Specific PE requirements

- **DRE**
- **DENTAL EXAM** (5-6c, 2-5)
- **DENTIST SIGNATURE** (8-12, L15)
- **BLOOD PRESSURE** (90< sys<140, 60< dia<90) (CDQC 5-9,j)
- **RED GREEN** (Need Pass in PIP or FALANT, or vivid red/green)
- **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)
- **AUDIOLOGY** (35 / 35 / 35 / 45 / 55 / 80) (Both 2-7,c)
- **VALSALVA** (Must be SAT, CDQC 8-12,f,7)
- **SIGNED STATEMENT**
  - "I have no fear of heights, depths, darkness, or enclosed spaces"
- **QUALIFIED FOR SERVICE** box is checked & annotate "CDQC"

Specific lab and ancillary requirements

- **URINE**
  - Albumin: prot/creat < 0.2 or prot <200mg/24hr collection
  - Sugar: glucose > 0 requires 2hr OGTT <7.8
  - Spec Grav: (8-12,f,4)
- **Hgb/HCT** (REF: 2-4,a, Hgb <13.5 is anemia in males, < 12 in females)
- **HIV**
- **Microscopic: hematuria or pyuria require workup**
- **URINE**
  - Microscopic: hematuria or pyuria require workup
- **OCULT BLOOD** (DQ unless condition worked-up and resolved)
- **CHOLESTEROL** (Tot, HCL, TRI, LDL)
- **G6PD**
- **RPR**
- **WBC** (suggestive of infection is DQ)
- **SICKLE CELL** (trait ok if Hgb >10 & no vaso-occlusive crisis) (5-9,b,4)
- **CHEST X-RAY** (include official radiology read)
- **EKG** (include copy of results and interpretation)

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

- Vertigo, abnormal labyrinth 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)
- LASIK and IOL implants (CDQC 5-9,g,4) (Submit pre/post-op documentation ISO waiver request. Requires minimum 6 month post-op recovery.)
- PRK/LASEK require waiver only if pre-op diopters outside +/- 8 range (Please submit pre/post-op documentation ISO waiver request. Requires minimum 6 month post-op recovery.)
- 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)
- Spondylisis, spondylyolisthesis, 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.
- All PFOs (surgically corrected or not) require bubble study echo, cardiology consultation, and waiver.
- LQTS (QTc >=430 msec) requires echo, cardiology consultation, and waiver.

COORDINATION DETAILS

- Submit all waiver requests through SWMG at Fort Bragg. SWTGwaivers@socom.mil (910)432-3566
- Send all medical documents (including approved waivers) to DIVEMED@socom.mil NLT 2 weeks prior to course start date! **DO NOT SEND DIRECTLY FROM SCANNER! PLEASE INCLUDE STUDENT/DMO CONTACT INFO!!**
- Direct all questions to SFUWO DMO at (305)293-4154.

CDQC PE CHECKLIST VER 15FEB18