

Name (Rank Last, First, M.): _____
Student's best phone: _____
Student's best email: _____
CDQC Class # / Course Date: _____

Unit/Location: _____
DMO/DMT: _____
DMO/DMT's Phone: _____
DMO/DMT's Email: _____

CDQC PHYSICAL EXAM CHECKLIST

All references made from AR-40-501 VER 2010 --- sec 5-9 for CDQC

Documents Required

1. DD 2807 (medical history) **and** DD 2808 (physical exam) or service specific equivalents
 - a. Completed by a qualified DMO/DMT at student's home station
 - b. Dated within **2 years** of course start date (or 5 years for retention PE)
 - c. On 2807 explain (in box 44) any "abnormal" or "NE" check in box 17-42
 - d. Ensure there is a dentist's signature
2. Official copies of all labs, CXRs, and EKGs dated within **2 years** of course start date
3. Chamber card (will be done at CDQC)

Specific PE requirements

- (Box 30) **DRE**
- (Box 43) **DENTAL EXAM** (5-6c., 2-5)
- (Box 81-83) **DENTIST SIGNATURE** (8-12, f,15)
- (Box 58) **BLOOD PRESSURE** (90<Sys<140, 60<Dia<90) (CDQC 5-9,j)
- (Box 59) **RED GREEN** (Need Pass in PIP or FALANT, or vivid red/green)
- (Box 61-63) **OPTOMETRY**
Distance vision must correct to 20/20 in both eyes with spectacle lenses (CDQC 5-9,g,2)
Refraction required if uncorrected distance is worse than 20/70 (CDQC 8-12,f,6)
Refractive error can be no worse than +/- 8 diopters (CDQC 5-9,g,2)
IOP (NOT req, but glaucoma dx or IOP >21mmHg either eye is DQ 5-3g2, 2-12i)
- (Box 71A) **AUDIOLOGY** (35 / 35 / 35 / 45 / 55 / ∞) (Both 2-7,c)
- (Box 72B) **VALSALVA** (Must be SAT, CDQC 8-12,f,7)
- (Box 73) **SIGNED STATEMENT**
"I have no fear of heights, depths, darkness, or enclosed spaces"
- (Box 74) **QUALIFIED FOR SERVICE** box is checked & annotate "CDQC"

Specific lab and ancillary requirements

- (Box 45) **URINE**
Albumin: prot:creat < 0.2 or prot <200mg/24hr collection
Sugar: glucose > 0 requires 2hr OGTT <7.8)
- (Box 52) **Spec Grav:** (8-12,f,4), but no DQ value given
Microscopic: hematuria or pyuria require workup
- (Box 47) **Hgb/HCT** (REF: 2-4,a; Hgb <13.5 is anemia in males, < 12 in females)
- (Box 49) **HIV** (must be result, not PENDING, and Neg)
- (Box 73) **OCCULT BLOOD** (DQ unless condition worked-up and resolved)
- (Box 73) **CHOLESTEROL** (Tot, HCL, TRI, LDL)
- (Box 73) **G6PD** (one-time test, neg result is DQ)
- (Box 73) **RPR**
- (Box 73) **WBC** (suggestive of infection is DQ)
- (Box 73) **SICKLE CELL** (trait ok if Hgb >10 & no vaso-occlusive crisis) (5-9,b,4)
- (Box 73) **CHEST X-RAY** (include official radiology read)
- (Box 73) **EKG** (include copy of results and interpretation)

Common disqualifying conditions or findings requiring waiver include (but are not limited to...)

- Vertigo, abnormal labyrinthine or TM function, or active ear disease (CDQC 5-9,d)
- Retained hardware ("that presents risk of further injury") ex: lower extremity, spine or hands (CDQC 5-9,f,6)
- Osteonecrosis (CDQC 5-9,f,5)
- Laser-Assisted in situ Keratomileusis (LASIK) and IOL implants (CDQC 5-9,g,4)
- Pulm disease that restricts function, causes air-trapping affects vent/perfusion (CDQC 5-9,n,2)
- Spontaneous pneumothorax > 1 occurrence in last 3 years (CDQC 5-9,n,3)
- Mind or mood altering meds in last 4 wks, fear of flying, anxiety, psychosis or suicide attempt (CDQC 5-9,q, 2-27)
- ADHD unless off meds and stable for 12 mos (2-27a)
- Fear of depths, enclosed places, or of the dark (CDQC 5-9,q,8)
- Spondylosis, spondylolisthesis, or vertebral fracture (except mild compression Fx) (CDQC 5-9,s)
- Pressure equalization and oxygen intolerance during hyperbaric chamber testing (CDQC 5-9,w)
- Any joint instability of the weight bearing joint ex: hip, knee, or ankle (CDQC 5-9,f,4)
- Joint restrictions or strength loss ex: unstable shoulder, muscle atrophy (CDQC 5-9,f,2-3)
- Obesity of any degree (CDQC 5-9,m,2)
- Residual teeth must be sufficient to retain a scuba mouthpiece (CDQC 5-9,c,4)
- EKG abnormalities (example - LVH) will require echocardiogram.

COORDINATION DETAILS

- Submit all **waiver requests** through SWMG (A) at Fort Bragg, nancy.mosley@ahqb.soc.mil, (910) 396-7775 x253.
- Send **all medical documents** (including *approved* waivers) to CDQCmedical@ahqb.soc.mil **NLT 4 weeks** prior to course start date!
- Direct all questions to SFUWO DMO at (305) 797-2712.