



CCI 221.02  
EFFECTIVE DATE: 14 June 2021

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**By Order of the Assistant Secretary for Health:**

**Rachel L. Levine, M.D.**

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SUBJECT: Medical Readiness

1. **PURPOSE:** This Instruction states the medical readiness requirements for officers in the U.S. Public Health Service (USPHS) Commissioned Corps and candidates for a commission in the USPHS Commissioned Corps (hereinafter referred to as “applicants”). It provides policy on the completion, review, and disposition of the medical reports.
2. **APPLICABILITY:** This Instruction applies to all Regular Corps and Ready Reserve Public Health Service (PHS) officers and to applicants to the USPHS Commissioned Corps. It is not applicable to disability separation/retirement medical examinations (see Commissioned Corps Instruction (CCI) [393.01](#), “Medical Review Board”).
3. **AUTHORITY:**
  - 3-1. [42 U.S.C. § 204a](#), “Deployment Readiness
  - 3-2. [42 C.F.R. § 21.24](#), “Physical examinations”
  - 3-3. [42 C.F.R. § 21.34](#), “Certification by candidate; requirement of new physical examination”
  - 3-4. Commissioned Corps Directive (CCD) [128.01](#), “Medical Fitness for Duty”
  - 3-5. [CCD 111.03](#), “Conditions of Service”
4. **PROPONENT:** The proponent of this Instruction is the Assistant Secretary for Health (ASH). The Surgeon General (SG) is responsible for providing supervision of activities relating to the day-to-day operations of the USPHS Commissioned Corps.
5. **SUMMARY OF REVISIONS AND UPDATES:** This is the second issuance of this Instruction in the electronic Commissioned Corps Issuance System (eCCIS) and replaces CCI 221.02, “Medical Readiness,” dated 2 July 2019. This version:
  - 5-1. Adds applicability to members of the Ready Reserve Corps.
  - 5-2. Removes references to the Department of Defense Medical Exam Testing System (DODMETS) under the direction of the Department of Defense Medical Examinations Review Board (DODMERB) and authorizes the SG to provide for an applicant’s medical examination through a contracted facility/provider at no expense to the applicant.

- 5-3. Clarifies in Section 6-2. that an applicant may not request a waiver of a disqualifying medical condition.
- 5-4. Specifies in Section 6-2. that the USPHS Commissioned Corps will use the medical retention standards outlined in Appendix B of [CCI 221.01](#), "Medical Accession Standards," for inter-service transfers and for officers who are transferring from the Regular Corps to the Ready Reserve Corps or who are transferring from the Ready Reserve Corps to the Regular Corps.
- 5-5. Authorizes the SG in Section 6-2. to specify an abbreviated medical evaluation process for applicants to the Junior Commissioned Officer Student Training and Extern Program (JRCOSTEP).
- 5-6. Requires in Section 6-2. that officers must obtain an annual healthcare provider verified weight, height, and, if necessary, determination of percent body fat by "taping."
- 5-7. Specifies in Section 6-2. that Medical Affairs Branch (MAB) will utilize the USPHS Commissioned Corps' medical retention standards outlined in Appendix B of CCI 221.01 to determine if an officer has a condition that has the potential to affect an officer's medical readiness.
- 5-8. Clarifies in Section 6-3. when an applicant may reapply to the USPHS Commissioned Corps if the USPHS Commissioned Corps disqualifies the applicant because of a positive test for Latent Tuberculosis Infection (LTBI).
- 5-9. Specifies in Section 6-6. that officers must request a deployment waiver from MAB no later than seven days after the diagnosis of a condition that prevents them from safely deploying, or no more than seven days after hospital discharge (if applicable), whichever comes later.
- 5-10. Specifies in Section 6-6. that pregnant officers who are due for a tetanus booster during their first or second trimesters must submit a medical readiness waiver in order to delay their tetanus/diphtheria/pertussis vaccination until late in their pregnancies.
- 5-11. Clarifies in Section 6-6. that a pregnancy waiver does not waive the requirement to submit a Periodic Health Update (PHU) and that, because the influenza vaccine is not a live virus, a pregnancy waiver does not waive the requirement that an officer obtain an annual influenza vaccine.
- 5-12. Clarifies in Section 6-6. that the USPHS Commissioned Corps may only grant a breastfeeding waiver for medical readiness until the baby is one year old. If the officer requests a waiver after the child's first birthday, the officer must provide documentation from the child's provider that the baby's health will be jeopardized if breastfeeding (not breast milk, which can be frozen) is terminated for the period of a deployment.
- 5-13. Reduces the number of months a medical waiver would allow an officer to be unable to be deployed or to complete cardiorespiratory endurance exercises from 24 months to 12 months (or 18 non-consecutive months) and makes a similar change to long-term renewable medical waivers.
- 5-14. Clarifies in Section 6-7. when the ASH, SG, or Director, Commissioned Corps Headquarters (CCHQ), may order an officer to undergo a Command Directed Evaluation (CDE).
- 5-15. Clarifies in Section 7-4. the general responsibilities of officers and applicants.

## 6. POLICY:

## 6-1 General.

- a. For the purposes of this Instruction the word “medical” used in the context of examination, evaluation, condition, fitness, or readiness refers to physical, dental, and mental health.
- b. Active duty PHS officers and officers in the Ready Reserve Corps must be able to perform the duties defined in [CCD 111.03](#), “Conditions of Service,” Section 6-2. In order for the USPHS Commissioned Corps to determine an officer’s medical readiness, all officers must undergo periodic health evaluations and must maintain the required immunizations.

## 6-2. Physical Examinations.

## a. Applicants to the Regular Corps and Ready Reserve Corps.

- (1) The USPHS Commissioned Corps uses the examinations of applicants to determine medical qualification for an appointment into the USPHS Commissioned Corps and for baseline documentation of abnormalities existing prior to an appointment to the USPHS Commissioned Corps. Therefore, it is necessary to report every finding of a variance from normal. The SG will determine the specific examination requirements for applicants (see Section 6-3. and Personnel Operations Memorandum (POM) [821.71](#), “Physical Examination Requirements”).
- (2) Commissioned Corps Headquarters (CCHQ) may provide for applicants’ medical examinations through a contracted facility/provider at no expense to the applicants. If the examination is through the contractor, it is the applicants’ responsibility to cooperate with the contractor to ensure that they complete the examination as soon as possible. However, it may be necessary for the applicants to arrange for their own examinations in which case the scheduling and payment of those examinations, as well as the laboratory tests, are the financial responsibility of the applicants.
- (3) The SG, or designee, may grant a waiver of the disqualifying condition(s) for an applicant who has a disqualifying medical condition. Medical waivers are initiated by the reviewing Medical Officer in the MAB, CCHQ, who disqualified the applicant or by the Chief, MAB. The applicant must cooperate with the reviewing Medical Officer(s) in order to submit comprehensive/additional documentation and tests related to potentially disqualifying medical conditions so that the reviewing Medical Officer can conduct a complete and accurate review of the applicant’s medical conditions. An applicant may not request a waiver. The decision of the waiver authority is final and is not subject to an appeal by the applicant or any potential hiring authority. (See [CCI 221.01](#), “Medical Accession Standards,” and [POM 821.72](#), “Waiver of a Disqualifying Medical or Dental Condition”.)
- (4) Before an appointment and/or before entry on active duty, all applicants to the USPHS Commissioned Corps must notify MAB immediately of any change in health status occurring after submission of any medical information.

- (5) Failure to disclose any medical information and/or adhere to the requirements of this Instruction will result in terminating the processing of an application. If CCHQ discovers a failure to disclose information after an appointment, the USPHS Commissioned Corps may terminate an officer's commission in accordance with [CCI 341.01](#), "Probationary Period," [CCI 341.02](#), "Regular Corps Records Review," [CCI 382.03](#), "Involuntary Termination of Commission," or [CCD 111.02](#), "Disciplinary Action," as applicable.
- (6) Medical Standards for Appointment. MAB will utilize the following guidance to determine the health qualifications of applicants to the Regular Corps and for applicants to the Ready Reserve Corps:
  - (a) The USPHS Commissioned Corps' medical retention standards outlined in CCI 221.01, Appendix B for PHS officers who are transferring from the Regular Corps to the Ready Reserve Corps or who are transferring from the Ready Reserve Corps to the Regular Corps.
  - (b) The USPHS Commissioned Corps' medical retention standards outlined in CCI 221.01, Appendix B for applicants who are requesting an inter-service transfer from another uniformed service in accordance with [CCI 374.01](#), "Inter-Service Transfer." If available, such individuals also must provide a copy of the Veterans Affairs examination/disability rating.
  - (c) The most current version of CCI 221.01, "Medical Accession Standards," Appendix A, for all other applicants to the USPHS Commissioned Corps.
  - (d) The SG may authorize an abbreviated medical evaluation process for applicants to the Junior Commissioned Officer Student Training and Extern Program (JRCOSTEP). (See Section 4. of POM 821.71.)
- b. Examinations of Active-Duty Regular Corps Officers and members of the Ready Reserve Corps.
  - (1) To ensure deployment readiness, all officers must schedule, complete, and submit a Periodic Health Update (PHU) to document their medical readiness, document service incurred or aggravated conditions, and promote attention to individual health maintenance and disease prevention.
  - (2) The SG will determine the requirements of the PHU (see POM 821.71). Basic requirements must include:
    - (a) An updated medical history verified by a healthcare provider;
    - (b) An annual dental examination;
    - (c) An annual alcohol/substance abuse screening;
    - (d) An annual mental health screening for depression, anxiety, and post-traumatic stress disorder (PTSD);

- (e) An annual healthcare provider verified weight, height, and, if necessary, determination of percent body fat by “taping”; and
      - (f) Additional examinations and testing at the discretion of the examining healthcare provider based on the individual needs of the officer and screening examinations recommended by the United States Preventive Services Task Force (USPSTF).
    - (3) MAB will utilize the USPHS Commissioned Corps’ medical retention standards outlined in CCI 221.01, Appendix B to determine if an officer has a condition that has the potential to impact an officer’s medical readiness. If warranted, the USPHS Commissioned Corps may refer an officer to a Medical Review Board (MRB) in accordance with [CCI 393.01](#), “Medical Review Board.”
  - c. Retirement and Separation Examinations. The USPHS Commissioned Corps does not require a retirement or separation examination; however, it is in the officer’s best interests to obtain a final examination prior to separating from the USPHS Commissioned Corps in order to document any service-connected conditions. The USPHS Commissioned Corps advises officers to schedule the examinations with sufficient time to obtain the results prior to the effective date of their retirement or separation.
    - (1) Scheduling and obtaining a retirement or separation examination is the officer’s responsibility.
    - (2) Because this is an officer’s final physical examination in the USPHS Commissioned Corps, it is important that this examination be thorough and complete. The examining provider should document all conditions and their history and, if not previously investigated, work-up should be completed and recorded. In addition, the provider should transmit copies of pertinent records of any previous evaluations and treatments of significant medical conditions directly to the Medical Evaluations Section, MAB, CCHQ.
    - (3) If, based on the examination, a question arises as to the officer’s fitness to continue to perform the duties of their office and grade if the officer were not separating, the officer must notify the Chief, MAB, in accordance with CCI 393.01, “Medical Review Board.”
- 6-3. Requirements. The SG will determine the specific requirements of the medical examinations, testing, and immunizations including:
- a. Testing for Tuberculosis Infection
    - (1) Applicants. All applicants to the USPHS Commissioned Corps must be tested for evidence of current or latent tuberculosis infection with either a tuberculin skin test (TST) or interferon-gamma releasing assay (IGRA).
    - (2) Active Duty and Reserve Officers. Since all applicants are now tested for the presence of tuberculosis infection, the USPHS Commissioned Corps does not require routine IGRA testing or TST unless the officer is working at a duty station that is considered high-risk for tuberculosis and the duty station requires regular surveillance or the officer has been deployed to highly endemic area for tuberculosis. If the officer’s duty station requires an officer to get routinely tested by TST or IGRA, the officer must submit those results to MAB as part of the officer’s PHU.

- b. Immunizations. Vaccines are important tools that help protect the health of PHS officers while serving at their assigned duty station and/or while engaging in response activities.
- (1) The USPHS Commissioned Corps requires officers to be immunized against: Measles/Mumps/Rubella (MMR), Varicella, Tetanus/Diphtheria, Hepatitis A, Hepatitis B, and influenza (annually). Newly commissioned officers have up to 12 months after commissioning to complete the entire vaccination series for any required immunization.
  - (2) The USPHS Commissioned Corps requires PHS officers to submit proof of immunizations and boosters to MAB. The information must include: the date and type of vaccine(s) administered; healthcare provider's name, title/rank (if applicable), and signature. The USPHS Commissioned Corps also requires officers to report their immunization information using guidelines provided by MAB on the [CCMIS website](#).
  - (3) Positive antibody titers confirming natural or acquired immunity are acceptable proof of immunity for MMR and Varicella. The officer or applicant must submit accompanying medical documentation MAB for confirmation.
  - (4) Influenza (annual). The USPHS Commissioned Corps requires PHS officers to obtain an influenza vaccination as soon as the vaccine becomes available during each influenza season. CCHQ will determine compliance with this requirement on 31 December of each year and not on the anniversary date of the officer's last influenza vaccination. Officers who are deployed and/or assigned to the Southern Hemisphere must follow the recommended regional influenza immunization schedule with completion of the immunization by 30 June.
  - (5) Pregnant officers who are due for a tetanus booster during their first or second trimesters must submit a waiver in order to delay their tetanus/diphtheria/pertussis vaccination until late in their pregnancies.
  - (6) The SG may require future vaccinations that the USPHS Commissioned Corps needs for deployment environments, health care settings, or as otherwise determined for the efficiency of the service.
  - (7) The SG or his or her designee can require officers to obtain vaccinations needed for deployment to certain areas of the world.
  - (8) The USPHS Commissioned Corps encourages officers to obtain other vaccinations recommended in the Centers for Disease Control and Prevention adult recommended immunization schedule.
- 6-4. Examining Facilities. PHS officers must arrange their PHU through their healthcare provider at the facility where they get their routine healthcare. Applicants who are not examined through CCHQ's contracted facility/provider should get their examinations through their regular healthcare provider at the applicant's expense.
- 6-5. Medical Readiness for Deployment. In order to fulfill the mission and responsibilities of the USPHS Commissioned Corps, all officers must be able to be deployed to various environments and areas of need. At a minimum, officers must meet medical retention standards (see Appendix B of CCI 221.01) and be able to:

- a. Suspend any ongoing professional treatment (e.g. physical therapy, counselling) for the period of the deployment without anticipated adverse health consequences which would render the officer unfit for service;
  - b. Manage the physical and mental stress of deployment without anticipated adverse health consequences which would render the officer unfit for service; and
  - c. Manage the dietary and environmental changes encountered during a deployment without anticipated adverse health consequences which would render the officer unfit for service.
  - d. The SG also may establish additional health standards for officer deployability to environments with limited healthcare and logistic resources.
- 6-6. Medical Waiver Program for Medical Readiness. There are times when an officer may require a medical waiver due to a medical condition that temporarily affects the officer's health status or personal well-being. Such conditions may pose specific or general physical limitations or restrictions on the officer's ability to reach optimal medical readiness. Therefore, officers may be medically exempt from meeting one or more of the standards for medical readiness and/or Basic level of force readiness when a valid medical reason exists that is supported by appropriate medical documentation.
- a. The purpose of the Medical Waiver Program is to assist the USPHS Commissioned Corps in implementing the Department's policy on medical and force readiness, while reducing unintentional injuries due to the inappropriate application of an immunization or physical readiness requirement. This program is administered by MAB within CCHQ.
  - b. Any officer who, because of a documented medical condition, cannot be deployed or who cannot complete any of the cardiorespiratory endurance exercises of the Annual Physical Fitness Testing (APFT) for 12 consecutive months, or 18 non-consecutive months in a 24 month period, is not eligible for a medical waiver. The Director, CCHQ, must refer such officer to an MRB (see CCI 393.01, "Medical Review Board").
  - c. The Chief, MAB, or designee, may grant temporary time-limited medical waivers for a documented health condition that is likely to improve within 12 months, or less, from the date that the request was received by MAB.
  - d. The Chief, MAB, or designee, may grant permanent long-term renewable medical waivers for conditions that are unlikely to improve in the foreseeable future, but that do not prevent an officer from performing, for more than one year, or more than 18 non-consecutive months in a 24 month period, the cardiorespiratory endurance section of the APFT or from being deployed. Examples of this type of waiver are for certain immunizations which are contraindicated in individuals with severe egg allergies or uniform (beard) waivers for individuals with certain chronic dermatologic conditions.
  - e. Medical waivers are personal exemptions from performing or engaging in one or more of the following activities:
    - (1) Deploying;
    - (2) Receiving one or more immunization(s);

- (3) Performing all or part of the APFT;
- (4) Meeting weight standards;
- (5) Maintaining uniform requirements (e.g., beard waivers, shoe waivers);
- (6) Completing Basic Life Support (BLS) training; or
- (7) Fulfilling other requirements necessary for meeting and/or maintaining the Basic level of force readiness.

f. Clarification of Specific Medical Waivers.

- (1) Deployment. Officers who develop a medical condition that prevents them from safely deploying should request a deployment waiver from MAB within 7 days, but no later than 21 days, after the diagnosis of the condition or after hospital discharge (if applicable), whichever comes later. All officers who are medically unable to deploy must request a deployment waiver regardless of whether the officer is “on call” or “backup” or the SG, or designee, has designated the officer as mission critical. Failure to request a waiver in the designated time period could result in disciplinary action (see [CCD 111.02](#), “Disciplinary Action,” and [CCI 241.01](#), “Readiness and Duty Requirements”).
- (2) Pregnancy. Pregnancy waivers are in effect from the time of the receipt in MAB of the documentation of pregnancy until twelve months after the anticipated date of delivery. If the officer is pregnant for less than 20 weeks, the pregnancy waiver will expire six months after the date of the pregnancy termination. Pregnancy waivers automatically cover exemptions for deployment, all sections of the APFT, weight standards, breastfeeding, and obtaining live virus vaccinations. Influenza vaccine is not a live virus and is not waived by the pregnancy waiver. The requirement to submit a PHU is not waived by a pregnancy waiver. The BLS certification requirement is no longer waived as part of the pregnancy waiver. If an officer knows that her BLS will expire, she should get recertified early in her pregnancy. The officer must complete/meet all waived readiness requirements by the end of the month in which her pregnancy waiver expires.
- (3) Breastfeeding. Breastfeeding waivers are now included in the pregnancy waiver. Breastfeeding waivers are granted until the baby is one year old. Additional waivers after that time must be accompanied by documentation from the child’s provider that the baby’s health will be jeopardized if breastfeeding (not breast milk, which can be frozen) is terminated for the period of a deployment.
- (4) Weight standards. Some medical conditions or treatments can contribute to changes in weight or difficulty gaining or losing weight. When an officer requests a weight standards waiver, the healthcare provider must provide evidence-based data to MAB regarding the effects of the condition or treatment on weight. The officer must also provide a pretreatment weight. If the Chief, MAB, or designee, grants a waiver, the granter must base the extent of relaxing the standards on the documented effects of the treatment. MAB will utilize evidence-based medical literature to determine the effects of a treatment.



- 6-7. Command Directed Evaluation (CDE). The ASH, SG, or Director, CCHQ, may authorize a CDE of an officer's medical fitness for service. For purposes of this Section, these individuals are collectively referred to as the "CDE Issuer."
- a. The CDE Issuer may direct an officer to undergo such examination, evaluation, or supervision as the CDE Issuer deems necessary if there is reason to believe that the officer:
    - (1) Has a condition that may impact medical readiness;
    - (2) Has misrepresented the officer's medical condition; or
    - (3) Has a condition that could result in the officer not meeting the USPHS Commissioned Corps' medical retention standards.
  - b. The CDE may include such directives as the CDE Issuer deems are warranted (e.g., specific tests, specific provider, specific facility, how the results are submitted to CCHQ, etc.). If a specific provider or facility is directed and that provider/facility is outside a 75-mile radius of the officer's duty station and/or residence, the Director, CCHQ, or the officer's agency/program may approve travel as authorized in the Joint Travel Regulations (JTR).
  - c. If the CDE includes a directed psychiatric evaluation, the CDE Issuer must consult with a licensed psychiatrist, a doctoral level clinical psychologist, or other mental health provider to validate the need for such evaluation.
  - d. A directive to undergo medical or psychiatric treatment, as opposed to examination/evaluation, is not mandatory; however, an MRB or other administrative board may consider failure to comply with directed treatment in their review of the officer's record.

## 7. RESPONSIBILITIES:

### 7-1. The Examinee (i.e., officer or applicant).

- a. Applicant examinees are responsible for obtaining all examinations and tests in accordance with this Instruction.
- b. Officer examinees are responsible for arranging for completion of their PHU through their regular healthcare providers. The officer examinee is responsible for completing a comprehensive medical history, an alcohol abuse questionnaire, a depression screening questionnaire, and a PTSD screening questionnaire prior to the PHU examination and to provide the completed forms to the officer's healthcare provider. The officer examinee is responsible for following all CCHQ instructions regarding the forwarding of examination forms to the appropriate recipient.

### 7-2. The Examining Healthcare Provider.

- a. The healthcare provider examiner is responsible for reviewing the medical history and performing additional testing including a physical examination, additional laboratory testing, other studies, or consultations, as indicated. The dental examiner is responsible for obtaining an updated dental history and examination.
- b. Any provider not authorized to practice independently by virtue of either licensure or facility policy, must have any notes countersigned by a supervising provider who

is authorized to practice independently. The examiner must assist the examinee to obtain copies of all PHU documents.

- 7-3. Medical Affairs, CCHQ. MAB is responsible for the review, evaluation, and maintaining documentation of an active duty officer's latest PHU and for approving medical waivers. In addition, MAB is responsible for determining officers' Medical Readiness Category for deployment and identifying health conditions that have a strong likelihood of negatively affecting their ability to perform the essential functions of their position(s), either permanently or over an extended period of time. MAB is also responsible for the assessment of the health qualifications of all applicants in accordance with the SG's guidance.
- 7-4. Each officer and applicant is responsible for adhering to the guidelines established in this Instruction and any operational guidelines established by the SG, Director, CCHQ, and Chief, MAB, or their designees. Officers are responsible for observing and promptly obeying the lawful orders of all official superiors, including a CDE.
- a. It is the individual's responsibility to be familiar with the published policies that apply to PHS officers and maintain an ongoing awareness of updates and changes to Corps policies.
  - b. Each officer and applicant must maintain current and updated contact information (e.g., e-mail, phone, address) in CCHQ in order to facilitate the USPHS Commissioned Corps' communication of information.
  - c. Officers and applicants are responsible for ensuring that all medical document(s) are submitted to MAB within a timely manner, within timeframes outlined in this Instruction, or within the timeframes established by the SG, Director, CCHQ, Chief, MAB, or their designees.
    - (1) Applicants must notify CCHQ of any change in their medical status after the completion of the examinations, but before their appointment to the USPHS Commissioned Corps.
    - (2) Officers must promptly inform Medical Affairs of any significant new medical/mental health diagnoses which could potentially affect their long-term health status (i.e., not likely to resolve within one year).
  - d. Each officer must have a complete record of all of the officer's medical documents in MAB and must ensure that any medical provider submits such documents to MAB. Alternatively, the officer may submit such documents in accordance with guidance provided by the SG, CCHQ, or MAB.
  - e. Officers are responsible for monitoring their readiness status including due dates for their PHU and required vaccinations and ensuring that they submit all documents by the due dates. Officers are responsible for monitoring their current medical waivers including expiration dates.
  - f. Officers are responsible for observing and promptly obeying the lawful orders of all official superiors, including a CDE. An officer's failure to do so may result in separation from the USPHS Commissioned Corps.
8. HISTORICAL NOTES: This is the second issuance of this Instruction within the eCCIS.
- 8-1. CCI 221.02, "Medical Readiness," dated 2 July 2019.

- 8-2. Commissioned Corps Personnel Manual (CCPM) CC29.3.5, "Medical Examination Requirements," dated 24 October 1997.