

**SUBJECT: Basic Level of Force Readiness Standards for the Commissioned Corps
of the U.S. Public Health Service (Corps)**

1. **Purpose & Key Information Points**

On 3 July 2003, the Secretary recognized the Corps' unique status to provide swift and effective responses to urgent health needs and directed that all active-duty officers meet force readiness standards by 2005. This recognition highlights the Corps' ability to meet the urgent and extraordinary public health needs of the American people while continuing to perform in traditional mission areas that are focused on protecting, promoting, and advancing the health and safety of the Nation. To accomplish these critical missions, it is imperative that the Department has a fit and healthy force of officers, ready to respond, protected from disease and injury, when and where the Department's mission(s) requires.

This Manual Circular furthers this goal and supplements Subchapter CC26.1, INSTRUCTION 8, "PHS Readiness Standards," by providing officers with the standards for meeting and maintaining the Basic level of force readiness as defined by the Assistant Secretary for Health (ASH). In addition, this Manual Circular sets forth the policies and procedures governing the Medical Waiver Program explaining how officers obtain time-limited or permanent waivers for medical conditions and/or immunization(s).

- a. All active-duty officers are required to meet the Basic level of force readiness by 1 May 2005. (See Section 5 below, for the Standards.)
- b. Officers who are granted medical waiver(s) may still meet the Basic level of force readiness as long as they are compliant with the remaining non-waivered standards.
- c. To satisfy the physical readiness requirements for the Basic level of force readiness, officers must earn the President's Challenge Award, or successfully pass the Public Health Service (PHS) Commissioned Corps Annual Physical Fitness Test (APFT) every 12 months.
- d. Officers who are eligible for competitive permanent and/or temporary grade promotions must meet the Basic level of force readiness in order to receive scoring credit for the Response Readiness precept. This requirement must be met by 31 December of the year prior to promotion boards meeting.
- e. Effective 1 May 2005, officers who do not meet the Basic level of force readiness will be denied permanent and/or temporary grade promotions.
- f. Officers will be provided additional information regarding the Intermediate and Advanced levels of force readiness in a Manual Circular on or before 30 September 2004.

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2. **Authorities**

- a. Section 203 of the PHS Act (42 U.S.C. 204).
- b. Section 215 of the PHS Act (42 U.S.C. 216.)
- c. Executive Order 11140, dated January 30, 1964.
- d. Reorganization Plan No. 3 of 1966, dated June 25, 1966.
- e. Subchapter CC26.1, INSTRUCTION 8, "PHS Readiness Standards."
- f. The Secretary of Health and Human Services (HHS or Department) through a delegation of authorities dated 23 July 2003, delegated the authorities necessary to administer the PHS Commissioned Corps to the ASH. (See also Statements of Organizations, Functions, Delegations of Authority dated 18 December 2003, 68 FR 70507.) Pursuant to the organization and delegation statements contained in 68 FR 70507, the Office of the Surgeon General (OSG) is responsible for the day-to-day administration of the Corps. The Office of Force Readiness and Deployment (OFRD) within the OSG, is responsible for administering force readiness and deployment activities for the Corps.

3. **Applicability**

- a. This Manual Circular applies to all Regular and Reserve Corps officers serving on extended active duty.
- b. Pursuant to Subchapter CC26.1, INSTRUCTION 8, all officers must meet and maintain at least the Basic level of force readiness by 1 May 2005.
- c. Officers will be provided additional information regarding the Intermediate and Advanced levels of force readiness in a Manual Circular on or before 30 September 2004.

4. **Promotion Process & Force Readiness**

- a. The concept of force readiness is interrelated with the PHS promotion process. In order for officers who are eligible for competitive permanent and/or temporary grade promotions to receive scoring credit for the Response Readiness precept, they must meet at least the Basic level of force readiness by 31 December of the year prior to promotion boards meeting.
- b. Effective 1 May 2005, officers who do not meet the Basic level of force readiness will be denied permanent and/or temporary grade promotions.

5. **Standards for the Basic level of Force Readiness**

a. Health and Safety Standards

In order to optimize mission performance of the Corps and allow it to accomplish the Department's required mission(s), officers must be involved in an ongoing process of health maintenance and improvement. Part of this process involves the periodic monitoring of officers' health and well-being and ensuring that they are protected against preventable diseases.

(1) Physical examination and medical history

Officers must complete a periodic physical examination and medical history and submit the required completed forms to the Office of Commissioned Corps Support Services (OCCSS)/Medical Affairs Branch (MAB) at least once every 5 years from the date of the last examination.

(2) Immunizations

Vaccines are important tools that help protect the health of Corps officers while serving at their assigned duty station and/or while engaging in response activities.

(a) Officers are required to obtain the following immunizations and/or boosters: Measles/Mumps/Rubella (MMR,) Varicella, Polio, Tetanus/Diphtheria, influenza (annually), and begin the Hepatitis A and B series. Officers are also required to be screened every 12 months for Tuberculosis (PPD).

(b) Officers are required to submit proof of immunizations, boosters to OCCSS/MAB. The information must include: the date and type of vaccine(s) administered; medical provider's name, title/rank (if applicable), and signature. It is also required that officers record their immunization information online using the OFRD Web site at <http://ccrf.hhs.gov>.

Note 1. Positive antibody titers confirming natural or acquired immunity are acceptable proof of immunity for MMR and chicken pox. Accompanying medical documentation must be submitted to OCCSS/MAB for confirmation.

Note 2. Officers who have received the first administration of the Hepatitis A and/or Hepatitis B series will be deemed to have met the Basic level of force readiness, but must complete the series. This exception will end on 1 May 2005. Officers who are called to extended active duty will be given 12 months to complete the Hepatitis A and Hepatitis B series.

Note 3. The annual influenza immunization is waived until 1 November 2004.

Note 4. Officers demonstrating a history of a positive tuberculin test (e.g., PPD) should forego the annual PPD requirement. However, officers must show evidence of a course of TB prophylaxis therapy consistent with current medical standards, if indicated, and a chest x-ray that does not demonstrate active disease. Accompanying medical documentation must be submitted to OCCSS/MAB.

(3) Height/Weight Reporting

Officers are required to record their height and weight every 12 months online using the OFRD Web site at <http://ccrf.hhs.gov>.

b. Physical Readiness Standards

Physical readiness standards have been established to assure that the physical capabilities of officers are consistent with their assignments. The physical readiness standards necessary to meet the Basic level of force readiness are not designed or intended to place undue demands on officers with regard to training or physical strength. Therefore, officers may choose one of two physical fitness alternatives for meeting the physical readiness standards.

Physical Fitness

Officers who are beginning or are currently in exercise programs should strive to work up to a schedule that will allow them: to exercise on a regular basis; for a minimum of 30 minutes at a time; and to an intensity that provides a training effect. Therefore, officers may choose one of the following methods for demonstrating physical fitness every 12 months:

(1) President's Challenge Physical Activity and Fitness Awards Program (President's Challenge)

Officers choosing to perform the President's Challenge must complete the following requirements annually:

- (a) Enroll in the group established specifically for the "USPHS" (Group number 13537) at www.presidentschallege.org. This system allows officers to track progress online and provides documentation of individual participation and certification of completion. The President's Challenge offers a wide range of programs that can help officers be more active.
- (b) Complete one of the following President's Challenge programs and earn the President's Active Lifestyle Award or the Presidential Champion Award (Bronze, Silver, or Gold Award), and
- (c) Obtain and submit a copy of the award certificate to OCCSS/MAB.

(2) Annual Physical Fitness Test (APFT)

Officers choosing to perform the APFT must complete the following requirements every 12 months:

- (a) Pass the APFT by meeting or exceeding the Level 1 performance standards for either side-bridge or curl-ups, the push-ups, and one cardio-respiratory event (run/walk or swim); and
- (b) Submit APFT to OCCSS/MAB. It is also required that officers record their APFT score using the OFRD Web site <http://ccrf.hhs.gov>.

Note 1. If an officer has any concerns about whether it is medically advisable to begin an exercise program or to undergo physical fitness testing, the officer should consult with his/her health care provider. Officers with physical injuries and/or time-limited medical waivers will participate in exercise programs only after consultation with medical authorities.

Note 2. Female officers who are pregnant should engage in physical activity to maintain cardiovascular and muscular fitness throughout the pregnancy and postpartum period, in accordance with medical guidance. Officers may seek a time-limited medical waiver from OCCSS/MAB for the APFT as well as some immunization requirements during their pregnancy and postpartum period.

c. Training and Professional Competency Standards

To accomplish the Department's mission(s), officers must possess a basic level of knowledge and competency in the areas of public health and deployment/response activities. In addition, officers must demonstrate proficiency in at least basic life support measures and, if applicable, maintain a valid and unrestricted professional license/certification/registration. Therefore, officers must complete or maintain the following training and professional competency standards every 12 months:

(1) PHS Commissioned Corps Readiness Training Modules

Officers must complete 12 Web-based readiness training for the Basic level of force readiness (9 are mandatory and 3 are elective from either Group A or B).

(2) Basic Life Support Training

Officers must complete and maintain currency in one of the following:

- (a) American Heart Association (AHA) Basic Life Support for health care providers;

- (b) AHA Advanced Cardiac Life Support; or
 - (c) American Red Cross CPR/AED for the professional rescuer.
- (3) Professional Competency

(a) Licensure

Officers who are health care providers must possess and maintain a current unrestricted professional license/ certification/ registration appropriate for his or her profession. (See Subchapter CC26.1, INSTRUCTION 4, "Professional Licensure/ Certification/Registration Requirements for Commissioned Officers in the Public Health Service.")

(b) Deployment Role

- i. Officers must identify their deployment role on <http://ccrf.hhs.gov>, and
- ii. If applicable, perform 112 clinical hours of direct patient care by 31 December of the preceding calendar year and document this requirement by submitting proof to the OFRD. It is also required that officers record their clinical hours on the OFRD Web site at <http://ccrf.hhs.gov>.

(4) Uniforms

Officers must have all required uniforms. Officers who are deployed and/or respond must report in the required uniform.

6. Medical Waiver Program for Force Readiness

a. Policy and Purpose.

- (1) There are times when officers may require time-limited or permanent medical waivers due to medical conditions that affect their health status or personal well-being. Such conditions may pose specific or general physical limitations or restrictions on their ability to reach optimal force readiness. Therefore, officers may be medically exempt from meeting one or more of the standards required for the Basic level of force readiness when a valid medical reason exists.
- (2) The purpose of the Medical Waiver Program is to assist the Corps in implementing the Department's policy on force readiness, while reducing unintentional injuries due to the inappropriate application of a physical readiness or immunization requirement. This program will be administered by OCCSS through MAB.

b. Medical Waivers

- (1) Permanent medical waivers may be granted for conditions that are unlikely to improve in the foreseeable future and are supported by medical documentation.
- (2) Time-limited medical waivers may be granted for documented health conditions that are likely to improve within 12 months, or less, from the date that the request was received by OCCSS/MAB.
- (3) Medical waivers are personal exemptions from performing or engaging in one or more of the following activities:
 - (a) Receiving one or more immunizations;
 - (b) Engaging in the President's Challenge;
 - (c) Events required for passing the APFT;
 - (d) Completing Basic Life Support training; or
 - (e) Other requirements necessary for the Basic level of force readiness that are impacted by specific medical conditions.

c. Medical Reviewing Officers

Medical Reviewing Officers (MROs) are health care providers assigned to OCCSS/MAB who have been authorized by the Chief of MAB to grant time-limited and/or permanent medical waivers with respect to documented health conditions. MROs have the sole authority to review and grant time-limited and/or permanent medical waivers to officers on extended active duty.

d. Medical Waivers Consideration Process

- (1) Officers seeking medical waiver consideration must submit medical documentation from their attending health care providers to OCCSS/MAB for review and determination as to whether one or more waivers should be granted.
- (2) Upon receipt of a request for medical waiver consideration, the MRO will determine whether to:
 - (a) Deny the request for medical waiver;
 - (b) Grant a time-limited waiver and if so, what aspects of physical readiness and/or immunizations the officer is exempted from and duration of the medical waiver period; or

- (c) Grant a permanent medical waiver and if so, what aspects of physical readiness and/or immunizations the officer is exempted from and duration of the medical waiver period.
- (3) Permanent medical waivers will be automatically reviewed at the time of an officer's periodic physical examination/medical history. In addition, permanent medical waivers will be reviewed at least once every 5 years from the date upon which they were granted by the MRO.
- (4) Time-limited medical waivers may be issued for not more than 12 months. All time-limited waivers will have a specified expiration date. The effective date of the waivers will be the date received by OCCSS/MAB. However, if an officer contacts OCCSS/MAB prior to the date upon which his/her written request is received by OCCSS/MAB, the MRO may grant a 30 day administrative waiver to allow for the officer to submit supporting medical information.
- (5) A time-limited waiver may be extended beyond 12 months for the same condition upon which the original waiver was granted following reassessment and approval by a MRO.
- (6) Time-limited medical waivers that were granted prior to the date of this Manual Circular will continue to be in effect until they expire. After the expiration, any extension of the waiver must be processed under the rules set forth in this Manual Circular.
- (7) Permanent medical waivers granted prior to the date of this Manual Circular will continue to be in effect. However, these waivers will be reviewed automatically at the time of an officer's periodic physical examination/medical history. In addition, permanent medical waivers will be reviewed at least once every 5 years from the date upon which they were granted.
- e. Time-limited Medical Waivers During Pregnancy
- (1) Officers who become pregnant will be granted a time-limited medical waiver from the APFT during the pregnancy provided a waiver request is submitted and approved as provided by this Manual Circular. However, pregnant officers are encouraged to participate in a pregnancy physical fitness program where available. Prior to participating in such a program, pregnant officers must obtain approval from their attending physician/health care provider.
- (2) Officers who become pregnant may be granted a waiver from receiving some or all of the immunizations required under the Basic level of force readiness as recommended by the officer's attending physician/health care provider.
- (3) Officers who become pregnant are required to provide documentation to OCCSS/MAB establishing the diagnosis. Upon receipt, an OCCSS/MAB MRO will issue or approve a time-limited waiver exempting the officer from taking the APFT and the immunizations listed in 5.a.(2)(a).

f. Time-limited Waivers During Postpartum Period

- (1) Postpartum officers will be granted a time-limited medical waiver from participating in the APFT for 180 days following conclusion of a pregnancy. Officers are expected to use the time in preparation for the APFT, after receiving clearance from the attending physician/health care provider to resume physical fitness training. If it is determined that the officer requires an extension of the time-limited waiver, because of complications or unusual medical program, then the medical waiver can be modified by the attending physician/health care provider as appropriate.
- (2) Upon conclusion of a pregnancy, officers should notify OCCSS so that an OCCSS/MAB MRO may issue or approve a temporary waiver exempting the officer from participation in the APFT.
- (3) Officers who are breast-feeding may seek a time-limited medical waiver exempting them from some immunizations pursuant to the recommendation of the officer's attending physician/health care provider. In such cases, officers must provide supporting documentation to OCCSS/MAB in order to have their medical waivers approved.

g. Time-limited or Permanent Waivers for Immunizations

As indicated above, officers may be granted time-limited or permanent medical waivers from receiving selected immunizations. For example, officers may receive permanent waivers if they have an identified allergy to one or more of the components of a vaccine, or in some cases, are immuno-compromised. Likewise, officers may be granted time-limited waivers from receiving selected immunizations during pregnancy or the postpartum period. The procedures for obtaining a permanent or time-limited medical waiver are the same as for other medical conditions.

h. Referral for Additional Evaluation

An MRO may require an officer to undergo evaluation at a military treatment facility (MTF) or any other health care facility in order to determine whether an officer's medical waiver should be granted, denied, or extended.

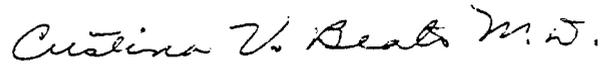
i. Denial of Medical Waivers

Officers who are denied time-limited or permanent medical waivers by an MRO may appeal the decision as follows.

- (1) Officers may appeal the decision to the Chief of MAB within 30 days of being informed of the initial denial. The Chief of MAB will assign a physician, or dentist if applicable, to review the waiver request and accompanying information. The MRO may not be the same MRO that originally reviewed the officer's request for a waiver. Based upon this review, the MRO may:

- (a) Affirm the decision to deny the officer's request;
 - (b) Overturn the decision denying the medical waiver and grant either a time-limited or permanent waiver as medically indicated by the supporting medical documentation; or
 - (c) Refer the officer to an MTF or other health care facility for further evaluation and, based upon this referral, render a decision as to whether to grant or deny the officer's request.
- (2) If the decision to deny an officer's request for a medical waiver is affirmed, then the officer has 30 days from the date of the denial to appeal the decision to the Surgeon General.

APPROVAL:



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