

CHAPTER 2

MEDICAL FITNESS STANDARDS FOR APPOINTMENT, ENLISTMENT, AND INDUCTION (Short Title: PROCUREMENT MEDICAL FITNESS STANDARDS)

Section I. GENERAL

2-1. Scope

This chapter sets forth the medical conditions and physical defects which make an individual medically unacceptable for—

- a. Appointment as a commissioned or warrant officer.
- b. Enlistment.
- c. Induction.

2-2. Applicability

These standards apply to—

- a. All men and women being considered for appointment or enlistment in the United States

Army, regardless of component, as well as enrollment in the Advanced Course Army ROTC and other personnel procurement programs other than induction where these standards are prescribed. For medical fitness standards during a period of mobilization see chapter 6.

- b. All individuals undergoing medical examination pursuant to the Universal Military Training and Service Act, as amended, except Medical and Dental Registrants, who are to be evaluated under the medical standards contained in chapter 8. For medical fitness standards during a period of mobilization see chapter 6.

Section II. ABDOMEN AND GASTROINTESTINAL SYSTEM

2-3. Abdominal Organs and Gastrointestinal System

The causes for rejection for appointment, enlistment, and induction are—

- a. *Cholecystectomy*, sequelae of, such as post-operative stricture of the common bile duct, reforming of stones in hepatic or common bile ducts, or incisional hernia, or post-cholecystectomy syndrome when symptoms are so severe as to interfere with normal performance of duty.

- b. *Cholecystitis*, acute or chronic, with or without cholelithiasis, if diagnosis is confirmed by usual laboratory procedures or authentic medical records.

- c. *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.

- d. *Fistula* in ano.

- e. *Gastritis*, chronic hypertrophic, severe.

- f. *Hemorrhoids*:

- (1) External hemorrhoids producing marked symptoms.
- (2) Internal hemorrhoids, if large or accom-

panied with hemorrhage or protruding intermittently or constantly.

- g. *Hepatitis* within the preceding 6 months, or persistence of symptoms after a reasonable period of time with objective evidence of impairment of liver function.

- h. *Hernia*:

- (1) Hernia other than small asymptomatic umbilical or hiatal.
- (2) History of operation for hernia within the preceding 60 days.

- i. *Intestinal obstruction* or, authenticated history of more than one episode, if either occurred during the preceding 5 years, or if resulting condition remains which produces significant symptoms or requires treatment.

- ★j. *Megacolon* of more than minimal degree, *diverticulitis*, *regional enteritis*, and *ulcerative colitis*. *Irritable colon* of more than moderate degree.

- k. *Pancreas*, acute or chronic disease of, if proven by laboratory tests, or authenticated medical records.

- l. *Rectum*, stricture or prolapse of.

m. Resection, gastric or of bowel; or gastro-enterostomy; 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.

n. Scars.

- (1) Scars, abdominal, regardless of cause, which show hernial bulging or which interfere with movements.
- (2) Scar pain associated with disturbance of function of abdominal wall or contained viscera.

o. Sinuses of the abdominal wall.

★*p. Splenectomy, except when accomplished for the following:*

- (1) Trauma.
- (2) Causes unrelated to diseases of the spleen.
- (3) Hereditary spherocytosis.
- (4) Disease involving the spleen when followed by correction of the condition for a period of at least 2 years.

q. Tumors. See paragraphs 2-40 and 2-41.

r. Ulcer:

- (1) Ulcer of the stomach or duodenum, if diagnosis is confirmed by X-ray examination, or authenticated history thereof.
 - (2) Authentic history of surgical operation(s) for gastric or duodenal ulcer.
- s. Other congenital or acquired abnormalities and defects which preclude satisfactory performance of military duty or which require frequent and prolonged treatment.*

Section III. BLOOD AND BLOOD-FORMING TISSUE DISEASES

2-4. Blood and Blood-Forming Tissue Diseases

The causes for rejection for appointment, enlistment, and induction are—

a. Anemia:

- (1) Blood loss anemia—until both condition and basic cause are corrected.
- (2) Deficiency anemia, not controlled by medication.
- (3) Abnormal destruction of RBC's: Hemolytic anemia.
- (4) Faulty RBC construction: Hereditary hemolytic anemia, thalassemia and sickle cell anemia.
- (5) Myelophthisic anemia: Myelomatosis, leukemia, Hodgkin's disease.

- (6) Primary refractory anemia: Aplastic anemia, DiGuglielmo's syndrome.

b. Hemorrhagic states:

- (1) Due to changes in coagulation system (hemophilia, etc.).
- (2) Due to platelet deficiency.
- (3) Due to vascular instability.

c. Leukopenia, chronic or recurrent, associated with increased susceptibility to infection.

d. Myeloproliferative disease (other than leukemia):

- (1) Myelofibrosis.
- (2) Megakaryocytic myelosis.
- (3) Polycythemia vera.

e. Splenomegaly until the cause is remedied.

f. Thromboembolic disease except for acute, nonrecurrent conditions.

Section IV. DENTAL

2-5. Dental

The causes for rejection for appointment, enlistment, and induction are—

a. Diseases of the jaws or associated tissues which are not easily remediable and which will incapacitate the individual or prevent the satisfactory performance of military duty.

b. Malocclusion, severe, which interferes with the mastication of a normal diet.

c. Oral tissues, extensive loss of, in an amount that would prevent replacement of missing teeth with a satisfactory prosthetic appliance.

d. Orthodontic appliances. See special administrative criteria in paragraph 7-12.

e. Relationship between the mandible and maxilla of such a nature as to preclude future satisfactory prosthodontic replacement.

Section V. EARS AND HEARING

2-6. Ears

The causes for rejection for appointment, enlistment, and induction are—

a. Auditory canal:

- (1) Atresia or severe stenosis of the external auditory canal.
- (2) Tumors of the external auditory canal except mild exostoses.
- (3) Severe external otitis, acute or chronic.

b. *Auricle*: Agenesis, severe; or severe traumatic deformity, unilateral or bilateral.

c. Mastoids:

- (1) Mastoiditis, acute or chronic.
- (2) Residual or mastoid operation with marked external deformity which precludes or interferes with the wearing of a gas mask or helmet.
- (3) Mastoid fistula.

d. *Meniere's syndrome*.

e. Middle ear:

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

(3) Acute or chronic serous otitis media.

(4) Presence of attic perforation in which presence of cholesteatoma is suspected.

(5) Repeated attacks of catarrhal otitis media; intact greyish, thickened drum(s).

f. *Tympanic membrane*:

(1) Open marginal or central perforations of the tympanic membrane.

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

g. *Other* diseases and defects of the ear which obviously preclude satisfactory performance of duty or which require frequent and prolonged treatment.

2-7. Hearing

(See also par. 2-6.)

The cause for rejection for appointment, enlistment, and induction is—

★*Hearing acuity level* by audiometric testing (regardless of conversational or whispered voice hearing acuity) greater than that described in table I, appendix II. There is no objection to conducting the whispered voice test or the spoken voice test as a preliminary to conducting the audiometric hearing test.

Section VI. ENDOCRINE AND METABOLIC DISORDERS

2-8. Endocrine and Metabolic Disorders

The causes for rejection for appointment, enlistment, and induction are—

a. *Adiposogenital dystrophy*. (Frohlich's syndrome) more than moderate in degree.

b. *Adrenal gland*, malfunction of, of any degree.

c. *Cretinism*.

d. *Diabetes insipidus*.

e. *Diabetes mellitus*.

f. *Gigantism or acromegaly*.

g. *Glycosuria*, persistent, regardless of cause.

h. *Goiter*:

- (1) Simple goiter with definite pressure

symptoms or so large in size as to interfere with the wearing of a military uniform or military equipment.

(2) *Thyrotoxicosis*.

i. *Gout*.

j. *Hyperinsulinism*, confirmed, symptomatic.

k. *Hyperparathyroidism* and *hypoparathyroidism*.

l. *Hypopituitarism*, severe.

m. *Myædema*, spontaneous or postoperative (with clinical manifestations and not based solely on low basal metabolic rate).

n. *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.

o. *Other endocrine or metabolic disorders* which obviously preclude satisfactory performance of duty or which require frequent and prolonged treatment.

Section VII. EXTREMITIES

2--9. Upper Extremities

(See par. 2-11.)

The causes for rejection for appointment, enlistment, and induction are—

a. *Limitation of motion.* An individual will be considered unacceptable if the joint ranges of motion are less than the measurements listed below (app. IV).

(1) *Shoulder:*

- (a) Forward elevation to 90°.
- (b) Abduction to 90°.

(2) *Elbow:*

- (a) Flexion to 100°.
- (b) Extension to 15°.

(3) *Wrist:* A total range of 15° (extension plus flexion).

(4) *Hand:* Pronation to the first quarter of the normal arc.

Supination to the first quarter of the normal arc.

(5) *Fingers:* Inability to clench fist, pick up a pin or needle, and grasp an object.

b. *Hand and fingers:*

(1) Absence (or loss) of more than $\frac{1}{3}$ of the distal phalanx of either thumb.

★(2) Absence (or loss) of distal and middle phalanx of an index or ring finger of either hand irrespective of the absence (or loss) of little finger.

★(2.1) Absence of more than the distal phalanx of any two of the following fingers, index, middle finger or ring finger, of either hand.

(3) Absence of hand or any portion thereof except for fingers as noted above.

(4) Hyperdactylia.

(5) Scars and deformities of the fingers and/or hand which impair circulation, are symptomatic, are so disfiguring as to make the individual objectionable in ordinary social relationships, or which impair

normal function to such a degree as to interfere with the satisfactory performance of military duty.

c. *Wrist, 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.

2-10. Lower Extremities

(See par. 2-11.)

The causes for rejection for appointment, enlistment, and induction are—

a. *Limitation of motion.* An individual will be considered unacceptable if the joint ranges of motion are less than the measurements listed below (app. IV).

(1) *Hip:*

- (a) Flexion to 90°
- (b) Extension to 10° (beyond 0).

(2) *Knee:*

- (a) Full extension.
- (b) Flexion to 90°

(3) *Ankle:*

- (a) Dorsiflexion to 10°
- (b) Plantar flexion to 10°

(4) *Toes:* Stiffness which interferes with walking, marching, running, or jumping.

b. *Foot and ankle:*

(1) 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) Absence (or loss) of great toe(s) or loss of dorsal flexion thereof if function of the foot is impaired.

(3) Claw toes precluding the wearing of combat service boots.

(4) Clubfoot.

(5) Flat foot, 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.

- (6) Flat foot, spastic.
- (7) Hallux valgus, if severe and associated with marked exostosis or bunion.
- (8) Hammer toe which interferes with the wearing of combat service boots.
- (9) Healed disease, injury or deformity including hyperdactylia which precludes running, is accompanied by disabling pain, or which prohibits wearing of combat service boots.
- (10) Ingrowing toe nails, if severe, and not remediable.
- (11) Obliteration of the transverse arch associated with permanent flexion of the small toes.
- (12) Pes cavus, with contracted plantar fascia, dorsiflexed toes, tenderness under the metatarsal heads, and callosity under the weight bearing areas.

c. Leg, knee, thigh, and hip:

- (1) Dislocated semilunar cartilage loose or foreign bodies within the knee joint or history of surgical correction of same if—

(a) Within the preceding 6 months.

(b) 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 weakness of the thigh musculature in comparison with the normal side, there is not acceptable active motion in flexion and extension, or there are other symptoms of internal derangement.

- (2) Authentic history or physical findings of an unstable or internally deranged joint causing disabling pain or seriously limited function. 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 the performance of military duty.

d. General.

- (1) 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 civilian life or which would interfere with the satisfactory completion of prescribed training and performance of military duty.
- (2) Diseases or deformities of the hip, knee, or ankle joint which interfere with walking, running, or weight bearing.
- (3) Pain in the lower back or leg which is intractable and disabling to the degree of interfering with walking, running, and weight bearing.
- (4) Shortening of a lower extremity resulting in any limp of noticeable degree.

2-11. Miscellaneous

(See also para. 2-9 and 2-10.)

The causes for rejection for appointment, enlistment, and induction are—

a. Arthritis:

- (1) Active or subacute arthritis, including Marie-Strumpell type.
- (2) 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 military duty.
- (3) Documented clinical history of rheumatoid arthritis (atrophic arthritis).
- (4) Traumatic arthritis of a major joint of more than minimal degree.

b. 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 military service.

c. Dislocation, old unreduced; substantiated history of recurrent dislocations of major joints; in-

stability of a major joint, symptomatic and more than mild; or if, subsequent to surgery, there is evidence of more than mild instability in comparison with 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 military duty.

d. Fractures:

- (1) Malunited fractures that interfere significantly with function.
- (2) Ununited fractures.
- (3) 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.

e. Injury of a bone or joint within the preced-

ing 6 weeks, without fracture or dislocation, of more than a minor nature.

f. Muscular paralysis, contracture, or atrophy, if progressive or of sufficient degree to interfere with military service.

★*f.1. Myotonia congenita*: Confirmed.

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

h. Osteoporosis.

i. 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 military equipment, or that show a tendency to break down.

Section VIII. EYES AND VISION

2-12. Eyes

The causes for rejection for appointment, enlistment, and induction are—

a. Lids:

- (1) Blepharitis, chronic more than mild. Cases of acute blepharitis will be rejected until cured.
- (2) Blepharospasm.
- (3) Dacryocystitis, acute or chronic.
- (4) Destruction of the lids, complete or extensive, sufficient to impair protection of the eye from exposure.
- (5) Disfiguring cicatrices and adhesions of the eyelids to each other or to the eyeball.
- (6) 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 asymptomatic benign lesions. See also paragraphs 2-40 and 2-41.
- (7) Marked inversion or eversion of the eyelids sufficient to cause unsightly appearance or watering of eyes (entropion or ectropion).
- (8) Lagophthalmos.
- (9) Ptosis interfering with vision.
- (10) Trichiasis, severe.

b. Conjunctiva:

- (1) Conjunctivitis, chronic, including vernal catarrh and trachoma. Individuals with acute conjunctivitis are unacceptable until the condition is cured.
- (2) Pterygium:
 - (a) Pterygium recurring after three operative procedures.
 - (b) Pterygium encroaching on the cornea in excess of 3 millimeters or interfering with vision.

c. Cornea:

- (1) Dystrophy, corneal, of any type including keratoconus of any degree.
- (2) Keratitis, acute or chronic.
- (3) Ulcer, corneal; history of recurrent ulcers or corneal abrasions (including herpetic ulcers).
- (4) Vascularization or opacification of the cornea from any cause which interferes with visual function or is progressive.

d. Uveal tract: Inflammation of the uveal tract except healed traumatic choroiditis.

e. Retina:

- (1) Angiomatoses, phakomatoses, retinal cysts, and other congenito-hereditary conditions that impair visual function.

- ★(2) 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).
 - (3) Detachment of the retina or history of surgery for same.
 - (4) Inflammation of the retina (retinitis or other inflammatory conditions of the retina to include Coats' disease, diabetic retinopathy, Eales' disease, and retinitis proliferans).
- f. Optic nerve.*
- (1) Congenito-hereditary conditions of the optic nerve or any other central nervous system pathology affecting the efficient function of the optic nerve.
 - (2) Optic neuritis, neuroretinitis, or secondary optic atrophy resulting therefrom or document history of attacks of retrobulbar neuritis.
 - (3) Optic atrophy (primary or secondary).
 - (4) Papilledema.
- g. Lens.*
- (1) Aphakia (unilateral or bilateral).
 - (2) Dislocation, partial or complete, of a lens.
 - (3) Opacities of the lens which interfere with vision or which are considered to be progressive.
- h. Ocular mobility and motility.*
- (1) Diplopia, documented, constant or intermittent from any cause or of any degree interfering with visual function (i.e., may suppress).
 - (2) Diplopia, monocular, documented, interfering with visual function.
 - (3) Nystagmus, with both eyes fixing, congenital or acquired.
 - ★(4) Strabismus of 40 prism diopters or more, uncorrectable by lenses to less than 40 diopters.
 - (5) Strabismus of any degree accompanied by documented diplopia.
 - (6) Strabismus, surgery for the correction of, within the preceding 6 months.
- i. Miscellaneous defects and diseases.*
- (1) Abnormal conditions of the eye or visual fields due to diseases of the central nervous system.
 - (2) Absence of an eye.
 - (3) Asthenopia severe.
 - (4) Exophthalmos, unilateral or bilateral.
 - (5) Glaucoma, primary or secondary.
 - (6) Hemianopsia of any type.
 - (7) Loss of normal pupillary reflex reactions to light or accommodation to distance or Adies syndrome.
 - (8) Loss of visual fields due to organic disease.
 - (9) Night blindness associated with objective disease of the eye. Verified congenital night blindness.
 - (10) Residuals of old contusions, lacerations, penetrations, etc., which impair visual function required for satisfactory performance of military duty.
 - (11) Retained intra-ocular foreign body.
 - (12) Tumors. See *a*(6) above and paragraphs 2-40 and 2-41.
 - (13) Any organic disease of the eye or adnexa not specified above which threatens continuity of vision or impairment of visual function.

2-13. Vision

The causes for medical rejection for appointment, enlistment, and induction are listed below. The special administrative criteria for officer assignment to Armor, Artillery, Infantry, Corps of Engineers, Signal Corps, and Military Police Corps are listed in paragraph 7-15.

a. Distant visual acuity. Distant visual acuity of any degree which does not correct to at least one of the following:

- (1) 20/40 in one eye and 20/70 in the other eye.
- (2) 20/30 in one eye and 20/100 in the other eye.
- (3) 20/20 in one eye and 20/400 in the other eye.

b. Near visual acuity. Near visual acuity of any degree which does not correct to at least J-6 in the better eye.

c. Refractive error. Any degree of refractive error in spherical equivalent of over -8.00 or +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.

d. Contact lens. Complicated cases requiring contact lens for adequate correction of vision as

keratoconus, corneal scars, and irregular astigmatism.

Section IX. GENITOURINARY SYSTEM

2-14. Genitalia

(See also para. 2-40 and 2-41.)

The causes for rejection for appointment, enlistment, and induction are—

a. Bartholinitis, Bartholin's cyst.

b. Cervicitis, acute or chronic manifested by leukorrhea.

c. Dysmenorrhea, incapacitating to a degree which necessitates recurrent absences of more than a few hours from routine activities.

d. Endometriosis, or confirmed history thereof.

e. Hermaphroditism.

f. Menopausal syndrome, either physiologic or artificial if manifested by more than mild constitutional or mental symptoms, or artificial menopause if less than 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.

★g. Menstrual cycle, irregularities of, including menorrhagia, if excessive; metrorrhagia; polymenorrhea; amenorrhea, except as noted in *f* above.

h. New growths of the internal or external genitalia except single uterine fibroid, subserous, asymptomatic, less than 3 centimeters in diameter, with no general enlargement of the uterus. See also paragraphs 2-40 and 2-41.

i. Oophoritis, acute or chronic.

j. Ovarian cysts, persistent and considered to be of clinical significance.

k. Pregnancy.

l. Salpingitis, acute or chronic.

m. Testicle(s). (See also para. 2-40 and 2-41.)

- (1) Absence or nondescent of both testicles.
- (2) Undiagnosed enlargement or mass of testicle or epididymis.
- (3) Undescended testicle which lies within the inguinal canal.

n. Urethritis, acute or chronic, other than gonorrheal urethritis without complications.

c. Uterus.

- (1) Cervical polyps, cervical ulcer, or marked erosion.

- (2) Endocervicitis, more than mild.

- (3) Generalized enlargement of the uterus due to any cause.

- (4) Malposition of the uterus if more than mildly symptomatic.

p. Vagina.

- (1) Congenital abnormalities or severe lacerations of the vagina.

- (2) Vaginitis, acute or chronic, manifested by leukorrhea.

q. Varicocele or hydrocele, if large or painful.

r. Vulva.

- (1) Leukoplakia.

- (2) Vulvitis, acute or chronic.

s. 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.

2-15. Urinary System

(See para. 2-8, 2-40, and 2-41.)

The causes for rejection for appointment, enlistment, and induction are—

★a. Albuminuria if persistent or recurrent including so-called orthostatic or functional albuminuria.

b. Cystitis, chronic. Individuals with acute cystitis are unacceptable until the condition is cured.

c. Enuresis determined to be a symptom of an organic defect not amenable to treatment. (See also para. 2-34c.)

d. Epispadias or hypospadias when accompanied by evidence of infection of the urinary tract or if clothing is soiled when voiding.

e. Hematuria, cylindruria, or other findings indicative of renal tract disease.

f. Incontinence of urine.

g. Kidney:

- (1) Absence of one kidney, regardless of cause.

- (2) Acute or chronic infections of the kidney.

- (3) Cystic or polycystic kidney, confirmed history of.

- (4) Hydronephrosis or pyonephrosis.

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- (5) Nephritis, acute or chronic.
- (6) Pyelitis, pyelonephritis.

h. Penis, amputation of, if the resulting stump is insufficient to permit micturition in a normal manner.

i. Peyronie's disease.

★*j. Prostate gland*, hypertrophy of, with urinary retention.

k. Renal calculus:

- (1) Substantiated history of bilateral renal calculus at any time.
- (2) Verified history of renal calculus at any time with evidence of stone formation

within the preceding 12 months, current symptoms or positive X-ray for calculus.

l. Skeneitis.

m. Urethra:

- (1) Stricture of the urethra.
- (2) Urethritis, acute or chronic, other than gonorrheal urethritis without complications.

n. Urinary fistula.

o. Other diseases and defects of the urinary system which obviously preclude satisfactory performance of duty or which require frequent and prolonged treatment.

Section X. HEAD AND NECK

2-16. Head

The causes for rejection for appointment, enlistment, and induction are—

a. Abnormalities which are apparently temporary in character resulting from recent injuries until a period of 3 months has elapsed. These include severe contusions and other wounds of the scalp and cerebral concussion. See paragraph 2-31.

b. 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 military headgear.

c. Deformities of the skull of any degree associated with evidence of disease of the brain, spinal cord, or peripheral nerves.

d. Depressed fractures near central sulcus with or without convulsive seizures.

e. Loss or congenital absence of the bony substance of the skull except that The Surgeon General may find individuals acceptable when—

- (1) The area *does not* exceed 25 square centimeters and *does not* overlie the motor cortex or a dural sinus.
- (2) There is no evidence of alteration of brain function in any of its several spheres (intelligence, judgment, perception, behavior, motor control, sensory function, etc.)
- (3) There is no evidence of bone degenera-

tion, disease, or other complications of such a defect.

f. Unusually deformities, such as large birthmarks, large hairy moles, extensive scars, and mutilations due to injuries or surgical operations; ulcerations; fistulae, atrophy, or paralysis of part of the face or head.

2-17. Neck

The causes for rejection for appointment, enlistment, and induction are—

a. 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.)

b. Congenital cysts of branchial cleft origin or those developing from the remnants of the thyroglossal duct, with or without fistulous tracts.

c. Fistula, chronic draining, of any type.

d. Healed tuberculous lymph nodes when extensive in number or densely calcified.

e. 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 military equipment or so disfiguring as to make the individual objectionable in common social relationships.

f. Spastic contraction of the muscles of the neck, persistent, and chronic.

g. Tumor of thyroid or other structures of the neck. See paragraphs 2-40 and 2-41.

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Section XI. HEART AND VASCULAR SYSTEM

2-18. Heart

The causes for rejection for appointment, enlistment, and induction are—

a. *All organic valvular diseases of the heart, including those improved by surgical procedures.*

b. *Coronary artery disease or myocardial infarction, old or recent or true angina pectoris, at any time.*

c. *Electrocardiographic evidence of major arrhythmias such as—*

- (1) Atrial tachycardia, flutter, or fibrillation, ventricular tachycardia or fibrillation.
- ★(2) Conduction defects such as first degree atrio-ventricular block and right bundle branch block. (These conditions occurring as isolated findings are not unfitting when cardiac evaluation reveals no cardiac disease.)
- ★(3) Left bundle branch block, 2d and 3d degree AV block.
- (4) Unequivocal electrocardiographic evidence of old or recent myocardial infarction; coronary insufficiency at rest or after stress; or evidence of heart muscle disease.

d. *Hypertrophy or dilatation 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. Cases of enlarged heart by X-ray not supported by electrocardiographic examination will be forwarded to The Surgeon General for evaluation.*

e. *Myocardial insufficiency (congestive circulatory failure, cardiac decompensation) obvious or covert, regardless of cause.*

f. *Paroxysmal tachycardia within the preceding 5 years, or any time if recurrent or disabling or if associated with electrocardiographic evidence of accelerated A-V conduction (Wolff-Parkinson-White).*

g. *Pericarditis; endocarditis; or myocarditis, history or finding of, except for a history of a single acute idiopathic or coxsackie pericarditis with no residuals.*

h. *Tachycardia, persistent with a resting pulse rate of 100 or more, regardless of cause.*

2-19. Vascular System

The causes for rejection for appointment, enlistment, and induction are—

a. *Congenital or acquired lesions of the aorta and major vessels, such as syphilitic aortitis, demonstrable atherosclerosis which interferes with circulation, congenital or acquired dilatation of the aorta (especially if associated with other features of Marfan's syndrome), and pronounced dilatation of the main pulmonary artery.*

b. *Hypertension* evidenced by persistent blood pressure readings of 150-mm or more systolic in an individual over 35 years of age or persistent readings of 140-mm or more systolic in an individual 35 years of age or less. Persistent diastolic pressure over 90-mm diastolic is cause for rejection at any age.

c. *Marked circulatory instability* as indicated by orthostatic hypotension, persistent tachycardia, severe peripheral vasomotor disturbances and sympatheticotonia.

d. *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.

e. *Thrombophlebitis:*

- (1) History of thrombophlebitis with persistent thrombus or evidence of circulatory obstruction or deep venous incompetence in the involved veins.
- (2) Recurrent thrombophlebitis.

f. *Varicose veins*, if more than mild, or if associated with edema, skin ulceration, or residual scars from ulceration.

2-20. Miscellaneous

The causes for rejection for appointment, enlistment, and induction are—

a. *Aneurysm of the heart or major vessel, congenital or acquired.*

b. *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;*

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resection of a coarctation of the aorta without a graft when there are other cardiac abnormalities or complications; closure of a secundum type atrial septal defect when there are residual abnormalities or complications.

c. Major congenital abnormalities and defects of the heart and vessels unless satisfactorily corrected

without residuals or complications. Uncomplicated dextrocardia and other minor asymptomatic anomalies are acceptable.

d. Substantiated history of rheumatic fever or chorea within the previous 2 years, recurrent attacks of rheumatic fever or chorea at any time, or with evidence of residual cardiac damage.

Section XII. HEIGHT, WEIGHT, AND BODY BUILD

2-21. Height

The causes for rejection for appointment, enlistment, and induction are—

a. For appointment.

(1) *Men.* Regular Army—Height below 66 inches or over 78 inches. However, see special administrative criteria in paragraph 7-13.

Other—Height below 60 inches or over 78 inches.

★(2) *Women.* Height below 58 inches or over 72 inches.

b. For enlistment and induction.

(1) *Men.* Height below 60 inches or over 78 inches.

★(2) *Women.* Height below 58 inches or over 72 inches.

2-22. Weight

The causes for rejection for appointment, enlistment, and induction are—

a. Weight related to height which is below the minimum shown in table I, appendix III for men and table II, appendix III for women.

★*b. Weight related to age and height* which is in excess of the maximum shown in table I, ap-

pendix III for men and table II, appendix III for women. See chapter 7 for special requirements pertaining to maximum weight standards applicable to women enlisting for and commissioned from Army Student Nurse and Army Student Dietician Programs.

2-23. Body Build

The causes for rejection for appointment, enlistment, and induction are—

a. Congenital malformation of bones and joints. (See pars. 2-9, 2-10, and 2-11.)

b. Deficient muscular development which would interfere with the completion of required training.

c. Evidences of congenital asthenia (slender bones; weak thorax; visceroptosis; severe, chronic constipation; or "drop heart" if marked in degree).

d. Obesity. Even though the individual's weight is within the maximum shown in table I or II, as appropriate, appendix III, he will be reported as medically unacceptable when the medical examiner considers that the individual's weight in relation to the bony structure and musculature, constitutes obesity of such a degree as to interfere with the satisfactory completion of prescribed training.

Section XIII. LUNGS AND CHEST WALL

2-24. General

The following conditions are causes for rejection for appointment, enlistment, and induction until further study indicates recovery without disqualifying sequelae:

a. Abnormal elevation of the diaphragm on either side.

b. Acute abscess of the lung.

c. Acute bronchitis until the condition is cured.

d. Acute fibrinous pleurisy, associated with acute nontuberculous pulmonary infection.

e. Acute mycotic disease of the lung such as coccidioidomycosis and histoplasmosis.

f. Acute nontuberculous pneumonia.

g. Foreign body in trachea or bronchus.

h. Foreign body of the chest wall causing symptoms.

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.

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j. Other traumatic lesions of the chest or its contents.

k. Pneumothorax, regardless of etiology or history thereof.

l. Recent fracture of ribs, sternum, clavicle, or scapula.

m. Significant abnormal findings on physical examination of the chest.

2-25. Tuberculous Lesions

(See also par. 2-38.)

The causes for rejection for appointment, enlistment, and induction are—

a. Active tuberculosis in any form or location.

b. Pulmonary tuberculosis, active within the past 5 years.

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.

2-26. Nontuberculous Lesions

The causes for rejection for appointment, enlistment, and induction are—

a. Acute mastitis, chronic cystic mastitis, if more than mild.

b. Bronchial asthma, except for childhood asthma with a trustworthy history of freedom from symptoms since the 12th birthday.

c. Bronchitis, chronic with evidence of pulmonary function disturbance.

d. Bronchiectasis.

e. Bronchopleural fistula.

f. Bullous or generalized pulmonary emphysema.

g. Chronic abscess of lung.

h. Chronic fibrous pleuritis of sufficient extent to interfere with pulmonary function or obscure the lung field in the roentgenogram.

i. Chronic mycotic diseases of the lung including coccidioidomycosis; residual cavitation or more than a few small sized inactive and stable residual nodules demonstrated to be due to mycotic disease.

j. Empyema, residual sacculation or unhealed sinuses of chest wall following operation for empyema.

k. Extensive pulmonary fibrosis from any cause, producing dyspnea on exertion.

l. Foreign body of the lung or mediastinum causing symptoms or active inflammatory reaction.

m. Multiple cystic disease of the lung or solitary cyst which is large and incapacitating.

n. New growth of breast; history of mastectomy.

o. Osteomyelitis of rib, sternum, clavicle, scapula, or vertebra.

p. Pleurisy with effusion of unknown origin within the preceding 5 years.

★*q. Sarcoidosis*. See paragraph 2-38.

r. Suppurative periostitis of rib, sternum, clavicle, scapula, or vertebra.

Section XIV. MOUTH, NOSE, PHARYNX, TRACHEA, ESOPHAGUS, AND LARYNX

2-27. Mouth

The causes for rejection for appointment, enlistment, and induction are—

a. Hard palate, perforation of.

b. Harelip, unless satisfactorily repaired by surgery.

c. Leukoplakia, if severe.

d. Lips, unsightly mutilations of, from wounds, burns, or disease.

e. Ranula, if extensive. For other tumors see paragraphs 2-40 and 2-41.

2-28. Nose

The causes for rejection for appointment, enlistment, and induction are—

a. Allergic manifestations.

(1) Chronic atrophic rhinitis.

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

b. Choana, atresia, or stenosis of, if symptomatic.

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c. Nasal septum, perforation of:

- (1) Associated with interference of function, ulceration of crusting, and when the result of organic disease.
- (2) If progressive.
- (3) If respiration is accompanied by a whistling sound.

d. Sinusitis, acute.

e. Sinusitis, chronic, when more than mild:

- ★(1) 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) Confirmed by transillumination or X-ray examination or both.

2-29. Pharynx, Trachea, Esophagus, and Larynx

The causes for rejection for appointment, enlistment, and induction are—

a. Esophagus, organic disease of, such as ulceration, varices; achalasia; peptic esophagitis; if confirmed by appropriate X-ray or esophagosopic examinations.

b. Laryngeal paralysis, sensory or motor, due to any cause.

c. Larynx, organic disease of, such as neoplasm, polyps, granuloma, ulceration, and chronic laryngitis.

d. Plica dysphonia venricularis.

e. Tracheostomy or tracheal fistula.

2-30. Other Defects and Diseases

The causes for rejection for appointment, enlistment, and induction are—

a. Aphonia.

b. Deformities or conditions of the mouth, throat, pharynx, larynx, esophagus, and nose which interfere with mastication and swallowing of ordinary food, with speech, or with breathing.

c. Destructive syphilitic disease of the mouth, nose, throat, larynx, or esophagus. (See para. 2-42.)

d. Pharyngitis and nasopharyngitis, chronic, with positive history and objective evidence, if of such a degree as to result in excessive time lost in the military environment.

Section XV. NEUROLOGICAL DISORDERS

2-31. Neurological Disorders

The causes for rejection for appointment, enlistment, and induction are—

a. Degenerative disorders:

- (1) Cerebellar and Friedreich's ataxia.
- (2) Cerebral arteriosclerosis.
- (3) Encephalomyelitis, residuals of, which preclude the satisfactory performance of military duty.
- (4) Huntington's chorea.
- (5) Multiple sclerosis.
- (6) Muscular atrophies and dystrophies of any type.

b. Miscellaneous:

- (1) Congenital malformations if associated with neurological manifestations and meningocele even if uncomplicated.
- (2) Migraine when frequent and incapacitating.
- (3) Paralysis or weakness, deformity, discoordination, pain, sensory disturbance, intellectual deficit, disturbances of con-

sciousness, or personality abnormalities regardless of cause which is of such a nature or degree as to preclude the satisfactory performance of military duty.

- (4) Tremors, spasmodic torticollis, athetosis or other abnormal movements more than mild.

c. Neurosyphilis of any form (general paresis, tabes dorsalis, meningovascular syphilis).

d. Paroxysmal convulsive disorders, disturbances of consciousness, all forms of psychomotor or temporal lobe epilepsy or history thereof except for seizures associated with toxic states or fever during childhood up to the age of 12.

e. Peripheral nerve disorder:

- (1) Polyneuritis.
- (2) Mononeuritis or neuralgia which is chronic or recurrent and of an intensity that is periodically incapacitating.
- (3) Neurofibromatosis.

f. Spontaneous subarachnoid hemorrhage, verified history of, unless cause has been surgically corrected.

Section XVI. PSYCHOSES, PSYCHONEUROSES, AND PERSONALITY DISORDERS

2-32. Psychoses

The causes for rejection for appointment, enlistment, and induction are—

Psychosis or authenticated history of a psychotic illness other than those of a brief duration associated with a toxic or infectious process.

2-33. Psychoneuroses

The causes for rejection for appointment, enlistment, and induction are—

a. History of a psychoneurotic reaction which caused—

- (1) Hospitalization.
- (2) Prolonged care by a physician.
- (3) Loss of time from normal pursuits for repeated periods even if of brief duration, or
- (4) Symptoms or behavior of a repeated nature which impaired school or work efficiency.

b. History of a brief psychoneurotic reaction or nervous disturbance within the preceding 12 months which was sufficiently severe to require medical attention or absence from work or school for a brief period (maximum of 7 days).

2-34. Personality Disorders

The causes for rejection for appointment, enlistment, and induction are—

a. Character and behavior disorders, as evidenced by—

- (1) 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 military service.
- (2) Overt homosexuality or other forms of sexual deviant practices such as exhibitionism, transvestism, voyeurism, etc.
- (3) Chronic alcoholism or alcohol addiction.
- (4) Drug addiction.

b. 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 adjustment in the military service as demonstrated by repeated inability to maintain reasonable adjustment in school, with employers and fellow-workers, and other society groups.

c. Other symptomatic immaturity reactions such as authenticated evidence of enuresis which is habitual or persistent, not due to an organic condition (para. 2-15c) occurring beyond early adolescence (age 12 to 14) and stammering or stuttering of such a degree that the individual is normally unable to express himself clearly or to repeat commands.

**d. Specific learning defects* as listed in AR 40-401.

Section XVII. SKIN AND CELLULAR TISSUES

2-35. Skin and Cellular Tissues

The causes for rejection for appointment, enlistment, and induction are—

a. 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 military equipment.

b. Atopic dermatitis: With active or residual lesions in characteristic areas (face and neck, antecubital and popliteal fossae, occasionally wrists and hands), or documented history thereof.

c. Cysts:

- (1) *Cysts, other than pilonidal.* Of such a size or location as to interfere with the normal wearing of military equipment.

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

d. Dermatitis factitia.

e. Dermatitis herpetiformis.

f. Eczema: Any type which is chronic and resistant to treatment.

f.1 Elephantiasis or chronic lymphedema.

g. Epidermolysis bullosa; pemphigus.

h. Fungus infections, systemic or superficial types: If extensive and not amenable to treatment.

i. Furunculosis: Extensive, recurrent, or chronic.

j. Hyperhidrosis of hands or feet: Chronic or severe.

- k. *Ichthyosis*: Severe.
- l. *Leprosy*: Any type.
- m. *Leukemia cutis*; *mycosis fungoides*; *Hodgkins' disease*.
- n. *Lichen planus*.
- o. *Lupus erythematosus* (acute, subacute, or chronic) or any other dermatosis aggravated by sunlight.
- p. *Neurofibromatosis* (Von Recklinghausen's disease).
- q. *Nevi or vascular tumors*: If extensive, unsightly, or exposed to constant irritation.
- r. *Psoriasis* or a verified history thereof.
- s. *Radiodermatitis*.
- t. *Scars* which are so extensive, deep, or adherent that they may interfere with the wearing of

military equipment, or that show a tendency to ulcerate.

- u. *Scleroderma*: Diffuse type.
- v. *Tuberculosis*. See paragraph 2-38.
- w. *Urticaria*: Chronic.
- x. *Warts, plantar*, which have materially interfered with the following of a useful vocation in civilian life.
- y. *Xanthoma*: If disabling or accompanied by hypercholesterolemia or hyperlipemia.
- z. *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 so disfiguring as to make the individual objectionable in ordinary social relationships.

Section XVIII. SPINE, SCAPULAE, RIBS, AND SACROILIAC JOINTS

2-36. Spine and Sacroiliac Joints

(See also par. 2-11.)

The causes for rejection for appointment, enlistment, and induction are—

- a. *Arthritis*. See paragraph 2-11a.
- b. *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.
- c. *Deviation or curvature of spine* from normal alignment, structure, or function (scoliosis, kyphosis, or lordosis, spina bifida occulta, spondylolysis, etc.), if—

- (1) Mobility and weight-bearing power is poor.
- (2) More than moderate restriction of normal physical activities is required.
- (3) Of such a nature as to prevent the individual from following a *physically active vocation* in civilian life.
- (4) Of a degree which will interfere with the wearing of a uniform or military equipment.
- (5) Symptomatic, associated with positive physical finding(s) demonstrable by X-ray.

d. *Diseases 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.

- e. *Granulomatous diseases* either active or healed.
- f. *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 military duty.
- g. *Ruptured nucleus pulposus* (herniation of intervertebral disk) or history of operation for this condition.
- h. *Spondylolisthesis*.

2-37. Scapulae, Clavicles, and Ribs

(See also par. 2-11.)

The causes for rejection for appointment, enlistment, and induction are—

- a. *Fractures*, until well healed, and until determined that the residuals thereof will not preclude the satisfactory performance of military duty.
- b. *Injury within the preceding 6 weeks*, without fracture, or dislocation, of more than a minor nature.
- c. *Osteomyelitis* of rib, sternum, clavicle, scapula, or vertebra.
- d. *Prominent scapulae* interfering with function or with the wearing of uniform or military equipment.

Section XIX. SYSTEMIC DISEASES AND MISCELLANEOUS CONDITIONS AND EFFECTS

2-38. Systemic Diseases

The causes for rejection for appointment, enlistment, and induction are—

- a. *Dermatomyositis*.
- b. *Lupus erythematosus*; acute, subacute, or chronic.
- c. *Progressive systemic sclerosis*.
- d. *Reiter's Disease*.
- e. *Sarcoidosis*.
- f. *Scleroderma*, diffuse type.
- g. *Tuberculosis*:
 - (1) Active tuberculosis in any form or location.
 - (2) Pulmonary tuberculosis. See paragraph 2-25.
 - (3) Confirmed history of tuberculosis of a bone or joint, genitourinary organs, intestines, peritoneum or mesenteric glands at any time.
 - (4) Meningeal tuberculosis; disseminated tuberculosis.

2-39. General and Miscellaneous Conditions and Defects

The causes for rejection for appointment, enlistment, and induction are—

- a. *Allergic manifestations*:
 - (1) Allergic rhinitis (hay fever). See paragraph 2-28.
 - (2) Asthma. See paragraph 2-26b.
 - (3) Allergic dermatoses. See paragraph 2-35.
 - (4) Visceral, abdominal, and cerebral allergy, if severe or not responsive to treatment.
- b. *Any acute pathological condition*, including acute communicable diseases, until recovery has occurred without sequelae.
- c. *Any deformity which is markedly unsightly* or which impairs general functional ability to such

an extent as to prevent satisfactory performance of military duty.

d. *Chronic metallic poisoning* especially beryllium, manganese, and mercury. Undesirable residuals from lead, arsenic, or silver poisoning make the examinee medically unacceptable.

e. *Cold injury*, residuals of, (example: frostbite, chilblain, immersion foot, or trench foot) such as deep seated ache, paresthesia, hyperhidrosis, easily traumatized skin, cyanosis, amputation of any digit, or ankylosis.

★ f. *Positive tests for syphilis* with negative TPI test 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 followup period (3 to 6 months).

g. *Filariasis; trypanosomiasis; amebiasis; schistosomiasis; uncinariasis* (hookworm) associated with anemia, malnutrition, etc., if more than mild, and other similar worm or animal parasitic infestations, including the carrier states thereof.

h. *Heat pyrexia* (heatstroke, sunstroke, etc.): Documented evidence of predisposition (includes disorders of sweat mechanism and previous serious episode), recurrent episodes requiring medical attention, or residual injury resulting therefrom (especially cardiac, cerebral, hepatic, and renal).

i. *Industrial solvent* and other chemical intoxication, chronic including carbon bisulfide, trichloroethylene, carbon tetrachloride, and methyl cellosolve.

j. *Mycotic infection* of internal organs.

k. *Myositis or fibrositis*; severe, chronic.

l. *Residuals of tropical fevers* and various parasitic or protozoal infestations which in the opinion of the medical examiner preclude the satisfactory performance of military duty.

Section XX. TUMORS AND MALIGNANT DISEASES

2-40. Benign Tumors

The causes for rejection for appointment, enlistment, and induction are—

a. *Any tumor of the—*

- (1) Auditory canal, if obstructive.
- (2) Eye or orbit (see also par. 2-12a(6)).

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- (3) Kidney, bladder, testicle, or penis.
- (4) Central nervous system and its membranous coverings unless 5 years after surgery and no otherwise disqualifying residuals of surgery or original lesion.

b. Benign tumors of the abdominal wall if sufficiently large to interfere with military duty.

★*c. Benign tumors of bone* likely to continue to enlarge, be subjected to trauma during military service, or show malignant potential.

d. 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 a uniform or military equipment.

e. Tongue, benign tumor of, if it interferes with function.

f. Breast, thoracic contents, or chest wall, tumors, of, other than fibromata lipomata, and inclusion or sebaceous cysts which do not interfere with military duty.

f. For tumors of the internal or external female genitalia see paragraph 2-14h.

2-41. Malignant Diseases and Tumors

The causes for rejection for appointment, enlistment, and induction are—

a. Leukemia, acute or chronic.

b. Malignant lymphomata.

c. Malignant tumor of any kind, at any time, substantiated diagnosis of, even though surgically removed, confirmed by accepted laboratory procedures, except as noted in paragraph 2-12a(6).

Section XXI. VENEREAL DISEASES

2-42. 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 military service. The causes for rejection for appointment, enlistment, and induction are—

a. Chronic venereal disease which has not satisfactorily responded to treatment. The finding of a positive serologic test for syphilis following the

adequate treatment of syphilis is not in itself considered evidence of chronic venereal disease which has not responded to treatment (par. 2-39f).

b. 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 by military service.

c. Neurosyphilis. See paragraph 2-31c.

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