
HQ USMEPCOM
J-7 Medical Plans & Policy



Standard Operating
Procedures

USMEPCOM
MEDICAL
PRESCREEN
PROGRAM

J-7 Medical Plans & Policy
STANDARD OPERATING PROCEDURES
USMEPCOM Medical Prescreen Program
(Effective June 1, 2018)
Version 20181008

The Medical Prescreen Process

Standard Operating Procedures

Purpose:

The purpose of the Standard Operating Procedures (SOP) is to establish policies and procedures for the USMEPCOM Medical Prescreen Program. The Medical Prescreen Program is executed at USMEPCOM Military Entrance Processing Stations (MEPS) and remote processing sites. This SOP applies to Prescreens **only** and not to Medical Reads.

References:

1. USMEPCOM Regulation 40-1, Medical Qualification Program, Dec 10, 2014
2. DoDI 6130.03 Medical Standards for Appointment, Enlistment, or Induction in the Military Services, Mar 30, 2018
3. USMEPCOM Regulation 601-23, Enlistment Processing, Jun 30, 2016
4. USMEPCOM Regulation 680-3, USMEPCOM Integrated Resource System (USMIRS), Feb 19, 2014
5. USMEPCOM Policy Memorandum 2-5, Transgender Applicant Processing, Dec 8, 2017

Applicability:

This SOP applies to all USMEPCOM personnel and associated activities.

Policy:

Medical prescreening requires the completion of the DD Form 2807-2, *Accessions Medical Prescreen Report*, by each applicant who requires medical processing in accordance with (IAW) Department of Defense Instruction (DoDI) 6130.03. Accordingly, applicants are required to fully disclose all medical history and submit all related medical documentation requested including the names of their medical insurer and past medical providers. The questions on the DD Form 2807-2 are intended to provide MEPS Medical Departments with health history information necessary to determine if a MEPS medical examination is warranted and if an applicant does not meet Department of Defense (DoD) accession medical standards.

The medical history information is used to facilitate efficient and timely medical processing of applicants for service in the United States Armed Forces. Thus, accurate and complete responses to all questions on DD Form 2807-2 is critical. The MEPS Medical Department will require the applicant to provide supporting documentation regarding the applicant's health history in the form of health records in conjunction with the DD Form 2807-2 as specified in the USMEPCOM Medical Prescreen Documents List and all other documentation requested by the MEPS provider.

Medical Providers are the designated DoD medical authority that determine if an applicant meets the requirements of Title 10 to be considered medically qualified, effective, and able-bodied for enlistment in the Service.

This SOP presents the standardized Medical Prescreen Processing conducted at the MEPS and is used in conjunction with [UMR 40-1](#).

Definitions:

Prescreen: A “Prescreen” refers to any applicant medical documentation that has been requested and/or supplied prior to the initial medical examination.

Medical Read (Med Read): A “Med Read” refers to any applicant medical documentation that has been requested and/or supplied following the initial medical examination.

Note: MEPS will continue to use their current Medical Read process per UMR 40-1, Paragraph 11-4.

Responsibilities:

1. J-7 Medical Plans and Policy, (J-7/MEMD) will:
 - a. Ensure the executing and quality of the USMEPCOM Medical Prescreen Program IAW DoD and USMEPCOM policies.
 - b. Provide a single point of contact for all applicant daily medical Prescreen issues to facilitate standardized applicant medical processing, services and decisions.
 - c. Ensure policies set forth in the SOP are complied with across the Command.
 - d. Provide daily applicant medical Prescreen processing mission support.
 - e. Manage systematic feedback and support to Sector and Battalion Commanders on the USMEPCOM Medical Prescreen Program.

2. Sectors will:
 - a. Collaborate with J-7/MEMD to ensure the quality and standardization of the USMEPCOM Medical Prescreen Program.
 - b. Ensure MEPS comply with the execution and quality of the USMEPCOM Medical Prescreen Program.
 - c. Forward new or further interpretation questions/issues to J-7/MEMD for resolution.
 - d. Conduct data analysis to ensure compliance with this SOP.
 - e. Advise J-7/MEMD Director on implementation and execution of the USMEPCOM Medical Prescreen Program.

3. Battalion and MEPS Commanders will:
 - a. Ensure MEPS personnel comply with this SOP.
 - b. Ensure any deviation from the Prescreen Process SOP has an approved exception to policy (ETP) signed by the J-7/MEMD Director (or designated representative).
 - c. Ensure Battalion Commanders, MEPS Commanders and other non-medical personnel do not reverse the professional accession medical decisions of CMOs/ACMOs and contract physicians working as Fee Basis Provider-CMOs (FBP-CMOs). The only authorities who may reverse a professional medical

determination made by a profiling physician are the J-7/MEMD Director, Clinical Operations Division Chief, and Accession Medicine Branch Chiefs.

4. MEPS Operations Officers (OPSOs):
 - a. Monitor the workflow of the Prescreen Program.
 - b. Keep the MEPS Commander abreast of the MEPS Prescreen Program workflow and current processing concerns.

5. MEPS Chief Medical Officers (CMOs):
 - a. Supervise and manage the MEPS Medical Department and execution of the Medical Prescreen Program to ensure program quality.
 - b. Serve as the principal MEPS medical officer and local authority in requesting for and reviewing the medical documents of applicants.
 - c. Train profiling Fee Basis Providers on medical prescreening.
 - d. Establish their MEPS Medical Prescreen Program with Medical Non-Commissioned Officers in Charge (NCOICs)/Supervisory Medical Technicians (SUP MTs) and provides them the support to execute Prescreen policy decisions IAW this SOP.
 - e. Ensure medical staff (government/contracted providers and paraprofessional staff) are fully trained in conducting all aspects of the Medical Prescreen Program.
 - f. Ensure applicant medical documents are obtained and appropriately reviewed for completeness and accuracy.

6. MEPS Medical NCOICs/SUP MTs will:
 - a. Support and follow through with CMO-directed medical Prescreen decisions and policy.
 - b. Ensure that the Medical Department is properly staffed for the efficient processing of Prescreens.
 - c. Act as the primary trainer for the Medical Department and ensure Medical Technicians are thoroughly trained and capable in all phases of the Medical Prescreen Program.
 - d. Coordinate with the other MEPS Departments and Service Liaisons (SLs)/Guidance Counselors (GCs) on medical and/or administrative matters impacting the Prescreen process.
 - e. Aid the Commander and the CMO in the requirements of the Prescreen Program SOP.
 - f. Ensure Quality Review Program (QRP) processes for Medical Prescreens are accomplished before the applicant processes at the MEPS.
 - g. Ensure that all required tasks IAW the Prescreen SOP is accomplished within established time period.
 - h. Ensure accuracy of all USMIRS data entries.

7. MEPS Lead Medical Technicians (LMTs) will:
 - a. Support and follow through with CMO and Medical NCOIC/SUP MT directed Prescreen Program decisions and policies.

- b. Lead all Medical Technicians to ensure the quality of the USMEPCOM Medical Prescreen Program in the absence of a Medical NCOIC/SUP MT.
 - c. Assist the Medical NCOIC/SUP MT with the duties outlined in the preceding section.
 - d. Ensure accuracy of all USMIRS Prescreen data entries.
8. MEPS Medical Technicians (Med Techs) will:
- a. Support and follow through with CMO and NCOIC/SUP MT/LMT directed Prescreen Program decisions and policies.
 - b. Ensure that [DD Form 2807-2](#) are completed in timely and accurate manner and are tracked accordingly.
 - c. Perform accurate and daily Prescreen USMIRS entries.
 - d. Ensure QRP of projected applicants' Prescreens are reviewed before the applicant processes at the MEPS.
 - e. Ensure accuracy of all USMIRS Prescreen data entries.
9. Fee Basis Providers (FBPs) will:
- a. Review Prescreens at the MEPS IAW this SOP, DoD, USMEPCOM, and accession medical policies implemented by the MEPS CMO.

The Medical Prescreen Process

Standard Operating Procedures

Instructions

Section 1: A Simple Prescreen is defined as [DD Form 2807-2](#) with “NO” responses to all questions except for the items below. Supporting medical documents are not required as referenced in UMR 40-1, unless specified below or are requested by MEPS providers to assist in their medical determination decisions. **Note:** A Prescreen Cover Sheet is not used for simple Prescreens.

“YES” to any of the following medical conditions only, qualify as simple Prescreen. All “YES” responses must have explanations in Section III of the DD Form 2807-2. If any one of the medical conditions below is part of a more complex medical history, then the Prescreen will process as a complex Prescreen (See Section 2).

- #7: Lazy eye correction
- #9: Contact lenses or glasses
- #11: Color vision deficiency or color blindness
- #12: Tubes in ear drums before 4 years of age
- #16: Tonsillectomy more than 30 days ago
- #20: Dental braces or plan to wear braces (Note: Orthodontist must submit a letter stating that active orthodontic treatment will be completed prior to active duty date)
- #43: Pyloric stenosis surgery during the first year of life
- #49: Pregnancy ending in vaginal delivery or C-section greater than six (6) months ago
- Miscarriage or voluntary interruption of pregnancy more than six (6) months ago
- Ectopic pregnancy more than six (6) months ago
- Breastfeeding ending more than one (1) month ago
- #97: Simple laceration closure without subsequent loss of function
- #138: Traffic violations (moving or nonmoving) without arrest. All others are complex Prescreens.
- #145: Marijuana use only
- #153: Birth control pills, IUDs, Depo-Provera shot, or contraceptive implants, patches, or rings; over the counter multi-vitamins
- #159: Wisdom teeth surgery more than 30 days ago
- #161: Prior Service, Honorable Discharge with RE-1 without complex medical conditions. Submit DD-214, NGB 22 or REDD Report (long form) with DD Form 2807-2

Note: Additional guidance to SLs/GCs on the DD Form 2807-2:

- When the applicant checks “YES” to question 138 and the response is a traffic violation (moving or nonmoving) with arrest, the Prescreen is a complex Prescreen and requires review by a Medical Provider.
 - When the applicant checks “YES” to question 138 and the corresponding description raises concerns of a behavioral health condition per DoDI 6130.03, the Prescreen should be submitted as a complex Prescreen and requires review by a Medical Provider.
 - When the applicant checks “YES” to question 138 and the corresponding description may require a moral waiver, the Prescreen will be submitted as a complex Prescreen and requires review by a Medical Provider.
 - DD Form 2807-2 Section II, Items 51 and 55 are asking for dates, not a “Yes” or “No” response. Providing these dates doesn’t automatically make the prescreen simple or complex. A date, for example, that follows acceptable ovulatory ranges with no medical records submitted would be simple but in some instances the contents of Item 55 can convert a prescreen from simple to complex. Normally there should be other areas of the form which are answered “Yes” that will explain the date and the Prescreen will be complex.
1. Service Liaisons (SLs)/Guidance Counselors (GCs):
 - a. Ensures all questions on processing forms – [DD Form 2807-2](#), [UMF 680-3A-E](#), and [DD Form 1966/5](#) (if a minor) are accurate and complete.
 - b. Ensures processing forms are signed by the applicant and legal guardian(s), if a minor.
 - c. Submits simple Prescreen, which includes completed [DD Form 2807-2](#) and other processing forms to the Files Room **with projections** NLT 1100 to give Files Room personnel time to prepare for the MEPS QRP.
 2. Files Room:
 - a. Establishes a specified location in a secure area for the submission of simple Prescreens to protect Personally Identifiable Information (PII) and Protected Health Information (PHI).
 - b. Upon receipt of the [DD Form 2807-2](#), [UMF 680-3A-E](#) and [DD Form 1966/5](#) (if a minor), an applicant packet will be created or retrieved, if a record already exists on the same day. If required forms are not present or the forms are inaccurate or incomplete, the Files Room will use Appendix F (“N” Status Codes) to select the appropriate “N” Status, and notify the applicant's sponsoring Service. The applicant’s sponsoring Service has until QRP to provide the documentation; otherwise, the projection will be deleted during QRP.
 - c. Maintains accountability of all applicant packets by using proper packet charge-in and charge-out procedures in accordance with [UMR 601-23](#), Chapter 4 and [UMR 680-3](#).
 - d. Forty-eight hour projections will not be accepted after the 1100 cutoff.
 3. Medical Technician:
 - a. Works with the CMO to understand when Prescreens may not qualify as simple and should be referred to the CMO.

- b. Reviews simple Prescreens during QRP.
 - c. Indicates that the Prescreen meets the requirements for further medical processing by documenting printed name/stamp, signature of the Medical Technician, and date underneath Item 3c in Section VII of [DD Form 2807-2](#), to include the reviewer's title (i.e. Medical Technician). Leave space in Item 3c for the Reviewing Provider's stamp and signature.
 - d. Enters the appropriate USMIRS "N" status codes using the *Administrative Hold – N Status* screen (OQ03). Reference Appendix F ("*N*" Status Codes).
4. Quality Review Program (QRP):
- a. The MEPS QRP will be conducted IAW [UMR 680-3](#), paragraph 6-6a.
 - b. Ensures the applicant is eligible to process IAW [UMR 680-3](#).
 - c. If the [DD Form 2807- 2](#) is missing at QRP, the applicant's projection will be deleted.
 - d. Conducted in a location IAW [UMR 680-3](#), paragraph 6-6a that will limit interruptions, minimize loss of applicant packets, and protect PII/PHI.
 - e. Implements the following actions accordingly:
 - i. **Prescreens without discrepancies:** If the applicant has a Prescreen that meets the requirements for projection, the applicant is scheduled for a MEPS medical examination within 2 business days. For example, a simple Prescreen that is submitted to the Files Room NLT 1100 on Monday and is without discrepancies when reviewed during QRP, is scheduled for medical examination at the MEPS on Wednesday.
 - ii. **Prescreens with discrepancies:** If the applicant's Prescreen has deficiencies or errors that have not been rectified by 1100 the day before scheduled processing, the projection will be deleted in accordance with [UMR 601-23](#), 2-2, para b.
- Note:** For MEPS processing to continue, all medical "N" status codes must be closed by the Medical Technician.
- iii. **Prescreens with "YES" response to question 138 on DD Form 2807-2:**
 - (1) Prescreen remains simple if:
 - (a) Applicant disclosure involves traffic violation(s) (moving or nonmoving) without arrest.
 - (b) Applicant disclosure does not raise concerns of a behavioral health condition per DoDI 6130.03.
 QRP will continue and question 138 will have no impact on projection status.
 - (2) Prescreen becomes complex if:
 - (a) Applicant disclosure involves traffic violation(s) (moving or nonmoving) with arrest.
 - (b) Applicant disclosure raises concerns of a behavioral health condition per DoDI 6130.03.
 - (i) Medical technician will discuss with the CMO to determine if the Prescreen is a complex Prescreen.
 - 1) If complex Prescreen:

- a. [UMF 680-3-2](#), QRP Discrepancy List will be completed accordingly.
 - b. Projection will be deleted.
 - c. SL/GC will be notified via the [UMF 680-3-2](#) QRP Discrepancy List.
 - d. SL/GC is required to submit as a complex Prescreen with a Prescreen Cover Sheet.
 - 2) If the Prescreen remains simple per CMO feedback, then the QRP process continues (refer to Section 1.4(e)(i)).
 - f. QRP personnel:
 - i. Processing Section personnel are responsible for annotating deficiencies or errors that require corrections by the SLs/GCs on the [UMF 680-3-2](#), Quality Review Program Discrepancy List based on input provided by the medical staff during QRP.
 - ii. Enters the appropriate USMIRS “N” status codes using the *Administrative Hold – N Status* screen (OQ03). Reference Appendix F (“N” Status Codes).
5. Actions after QRP:
- a. Processing Section:
 - i. All applicant packets are secured in the Files Room immediately after QRP.
 - ii. Immediately following QRP, provides each SL/GC with a copy of the completed [UMF 680-3-2](#), Quality Review Program Discrepancy List.
 - iii. Receives submitted correction(s) of deficiencies and errors from the Files Room NLT 1100 the following day.
 - iv. SLs/GCs may charge-out applicant packets from the Files Room to assist them in correcting discrepancies.
 - b. Projection Reconciliation:
 - i. Corrections to the discrepancies must be submitted by SLs/GCs to the Files Room the following day NLT 1100 for the applicant to process as scheduled.
 - ii. Medical Department will make the final decision on whether to delete the projection for medical discrepancies or errors.
 - iii. If the discrepancies or errors are not rectified the day before scheduled processing, the projections will be deleted.
6. No-Shows/Walk-Ins:
- a. For every applicant no-show, the SLs/GCs can replace with an applicant walk-in that meets the simple Prescreen definition. For example, if the Service has 3 applicants who no-show, then the SLs/GCs can substitute 3 walk-ins, as long as they meet the definition of a simple Prescreen. MEPS Commanders need to ensure that their Recruiting partners understand that if walk-ins disclose additional medical history at the time of the MEPS examination IAW UMR 40-1, Section 3-6, the MEPS Medical Department is authorized to stop MEPS processing.
 - b. Recruiting SLs/GCs may barter unused walk-in allocations with another SL/GC office as long as the applicant walk-in meets the definition of a simple Prescreen.

- c. Ultimately, walk-ins are at the discretion of the local MEPS Commander based on medical resources available; however, all walk-ins must be simple prescreen applicants.
- d. If, on occasion, our recruiting partners make a request to walk-in an applicant with a complex prescreen, the MEPS Medical Department will use the MOC ticket system to request approval from J-7/MEMD. Include in the MOC ticket how many pages of medical records there are, the outcome of a decision by the CMO that medical resources are available or not available to handle the walk-in, and any other justification the MEPS believes is pertinent to the situation.

Section 2: A Complex Prescreen is defined as [DD Form 2807-2](#) with “YES” answers that do not qualify as simple Prescreen as defined in Section 1 of this SOP.

Note: The [DD Form 2807-2](#) must have “Processing Authorized” (PA) by a MEPS Medical Provider or “Processing Requested by SMWRA” (PRW) on Section VII.1.b. *Medical Processing Status* of the DD Form 2807-2 to be eligible for QRP.

1. Service Liaisons (SLs)/Guidance Counselors (GCs):
 - a. Completes Section 1 (including circling of initial submission) of the Prescreen Cover Sheet using Appendix B (*Maximum Number of Business Days to Complete Review of Complex Prescreens*).
 - b. Completes Section 2 of the Prescreen Cover Sheet and places it on top of each new Prescreen submission.
 - c. Initial Prescreen:
 - i. Prescreen review timeline begins the following day for applicant packets that are submitted NLT 1100. Example: For Prescreens submitted on Monday NLT 1100 (Day 0), the Prescreen review timeline begins the next day, Tuesday (Day 1).
 - ii. Submit supporting medical documents as follows:
 1. IAW Reference Appendix A.1 (*Directions for Prescreen Submission*) and Appendix A.2 (*Common Medical Conditions and Supporting Medical Records*).
 2. Arranges chronologically in order with the oldest records on top.
 3. Removes duplicates and blank pages.
 4. Highlights (yellow or green) or circles the dates of medical care.
 5. Numbers the pages as follows: Page # / total # of pages of supporting medical documents.
 - iii. The date of Prescreen review completion is calculated as follows. See Appendix B for the maximum number of business days that the complex Prescreen review is anticipated to be completed.
 1. For complex Prescreens with 5 pages or less of supporting documents, the maximum number of business days for Medical Provider review is 2 business days. Example: For Prescreen that is submitted on Monday NLT 1100, the Prescreen review is completed NLT than Wednesday by Close of Business (COB). Prescreens annotated with Processing Authorized (PA) can project on Thursday (See Table).

Maximum Number of Business Days to Complete Review

Mon	Tue	Wed	Thurs	Fri	Sa	Su	Mon
Submission by SL/GC to Files Room; Med Tech Review Day (0)	CMO distribution of Prescreens to Providers Day (1)	Provider Review: Processing Authorized (PA) Day (2)	Project/submit to QRP				Floor

2. For complex Prescreens with more than 5 pages of supporting medical documents, the Prescreen review will be completed according to the **# of pages of supporting medical documents / 6 pages per business day = number of business days to complete the Prescreen review.**
 Example: For complex Prescreen that is submitted on Monday NLT 1100 with 23 pages of supporting medical documents, the Prescreen review is completed NLT Friday. Prescreens annotated with Processing Authorized (PA) can project on the following Monday (See Table).

Maximum Number of Business Days to Complete Review

Mon	Tues	Wed	Thurs	Fri	Sa	Su	Mon	Tue	Wed
Submission by SL to Files Room; Med Tech Review Day (0)	Provider Review Day (1)	Provider Review Day (2)	Provider Review Day (3)	Provider Review: Processing Authorized (PA) Day (4)			Project/submit to QRP		Floor

Note: The minimum number of business days for initial review of complex Prescreens is 2 business days. The maximum number of business days for initial review of complex Prescreens is 30 business days. If upon review of complex Prescreens, additional supporting medical documents are required, see paragraph d below on resubmission instructions. Reference Appendix B (*Maximum Number of Business Days to Complete Review of Complex Prescreens*).

- d. Resubmission of additional supporting medical documents:
- i. Prescreens expire after 90 days from the date of the applicant’s signature (120 days for overseas physicals). If the Prescreen has expired, a new [DD Form 2807-2](#) and Prescreen Cover Sheet must be completed and submitted.
 - ii. New medical conditions may be discovered during initial Prescreen reviews. In such cases, supporting medical documents are requested, and the Prescreen review timeline starts over again.
 - iii. Calculate the new timeline based on the total number of pages of medical documents, to include initial and resubmission(s). For example, if the initial complex Prescreen has 30 pages of supporting documentation and the resubmission has 24 pages, then the total # pages for calculation is 54. Use Reference Appendix B (*Maximum Number of Business Days to Complete*

- Review of Complex Prescreens*). In this example, the Medical Provider has a maximum of 9 business days to complete the Prescreen review.
- iv. For resubmissions, SL/GC will complete a **New Prescreen Cover Sheet**:
 1. Completes Section 1, circles the Resubmission number (for example 1st, 2nd, etc.), and completes Section 2.
 2. Places the **New** Prescreen Cover Sheet on top of the requested supporting medical documents and submits to the Files Room.
 3. Submits supporting medical documents as follows:
 - (a) Chronologically in order with the oldest records on top.
 - (b) Removes duplicates and blank pages.
 - (c) Highlights (yellow or green) or circles the dates of medical care.
 - (d) Numbers the pages as a continuation of the previous submission. In the above example, the page number begins with 31/54.
 - v. Resubmit the new Prescreen Cover Sheet with the additional supporting medical documents to the Files Room NLT 1100 to restart the Prescreen review process.
 - e. **Request for a courtesy review by the SMWRA of a complex Prescreen that is open for records (METR)**:
 - i. If the SLs/GCs submits a request for a courtesy review of a complex Prescreen to the SMWRA while the Prescreen is open for records (METR), the applicant will not be authorized to process even if the SMWRA requests further medical processing.
 - ii. Under these circumstances, the CMO will call the SMWRA to discuss the open status of the complex Prescreen and the SMWRA's request for further medical processing.
 - f. **Request for a courtesy review by the SMWRA of a complex Prescreen with "processing not justified" (PNJ)**:
 - i. If the complex Prescreen review by the Medical Provider results in a medical disqualification during prescreen (PNJ) and the Service requests a courtesy review by the SMWRA that subsequently results in a request for processing by the SMWRA (PRW), then the applicant will be scheduled for a MEPS examination **only after** all of the requested medical records have been received and reviewed by the Medical Provider, if applicable.
 - g. If resubmission is due to administrative errors identified by the medical technician, do not reprint supportive documentation, nor remove pages from the packet. Simply correct the deficiencies as stated in the Prescreen Cover Sheet and resubmit the packet to the Files Room along with a new Prescreen Cover Sheet.
2. Files Room:
- a. Establishes a specific location in a secure area to protect PII/PHI for the submission of complex Prescreens with supporting medical documents.
 - b. Upon receipt of the [DD Form 2807- 2](#), [UMF 680-3A-E](#) and [DD Form 1966/5](#) (if a minor), an applicant packet will be created or retrieved (if a record already exists) on the same day.

- c. Maintains accountability and location tracking of all applicant packets by using proper packet charge-in and charge-out procedures in accordance with [UMR 601-23](#), Chapter 4 and [UMR 680-3](#).
 - d. Completes Section 3 of the Prescreen Cover Sheet.
 - e. For resubmission:
 - i. Retrieves the applicant's records and places the resubmitted Prescreen, new Prescreen Cover Sheet, and supporting documents into the record.
 - ii. Ensures the record is ready for the Medical Technician to pick up at 1100 or shortly thereafter.
3. Medical Technician:
- a. Creates a secure filing system in the Medical Department for complex Prescreens that is accessible to Medical Technicians and the Medical Providers only IAW [UMI 25-52-1](#).
 - b. Maintains accountability and location tracking of all applicant packets within the Medical Department.
 - c. Coordinates with the Files Room for the transfer of medical records to the MEPS Medical Department and picks up the complex Prescreens at 1100 or shortly thereafter.
 - d. Completes "Date & Time received FROM Files Room" in Section 4 of the Prescreen Cover Sheet.
 - e. Records the transfer of medical records into the Medical Department:
 - i. Enters the appropriate "N" status codes into USMIRS.
 - 1. VA: "Prescreen Received, No Med Records"
 - 2. VB: "Prescreen Received, Med Records 5 pages or less"
 - 3. VC: "Prescreen Received, Med Records 6-32 pages"
 - 4. VD: "Prescreen Received, Med Records 33-62 pages"
 - 5. VE: "Prescreen Received, Med Records 63-92 pages"
 - 6. VF: "Prescreen Received, Med Records 93 or more pages"
 - f. Reviews the Prescreens for completeness by Close of Business (COB) day 0.
 - g. If the Prescreen meets criteria for Medical Provider review:
 - i. Completes Section 4a:
 - 1. Checks the box "Prescreen Meets Criteria for Medical Provider Review".
 - 2. Completes "Date & Time Reviewed".
 - 3. Enters his/her name on the "Technician Reviewing the Prescreen" line.
 - ii. In USMIRS, removes the "N" status code that was entered IAW Section 3.e.i (VX: "Prescreen Received, Med Records XX-XX pages") and replaces it with VH: "Prescreen in Review".
 - iii. Arranges NLT COB on the day of receipt (Day 0) the Prescreen packets by the calculated date of completion. Prescreen packets with shorter review periods are placed on top.
 - h. Establishes a specified process with the CMO for the transfer of Prescreens to the CMO.
 - i. **If the Prescreen packet is incomplete, not numbered, or the dates of medical care are not highlighted (yellow or green) or circled:**
 - i. Completes Section 4a of the Prescreen Cover Sheet:

1. Checks the box "Prescreen Incomplete".
2. Annotates in the space provided why the Prescreen is incomplete.
3. Completes "Date & Time Reviewed".
4. Enters his/her name on the "Technician Reviewing Prescreen" line.
- ii. In USMIRS, removes the "N" status code that was entered IAW Section 3.e.i (VX: "Prescreen Received, Med Records XX-XX pages") and replaces it with VG: "Prescreen Incomplete/Not Reviewed by Medical Provider".
- iii. Scans and sends the completed Prescreen Cover Sheet via encrypted email to the SLs/CGs, ensuring protection of PII/PHI IAW [UMI 25-52-1](#). Reference Appendix E (*Establish an Encrypted E-mail Exchange*).
- iv. Completes Section 4e of the Prescreen Cover Sheet:
 1. Completes "Date & Time Returned to Files Room".
 2. Enters his/her name on "Returned by" line.
- v. Ensures that the Prescreen Cover Sheet is secured and remains in the medical record.
- vi. Returns the applicant packets to the Files Room and ensures the Files Room completes the "Received by" entry in Section 4e of the Prescreen Cover Sheet.
- j. To avoid and manage spillage of PII/PHI, follows established procedures in accordance with [UMI 25-52-1](#).
- k. **When notified by the CMO that the Prescreen reviews are complete, the Medical Technician takes the following actions NLT 11 AM the next day:**
 - i. If the Prescreen Cover Sheet is illegible, it is returned to the CMO for immediate correction.
 - ii. Completes the "Prescreen Review Time Line MET" on the Prescreen Cover Sheet (YES / NO question, Section 4e) by comparing the "Calculated Date of Completion" (in Section 1) with the "Date & Time Completed" in Section 4e.
 - iii. Scans and sends completed Prescreen Cover Sheet via encrypted email to the SLs/GCs, ensuring protection of PII/PHI IAW [UMI 25-52-1](#). Reference Appendix E (*Establish an Encrypted E-mail Exchange*).
 - iv. Enters the appropriate "N" status codes for Prescreen processing and/or Open For Records (METR), Temporary Disqualifying Conditions (TDQ) and Permanent Disqualifying (PDQ) codes into USMIRS:
 1. VI: "PR Complete; Processing Authorized, Time Line Met"
 2. VJ: "PR Complete; Processing Authorized, Time Line Not Met"
 3. VK: "PR Complete; Processing Not Justified, Time Line Met"
 4. VL: "PR Complete; Processing Not Justified, Time Line Not Met"
 5. VM: "PR Complete; PNJ, SMWRA Requested Exam, Time Line Met"
 6. VN: "PR Complete; PNJ, SMWRA Requested Exam, Time Line Not Met"
 7. B030L – Incomplete Medical /Medical Evaluation and/or Treatment Records (used exclusively for METR decisions).
 8. B030J – Temporary Disqualifying Condition (TDQ) with Returned Justified (RJ) date.
 9. B030R – Permanent Disqualifying Condition (PDQ).

- 10. B030F – Processing Authorized; Note – B030F is not available at this time. MEPS will be notified with an update message and new SOP once B030F is to be used.
 - v. Completes Section 4e of the Prescreen Cover Sheet.
 - 1. Completes the “Date & Time Returned to Files Room”.
 - 2. Enters his/her name on the “Returned by” line.
 - vi. Ensures that the Prescreen Cover Sheet remains with the medical records.
 - vii. Returns applicant packets to the Files Room and completes the “Received by” entry in Section 4e of the Prescreen Cover Sheet.
 - viii. To avoid and manage spillage of PII/PHI, follows established procedures IAW [UMI 25-52-1](#).
4. Chief Medical Officer:
- a. Completes the Prescreen reviews NLT the calculated date of completion (by COB), in accordance with this policy.
 - b. Executes the completion of Prescreen reviews with designated resources and has the option to request additional FBPs as needed for this purpose.
 - c. Trains all FBPs on the Prescreen review process and requires all FBPs to participate in the Prescreen reviews.
 - d. Completes Section 4b of the Prescreen Cover Sheet as applicable:
 - i. “Date and Time” given to the CMO/ACMO.
 - ii. CMO/ACMO/FB-CMO distributes the complex Prescreens to FBPs on day 1.
 - iii. The Reviewing Provider enters in the space provided the date and time that he/she received the complex Prescreen.
 - iv. The Reviewing Provider prints/stamps and signs his/her name on the “Provider Reviewing the Prescreen” line in Section 4b (page 2) of the Prescreen Cover Sheet.
 - v. Upon completion of complex Prescreen review, the Reviewing Provider completes one of the following Sections:
 - 1. Section 4c: “Medical Information has been reviewed by a Medical Provider and is complete”.
 - 2. Section 4d: “Medical Information has been reviewed by a Medical Provider and is not complete and requires”.
 - e. Requires the Reviewing Provider to complete Section 4e of the Prescreen Cover Sheet.
 - i. Completes “Date & Time Completed” line.
 - ii. Prints/stamps and signs his/her name on the “Reviewing Provider” line.
 - iii. Requires all Reviewing Providers to return the completed Prescreens to the CMO immediately (for the efficiency of further processing) on the day that the Prescreen review is completed. If the CMO position is vacant, the MEPS Medical Department will determine who will receive the completed Prescreens each day.
 - 1. Ensures the Prescreen Cover Sheets are completed legibly by the Reviewing Providers.
 - (a) The CMO will utilize the Prescreen Continuation Sheet (Appendix C) to make corrections if more space is needed.

2. The CMO notifies the Medical Technician that the Prescreen is complete and the Prescreens are transferred to the Medical Technician on the same day.
 - f. If the SLs/GCs submit a request for a courtesy review of a complex Prescreen to the SMWRA while the Prescreen is open for records (METR), the applicant will not be authorized to process even if the SMWRA requests further medical processing.
 - g. Under these circumstances, the CMO will call the SMWRA to discuss the open status of the complex Prescreen and the SMWRA's request for further medical processing.
5. Quality Review Program (QRP):
- a. The MEPS QRP will be conducted IAW [UMR 680-3](#), Paragraph 6-6a.
 - b. Ensures the applicant is eligible to process IAW [UMR 680-3](#).
 - c. [DD Form 2807-2](#) must be physically present, complete, and reviewed by a Medical Provider with a status of "Processing Authorized" (PA) or "Processing Requested by SMWRA" (PRW).
 - d. Conducted in a location IAW UMR 680-3, paragraph 6-6a that will limit interruptions, minimize loss of applicant packets, and protect PII/PHI.
 - e. Implements the following actions accordingly once the applicant is projected:
 - i. Applicant packet **without** discrepancies: If the applicant meets the requirements for further medical processing, the applicant can be brought to the MEPS for a MEPS medical examination in 2 business days.
 - ii. Applicant packet **with** discrepancies: If the applicant's packet has administrative deficiencies or errors, the Service will have until 1100 the next business day to correct the deficiencies/errors. If the deficiencies or errors are not rectified by 1100 the day before scheduled processing, the projection will be deleted IAW [UMR 601-23](#), 2-2, paragraph b.
Note: For MEPS processing to continue, all medical "N" status codes must be closed by the Medical Technician.
 - iii. QRP personnel
 1. Processing Section personnel annotate deficiencies or errors on the *UMF 680-3-2 Quality Review Program (QRP) Discrepancy List (DL)* based on input provided by the medical staff during QRP.
 2. Enters the appropriate USMIRS "N" status and codes for using the *Administrative Hold – N Status* screen (OQ03). Reference Appendix F ("*N*" Status Codes).
 3. Provides the *UMF 680-3-2 Quality Review Program (QRP) Discrepancy List (DL)* to the sponsoring SLs/GCs immediately following QRP, to allow for timely correction of identified discrepancies NLT 1100 the following day.
 - f. Actions after QRP.
 - i. Processing Section representative:
 1. All applicant packets are secured in the Files Room immediately after QRP.

2. Directly provides each SL/GC with a copy of the completed *UMF 680-3-2 Quality Review Program (QRP) Discrepancy List (DL)*.
 3. Corrections to the discrepancies must be submitted to the Files Room the following day NLT 1100 for the applicant to process as scheduled.
- ii. SLs/GCs may charge-out applicant packets from the Files Room to assist them in correcting discrepancies on [DD Form 2807-2s](#).
- g. Projection Reconciliation.
- i. SLs/GCs will submit corrections of the deficiencies and errors NLT 1100 the next business day.
 - ii. The Medical Department will make final decision on whether to delete the projection for a medical reason.
 - iii. If the deficiencies or errors are not corrected by 1100 the day before scheduled processing, the projections will be deleted.

APPENDIX A.1

Directions for Prescreen Submission

Enlistment of qualified, effective, and able-bodied applicants into military service requires cooperation and support among recruiting partners. The purpose of Appendices A.1 and A.2 is to provide clear directions to MEPS Medical Departments, Service Recruiters, Service Liaisons (SLs), and Guidance Counselors (GCs) on supporting medical records that must be submitted with DD Form 2807-2 for timely and predictable Prescreen review before applicants can proceed with the medical interviews and medical examinations. Service recruiters and SG/SL must submit supporting medical records in accordance with Appendix A.1 and A.2 to facilitate faster turnaround of Prescreens. Failure to follow these directions will delay the medical processing of applicants. **Applicant records for Prescreen reviews will be returned if they are submitted incorrectly.**

MEPS Chief Medical Officers (CMOs) and Assistant Chief Medical Officers (ACMOs) are the designated Department of Defense authorities under Title 10, United States Code, the Department of Defense Instruction 6130.03, *Medical Standards for Appointment, Enlistment, or Induction into the Military Services*, and the USMEPCOM Regulation 40-1, *Medical Services Medical Qualification Program*, to apply accession medical standards and to determine applicants who are medically qualified, effective, and able-bodied for enlistment in the U.S. Armed Forces. MEPS providers are required to conduct comprehensive reviews of medical records, medical interviews, and physical examinations to screen-in applicants who can complete basic training and not attrite for medical conditions that existed prior to service. Honest and complete disclosure of medical conditions is important and are required. MEPS providers are authorized to defer an applicant's medical processing if there is a significant discrepancy between the Prescreen and the medical interview. Applicants who have medical conditions that are disqualifying might be eligible for medical waivers through the Service Medical Waiver Review Authority, and complete disclosure will help facilitate this process.

Appendix A.2, *Common Medical Conditions and Supporting Medical Records*, standardizes Prescreen submissions; however, since each applicant is unique, it does not contain all medical conditions for applicants who are enlisting for military service. To assist MEPS providers to screen-in applicants as efficiently as possible, MEPS CMOs/ACMOs may request additional supporting medical records on medical conditions listed in Appendix A.2, or additional supporting medical records on medical conditions not listed in Appendix A.2. CMOs may locally modify these appendices and instruct recruiters on what supporting medical records they require to complete Prescreen reviews if doing so enhances the efficiency of medical processing and is consistent with the DoDI 6130.03 and USMEPCOM regulations.

The directions below are instructions for recruiting partners on how to prepare supporting medical records that will accompany DD Form 2807-2. To mitigate delay in medical processing, recruiters and SG/SLs have active roles in the Prescreen process; therefore, new accession partners should receive recruiter orientation as soon they arrive at their duty station. For questions on the Prescreen process, please contact your local MEPS Medical Departments through the Dial-a-Doc or Email-a-doc options.

1. **Supporting medical records:** Appendix A.2, *Common Medical Conditions and Supporting Medical Records*, lists medical conditions and supporting medical records that are required by MEPS providers for timely and predictable Prescreen review. To ensure efficient review and, most importantly, applicant success at basic training, it is imperative that medical

conditions and medical records are honestly and completely disclosed. Do not redact or withhold from medical records any medical conditions or information that must be disclosed. Failure to disclose medical conditions or information could put the applicant at risk for training injury or for charges of fraudulent enlistment.

2. **Types of medical records:** The applicant's medical condition determines the type of medical records that will assist MEPS providers in their medical decision making process. Medical records are generated from clinic visits, hospitalizations, and emergency room visits. Read Appendix A.2, *Common Medical Conditions and Supporting Medical Records*, for types of medical records that are required for each medical condition.

Acceptable medical records are from medical doctors, dentists, nurse practitioners, and physician assistants. Read USMEPCOM Policy Memorandum 2-5, *Transgender Applicant Processing*, for acceptable medical providers and records for transgender applicants. In addition, the following are accepted medical records:

- a. Recorded medical information on the day of encounter. Medical encounters can occur in an office of a medical provider, emergency rooms, and hospitals.
- b. Results from diagnostic procedures, laboratory tests, radiology tests, imaging studies, biopsies, pulmonary function tests, and exercise tolerance tests.
- c. Operative reports, hospital discharge summaries from medical providers, and procedure notes.
- d. Medical/surgical specialty consultation records and results of any tests/imaging studies that they ordered.
- e. Provider notes from mental health visits, behavioral health visits, or counseling.
- f. Photocopy or digital print of x-ray image if requested by the MEPS provider.

The following documents are not useful and are not accepted:

- a. Nursing notes.
- b. Patient handout instructions.
- c. Duplicate/identical copies or duplicate records that were previously submitted.
- d. Attestation or summary letters from providers are not accepted unless specified in Appendix A.2.
- e. Insurance forms, billing statements, and invoices.
- f. X-ray film or DVD, unless requested by the MEPS provider.
- g. Immunization records, unless requested by the MEPS provider.

If medical records are not available, submit a written statement on an official letter head from the medical facility (hospital or provider clinic) stating why medical records are not or no longer available.

3. **Simultaneous submission.** For applicants with multiple medical conditions, simultaneously submit all supporting medical records for all medical conditions in a single packet. This applies to initial and subsequent submissions of supporting medical records. Example: During Prescreen review, the MEPS provider identifies an old fracture and a history of cardiac surgery for which no supporting medical records were submitted. The MEPS provider requests the most recent x-ray report showing complete healing of the fracture and the most recent Cardiology record for the history of cardiac surgery. The recruiter must submit the most recent x-ray report and Cardiology record together at the same time in one packet.

4. **Range of medical records.** Typically, MEPS providers will request medical records within a specific time period. Ensure there are no gaps in the medical records. If the applicant has not seen a medical provider during the requested gap in time period, the applicant must submit a written and signed statement stating so, to include the time period. For example, during a Prescreen review, the MEPS provider needs additional medical records from all doctor visits to include school or sports physical examinations from Jan 2008 to Dec 2010 before s/he could make a medical decision. The male applicant states that he has not seen a doctor during this time period, and submits a signed written statement stating, "I certify that I have not seen a doctor for any reason from January 2008 to December 2010."
5. **Quality of copy.** Ensure each page of medical records including prior service documents (DD-214, NGB 22, REDD Report) are of legible quality, not too dark or too light.
6. **Side of copy.** Submit single-sided copies only.
7. **Dates.** Highlight (with yellow or green highlighter) or clearly circle the date of the medical encounter on each page. Do not highlight or circle birthdates or printing/fax dates.
8. **Duplication.** Do not submit duplicates or identical copies; or records that are duplicate records that were previously submitted.
9. **Chronology.** Submit medical records with the oldest record on top and the most recent medical record on the bottom.
10. **Page numbers.** Number each page and include the total number of pages. For example, the total number of pages is 13. Number each page as: 1/13, 2/13, 3/13, etc.
11. **Mental health/Behavioral health records.** Acceptable medical records are provider notes from mental health visits, behavioral health visits, or counseling. Summary or attestation letters are not acceptable for medical processing. Failure to submit these medical records will delay the applicant's medical processing.
12. **Disability records.** If receiving disability from the Veterans Affairs (VA), submit all medical records from the VA. Include all disability evaluation(s), VA disability rating decision(s), and the Service member's military health records. If medically boarded from the military, submit the Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB) records.
13. **Entry Level Separation.** For prior Service applicants who received an Entry Level Separation (ELS), submit all medical records from training bases from where they were separated, and follow-up medical records for subsequent care after separation.
14. **RE Code other than RE-1.** For applicants with a RE Code other than RE-1 include the following documents: reason for discharge, counseling notes, and military medical records related to discharge medical condition, discharge physical examination, and MEB/PEB documents if an MEB and/or PEB were held. Read USMEPCOM Regulation 40-1 for information on other documents to submit for Prescreen review.

APPENDIX A.2

Common Medical Conditions and Supporting Medical Records

The purpose of this appendix is to standardize the medical decision making process involving Prescreens. It is a guide for MEPS Medical Departments and recruiters regarding appropriate supporting medical records that are submitted with DD Form 2807-2 for timely and predictable Prescreen review.

Appendix A.2 standardizes Prescreens; however, since each applicant is unique, this appendix does not contain all medical conditions of applicants who are enlisting for military service. To screen-in applicants as efficiently as possible, MEPS medical providers may request additional supporting medical records on medical conditions listed below, or supporting medical records on medical conditions not listed below.

Under Title 10, United States Code and DoDI 6130.03, *Medical Standards for Appointment, Enlistment, or Induction into the Military Services*, MEPS providers are required to conduct comprehensive reviews of medical records, medical interviews, and medical examinations to screen-in applicants who can complete basic training and not attrite for medical conditions that existed prior to service. Honest and complete disclosure of medical conditions is required from applicants and recruiters. Do not redact or withhold from medical records any medical condition or information that must be disclosed. Failure to disclose medical conditions or information could put the applicant at risk for training injury or for charges of fraudulent enlistment. MEPS Chief Medical Officers may locally modify this appendix and instruct recruiters on what supporting medical records they require to complete Prescreen reviews if doing so enhances the efficiency of medical processing and is consistent with the DoDI6130.03 and USMEPCOM regulations.

For applicants with multiple medical conditions, simultaneously submit all supporting medical records for all medical conditions in a single packet. Ensure copies of medical records are of legible quality, not too dark or too light. Submit single-sided copies only. Highlight (yellow/green) or circle the dates of hospital/office visits on each page. Do not submit duplicate or identical copies, insurance forms, billing statements, invoices, patient handouts or instructions, and attestation letters from medical providers (unless specified below). Arrange the medical records with the oldest record on top and the most recent medical record on the bottom. Number each page and include the total number of pages. Read Appendix A.1 (*Directions for Prescreen Submission*) for additional instructions.

Acceptable medical records are from medical doctors, dentists, nurse practitioners, and physician assistants. Read USMEPCOM Policy Memorandum 2-5, *Transgender Applicant Processing*, for acceptable medical providers and records for transgender applicants. The types of medical records to submit are identified by number(s) in parentheses at the end of each medical condition. ***Go to the bottom of each page for the types of supporting medical records required.***

GENERAL.

1. *Accidents.* Submit all medical records for any motor vehicle, motorcycle, bicycle, dirt bike, or all-terrain vehicle accidents within the last (seven) 7 years if the applicant was not admitted overnight in a hospital. (1,2)

2. *Accidents with hospitalization.* Submit all medical records for all motor vehicle, motorcycle, bicycle, dirt bike, or all-terrain vehicle accidents where the applicant was admitted to a hospital. No time limit. (1,2,3)
3. *Anaphylaxis.* Submit all medical records of applicants who have ever had a history of anaphylaxis; evaluated or treated for any reaction to shellfish, peanuts, or tree nuts; or have ever been prescribed an epinephrine auto injector (for example, EpiPen®) for allergies. Include desensitization records. (1,2,3)
4. *Reaction to biting or stinging insects.* Submit all medical records of applicants who have ever been treated by medical providers for any reaction to biting or stinging insects. Include desensitization records. (1,2,3)
5. *History of Malignancy (Cancer).* Submit all medical records of applicants who have ever been treated for any form of cancer. Note: Applicants with cancer are not medically qualified, but Services might provide medical waivers for certain types of cancer. (1,2,3)
6. *Hospitalizations.* Submit all medical records for any hospitalizations within the last seven (7) years. Exceptions are hospitalizations without any medical disorders or other complications for pregnancies resulting in vaginal deliveries or C-sections. (1,2,3)
7. *Surgeries.* Submit all medical records including but not limited to operative reports and discharge summaries of applicants who have had surgery within the last seven (7) years. (1,2,3)

HEAD.

8. *Broken nose or facial fracture.* Submit all medical records on any applicant who has had a broken nose or facial fracture within the last seven (7) years. (1,2,3)

EAR, NOSE AND THROAT.

9. *Ear surgery.* Submit all medical records of applicants who have had surgery on their ears for any reason, except for placement of tubes in their ears before the 4th birthday. (1,3)
10. *Cleft lip or palate surgery.* Submit all medical records of applicants who have had surgery for cleft lip or palate. (1,3)

Types of Supporting Medical Records

NOTE: Patient handout instructions, insurance forms, billing statements, and invoices are not accepted. Attestation letters from providers are not accepted unless required above. If medical records are not available, submit a written statement on an official letter head from the medical facility (hospital or provider clinic/office) stating why medical records are not or no longer available. Read Appendix A.1 for additional directions.

1. ***Outpatient visit records related to the condition.*** Provider office visit records, diagnostic test results, radiology/imaging study results, pharmacy records, treatment records, and medical/surgical specialist consultation records (if applicable).
2. ***Emergency care records related to the condition.*** Provider emergency room records or urgent care records, procedure notes, radiology/imaging study results, laboratory test results, and medical/surgical specialist consultation records (if applicable). Include follow-up medical/surgical records after release from the ER or the urgent care until resolution of the medical condition.
3. ***Hospitalization records related to the condition.*** Hospital admission note from the treating provider, discharge summary from the treating provider, operative report (if surgery occurs during hospitalization), procedure notes, radiology/imaging study results, laboratory test results, and medical/surgical specialist consultation records (if applicable). Include follow-up medical records after release from the hospital until resolution of the medical condition.

11. *Sinus surgery.* Submit all medical records of applicants who have had sinus surgery within the past 7 years. (1,3)

HEARING.

12. *Hearing loss.* Submit all medical records of applicants who have hearing loss. Note: Applicants with hearing aids are not medically qualified, and Services will not waiver hearing loss requiring history of hearing aids. (1)

EYES.

13. *Eye condition.* Submit all medical records for treatment of eye conditions except for lazy eye correction. (1,2)
14. *Eye injury.* Submit all medical records of applicants with any history of an eye injury. (1,2)
15. *Eye surgery.* Submit all medical records of applicants who have had eye surgery, except for lazy eye correction. (1,3)

VISION.

16. *Vision correction.* For applicants who have had any eye surgery to correct vision (e.g. LASIK, LASEK, or PRK), MEPS examination is not authorized until 180 days after surgery. Submit all medical records to include manifest refraction before surgery, operative reports, manifest refraction at least 90 days after surgery, and a subsequent manifest refraction at least 30 days later. Auto-refractions are not accepted. Recommend completion of UMF 40-1-4 Refractive Eye Surgery Work Sheet which is located in USMEPCOM Regulation 40-1. (1)

CHEST.

17. *Asthma.* For applicants with a history of asthma, nebulizer, or inhaler use, submit all doctor's notes, pharmacy records, treatment records, emergency room visit notes, and pulmonary testing results from the 13th birthday to present. (1,2,3)
18. *Breast surgery.* Submit all medical records of applicants who have had breast surgery. (1,3)

Types of Supporting Medical Records

NOTE: Patient handout instructions, insurance forms, billing statements, and invoices are not accepted. Attestation letters from providers are not accepted unless required above. If medical records are not available, submit a written statement on an official letter head from the medical facility (hospital or provider clinic/office) stating why medical records are not or no longer available. Read Appendix A.1 for additional directions.

1. ***Outpatient visit records related to the condition.*** Provider office visit records, diagnostic test results, radiology/imaging study results, pharmacy records, treatment records, and medical/surgical specialist consultation records (if applicable).
2. ***Emergency care records related to the condition.*** Provider emergency room records or urgent care records, procedure notes, radiology/imaging study results, laboratory test results, and medical/surgical specialist consultation records (if applicable). Include follow-up medical/surgical records after release from the ER or the urgent care until resolution of the medical condition.
3. ***Hospitalization records related to the condition.*** Hospital admission note from the treating provider, discharge summary from the treating provider, operative report (if surgery occurs during hospitalization), procedure notes, radiology/imaging study results, laboratory test results, and medical/surgical specialist consultation records (if applicable). Include follow-up medical records after release from the hospital until resolution of the medical condition.

19. *Chest or chest wall surgery.* Submit all medical records of applicants who have had chest or chest wall surgery. (1,2,3)
20. *Collapsed lung (Pneumothorax).* Submit all medical records of applicants with a history of a collapsed lung. (1,2,3)
21. *Pneumonia.* Submit all medical records of applicants who have been treated for pneumonia within the past 7 years. (1,2,3)
22. *Tuberculosis.* Submit all medical records of applicants who have ever had a positive test for tuberculosis (TB) such as tuberculin skin test (TST), or purified protein derivative (PPD). Include results of a TB blood test if done (e.g. QuantiFERON®-TB Gold In-Tube test (QFT-GIT), or T-SPOT®.TB test), a **completed** treatment regimen, and all pharmacy records. Applicants must have completed a TB treatment before medical processing.

HEART AND BLOOD VESSELS.

23. *Heart or blood vessel surgery.* Submit all medical records of applicants who have had heart or blood vessel surgery (artery or vein). All applicants with a history of cardiac or blood vessel surgery must have a recent evaluation by a Cardiologist at their expense, and medical records from this evaluation must be submitted. (1,2,3)
24. *Heart rhythm.* Submit all medical records of applicants who have seen a Cardiologist for diagnosis and/or treatment for fast heartbeat, skipped heartbeat, irregular heartbeat, palpitations, or any other heart or blood vessel conditions. All applicants must have a recent evaluation by a Cardiologist at their expense, and medical records from this evaluation must be submitted. (1,2,3)
25. *High blood pressure.* Submit all medical records of applicants with a history of high blood pressure (blood pressure > 140/90). (1,2,3)
26. *Syncope (fainting or passing out).* Submit all medical records including test results of applicants who have seen a medical provider for fainting or passing/falling out. (1,2,3)

ABDOMINAL ORGANS AND GASTROINTESTINAL SYSTEM.

27. *Abdominal pain.* Submit all medical records of applicants who have seen a medical provider for abdominal pain. (1,2,3)

Types of Supporting Medical Records

NOTE: Patient handout instructions, insurance forms, billing statements, and invoices are not accepted. Attestation letters from providers are not accepted unless required above. If medical records are not available, submit a written statement on an official letter head from the medical facility (hospital or provider clinic/office) stating why medical records are not or no longer available. Read Appendix A.1 for additional directions.

1. ***Outpatient visit records related to the condition.*** Provider office visit records, diagnostic test results, radiology/imaging study results, pharmacy records, treatment records, and medical/surgical specialist consultation records (if applicable).
2. ***Emergency care records related to the condition.*** Provider emergency room records or urgent care records, procedure notes, radiology/imaging study results, laboratory test results, and medical/surgical specialist consultation records (if applicable). Include follow-up medical/surgical records after release from the ER or the urgent care until resolution of the medical condition.
3. ***Hospitalization records related to the condition.*** Hospital admission note from the treating provider, discharge summary from the treating provider, operative report (if surgery occurs during hospitalization), procedure notes, radiology/imaging study results, laboratory test results, and medical/surgical specialist consultation records (if applicable). Include follow-up medical records after release from the hospital until resolution of the medical condition.

28. *Abdominal surgery including appendectomy and hernia repair.* Submit all medical records of applicants who have had abdominal surgery including appendectomy and hernia repair. (1,2,3)
29. *Irritable bowel syndrome.* Submit all medical records of applicants who have been evaluated or treated for irritable bowel syndrome. (1,2)
30. *Lactose intolerance, celiac disease, or colitis.* Submit all medical records of applicants who have been treated for lactose intolerance, celiac disease, or any type of colitis. (1,2,3)
31. *Disease of or injury to the liver, gallbladder, pancreas, or spleen.* Submit all medical records of applicants with a history of disease of or injury to the liver (e.g. hepatitis or cirrhosis), gallbladder, pancreas, or spleen. (1,2,3)
32. *Gastrointestinal or rectal bleeding.* Submit all medical records of applicants who have had gastrointestinal or rectal bleeding for any reason including bleeding hemorrhoids. (1,2,3)
33. *Reflux or gastroesophageal reflux disease (GERD).* Submit all medical records of applicants with a history of reflux or GERD. (1,2)

FEMALE GENITAL SYSTEM.

34. *History of abnormal Papanicolaou (Pap) smear or HPV test of the cervix.* Submit all abnormal Pap smear and HPV reports and subsequent testing. Include tests for sexually transmitted infections (e.g. HPV, chlamydia, gonorrhea, and syphilis), follow-up tests, and procedures such as colposcopy, Loop Electrosurgical Excision Procedure (LEEP), cone biopsy, and hysterectomy. (1)
35. *Abnormal uterine bleeding.* Submit all medical records of applicants with abnormal uterine bleeding occurring within the preceding 12 months. (1,2,3)
36. *Endometriosis, fibroids (adenomyosis).* Submit all medical records of applicants with a history of endometriosis or fibroids. (1,2,3)
37. *Genital reconstruction or sex reassignment surgery.* Submit all medical records of applicants with a history of genital reconstruction or sex reassignment surgery. For additional information on supporting medical documents, see USMEPCOM Policy

Types of Supporting Medical Records

NOTE: Patient handout instructions, insurance forms, billing statements, and invoices are not accepted. Attestation letters from providers are not accepted unless required above. If medical records are not available, submit a written statement on an official letter head from the medical facility (hospital or provider clinic/office) stating why medical records are not or no longer available. Read Appendix A.1 for additional directions.

1. ***Outpatient visit records related to the condition.*** Provider office visit records, diagnostic test results, radiology/imaging study results, pharmacy records, treatment records, and medical/surgical specialist consultation records (if applicable).
2. ***Emergency care records related to the condition.*** Provider emergency room records or urgent care records, procedure notes, radiology/imaging study results, laboratory test results, and medical/surgical specialist consultation records (if applicable). Include follow-up medical/surgical records after release from the ER or the urgent care until resolution of the medical condition.
3. ***Hospitalization records related to the condition.*** Hospital admission note from the treating provider, discharge summary from the treating provider, operative report (if surgery occurs during hospitalization), procedure notes, radiology/imaging study results, laboratory test results, and medical/surgical specialist consultation records (if applicable). Include follow-up medical records after release from the hospital until resolution of the medical condition.

Memorandum 2-5, *Transgender Applicant Processing*. (1,2,3)

38. *Ovarian cyst*. Submit all medical records including but not limited to pathology reports of applicants with a history of ovarian cyst(s). (1,2,3)
39. *Pelvic pain*. Submit all medical records of applicants with a history of pelvic pain occurring within the preceding 24 months. (1,2,3)
40. *Sexually transmitted infections (STI), pelvic infections*. Submit all medical records of applicants with a history of sexually transmitted or pelvic infections, such as but not limited to genital herpes, chlamydia, gonorrhea, syphilis, or genital warts (HPV). (1,2,3)

MALE GENITAL SYSTEM.

41. *Genital reconstruction or sex reassignment surgery*. Submit all medical records of applicants with a history of genital reconstruction or sex reassignment surgery. For additional information on supporting medical documents, see USMEPCOM Policy Memorandum 2-5, *Transgender Applicant Processing*. (1,2,3)
42. *Pelvic, scrotum, penile, or prostate pain*. Submit all medical records of applicants with a history of pelvic, scrotum, penile, or prostate pain. (1,2,3)
43. *Sexually transmitted infections (STI)*. Submit all medical records of applicants with a history of sexually transmitted infections, such as but not limited to genital herpes, chlamydia, gonorrhea, syphilis, or genital warts (HPV). (1,2,3)
44. *Testicular surgery*. Submit all medical records of applicants with a history of testicular surgery. (1,2,3)
45. *Urethral surgery*. Submit all medical records of applicants with a history of urethral surgery. (1,2,3)

URINARY SYSTEM.

46. *Bladder catheterization*. Submit all medical records of applicants who have ever had a catheter placed in their bladder (intermittent or indwelling) for any period greater than two (2) weeks. (1,2,3)

Types of Supporting Medical Records

NOTE: Patient handout instructions, insurance forms, billing statements, and invoices are not accepted. Attestation letters from providers are not accepted unless required above. If medical records are not available, submit a written statement on an official letter head from the medical facility (hospital or provider clinic/office) stating why medical records are not or no longer available. Read Appendix A.1 for additional directions.

1. ***Outpatient visit records related to the condition***. Provider office visit records, diagnostic test results, radiology/imaging study results, pharmacy records, treatment records, and medical/surgical specialist consultation records (if applicable).
2. ***Emergency care records related to the condition***. Provider emergency room records or urgent care records, procedure notes, radiology/imaging study results, laboratory test results, and medical/surgical specialist consultation records (if applicable). Include follow-up medical/surgical records after release from the ER or the urgent care until resolution of the medical condition.
3. ***Hospitalization records related to the condition***. Hospital admission note from the treating provider, discharge summary from the treating provider, operative report (if surgery occurs during hospitalization), procedure notes, radiology/imaging study results, laboratory test results, and medical/surgical specialist consultation records (if applicable). Include follow-up medical records after release from the hospital until resolution of the medical condition.

47. *Bladder infection (cystitis)*. Submit all medical records of **female** applicants who have had more than two bladder infections or **male** applicants who have had one bladder infection in their lifetime. (1,2)
48. *Blood in urine*. Submit all medical records of applicants who have seen a medical provider for blood in their urine (hematuria). (1,2)
49. *Protein in urine*. Submit all medical records of applicants who have seen a medical provider for protein in their urine (proteinuria). (1,2)
50. *Kidney infections*. Submit all medical records of applicants with a history of kidney (renal) infection. (1,2,3)
51. *Kidney stones*. Submit all medical records of applicants with a history of kidney stones. (1,2,3)
52. *Kidney or urinary surgery (kidney, ureters, bladder, urethra)*. Submit all medical records of applicants who have had kidney or urinary surgery (kidney, ureters, bladder, or urethra). If medical records are not available, the applicant should have a recent evaluation by a Urologist at his/her expense, and medical records from this evaluation must be submitted. (1,2,3)

SPINE, UPPER EXTREMITY, AND LOWER EXTREMITY CONDITIONS.

53. *Bone fracture with surgery*. Submit all medical records of applicants who have had bone fracture(s) that required surgery including application and removal of devices (plates, screws, and/or rods). (1,2,3)
54. *Bone fracture without surgery*. Submit all medical records of applicants who have had bone fracture(s) within the past 7 years. Include in the medical records an x-ray report showing **complete healing** of the fracture. (1,2)
55. *Feet surgery*. Submit all medical records of applicants who have had surgery on one or both foot. (1,2,3)
56. *Hand surgery*. Submit all medical records of applicants who have had surgery on one or both hands. (1,2,3)

Types of Supporting Medical Records

NOTE: Patient handout instructions, insurance forms, billing statements, and invoices are not accepted. Attestation letters from providers are not accepted unless required above. If medical records are not available, submit a written statement on an official letter head from the medical facility (hospital or provider clinic/office) stating why medical records are not or no longer available. Read Appendix A.1 for additional directions.

1. **Outpatient visit records related to the condition.** Provider office visit records, diagnostic test results, radiology/imaging study results, pharmacy records, treatment records, and medical/surgical specialist consultation records (if applicable).
2. **Emergency care records related to the condition.** Provider emergency room records or urgent care records, procedure notes, radiology/imaging study results, laboratory test results, and medical/surgical specialist consultation records (if applicable). Include follow-up medical/surgical records after release from the ER or the urgent care until resolution of the medical condition.
3. **Hospitalization records related to the condition.** Hospital admission note from the treating provider, discharge summary from the treating provider, operative report (if surgery occurs during hospitalization), procedure notes, radiology/imaging study results, laboratory test results, and medical/surgical specialist consultation records (if applicable). Include follow-up medical records after release from the hospital until resolution of the medical condition.

57. *Joint injury or dislocation.* Submit all medical records of applicants who had a joint injury or dislocation on a shoulder, elbow, wrist, hand, finger, spine, hip, knee, ankle, foot, or toe. (1,2,3)
58. *Any joint surgery.* Submit all medical records of applicants who have had surgery of a joint(s) including the shoulder, elbow, wrist, hand, finger, spine, hip, knee, ankle, foot, or toe. (1,2,3)
59. *Neck or back pain.* Submit all medical records of applicants who have been treated by medical providers, chiropractors, or physical therapists for neck pain, back pain, slipped disc, or pinched nerve within the last 7 years. (1,2,3)
60. *Plantar fasciitis.* Submit all medical records of applicants who have had plantar fasciitis. (1,3)
61. *Spine curvature.* Submit all medical records of applicants who have been diagnosed with or treated for spinal curvature (scoliosis and/or kyphosis). (1,3)

SKIN AND SOFT TISSUE CONDITIONS.

62. *Acne.* Submit all medical records of applicants who have had acne requiring treatment with isotretinoin (Accutane®), antibiotics, or other oral medications within the preceding 12 months. (1)
63. *Eczema or atopic dermatitis.* Submit all medical records of applicants who have had a history of eczema or atopic dermatitis after the 12th birthday. (1,2)
64. *Hives (urticaria).* Submit all medical records of applicants who have had hives (urticaria) lasting longer than six (6) weeks. (1,2)
65. *Mole, cyst, or tumor.* Submit all medical records including pathology reports of applicants who have had a mole, cyst, or skin tumor removed. (1,3)
66. *Photosensitivity.* Submit all medical records of applicants who have had hives, skin eruptions, or worsening of a current skin condition after sun exposure. (1,2)

Types of Supporting Medical Records

NOTE: Patient handout instructions, insurance forms, billing statements, and invoices are not accepted. Attestation letters from providers are not accepted unless required above. If medical records are not available, submit a written statement on an official letter head from the medical facility (hospital or provider clinic/office) stating why medical records are not or no longer available. Read Appendix A.1 for additional directions.

1. ***Outpatient visit records related to the condition.*** Provider office visit records, diagnostic test results, radiology/imaging study results, pharmacy records, treatment records, and medical/surgical specialist consultation records (if applicable).
2. ***Emergency care records related to the condition.*** Provider emergency room records or urgent care records, procedure notes, radiology/imaging study results, laboratory test results, and medical/surgical specialist consultation records (if applicable). Include follow-up medical/surgical records after release from the ER or the urgent care until resolution of the medical condition.
3. ***Hospitalization records related to the condition.*** Hospital admission note from the treating provider, discharge summary from the treating provider, operative report (if surgery occurs during hospitalization), procedure notes, radiology/imaging study results, laboratory test results, and medical/surgical specialist consultation records (if applicable). Include follow-up medical records after release from the hospital until resolution of the medical condition.

67. *Pilonidal cyst*. Submit all medical records of applicants who have been treated for a pilonidal cyst. (1,2)
68. *Psoriasis*. Submit all medical records of applicants who have had a history of psoriasis. (1)
69. *Scars*. Submit all medical records of applicants who have scars from potential self-cutting, burning, or branding. Include a legible and signed statement from the applicant which addresses who caused the injury; what event(s) and item(s) led to the scar(s); when the event(s) occurred; where on the body the scar(s) are located; why the event(s) occurred; and how the event(s) occurred. (1,2,3)
70. *Skin cancer or lymph nodes*. Submit all medical records including pathology reports of applicants who have had a biopsy or removal of a skin lesion, tumor, or lymph node for suspicion of cancer (e.g. melanoma, squamous cell, or any other type). (1,2,3)
71. *Skin burns or graft*. Submit all medical records of applicants who have been hospitalized for burns or who have had a skin graft. (1,2,3)
72. *Skin infections*. Submit all medical records of applicants who have had a recurrent skin infection requiring treatment with oral or topical medications. (1,2)
73. *Skin, hair, or nail condition*. Submit all medical records of applicants who have had a skin, hair, or nail condition for which they were evaluated or treated by a medical provider, or required oral medications (e.g. steroids or immunosuppressive medications). (1,2)
74. *Sweating, excessive (hyperhidrosis)*. Submit all medical records of applicants who have ever been treated with medications (oral, topical, or injections) or have ever undergone surgery for excessive sweating. (1,2,3)
75. *Symptomatic wart on foot (current)*. All applicants with a symptomatic wart on the foot should seek treatment and resolution prior to the day of the physical examination. Submit medical records pertaining to the treatment and resolution of the wart. (1)

ENDOCRINE AND METABOLIC CONDITIONS.

76. *Diabetes, short stature, or other hormonal conditions*. Submit all medical records of applicants who have ever been treated for diabetes, short stature, or other hormonal conditions. (1,2,3)

Types of Supporting Medical Records

NOTE: Patient handout instructions, insurance forms, billing statements, and invoices are not accepted. Attestation letters from providers are not accepted unless required above. If medical records are not available, submit a written statement on an official letter head from the medical facility (hospital or provider clinic/office) stating why medical records are not or no longer available. Read Appendix A.1 for additional directions.

1. ***Outpatient visit records related to the condition.*** Provider office visit records, diagnostic test results, radiology/imaging study results, pharmacy records, treatment records, and medical/surgical specialist consultation records (if applicable).
2. ***Emergency care records related to the condition.*** Provider emergency room records or urgent care records, procedure notes, radiology/imaging study results, laboratory test results, and medical/surgical specialist consultation records (if applicable). Include follow-up medical/surgical records after release from the ER or the urgent care until resolution of the medical condition.
3. ***Hospitalization records related to the condition.*** Hospital admission note from the treating provider, discharge summary from the treating provider, operative report (if surgery occurs during hospitalization), procedure notes, radiology/imaging study results, laboratory test results, and medical/surgical specialist consultation records (if applicable). Include follow-up medical records after release from the hospital until resolution of the medical condition.

77. *Hormone therapy.* Submit all medical records in accordance with USMEPCOM Policy Memorandum 2-5, *Transgender Applicant Processing*, for applicants who are transgender and receiving hormone therapy. (1,2,3)

78. *Thyroid condition.* Submit all medical records of applicants who have ever been evaluated or treated for a thyroid condition. If the applicant is taking thyroid medication, submit the result(s) of at least one thyroid stimulating hormone test obtained within the last 12 months. (1,2,3)

BLOOD AND BLOOD FORMING SYSTEM.

79. *Blood abnormalities.* Submit all medical records of applicants who have ever been evaluated or treated for a blood abnormality (abnormal white blood cells, red blood cells, platelets, or clotting factors). Include the most recent blood test results and pharmacy records. (1,2,3)

NEUROLOGICAL CONDITIONS.

80. *Brain and/or spinal cord surgery.* Submit all medical records of applicants who have ever had brain and/or spinal cord surgery. (1,2,3)

81. *Brain and/or spinal cord infections.* Submit all medical records of applicants who have ever had a brain (meningitis, encephalitis, or abscess) and/or spinal cord infection. (1,2,3)

82. *Concussion with or without loss of consciousness.* Submit all medical records of applicants who have had a concussion with or without loss of consciousness. Also include copies of imaging (e.g. CT, MRI, or ultrasound) reports. (1,2,3)

83. *Headaches.* Submit all medical records of applicants who have been treated by a medical provider for any type of headache. (1,2,3)

84. *Seizure or epilepsy.* Submit all medical records of applicants who have been diagnosed with or treated for seizures or epilepsy after the sixth (6th) birthday. (1,2,3)

85. *Other neurologic conditions.* Submit all medical records of applicants who have ever been treated by a Neurologist, Neurosurgeon, Orthopedic Spine specialist, or Pain Management specialist. (1,2,3)

Types of Supporting Medical Records

NOTE: Patient handout instructions, insurance forms, billing statements, and invoices are not accepted. Attestation letters from providers are not accepted unless required above. If medical records are not available, submit a written statement on an official letter head from the medical facility (hospital or provider clinic/office) stating why medical records are not or no longer available. Read Appendix A.1 for additional directions.

1. ***Outpatient visit records related to the condition.*** Provider office visit records, diagnostic test results, radiology/imaging study results, pharmacy records, treatment records, and medical/surgical specialist consultation records (if applicable).
2. ***Emergency care records related to the condition.*** Provider emergency room records or urgent care records, procedure notes, radiology/imaging study results, laboratory test results, and medical/surgical specialist consultation records (if applicable). Include follow-up medical/surgical records after release from the ER or the urgent care until resolution of the medical condition.
3. ***Hospitalization records related to the condition.*** Hospital admission note from the treating provider, discharge summary from the treating provider, operative report (if surgery occurs during hospitalization), procedure notes, radiology/imaging study results, laboratory test results, and medical/surgical specialist consultation records (if applicable). Include follow-up medical records after release from the hospital until resolution of the medical condition.

SLEEP DISORDERS.

86. *Sleep problems.* Submit all medical records of applicants who have ever been treated for sleep problems including but not limited to sleep apnea, insomnia, narcolepsy, or cataplexy. Include sleep study results. (1,2,3)

LEARNING, PSYCHIATRIC, AND BEHAVIORAL DISORDERS.

87. *Attention Deficit with or without Hyperactivity (ADD/ADHD).* For applicants with a history of attention deficit with or without hyperactivity, submit the following medical records:

- a. All medical, counseling, testing, psychological, and pharmacy records for ADD/ADHD. (1,2)
- b. All recommended or prescribed Individualized Education Plan(s) or 504 Plan(s) from high school, college, or trade school after the 14th birthday. If the applicant has never been on an IEP or 504 Plan during high school, college, or trade school, then submit an official statement from the high school, college, or trade school stating that the applicant has never received such accommodations.
- c. All work accommodation(s) from all employer(s) after the 14th birthday, if applicable. If the applicant has never been on any work accommodation, then submit an official statement(s) from the employer(s) stating that the applicant has never received such accommodations.
- d. All high school transcripts, college transcripts (if ever attended), or trade school transcripts (if ever attended).
- e. All conduct and disciplinary records in high school, college, or trade school.

88. *Behavioral health.* Submit all medical/mental health records of applicants who have ever been evaluated or treated for a mental health or behavioral health condition. Include conduct and disciplinary records from school; and records from encounters with law enforcement. (1,2,3)

89. *Counseling (other than school guidance counselor).* Submit all counseling records of applicants who have ever had counseling. Exclude court-ordered counseling for parental divorce. (1)

Types of Supporting Medical Records

NOTE: Patient handout instructions, insurance forms, billing statements, and invoices are not accepted. Attestation letters from providers are not accepted unless required above. If medical records are not available, submit a written statement on an official letter head from the medical facility (hospital or provider clinic/office) stating why medical records are not or no longer available. Read Appendix A.1 for additional directions.

1. ***Outpatient visit records related to the condition.*** Provider office visit records, diagnostic test results, radiology/imaging study results, pharmacy records, treatment records, and medical/surgical specialist consultation records (if applicable).
2. ***Emergency care records related to the condition.*** Provider emergency room records or urgent care records, procedure notes, radiology/imaging study results, laboratory test results, and medical/surgical specialist consultation records (if applicable). Include follow-up medical/surgical records after release from the ER or the urgent care until resolution of the medical condition.
3. ***Hospitalization records related to the condition.*** Hospital admission note from the treating provider, discharge summary from the treating provider, operative report (if surgery occurs during hospitalization), procedure notes, radiology/imaging study results, laboratory test results, and medical/surgical specialist consultation records (if applicable). Include follow-up medical records after release from the hospital until resolution of the medical condition.

90. *Drug and/or alcohol issues.* Submit all medical records of applicants who have ever been evaluated for drug and/or alcohol issues. Include conduct and disciplinary records from school; and records from encounters with law enforcement. (1,2,3)

91. *Eating disorder.* Submit all medical records of applicants who have had a history of an eating or feeding disorder (anorexia, bulimia). (1,2,3)

Prior Service Applicants.

92. *Disability.* If receiving disability from the Veterans Affairs (VA), submit all medical records from the VA. Include all disability evaluation(s), VA disability rating decision(s), and the Service member's military health records. If medically boarded from the military, submit the Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB) records. (1,2,3)

93. *Entry Level Separation.* For prior Service applicants who received an Entry Level Separation (ELS), submit all medical records from training bases from where they were separated, and follow-up medical records for subsequent care after separation. (1,2,3)

94. *RE Code other than RE-1.* For applicants with a RE Code other than RE-1 include the following documents: reason for discharge, counseling notes, and military medical records related to the discharge medical condition, discharge physical examination, MEB, and PEB documents. Read USMEPCOM Regulation 40-1 for information on other documents to submit for Prescreen review. (1,2,3)

Types of Supporting Medical Records

NOTE: Patient handout instructions, insurance forms, billing statements, and invoices are not accepted. Attestation letters from providers are not accepted unless required above. If medical records are not available, submit a written statement on an official letter head from the medical facility (hospital or provider clinic/office) stating why medical records are not or no longer available. Read Appendix A.1 for additional directions.

1. ***Outpatient visit records related to the condition.*** Provider office visit records, diagnostic test results, radiology/imaging study results, pharmacy records, treatment records, and medical/surgical specialist consultation records (if applicable).
2. ***Emergency care records related to the condition.*** Provider emergency room records or urgent care records, procedure notes, radiology/imaging study results, laboratory test results, and medical/surgical specialist consultation records (if applicable). Include follow-up medical/surgical records after release from the ER or the urgent care until resolution of the medical condition.
3. ***Hospitalization records related to the condition.*** Hospital admission note from the treating provider, discharge summary from the treating provider, operative report (if surgery occurs during hospitalization), procedure notes, radiology/imaging study results, laboratory test results, and medical/surgical specialist consultation records (if applicable). Include follow-up medical records after release from the hospital until resolution of the medical condition.

APPENDIX B

Maximum Number of Business Days to Complete Review of Complex Prescreens

Number of Pages of Supporting Medical Documents	Maximum Number of Business Days to Complete Review of Complex Prescreens by COB
0 - 5	2
6 - 20	3
21 - 26	4
27 - 32	5
33 - 38	6
39 - 44	7
45 - 50	8
51 - 56	9
57 - 62	10
63 - 68	11
69 - 74	12
75 - 80	13
81 - 86	14
87 - 92	15
93 - 98	16
99 - 104	17
105 - 110	18
111 - 116	19
117 - 122	20
123 - 128	21
129 - 134	22
135 - 140	23
141 - 146	24
147 - 152	25
153 - 158	26
159 - 164	27
165 - 170	28
171 - 176	29
177 or >	30

Note – the maximum number of days starts with Day 1

APPENDIX C
 Prescreen Cover Sheet Page 1



United States Military Entrance Processing Command
 Prescreen Cover Sheet (v20180521)



PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136, DoD Instruction 6130.03, and E.O. 9397, as amended (SSN).
 PRINCIPAL PURPOSE(S): The primary collection of this information is from individuals seeking to join the Armed Forces. The information collected on this form is used to assist DoD physicians in making determinations as to acceptability of applicants for military service and verifies disqualifying medical condition(s) noted on the prescreening form (DD 2807-2). An additional collection of information using this form occurs when a Medical Evaluation Board is convened to determine the medical fitness of a current member and if separation is warranted. Completed forms are covered by recruiting, medical evaluation board, and official military personnel file SORNs maintained by each of the Services.

ROUTINE USE(S): The Blanket Routine Uses found at <http://dpcld.defense.gov/Privacy/SORN/index/BlanketRoutineUses.aspx> apply to the use of this data.

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. An applicant's SSN is used during the recruitment process to keep all records together and when requesting civilian medical records. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status. The SSN of an Armed Forces member is to ensure the collected information is filed in the proper individual's record.

1. Service Liaison-To be completed by Liaison: Circle One-Initial Submission-1st Resubmission-2nd Resubmission-3rd Resubmission

Applicant Name: _____ SSN: _____ SPF: _____

Date received from Recruiter: _____ Date & Time of Submission to Files Room: _____ # of Pages: _____

Maximum # of Business Days: _____ Calculated Date of Completion: _____ Submitting Liaison's Name: _____

2. Service Liaison DOUBLE CHECK the following on the Prescreen Packet

- 1. Is the 2807-2 dated within 90 days? Yes No
- 2. Do the SSN & Name match? Yes No
- 3. Are DOB, height & weight filled and valid? Yes No
- 4. Are birth sex and preferred gender annotated on Section 3 of DD Form 2807-2? Yes No
- 5. Are all "YES" answers explained on Section 3 of DD Form 2807-2? Yes No
- 6. Are applicant, recruiter & parent (if minor) signatures present? Yes No
- 7. Is a DD Form 1966/5 attached (if applicant is under 18 years old)? Yes No N/A
- 8. Are DD 214 / NGB 22 / DD 368 / MFR and/or REDD report attached? (if Prior Service) Yes No N/A
- 9. Is a braces letter attached? (if applicable) Yes No N/A
- 10. Are all medical documents submitted IAW USMEPCOM guidance? Yes No
- 11. Have you reviewed documents to ensure they are not duplicates or previously submitted documents? Yes No
- 12. Are all required/requested medical documents for every medical condition submitted? Yes No

3. Files Room – To be completed by Files Room personnel only

Date & Time Received from Liaison _____ Received by: _____

4. Medical Department – To be completed by Medial Provider and/or Technician only

Date & Time Received From Files Room: _____ Received by: _____

4a. Medical prescreen records have been reviewed by a Medical Technician:

- Prescreen Meets Criteria for Medical Provider Review
- Prescreen Incomplete: _____

Date & Time Reviewed: _____ Technician Reviewing the Prescreen: _____

APPENDIX C
Prescreen Cover Sheet Page 2

Applicant Name: _____ SSN: _____

4b. Medical prescreen records meets criteria for Medical Provider review

Date & Time Given to CMO/ACMO: _____ Received by: _____

Date & Time Given to Reviewing Provider: _____ Provider Reviewing the Prescreen: _____

4c. Medical information has been reviewed by a MEPS provider and is complete:

- Processing Authorized (PA) Processing Hold (PHJ) Other: _____
 Processing Not Justified (PNJ) Processing Requested by SMWRA (PRW)

4d. Medical information has been reviewed by a MEPS provider and is not complete and require(s) (METR):

- Pre-operative / operative note / post-operative note: _____
 Last follow up visit: _____
 All medical documents for the past _____
 Pathology report for: _____
 Pharmacy records for: _____
 All medical documents from military treatment facility related to reason for discharge.
 Current Ortho-Surgical evaluation with documentation of release from care without limitations.
 PCP / Specialist evaluation regarding _____ with diagnosis, prognosis, treatment plan, and functional limitations, including documentation of release from care without limitations.
 Other: _____

4e. MEPS Medical Personnel Only

Same information requested: 1st Time Date: _____ 2nd Time Date: _____ 3rd Time & "N" status date: _____

New non-disclosed medical information discovered upon review: Yes No

Calculated Date of Completion MET: Yes No

Date & Time Completed: _____ Reviewing Provider: _____

Date & Time Returned to Files Room: _____ Returned by: _____

Received by: _____

Additional Notes:

APPENDIX D
Draft QRP Discrepancy Sheet

FOR USE OF THIS FORM, SEE USMEPCOM REG 680-3		QUALITY REVIEW PROGRAM (QRP) DISCREPANCY LIST (DL)		FOR OFFICIAL USE ONLY		
1. SERVICE PROCESSING FOR:		2. TODAY'S DATE:		3. PROCESSING DATE:		
4. IDENTIFICATION DATA		5. DISCREPANCY DATA		6. PROJECTION RECONCILIATION		
SSN	NAME (Last, First, MI)	CODE and DESCRIPTION		Corrected * By Initials	Verified ** by Initials	Projection Deleted?
		RE M A R K S				
		RE M A R K S				
		RE M A R K S				
		RE M A R K S				
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		RE M A R K S				

USMEPCOM FORM 680-3-2-E

FOR OFFICIAL USE ONLY

* SL/GC initials ** MEPS initials

APPENDIX E

Establish an Encrypted E-Mail Exchange

E-1. Purpose.

To establish secure email traffic communication between MEPS Medical Department Personnel and Selected SLs/GCs.

E-2. Establish encrypted Email Relations.

To send and receive encrypted email messages, both the sender and the receiver must share their digital ID certificates with each other and both must add the other to their Outlook contacts.

- a. Open a message that is digitally signed as indicated in the message list by an Encryption and/or Signature icon ( / ).
- b. Right-click the name in the FROM box, and then click – “Add to Outlook Contacts”.
- c. Contact information box will open, click Save

E-3. Set default to encrypt all outgoing emails.

Open Outlook and click on the FILE tab. Choose OPTIONS>TRUST CENTER>TRUST CENTER SETTINGS.

Click on the EMAIL SECURITY TAB, under ENCRYPTED EMAIL checkmark the first box titled: Encrypt contents and attachments for outgoing messages, click OK.

E-4. Create a Contact Group for each Service.

In Home tab in Outlook, select NEW ITEMS > MORE ITEMS > CONTACT GROUP.

- a. At the Name block give the group a name (Army Prescreen Cover Sheet Distro; Navy Prescreen Cover Sheet Distro, etc.)
- b. To build your contact group select Add Members in the CONTACT GROUP tab, select, FROM OUTLOOK CONTACTS > the names of your contacts will display, select personnel for your contact group accordingly and click MEMBERS > OK.
- c. You will see your built contact group, select SAVE & CLOSE
- d. When sending Cover Sheets to each Contact Group, open a new email, click the “To...” button in the Address field, click the ADDRESS BOOK down arrow to access the list of Address Book entries > scroll or arrow up to “Contacts” (just under your personal email), then select the appropriate Distro list.
- e. You can also type in the “To...Address Field” the name of the Distro group and it will automatically populate.

E-5. Sort Cover Sheet by Service.

Medical personnel will need to sort all Prescreen Cover Sheets by Service.

Scan Cover Sheets in batches by Service;

- a. Using your CAC, log onto a Multi-Function Printer (MFP) and select and scan each batch of Prescreen Cover Sheets.
- b. Scan each Services' Prescreen Cover Sheets which will show up in your personal folder (H: Drive).
- c. Right click on the file name in your H: Drive and select “Rename”.

- d. Rename all batches of Prescreen Cover Sheets by Service for easy recall (i.e. Army Prescreen Cover Sheets/current date in YYYY/MM/DD format).
- e. Open the first of your named scanned files (on your H: Drive) to verify the Service you are viewing then close (i.e. the file you named "Army Prescreen Cover Sheets/current date in the YYYY/MM/DD format" has only Army Prescreen Cover Sheets only in the file).
- f. Open a new email and type in the appropriate Contact Group in the "To" line (i.e. Army Prescreen Cover Sheets Distro).
- g. Attach the appropriate file you scanned to your H: Drive (i.e. Army goes to Army, Navy to Navy etc.).
- h. In the email, click the OPTIONS tab and select the boxes, "Request a Delivery Receipt", and "Request a Read Receipt".
- i. Email will be sent:
 - a. With a subject line titled: Complex Prescreen Cover Sheets
 - b. Encrypted
 - c. Courtesy Copied (Cc) to the Medical NCOIC/SUP MT
- j. Immediately after sending encrypted email of Prescreen Cover Sheet, delete electronic copy from sender's H drive for PII/PHI security precautions.
- k. Recommend SLs in receipt of encrypted email of the Prescreen Cover Sheets work with their appropriate staff to ensure the protection of PII/PHI.

E-7. Create an Outlook email folder to save sent Prescreen Cover Sheets.

Each MEPS Medical Department will create a Prescreen Cover Sheet folder, by month, in their Outlook email for saving encrypted sent Prescreen Cover Sheets. The contents of each folder will be deleted every 3 months.

E-8. Complete Cover Sheet.

Secure the original Prescreen Cover Sheet in the applicant's packet.

APPENDIX F

“N” Status Codes

Quality Review Program (QRP) Common Discrepancies Guide - “N” Status Remarks

F-1. As of 23 January 2015, the following codes and literal text are available for selection within the USMIRS Administrative Hold “N” Status Screen (OQ03) List of Values. The use of the prescribed “N” Status will standardize the reporting requirements for entry in the “Remarks” section of USMIRS Screen OQ03 during QRP.

F-2. The codes are required for HQ USMEPCOM to identify and count “N” Statuses captured on an applicant during MEPS processing.

F-3. MEPS will create a separate “B000N” WKID transaction for each of the discrepancies identified for a particular applicant. MEPS will also specify the discrepancy as shown in the examples that need to be addressed and resolved by the sponsoring Service.

Codes	Literal Text
Q0	Need to take/retake ASVAB
Q1	Ineligible for ASVAB
Q2	Missing Form/Doc; (specify)*
Q3	Expired Form/Doc; (specify)*
Q4	Incorrect Form/Doc; (specify)*
Q5	Projection Issue; (specify)**
Q6	Service has Packet
Q7	Incomplete Form/Doc; (specify)*
Q8	Other Reason; (specify)***
P0	Record Pending Purge
P1	Packet Not Found
P2	Deferred – Not OK to Physical
P3	Data Transaction Missing; (specify)****
P4	Data Reporting Error; (specify)*****
E1	Re-enrollment Due to; (specify)*****
E2	Full Re-enrollment Due to; (provide reason)
E3	Service Request Re-enrollment; (last name of Liaison/Counselor)
VA	Prescreen Received, No Med Records
VB	Prescreen Received, Med Records 5 Pages or Less
VC	Prescreen Received, Med Records 6-32 Pages
VD	Prescreen Received, Med Records 33-62 Pages
VE	Prescreen Received, Med Records 63-92 Pages
VF	Prescreen Received, Med Records 93 or More Pages
VG	Prescreen Incomplete/Not Reviewed by Med Provider

VH	Prescreen In-Review
VI	PR Complete; Processing Authorized, Time Line Met
VJ	PR Complete; Processing Authorized, Time Line Not Met
VK	PR Complete; Processing Not Justified, Time Line Met
VL	PR Complete; Processing Not Justified, Time Line Not Met
VM	PR Complete; PNJ, SMWRA Requested Exam, Time Line Met
VN	PR Complete; PNJ, SMWRA Requested Exam, Time Line Not Met

NOTES:

1*; Example – In literal text enter the specific form/document number/name; e.g. **Q2 Missing** - UMF680-3A-E, PCN 680-3ADP, DD2807-2, Medical Waiver, DD1966/5, Medical Paperwork, DD2808, PMS Paperwork, etc.

2**; Example – In literal text enter a synopsis of the specific issue to assist the sponsoring Service in identifying what is required to resolve; e.g. **Q5 Projection Issue** - Special Test not authorized on selected Processing Date, Processing Date not valid for selected processing, etc.

3***; Example – In literal text enter the other administrative hold issue; anything other than what is listed; e.g. **Q8 Other Reason** - Issue at Lodging Facility, Disruptive Applicant, etc.

4****; Example – in literal text enter the specific WKID that is missing and needs to be reported; e.g. **P3 Data Transaction Missing** - B300 for Aptitude Not Required, B0M0 for Medical Not Required, DD2808 in Packet w/no Medical Data reported, SAC (ENTNAC) Submission, etc.

5*****; Example – in literal text enter the specific data error; e.g. **P4 Data Reporting Error** - DOB in OP01 does not match UMF680-3A-E; Date of Physical in MD01 does not match DD2808, etc.

6*****; Example – in literal text enter the specific cause requiring the re-enrollment; e.g. **E1 Re-enrollment** - Injured Finger, Problem Verifying Previously Enrolled Finger, Eyes Closed, Looked Away From Lens, Facial Image Distorted, Traffic In Photo Background, etc.

APPENDIX G Terms

6-Hour Window

A 6-hour period of time (processing window) that is a goal for each MEPS to give to SL/GC Service(s) within which they may work new DEP contracts and Reserve/National Guard accession contracts. The 6-hour window starts when the first applicants to complete medical processing return to their respective SL/GC.

Additional Information

Previously undisclosed or concealed information obtained from an applicant during MEPS processing that may have a bearing on the enlistment qualifications of the applicant.

Accession Medicine

Medical processing under USMEPCOM that is centered on evaluating the suitability of the moral, physical, and mental condition of prospective applicants for entry in to military service. Accession medicine is unique to the USMEPCOM medical departments for performing accession medical services. USMEPCOM accession medicine physicians ensure accession standards as defined in the current version of DoDI 6130.03 are applied appropriately for each applicant.

Accession Medical Services

USMEPCOM medical services provided during the medical examination processing of applicants for the Armed Services. Medical services include but are not limited to prescreen reviews of applicant medical history, medical history interviews, physical screening examinations, reviews of medical test results, determinations of whether an applicant does or does not meet accession medical standards, physical inspections, and overseeing MEPS medical department regulatory compliance.

Assistant Chief Medical Officer

Government civil service physician located at larger MEPS in the medical department. The ACMO uses their professional training and judgment to apply medical qualification standards set forth by the Department of Defense policy. The ACMO is supervised by the CMO, but the Commander has complete authority, within the rules and regulation of USMEPCOM, to direct the ACMO regarding administrative matters. After initial training, ACMOs are expected to be DPC-4 providers. ACMOs are subject to review by HQ USMEPCOM physicians.

Assistant Medical Officer

Government civil service physician assistants and certified nurse practitioners located at MEPS in the medical department. The AMO uses their professional training and judgment to perform assigned accession medical services. AMOs are supervised by the CMO, but the Commander has complete authority, within the rules and regulations of USMEPCOM, to direct the AMO regarding administrative matters. After initial training,

AMOs are expected to be DPC-2 providers. AMOs are subject to review by HQ USMEPCOM physicians, physician assistants and certified nurse practitioners.

Bottom-Line

The signature by the profiling provider on an applicant's physical when PULHES are complete.

Business Day

For medical purposes, a day when applicants are processing at the MEPS.

Chief Medical Officer

Government civil service physician responsible for medical operations at each MEPS or processing facility. The CMOs use their professional training and judgment to apply medical qualification standards set forth by the Department of Defense policy. The CMO is supervised by the MEPS Commander who has complete authority, within the rules and regulation of USMEPCOM, to direct the CMO regarding administrative matters. After initial training, CMOs are expected to be DPC-4 providers. CMOs are subject to review by HQ USMEPCOM physicians.

Consultation

A special medical examination provided by a physician who is qualified to evaluate the medical limitations of an individual. This includes consultations performed within the MEPS as well as those performed outside the station. Other medical procedures, including but not limited to laboratory procedures, EKG, electroencephalogram (EEG) interpretations, x-ray interpretations (special orthopedic films, GI x-rays, IVP, tomograms, etc.), CT scans, body fat determinations, ear irrigations, pulmonary function tests, and eye refractions, are referred to as ancillary services.

Discharge

Complete severance from all military status gained by the enlistment or induction concerned.

Disqualified

Applicant does not meet established criteria under the standards prescribed by the sponsoring military service.

Enlistment

The voluntary enrollment in the Armed Forces as contrasted with induction.

Fee Basis-Chief Medical Officer

An FBP (contract employee) who is assigned for a specified work day as the "temporary CMO" when the CMO is absent and the MEPS does not have an ACMO available. An FB-CMO must be a physician with a DPC-4 assignment (is assigned to profile) approved by USMEPCOM. FB-CMOs will accomplish medical histories; physical medical examinations; reviews of required medical tests and documents pertaining to consultations and medical histories; assessing applicant medical documentation and

rendering their medical opinion on an applicant's medical qualification for serving in the Armed Forces. FB-CMOs apply set DoD medical standards when determining medical qualifications. When medical standards are unclear or ambiguous regarding the medical qualifications of an applicant the FB-CMO will consult with a HQ USMEPCOM physician.

Fee Basis Provider

Medical Doctor (MD) or (Doctor of Osteopathy (DO), Physician Assistant (PA), or Certified Nurse Practitioner (CNP), all of which are contract employees, who conduct enlistment physical medical examination screenings at a MEPS. FBP's will accomplish medical histories; physical examinations; reviews of required medical tests and documents pertaining to consultations and medical histories; assessing applicant medical documentation to render a medical opinion on an applicant's medical qualification for serving in the Armed Forces by using qualification standards set forth by Department of Defense policy under the general supervision of the MEPS CMO or designated representative.

Fee Basis Provider Application

A medical software program that automatically calculates points based on projections and gender that will determine the number of FBP's needed on a MEPS processing day.

Fraudulent Entry

Fraudulent entry is the procurement of an enlistment or reenlistment through any deliberate material misrepresentation, omission, or concealment of information which, if known and considered, might have resulted in rejection for military service. This includes disqualifying information requiring a waiver.

Improper Recruiting Practice

Any intentional action(s) or omission(s) or negligence in the performance of duty by a recruiter, which occurs during the processing of a prospect or applicant for enlistment and which result(s) in the attempted enlistment of a person who does not meet all established enlistment prerequisites.

Initial Active Duty for Training

The initial duty for training period of a non-PS enlistee which is performed during a period of not less than 12 weeks and produces a trained member in a military specialty.

Initial Entry into Military Service

Entry for the first time in military status by induction or enlistment in any Service of the Armed Forces of the United States.

Initial Entry Training

Training conducted for personnel upon entry into military service. It provides an orderly transition from civilian to military life and motivation to become a dedicated, highly disciplined individual capable of performing the basic skills required by military members.

Medical Examination

A full medical examination or inspection that includes all required basic elements, including the evaluation of consultations, additional tests and determinations, and outside medical documentations if any, and including a completed physical profile and qualification decision. (Same as a completed medical evaluation.)

Medical Non-Commissioned Officer in Charge/Supervisory Medical Technician

Individual (Government employee) responsible for the administrative operation of the MEPS medical department and general supervision of paraprofessional staff (lead medical technicians, medical technicians) conducting physical screening examinations.

Medical Provider

Medical practitioners providing accession medical services within USMEPCOM. Includes government and contracted physicians, certified nurse practitioners, and physician assistants.

Medical Read (Med Read)

A “med read” is any applicant medical documentation that has been requested and/or supplied following the initial physical examination.

Medical Waiver

A service waiver of a medical defect that disqualifies an individual for enlistment or Service job assignment.

N Status

This indicates the applicant has been placed on administrative hold, pending resolution of a discrepancy or that additional enlistment paperwork may be required. MEPS personnel will notify the appropriate recruiting Service liaison/guidance counselor that until the disqualifying discrepancy and/or condition is cleared, the applicant is ineligible for further enlistment processing. If the medical examination was initiated while the applicant was in an “N” status, the medical examination will be completed. Upon completion of the medical examination, the applicant will be placed in an “N” status until cleared for further processing.

No later than (NLT)

When associated with projections, means that a Service must project applicants prior to this established cut-off time. A MEPS establishing a projection time earlier than this time would be more restrictive, and it is not permitted unless an exception to policy has been approved by the USMEPCOM Commander or Deputy Commander/Chief of Staff.

No-show

An individual projected for processing who fails to arrive on the scheduled date at the prescribed time.

Not Earlier Than (NET)

When associated with times, means that MEPS may not establish an earlier time since that would be more restrictive to the Service.

Overseas Processor

Applicants processing outside the continental United States, Alaska, Hawaii, or Puerto Rico.

Prior Service

See definition as prescribed by AR 601-270 for each branch of the Armed Forces.

Profiler

Government physician or FBP physician who has been granted either DPC-3 or DPC-4.

Profiling

A system for classifying individuals according to functional abilities. It is based primarily upon the function of body systems and their relation to military duties. It is applicable for physical exams for enlistment, appointment or induction, and is used to specify whether an applicant meets the relevant physical standards or not.

Projection

The scheduling of an individual applicant for entrance processing at a USMEPCOM Processing Location.

PULHES

The physical profile (**PULHES**) is a system for classifying individuals according to functional abilities as defined by Accession Medicine standards. The letter designators are to be considered for the following factors:

- (1) **P**—Physical capacity or stamina. Includes conditions of the heart, respiratory system, gastrointestinal system, genitourinary system, nervous system, allergic, endocrine, metabolic and nutritional diseases, diseases of the blood and blood forming tissues, dental conditions, diseases of the breast, and all other organic defects and diseases that do not fall under other specific factors of the system (e.g., underweight/overweight)
- (2) **U**—Upper extremities. Includes the hands, arms, shoulder girdle, and upper spine (thoracic and cervical) with regard to strength, range of motion and general efficiency
- (3) **L**—Lower extremities. Includes the feet, legs, pelvic girdle, lower back and lower spine (lumbar and sacral) with regard to strength, range of motion and general efficiency
- (4) **H**—Hearing and ears. Includes auditory acuity and diseases and defects of the ear
- (5) **E**—Eyes. Includes visual acuity and diseases and defects of the eye
- (6) **S**—Psychiatric. Includes personality, emotional stability, psychiatric diseases, and any substance abuse disorders.
- (7) **X** – Air Force Incremental Lifting Device. This is not used by the medical department.

Records Flag (UMF 601-23-2-E)

A form used by the MEPS equivalent of a USMIRS administrative hold "N" status. It is used to provide an immediate visual notification that a discrepancy exists with the file that may have a bearing on an applicant's enlistment qualifications. When a 'Flag' is used, it should mirror information sited in the USMIRS hold remarks.

Report of Additional Information (UMF 601-23-E)

A form used by the MEPS to report additional information that may have a bearing on an individual's enlistment qualifications.

Return Justified (RJ)/Reevaluation Believed Justified (RBJ)

A term applied to an individual found not qualified for military service, due to a remedial medical or non-medical condition, and whom MEPS personnel believe should be reevaluated at a later date.

Reserve Components

Reserve components of the Armed Forces of the United States are:

- (1) Army National Guard (ARNG) of the United States
- (2) Army Reserve
- (3) Navy Reserve
- (4) Marine Corps Reserve
- (5) Air National Guard of the United States
- (6) Air Force Reserve
- (7) Coast Guard Reserve

Each Reserve component has three reserve categories: a Ready Reserve, a Standby Reserve, and a Retired Reserve. Each reservist shall be placed in one of these categories. (10 U.S.C. Sections 261 and 267).

Separation

An all-inclusive term applied to personnel actions resulting from release from active duty, discharge, retirement, dropped from the rolls, release from military control of personnel without a military status, or death.

Supporting Medical Documents

Medical documentation used to assess current and past health of an applicant to determine medical qualification for Military Service IAW DoDI 6130.03.

Walk-In

An individual who arrived early enough for examination and/or processing, but was not scheduled by name with the MEPS prior to close of business on the preceding workday.

APPENDIX H
Glossary

ACMO

Assistant Chief Medical Officer

AMO

Assistant Medical Officer

AR

Army Regulation

ARNG

Army National Guard

CMO

Chief Medical Officer

CNP

Certified Nurse Practitioner

COB

Close of Business

DD/DoD

Department of Defense

DOB

Date of Birth

DoDI

Department of Defense Instruction

DoDMERB

Department of Defense Medical Examination Review Board

DPC

Designated Provider Category

ETP

Exception to Policy

FB-CMO

Fee Basis Chief Medical Officer

FBP

Fee Basis Provider

GC

Guidance Counselor

HIPAA

Health Insurance Portability and Accountability Act

HQ USMEPCOM

Headquarters, United States Military Entrance Processing Command

IAW

In Accordance With

ICD

International Classification of Diseases

IOT

Intraocular Tension

IRC

Inter-service Recruitment Committee

J-3/MEOP

J-3/Operations Directorate USMEPCOM

J-7/MEMD

J-7/Medical Plans and Policy Directorate USMEPCOM

MD

Doctor of Medicine

MEPS

Military Entrance Processing Station

MT

Medical Technician

NCO

Noncommissioned Officer

NCOIC

Non-Commissioned Officer in Charge

NLT

No Later Than

OPSO

Operations Officer

PA

Physician Assistant

PII

Personally Identifiable Information

POB

Place of Birth

POC

Point of Contact

PS

Prior Service

PULHES

Physical, Upper/Lower, Hearing, Eyes, Psychiatric

QRP

Quality Review Process

SF

Standard Form

SL

Service Liaison

SMWRA

Service Medical Waiver Review Authority

SOP

Standard Operating Procedure

SPF

Service Processed For

SSN

Social Security Number

SUP MT

Supervisory Medical Technician

UMF
USMEPCOM Form

UMR
USMEPCOM Regulation

USMEPCOM
United States Military Entrance Processing Command

USMIRS
United States MEPCOM Integrated Resource System

APPENDIX I
Forms

DD Form 4 Series

Enlistment/Reenlistment Document - Armed Forces of the United States

DD Form 93

Record of Emergency Data—Armed Forces of the United States

DD Form 214

Certificate of Release or Discharge from Active Duty

DD Form 1966 Series

Record of Military Processing

DD Form 2005

Privacy Act Statement-Health Care Records

DD Form 2807-1

Report of Medical History

DD Form 2807-2

Medical Prescreen of Medical History Report

DD Form 2808

Report of Medical Examination

PCN 680-3ADP

Request for Examination (USMIRS generated report)

SF 507

Medical Record

UMF 40-1-2

Report of Medical Examination/Treatment

UMF 40-1-4

Refractive Eye Surgery Work Sheet

UMF 40-1-5

Specialty Consultation Contract/Ancillary Services Contract Performance Report

UMF 40-1-9

40yo and Over Physical Exam Supplemental Information Worksheet

UMF 40-1-10

40yo and Over Applicant Questionnaire

UMF 40-1-12-R-E

MEPS Fee Basis Provider Work Record

UMF 40-1-15-E

Supplemental Health Screening Questionnaire

UMF 40-2-4-E

Contract Provider Quality Management Form

UMF 680-3-2

Quality Review Program (QRP) Discrepancy List (DL)

UMF 680-3A-E

Request for Examination

UMF 727-E

Processing List (PL)