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*NATIONAL GUARD REGULATION (NGR) 40-501

Medical Services

STANDARDS OF MEDICAL FITNESS-ARMY NATIONAL GUARD

Summary. This regulation sets basic policies, standards and procedures for medical examinations and physical standards. It covers those examinations used to medically qualify individuals for entrance into and retention in all programs of the Army National Guard.

Applicability. This regulation applies only to the Army National Guard (ARNG).

Impact on New Manning System. This regulation does not contain information that affects the New Manning System.

Supplementation. Supplementation of this regulation is prohibited without prior approval from Chief, National Guard Bureau, ATTN: NGB-ARP-HS, ARNGRC, 111 South George Mason Drive, Arlington, VA 22204-1382.

Interim changes. Interim changes to this regulation are not official unless they are authenticated by the Director, Administrative Services. Users will destroy all interim changes on their expiration dates unless sooner superseded or rescinded.

Suggested improvements. Users are invited to send comments and suggest improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to the Chief, National Guard Bureau, ATTN: NGB-ARP-HS, ARNGRC, 111 South George Mason Drive, Arlington, VA 22204-1382.

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CHAPTER 1
GENERAL PROVISIONS

1-1. PURPOSE
This regulation sets basic policies, standards and procedures for medical examinations and physical standards. It covers those examinations used to medically qualify individuals for entrance into and retention in all programs of the Army National Guard.

1-2. REFERENCES
Required publications and forms are listed in Section III Reference Publications and Section IV Forms of the Glossary.

1-3. EXPLANATION OF ABBREVIATIONS AND TERMS
Abbreviations and special terms used in this regulation are explained in Section I Abbreviations, and Section II Terms of the Glossary.

CHAPTER 2
POLICY

2-1. INITIAL ENTRY
The standards of AR 40-501 (Medical Services - Standards of Medical Fitness) are applicable to the Army National Guard (ARNG). Chapter 2 standards apply to all initial enlistment, induction, and appointments. Chapter 3 standards apply to retention in all programs of the Army National Guard (ARNG). Failure to meet Chapter 3 standards is cause for separation for medical reasons, except as may be waived by the Chief, National Guard Bureau (CNGB) on individual review. The Health Services Division (NGB-ARP-H), Health Care/Physical Standards Branch (NGB-ARP-HS) is the office responsible for management of all issues pertaining to this regulation.

2-2. ENTRY INTO AGR (TITLE 10/32) PROGRAM
Applicants for entry into the Active Guard/Reserve (AGR) Program (Title 10 & 32) must meet Chapter 2, AR 40-501, standards by a complete examination accomplished within six (6) months prior to initial entry date. If a Chapter 2 examination has been accomplished within the previous two years, entry may be authorized by submitting the Report of Medical Examination (SF 88) and Report of Medical History (SF 93) and a current Appendix B (Annual Medical Certificate-AMC) statement (after review by the State Surgeon or Physician Designee) to NGB-ARP-HS for approval.

2-3. ENTRY INTO FULL TIME DUTY 30 DAYS OR MORE
Entry into **any type of full time duty** for periods **greater than thirty (30) days requires Chapter 2, AR 40-501 standards review,** which may be determined based on review of the current valid periodic examination and an Appendix B, reviewed and validated by the State Surgeon or Physician Designee. Waivers of disqualifying conditions IAW Chapter 2 standards may be submitted for review to NGB-ARP-HS.

2-4. MEDICAL FITNESS FINAL DETERMINATION FOR ALL ARNG OFFICERS
The CNGB (NGB-ARP-HS) will make the final determination of medical fitness for all ARNG officer personnel, for entry and retention.

2-5. APPLICATIONS FOR FEDERAL RECOGNITION
Applications for Federal Recognition will include a current SF 88 (Report of Medical Examination) and SF 93 (Report of Medical History), procured within two (2) years of the board action. Report of Medical examination should indicate that soldier meets AR 40-501, Chapter 2 standards.

2-6. GENERAL OFFICER ANNUAL MEDICAL EXAMS
All General Officers will undergo an annual medical examination within three (3) calendar months before the end of the soldier's birth month. Physical examinations for selection by General Officer Boards, to include General Officer periodic physical examinations, will be accomplished at an **active component military medical facility** within twelve (12) months preceding the board. Examinations will be scheduled on an individual appointment basis and accomplished on an outpatient or inpatient basis, depending upon the professional judgement of the examining physician(s). Additional tests/diagnostic procedures in excess of the prescribed scope of the examination will be accomplished when, in the opinion of the examining physician(s), such procedures are indicated as necessary.

2-7. AR 40-3 PRESCRIBED ANNUAL DENTAL EXAMS

The annual dental examinations prescribed by AR 40-3, insofar as practicable, also will be accomplished.

2-8. IMMUNIZATIONS

Immunization records will be reviewed and required immunizations will be administered IAW AR 40-562 in conjunction with the prescribed periodic examination, insofar as practicable.

2-9. PERIODIC PHYSICAL EXAMINATIONS

Each Officer, Warrant Officer, and Enlisted soldier is required to undergo a complete physical examination at least once every **five (5)** years. All personnel **age forty (40) and over** will undergo a complete physical examination every **two (2)** years, to include Title 10/32 Active Guard/Reserve (AGR) personnel.

2-10. FLYING/FLIGHT STATUS PERSONNEL

Medical examinations for flying/flight status personnel will be accomplished IAW Chapters 4 and 10, AR 40-501.

2-11. WAIVERS

a. Final determination of medical fitness will be made by the CNGB (NGB-ARP-HS) except where the authority for determination has been delegated to the State Adjutants General, or reserved to the Active Army componency.

b. A waiver may be requested whenever an individual does not meet the medical standards of AR 40-501, provided the individual can be appropriately assigned in accordance with his medical limitation(s).

c. A detailed medical evaluation or consultation concerning the defect and complete justification for the request for waiver should be submitted to Chief, National Guard Bureau, ATTN: NGB-ARP-HS for determination. The justification will include statements indicating service experience, MOS or position to be placed in, any known specific hazards of the position, and the benefit expected to accrue from the waiver. A waiver will not be recommended for medical conditions that are subject to complications or aggravation by reason of military duty.

d. Waivers for aviators, flight surgeons, air traffic controllers, and flight medical aidman, and final determination of medical fitness for flying duty will be made by the Chief, National Guard Bureau, ATTN: NGB-AVN-OP, with consideration to recommendations made by the Commander, U.S. Army Aeromedical Center, (USAAMC) Ft. Rucker, AL, IAW Chapter 4, AR 40-501.

e. Waivers for initial training in Airborne, Ranger, Special Forces, HALO, and Diving will not be approved/granted except on the recommendation by the Commander, of the appropriate school proponency.

CHAPTER 3
INDIVIDUAL RESPONSIBILITY

3-1. ARNG INDIVIDUAL SOLDIER RESPONSIBILITY

Each Army National Guard soldier is individually responsible for the maintenance of his/her medical, physical, and mental fitness. This includes correcting remediable defects, avoiding harmful habits, and weight control. The maintenance of good strength and aerobic conditioning is of prime importance to the modern soldier. The Army Physical Fitness Test (APFT) is no more than the level of activity that may be expected from the ARNG soldier in the normal range of duties, and can be passed safely by soldiers who stay in good physical condition.

3-2. SIGNIFICANT INCIDENT REPORTING RESPONSIBILITY

A soldier's responsibilities also include seeking medical advice quickly when they believe their physical well-being is in question. **Any** hospitalization, significant illness, or disease that occurs when not on duty shall be reported to the **unit Commander** or **First Sergeant** at the earliest possible opportunity, and in **all cases** before initiating the next period of training.

3-3. DUTY RESTRICTIONS

Any recommendation of restricted activity that has been made by a private physician shall be reported, preferably in writing, before performing any duty, and **shall be honored** by the soldier's commander until an evaluation and recommended course of action can be determined by a Medical Corps Officer. Directing duty that is in violation of recommended restrictions may be considered misconduct on the part of the supervisor and may result in disciplinary action. It is the individual soldier's responsibility to report any medical problems they may be experiencing immediately. Failure to do so may result in disciplinary action.

Voluntary performance of duty by a soldier that may be detrimental to the soldier's well-being, in violation of documented restrictions advised by private or military medical authorities, may be considered misconduct by the soldier, may result in disciplinary action, and may therefore jeopardize Line of Duty entitlements.

3-4. EMERGENCY MEDICAL CARE DURING DUTY/REPORTING REQUIREMENTS

A member shall **immediately** inform his **unit Commander, First Sergeant or supervisor** of any significant injury, illness or disease he/she incurs while on duty. The unit commander shall insure that any necessary emergency care required for the preservation of **life, limb, or sight** shall be made immediately available. The unit commander shall notify the designated office of the State Adjutant General of any emergency care authorized, and immediately initiate a Line of Duty (LOD). Because the completed LOD has an impact on every aspect of medical care available to the soldier, the prudent soldier will monitor the progress of the LOD through to completion. The soldier **will not** be reimbursed for any medical care obtained without proper written authority by the unit commander or the State Area Command (STARC) Health Systems Specialist (HSS). See NGR 40-3 for specific instructions.

3-5. SOLDIERS CLAIM OF NEED FOR RESTRICTED DUTY

Soldiers presenting verbal or written claims of need for restricted duty shall be referred to the State Surgeon or Physician Designee for evaluation and appropriate profiling before being allowed to perform any duty.

3-6. SOLDIER BRIEFING REQUIREMENT APPENDIX A

This chapter will be verbally briefed to all ARNG soldiers on an annual basis. This chapter is reproduced in Appendix A, this regulation, which is to be reproduced locally and posted permanently on all unit bulletin boards.

CHAPTER 4
AUTHORIZATION FOR EXAMINATIONS

4-1. EXAMINATION AUTHORIZATION LETTER

Soldiers entitled to medical examinations will be given a letter of authorization by the appropriate commander in accordance with instructions issued by the State Adjutant General. The letter will cite the examinee's name, grade, SSN, organization, purpose of the examination, and other instructions "as appropriate" regarding payment for the examination and distribution of the completed medical examination.

4-2. ISSUING OF ORDERS FOR EXAMINATIONS

Soldiers undergoing examinations are to be placed on orders (for retirement points) if not otherwise in a duty status at the time of the examination.

4-3. TRAVEL EXPENSES

Travel at Government expense will be authorized if the examination facility is outside of the established local commuting area of the soldier's residence. The examination should be scheduled so that travel, examination, and return home can be accomplished in one (1) day. If additional time is required, the soldier shall be reimbursed for meals and lodging IAW Joint Federal Travel Regulation (JFTR), Paragraph U7150.
Government meals and lodging will be utilized if available. A certificate of non-availability must be submitted with claims for reimbursement. Travel and lodging will be charged to the State's Physical Examination Account.

CHAPTER 5
EXAMINING AUTHORITIES

5-1. NON PRIOR SERVICE AND PRIOR SERVICE DISABILITY SEPARATED/RETIREMENT APPLICANTS

Applicants **who do not have any prior service,** or **who have had medical, physical, or disability separations/retirements from prior service** will be examined **only at Military Entrance Processing Stations (MEPS).** In cases of applicants who have been previously separated for medical reasons, **all** prior service medical documentation, records, and medical separation board proceedings shall be made available to the MEPS prior to scheduling the examination. **Applicants who have a service connected disability as determined by the Department of Veterans Affairs (VA), even though not separated for medical reasons, will be restricted to MEPS processing,** and the Department of Veterans Affairs (VA) disability determination proceedings will be made available to MEPS prior to scheduling the examination.

5-2. GENERAL OFFICER PROMOTION PHYSICAL EXAMINATIONS

Physical examinations for promotion to General Officer shall be obtained at Active Component Medical Activities (MEDDAC) or Medical Center (MEDCEN) facilities, within the six (6) months prior to the date of the convening selection board. Annual physical examinations for General Officers may be obtained at any Active Component examination facility that has the capability of providing the "executive type" physical examination as prescribed by the General Officer Management Branch (NGB-GO).

5-3. AGR/OTHER FULL TIME DUTY, FITNESS FOR DUTY/PHYSICAL PROFILE DETERMINATION BOARD EXAMINATIONS

Fitness for Duty and Physical Profile Boards for Active Guard/Reserve (AGR) and other active duty Army National Guard (ARNG) soldiers shall be accomplished only at Active Component Military Medical Facilities. Permanent Profiles issued at other than Army facilities will be submitted to NGB-ARP-HS, together with all pertinent examination and treatment records, for review, approval, and translation to Army standards.

5-4. OTHER AGENCIES AUTHORIZED TO PERFORM EXAMINATIONS

All other medical examinations may be accomplished by any of the following components, agencies, or civilian physicians, in order of priority listed:

a. Army National Guard medical units.

(1). Physician Assistants and Nurse Practioners may actively participate in any phase of the physical examination for which they are credentialed by the Supervising Physician.

(2). Army National Guard (ARNG) Medical Service Corps (MSC) officers who are medical students may participate in the performance of physical examinations only as a training experience and under the direct supervision of a Medical Corps Officer.

(3). A supervising Medical Corps officer must review and countersign both the SF 88 and 93 (see paragraph 8-7a, AR 40-501).

b. Other military medical units or facilities, National Guard, Active Component, or other Reserve Component having the technical capability of performing the examinations.

c. Military Entrance Processing Stations (MEPS), on a space available basis.

d. Department of Veterans Affairs (VA) medical facilities.

e. United States Public Health Service (USPHS) facilities.

f. Civilian physicians legally licensed to practice medicine and to prescribe and administer drugs in the State concerned. Civilian physicians will be evaluated and certified by the State Surgeon or Physician Designee, and provided the appropriate regulations, instruction, training and materials, in order to assure a militarily appropriate physical examination is conducted, prior to the accomplishment of any examinations.

5-5. USAGE OF NON-REIMBURSABLE FACILITIES

Maximum usage will be made of non-reimbursable facilities for those examinations not otherwise specifically restricted to being accomplished in military facilities. A reasonable balance of examination cost, transportation cost, time/distance, and convenience is the goal to be achieved.

5-6. EXAMINATION REVIEW REQUIREMENTS/ QUALITY ASSURANCE REVIEW

Physical examinations accomplished at facilities other than MEPS and Active Army facilities will be reviewed by the State Surgeon or Physician Designee for quality assurance, to include AGR personnel physical examinations for other than initial accession into the AGR program. The reviewer will particularly assure the PULHES profile (item 76), SF 88 is IAW Table 7-1, AR 40-501 standards, and that item 77 is appropriate for the purpose of the examination, and signify approval by signing line 82 as the Reviewing Officer.

CHAPTER 6
SCOPE OF MEDICAL EXAMINATIONS

6-1. SCOPE AND RECORDING REQUIREMENTS

The scope and the recording of medical examinations as directed by AR 40-501 are applicable to all medical examinations accomplished for all Army personnel. The basic content of the history and physical examination for action requiring Chapter 2 or Chapter 3 standards is essentially identical, only the application of the standards varies with the purpose of the examination.

6-2. IDENTIFYING PURPOSE OF EXAMINATION/ SF 88

Item 5, SF 88, shall specify the original purpose of the examination; e.g., **enlistment, appointment, reenlistment, flight and class, Officer Candidate School (OCS),** initial training for **airborne, ranger, special forces, retention, medical board,** etc. Item 77 shall also note the original purpose of the examination, and will **specify the particular Chapter of AR 40-501 which was used in determining the Qualified/Not Qualified status of examinee.**

6-3. CHANGE FROM ORIGINAL PURPOSE OF EXAMINATION

In the event a physical examination is to be employed for other than the original stated purpose for which it was performed, the State Surgeon or Physician Designee will enter a note in Item 73 certifying that the examination has been reviewed and all additional procedures that may be required have been accomplished and entered on the SF 88, and a new profile based on the applicable medical standards has been assigned. The following is an example of an acceptable entry:

"DATE. **This examination has been reviewed by Chapter 2 standards. All required items completed. Profile:** 111121. **Individual** Qualified or Not Qualified. Signature."

6-4. SF 93 (REPORT OF MEDICAL HISTORY)

A SF 93 shall be accomplished on **all examinations.** The examinee will be instructed in the proper preparation of the form by a medically knowledgeable person **who shall explain** the terms used when necessary. **The SF 93 will reflect all significant past medical history, not just events that have occurred since the last physical examination was accomplished.** The SF 93 shall be completed in the examinee's own handwriting, in black/blue black ink. Each examinee **will be briefed on the significance of the oath executed by his/her signature prior to signing the SF 93.**

6-5. REVIEW OF MILITARY MEDICAL FILE/ HEALTH RECORDS

The complete military medical file shall be made available to the examiner and shall be reviewed as appropriate to the examination. **Confirmation of the review shall be entered in Item 25 of the SF** 93, along with all significant medical information from the review. **The examiner will specifically note the existence of any previous permanent profiles, and carry them forward to the current record. Any previous temporary profiles will be noted and specifically investigated for present condition or continuing limitations.** The examiner will review the SF 93 by personal interview with the soldier, and will note each affirmative answer and element of history in detail, specifying date, method of treatment, and outcome of all medical events. Entries will be confined to Item 25 and continuation sheets (SF 507) only. Entries must be clearly legible in black/blue black ink or typewritten.

6-6. ADDITIONAL SPECIFIC EXAMINATIONS

The physical examination shall include additional specific examinations as may be appropriate to the soldier's history, in addition to routine complete survey examination. **Specific emphasis will be placed on orthopedic, cardiovascular, and neurological history,** with appropriate entries in Items 18 through 43. Significant negative findings must be noted.

6-7. REQUIRED SPECIALTY CONSULTATIONS

If additional examinations or specialty consultations beyond the capabilities of the examining facility are required, the examination will be completed within the capability of the facility, and the State Area Command (STARC) will be immediately notified of the need. An SF 513, Consultation Sheet, will be completed by the requesting physician and forwarded to the STARC. Consultations and further examinations will be coordinated, arranged and scheduled through the STARC with counsel of the State Surgeon or Physician Designee as may be needed.

6-8. IMPORTANCE OF PERIODIC PHYSICAL EXAMINATIONS

The periodic physical examination is an essential factor in maintaining the Health, Wellness, Fitness, and Readiness of the Army National Guard. Every effort shall be made to insure the examinations are accomplished in a timely, accurate, and meaningful manner.

CHAPTER 7
FORMS

7-1. GENERAL INFORMATION

a. The SF 88 (Report of Medical Examination) and SF 93 (Report of Medical History) will be

used in recording the results of the medical examination and medical history.

b. The **Health Risk Appraisal Assessment (HRAA)** questionnaire will be completed and accomplished with each periodic physical examination without regard to the age of the soldier.

7-2. SF 93 (REPORT OF MEDICAL HISTORY)

The SF 93 will be prepared and signed in (black/blue black) ink, in the examinee's own handwriting with each examination, under the supervision and instruction of a knowledgeable medical assistant, (MOS 91B, 91C, or AN/MSC/MC) capable of explaining any questions which may arise. After completion by the examinee, it will be reviewed by the examiner in personal interview with the soldier, and completed with a full description in item 25 of all significant history and affirmative answers. A Continuation Sheet (SF 507) will be used if additional space is required beyond Item 25 of the SF 93. Entries for Item 25 will included the dates the problem existed, type of treatment, results of treatment, and current status of the problem. **Each SF 93 must be a complete representation of the soldier's health history - a statement of "No significant change has occurred since last physical examination" is inadequate and unacceptable.** If the SF 93 is completed by other than a Medical Corps Officer, **it must be reviewed and countersigned by a Medical Corps Officer.**

7-3. APPENDIX C

An **Appendix C** will be completed by each soldier **after age thirty eight (38),** and will be attached to and become an integral part of the SF 93. **Appendix C contains specific questions appropriate to clinical evaluation of coronary risk factors.**

7-4. SF 88 (REPORT OF MEDICAL EXAMINATION)

The full name, SSN, and date of the examination will be entered on the second page (bottom half) of each SF 88, and must be present and legible on all copies made. Examinations accomplished at MEPS have this information in areas unique to the MEPS overprint of the SF 88. **All other SF 88s must show this information in Item 73.**

7-5. NUMBER OF COPIES

a. The original SF 88 and 93, and any continuations will be forwarded directly to the STARC. A copy will be maintained at the examination facility. Copies shall be prepared and will be furnished to the unit of membership and to the soldier. Copies shall be made by the STARC of the original in sufficient number to meet local needs in addition to the number required by the Chief, National Guard Bureau, as follows:

(1). **Enlistment and Reenlistment** as prescribed by NGR 600-200.

(2). **Appointment** - One (1) copy submitted with NGB Form 62.

(3). **Flying personnel** - One (1) copy of SF 88 and 93 with the annual flight examination, school application or flight status board, as applicable. **SF 93 will be accomplished as prescribed by AR 40-501, Chapter 8, Paragraphs 8-14 and 8-15 c. (1).**

7-6. SUBMISSION FOR NGB REVIEW

Copies to be forwarded to National Guard Bureau (NGB) will be the original or copy of original quality (a clear and legible copy of the original). Illegible copies of copies are unacceptable, and will be returned to originator without action.

CHAPTER 8
SPECIAL EXAMINATIONS

8-1. AUTHORITY

The Chief, National Guard Bureau, the State Adjutant General, the Commanding Officer of a soldier's unit, or a Medical Officer may direct the soldier to undergo a medical examination **whenever:**

a. **In authority's opinion, the soldier's medical, physical, or mental condition is such that an examination is indicated as necessary.**

(1). The need for examination for mental condition evaluation must be subscribed to by a psychiatrist prior to directing a soldier to obtain such an examination.

CHAPTER 9
MEDICAL EXAMINATION REQUIREMENTS FOR PROMOTION

9-1. GENERAL OFFICER

An "executive type" physical examination of the scope prescribed by the General Officer Management Branch (NGB-GO) must be accomplished at an Active Military Medical facility within twelve (12) months prior to the

commencement date of the Federal Recognition Board, IAW NGR 600-100, Chapter 11-8a(8)(c).

9-2. COLONEL AND LIEUTENANT COLONEL
A periodic report of medical examination accomplished within the two (2) years preceding the date of the promotion and a reviewed Appendix B statement accomplished within the preceding sixty (60) days is required for submission with the application for promotion.

9-3. MAJOR, CAPTAIN, LIEUTENANT, AND WARRANT OFFICER
A periodic report of medical examination accomplished within the preceding five (5) years (two years if age 40 or older) and a reviewed Appendix B statement accomplished within the preceding sixty (60) days is required for submission with the application for promotion.

CHAPTER 10
PERIODIC EXAMINATIONS

10-1. GENERAL OFFICER
Required annually - see Chapter 2, paragraph 2-6, NGR 40-501. A copy of each completed physical examination will be forwarded to Chief, National Guard Bureau, ATTN: NGB-GO-AR, Room 2D366, The Pentagon, Washington, DC 20310-2500. NGB-GO-AR is the responsible agency for the forwarding of completed General Officer physical examinations to NGB-ARP-HS for medical review.

10-2. OFFICER AND WARRANT OFFICER
A complete medical examination is required **every fifth (5th) year [every second (2nd) year if age forty (40) or older] based on the date of the most recent preceding examination.** A copy of each completed examination will be transmitted to the Chief, National Guard Bureau, ATTN: NGB-ARP-HS, ARNGRC, 111 South George Mason Drive, Arlington, VA 22204-1382, upon completion, for review.

10-3. ENLISTED PERSONNEL
A complete medical examination is required **every fifth (5th) year [every second (2nd) year if age forty (40) or older] based on the date of the most recent preceding examination.** The final review and determination of medical fitness for retention in the Army National Guard will be the responsibility of the respective State Adjutants General **(see Chapter 17, NGR 40-501) (MDRB).**

10-4. FLYING PERSONNEL
In accordance with Chapter 4, AR 40-501 and U.S. Army Aeromedical Center (USAAMC) policy and guidance.

10-5. ADMINISTRATIVE INFORMATION
a. Periodic medical examinations accomplished **within the six (6) months before the expiration of the current medical examination will be considered as having been accomplished during the anniversary month.**

b. Any soldier without a **current completed** or **scheduled** physical examination **will not attend IDT or AT without special permission from the State Surgeon or Physician Designee and the State Military Personnel Officer.**

CHAPTER 11
FOOD HANDLERS EXAMINATIONS

11-1. SPECIAL EXAMINATIONS
Special examinations for food handlers **are not required** unless otherwise medically indicated.

11-2. AUTHORITY
Examinations may be performed on individuals or groups when deemed appropriate by local medical or command authority.

11-3. COMMUNICABLE DISEASES
Individuals who have experienced any potentially communicable disease **since last duty** (e.g., Gastrointestinal infections, Diarrhea, Infections of the skin or upper respiratory tract) will have a fitness for duty examination prior to resuming any food handling duties, by the State Surgeon or Physician Designee.

11-4. EDUCATION AND TRAINING PROGRAMS
Work supervisors, in coordination with the local **Military Veterinary Corps Officer,** and the preventive medicine activity, will provide education and training programs in the principles and practices of Foodborne Disease Control and Environmental Sanitation.

CHAPTER 12
MEDICAL STANDARDS FOR SOLDIERS ENTERING FULL TIME STATUS FOR MORE THAN THIRTY (30) DAYS

12-1. INITIAL ENTRY/TITLE 10 OR 32 ACTIVE GUARD/RESERVE (AGR)

a. Title 10 or 32 AGR applicants will be required to meet the following medical standards IAW AR 135-18 or NGRs 600-10 and 600-5:

(1). Complete an appropriate examination IAW Chapter 2 (non-flight) or Chapter 4 (flight, by appropriate class) standards, AR 40-501, **within the six (6) month period preceding the submission of application packet,** and **within twenty four (24) months of the first (1st) day of Active Duty Tour.** This examination is to be accomplished at an Active Component MEDDAC, MEDCEN, or MEPS. **If the examination is older than six (6) months, an appendix B with review by the State Surgeon or Physician Designee** will be accomplished **within sixty (60) days prior to the first day of duty** to assure that Chapter 2 standards continue to be met.

(2). The physical profile must reflect a numerical rating of no greater than 2 in any category of the PULHES (Item 76, SF 88). **Any numerical PULHES rating of 3 is disqualifying for entry,** but may be submitted for waiver consideration to NGB-ARP-HS. **Any numerical rating of 4 is not acceptable, and will under no circumstances be waived.** The examination and PULHES must be reviewed and validated by the State Surgeon or Physician Designee prior to final acceptance. Any examinations older than six (6) months will be accompanied by an Appendix B questionnaire completed within the sixty (60) days prior to submission for approval, and prior to entry on Active Duty, and **will be reviewed** by the State Surgeon or Physician Designee to assure that accession standards are still met at the time of entry.

(3). All female soldiers will be required to undergo pregnancy testing prior to initiation of **any period of Active Duty** or **any type of Full-Time (Army National Guard) duty exceeding thirty (30) days,** within the fifteen days prior to starting the duty. Standard pregnancy tests performed by accredited medical laboratories are acceptable. **Pregnancy is a disqualifying factor for entry on any duty greater than thirty (30) days.**

12-2. ACTIVE DUTY FOR MORE THAN THIRTY (30) DAYS, (OTHER THAN TITLE 10/32 AGR)

a. Applicants for Active Duty for more than thirty (30) days, (other than Title 10/32 AGR) must meet the following medical standards:

(1). Prior to entry on Active Duty orders for more than thirty (30) days, the most recent periodic physical examination, in conjunction with an Appendix B (completed within the previous sixty (60) days), will be reviewed by the State Surgeon or Physician Designee IAW Chapter 2, AR 40-501 standards before acceptance on orders is initiated. Soldiers not meeting Chapter 2 standards, if within guidelines of chapter 3 standards, and determined to meet deployability standards by the State MDRB, may be submitted to NGB-ARP-HS for waiver consideration and review for entry on duty.

12-3. REENTRY ON ACTIVE DUTY

a. A soldier may reenter Active Duty for more than thirty (30) days after a break in Active Duty service of **up to one hundred eighty (180) days from a previous period of Active Duty greater than thirty (30) days which required Chapter 2 initial standards, if the break in service was for nonmedical reasons,** by executing an Appendix B questionnaire, reviewed and approved by the State Surgeon or Physician Designee. The soldier must have had continuous duty in the same state's Army National Guard during the period of break in service (Active Duty). **Transfer to other states, or other branches of service, during the break will require a new examination by Chapter 2 standards** before entering Active Duty for greater than thirty (30) days. **Pregnancy is a disqualifying factor for reentry.**

CHAPTER 13
MEDICAL EXAMINATION FOR ARMY SERVICE SCHOOL ATTENDANCE

13-1. GENERAL INFORMATION

A special examination is not required for attendance at a service school, except as indicated below.

13-2. SPECIAL EXAMINATIONS

a. **Command and General Staff Course (Resident)** and the regular course at the **United States Army War College:**

(1). An SF 88 and 93 accomplished at a Active

Component Medical Facility within the **preceding twelve (12) months** will be forwarded with the school application to the (school proponency) National Guard Bureau. **Chapter 3, AR 40-501 standards (retention) apply for physical examination review.** An Appendix B (Annual Medical Screening- Chapter 16) will be accomplished within sixty (60) days preceding start of school.

b. Entry into **Active Component OCS, State OCS, Warrant Officer Candidate School,** and **Airborne, Ranger, or Pathfinder training:**

(1). A complete physical examination with SF 88 and 93, IAW **Chapter 2 and 5,** AR 40-501 is required, and will be accomplished **within the preceding twenty four (24) months** prior to the first day of school attendance. An Appendix B will be accomplished **within sixty (60) days** preceding start of school. The SF 88 and 93 and the Appendix B (Annual Medical Screening- Chapter 16) will be submitted to NGB-ARP-HS prior to starting training for review and authorization.

c. **Initial Flight Training Course:** Physical examinations will be accomplished and approved IAW Chapter 4 and 8, AR 40-501 prior to submission to NGB-ARO-TI.

d. **Special Forces Initial Qualification, HALO, and SF SCUBA/DIVING Examinations:** Physical examinations will be accomplished and approved IAW Paragraph 8-26(IO1 01 Oct 91), Chapter 5, AR 40-501 prior to submission to NGB-ARP-TI.

CHAPTER 14
MOBILIZATION STANDARDS AND EXAMINATIONS

(See AR's 135-300, 220-1, 600-8-1, 614-30 and FORSCOM Regulation 500-3-3)

14-1. GENERAL INFORMATION

New medical examinations are not specifically required for **MOBILIZATION** or **PRESIDENTIAL CALLUP** if a **current periodic physical examination** is on file.

a. An **Appendix B (Annual Medical Screen)** IAW Chapter 16, NGR 40-501 in conjunction with review of most recent periodic examination will be accomplished and reviewed for validity and potential cause for unfitness for retention and/or deployment.

b. **Soldiers with periodic physical examinations out of the period of validity shall be administered a complete physical examination IAW Chapters 3, 8, and 10, AR 40-501 prior to reporting to the Mobilization Station** if feasible, or **upon arrival at the Mobilization Station.**

14-2. APPENDIX B

Each soldier will complete an Appendix B questionnaire, and will have a personal interview with a MC, ANC (Nurse Practioner-Certified) or PA (Certified) officer who will review the most recent periodic physical examination for validity and potential cause for unfitness for retention.

14-3. SOLDIERS UNFIT FOR DEPLOYMENT OR RETENTION

Disposition of soldiers determined to be **unfit for deployment or retention** will be at the direction of the Chief, National Guard Bureau and the Secretary of the Army. **They will not be processed for separation IAW Chapter 17, NGR 40-501, during the period of mobilization.** They will be placed in a **Nondeployable assignment** and **will not report to Mobilization Stations** unless **otherwise directed by the Chief, National Guard Bureau.**

14-4. SPECIFICS OF STANDARDS FOR DEPLOYMENT

Medical standards for deployment may be more restrictive than retention standards, however all deployable soldiers will be expected to meet retention standards as a minimum. Soldiers who are assigned to high priority units, (CFP/RO/RU units) are required to meet established deployability standards. Any soldier not meeting established deployability standards must be reassigned out of the high priority unit. Additional standards will be established and executed at the time of mobilization depending upon the unique requirements associated with the mobilization. **Refer to AR 600-8-101 for determination on soldiers with Temporary (T-3) profiles. Soldiers with Permanent (P-3) profiles will be evaluated on an individual basis** for fitness for combat duty commensurate with their MOS/AOC and rank. **Confirmed pregnancy is unfitting for deployment by virtue of the regulatory T-3 profile (IAW AR 600-8-101).**

CHAPTER 15
SPECIAL REGULATIONS PERTAINING TO THE ARMY NATIONAL GUARD

15-1. CARDIOVASCULAR SCREENING PROGRAM (AGR Soldiers)

a. **Title 10 and 32 Active Guard/Reserve (AGR) soldiers:**

(1). Paragraph 8-27, AR 40-501, **applies to all Title 10 and 32 Active Guard/Reserve (AGR) soldiers**, and they shall be managed IAW active component regulations and practices currently in effect.

15-2. CARDIOVASCULAR SCREENING PROGRAM (M-Day Soldiers)

a. The following program **applies to Traditional M-Day soldiers:**

(1). The Health Risk Appraisal Assessment (HRAA) questionnaire will be completed by each soldier **in conjunction with each physical examination** accomplished for any purpose other than initial entry.

(2). The following **special examinations** will be accomplished and the results included in the HRAA on each "Over 40" physical examination: **Total Cholesterol, High Density Lipoprotein, Blood Glucose (Minimum twelve (12) Hour Fasting).**

(3). **On or after the "thirty eighth" (38th) birthday a resting electrocardiogram (EKG) will be performed on each physical examination.** Also, Appendix C will be completed by each soldier, to assist in evaluating individual risk factors.

(4). The HRAA will be subjected to computer analysis and the risk factor entered on the SF 88 in Item 73. The DA 4970-E will be attached to the examination as a permanent addendum. **The examination is considered incomplete, and the profile and review authentication will not be completed until this information is available for review by the State Surgeon or Physician Designee as a required part of the periodic physical examination.**

(5). The information obtained by the HRAA is for the primary purpose of **individual counseling of the soldier in instances of high risk factors,** with the goal of effecting reduction in risk aggravating life patterns **at the earliest possible age. Automatic profiles will not be imposed, however the Medical Officer reviewing the HRAA in conjunction with the associated examination and Appendix C, may assign a temporary restricted duty profile (T-P3), as clinically indicated,** until risk factors are appropriately reduced or evaluated by additional examinations. Significant factors to be considered clinically include, but are not restricted to, **history of adverse familial cardiovascular events, tobacco usage, age, symptoms, obesity, and actual level of exertion routinely performed for aerobic conditioning.**

(6). Specific guidelines in counseling soldiers in risk reduction are contained in the U.S. Army publications "Fit to Win" series and other pamphlets available through the unit Master Fitness Trainers. The importance of maintaining excellent cardiopulmonary conditioning through regular aerobic exercise is to be stressed, as is **the personal risk of attempting the Army Physical Fitness Test (APFT) if not in good aerobic condition.**

(7). Soldiers placed on restricted (T-P3) profile may furnish clearance for unlimited physical activity from their own physician to have a profile removed. The personal physician must be given a copy of Appendix D, **to assure that there is full cognizance of the stress of normal military duty. The APFT is considered normal military duty, as the level of exertion required in the performance of normal military duty will repeatedly require the same intensity of effort that the APFT requires.** Soldiers who have not successfully resolved the T-P3 profile **within one hundred eighty (180) days will be assigned a permanent P-P3 profile** and referred to the **State Medical Duty Review Board** (Chapter 17, NGR 40-501) for disposition.

(8). Frequently, **(Phase II) a stress treadmill** is employed as the next diagnostic step in evaluating an adverse cardiovascular risk assessment. **Stress treadmill failure is considered disqualifying for retention in the Army National Guard, IAW paragraph 3-21, AR 40-501.** A finding of **ischemic changes** on the stress test, **with or without symptoms,** is considered **objective evidence of coronary insufficiency,** and **is disqualifying for retention in the Army National Guard, IAW paragraph 3-21, AR 40-501.** This disqualification may be overcome by satisfactory evidence consisting of **(Phase III) coronary angiography or nuclear cardiology studies (i.e., stress thallium testing), furnished by the soldier at the soldiers expense.** The medical records submitted by the soldier in support of these actions will be reviewed by the State Surgeon or Physician Designee to establish sufficiency for action. **Findings of an exercise induced arrhythmia is also considered disqualifying IAW**

paragraphs 3-21.f, j, and l, AR 40-501.

(9). The National Guard Bureau will budget for and fund the States for (Phase I and II) Stress Treadmills that may be directed as a result of the review of the HRAA by the State Surgeon or Physician Designee. Only physicians that are specifically credentialed to order Stress Treadmill Consultations by the appropriate State Credential Committee are authorized to order a stress treadmill. The State Surgeon will develop Standard Operating Procedure (SOP) to assure that appropriate consultation is available to allow for such authorization when appropriate.

(10). Soldiers returned to unlimited duty from a temporary or permanent (P-3) profile will be allowed ninety (90) days for purpose of establishing satisfactory cardiovascular conditioning prior to resumption of physical fitness testing.

b. Management of the soldier with an acute myocardial infarction, history of myocardial infarction, or surgical coronary vascular intervention (Percutaneous Transluminal Coronary Angioplasty (PTCA) or Coronary Artery Bypass Graft (CABG):

(1). These conditions are addressed by paragraphs 3-21 and 3-24, AR 40-501, and by this regulation (NGR 40-501) are unfitting for retention as Traditional M-Day soldiers without review and waiver by CNGB (NGB-ARP-HS). All soldiers (AGR and M-Day) with an approved Line of Duty (LOD) event shall be managed IAW Active Component (AR) regulations, policies and Medical Facilities/Boards. M-Day soldiers under care of civilian health care providers for an LOD cardiac condition will be referred to the nearest Active Military Medical Facility for Medical Evaluation Board examination and management upon specific release for same by the civilian physician, ordinarily immediately after the thirty (30) day post-infarct treadmill, and must be managed by the MEB-determined trial of duty regulations of paragraphs 3-24.d and e, AR 40-501. Complete sets of the civilian medical records will be made available to the MEB at the first visit.

(2). For M-Day soldiers with a Not In Line of Duty incident, the full medical records will be obtained from the civilian health care provider for review. In addition, the civilian health care provider will be asked to provide a completed Appendix D. M-Day soldiers may not be returned to any duty sooner than ninety (90) days from such incident, and then only with the recommendation from the civilian health care provider for a specific level of activity. The soldier will be given a trial of duty of one hundred twenty (120) calendar days (four MUTA-4 drills) before final recommendation for retention is made to CNGB (NGB-ARP-HS). The APFT will not be required during the trial of duty, and not until ninety (90) days conditioning following receipt of favorable retention waiver from CNGB (NGB-ARP-HS).

(3). For soldiers discovered to have a history of infarct or surgery in the past (more than six (6) months before date of discovery), the complete medical records will be obtained for review. A completed Appendix D will be requested from the current treating physician, and a statement of duty performance by unit commander will be obtained. The soldier will be assigned a T-P3 profile until the evaluation of the condition is completed, and favorable retention authorization is received from CNGB (NGB-ARP-HS).

15-3. PREGNANCY, PROFILING AND DUTY RESTRICTIONS

a. **GENERAL INFORMATION.** The following is verbatim repetition of Paragraph 7-9, AR 40-501. Additional guidance specifically for ARNG M-Day soldiers (IAW this regulation) is identified by underlining.

b. **INTENT.** The intent of these provisions is to protect the fetus while ensuring productive utilization of the soldier. Common sense, good judgment, and cooperation must prevail between policy, patient, and patient's command and commander to ensure a viable program.

c. **RESPONSIBILITIES.**

(1). **SOLDIER.** The soldier will seek medical confirmation of pregnancy and will comply with the instructions from medical personnel and the unit commander.

(2). **MEDICAL PERSONNEL.** A physician will confirm pregnancy. If confirmed, the physician will initiate prenatal care of the soldier and issue a physical profile (with duty limitation instructions). (Nurse midwives may issue routine or standard pregnancy profiles for the duration of the pregnancy.) The profiling officer should ensure that the unit commander is provided a copy of the profile, and advise the unit commander as required. If care is being provided by a civilian health care provider, the civilian physician will be provided a copy of Appendix E, with a request for specific duty restrictions/limitations (if any) that

are not otherwise covered by guidance in this regulation. Such other limitations/ restrictions will be reviewed and validated by the State Surgeon or Physician Designee.

(3). **UNIT COMMANDERS.** The unit commander will counsel (and document counseling) pregnant soldiers per AR's 635-100, 635-130, 635-200, and will consult with medical personnel as required.

d. **PHYSICAL PROFILES.**

(1). Profiles will be issued for the duration of the pregnancy. Upon termination of pregnancy, a new profile will be issued reflecting revised profile information.

(2). Physical profiles will be issued as follows:

(a). Under physical stamina (P) indicate "T-3".

(b). List diagnosis as "pregnancy, estimated delivery date:_____".

(c). The profile will indicate the following limitations:

(1). Except under unusual circumstances, the soldier should not be reassigned to or from overseas commands until pregnancy is terminated. (See AR 614-30 for waiver provisions.) The soldier may be assigned within CONUS. Any reassignment must be cleared by the attending physician. No OCONUS assignment or duty will be authorized. (Non-waiverable).

(2). Upon the diagnosis of pregnancy, the soldier is exempt from the regular physical fitness training (PFT) program of the unit; exempt from physical fitness testing (APFT); exempt from wearing of load bearing equipment (including a web belt); exempt from all immunizations except influenza and tetanus-diphtheria; and exempt from exposure to chemical agents in Nuclear, Biological, Chemical (NBC) training. This includes the wearing of Mission-Oriented Protective Posture (MOPP) gear at any time.

(3). At twenty (20) weeks of pregnancy, the soldier is exempt from standing at parade rest or attention for longer than 15 minutes, and exempt from participating in weapons qualification and training, swimming qualifications, drown proofing, and any field duty. May not be transported in tactical vehicles. May attend Annual Training only in an Administrative status.

(4). No assignment will be made to duties where nausea, easy fatigability, or sudden lightheadedness would be hazardous to the soldier or others, to include all aviation duties, classes 1, 1A, 2, and 3. Class 2A, ATC personnel, may continue ATC duties with approval of the Flight Surgeon, Obstetrician, and the soldiers supervisor.

(5). The soldier may work shifts.

(6). At twenty eight (28) weeks of pregnancy, the soldier must be provided a fifteen (15) minute rest period every two (2) hours. The workweek should not exceed forty (40) hours: however it does not preclude assignment as Charge of Quarters (CQ) and other similar duties performed in a unit, to include normal housekeeping duties. (CQ is part of the forty (40) hour workweek.) CQ will not be assigned more often than every third (3rd) day.

(7). Profiles for soldiers experiencing difficulty with the pregnancy may include additional limitations as medically determined.

e. **PERFORMANCE OF DUTY.** A soldier who is experiencing a normal pregnancy may continue to perform military duty until delivery. Only those soldiers experiencing unusual and complicated problems (for example, pregnancy induced hypertension) will be excused from all duty, in which case they may be hospitalized or placed Sick in Quarters. Medical personnel will assist unit commanders in determining duties.

f. **SICK IN QUARTERS.** A pregnant soldier will not be placed Sick in Quarters solely on the basis of the pregnancy unless there are complications present that would preclude any type of normal duty performance.

g. **CONVALESCENT LEAVE.** (As prescribed by AR 630-5.)

(1). Convalescent leave after delivery will be for a period determined by the attending physician. This will normally be **forty two (42) days** following normal pregnancy and delivery. **Requests for longer periods convalescence will be forwarded to NGB-ARP-HS with detailed information and justification per the guidance from the civilian health care provider.**

(2). **Convalescent leave after abortion will be determined on an individual case basis by the attending health care provider,** not to exceed seven (7) days without the approval of NGB-ARP-HS.

h. **PHYSICAL FITNESS TRAINING (PFT) AND ARMY PHYSICAL FITNESS TESTING (APFT).** At termination of post partum convalescent leave, the soldier will resume Individual and Unit Physical Fitness Training. The soldier will be allowed a minimum of ninety (90) days for physical conditioning before the Army Physical Fitness Test (APFT) will be administered.

i. **PUBLICATION.** This paragraph is also reproduced as APPENDIX E, which is to be reproduced locally and provided to all unit commanders, and will be posted on all permanent Unit Bulletin Boards.

CHAPTER 16
MEDICAL/DENTAL SCREENING

16-1. ANNUAL MEDICAL SCREENING

a. Unit commanders will insure that each soldier completes an ANNUAL MEDICAL CERTIFICATE (AMC) (Appendix B from NGR 40-501) (local reproduction authorized) annually during the first two (2) quarters of the training year (fiscal year) and in no case later than ninety (90) days prior to the scheduled date of annual training for the unit. Designated medical personnel (see paragraph 16-1b, NGR 40-501) will verbally brief the soldiers on the requirements of this screening, the provisions of the Privacy Act, and the consequences of failure to furnish full and complete information required by this screening. The completed Annual Medical Certificates will be reviewed with the soldier in individual interviews by the medical personnel, asking for additional information when appropriate. Review of the current valid periodic physical examination shall be accomplished in conjunction with review of the AMC. This constitutes the **Unit Level Review,** with notes entered in Section 1a (for 91B, 91C) and in section 1b, page 2, of the Annual Medical Certificate (by the supervisor). Certificates requiring further review (see paragraph 16-1d(2), NGR 40-501) will be forwarded to STARC, ATTN: Health Systems Specialist, who will manage the provision of further evaluations, IAW Chapter 17, NGR 40-501.

b. Medical Personnel: Enlisted personnel [Military Occupational Specialty Qualified (MOSQ) 91B, 91C] as designated and certified by the State Surgeon, will conduct the initial review insofar as possible. Training and certification shall include, but not be limited to direct supervision and review of the first 100 cases reviewed and an oral examination on Chapter 3 AR 40-501 Standards of Medical Fitness. 91B and 91C shall work under the direct supervision of a MC, ANC (Nurse Practioner-Certified), or PA (Certified) who shall review the work accomplished, and confirm proper categorization of the Annual Medical Certificates IAW above paragraph, and enter determination in Section 1b of Appendix B. Upon completion of the training period and demonstration of satisfactory knowledge of AR 40-501, a Memorandum of Certification shall be executed by the supervising medical personnel and the State Surgeon, and shall be made a permanent entry in the soldier's Military Personnel Records Jacket (MPRJ-201 file). After certification, only records reviewed by 91B, 91C which indicate requirement for further evaluation shall be reviewed by the supervisor for final determination. In addition, 10 percent of records found fit for duty shall be reviewed by the supervisor as an ongoing quality assurance measure. The supervisory personnel will also be available for individual professional consultation on request by the 91B or 91C in problematic cases. c. Standards of Medical Review. AR 40-501 Chapter 3, lists the standards of medical fitness applicable to retention for all components of the U.S. Army, requiring individual assessment for determination of retainability. For the Army National Guard, Chapter 3 is interpreted as the standard for retention. Soldiers not meeting the standards of Chapter 3 AR 40-501 are not considered to meet retention standards and shall require review at NGB-ARP-HS, and a waiver from Chief, National Guard Bureau in order to be retained in the ARNG. AR 40-501, Chapter 7 (Physical Profiling), and Tables 7-1 and 7-2, establish the standards for evaluating soldiers for duty. Functional duty limitations (and as represented by numerical physical profiles and codes) must be carefully and knowledgeably applied to the individual soldier. Any profile greater than "2" requires significant duty and activity limitations, and is cause for performing individual evaluation of the soldier's physical condition in relation to MOS and duty assignment, to determine if the duty restriction causes significant limitations in performing normal military duty for the MOS, specifically including performance in combat situations appropriate to the MOS assigned. It should be noted that the numerical profiles for each MOS as required by AR's 611-101, 611-112, and 611-201 are for the initial award of the MOS only, and are not necessarily related to fitness for retention in a given MOS. The fitness and capacity to be deployed to <u>all</u> geographical areas is not a requirement for retention in an MOS, duty assignment, or in the ARNG.

d. The AMC will be categorized as follows:

(1) No significant current history, interval

history, or change in physical status, and no indication of requirement for limited duty. (Profile numerical factors of 1 or 2). No further action is required, the soldier will be certified for continued duty.

(2) Significant current history, or interval history, or change in physical status, or any indication of requirement for limited duty (Profile 3 or 4) temporary or permanent profiles. These soldiers will be further evaluated by forwarding all available information to the Health Systems Specialist at STARC for evaluation IAW Chapter 17, NGR 40-501.

e. A DA Form 3349 will be completed on all soldiers requiring limitation of duty. The Medical Duty Review Board is the state authority for issuance of permanent profiles for M-Day soldiers, with the exception of soldiers who have been assigned a permanent P3 or P4 profile by an active duty PPBD or MEB/PEB for injuries with Line of Duty related disabilities, as described in Chapter 17, NGR 40-501,and is fully comparable with the Physical Profile Board as established in AR 40-501 paragraph 7-8. Permanent profile authority for Active Guard/Reserve (AGR) soldiers rests with Active Component MEDDAC commanders and Physical Profile Boards (PPBD), or with Chief, National Guard Bureau (NGB-ARP-HS).

f. Soldiers classified as following under Paragraph 16-1d(2), NGR 40-501, will be automatically issued a temporary P3 profile until final determination of disposition is made by the MDRB process. Restrictions from mandatory strenuous physical exertion and performance of the APFT will be enforced until final determination is made. The soldier may attend Inactive Duty Training (IDT) but not Annual Training (AT), Active Duty for Training (ADT) or any type of Active Duty for Special Work (ADSW).

g. Disposition of Annual Medical Certificates: Completed certificates will be made a permanent entry in the soldier's permanent Medical Treatment Record. A copy will be returned to the soldier's unit, to be maintained in unit files. The soldier may be furnished a copy for his/her own personal medical file.

h. A database will be maintained at STARC (SIDPERS) listing the soldiers who have completed unit level Annual Medical Certificates, and will show the results of that screening. If additional steps in the MDRB are required, the data base will track the dates and results of these examinations. Permanent profile changes and duty changes shall be entered in SIDPERS.

16-2. ANNUAL DENTAL SCREENING

a. All soldiers are required to have an annual dental screening. This screening shall be performed under the direction of the State Dentist (State Surgeon's dental consultant).

b. The State Dentist will supervise the organization and credentialing of sufficient dental personnel to accomplish the screening. This will include both organic Dental Corps assets and civilian Dentists under contract as may be required.

c. The screening shall consist of a dental history and a tongue blade, mirror, and exploratory examination of the oral cavity by a military Dental Officer or a licensed civilian Dentist contractor. The examining dental officer will:

(1) Prepare a SF 603 (Health Record - Dental). This will be retained permanently in the soldier's Dental Treatment File which includes panographic and other x-rays.

(2) Assign a Dental Classification 1, 2, 3, or 4, IAW Paragraph 10-5, AR-40-3, and DoD Directives 6410.1 (Nov 90) and 6410.2 (13 Feb 92).

(3) Provide written recommendations to the soldier of the dental care advised to bring dental health to at least Class 2 standards, and give verbal counseling concerning dental hygiene. Obtaining dental care will be the responsibility of the soldier unless such care is provided by other ARNG programs.

d. A roster of soldiers screened by name and SSN, including date and dental classification will be submitted to STARC for entry in the Annual Medical/Dental Screening database. Soldiers who complete the recommended treatment will provide a statement from their dentist, which will be filed with the Dental Treatment Record and will also be reported to STARC for update of dental classification in the Medical/Dental Screening database.

e. Soldiers in dental Class 3 or 4 will not be placed in the nondeployable personnel account solely because of dental condition. On warning order of mobilization, those soldiers with Class 3 dental health recorded on the most recent screening, or in Class 4 (needing examination) will be immediately examined and referred for available care if necessary in accordance with specific instructions for the mobilization.

16-3. PHYSICAL INSPECTIONS PRIOR TO ANNUAL TRAINING

a. Unit commanders shall be responsible for individual or group inspection of all personnel under their jurisdiction immediately prior to (normally within 72 hours) departure for annual training.

b. This screening will consist as a minimum of:

(1) Confirmation that a valid and approved Annual Medical Certificate is on hand for each soldier scheduled to attend Annual Training.

(2) Physical observation for any outward signs of existing injury or disease, including bandages, splints, casts, use of crutches, braces, or other orthopedic devices.

(3) A reading of the questions of the Annual Medical Certificate to include the briefing concerning the Privacy Act and the consequences of less than full disclosure.

(4) Any soldier that answers affirmatively to any question that has not previously been evaluated, or exhibits signs of an obvious medical, mental, or physical condition that is likely to interfere with or be aggravated by annual training will be required to be evaluated by a military medical representative (as defined by paragraph 16-1b, NGR 40-501), including the execution of a new Appendix B questionnaire, before being allowed to depart for Annual Training. If this evaluation results in a determination of category 16-1d(2), NGR 40-501, the soldier may not attend annual training until cleared by actions specified in paragraph 16-1e, NGR 40-501. Records of such evaluation will be entered on the new AMC at the unit. Copies of the new AMC will be forwarded to STARC.

c. The remarks section of unit DA Form 1379 for annual training will reflect the commander's certification of this screening. Sample remark:

"I_____ of_____
(Cdr or 1SG) (unit)
performed a physical inspection of all soldiers present and attending annual training on _____, prior to departing for unit annual training."

CHAPTER 17
THE STATE MEDICAL DUTY REIEW BOARD (MDRB) PROCESS

17-1. PURPOSE

This chapter establishes a process for evaluation of all Army National Guard soldiers who may become unfit to maintain their MOS or duty assignment, or unfit to maintain membership in the Army National Guard.

17-2. PROCEDURES

a. This is a three step process: (1) An Initial Medical Evaluation (paragraph 17-3, NGR 40-501) assembles all required information; (2) The State MDRB (paragraph 17-4, NGR 40-501) assesses the information and issues the appropriate directives for personnel actions; (3) Appeal mechanisms. The state MDRB is similar to the active component Physical Profile Board as established in AR 40-501 paragraph 7-8, with respect to assigning profiles to ARNG soldiers not on active duty. See Figure 1.

b. Soldiers shall be entered into this process when they are believed to not meet the standards for MOS or duty retention. This may be the result of information gained from:

(1) An Annual Medical Certificate (AMC) review, IAW Chapter 16, NGR 40-501 and Appendix B, with a classification category indicated IAW paragraph 16-1d(2), NGR 40-501.

(2) A periodic retention physical examination, revealing historical or physical evidence of conditions requiring evaluation of duty/assignment status (a profile of "3" or "4" by functional assessments or regulatory requirements).

(3) A special fitness for duty evaluation at a military examination facility (Active, Guard, or Reserve), as may be directed by the unit commander, State Adjutant General, State Surgeon, or C, NGB, ATTN: NGB-ARP-HS.

(4) Written recommendation by the soldier's private physician.

(5) Recommendation of the soldier's unit commander based on failure to satisfactorily perform duties commensurate with the soldier's MOS and grade.

17-3. INITIAL MEDICAL EVALUATION

A physician or physician assistant or nurse practitioner designated and supervised by the State Surgeon will review all pertinent medical information including a current AMC and a commander's statement relative to the soldier's capability of performing his/her assigned duty, and may authorize special examinations and consultations as necessary to fully define the soldier's medical status. The consultations may be obtained from military resources if available, or

may be obtained from civilian resources in which case the cost of such evaluation must be approved in advance by appropriate authority IAW NGR 40-3. The officer will render an opinion of fitness, documenting medical information and the basis for opinion. Suspense time for completion of this action is sixty (60) days from receipt of the referral. The opinion will be entered in Section 2, page 2, Appendix B (AMC). If this initial evaluation finds the soldier fit for continuation of membership and duty in the assigned MOS the AMC will be so annotated and submitted for return to the unit of assignment. If this initial evaluation indicates the soldier is not fit to continue membership or assignment in his/her MOS, the case records will be submitted to the State MDRB for determination. This Initial Medical Evaluation will result in one of the following recommendations:

a. Fully fit for continued duty in current MOS without limitations of duty, and will be certified as such. (Confirmed profile of 1 or 2). Includes temporary profiles with expectation of full return to duty within ninety (90) days (Temporary-3). Return to unit, with appropriate completion of DA 3349.

b. Fit for retention and combat duty but with duty limitations which may be temporary with anticipated return to normal function requiring more than ninety (90) days, or which may be permanent duty limitations which may or may not require reassignment or change of MOS (Permanent-3). Temporary profiles will be reevaluated every ninety (90) days for determination of possible return to duty or need for permanent duty restriction. Refer to MDRB, with recommended profile (DA 3349) initiated.

c. Fit for retention but not fit for combat or field duty, requiring reassignment to non-combat or nondeployable position, or separation if such a position is unavailable. Refer to MDRB, with recommended profile (DA 3349) initiated.

d. Not fit for retention. Fails to meet Chapter 3 AR 40-501 standards of retention. Refer to MDRB.

17-4. STATE MEDICAL DUTY REVIEW BOARD

a. Membership:

(1) A Medical Corps Officer, of **Field Grade rank**, designated by the State Surgeon.

(2) A **Commissioned Officer** representative of the state Military Personnel Officer.

(3) A field grade officer knowledgeable of the requirements of duty performance in the soldier's MOS, or the soldier's commanding officer, or a senior NCO in grade E8 or E9 familiar with the requirements of duty performance in the MOS.

(4) A Board Recorder will be appointed by the state MILPO.

b. Responsibility: The MDRB will review all available medical documentation, and may request additional information or consultations, or may direct additional evaluation by the examiner providing the Initial Medical Evaluation, or may direct personal interview/examination of the soldier by a member of the board in order to resolve difficult questions of fitness.

c. Within ninty (90) days of receipt, the MDRB will render one of the following recommendations:

(1) **Retention** in service and in MOS, with or without duty limitations, and recommend a permanent profile if appropriate.

(2) **Reclassification** in a more suitable MOS, with or without duty limitations and a permanent profile if appropriate, which may include reassignment to a nondeployable position if available. Standards for judgment concerning deployability are:

(a) Physically and mentally capable of performing the requirements of assigned MOS under conditions of moderate to heavy stress as might be encountered in combat.

(b) Does not require frequent or sophisticated medical care or nonstandard medications, which would not be expected to be readily available in a typical combat theater. The vagaries of supply and medical care in a combat theater must be given appropriate consideration.

(c) Because of the impossibility of predicting geographic locations of deployment requirements, the ability to deploy to every conceivable geographic area in every conceivable climate will not be considered a deployment criteria.

(3) **Separation** from the Army National Guard as medically unfit for retention.

d. The MDRB will notify the MILPO, or the SPMO in the case of the AGR soldier, of the recommendation.

e. Personnel Actions.

(1) **For the soldiers not on active duty** the MILPO will notify the soldier by certified mail of the recommendations.

(a) If a **permanent profile** has been recommended, with or without a change of MOS or assignment, the DA Form 3349 will be completed, with the medical member of the

MDRB signing the second physician line, and with State Surgeon as approving authority, and the MILPO signing as Unit Commander. Issuing clinic will be listed as "MDRB STARC".

(b) If **separation** has been recommended, the soldier will be allowed sixty (60) days to submit additional information which he/she may feel would be in their interest. In this case, the additional information will be reviewed by the MILPO and the State Surgeon for final recommendation. On request of the soldier, the records may be submitted to NGB-ARP-HS for advisory opinion or waiver determination prior to final determination by the MILPO/State Surgeon. Their recommendation will be transmitted to the State Adjutant General for final decision. The Adjutant General may also request, within ninty (90) days of reciept, if not previously accomplished, review of the medical information by NGB-ARP-HS for advisory opinion, and may request a waiver for retention in meritorious cases. Separation processing will be IAW NGR 600-200 (Enlisted) or NGR 635-101 (Officers and Warrant Officers).

(2) In cases where there is a **Line of Duty injury or diseases**, and in all cases of **AGR** soldiers or **ADSW** soldiers currently on active duty, and **separation** is recommended, Medical Evaluation Board/Physical Evaluation Board (MEB/PEB) process will be initiated IAW AR's 135-381, 635-40, 600-8-1, and NGR 40-3. Active Duty (AT, ADT and ADSW) orders of thirty (30) days or less may not be extended solely to qualify for additional benefits once a soldier has incurred or aggravated an injury, illness, or disease (including injury, illness or disease incurred while in travel status). Soldiers who incur or aggravate an injury, illness or disease while on orders for more than thirty (30) days may elect to extend on AD until treatment and/or PEB/MEB process is completed. All accumulated medical and duty performance information will be submitted to an Army Medical Treatment Facility in support of the requested evaluation of Fitness for Duty, to include the findings and recommendation of the MDRB. This will be initiated by the SPMO for AGR soldiers, and by the MILPO for all other soldiers.

f. The actions prescribed by this regulation are strictly designed to arrive at a decision concerning the medical and physical fitness of a soldier to continue in his/her MOS or as a member of the Army National Guard and are governed by existing medical regulations. Representation by Counsel is not required.

POST ON PERMANENT BULLETIN BOARD
INDIVIDUAL RESPONSIBILITY OF THE NATIONAL GUARD SOLDIER

1. Each Army National Guard soldier is individually responsible for the maintenance of his/her medical, physical, and mental fitness. This includes correcting remediable defects, avoiding harmful habits, and weight control. The maintenance of good strength and aerobic conditioning is of prime importance to the modern soldier. The APFT is no more than the level of activity that may be expected from the ARNG soldier in the normal range of duties, and can be passed by soldiers in good condition.

2. The responsibilities also include seeking medical advice quickly when they believe their physical well-being is in question. Any hospitalization, significant illness, or disease that occurs when not on duty shall be reported to the unit commander or first sergeant at the earliest possible opportunity, and in all cases before initiating the next period of training.

3. Any recommendation of restricted activity that has been made by a private physician shall be reported, preferably in writing, before performing any duty, and shall be honored by the soldier's commander until evaluation and recommended course of action can be determined by a Medical Corps Officer. Directing duty that is in violation of recommended restrictions may be considered misconduct of the supervisor and result in disciplinary action. Voluntary performance of a duty by a soldier that may be detrimental to the soldier's well-being, in violation of documented restrictions advised by private or military medical authorities, may be considered misconduct by the soldier, may result in disciplinary action, and may therefore jeopardize Line of Duty entitlements.

4. A member shall immediately inform his unit commander, first sergeant, or supervisor of any significant injury or disease he incurs while on duty. The unit commander shall insure that any necessary emergency care required for the preservation of life, limb, or sight shall be made immediately available. The unit commander shall notify the designated office of the State Adjutant General of any emergency care authorized, and immediately initiate a Line of Duty (LOD). Because the completed LOD impacts every aspect of medical care available to the soldier, the prudent soldier will monitor the progress of the LOD through to completion. The soldier **will not** be reimbursed for any medical care obtained without proper written authority by the unit commander or STARC Health System Specialist. See NGR 40-3 for specific instructions.

5. Soldiers presenting verbal or written claims of need for restricted duty shall be referred to the State Surgeon or his Designee for evaluation and appropriate profiling before being allowed to perform any duty.

6. This Chapter will be verbally briefed to all soldiers on an annual basis. This chapter will be reproduced locally and permanently posted on all unit bulletin boards.

NGR 40-501, 1 September 1994, Appendix A. (Previous edition obsolete.) Local Reproduction Authorized.

ANNUAL MEDICAL CERTIFICATE

PRIVACY ACT STATEMENT

AUTHORITY: NGR 40-501
PRINCIPAL PURPOSE(S): To provide medical authority with information to update medical treatment history. Use of Social Security Number is required to make positive identification of individual and records. The information is used to determine continued medical qualification.
ROUTINE USE(S): None.
DISCLOSURE IS VOLUNTARY: Failure to provide the requested information will result in medical disqualification for retention in the Army National Guard.

YES	NO	
		Do you currently have any medical/dental problems?
		Have you had any medical or dental problems since your last periodic physical examination?
		Have you been seen by or been treated by a dentist, physician, or other health care provider since your last periodic physical examination?
		Have you been hospitalized or had surgery since your last periodic physical examination?
		Are you currently taking medication, or have you taken prescription medication since your last exam?
		Are you currently or have you in the past received a VA disability, Workmen's Compensation, or other type of compensation for health or physical reason?

Current Medications:

Explain any positive answers above:

I certify that the above information is true and correct to the best of my knowledge. I further understand that false statements made on this form will be cause for reassignment, discharge, or other disciplinary action.

DATE	RANK	MOS	NAME (Type or Print)

SSN	SIGNATURE

NGR 40-501 Appendix B, Page 1, 1 September 1994 (Previous editions obsolete)
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INITIAL MEDICAL REVIEW - ANNUAL MEDICAL CERTIFICATE

1a. AMC Review Notes (Unit Level - 16-1a)

☐ Fully Fit ☐ Requires Supervisor Evaluation

Signature:

1b. Supervisor:

☐ Fully Fit ☐ Requires Further Evaluation

Signature:

2. Medical Evaluation Notes (17-3):

RECOMMENDED ACTION:

☐ To MDRB: ☐ Reclassify ☐ Nondeploy ☐ Deploy ☐ Separate ☐ Fully Fit

P	U	L	H	E	S

Code(s):

Signature:

3. Medical Duty Review Board Action: (17-4)

☐ Fully Fit ☐ Reclassify ☐ Nondeploy ☐ Deploy ☐ Separate

P	U	L	H	E	S

Code(s):

Medical Member MILPO Member Member

PERSONAL MEDICAL HISTORY FOR CARDIOVASCULAR RISK ASSESSMENT

PRIVACY ACT STATEMENT

AUTHORITY: NGR 40-501
PRINCIPAL PURPOSE(S): To provide medical authority with information to update medical treatment history. Use of Social Security Number is required to make positive identification of individual and records. The information is used to determine continued medical qualification.
ROUTINE USE(S): None.
DISCLOSURE IS VOLUNTARY: Failure to provide the requested information may result in errors of evaluation of cardio-vascular risk.

The following information is requested to enable the National Guard Medical authorities to make a more accurate assessment of your Cardiovascular Risk factors. For family history, include only blood relatives: parents, aunts, uncles, siblings.

FAMILY HISTORY:

1. History of Heart Attacks?_____
2. History of Brain Strokes?_____
3. History of High Blood Pressure?_____
4. History of Diabetes?_____
5. History of Kidney Disease?_____

PRESENT LEVEL OF PHYSICAL ACTIVITY:

1. I RUN ___miles per week (___miles/day, ___days/week)
2. I FAST WALK ___miles per week (___miles/day, ___days/week)
3. I just Walk ___miles per week (___miles/day, ___days/week)
4. I Bicycle ___miles per week (___miles/day, ___days/week)
5. I Swim ___hours/day, ___days/week.
6. I do regular strength training, weight lifting (Y) (N)
7. I perform regular SITUPS, PUSHUPS (Y) (N)
8. I do not have a regular exercise program (___)

WHEN I EXERCISE HARD I HAVE SYMPTOMS OF:

1. Shortness of breath (___)
2. Pain in: Chest (___); Arms (___); Jaw (___); Legs (___).
3. Palpitations (__), Irregular Heart Beat (___)
4. None (___)

STAYING IN GOOD CONDITION (LEAN AND MEAN), AND NOT SMOKING, IS THE BEST INSURANCE FOR THE HEART

I certify that the above information is true and correct to the best of my knowledge. I further understand that false statements made on this form will be cause for reassignment, discharge, or other disciplinary action.

DATE	RANK	MOS	NAME (Type or Print)

SSN	SIGNATURE

NGR 40-501, Appendix C, 1 September 1994. Local Reproduction Authorized

MEDICAL STATEMENT BY PRIVATE PHYSICIAN

Dear Doctor: Date:_____

In the process of routine periodic physical examinations this soldier has been found to have significantly elevated cardiovascular risk factors, which are listed below. As an aid to proper evaluation and assignment of duty responsibility we have asked him/her to provide us with an independent medical evaluation and assessment **in your opinion** of his/her risk factors for adverse cardiovascular events that may be linked to various levels of physical exertion.

Risk Factors: Cholesterol_____ HDL_____ Ratio_____
Fasting Glucose_____ Framingham Risk Index_____ EKG_____
BP___/___ Rx? (Y) (N) Adverse Family History_____

Definitions:

Normal Military Duty (Level 1) requires the ability to frequently perform the following actions: (for 40 years old)
RUN: 2 miles in 18:42 minutes (male), 23:36 (female).
SITUPS: 33 in 2:00 minutes (male), 30 (female).
PUSHUPS: 32 IN 2:00 minutes (male), 13 (female).
Road March indefinitely with 40 pound pack at 3+ MPH.
Lift to Shoulder Height repeatedly: 70 lbs (male) 40 (female)
High level of general physical and cardiovascular fitness.
No significant evidence of cardiovascular disease.

Moderately Limited (Level 2) Equivalent to NYHA Class A.
WALK: Indefinitely at 4 MPH; Climb 3 flights without angina or significant dyspnea. Pushups and Situps as in Level 1.

Significantly Limited (Level 3). NYHA Therapeutic Class B.

Unable to perform military duty (Level 4) NYHA Therapeutic C.

Please provide your opinion on the reverse side of this form

PRIVACY ACT STATEMENT

AUTHORITY: NGR 40-501
PRINCIPAL PURPOSE(S): To provide medical authorities with information to update medical treatment history. Use of Social Security Number is required to make positive identification of individual and records. The information is used to determine continued medical qualification.
ROUTINE USE(S): None.
DISCLOSURE IS VOLUNTARY: Failure to provide the requested information will result in medical disqualification for retention in the Army National Guard.

I authorize Doctor _____ to provide this information and any additional information he believes is significant in order to establish my fitness to perform my required military duty activities.

DATE	RANK	MOS	NAME (Type or Print)

SSN	SIGNATURE

NGR 40-501 Appendix D, Page 1, 1 September 1994. (Previous editions obsolete)
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PERSONAL PHYSICIAN EVALUATION OF CARDIOVASCULAR RISK			
History:			
Current Level of Physical Activity/Conditioning:			
Physical Examination:			
Results of Stress Treadmill:			
Results of Thallium Stress:			
Results of Angiography:			
Additional Evaluation Recommended?			
Approved Activity Level (1) (2) (3) (4)			
Printed Name	Degree	Signature	Date

NGR 40-501 Appendix D, Page 2, 1 September 1994. (Previous editions obsolete)
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POST ON UNIT PERMANENT BULLETIN BOARD
PREGNANCY, PROFILING AND DUTY RESTRICTIONS.

15-3. PREGNANCY, PROFILING AND DUTY RESTRICTIONS.

a. **GENERAL INFORMATION.** The following is verbatim repetition of Paragraph 7-9, AR 40-501. Additional guidance specifically for ARNG M-Day soldiers (IAW this regulation) is identified by underlining.

b. **INTENT.** The intent of these provisions is to protect the fetus while ensuring productive utilization of the soldier. Common sense, good judgment, and cooperation must prevail between policy, patient, and patient's command and commander to ensure a viable program.

c. **RESPONSIBILITIES.**

(1). **SOLDIER.** The soldier will seek medical confirmation of pregnancy and will comply with the instructions from medical personnel and the unit commander.

(2). **MEDICAL PERSONNEL.** A physician will confirm pregnancy. If confirmed, the physician will initiate prenatal care of the soldier and issue a physical profile (with duty limitation instructions). (Nurse midwives may issue routine or standard pregnancy profiles for the duration of the pregnancy.) The profiling officer should ensure that the unit commander is provided a copy of the profile, and advise the unit commander as required. If care is being provided by a civilian health care provider, the civilian physician will be provided a copy of Appendix E, with a request for specific duty restrictions/limitations (if any) that are not otherwise covered by guidance in this regulation. Such other limitations/ restrictions will be reviewed and validated by the State Surgeon or Physician Designee.

(3). **UNIT COMMANDERS.** The unit commander will counsel (and document counseling) pregnant soldiers per AR's 635-100, 635-130, 635-200, and will consult with medical personnel as required.

d. **PHYSICAL PROFILES.**

(1). Profiles will be issued for the duration of the pregnancy. Upon termination of pregnancy, a new profile will be issued reflecting revised profile information.

(2). Physical profiles will be issued as follows:

(a). Under physical stamina (P) indicate "T-3".

(b). List diagnosis as "pregnancy, estimated delivery date:_____".

(c). The profile will indicate the following limitations:

(1). Except under unusual circumstances, the soldier should not be reassigned to or from overseas commands until pregnancy is terminated. (See AR 614-30 for waiver provisions.) The soldier may be assigned within CONUS. Any reassignment must be cleared by the attending physician. No OCONUS assignment or duty will be authorized. (Non-waiverable).

(2). Upon the diagnosis of pregnancy, the soldier is exempt from the regular physical fitness training (PFT) program of the unit; exempt from physical fitness testing (APFT); exempt from wearing of load bearing equipment (including a web belt); exempt from all immunizations except influenza and tetanus-diphtheria; and exempt from exposure to chemical agents in Nuclear, Biological, Chemical (NBC) training. This includes the wearing of Mission-Oriented Protective Posture (MOPP) gear at any time.

(3). At twenty (20) weeks of pregnancy, the soldier is exempt from standing at parade rest or attention for longer than 15 minutes, and exempt from participating in weapons qualification and training, swimming qualifications, drown proofing, and any field duty. May not be transported in tactical vehicles. May attend Annual Training only in an Administrative status.

(4). No assignment will be made to duties where nausea, easy fatigability, or sudden lightheadedness would be hazardous to the soldier or others, to include all aviation duties, classes 1, 1A, 2, and 3. Class 2A, ATC personnel, may continue ATC duties with approval of the Flight Surgeon, Obstetrician, and the soldiers supervisor.

(5). The soldier may work shifts.

(6). At twenty eight (28) weeks of pregnancy, the soldier must be provided a fifteen (15) minute rest period every two (2) hours. The workweek should not exceed forty (40) hours: however it does not preclude assignment as Charge of Quarters (CQ) and other similar duties performed in a unit, to include normal housekeeping duties. (CQ is part of the forty (40) hour workweek.) CQ will not be assigned more often than every third (3rd) day.

(7). Profiles for soldiers experiencing difficulty with the pregnancy may include additional limitations as medically determined.

e. **PERFORMANCE OF DUTY.** A soldier who is experiencing a normal pregnancy may continue to perform military duty until delivery. Only those soldiers experiencing unusual and complicated problems (for example, pregnancy induced hypertension) will be excused from all duty, in which case they may be hospitalized or placed Sick in Quarters. Medical personnel will assist unit commanders in determining duties.

f. **SICK IN QUARTERS.** A pregnant soldier will not be placed Sick in Quarters solely on the basis of the pregnancy unless there are complications present that would preclude any type of normal duty performance.

g. **CONVALESCENT LEAVE.** (As prescribed by AR 630-5.)

(1). Convalescent leave after delivery will be for a period determined by the attending physician. This will normally be **forty two (42) days** following normal pregnancy and delivery. **Requests for longer periods convalescence will be forwarded to NGB-ARP-HS with detailed information and justification per the guidance from the civilian health care provider.**

(2). **Convalescent leave after abortion will be determined on an individual case basis by the attending health care provider, not to exceed seven (7) days without the approval of NGB-ARP-HS.**

h. **PHYSICAL FITNESS TRAINING (PFT) AND ARMY PHYSICAL FITNESS TESTING (APFT).** At termination of post partum convalescent leave, the soldier will resume Individual and Unit Physical Fitness Training. The soldier will be allowed a minimum of ninety (90) days for physical conditioning before the Army Physical Fitness Test (APFT) will be administered.

Glossary

Section I
Abbreviations

AC
Active Component

AD
Active Duty

ADT
Active Duty Training

ADSW
Active Duty for Special Work

AGR
Active Guard/Reserve

AMC
Annual Medical Certificate

AME
Aviation Medical Examiner

AMEDD
Army Medical Department (US)

AN
Army Nurse

ANC
Army Nurse Corps

APFT
Army Physical Fitness Test

AR
Army Regulation

ARNG
Army National Guard

ARNGRC
Army National Guard Readiness Center

AT
Annual Training

ATC
Air Traffic Controller

AV
Atrioventricular

CABG
Coronary Artery Bypass Graft

CAD
Coronary Artery Disease

CFP
Contingency Force Package

CNGB
Chief, National Guard Bureau

CONUS
Continental United States

CQ
Charge of Quarters

CVSP
Cardiovascular Screening Program

DA
Department of Army (Forms)

DC
Dental Corps

DD
Department of Defense (Forms)

DENTAC
Dental Activity

DoD
Department of Defense

E
Eyes (profile)

ECG
Electrocardiogram

EKG
Electrocardiogram

ELISA
Enzyme-Linked Immunoassay (serological test)

ENT
Ear-Nose-Throat

EPTS
Existed Prior To Service

FDME
Flying Duty Medical Examination

FORSCOM
Forces Command (U.S. Army)

H
Hearing (profile)

HALO
High Altitude Low Opening

HIV
Human Immunodeficiency Virus

HSC
Health Services Command

HTLV-III
Human T-Lymphotrophic Virus Type III

HQDA
Headquarters Department of the Army

HRAA
Health Risk Appraisal Assessment

HSS
Health Systems Specialist

IAW
In Accordance With

IADT
Initial Active Duty Training

IDT
Inactive Duty Training

ILOD
In Line of Duty

JFTR
Joint Federal Travel Regulation

L
Lower Extremities (profile)

LOD
Line of Duty

MC
Medical Corps

MDRB
Medical Duty Review Board

MEB
Medical Evaluation Board

MEDCEN
Medical Center (U.S. Army)

MEDDAC
Medical Activity (U.S. Army)

MEPCOM
Military Entrance Processing Command

MEPS
Military Entrance Processing Station

MILPO
Military Personnel Officer

MOS
Military Occupational Specialty

MOSQ
Military Occupational Specialty Qualification

MOPP
Mission Orientated Protective Posture

MPRJ
Military Personnel Records Jacket

MTF
Medical Treatment Facility

MUTA
Multiple Unit Training Assembly

NBC
Nuclear, Biological, Chemical

NGB
National Guard Bureau

NGR
National Guard Regulation

OC
Officer Candidate

OCONUS
Outside Continental United States

OCS
Officer Candidate School

P
Permanent (profile) and Physical Capacity or Stamina (profile)

PA
Physicians Assistant

PEB
Physical Evaluation Board

PEBLO
Physical Evaluation Board Liaison Officer

PFT
Physical Fitness Training

PPBD
Physical Profile Board Determination

PTCA
Percutaneous Transluminal Coronary Angioplasty

PULHES
(See seperate letters for profile codes) (AR 40-501)

RO
Round Out (Unit)

ROTC
Reserve Officers' Training Corps

RU
Round Up (Unit)

S
Psychiatric (profile)

SCUBA
Self-Contained Underwater Breathing Apparatus

SF
Standard Form (Forms)

SIB
SIDPERS Interface Branch

SIDPERS
Standard Installation/Division Personnel System

SOP
Standard Operating Procedure

SPMO
Support Personnel Management Office

SSN
Social Security Number

STARC
State Area Command

STS
Serologic Test for Syphilis

T
Temporary (profile)

TB MED
Technical Bulletin Medical

TRADOC
Training and Doctrine Command (U.S. Army)

U
Upper Extremities (profile)

USA
United States Army

USAAMC
United States Army Aeromedical Center

USPFO
United States Property and Finance Office

USPHS
United States Public Health Service

VC
Veterinary Corps

VDRL
Venereal Disease Research Laboratory (test)

WO
Warrant Officer

WOC
Warrant Officer Candidate

WOCS
Warrant Officer Candidate School

Section II
Terms

Accepted Medical Principles: Fundamental deduction consistent with medical facts and based upon the observation of a large number of cases. To constitute accepted medical principles, the deduction must be based upon the observation of a large number of cases over a significant period of time and be so reasonable and logical as to create a moral certainty that they are correct.

Active Duty: Full-time duty in the Active Military service of the United States. It includes Federal (for NG personnel), ADSW, AT, ADT, IADT, and attendance, while in the active military service, at a school designated as a service school by law or the Secretary of the Military Department concerned.

Active Guard/Reserve (AGR): Title 10 AGR (ARNGUS) personnel serve on AD under Section 672(d), title 10 United States Code (Federal) NGB control. **Title 32 AGR** (ARNG) personnel serve on full-time National Guard duty (FTNGD) under section 502(f), title 32 United States Code (State) State control. Reference AR 135-18, Chapter 1, Paragraph 1-1.

Administrative Status: As referenced in Chapter 15, Paragraph 15-3d(3), to indicate in an Armory, Fixed Facility, non field exercise environment.

Applicant: A person not in a military status who applies for appointment enlistment, or reenlistment in the ARNG.

Candidate: Any individual under consideration for military status or for a military service program whether voluntary (appointment, enlistment, ROTC) or involuntary (induction).

Civilian Physician: Any individual who is legally qualified to prescribe and administer all drugs and to perform all surgical procedures in the geographical area concerned.

Executive Type: As referenced in Chapter 9, paragraph 9-1, General Officer physical examinations are required to be accomplished at Active Military Medical Treatment Facilities, at the facilities discretion they may establish specific criteria for General Officer physical examinations, as a protocol measure, and does not distract from or add to regulatory guidence as to requirements or scope of examination.

Medical Capacity: General ability, fitness, or efficiency (to perform military duty) based on accepted medical principles.

Section III
Reference Publications

AR 40-3
Medical, Dental, and Veterinary Care

AR 40-501
Standards of Medical Fitness

AR 40-562
Immunization requirements and Procedures

AR 135-18
The Active Guard/Reserve (AGR) Program

AR 135-200
Active Duty for Training, Annual Training, and Active Duty for Special Work

AR 135-381
Incapacitation of Reserve Component Soldiers

AR 220-1
Unit Status Reporting

AR 600-8-1
Army Casualty and memorial Affairs and Line of Duty Investigations

AR 600-8-1
Personnel Processing (In and Out Mobilization Planning)

AR 611-101
Commissioned Officer Classification System

AR 611-112
Manual of Warrant Officer Military Occupational Specialties

AR 611-201
Enlisted Career Management Fields and Military Occupational Specialties

AR 614-30
Overseas Service

AR 635-40
Physical Evaluation for Retention and Retirement

AR 635-100
Termination of Appointment and Withdrawal of Federal Recognition

AR 635-200
Personnel Seperations - Enlisted Personnel

FORSCOM Regulation 500-3-3
FORSCOM Mobilization and Deployment System (FORMDEPS) Volume III - Reserve Components Unit Commanders Handbook

JFTR
Joint Federal Travel Regulation

NGR 40-3
Medical Care for Army National Guard Members

NGR 600-5
The Active Guard/Reserve (AGR) Program Title 32 Full-Time National Guard Duty (FTNGD)

NGR 600-10
ARNGUS Tour Program (NGB Controlled Title 10 USC Tours)

NGR 600-100
Commissioned Officer - Federal Recognition and Related Personnel Actions

NGR 600-200
Enlisted Personnel Management

NGR 635-101
Efficiency and Physical Fitness Boards

Section IV
Forms

DA Form 1379
Unit Record of Reserve Training

DA Form 2028
Recommended Changes to Publications and Blank Forms

DA Form 3081-R
Periodic Medical Examination (Statement of Exemption)

DA Form 3083-R
Medical Examination for Certain Geographic Areas

DA Form 3349
Physical Profile

DA Form 4186
Medical Recommendation for Flying Duty

DA Form 4497-R
Interim Medical Examination - Flying Personnel

DA Form 4970-E
Medical Screening Summary - Over 40 Physical Fitness Program

DD Form 689
Individual Sick Slip

SF 88
Report of Medical Examination

SF 93
Report of Medical History

SF 507
Clinical Record - Report on or Continuation of Sf 507

SF 513
Clinical Record - Consultation Sheet

SF 520
Clinical Record - Electrocardiographic Record

SF 600
Health Record - Chronological Record of Medical Care

SF 603
Health Record - Dental

By Order of the Secretary of the Army:

JOHN R. D'ARAUJO, JR.
Major General, USA
Acting Chief, National Guard Bureau

Official:

DAVID MISKELL
Acting Chief
Administrative Services

Distribution: A