NATIONAL GUARD BUREAU
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ARNG-HRH (RN 600) 6 September 2024

MEMORANDUM FOR Army National Guard Military Personnel Officers of All States, Territories, and the District of Columbia

SUBJECT: Army National Guard Medical Standards for Appointment and Reappointment (PPOM 23-044)

1. References. See Enclosure 1.

2. Purpose: This policy clarifies and removes unintentional barriers related to appointments and reappointments and supersedes medical standards listed in National Guard Regulation (NGR) 600-100, NGR 600-101, and rescinds PPOM 18-019: Clarification of Physical Requirements (Chapter Two Standards versus Chapter Three Standards) for Warrant Officer Appointment and Re-appointment Applicants.

3. Discussion: There is confusion which medical standards apply and what are the required medical documents for federal recognition board (FRB) or state level accession processes. Current policy states for any appointment or reappointment including, from one specialty branch to another or between specialty branches, an accession physical, known previously as Army Regulation (AR) 40-501, “Chapter 2” is required. Chapter 2 now refers to Department of Defense Instruction (DoDI) 6130.03, Volume 1, Medical Standards for Military Service: Appointment, Enlistment, or Induction. Based on discussions with the proponent for DoDI 1310.02, Original Appointment of Officers, Enclosure 4.1.a. (1) does not apply to the reserve components and though DoDI 1310.02 references DoDI 6130.03, there is no specification to which volume, thereby allowing the services to decide. Currently, the United States Army Recruiting Command (USAREC) processes reappointments based on the guidance as referenced in USAREC: UM 23-022, USAREC Active Component Transfer, and Interservice Physician Assistant (IPAP) MILPER Message 23-295. Additionally, federal recognition actions for current aviators require a “Chapter 2” physical and “blue stamped” flight duty medical exams (FDME) for reappointments. The current backlog at the United States Army Aeromedical Activity (USAAMA) has significantly delayed reappointments creating hardships for ARNG Servicemembers (SMs) (see Enclosure 2).

4. Policy:

a. This paragraph applies to those that require a DoDI 6130.03, Volume 1 Accession Standards (AR 40-501, Chapter 2) accession physical:

(1) The following personnel require DoDI 6130.03, Volume 1 accession physical for appointment:

(a) Non-prior service civilian applicants entering the military for the first time

(b) A currently serving enlisted SM applying for entry into an officer producing program (e.g. officer candidate school, warrant officer candidate school, Interservice Physician Assistant Program)

(c) A currently serving enlisted SM applying for a direct appointment into any officer or warrant officer corps (e.g. direct appointments into specialty branch, basic branch, and warrant officers)

(d) A prior service (officer or warrant officer) applicant, not currently serving, who separated from service greater than 12 months ago (e.g. 12 months and 1 day). These applicants no longer have a status in any component of the military.

(e) A prior service enlisted applicant, not currently serving, regardless of separation date (e.g. even within 12 months)

(f) Cadets commissioning through Reserve Officers Training Corps (ROTC) (see paragraph 4.b.1 for details)

(2) Authorized locations to complete accession physicals:

(a) Not-currently serving: Military Entrance Processing Station (MEPS) and Department of Defense Medical Examination Review Board (DoDMERB) (if eligible).

(b) Currently serving ARNG SM: MEPS, DoDMERB (if eligible), Title 10 Medical Treatment Facilities (MTF), and Title 32 Medical Facilities.

(c) Currently serving in another component or service: MEPS, DoDMERB (if eligible), and Title 10 MTF.

(3) Validity: accession physicals are valid for 24 months from the date of examination.

(a) Interservice Physician Assistant Program (IPAP) exception. IAW DA PAM 40-502, 6-5. a.(4) currently serving enlisted ARNG SMs in the IPAP may have the validity of their accession physical extended.

(b) The ARNG Chief Surgeon's (CSG) Office will review the SM's initial IPAP physical and appropriate electronic databases to ensure there has been no interval changes and the SM still meets accession standards. ARNG CSG will produce a memorandum verifying that the physical is valid beyond 24 months (See Enclosure 3). Without this ARNG CSG memorandum an accession physical within 24 months is required.

(4) Changes in medical status: If an applicant or SM develops a new condition after the accession physical is complete before with federal recognition board or state level accession process it is the responsibility of the SM, Officer Strength Manager, Warrant Officer Strength Manager, and state medical leadership to identify the issue, update the DD Form 2808 accordingly and if the condition does not meet the DoDI 6130.03, Volume 1 standards, request a medical waiver.

(5) Required documents (See Enclosure 10):

(a) ARNG Medical Waivers (if applicable): ARNG Medical Waivers are processed in the Medical Action Tracking System (MATS). Any DD Form 2808 marked "not qualified", has a disqualifying condition listed, or has a 2 or 3 in the PULHES requires an approved medical waiver documented on a MATS Results Memorandum. **Any exception of the 2 in the PULHES, without an approved medical waiver must be verified by CSG**. CSG in conjunction with the Strength Maintenance Waivers Team will process waivers to DMPM and ASA M&RA IAW references g. and h., as required. Final adjudication results will be documented on the MATS Results Memorandum.

(b) If completed at a Title 10 MTF or Title 32 Medical Facility: Department of Defense (DD) Form 2808 (Report of Medical Examination) and DD Form 2807-1 (Report of Medical History).

(c) If completed at a MEPS: DD Form 2808 (Report of Medical Examination) or electronic MEPS medical exam note or the MEPS accession medical note from Military Health System – Genesis (MHS-G) (See Enclosure 12) and DD Form 2807-2 (Accession Medical History Report)

(d) If completed through DoDMERB (Direct Commission and Accession (DCA) applicants only): DD Form 2808 (Report of Medical Examination), DD Form 2807-2 (Accession Medical History Report), and MATS Results memo. All DCA physicals require submission in MATS to acquire a PULHES. This will occur prior to submission to the United States Army Recruiting Command (USAREC) or the Office of the Chief of Chaplains.

b. This paragraph applies to those whose commissioning source is Army ROTC and who are using their Cadet Summer Training (CST), previously known as Advanced Camp, physical (See Enclosure 4) to commission.

(1) The CST physical is an interval, abbreviated physical and must be submitted with their initial/stamped/qualified DoDMERB. The CST physical must be within two years of the DA 71/NGB 337 and within 60 months of the examination date of their Stamped/Qualified/Initial ROTC DoDMERB otherwise, a new DoDI 6130.03, Volume 1 physical is required.

(2) Required documents:

(a) ARNG Medical Waivers (if applicable). IAW AR 40-501, chapter 1, paragraph 1-6.i. the Director, ARNG is the medical waiver authority for all accessions into the ARNG and the Army National Guard of the United States. Approved Cadet Command medical waivers and medical determinations allow applicants to enter ROTC, Cadets to continue in the program, and to commission into the United States Army Reserves. All previously approved ROTC/DoDMERB medical waivers or medical determinations must be submitted in MATS for review and approved by ARNG prior to graduation or commission. The Cadet is not permitted to execute the DA 71 or the NGB 377 until the medical waiver(s) are approved in MATS (see Enclosure 1.q).

(b) CST - DD Form 2808 (Report of Medical Examination) must be dated within two years of the DA 71 (See Enclosure 4)

(c) CST - DD Form 2807-1 (Report of Medical History) (See Enclosure 4)

(d) Stamp/Qualified/Initial ROTC DoDMERB - DD Form 2808 (Report of Medical History) (See Enclosure 5)

(e) Stamp/Qualified/Initial ROTC DoDMERB - DD Form 2807-2 (Accession Medical History Report) (See Enclosure 5)

c. This paragraph applies to initial appointments for Aviation actions which require that applicant/SM meet the requirements of DoDI 6130.03, Volume 1 (AR 40-501, Chapter 2) as well as AR 40-501, Chapter 4.

(1) Initial appointment into Aviation requires an AR 40-501, Chapter 4 physical that has been approved and stamped by the United States Army Aeromedical Center, Fort Novosel, AL.

(2) Initial flight physicals are valid for 18 months from the examination date.

(3) Required documents include:

(a) DD Form 2807-1 (Report of Medical History) from Aeromedical Electronic Resource Office (AERO)

(b) DD Form 2808 (Report of Medical History) from AERO

(c) Drug and alcohol results IAW DA PAM 40-502, 6-3.c.(3) for initial examinations for appointment. Females also require pregnancy test results. Submitting these additional tests with the flight physical avoids having to complete an entire new “Chapter 2” physical.

d. This paragraph applies to those that fall under retention standards, DoDI 6130.03, Volume 2 Retention Standards (AR 40-501, Chapter 3), and do NOT require an accession physical for state federal recognition board (FRB) actions:

(1) The following personnel fall under retention standards:

(a) Currently serving ARNG commissioned officers. Reappointing from one officer branch (e.g. basic to specialty, specialty to basic, or specialty to specialty), within the same branch (e.g. Medical Service Corps to Medical Corps) or transferring between AOCs sometimes referred to a re-classification (e.g. 70B to 73B) or those that are becoming warrant officers.

(b) Currently serving ARNG warrant officers that are re-designating from one warrant officer branch or AOC to another or those that are becoming a commissioned officer.

(c) Currently serving commissioned officers and warrant officers in the United States Army Reserves, Active Duty Army or other military services (e.g. Unites States

Marine Corps, United States Navy, United States Air Force, United States Coast Guard, United States Space Force, Public Health Service) transferring to the ARNG

(d) Prior service commissioned or warrant officers who separated from service within the last 12 months

(2) The required document is a Memorandum from State Surgeon or Deputy State Surgeon (see Enclosure 7) and will include the following:

- Date of current Periodic Health Assessment (PHA) which must be within the previous 12 months.

- Certification that the SM's PHA and electronic health records have been reviewed for accuracy of disclosures and any discrepancies. The SM does not have a current temporary profile or P3 profile indicating there is a need for entry into the Integrated Disability Evaluation System. The SM's Veteran Affairs Disability compensation was reviewed (if applicable). The SM is deployable and there are no concerns with the SM continuing service as a commissioned or warrant officer in their new branch or area of concentration.

(3) The State Surgeon or Deputy State Surgeon can be more restrictive and has the option to require SMs or prior service applicants in 4.d.(1) to complete an accession physical examination. In those instances, the required documents for accession physicals are outlined in 4.a.(5).

(4) Aviation Reappointments. This paragraph applies to ARNG reappointments between areas of concentration (AOCs) 15 series, 153 series, and 67J. ARNG SMs must be medically qualified and not assigned to the IRR or Inactive Guard (ING). SMs must meet AR 40-501, Chapters 3 and 4, Class 2 flight physical (See Enclosure 1.g.). In lieu of an AR 40-501 Chapter 3 physical and USAAMA dispositioned (blue stamped) FDME, SMs seeking reappointment between these AOCs must submit:

- Validation of Chapter 3 Physical Requirements signed by an aeromedical provider (AOCs: 61N, 62BF8, 65DM3, or 66PN1) in the State (See Enclosure 6).

- A current, Department of Defense Form (DD) 2992 Medical Recommendation for Flying or Special Operational Duty. DD2992 will indicate full-flying duties, or "FFD," demonstrating SM meets Chapter 4 physical requirements. If an aeromedical waiver is required, a waiver continuation or waiver granted status must occur prior to reappointment. (See Enclosure 8).

e. Currently serving SMs who are positive for human immunodeficiency virus and pursue a commission or appointment are considered “covered personnel” (See Enclosure 1.d.). Although, it is not considered disqualifying IAW DoD 6130.03, Volume 1, it still requires review. These physicals will be processed in MATS and the ARNG CSG will provide the Medical Clearance Memorandum after review by the Office of the Surgeon General. This Medical Clearance Memorandum is required for state FRB actions (see Enclosure 9).

5. This policy is effective on 16 September 2024.

6. Points of contact:

a. Policy issues: Lieutenant Colonel Jennifer Towers, Officer Policy Branch Chief, ARNG-HRH-O, at 703-601-2686 or jennifer.m.towers.mil@army.mil.

b. Medical issues: Major Danielle A. Meeker, Medical Standards Officer, ARNG-CSG-C, at 703-607-9534 or danielle.a.meeker.mil@army.mil.

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Encls

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CF:
State Surgeons
Deputy State Surgeons
MILPOs
HROs
State IGs
ARNG-HRH
ARNG-HRM
ARNG-HRP
ARNG-HRR
Officer Strength Managers
Warrant Officer Strength Managers
State Officer Personnel Managers