

Military Accession, Retention & Deployment: Defining the Role of the Allergy Consultant

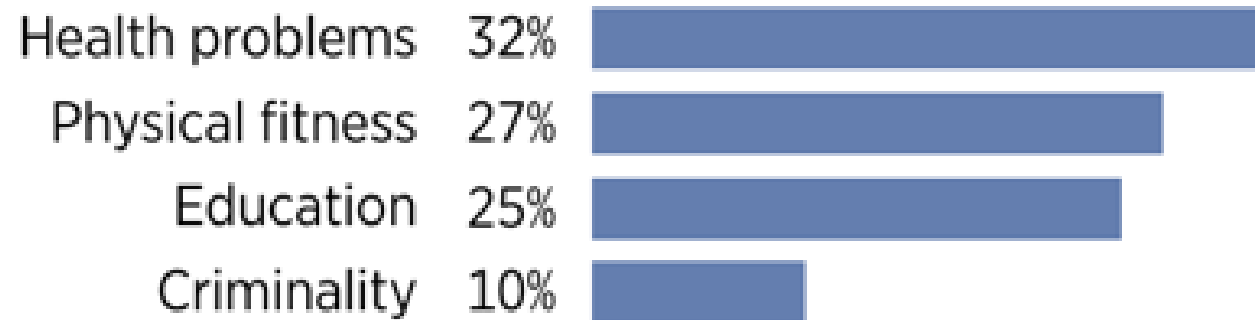
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Objectives

- **Upon completion of this learning activity, participants should be able to**
 - Define key terms and the process for medical accession and retention evaluations in the military
 - Employ a framework for how to address allergic concerns in service members
 - Apply accession and retention standards for patients presenting with common allergic diagnoses

Background

- 24 million of 34 million (71%) eligible Americans ages 17-24 years of age are disqualified to join the military



- Directly compromises national security

Outline



Regulations

Accession

Retention &
Deployment

Resources

Outline



Regulations

Accession

Retention &
Deployment

Resources

Terminology

- Accession: Applies to anyone wishing to join and through the first 6 months of service
 - Enlistment
 - Officer: direct appointments, Reserve Officers' Training Corps (ROTC), service academies, National Guard
- Retention: Applies to service members after the first 6 months of service
 - Service-specific and job-specific guidance

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 - Service-specific and job-specific guidance
- Standards: Set of regulations
 - Which standard apply? i.e., accession vs retention standard
 - Does an individual meet the standard? i.e., are they free of conditions that are listed in the guidelines as disqualifying?

Standards

	Accession	Retention
Department of Defense Instruction (DoDI)	6130.03, Volume 1	6130.03, Volume 2
Service specific guidance		
Army		AR 40-501, AR 40-502
Navy	Not Applicable	MANMED, MILPERSMAN
Air Force/Space Force		AFI 48-133, DAFMAN 48-123, MSD

Outline



Regulations

Accession

Retention &
Deployment

Resources

Accession Standards



DoD INSTRUCTION 6130.03, VOLUME 1 MEDICAL STANDARDS FOR MILITARY SERVICE: APPOINTMENT, ENLISTMENT, OR INDUCTION

Originating Component: Office of the Under Secretary of Defense for Personnel and Readiness

Effective: May 6, 2018

Change 4 Effective: November 16, 2022

SECTION 6: DISQUALIFYING CONDITIONS	13
6.1. Medical Standards.....	13
6.2. Head.....	13
6.3. Eyes.....	13
a. Lids.....	13
b. Conjunctiva.....	13
c. Cornea.....	14
d. Retina.....	14
e. Optic Nerve.....	15
f. Lens.....	15
g. Ocular Mobility and Motility.....	15
h. Miscellaneous Defects and Diseases.....	15
6.4. Vision.....	16
6.5. Ears.....	16
6.6. Hearing.....	17
6.7. Nose, Sinuses, Mouth, and Larynx.....	17
6.8. Dental.....	18
6.9. Neck.....	19
6.10. Lungs, Chest Wall, Pleura, and Mediastinum.....	19
6.11. Heart.....	21
6.12. Abdominal Organs and Gastrointestinal System.....	24

DoDI 6130.03 Volume 1

- Ensure that individuals being considered for service are
 - free from medical conditions that may reasonably be expected to require excessive time lost from duty for treatment/hospitalization or may result in medical separation for unfitness

DoDI 6130.03 Volume 1

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DoDI 6130.03 Volume 1

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 - medically adaptable to the military environment without geographical area limitations

DoDI 6130.03 Volume 1

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 - medically capable of satisfactorily completing required training
 - medically adaptable to the military environment without geographical area limitations
 - medically capable of performing duties without aggravating existing physical defects or medical conditions

Included Allergy Specific Conditions

- Asthma
- Food allergy
- Insect allergy
- Anaphylaxis
- Immunodeficiency
- Eosinophilic esophagitis
- Chronic sinusitis/Nasal polyposis
- Atopic dermatitis/recurrent dermatitis
- Urticaria/angioedema
- Autoimmune conditions
- Vocal cord dysfunction
- Injectable medications
- Rheumatologic/autoimmune

Pre-Screen

Military Entrance Processing Station
(MEPS)

Service Medical Waiver Review Authority
(SMWRA)

Pre-Screen

Military Entrance Processing Station
(MEPS)

Service Medical Waiver Review Authority
(SMWRA)



Request for
Medical Records



Allergy-specific Screening Questions

DD Form 2807-2: Accessions Medical History Report (prescreening)	DD Form 2807-1: Report of Medical History
<p>Medications: “any prescription or over-the-counter medication taken regularly or as needed”</p> <p>Allergies: “reaction to foods, insect bites/stings, medications, or other substances”</p> <p>Have you ever had or do you now have:</p> <ul style="list-style-type: none">• Ques 20. Asthma, asthmatic bronchitis, wheezing, shortness of breath, or other breathing problems related to exercise, weather, pollens, etc.• Ques 21. Prescription for an inhaler, steroids, or any other medication for breathing problems• Ques 23. Chronic cough or frequent coughing at night• Ques 32. Frequent heartburn/indigestion, difficulty swallowing, or eosinophilic esophagitis• Ques 75. Skin rash such as atopic dermatitis, eczema, or psoriasis• Ques 76. Any other skin condition such as recurrent hives, abscesses, pilonidal cyst, or cancer• Ques 82. Severe allergic reaction to any substance requiring emergency care	<p>Current medications</p> <p>Allergies “including insect bites/stings, foods, medicine, or other substance”</p> <p>Have you ever had or do you now have:</p> <ul style="list-style-type: none">• Ques 10d. Asthma or any breathing problems related to exercise, weather, pollens, etc.• Ques 10e. Shortness of breath• Ques 10f. Bronchitis• Ques 10g. Wheezing or problems with wheezing• Ques 10h. Been prescribed or used an inhaler• Ques 10i. A chronic cough or cough at night• Ques 10j. Sinusitis• Ques 10k. Hay fever• Ques 10i. Chronic or frequent colds• Ques 13g. Skin diseases (eg, acne, eczema, psoriasis, etc.)• Ques 14a. Adverse reaction to serum, food, insect stings, or medicine

Abbreviations: DD, Defense Department; Ques, Question.

Pre-Screen



Request for
Medical Records



Military Entrance Processing Station
(MEPS)



Medical
Evaluation
+/- Request for
Additional
Records

Service Medical Waiver Review Authority
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Pre-Screen



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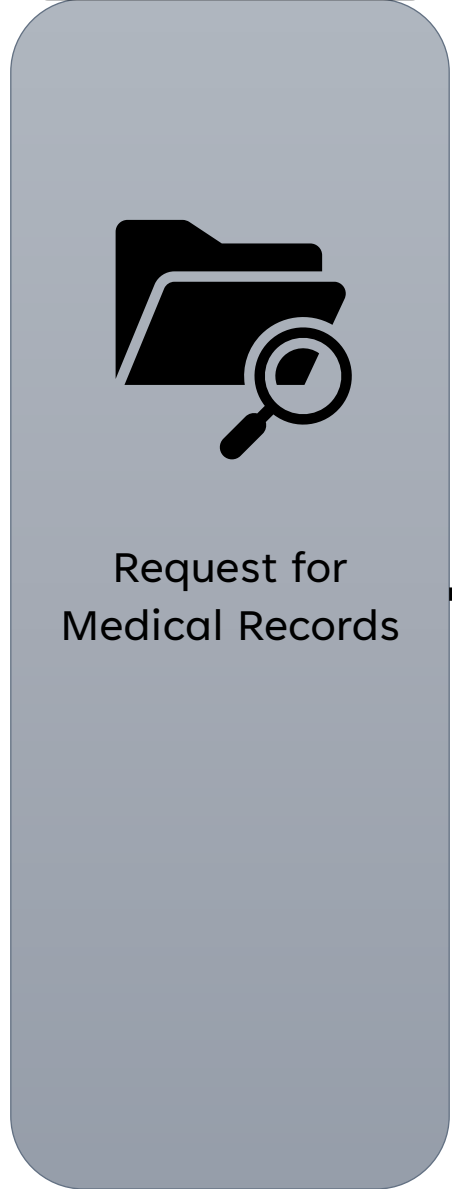


Cleared/Pass

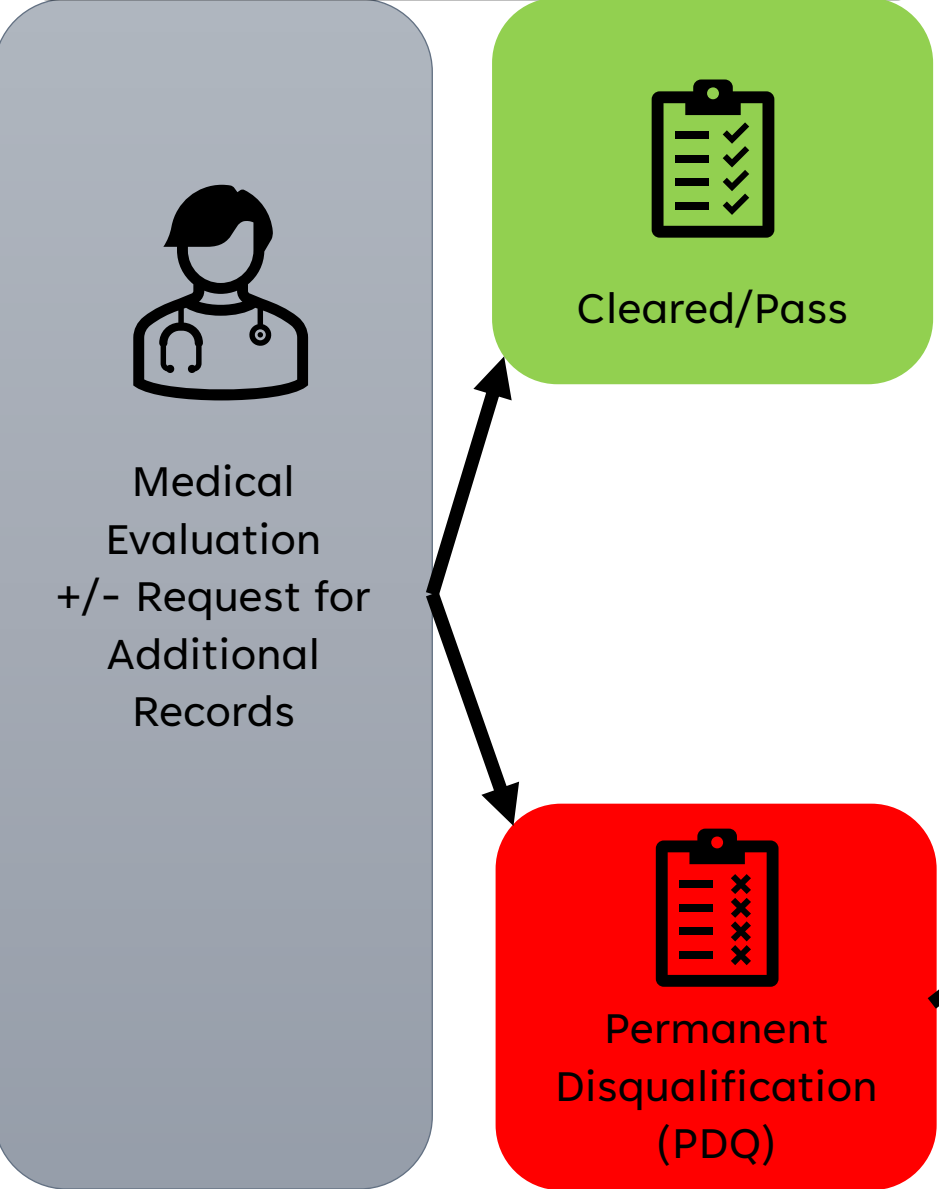


Permanent
Disqualification
(PDQ)

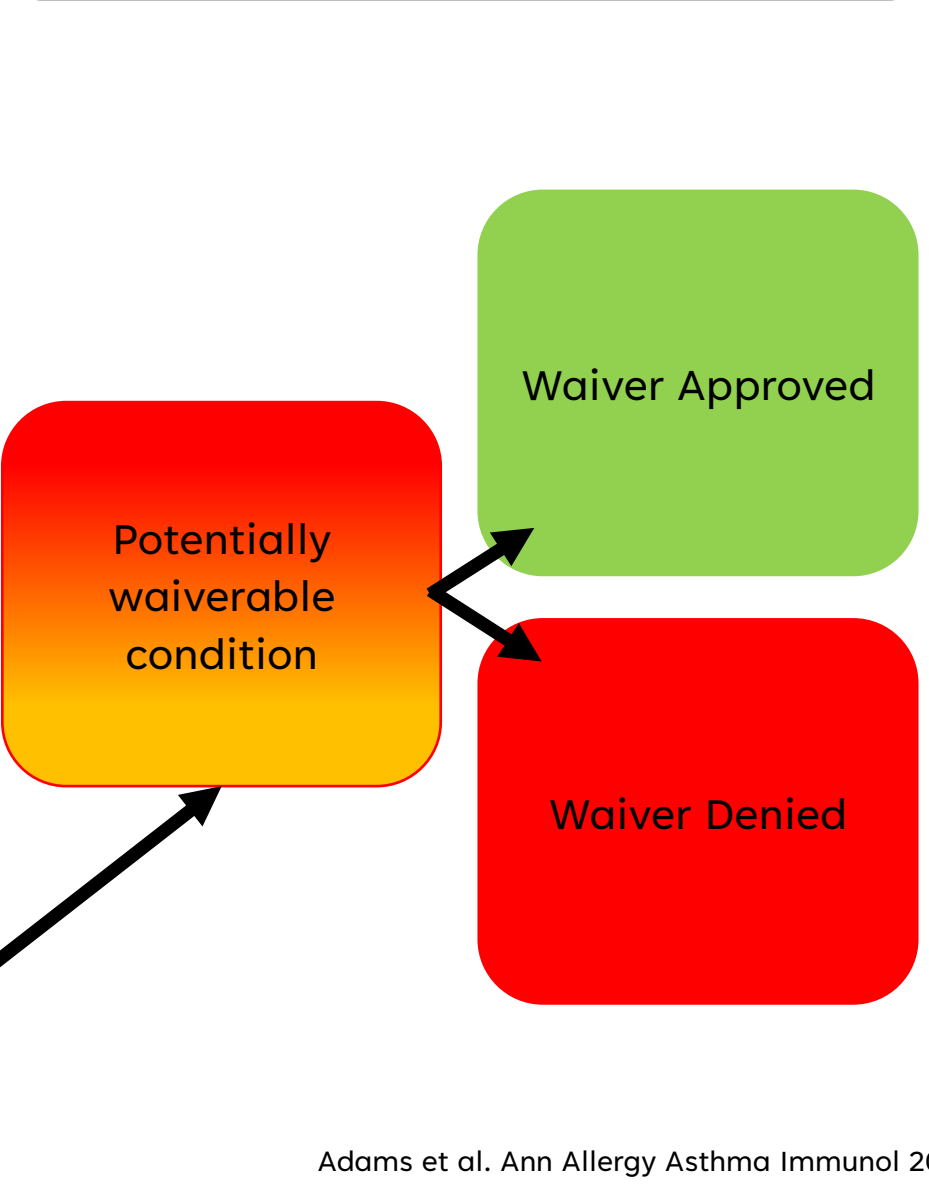
Pre-Screen



Military Entrance Processing Station (MEPS)



Service Medical Waiver Review Authority (SMWRA)



Case 1: Childhood Asthma

- 16-year-old with a history of childhood asthma who wants to join the Navy
 - Denies any current or recent respiratory symptoms
 - Last symptoms at 12 years old
 - No recent emergency room/urgent care visits
- Current medications: None
- Previous medications:
 - Last use of short acting bronchodilator at 12 years old
 - Last inhaled corticosteroid use at 10 years old

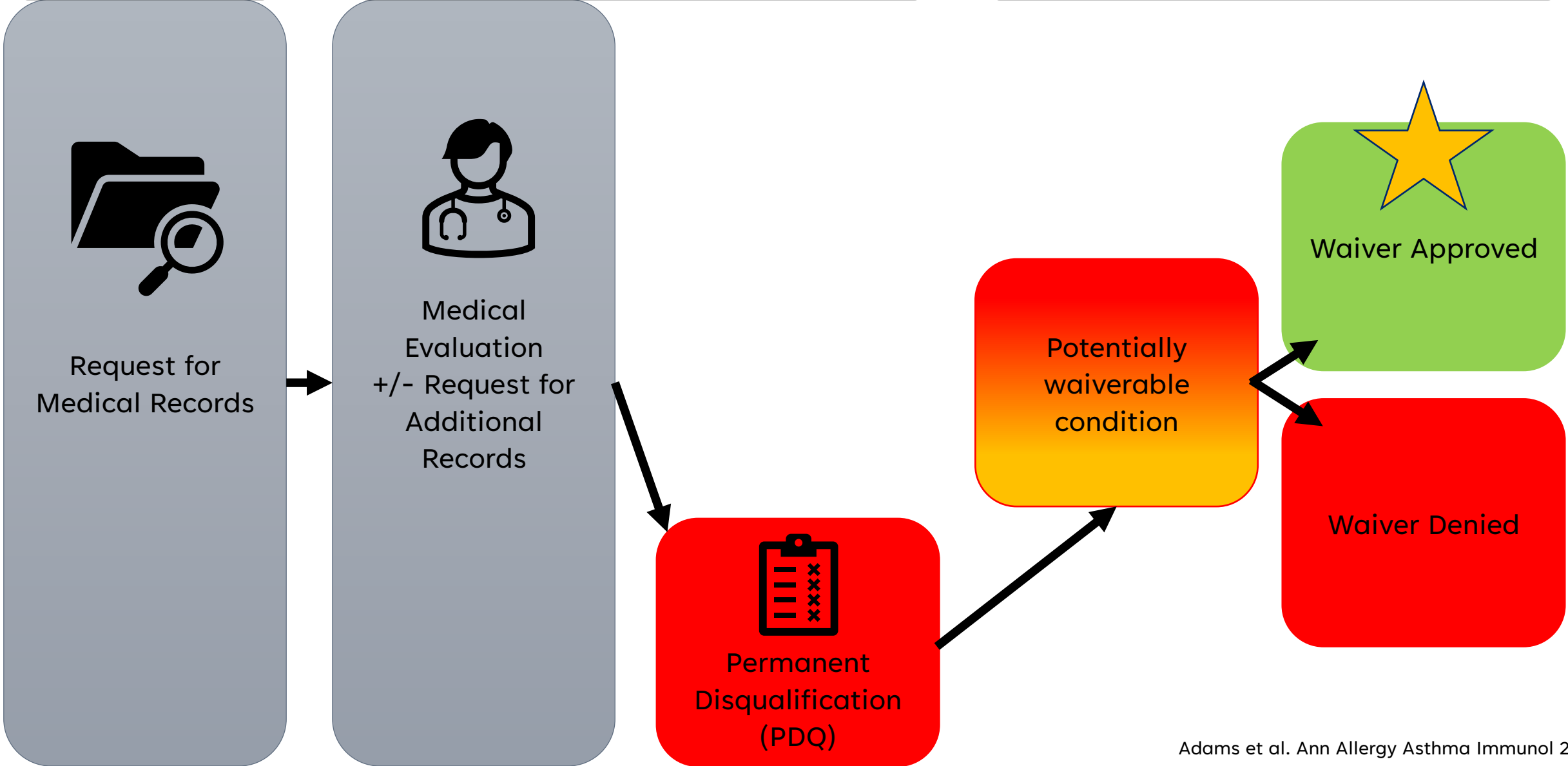
DoDI Asthma Standard

e. History of airway hyper responsiveness including asthma, reactive airway disease, exercise-induced bronchospasm or asthmatic bronchitis, after the 13th birthday.

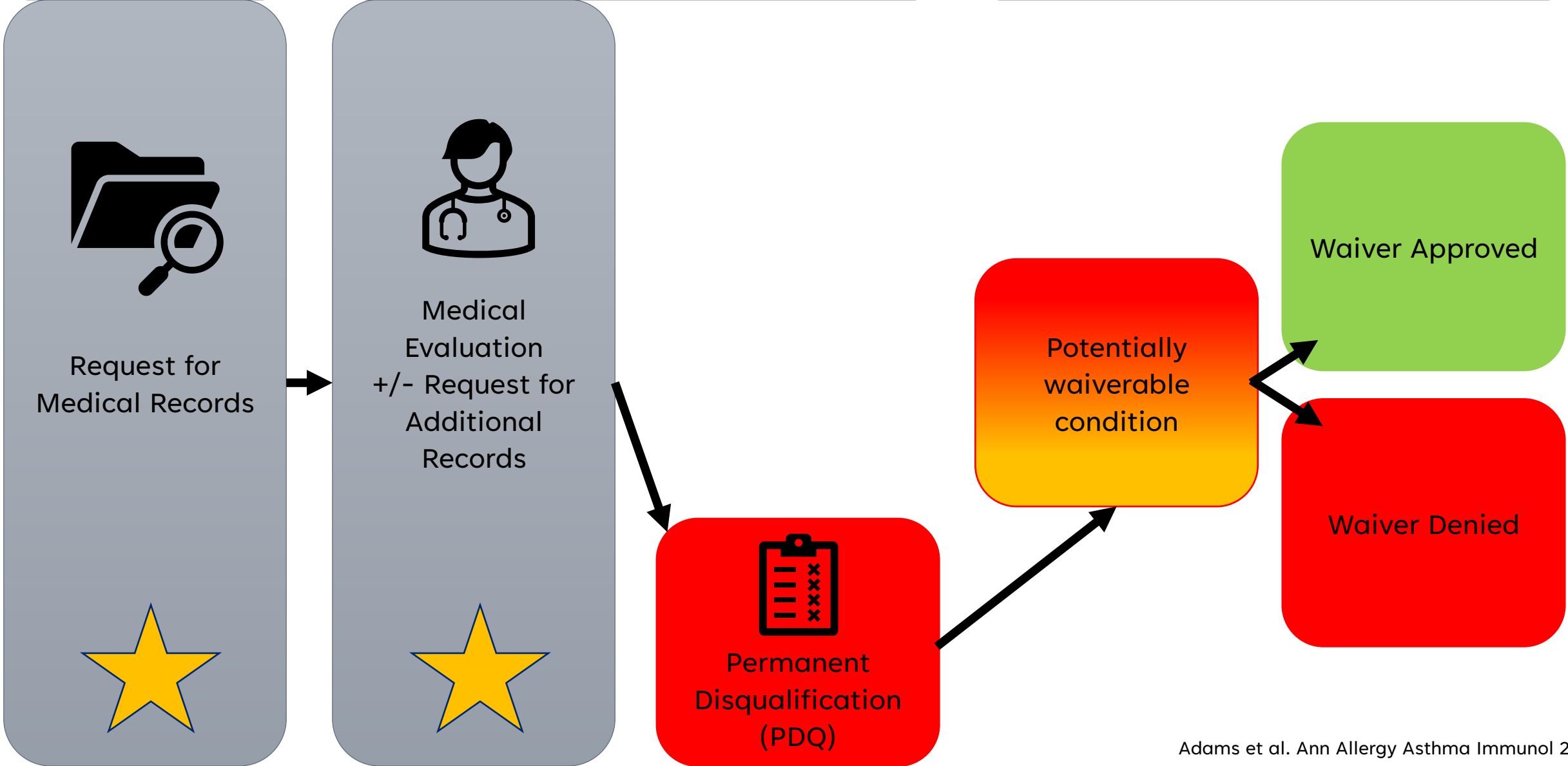
(1) Symptoms suggestive of airway hyper responsiveness include, but are not limited to, cough, wheeze, chest tightness, dyspnea or functional exercise limitations after the 13th birthday.

(2) History of prescription or use of medication (including, but not limited to, inhaled or oral corticosteroids, leukotriene receptor antagonists, or any beta agonists) for airway hyper responsiveness after the 13th birthday.

Pre-Screen Military Entrance Processing Station (MEPS) Service Medical Waiver Review Authority (SMWRA)



Pre-Screen **Military Entrance Processing Station (MEPS)** **Service Medical Waiver Review Authority (SMWRA)**



Documentation Pearls

- May require a separate memo if information not included previously
- Consider quoting the DoDI directly
 - “Hx of childhood asthma prior to the age 13, currently asymptomatic with no limitations at rest or with exercise”
- Include spirometry if available (anything to support the case)
- Be specific and consistent
- Don't make statements that could be misinterpreted
 - “Asthma resolved but can continue to carry albuterol PRN...”

Official Statements

(4) Acknowledge that information provided constitutes an official statement, and that any persons making false statements could face fines, penalties, and imprisonments pursuant to Section 1001 of Title 18, U.S.C. If the applicant is selected for enlistment, appointment, or entrance into a formal military instruction program leading to an appointment commissioning program based on a false statement, the applicant can be tried by court-martial or meet an administrative board for discharge and could receive a less than honorable discharge.

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- Current medications: None
- Previous medications:
 - Last use of short acting bronchodilator at 12 years old
 - Last inhaled corticosteroid use at 10 years old
- **MEPS/SMWRA: High likelihood of waiver approval with appropriate documentation**

Case 2: Food Allergy

- 18-year-old with a history of peanut allergy
- Food allergy history:
 - Recurrent cutaneous/respiratory symptoms with peanut ingestion 1-6 years old
 - Several accidental ingestions of peanut with no symptoms since 11 years old
 - Last ingestion of peanut was 1 year ago without symptoms
- Medications: epinephrine auto-injector “just in case”

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 - Last ingestion of peanut was 1 year ago without symptoms
- Medications: epinephrine auto-injector “just in case”
- Documentation to MEPS: Note from primary care stating no longer peanut allergic
- MEPS/SMWRA: Permanent disqualification but could consider a waiver

DoDI Food Allergy Standard

g. History of acute allergic reaction to fish, crustaceans, shellfish, peanuts, or tree nuts including the presence of a food-specific immunoglobulin E antibody if accompanied by a correlating clinical history.

Food allergy guidance in the United States military: A work group report from the American Academy of Allergy, Asthma & Immunology's Military Allergy and Immunology Assembly



Kirk Waibel, MD,^a Rachel Lee, MD,^b Christopher Coop, MD,^c Yun Mendoza, MD,^a and Kevin White, MD^d *Landstuhl, Germany, San Diego, Calif, San Antonio, Tex, and Lakenheath, United Kingdom*

- Review of accession and retention factors for US military pertaining to food allergy
- Co-factors
 - Physical exertion
 - Fatigue
 - Deployment to austere and international environments where food allergen identification may be more difficult
 - Enriched with young males who represent a group at increased food-allergy related risk-taking behaviors

Meals-Ready-to-Eat by Almost Everyone: A Quick Reference Guide for Individuals with Food Allergy

Jun Mendoza, MD, and Kirk H. Waibel, MD *Landstuhl, Germany*

A “Practice Pearl” helps an allergist-immunologist practice more safely, effectively, timely, efficiently, equitably, or in a more patient-centered way. This feature is coordinated by Stuart Abramson, MD, Giselle Mosnaim, MD, and Andrew Murphy, MD, from the AAAAI Federation of Regional, State, and Local Allergy, Asthma, and Immunology Societies Assembly and by Editorial Board member Matthew Rank, MD. More information about submitting a “Practice Pearl” can be found on our Web site (jaci-inpractice.org).

TABLE I. List of the 24 MREs and their respective food allergens

Food allergen	MREs that contain the food allergen
Milk	1, 2, 3, 4, 5, 6, 7, 8, 10, 12, 13, 14, 16, 17, 18, 19, 20, 23, 24
Egg	3, 4, 7, 9, 10, 11, 12, 13, 14, 16, 18, 19, 23
Soy	2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 16, 18, 19, 20, 21, 22, 23, 24
Wheat	1 through 24
Peanut	3, 4, 7, 9, 11, 13, 14, 15, 16, 21, 22
Tree nut	5, 6, 11, 12, 13, 14, 15, 16, 19, 20, 23
Fish	21
Shellfish	22

MREs, Meals Ready to Eat.

Pre-Screen



Request for
Medical Records

Military Entrance Processing Station
(MEPS)



Medical
Evaluation
+/- Request for
Additional
Records

Service Medical Waiver Review Authority
(SMWRA)

Potentially
waiverable
condition



Permanent
Disqualification
(PDQ)

Waivers

- Why: Allow applicants who do not meet physical/medical standards to be considered for a medical waiver
- Who:
 - MEPS → Service specific waiver authority
 - Most applicants go through this process
 - Department of Defense Medical Examination Review Board (DODMERB) → Independent Review by the Medical Team from Specific Academy
 - Applicants to service academies, ROTC, etc.
- What:
 - Medical condition
 - Aptitude testing
 - Potential future service job?
- Allergy consultants to the service-specific Surgeon General

Waivers

Table 1. Medical Waivers Processed, Approved, and Denied for Active Duty Enlisted Applicants from FY 2021 Through FY 2022, by Service

Military Service	Number of Medical Waivers		
	Processed	Approved	Denied
Army	18,788	12,972 (69%)	5,816 (31%)
Navy	17,538	14,696 (84%)	2,842 (16%)
Air Force	9,756*	6,323 (65%)	3,415 (35%)
Marine Corps	8,124	7,955 (98%)	169 (2%)
Total	54,206	41,946 (77%)	12,242 (23%)

*The Air Force removed duplicate entries from its data; therefore, the number of medical waivers approved and denied does not total the number of medical waivers processed.

Source: The DoD OIG.

- If rejected, reapply to different service?

MEPS Request



DEPARTMENT OF THE AIR FORCE
AIR EDUCATION AND TRAINING COMMAND

MEMORANDUM FOR: **San Antonio MEPS**

06 Mar 2023

FROM: AFRS/RSG

SUBJECT: FOUO\ Report of Medical Examination on: *[Redacted]*

- X 1. Subject report is returned without action for the following checked item(s) to be accomplished.
- X 2. Additional comments: RETURN & REQUEST:1. Allergy Consult/Evaluation by an allergist: Recommend performing an open Oral Food Challenge (OFC) with a cumulative dose equivalent to an age-appropriate serving of the food. AT A MINIMUM: please perform poultry & egg.- OFC should be conducted in accordance with the Jan 2020 American Academy of Allergy Asthma & Immunology's recommendations/dosing.- Please note any recommendation for epi-pen prescription.CNH

/S/

Chief, Accession Medical Waiver Division

Air Force Recruiting Service/RSG

Conducting an Oral Food Challenge: An Update to the 2009 Adverse Reactions to Foods Committee Work Group Report



J. Andrew Bird, MD^a, Stephanie Leonard, MD^{b,c}, Marion Groetch, MS, RDN^d, Amal Assa'ad, MD^e, Antonella Cianferoni, MD, PhD^f, April Clark, RDN, LD^g, Maria Crain, APRN, CPNP^g, Tracy Fausnight, MD^h, David Fleischer, MD^{i,j}, Todd Green, MD^k, Matthew Greenhawt, MD, MBA, MSc^{l,j}, Linda Herbert, PhD^{l,m}, Bruce J. Lanser, MDⁿ, Irene Mikhail, MD^o, Shahzad Mustafa, MD^{p,q}, Sally Noone, RN^d, Christopher Parrish, MD^a, Pooja Varshney, MD^{r,s}, Berber Vlieg-Boerstra, RD, PhD^{t,u}, Michael C. Young, MD^v, Scott Sicherer, MD^d, and Anna Nowak-Wegrzyn, MD, PhD^w *Dallas and Austin, Texas; San Diego, Calif; New York and Rochester, NY; Cincinnati and Columbus, Ohio; Philadelphia, Hershey, and Pittsburgh, Pa; Denver and Aurora, Colo; Washington, DC; Amsterdam and Groningen, The Netherlands; and Boston, Mass*

TABLE V. Age-appropriate portion sizes for open OFC

Allergen	Food	Protein content per serving size	Age				
			4-11 mo	1-3 y	4-8 y	9-18 y	19+ y
Egg	French toast (1 egg per 1 slice of bread)*	6 g if made with 1 large egg	1/2-1 slice	1/2-1 slice	1 slice	1-2 slices	1-2 slices
	Hard-boiled or scrambled egg	6 g/1 large egg	1/2-1 egg	1/2-1 egg	1 egg	1-2 eggs	1-2 eggs
Fish	Cooked fish†	6 g/1 oz	1/2-1 oz	1 oz	1 oz	2-3 oz	3-4 oz
Grains	Cooked cereal	5 g per 1/4 cup dry (oatmeal or Cream of Wheat)	1/4 cup	1/4 cup	1/3-1/2 cup	1/2-1 cup	1/2-1 cup
	Cooked pasta*/rice	3 g per 1/2 cup	1/4 cup	1/4 cup	1/3-1/2 cup	1/2-1 cup	1/2-1 cup
	Infant cereal	1-2 g per 1/4 cup	1/4-1/2 cup	1/4-1/2 cup			
	Muffin or roll bread*	4-6 g/muffin or roll	1/4-1/2 piece	1/2 piece	1/2-1 piece	1 piece	1 piece
	Ready-to-eat cereal	2-6 g/1 cup	1/4-1/3 cup	1/4-1/3 cup	1/2-3/4 cup	3/4-1 cup	3/4-1 cup
	Slice bread	2-4 g/slice	1/4-1/2 slice	1/2 slice	1/2-1 slice	1-2 slices	2 slices
	Milk	Infant formula	2-3 g/5 oz	4-8 oz			
Milk	Milk	8 g/8 oz		4-8 oz	4-8 oz	8 oz	8 oz
	Cottage cheese	10-14 g/4 oz	1/4-1/2 cup	1/4-1/2 cup	1/2-1 cup	1/2-1 cup	1 cup
	Hard cheese	6-8 g/1 oz	1/4-1/2 oz	1/2 oz	1 oz	1 oz	1 1/2 oz
	Yogurt (NOT Greek style)	8 g/8 oz	1/4-1/2 cup	1/4-1/2 cup	1/2-1 cup	1/2-1 cup	1/2-1 cup
	Peanut	Peanut (whole)	2 g/~ 8 peanuts			16 pieces	16 pieces
Peanut butter		3 g/1 tbsp	1 rounded tsp‡	1-2 tbsp	1-2 tbsp	2 tbsp	2 tbsp
Peanut flour or peanut butter powder		3 g/1 tbsp original or 2.25 g/1 tbsp chocolate flavor	1 rounded tsp‡	1-2 tbsp	1-2 tbsp	2 tbsp	2 tbsp

Documentation Pearls

- Food allergy cleared or not cleared (how did you clear?)
- **Amount of food ingested during oral food challenge**
- Can they consume food regularly in diet?
- “Does not need to carry epinephrine autoinjector”
- Avoid
 - “Just in case epi pens” or “Out of an abundance of caution”
 - “Mild allergic reaction to peanut”

Emerging Therapies

- Oral immunotherapy (OIT)/biologic use not addressed in current DoD guidelines
- Current consensus:
 - Unlikely to be favorable for waiver request
 - May still be unfavorable even for foods not specifically disqualifying (e.g., milk OIT)
 - Passed OFC on OIT or on a biologic?
 - Access to OIT product in the military

Case 2: Food Allergy

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- Food allergy history:
 - Recurrent cutaneous/respiratory symptoms with peanut ingestion 1-6 years old
 - Several accidental ingestions of peanut with no symptoms since 11 years old
 - Last ingestion of peanut was 1 year ago without symptoms
- Medications: epinephrine auto-injector “just in case”
- Information provided to MEPS: Note from primary care stating no longer peanut allergic
- MEPS/SMWRA: Permanent disqualification but could consider a waiver
- Allergy evaluation:
 - Serology ± skin test
 - If favorable, oral food challenge to serving size of peanut
 - Waiver approval depends on results of oral food challenge

Outline

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graph LR; A[Regulations] --> B[Accession]; B --> C[Retention & Deployment]; C --> D[Resources];
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Regulations

Accession

Retention &
Deployment

Resources

Retention Standards



DoD INSTRUCTION 6130.03, VOLUME 2

MEDICAL STANDARDS FOR MILITARY SERVICE: RETENTION

Originating Component: Office of the Under Secretary of Defense for Personnel and Readiness

Effective: September 4, 2020
Change 1 Effective: June 6, 2022

Releasability: Cleared for public release. Available on the Directives Division Website at <https://www.esd.whs.mil/DD/>.

Approved by: Matthew P. Donovan, Under Secretary of Defense for Personnel and Readiness
Change 1 Approved by: Lloyd J. Austin III, Secretary of Defense

DoDI 6130.03 Volume 2

a. Service members meet DoD medical standards established in this volume to be retained in the Military Services.

b. Service members who are unable to successfully complete their assigned duties while deployed, stationed with only operational healthcare unit support, or while in garrison conditions, be referred to:

(1) The Disability Evaluation System (DES), on a case-by-case basis, in accordance with DoD Instruction (DoDI) 1332.18 and DoDI 1332.45; or

(2) For conditions not constituting a disability, the responsible Military Department for possible administrative action, in accordance with DoDI 1332.14 or DoDI 1332.30.

Service Member Tasks

- (1) Climbing and going down structures such as stairs, a ladder, ladderwells, or a cargo net.
- (2) Wearing personal protective gear.
- (3) Running 100 yards.
- (4) Standing in formation.
- (5) Carrying personal equipment.
- (6) Operating a vehicle.
- (7) Operating an assigned weapons system, to include safe operation of an individual firearm.
- (8) Subsisting on field rations.
- (9) Working in extreme environments or confined spaces.
- (10) Operating for extended work periods.

Limitations Considered

- (1) Impose unreasonable medical requirements on the Military Services to maintain or protect the Service member.
- (2) Require diagnostic(s), treatment(s), or surveillance for longer than 12 months that is not anticipated to be routinely available in operational locations, unless approved by the Service member's unit commander in accordance with DoDI 1332.45.
- (3) Present an obvious risk to the health or safety of the member, other Service members, or other personnel serving with or accompanying an armed force in the field.
- (4) Are of such a nature or duration that progressive worsening or effects of external stressors are reasonably expected to result in a grave medical outcome or an unacceptable negative impact on mission execution.
- (5) Are incompatible with the physical and psychological demands required for deployment and the Service member's office, grade, rank, or rating.

But Wait There's More...

Army Regulation 40–502

Medical Services

Medical Readiness



BY ORDER OF THE
SECRETARY OF THE AIR FORCE



DEPARTMENT OF THE AIR FORCE
MANUAL 48-123

8 DECEMBER 2020

Aerospace Medicine

MEDICAL EXAMINATIONS AND
STANDARDS

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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(Maj Gen Robert I. Miller)

Pages: 92



Change 168
Manual of the Medical Department
U.S. Navy
NAVMED P-117

3 February 2023

To: Holders of the Manual of the Medical Department

1. **This Change:** Updates MANMED Chapter 15, article 15-105(4)(n)(9).
 - a. **Changes noted:** The requirement of a waiver for candidates or Naval Special Warfare and Special operations Duty (NSW/SOD) designated personnel failing to receive required vaccines.
 - b. **Changes noted for MANMED article 15-105((4)(n)(9)):** Replaced "Candidate or SO designated personnel refusing to receive recommended vaccines (preventive health or theater specific vaccines recommended by the Combatant Command (CCMD)) based solely on personal or religious beliefs are disqualified. This provision does not pertain to medical contraindications or allergies to vaccine administration." with "Candidates or Naval Special Warfare and Special operations Duty (NSW/SOD) designated personnel failing to receive required vaccines (preventive health or theater-specific vaccines required by the Combatant Command (CCMD)), whether for personal or religious beliefs, medical contraindications or allergies to vaccine administration, or any other reason, are disqualified and must seek a waiver."



Case 3: 28-year-old with new honeybee anaphylaxis and positive honeybee skin test

- Case 3a: Air Force pilot (Class II flying physical)
- Case 3b: Air Force medical technician
- Case 3c: Army armor officer

Case 3a: Air Force Pilot (Class II Flying Physical)

Systemic and Other Disqualifying Conditions (See DAFMAN 48-123 Chapter 5 for General Items that are also applied)		"X" = Standard applies									Comments
		Retention	DW	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
A1	Anaphylaxis: Any* recurrent*, generalized, systemic reaction with or without an identified cause that induces cardiovascular, pulmonary, or GI symptoms. 5.23.e	X*	X	X	X	X	X	X	X	X	Submit IRILO for any recurrent anaphylaxis in lifetime. Note: Some triggers are not unfitting.
A2	Any allergic condition which requires allergen immunotherapy.		X								DW: Current immunotherapy requires deployment waiver. ceasing immunotherapy eliminates requirement. 4-hour verbal DOWN after each immunotherapy administration. See AMWG
A3	Allergic manifestations: A reliable history of generalized reaction with anaphylaxis to common foods (the eight common foods as per FDA: milk, eggs, wheat, soy, peanut, tree nuts, shellfish, or fish), spices or food additives. A reliable history to stinging insect venom manifested by venom anaphylaxis or severe systemic reactions.		X	X	X	X	X	X	X	X	DW: Any requirement to carry Epi Pen. Non-contiguous cutaneous reactions after age 16 also require DW.
A4	History of food-induced anaphylaxis.			X	X	X				X	See AMWG

Case 3a: Air Force Pilot (Class II Flying Physical)

Systemic and Other Disqualifying Conditions (See DAFMAN 48-123 Chapter 5 for General Items that are also applied)		"X" = Standard applies									Comments
		Retention	DW	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
A1	Anaphylaxis: Any* recurrent*, generalized, systemic reaction with or without an identified cause that induces cardiovascular, pulmonary, or GI symptoms. 5.23.e	X*	X	X	X	X	X	X	X	X	Submit IRILO for any recurrent anaphylaxis in lifetime. Note: Some triggers are not unfitting.
A2	Any allergic condition which requires allergen immunotherapy.		X								DW: Current immunotherapy requires deployment waiver. ceasing immunotherapy eliminates requirement. 4-hour verbal DOWN after each immunotherapy administration. See AMWG
A3	Allergic manifestations: A reliable history of generalized reaction with anaphylaxis to common foods (the eight common foods as per FDA: milk, eggs, wheat, soy, peanut, tree nuts, shellfish, or fish), spices or food additives. A reliable history to stinging insect venom manifested by venom anaphylaxis or severe systemic reactions.		X	X	X	X	X	X	X	X	DW: Any requirement to carry Epi Pen. Non-contiguous cutaneous reactions after age 16 also require DW.
A4	History of food-induced anaphylaxis.			X	X	X				X	See AMWG

Case 3a: Air Force Pilot (Class II Flying Physical)

Systemic and Other Disqualifying Conditions (See DAFMAN 48-123 Chapter 5 for General Items that are also applied)		"X" = Standard applies									Comments
		Retention	DW	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
A1	Anaphylaxis: Any* recurrent*, generalized, systemic reaction with or without an identified cause that induces cardiovascular, pulmonary, or GI symptoms. 5.23.e	X*	X	X	X	X	X	X	X	X	Submit IRILO for any recurrent anaphylaxis in lifetime. Note: Some triggers are not unfitting.
A2	Any allergic condition which requires allergen immunotherapy.		X								DW: Current immunotherapy requires deployment waiver. ceasing immunotherapy eliminates requirement. 4-hour verbal DOWN after each immunotherapy administration. See AMWG
A3	Allergic manifestations: A reliable history of generalized reaction with anaphylaxis to common foods (the eight common foods as per FDA: milk, eggs, wheat, soy, peanut, tree nuts, shellfish, or fish), spices or food additives. A reliable history to stinging insect venom manifested by venom anaphylaxis or severe systemic reactions.		X	X	X	X	X	X	X	X	DW: Any requirement to carry Epi Pen. Non-contiguous cutaneous reactions after age 16 also require DW.
A4	History of food-induced anaphylaxis.			X	X	X				X	See AMWG

Case 3a: Air Force Pilot (Class II Flying Physical)

Systemic and Other Disqualifying Conditions (See DAFMAN 48-123 Chapter 5 for General Items that are also applied)		"X" = Standard applies									Comments
		Retention	DW	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
A1	Anaphylaxis: Any* recurrent*, generalized, systemic reaction with or without an identified cause that induces cardiovascular, pulmonary, or GI symptoms. 5.23.e	X*	X	X	X	X	X	X	X	X	Submit IRILO for any recurrent anaphylaxis in lifetime. Note: Some triggers are not unfitting.
A2	Any allergic condition which requires allergen immunotherapy.		X								DW: Current immunotherapy requires deployment waiver. ceasing immunotherapy eliminates requirement. 4-hour verbal DOWN after each immunotherapy administration. See AMWG
A3	Allergic manifestations: A reliable history of generalized reaction with anaphylaxis to common foods (the eight common foods as per FDA: milk, eggs, wheat, soy, peanut, tree nuts, shellfish, or fish), spices or food additives. A reliable history to stinging insect venom manifested by venom anaphylaxis or severe systemic reactions.		X	X	X	X	X	X	X	X	DW: Any requirement to carry Epi Pen. Non-contiguous cutaneous reactions after age 16 also require DW.
A4	History of food-induced anaphylaxis.			X	X	X				X	See AMWG

Case 3a: Air Force Pilot (Class II Flying Physical)

Systemic and Other Disqualifying Conditions (See DAFMAN 48-123 Chapter 5 for General Items that are also applied)		"X" = Standard applies									Comments
		Retention	DW	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
A1	Anaphylaxis: Any* recurrent*, generalized, systemic reaction with or without an identified cause that induces cardiovascular, pulmonary, or GI symptoms. 5.23.e	X*	X	X	X	X	X	X	X	X	Submit IRILO for any recurrent anaphylaxis in lifetime. Note: Some triggers are not unfitting.
A2	Any allergic condition which requires allergen immunotherapy.		X								DW: Current immunotherapy requires deployment waiver. ceasing immunotherapy eliminates requirement. 4-hour verbal DOWN after each immunotherapy administration. See AMWG
A3	Allergic manifestations: A reliable history of generalized reaction with anaphylaxis to common foods (the eight common foods as per FDA: milk, eggs, wheat, soy, peanut, tree nuts, shellfish, or fish), spices or food additives. A reliable history to stinging insect venom manifested by venom anaphylaxis or severe systemic reactions.		X	X	X	X	X	X	X	X	DW: Any requirement to carry Epi Pen. Non-contiguous cutaneous reactions after age 16 also require DW.
A4	History of food-induced anaphylaxis.			X	X	X				X	See AMWG

- An "X" in the medical condition row and retention column denotes a disqualifying condition for retention
- Requires evaluation for continued medical service (Medical Evaluation Board)
 - Allergy evaluation with venom immunotherapy typically favorably viewed = return to duty with limitation code that determines mobility/deployability

Case 3b: Air Force Medical Technician

Systemic and Other Disqualifying Conditions (See DAFMAN 48-123 Chapter 5 for General Items that are also applied)		"X" = Standard applies									Comments
		Retention	DW	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Controller (ATC)	Ground Based Operator (GBO)	Operational Support Flying Duty	Special Warfare Airmen (SWA)	
A1	Anaphylaxis: Any* recurrent*, generalized, systemic reaction with or without an identified cause that induces cardiovascular, pulmonary, or GI symptoms. 5.23.e	X*	X	X	X	X	X	X	X	X	Submit IRILO for any recurrent anaphylaxis in lifetime. Note: Some triggers are not unfitting.
A2	Any allergic condition which requires allergen immunotherapy.		X								DW: Current immunotherapy requires deployment waiver. ceasing immunotherapy eliminates requirement. 4-hour verbal DOWN after each immunotherapy administration. See AMWG
A3	Allergic manifestations: A reliable history of generalized reaction with anaphylaxis to common foods (the eight common foods as per FDA: milk, eggs, wheat, soy, peanut, tree nuts, shellfish, or fish), spices or food additives. A reliable history to stinging insect venom manifested by venom anaphylaxis or severe systemic reactions.		X	X	X	X	X	X	X	X	DW: Any requirement to carry Epi Pen. Non-contiguous cutaneous reactions after age 16 also require DW.
A4	History of food-induced anaphylaxis.			X	X	X				X	See AMWG

- Not a disqualifying condition for everyone else!
- Allergy evaluation can still occur but no MEB/duty limiting code required
- Epinephrine auto-injector will still require a deployment waiver

Case 3c: Army Armor Officer

The causes for referral to the DES are as follows:

a. Stinging insect allergy. A Soldier, who has been determined by an allergist to have a stinging insect allergy to fire ant, wasp, honeybee, yellow jacket, or hornets, but who would not benefit from venom immunotherapy (VIT) will be referred to the DES. When a Soldier elects to receive recommended VIT, the Soldier may be exempt from the DES referral by an allergist. See DA Pam 40–502 for instructions on profiling. Allergists will annually review the Soldier for progress to resolution or worsening of conditioning and adjust profiling action consistent with annual review. If the Soldier is unable to maintain appropriate VIT injection intervals, the allergist will refer the Soldier to the DES.



OTSG/MEDCOM Policy Memo 18-008

16 MAR 2018

MCHO-CL-C

Expires 16 March 2020

MEMORANDUM FOR Commanders, MEDCOM Regional Medical Commands

SUBJECT: Stinging Insect Allergy Retention and Readiness Policy

1. References:

- a. AR 40-501, Medical Standards of Fitness.
- b. DODI 6490.03, Deployment Health, 30 September 2011.
- c. Cox L., Nelson H., & Lockey R. (2011). Allergen immunotherapy: A practice parameter third update. *Journal of Allergy and Clinical Immunology* 2011, 127, S1-55.
- d. Golden, D.B.K., Moffitt J, & Nicklas, R. (2016). Stinging insect hypersensitivity: A practice parameter update 2016. *Ann Allergy Asthma Immunol*, 28-54.
- e. Turbyville, J.C., Dunford J.C., & Nelson M.R. (2013). Hymenoptera of Afghanistan and the central command area of operations: Assessing the threat to deployed U.S. service members with insect venom hypersensitivity. *Allergy Asthma Proceedings*, 34, 179-84.
- f. Davis K.L., Kolisnyk J.T., Klote M.M., Yacovone M.A., Martin B.L., & Nelson M.R. (2007) Implications of Venom Hypersensitivity for a Deploying Soldier. *Military Medicine*, 5, 544-547.

2. Purpose: To provide procedural guidance and policy to healthcare providers for the evaluation, referral, testing, treatment, and assessment of Service Members (SM) with stinging insect reactions.

3. Proponent: The proponent for this policy is the Readiness Division, Health Care Operations, G-3/5/7.

4. Policy:

a. Evaluation and Referral: Stinging insect hypersensitivity reactions are categorized according to signs and symptoms that develop after an envenomation. These reactions will determine if the SM requires a referral to an allergist-immunologist for testing and treatment.

- Soldiers qualifying for immunotherapy
 - Require 3 years of venom immunotherapy
 - If unable to complete → MEB for deployment limitations/DES considerations
 - If unwilling or unable to initiate → referral for DES

Outline



Regulations

Accession

Retention &
Deployment

Resources

Military accession guidelines

An allergy focus

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Key messages

- Understanding the guidelines of medical evaluations to join the US uniformed services allows providers to direct patients in the accession process.
- Resources for military medical evaluations are available and easy to access.
- Providers evaluating military applicants should reference the available resources to streamline their evaluations and provide requested tailored medical documentation.
- Military guidance is continually revised; thus, it remains important to use the most up-to-date resources.

References

- Washington Headquarters Services: <https://www.esd.whs.mil/DD/>



The screenshot shows the homepage of the DoD Directives Division. At the top left is the Washington Headquarters Services logo. To its right is the text "WASHINGTON HEADQUARTERS SERVICES". In the top right corner, there is a search bar containing the text "DODI 6130.03" and a magnifying glass icon. Below the header is a dark blue navigation bar with the following menu items: HOME, PENTAGON SERVICES, CORRESPONDENCE, GRAPHICS, SECURITY REVIEW, FOIA, DIRECTIVES, and RECORDS/DECLASS. The main heading in the center is "DoD Directives Division". Below this heading is a horizontal menu with the following links: Directives Home, DoD Issuances, DoD Forms, Information Collections, Plain Language, and Contact/FAQ. At the bottom of the page, there are two columns of content. The left column is titled "Most Downloaded Forms, July 2023" and lists two items: "1. DD2875, System Authorization Access Request (SAAR)" and "2. DD2977, Deliberate Risk Assessment". The right column is titled "Who We Are" and contains the text: "Welcome to the Directives Division homepage. DoD Directives Division administers and operates the DoD Issuances Program, the DoD Information Collections Program, DOD Forms Management Program, and the DoD Plain Language Program for the Office of the Secretary."

References

- Washington Headquarters Services: <https://www.esd.whs.mil/DD/>

WASHINGTON HEADQUARTERS SERVICES

DODI 6130.03

HOME PENTAGON SERVICES CORRESPONDENCE GRAPHICS SECURITY REVIEW FOIA DIRECTIVES RECORDS/DECLASS

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Most Downloaded Forms, July 2023

1. DD2875, System Authorization Access Request (SAAR)
2. DD2977, Deliberate Risk Assessment

Who We Are

Welcome to the Directives Division homepage. DoD Directives Division administers and operates the DoD Issuances Program, the DoD Information Collections Program, DOD Forms Management Program, and the DoD Plain Language Program for the Office of the Secretary.

References Continued

- App: Med Standards (for iOS)



- MEPS: <https://www.mepcom.army.mil/>
- DODMERB: <https://dodmerb.tricare.osd.mil/>



Contact Information

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- Fellowships:
 - Wilford Hall Ambulatory Surgical Center
 - Walter Reed National Military Medical Center



Summary

- Knowledge of the military regulations is key to guiding medical evaluations for applicants and service members
- Medical documentation that is in line with military guidelines can help our patients streamline accession, retention and waiver requests
- Military accession guidelines are easy to access and should be used when evaluating applicants or service members with allergic conditions

