinoma of the	High risk of recurrence in
	breast,	carcinoma of the	breast,	some cases, no
		breast,	AND treatment	mammography, CT and
	AND treatment		completed less	nuclear medicine not
	completed 5 or	AND treatment	than 1 year prior	available.
	more years prior	completed at	to deployment,	
	to deployment,	least 1 year but		Hormone medications
		less than 5 years	OR	used for
	AND no evidence	prior,		treatment/prevention of
	of recurrent or		Any evidence of	breast cancer will be
	metastatic	AND no evidence	recurrent or	assessed for clot and any
	disease,	of recurrent or	metastatic	other relevant medical
			disease,	risk.

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
	AND if S/P	met- astatic		
	subtotal or	disease,	OR	
	radical			
	mastectomy with	AND if S/P	S/P subtotal or	
	documented	subtotal or	radical	
	negative lymph	radical	mastectomy with	
	nodes.	mastectomy,	positive lymph	
		with negative	nodes.	
		lymph nodes.		
Breast Mass	Any breast mass,	Any breast mass,	Any breast mass,	Mammography, biopsy,
	determined to be	determined to be	determined to be	and follow up evaluation or
	benign by biopsy	benign by biopsy	benign by biopsy	treatment unavailable
	or aspiration,	or aspiration,	or aspiration,	
	AND follow-up	AND follow-up	AND further	
	advised at least 1	examination	imaging or other	
	year after the	advised at least	workup advised	
	evaluation,	6 or less than 12	within 6 months	
		months after	of evaluation.	
	AND LOS	evaluation,		
	confirming the			
	above.	AND LOS		
		confirming the		
		above (except		
		NPQ South Pole		
		and Summit		
		Station winter).		

Cardiovascular

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
General	Absence of clinical	Medical signs or	Winter-over,	
	symptoms or signs of	symptoms of	field camp,	
	angina, congestive	angina, congestive	South Pole, or	
	heart failure,	heart failure,	Summit Station	
	syncope, abnormal	syncope, abnormal	candidates with	
	conduction, or	conduction, or	any current	
	arrhythmia,	arrhythmia,	evidence of	
		(including	signs, symptoms,	
	AND a baseline ECG	dizziness, syncope	or cardiovascular	
	indicating no	and palpitations),	tests suggestive	
	evidence of MI,		of a current	
	significant	AND normal	cardiac	
	arrhythmia,	evaluation	condition,	
	conduction delays or	including a stress	excluding benign	

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
	ventricular	echo, holter	structural	
	hypertrophy.	monitor and	abnormalities,	
		cardiology		
		consultation	OR unexplained	
		addressing the	chest pain,	
		presumptive	dyspnea,	
		etiology and	orthopnea or	
		prognosis for the underlying	edema,	
		condition,	OR cardiac	
		condition,	conditions treated	
		AND LOS.	with medications	
		71110 200.	that may require	
			drug monitoring.	
			Such medications	
			may include, but	
			are not limited to,	
			warfarin, digoxin,	
			and certain	
			antiarrhythmics.	
ECG	Normal ECG,		Signs, symptoms	
			or ECG evidence of	
	OR ECG abnormalities		an arrhythmia or	
	of no clinical		conduction	
	significance.		abnormality for	
			which a cardiac	
			etiology cannot be	
			reasonably	
			excluded.	
Cardiac		Cardiac	Cardiac	
Pacemaker		pacemaker, for	pacemaker, for	
Defibrillator		demand purposes	reason other than	
		of physiological	sinus bradycardia.	
		sinus bradycardia,		
			Pacemaker is NPQ	
		AND letter from	for winter	
		cardiologist	seasons.	
		documenting	Dafibullate CARC	
		pacemaker is	Defibrillator is NPQ	
		current and not	for all seasons and	
		malfunctioning,	locations.	
		AND summer		
		AND summer		
		deployment.		

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
Pericarditis	History of	Pericarditis, single	Pericarditis less	
	pericarditis,	episode,	than 1 year prior to	
	resolved,	4	deployment,	
	5 or more years	1 year up to 5	OD biotomy of	
	prior to deployment,	years prior to deployment,	OR history of recurrent	
	deployment,	deployment,	pericarditis,	
	AND absence of	AND normal ECG	periodi ditio,	
	clinical findings,	and	OR abnormal ECG	
		echocardiogram,	or echocardiogram,	
	AND no underlying			
	systemic illness.	AND absence of	OR presence of	
		clinical findings,	clinical symptoms,	
		AND no underlying	OR with an	
		systemic illness.	underlying systemic	
			illness.	
Valvular Heart	Valvular heart		Valvular heart	
Disease	disease,		disease,	
	AND no clinical		OR clinical	
	symptoms,		symptoms,	
	AND no evidence of		OR evidence of	
	CHF,		CHF,	
	AND no evidence of		OR arrhythmia,	
	arrhythmia,		OR syncope,	
	AND no syncope,		OR evidence of	
			ventricular	
	AND no evidence of ventricular		hypertrophy,	
	hypertrophy.		OR decreased	
	,perarop,.		LVEF,	
			OR Hypertrophic	
			Cardiomyopathy	
			(HCM).	
Heart Valve		Heart valve	Heart valve	
Replacement		replacement	replacement less	
		at least 1 year	than 1 year prior	
		prior to	to deployment,	
		deployment,	OR clinical signs or	
	<u> </u>	1		l

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
		AND no clinical	symptoms,	
		signs or symptoms,		
			OR abnormal	
		AND normal stress	stress	
		echocardiogram	echocardiogram	
		after valve	after valve	
		replacement.	replacement.	
Hypertension	Hypertension, well	Hypertension,	Hypertension,	Restricted PQs may
	controlled with or	with systolic BP	with systolic BP	be required to
	without medication,	equal to or	equal to or greater	follow up with the
		greater than 140	than 160,	clinic monthly.
	AND BP less than 140	but less than 160,		
	systolic,		OR diastolic	
	AND DD Learning CO	OR diastolic BP 90	equal to or greater	
	AND BP less than 90	or above but less	than 100.	
Vontaioules	diastolic.	than 100.	Loft vontrianta	
Ventricular		Left ventricular	Left ventricular	
Hypertrophy		hypertrophy,	hypertrophy,	
		AND no clinical	with signs,	
			symptoms, or ECG evidence of	
		signs or symptoms,	arrhythmia,	
		AND no	OR hypertension,	
		arrhythmia,	On hypertension,	
		arring crimina,	OR diabetes,	
		AND normal blood	On diabetes,	
		pressure,	OR	
		,	hyperlipidemia,	
		AND no diabetes,	,, ,	
		,	OR smoking	
		AND no	within 5 years of	
		hyperlipidemia,	deployment	
		AND no smoking 5	OR valvular heart	
		or more years	disease,	
		prior to		
		deployment.	OR right ventricular	
			hypertrophy	
Congestive		CHF, resolved,	CHF, symptomatic,	
Heart Failure		asymptomatic,		
		with or without	OR LVEF less than	
		control on medical	50%.	
		therapy,		

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
		AND LVEF 50% or		
		greater,		
		AND		
		echocardiogram		
		within 6 months,		
		AND LOS.		
Coronary		History of	History of	
Artery Disease		atherosclerotic	atherosclerotic	
•		heart disease	heart disease	
		without diabetes		
		mellitus,		
			AND WITH	
		AND no smoking,		
			current evidence	
		AND controlled	of diabetes	
		hypertension,	mellitus,	
		AND LDL Chol	OR uncontrolled	
		less than 100,	hypertension,	
		AND	OR LDL Chol 100	
		Chol/HDL less than	or greater,	
		5,		
			OR Chol/HDL 5 or	
		AND nonsmoker	greater,	
		for at least 5 years,		
			OR smoking history	
		AND normal	less than 5 years	
		nuclear stress test	prior to	
		or stress	deployment,	
		echocardiogram		
		within 1 year.	OR abnormal	
			nuclear stress test	
			or stress	
Myocardial		History of MI, at	echocardiogram. History of MI, less	
Myocardial Infarction		least 1	than 1	
ווומוננוטוו		year prior to	year prior to	
		deployment,	deployment,	
		AND no clinical	OR clinical	
		findings of	findings of	
		angina,	angina,	
		arrhythmia or	arrhythmia or	

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
		CHF,	CHF,	
		AND normal	OR recent	
		recent (less than	abnormal stress	
		one year) stress	echocardiogram,	
		echocardiogram,	nuclear stress	
		nuclear stress test	test,	
		or no obstructive		
		coronary artery	OR obstructive	
		disease on	coronary artery	
		angiography,	disease on	
			catheterization,	
		AND normal		
		blood pressure,	Or hypertension	
		AND andiabatas	not controlled on	
		AND no diabetes,	medication,	
		AND LDL Chol less	OR diabates	
		than 100,	OR diabetes,	
		than 100,	OR LDL Chol	
		AND Chol/HDL	100 or higher,	
		less than 5,	100 of Higher,	
		icss triairs,	OR Chol/HDL	
		AND absence of	5 or higher,	
		smoking	,	
		5 or more years	OR smoking less	
		prior to	than 5 years prior	
		deployment,	to deployment.	
		AND LOS from		
		cardiologist		
		confirming fitness		
		for deployment.		
Coronary		History of	History of	Incidence of
Bypass		coronary bypass	coronary bypass	graft or stent
Coronary		graft or stent 12	graft or stent less	occlusion
Stents		or more months	than 12 months	decreases after
		prior to	prior to	first 12 months.
		deployment,	deployment,	
				South Pole and
		AND no clinical	OR 12 or more	Summit Station
		findings of	months with	winters have
		angina,	clinical findings of	extreme
		arrhythmia or	angina,	evacuation
		CHF,	arrhythmia or	challenges.

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
			CHF,	
		AND normal		
		recent stress	OR abnormal	
		echocardiogram,	stress	
		nuclear stress	echocardiogram,	
		test or no	nuclear stress	
		obstructive	tests or	
		coronary artery	obstructive	
		disease on	coronary artery	
		catheterization,	disease on	
			catheterization,	
		AND normal		
		blood pressure,	OR hypertension	
			not controlled	
		AND no diabetes,	with medication,	
		AND LDL Chol	OR diabetes,	
		Less than 100,		
		_	OR LDL Chol 100	
		AND Chol/HDL less than	or higher,	
		5,	OR Chol/LDL 5 or	
			greater,	
		AND no smoking		
		for 5 more years	OR smoking	
		prior to	history less than	
		deployment,	5 years prior to	
			deployment.	
		AND LOS from		
		cardiologist	Coronary bypass	
		confirming fitness	and/or stent is NPQ	
		for deployment.	for South Pole and	
			Summit Station	
			winter, though can	
			be waiverable.	
Cardiac	NSR, sinus	SVT, single	SVT, 1 or more	
Arrhythmia	arrhythmia,	occurrence, with	occurrences,	
	premature atrial	no recurrence		
	contractions,	1year but less	OR less than 1	
	first degree AV	than 5 years	year prior to	
	block,	prior to	deployment,	
	nonconsecutive	deployment,		
	unifocal PVCs,		OR Mobitz	
		OR Mobitz Type I	Type II heart	
		heart block.	block,	

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
Exercise Stress Test (summer required only if FHR score greater than 20%) Winter participant: Cardiovascular stress tests are required every two years from 50-59 and yearly after the age of 60.				Comment
age of 60.	•			
	And greater than 85% of maximum heart rate achieved, AND sustained work			
	level of 10 METS for 3 minutes (completion of stage 3 Bruce Protocol),			
	AND physician interpretation of "negative" or "low			

Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
	probability" of ischemia.			

Dental

Impacted Third Molars Fully erupted third molar with no caries or periodontal disease, OR asymptomatic fully impacted third molar aradiographic pathology, OR partially erupted third molar. OR partially erupted third molar clearance criteria, patient age 30 or older, patient age ago or older, patient age ago or older, patient age less than 30 years. OR partially erupted third molar. OR patially erupted third molar. OR partially erupted third molar in the tase of a nonfunctional particular probe can contact the crown of the third molar in the t	Condition	Unrestricted	Restricted	Not Physically	Comment
third molar with no caries or periodontal disease, clearance criteria, patient age of a nonfunctional radiographic pathology, and probe cannot contact the crown of an unerupted third molar, no bleeding, good hygiene, no contact with the ascending ramus, no evidence that soft tissue extends onto the occlusal surface of the third molar, absence of pseudo or bony		Clearance	Clearance	Qualified	
with no caries or periodontal disease, OR with letter from dentist advising patient age 30 or older, OR asymptomatic fully impacted third molar with no of a nonfunctional radiographic pathology, OR partially erupted third molar. OR partially erupted third molar. OR partially erupted third molar, with evidence that periodontal probe cannot contact the crown of an unerupted third molar, no bleeding, good hygiene, no contact with the ascending ramus, no evidence that soft tissue extends onto the occlusal surface of the third molar, absence of pseudo or bony wetting OR with letter from dentist advising extraction, OR partially erupted third molars. OR partially erupted third molar. "Unrestricted" clearance criteria, patient age less than 30 years. Periodontal probe can contact the crown of an unerupted third molar. Distal crown of the third molar lies on the ascending ramus.	Impacted Third	Fully erupted	Partially erupted	Symptomatic,	At risk for
or periodontal disease, clearance criteria, patient age 30 or older, asymptomatic fully impacted third molar with no radiographic pathology, of a nonfunctional radiographic pathology, of a nonfunctional probe cannot contact the crown of an unerupted third molar, no bleeding, good hygiene, no contact with the ascending ramus, no evidence that soft tissue extends onto the occlusal surface of fipseudo or bony	Molars	third molar	third molars, not		becoming
disease, OR asymptomatic fully impacted third molar with no radiographic pathology, OR partially erupted third molar, with evidence that periodontal probe cannot contact the crown of an un- erupted third molar, no bleeding, good hygiene, no contact with the ascending ramus, no evidence that soft tissue extends onto the occlusal surface of the third molar, absence of pseudo or bony OR partially erupted third molar. Periodontal probe can contact the crown of an un- erupted third molar, no bleeding, good hygiene, no contact with the ascending ramus. Distal crown of the third molar lies on the ascending ramus.		with no caries	meeting	OR with letter	symptomatic.
OR asymptomatic fully impacted third molar with no radiographic pathology, OR partially erupted third molar, with evidence that periodontal probe cannot contact the crown of an un- erupted third molar, no bleeding, good hygiene, no contact with the ascending ramus, no evidence that soft tissue extends onto the occlusal surface of the third molar, absence of pseudo or bony OR partially erupted third molar, of a nonfunctional third molar. OR partially erupted third molar. OR partially erupted third molar. Unrestricted" clearance criteria, patient age less than 30 years. Periodontal probe can contact the crown of an unerupted third molar. Bleeding or poor hygiene is evident in the third molar area. Distal crown of the third molar lies on the ascending ramus.		or periodontal	'Unrestricted"	from dentist	
OR asymptomatic fully impacted third molar with no radiographic pathology, OR partially erupted third molar, with evidence that periodontal probe cannot contact the crown of an un- erupted third molar, no bleeding, good hygiene, no contact with the ascending ramus, no evidence that soft tissue extends onto the occlusal surface of the third molar, absence of pseudo or bony OR partially erupted third molar. OR partially erupted third molar. OR partially erupted third molars "Unrestricted" clearance criteria, patient age less than 30 years. Periodontal probe can contact the crown of an unerupted third molar. Bleeding or poor hygiene is evident in the third molar area. Distal crown of the third molar lies on the ascending ramus.		disease,	clearance criteria,	advising	
asymptomatic fully impacted third molar with no radiographic pathology, OR partially erupted third molar. "Unrestricted" clearance criteria, patient age less than 30 years. Periodontal probe can contact the crown of an unerupted third molar, no bleeding, good hygiene, no contact with the ascending ramus, no evidence that soft tissue extends onto the occlusal surface of the third molar, absence of pseudo or bony			patient age 30 or	extraction,	
fully impacted third molar with no radiographic pathology, OR partially erupted third molar, with evidence that periodontal probe cannot contact the crown of an unerupted third molar, no bleeding, good hygiene, no contact with the ascending ramus, no evidence that soft tissue extends onto the occlusal surface of pseudo or bony Fully impacted third molar occlusion in the case of a nonfunctional third molar. OR lack of opposing occlusion in the case of a nonfunctional third molar. With evidence (criteria, patient age less than 30 years. Periodontal probe can contact the crown of an unerupted third molar. Bleeding or poor hygiene is evident in the third molar area. Distal crown of the third molar lies on the ascending ramus.		OR	older,		
third molar with no radiographic pathology, OR partially erupted third molar, with evidence that periodontal probe cannot contact the crown of an unerupted third molar, no bleeding, good hygiene, no contact with the ascending ramus, no evidence that soft tissue extends onto the occlusal surface of the third molar, absence of pseudo or bony third molar. molars not meeting "Unrestricted" clearance criteria, patient age less than 30 years. Periodontal probe can contact the crown of an unerupted third molar. Periodontal probe can contact the crown of an unerupted third molar. Bleeding or poor hygiene is evident in the third molar area. Distal crown of the third molar lies on the ascending ramus.		asymptomatic		1 '	
with no radiographic pathology, OR partially erupted third molar, with evidence that periodontal probe cannot contact the crown of an unerupted third molar, no bleeding, good hygiene, no contact with the ascending ramus, no evidence that soft tissue extends onto the occlusal surface of the third molar, absence of pseudo or bony with no radiographic third molar. of a nonfunctional third molar. "Unrestricted" clearance criteria, patient age less than 30 years. Periodontal probe can contact the crown of an unerupted third molar. Bleeding or poor hygiene is evident in the third molar area. Distal crown of the third molar lies on the ascending ramus.				1	
radiographic pathology, OR partially erupted third molar. OR partially erupted third molar, with evidence that periodontal probe cannot contact the crown of an unerupted third molar, no bleeding, good hygiene, no contact with the ascending ramus, no evidence that soft tissue extends onto the occlusal surface of the third molar, absence of pseudo or bony third molar. "Unrestricted" clearance criteria, patient age less than 30 years. "Description of contact with the crown of an unerupted contact the crown of an unerupted third molar. Bleeding or poor hygiene is evident in the third molar area. Distal crown of the third molar lies on the ascending ramus.					
pathology, OR partially erupted third molar, with evidence that periodontal probe cannot contact the crown of an un- erupted third molar, no bleeding, good hygiene, no contact with the ascending ramus, no evidence that soft tissue extends onto the occlusal surface of the third molar, absence of pseudo or bony clearance criteria, patient age less than 30 years. Periodontal probe can contact the crown of an unerupted chird unerupted third molar. Bleeding or poor hygiene is evident in the third molar area.				_	
OR partially erupted third molar, with evidence that periodontal probe cannot contact the crown of an unerupted third molar, no bleeding, good hygiene, no contact with the ascending ramus, no evidence that soft tissue extends onto the occlusal surface of the third molar, absence of pseudo or bony		- '	third molar.		
OR partially erupted third molar, with evidence that periodontal probe cannot contact the crown of an unerupted third molar, no bleeding, good hygiene, no contact with the ascending ramus, no evidence that soft tissue extends onto the occlusal surface of the third molar, absence of pseudo or bony periodontal probe can contact the crown of an unerupted contact the crown of an unerupted third molar. Bleeding or third molar. Bleeding or poor hygiene is evident in the third molar area. Soft tissue extends onto the occlusal surface of the third molar, ascending ramus.		pathology,			
erupted third molar, with evidence that periodontal probe cannot contact the crown of an un- erupted third molar, no bleeding, good hygiene, no contact with the ascending ramus, no evidence that soft tissue extends onto the occlusal surface of the third molar, with molar, absence of pseudo or bony Periodontal probe can contact the crown of an unerupted third molar unerupted third molar evidenci the crown of an unerupted third molar. Bleeding or poor hygiene is evident in the third molar area. Distal crown of the third molar lies on the ascending ramus.				·	
molar, with evidence that periodontal probe cannot contact the crown of an un- erupted third molar, no bleeding, good hygiene, no contact with the ascending ramus, no evidence that soft tissue extends onto the occlusal surface of the third molar, absence of pseudo or bony Periodontal probe can contact the crown of an unerupted third molar. Bleeding or poor hygiene is evident in the third molar area. Distal crown of the third molar lies on the ascending ramus.				·	
evidence that periodontal probe cannot contact the crown of an un- erupted third molar, no bleeding, good hygiene, no contact with the ascending ramus, no evidence that soft tissue extends onto the occlusal surface of the third molar, absence of pseudo or bony		•			
periodontal probe cannot contact the crown of an un- erupted third molar, no bleeding, good hygiene, no contact with the ascending ramus, no evidence that soft tissue extends onto the occlusal surface of the third molar, absence of pseudo or bony Periodontal probe can contact the crown of an unerupted third molar. Bleeding or poor hygiene is evident in the third molar area. Distal crown of the third molar ascending ramus.				years.	
probe cannot contact the crown of an un- erupted third molar, no bleeding, good hygiene, no contact with the ascending ramus, no evidence that soft tissue extends onto the occlusal surface of the third molar, absence of pseudo or bony probe can contact the contact the crown of an unerupted third molar. Bleeding or poor hygiene is evident in the third molar area. Distal crown of the third molar lies on the ascending ramus.					
contact the crown of an un- erupted third molar, no bleeding, good hygiene, no contact with the ascending ramus, no evidence that soft tissue extends onto the occlusal surface of the third molar, absence of pseudo or bony contact the crown of an unerupted third molar. Bleeding or poor hygiene is evident in the third molar area. Distal crown of the third molar lies on the ascending ramus.		· ·			
crown of an unerupted third molar, no bleeding, good hygiene, no contact with the ascending ramus, no evidence that soft tissue extends onto the occlusal surface of the third molar, absence of pseudo or bony crown of an unerupted third molar. Bleeding or poor hygiene is evident in the third molar area. Distal crown of the third molar lies on the ascending ramus.		•		'	
erupted third molar, no bleeding, good hygiene, no contact with the ascending ramus, no evidence that soft tissue extends onto the occlusal surface of the third molar, absence of pseudo or bony Bleeding or poor hygiene is evident in the third molar area. Distal crown of the third molar lies on the ascending ramus.					
molar, no bleeding, good hygiene, no contact with the ascending ramus, no evidence that soft tissue extends onto the occlusal surface of the third molar, absence of pseudo or bony third molar. Bleeding or poor hygiene is evident in the third molar area. Distal crown of the third molar lies on the ascending ramus.					
bleeding, good hygiene, no contact with the ascending ramus, no evidence that soft tissue extends onto the occlusal surface of the third molar, absence of pseudo or bony Bleeding or poor hygiene is evident in the third molar area. Distal crown of the third molar lies on the ascending ramus.		•		· •	
hygiene, no contact with the ascending ramus, no evidence that soft tissue extends onto the occlusal surface of the third molar, absence of pseudo or bony Bleeding or poor hygiene is evident in the third molar area. Distal crown of the third molar lies on the ascending ramus.				third molar.	
contact with the ascending ramus, no evidence that soft tissue extends onto the occlusal surface of the third molar, absence of pseudo or bony poor hygiene is evident in the third molar area. Distal crown of the third molar lies on the ascending ramus.				Disading or	
ascending ramus, no evidence that soft tissue extends onto the occlusal surface of the third molar, absence of pseudo or bony evident in the third molar area. Distal crown of the third molar lies on the ascending ramus.				1	
ramus, no evidence that soft tissue extends onto the occlusal surface of the third molar, absence of pseudo or bony third molar area. Distal crown of the third molar lies on the ascending ramus.				, , , ,	
evidence that soft tissue extends onto the occlusal surface of the third molar, absence of pseudo or bony area. Distal crown of the third molar lies on the ascending ramus.		_			
soft tissue extends onto the occlusal surface of the third molar, absence of pseudo or bony Distal crown of the third molar lies on the ascending ramus.		•			
extends onto the occlusal surface of the third molar, absence of pseudo or bony Distal crown of the third molar lies on the ascending ramus.				alea.	
the occlusal surface of the third molar, absence of pseudo or bony the third molar lies on the ascending ramus.				Distal crown of	
surface of the third molar, absence of pseudo or bony lies on the ascending ramus.					
third molar, absence of pseudo or bony ascending ramus.					
absence of pseudo or bony ramus.					
pseudo or bony				=	
				. amas.	
		· ·		Soft tissue	
presence of extends onto the					

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
	opposing		occlusal surface	
	occlusion in the		of the third	
	case of a nonfunctional		molar.	
	third molar.		Pseudo	
	tillia illolar.		pockets, bony	
			pockets are	
			present;	
			Lack of opposing	
			occlusion in the	
			case of a	
			nonfunctional	
			third molar.	
Abscessed Tooth	Periapical or		Periapical or	
	periodontal infection,		periodontal infection, current.	
	infection,		infection, current.	
	AND resolved			
	with root canal			
	or periodontal			
	therapy, or			
	extraction,			
	AND resolved at			
	least 1 month			
	prior to deployment.			
Orthodontics,	Fixed or	Braces,	Braces NPQ winter.	
Braces, Retainers	removable	attached 2 or more	Braces in a miner	
•	orthodontic	months prior to		
	retainer only,	deployment,		
	with no active			
	appliance.	AND summer only,		
		AND dental care		
		accessible,		
		,		
		AND x-ray evidence		
		of stability,		
		AND LOS from		
		dentist.		
Caries	Incipient		Caries that have	Untreated caries
	lesions that		advanced	has increased risk
	have not		through the	of abscess.

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
	advanced		enamel,	
	through the			
	enamel.		OR defective	
			restoration,	
			OR recurrent	
			decay,	
			OR fractures,	
			OR open margin,	
			OD to man c	
			OR temporary	
Root Canal	Poot canal or		restorations. Posterior teeth	
Restorations	Root canal or bridge,		with prior root	
Restorations	adequately		canals, including	
	treated, sealed		molars and	
	and		premolars with	
	permanently		only fillings, and	
	restored.		without crowns as	
	restoreu.		permanent	
	Complete		restorations.	
	permanent			
	restorations.			
	Anterior teeth			
	can have fillings			
	as permanent			
	restorations; or			
	if extensive			
	parts of the			
	tooth are			
	missing or			
	fractured,			
	crowns are			
L L	required.	Old at the	B	
Implants	Recent implant,	Older implant,	Recent implant	
	with a healing	restored with a	placed less than a	
	cover screw but	crown with slight	month ago OR	
	no crown,	bone loss below the	cover screw is	
	AND implant	first thread of the	loose or implant is	
	AND implant placed 1 month	implant but no mobility or	mobile,	
	hiacea I mount	radiolucency,	OR	
		radiolucerity,	l Ov	

Unrestricted	Restricted	Not Physically	Comment
Clearance	Clearance	Qualified	
or more prior to			
deployment,	AND LOS to	Older implant ,	
	document.	restored with a	
AND		crown with	
surrounding		moderate to	
tissue appears		severe bone loss	
healthy,			
_		implant	
_		OR	
		Patana	
_			
ioose.		the implant.	
Older implant			
•			
0.011.1,			
AND implant is			
stable with no			
mobility and			
abutment and			
crown are stable			
with no			
mobility,			
radiolucency			
evident around			
ımplant,			
AND LOS for any			
•			
	Tooth has some root	Tooth has	
	The state of the s		
· ·			
-			
Well fitting.		Fractured or ill	
3			
	or more prior to deployment, AND surrounding tissue appears healthy, AND healing screw is either submerged under the gum or at the gum level and is not loose. Older implant, restored with a crown, AND implant is stable with no mobility and abutment and crown are stable with no mobility, AND no radiolucency evident around threads of implant, AND LOS for any of the above. Tooth is free of caries and has visible, stable roots and no radiolucency or mobility.	Clearance or more prior to deployment, AND surrounding tissue appears healthy, AND healing screw is either submerged under the gum or at the gum level and is not loose. Older implant, restored with a crown, AND implant is stable with no mobility and abutment and crown are stable with no mobility, AND no radiolucency evident around threads of implant, AND LOS for any of the above. Tooth is free of caries and has visible, stable roots and no radiolucency or mobility.	Clearance or more prior to deployment, AND LOS to document. AND surrounding tissue appears healthy, AND healing screw is either submerged under the gum or at the gum level and is not loose. Older implant, restored with a crown, AND implant is stable with no mobility, AND no radiolucency evident around threads of implant, AND LOS for any of the above. Tooth has some root radiolucency or mobility. AND cordinate of the implant restored with a crown, Tooth has some root resorption but is not mobile. Older implant, restored with a crown are stable with no mobility, AND no radiolucency evident around threads of implant, AND LOS for any of the above. Tooth has some root resorption but is not mobile.

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
Fractured Teeth	Restored or		Fractured tooth.	
Missing Teeth	missing teeth.			
Periodontal	Early disease,	Early disease,	Advanced	
Disease	bleeding	bleeding pockets less	periodontal	
	pockets less	than 5 mm depth,	disease,	
	than 5 mm			
	depth,	OR mild bone loss,	OR with bleeding	
	AND	OB tale	pockets 5 or more	
	AND no bone	OR requiring scaling	mm depth.	
	loss,	every 6 months.		
	AND requires no			
	therapy.			
Congenital Cleft	Cleft palate	Dentinogenesis	Congenital	
german erent	repair, no	Imperfecta,	abnormality, with	
Palate	residuals.	,	no dental consult	
		Amelogenesis	or LOS,	
Dentinogenesis		Imperfecta		
Imperfecta			OR cleft palate or	
		Congenital	other deformities,	
Amelogenesis		abnormality, with	severe, producing	
Imperfecta		evaluation by	speech or eating	
		dentist,	impairments.	
T	A	AND LOS.	Community and the	
Temporo- mandibular Joint	Asymptomatic for 5 or more	Asymptomatic for 6 or more months	Symptomatic,	
mandibular Joint		but less than 5	requiring chronic NSAID therapy,	
	years,	years, with LOS.	supplementary	
	AND surgery 6	years, with LOS.	analgesics, or less	
	or more months	Uses night guard or	than 6 months	
	prior to	requires occasional	after TMJ surgery.	
	deployment,	NSAID therapy, and		
		LOS from treating		
	AND	dentist.		
	asymptomatic.			

Dermatology

Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
General	Actinic keratosis,	Nevi, multiple, with history of dysplasia.	Cyst, symptoms, or excised, but requiring dressing changes or other follow-up care.	Benign skin lesions can be treated at all facilities. All cyst excisions should

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
	Nevi, no dysplasia,			be completely healed prior to deployment.
	Cyst, without symptoms, or excised, no required dressing changes or follow-up care,			Differentiating between benign and malignant lesions can be difficult without pathology. No pathology services available in winter.
	Viral warts under treatment.			
Acne			Accutane therapy.	Accutane prescriptions can generally be obtained for only 1 month. Further, Accutane therapy requires laboratory monitoring. Ongoing therapy is a specialty service. Note. Accutane causes sun
Malignant Melanoma	Malignant melanoma,	Malignant melanoma,	Malignant melanoma,	sensitivity Limited diagnostic equipment. Melanomas .75
	AND depth less than .75mm,	AND depth .75 mm or deeper,	OR depth .75 mm or deeper,	mm or deeper at risk for metastatic disease.
	AND excised 5 or more years prior to deployment,	greater than five years prior to deployment,	OR excised less than 5 years prior to deployment,	
		AND no evidence of recurrent or metastatic disease	OR recurrent or metastatic.	

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
	AND no			
	evidence of			
	recurrence.			
Basal Cell	Basal cell	Basal cell	Basal cell	No pathology
Carcinoma	carcinoma,	carcinoma, multiple	carcinoma;	services in winter.
	single episode,	sites,	untreated, or	
	AND	AND	currently treated	Topical treatments
	AND	AND successfully excised or treated	with topical agents.	can have side
	successfully excised or		OR basal cell	effects incompatible with
	treated,	at least 1 year ago	carcinoma, locally	deployment.
	lieateu,	AND without	invasive or	иерюутет.
	AND without	recurrence greater	metastatic.	
	recurrence	than 1 year.	ctastatic.	
	greater than or	than 1 year.	OR basal cell	
	equal to 1 year.		carcinoma less	
	, , , , , , , , , , , , , , , , , , , ,		than 1 year.	
Squamous Cell	Squamous	Squamous cell	Squamous cell	Risk of recurrence,
Carcinoma	cell	carcinoma,	carcinoma,	with inability to
	carcinoma,	2 or more but less	less than 2 years	diagnose and treat
	5 or more years	than 5 years prior to	prior to	during winter.
	prior to	deployment,	deployment, or	
	deployment,		with history of	
		AND no recurrence.	metastasis or local	
	AND no		spread.	
	recurrence.			
Psoriasis Eczema	Atopic	Atopic dermatitis	Atopic dermatitis,	Some systemic
	dermatitis,	including psoriasis	including psoriasis	treatments are
	including	and eczema, requiring	and eczema, poorly	hepatoxic.
	psoriasis and	maintenance high	controlled, or requiring use of	
	eczema, well controlled, on	potency steroid use.	biologics or	
	no systemic	potency steroid use.	systemic	
	immuno-		immunosuppressive	
	suppressive		or	
	therapy.		immunomodulator	
			therapy.	
Fungal or Tinea	Fungal or tinea	Fungal or tinea	Systemic fungal	Systemic fungal
Infections	infections,	infections,	infections.	therapy implies a
	superficial, with	superficial, with no		chronically
	no systemic	systemic		immuno-
	manifestations,	manifestations,		suppressed patient.
	AND no	AND requiring oral		
	systemic	systemic therapy.		

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
	antifungal			
	therapy.			
Herpes Zoster	Herpes zoster,	Herpes zoster,	Herpes zoster,	
	resolved,		active, or with post-	
		AND with post-	herpetic neuralgia,	
	AND no post-	herpetic neuralgia,		
	herpetic		OR poorly	
	neuralgia.	AND controlled with	controlled with	
		NSAID therapy.	NSAID therapy.	

Endocrinology and Metabolism

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
Diabetes			Diabetes insipidus,	
Insipidus,			nephrogenic or	
			vasopressin	
Addison's Disease			sensitive, treated	
			or untreated.	
			Addison's disease.	
Gout	Gout, last episode	Gout, last	Gout, last	
	6 or more months	exacerbation less	exacerbation less	
	prior to	than 6 months	than 6 months prior	
	deployment,	prior to	to deployment,	
		deployment,		
	AND uric acid less		OR uric acid 8.5	
	than 8.5 mg/dl.	AND uric acid less	mg/dl or higher	
		than 8.5 mg/dl,	OD D141 22	
		AND DAM I are the are	OR BMI 33 or	
		AND BMI less than	greater.	
Pituitary	Pituitary	33, Pituitary adenoma,	Pituitary adenoma,	
Adenoma	adenoma, 5 or	treated at least 1	duration less than 1	
Auctionia	more years prior	but less than 5	year prior to	
	to deployment,	years prior to	deployment,	
	to deployment,	deployment,	deproyments	
	AND normal		OR abnormal	
	radiographic	AND normal radio-	radiographic	
	evaluation,	graphic evaluation,	evaluation,	
	·	,	·	
	AND normal	AND normal	OR abnormal	
	prolactin and TSH	prolactin and TSH	prolactin or TSH	
	levels,	levels,	levels.	

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
	AND LOS from	AND LOS from		
	endocrinologist	endocrinologist		
	stating confirming	stating confirming		
	data and stating	data and stating		
	prognosis.	prognosis.	III a sala sa sala da sa	
Hypoglycemia	Reactive		Hypoglycemia due to insulinoma.	
	hypoglycemia without significant		to insumoma.	
	symptoms.			
Diabetes Mellitus	зуттртотта.	DM-1, at least 1	DM-1 less than 1 or	
Type I		but less than 20	20 or more	
7 12-3		years,	years duration,	
		, ,	,	
			OR HBA1C 7.5	
		AND HBA1C less	higher,	
		than 7.5,		
			OR	
		AND on stable	changes in	
		insulin regimen,	treatment regimen	
		AND no significant	in previous 6 mos.,	
		AND no significant hypoglycemia or	OR DKA less than 2	
		DKA within 2 years	years prior to	
		of deployment,	deployment,	
		or acproyment,	acployment,	
		AND no other	OR hypoglycemic	
		complications from	seizures/syncope	
		DM,	occurring within 2	
			years of	
		AND physician LOS	deployment,	
		confirming ability		
		to manage disease.	OR complications	
			of diabetes,	
			OR BMI 30 or	
			higher.	
			Not waiverable	
			winter South Pole	
			and Summit	
			Stations	
Diabetes Mellitus	NIDDM, duration	NIDDM, duration	NIDDM 20 or more	Risks of infection,
Type 2	less than 20 years,	less than 20 years,	years duration,	complications
			OR HBA1C 7.5 or	

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
	AND controlled	AND stable oral	higher,	
	on dietary	hypoglycemic or		
	therapy,	anti-hyperglycemic	OR treatment	
		regimens,	regimen change less	
	AND no		than 6 months prior	
	complications,	AND no	to deployment,	
		complications,		
	AND HBA1C less		OR with significant	
	than 7.5	AND HBA1C less	hypoglycemia or	
		than 7.5,	hyperglycemia less	
	AND no		than 2 years prior to	
	significant	AND no significant	deployment,	
	hypoglycemia or	hypoglycemia or		
	hyperglycemia 2	hyperglycemia,	OR complications of	
	or more years		DM-2,	
	prior to	AND BMI less than		
	deployment,	30.	OR BMI 30 or	
			greater,	
	AND BMI less			
	than 30.		OR requires insulin	
			for treatment.	
Thyroid Nodule	Solitary thyroid		Thyroid nodule(s),	
,	nodule(s),			
			OR undetermined	
	AND biopsy		etiology,	
	benign.			
			OR no follow- up	
			plan.	
Thyroid Cancer	History of	History of papillary,	History of papillary,	
	papillary,	follicular or mixed	follicular or mixed	
	follicular or mixed	cell cancer of the	cell cancer of the	
	cell cancer of the	thyroid, treatment	thyroid, treatment	
	thyroid,	completed 2 or	completed less than	
	treatment	more but less than	2 years prior to	
	completed 5 or	5 years prior to	deployment,	
	more years prior	deployment,		
	to deployment,		OR radiological	
		AND radiological	evidence of	
	AND radiological	evidence of no	recurrent or	
	evidence of no	recurrent or meta-	metastatic disease,	
	recurrent or	static disease,		
	metastatic		OR abnormal TSH.	
	disease,	AND normal TSH,		

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
	AND normal TSH,	AND LOS		
		confirmation from		
	AND LOS	endocrinologist		
	confirmation from	stating prognosis.		
	endocrinologist			
	stating prognosis.			
Graves Hyper-	Graves	Graves	History of Graves	TSH levels cannot
thyroidism	hyperthyroidism,	hyperthyroidism,	hyperthyroidism,	be determined
	treated at least 2	treated at least 1	untreated or	during
	years prior to	but less than 2	treated less than 1	deployment.
	deployment,	years prior to	year prior to	
		deployment,	deployment,	
	AND normal TSH	AND	OD about TOU	
	with or without	AND normal TSH,	OR abnormal TSH.	
	thyroid	with or without		
	replacement therapy.	thyroid replacement		
	therapy.	therapy.		
Toxic Adenoma	Toxic adenoma or	Toxic adenoma or	History of toxic	
TOXIC Adenoma	toxic multinodular	toxic multinodular	adenoma or multi-	
	goiter, treated at	goiter, treated at	nodular goiter,	
	least 2 years prior	least 1 but less	untreated or	
	to deployment,	than 2 years prior	treated less than 1	
		to deployment,	year prior to	
	AND normal TSH.	, ,	deployment,	
		AND normal TSH.		
			OR abnormal TSH.	
Hypothyroidism	Normal TSH on	Abnormal TSH,	Abnormal TSH,	
	replacement			
	therapy.	AND undergoing	AND untreated,	
		treatment,		
			OR under medical	
		AND	observation.	
		asymptomatic,		
		ANDLOS		
Transgender	Social transition	AND LOS. Gender affirming	Gender affirming	
Considerations	without the	surgery completed	surgery completed	
Considerations	desire for	at least one but	less than one year	
	hormone	less than two years	prior to application.	
	replacement	prior to	ps. to application	
	therapy (HRT) or	application.	OR	
	surgery.	- 1- la la	HRT initiated within	
	J - 7	OR	the past year.	
	OR		, , ,	

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
	Gender affirming	HRT transition	OR	
	surgery	initiated at least	New	
	completed more	one year prior, but	medication	
	than 2 years prior	with transgender	changes less	
	to application.	medicine changes	than 6 months	
	OD	within the past six months.	prior to	
	OR HRT initiated at	monuns.	application.	
	least one year	LOS from provider		
	prior to	managing HRT.		
	application and			
	stable medicine			
	dosages for at			
	least 6 months.			
	HRT managed by			
	a medical			
	provider.			
	AND			
	Transition			
	completed to a			
	stable level the			
	participant and			
	their health care			
	provider desire			
	with no further			
	gender affirming			
	procedures or new medications			
	(change in			
	medication or			
	dosage) desired			
	during			
	deployment.			
	AND			
	Letter of support			
	from provider			
	managing care.			
Hypertrigly-	Fasting	Fasting	Fasting	Increased risk of
ceridemia	triglycerides less	triglycerides 300	triglycerides	pancreatitis and
	than 300.	but less than 500.	500 or higher.	CAD.
Hyper-	Cholesterol less	Cholesterol 240 or	Cholesterol 300 or	
cholesterolemia	than 240,	higher and less	higher,	
		than 300,		

Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
	AND LDL less than 160 AND Chol/HDL less than 5.0, AND no other cardiac risk factors.	OR LDL160 or higher and less than 190, OR Chol/HDL 5.0 or higher and less than 6.0, OR in the presence of other cardiac factors, e.g., active smoker, obesity, hypertension controlled (SBP less than 140 and DBP less than 90; diabetes controlled HbA1c less than 7.5.	OR LDL190 or higher, OR Chol/HDL 6.0 or higher, AND the presence of other cardiac risk factors. e.g. active smoker, obesity, poorly controlled hypertension (SBP 140 or higher or DBP 90 or higher), poorly controlled diabetes (HgA1c 7.5 or higher)	

Gastroenterology

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
General	No clinical	Mild chronic or	Unexplained	
	symptoms or	intermittent GI	abdominal pain	
	signs of	symptoms,	weight loss or	
	abdominal pain,		anorexia.	
	bloating, nausea,	AND normal		
	anorexia, weight	imaging studies	Unexplained blood	
	loss, changes in	and/or colonoscopy	in stool, either	
	stool habits,	and/or endoscopy,	gross or occult.	
	blood in stool,			
	persistent or	AND symptoms well	Colostomy.	
	chronic diarrhea	controlled by diet,		
	or constipation,	stress reduction or	Increasing LFTs or LFTs	
	with normal	prn medication.	3X high than normal.	
	physical			
	examination and	Stable LFTs, less than		
	laboratory	3X normal.		
	testing.			
Esophagus/	Barrett's	Achalasia, post	Barrett's esophagus	
Barret's	esophagus,	dilatation, with no	untreated or with	
Esophagus	with normal	recurrence less than	dysplasia.	
	biopsy			

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
	less than 6 months prior to	2 years prior to deployment.		
	deployment.	, ,		
Gastrectomy	No unrestricted clearance with gastrectomy,	No restricted clearance with gastrectomy, gastric	NPQ with partial gastrectomy, gastric bypass, or lap	High risk of complications and morbidity
Bariatric	gastric bypass, or	bypass, or lap	banding procedure.	requiring
Surgery/ Weight	lap banding	banding procedure.		evacuation;
Loss Procedures	procedure.		No waiver for winter South Pole or Summit Station.	unpredictable timing.
				Lap Band can slip at any time.
Bowel Obstruction	Partial procto- colectomy, 2 or more years prior to deployment, with no evidence	Bowel obstruction, treated 2 or more years prior to deployment.	Bowel obstruction, occurring less than 2 years prior to deployment,	Risk of recurrence; surgical emergency.
	of recurrent		OR bowel obstruction	
	disease as		etiology unknown or	
	documented by		untreated.	
	colonoscopy, X- rays, and			
	laboratory			
GERD	findings. Gastroesophageal	History of	History of esophageal	
GLKD	reflux disease or	esophageal stricture	stricture or	
	recurrent	or obstruction 1 or	obstruction less than	
Esophageal	gastritis, episodic,	more years prior to	1 year prior to	
Stricture		deployment,	deployment,	
	AND well			
	controlled on	AND treated,	OR without current	
	medication.		evidence of	
		AND normal upper	resolution.	
		gastrointestinal x-		
Peptic Ulcer UGI		rays or endoscopy.	Upper	
Bleeding		Upper gastrointestinal	gastrointestinal	
Diccomig		ulceration or	bleeding less	
		bleeding, with	than 2 years	
		source identified at	prior to	
		time of occurrence,	deployment,	
			OR upper	
			gastro-	

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
		AND treatment at	intestinal	
		least 2 years prior to	bleeding, past	
		deployment,	etiology	
			undetermined,	
		AND no evidence of		
		recurrent disease as	OR active peptic ulcer	
		documented by x-	disease.	
		ray or endoscopy.		
Diverticular	Diverticulosis	Diverticulosis	Diverticulitis,	
Disease	asymptomatic for	symptomatic within	recurrent,	
	at least 2 years.	the last 2 years prior		
		to deployment,	OR last episode less	
		OR Discussion Park	than 2 years prior to	
		OR Diverticulitis,	deployment	
		single episode at		
		least 2 or more years		
Calania Daluma	Adanamataus	prior to deployment.	Adanamataus salanis	
Colonic Polyps	Adenomatous colonic polyps,		Adenomatous colonic polyps excised with	
	excised with no		last colonoscopy 5 or	
	recurrence		more years prior to	
	(documented on		deployment,	
	colonoscopy		deployment,	
	within last 5		OR evidence of	
	years)		current colonic	
	years,		polyps.	
GI Cancer also	Cancerous	Cancer of GI tract	Cancer of the	
including liver,	intestinal polyp,	liver, pancreas or	gastrointestinal tract,	
pancreas, and	completely	peritoneum,	liver, pancreas or	
peritoneum	excised,		peritoneum, less than	
		AND treated,	5 years prior to	
	AND does not		deployment.	
	involve intestinal	AND asymptomatic 5		
	mucosa,	or more years,	Any GI cancer with	
			recurrence or	
	AND no evidence	AND no evidence of	metastasis,	
	of metastatic	recurrent or		
	malignancy,	metastatic disease,	OR need ongoing	
		as documented by	therapy,	
	AND no	colonoscopy, endos-		
	recommended	copy, radiological	OR symptomatic.	
	adjuvant therapy	and laboratory		
		findings within 6		
	AND no	months before		
	recommended	deployment.		

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
	follow-up for the			
	next 12 months.			
Ulcerative		Ulcerative colitis or	Ulcerative colitis or	
colitis and		Crohn's disease,	Crohn's disease	
Crohn's Disease		asymptomatic for at least 5 or more years	asymptomatic,	
		prior to deployment,	OR exacerbation less	
		prior to deployment,	than 5 years prior to	
		AND CT scan or small	deployment,	
		bowel imaging		
		within past 6 months	OR abnormal CT or	
		indicating no current	other radiological	
		active disease,	imaging suggesting	
		lumen narrowing,	active disease,	
		adhesions or fistula	significant lumen	
		formation,	narrowing, adhesions,	
		AND normal	or fistula formation,	
		AND normal colonoscopy within 1	OB treatment/fellow	
		year of deployment.	OR treatment/follow up requirements	
		year or deployment.	interfere with	
			deployment,	
			OR abnormal	
			colonoscopy.	
Anal Fissure	Anal fissure,		Current anal fissure,	
Anal fistula	abscess and/or		fistula or abscess or	
	fistula, resolved		occurring less than 3	
	at least 3 or more		months prior to	
	months prior to		deployment	
	•			
	AND with no			
	underlying illness			
	contributing to			
	the etiology of			
	the condition.			
Hemorrhoids		,		Surgical
	•		hemorrhoids,	
			OB Crada 2	unavaiiable.
	·	or more orten,		
	monui,	OR symptoms		
		_	Cili Ollibosis,	
Hemorrhoids	deployment, AND with no underlying illness contributing to the etiology of	Grade 1,2 and 3 hemorrhoids, symptoms monthly or more often, OR symptoms lasting 1week or longer,	Grade 4 hemorrhoids, OR Grade 3 hemorrhoids with thrombosis,	Surgical correction unavailable.

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
	AND symptoms		OR	
	lasting less than 1	AND responsive to	hemorrhoids requiring	
	week,	medical therapy.	prolonged therapy,	
			banding or surgical	
	AND responsive		management.	
	to medical			
	therapy.		OR Symptoms	
			interfere with	
			activities of daily life.	
Cholelithiasis		Cholelithiasis,	Cholelithiasis,	Any cholelithiasis
				or history of
		AND asymptomatic,	OR symptomatic or	cholecystitis is
			asymptomatic,	NPQ for all
		AND no history of		season and
		cholecystitis.	OR history of	stations except
			cholecystitis,	MCM summer.
		Applies only to MCM		
		summer.	Applies to all stations	
			except MCM summer.	
Pancreatitis		Pancreatitis, single	Chronic pancreatitis,	Risk of
		episode, 2 or more	OR elevated amylase	recurrence,
		years prior to	level,	limited
		deployment,	10001,	diagnostic and
		AND was assumed	OR Acute pancreatitis,	therapeutic
		AND no current	occurring less than 2	options. No
		malabsorption, hypertriglyceridemia,	years prior to	surgical options for pseudocyst
		gallstone or alcohol	deployment,	during winter.
		consumption.		during winter.
		consumption.	OR more than 1	
			episode of acute	
			pancreatitis,	
			OR history of	
			pancreatic	
			pseudocyst.	
Laparoscopic	Laparoscopic		History of	
Abdominal	abdominal		laparoscopic	
Surgery	surgery, including		abdominal surgery less than 6 weeks	
	appendectomy, cholecystectomy,		prior to deployment,	
	inguinal hernia,		prior to deployment,	
	ventral hernia, or		OR any. Lifting or	
	hiatal hernia 6 or		other restrictions.	
	more weeks prior		other restrictions.	
	to deployment,			
	to deployment,	<u> </u>	l	

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
	AND no			
	restrictions,			
	AND LOS if within			
	1 year.			
Open	Open abdominal		History of open	Increases risk
Abdominal	surgery, including		abdominal surgery	of obstruction
Surgery	appendectomy,		less than 3 months	not
	cholecystectomy,		prior to	waiverable for
	inguinal hernia,		deployment,	SP winter or
	ventral hernia,			Summit
	hiatal hernia 3 or		OR any history of	Station.
	more months		post-operative bowel	
	prior to		obstruction,	
	deployment,		OD history of multiple	
	AND without		OR history of multiple	
	AND without		abdominal surgeries,	
	intervening complications,		or complicated surgeries or evidence	
	complications,		of adhesions,	
	AND LOS stating		or auriesions,	
	no follow up care		OR follow up care not	
	is warranted.		complete.	
Viral Hepatitis	Acute hepatitis A,	Chronic hepatitis B	Hepatitis B or C,	If chronic Hep B
	B, or C with	or C, without any of		or C, no waiver
	serological	the following;	With associated	for South Pole or
	evidence of		cirrhosis,	Summit Stations
	resolution, and	Radiographical	·	winter.
	no clinical	and/or pathological	OR portal	
	symptoms.	evidence of cirrhosis,	hypertension,	
		portal hypertension,	OR any LFTS 3X	
	Treated hepatitis		normal or higher,	
	C with 12 weeks	systemic		
	of sustained	manifestations,	OR hepatoma,	
	virologic			
	response.	AND LOS.	OR systemic	
			manifestations of	
			disease,	
			OD abrania Hara D. a. C.	
			OR chronic Hep B or C	
			with concomitant HIV	
			infection.	

Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
Body Mass Index (BMI)	BMI less than 40,		BMI 40 or higher,	Concomitant conditions can
	AND		OR	impact health affects of BMI.
	Weight under 300 pounds.		Weight 300 pounds or more.	Obesity affects many aspects of health. CDC states BMI over 25 is overweight; 30 and above is obese;40 or higher is severe obesity.
				Risk to responders, limitations of
				equipment, and egress issues (aircraft/ship).

Genitourinary

Condition	Unrestricted	Restricted Clearance	Not Physically	Comment
	Clearance		Qualified	
General	Genitourinary		Any genitourinary	
Genitourinary	surgery,		surgery less than 6	
Surgery	including TURP,		weeks prior to	
	or		deployment,	
	orchiectomy for			
	non-malignant		OR urinary tract	
	indication,		diversion, urinary	
			catheter stent, either	
	AND performed at		temporary or	
	least 6 weeks		permanent.	
	prior to			
	deployment,			
	AND no			
	complications,			
	AND LOS from			
	AND LOS from			
	surgeon if within			
	2 years.			

Condition	Unrestricted	Restricted Clearance	Not Physically	Comment
	Clearance		Qualified	
Benign Scrotal	Asymptomatic		Symptomatic	
Conditions	hydrocoele,		hydrocoele,	
	varicocoele or		varicocoele or	
	spermatocoele.		spermatocoele.	
Urinary Stress		Cystocele	Urinary fistula.	
Incontinence		asymptomatic.		
			Symptomatic	
Cystocele			cystocele.	
Urethral	Urethral stricture,	Urethral stricture, single	Single urethral	
Strictures	single occurrence	occurrence 1 or more	stricture	
	5 or more years	but less than 5 years	less than 1 year prior	
	prior to	prior to deployment.	to deployment,	
	deployment			
			OR recurrent urethral	
			strictures.	
Urinary Tract	Male, with no	Male, with 1 or more	Chronic or	
Infections	more than 1	infections in the past 2	recurrent	
	infection in past 2	years,	pyelonephritis,	
	years,			
		OR female with 2 or	OR Male with	
	OR Female with	more infections in the	evidence of UTI on	
	no more than 2	past 2 years,	UA,	
	infections in past			
	2 years.	AND normal urological	OR negative workup	
		evaluation,	for underlying	
			predisposing	
		AND LOS.	conditions.	
Testicular	History of	Seminoma or	Seminoma or	
Cancer	seminoma or	teratocarcinoma of	teratocarcinoma of	No winter
	teratocarcinoma	testes, surgical	testes, surgical	waivers.
	of testes,	resection 3 or more	resection less than 3	
	surgical excision	months but less than 5	months prior to	
	5 or more years	years prior to	deployment,	
	prior to	deployment,		
	deployment,		OR with evidence of	
		AND no evidence of	recurrent or	
	AND no evidence	recurrent or	metastatic disease, as	
	of recurrent or	metastatic disease, as	documented by	
	metastatic	documented by tumor	tumor markers,	
	disease,	markers, radiological	radiological findings.	
		findings,		
	AND normal		Nonseminoma or	
	chest x-ray,	AND confirmatory	nonteratoma	
	normal tumor	LOS.	carcinoma of testes,	
	markers,		surgical resection less	

Condition	Unrestricted	Restricted Clearance	Not Physically	Comment
	Clearance		Qualified	
		Nonseminoma or	than 6 months prior to	
	AND LOS.	nonteratoma carcinoma	deployment,	
		of testes, surgical		
	History of	resection 6 or more	OR with evidence of	
	nonseminoma or	months but less than 5	recurrent or metastatic	
	nonteratoma	years prior to	disease, as	
	carcinoma of	deployment,	documented by tumor	
	testes, surgical		markers or radiological	
	excision 5 or	AND no evidence of	findings.	
	more years prior	recurrent or metastatic		
	to deployment,	disease, as documented		
	with no evidence	by tumor markers,		
	of recurrent or	radiological findings,		
	metastatic	-		
	disease,	AND confirmatory LOS.		
	AND normal chest			
	x-ray, normal			
	tumor markers,			
	AND LOS.			
Benign Prostatic	Benign	Benign prostatic	Benign prostatic	Increasing
Hypertrophy	prostatic	hypertrophy, with	hypertrophy, with	PSAs can
Пурстаорту	hypertrophy,	PSA 4.0-10.0,	PSA 10.0 or higher,	suggest
	with PSA less	,	,	prostate
	than 4.0, no	AND without	OR increasing PSA,	cancer.
	nodules on	increasing PSA,		
	prostate		OR prostate nodule,	
	examination,	AND no		
		nodules on prostate	OR abnormal prostate	
	AND no more	examination,	ultrasound,	
	than 2 episodes of			
	nocturia per	AND normal ultrasound,	OR nocturia greater	
	evening.		than or equal to four	
		AND no more than 3	episodes per night,	
		episodes of nocturia per		
		night,	OR presence of	
		ANDIOC	indwelling catheter.	
Dunataty Co.	Dunatata : : : : : :	AND LOS from urologist.	Camana af Alexandra	
Prostate Cancer	Prostate cancer,	Treated prostate	Cancer of the prostate	
	treated 5 or more	cancer, localized, with	treated less than 1	
	years prior to	no evidence of	year prior to	
	deployment,	recurrent or metastatic	deployment, or with a	
	AND no cuidones	disease as documented	rising PSA, or with any	
	AND no evidence	by normal PSA,	evidence suggestive of	
	of recurrent or			

Condition	Unrestricted	Restricted Clearance	Not Physically	Comment
	Clearance		Qualified	
	metastatic	AND treatment	recurrence or	
	disease as	completed 1 or more	metastasis.	
	documented by	but less than 5 years		
	normal PSA, CT	prior to deployment,	Known prostatic	
	and pathology		cancer with "watchful	
	report of tumor	AND LOS.	waiting" can be	
	free surgical		waivered for summer	
	margins,		only with LOS.	
	AND LOS.			
Bladder Cancer	Cancer of bladder,	Cancer of bladder, with	Cancer of bladder,	Diagnostic
= = 	with no	no recurrence,	diagnosed or treated	equipment,
	recurrences,	,	less than 2 years prior	therapeutic
	,	AND treatment	to deployment.	options .
	AND treatment	completed 2 or more		unavailable
	completed 10 or	but less than 10 years		
	more years prior	prior to deployment,		
	to deployment,			
		AND LOS from urologist.		
	AND LOS from			
	urologist.			
Kidney Cancer	Adenocarcinoma	Adenocarcinoma of	Adenocarcinoma of	Risk of
	of kidney, with	kidney, with surgical	kidney, diagnosed less	recurrence,
	surgical	nephrectomy 2 or	than 2 years prior to	no CT
	nephrectomy 10	more but less than 10	deployment.	scanning
	or more years to	years prior to		available.
	deployment,	deployment,		
	AND no evidence	AND no evidence of		
	of recurrent or	recurrent or		
	metastatic	metastatic disease, as		
	disease, as	documented by		
	documented by	radiological findings.		
	radiological	normal renal function,		
	findings. normal	_		
	renal function,	AND LOS from		
	AND 100 f	attending physician.		
	AND LOS from			
	attending			
Nambus st	physician.	Historyof	Unilotoral	
Nephrectomy	History of	History of	Unilateral	
	nephrectomy,	nephrectomy, due to	nephrectomy with	
	due to obstruction,	obstruction, donation	abnormal renal function.	
	donation or	or other nonmalignant	TUTICUOTI.	
	uonation or	etiology, 4 or more		

Condition	Unrestricted	Restricted Clearance	Not Physically	Comment
	Clearance		Qualified	
	other	months but		
	nonmalignant	less than 6 months prior		
	etiology	to deployment,		
	6 or more months			
	prior to	AND normal renal		
	deployment,	function.		
	AND			
	AND normal renal			
	function.	Deceled to the state	B I I C	C
Renal Calculi	Single lifetime	Renal calculi, last	Renal calculus 6	Surgical
	episode, renal	occurrence between 6	months or less	intervention
	calculi, last	months and 1 year	prior to	unavailable,
	occurrence at	prior to deployment,	deployment,	diagnostics limited
	least 1 year	AND normal ranal	OD parsistant ranal	iimitea
	prior to	AND normal renal function,	OR persistent renal calculi,	
	deployment,	Tunction,	Calculi,	
	AND normal	AND normal imaging	OR history of renal	
	renal function,	such as CT or IVP,	calculi with abnormal	
	,	,	renal function, or	
	AND normal	AND normal kidney	abnormal CT or IVP, or	
	imaging and	stone risk factor	abnormal kidney stone	
	kidney stone	analysis (within 12	risk factor analysis.	
	risk factor	months),	(Work-up within last	
	analysis (within		12 mo.)	
	12 months),	AND compliance with		
		any recommended		
	AND	treatment (such as		
	compliance	potassium citrate for		
	with any	calcium stones.)		
	recommended			
	treatment			
	(such as			
	potassium			
	citrate for			
Chuani D.	calcium stones)	Characia	Alexander	Character
Chronic Renal	Anatomic	Chronic	Abnormal renal	Chronic renal
Diseases	structural kidney	Glomerulonephritis	function, with	failure
	abnormality without evidence	with normal renal	Creatinine 2.0 or	commonly
	of functional	function.	higher and eGFR less	requires
		Chronic nonbritic	than 60	intensive
	kidney disease.	Chronic nephritis with creatinine less	cc/min/1.73m2 or	monitoring and medical
		than	urine albumin/creatine	
				expertise not
		2.0 mg/dl and eGFR	greater than or equal	

Condition	Unrestricted	Restricted Clearance	Not Physically	Comment
	Clearance		Qualified	
	Clearance	greater than or equal to 60 cc/min/1.73m2 or urine albumin/creatine less than 300 mg/gm with stable labs for greater than or equal to 1 year, AND LOS.	to 300 mg/gm. OR acute or chronic progressive glomerulo-nephritis/nephritis, OR history of kidney transplantation home dialysis or use of any medication requiring therapeutic monitoring (i.e. tacrolimus).	uniformly available.
Autosomal Dominant Polycystic Kidney Disease (ADPKD)	No known disease or phenotypically normal ADPKD (genetic ADPKD without structural disease)	Blood pressure well controlled (less than 110/75, ages 18-50, less than 130/80, above age 50) and eGFR 60 or higher with LOS from Nephrologist, AND CT/MRA brain without evidence of aneurysm within 5 years, AND TTE without evidence of aneurysm or clinically significant valvular disease within 5 years and stable labs for greater than or equal to 1 year.	Blood pressure poorly controlled, OR aneurysm (any), OR eGFR less than 60, Or abnormal renal function, hematuria, renal stones, OR any patients requiring ADH receptor antagonists (i.e. vaptans).	Further diagnostic testing indicated. Waiver for aneurysm depends on size, progression and BP control. May require reassessment in less than 5 years as clinically indicated.

Gynecology

Condition	Condition Unrestricted Restricted Clearance Not Physically Comment					
Condition	Unrestricted	Restricted Clearance		Comment		
	Clearance		Qualified			
Pregnancy			Current pregnancy	Pregnancy		
				cannot be		
				safely		

Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
				managed at any station
Abnormal Uterine Bleeding	Controlled with IUD, endometrial ablation or oral contraceptives initially prescribed 3 months or more prior to deployment.	Controlled with IUD, endometrial ablation or oral contraceptives initially prescribed less than 3 months prior to deployment.	Abnormal uterine bleeding not controlled with IUD, endometrial ablation or oral contraceptives.	
Cervical Dysplasia	Cervical dysplasia, whether treated or not, followed by normal Pap smear 3 or more months prior to deployment. Abnormal Pap smear due to nonspecific inflammation or squamous metaplasia and HPV negative, AND follow-up completed,	Abnormal Pap smear due to nonspecific inflammation or squamous metaplasia, AND Pap smear with HPV negative, AND pending follow-up evaluation recommended 6 or more months after diagnosis but not during deployment.	Abnormal Pap smear with pending follow-up evaluation recommended within 6 months of diagnosis, OR Pap smear with HPV positive.	Recently treated cervical dysplasia offers low risk of imminent health hazard. Pap smear is screening tool; follow-up is essential.
Hysterectomy	AND LOS. Hysterectomy, any cause,12 or more weeks prior to deployment, with negative biopsy results, AND LOS if surgery less than 1 year prior to deployment.	Hysterectomy, any cause, 12 or more weeks prior to deployment, AND if positive biopsy all treatment completed and no evidence of recurrence, AND LOS.	Hysterectomy, any cause, less than 12 weeks prior to deployment	
Endometriosis	Endometriosis, with mild		Endometriosis, with moderate to severe	Potentially debilitating,

Condition	Unrestricted	Restricted Clearance	Not Physically	Comment
	Clearance		Qualified	
	symptoms		symptoms, with or	laparoscopic
	controlled with		without hormonal	surgery
	hormonal		therapy, OTC or	cannot be
	therapy, OTC or		NSAID	performed.
	NSAID		medications,	
	medications,			
			OR requiring other	
	AND no surgical		forms of pain	
	procedure		control,	
	occurring less			
	than 6 weeks		OR requiring a	
	prior to		surgical procedure	
	deployment.		less than 6 weeks	
<u> </u>	Postboli I	Death district	prior to deployment.	
Cysts and	Bartholin gland	Bartholin gland or	Bartholin gland or	
Abscesses	or other	other abscess, multiple	other abscess,	
	abscess,	recurrences,	persistent or chronic	
	AND single	AND C/D 10 D -+ 1+ 2	or multiple	
	AND single	AND S/P I&D at least 2 but less than 6 weeks	recurrences,	
	episode,		OD C/D 10 D less then 2	
	AND S/P I&D 6	prior to deployment,	OR S/P I&D less than 2	
	or more weeks	AND completely	weeks prior to	
		AND completely healed.	deployment,	
	prior to deployment,	Healeu.	OR not completely	
	deployment,		healed.	
	AND completely		Healeu.	
	healed.			
Pelvic	PID, acute	PID, acute episode,	PID, persistent or	
Inflammatory	episode,	i ib, acate episode,	recurrent,	
disease (PID)	cpisouc,	AND resolved at least 1	i courreit,	
	AND resolved	but less than 3 months	OR resolved less than	
	3 or more months	prior to deployment.	1 month prior to	
	prior to		deployment.	
	deployment.		' '	
Vaginitis	Vaginitis,	Vaginitis, persistent,	Vaginitis, chronic,	
Ü	episodic,	,		
		AND responsive to	AND unresponsive to	
	AND responsive	antimicrobial therapy.	antimicrobial therapy	
	to antimicrobial	.,		
	therapy.			
Oophorectomy	History of		History of	
	oophorectomy,		oophorectomy,	
	benign etiology,		. ,,	
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Condition	Unrestricted	Restricted Clearance	Not Physically	Comment
	Clearance		Qualified	
	AND 6 or more		OR less than 6 weeks	
	weeks prior to		prior to deployment,	
	deployment,		OR hormonal therapy	
	AND any		not yet stabilized,	
	hormonal therapy		not yet stabilized,	
	stabilized.		OR non-benign	
			pathology report.	
Menorrhea	History of	History of menorrhea	History of menorrhea	If treated with
Menorrhagia	menorrhea or	or menorrhagia,	or menorrhagia,	hysterectomy,
	menorrhagia,			use
	AND was also also	AND resolved	OR recurrent,	hysterectomy
	AND resolved 1 year or more	between 6 months and 1 year prior to	OR not resolved 6 or	guidelines.
	prior to	deployment with or	less months prior to	
	deployment,	without medical	deployment with or	
	, , ,	therapy.	without medical	
	AND with or		therapy.	
	without medical			
	therapy.			
Polycystic Ovary	PCOD, symptoms	PCOD, symptoms	PCOD, symptoms,	
Disease	controlled with hormonal therapy	controlled with hormonal therapy at	OR uncontrolled,	
	for at least 6	least 3 but less than 6	OK uncontrolled,	
	months prior to	months prior to	OR controlled with	
	deployment.	deployment.	hormonal therapy less	
			than 3 months prior to	
			deployment.	
Uterine Fibroids	Asymptomatic	Uterine fibroids	Uterine fibroids	
	uterine fibroids.	symptoms controlled with hormonal OTC or	symptoms not	
		NSAID therapy,	controlled.	
		NSAID therapy,		
		AND summer only.		
Uterine Cancer	Cancer of uterus	Cancer of uterus	Cancer of uterus	
	treated with	treated with	treated with	
	hysterectomy,	hysterectomy,	hysterectomy less	
	AND at least 5	AND at least 1 but less	than 1 year prior to	
	AND at least 5 years prior to	AND at least 1 but less than 5 years prior to	deployment,	
	deployment,	deployment,	OR with evidence of	
			recurrence or	
	AND no evidence	AND no evidence of	metastatic disease.	
	of recurrence or	recurrence or		
		metastatic disease.		

Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
	metastatic disease.			
Ovarian Cancer	Cancer of the ovary treatment completed 5 or more years prior to deployment, AND serologic, pathology and radiographic evidence documenting no recurrent or metastatic disease.	Cancer of the ovary treatment completed at least 3 but less than 5 years prior to deployment, AND serologic, pathology and radiographic evidence documenting no recurrent or metastatic disease.	Cancer of the ovary, treatment current or completed less than 3 years prior to deployment, OR evidence of recurrent or metastatic disease.	

Hematology

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
Iron Deficiency	Iron deficiency, with	Iron deficiency	Iron deficiency with	
Anemia	etiology of low iron	with etiology of	etiology of low iron	
	determined,	low iron	undetermined,	
	_	determined,		
	AND Hct at least 35		OR Hct less than 30,	
	or higher,	AND Hct greater		
		than 30 but less	Or unresponsive to	
	AND responsive to	than 35,	iron	
	iron	AND recognition to	supplementation,	
	supplementation	AND responsive to dietary or iron	OR requiring	
		replacement	treatment other	
		therapy.	than oral iron	
		therapy.	supplementation.	
Hemoglobinopathy	Hemoglobinopathy	Sickle cell or	Hemoglobinopathy,	High altitude
(Anemia)	trait,	hemoglobin C	including Sickle cell	at South Pole
		trait,	or hemoglobin C,	exacerbates
	AND asymptomatic,			symptoms of
		AND no history of	OR history of	anemia.
	AND Hct at least 35.	symptoms,	symptoms,	Infection can
				trigger sickle
		AND Hct at least	OR Hct less than 35.	cell crises.
		35.		
Spherocytosis	Spherocytosis or	Spherocytosis or	Spherocytosis or	Risk of recur-
Elliptocytosis	Elliptocytosis,	Elliptocytosis,	Elliptocytosis,	rence, can be

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
(Inherited Hemolytic				exacerbated by
Anemia)	single event,	AND single event,	AND multiple	environmental
			episodes,	stressors.
	AND at least 2 or	AND greater than		
	more years prior to	1 but less than 2	OR less than 1 year	
	deployment.	years prior to	prior to	
		deployment.	deployment.	
Megaloblastic	Megaloblastic	Megaloblastic	Megaloblastic	
Anemia	anemia, etiology	anemia, etiology	anemia, etiology	
	determined,	determined,	undetermined,	
	AND asymptomatic,	AND	OR under treatment	
	AND asymptomatic,	asymptomatic,	for less than 3	
	AND under	asymptomatic,	months,	
	treatment at least 1	AND treated for	months,	
	year,	at least 3 months	OR with abnormal	
	, ,	but less than 1	blood indices,	
	AND with	year,	,	
	normalization of	, ,	OR clinical	
	blood indices,	AND	symptoms.	
		normalization of		
	AND no clinical	blood indices,		
	symptoms.			
		AND no clinical		
		symptoms.		
Autoimmune		History of auto-	History of auto-	
Hemolytic Anemia		immune	immune hemolytic	
		hemolytic	anemia, single	
		anemia, single	episode,	
		episode,		
		AND	OR not resolved	
		AND resolved	within 1 year,	
		1 year prior to deployment.	OR recurrent	
		deployment.	episodes.	
			episodes.	
Idiopathic	ITP, single	ITP, single	ITP, single	Platelet
Thrombocytopenia	episode,	episode,	episode	transfusion is
Purpura	- 12.22.2.7	- 12.22.27	resolved less	not practical.
1	AND resolved	AND resolved 2	than 2 years	
	10 or more years	or more but less	prior to	
	prior to	than 10 years	deployment,	
	deployment.	prior to		
		deployment,	OR multiple	
			episodes,	

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
		AND stable,		
			OR platelet count	
		AND platelet	less than 50,000.	
		count 50,000 or		
		higher.		
Lymphoma	Hodgkin's disease,	Hodgkin's or	Hodgkin's or non-	Stage 1A
	Stage IA,	non-Hodgkin's	Hodgkin's disease,	Hodgkin's
	AND C/D and the trans	disease, not	stage 1A and	has low
	AND S/P radiation	stage 1A,	treatment	risk of
	therapy completed	AND treated For	completed less	recurrence
	at least 5 or more	AND treated 5 or	than 1 year prior	
	years prior to	more years prior	to deployment,	
	deployment,	to deployment,	Hodgkin's or non-	Lymphomas
	AND no evidence of	AND no evidence	Hodgkin's, not	frequently recur
	recurrent or	of recurrent or	stage 1A and	Jiequentiy recar
	metastatic disease.	metastatic	treatment	
	metastatic disease.	disease.	completed less	
			than 5 years prior	
			to deployment,	
			OR evidence of	
			recurrent or	
			metastatic disease.	
Myeloproliferative	Acute leukemia,	Acute leukemia,	Acute or chronic	High risk of
Disorders	with biopsy proven	with biopsy	Myeloproliferative	recurrent
	normal bone	proven normal	disorder, including	disease
	marrow,	bone marrow,	polycythemia,	
	AND 1: 6	AND II	multiple myeloma,	
	AND disease-free	AND disease free	non-Hodgkin's	
	for least 10 years	at least 5 but less	lymphoma, or	
	following medical therapy.	than 10 years following medical	myelodysplasia disorders,	
	шегару.	therapy.	uisoruers,	
		тнегару.	OR treated with	
			medical therapy less	
			than 5 years prior to	
			deployment,	
			OR recurrence.	
Splenectomy	History of	Fully vaccinated:	History of	
•	traumatic	Note CDC	traumatic	
	splenectomy, with	recommended	splenectomy, with	The underlying
	no underlying	vaccines are: flu,	no underlying	medical
	medical illness,	Tap, Hib, Zoster	medical illness	condition must

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
		(less than 50),		be proven to be
	Or non-traumatic	MMR (if not	OR non-traumatic	resolved or
	splenectomy (with	immune), both	splenectomy with	stable prior to
	underlying illness	pneumococcal	underlying medical	deployment.
	resolved),	conjugate (PCV13,	illness,	
		15, 20) and		
	AND surgery at	polysaccharide	AND surgery less	
	least 2 or more	(PPSV23) vaccines,	than 2 years prior	
	years prior to	both	to deployment,	
	deployment,	meningococcal		
		conjugate	OR Splenectomy not	
	AND no history of	(MenACWY) and	fully vaccinated,	
	fulminant	serogroup B (Men		
	bacteremia,	B) vaccines and	OR Splenectomy	
		COVID vaccines.	with evidence of	
	AND meets CDC		recurrent infections.	
	vaccine			
	recommendations –			
	fully vaccinated.	11	11	
Hemochromatosis	Hemochromatosis,	Hemochromatosis,	Hemochromatosis,	
	AND ferritin less	AND ferritin	AND ferritin greater	
	than 500	greater than 500,	than 500,	
	tilali 300	greater than 500,	than 500,	
	AND no evidence of	AND no evidence	OR evidence of	
	internal organ	of internal organ	internal organ	
	dysfunction,	dysfunction,	dysfunction,	
	,	,	,	
	AND no need for	AND no need for	OR any	
	phlebotomy,	phlebotomy or	hemochromatosis	
		laboratory	requiring recurrent	
	AND no need for	monitoring	phlebotomy or	
	laboratory	required during	laboratory	
	monitoring.	deployment,	monitoring.	
		AND LOS.		

Infectious Disease

intectious Disease					
Condition	Unrestricted	Restricted	Not Physically	Comment	
	Clearance	Clearance	Qualified		
Tuberculosis	Negative	History of positive	History of positive	Risk of	
	tuberculin skin test	tuberculin skin test	tuberculin skin test	recurrence.	
	or negative	or positive	or positive		
	Quantiferon test,	Quantiferon test	Quantiferon test	Unable to	
		without chronic	with clinical signs or	perform AFB	

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
	Prior fully treated	cough or sputum	symptoms of	testing.
	latent TB.	production, and	tuberculosis, or	
	Treatment	chest x-ray	chest x-ray	Active TB is a
	complete, HIV neg	indicating no active	indicating active	threat to the
	and no evidence of	tuberculosis,	disease, or positive	health of the
	active disease based on annual	AND pulmonologist	sputum cultures or smears, within 6	community. Winter epidemic
	questionnaire.	LOS,	months prior to	potentially
	questionnaire.	103,	deployment.	disastrous.
		OR must have	deproyment	anoustrous.
		started treatment		
		for LTBI prior to PQ,		
		AND LOS.		
Fungal	History of fungal	History of fungal	History of fungal	Risk of
Infections	infection, including	infection, including	infection, including	recurrence.
	coccidiodomycosis	coccidiodomycosis	coccidiodomycosis	
	and histoplasmosis,	and histoplasmosis,	and histoplasmosis,	Ability to
	asymptomatic,	asymptomatic,	with evidence of active disease or	diagnose specific
	OR resolved with no	OR resolved with no	treated less than 6	fungal infections is dependent on
	evidence of active	evidence of active	months prior to	lab expertise.
	disease 2 or more	disease 6 or more	deployment.	No lab technician
	years prior to	months but less	deployment.	during winter
	deployment.	than 2 years prior to		season. Limited
	, ,	deployment.		pharmaceutical
		,		resources.
Lyme Disease	Lyme disease,	Lyme disease,	Lyme disease,	
	without cardiac or	without cardiac or	treated less than 6	
	neurological	neurological	months prior to	
	abnormalities,	abnormalities,	deployment or with	
	resolved,	resolved,	cardiac or	
	AND as aliminal	AND as aliminal	neurological	
	AND no clinical	AND no clinical symptoms 6 or	abnormalities,	
	symptoms 1 or more years	more months but	OR with residual	
	prior to	less than 1 year	clinical symptoms.	
	deployment.	prior to	cimical symptoms:	
		deployment.		
Chronic Fatigue	Chronic fatigue	Chronic fatigue	Chronic fatigue	Risk of relapse,
Syndrome	syndrome,	syndrome,	syndrome with	limited thera-
	resolved,	resolved	symptoms occurring	peutics. Con-
			less than 1 year	tinuous darkness
	AND no residual	AND no residual	prior to	may exacerbate
	sequelae	sequelae	deployment.	

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
	3 or more years	1 or more but less		depression during
	prior to	than 3 years prior to		winter season
	deployment.	deployment.		
Sexually	History of treated or		History of any	Usually
Transmitted	under treatment for		sexually transmitted	responsive to
Disease	sexually transmitted		disease, untreated	course of
	disease including		or with systemic	antimicrobials.
	syphilis, gonorrhea,		complications.	
	chlamydia, and			
	herpes simplex.			
HIV		HIV infection, with	HIV infection,	
		no clinical evidence	with clinical	
		of AIDS, and with	diagnosis of	
		CD4 count 300 or	AIDS, or CD4	
		higher,	count less than 300,	
		AND undetectable	OR detectable viral	
		viral load,	load,	
		AND no	OR opportunistic	
		opportunistic	infection.	
		infections,		
		AND LOS stating		
		prognosis and		
		treatment.		
Hepatitis	See GI section	See GI section	See GI section	

Neurology

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
Bell's Palsy	Bell's palsy, stable or resolving with onset 3 or more months prior to deployment, AND not requiring medication, AND LOS documenting stability.	Bell's palsy, stable or resolving at least 1 month but less than 3 months prior to deployment, AND not requiring medication, AND LOS documenting	Bell's palsy, stable or resolving less than 1 month prior to deployment, OR requiring current or ongoing medical treatment.	Usually benign condition, requires documentation that it is not due to an underlying CNS lesion or represents a complication of an underlying medical condition.
	,	stability.		

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
CNS Vascular	Cicaranice	Cicaranice	Any ventricular	High risk of
Abnormalities			shunt.	infection, CVA.
7.5.1.61111.611.616			311011101	my cochony cry
			CNS aneurysm or	No CT or MRI or
			arteriovenous	invasive radiology
			malformation.	available.
Headaches	Minor	Headaches,	Headaches with	Recurrent
including	headaches, with	including	underlying systemic	headaches
Migraine	no underlying	migraine	illness,	difficult to assess
Headaches	systemic illness,	occasionally	,	
	,	requiring	OR not controlled	Limited
	OR Migraine	therapeutic	with self- injections,	diagnostic and
	headaches with	intervention by a	OTC, NSAID therapy	therapeutic
	no underlying	physician,	or preventative	capacity. No CT or
	systemic illness,	, , , ,	measures,	MRI.
	,	OR requiring	,	
	AND occurring	abortive therapy	OR with abnormal	
	less than once	less than 1 time per	neurologic	
	per month,	month.	evaluation,	
	F 5,			
	AND		OR abortive therapy	
	controlled with		and/or frequently	
	self-injections,		requiring	
	OTC, NSAID		therapeutic	
	therapy or		intervention by a	
	preventative		physician.	
	measures,		p/	
	,			
	AND with normal			
	neurological			
	evaluation,			
	2.2.2.2,			
	AND not requiring			
	narcotics.			
CNS	Malignancy of the	Malignancy of the	Malignancy of	Risk of recurrence
Malignancy	Central Nervous	Central Nervous	the Central	,
	System last treated	System last treated	Nervous System	Must be
	5 or more years	2 or more years but	with any of the	disease free for
	prior to	less than 5 years	following:	5 years prior to
	deployment,	prior to		winter
		deployment,	Treated less than	deployment.
	AND no evidence of	200.07.110110	2 years prior to	
	recurrence or	AND no evidence of	deployment,	
	metastatic disease,	recurrence or		
	metastatic discuse,	metastatic disease,	OR evidence of	
		metastatic disease,	ON CVIDENCE OF	

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
	AND negative		recurrence or	
	radiologic imaging,	AND negative	metastatic	
		radiological	disease,	
	AND LOS.	imaging,		
			OR residual or	
		AND LOS.	neurologic.	
Seizure	Seizure disorder,		Seizure disorder,	A seizure can be
Disorder	single episode		multiple episodes,	fatal in cold polar
	5 or more years			environments.
	prior to		OR single episode	
	deployment,		less than 5 years	
			prior to	
	AND normal		deployment,	
	radiologic imaging,			
			OR with abnormal	
	AND normal EEG,		radiologic imaging,	
	AND off all		OR abnormal EEG,	
	anticonvulsant			
	therapy at least 2		OR requiring	
	years prior to		anticonvulsant	
	deployment.		therapy.	
Cerebral	No clinical signs of	History of transient	Evidence of	Limited
Vascular	previous	ischemic attacks,	arteriosclerosis on	diagnostic
Disease	cerebrovascular		vascular testing,	capacity and
("Stroke")	accident,	AND normal		therapeutic
		vascular testing,	OR history of	intervention.
	OR no signs of		cerebrovascular	Cannot do
	arteriosclerosis on	AND consultation	accident,	vascular imaging,
	fundoscopic	from a		ultrasound or
	examination,	cardiovascular	OR unexplained	sophisticated
		surgeon and/or	transient ischemic	doppler studies.
	AND no past clinical	neurologist	attacks,	High risk of
	symptoms of	rendering opinions		embolic disease.
	transient ischemic	for the likely		
	attacks.	etiology of the	OR recurrent	MRI and CT not
		condition,	claudication.	available.
		AND LOS.		
Neuromuscular		Any neuromuscular	Any neuromuscular	
Disorders		disorder, such as	disorder, such as	
		multiple sclerosis,	multiple sclerosis,	
		Parkinson's Disease,	Parkinson's Disease	
		and muscular dys-	and muscular dys-	
		trophy,	trophy with	

Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
		AND no progression 2 or more years prior to deployment, AND ambulatory with independent ability to perform activities of daily living,	progression less than 2 years prior to deployment, OR requires assistance with activities of daily living (e.g. ambulation or communication).	
		AND appropriate communication.		

Ophthalmology

Condition	Unrestricted	Restricted	Not Physically	Comment
Condition			= = =	Comment
	Clearance	Clearance	Qualified	
Visual acuity	Visual acuity of		Visual acuity with or	
	better than 20/40,		without correction,	
	with or without		of less than 20/40.	
	correction.			
General Eye	Chalazion, corneal		Chalazion, corneal	
Conditions	abrasion or ulcer,		abrasion or ulcer,	
	resolved.		active.	
Cataract	Cataract,	Cataract surgery at	Cataract surgery	
	asymptomatic	least 12 weeks prior	less than 12 weeks	
		to deployment,	prior to deployment	
		AND visual acuity	OR any restrictions	
		20/40 or better with	such as lifting or	
		or without	bending,	
		correction,		
			OR cataract/post	
		AND no sign of	cataract surgery	
		infection,	with corrected	
			visual acuity worse	
		AND no use of	than 20/40 or with	
		ocular steroids,	impaired visual	
		,	field.	
		AND no lifting or		
		other restrictions.		
Corneal		Corneal transplant,	Corneal transplant	
transplant		1 or more years	·	

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
		prior to	less than 1 year	
		deployment,	prior to	
			deployment.	
		AND vision stable,		
		AND corrected to		
		20/40 or better,		
		20/40 01 Better,		
		AND LOS.		
Enucleation	Enucleation,		Enucleation,	
	traumatic, at least 1		traumatic less than	
	year prior to		1 year prior to	
	deployment,		deployment.	
	AND vision 20/40 or			
	better in remaining			
	eye with full visual			
	field.			
Malignancy	Malignancy of eye		Malignancy of eye,	
	treated at least 5 or			
	more years prior to		OR diagnosed/	
	deployment,		untreated or	
	AND		treated less than 5	
	AND no recurrence or metastasis.		years prior to deployment,	
	of metastasis.		deployment,	
			OR recurrence or	
			metastasis.	
Glaucoma	Glaucoma, treated,		Glaucoma, treated,	
	AND with		AND with intra-	
	intraocular pressure		ocular pressure 22	
	less than 22		or higher mm/Hg,	
	mm/Hg.		or marier min, ng,	
	, 0		OR Glaucoma	
			untreated	
Herpes Keratitis	Herpetic keratitis,	Herpetic keratitis,	Herpetic keratitis,	Risk of recurrence,
	single episode 5 or	single episode at	single episode less	can require
	more years prior to	least 2 years but less	than 2 years prior to	specialty
	deployment.	than 5 years prior to	deployment,	intervention.
		deployment.	00	
			OR more than 1	
Danillada	Danilla dansa sinal-		episode.	Etiology resuires
Papilledema	Papilledema, single		Papilledema,	Etiology requires evaluation
	episode,		single episode less	evuluutioii

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
			than 6 months	
	AND etiology		prior to	
	identified,		deployment,	
	AND resolved 6 or		OR Papilledema,	
	more months prior		multiple episodes,	
	to deployment.		OP Papillodoma	
			OR Papilledema etiology	
			unknown.,	
Retinal	Traumatic retinal	Non-traumatic	Retinal detachment	Risk of
Detachment	detachment,	retinal detachment,	treated less than 6	recurrence;
	treatment	treatment	months prior to	treatment
	completed 6 or	completed 6 or	deployment.	usually
	more months prior	more months prior		required
	to deployment,	to deployment,		within 24
				hours to
	AND visual acuity	AND visual acuity		save vision.
	20/40 or better,	20/40 or better,		
	AND LOS.	AND LOS <u>.</u>		
Optic Neuritis	Optic neuritis, single		Optic neuritis,	Etiology requires
	episode, resolved 6		single episode	evaluation
	or more months		less than 6	
	prior to		months prior to	
	deployment,		deployment,	
	AND etiology		OR optic neuritis,	
	identified,		multiple episodes,	
	,			
	AND LOS from		OR Optic neuritis	
	ophthalmologist.		etiology	
			unidentified.	
Uveitis	Uveitis, single	Uveitis, single	Uveitis, single	
	episode, resolved	episode, resolved	episode, resolved	
	1 year or more prior	6 or more months	less than 6 months	
	to deployment,	but less than 1 year	prior to	
		prior to	deployment,	
	AND no associated	deployment,		
	systemic disease,		OR Uveitis, multiple	
	11000	AND no associated	episodes,	
	AND LOS from	systemic disease,	05.11	
	ophthalmologist.	ANDLOCE	OR Uveitis with	
		AND LOS from	associated systemic	
		ophthalmologist.	disease.	

Orthopedics

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
Bursitis	Bursitis, single		Bursitis, chronic, or	
	episode,		last treated less	
			than 3 months prior	
	OR last treatment		to deployment.	
	at least 3 or more		. ,	
	months prior to			
	deployment.			
Fractures	Fractures, resolved		Fractures treated	
	at least 6 or more		less than 6 months	
	months prior to		prior to	
	deployment,		deployment,	
	1 - 1 - 1		depioyment,	
	AND no residual		OR residual	
	impairment,		impairment,	
	AND no current		OR current physical	
	physical therapy,		therapy,	
			therapy,	
	AND treatment		OR fractures	
	concluded.		unresolved.	
Tendinitis	Tendinitis,		Tendinitis,	
	asymptomatic for		recurrent,	
	at least 1 month			
	prior to		OR last episode less	
	deployment.		than 1 or more	
	deployment.		month prior to	
			deployment.	
Carpal Tunnel	Carpal tunnel	Carpal tunnel	Carpal tunnel	
Syndrome	syndrome resolved.	syndrome,	syndrome with	
o, narome	Syndrome resorted.	intermittent or	moderate to severe	
		recurrent,	symptoms,	
		Teatrent,	Symptoms,	
		AND mild	OR not well	
		symptoms,	controlled by	
		Symptoms,	splinting,	
		AND well controlled		
		with splints or	OR requiring more	
		chronic NSAID	than chronic NSAID	
		therapy.	therapy.	
Osteoarthritis	Osteoarthritis,	Osteoarthritis,	Osteoarthritis,	
	episodic, controlled	chronic, controlled	chronic, requiring	
	with prn OTC	with regular NSAID	ongoing pain	
	medication.	therapy.	ongoing pain	
	medication.	Luciapy.	1	1

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
			control other than NSAID therapy.	
Chondromalacia patella	Chondromalacia patella, mild, controlled with prn OTC medication.	Chondromalacia patella, moderate, controlled with regular NSAID therapy.	Chondromalacia patella, moderate to severe, requiring ongoing pain control other than NSAID therapy.	
Arthroscopic Surgery	Arthroscopic surgery, 3 or more months prior to deployment, AND physical therapy completed, AND fully ambulatory without assistive devices.	Arthroscopic surgery, at least 1 month but less than 3 months prior to deployment, AND with LOS from surgeon, AND Physical therapy completed, AND fully ambulatory without use of assistive devices.	Arthroscopic surgery, less than 1 month prior to deployment.	
Shoulder Dislocation	Dislocation of shoulder, single occurrence 6 or more months prior to deployment, OR surgically fixated 6 or more months prior to deployment, AND with full function.		Dislocation of shoulder, single occurrence less than 6 months prior to deployment, OR multiple occurrences without surgical fixation, OR without full function.	Risk of chronic morbidity, unstable shoulder joints require surgical intervention not available.
Herniated Nucleus Pulposus	No symptoms 2 or more years prior to deployment.	No symptoms at least 1 but less than	Symptoms less than 1 year prior to deployment.	

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
		2 years prior to deployment,		
Sciatica		OR at least 1 year post surgery,		
Cervical Neuritis		AND LOS from orthopedic provider if surgery less than 2 years.		
Lumbosacral Strain	Recurrent episodic lumbosacral strain,	Recurrent episodic lumbosacral strain,	Lumbosacral strain, chronic, or with	
	with no sciatica,	with no sciatica,	sciatica,	
	AND controlled	AND controlled	OR requiring more	
	with OTC	with chronic NSAID	than chronic NSAID	
Bone Cancer	medications. Bone cancer,	therapy.	therapy. Bone cancer,	
bone cancer	treatment		treatment	
	completed at least		completed less	
	5 years prior to		than 5 years prior	
	deployment,		to deployment,	
	AND with no		OR with recurrence,	
	recurrence,		OR with	
	AND no		amputations or	
	amputations and		prosthesis.	
	no prosthesis.		•	
Paget's Disease		Paget's disease,	Paget's disease,	
		mild symptoms,	moderate or severe	
			symptoms,	
		AND no fractures.	OR with history of	
			OR with history of associated fracture.	
Joint Replacement	Full functional use	History of hip,	History of hip, knee	
	of joint for	knee or shoulder	or shoulder	
	deployment.	replacement at	replacement less	
		least 1 year prior	than 1 year prior to	
		to deployment,	deployment,	
		AND with full	OR without full	
		function.	function.	
Rotator Cuff Tear	Rotator cuff tear,	Rotator cuff tear,	Rotator cuff tear,	
	episodic symptoms	chronic symptoms	persistent	

Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
	controlled with OTC medication.	controlled with regular NSAID therapy.	symptoms requiring ongoing pain control other than NSAID therapy.	

Otorhinolaryngology

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
Hearing	Hearing deficit,		Progressive hearing	Requires
	stable with or		loss, etiology	evaluation prior
	without hearing		undetermined,	to deployment.
	aid,			
			OR hearing deficit	
	AND able to hear		unable to hear	
	conversational		conversational	
	voice level with or		voice with or	
	without hearing		without hearing aid.	
	aid.			
Cholesteatoma		Cholesteatoma,	Cholesteatoma,	
		removed at least 1	surgically removed	
		year prior to	less than 1 year	
		deployment,	prior to	
			deployment,	
		AND without		
		recurrence on CT	OR with evidence	
		scan taken within	of recurrence as	
		12 months,	documented by	
			recent CT scan,	
		AND no vertigo or		
		other	OR vertigo or other	
		complications.	complications.	
ENT Malignancy	Any ENT	Any ENT	Any ENT	
	malignancy less	malignancy at least	malignancy at least	
	than 2 cm in	2 cm but less than 4	4 cm in diameter,	
	diameter occurring	cm,		
	at one site,		OR more than one	
		AND excised at	site,	
	AND excised at	least 5 years prior		
	least 5 years prior	to deployment,	OR excised less	
	to deployment,		than 5 years prior	
		OR any ENT	to deployment,	
	AND no evidence of	malignancy at more		
	recurrence or	than 1 site excised	OR evidence of	
	metastasis.	at least 5 years	recurrence or	
			metastasis.	

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
		prior to		
		deployment,		
		AND no ovidence of		
		AND no evidence of recurrence or		
		metastasis.		
Mastoiditis	Mastoiditis,	Mastoiditis	Mastoiditis,	
	resolved with	resolved with	resolved with	
	surgical or medical	surgical or medical	surgical or medical	
	therapy at least 12	therapy at least 6	therapy less than 6	
	months prior to	months but less	months prior to	
	deployment.	than 12 months	deployment,	
		prior to		
Maniana/- Di	Maniana/a diasasa	deployment.	OR unresolved.	Detential -f
Meniere's Disease	Meniere's disease, last episode 1 year	Meniere's disease, last episode less	Meniere's disease, last episode less	Potential of prolonged
	or more prior to	than 1 year prior to	than 1 year prior to	exacerbations.
	deployment,	deployment,	deployment,	CAUCCI BULIONS.
	AND easily	AND easily	OR ongoing	
	controlled with PRN	controlled with PRN	systemic therapy,	
	OTC medication.	medication,		
			OR refractory	
		AND LOS.	symptoms.	
Chronic Otitis	Last exacerbation 1	Last exacerbation	Last exacerbation	Limited pharma-
Media	or more years prior to deployment.	at least 6 months but less than 1 year	less than 6 months	ceutical resources,
	to deployment.	prior to	prior to deployment.	sophisticated
		deployment.	deployment.	microbial analysis.
Tympanoplasty	Performed 3 or	Performed 1 or	Performed less	Follow-up limited
Myringotomy	more months prior	more but less than	than 1 month prior	to clinical eval-
	to deployment,	3 months prior to	to deployment,	uation.
		deployment,		
	AND stable hearing.		OR with progressive	
		AND stable hearing,	hearing loss.	
		ANDIOC		
Tinnitus	Tinnitus, single	AND LOS Tinnitus, single	Tinnitus, single	
iminicus	episode,	episode resolved	episode	
	resolved a year	6 or more months	unresolved,	
	or more prior to	but less than 1 year		
	deployment,	prior to	OR single episode	
		deployment,	resolved less than 6	
	OR continuous		months prior to	
	and with normal		deployment,	

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
	ENT evaluation,	OR multiple		
		episodes or	OR multiple	
	AND no medical	continuous, with	episodes or	
	therapy,	normal ENT	continuous,	
	therapy,	evaluation,	continuous,	
	AND does not	evaluation,	OR abnormal ENT	
	interfere with	AND requiring no	evaluation,	
	hearing or	medical therapy,	Evaluation,	
	activities of daily	inedical therapy,	OR, requiring	
	living including	AND does not	medical therapy,	
	sleep,	interfere with	inedical therapy,	
	sieep,		OR interferes with	
	AND LOS.	hearing or activities		
	AND LOS.	of daily living	hearing or activities	
		including sleep,	of daily living	
		ANDIOC	including sleep.	
1.1.2.1.11.11.	Table 2 address	AND LOS.	Table 2 address	
Labyrinthitis	Labyrinthitis,		Labyrinthitis,	
	resolved for 6 or		unresolved or	
	more months prior		resolved less than 6	
	to deployment,		months prior to	
	AND		deployment,	
	AND known		OD SHEATS IN	
	etiology.		OR with etiology	
FAIT	A		unknown.	
ENT surgery	Any minor ENT		Any minor ENT	
	surgery for example		surgery for example	
	T&A, nasal polyps,		T&A, nasal polyps,	
	nasal septal		nasal septal	
	revision, benign		revision, benign	
	nodules or		nodules or	
	cosmetic repairs 6		cosmetic repairs	
	or more weeks		less than 6 weeks	
	prior to		prior to	
	deployment,		deployment,	
	AND completely		OR not completely	
	AND completely		OR not completely	
Cinus assesses	healed.		healed.	
Sinus surgery	Sinus surgery		Sinus surgery	
	completed 6 or		completed less	
	more months prior		than 6 months prior	
Cinnellia	to deployment.		to deployment.	
Sinusitis	Acute or recurrent		Chronic sinusitis.	
Rhinosinusitis	sinusitis, less than 4			
	exacerbations per			
	year, responsive to			

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
	antimicrobial			
	therapy.			
Sialolithiasis	Sialolithiasis, single		Sialolithiasis,	
	episode resolved		recurrent,	
	surgically or			
	spontaneously 1 or		OR single episode	
	more months prior		resolved less than 1	
	to deployment.		month prior to	
			deployment.	

Peripheral Vascular Disease

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
Arteriosclerosis	No evidence of	Clinical signs or	Absent	
	claudication of the	symptoms of	peripheral pulses,	Warfarin non-
	extremities,	peripheral vascular		waiverable.
		disease,	OR skin ulcers,	
	AND normal		past or present,	
	peripheral pulses,	AND normal	due to arterial or	
		vascular	venous	
	AND normal	ultrasound, normal	insufficiency,	
	fundoscopic	Doppler	OD alamaniaanfania	
	examination,	plethysmography normal CT	OR chronic warfarin	
	AND no vascular	angiography, MRA	or DOAC therapy.	
	bruits,	or arteriography.		
	bruits,	or arteriography.		
	AND no venous			
	stasis,			
	,			
	AND no other signs			
	or symptoms			
	suggesting			
	peripheral vascular			
	disease.			
Raynaud's Disease		Primary Raynaud's	Severe cold	
		Disease LOS from	intolerance or loss	
		treating physician.	of any portion of	
			extremity,	
		Secondary	00	
		Raynaud's Disease:	OR recommended medical	
		LOS from treating physician	intervention of	
		addressing whether	primary cause not	
		additional medical	yet complete.	
		additional incultat	yet complete.	

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
		intervention of		
		primary cause is		
Vascular Surgery		advised. History of	History of	
vasculai Suigely		angioplasty or	angioplasty or	
		vascular surgery at	vascular surgery	
		least 6 months	less than 6	
		prior to	months prior to	
		deployment,	deployment,	
		AND normal	OR LDL <u>≥</u> 100	
		cardiovascular stress test,	mg/dl,	
			OR	
		AND LDL < 100	cholesterol/HDL	
		mg/dl,	ratio <u>></u> 5,	
		AND	OR diabetes,	
		cholesterol/HDL	OR hyportonsian	
		ratio < 5,	OR hypertension,	
		AND no diabetes,	OR smoking less	
			than 5 years prior	
		AND no	to deployment.	
		hypertension,		
		AND no smoking at		
		least 5 years prior		
Abdensinal Acutic		to deployment. Abdominal Aortic	Abdensinal Acutic	
Abdominal Aortic Aneurysm		Aneurysm less than	Abdominal Aortic Aneurysm 4 or	
Alleurysiii		4 cm diameter,	more cm diameter,	
		l om diameter,	linere em diameter,	
		AND a negative	OR less than 4 cm	
		work up for other	with increasing size,	
		aneurysms,		
		AND size	OR more than 1	
		documented stable	aneurysm.	
		for at least 1 year,		
		AND with LOS.		
Deep Venous		History of single	Single episode less	
Thrombosis		episode 1 or more	than 1 year prior	
		years prior to	to deployment,	

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
Pulmonary		deployment,		
Embolus			OR deep venous	
		AND	thrombosis/PE	
		no current need for	more than 1	
		anticoagulation,	episode,	
		AND no	OR history of DVT	
		hypercoagulability	with	
		on work up,	hypercoagulability,	
		AND LOS if less	OR requiring long-	
		than 5 years ago.	term	
			anticoagulation	
			therapy.	

Pulmonary

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
General	No clinical symptoms or signs of wheezing, chronic cough, nocturnal or paroxysmal dyspnea, orthopnea, chronic obstructive pulmonary disease or edema.	Current upper respiratory infection, OR chest x-ray abnormality, diagnosed, stable, AND LOS.	Abnormal chest radiologic scan (Xray, CT, etc.) suggesting possibility of current or chronic active pulmonary condition, OR recurrent pneumonia occurring within one year prior to deployment.	
Asthma	Asthma, requiring no chronic medication, with use of bronchodilators on an as needed basis only, AND without exacerbations requiring urgent care or nebulizers	Asthma, requiring no chronic maintenance therapy, AND one exacerbation requiring nebulizer treatment, during the 2 years prior to deployment,	Asthma, with two or more exacerbations requiring nebulizer treatment, AND within 2 years of deployment, OR asthma requiring chronic	

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
	within the last 2	AND normal	maintenance	
	years,	radiographic	therapy,	
		findings,	AND exacerbation	
	AND	AND post-	requiring	
	FEV1 80% or higher	bronchodilator	nebulizer therapy,	
		FEV1 80% or		
		higher,	OR within 2 years	
		,	of deployment,	
		OR asthma,		
		requiring chronic	OR asthma, with	
		maintenance	post-	
		therapy,	bronchodilator	
		AND no	FEV1 less than 80%.	
		exacerbations for	12121035 (11011 0076)	
		the 2 years prior		
		to deployment		
		requiring		
		nebulizer		
		treatment,		
		AND post-		
		bronchodilator		
		FEV1 80% or		
		higher.		
COPD	History of	History of	Chronic	
	respiratory	recurrent	respiratory	
	condition or	respiratory illness	condition,	
	significant	or chronic	,	
	exposure to	pulmonary	AND FVC less than	
	pulmonary toxins	condition, as	70% predicted,	
	and/or diagnosis	suggested with		
	of COPD	radiologic	OR FEV1/FVC less	
		findings,	than 80%	
	AND FVC 70% or		predicted,	
	higher predicted,	AND no more	ļ,	
	0 - p	than 1	OR 2 or more	
	AND FEV1/FVC	exacerbation	exacerbations	
	80% or greater of	within the past 2	within the past 2	
	predicted,	years,	years,	
	/	,	, ,	
	AND normal	AND occasional	OR requiring daily	
	pulmonary imaging.	intermittent	maintenance	
	,	medical therapy	medical therapy	
		2	including MDI,	
		AND FVC 70% or	nebulizer and/or	
		higher predicted,	steroids.	
	l	inglici piculcicu,	steroids.	I

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
		AND FEV1/FVC 80% or greater of predicted, AND no evidence of pulmonary nodules or CHF on CXR, AND no deployment exposure to altitude 8000 ft or higher.		
Pneumothorax	Traumatic pneumothorax, resolved either spontaneously or with pleurodesis, with no recurrence for at least 1 year.	History of spontaneous pneumothorax 1 or more years ago, AND no evidence of COPD on CXR, AND normal pulmonary function testing.	History of spontaneous pneumothorax within the last 1 year, OR evidence of COPD on CXR OR abnormal pulmonary function testing.	
Chronic Pulmonary Disease not otherwise specified			FVC less than 70% predicted, OR FEV1/FVC less than 80% predicted. OR current active pulmonary disease, of any etiology, such as autoimmune, infectious or neoplastic, OR abnormal laboratory or radiologic findings.	

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
Obstructive Sleep		<u>For South Pole</u>	If CPAP required,	High altitude
Apnea		and Summit	deployment to area	can exacerbate
		Station Only:	that cannot support	the condition.
		OSA, with or	CPAP use	
		without	(electricity, etc).	Must bring
		requiring CPAP;		sufficient medical
				consumables
		AND if on CPAP,		(tubing,etc) for
		requires LOS from		duration
		board certified		
		sleep specialist or		
		pulmonologist with		
		sleep experience		
		and compliance		
		report showing		
		80% or higher		
		usage.		

Substance Use Disorders

Condition	Unrestricted	Restricted	Not Physically	Comment
	Clearance	Clearance	Qualified	
Alcohol or other Substance Use Disorder	No history of alcohol or other substance use disorders, OR at least 5 years of stable recovery, AND LOS from counselor/provider, AND letter from applicant describing their alcohol or other substance use history and recovery process, and acknowledges and understands past abusive problem.	History of alcohol or other substance use disorders at least 3 but less than 5 or years stable recovery, AND completion of certified rehabilitation program, AND LOS from counselor/provider, AND letter from applicant describing their alcohol or other substance use history and recovery process, and acknowledges and understands	History of alcohol or other substance use disorder within 3 years of deployment, AND alcohol or other substance use has interfered with activities of daily life/function. History of violence related to alcohol and/or other substance use.	Recovery includes absence of; Exhibiting risk behavior with drugs or alcohol, being intoxicated on drugs or alcohol, legal problems, others reporting alcohol or drug utilization, behavioral changes associated with drugs/alcohol.

Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
		past abusive problem.		