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09.06.02 - RULES GOVERNING MINIMUM MEDICAL AND HEALTH STANDARDS FOR PAID FIREMEN

DEPARTMENT OF LABOR

000. LEGAL AUTHORITY.
The director of the Department of Labor is authorized under Section 44-109, Idaho Code, to adopt rules concerning the minimum medical and health standards for paid firemen. (2-26-93)

001. TITLE AND SCOPE.
These rules shall be cited as IDAPA 09.06.02, Rules Governing Minimum Medical and Health Standards for Paid Firemen, Department of Labor. These rules become the criteria for employment of paid firemen. (2-26-93)

002. WRITTEN INTERPRETATIONS.
This agency has no written interpretations of this chapter. Table I, "Table of Acceptable Audiometric Hearing Level," and Table II, "Table of Weight - Men and Women," may be obtained from the Department of Labor, 277 North 6th Street, Statehouse Mail, Boise, Idaho 83720-6000. (2-26-93)

003 ADMINISTRATIVE APPEALS.
This chapter does not allow administrative relief of the provisions outlined herein. (2-26-93)

004.-- 010. (RESERVED).

011. MINIMUM MEDICAL AND HEALTH STANDARDS FOR PAID FIREMEN.
Any waiver of these standards must be approved by the Department of Labor upon petition of the employer endorsed by, or enclosing, a positive recommendation by the examining physician. (2-6-86)

012. ABDOMINAL ORGANS AND GASTROINTESTINAL SYSTEM.
The causes for rejection for membership are: (2-6-86)

01. Sequelae of Cholecystectomy. Cholecystectomy, sequelae of, such as postoperative stricture of common bile duct, reforming of stones in hepatic or common bile ducts, or incisional hernia, or postcholecystectomy syndrome, when symptoms are so severe as to interfere with normal performance of duty. (2-6-86)

02. Cholecystitis. Cholecystitis, acute or chronic, with or without cholelithiasis, if diagnosis is confirmed by usual laboratory procedures or authentic medical records. (2-6-86)

03. Cirrhosis. Cirrhosis, regardless of the absence of manifestations such as jaundice, ascites or known esophageal varices, abnormal liver function tests, with or without history of chronic alcoholism. (2-6-86)

04. Fistula. Fistula, in ano. (2-6-86)

05. Gastritis. Gastritis, chronic hypertrophic, severe. (2-6-86)

06. Hemorrhoids. (2-6-86)

a. External hemorrhoids producing marked symptoms. (2-6-86)

b. Internal hemorrhoids, if large or accompanied with hemorrhage or protruding, intermittently or constantly. (2-6-86)

07. Hepatitis. Hepatitis, within the preceding six months, or persistence of symptoms after a reasonable period of time with objective evidence of impairment of liver function. (2-6-86)

08. Hernia. (2-6-86)

a. Hernia other than small asymptomatic umbilical or hiatal. (2-6-86)

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b. History of operation for hernia within the preceding sixty (60) days. (2-6-86)

09. Intestinal Obstruction. Intestinal obstruction, or authenticated history of more than one (1) episode, if either occurred during the preceding five (5) years, or if resulting conditions remain which produce significant symptoms or require treatment. (2-6-86)

10. Megacolon. Megacolon, of more than minimal degree, diverticulitis, regional enteritis, and ulcerative colitis. Irritable colon of more than moderate degree. (2-6-86)

11. Pancreas Disease. Pancreas, acute or chronic disease of, if proven by laboratory tests, or authenticated medical records. (2-6-86)

12. Rectum. Rectum, stricture or prolapse of. (2-6-86)

13. Resection, Gastric or of Bowel; or Gastroenterostomy. However minimal, intestinal resection in infancy or childhood (for example: for intussusception or pyloric stenosis) is acceptable if the individual has been asymptomatic since the resection and if surgical consultation, to include upper and lower gastrointestinal series, gives complete clearance. (2-6-86)

14. Scars. (2-6-86)

a. Scars, abdominal, regardless of cause, which show hernial bulging or which interfere with movements. (2-6-86)

b. Scar pain associated with disturbance of function of abdominal wall or contained viscera. (2-6-86)

15. Sinuses. Sinuses, of the abdominal wall. (2-6-86)

16. Splenectomy. Splenectomy, except when accomplished for the following: (2-6-86)

a. Trauma. (2-6-86)

b. Causes unrelated to diseases of the spleen. (2-6-86)

c. Hereditary syherocystosis. (2-6-86)

d. Disease involving the spleen, when followed by correction of the condition for a period of at least two (2) years. (2-6-86)

17. Tumors. See Sections 044 and 045. (2-6-86)

18. Ulcer. (2-6-86)

a. Ulcer of the stomach or duodenum, if diagnosis is confirmed by X-ray examination, or authenticated history thereof. (2-6-86)

b. Authentic history of surgical operations for gastric or duodenal ulcer. (2-6-86)

19. Other Abnormalities and Defects. Other congenital or acquired abnormalities and defects which preclude satisfactory performance of duties or which require frequent and prolonged treatment. (2-6-86)

013. BLOOD AND BLOOD-FORMING TISSUE DISEASES.
The causes for rejection for appointment are: (2-6-86)

01. Anemia. (2-6-86)

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a. Blood loss anemia--until both condition and basic cause are corrected. (2-6-86)

b. Deficiency anemia, not controlled by medication. (2-6-86)

c. Abnormal destruction of RBC's: Hemolytic anemia. (2-6-86)

d. Faulty RBC construction: Hereditary hemolytic anemia, thalassemia and sickle cell anemia. (2-6-86)

e. Myelophthisic anemia: Myelomatosis, leukemia, Hodgkin's disease. (2-6-86)

f. Primary refractory anemia: Aplastic anemia, Di Guglielmo's syndrome. (2-6-86)

02. Hemorrhagic States. (2-6-86)

a. Due to changes in coagulation system, hemophilia, etc. (2-6-86)

b. Due to platelet deficiency. (2-6-86)

c. Due to vascular instability. (2-6-86)

03. Leukopenia. Leukopenia, chronic or recurrent, associated with increased susceptibility to infection. (2-6-86)

04. Myeloproliferative Disease, Other Than Leukemia. (2-6-86)

a. Myelofibrosis. (2-6-86)

b. Megakaryocytic myelosis. (2-6-86)

c. Polycythemia vera. (2-6-86)

05. Splenomegaly. Splenomegaly, until the cause is remedied. (2-6-86)

06. Thromboembolic Disease. Thromboembolic disease except for acute, nonrecurrent conditions. (2-6-86)

014. DENTAL.

The causes for rejection for appointment are: (2-6-86)

01. Diseases of the Jaws or Associated Tissues. Diseases of the jaws or associated tissues, which are not easily remediable and which will incapacitate the individual or prevent the satisfactory performance of duty. (2-6-86)

02. Malocclusion. Malocclusion, severe, which interferes with the mastication of a normal diet. (2-6-86)

03. Orthodontic Appliances. Orthodontic appliances, individuals with orthodontic appliances attached to the teeth are administratively unacceptable so long as active treatment is required. Individuals with retainer orthodontic appliances who are not considered to require active treatment are administratively acceptable. (2-6-86)

04. Oral Tissues. Oral tissues, extensive loss of, in the amount that would prevent replacement of missing teeth with a satisfactory prosthetic appliance. (2-6-86)

05. Mandible and Maxilla. Relationship between the mandible and maxilla of such a nature as to preclude future satisfactory prosthodontic replacement. (2-6-86)

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015. EARS.
The causes for rejection for appointment are: (2-6-86)

01. Auditory Canal. (2-6-86)

a. Artesia or severe stenosis of the external auditory canal. (2-6-86)

b. Tumors of the external auditory canal, except mild exostoses. (2-6-86)

c. Severe external otitis, acute or chronic. (2-6-86)

02. Auricle. Agenesis, severe; or severe traumatic deformity, unilateral or bilateral. (2-6-86)

03. Mastoids. (2-6-86)

a. Mastoiditis, acute or chronic. (2-6-86)

b. Residual or mastoid operation with marked external deformity which precludes or interferes with the wearing of a gas mask or helmet. (2-6-86)

c. Mastoid fistula. (2-6-86)

04. Meniere's Syndrome. (2-6-86)

05. Middle Ear. (2-6-86)

a. Acute or chronic suppurative otitis media. Individuals with a recent history of acute suppurative otitis media will not be accepted unless the condition is healed and a sufficient interval of time subsequent to treatment has elapsed to insure that the disease is in fact not chronic. (2-6-86)

b. Adhesive otitis media associated with hearing level by audiometric test of twenty (20) db or more average for the speech frequencies (500, 1000, and 2000 cycles per second) in either ear, regardless of hearing level in the other ear. (2-6-86)

c. Acute or chronic serious otitis media. (2-6-86)

d. Presence of attic perforation in which presence of cholesteatoma is suspected. (2-6-86)

e. Repeated attacks of catarrhal otitis media, intact grayish, thickened drum(s). (2-6-86)

06. Tympanic Membrane. (2-6-86)

a. Any perforation of the tympanic membrane. (2-6-86)

b. Severe scarring of the tympanic membrane associated with hearing level by audiometric test of twenty (20) db or more average or the speech frequencies (500, 1000, and 2000 cycles per second) in either ear, regardless of the hearing level in the other ear. (2-6-86)

07. Other Diseases and Defects of the Ear. Other diseases and defects of the ear which obviously preclude satisfactory performance of duty or which require frequent and prolonged treatment. (2-6-86)

016. HEARING.
Hearing acuity level by audiometric testing, regardless of conversational or whispered voice hearing acuity greater than that described in Table I, "Table of Acceptable Audiometric Hearing Level." There is no objection to conducting the whispered voice test or the spoken voice test as preliminary to conducting the audiometric hearing test. (2-6-86)

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01. No Requirement. (2-6-86)

02. Not Yet Standardized. (2-6-86)

017. ENDOCRINE AND METABOLIC DISORDERS.
The causes for rejection for appointment are: (2-6-86)

01. Adrenal Gland. Adrenal gland, malfunction of, of any degree. (2-6-86)

02. Cretinism. (2-6-86)

03. Diabetis Insipidus. (2-6-86)

04. Diabetes Mellitus. (2-6-86)

05. Gigantism or Acromegaly. (2-6-86)

06. Glycosuria. Glycosuria, persistent, regardless of cause. (2-6-86)

07. Goiter. (2-6-86)

a. Simple goiter with definite pressure symptoms or so large in size as to interfere with the wearing of a uniform or fire fighting equipment. (2-6-86)

b. Thyrotoxicosis. (2-6-86)

08. Gout. (2-6-86)

09. Hyperinsulinism. Hyperinsulinism, confirmed, symptomatic. (2-6-86)

10. Hyperparathyroidism and Hypoparathyroidism. (2-6-86)

11. Hypopituitarism. Hypopituitarism, severe. (2-6-86)

12. Myxedema. Myxedema, spontaneous or postoperative, with clinical manifestations and not based solely on low basal metabolic rate. (2-6-86)

13. Nutritional Deficiency Diseases. Nutritional deficiency diseases, including sprue, beriberi, pellagra, and scurvy, which are more than mild and not readily remediable or in which permanent pathological changes have been established. (2-6-86)

14. Other Endocrine or Metabolic Disorders. Other endocrine or metabolic disorders which obviously preclude satisfactory performance of duty, which require frequent and prolonged treatment. (2-6-86)

018. UPPER EXTREMITIES.
The causes for rejection for appointment are: (2-6-86)

01. Limitation of Motion. An individual will be considered unacceptable if the joint ranges of motion are less than the measurements listed below. (2-6-86)

a. Shoulder: Forward elevation of ninety (90) degrees; abduction to ninety (90) degrees. (2-6-86)

b. Elbow: Flexion to one hundred (100) degrees; extension to fifteen (15) degrees. (2-6-86)

c. Wrist: A total range of fifteen (15) degrees (extension plus flexion). (2-6-86)

d. Hand: Pronation to the first quarter of the normal arc. (2-6-86)

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e. Fingers: Inability to clench fist, pick up pin or needle, and grasp an object. (2-6-86)

02. Hand and Fingers. (2-6-86)

a. Absence or loss of more than one-third (1/3) of the distal phalanx of either thumb. (2-6-86)

b. Absence or loss of distal and middle phalanx of an index, middle or ring finger of either hand, irrespective of the absence or loss of the little finger. (2-6-86)

c. Absence of more than the distal phalanx of any two (2) of the following fingers: index, middle finger or ring finger, of either hand. (2-6-86)

d. Absence of hand or any portion thereof except for fingers as noted above. (2-6-86)

e. Hyperdactylia. (2-6-86)

f. Scars and deformities of the fingers and/or hand which impair circulation, are symptomatic, are so disfiguring as to make the individual objectionable to ordinary social relationships, or which impair normal function to such a degree as to interfere with the satisfactory performance of duty. (2-6-86)

03. Wrists, Forearm, Elbow, Arm, and Shoulder. Healed disease or injury of wrist, elbow or shoulder with residual weakness or symptoms of such a degree as to preclude satisfactory performance of duty. (2-6-86)

019. LOWER EXTREMITIES.
See Section 020. The causes for rejection for appointment are: (2-6-86)

01. Limitation of Motion. An individual will be considered unacceptable if the joint range of motion is less than the measurements listed below. (2-6-86)

a. Hip: Flexion to ninety (90) degrees; extension to ten (10) degrees (beyond 0). (2-6-86)

b. Knee: Full Extension; Flexion to ninety (90) degrees. (2-6-86)

c. Ankle: Dorsiflexion to ten (10) degrees; plantar flexion to ten (10) degrees. (2-6-86)

02. Foot and Ankle. (2-6-86)

a. Absence of one or more small toes of one or both feet, if function of the foot is poor or running or jumping is precluded, or absence of foot or any portion thereof, except for toes as noted herein. (2-6-86)

b Absence (or loss) of great toe(s) or loss of dorsal flexion thereof if function of the foot is impaired. (2-6-86)

c. Claw toes, precluding the wearing of service boots. (2-6-86)

d. Clubfoot. (2-6-86)

e. Flatfoot, pronounced cases, with decided eversion of the foot and marked bulging of the inner border, due to inward rotation of the astragalus, regardless of the presence or absence of symptoms. (2-6-86)

f. Flatfoot, spastic. (2-6-86)

g. Hallus valgus, if severe and associated with marked exostosis or bunion. (2-6-86)

h. Hammer toe, which interferes with the wearing of service boots. (2-6-86)

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i. Healed diseases, injury or deformity, including hyperactylia, which precludes running, is accompanied by disabling pain, or which prohibits wearing of service boots. (2-6-86)

j. Ingrowing toe nails, if severe, and not remediable. (2-6-86)

k. Obliteration of the transverse arch associated with permanent flexion of the small toes. (2-6-86)

l Pes cavus, with contracted plantar fiscia, dorsiflexed toes, tenderness under the metatarsal heads, and callosity under the weight bearing areas. (2-6-86)

03. Leg, Knee, Thigh, and Hip. (2-6-86)

a. Dislocated semilunar cartilage, loose or foreign bodies within the knee joint, or history of surgical correction of same if occurring within the preceding six months or six months or more have elapsed since operation without recurrence, and there is instability of the knee ligaments in lateral or anteroposterior directions in comparison with the normal knee or abnormalities noted on x-ray, there is significant atrophy or comparison with the normal side, there is not acceptable active motion in flexion and extension or there are other symptoms of internal derangement. (2-6-86)

b. Authentic history or physical findings of an unstable or internally deranged joint causing disabling pain or seriously limiting functions. Individuals with verified episodes of buckling or locking of the knee, who have not undergone satisfactory surgical correction or if, subsequent to surgery, there is evidence of more than mild instability of the knee ligaments in lateral and anteroposterior directions in comparison with the normal knee, weakness or atrophy of the thigh musculature in comparison with the normal side, or if the individual requires medical treatment of sufficient frequency to interfere with performance of duty. (2-6-86)

04. General. (2-6-86)

a. Deformities of one or both lower extremities which have interfered with function to such a degree as to prevent the individual from following a physically active vocation in life or which would interfere with the satisfactory completion of prescribed training and performance of fire duty. (2-6-86)

b. Diseases or deformities of the hip, knee, or ankle joint which interfere with walking, running, or weight bearing. (2-6-86)

c. Pain in the lower back or leg which is intractable and disabling to the degree of interfering with walking, running, and weight bearing. (2-6-86)

d. Shortening of a lower extremity resulting in any limp of noticeable degree. (2-6-86)

020. MISCELLANEOUS.
See also Sections 018 and 019. The causes for rejection are: (2-6-86)

01. Arthritis. (2-6-86)

a. Active or subactive arthritis, including Marie-Strumpell type. (2-6-86)

b. Chronic osteoarthritis or traumatic arthritis of isolated joints of more than minimal degree, which has interfered with the following of a physically active vocation in civilian life or which precludes the satisfactory performance of duty. (2-6-86)

c. Documented clinical history of rheumatoid arthritis. (2-6-86)

d. Traumatic arthritis of a major joint other than minimal degree. (2-6-86)

02. Disease of any Bone or Joint. Healed with such resulting deformity or rigidity that function is impaired to such a degree that it will interfere with fire service. (2-6-86)

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03. Dislocation. Old unreduced; substantiated history of recurrent dislocations of major joints; instability of a major joint, symptomatic and more than mild; or if, subse- the normal joint, weakness or atrophy in comparison with the normal side, or if the individual requires medical treatment of sufficient frequency to interfere with the performance of duty. (2-6-86)

04. Fractures. (2-6-86)

a. Malunited fractures that interfere significantly with function. (2-6-86)

b. Ununited fractures. (2-6-86)

c. Any old or recent fracture in which a plate, pin, or screws were used for fixation and left in place and which may be subject to easy trauma, i.e., as a plate tibia, etc. (2-6-86)

05. Injury of a Bone or Joint. Injury of a bone or joint within the preceding six (6) weeks without fracture or dislocation, of more than a minor nature. (2-6-86)

06. Muscular Paralysis, Contracture, or Atrophy. Muscular paralysis, contracture, or atrophy, if progressive or of sufficient degree to interfere with service. (2-6-86)

07. Myotonia Congenita. Myotonia congenita, confirmed. (2-6-86)

08. Osteomyelitis. Osteomyelitis, active or recurrent, of any bone or substantiated history or osteomyelitis of any of the long bones unless successfully treated two (2) or more years previously without subsequent recurrence or disqualifying sequelae as demonstrated by both clinical and X-ray evidence. (2-6-86)

09. Osteoporosis. (2-6-86)

10. Scars. Scars, extensive, deep or adherent, of the skin and soft tissues or neuromas of an extremity which are painful, which interfere with muscular movements, which preclude the wearing of equipment, or that show a tendency to break down. (2-6-86)

11. Chondromalacia. Chondromalacia, manifested by verified history of joint effusion, interference with function, or residuals from surgery. (2-6-86)

021. EYES.
The causes for rejection for appointment are: (2-6-86)

01. Lids. (2-6-86)

a. Blepharitis, chronic more than mild. Cases of acute blepharitis will be rejected, until cured. (2-6-86)

b. Blepharospasm. (2-6-86)

c. Dacryocystitis, acute or chronic. (2-6-86)

d. Destruction of the lids, complete or extensive, sufficient to impair protection of the eye from exposure. (2-6-86)

e. Disfiguring cicatrices and adhesions of the eyelids to each other or the eyeball. (2-6-86)

f. Growth or tumor of the eyelid, other than small early basal cell tumors of the eyelid, which can be cured by treatment, and small nonprogressive symptomatic benign lesions. (2-6-86)

g. Marked inversion or eversion of the eyelids sufficient to cause unsightly appearance or watering of

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eyes (entropion or ectropion). (2-6-86)

h. Lagophthalmos. (2-6-86)

i. Ptosis interfering with vision. (2-6-86)

j. Trichiasis, severe. (2-6-86)

02. Conjunctiva. (2-6-86)

a. Conjunctivitis, chronic, including vernal catarrh and trachoma. Individuals with acute conjunctivitis are unacceptable until the condition is cured. (2-6-86)

b. Pterygium recurring after three (3) operative procedures. (2-6-86)

c. Pterygium encroaching on the cornea in excess of three (3) millimeters of interfering with vision. (2-6-86)

03. Cornea. (2-6-86)

a. Dystrophy, corneal, or any type including keratoconus of any degree. (2-6-86)

b. Keratitis, acute or chronic. (2-6-86)

c. Ulcer, corneal; history of recurrent ulcers or corneal abrasions (including herpetic ulcers). (2-6-86)

d. Vascularization or opacification of the cornea from any cause which interferes with visual function or is progressive. (2-6-86)

04. Uveal Tract. Inflammation of the uveal tract except healed traumatic choroiditis. (2-6-86)

05. Retina. (2-6-86)

a. Angiomatoses, phakomatoses, retinal cysts, and other congenito-hereditary conditions that impair visual function. (2-6-86)

b. Degenerations of the retina to include macular cysts, holes, and other degenerations (hereditary or acquired degenerative changes) and other conditions affecting the macula. All types of pigmentary degenerations (primary and secondary). (2-6-86)

c. Detachment of the retina or history of surgery for same. (2-6-86)

d. Inflammation of the retina (retinitis or other inflammatory conditions of the retina to include Coat's disease, diabetic retinopathy, Eales' disease, and retinitis proliferans). (2-6-86)

06. Optic Nerve. (2-6-86)

a. Congenito-hereditary conditions of the optic nerve or any other central nervous system pathology affecting the efficient function of the optic nerve. (2-6-86)

b. Optic neuritis, neuroretinitis, or secondary optic atrophy resulting therefrom or document history of attacks or retrobulbar neuritis. (2-6-86)

c. Optic atrophy (primary or secondary). (2-6-86)

d. Papilledema. (2-6-86)

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07. Lens. (2-6-86)

a. Aphakia (unilateral or bilateral). (2-6-86)

b. Dislocation, partial or complete of a lens. (2-6-86)

c. Opacities of the lens which interfere with vision or which are considered to be progressive. (2-6-86)

08. Ocular Mobility and Motility. (2-6-86)

a. Diplopia, documented, constant or intermittent from any cause or of any degree interfering with visual function (i.e., may suppress). (2-6-86)

b. Diplopia, monocular, documented, interfering with visual function. (2-6-86)

c. Mystagmus, with both eyes fixing, congenital or acquired. (2-6-86)

d. Strabismus of forty (40) prism diopters or more, uncorrectable by lenses to less than forty (40) diopters. (2-6-86)

e. Strabismus of any degree accompanied by documented diplopia. (2-6-86)

09. Miscellaneous Defects and Diseases. (2-6-86)

a. Abnormal conditions of the eye or visual fields due to diseases of the central nervous system. (2-6-86)

b. Absence of an eye. (2-6-86)

c. Asthenopia severe. (2-6-86)

d. Exophthalmos, unilateral or bilateral. (2-6-86)

e. Glaucoma, primary or secondary. (2-6-86)

f. Hemianopsia of any type. (2-6-86)

g. Loss of normal pupillary reflex reactions to light or accommodation to distance or Adies syndrome. (2-6-86)

h. Loss of visual fields due to organic disease. (2-6-86)

i. Night blindness associated with objective disease of the eye. Verified congenital night blindness. (2-6-86)

j. Residuals of old contusions, lacerations, penetrations, etc., which impair visual function required for satisfactory performance of duty. (2-6-86)

k. Retained intra-ocular foreign body. (2-6-86)

l. Tumors. See Subsection 021.01.f. and Sections 044 and 045. (2-6-86)

m. Any organic disease of the eye or adnexa not specified above which threatens continuity of vision or impairment of visual functions. (2-6-86)

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022. VISION.
The causes for medical rejection for appointment are: (2-6-86)

01. Color Vision. Failure to identify red and/or green as projected by the Ophthalmological Projector Tester. (2-6-86)

02 Distant Visual Acuity. Distant visual acuity of any degree that does not correct to at least twenty/twenty (20/20) in one eye and twenty/twenty five (20/25) in the other eye within eight (8) diopters of plus or minus refractive error. (2-6-86)

03. Near Visual Acuity. Near visual acuity of any degree which does not correct to at least J-6 in the better eye. (2-6-86)

04. Refractive Error. Any degree of refractive error in spherical equivalent of over minus eight (-8.00) or plus eight (+8.00); or if ordinary spectacles cause discomfort by reason of ghost images, prismatic displacement, etc.; or if an ophthalmological consultation reveals a condition which is disqualifying. (2-6-86)

05. Contact Lens. Complicated cases requiring contact lenses for adequate correction of vision as keratoconus, corneal scars, and irregular astigmatism. (2-6-86)

023. GENITALIA.
The causes for rejection are: (2-6-86)

01. Bartholinitis. Bartholin's Cyst. (2-6-86)

02. Cervicitis. Cervicitis, acute or chronic, manifested by leukorrhea. (2-6-86)

03. Dysmenorrhea. Dysmenorrhea, incapacitating to a degree which necessitates recurrent absences of more than a few hours from routine activities. (2-6-86)

04. Endometriosis. Endometriosis, or confirmed history thereof. (2-6-86)

05. Hermaphroditism. (2-6-86)

06. Menopausal Syndrome. Menopausal syndrome, either physiologic or artificial, if manifested by more than mild constitutional or mental symptom, or artificial menopause of less than thirteen (13) months have elapsed since cessation of menses. In all cases of artificial menopause, the clinical diagnosis will be reported; if accomplished by surgery, the pathologic report will be obtained and recorded. (2-6-86)

07. Irregular Menstrual Cycle. Menstrual cycle, irregularities of, including menorrhagia, if excessive; metrorrhagia; polymenorrhea, amenorrhea, except as noted in Subsection 023.06. (2-6-86)

08. New Growth. New growth of the internal or external genatigia, except single uterine fibroid subserous, asymptomatic, less than three (3) centimeters in diameter, with no general enlargement of the uterus. See also Sections 044 and 045. (2-6-86)

09. Oophoritis. Oophoritis, acute or chronic. (2-6-86)

10. Ovarian Cyst. Ovarian cyst, persistent and considered to be of clinical significance. (2-6-86)

11. Pregnancy. (2-6-86)

12. Salpingitis. Salpingitis, acute or chronic. (2-6-86)

13. Testicles(s). (2-6-86)

a. Absence or nondescent of both testicles. (2-6-86)

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b. Undiagnosed enlargement or mass of testicle or epididymis. (2-6-86)

c. Undescended testicle. (2-6-86)

14. Urethritis. Urethritis, acute or chronic, other than gonorrheal urethritis without complications. (2-6-86)

15. Uterus. (2-6-86)

a. Cervical polyps, cervical ulcer, or marked erosion. (2-6-86)

b. Endocervicitis, more than mild. (2-6-86)

c. Generalized enlargement of the uterus due to any cause. (2-6-86)

d. Malposition of the uterus, if more than mildly symptomatic. (2-6-86)

16. Vagina. (2-6-86)

a. Congenital abnormalities or severe lacerations of the vagina. (2-6-86)

b. Vaginitis, acute or chronic, manifested leukorrhea. (2-6-86)

17. Varicocele or Hydrocele. Varioccele or hydrocele, if large or painful. (2-6-86)

18. Vulva. (2-6-86)

a. Leukoplakia. (2-6-86)

b. Vulvitis, acute or chronic. (2-6-86)

19. Major Abnormalities and Defects. Major abnormalities and defects of the genitalia such as a change of sex, a history thereof, or complications (adhesions, disfiguring scars, etc.) residual to surgical correction of these conditions. (2-6-86)

024. URINARY SYSTEM.
See Sections 017, 044, and 045. The causes for rejection for appointment are: (2-6-86)

01. Albuminuria. Albuminuria, if persistent or recurrent, including so-called orthostatic or functional albuminuria. (2-6-86)

02. Chronis Cystitis. Cystitis, chronic, individuals with acute cystitis are unacceptable until the condition is cured. (2-6-86)

03. Enuresis. Enuresis, determined to be a symptom of organic defect not amenable to treatment. See also Subsection 038.03. (2-6-86)

04. Epispadias or Hypospadias. Epispadias or Hypospadias, when accompanied by evidence of infection of the urinary tract or if clothing is soiled when voiding. (2-6-86)

05. Other Indications of Renal Tract Disease. Hematuria, cylindruria, or other findings indicative of renal tract disease. (2-6-86)

06. Incontinence. Incontinence of urine. (2-6-86)

07. Kidney. (2-6-86)

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a. Absence of one kidney, regardless of cause. (2-6-86)

b. Acute or chronic infection of the kidney. (2-6-86)

c. Cystic or polycystic kidney, confirmed history of. (2-6-86)

d. Hydronephrosis or pyonephrosis. (2-6-86)

e. Nephritis, acute or chronic. (2-6-86)

f. Pyelitis, pyelonephritis. (2-6-86)

08. Penis. Penis, amputation of, if the resulting stump is insufficient to permit micturition in a normal manner. (2-6-86)

09. Peyronie's Disease. (2-6-86)

10. Prostate Gland. Prostate gland, hypertrophy of, with urinary retention. (2-6-86)

11. Renal Calculus. (2-6-86)

a. Substantiated history of bilateral renal calculus at any time. (2-6-86)

b. Verified history of renal calculus at any time with evidence of stone formation within the preceding twelve (12) months, current symptoms or positive x-ray for calculus. (2-6-86)

12. Skeneitis. (2-6-86)

13. Urethra. (2-6-86)

a. Stricture of the urethra. (2-6-86)

b. Urethritis, acute or chronic, other than gonorrheal urethritis, without complications. (2-6-86)

14. Urinary Fistula. (2-6-86)

15. Other Diseases. Other diseases and defects of the urinary system, which obviously preclude satisfactory performance of duty or which require frequent and prolonged treatment. (2-6-86)

025. HEAD.
The causes for rejection for appointment are: (2-6-86)

01. Abnormalities. Abnormalities which are apparent temporary in character resulting from recent injuries until a period of three months has elapsed. These include severe contusions and other wounds of the scalp and cerebral concussion. (2-6-86)

02. Deformities Which Would Prevent the Individual From Wearing a Gas Mask or Headgear. Deformities of the skull in the nature of depressions, exostoses, etc., of a degree which would prevent the individual from wearing a gas mask or headgear. (2-6-86)

03. Evidence of Disease of the Brain, Spinal Cord, or Peripheral Nerves. Deformities of the skull of any degree associated with evidence of disease of the brain, spinal cord, or peripheral nerves. (2-6-86)

04. Depressed Fractures Near Central Sulcus. Depressed fractures near central sulcue with or without convulsive seizures. (2-6-86)

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05. Bony Substance of the Skull. Loss or congenital absence of the bony substance of the skull, except that the examiner may find individuals acceptable when: (2-6-86)

a. The area does not exceed two point five (2.5) centimeters square, and does not overlie the motor cortex or a dural sinus. (2-6-86)

b. There is no evidence of alteration of brain function in any of its several spheres (Intelligence, judgement, perception, behavior, motor control, sensory function, etc.). (2-6-86)

c. There is no evidence of bone degeneration, disease, or other complications of such a defect. (2-6-86)

026. NECK.
The causes for rejection for appointment are: (2-6-86)

01. Cervical Ribs. Cervical ribs, if symptomatic, or so obvious that they are found on routine physical examination. Detection based primarily on x-ray is not considered to meet this criterion. (2-6-86)

02. Congenital Cyst. Congenital cyst, of branchial cleft origin, or those developing from the remnants of the thyroflossal duct, with or without fistulous tracts. (2-6-86)

03. Fistula. Fistula, chronic draining, of any type. (2-6-86)

04. Healed Tuberculosis Lymph Nodes. Healed tuberculosis lymph nodes, when extensive in number or densely calcified. (2-6-86)

05. Nonspastic Contraction of Neck Muscles. Nonspastic contraction of the muscles of the neck or cicatricial contracture of the neck to the extent that it interferes with the wearing of a uniform or equipment or so disfiguring as to make the individual objectionable in common social relationship. (2-6-86)

06. Spastic Contraction of Neck Muscles. Spastic contraction of the muscles of the neck, persistent, and chronic. (2-6-86)

07. Tumor of Thyroid or Other Structures of the Neck. See Sections 044 and 045. (2-6-86)

027. HEART.
The causes for rejection for appointment are: (2-6-86)

01. Organic Valvular Diseases of the Heart. Organic valvular diseases of the heart, including those improved by surgical procedures. (2-6-86)

02. Coronary Artery Disease. Coronary artery disease, or myocardial infarction, old or recent or true angina pectoris, at any time. (2-6-86)

03. Major Arrhythimas. Electrocardiographic evidence of major arrhythmias such as: (2-6-86)

a. Atrail tachycardia, flutter, or fibrillation, ventricular tachycardia or fibrillation. (2-6-86)

b. Conduction defects such as first degree atrio-ventricular block and right bundle branch block. Those conditions occurring as isolated findings are not unfitting when cardiac evaluation reveals no cardiac disease. (2-6-86)

c. Left bundle branch block, 2d and 3d degree AV block. (2-6-86)

d. Unequivocal electrocardiographic evidence of old or recent myocardial infarction, coronary insufficiency at rest or after stress, or evidence of heart muscle disease. (2-6-86)

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04. Hypertrophy or Dilation of the Heart. Hypertrophy or dilation of the heart, as evidenced by clinical examination or roentgenographic examination and supported by electrocardiographic examination. Care should be taken to distinguish abnormal enlargement from increased diastolic filling as seen in the well-conditioned subject with a sinus bradycardia. (2-6-86)

05. Myocardial Insufficiency. Myocardial insufficiency, congestive circulatory failure, cardiac decompensation, obvious or covert, regardless of cause. (2-6-86)

06. Paroxysmal Techcardia. Paroxysmal techcardia, within the preceding five (5) years, or at any time if recurrent or disabling or if associated with electrocardiographic evidence of accelerated A-V conduction (Wolff-Parkinson-White). (2-6-86)

07. Pericarditis, Endocarditis, or Myocarditis. History or finding of pericarditis, endocarditis, or myocarditis, except for a history of a single acute idiopathic coxsackie pericarditis with no residuals. (2-6-86)

08. Tachycardia. Tachycardia, persistent, with a resting pulse rate of one hundred (100) or more, regardless of cause. (2-6-86)

028. VASCULAR SYSTEM.
The causes for rejection for appointment are: (2-6-86)

01. Congenital or Acquired Lesions. Congenital or acquired lesions of the aorta and major vessels, such as syphilitis aortitis, demonstrable arthrosclerosis, which interferes with circulation, congenital or acquired dilation of the aorta, especially if associated with other features of Marfan's syndrome, and pronounced dilation of the main pulmonary artery. (2-6-86)

02. Hypertension. Hypertension, evidenced by preponderant blood pressure reading of one and forty (140) mm or more systolic in an individual thirty (30) years of age or less. Preponderant diastolic pressure over ninety nine (99) mm diastolic is cause for rejection, at any age. (2-6-86)

03. Marked Circulatory Instability. Marked circulatory instability, as indicated by orthostatic hypotension, persistent tachycardia, severe peripheral vasomotor disturbances and sympatheticotonia. (2-6-86)

04. Peripheral Vascular Disease. Peripheral vascular disease, including Raynaud's phenomena, Buerger's disease (thromboangiitis obliterans) erythromelalgia, arteriosclerotic and diabetic vascular diseases. Special tests will be employed in doubtful cases. (2-6-86)

05. Thrombophlebitis. (2-6-86)

a. History of thrombophlebitis, with persistent thrombus or evidence of circulatory obstruction or deep venous incompetence in the involved veins. (2-6-86)

b. Recurrent thrombophlebitis. (2-6-86)

06. Varicose Veins. Varicose veins, if more than mild, or if associated with edema, skin ulceration, or residual scars from ulceration. (2-6-86)

029. MISCELLANEOUS.
The causes for rejection for appointment are: (2-6-86)

01. Aneurysm of the Heart or Major Vessel. Aneurysm of the heart or major vessel, congenital or acquired. (2-6-86)

02. Congenital Abnormality. History and evidence of a congenital abnormality which has been treated by surgery, but with residual abnormalities or complications, for example: Patent ductus arteriosus with residual cardiac enlargement or pulmonary hypertension; resection of a coarctation of the aorta without a graft, when there are

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other cardiac abnormalities or complications; closure of a secundum type atrial septal defect, when there are residual abnormalities or complication. (2-6-86)

03. Major Congenital Abnormalities and Defects of the Heart Vessels. Major congenital abnormalities and defects of the heart vessels, unless satisfactorily corrected without residuals or complications. Uncomplicated dextrocardia and other minor asymptomatic anomalies are acceptable. (2-6-86)

04. History of Rheumatic Fever or Chorea. Substantiated history of rheumatic fever or chorea, within the previous two (2) years, recurrent attacks of rheumatic fever or chorea at any time, or with evidence of residual cardiac damage. (2-6-86)

030. BODY BUILD.

The causes for rejection for appointment are: (2-6-86)

01. Congenital Malformation of Bones and Joints. See Sections 020, 018, and 019. (2-6-86)

02. Deficient Muscular Development. Deficient muscular development, which would interfere with the completion of required training. (2-6-86)

03. Congenital Asthenia. Evidence of congenital asthenia: slender bones; weak thorax; visceroptosis, severe chronic constipation; or drop heart, if marked in degree. (2-6-86)

04. Obesity. Even though the individual's weight is within the maximum shown in Table II, "Table of Weight - Men and Women," he will be reported as medically unacceptable when medical and musculature constitutes obesity of such a degree as to interfere with the satisfactory completion of prescribed training. (2-6-86)

031. LUNGS AND CHEST WALL.

01. General. The following conditions are causes for rejection for appointment, until study indicates recovery without disqualifying sequelae: (2-6-86)

a. Abnormal elevation of the diaphragm, on either side. (2-6-86)

b. Acute abscess of the lung. (2-6-86)

c. Acute bronchitis, until the condition is cured. (2-6-86)

d. Acute fibrincus pleurisy, associated with acute nontuberculous pulmonary infection. (2-6-86)

e. Acute mycotic disease of the lung such as coccidioidomycosis and histoplasmosis. (2-6-86)

f. Acute nontuberculous pneumonia. (2-6-86)

g. Foreign body in trachea or bronchus. (2-6-86)

h. Foreign body of the chest wall causing symptoms. (2-6-86)

i. Lobectomy, history of, for a nontuberculous nonmalignant lesion with residual pulmonary disease. Removal of more than one lobe is cause for rejection regardless of the absence of residuals. (2-6-86)

j. Other traumatic lesions of the chest or its contents. (2-6-86)

k. Pneumothorax, regardless of etiology or history thereof. (2-6-86)

l. Recent fracture of ribs, sternum, clavicle, or scapula. (2-6-86)

m. Significant abnormal findings on physical examination of the chest. (2-6-86)

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02. Tuberculosis Lesions. See also Section 042. (2-6-86)

a. Active tuberculosis, in any form or location. (2-6-86)

b. Pulmonary tuberculosis, active within the past five (5) years. (2-6-86)

c. Substantiated history or X-ray findings of pulmonary tuberculosis of more than minimal extent at any time; or minimal tuberculosis not treated with a full year of approved chemotherapy or combined chemotherapy and surgery; or a history of pulmonary tuberculosis with reactivation, relapse, or other evidence of poor host resistance. (2-6-86)

03. Nontuberculous Lesions. The causes for rejection for appointment are: (2-6-86)

a. Acute mastitis, chronic cystic mastitis, if more than mild. (2-6-86)

b. Bronchial asthma, except for childhood asthma with a trustworthy history of freedom from symptoms since the twelfth birthday. (2-6-86)

c. Bronchitis, chronic with evidence of pulmonary function disturbance. (2-6-86)

d. Bronchiectasis. (2-6-86)

e. Bronchopleura fistula. (2-6-86)

f. Bullous or generalized pulmonary emphysema. (2-6-86)

g. Chronic abscess of lung. (2-6-86)

h. Chronic fibrous pleuritis of sufficient extent to interfere with pulmonary function or obscure the lung field in the roentgenogram. (2-6-86)

i. Chronic mycotic diseases of the lung including coccidioidomycosis; residual cavitation or more than a few small-sized inactive and stable residual modules demonstrated to be due to mycotic disease. (2-6-86)

j. Empyema, residual sacculation or unhealed sinuses of chest wall following operation for empyema. (2-6-86)

k. Extensive pulmonary fibrosis from any cause, producing dyspnea on exertion. (2-6-86)

l. Foreign body of the lung or mediastinum causing symptoms or active inflammatory reaction. (2-6-86)

m. Multiple cystic disease of the lung or solitary cyst which is large and incapacitating. (2-6-86)

n. New growth on breast, history of mastectomy. (2-6-86)

o. Osteomyelitis of rib, sternum, clavicle, scapula, or vertebrae. (2-6-86)

p. Pleurisy with effusion of unknown origin within the preceding five (5) years. (2-6-86)

q. Sarcoidosis. See Section 042. (2-6-86)

r. Suppurative periostitis of rib, sternum, clavicle, scapula, or vertebrae. (2-6-86)

032. MOUTH.
The causes for rejection for appointment are: (2-6-86)

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01. Hard Palate. Perforation of hard palate. (2-6-86)

02. Harelip. Harelip, unless satisfactorily repaired by surgery. (2-6-86)

03. Leukoplakia. Leukoplakia, if severe. (2-6-86)

04. Mutilations of Lips. Unsightly mutilations of lips from wounds, burns or disease. (2-6-86)

05. Ranula. Ranula, if extensive. For other tumors see Sections 044 and 045. (2-6-86)

033. NOSE.
The causes for rejection for appointment are: (2-6-86)

01. Allergic Manifestations. (2-6-86)

a. Chronic atopic rhinitis. (2-6-86)

b. Hay fever if severe; or if not controllable by antihistamines or by desensitization, or both. (2-6-86)

02. Choana, Atresia, or Stenosis. Choana, Atresia, or stenosis of, if symptomatic. (2-6-86)

03. Perforation of Nasal Septum. (2-6-86)

a. Associated with interference of function, ulceration or crusting, and when the result of organic disease. (2-6-86)

b. If progressive. (2-6-86)

c. If respiration is accompanied by a whistling sound. (2-6-86)

04. Acute Sinusitis. (2-6-86)

05. Chronic Sinusitis. Chronic sinusitis, when more than mild: (2-6-86)

a. Evidenced by any of the following: Chronic purulent nasal discharge; large nasal polyps; hyperplastic changes of the nasal tissues, or symptoms requiring frequent medical attention. (2-6-86)

b. Confirmed by transillumination or X-ray examination or both. (2-6-86)

034. PHARYNX, TRACHEA, ESOPHAGUS, AND LARYNX.
The causes for rejection for appointment are: (2-6-86)

01. Organic Disease of Esophagus. Organic disease of esophagus, such as ulceration, varices achalasia; peptic esophagitis; if confirmed by appropriate X-ray or esophagoscopic examination. (2-6-86)

02. Laryngeal Paralysis. Laryngeal paralysis, sensory or motor, due to any cause. (2-6-86)

03. Organic Disease of Larynx. Organic disease of larynx, such as neoplasm, polyps, granuloma, ulceration, and chronic laryngitis. (2-6-86)

04. Plica Dysphonia Ventricularis. (2-6-86)

05. Tracheostomy or Tracheal Fistula. (2-6-86)

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035. OTHER DEFECTS AND DISEASES.
The causes for rejection are: (2-6-86)

01. Aphonia. (2-6-86)

02. Deformities or Conditions of the Mouth, Throat, Larynx, Esophagus, and Nose. Deformities or conditions of the mouth, throat, larynx, esophagus, and nose which interfere with mastication and swallowing of ordinary food, with speech, or with breathing. (2-6-86)

03. Syphilitic Disease. Destruction syphilitic disease of the mouth, nose through larynx, esophagus. See Section 046. (2-6-86)

04. Pharyngitis and Nasopharyngitis. Chronic pharyngitis and nasopharyngitis, with positive history of objective evidence, if of such a degree as to result in excessive time lost in the fire or law enforcement environment. (2-6-86)

036. PSYCHOSES.
The causes for rejection for appointment are: Psychosis or authenticated history of a psychotic illness other than those of a brief duration associated with a toxic or infectious process. (2-6-86)

037. PSYCHONEUROSES.
The causes for rejection for appointment are: (2-6-86)

01. Psychoneurotic Reaction. History of psychoneurotic reaction which caused: (2-6-86)

a. Hospitalization. (2-6-86)

b. Prolonged care by a physician. (2-6-86)

c. Loss of time from normal pursuits, for repeated periods even if of brief duration. (2-6-86)

d. Symptoms or behavior of a repeated nature which impaired school work efficiently. (2-6-86)

02. Psychoneurotic Reaction. History of a brief psychoneurotic reaction or nervous disturbance within the preceding twelve (12) months which was sufficiently severe to require medical attention or absence from work or school for a maximum of seven (7) days. (2-6-86)

038. PERSONALITY DISORDERS.
The causes for rejection for appointment are: (2-6-86)

01. Character and Behavior Disorders. Character and behavior disorders, as evidenced by: (2-6-86)

a. Frequent encounters with law enforcement agencies, or antisocial attitudes or behavior which, while not a cause for administrative rejection, are tangible evidence of an impaired characterological capacity to adapt to the service. (2-6-86)

b. Overt homosexuality or other forms of sexual deviant practices such as exhibitionism, transvestism, voyeurism, etc. (2-6-86)

c. Chronic alcoholism or alcohol addiction. (2-6-86)

d. Drug use or addiction. (2-6-86)

02. Immaturity, Instability, Personality Inadequacy, and Dependency. Character and behavior disorders, where it is evident by history and objective examination that the degree of immaturity, instability, personality inadequacy, and dependency will seriously interfere with adjustments in the service as demonstrated by repeated inability to maintain reasonable adjustment in school, with employers and fellow-workers, and other society groups.

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03. Other Symptomatic Immaturity Reactions. Other symptomatic immaturity reactions, such as authenticated evidence of enuresis which is habitual or persistent, not due to an organic condition occurring beyond early adolescence, age twelve (12) or fourteen (14), and stammering or stuttering of such a degree that the individual is normally unable to express himself clearly or to repeat commands. (2-6-86)

04. Specific Learning Defects. Specific learning defects, secondary to organic or functional mental disorders. (2-6-86)

039. SKIN AND CELLULAR TISSUES.
The causes for rejection for appointment are: (2-6-86)

01. Acne. Severe, when the face is markedly disfigured, or when extensive involvement of the neck, shoulders, chest, or back would be aggravated by or interfere with the wearing of required equipment. (2-6-86)

02. Atopic Dermatitis. Atopic dermatitis, with active or residual lesions in characteristic areas, such as face and neck, antecubital and popliteal fossae, occasionally wrists and hands, or documented history thereof. (2-6-86)

03. Cysts. Cysts, other than pilonidal. Of such a size or location as to interfere with the normal wearing of required equipment. (2-6-86)

04. Pilonidal Cysts. Pilonidal cysts, if evidenced by the presence of a tumor mass or a discharging sinus. (2-6-86)

05. Dermatitis Factitia. (2-6-86)

06. Dermatitis Herpetiformis. (2-6-86)

07. Eczema. Eczema, any type which is chronic and resistant to treatment. (2-6-86)

08. Elephantiasis or Chronic Lymphoedema. (2-6-86)

09. Epidermolysis Bullosa. Pemphigus. (2-6-86)

10. Fungus Infections. Fungus infections, systemic or superficial types, if extensive and not amenable to treatment. (2-6-86)

11. Furunculosis. Furunculosis, extensive, recurrent, or chronic. (2-6-86)

12. Hyperhidrosis. Hyperhidrosis of hands or feet, chronic or severe. (2-6-86)

13. Ichthyosis. Severe. (2-6-86)

14. Leprosy. Any type. (2-6-86)

15. Leukemia Cutis, Mycosis Funcoides. Hodgkin's disease. (2-6-86)

16. Lichen Planus. (2-6-86)

17. Lupus Erythematosus. Acute, subacute, or chronic lupus erythematosus, or any other dermatosis aggravated by sunlight. (2-6-86)

18. Neurofibromatosis. Von Recklinghausen's disease. (2-6-86)

19. Nevi or Vascular Tumors. If extensive, unsightly, or exposed to constant irritation. (2-6-86)

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20. Psoriasis. Psoriasis or verified history thereof. (2-6-86)

21. Radiodermatitis. (2-6-86)

22. Scars. Scars which are so extensive, deep or adherent that they may interfere with the wearing of required equipment, or that show a tendency to ulcerate. (2-6-86)

23. Scleroderma. Diffuse type. (2-6-86)

24. Tuberculosis. See Section 042. (2-6-86)

25. Warts, Plantar. Warts, plantar, which materially interfered with the following of a useful vocation in civilian life. (2-6-86)

26. Urticaria. Chronic. (2-6-86)

27. Xanthoma. If disabling or accompanied by hypercholesterolemia or hyperlipemia. (2-6-86)

28. Other Chronic Skin Disorder. Any other chronic skin disorder of a degree or nature which requires frequent outpatient treatment or hospitalization, interferes with the satisfactory performance of duty, or is disfiguring as to make the individual objectionable in ordinary social relationships. (2-6-86)

29. Tattoos. Tattoos on any part of the body which, in the opinion of the examining physician, are obscene or so extensive on exposed areas as to be considered unsightly, are administratively disqualifying. (2-6-86)

040. SPINE AND SACROILIAC JOINTS.
See also Section 040. Report of Medical History by examining physicians requires a full back X-ray: cervical; dorsal; lumbar; sacral. The causes for rejection for appointment are: (2-6-86)

01. Arthritis. See Subsection 020.01. (2-6-86)

02. Complaint of Disease or Injury. Complaint of disease or injury of the spine or sacroiliac joints, either with or without objective signs and symptoms which have prevented the individual from successfully following a physically active vocation in civilian life. Substantiation or documentation of the complaint without symptoms and objective signs is required. (2-6-86)

03. Deviation or Curvature of Spine. Deviation or curvature of spine, from normal alignment, structure, or function (scoliosis, kyphosis, or lordosis, spina bifida acculta, spondylolysis, etc.), if: (2-6-86)

a. Mobility and weight-bearing power is poor. (2-6-86)

b. More than moderate restriction of normal physical activities is required. (2-6-86)

c. Of such a nature as to prevent the individual from following a physically active vocation in civilian life. (2-6-86)

d. Of a degree which will interfere with the wearing of required equipment. (2-6-86)

e. Symptomatic, associated with positive physical finding(s) demonstrable by X-ray. (2-6-86)

04. Disease of the Lumbosacral or Sacroiliac Joints. Disease of the lumbosacral or sacroiliac joints, of a chronic type and obviously associated with pain referred to the lower extremities, muscular spasm, postural deformities and limitation of motion in the lumbar region of the spine. (2-6-86)

05. Granulomatous Diseases. Granulomatous diseases, either active or healed. (2-6-86)

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06. Healed Fracture of the Spine or Pelvic Bones. Healed fracture of the spine or pelvic bones with associated symptoms which have prevented the individual from following a physically active vocation in civilian life or which preclude the satisfactory performance of required duties. (2-6-86)

07. Ruptured Nucleus Pulposus. Ruptured nucleus pulposus, herniation of intervertebral disc, or history of operation for this condition. (2-6-86)

08. Spondylolysis or Spondylisthesis. Spondylolysis or spondylisthesis, that is symptomatic or is likely to interfere with the performance of duty or is likely to require assignment limitations. (2-6-86)

041. SCAPULAE, CLAVICLES, AND RIBS.
See Section 020. The causes for rejection for appointment are: (2-6-86)

01. Fractures. Fractures, until well healed, and until determined that the residuals thereof will not preclude satisfactory performance of required duties. (2-6-86)

02. Injury Within the Preceding Six (6) Weeks. Injury within the preceding six (6) weeks, without fracture, or dislocation of more than a minor nature. (2-6-86)

03. Osteomyelits. Osteomyelitis of rib, sternum, clavicle, scapula, or vertebrae. (2-6-86)

04. Prominent Scapulae. Prominent scapulae, interfering with function or with the wearing of required equipment. (2-6-86)

042. SYSTEMIC DISEASES.
The causes for rejection for appointment are: (2-6-86)

01. Dermatomyositis. (2-6-86)

02. Lupus Erythematosus. Acute, subacute, or chronic. (2-6-86)

03. Progressive Systemic Sclerosis. (2-6-86)

04. Reiter's Disease. (2-6-86)

05. Sarcoidosis. (2-6-86)

06. Scleroderma. Diffuse type. (2-6-86)

07. Tuberculosis. (2-6-86)

a. Active tuberculosis in any form or location. (2-6-86)

b. Pulmonary tuberculosis. (2-6-86)

c. Confirmed history of tuberculosis of a bone or joint, genitourinary organs, intestines, peritoneum or mesenteric glands, at any time. (2-6-86)

d. Meningeal tuberculosis, disseminated tuberculosis. (2-6-86)

043. GENERAL AND MISCELLANEOUS CONDITIONS AND DEFECTS.
The causes for rejection for appointment are: (2-6-86)

01. Allergic Manifestations. (2-6-86)

a. Allergic Rhinitis (hay fever). See Subsection 033.01.b. (2-6-86)

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b. Asthma. See Subsection 031.03.b. (2-6-86)

c. Allergic dermatoses. See Section 039. (2-6-86)

d. Visceral, abdominal, and cerebral allergy, if severe, responsive to treatment. (2-6-86)

02. Acute Pathological Conditions. Any acute pathological conditions, including acute communicable diseases, until recovery has occurred without sequelae. (2-6-86)

03. Unsightly Deformity. Any deformity which is markedly unsightly or which impairs general functional ability to such an extent as to prevent satisfactory performance of duty. (2-6-86)

04. Chronic Metallic Poisoning. Chronic metallic poisoning especially beryllium, manganese, and mercury. Undesirable residuals from lead, arsenic, or silver poisoning make the examinee medically unacceptable. (2-6-86)

05. Cold Injury. Cold injury, residuals. For example: frostbite; chilblain; immersion foot; or trench foot. Or such as deep seated acne, paresthesia, hyperhidrosis, easily traumatized skin, cyanosis, amputation of any digit or ankylosis. (2-6-86)

06. Syphilis. Positive tests for syphilis with negative TPI tests unless there is a documented history of adequately treated lues or any of the several conditions which are known to give a false positive S.T.S. (vaccinia, infectious hepatitis, immunizations, atypical pneumonia, etc.), or unless there has been a reversal to a negative S.T.S. during an appropriate follow-up period, three (3) to six (6) months. (2-6-86)

07. Filariasis. Trypanosomiasis, amebiasis, schistosomiasis, (hookworm) associated with anemia, malnutrition, etc., if more than mild, and other similar worm or animal parasitic infestations, including the carrier state thereof. (2-6-86)

08. Heat Pyrexia. Heatstroke, sunstroke, etc.: Documented evidence of predisposition, includes disorders of sweat mechanism and previous serious episodes requiring medical attention, or residual injury resulting therefrom, especially cardiac, cerebral, hepatic, and renal. (2-6-86)

09. Chemical Intoxication. Industrial solvent and other chemical intoxication, chronic, including carbon bisulfide, trichlorethylene, carbon tetrachloride, and methyl cellosolve. (2-6-86)

10. Micotic Infection of Internal Organs. (2-6-86)

11. Severe, Chronic Myositis or Fibrositis. (2-6-86)

12. Residuals of Tropical Fevers. Residuals of tropical fevers and various parasitic or protozoal infestations which, in the opinion of the medical examiner preclude the satisfactory performance of duty. (2-6-86)

044. BENIGN TUMOR.
The causes for rejection for appointment are: (2-6-86)

01. Any of the Following Tumors: (2-6-86)

a. Auditory canal, if obstructive. (2-6-86)

b. Eye or orbit. (2-6-86)

c. Kidney, bladder, testicle, or penis. (2-6-86)

d. Central nervous system and its membranous coverings, unless five (5) years after surgery and no otherwise disqualifying residuals of surgery or original lesion. (2-6-86)

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02. Benign Tumors of the Thyroid. Benign tumors of the thyroid, or other structures of the neck, including enlarged lymph nodes, if the enlargement is of such degree as to interfere with the wearing of required equipment. (2-6-86)

03. Benign Tumors of the Abdominal Wall. Benign tumors of the abdominal wall, if sufficiently large to interfere with required duties. (2-6-86)

04 Benign Tumors of Bond. Benign tumors of bond, likely to continue to enlarge, be subject to trauma during service, or show malignant potential. (2-6-86)

05. Benign Tumor of Tongue. Benign tumor of tongue if it interferes with function. (2-6-86)

06. Breast, Thoracic Contents, or Chest Wall. Tumors of breast, thoracic contents, or chest wall, of other than fibromata lipomata, and inclusion of sebaceous cysts which do not interfere with required duties. (2-6-86)

07. For Tumors of Internal or External Female Genitalia. (2-6-86)

045. MALIGNANT DISEASES AND TUMORS.
The causes for rejection for appointment are: (2-6-86)

01. Leukemia, Acute or Chronic. (2-6-86)

02. Malignant Lymphomata. (2-6-86)

03. Malignant Tumor of any Kind. Malignant tumor of any kind, at any time, substantiated diagnosis of, even though surgically removed, confirmed by accepted laboratory procedures, except as noted in Subsection 021.01.f. (2-6-86)

046. VENEREAL DISEASES.
In general the finding of acute, uncomplicated venereal disease which can be expected to respond to treatment is not a cause for medical rejection for appointment. The causes for rejection are: (2-6-86)

01. Chronic Venereal Disease. Chronic venereal disease, which has not satisfactorily responded to treatment. The finding of a positive serologic test for syphilis following adequate treatment of syphilis is not in itself considered evidence of chronic venereal disease which has not responded to treatment. See Subsection 043.06. (2-6-86)

02. Complications and Permanent Residuals. Complications and permanent residuals of venereal disease if progressive, of such nature as to interfere with the satisfactory performance of duty, or if subject to aggravation in the performance of required duties. (2-6-86)

03. Neurosyphilis. See Subsection 043.06. (2-6-86)

047. -- 999. (RESERVED).

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