

**Attachment B: MOD 3 AMPLIFICATION OF THE MINIMAL STANDARDS OF FITNESS FOR ENTRY TO THE SOUTHCOM AREA OF RESPONSIBILITY IAW SC Reg 40-501**

1. General. This attachment accompanies USSOUTHCOM Regulation 40-501 and provides amplification of the minimal standards of fitness for entry to the SOUTHCOM area of responsibility (AOR) for an anticipated 30 consecutive days or more. Individuals possessing a disqualifying medical condition must obtain an exception to policy in the form of a medical waiver prior to being medically cleared for entry to the SOUTHCOM AOR for an anticipated 30 consecutive days or more. Failure to do so may result in early return of personnel and their dependents from their SOUTHCOM assignment at unit expense. The list of deployment-limiting conditions (DLC) is not comprehensive; there are many other conditions that may result in denial of medical clearance for entry to the SOUTHCOM AOR for an anticipated 30 consecutive days or more based upon the totality of individual medical conditions and the medical capabilities present at that individual's theater location. "Medical conditions" as used here also include those health conditions usually referred to as dental, psychological, and/or behavioral.

- A. Uniformed Service Members **must** meet minimum Service standards of fitness according to Service regulations and policies, in addition to the guidance below.
- B. DoD civilian personnel with disqualifying medical conditions could enter the AOR for an anticipated 30 consecutive days or more based upon an individualized medical assessment and approved medical waiver from the appropriate SOUTHCOM waiver authority (which shall be consistent with subparagraph 4.g.(3)(c) of DoDD 1404.10 and The Rehabilitation Act of 1973, as amended).
- C. DoD contract personnel will be evaluated for fitness according to DoDI 3020.41. See paragraph 6.A and 6.B for additional requirements.
- D. Regardless of underlying diagnosis, **waivers for disqualifying medical conditions will be considered only if all the following general conditions are met:**
  1. The condition is not of such a nature or duration that an unexpected worsening or physical trauma is likely to have a grave medical outcome or negative impact on mission execution.
  2. The condition is stable and reasonably anticipated not to worsen considering the physical, physiological, psychological, and nutritional effects of assigned duties and location.
  3. The condition does not require frequent clinical visits (more than quarterly), ancillary tests, or significant physical limitations, and does not constitute an increased risk of illness, injury, or infection.
  4. There is no anticipated need for routine evacuation out of theater for continuing diagnostics or evaluations.
  5. Any required, ongoing health care or medications anticipated to be needed are available to the applicant in theater within the Military Health System or equivalent. Medication must have no special handling, storage, or other requirements (e.g., refrigeration, cold chain, or electrical power requirements). Medication must be well tolerated within harsh environmental conditions (e.g., heat or cold stress, sunlight) and should not cause significant side effects in the setting of moderate dehydration.
  6. Individuals must be able to perform all essential functions of the position in the theater environment, with or without reasonable accommodation, without causing undue hardship. In evaluating undue hardship, the nature of the accommodation and the location of the deployment must be considered. Further, the member's medical condition must not pose a significant risk of substantial harm to the

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member or others considering the condition of the relevant theater environment, with consideration of areas of armed conflict in the AOR.

7. The medical condition does not prevent the wear of personal protective equipment, including protective mask, ballistic helmet, body armor, and chemical/biological protective garments.

8. The medical condition does not prohibit required theater immunizations or medications.

9. The medical condition is not anticipated to significantly impair one's duty performance.

10. The diagnosis, management, and/or treatment of medical conditions does not place an unreasonable burden on deployed medical assets, operational assets, or complicate the evaluation of other reasonably-anticipated illnesses or injuries.

11. The individual has not been previously medially evacuated for the same condition.

2. Evaluating providers must consider that in addition to the individual's assigned duties, severe environmental conditions, extremes of temperature, high physiologic demands (water, mineral, salt, and heat management), poor air quality (especially particulates), limited dietary options, sleep deprivation/disruption, and emotional stress may all impact the individual's health. **If maintaining an individual's health requires avoidance of these extremes or conditions, they should not enter the AOR for an anticipated 30 consecutive days or more.**

3. Evaluation of functional capacity to determine fitness in conditions of physiologic demand is encouraged for conditions which may impair normal functionality. This includes such things as a complete cardiac evaluation, to include stress imaging, when there is coronary artery disease or an official functional capacity exam (FCE) for orthopedic issues. The evaluating provider should pay special attention to any conditions which may present a hazard to the individual or others and/or preclude performing functional requirements in the theater setting. Also, the type, amount, suitability, and availability of medications in the theater environment must be considered as potential limitations. Pre-deployment processing centers may vary in medical examination/screening procedures; individuals should contact their respective mobilization site for availability of a processing checklist.

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

5. Shipboard operations which are not anticipated to involve operations ashore are exempt from the deployment-limiting medical conditions listed below and will generally follow Service specific guidance. However, sovereign laws of some nations within the SOUTHCOM AOR may prohibit entry of individuals with certain medical conditions. Contingency plans for emergency evacuation of individuals with diagnoses that could result in or complicate medical care in theater following evacuation should be coordinated with and approved by the SOUTHCOM Surgeon prior to entering the AOR for an anticipated 30 consecutive days or more.

6. The general guidance from SOUTHCOM Reg 40-501 applies to:

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- A. All personnel (uniformed service members, government civilian employees, volunteers, and DoD contractor employees) seeking entry for an anticipated 30 consecutive days or more must be medically, dentally, and psychologically fit for entry to the SOUTHCOM AOR and possess a current Periodic Health Assessment (PHA) or physical. Fitness specifically includes the ability to accomplish tasks and duties unique to a particular operation and the ability to tolerate environmental and operational conditions of the theater location.**
- B. The existence of a chronic medical condition may not necessarily require a waiver to enter the AOR for an anticipated 30 consecutive days or more. Personnel with existing conditions, other than those outlined in this document, may enter the AOR for an anticipated 30 consecutive days or more if either:**

**1. An approved medical waiver request form (see attachment A) is documented in the medical record with USSOUTHCOM (see attachment C for process). Medical waivers are valid for 18-months from the approval date. Personnel remaining in the AOR for more than 18-months will require a new work-up to determine if they meet entry requirements. If not, a new medical waiver will need to be requested.**

**OR**

**2. The conditions in paragraph 1.D.1-11 are met. To determine stability and assess need for further care, for most conditions 60 days is considered a reasonable timeframe, subject to the examining provider's judgment. The exception to this is noted in paragraph 7.G. Behavioral health conditions.**

**7. Documented medical conditions precluding medical clearance. A list of all possible diagnoses and their severity that may cause an individual to be non-deployable would be too expansive. The medical evaluator must carefully consider whether the climate, altitude, nature of available food and housing, availability of medical, behavioral health, dental, surgical, and laboratory services, or whether other environmental and operational factors may be hazardous to the deploying person's health. The following list of conditions should not be considered exhaustive. Other conditions may render an individual medically non-deployable (see paragraph 6). Medical clearance to enter the AOR for an anticipated 30 consecutive days or more with any of the following documented medical conditions may be granted, except where otherwise noted. If an individual is found in the AOR for an anticipated 30 consecutive days or more with a pre-existing non-deployable condition and without a waiver for that condition, a waiver request to remain in the AOR should be submitted to the respective Component Surgeon. If the waiver request is denied, the individual will be redeployed out of the SOUTHCOM AOR. **Individuals with the following conditions will not enter the AOR without an approved waiver:****

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

**1. Asthma or other respiratory conditions** that have a Forced Expiratory Volume-1 < 50% of predicted despite appropriate therapy, that have required hospitalization in the past 12 months, or that require daily systemic (not inhaled) steroids.

**2. Seizure disorder**, either within the last year or currently on anticonvulsant medication for prior seizure disorder/activity.

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**3. Diabetes mellitus, type 1 or 2, on pharmacotherapy or with HgA1C > 7.0.**

- a. Type 1 diabetes or insulin-requiring type 2 diabetes.
- b. Type 2 diabetes, on oral agents only, with no change in medication within the last 90 days and HgA1C  $\leq$  7.0 does not require a waiver if a calculated 10-year coronary heart disease risk percentage (see paragraph 7.B.7) is less than 15%. If the calculated 10-year risk is 15% or greater, further evaluation is required prior to waiver submission. See B.8. for more detailed instructions.
- c. Newly diagnosed diabetics will require 90 days of stability, either on oral medications or with lifestyle changes, before a waiver will be considered. They should also have documentation of a complete initial diabetic evaluation (eye exam, foot exam, nutrition counseling, etc.).

**4. History of Heat stroke.** Those without multiple episodes, persistent sequelae or organ damage, or episodes within the preceding 24 months may be considered for waiver. Waiver should include circumstances of the event(s), and functional assessment of current ability to perform rigorous duties in an austere environment.

**5. Meniere's disease or other vertiginous/motion sickness disorder,** unless well controlled on medications available in theater.

**6. Recurrent syncope for any reason.** Waiver request should include the etiology and diagnosis of the condition.

**7. History of stinging insect allergy causing generalized symptoms,** causing

- a. Local swelling, itching, or redness contiguous with the sting site and exhibiting no signs of anaphylaxis or systemic reaction do not require waiver. Generalized cutaneous-only reactions that occurred prior to the 16th birthday also do not require waiver.
- b. Severe systemic and anaphylactic reactions, as well as cutaneous reactions –defined as generalized rash or swelling in locations not contiguous with sting site- occurring after the 16th birthday, should be referred to an allergist for testing.
- c. Negative testing results indicate no further therapeutic action is required; however, a waiver should still be submitted for review.

**8. Endocrine conditions requiring replacement or adjustment therapies** must be stable, require no laboratory monitoring or specialty consultation, and require only routine follow-up, which must be available in the theater location or by specific arrangement. Hormonal preparations must be administered by oral or transdermal routes, be within clinically appropriate dose parameters, have no special storage requirements, and not produce side effects, which interfere with the normal performance of duties or require additional medications to manage.

**9. Any musculoskeletal condition that significantly impairs performance of duties in a theater environment.** If there are concerns, an official functional capacity exam (FCE) should be performed, and results included with the waiver request.

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**10. Migraine headaches**, when frequent or severe enough to disrupt normal performance of duties. Waiver submission should note history, frequency, severity, and functional impact of headaches, as well previous and current treatment regimens. Neurology evaluation and endorsement encouraged.

**11. Nephrolithiasis**, requiring clinical evaluation or intervention in the preceding 12 months, or with most recent imaging showing multiple stones or a single stone >5 mm in size, or a history of more than two episodes in a 12-month period in the last 3 years.

**12. Chronic Kidney Disease.** A documented prolonged period of stability for Stage I and Stage II is expected prior to granting a waiver

**13. Pregnancy. NON-WAIVERABLE FOR DEPLOYMENT TO THE SOUTHCOM AOR.** If a servicemember is to become pregnant while deployed, the command is to exercise sound judgment in consultation with a medical provider for disposition IAW service regulations. Curtailments for pregnant servicemembers are a non-medical administrative process initiated by the command to the respective servicemember's orders issuing authority.

**14. Obstructive sleep apnea (OSA).** Should be diagnosed with polysomnography (PSG), with a minimum of 2 hours of total sleep time. Individuals previously diagnosed with OSA do not require updated or repeat PSG unless clinically indicated (i.e., significant change in body habitus, corrective surgery or return of OSA symptoms). The condition must not be severe enough to pose a safety risk should PAP therapy be unavailable for a significant length of time. For moderate and severe OSA, a compliance report demonstrating at least 4 hours of use per night for greater than 70% of nights over a 30-day period must be documented. Individuals treated with an oral appliance require polysomnography that indicates OSA is controlled with its use. Complex OSA, central sleep apnea, or OSA that requires advanced modes of ventilation such as adaptive servo-ventilation (ASV) or average volume assured pressure support (AVAPS) is generally non-deployable. Individuals using PAP therapy should deploy with a machine that has rechargeable battery back-up and sufficient supplies (air filters, tubing and interfaces/masks) for the duration of the deployment. Waivers are required as follows:

**a. Asymptomatic mild OSA (diagnostic AHI and RDI < 15/hr):** With or without treatment (PAP or otherwise). No waiver required.

**b. Moderate to severe OSA (diagnostic AHI or RDI ≥15/hr),** as well as symptomatic OSA (i.e., excessive daytime sleepiness) of any severity, require waiver as follows: Those individuals with confirmed compliance and reliable access to compatible power sources, as well as an absence of complex apnea, central apnea, need for advanced ventilation modes (as defined above), or additional disqualifying conditions do not require a waiver. If any of these factors are not adequately addressed, waiver is required.

**15. History of clinically diagnosed traumatic brain injury (mTBI/TBI)** of any severity, including mild. Waiver may not be required, but pre-deployment

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evaluation, which may include both neurological and psychological components, is needed.

- a. Individuals who have a history of a single mild Traumatic Brain Injury may enter the AOR once released by a medical provider after 24-hours symptom free.
- b. Individuals who have sustained a second mTBI within a 12-month period, may enter the AOR if symptom free and released by a medical provider after seven days of the incident.
- c. Individuals who have had three clinically diagnosed TBIs (of any severity, including mild) since their last full neurological and psychological evaluation are required to have such an evaluation completed prior to deployability determination.

**16. BMI > 35** with or without any significant comorbidity. Military personnel in compliance with Service body fat guidelines do not require a waiver. Morbid obesity (BMI > 40 or weight greater than 300 pounds) can generally not be supported. Civilians and contractors should submit a body fat worksheet with the waiver request. A BMI calculator is located at <http://www.nhlbi.nih.gov/guidelines/obesity/BMI/bmicalc.htm>

**17. Asplenia**, either actual or functional secondary to other medical condition. Waiver request should include verification of immunization against encapsulated bacterial pathogens (pneumococcus, meningococcus, Haemophilus influenza).

**18. Gout**, with two or more flares in the preceding year.

**19. Multiple Sclerosis.** Waiver requests should address stability of condition, current limitations, increased vulnerability to heat injury, and possible requirement for medication waiver.

**20. Any medical condition (except OSA-see 14 above) that requires durable medical equipment or appliances** (e.g., nebulizers, catheters, spinal cord stimulators), or that requires periodic evaluation/treatment by medical specialists not readily available at any theater location.

**21. Conditions requiring service animals or comfort animals.** Does not apply to Military Working Dogs/Contract Working Dogs. Animals deployed to support behavioral health operations must deploy from CONUS as part of an official program with full logistic support and uniformed handlers.

**B. Cardiovascular Conditions:**

**1. Symptomatic Coronary Artery Disease.** Also, see B.8.

**2. Myocardial Infarction** within one year of deployment. Also, see B.8.

**3. Coronary Artery Bypass Graft, coronary artery Angioplasty, Carotid Endarterectomy, other arterial stenting, or aneurysm repair** within one year of deployment. Also, see B.8.

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**4. Cardiac Dysrhythmias or Arrhythmias**, either symptomatic or requiring medication, electro-physiologic control, or automatic implantable cardiac defibrillator or other implantable cardiac devices.

**5. Heart Failure or history of heart failure.**

**6. Blood pressure and lipids** should be considered and treated in the context of overall cardiac risk, for which a waiver may be required (see B. 7). Isolated hypertension or lipids do not require separate waiver except in the following circumstances:

- a. Hypertensive urgency or emergency within previous 90 days.
- b. 3-day average SBP > 140, DBP > 90.
- c. Total Cholesterol >300, or Triglycerides >1000

**7. Civilian personnel** who are 50 years of age or older who have a 10-year CHD risk percentage calculated of 15% or greater (online calculator is available at <http://tools.acc.org/ASCVD-Risk-Estimator/>) will be referred for further cardiology work-up and evaluation, to include at least one of the following: graded exercise stress test with a myocardial perfusion scintigraphy (SPECT scan) or stress echocardiography as determined by the evaluating cardiologist. Results of the evaluation and testing, along with the evaluating cardiologist's recommendation regarding suitability for deployment, should be included in a waiver request to enter the AOR.

**C. Infectious Disease:**

A SOUTHCOM waiver cannot override host or transit nation infectious disease or immunization restrictions. Active duty must comply with status of forces agreements; civilian deployers should contact the nation's embassy for up-to-date information.

**1. Blood-borne diseases** (Hepatitis B, Hepatitis C, HTLV) that may be transmitted to others in a theater environment. Waiver requests for persons testing positive for a blood borne disease should include a full test panel for the disease, including all antigens, antibodies, viral load, and appropriate tests for affected organ systems.

**2. Confirmed HIV infection** personnel are not non-deployable solely for the reason that they are HIV-positive. Decisions on the deployability of HIV personnel will be made on a case by-case basis and must be justified by the Service member's inability to perform the duties to which he or she would be assigned. Note that some nations within the SOUTHCOM AOR have legal prohibitions against entering their country(ies) with this diagnosis. Please refer to paragraph 1.D.1-11 for additional requirements.

**3. Latent tuberculosis (LTBI).** Individuals who are newly diagnosed with LTBI by either TST or IGRA testing will be evaluated for TB disease with at least a symptom screen and chest x-ray and will have documented LTBI evaluation and counseling for consideration of treatment. Those with untreated or incompletely treated LTBI, including those with newly diagnosed LTBI, previously diagnosed LTBI, and those currently under treatment for LTBI will be provided information regarding the risks and benefits of LTBI treatment during deployment. Individuals

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meeting the above criteria do not require a waiver for entry to the SOUTHCOM AOR for an anticipated 30 consecutive days or more. Active duty TST convertors who have documented completion of public health nursing evaluation for TB disease and counseling for LTBI treatment described above may enter the AOR without a waiver if all Service specific requirements are met.

**4. History of active Tuberculosis (TB).** Must have documented completion of full treatment course. Those currently on treatment for TB disease may not enter the AOR.

**5. SARS CoV-2 (COVID-19).** Completion of vaccine series is no longer required but recommended. Those currently diagnosed with COVID-19 disease should not enter the AOR until after 10 days from onset of symptoms AND at least 24 hours after symptoms subside. Be advised that testing may be required prior to entry to the AOR.

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

**1. Vision loss.** Best corrected visual acuity which does not meet minimum occupational requirements to safely perform duties. Bilateral blindness or visual acuity that is unsafe for the theater environment per the examining provider.

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

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

b. Personnel are non-deployable for three months following uncomplicated photorefractive keratectomy (PRK) or laser epithelial keratomileusis (LASEK), or one month for laser-assisted in situ keratomileusis (LASIK) unless a waiver is granted.

c. Waiver request should include clearance from treating ophthalmologist or optometrist.

**3. Hearing loss.** Service members must meet all Service-specific requirements. Individuals must have sufficient unaided hearing to perform duties safely, hear and wake up to emergency alarms unaided, and hear instructions in the absence of visual cues such as lip reading. If there is any safety question, Speech Recognition in Noise Test (SPRINT) or equivalent is a recommended adjunct.

**4. Tracheostomy or aphonia.**

**5. Dental.** Patients without a dental exam within 12 months of deployment, or those who are likely to require evaluation or treatment during the period of deployment for oral conditions that are likely to result in a dental emergency. Individuals being evaluated by anon-DoD civilian dentist should use a DD Form 2813, or equivalent, as proof of dental examination. Orthodontics requiring follow-up or adjustment while deployed. Those with wires in neutral force and are cleared by the treating orthodontist do not require waiver.



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**E. Cancer:**

1. Cancer for which the individual is receiving continuing treatment, or which requires frequent subspecialist examination and/or laboratory testing during the anticipated duration of the deployment.
2. Precancerous lesions that have not been treated and/or evaluated and that require treatment/evaluation during the anticipated duration of the deployment.
3. All cancers should be in complete remission for at least a year before a waiver is submitted.

**F. Surgery:**

1. Any medical condition that requires surgery (e.g., unrepaired hernia) or for which surgery has been performed and the patient requires ongoing treatment, rehabilitation, or additional surgery to remove devices (e.g., external fixator placement).
2. Individuals who have had surgery requiring follow up during the deployment period or who have not been cleared/released by their surgeon (excludes minor procedures).
3. Individuals who have had surgery (open or laparoscopic) within 6 weeks of deployment.
4. Cosmetic, bariatric, or gender reassignment procedures are disqualifying until fully recovered with all follow-up and revisions complete, to include adjuvant counselling, medical treatment, and Service requirements. Special dietary and hygienic requirements cannot be reliably accommodated and may be independently disqualifying.

**G. Behavioral Health Conditions:**

Diagnostic criteria and treatment plans should adhere to Diagnostic and Statistical Manual of Mental Disorders, Fifth edition text revision (DSM-5-TR) and current professional standards of care. Waiver submission should include information on applicant condition, including history and baseline symptoms of known disorders, severity of symptoms with and without treatment, and likelihood to recur or deteriorate in theater if exposed to operational activity.

1. **Psychotic and bipolar-spectrum disorders** are strictly **disqualifying and are incompatible with military service.**
2. Any DSM-5-TR-diagnosed behavioral health disorder, to include personality disorders with residual symptoms, or medication side effects, which impair social and/or occupational performance.
3. Any behavioral health condition that poses a substantial risk for deterioration and/or recurrence of impairing symptoms in the theater environment.

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**4.** Any behavioral health condition which requires periodic (beyond quarterly) counselling or therapy.

**5. Chronic insomnia** that requires regular or long-term use of sedative hypnotics/amnestics, benzodiazepines, and/or antipsychotics.

**6. Anxiety disorders** requiring use of benzodiazepines for management or featuring symptoms of panic or phobia.

**7. Post-Traumatic Stress Disorder**, when causing impairment or not completely treated or when therapy includes use of benzodiazepines without additional anxiety diagnosis. Waiver submission should note if condition is combat-related, and, if so, comment on impact that return to theater could have on applicant well-being and performance.

**8. Gender dysphoria**, when distressing enough to require treatment. Transgender without history of, or current requirement for, transition, and not associated with significant gender dysphoria is not disqualifying and does not require waiver. Underlying behavioral health, endocrine, and/or surgical issues (as applicable) should be stable and resolved, and all Service requirements must be met, to include the involvement of, and clearance by, Service Central Coordination Cell if transition is required. Transitioning personnel's treatment course should be complete, with DEERS marker change, and an adequate Real-Life Experience (RLE) period should have occurred to ensure stability. Due to complex needs, those requiring or actively undergoing gender transition are generally disqualified until the process, including all necessary follow-up and stabilization, is completed.

**9. Bulimia and anorexia nervosa.**

**10. Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD).** Evaluation and diagnosis should be appropriate per DSM-5-TR criteria, particularly if Class II stimulants are used for treatment. Specific clinical features or objective testing results should be included in waiver application for stimulant use. Dosages for medications should likewise be appropriate and justified by clinical presentation.

**11. Behavioral health hospitalization or non-suicidal directed violence (self-harm)** within the last 12 months.

**12. Suicidal Ideation or Suicide Attempt** within the last 12 months is strictly disqualifying

**13. Substance use** causing social or occupational disruption or impairment, including enrollment in a substance abuse program (inpatient or outpatient, service specific substance abuse program) within the last 12 months, measured from time of discharge /completion of the program.

a. A post-treatment period of demonstrated stability is required, the length of which will depend on individual patient factors.

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- b. Substance use disorders (SUD), not in remission and/or actively enrolled in Service Specific substance abuse programs are not eligible for waiver.
- c. SUD requiring regular use of reversal agents or antagonists (Naloxone, Suboxone, Methadone) cannot be supported. Single-dose issuances of Naloxone are not intrinsically disqualifying but require clarification of underlying SUD issues.
- d. Alcohol use disorder requiring pharmacotherapy for maintenance (Disulfiram, Naltrexone, Acamprosate) cannot be supported.
- e. Alcohol use disorders requiring random testing or other monitoring are disqualifying.

**14. Use of antipsychotics or anticonvulsants** for stabilization DSM-5-TR diagnoses.

**15. Use of 3 or more psychotropics** (e.g., antidepressants, anticonvulsants, antipsychotics, benzodiazepines) for stabilization, or any psychotropics which require a psychiatrist or other specialist to manage to manage.

**16. Behavioral health disorders** without demonstrated clinical stability of at least 3 months, as defined by (1) no significant recent deterioration in clinical condition, (2) no significant impairment in work or interpersonal functioning, (3) no significant risk of sudden incapacitation should condition relapse or recur, (4) no morbid, suicidal, or homicidal ideation, intent or plan, and (5) likely to impact immediate family. Recent changes in treatment regimen, including discontinuation, should be explained and support clinical stability as above.

**17. Behavioral health disorders newly diagnosed during deployment do not immediately require a waiver or redeployment.** Disorders that are deemed treatable, stable, and having no impairment of performance or safety by a credentialed mental health provider do not require a waiver to remain in theater.

- a. Exceptions include diagnoses featuring **manic, psychotic, or significant suicidal features**. These individuals should be redeployed at soonest opportunity via medical evacuation with appropriate escorts and per TRANSCOM guidelines.
- b. Diagnoses requiring the prescription of CSA-scheduled controlled substances will require an approved waiver to obtain routine refills of medication.

**H. Medications** – Recently discontinued medications are considered to have had valid clinical indications and should include verification of control of underlying conditions and reason for cessation. Medications included as “PRN”, or as needed, must include a description of typical use. Any of the following medications (specific medication or class of medication) is disqualifying for deployment, unless a waiver is granted:

- 1. Any medication, which, if lost, misplaced, stolen, or destroyed, would result in significant worsening or grave outcome for the affected individual before the medication could be reasonably replaced.
- 2. Any medication requiring periodic laboratory monitoring, titrated dosing, or special handling/storage requirements, or which has documented side effects,

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when used alone or in combination with other required therapy, which are significantly impairing, or which impose an undue risk to the individual or operational objectives.

**3. Blood modifiers:**

**a. Therapeutic Anticoagulants:** warfarin (Coumadin), rivaroxaban (Xarelto), apixaban (Eliquis).

**b. Platelet Aggregation Inhibitors or Reducing Agents:** clopidogrel (Plavix), anagrelide (Agrylin), Dabigatran (Pradaxa), Aggrenox, Ticlid (Ticlopidine), Prasugrel (Effient), Pentoxifylline (Trental), Cilostazol (Pletal), Ticagrelor (Brilinta). Note: Aspirin use in theater is to be limited to individuals who have been advised to continue use by their healthcare provider for medical reasons; such use must be documented in the medical record.

**c. Hematopoietics:** filgrastim (Neupogen), sargramostim (Leukine), erythropoietin (Epogen, Procrit).

**d. Antihemophilics:** Factor VIII, Factor IX, Factor Xa.

**4. Antineoplastics (oncologic or non-oncologic use):** e.g., antimetabolites (methotrexate, hydroxyurea, mercaptopurine, etc.), alkylators (cyclophosphamide, melphalan, chlorambucil, etc.), antiestrogens (tamoxifen, etc.), aromatase inhibitors (anastrozole, exemestane, etc.), medroxyprogesterone (except use for contraception), interferons, etoposide, bicalutamide, bexarotene, oral tretinoin (Vesanoid).

**5. Immunosuppressants:** e.g., chronic systemic steroids.

**6. Biologic Response Modifiers (immunomodulators):** e.g., abatacept (Orencia), adalimumab (Humira), anakinra (Kineret), etanercept (Enbrel), infliximab (Remicade), leflunomide (Arava), azathioprine (Imuran), etc.

**7. Any CSA Schedule I-V controlled substance,** including but not limited to the following:

**a. Benzodiazepines:** lorazepam (Ativan), alprazolam (Xanax), diazepam (Valium), flurazepam (Dalmane), clonazepam (Klonopin), etc.

**b. Stimulants:** methylphenidate (Ritalin, Concerta), amphetamine/dextroamphetamine (Adderall), dextroamphetamine (Dexedrine), dexmethylphenidate (Focalin XR), lisdexamfetamine (Vyvanse), modafinil (Provigil), armodafinil (Nuvigil), etc.

**c. Sedative Hypnotics/Amnestics:** zolpidem (Ambien, Ambien CR), eszopiclone (Lunesta), zaleplon (Sonata), estazolam (Prosom), triazolam (Halcion), temazepam (Restoril), etc. Note: single pill-count issuances for operational transition do not generally require a waiver.

**d. Narcotics/narcotic combinations:** oxycodone (Oxycontin, Percocet, Roxicet), hydrocodone (Lortab, Norco, Vicodin), hydromorphone (Dilaudid), meperidine (Demerol), tramadol (Ultram), etc.

**e. Cannabinoids:** marijuana, tetrahydrocannabinol (THC), dronabinol (Marinol), cannabinal (CBD oil), etc. Note that possession or use may be a criminal offense in the SOUTHCOM AOR.

**f. Anorexiant:** phendimetrazine (Adipost), phentermine (Zantryl, Adipex-P), etc.

**Attachment B: MOD 3 AMPLIFICATION OF THE MINIMAL STANDARDS OF FITNESS FOR ENTRY TO THE SOUTHCOM AREA OF RESPONSIBILITY IAW SC Reg 40-501**

**g. Androgens and Anabolic Steroids:** testosterone (Axiron, AndroGel, Fortesta, Testim), oxymetholone (Anadrol-50), methyltestosterone (Methitest), etc.

**8. Antipsychotics**, including atypical antipsychotics: haloperidol (Haldol), fluphenazine (Prolixin), quetiapine (Seroquel), aripiprazole (Abilify), lurasidone (Latuda), ziprasidone (Geodon), olanzapine (Zyprexa), etc.

**9. Antimanic (bipolar disorder) agents:** e.g., Lithium.

**10. Anticonvulsants, used for seizure control or behavioral health diagnoses.**

**a.** Anticonvulsants (except those listed below) which are used for *non-behavioral health* diagnoses, such as migraine, chronic pain, neuropathic pain, and post-herpetic neuralgia, are not intrinsically deployment-limiting if treated conditions meet the criteria set forth in this document. No waiver required. Exceptions include: Valproic acid (Depakote, Depakote ER, Depacon, divalproex, etc.). Carbamazepine (Tegretol, Tegretol XR, etc.). Lamotrigine (Lamictal),

**11. Dopamine agonists:** Ropinirole (Requip), pramipexole (Mirapex), etc.

**12. Botulinum toxin (Botox):** Current or recent use to control severe pain.

**13. Insulin and exenatide (Byetta).**

**14. Injectable medications** of any type require waiver, excluding medroxyprogesterone acetate (Depo-Provera). Strongly recommend requesting waiver over modifying route of administration when treatment is stable and effective.

<NOTHING ELSE FOLLOWS>