Military Freefall Medical screening requirements:

Attached is an example 2808 and checklist. The highlighted fields are **mandatory** to be filled out.

Bring these to your appointments with your Flight Surgeon, Dentist, Hearing, and Optometry. Each one has a section on the 2808.

After your physical, review it yourself; if you are missing any of the fields then bring it to your medical team.

Prescribed by: DoDI 1304.2

REPORT OF MEDICAL EXAMINATION

1. DATE OF EXAMINATION (YYYYMMDD)	2a. SOCIAL SECURITY NUMBER	2b. DoD ID NUMBER (If applicable)

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 504, Persons not qualified; 10 U.S.C. 505, **Regular components: qualifications, term, grade;** 10 U.S.C. 507**, Extension of enlistment for members needing medical care or hospitalization;** 10 U.S.C. 532, Qualifications for original appointment as a commissioned officer; 10 U.S.C. 978, Drug and alcohol abuse and dependency: testing of new entrants; 10 U.S.C. 1201, Regulars and members on active duty for more than 30 days: retirement; 10 U.S.C. 1202, Regulars and members on active duty for more than 30 days: temporary disability retired list; 10 U.S.C. 4346, Cadets: requirements for admission; DoD Directive 1145.2, United States Military Entrance Processing Command; E.O. 9397 (SSN) and 10 U.S.C. 1204, Members on Active Duty for 30 Days or Less or on Inactive Duty Training: Retirement, as amended.
PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.
ROUTINE USE(S): The Routine Uses are listed in the applicable system of records notice found at: http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570661/a0601-270-usmepcom-dod/
DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

3. LAST NAME - FIRST NAME - MIDDLE NAME (Suffix)	4. HOME ADDRESS (Street, Apartment Number, City, State and Zip Code)	5a. HOME TELEPHONE NUMBER (Include Area Code)	5b. E-MAIL ADDRESS

6. GRADE/ RANK	7. DATE OF BIRTH (YYYYMMDD)	8. AGE	9a. BIRTH SEX	9b. PREFERRED GENDER	10a. ETHNIC CATEGORY	10b. RACIAL CATEGORY (Select one)
			☐ Male ☐ Female	☐ Male ☐ Female	☐ Hispanic/Latino ☐ Non Hispanic/Latino	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White ☐ Native Hawaiian or Other Pacific Islander

11. TOTAL YEARS GOVERNMENT SERVICE		12. AGENCY (Non-Service Members Only)	13. ORGANIZATION UNIT AND UIC/CODE
a. MILITARY	b. CIVILIAN		

14a. RATING OR SPECIALTY (Aviators Only)	14b. TOTAL FLYING TIME	14c. LAST SIX MONTHS

15a. SERVICE	15b. COMPONENT	15c. PURPOSE OF EXAMINATION	16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include Zip Code)
☐ Army ☐ Air Force ☐ Marine Corps ☐ Navy ☐ Coast Guard	☐ Active Duty ☐ Reserve ☐ National Guard	☐ Enlistment ☐ Retirement ☐ Commission ☐ U.S. Service Academy ☐ Retention ☐ ROTC Scholarship Program ☐ Separation ☐ Medical Board ☐ Other _____	

MEDICAL EVALUATION *(Check each item in appropriate column. Enter "NE" if not evaluated.)*

	Normal	Abnormal	NE
17. Head, face, neck and scalp	☐	☐	☐
18. Nose	☐	☐	☐
19. Sinuses	☐	☐	☐
20. Mouth and throat	☐	☐	☐
21. Ears - General *(Int. and ext. canals/Auditory acuity under item 71)*	☐	☐	☐
22. Tympanic Membranes *(Perforation)*	☐	☐	☐
23. Eyes - General	☐	☐	☐
24. Ophthalmoscopic	☐	☐	☐
25. Pupils *(Equality and reaction)*	☐	☐	☐
26. Ocular motility *(Associated parallel movements, nystagmus)*	☐	☐	☐
27. Heart *(Thrust, size, rhythm, sounds)*	☐	☐	☐
28. Lungs and chest *(Include breasts)*	☐	☐	☐
29. Vascular system *(Varicosities, etc.)*	☐	☐	☐
30. Anus and rectum *(Hemorrhoids, Fistulae) (Prostate if indicated)*	☐	☐	☐
31. Abdomen and viscera *(Include hernia)*	☐	☐	☐
32. External genitalia *(Genitourinary)*	☐	☐	☐
33. Upper extremities	☐	☐	☐
34. Lower extremities *(Except feet)*	☐	☐	☐
35. Feet *(Check category)*	☐	☐	☐
35a. ☐ Normal Arch ☐ Pes Planus ☐ Pes Cavus			
35b. ☐ Mild ☐ Moderate ☐ Severe			
35c. ☐ Asymptomatic ☐ Symptomatic ☐ Rigid			
36. Spine, other musculoskeletal	☐	☐	☐
37. Body marks, scars, tattoos	☐	☐	☐
38. Skin, lymphatics	☐	☐	☐
39. Neurologic	☐	☐	☐
40. Psychiatric *(Specify any personality disorder)*	☐	☐	☐
41. Pelvic *(Females only)*	☐	☐	☐
42. Endocrine	☐	☐	☐

43. DENTAL DEFECTS AND DISEASE *(Please explain. Use dental form if completed by dentist. If abnormality noted, explain in item 44.)*
☐ Acceptable
☐ Not Acceptable
Class _____

44. NOTES: *(Mandatory comment for every abnormality identified in items 17 - 43. Enter pertinent item number before each comment. Continue comments or use drawings in item 89 and use additional sheets if necessary.)*

LAST NAME - FIRST NAME - MIDDLE NAME (Suffix)	SOCIAL SECURITY NUMBER	DoD ID NUMBER

LABORATORY FINDINGS

45. URINALYSIS	a. Albumin	b. Sugar	46. URINE HCG	47. H/H	48. BLOOD TYPE

TESTS	RESULTS	HIV SPECIMEN ID LABEL	DRUG TEST SPECIMEN ID LABEL
49. HIV			
50. DRUGS			
51. ALCOHOL			
52. OTHER			
a. PAP SMEAR			
b. EKG	(Physical copy must be attached & Signed)		
c. CXR	(Physical copy must be attached)		

MEASUREMENTS AND OTHER FINDINGS

53. HEIGHT *(in.)*	54. WEIGHT *(lbs.)*	55a. MIN WGT	55b. MAX WGT	55c. MAX BF %	55d. BMI	56. TEMPERATURE	57. HEART RATE

58. BLOOD PRESSURE			59. RED/GREEN	60. OTHER VISION TEST
a. 1ST	b. 2ND	c. 3RD		
SYS.	SYS.	SYS.		
DIAS.	DIAS.	DIAS.		

61. DISTANCE VISION		62. REFRACTION ☐ AUTO ☐ MANIFEST ☐ CYCLO			63. NEAR VISION		
Right Uncorr. 20/	Corr. to 20/	Sph:	Cyl:	Axis:	Right Uncorr. 20/	Corr. to 20/	Add:
Left Uncorr. 20/	Corr. to 20/	Sph:	Cyl:	Axis:	Left Uncorr. 20/	Corr. to 20/	Add:

64. HETEROPHORIA

ES	EX	R.H.	L.H.	Prism div.	Prism Conv CT	NPR	PD

65. ACCOMMODATION		66. COLOR VISION *(Pass/Fail and Score)*			67. DEPTH PERCEPTION *(Pass/Fail and Score)*	
Right	Left	PIP	RED/ GREEN	Color Dx	AFVT	RANDOT/ MCST

68. FIELD OF VISION	69. NIGHT VISION	70. INTRAOCULAR PRESSURE	
		O.D.	O.S.

71a. AUDIOMETER Unit Serial Number	71b. Unit Serial Number	72a. READING ALOUD TEST: ☐ SAT ☐ UNSAT
Date Calibrated *(YYYYMMDD)*	Date Calibrated *(YYYYMMDD)*	72b. VALSALVA: ☐ SAT ☐ UNSAT

HZ	500	1000	2000	3000	4000	6000	HZ	500	1000	2000	3000	4000	6000
Left							Left						
Right							Right						

72c. OTHER TESTING

73. NOTES AND/OR INTERVAL HISTORY

A.) CBC: H/H ____ WBC ____ Platelets ____
B.) Sickle Cell _____ (Negative, <38 with no prior events)
C.) G6PD: _____ (Normal/Negative, No History of Anemia or Hemolytic Event)
D.) Cholesterol: _____ TRG: _____ (<400) LDL: _____ (<200)
E.) Tuberculosis Test: Negative PPD -or- TST -or- Quantiferon Gold

**If >40 Years Old:
Fecal Occult Blood ____
CV Screening _____

** If >50 Years Old Male:
PSA _____

LAST NAME - FIRST NAME - MIDDLE NAME (Suffix)	SOCIAL SECURITY NUMBER	DoD ID NUMBER

74. EXAMINEE	75. I have been advised of my disqualifying condition(s).	
☐ IS MEDICALLY QUALIFIED ☐ IS NOT MEDICALLY QUALIFIED	75a. SIGNATURE OF EXAMINEE	75b. DATE *(YYYYMMDD)*

76. PHYSICAL PROFILE

P	U	L	H	E	S	X	D	PROFILER INITIALS	DATE *(YYYYMMDD)*

77. SIGNIFICANT OR DISQUALIFYING MEDICAL DIAGNOSES

ITEM NO.	MEDICAL DIAGNOSIS	ICD CODE	PROFILE SERIAL	RBJ DATE *(YYYYMMDD)*	QUALIFIED	DISQUALIFIED	EXAMINER INITIALS	WAIVER RECEIVED	
								SERVICE	DATE *(YYYYMMDD)*

78. SUMMARY OF MEDICAL DIAGNOSES *(List diagnoses with item numbers) (Use additional sheets if necessary).*

79. RECOMMENDATIONS *(Specify) (Use additional sheets if necessary).*

80. MEPS WORKLOAD *(For MEPS use only)*

WKID	ST	DATE *(YYYYMMDD)*	INITIALS	WKID	ST	DATE *(YYYYMMDD)*	INITIALS

81. MEDICAL INSPECTION DATE	HT	WT	%BF	MAX WT	HCG	QUAL	DISQ	EXAMINER'S NAME AND SIGNATURE

82a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	82b. Signature
83a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	**83b. Signature**
84a. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN *(Indicate which)*	**84b. Signature**
85a. TYPED OR PRINTED NAME OF REVIEWING OFFICER/APPROVING AUTHORITY *(Indicate which)*	**85b. Signature**

86. This examination has been administratively reviewed for completeness and accuracy.

a. SIGNATURE	b. GRADE	c. DATE *(YYYYMMDD)*

87. WAIVER GRANTED *(If yes, date and by whom)*	YES ☐	NO ☐	88. NUMBER OF ATTACHED SHEETS

Yuma Proving Ground MFF Physical Exam Checklist

All references made from current versions of AR 40-501, AR 40-502, DA PAM 40-502, DoDI 6130.03, and USASOC 350-2.

Documents Required:

1. Current High Altitude Physiology (HAP) Training "Chamber Card" – approved documentation includes: USASOC Form 4080, AF Form 1274, NOMI Form 1550/28, and USAASMC(AA) Form 484. (USASOC 350-2,8-2,c,(8),(a))
2. DD 2992 ("Upslip" – Medical Recommendation for Flying or Special Operational Duty) (DA PAM 40-502,6-6,d,(1),(a))
   a. Signed by FS, APA, AMNP, AME, or DMO at home station. (DA PAM 40-502,6-6,d,(1),(a) & 6-2)
   b. Box 9 (Type of Duty) or Box 13 should state "MFF" (not "chamber duties only").
   c. Box 11c (Expiration Date) must be through the completion date of course.
   d. May **NOT** be issued for multiple years, this is an annual requirement. (DA PAM 40-502,6-6,d,(1),(a))
3. DD 2807-1 (Report of Medical History) **and** DD 2808 (Report of Medical Examination) (DA PAM 40-502,6-3,a & 6-4,a)
   a. DD 2808 must be signed by a physician Flight Surgeon, Diving Medical Officer, or Aviation Medical Examiner **at home station** (DA PAM 40-502,6-6,d,(1),(a)). B/2/2 SWTG(A) Flight Surgeon will not provide physician signature
   b. Both forms must be dated within **24 months** of the student's MFF Parachutist Course start date (DA PAM 40-502,5-10,f) (USASOC 350-2,8-2,c,(8)) (Within 5 years for advanced MFF courses (DA PAM 40-502,5-10,f & 6-6,d,(1),(b))). Dates are found in DD2808 Box 1 (Date of Examination) (DA PAM 40-502,6-3,b,(1),(a)) or box 85c only. (DA PAM 40-502,6-3,b,(12))
   c. All parachutists age 50 and over require annual physicals. (DA PAM 40-502,6-6,d,(1),(b)) (USASOC 350-2,8-2,c,(8))
4. Any required waivers. The MFFS Commander, USAJFKSWCS or their delegate (B/2/2 SWTG(A) Flight Surgeon) are the only accepted waiver authorities. Sister Service waivers are not accepted. (AR 40-502,4-13,b)
5. Official copies of all labs, x-rays, Audiograms, and EKGs dated within **3 months** of physical examination. (DA PAM 40-502,6-3,d)

Physical Checklist: (All references are from DA PAM 40-502 unless specified) (DoDI 6130.03 is abbreviated DoDI)

PE Requirements

DD2808 Requirements Under "All Examinations" (6-3,b,(1-12))

- ☐ (Box 44) **NEURO EXAM:** (6-3,d,(13)) including mental status, cranial nerves, motor, sensory, coordination, and deep tendon reflexes
- ☐ (Box 43/83) **DENTAL EXAM:** By a dentist with signature in Box 83 (6-3,d,(9))
- ☐ (Box 58) **BLOOD PRESSURE:** 90<Sys<140 or 60<Dia<90 is DQ (AR40-501,5-6,g,(1))
- ☐ (Box 61/63) **VISION:** (6-3,d,(3),(a-b)) the following are DQ (AR40-501,5-6,b,(2-3))
  Uncorrected near visual acuity (14 in) worse than 20/50 in the better eye
  Uncorrected distance visual acuity worse than 20/100 in either eye
  Distance vision that does not correct to 20/20 in both eyes with spectacle lenses
  Near visual acuity that does not correct to 20/40 in the better eye (DoDI,5.4,c)
- ☐ (Box 59/66) **COLOR VISION:** (6-3,d,(3),(c)); failure to pass PIP for color vision is DQ, unless able to identify vivid red/green by ophthalmic projector OR Stereoscopic Vision Test (SVT), NOT Farnsworth Lantern Test (FALANT) (AR40-501,5-6,b,(3))
- ☐ (Box 70) **INTRAOCULAR PRESSURES:** (6-3,d,(3),(d)); history of glaucoma, ocular hypertension, pre-glaucoma, or glaucoma suspect is DQ (DoDI,5.3,h,(5))
- ☐ (Box 68) **VISUAL FIELDS:** (6-3,d,(3),(e)); hx of abnormality is DQ (DoDI,5.3,h,(1))
- ☐ (Box 69) **NIGHT VISION:** (6-3,d,(3),(f)); current night blindness is DQ (DoDI,5.3,h,(8))
- ☐ (Box 62) **REFRACTION:** if vision does not correct to 20/20 in each eye or if uncorrected vision is worse than 20/100 in either eye (6-3,d,(3),(g))
  Any refractive error worse than plus or minus 8 diopters spherical equivalent or astigmatism in excess of 3 diopters is DQ (AR40-501,5-6,b,(2)) (DoDI,5.4,d); complete SWC Refractive Eye Surgery and ICL Worksheet for hx refractive eye surgery
- ☐ (Box 71a) **AUDIOLOGY:** (6-3,d,(4)); fill in Audiometric data, do not annotate "see attached" (Limits: 30 / 30 / 30 / 35 / 45 / ∞; no more than 25 on average for first three) (DoDI,5.6,b,(1-3))
- ☐ (Box 72b) **VALSALVA:** (6-3,d,(5))
- ☐ (Box 73) **SIGNED STATEMENTS** (6-3,d,10-12))
  "I am informing the examining health care provider of any changes in my health since my last physical examination"
  "I have never experienced sudden loss of consciousness due to physical exertion, and I have no family history of sudden cardiac death"
- ☐ (Box 74) **QUALIFIED FOR SERVICE** box is checked (6-3,d,15)
- ☐ (Box 77/78) **SUM OF DEFECTS/RECOMMENDATIONS** (6-3,d,16-17)
- ☐ (Box 82a/b) **NAME/SIGNATURE** of Physician/PA/NP EXAMINER W/ DATE (6-3,d,18)
- ☐ (Box 83a/b) **NAME/SIGNATURE** of home station Flight Surgeon, Diving Medical Officer, or Aviation Medical Examiner if above is not a physician (6-3,d,18)

Labs and Ancillary Tests

- ☐ (Box 45a/b) **URINE:** (6-3,d,(1),(a) & (d))
  Albumin: hx of pro/creat ratio >0.2 in a random sample, >48 hours after strenuous activity, excluding benign orthostatic proteinuria is DQ (DoDI,5.15,r)
  Sugar: persistent glycosuria when associated with impaired glucose metabolism or renal tubular defects is DQ (DoDI,5.24,b,(4))
- ☐ (Box 52c) Specific Gravity
  Microscopic: workup required for hematuria/pyuria (DoDI,5.15,g,(1-3))
- **CBC:** (6-3,d,(1),(b))
- ☐ (Box 47) -H/H: HCT < 40 in males, < 37 in females is DQ (AR 40-501,5-6,m,(2))
- ☐ (Box 73) -WBC Count: chronic leukopenia/leukocytosis is DQ (DoDI,5.22,e & f)
- ☐ (Box 73) -Platelets: chronic thrombocytopenia/thrombocytosis is DQ (DoDI,5.22,c & f)
- ☐ (Box 49) **HIV:** date, result, and specimen ID label required (6-3,d,(1),(c) & table 6-1)
- ☐ (Box 73) **BLOOD TYPE:** initial exam only; do not repeat (6-3,d,(1),(e))
- ☐ (Box 73) **SICKLE CELL:** initial exam only; do not repeat, must document existing results (6-3,d,(1),(f)); trait w/ HCT <35 for females and <38 for males or a prior vaso-occlusive crisis is DQ (AR 40-501,5-6,m,(3))
- ☐ (Box 73) **G6PD:** initial exam only; do not repeat, may document existing results (6-3,d,(1),(g)); significant anemia or hx of hemolytic event secondary to G6PD deficiency is DQ (AR 40-501,5-6,m,(4))
- ☐ (Box 73) **LIPID PANEL:** (Total, Triglycerides, HDL, LDL) (6-3,d,(1),(h)); LDL >200 or Tri >400 is DQ; med side effects, multiple meds or <6 months on new med is DQ; LDL >190 on therapy is DQ (DoDI,5.24,n)
- ☐ (Box 73) **FECAL OCCULT BLOOD (age 40+):** (6-3,d,(1),(i)); DQ if unknown cause or if cause requires treatment and has not been corrected (DoDI,5.12,c,(8))
- ☐ (Box 73) **PSA (males age 50+):** (6-3,d,(1),(j))
- ☐ (Box 52c/73) **CHEST X-RAY (PA/LAT):** signed by a radiologist (6-3,d,(6))
- ☐ (Box 52b/73) **EKG:** general comments annotated on form; include copy of original EKG tracing and interpretation (6-3,d,(7))
- ☐ (Box 73) **TUBERCULOSIS TEST:** PPD, TST, TSPOT, or serum Quantiferon Gold (6-3,d,(8))
- ☐ (Box 73) **CV SCREENING PROG (age 40+):** (6-6,d,(1),(b))

FEMALES

- ☐ (Box 41) **screening pelvic exam:** not required unless clinically indicated
- ☐ (Box 46) **hCG:** within **30 days** of course start date; urine or serum (6-3,d,(14),(a))
- ☐ (Box 52a) **PAP TEST:** annotate most recent Pap results completed as clinically indicated IAW USPSTF/ACOG guidelines (6-3,d,(14),(b))
- ☐ (Box 73) **MAMMOGRAM:** per ACOG guidelines (6-3,d,(14),(c))

Updated: 12AUG2021

Common disqualifying conditions for initial selection for military free fall parachute training:

The full regulation is found in AR 40-501,5-6 and includes conditions found in chapter 5-3 and DoDI 6130.03.

- Eyes/Vision (AR 40-501,5-6,b,(4))
    - Applicants with a history of surgery for visual acuity correction **MUST** submit a completely annotated SWCS Refractive Eye Surgery and ICL Worksheet completed by an optometrist/ophthalmologist, with their packet.
    - Non-incisional laser corneal surgeries (PRK, LASIK, LASEK, SMiLE) are not considered disqualifying if the SWCS Worksheet is completed and accession standards (see DoDI 6130.03,5.3,c,(3),(a-e)) are met; standards include, but are not limited to: pre-op refractive error <+/-8 diopters, pre-op astigmatism <3 diopters, surgery >180 days with no post-op complications.
    - ICL or any other incisional corneal surgery or lens or corneal implant for visual acuity correction **REQUIRES A WAIVER REQUEST** (USASOC Form 1181) in addition to the SWCS Worksheet as supporting documentation.
- Waiver requests for hearing loss must include current DD Form 2216E, results of SPRINT or SRT, and DD 3349 with PULHES hearing profile and MAR2 recommendations if applicable (or documentation of completed recommended workup for Sister Services)
- More than two shoulder dislocations **OR** increased laxity of the shoulder joint. (AR 40-501,5-6,k,(2))
- Retained hardware placed within 6 months that requires a profile, leaves a joint unstable, or impairs function. (AR 40-501,5-6,k,(6))
- Any limitation of joint motion or loss of strength that might compromise safety. (AR 40-501,5-6,k,(3-4))
- Instability of any degree or pain in a weight-bearing joint. (AR 40-501,5-6,k,(5))
- Decreased or poor grasping power in either hand. (AR 40-501,5-3,k,(6))
- Loss of any digit from either hand. (AR 40-501,5-6,k,(3))
- Tympanic membrane or Eustachian tube dysfunction, resulting in the inability to equilibrate pressure in the middle ear cavity. (AR 40-501,5-6,c,(5))
- Perforation marked scarring or thickening of the ear drum resulting in the inability to equilibrate pressure in the middle ear cavity. (AR 40-501,5-6,c,(6))
- ADHD unless not prescribed meds in the previous 24 months. (see DoDI 6130.03,5.28,a,(1-4) for more info)
- Spondylolysis that is symptomatic and likely to interfere with MFF duty. (AR 40-501,5-6,j,(2))
- Lumbosacral or sacroiliac strain when associated with significant objective findings. (AR 40-501,5-6,j,(3))
- Use of any of the mood ameliorating, tranquilizing, or ataraxic drugs for hypertension, angina pectoris, nervous tension, instability, insomnia, and so on, and for a period of 12 weeks after discontinuation. (AR 40-501,5-6,r,(2))
- Family history of sudden cardiac death, hypertrophic obstructive cardiomyopathy, or idiopathic hypertrophic subaortic stenosis without workup. (AR 40-501,5-6,g,(2))
- Long QT (QTc of 440ms or greater) requires a waiver request with Cardiology consultation; waiver requests for WPW, Brugada syndrome, or any other cardiologic issue must meet accession standards. (see DoDI 6130.03,5.11,I for more info)
- Congenital or acquired defects that restrict pulmonary function, cause air-trapping, or affect ventilation-perfusion or results in recurrent infection or exercise limitations. (AR 40-501,5-6,f,(2))
- Spontaneous pneumothorax, except a single occurrence at least 2 years before the date of the examination with clinical evaluation showing complete recovery with normal pulmonary function. (AR 40-501,5-6,f,(3))
- Unrepaired hernia of any variety (including inguinal or other abdominal) or repaired hernia within a 6-month period. (AR 40-501,5-3,h,(2))
- History of heatstroke, heat injury, or rhabdomyolysis with evidence of organ or muscle damage, or recurrent heat exhaustion. (DoDI 6130.03,5.30,h; 5.23,q)
    - Waiver requests for rhabdomyolysis must include: a summary of any hospital stay to include dates and peak serum myoglobin and lactic acid levels, AND a serum BUN and creatinine level, performed either while hospitalized or with physical exam labs, that demonstrate a return to normal renal function
- History of motion sickness, other than isolated instances without emotional involvement. (AR 40-501,5-6,n,(2))
- Obesity, must meet body fat standards of AR 600-9. (AR 40-501,5-6,w)
- Dental readiness category 3 or 4; orthodontic treatment except permanent or removable orthodontic appliances (Invisalign® or retainers). (AR 40-501,5-6,e)

Coordinating Details

- Given the high-risk nature of training, failure to follow Army medical regulations will result in dismissal from B/2/2 SWTG(A) courses. It is the responsibility of each individual student to ensure their medical packet is complete and compliant with current Army regulations.

- For physical review and approval, send all medical documents (including **approved** waivers) to MFFMED@socom.mil **NLT 4 weeks** prior to course start date. Do not send directly from a scanner. Please include the student's contact info and projected course date.

- Any missing requirements not sent via email prior to course start date will be reviewed during in-processing on Day1. Incomplete physicals or a disqualifying condition without an approved waiver will not be accepted, and that student will forfeit his/her ATRRS slot.

- Submit all waiver requests through B/2/2 SWTG(A) Flight Surgeon's Office at: MFFMED@socom.mil. Select only MFF in Box 7 and send an electronically signed USASOC Form 1181 (completed through Box 12) with the student's completed physical packet and any substantiating documents thought helpful to the waiver decision process.

- Entrance into the Military Free Fall Parachutist Course requires a completed, reviewed, and approved MFF physical packet. The approval authority has been delegated to the B/2/2 SWTG(A) Flight Surgeon's Office. (AR 40-502,4-13,a)

- Direct all questions to the B/2/2 SWTG(A) Flight Surgeon's Office at MFFMED@socom.mil, office: (928) 328-4244 or MFFS HQ at (928) 328-3636.

MEDICAL WAIVERS

Send all MFF Medical waiver requests to:
MFFMED@socom.mil

Send Physical and Waiver request form as two separate PDF files.

- Physical (to include DD 2808, DD 2807, labs, ECG, hearing test) ***mandatory**
- USASOC 1181 Waiver Request Form (select only MFF in Box 7 and complete through Box 12, SM requesting waiver should digitally sign) ***mandatory**

Optional:

- Documentation on issue Soldier is requesting waiver for should be included (notes from specialist, hospital records, extra labs, etc.)
- Waiver recommendations from command
- Waiver recommendation from physician

Note: If the waiver is for ICL or refractive eye surgery failing accession standards, must include completed SWCS Refractive Eye Surgery Worksheet

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PSYCH WAIVERS

Send all Psych waivers to:
1swtg_psychs@socom.mil

These should include any sort of waivers concerning Counseling, PTSD, Mood Disorders, Psychiatric drugs etc.

Send Physical and Waiver request form as two separate files.

- Physical (to include DD 2808, DD 2807, labs, ECG, hearing test) – send as PDF ***mandatory**
- Use the attached 'Psych Waiver Example Memo' (SSN should be formatted: XXX-XX-1234: only the last 4) - save and send as a word document ***mandatory**

Optional:

- Documentation on issue Soldier is requesting waiver for should be included (notes from specialist, hospital records, extra labs, etc.)
- Waiver recommendations from command
- Waiver recommendation from physician
- Memo from Soldier explaining situation, extenuating circumstances, anything else they would like relayed to the wavering authority

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Other

All physical packets for Military Freefall School (MFFS) and Combat Dive Qualification Course (CDQC) should be emailed a minimum of 4 weeks before reporting, to include approval of waivers for all disqualifying conditions. Students must also report to school with a hard copy of physical and supporting documents.

For MFFS, send to: MFFMED@socom.mil
For CDQC, send to: DIVEMED@socom.mil
For questions please contact: SWTGWAIVERS@socom.mil

Tab E

USAJFKSWCS Schools Laser Refractive Surgery and ICL Worksheet v3, 10 NOV 2020

--Submit Worksheet with physical if any history of laser refractive surgery or ocular implant
--Waiver is not required for PRK, LASIK, or LASEK if all standards are met IAW DoDI 6130.03
--Worksheet and Waiver required if any history of corneal incisional surgery, to include ICL, lens/corneal implant

Part 1 (To be completed by applicant): Date: ___/___/_____

Name:_____ SSN/DoDID_____

1. I last had refractive or implant surgery performed on ___/___/_____(date) **Right eye**
   Latest procedure must be >180 days prior to physical date ___/___/_____(date) **Left eye**
2. I do ◯ do not ◯ have difficulty with glare or haloes at night.
3. I do ◯ do not ◯ have difficulty with daily activities such as driving, reading signs at night, or being exposed to bright sunlight.
4. I do ◯ do not ◯ have double vision.
5. Please list any eye drops or eye medication you are using or have used in the last 30 days:

_____

Part II (To be completed by Optometrist/Ophthalmologist):

1. Type of corneal surgery: Photorefractive Keratectomy (PRK) ◯
   Laser-in-situ-Keratomileusis (LASIK) ◯
   Laser Epithelial Keratomileusis (LASEK) ◯
   Other* (ICL, corneal implant, etc.) ◯ * *requires waiver*

2. Pre-Treatment Refractive Error _____(Sph)_____(Cyl)_____(Axis) OD
   must be documented in medical record _____(Sph)_____(Cyl)_____(Axis) OS

3. Pre-Treatment Astigmatism Error _____(Sph)_____(Cyl)_____(Axis) OD
   if applicable _____(Sph)_____(Cyl)_____(Axis) OS

4. Post Treatment Refractive Error #1 _____(Sph)_____(Cyl)_____(Axis) OD
   Minimum 90 days after last surgery _____(Sph)_____(Cyl)_____(Axis) OS

5. Post Treatment Refractive Error #2 _____(Sph)_____(Cyl)_____(Axis) OD
   Minimum 30 days after #1 _____(Sph)_____(Cyl)_____(Axis) OS
   Sph and Cyl must be stable within +/- 0.50 diopters of #1

6. Visual Acuity (Snellen) sc **20/**____OD **20/**____OS
   cc **20/**____OD **20/**____OS

7. Eye Alignment (use Prism Diopters in Primary Position) _____
8. Eye Mobility: _____
9. R/G Color Blind: YES ◯ NO ◯ Type of Test:_____
10. Slit Lamp Exam of Cornea - Interface haze; rippling/displacement of flaps; scarring? _____
11. Dilated Fundus Exam: _____
12. Any additional observations/other relevant eye diagnosis (e.g. Keratoconus):
    _____

Signature: _____

Ref: DoDI 613.03, AR 40-501, AR 40-502, DA Pam 40-502 POC: Jeffrey.l.robertson.mil@socom.mil