

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

1. **Purpose**

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. Effective 1 May 2005, officers who do not meet the Basic level of force readiness will be denied permanent and/or temporary grade promotions.
- d. 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.

2. **Applicability**

- a. This Manual Circular applies to all 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.

3. **Authorities**

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 Division of Commissioned Corps Personnel and Readiness (DCCPR) within the OSG, is responsible for administering force readiness and deployment activities for the Corps.

- 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.

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 immediately, 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 DCCPR/ Medical Affairs (MA) at least once every 5 years from the date of the last examination. The required forms are DD Form 2807-1, "Report of Medical History" and DD Form 2808, "Report of Medical Examination". These forms are available on the Commissioned Corps Management Information System (CCMIS) website.

- 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, 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) unless conditions of 2(b) are met.

- (b) Tuberculosis (TB) Screening. Two negative tuberculin skin test (TST) results no greater than 12 months apart or a single negative interferon-gamma release assay (IGRA) test (e.g., QuantiFERON®-TB Gold test) result is sufficient evidence of the absence of infection with Mycobacterium tuberculosis (TB) and no additional annual TB screening is required.

Note. A tuberculin skin test (TST) is a screening test for detecting infection with M. tuberculosis. (Previously TST has been referenced as "PPD" or purified protein derivative.) An IGRA test is a blood test method now available as an optional screening test and may be used in place of the TST.

Officers with a history of a positive TST or IGRA result and who have submitted supporting documentation to the DCCPR/MA indicating absence of active TB disease (i.e., medical evaluation including a chest radiograph) are not required to comply with this TB screening requirement but will be required to undergo periodic (i.e., every 3 years) radiological evaluations (i.e., chest x-rays) to assess for subacute pulmonary TB infection.

- (c) Officers are required to submit proof of immunizations, boosters to MA. 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 report their immunization information using guidelines provided by MA on the CCMIS website.

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 MA for confirmation.
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. Officers who are called to extended active duty will be given 12 months to complete the Hepatitis A and Hepatitis B series.

- (d) Influenza (annual). Officers are required to obtain an influenza vaccination as soon as the vaccine becomes available during each influenza season. However, compliance with this requirement will be determined on 31 December of each year and not on the anniversary date of the officer's last influenza vaccination.

- (e) Immunization data must be faxed to Medical Affairs.

(3) Height/Weight Reporting

Officers are required to record their height and weight every 12 months online using the Direct Access website.

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.

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.

Annual Physical Fitness Test (APFT)

Officers performing 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 MA within DCCPR using form PHS 7044, "Physical Readiness Standards Report". It is also required that officers record their APFT in Direct Access.
 - 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.
 - 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 MA 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

Force Readiness Basic Series of Training Modules. Officers are required to complete the following 12 Web-based training modules:

- (1) Health Consequences and Response (141) – The Office of Readiness and Deployment Operations Group (RDOG) online course
- (2) Disaster Triage (110) – RDOG online course
- (3) Critical Incident Stress Management (147) – RDOG online course
- (4) Infectious Disease Management (180) – RDOG online course
- (5) Terrorism (182) – RDOG online course
- (6) ABCs of Bio-Terrorism (183) – RDOG online course
- (7) Preventive Medicine for Field Operations (140) – RDOG online course
- (8) Safety and Security Awareness (217) – RDOG online course
- (9) Introduction to the Incident Command System (IS-100) – Federal Emergency Management Agency (FEMA) Emergency Management Institute (EMI) course
- (10) ICS for Single Resources and Initial Action Incidents (IS-200) – FEMA EMI course
- (11) National Incident Management System (NIMS), An Introduction (IS-700) – FEMA EMI course
- (12) National Response Plan (NRP), An Introduction (IS-800) – FEMA EMI course

These training modules can be accessed through the RDOG and FEMA websites.

- (2) Officers are required to retain documentation of completion for the required basic series training modules. Training modules will be electronically tracked by RDOG. Once completed, the basic series training modules do not need to be repeated annually unless directed by the Surgeon General (SG) through the Director, DCCPR due to changes made to the course content and/or new courses added to the series. The changes will be published in a Personnel Operations Memorandum.
- (3) Officers must identify their deployment role in Direct Access and officers may choose any role for which they qualify. However, officers who are in a clinical billet and engaged in direct patient care are expected to identify a primary clinical role for which they are eligible. Officers are advised to update their deployment role as circumstances changes regarding training and competency. Future development of RDOG web site will provide for primary and secondary roles to be identified.
- (4) Clinical Service Hours. Officers deploying in clinical positions who are not assigned to a clinical billet in their regular duty assignment must acquire a minimum of 80 clinical hours in his/her specialty on an annual basis. All officers who wish to deploy in a clinical billet must record their hours working directly with patients in Direct Access and in accordance with current policy.
- (5) 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.

Note: Officers assigned overseas to foreign countries will meet the Basic Life Support (BLS) certification requirements while serving in that assignment by completing a Basic Life Support course or equivalent within that country.

- (6) 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 in Direct Access, and

(7) 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 MA within DCCPR.

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 MA.
- (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) Events required for passing the APFT;
 - (c) Completing Basic Life Support training; or
 - (d) 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 MA who have been authorized by the Chief of MA 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 MA 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 MA. However, if an officer contacts MA prior to the date upon which his/her written request is received by MA, 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 MAB establishing the diagnosis. Upon receipt, an MA 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 DCCPR so that an MA 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 MA 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 MA within 30 days of being informed of the initial denial. The Chief of MA 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.

7. PROPONENT: The proponent of this instruction is the ASH. The responsibility for assuring the day-to-day management of the Corps is the SG.

8. SUMMARY OF REVISIONS AND UPDATES

8-1. References throughout the document to the Office of Commissioned Corps Support Services (OCCSS), and the Office of Force Readiness and Deployment (OFRD) shall be dropped and now reference to the Division of Commissioned Corps Personnel and Readiness.

8-2. Pursuant to Personnel Policy Manual 14-004 dated 4 June 2014, Effective 1 July 2015, all reference to the Presidents Challenge and associated references are removed in their entirety.

8-3. Pursuant to Personnel Policy Memorandum (PPM) 07-001 dated 3 November 2006, the Polio childhood vaccination is no longer required, two negative tuberculin skin test within 12 months eliminates the annual TB testing, influenza vaccination are required annual.

- 8-4. Pursuant to Personnel Policy Memorandum (PPM) 04-003 dated 4 October 2004, all officers must complete the 5 year medical physical is and identify a deployment role and officers serving in foreign countries are required to complete the BLS.

9. HISTORICAL NOTES

This is the third issuance of this Manual Circular within the electronic Commissioned Corps Issuance System (e CCIS) and replaces MC377 dated 30 June 2006.

APPROVAL:

Howard K. Koh, M.D., M.P.H.
Assistant Secretary for Health