

# DEPARTMENT OF THE ARMY SRPC FORT BLISS, TEXAS 79916

DOD/DA Civilians and Military Deployers

SOUTHCOM Waiver Guidelines

As of: MAR 2020

# SOUTHCOM GUIDANCE FOR WAIVERS

- Per SC Regulation 40-501, persons in paragraph 4a. above, not meeting the minimum medical standards may be granted a waiver based on the professional opinion of a medical provider that considers: (1) how the medical condition might impact an individual's ability to perform occupational responsibilities; (2) how the medical condition might be affected by SC Regulation 40-501 3 variables such as environment, altered sleep cycle, operational stress, etc.; and (3) available health service depending on the location and nature of operations before submitting a medical waiver.

# SRPC RECOMMENDATIONS FOR SOUTHOM WAIVERS

- We **HIGHLY** encourage any Soldiers or DA Civilians who are identified by the unit or occupational health (OH) as needing waivers have them submitted along with supporting documentation by their command or OH prior to arriving to Ft Bliss.
- The units' medical rep, or higher headquarters or OH should be able to assist with waiver submission.
- Completing waivers in advance will save the Soldier/DA civilian from a large chokepoint in the SRP process, it will also keep the command from having to replace REFRAD Soldiers or return to home DA civilians at the last minute.

# SRPC RECOMMENDATIONS FOR SOUTHCOM WAIVERS

- Waivers should not be submitted more than three months in advance but no less than one month before hitting ground at Ft Bliss.
  - Waivers need to be typed, do **NOT** hand write them.
  - Please make sure to **READ** the **SOUTHCOM GUIDANCE**, especially **USSOUTHCOM attachment B- amplification** of the minimal standards (see attached)
  - Waivers are not guaranteed to be approved
  - Waivers can take up to 14 business days or more to come back, plan ahead
  - Behavioral Health waivers can take up to 21 days or more to come back, plan ahead!
  - Command Memos can be included with waiver requests as supporting documentation (but not as the only supporting documentation). Sometimes these memos can make the difference between a waiver being approved or denied.
  - Please bring copy of approved waivers to the SRPC site.

# SRPC RECOMMENDATIONS FOR SOUTHCOM WAIVERS

- SOUTHERN COMMAND REGULATION 40-501
- USSOUTHCOM ATTACHMENT B - AMPLIFICATION OF MINIMUM STANDARDS
- BLANK CENTCOM WAIVER
- EXAMPLE OF LETTER OF STABILITY
- SUGGESTED INFORMATION TO INCLUDE WITH WAIVER REQUESTS



DEPARTMENT OF DEFENSE  
UNITED STATES SOUTHERN COMMAND  
9301 NW 33<sup>rd</sup> STREET  
DORAL, FL 33172-1202

20 February 2019

SC Regulation 40-501

MEDICAL SUITABILITY SCREENING

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A. USSOUTHCOM Medical Waiver	AA-1
B. USSOUTHCOM Amplification Standards	
C. Waiver Request Flow Chart	
D. SOUTHCOM Force Health Protection Guidance	

1. References.

- a. DODI 1400.32, DOD Civilian Workforce Contingency and Emergency Planning Guidelines and Procedures, April 24, 1995.
- b. DODI 3020.32, Continuation of DOD Contractor Services During Crisis, November 6, 1990
- c. DODI 3020.41, Operational Contract Support, December 20, 2011
- d. DOD Instruction 6025.19, "Individual Medical Readiness (IMR)," June 9, 2014
- e. DOD Directive 6200.04, "Force Health Protection (FHP)," October 9, 2004
- f. DODI 6485.01, Human Immunodeficiency Virus(HIV) in Military Service Members, October 26, 2006
- g. DODI 6490.03, Deployment Health, August 11, 2006
- h. DODI 6490.07, Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees, February 5, 2010.
- i. DoD Instruction 6490.13, "Comprehensive Policy on Traumatic Brain Injury-Related Neurocognitive Assessments by the Military Services," September 11, 2015, as amended
- j. Assistant Secretary of Defense for Health Affairs Memorandum, "Clinical Practice Guidance for Deployment-Limiting Mental Disorders and Psychotropic Medications," October 7, 2013

- k. DTM: Directive-type Memorandum 17-004, "Department of Defense Civilian Expeditionary Workforce," January 25, 2017
- l. USSOUTHCOM Policy Memorandum 1-12, Synchronized Predeployment and Operational Tracker (SPOT) in the USSOUTHCOM AOR, February 15, 2012
- m. SOUTHCOM Force Health Protection Guidance, September 23, 2018, as amended
- n. MOD Thirteen to US CENTCOM Individual Protection and Individual Unit Deployment Policy, March 23, 2017

2. Purpose. This regulation prescribes policy, responsibilities, and procedures for medical suitability screening when entering the United States Southern Command (USSOUTHCOM) Area of Responsibility (AOR).

3. Applicability. This regulation is provided to all Department of Defense (DOD) personnel and contractors on behalf of DoD, entering the USSOUTHCOM AOR or employed within the USSOUTHCOM AOR. United States Government (USG) Interagency partners under DoD command and control will be obligated to follow DoD guidelines unless the agency prescribes equally adequate standards for medical suitability screening for their own personnel. This regulation applies to subordinate commands (i.e., Air Force South, Army South, Marine Force South, Navy South, and Special Operations Command South) and joint task forces (i.e., JTF-Bravo, JTF-Guantanamo, and Joint Interagency Task Force South); hereafter referred to as components. This regulation applies to subordinate directorates, special staff offices, and security cooperation organizations, hereafter referred to as elements. Components and elements may require more or less stringent screening requirements to meet specific Service needs or to address interagency and non-governmental organizations (NGOs) coordination that are in direct support of DoD missions. Any Component with differing requirements will provide USSOUTHCOM Command Surgeon a copy of the Component policy for approval. Family members on accompanied tours will be regulated by the Service Members' (SM) parent service policies for screening.

#### 4. Summary:

a. It is USSOUTHCOM's policy that all uniformed service members permanently assigned to the AOR (PCS personnel), command-sponsored dependents of uniformed service members assigned to the AOR, uniformed servicemembers scheduled to perform temporary duty in the AOR for a period greater than 30 days (TDY personnel), DoD personnel deploying to a contingency operation within the AOR, and contractors entering the USSOUTHCOM AOR will be medically screened prior to entering the theater and meet minimum medical suitability standards to ensure force health protection (FHP) and accomplishment of the mission.

b. Persons in paragraph 4a. above, not meeting the minimum medical standards may be granted a waiver based on the professional opinion of a medical provider that considers: (1) how the medical condition might impact an individual's ability to perform occupational responsibilities; (2) how the medical condition might be affected by

variables such as environment, altered sleep cycle, operational stress, etc.; and (3) available health service depending on the location and nature of operations before submitting a medical waiver.

c. It is policy of USOUTHCOM that all DoD civilian employees permanently assigned to the AOR receive a notice of medical services available in the country for which he or she will be assigned. The notice will be provided to the civilian employee upon offer of employment, and he or she will affirmatively acknowledge receipt of the information. The civilian employee will also provide a statement of understanding that he or she may be fiduciarily responsible for any Government expenditures that result from medical care received by the employee or family members at Government expense, to include MEDEVAC.

d. This policy is a collaborative effort with USCENTCOM and Secretary of Defense-Health Affairs to streamline deployment criteria common to all AORs. USSOUTHCOM Medical Limiting Conditions Guidelines are reflective of USCENTCOM Mod13- Tab A with the USSOUTHCOM noted exceptions outlined in this policy.

5. Records Management. Records generated by the implementation of this regulation will be maintained in accordance with (IAW) CJCSM 5760.01, Joint Staff Records Schedule and DODI 6040.45, "DoD Health Record Life Cycle Management", November 16, 2015, as amended.

6. Point of contact for this regulation the office of the Command Surgeon (SCSG) at COMM: 305-437-1327, or DSN 567-1327.

The proponent agency of this regulation is the US Southern Command. Users are invited to send comments and suggested improvements to: HQ USSOUTHCOM ATTN: SCSG, 9301 NW 33 <sup>rd</sup> St., Doral, FL, 33172-1202.
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FOR THE COMMANDER

Major General, USA  
Chief of Staff

DISTRIBUTION  
D

## APPENDIX A RESPONSIBILITIES

1. Commander US Southern Command is responsible for the Force Health Protection (FHP) of all forces deployed to USSOUTHCOM AOR IAW SOUTHCOM FHP Guidance (Attachment D). In accordance with DODI 6490.07, the CCDR serves as the medical waiver authority for all SMs in the AOR. He has delegated this authority to the USSOUTHCOM Command Surgeon who has further delegated this authority to the respective Service component Surgeons.

2. Command Surgeon (SCSG) will:

- a. Monitor and report compliance with this policy
- b. Integrate medical guidelines into the orders process for all operations in the AOR
- c. Ensure Service and component specific procedures are maintained for appropriate reference.
- d. Acts as the appellate authority for the waivers process (Attachment C). The USSOUTHCOM Command Surgeon is the final approval authority for all waivers. The Command Surgeon has delegated authority to Component Surgeons but retains final approval authority for any appeals
- e. Log all waiver requests. Ensure that all requests are acted on in a timely manner.
- f. Coordinate waiver requests with JTF and Component Surgeons for continuity and consistency.
- g. On request, provide Medical Capability Reports from the TRICARE Overseas Program (TOP) contractor outlining the medical care environment with specificity of conditions that may not be adequately covered in the host nation.

3. Component Commanders will:

- a. Publish and enforce medical suitability screening procedures, congruent with this regulation for their commands.
- b. Ensure personnel in summary paragraph 4a. above are medically screened IAW this regulation. Ensure all USSOUTHCOM TDY/TAD travel orders greater than 30 days for countries within the AOR are informed of the medical requirements to enter the theater and that a SOUTHCOM Travel Worksheet is contained in DTS confirming medical screening.
- c. Ensure personnel offices validate, IAW respective service policies, medical suitability for Permanent Change of Station (PCS) personnel being assigned to the

AOR. PCS personnel will coordinate with their respective service component medical elements for screening who will in turn comply with service guidance and this policy.

d. Ensure medical guidelines are incorporated into the orders process ICW USSOUTHCOM Directives

e. Ensure DOD contracts include USSOUTHCOM medical requirements to screen contract personnel entering the USSOUTHCOM AOR. In the event of a conflict between this policy and the language of a particular contract requiring activities in the USSOUTHCOM AOR, the language contained in the contract will have precedence. As a result it is incumbent on contracting activities in the USSOUTHCOM AOR to ensure contracts reflect the requirements of this policy, DODI 3020.41 and the applicable part of the Defense Federal Acquisition Regulation (DFAR) in order to conserve DOD resources.

f. Ensure all civilian contractors are provided suitability screening at no cost to the government in order to provide medically and physically qualified contingency contractor personnel to perform duties in applicable contingency operations as outlined in the contract.

#### 4. Component Surgeons will:

a. Receive, review and log subordinate elements' waiver requests. Provide instructions for subordinate elements to submit waivers.

b. Review waiver requests within 7 business days and reply to the requestor based on sound medical judgment and knowledge of potential operational and/or component specific limitations.

c. Utilize available resources and Subject Matter Experts to appropriately disposition medical waiver requests. Conversation can also include the USSOUTHCOM Command Surgeon and/or JTF Surgeon responsible for the AOR.

d. Provide USSOUTHCOM Command surgeon a copy of all waivers, via email: [southcom.miami.sc-cc.mbx.southcom-waivers@mail.mil](mailto:southcom.miami.sc-cc.mbx.southcom-waivers@mail.mil)

e. Ensure dissemination of this policy to sourcing units and medical commands/ Medical Treatment Facilities (MTFs) responsible for conducting medical screening of applicable personnel tasked to operate in the USSOUTHCOM AOR.

#### 5. Contracting Officer's Representatives will:

a. Comply with USSOUTHCOM Policy Memorandum 1-12, Synchronized Pre-deployment and Operational Tracker (SPOT) in the USSOUTHCOM AOR, ensuring all contractors are in the SPOT database and obtain theater clearance via APACs IAW

DODI 3020.41 and the applicable part of the Defense Federal Acquisition Regulation (DFAR).

b. Ensure employees are provided a medical suitability screening prior to entering the SC AOR. Ensure employees have the appropriate level of health care coverage that will provide for hospital care OCONUS and patient movement/medical evacuation back to their country of origin or nearest medical center of excellence as required.

c. Ensure a SPOT generated Letter of Authorization (LOA) is issued by the contracting officer or otherwise designated by the CCDR. The contract shall require that all contingency contractor personnel who are issued a LOA will carry the LOA with them at all times.

d. All contracts with DoD shall include requirements to screen personnel entering the USOUTCHOM AOR for Medical Suitability, in accordance with SC published guidance.

e. Contracting companies must maintain medical documentation throughout contract employment and two years after termination of employment. Companies will also ensure screenings are conducted by licensed medical providers. Any disqualifying medical conditions will be immediately reported to the responsible contracting officer with a recommendation that the contractor not hire or immediately replace the individual at no cost to the government.

6. The Defense Health Agency through the Dwight D Eisenhower Medical Center will delegate screening responsibilities to the SOUTHCOM health clinic for personnel assigned to USSOUTHCOM HQ.

7. Director for Manpower, Personnel, and Administration (SCJ1) will:

a. Review service specific policies and regulations governing medical clearance of personnel assigned to the AOR. Coordinate with service components to provide guidance on obtaining waivers in order to meet medical clearance requirements.

b. Upon receipt of notification from members reassigned within the AOR for longer than 30 days, provide notification to the Command Surgeon's office. This notification will provide oversight for the SG in order to account for the possible degradation of medical care at the gaining location.

c. Civilian personnel (SCJ14) in conjunction with Civilian Personnel Advisory Center (CPAC) will monitor, as a condition of employment, members receive medical screening prior to hiring. Civilian personnel will ensure personnel accepting positions overseas with authorized dependents on their orders, complete the Exceptional Family Member Program Information Sheet (DA FORM 5863).

8. Security Cooperation Offices will:

a. Notify SOUTHCOM SG in the event there is a degradation or significant change in available medical care in country that could negatively impact healthcare for service members, civilian employees and/or dependents. Advise inbound personnel and dependents of available care through sponsors and appropriate POCs prior to arrival.

9. Member assigned to the AOR will:

a. Ensure completion of medical screening requirements prior to PCS or TDY. For DTS orders members must add a remark stating: "Medical suitability screening and briefings for travel have been completed IAW USSOUTHCOM REG 40-501".

b. Notify SCJ1 services desk(s) of any pending movement within the AOR spanning periods of 30 days or greater.

10. All Offices will maintain records generated by the implementation of this regulation, in accordance with CJCS Manual 5760.01, Joint Staff and Combatant Command Records Management Manual, Volumes I and II.

## APPENDIX B PROCEDURES

1. General. DoD guidance and USSOUTHCOM amplification of minimal standards will be used to screen all persons that require screening pursuant to this regulation prior to entering the SOUTHCOM AOR(See Attachment B). Component or Service specific guidance may have more stringent requirements in order to meet specific service needs. Any Component with differing requirements will provide USSOUTHCOM Command Surgeon a copy of the Component policy for approval. Pre-employment and annual medical screenings of contractors will not be performed in military treatment facilities or by U.S. military personnel unless authorized by the contracting officer and respective MTF. Minimal standards are outlined below. In general, individuals with the following conditions shall not deploy :

a. Conditions affecting Force Health Protection. Conditions that prohibit immunizations or the use of Force Health Protection prescription products (FHPPs) required for the specific deployment. Depending on the applicable threat assessment, required FHPPs may include atropine, epinephrine, certain antimicrobials and anti-malarials.

b. Unresolved health conditions requiring frequent clinical visits and/or affecting the individual's ability to perform their duties in a satisfactory manner. Any unresolved acute or chronic illness or injury that would impair duty performance in a deployed environment during the duration of the deployment. This includes conditions that require routine evacuation out of theater continuing diagnostics or acute exacerbations of a physical or mental health condition that could significantly affect duty performance.

c. Condition that could cause sudden incapacitation. Recurrent loss of consciousness for any reason or any medical condition that could result in sudden incapacitation to include history of stroke or MI within the last 24 months, heat stroke, uncontrolled vertiginous disorders, recurrent syncope, seizure disorders and diabetes mellitus I or II treated with insulin. These conditions are NON WAIVERABLE.

d. Infectious disease. Active tuberculosis or known blood-borne diseases that may be transmitted to others in a deployed environment. Any request for waiver must have complete lab work including viral load and specialist recommendation. The SOUTHCOM Command Surgeon shall be consulted in all instances of HIV and HBV/HCV seropositivity before medical clearance is granted for deployment.

e. Mental Health Disorders. Chronic or medical conditions that require ongoing treatment with antipsychotics, lithium or anticonvulsants are NON WAIVERABLE. Any history of psychiatric/mental health/behavioral health hospitalization, including substance abuse, illicit drug use, and alcohol dependency/ abuse must be thoroughly assessed with behavioral health consultation. Any behavioral health condition requiring medication must demonstrate a minimum of three months stability on medication without any change of medication in those three months to be considered for a waiver.

Psychiatric disorders newly diagnosed during deployments require evacuation out of theater and must be replaced through the normal personnel process.

2. USSOUTHCOM Amplification of minimal standards. Medical examiners will use attachment B as the governing document for deployment screening. The following exceptions will be considered on a case by case basis with a waiver approval by the respective Surgeon and will be reviewed by the SOUTHCOM SG Office:

- a. Conditions outlined in Paragraph 1 above. Component Surgeon Approval.
- b. Injectable Medications. Component Surgeon Approval
- c. Opioids for chronic use. Component Surgeon Approval
- d. Immunosuppressants. Component Surgeon Approval
- e. Conditions that require surgery. Component Surgeon Approval
- f. Conditions requiring Durable Medical Equipment. Component Surgeon Approval.

3. Local National (LN)/Third Country Nationals(TCN). All local national and third country national employees whose job requires close or frequent contact with non-LN/TCN personnel (i.e, dining facility workers, interpreters etc.) must be screened for tuberculosis (TB). LN and TCN employees involved in food service, including water and ice production must be screened annually for signs and symptoms of infectious diseases. Contractors must ensure LN/TCN employees receive typhoid and hepatitis A vaccinations and ensure documentation in the employees' medical record. Vision readiness standards, hearing standards must be IAW service policy/guidance for all LNs/TCNs. LNs/TCNs must have a current dental exam in his/her medical record.

4. Waivers.

a. If a medical waiver is indicated, prepare and submit a medical waiver request (Attachment A) with appropriate supporting documentation to the specific USSOUTHCOM Component Surgeon based on component guidance. Ensure to encrypt your email.

b. If the individual does not meet medical suitability requirements to enter the theater, the screening health care provider (MD, PA, and NP) should consider the individual's job duties, medical condition, and duration of assignment in the theater, available health service support and other variables depending on the location and nature of operations before submitting a medical waiver.

c. Medical examiners must consider climate, altitude, billeting options, duty assignment and duration, and health support services available in theater when deciding whether an individual with a specific medical condition is deployable.

d. Contractors are responsible for requesting medical waivers for employment consideration from the contracting officer. Contracting officers will forward the waiver request to the responsible MTF for review and approval. Responsible MTF will provide a copy of approved waiver of contracting officer, contract company, employee medical record and the Command Surgeon IAW this regulation.

e. For visits of less than 30 days, the responsible unit or MTF medical personnel will determine medical suitability screening based on the anticipated medical risks and the individual's medical condition. No medical waiver is required.

f. An adequate healthcare support system must be validated by the component Surgeon prior to approving waivers for any condition requiring ongoing health care or use of medications. Medications must be available or accessible to the individual through existing pharmacy resources, within the military health system or through mail-order supply and have no special handling, storage or other requirements.

g. If a person is found deployed with a listed condition and without a waiver for that condition, a waiver request must be initiated by the JTF or Component Surgeon if they believe a waiver is warranted. If the waiver is denied, the individual will be redeployed ASAP and the personnel process will be used to replace the individual as needed.

h. The list of conditions is not intended to be all-inclusive. A list of all possible diagnosis which could result in potential non deployability, would be too extensive. It is the intent of this Medical Suitability Standard to provide a framework for healthcare providers to make informed decisions and to outline the process for addressing medical conditions which could adversely affect the individual or the mission while OCONUS in theater.

## APPENDIX C GLOSSARY

### SECTION I – ABBREVIATIONS AND ACRONYMS

CCDR - Combatant Commander

DFAR - Defense Federal Acquisition Regulation

EFMP - Exceptional Family Member Program

HBV - Hepatitis B Virus

HCV - Hepatitis C Virus

HIV - Human Immunodeficiency Virus

IMR - Individual Medical Record

FHP - Force Health Protection

LN - Local National

MI – Myocardial Infarction

MD – Medical doctor

MTF - Military Treatment Facility

NP - Nurse Practitioner

PA - Physician Assistant

SCSG- SOUTHCOM Surgeon

SPOT - Synchronized Pre-deployment and Operational Tracker

TB - Tuberculosis

TCN - Third Country National

## **ATTACHMENT A USSOUTHCOM MEDICAL WAIVER REQUEST**



SOUTHCOM-ATTAC  
HMENT A - WAIVER

## **ATTACHMENT B USSOUTHCOM Amplification of Minimal Standards**



USSOUTHCOM -  
ATTACHMENT B - AM

## **ATTACHMENT C WAIVER REQUEST FLOW CHART**



Attachment  
C\_Waiver request.ppt

## **ATTACHMENT D SOUTHCOM FORCE HEALTH PROTECTION GUIDANCE**



USOUTHCOM Force  
Health Protection Gi

## **AMPLIFICATION OF THE MINIMAL STANDARDS OF FITNESS FOR DEPLOYMENT TO THE SOUTHCOM AOR**

**1. General.** This attachment accompanies USSOUTHCOM Regulation 40-501 and provides amplification of the minimal standards of fitness for deployment to the SOUTHCOM area of responsibility (AOR). Individuals possessing a disqualifying medical condition must obtain an exception to policy in the form of a medical waiver prior to being medically cleared for deployment. The list of deployment-limiting conditions is not comprehensive; there are many other conditions that may result in denial of medical clearance for deployment based upon the totality of individual medical conditions and the medical capabilities present at that individual's deployed location. "Medical conditions" as used here also include those health conditions usually referred to as dental, psychological, and/or emotional.

- A.** Uniformed Service Members must meet Service standards of fitness according to Service regulations and policies, in addition to the guidance below.
- B.** DoD civilian personnel with disqualifying medical conditions could still possibly deploy based upon an individualized medical assessment and approved medical waiver from the appropriate SOUTHCOM waiver authority (which shall be consistent with subparagraph 4.g.(3)(c) of DoDD 1404.10 and The Rehabilitation Act of 1973, as amended).
- C.** DoD Contract personnel will be evaluated for fitness according to DoDI 3020.41.
- D.** Regardless of underlying diagnosis, waivers for disqualifying medical conditions will be considered only if all the following general conditions are met:
  - 1.** The condition is not of such a nature or duration that an unexpected worsening or physical trauma is likely to have a grave medical outcome or negative impact on mission execution.
  - 2.** The condition is stable and reasonably anticipated not to worsen during the deployment in light of the physical, physiological, psychological, and nutritional effects of assigned duties and location.
  - 3.** The condition does not require frequent clinical visits (more than quarterly), ancillary tests, or significant physical limitations, and does not constitute an increased risk of illness, injury, or infection.
  - 4.** There is no anticipated need for routine evacuation out of theater for continuing diagnostics or evaluations.
  - 5.** Any required, ongoing health care or medications anticipated to be needed for the duration of the deployment are available to the applicant in theater within the Military Health System or equivalent. Medication must have no special handling, storage, or other requirements (e.g., refrigeration, cold chain, or electrical power requirements). Medication must be well tolerated within harsh environmental conditions (e.g. heat or cold stress, sunlight) and should not cause significant side effects in the setting of moderate dehydration.

6. Individuals must be able to perform all essential functions of the position in the deployed environment, with or without reasonable accommodation, without causing undue hardship. In evaluating undue hardship, the nature of the accommodation and the location of the deployment must be considered. Further, the member's medical condition must not pose a significant risk of substantial harm to the member or others taking into account the condition of the relevant deployed environment, with particular consideration of areas of armed conflict in the AOR.
7. The medical condition does not prevent the wear of personal protective equipment, including protective mask, ballistic helmet, body armor, and chemical/biological protective garments.
8. The medical condition does not prohibit required theater immunizations or medications.
9. The medical condition is not anticipated to significantly impair one's duty performance during the duration of the deployment.

2. Evaluating providers must consider that in addition to the individual's assigned duties, severe environmental conditions, extremes of temperature, high physiologic demands (water, mineral, salt, and heat management), poor air quality (especially particulates), limited dietary options, sleep deprivation/disruption, and emotional stress may all impact the individual's health. If maintaining an individual's health requires avoidance of these extremes or conditions, they should not deploy.

3. Evaluation of functional capacity to determine fitness in conditions of physiologic demand is encouraged for conditions which may impair normal functionality. This includes such things as a complete cardiac evaluation, to include stress imaging, when there is coronary artery disease or an official functional capacity exam (FCE) for orthopedic issues. The evaluating provider should pay special attention to any conditions which may present a hazard to the individual or others and/or preclude performing functional requirements in the deployed setting. Also, the type, amount, suitability, and availability of medications in the theater environment must be considered as potential limitations. Pre-deployment processing centers may vary in medical examination/screening procedures; individuals should contact their respective mobilization site for availability of a processing checklist.

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

5. Shipboard operations which are not anticipated to involve operations ashore are exempt from the deployment-limiting medical conditions listed below and will generally follow Service specific guidance. However, sovereign laws of some nations within the SOUTHCOM AOR may prohibit entry of individuals with certain medical conditions. Contingency plans for emergency evacuation of individuals with diagnoses that could result in or complicate medical care in theater following evacuation should be coordinated with and approved by the SOUTHCOM Surgeon prior to entering the AOR.

6. The general guidance from SOUTHCOM Reg 40-501 applies to:

- A. All personnel (uniformed service members, government civilian employees, volunteers, and DoD contractor employees) deploying to theater must be medically, dentally and psychologically

fit for deployment and possess a current Periodic Health Assessment (PHA) or physical. Fitness specifically includes the ability to accomplish tasks and duties unique to a particular operation and the ability to tolerate environmental and operational conditions of the deployed location.

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

1. An approved medical waiver is documented in the medical record.

**OR**

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

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

**A. Specific Medical Conditions / Restrictions:**

1. Asthma or other respiratory conditions that have a Forced Expiratory Volume-1 < 50% of predicted despite appropriate therapy, that have required hospitalization in the past 12 months, or that requires daily systemic (not inhaled) steroids. Respiratory conditions that have been well controlled for 6 months and are evaluated to pose no risk of deterioration in the deployed environment may be considered for waiver.
2. Seizure disorder, either within the last year or currently on anticonvulsant medication for prior seizure disorder/activity. Persons on a stable anticonvulsant regimen, who have been seizure-free for one year, may be considered for waiver.
3. Diabetes mellitus, type 1 or 2, on pharmacotherapy or with HgA<sub>1</sub>C > 7.0.
  - a. Type 1 diabetes or insulin-requiring type 2 diabetes.
  - b. Type 2 diabetes, on oral agents only, with no change in medication within the last 90 days and HgA<sub>1</sub>C ≤ 7.0 does not require a waiver if a calculated 10-year coronary heart disease risk percentage (see paragraph 7.B.7) is less than 15%. If the calculated 10-year risk is 15% or greater, further evaluation is required prior to waiver submission. See B.8. for more detailed instructions.
  - c. Newly diagnosed diabetics will require 90 days of stability, either on oral medications or with lifestyle changes, before a waiver will be considered. They

should also have documentation of a complete initial diabetic evaluation (eye exam, foot exam, nutrition counseling, etc.).

4. History of heat stroke. Those with no multiple episodes, persistent sequelae, or organ damage, and no episode within the last 24 months, may be considered for waiver.
5. Meniere's disease or other vertiginous/motion sickness disorder, unless well controlled on medications available in theater.
6. Recurrent syncope for any reason. Waiver request should include the etiology and diagnosis of the condition.
7. Endocrine conditions requiring replacement or adjustment therapies must be stable, require no laboratory monitoring or specialty consultation, and require only routine follow-up which must be available in the deployed location or by specific arrangement. Hormonal preparations must be administered by oral or transdermal routes, be within clinically appropriate dose parameters, have no special storage requirements, and not produce side effects which interfere with the normal performance of duties or require additional medications to manage.
8. Any musculoskeletal condition that significantly impairs performance of duties in a deployed environment. If there are concerns, an official functional capacity exam (FCE) should be performed and results included with the waiver request.
9. Migraine headache, when frequent or severe enough to disrupt normal performance of duties. Waiver submission should note history, frequency, severity, and functional impact of headaches, as well previous and current treatment regimens. Neurology evaluation and endorsement encouraged.
10. Nephrolithiasis, recurrent or currently symptomatic.
11. Pregnancy.
12. Obstructive sleep apnea (OSA). The OSA is diagnosed with an attended, in-laboratory polysomnography (PSG) with a minimum of 2 hours of total sleep time, that yields an apnea-hypopnea index (AHI), and/or respiratory disturbance index (RDI), of greater than 5 / hour. Unattended, home PSG is not acceptable for deployment purposes. For individuals previously diagnosed with OSA, updated or repeat PSG is not required unless clinically indicated (i.e. significant change in body habitus, corrective surgery or return of OSA symptoms). Individuals treated with an oral appliance require PSG documentation that OSA is controlled with its use. Individuals who are treated with automatic positive airway pressure (APAP), continuous positive airway pressure (CPAP) and bi-level positive airway pressure (BPAP) are acceptable as long as the condition being treated is OSA and not a more complex respiratory disorder. Complex OSA, central sleep apnea or OSA that requires advanced modes of ventilation such as adaptive servo-ventilation (ASV) or average volume assured pressure support (AVAPS) is generally non-deployable. Individuals using PAP therapy should deploy with a machine that has rechargeable battery back-up and sufficient supplies (air filters, tubing and interfaces/masks) for the duration of the deployment. Individuals deploying with PAP therapy to a location where the sleep environment has unfiltered air will typically not be granted waivers if a waiver is otherwise required per the guidance below. The following guidelines are designed to ensure that individuals with OSA are adequately treated and that their condition is not of the severity that would pose a safety risk should they be required to go without their PAP therapy for a significant length of time.
  - a. Symptomatic OSA (i.e. excessive daytime sleepiness) of any severity, with or without any treatment.
  - b. Asymptomatic mild OSA (diagnostic AHI and RDI < 15/hr): Deployable with or without treatment (PAP or otherwise). **No waiver required.**

**c.** Moderate OSA (diagnostic AHI or RDI  $\geq 15$ /hr and  $< 30$ /hr): **No waiver required** to deploy if successfully treated (CPAP or otherwise), except to Afghanistan, Iraq, or Yemen.

**d.** Severe OSA (AHI or RDI  $\geq 30$ /hr): Once successfully treated (PAP or otherwise), requires a waiver for deployment to any location in the AOR.

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

**13.** History of clinically diagnosed traumatic brain injury (mTBI/TBI) of any severity, including mild. Waiver may not be required, but pre-deployment evaluation, which may include both neurological and psychological components, is needed per ref HH.

**a.** Individuals who have a history of a single mild Traumatic Brain Injury may deploy once released by a medical provider after 24-hours symptom free.

**b.** Individuals who have sustained a second mTBI within a 12-month period, may deploy after seven days symptom free and release by a medical provider.

**c.** Individuals who have had three clinically diagnosed TBIs (of any severity, including mild) since their last full neurological and psychological evaluation are required to have such an evaluation completed prior to deployability determination.

**14.** BMI  $> 35$  with or without any significant comorbidity. Military personnel in compliance with Service body fat guidelines do not require a waiver. Morbid obesity (BMI  $> 40$  or weight greater than 300 pounds) can generally not be supported. Civilians and contractors should submit a body fat worksheet with the waiver request. A BMI calculator is located at <http://www.nhlbi.nih.gov/guidelines/obesity/BMI/bmicalc.htm>

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

## **B. Cardiovascular Conditions:**

**1.** Symptomatic coronary artery disease. Also, see B.8.

**2.** Myocardial infarction within one year of deployment. Also, see B.8.

**3.** Coronary artery bypass graft, coronary artery angioplasty, carotid endarterectomy, other arterial stenting, or aneurysm repair within one year of deployment. Also, see B.8.

**4.** Cardiac dysrhythmias or arrhythmias, either symptomatic or requiring medication, electro-physiologic control, or automatic implantable cardiac defibrillator or other implantable cardiac devices.

**5.** Hypertension if controlled with a medication or lifestyle regimen that has been stable for 90 days and requires no changes does not require a waiver. Single episode hypertension found on predeployment physical should be accompanied by serial blood pressure checks (3 day BP checks) to ensure hypertension is not persistent.

**6.** Heart failure or history of heart failure.

**7.** Civilian personnel who are 40 years of age or older must have a 10-year CHD risk percentage calculated (online calculator is available at <http://tools.acc.org/ASCVD-Risk-Estimator/>). If the individual's calculated 10-year CHD risk is 15% or greater, the individual should be referred for further cardiology work-up and evaluation, to include at

least one of the following: graded exercise stress test with a myocardial perfusion scintigraphy (SPECT scan) or stress echocardiography as determined by the evaluating cardiologist. Results of the evaluation (physical exam, Framingham results, etc.) and testing, along with the evaluating cardiologist's recommendation regarding suitability for deployment, should be included in a waiver request to deploy.

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

### **C. Infectious Disease:**

**1.** Blood-borne diseases (Hepatitis B, Hepatitis C, HTLV) that may be transmitted to others in a deployed environment. Waiver requests for persons testing positive for a blood borne disease should include a full test panel for the disease, including all antigens, antibodies, viral load, and appropriate tests for affected organ systems.

**2.** Confirmed HIV infection is disqualifying for deployment, service specific policies, and agreements with host nations. Note that some nations within the SOUTHCOM AOR have legal prohibitions against entering their country(ies) with this diagnosis.

**3.** Latent tuberculosis (LTBI). Individuals who are newly diagnosed with LTBI by either TST or IGRA testing will be evaluated for TB disease with at least a symptom screen and chest x-ray, and will have documented LTBI evaluation and counseling for consideration of treatment. Those with untreated or incompletely treated LTBI, including those with newly diagnosed LTBI, previously diagnosed LTBI, and those currently under treatment for LTBI will be provided information regarding the risks and benefits of LTBI treatment during deployment. Individuals meeting the above criteria **do not require a waiver** for deployment. Active duty TST convertors who have documented completion of public health nursing evaluation for TB disease and counseling for LTBI treatment described above **may deploy without a waiver** as long as all Service specific requirements are met.

**4.** History of active tuberculosis (TB). Must have documented completion of full treatment course prior to deployment. Those currently on treatment for TB disease may not deploy.

**5.** A SOUTHCOM waiver cannot override host or transit nation infectious disease or immunization restrictions. Active duty must comply with status of forces agreements; civilian deployers should contact the nation's embassy for up-to-date information.

### **CI. Eye, Ear, Nose, Throat, Dental Conditions:**

**1.** Vision loss. Best corrected visual acuity which does not meet minimum occupational requirements to safely perform duties. Bilateral blindness or visual acuity that is unsafe for the combat environment per the examining provider.

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

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

procedure.

**b.** Personnel are non-deployable for three months following uncomplicated photorefractive keratectomy (PRK) or laser epithelial keratomileusis (LASEK), or one month for laser-assisted in situ keratomileusis (LASIK) unless a waiver is granted.

**c.** Waiver request should include clearance from treating ophthalmologist or optometrist.

**3.** Hearing loss. Service members must meet all Service-specific requirements. Individuals must have sufficient unaided hearing to perform duties safely, hear and wake up to emergency alarms unaided, and hear instructions in the absence of visual cues such as lip reading. If there is any safety question, Speech Recognition In Noise Test (SPRINT) or equivalent is a recommended adjunct.

**4.** Tracheostomy or aphonia.

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

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

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

#### **E. Cancer:**

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

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

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

#### **F. Surgery:**

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

**2.** Individuals who have had surgery requiring follow up during the deployment period or who have not been cleared/released by their surgeon (excludes minor procedures).

**3.** Individuals who have had surgery (open or laparoscopic) within 6 weeks of deployment.

**4.** Cosmetic, bariatric, or gender reassignment procedures are disqualifying until fully recovered with all follow-up and revisions complete, to include adjuvant counselling, medical treatment, and Service requirements. Special dietary and hygienic requirements cannot be reliably accommodated and may be independently disqualifying.

#### **G. Psychiatric Conditions: Diagnostic criteria and treatment plans should adhere to Diagnostic and Statistical Manual of Mental Disorders, Fourth or Fifth edition (DSM-**

**IV/5) and current professional standards of care. Waiver submission should include information on applicant condition, including history and baseline symptoms of known disorders, severity of symptoms with and without treatment, and likelihood to recur or deteriorate in theater if exposed to operational activity. Waiver required for all conditions listed below (list is not inclusive).**

1. Psychotic and bipolar-spectrum disorders are strictly disqualifying.
2. Any DSM IV/5-diagnosed psychiatric disorder with residual symptoms, or medication side effects, which impair social and/or occupational performance.
3. Any behavioral health condition that poses a substantial risk for deterioration and/or recurrence of impairing symptoms in the deployed environment.
4. Any behavioral health condition which requires periodic (beyond quarterly) counselling or therapy.
5. Chronic insomnia that requires regular or long-term use of sedative hypnotics / amnestics, benzodiazepines, and/or antipsychotics.
6. Anxiety disorders requiring use of benzodiazepines for management, or featuring symptoms of panic or phobia.
7. Post-Traumatic Stress Disorder, when not completely treated or when therapy includes use of benzodiazepines without additional anxiety diagnosis. Waiver submission should note if condition is combat-related, and, if so, comment on impact that return to theater could have on applicant well-being and performance.
8. Gender dysphoria, while not intrinsically disqualifying, does require underlying psychiatric, endocrine, and/or surgical issues (as applicable) to be stable and resolved, and all Service requirements must be met. Due to complex needs, those actively undergoing gender transition are generally disqualified until the process, including all necessary follow-up and stabilization, is completed.
9. Bulimia and anorexia nervosa.
10. Attention Deficit Disorder(ADD)/Attention Deficit Hyperactivity Disorder (ADHD). Evaluation and diagnosis should be appropriate per DSM IV/5 criteria, particularly if Class II stimulants are used for treatment. Specific clinical features or objective testing results should be included in waiver application for stimulant use. Dosages for medications should likewise be appropriate and justified by clinical presentation.
11. Psychiatric hospitalization within the last 12 months.
12. Suicidal Ideation or Suicide Attempt with the last 12 months.
13. Enrollment in a substance abuse program (inpatient, service specific substance abuse program or outpatient) within the last 12 months measured from time of discharge / completion of the program.
  - a. A post-treatment period of demonstrated stability is required, the length of which will depend on individual patient factors.
  - b. Substance abuse disorders (not in remission), actively enrolled in Service Specific substance abuse programs are not eligible for waiver.
14. Use of antipsychotics or anticonvulsants for stabilization of DSM IV or DSM-5 diagnoses.
15. Use of 3 or more psychotropics (e.g. antidepressants, anticonvulsants, antipsychotics, benzodiazepines) for stabilization, particularly if used to offset side-effects of other BH therapy.
16. Psychiatric disorders with fewer than three months of demonstrated stability from the last change in treatment regimen, including discontinuation.

**17.** Psychiatric disorders newly diagnosed during deployment do not immediately require a waiver or redeployment. Disorders that are deemed treatable, stable, and having no impairment of performance or safety by a credentialed mental health provider do not require a waiver to remain in theater.

- a.** Exceptions include diagnoses featuring bipolar, psychotic, or suicidal features. These individuals should be redeployed at soonest opportunity via medical evacuation with appropriate escorts and per TRANSCOM guidelines.
- b.** Diagnoses requiring the prescription of CSA-scheduled controlled substances will require an approved waiver to obtain routine refills of medication.

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

- 1.** Any medication which, if lost, misplaced, stolen, or destroyed, would result in significant worsening or grave outcome for the affected individual before the medication could be reasonably replaced.
- 2.** Any medication which requires periodic laboratory monitoring, titrated dosing, or special handling/storage requirements, or which has documented side effects, when used alone or in combination with other required therapy, which are significantly impairing or which impose an undue risk to the individual or operational objectives.
- 3.** Blood modifiers:
  - a.** Therapeutic Anticoagulants: warfarin (Coumadin), rivaroxaban (Xarelto).
  - b.** Platelet Aggregation Inhibitors or Reducing Agents: clopidogrel (Plavix), anagrelide (Agrylin), Dabigatran (Pradaxa), Aggrenox, Ticlid (Ticlopidine), Prasugrel (Effient), Pentoxifylline (Trental), Cilostazol (Pletal). Note: Aspirin use in theater is to be limited to individuals who have been advised to continue use by their healthcare provider for medical reasons; such use must be documented in the medical record.
  - c.** Hematopoietics: filgrastim (Neupogen), sargramostim (Leukine), erythropoietin (Epogen, Procrit).
  - d.** Antihemophilics: Factor VIII, Factor IX.
- 4.** Antineoplastics (oncologic or non-oncologic use): e.g., antimetabolites (methotrexate, hydroxyurea, mercaptopurine, etc.), alkylators (cyclophosphamide, melphalan, chlorambucil, etc.), antiestrogens (tamoxifen, etc.), aromatase inhibitors (anastrozole, exemestane, etc.), medroxyprogesterone (except use for contraception), interferons, etoposide, bicalutamide, bexarotene, oral tretinoin (Vesanoid).
- 5.** Immunosuppressants: e.g., chronic systemic steroids.
- 6.** Biologic Response Modifiers (immunomodulators): e.g., abatacept (Orencia), adalimumab (Humira), anakinra (Kineret), etanercept (Enbrel), infliximab (Remicade), leflunomide (Arava), etc.
- 7.** Antiretrovirals used for Pre-Exposure Prophylaxis (PrEP): e.g. tenofovir disoproxil fumarate/emtricitabine (Truvada), tenofovir alafenamide (Vemlidy)
- 8.** Any CSA Schedule I-V controlled substance, including but not limited to the following:
  - a.** Benzodiazepines: lorazepam (Ativan), alprazolam (Xanax), diazepam (Valium), flurazepam (Dalmane), clonazepam (Klonopin), etc.
  - b.** Stimulants: methylphenidate (Ritalin, Concerta), amphetamine/dextroamphetamine (Adderall), dextroamphetamine (Dexedrine),

dexmethylphenidate (Focalin XR), lisdexamfetamine (Vyvanse), modafinil (Provigil), armodafinil (Nuvigil), etc.

**c.** Sedative Hypnotics/Amnestics: zolpidem (Ambien, Ambien CR), eszopiclone (Lunesta), zaleplon (Sonata), estazolam (Prosom), triazolam (Halcion), temazepam (Restoril), etc. Note: single pill-count issuances for operational transition do not generally require a waiver.

**d.** Narcotics/narcotic combinations: oxycodone (Oxycontin, Percocet, Roxicet), hydrocodone (Lortab, Norco, Vicodin), hydromorphone (Dilaudid), meperidine (Demerol), tramadol (Ultram), etc.

**e.** Cannabinoids: marijuana, tetrahydrocannabinol (THC), dronabinol (Marinol), etc. Note that possession or use may be a criminal offense in the SOUTHCOM AOR.

**f.** Anorexiants: phendimetrazine (Adipost), phentermine (Zantryl), etc.

**g.** Androgens and Anabolic Steroids: testosterone (Axiron, AndroGel, Fortesta, Testim), oxymetholone (Anadrol-50), methyltestosterone (Methitest), etc.

Preparations used in accordance with standards outlined in 7.A.7 above do not require separate waiver. All injected preparations require waiver.

**9.** Antipsychotics, including atypical antipsychotics: haloperidol (Haldol), fluphenazine (Prolixin), quetiapine (Seroquel), aripiprazole (Abilify), etc.

**10.** Antimanic (bipolar) agents: e.g., lithium.

**11.** Anticonvulsants, used for seizure control or psychiatric diagnoses.

**a.** Anticonvulsants (except those listed below) which are used for *non-psychiatric* diagnoses, such as migraine, chronic pain, neuropathic pain, and post-herpetic neuralgia, are not intrinsically deployment-limiting as long as treated conditions meet the criteria set forth in this document and accompanying MOD THIRTEEN. No waiver required. Exceptions include:

**b.** Valproic acid (Depakote, Depakote ER, Depacon, divalproex, etc.).

**c.** Carbamazepine (Tegretol, Tegretol XR, etc.).

**d.** Lamotrigine (Lamictal)

**12.** Varenicline (Chantix).

**13.** Botulinum toxin (Botox): Current or recent use to control severe pain.

**14.** Insulin and exenatide (Byetta).

**15.** Injectable medications of any type, excluding epinephrine (Epipen), though underlying allergy may require separate waiver.

Patient Name : \_\_\_\_\_ DOB: \_\_\_\_\_ SSN(Last 4): \_\_\_\_\_

# Deployments \_\_\_\_\_ Destination (country): \_\_\_\_\_ Diagnosis (Lay term): \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ Service: \_\_\_\_\_ Home Station: \_\_\_\_\_

Years of Service: \_\_\_\_\_ Active/Reserve/Guard/Civilian: \_\_\_\_\_ MOS/Job Description: \_\_\_\_\_

Deployment Length: \_\_\_\_\_ Previous Waivers (Y/N): \_\_\_\_\_ Currently Deployed (Y/N): \_\_\_\_\_

**Waiver POC Name/E-mail/Phone:** \_\_\_\_\_

**Case Summary (To be completed by provider, including clinical information necessary to make a disposition. See most recent updated MOD 13 and accompanying PPG-TAB A for required information. Attach supporting medical documentation:**

**I have reviewed the case summary and hereby submit this request.**

Signature: \_\_\_\_\_ Commander Approval: \_\_\_\_\_

**SOUTHCOM Surgeon / Component Surgeon Response**

Waiver Approval: YES NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

JNAME, MD, FAAFP LTC, MC, FS/  
USA  
Command Surgeon, ARSOUTH

**Comments:**

The things your physician needs to include in his/her letter for you are as follows:

1. **MEDICATIONS:** Include detailed history of medication(s) use. Include specific dosages, length of use on current dosages, frequency of use with prn medications, need for monitoring (labs, EKG, etc.), ability to function without (if lost). If sedatives/ sleep medication, include effects of daytime performance and ability to arouse self from sleep in case of emergency.
2. **BEHAVIORAL HEALTH EVALUATIONS:** Initial (when diagnosis was made), disability evaluation, and subsequent evaluations (including recent).
3. **COURSE OF DIAGNOSIS:** Include history of stability, relapses, lethality, and response to stressors/ major changes/deployments.
4. **COURSE OF TREATMENT:** Include treatment from initial diagnosis to present day. Include therapy, medications, level of treatment required (ie inpatient vs. outpatient), compliancy, response, recent changes/additions (<90 days), ongoing treatment required, success of treatment, and length of stability with/without treatment.
5. **PROGNOSIS:** Include statement on prognosis based on total medical picture and how they will respond to an austere environment. Include how they will be effected by deployment-related stressors (ie sleep deprivation, heat, exposure to trauma, and separation from support systems), and you won't need to follow-up with them until after your deployment.
6. You do not have any active thoughts of homicide or suicide.
7. IAW AR 40-501 and CENTCOM MOD-14, PPGA.
8. If there are any questions concerning this information, please call 915.742.7229 or 915.742.7227.



## **Suggested Information to Include with Waiver Requests.**

Please note this list isn't all inclusive and does not address all conditions that require waivers, but these are the most common ones we see. These are the documents we commonly send up with our waiver requests for supporting documentation. Please send any information with your waiver requests that would help the COCOM with their disposition.

Please note if you are going to EUCOM, they almost always require an O5/O6 memo accepting responsibility for the SM.

### **OSA**

- Original Sleep Study
- Recent 30 day compliance report
- The specific diagnosis of sleep apnea (Moderate, Severe, Symptomatic)
- SRP Provider Note

### **Medication Waiver**

- Letter of Stability/Encounter documentation stating that SM is stable on current dosage with no adjustments over the past 90 days and okay to deploy to austere environment (Template Attached)
- Any information related to specific medication (labs, vital signs, etc)
- SRP Provider Note
- Command Memo

### **Hyperlipidemia**

- Attach Lipid Panel results
- Medications that are treating high cholesterol (statins)
- Current BMI
- Can note exercise routine/current diet
- Current BP/HR
- SRP Provider Note

### **Elevated Framingham >15%**

- Recent EKG
- Lipid Panel
- Stress Test
- ECHO

- Cardiology FFD/Letter of Stability stating the SM can deploy to austere environment
- Current BMI/Vital Signs
- SRP Provider Note

### **Behavioral Health**

- Letter of stability
- Most recent BH provider notes.
- Command memo
- SRP Provider Note
- DA 3822/ Fit for duty

### **BMI**

- Da 5500/ DA 5501
- Command memo
- Address if the SM has any comorbidities
- Last APFT card
- evidence that Soldier is enrolled in the Army body fat composition program