

AFSOUTH/SG MEDICAL WAIVER GUIDE

USSOUTHCOM has designated AFSOUTH/SG as the service waiver authority for all AF members deploying or TDY to the USSOUTHCOM AOR with assignment limitation codes (ALCs), Worldwide Qualification (WWQ) waivers or who do not meet minimum physical standards to deploy IAW AFI 48-123, Medical Examinations and Standards. This also applies to DoD civilians and contractors with similar medical conditions deploying to AF locations in the USSOUTHCOM AOR. The AFSOUTH/SG office has visibility of what conditions have traditionally done well at what locations theater-wide and is responsible for maintaining a database for USSOUTHCOM/SG. While an individual may be denied deployment by the local medical authority or chain of command, authority to approve deployment for members with an ALC, WWQ waiver or who do not meet minimum deployment criteria per AFI 48-123 lies with the AFSOUTH/SG.

ALL waiver packages MUST be submitted with the AFSOUTH Waiver Guide and Checklist and Narrative Summary (NARSUM) sent digitally in PDF format (form below). This allows automatic upload into the Waivers system, improving disposition and turn-around time. Waiver packages sent with these forms in other formats will be returned to be completed in the correct format. Also note, additional supporting material must be in its OWN attachment, separate from the checklist and NARSUM. Providers should give a thorough summary of the service member's (SM's) diagnosis and treatment history, specialty consult synopsis, follow-up recommendations, comorbid conditions, and honest deployment recommendations regarding the SM's ability to function in austere conditions, dehydration, increased workload/stress/hours. Eyes-on providers must provide a clear picture of the SM to the AFSOUTH/SG to ensure the SM's healthcare needs are met with limited medical attention downrange.

Waiver requests should be submitted to the AFSOUTH/SG office from the Physical Evaluation Board Liaison Officer (PEBLO), SGH, SGP or equivalent representative. Send waiver packages by encrypted e-mail to the AFSOUTH/SG organizational box: 12AF.SG@us.af.mil. Put the name of the member for whom the medical waiver is for in the subject line of the email. **Submit a separate email for each waiver package.**

You are required to submit packages at least 30 to 90 days prior to date of first movement. If the medical waiver request is short notice, less than 10 business days, make a telephone notification to AFSOUTH/SG office DSN 228-2088 or Comm 520-228-2088.

If the RILO is in the updating process, it is not necessary to wait for the new response from AFPC/DPAMM before submitting a waiver package. The narrative summary from the RILO/MEB as well as FL4 should be included with the package. Final approval will not be given until a copy of the updated narrative summary from AFPC/DPAMM is provided to the USSOUTHCOM/SG office. However a tentative approval or disapproval may be given with the information provided.

AFSOUTH/SG will send notification of approval to the MDG originating the medical waiver request as well as the AFFOR/SG and gaining Expeditionary Medical Commander. Notification of disapproval will be sent only to the MDG originating the medical waiver request. **Per USSOUTHCOM, unit commanders are not authorized to override the medical deployability determination.**

All medical waiver packages must include the applicable check list (see attached) and be signed by the representative preparing the package and the designated medical authority who reviewed the package prior to submission.

NOTE: CURRENT RILO/WWQ Waiver CANNOT expire while deployed.

This form has the following sections:

Waiver Package Requirements Checklist for AD/ANG/AFRC	Must be completed for all service members
DoD Civilian/GS & Contractor Waiver Package Requirements Checklist	Must be completed for civilians
AFSOUTH Medical Waiver Narrative Summary	Complete for all waivers
Obstructive Sleep Apnea (OSA) Checklist	Complete only if the member or civilian has OSA
AFSOUTH Orthodontic Waiver Checklist	Complete only if the <i>military</i> member is undergoing Orthodontic Care
Mental Health USSOUTHCOM Deployment/PCS Clearance Checklist	Complete only if answer to question 5 on Package Requirements checklist (pg 3 or 4) is YES.
Preparer's/ Reviewer's Summation	Complete, with electronic signature by the medical reviewer, for all waivers

To assist with preparing this package USSOUTHCOM PPG-TAB A is included in this document, it begins on page 13. Please refer to TAB A for questions you may have, particularly if the waiver is for OSA or mental health.

For additional resources, please visit the AFSOUTH/SG Clinical Ops Site on the Knowledge Exchange at: <https://kx2.afms.mil/kj/kx9/AFSOUTHSG/Documents/Forms/ShowFolders.aspx>.

Thank you for helping to speed up the waiver process. Please visit <https://www.medxs.af.mil> and click on the "Waivers Management Update" link to download the AFSOUTH Waiver Guide and Checklist, and NARSUM template, which include a link for automatic email.

WAIVER PACKAGE REQUIREMENTS CHECKLIST FOR AD/ANG/AFRC

Last Name _____ First _____ MI ____ 4SSN _____
 Gender _____ DOB _____ Component _____ ALC _____
 Mil. Rank _____ MAJCOM _____ Submitting MTF _____

	YES	NO
1. Can member run a minimum of 100 yards, lift at least 40 lbs, wear IBA, and does he/she weigh less than 300 lbs and have a BMI < 40?	<input type="radio"/>	<input type="radio"/>
If NO to any of these, STOP HERE. Waiver will not be approved. See DoDI 6490.07 and MSD page 64.		
2. PLEASE ENTER THE FOLLOWING DEPLOYMENT INFORMATION:		
a) Duty Location: _____ If Other, enter location: _____ RDD*: _____ Is member <i>currently</i> deployed ? Yes <input type="radio"/> No <input type="radio"/> (IF YES, skip to c, below)		
b) Tasking Date: _____ Pre-deployment Training Date: _____ EDD** : _____ Reason for late submission is REQUIRED <i>if</i> RDD is less than 30 days out:		
c) Estimated tour length (days): _____ Is deployment PCS? Yes <input type="radio"/> No <input type="radio"/>		
d) Anticipated job/duties while deployed: _____		
e) Member's AFSC _____		
f) Will duties occur "outside the wire" or involve frequent overnight AOR travel?	<input type="radio"/>	<input type="radio"/>
3. Is information provided from the Medical Group, NGB/SG, or AFRC/SG representative to include:		
a) HQ AFPC/DPANM FL - 4 Included (ANG required WWQ waiver dates) Aeromedical summary with WWQ Waiver must be included for ANG medical waiver requests. NOTE: Current RILO/WWQ Waiver cannot expire while deployed.	<input type="radio"/>	<input type="radio"/>
b) AF Form 469 "Duty Limiting Condition Report"/AF Form 422 Notification of Air Force Member's qualification Status" listing ANY/ALL physical limitations.	<input type="radio"/>	<input type="radio"/>
4. Is medical waiver request for Sleep Apnea? If so, also complete the OSA checklist on pg. 8 of this form.	<input type="radio"/>	<input type="radio"/>
5. Is member taking ANY psychiatric medications OR being followed for a mental health diagnosis? IF YES, complete USSOUTHCOM MH checklist and have MH or treating provider review/sign on pg. 12.	<input type="radio"/>	<input type="radio"/>
a) Does member have at least three months of demonstrated stability with medication(s) and/or condition?	<input type="radio"/>	<input type="radio"/>
b) Is clearance from Mental health provided, to include statement that member may deploy to an austere environment?	<input type="radio"/>	<input type="radio"/>
6. Is member on immunotherapy (allergy shots)? IF YES, provide documentation from the allergist that discontinuing immunotherapy will not negatively impact the member's stability on his conditions.	<input type="radio"/>	<input type="radio"/>
7. Is member aircrew? IF YES, complete and include the current version of form DD 2992.	<input type="radio"/>	<input type="radio"/>
8. Is member undergoing orthodontic care? IF YES, please complete the orthodontic waiver checklist on page 9 of this document.	<input type="radio"/>	<input type="radio"/>

* Required Delivery Date (due at deployment site) ** Estimated Departure Date (leaving permanent station)

DoD CIVILIAN/GS & CONTRACTOR WAIVER PACKAGE REQUIREMENTS CHECKLIST

Last Name _____ First _____ MI ____ 4SSN _____

Gender _____ DOB _____ Component _____ Submitting MTF _____

	YES	NO
1. Can civilian run a minimum of 100 yards, lift at least 40 lbs, wear IBA, and does he/she weigh <i>less</i> than 300 lbs and have a BMI < 40? If NO to any of these, STOP HERE. Waiver will <i>not</i> be approved. (NOTE specific BMI and Framingham cardiovascular submission requirements for civilians on page 5.)	<input type="radio"/>	<input type="radio"/>
2. PLEASE ENTER THE FOLLOWING DEPLOYMENT INFORMATION:		
a) Duty Location: _____ If Other, enter location: _____ RDD*: _____ Is civilian <i>currently</i> deployed ? Yes <input type="radio"/> No <input type="radio"/> (IF YES, skip to c, below)		
b) Pre-Deployment Training Date: _____ Estimated Departure Date: _____ Reason for late submission is REQUIRED <i>if</i> RDD is <i>less than 30</i> days out:		
c) Estimated tour length in days: _____		
d) Anticipated job/duties while deployed: _____		
e) Will duties occur “outside the wire” or involve frequent overnight AOR travel?	<input type="radio"/>	<input type="radio"/>
3. Is information provided to include:		
a) Documentation of medical history (e.g. DD Form 2807-1)?	<input type="radio"/>	<input type="radio"/>
b) Documentation by specialist(s) / PCM of current stability of condition being waived AND indicating optimal control of condition.	<input type="radio"/>	<input type="radio"/>
c) Note from specialist(s) / PCM stating that civilian can go to austere environment for the duration of deployment without immediate medical care available AND with no follow-up required	<input type="radio"/>	<input type="radio"/>
4. Is medical waiver request for Sleep Apnea? If so, also complete the OSA checklist on pg. 8 of this form.	<input type="radio"/>	<input type="radio"/>
5. Is civilian taking ANY psychiatric medications OR being followed for a mental health diagnosis? IF YES, complete USSOUTHCOM MH checklist and have MH or treating provider review/sign on pg. 12.	<input type="radio"/>	<input type="radio"/>
a) Does civilian have at least three months of demonstrated stability with medication(s) and/or condition?	<input type="radio"/>	<input type="radio"/>
b) Is clearance from Mental health provided, to include statement that civilian may deploy to an austere environment?	<input type="radio"/>	<input type="radio"/>
6. Is civilian on immunotherapy (allergy shots)? IF YES, provide documentation from the allergist that discontinuing immunotherapy will not negatively impact the civilian’s stability on his conditions.	<input type="radio"/>	<input type="radio"/>

*Note: Civilians are required to be medically and dentally qualified for deployment prior to attending Combat Skills Training (CST). **Pre-existing back, neck and knee/leg injuries should be closely scrutinized when clearing the civilian for training.** Training and subsequent deployments will be highly physical. Civilians are expected to walk two miles with body armor (w/plates), helmet, and weapons and combat pack (~50 lbs.) starting day one of CST.

AFSOUTH Medical Waiver Narrative Summary

To be completed by a provider familiar with the individual's care.
This must be completed for ALL medical waiver packages.

Primary Condition Requiring Waiver

		Diagnosis Date * _____
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Secondary Condition Requiring Waiver

		Diagnosis Date * _____
--	--	------------------------

* - These (and all *other*) dates **must** include day *and* month, but if *not known*, please use an approximation.

Vitals

Lipids *

Blood Pressure _____ Heart Rate _____ Respiratory Rate _____ BMI ** _____ Vitals Date _____	Cholesterol _____ HDL _____ LDL _____ Trig _____ Lipids Date _____
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* Current (< 6 mos.) Lipid panel with OSA only if member has diagnosis of hyperlipidemia

** Civilians and contractors should submit a body fat worksheet with the waiver request. A BMI calculator is located at <http://www.nhlbi.nih.gov/guidelines/obesity/BMI/lmicalc.htm>

Framingham Score *		
Tobacco Use		**
Missed Duty Time		
Number of ER Visits and hospitalizations for condition		
Last PHA date		
RILO Due at Next PHA?		
WWQ Expires on		
Per AF form 469; No current duty/physical activity limitation	<input type="checkbox"/>	
Member is able to perform all aspects of his/her job without limitation	<input type="checkbox"/>	
Have there been changes since MEB/RILO/appointment?	<input type="radio"/> Yes <input type="radio"/> No	

* Civilian personnel who are 40 years of age or older must have a Framingham 10-year CHD risk percentage calculated (online calculator is available at <http://cvdrisk.nhlbi.nih.gov/calculator.asp>)

** Response **required** for the following conditions: OSA, Coronary Artery Disease, Cancer, and Asthma

IF member/civilian has ANY specialist referral(s), is specialty care **ongoing?** ... or **completed?**

	YES	NO
Do other deployment limiting conditions exist?	<input type="radio"/>	<input type="radio"/>

HPI: All current medical conditions, date of onset and treatment modalities

--

PMH: Co morbid conditions and all past medical conditions. (Mental health, profiles, etc.)

--

Physical Examinations: significant findings/pertinent negatives, current vital signs

--

Diagnosis (s)

--

List of ALL Active / Current Medications (***MUST*** include *dose, route & frequency*)

--

Allergies

--

Additional Studies: most recent Radiology, Labs, diagnostic & current Polysomnogram (PSG), PFTs, EKG, Sub-specialist or MEB narratives/or comments on any other attachments

--

Obstructive Sleep Apnea (OSA) Checklist
 To be completed only if the member or civilian has OSA

The following guidelines, from USSOUTHCOM MOD TWELVE PPG-TAB A, are designed to ensure that individuals with OSA are adequately treated and that their condition is not of the severity that would pose a safety risk should they be required to go without their PAP therapy for a significant length of time.

- a. Symptomatic OSA (i.e. excessive daytime sleepiness) of any severity, with or without any treatment.
- b. Asymptomatic mild OSA (diagnostic AHI and RDI < 15/hr): Deployable with or without treatment (PAP or otherwise). **No waiver required.**
- c. Moderate OSA (diagnostic AHI or RDI \geq 15/hr and < 30/hr): No waiver required to deploy if successfully treated (CPAP or otherwise).
- d. Severe OSA (AHI or RDI \geq 30/hr): Once successfully treated (PAP or otherwise), requires a waiver for deployment to any location in the AOR

For moderate and severe OSA, adherence to positive airway pressure (PAP) therapy must be documented prior to deployment. Adherence is defined as PAP machine data download (i.e. compliance report) that reveals the machine is being used for at least 4 hours per night for greater than 70% of nights over the previous 30-day period.

OSA

Pre CPAP PSG Date	
Pre CPAP AHI	
Post CPAP Date	
Post CPAP AHI	
CM of H2O for Therapy	
EPSS Score	
Adherence Data Included*	
Denies Daytime Somnolence	

Special tests/doc's required for OSA waivers:

- Documentation of “no daytime somnolence“ and good tolerance/ compliance with CPAP
- CPAP letter of understanding signed by member/civilian
- DIAGNOSTIC Polysomnogram (PSG) data *AND* CPAP Titration PSG data which demonstrates *optimal* TREATMENT

* Required for moderate & severe OSA

AFSOUTH Orthodontic Waiver Checklist

To be completed by Dentist/Orthodontist Overseeing Patient's Orthodontic Care

Pre-deployment questions completed by patient's orthodontist regarding orthodontic care:

1. Will patient complete orthodontic care prior to deployment: Yes No
2. Is the deployment scheduled for greater than 180 days: Yes No
3. If deployment is scheduled for less than 180 days, is it possible to place patient in a passive neutral state prior to deployment: Yes No

Orthodontist's recommended course of action regarding orthodontic treatment for deploying member: Please Check One

Member will complete orthodontic care and is scheduled to have all orthodontic bands, brackets and appliances removed on _____. Member is aware that this is a mandatory appointment and that member is forbidden to deploy in active orthodontics.

Member is scheduled to deploy for over 180 days or it would not be in the patient's best interest to place patient's orthodontic care in a passive neutral state prior to deployment. Member is aware that orthodontic bands, brackets and appliances must be removed prior to his or her deployment. Member is scheduled on _____ to have orthodontic bands, brackets and appliances removed. Member is aware that this is a mandatory appointment and that member is forbidden to deploy in active orthodontics.

Member currently scheduled to deploy for less than 180 days. Member is aware that orthodontics must be placed in a neutral state prior to deployment. Member is scheduled on _____ to have orthodontic bands, brackets and appliances placed in a neutral passive state. Member is aware that this is a mandatory appointment and that member is forbidden to deploy in active orthodontics. Additionally, member is aware that he or she will need to continue orthodontic care upon his or her return from deployment.

The member is recommended for deployment contingent upon patient adhering to above mentioned recommended course of treatment. The member will have normal mastication, normal speech with the wearing of required life support or chemical/biological warfare ensemble, to include effective use of gas mask, or which otherwise would interfere with performance.

Dentist/Orthodontist's name _____

Dentist/Orthodontist's Signature _____

Dentist/Orthodontist's DSN _____ Dentist/Orthodontist's Comm Phone _____

MENTAL HEALTH USSOUTHCOM DEPLOYMENT/PCS CLEARANCE CHECKLIST: This

checklist will be used to review Mental Health history of ALL personnel (military or civilian) scheduled for deployment or PCS to any USSOUTHCOM location, IAW USSOUTHCOM MOD TWELVE TO USSOUTHCOM INDIVIDUAL PROTECTION & INDIVIDUAL/UNIT DEPLOYMENT POLICY, PPG-TAB A, Section 7.G.

Checklist is for review of MENTAL HEALTH encounters/treatment ONLY. Any conditions diagnosed or medications prescribed by a MEDICAL provider MUST be reviewed and cleared by MEDICAL. Mental Health is NOT responsible for evaluation of medical record.

Checklist 1 of 2: **MENTAL HEALTH TECHNICIAN, MEDICAL TECHNICIAN or PROVIDER**

To determine whether Checklist 2 (below) must be *completed* by the *treating* Provider, conduct a thorough records review to see if any Mental Health encounters, ADAPT, or FAP history exists. Was such history found?

No Send Waiver PDF to provider to fill in the Narrative & Recommendation block & sign

Yes Send Waiver PDF to provider *with* specific comment to complete Checklist 2 before signing

Checklist 2 of 2: **MENTAL HEALTH PROVIDER or TREATING PROVIDER**

**Waiver required for all conditions listed below (list is not all-inclusive).

**If a condition exists that warrants a DLC or IRILO/MEB, please complete IAW AFI 44-172, *Mental Health*.

**AHLTA note: Add technician as paraprofessional. Code as: Diagnosis v68.09 Issue Medical Certificate; Procedure 90885 Review of Records; E & M 99499

1	Psychotic Disorder or Bipolar Disorder (either variance).	Yes No Go to next item
2	Psychiatric hospitalization within the last 12 months.	Yes No Go to next item
3	Suicidal Ideation or Suicide Attempt within the last 12 months.	Yes No Go to next item
4	Enrollment in substance abuse program (inpatient, service-specific substance abuse program or outpatient) within the last 12 months.	Yes No Go to next item
5	Substance abuse disorders (not in remission), actively enrolled in ADAPT.	Yes No Go to next item
6	<u>Antipsychotics</u> OR <u>anticonvulsants</u> OR <u>antimanic</u> s (bipolar) for stabilization of DSM-IV-TR or DSM-5 diagnosis.	Yes No Go to next item
7	Benzodiazepines: newly prescribed OR chronic use (lorazepam/Ativan, alprazolam/Xanax, diazepam/Valium, clonazepam/Klonopin, etc)	Yes No Go to next item
8	CII Stimulants: for tx of ADHD/ADD (Ritalin, Concerta, Adderall, Dexedrine, FocalinXR, Vyvanse, etc.)	Yes No Go to next item
9	Chronic insomnia that requires the use of sedative hypnotics/amnestics, benzodiazepines, or antipsychotics <u>for greater than 3 months</u> .	Yes No Go to next item
10	Use of 3 or more psychotropics (antidepressants, anticonvulsants, antipsychotics or benzodiazepines) for stabilization.	Yes No Go to next item

11	Hx of clinically dx'd TBI/mTBI of any severity, including mild (check YES if dx made in MH clinic; requires local pre-deployment evaluation by a <u>MEDICAL</u> provider; reference Section 7.A.11.)	Yes No Go to next item
12	DSM-IV-TR or DSM-5 diagnosed psychiatric disorder(s) with residual symptoms, or medication side effects, which impair social and/or occupational performance.	Yes No Go to next item
13	Mental Health condition that requires recurring Mental Health appointments, or consultation (greater than once/quarter per Tab A, 1.D.3.)? (Consider availability of services at deployed location. If follow-up is required, contact that location for discussion/potential transfer.)	Yes No Go to next item
14	Mental health conditions that pose a substantial risk for deterioration and/or recurrence of impairing symptoms in the deployed environment (give extra consideration to PTSD due to AOR mission)	Yes No Go to next item
15	Psychiatric disorders with fewer than 3 months of demonstrated stability from the last change in treatment regimen (medication either new, or discontinued, or dose changed OR other change in dx/tx modality).	Yes No Go to next item
16	NO to ALL items 1-15: SM WWQ. No waiver required. Complete the review and forward to technician to complete the clearance process.	MEMBER IS CLEARED
17	YES to any of items 1-15: Clinician judges if the member is WWQ.	Judged to be WWQ: Go to item 19 Deemed <i>not</i> WWQ: Go to item 18
18	NOT WWQ: Member not cleared for deployment/PCS/not appropriate for waiver. Do not submit waiver pkg. Instead, initiate DLC and refer to the DAWG IAW AFIs 10-203 and 44-172. - Inform technician to update Deployment Clearance Module in ASIMS (Not Deployable) and Close encounter.	MEMBER IS NOT CLEAR
19	Judged to be WWQ: Submit waiver request to appropriate USSOUTHCOM Component SG for adjudication through local PEBLO, SGH, SGP or equivalent (per USAFSOUTH/SG Medical Waiver Guide, Current Edition). - Do NOT <i>clear</i> member at this time. Enter AF 469 IAW DoDI 6490.08, Enc 2, para. 1.b.(3), and AFI 10-203, until waiver approved. If waiver denied, follow procedure in item 18. * Provide brief rationale for WWQ decision in AHLTA entry. - Inform technician to update Deployment Clearance Module in ASIMS (Review) and Close encounter.	SUBMIT WAIVER, CLEARANCE PENDING
<p>NOTE: Waivers will ONLY be <i>considered</i> if the following conditions are met:</p> <ul style="list-style-type: none"> - location has needed resources available; - medications do not require special handling/storage, will be tolerated under harsh environmental conditions, and will not cause significant side effects if dehydrated; - an unexpected worsening of symptoms will not have negative impact on mission execution; - condition not likely to be worsened in light of stressors imposed in deployed environment/duties; - there is no need for routine evacuation for diagnostics/evaluations; <i>and</i> - condition will not impact member's ability to perform essential duty functions. 		

Mental Health Narrative and Recommendation

Mental Health or Treating Provider Signature

Preparer's/ Reviewer's Summation

To be completed for all waivers and electronically signed by the medical reviewer

	YES	NO
Does member's medical history indicate optimal control of condition? (If <i>no</i> , please explain below.)	<input type="radio"/>	<input type="radio"/>

Recommendation by the medical provider as to whether or not the member should deploy.

Provider Name _____ Contact Number _____

Waiver package prepared by _____ Date _____

Preparer's e-mail _____ DSN _____

SGH/SGP Reviewer _____ Date _____

Reviewer's e-mail _____ Comm _____ DSN _____

Reviewer's Signature _____

**PPG-TAB A: AMPLIFICATION OF THE MINIMAL STANDARDS OF FITNESS
FOR DEPLOYMENT TO THE SOUTHCOM AOR; TO ACCOMPANY
MOD TWELVE TO USSOUTHCOM INDIVIDUAL PROTECTION
AND INDIVIDUAL/UNIT DEPLOYMENT POLICY**

1. General. This PPG-TAB A accompanies MOD TWELVE, Section 15.C. and provides amplification of the minimal standards of fitness for deployment to the SOUTHCOM area of responsibility (AOR), including a list of medical conditions that may be sufficient to deny medical clearance for or to disapprove deployment of a service member, civilian employee, volunteer, or contractor's employee. The list of deployment-limiting conditions is not comprehensive; there are many other conditions that may result in denial of medical clearance for deployment. Possession of one or more of the conditions listed in this tab does not automatically imply that the individual may not deploy. Conversely, in addition to any specified disqualifying condition, one must also take into account the totality of one's medical conditions and the medical capabilities present at that individual's deployed location. This imposes the requirement to obtain a knowledgeable physician's opinion as to the deployability status of the individual and a valid deployment medical waiver from the appropriate waiver authority for the potentially medically disqualifying condition. "Medical conditions" as used here also include those health conditions usually referred to as dental, psychological and/or emotional.

- A. Uniformed Service Members will be evaluated for fitness according to service regulations and policies, in addition to the guidance in the parent PPG Modification (MOD). See MOD TWELVE REF E, F, G, H, O, Q and HH.
- B. DoD civilian personnel with apparently disqualifying medical conditions could still possibly deploy based upon an individualized medical assessment, waiver submission and disposition by the appropriate SOUTHCOM waiver authority (which shall be consistent with subparagraph 4.g.(3)(c) of DoDD 1404.10 and The Rehabilitation Act of 1973, as amended).
- C. DoD Contract personnel will be evaluated for fitness according to DoDI 3020.41 (REF J).
- D. Waivers for Uniformed Service Members, DoD civilian personnel and DoD Contract personnel will be considered only if all the following general conditions are met:
 - 1. The condition is not of such a nature or duration that an unexpected worsening or physical trauma is likely to have a grave medical outcome or negative impact on mission execution.
 - 2. The condition is stable and reasonably anticipated by the pre-deployment medical evaluator not to worsen during the deployment in light of physical, physiological, psychological, and nutritional effects of the duties and location.
 - 3. The condition does not require frequent clinical visits (more than quarterly) or ancillary tests (more than twice/year), does not necessitate significant limitations of physical activity or constitutes increased risk of illness, injury, or infection.
 - 4. There is no need for routine evacuation out of theater for continuing diagnostics or their evaluations. (All such evaluations must be accomplished before deployment.).
 - 5. Any required, ongoing health care or medications anticipated to be needed for the duration of the deployment are available in theater within the Military Health System or equivalent. Medication must have no special handling, storage, or other requirements

(e.g., refrigeration, cold chain, or electrical power requirements). Medication must be well tolerated within harsh environmental conditions (e.g. heat or cold stress, sunlight) and should not cause significant side effects in the setting of moderate dehydration.

6. It is determined, based upon an individualized assessment, that the member can perform the essential functions of the position in the deployed environment, with or without a reasonable accommodation, without causing undue hardship. In evaluating undue hardship, the nature of the accommodation and the location of the deployment must be considered. Further, the member's medical condition must not pose a significant risk of substantial harm to the member or others taking into account the condition of the relevant deployed environment, with particular consideration of areas of armed conflict in the AOR. See REF Q.
7. The medical condition does not prevent the wear of personal protective equipment, including protective mask, ballistic helmet, body armor, and chemical/biological protective garments.
8. The medical condition does not prohibit required theater immunizations (other than smallpox & anthrax per current guidance) or medications (such as antimalarials, chemical and biological antidotes, and other chemoprophylactic antibiotics).
9. Any unresolved acute illness or injury should not impair one's duty performance during the duration of the deployment.

2. The provider evaluating personnel for deployment must bear in mind that in addition to the individual's duties, the environmental conditions that may impact health include extremes of temperature, physiologic demand (water, mineral, salt, and heat management), and poor air quality (especially particulates), while the operating conditions impose extremes of diet (to include fat, salt, and caloric levels), sleep deprivation, emotional stress, and sleep disturbance. If maintaining an individual's health requires avoidance of these extremes or conditions, she/he should not deploy.

3. The rules and facts listed in paragraph 2 should assist the evaluating medical authority to make qualified judgments as to whether an individual with an existing condition is suitable for deployment. Any condition that markedly impairs an individual's daily function is grounds for disapproval. Evaluation of functional capacity to determine fitness in conditions of physiologic demand is encouraged to make a decision. This includes such things as a complete cardiac evaluation to include stress imaging, when there is coronary artery disease or significant risk thereof or an official functional capacity exam (FCE) as determined by the initial evaluating provider. The evaluating provider should pay special attention to hematologic, cardiovascular, pulmonary, orthopedic, neurological, endocrine, dermatological, psychological, visual, and auditory conditions which may present a hazard to the individual or others and/or preclude performing functional requirements in the deployed setting. Also, the type and amount of medications being taken, their suitability, and availability in the theater environment must be considered as potential limitations. Pre-deployment processing centers may vary in medical examination/screening procedures; individuals should contact their respective mobilization site for availability of a processing checklist.

4. The guidance in this document should not be construed as authorizing use of defense health program or military health system resources for such evaluations unless previously authorized. Generally, Defense Health Agency and Military Health System resources are not authorized for the purpose of pre-deployment or travel medicine evaluations for contractor employees IAW REF J. Local command, legal, contracting and resource management authorities should be consulted for questions on this matter.

5. Shipboard operations that are not anticipated to involve operations ashore are exempt from the deployment-limiting medical conditions listed below and will follow Service specific guidance.

6. The general guidance from MOD TWELVE section 15.C applies to:

A. All personnel (uniformed service members, government civilian employees, volunteers, and DoD contractor employees) deploying to theater must be medically, dentally and psychologically fit for deployment and possess a current Periodic Health Assessment (PHA) or physical. Fitness specifically includes the ability to accomplish tasks and duties unique to a particular operation and the ability to tolerate environmental and operational conditions of the deployed location.

B. The existence of a chronic medical condition may not necessarily require a waiver to deploy. Personnel with existing conditions, **other than those outlined in this document**, may deploy if either:

1. An approved medical waiver, IAW Section 15.C.3, is documented in the medical record.

OR

2. The conditions in Para. 1.D.1-1.D.9 are met and for most conditions, 90 days is a reasonable timeframe to determine stability, and assess need for further care, subject to the examining provider's judgment. The exception to this is noted in paragraph 7.G. Psychiatric Conditions.

7. Documented medical conditions precluding medical clearance. A list of all possible diagnoses and their severity that may cause an individual to be non-deployable would be too expansive. *Rather than relying solely on a specific list of medical conditions, the medical evaluator must carefully consider whether the climate, altitude, nature of available food and housing, availability of medical, behavioral health, dental, surgical, and laboratory services, or whether other environmental and operational factors may be hazardous to the deploying person's health because of a known physical or psychological condition.* The following list of conditions should not be considered exhaustive. Other conditions may render an individual medically non-deployable (see paragraph 6). Medical clearance to deploy with any of the following documented medical conditions may be granted, except where otherwise noted, IAW MOD TWELVE Section 15.C. If an individual is found deployed with a *pre-existing* non-deployable condition and without a waiver for that condition, a waiver request to remain deployed should be submitted to the respective Component Surgeon. If the waiver request is denied, the individual will be redeployed out of the SOUTHCOM AOR. **Individuals with the following conditions will not deploy without an approved waiver:**

A. Specific Medical Conditions / Restrictions:

1. Asthma or other respiratory conditions that have a Forced Expiratory Volume-1 \leq 50% of predicted despite appropriate therapy, that has required hospitalization in the past 12 months, or that requires daily systemic (not inhaled) steroids. Respiratory conditions that have been well controlled for 6 months and are evaluated to pose no risk of deterioration in the deployed environment may be considered for waiver.
2. Seizure disorder, either within the last year or currently on anticonvulsant medication for prior seizure disorder/activity. Persons on a stable anticonvulsant regimen, who have been seizure-free for one year, may be considered for waiver.
3. Diabetes mellitus, type 1 or 2, on pharmacotherapy or with HgA₁C > 7.0.

- a. Type 1 diabetes or insulin-requiring type 2 diabetes..
 - b. Type 2 diabetes, on oral agents only, with no change in medication within the last 90 days and HgA1C \leq 7.0 does not require a waiver if the calculated 10-year Framingham coronary heart disease risk percentage is less than 15% based on the NCEP ATP III guidelines. If the calculated 10-year risk is 15% or greater, further evaluation is required prior to waiver submission. See B.8. for more detailed instructions.
 - c. Newly diagnosed diabetics will require 90 days of stability, either on oral medications or with lifestyle changes, before a waiver will be considered. They should also have documentation of a complete initial diabetic evaluation (eye exam, foot exam, nutrition counseling, etc.).
4. History of heat stroke. No multiple episodes, no persistent sequelae or organ damage and no episode within the last 24 months may be considered for waiver.
 5. Meniere's disease or other vertiginous/motion sickness disorder, unless well controlled on medications available in theater.
 6. Recurrent syncope for any reason. Waiver request should include the etiology and diagnosis of the condition.
 7. Any musculoskeletal condition that significantly impairs performance of duties in a deployed environment. If there are concerns, an official functional capacity exam (FCE) should be performed and results included with the waiver request.
 8. Renolithiasis, recurrent or currently symptomatic.
 9. Pregnancy.
 10. Obstructive sleep apnea (OSA). The OSA is diagnosed with an attended, in-laboratory polysomnography (PSG) with a minimum of 2 hours of total sleep time, that yields an apnea-hypopnea index (AHI), and/or respiratory disturbance index (RDI), of greater than 5 / hour. Unattended, home PSG is not acceptable for deployment purposes. For individuals previously diagnosed with OSA, updated or repeat PSG is not required unless clinically indicated (i.e. significant change in body habitus, corrective surgery or return of OSA symptoms). Individuals treated with an oral appliance require PSG documentation that OSA is controlled with its use. Individuals who are treated with automatic positive airway pressure (APAP), continuous positive airway pressure (CPAP) and bi-level positive airway pressure (BPAP) are acceptable as long as the condition being treated is OSA and not a more complex respiratory disorder. Complex OSA, central sleep apnea or OSA that requires advanced modes of ventilation such as adaptive servo-ventilation (ASV) or average volume assured pressure support (AVAPS) is generally non-deployable. Individuals using PAP therapy should deploy with a machine that has rechargeable battery back-up and sufficient supplies (air filters, tubing and interfaces/masks) for the duration of the deployment. Individuals deploying with PAP therapy to a location where the sleep environment has unfiltered air will typically not be granted waivers if a waiver is otherwise required per the guidance below. The following guidelines are designed to ensure that individuals with OSA are adequately treated and that their condition is not of the severity that would pose a safety risk should they be required to go without their PAP therapy for a significant length of time.
 - a. Symptomatic OSA (i.e. excessive daytime sleepiness) of any severity, with or without any treatment.
 - b. Asymptomatic mild OSA (diagnostic AHI and RDI < 15/hr): Deployable with or without treatment (PAP or otherwise). **No waiver required.**

- c. Moderate OSA (diagnostic AHI or RDI ≥ 15 /hr and < 30 /hr): **No waiver required** to deploy if successfully treated (CPAP or otherwise).
- d. Severe OSA (AHI or RDI ≥ 30 /hr): Once successfully treated (PAP or otherwise), requires a waiver for deployment to any location in the AOR.
- e. For moderate and severe OSA, adherence to positive airway pressure (PAP) therapy must be documented prior to deployment. Adherence is defined as PAP machine data download (i.e. compliance report) that reveals the machine is being used for at least 4 hours per night for greater than 70% of nights over the previous 30 day period.

11. History of clinically diagnosed traumatic brain injury (mTBI/TBI) of any severity, including mild. Such history does not necessitate a waiver request, but does require pre-deployment evaluation, which may include both neurological and psychological components. This is in accordance with DoDI 6490.11, Enclosure 3, paragraph 4, policy guidance for management of mild TBI. This document can be found at

<http://www.usaisr.amedd.army.mil/cpgs.html> Individuals who have a history of a single mild Traumatic Brain Injury may deploy once released by a medical provider after 24 hours symptom free. Individuals who have sustained a second mTBI within a 12 month period, may deploy after seven days symptom free and release by a medical provider. Individuals who have had three clinically diagnosed TBIs (of any severity, including mild) since their last full neurological and psychological DoDI 6490.11 defined evaluation are required to have such an evaluation completed prior to deployability determination.

12. BMI > 35 with serious comorbidities such as; diabetes, cardiovascular disease, hypertension, sleep apnea, obesity-related cardiomyopathy, severe joint disease, etc.

13. Any medical conditions (except OSA-see 10 above) that require certain durable medical equipment or appliances (e.g., nebulizers, catheters, spinal cord stimulators) or that requires periodic evaluation/treatment by medical specialists not readily available in theater.

B. Cardiovascular Conditions:

1. Symptomatic coronary artery disease. Also, see B.8.
2. Myocardial infarction within one year of deployment. Also, see B.8.
3. Coronary artery bypass graft, coronary artery angioplasty, carotid endarterectomy, other arterial stenting, or aneurysm repair within one year of deployment. Also, see B.8.
4. Cardiac dysrhythmias or arrhythmias, either symptomatic or requiring medication, electro-physiologic control, or automatic implantable cardiac defibrillator or other implantable cardiac devices.
5. Hypertension that is controlled with a medication or lifestyle regimen that has been stable for 90 days and requires no changes does not require a waiver. Single episode hypertension found on predeployment physical should be accompanied by serial blood pressure checks (3 day BP checks) to ensure hypertension is not persistent.
6. Heart failure or history of heart failure.
7. Morbid obesity (BMI ≥ 40 or weight greater than 300 pounds) in accordance with National Heart Lung and Blood Institute guidelines without any significant comorbidities. Military personnel in compliance with service body fat guidelines do not require a waiver.

Civilians and contractors should submit a body fat worksheet with the waiver request. A BMI calculator is located at <http://www.nhlbi.nih.gov/guidelines/obesity/BMI/bmicalc.htm>

8. Civilian personnel who are 40 years of age or older must have a Framingham 10-year CHD risk percentage calculated (online calculator is available at <http://cvdrisk.nhlbi.nih.gov/calculator.asp>). If the individual's calculated 10-year CHD risk is 15% or greater, the individual should be referred for further cardiology work-up and evaluation, to include at one of the following: graded exercise stress test with a myocardial perfusion scintigraphy (SPECT scan) or stress echocardiography as determined by the evaluating cardiologist. Results of the evaluation (physical exam, Framingham results, etc.) and testing, along with the evaluating physician's recommendation regarding suitability for deployment, should be included in a waiver request to deploy.

9. Uncontrolled hyperlipidemia. Lipid screening should be accomplished IAW Service specific guidelines for lipid assessment. All others (e.g. civilians, contractors) ≥ 35 years old should have a lipid screening profile performed prior to deployment. While hyperlipidemia should be addressed IAW clinical treatment guidelines, hyperlipidemia values that are outside any of the following (Total Cholesterol > 260, LDL > 190, Triglycerides > 500), either treated or untreated, requires a waiver to be submitted.

C. Infectious Disease:

1. Blood-borne diseases (Hepatitis B, Hepatitis C, HTLV) that may be transmitted to others in a deployed environment. Waiver requests for persons testing positive for a blood borne disease should include a full test panel for the disease, including all antigens, antibodies and viral load.
2. Confirmed HIV infection is disqualifying for deployment, IAW References Q and Y, service specific policies, and agreements with host nations.
3. Latent tuberculosis (LTBI), Individuals who are newly diagnosed with LTBI by either TST or IGRA testing will be evaluated for TB disease with at least a symptom screen and chest x-ray, and they will have documented LTBI evaluation and counseling for consideration of treatment. Those with untreated or incompletely treated LTBI, including those with newly diagnosed LTBI, previously diagnosed LTBI, and those currently under treatment for LTBI will be provided information regarding the risks and benefits of LTBI treatment during deployment (see paragraph 15.G.6.C). Individuals meeting the above criteria **do not require a waiver** for deployment. Active duty TST convertors who have documented completion of public health nursing evaluation for TB disease and counseling for LTBI treatment described above **may deploy without a waiver** as long as all Service specific requirements are met.
4. History of active tuberculosis (TB). Must have documented completion of full treatment course prior to deployment. Those currently on treatment for TB disease may not deploy.
5. A SOUTHCOM waiver cannot override host or transit nation infectious disease or immunization restrictions. Active duty must comply with status of forces agreements; civilian deployers should contact the nation's embassy for up-to-date information.

D. Eye, Ear, Nose, Throat, Dental Conditions:

1. Vision loss. Best corrected visual acuity must meet job requirements to safely perform duties. Bilateral blindness or visual acuity that is unsafe for the combat environment per the examining provider.

2. Refractive eye surgery. Personnel who have had laser refractive surgery must have a satisfactory period for post-surgical recovery before deployment. There is a large degree of patient variability which prevents establishing a set timeframe for full recovery. The attending ophthalmologist or optometrist will determine when recovery is complete.

a. Personnel are non-deployable while still using ophthalmic steroid drops post-procedure.

b. Photorefractive keratectomy (PRK). Personnel are non-deployable for three months following uncomplicated PRK unless a waiver is granted. Related "surface ablation" procedures such as laser epithelial keratomileusis (LASEK) and epithelial LASIK are to be considered equivalent to PRK. Waiver request should include clearance from treating ophthalmologist or optometrist.

c. Laser assisted in situ keratomileusis (LASIK). Personnel are non-deployable for one month following uncomplicated LASIK unless a waiver is granted. Waiver request should include clearance from treating ophthalmologist or optometrist.

3. Hearing loss. Service members must meet all service-specific requirements. Individuals must have sufficient unaided hearing to perform duties safely and waiver requests should reflect this. Those deploying to combat areas should have an occupationally focused assessment of ability to hear and wake up to emergency alarms unaided and hear instructions in the absence of visual cues such as lip reading. If there is any safety question, Speech Recognition In Noise Test (SPRINT) or equivalent is a recommended adjunct.

4. Tracheostomy or aphonia.

5. Patients without a dental exam within 12 months of deployment, or those who are likely to require evaluation or treatment during the period of deployment for oral conditions that are likely to result in a dental emergency.

a. Individuals being evaluated by a non-DoD civilian dentist should use a DD Form 2813, or equivalent, as proof of dental examination.

b. Individuals with orthodontic equipment require a waiver to deploy. Waiver requests to deploy should include a current evaluation by their treating orthodontic provider and include a statement that wires with neutral force are in place.

E. Cancer:

1. Cancer for which the individual is receiving continuing treatment or requiring frequent subspecialist examination and/or laboratory testing during the anticipated duration of the deployment.

2. Precancerous lesions that have not been treated and/or evaluated and that require treatment/evaluation during the anticipated duration of the deployment.

3. All cancers should be in complete remission for at least a year before a waiver is submitted.

F. Surgery:

1. Any medical condition that requires surgery (e.g., unrepaired hernia) or for which surgery has been performed and the patient requires ongoing treatment, rehabilitation or additional surgery to remove devices (e.g., external fixator placement).

2. Individuals who have had surgery requiring follow up during the deployment period or who have not been cleared/released by their surgeon (excludes minor procedures).
3. Individuals who have had surgery (open or laparoscopic) within 6 weeks of deployment.

G. Psychiatric Conditions: Waiver required for all conditions listed below (list is not exclusive). For detailed guidance on deployment-limiting psychiatric conditions or psychotropic medications, refer to Health Affairs Policy Memorandum, "Clinical Practice Guidelines for Deployment-Limiting Mental Disorders and Psychotropic Medications", October 7, 2013 (or most up to date Health Affairs Memorandum).

1. Psychotic and Bipolar Disorders.
2. DSM IV or DSM 5 diagnosed psychiatric disorders with residual symptoms, or medication side effects, which impair social and/or occupational performance.
3. Mental health conditions that pose a substantial risk for deterioration and/or recurrence of impairing symptoms in the deployed environment.
4. Chronic insomnia that requires the use of sedative hypnotics/amnestics, benzodiazepines, and antipsychotics for greater than three months.
5. Psychiatric hospitalization within the last 12 months
6. Suicidal Ideation or Suicide Attempt with the last 12 months
7. Enrollment in substance abuse program (inpatient, service specific substance abuse program or outpatient) within the last 12 months
 - a. Substance abuse disorders (not in remission), actively enrolled in Service Specific substance abuse programs.
8. Use of antipsychotics or anticonvulsants for stabilization of DSM IV or DSM-5 diagnosis
9. Use of 3 psychotropics (antidepressants, anticonvulsants, antipsychotics and benzodiazepines) for stabilization
10. Psychiatric disorders with fewer than three months of demonstrated stability from the last change in treatment regimen (medication, either new or discontinued, or dose change).
11. Psychiatric disorders newly diagnosed during deployment do not immediately require a waiver or redeployment. Disorders that are deemed treatable, stable, and having no impairment of performance or safety by a credentialed mental health provider do not require a waiver to remain in theater.

H. Medications – although not exhaustive, use of any of the following medications (specific medication or class of medication) is disqualifying for deployment, unless a waiver is granted:

1. Blood modifiers:
 - a. Therapeutic Anticoagulants: warfarin (Coumadin®), rivaroxaban (Xarelto®).
 - b. Platelet Aggregation Inhibitors or Reducing Agents: clopidogrel (Plavix®), anagrelide (Agrylin®), Dabigatran (Pradaxa®), Aggrenox®, Ticlid (Ticlopidine®), Prasugrel (Effient®), Pentoxifylline (Trental®), Cilostazol (Pletal®). Note: Aspirin use in theater is to be limited to individuals who have been advised to continue use by their healthcare provider for medical reasons; such use must be documented in the medical record.

- c. Hematopoietics: filgrastim (Neupogen®), sargramostim (Leukine®), erythropoietin (Epogen®, Procrit®).
 - d. Antihemophilics: Factor VIII, Factor IX.
2. Antineoplastics (oncologic or non-oncologic use): e.g., antimetabolites (methotrexate, hydroxyurea, mercaptopurine, etc.), alkylators (cyclophosphamide, melphalan, chlorambucil, etc.), antiestrogens (tamoxifen, etc.), aromatase inhibitors (anastrozole, exemestane, etc.), medroxyprogesterone (except use for contraception), interferons, etoposide, bicalutamide, bexarotene, oral tretinoin (Vesanoid®).
 3. Immunosuppressants: e.g., chronic systemic steroids.
 4. Biologic Response Modifiers (immunomodulators) e.g., abatacept (Orencia®), adalimumab (Humira®), anakinra (Kineret®), etanercept (Enbrel®), infliximab (Remicade®), leflunomide (Arava®), etc.
 5. Benzodiazepines: Chronic use or newly prescribed: lorazepam (Ativan), alprazolam (Xanax), diazepam (Valium), clonazepam (Klonopin), etc.
 6. CII Stimulants taken for treatment of ADHD/ADD: Ritalin, Concerta, Adderall, Dexedrine, Focalin XR, Vyvanse, etc.
 7. Sedative Hypnotics/Amnestics: Taken for greater than three months for treatment of chronic insomnia: zolpidem (Ambien, Ambien CR), eszopiclone (Lunesta), zaleplon (Sonata), estazolam (ProSom), triazolam (Halcion), temazepam (Restoril), flurazepam (Dalmane), etc.
 8. Antipsychotics. Including atypical antipsychotic medication.
 9. Antimanic (bipolar) agents: e.g., lithium.
 10. Anticonvulsants, used for seizure control or psychiatric diagnoses.
 - a. Anticonvulsants (except those listed below) which are used for *non-psychiatric* diagnoses, such as migraine, chronic pain, neuropathic pain, and post-herpetic neuralgia, are not deployment limiting as long as those conditions meet the criteria set forth in this document and accompanying MOD TWELVE. No waiver required.
 - b. Valproic acid (Depakote®, Depakote ER®, Depacon®, etc.).
 - c. Carbamazepine (Tegretol®, Tegretol XR®, etc.).
 11. Varenicline (Chantix®). 12. Opioids, opioid combination drugs, or tramadol (Ultram®) for chronic use (greater than 30 days).
 12. Insulin and exenatide (Byetta®).
 13. Injectable medications of any type.