

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

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

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

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

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

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

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

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

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

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

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

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

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

**OR**

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

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

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

1. Asthma or other respiratory conditions that have a Forced Expiratory Volume-1  $\leq$  50% of predicted despite appropriate therapy, that has required hospitalization in the past 12 months, or that requires daily systemic (not inhaled) steroids. Respiratory conditions that have been well controlled for 6 months and are evaluated to pose no risk of deterioration in the deployed environment may be considered for waiver.

2. Seizure disorder, either within the last year or currently on anticonvulsant medication for prior seizure disorder/activity. Persons on a stable anticonvulsant regimen, who have been seizure-free for one year, may be considered for waiver.

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

- c. Moderate OSA (diagnostic AHI or RDI  $\geq 15$ /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.

11. History of clinically diagnosed traumatic brain injury (mTBI/TBI) of any severity, including mild. Such history does not necessitate a waiver request, but does require pre-deployment evaluation, which may include both neurological and psychological components. This is in accordance with DoDI 6490.11, Enclosure 3, paragraph 4, policy guidance for management of mild TBI. This document can be found at [http://www.usaisr.amedd.army.mil/clinical\\_practice\\_guidelines.html](http://www.usaisr.amedd.army.mil/clinical_practice_guidelines.html). Individuals who have a history of a single mild Traumatic Brain Injury may deploy once released by a medical provider after 24 hours symptom free. Individuals who have sustained a second mTBI within a 12 month period, may deploy after seven days symptom free and release by a medical provider. Individuals who have had three clinically diagnosed TBIs (of any severity, including mild) since their last full neurological and psychological DoDI 6490.11 defined evaluation are required to have such an evaluation completed prior to deployability determination.

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

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

## **B. Cardiovascular Conditions:**

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

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

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

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

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

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

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

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

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

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

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

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

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

**4. Tracheostomy or aphonia.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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