



EFFECTIVE DATE: POM 821.66
22 March 2021

By Order of the Acting Surgeon General of the U.S. Public Health Service:

RADM Susan M. Orsega

TO: All members of the Regular Corps and the Ready Reserve Corps

SUBJECT: Retention Weight Standards

1. This Personnel Operations Memorandum (POM) outlines the implementation and enforcement of Retention Weight Standards, as a condition of service, per Commissioned Corps Directive (CCD) [111.03](#), "Conditions of Service," and Commissioned Corps Instruction (CCI) [241.01](#), "Readiness and Duty Requirements."
2. CCI 241.01, "Readiness and Duty Requirements," specifies the U.S. Public Health Service (USPHS) Commissioned Corps' Retention Weight Standards. All Regular Corps and Ready Reserve Corps officers and candidates for commissioning in the USPHS Commissioned Corps must meet retention weight standards.
3. All officers must report their height and weight information when they submit their annual Periodic Health Update (PHU) beginning in and with January 2021 birth months. Officers must also continue to report their height and weight information on form [PHS-7044](#), "Commissioned Corps Annual Physical Fitness Test (APFT)," and/or form [PHS-7044-1](#), "Verified Weight Report," (as applicable) until they are required to begin submitting the PHU.
 - a. When submitting the annual PHU, officers must record Height and Weight in Field 53 and 54 on Form [DD-2808](#), July 2019, Report "Report of Medical Examination." This will determine the annual baseline weight until next PHU submission. If the officer's body mass index (BMI) is between 19.0 kg/m² and 27.5 kg/m², the USPHS Commissioned Corps considers the officer compliant.
 - b. An officer with a BMI less than 19.0 kg/m², must submit a request for a waiver of weight standards to the Medical Affairs Branch (MAB) within 30 days of submitting an annual PHU or APFT, whichever comes first. The waiver request must include a statement from the officer's medical provider with supporting medical documentation demonstrating a history of low BMI and verifying that there are no medical or psychological causes for the low BMI.
 - (1) If MAB determines that there are no medical or psychological causes and the officer's BMI is:
 - (a) Less than 17.6 kg/m², the officer must submit a documented weight management plan within 30 days of notification by MAB. The plan must outline the steps the officer will take in order to achieve and maintain a

- minimum BMI of 17.6 kg/m². The officer must also submit quarterly weight reports (PHS form 7044-1) in the first week of each quarter, indicating progress with weight gain and reaching compliance with Retention Weight Standards. Once the officer demonstrates a stable BMI over 17.5 kg/m² MAB will consider issuing a waiver of weight standards for a time-limited period.
- (b) Between 17.6 and 18.9 kg/m², the USPHS Commissioned Corps will consider the officer to be in compliance with the Retention Weight Standards and MAB will grant the officer a waiver of weight standards for a time-limited period.
- (2) If MAB determines that there are medical or psychological causes for the officer's low BMI, the Chief, MAB, will make a recommendation to the Director, Commissioned Corps Headquarters (CCHQ) as, regarding whether to refer the officer to a formal fitness for duty evaluation (see [CCI 393.01](#), "Medical Review Board").
- c. An officer with a BMI of 27.6 kg/m² or greater must complete the measurement procedures required in CCI 241.01, "Readiness and Duty Requirements," to calculate estimated percent body fat (EPBF) (see Appendix B in CCI 241.01). The USPHS Commissioned Corps will only accept estimated EPBF or "taping" as a valid form of determining compliance with Retention Weight Standards. It will not accept other methods (e.g., hydrostatic weighing, use of bioelectrical impedance). Officers must enter this information from taping into Section B of Form PHS-7044-1, which, if computerized, automatically will calculate the EPBF. Officers must also complete Section A of Form-PHS-7044-1 and submit a completed and signed Form PHS-7044-1.
- (1) Officers with BMI of 27.6 kg/m² or greater are required to obtain and include all their weight with EPBF or "taping" results on the verified weight report (i.e., Form PHS-7044-1) during the PHU. Both Section A and B, must be completed and signed by the officer and a medical provider, dietitian, or certified trainer with expertise in body composition determination who conducted the "taping" results. This Form PHS-7044-1 is included with the other required PHU documents at the time of PHU submission.
- (2) The USPHS Commissioned Corps will consider an officer who exceeds the maximum allowable BMI, but who has an EPBF equal to or less than the values noted in the table of Threshold Percent Body Fat for Officers Exceeding Maximum BMI in Appendix A in CCI 241.01, "Readiness and Duty Requirements," to be in compliance with the Retention Weight Standards.
- (3) At time of APFT completion and submission, officers must continue to include height, weight, BMI, and if needed, EPBF data in Section II of Form PHS-7044 until their first PHU weight is reported beginning in and with January 2021 birth months.
- (4) Officers who have an APFT waiver issued by Medical Affairs, must report their annual weight using Form PHS-7044-1, including all weight information within both Section A and B, and submitting a completed and signed Form PHS 7044-1.
- d. An officer must maintain a BMI between 19.0 kg/m² and 27.5 kg/m² or an allowable percent body fat upon completion of the annual PHU and APFT. If the officer is compliant, the USPHS Commissioned Corps will not require any further document submissions until the next annual PHU and APFT submissions documenting continued compliance with Retention Weight Standards.

- e. Officers who are identified as non-compliant with Retention Weight Standards must follow instructions and work towards reaching compliance status as outlined in Section 4.
4. An officer who is out of compliance with the retention weight standards due to either a low BMI or both an elevated BMI and EPBF must adhere to the following:
- a. An officer with a BMI of 18.9 kg/m² or lower without a waiver of weight standards or with a BMI between 27.6 and 29.9 kg/m² must complete and submit a quarterly weight report between the first through the seventh day of the months of January, April, July, and October (using Form PHS-7044-1) until the officer reaches compliance with Retention Weight Standards. An officer with a BMI of 30.0 kg/m² or greater must demonstrate quarterly progress, as noted in the Appendix, with target weight loss of at least 3.5% quarterly, or 15% baseline body weight loss per year. An officer with a BMI of 17.5 kg/m² or lower must demonstrate quarterly progress with target weight gain of at least 3.5% quarterly, or 15% baseline body weight gain per year.
 - b. An officer with a BMI of 17.5 kg/m² or lower, or a BMI of 30.0 kg/m² or greater, must submit both a quarterly weight report as identified above (Section 4.a.) and a documented Weight Management Plan to CCHQ via eDOC-U within 30 days of submitting either an annual PHU, APFT, or Form PHS-7044-1 in order to maintain basic readiness status.
 - (1) Officers must submit Documented Weight Management Plans outlining how they will come into compliance with the Retention Weight Standards. The USPHS Commissioned Corps does not endorse any specific commercial weight gain/loss program or plan. However, an officer's proposed plan at a minimum must include the components outlined in Section 4.b.(2) and must be submitted to CCHQ for approval. The term "plan" means one of the following:
 - (a) A commercial weight/body composition management program;
 - (b) An individual plan developed between the officer and the officer's Primary Care Provider (PCP) or Primary Care Manager (PCM) within 30-days of completing an annual PHU, if it requires a renewal of a weight management plan from previous year;
 - (c) An individual plan developed between a registered dietitian, clinical healthcare providers, certified exercise physiologist, or certified personal trainer; or
 - (d) A plan approved by CCHQ.
 - (2) CCHQ will review the plan and either approve the plan or return it to the officer for necessary modification. For any weight management plans returned, officers must correct and resubmit the modified plan to CCHQ within 30 days. Officers must create documented plans specific to the individual officer and include the following components:
 - (a) Overall officer progress with past, present, and future goal(s). Officers should describe all plan goals using the "SMART" goal format (Specific, Measurable, Attainable, Relevant, and Time bound);
 - (b) Exercise plan progress/goals;
 - (c) Nutrition/meal plan progress/goals;
 - (d) Support/accountability plan;

- (e) Method(s) to track progress; and
 - (f) Ways they will address any unforeseen challenges or deficiencies in previous accepted plan that prevented them from successful weight gain/loss as expected.
- (3) An approved Weight Management Plan will only be valid for 12-months and if needed, must be renewed annually following successful submission of the PHU and/or APFT.
 - (4) Officers must comply with the approved plan and complete and continue submitting a quarterly weight report between the first through the seventh day of the months of January, April, July, and October (using Form PHS-7044-1) until the officer reaches compliance with Retention Weight Standards.
 - (5) An officer with a BMI of 30.0 kg/m² or greater must demonstrate quarterly progress toward compliance with the retention weight standard, as noted in the Appendix, by reaching quarterly targets of at least 3.5% baseline body weight (as determined by weight submitted in the last annual PHU or Form 7044-1, as applicable), which is 15% baseline body weight loss per year. An officer with a 17.5 kg/m² or lower must demonstrate quarterly progress with target weight gain of at least 3.5% quarterly, or 15% baseline body weight gain per year.
 - (6) An officer who does not demonstrate quarterly progress within two quarters or a 6-month period (see Appendix for 30.0 kg/m² or greater) is out of compliance with the Retention Weight Standards. Consequently, beginning in July 2021, the USPHS Commissioned Corps will mark such an officer as “Not Qualified” at the next readiness check and continue to identify this officer as “Not Qualified” in subsequent monthly readiness checks until the officer demonstrates this progress. Officers should submit a Verified Weight Report (Form PHS-7044-1) in the same month as they have achieved the weight loss (for 30.0 kg/m² or greater) or weight gain (for 17.5 kg/m² or lower) needed to demonstrate the required target quarterly weight goal(s).
 - (7) MAB will review an officer with a BMI of 30.0 kg/m² or greater or BMI of 17.5 kg/m² or lower who does not demonstrate quarterly progress weight loss (for 30.0 kg/m² or greater) or weight gain (for 17.5 kg/m² or lower) within two quarters or a 6-month period. If MAB determines that the officer has medical or psychological causes preventing progress towards compliance with Retention Weight Standards, the Chief, MAB, will make a recommendation to the Director, CCHQ, regarding whether the officer should be referred to a formal fitness for duty evaluation (see [CCI 393.01](#), “Medical Review Board”).
 - (8) An officer’s failure to submit a required plan, obtain approval for a plan, and/or submit a quarterly weight report to CCHQ will result in the USPHS Commissioned Corps marking the officer as “Not Qualified” for each monthly readiness checks until the officer complies with these requirements.
 - (9) Confirmation of Compliance: the Surgeon General, the Director, CCHQ, or Medical Affairs Branch (MAB), may request an officer’s documented height, weight, BMI, or EPBF results on Form 7044-1 completed and signed by a medical professional to confirm compliance with Retention Weight Standards.

5. Medical Waivers of Retention Weight Standards. Officers must submit a request for a medical waiver to MAB, who, based on accepted medical standards, may approve or deny the request in accordance with MAB policy.
 - a. If needed, an officer who is pregnant, postpartum, or breastfeeding should submit her medical documentation from her healthcare provider to MAB to obtain a medical waiver.
 - b. An officer who feels that a medical condition or prescribed medication affects their ability to comply with Retention Weight Standards may request a time-limited medical waiver from MAB with appropriate medical documentation. The documentation from the officer's healthcare provider must show an evidence-based connection between the condition or treatment and the officer's current weight or the officer's inability to gain or loss weight. The officer also must include medical documentation of the officer's weight prior to the diagnosis of the condition or initiation of the treatment.
 - c. A request for a medical waiver does not guarantee that the USPHS Commissioned Corps will grant it.
 - d. When MAB approves a medical waiver, MAB will establish a modified Retention Weight Standard that is based on evidence-based scientific studies and include this in the waiver.
 - e. If an officer has an approved waiver for either a PHU or APFT that lasts longer than 12 months, without an associated Weight Standard waiver, the officer must submit annual weight results (BMI and if needed, EPBF) using a Verified Weight Report (form 7044-1).
 - f. The USPHS Commissioned Corps requires all officers to submit annual weight results, even those with an approved medical waiver for weight standards. If an officer is identified as non-compliant with the Retention Weight Standards, submission and maintenance of Retention Weight Standards documents (i.e., submission/approval of a Weight Management Plan and submission of Form PHS 7044-1) is required.
6. Readiness.
 - a. The USPHS Commissioned Corps will mark as "Not Qualified" any officer who does not comply with the requirements outlined in this POM. The USPHS Commissioned Corps will continue to mark the officer as "Not Qualified" with subsequent monthly readiness checks until the officer complies with these requirements.
 - b. The USPHS Commissioned Corps will mark as "Not Qualified" any officer who is on an approved Weight Management Plan and who fails to demonstrate quarterly progress as described in Section 4.b.(5) and (6).
 - c. The USPHS Commissioned Corps may refer the records of an officer who is non-compliant with this POM to an Involuntary Termination Board, Administrative Separation Board, Involuntary Retirement Board, Medical Review Board, or other involuntary separation process (see [POM 821.75](#), "Readiness Compliance," and [CCI 393.01](#), "Medical Review Board").
7. The responsibility for obtaining and maintaining compliance with Retention Weight Standards, as well as with other condition of service requirements, rests with the individual officer. This responsibility includes following the guidelines provided by CCHQ to submit and maintain documentation in CCHQ that reflects the officer's compliance with said standards.

8. All candidates for commissioning in the USPHS Commissioned Corps must meet the Retention Weight Standards.
 - a. The USPHS Commissioned Corps will consider candidates with a BMI determination between 19.0 and 27.5 kg/m² as meeting the weight standards.
 - b. Candidates with a BMI determination below 19.0 kg/m² must provide the documentation designated in Section 3.b. Based on review of that documentation, MAB will determine if the candidate meets weight standards.
 - c. For candidates who have a BMI determination between 27.6 and 32.9 kg/m² the USPHS Commissioned Corps will calculate their EPBF per procedures in Appendix B of CCI 241.01, "Readiness and Duty Requirements," and use the result to determine if the candidate meets the weight standards or has a disqualifying condition.
 - d. The USPHS Commissioned Corps will consider candidates who have a BMI determination of 33.0 kg/m² or greater to have a disqualifying condition.
9. This POM replaces POM 821.66, "Retention Weight Standards," dated 23 June 2020, and will remain in effect until superseded or rescinded.

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Acting Surgeon General

Attachment:
Appendix – Quarterly Target BMI Values

Appendix
Quarterly Target BMI Values

	BMI Range/CDC	Beginning BMI Range for Quarterly Target	Example Beginning BMI	TARGET BMI	Quarterly Target (Based on "Example Beginning BMI" Column)															
					Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	
normal	18.5 to 24.9	18.5 to 24.9	N/A	27.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
overweight	25 to 28.5	25 to 28	28.5	27.5	28.0	27.5														
overweight*	28.6-29.9	29.9	29.9	27.5	29.1	28.2	27.5													
obesity class. 1	30 to 34.9	30 to 32.5	32.6	27.5	31.3	30.0	28.6	27.5												
obesity class. 1*	32.6-34.9	32.6-34.9	34.6	27.5	34.1	33.6	33.0	32.5	32.0	27.5										
obesity class. 2	35 to 39.9	35 to 36.8	36.9	27.5	36.9	34.2	33.7	32.2	30.6	28.9	27.5									
obesity class. 2*	36.9	36.9-39.9	38.9	27.5	37.4	36.0	34.7	33.3	32.1	30.9	29.7	28.6	27.5							
extreme obesity class. 3*	>40	40.1-45	45	27.5	43.2	41.5	39.8	38.2	36.8	35.4	33.9	32.5	31.3	30.0	28.8	27.5				
extreme obesity class. 3*	>40	45.1->50	50	27.5	48.0	46.2	44.3	42.4	41.0	39.3	37.7	36.2	34.8	33.5	32.0	30.7	29.5	28.3	27.5	

* = 15% baseline bodyweight loss/year

NOTE: The quarterly target for officers is a loss of at least 3.5% baseline body weight (as determined by weight submitted in the last annual PHU), which is approximately 15% baseline body weight loss per year