# Accession Medical Standards Analysis and Research Activity

## 2022 Annual Report

Medical Disqualifications, Medical Waivers,
Accessions and Outcomes
among FY 2016-2020 Military Applicants
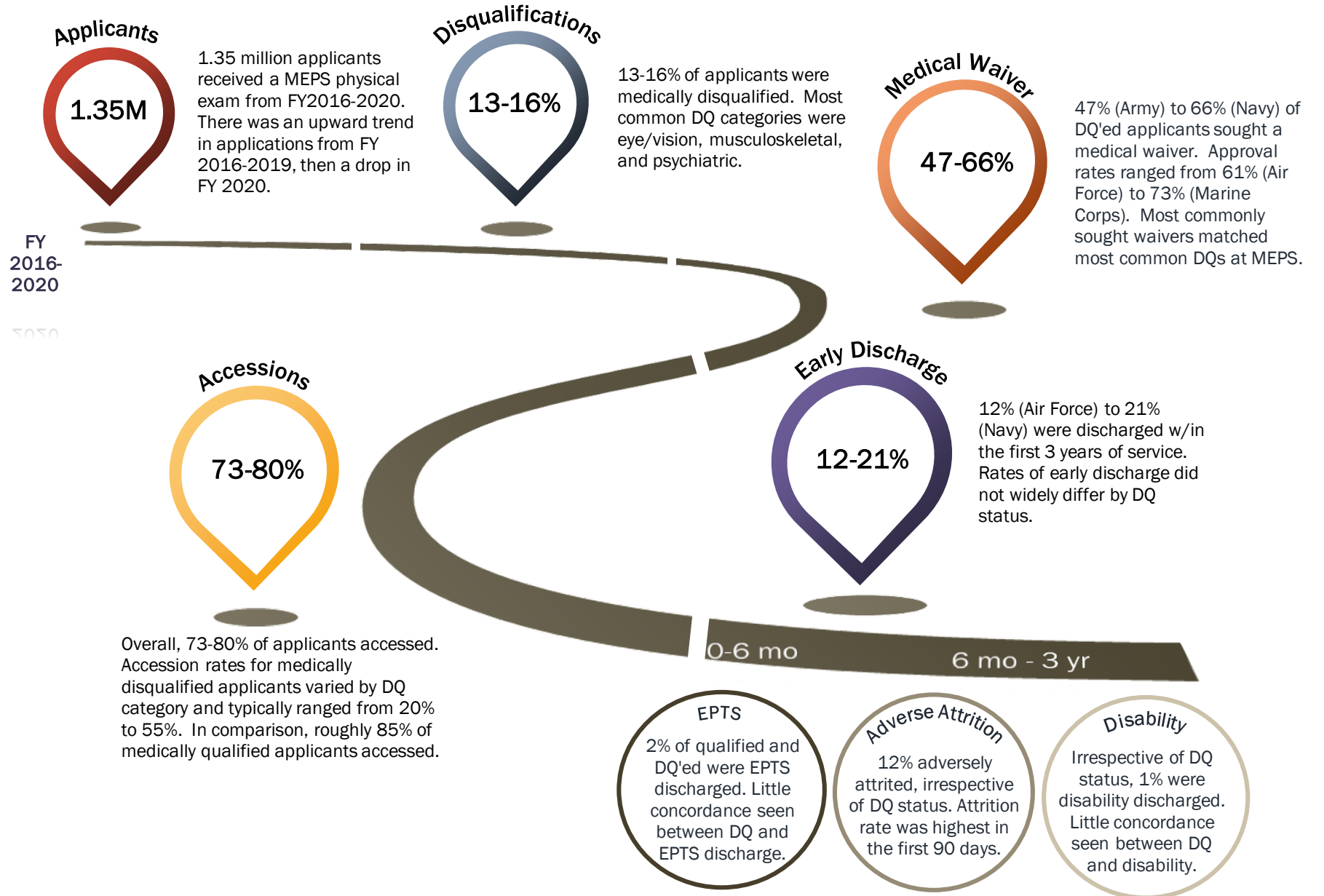
## Report Introduction

# 27 Years

For the past 27 years, AMSARA has supported the mission of the Accession and Retention Medical Standards Working Group. Leveraging longitudinal data from pre-enlistment application to end of service, this report describes:

- the overall health of recruits based on medical disqualifications (DQs) and accession medical waivers
- time periods with the highest rate of early separation by DQ status
- predictive models estimating medical risk factors for early separation, including adverse attrition, disability discharge, and discharge due to conditions that existed prior to service (EPTS).

AMSARA did not receive FY 2021 applicant data at the time of publication. This report provides an additional one year of follow-up time among FY 2016-2020 applicants.

## More Info

https://www.wrair.health.mil/collaborate/amsara

**Applicants**

**1.35M**

1.35 million applicants received a MEPS physical exam from FY2016-2020. There was an upward trend in applications from FY 2016-2019, then a drop in FY 2020.

FY 2016-2020

**Disqualifications**

**13-16%**

13-16% of applicants were medically disqualified. Most common DQ categories were eye/vision, musculoskeletal, and psychiatric.

**Medical Waiver**

**47-66%**

47% (Army) to 66% (Navy) of DQ'ed applicants sought a medical waiver. Approval rates ranged from 61% (Air Force) to 73% (Marine Corps). Most commonly sought waivers matched most common DQs at MEPS.

**Accessions**

**73-80%**

Overall, 73-80% of applicants accessed. Accession rates for medically disqualified applicants varied by DQ category and typically ranged from 20% to 55%. In comparison, roughly 85% of medically qualified applicants accessed.

**Early Discharge**

**12-21%**

12% (Air Force) to 21% (Navy) were discharged w/in the first 3 years of service. Rates of early discharge did not widely differ by DQ status.

0-6 mo          6 mo - 3 yr

**EPTS**

2% of qualified and DQ'ed were EPTS discharged. Little concordance seen between DQ and EPTS discharge.

**Adverse Attrition**

12% adversely attrited, irrespective of DQ status. Attrition rate was highest in the first 90 days.

**Disability**

Irrespective of DQ status, 1% were disability discharged. Little concordance seen between DQ and disability.

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# Mission, Vision, and Objectives

## Mission

Execute advanced analytics and epidemiological research for evaluating accession medical standards and their changes to promote, inform, and support evidence-based DOD policy decisions aimed at optimizing the selection of new recruits and enhancing service member medical readiness.

## Vision

Provide historic perspective, experience, expertise, and tailored real-time evidence-based analytical research support to the DOD leadership for optimizing accession policies, medical readiness, and responsiveness to the ever-changing needs of service members and the DOD.

## Objectives

Provide analytic and operational research support to:

- Improve service member health, readiness, and resilience
- Optimize recruitment, retention, and deployment
- Reduce medical attrition and disability

# Contents

# EXECUTIVE SUMMARY

In 1995, the Surgeon General of the Army (Research and Development) established the Accession Medical Standards Analysis and Research Activity (AMSARA), at the request of Assistant Secretary of Defense (Health Affairs), as a mechanism to provide the DOD with evidenced-based evaluations of accession medical standards. Under the guidance of the Medical and Personnel Executive Steering Committee (MEDPERS) and the Accession and Retention Medical Standards Working Group (ARMSWG), our AMSARA team issues annual reports, briefings, and publications to include comprehensive analyses of service member accession and separation data, allowing DOD stakeholders to make informed policy decisions.

The objective of this report is to describe MEPS medical disqualifications and medical waivers among a cohort of military applicants, assess end of service outcomes, evaluate the impact of accession medical standards changes, and provide data visualizations for easier translations from data point to decision. AMSARA did not receive FY 2021 applicant data from USMEPCOM at the time of this report's publication. Thus, this year's annual report provides an additional one year of follow-up time to capture medical waiver applications and approvals, accessions and early discharges among FY 2016-2020 applicants.

This report is divided into three distinct sections. Section 1 describes pre-accession characteristics of military applicants and accessions. Section 2 describes medical waiver considerations and approval rates, both overall and by disqualification (DQ) category. Section 3 compares rates of early discharge (adverse attrition, existing prior to service discharge, disability discharge) between medically disqualified and medically qualified applicants.

Key findings are as follows:

# KEY FINDINGS

## Section 1: Applicants and Accessions

### *Overall Application and Accession Metrics*

- From FY 2016 through FY 2020, approximately 1.35 million applicants received a physical examination at a Military Entrance Processing Station (MEPS).
  - Most applicants were White, male, and/or between the ages of 17-20 years.
  - The demographic distribution remained relatively stable over the five-year period, except for a small increase in those applying while still in high school or were White.
- The overall rate of accession varied by service ranging from 74% among Marine Corps applicants to about 80% among Army and Air Force applicants.

### *Rates and Trends of Medical DQs*

- Approximately 13-16% of all applicants were medically disqualified.
- The most common reasons for DQ were eye/vision disorders, musculoskeletal conditions (including spine, extremities, neck), and psychiatric disorders.
- Accession rates for medically disqualified applicants varied by DQ category and typically ranged from 20% to 55%.
- Although the proportion of applicants disqualified under most DQ categories remained relatively stable over the five-year period, there were a few notable exceptions which may be a result of updates to DoDI 6130.03, Volume 1 in FY 2018.
  - There was an upward trend in the proportion of applicants disqualified under the Ears, Hearing, or Urinary System subsections.

## Section 2: Medical Waiver Considerations

### *Overall Medical Waiver Consideration and Approval Metrics*

- Around 8,000 Army applicants were considered for a medical waiver per year, while the Navy, Marine Corps and Air Force Service Medical Waiver Review Authorities (SMWRA) each considered roughly 4,000 medical waivers annually.
  - The proportion of disqualified applicants who sought a medical waiver ranged from 47% (Army) to 65% (Navy and Marine Corps).
- Overall, waiver approval rates ranged from 61% (Air Force) to 73% (Marine Corps).

### *Medical Waiver Considerations and Approvals by DQ Category*

- Similar to the most common DQs at MEPS, the most commonly sought waivers fell under the eye, vision, musculoskeletal, and psychiatric categories.
- Waiver consideration and approval rates varied widely by service and DQ category.

# Section 3: Early Discharge

## *Overall Early Discharge Metrics*

- Approximately 12% (Air Force) to 21% (Navy) of service members who applied between FY 2016-2020 were discharged from the military within the first three years of service.
- Medically qualified and disqualified service members appear to have similar rates of early discharge related to adverse attrition and disability discharge.
- There was no significant difference in the likelihood of adverse attrition, disability discharge, or EPTS discharge between medically qualified and medically disqualified service members.
- More than two thirds of all early discharge was due to adverse attrition while disability discharge was the rarest outcome.

## *Adverse Attrition*

- Approximately 12% of both medically qualified and disqualified service members adversely attrited within the first three years of service.
  - The Navy had the highest rate of adverse attrition (18%) and the Air Force had the lowest rate of adverse attrition (10%).
- For all services, the rate of adverse attrition was highest during the first 90 days of service (approximately the time from accession to the end of basic training).
- Service members disqualified under Eyes, Vision, or Rheumatologic Conditions were 8-47% more likely to adversely attrite than medically qualified service members.

## *Disability Discharge*

- Disability discharge within the first three years of service was the rarest outcome with an overall rate of 97-102 per 10,000 accessions.
- Service members medically disqualified for a condition of the extremities (upper, lower, miscellaneous) were 24-64% more likely to be disability discharged when compared to medically qualified service members.
- Little to no concordance was observed between DQ category and disability discharge (<1.5%).

## *EPTS Discharge*

- EPTS discharge within the first three years of service was also a rare outcome, with an overall rate of 182-191 per 10,000 accessions. However, the rate is likely underestimated due to the lack of a common EPTS database and separation code.
- The rate of EPTS discharge per 10,000 service members was higher among medically disqualified accessions (191) than those medically qualified (182).
- Service members disqualified under Spine and Sacroiliac Joint Conditions or Lower Extremity Conditions were 21-30% more likely to be EPTS discharged than medically qualified service members.
- Little concordance was observed between DQ category and EPTS discharge (<1.6%).

# Introduction

Since 1995, the Accession Medical Standards Analysis and Research Activity (AMSARA) has supported the efforts of the Medical and Personnel Executive Steering Committee (MEDPERS) and Accession and Retention Medical Standards Working Group (ARMSWG). MEDPERS was established by the Under Secretary of Defense (Personnel and Readiness) to integrate the medical and personnel communities to provide policy guidance and establish medical standards for accessions, stemming from evidence-based information provided by analysis and research. The committee is co-chaired by the Deputy Assistant Secretary of Defense (DASD)-Military Personnel Policy and the DASD-Health Services Policy & Oversight and is comprised of representatives from the Office of the Assistant Secretary of Defense (OASD)-Health Readiness Policy and Oversight, OASD-Health Services Policy and Oversight, OASD-Reserve and Manpower Personnel, OASD-Civilian Personnel Policy, Offices of the Service Surgeons General, Offices of the Service Deputy Chiefs of Staff for Personnel, and Health and Safety Directorate (Department of Homeland Security, U.S. Coast Guard). The ARMSWG is a subordinate working group which reviews accession medical policy issues contained in Department of Defense (DOD) Instruction 6130.03 Volume 1, entitled "Medical Standards for Military Service: Appointment, Enlistment, or Induction"[1]. This group is composed of representatives from each of the offices listed above.

Together with the Retention Medical Standards Analytics and Research (RMSAR) team and the Disability Evaluation System Analytics and Research (DESAR) team, AMSARA is a component of the overarching Medical Standards Analytics and Research (MSAR) program providing advanced analytics for evidence-based DOD policy decisions aimed at optimizing selection, retention and medical readiness of service members.

Military and civilian staffing within the Walter Reed Army Institute of Research (WRAIR) Center for Enabling Capabilities (CEC) which supported this effort included COL James Moon, CEC Director; Dr. Natalya Weber, Acting Director, Statistics and Epidemiology Branch and Contracting Officer

## AMSARA's Key Objectives

1. Evaluate impact and research priorities for military medical standards and screening procedures by quantifying burden associated with various medical conditions and service-related outcomes, including medical DQs for enlistment, accession medical waivers, discharges due to conditions existing prior to service or disability, early attrition from service, and deployment readiness.
2. Review and validate current DOD medical standards and screening procedures, or establish evidence-based scientific grounds for revisions.
3. Describe and evaluate separations from military service including attrition, existed prior to service discharges and disability discharges.
4. Identify non-medical factors that influence medical attrition in military applicants/accessions, such as service branch, sex, age, race, education, and aptitude.
5. Quantify the effect of waived or medically disqualifying conditions in military accessions in terms of morbidity, disability, deployment and attrition.
6. Characterize medical waiver considerations in terms of disqualification type, severity, and other condition-specific factors influencing waiver approval.
7. Validate service-specific medical waiver policies in terms of morbidity, attrition, disability, and deployment.

Representative for AMSARA IDIQ contract; and, CPT Jared Egbert, Associate Director, Statistics and Epidemiology Branch. AMSARA is augmented with contract support through ManTech Health. ManTech staff in 2022 included Amanda Kelley, Caitlin Rushin, Timothy Powers, Wilson Koech, Reema Singh, Rhonda Jackson, Sarah Knop, Raneem Hawari, Darrah Edwards, Harihar Bhattarai, Ada Cheng, and Zachary Evans.

## Report Overview

The focus of this report is to describe characteristics of recent military applicants and accessions, particularly medical disqualifications and waivers, and generate comparisons of end of service outcomes between medically qualified and disqualified applicants.

> AMSARA did not receive FY 2021 applicant data from USMEPCOM at the time of this report's publication. The purpose of this year's annual report is to provide an additional one year of follow-up time to capture medical waiver applications and approvals, accessions and early discharges among FY 2016-2020 applicants.

### REPORT OVERVIEW

**Section 1** describes demographic, medical and service-related characteristics and accession information for all *individuals who received a MEPS physical exam between FY 2016-FY 2020* for enlisted service to the Army, Navy, Marine Corps, or Air Force. Within Section 1, accession rates and pre-accession characteristics are compared between medically qualified and disqualified applicants.

**Section 2** describes the *accession medical waivers* sought by those FY 2016-2020 applicants who were considered medically disqualified at the time of their most recent application to service.

**Section 3** includes analyses of various *early discharge* endpoints among the accessed population described above. A longitudinal approach is employed to describe the process from application to early discharge, by discharge type (e.g. adverse attrition), time in service (70, 365, 730, and 1095+ days), demographic characteristic (e.g. race), disqualification status from the MEPS examination, or unfitting condition type (where applicable).

# Key Terms & Definitions

Unless otherwise noted, these terms and definitions are for the purpose of this report.

**Accession**: Applicants who received a MEPS physical exam during FY 2016-2020 and subsequently signed an oath of enlistment. Since a physical exam is valid for up to two years, the rate of accession among FY 2020 applicants may be underestimated due to a lack of sufficient follow-up time. Accessions with either no record of a MEPS physical examination or with a physical examination date that occurred after accession (e.g. applicants with prior service) were excluded.

**Applicant**: An individual who has commenced processing for enlistment in any of the military services between FY 2016-2020. Individuals who applied to more than one service were counted once per service. Individuals identified as having prior service in any U.S. military component were excluded from all analyses. Individuals who applied for enlisted service and subsequently accessed as officers or warrant officers (as indicated by a pay grade of O1-O6 or W1-W5) were excluded from accession and end of service outcomes.

**Application**: An applicant's request to enlist in a specific service. For this report, all applications were based on the fiscal year and results of the applicant's most recently completed MEPS physical exam.

**Disqualification (DQ)**: Current or verified past medical history of a condition which does not meet the physical and medical standards for accession into military service based on DoDI 6130.03 Volume 1 (V1). Medical DQs per DoDI 6130.03 V1 are referenced using International Classification of Diseases, 9th or 10th revision (ICD-9/10) codes.

- Medical DQs assigned during the MEPS physical exam may be later cleared by the MEPS Chief Medical Officer (CMO). Cleared medical DQs were excluded from this report.
- Other types of DQs not listed within the DoDI 6130.03 V1 may be identified at MEPS, such as unmet height and weight standards or positive alcohol or drug test results. These DQs were also excluded from this report.

Results within this report should be interpreted with caution as applicants may have also had administrative DQs (e.g. prior arrests) which caused them to be ineligible for accession. Also, the reason for early discharge may not have been related to the medical DQ (e.g. misconduct).

**Disqualification Category**: Disqualifications were categorized according to subsections listed in DoDI 6130.03 V1 (e.g. upper extremity conditions). To allow for comparisons during the transition from ICD-9 to ICD-10 codes, AMSARA utilized the Center for Medicare and Medicaid's (CMS) General Equivalence Mapping System (GEMS) to convert ICD-9 codes into ICD-10 codes, which were then referenced to the DoDI 6130.03 V1 subsections. In cases where the ICD code assigned was not specifically listed in the DoDI 6130.03 V1 reference table, the code was assigned to the most clinically meaningful subsection.

**DoDI 6130.03 Volume 1 (V1):** A Department of Defense Instruction which regulates the physical and medical standards for accession into military service that each service member must meet upon entrance into military service. In this report, disqualifications were identified during the MEPS physical exam and categories were based on subsections listed in DoDI 6130.03 V1.

**Early Discharge**: Separation from service within the first three years. Early discharge was further classified into three separate endpoints: adverse attrition, disability discharge, and existing prior to service (EPTS) discharge.

1.  **Adverse Attrition**: A discharge within 3 years of service with an inter-service separation code (ISC) for one of the following reasons: unqualified for active duty, failure to meet minimum behavioral and performance criteria, erroneous enlistment or induction; underage, or other early administrative separations, such as breach of contract. ISC code categories included as adverse attrition are listed in Table 1.
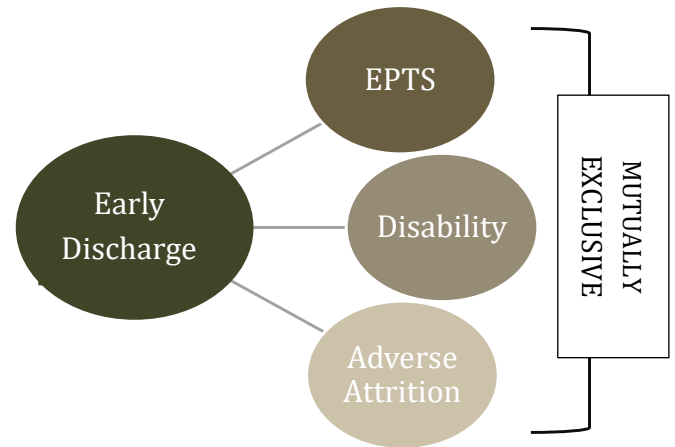
Adverse attrition rates may be underestimated for Reserve and National Guard due to incompleteness of separation data.

**TABLE 1:** INTER-SERVICE SEPARATION CODE CATEGORIES INCLUDED AS ADVERSE ATTRITION

| ISC Code | Description | ISC Code | Description |
|---|---|---|---|
| **1016** | Unqualified for Active Duty - Other | **1096** | Conscientious Objector |
| **1060-1088** | Failure to Meet Minimum Behavioral and Performance Criteria | **1098** | Breach of Contract |
| **1090** | Secretarial Authority | **1099** | Other Separation or Discharge |
| **1091** | Erroneous Enlistment or Induction | **1101** | Dropped from Strength for Desertion |
| **1095** | Underage | **1102** | Dropped from Strength for Imprisonment |

2.  **Disability Discharge**: A discharge within 3 years of service due to a disability evaluation resulting in one of the following dispositions: temporary disability retirement list (TDRL), permanent disability retirement list (PDRL), or separation with severance pay (SWSP), regardless of ISC at separation. Date of the service member's most recent disability disposition was used to calculate time in service. Due to their rarity, disability discharges related to any condition were included. Therefore, the condition(s) that caused the disability discharge may not be related to the pre-accession disqualification or medical waiver.

3. **EPTS Discharge**: An administrative discharge within 180 days of service due to a condition that does not meet accession medical standards and which was verified to have existed prior to service and which was not permanently aggravated by military service (DoDI 1332.18, AR 635-200 Chapter 5-10, MCO 1900.16 Chapter 2). Service members were categorized as EPTS upon presence of an EPTS record, regardless of the ISC code assigned at separation. Due to their rarity, EPTS discharges related to any condition were included, therefore, the condition(s) that caused the EPTS discharge may not be related to the pre-accession disqualification or medical waiver. Data received by AMSARA for EPTS discharges is incomplete due to the lack of a common data collection system and non-specific DMDC ISC code for EPTS; therefore, all results should be interpreted with caution (see Table 2).

**Medical Qualification Status**: Qualification decision based on the presence or absence of a medical disqualification listed in DoDI 6130.03 V1 found during the MEPS medical review. Medical disqualification status was determined prior to the medical waiver determination.

The two categories for medical disqualification status among applicants are as follows:

1. **Medically Qualified**: An applicant in accordance to requirements listed in the DoDI 6130.03 V1. Because this report focuses on medical standards listed in DoDI 6130.03 V1, any applicants with only administrative disqualifications (e.g., unmet weight standards) were initialized as medically qualified.

> Medically qualified status was also assigned to applicants with a DQ cleared by the Chief Medical Officer after the MEPS physical exam, in the absence of any other medical DQ.

2. **Medically Disqualified**: An applicant considered medically disqualified per DoDI 6130.03 V1 and were referenced by an International Classification of Diseases, 9th or 10th revision (ICD-9/10) code listed in their US Military Entrance Processing Command Integrated Resource System (USMIRS) application record. Medically disqualified applicants may access after receiving an approved medical waiver.

**Medical Waiver**: An approval by a service-specific medical authority for an applicant to join the service despite receiving a medical disqualification for not meeting accession medical standards per DoDI 6130.03 V1. Applicants who did not meet these standards may submit a formal request to a Service Medical Waiver Review Authority (SMWRA) for consideration of suitability for military service. For this report, waiver considerations and approvals were counted among all medically disqualified applicants who had ever applied or been approved for a waiver from any SMWRA.

**Physical Examination**: Medical assessment performed at MEPS where applicants are evaluated for their qualifications to enter the military. This assessment includes a physical examination and interview, medical history review, height/weight measurements, hearing and vision examinations, urine and blood screenings, muscle group and joint maneuvers, and other qualification tests, such as the Armed Forces Qualification Test.

# Data Sources

AMSARA requests and receives data from various sources, most of which are the primary collection agencies for the data. For all analyses, data sets were merged at the individual level by Social Security Number (SSN). AMSARA maintains strict confidentiality of all received data. No external access to the data is allowed, and internal access is limited to a small number of primary analysts on an as-necessary basis. Analysis and research results are only provided at the aggregate level, with no possibility of individual identification.

## United States Military Entrance Processing Command (USMEPCOM)

AMSARA should receive data on all applicants who undergo an accession medical examination at any of the 65 Military Entrance Processing Stations (MEPS) sites. These data, provided by USMEPCOM, North Chicago, IL, contain several hundred demographic, medical, and administrative elements on recruit applicants for each applicable component (active duty, reserve, National Guard) of each service (Air Force, Army, Coast Guard, Marine Corps, and Navy). These data also include records on a relatively small number of officer recruit applicants and other non-applicants receiving periodic physical examinations. The MEPS records provide extensive medical examination information, including examination date, screening test results, medical qualification status, and medical disqualifications observed by or reported to physicians (where relevant). Results of some specific tests are also extracted from the MEPS records including those for hearing/vision, alcohol/drug use, and measurements of height, weight, and blood pressure.

USMEPCOM also provided data on EPTS discharges. USMEPCOM requests a copy of official paperwork on all EPTS discharges from the training sites and records information, including a general medical categorization of the reason(s) for discharge and a judgment regarding why the individual was not rejected for service based on the pre-existing condition (i.e., concealment, waiver, or unawareness). The primary limitation of our EPTS discharge data is completeness; all analyses on EPTS discharges should be considered as underestimates (Table 2). These missing data, however, were likely recorded as adverse attrition and captured by this report, as EPTS discharge has an associated ISC code that meets the definition for adverse attrition.

**TABLE 2:** EPTS DISCHARGE DATA RECEIVED BY AMSARA BY TRAINING SITE AND YEAR

| Training Site | Fiscal Year of EPTS Discharge | | | | | | |
|---|---|---|---|---|---|---|---|
| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021[1] | Total |
| Fort Benning | 889 | 1,008 | 710 | 60 | 0 | 1 | **2,668** |
| Fort Jackson | 0 | 1,570 | 2,737 | 1,219 | 6 | - | **5,532** |
| Fort Leonard Wood | 565 | 670 | 1,144 | 960 | 1,017 | 146 | **4,502** |
| Fort Sill | 182 | 226 | 457 | 433 | 4 | - | **1,302** |
| Great Lakes | 2 | 0 | 1,902 | 1,518 | - | - | **3,422** |
| Parris Island | 499 | 522 | 632 | 530 | 425 | 56 | **2,664** |
| San Diego | 1 | 225 | 57 | 268 | 118 | - | **551** |
| Lackland AFB | 725 | 723 | 791 | 885 | 1 | - | **3,125** |
| Cape May | 3 | 0 | 1 | 1 | - | - | **5** |
| **Total** | **2,866** | **4,944** | **8,431** | **5,874** | **1,571** | **203** | **23,889** |

1 For this report, AMSARA received data covering only the first 3 months of FY 2021; results should be considered underestimated.

*Defense Manpower Data Center (DMDC)*
DMDC provides information on service members at military service entry (gain or accession), military service exit (loss or separation), and deployment. For this report, AMSARA utilized the following accession variables: SSN for linking with other data; demographic characteristics such as age and education; and service information including date of entry and initially assigned Military Occupation Specialty (MOS). These data were combined with MEPS data to determine accession percentages among applicants by demographic and other variables. Loss data utilized for this report included SSN for linking with other datasets, loss date for computing length of service, and Inter-service Separation Code (ISC) as a secondary source of the reason for leaving the military. These data serve as the primary source of information on early attrition for reasons other than EPTS discharge and disability discharge.

DMDC also provides data on deployments of military personnel in support of Overseas Contingency Operations (OCO). The variables of primary interest are SSN for linking with other datasets, deployment start and end dates, and country codes.

*U.S Army Recruiting Command (USAREC), Navy Bureau of Medicine and Surgery (BUMED), Navy Recruiting Command (NRC), and Air Education and Training Command (AETC)*
Accession medical waiver data are received from USAREC for the Army, AETC for the Air Force, BUMED for the Marine Corps, and NRC for the Navy. Data are collected on all applicants who were considered for an accession medical waiver, i.e., those who received a medical disqualification at MEPS and sought a medical waiver for that disqualification. Medical waiver determinations are service-specific. Although the specifics of these data vary by service, they generally contain SSN for linking with other data, and information about the waiver consideration including the dates, the medical disqualification(s) for which an individual was seeking a waiver, and the final decision of the SMWRA.

***U.S. Army Physical Disability Agency (USPDA), Secretary of the Navy Council of Review Boards (CORB) and Air Force Personnel Center (AFPC)***

Data on disability discharge considerations are compiled separately for each service at the service specific disability agency. The U.S. Army Physical Disability Agency has provided data on all Army disability evaluations since 1995. The Secretary of the Navy CORB has provided data on all disability discharge evaluations for the Navy and Marine Corps since 2000. From 2007-2017, the Air Force Personnel Center (AFPC) provided data on all Air Force PEB evaluations, excluding re-evaluations while on the temporary disability retirement list (TDRL). Beginning in 2018, AMSARA began receiving all Air Force disability evaluations, including TDRL re-evaluations.

All disability agencies provided the following information: SSN for linking with other data, service and component, dates of evaluation and final disposition, and disposition (e.g. permanent disability retirement list, separation with or without benefits, TDRL, or return to duty as fit). For service members receiving a disability discharge, medical condition codes and degree of disability (rating) are also included. The medical condition(s) involved in each case are described using the Veterans Affairs Schedule for Rating Disabilities (VASRD). The conditions listed in the VASRD are less specific than the ICD-9/10. In some cases, the true disabling condition has no associated VASRD code, so the code most closely resembling the true condition is assigned. AMSARA therefore reports disabling conditions using broad body system categories based on the VASRD (Table 3).

**TABLE 3:** DISABILITY CATEGORIES BY VASRD CODE

| VASRD code | Body System Category |
|---|---|
| 5000-5399 | Musculoskeletal |
| 6000-6099 | Eyes and Vision |
| 6200-6299, except 6275 and 6276 | Ears and Hearing |
| 6275-6276 | Other Sensory |
| 6300-6354, except 6313-6315 | Infectious Disease and Immune Disorders |
| 6313-6315, 7900-7999 | Endocrine and Nutritional Deficiencies |
| 6502-6899 | Respiratory |
| 7000-7199 | Cardiovascular |
| 7200-7399 | Digestive |
| 7500-7599 | Genitourinary |
| 7610-7699 | Gynecological and Disorders of the Breast |
| 7700-7799 | Hemic/Lymphatic |
| 7800-7899 | Dermatologic |
| 8000-8999 | Neurological |
| 9201-9599 | Psychiatric |
| 9900-9999 | Dental and Oral |

Section 1 describes demographic, medical and service-related characteristics for all FY 2016-2020 applicants and accessions for enlisted service to the Army, Navy, Marine Corps, or Air Force.

## 1: Surveillance Population

**Figure 1** illustrates the surveillance population by service and MEPS physical exam year. Over the five-year period, approximately 1.35 million individuals received a MEPS medical exam. Approximately 4% of these individuals applied to more than one service; these individuals were counted for all services he or she sought entry, resulting in a total surveillance population of approximately 1.4 million applications.



### Figure 1 Key Findings

- From FY 2016 to FY 2020, approximately 1.35 million individuals applied for enlisted service and received a MEPS medical exam.
- There was an upward trend in applications for all services from FY 2016-2019, then a decrease in FY 2020. This may be due to the coronavirus (COVID-19) pandemic.
- Overall, the rate of accession varied by service and ranged from 73% among Marine Corps applicants to 80% among Air Force applicants.
  - Since MEPS physical exam results are valid for up to two years, the accession rate among FY 2020 applicants should be considered underestimates. However, most applicants access within one year of application.

**FIGURE 1:** NUMBER OF APPLICATIONS AND ACCESSION RATE PER SERVICE AND FISCAL YEAR OF APPLICATION: FY 2016-2020[1]
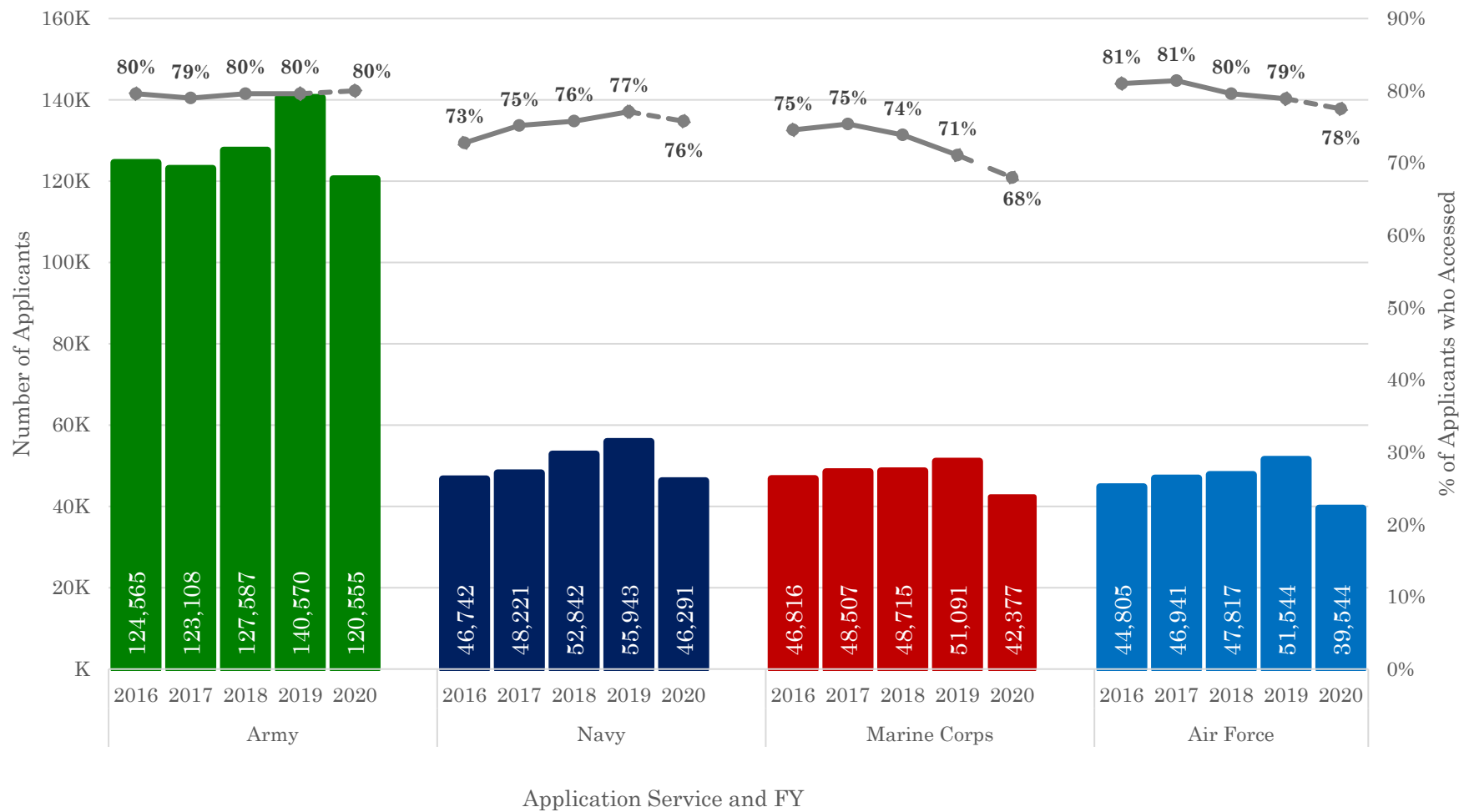


1 Since MEPS physical exams are valid for up to two years, accession percentages among FY 2020 applicants may be underestimated due to insufficient follow-up time. However, the large majority of applicants access within one year of application.

# 2: Demographic Characteristics and Medical Disqualification Status among Applicants and Accessions

**Tables 4A-D** describe the demographic characteristics for all applicants seeking entry into enlisted military service during FY 2016-2020 and proportion of those applicants who accessed, by service. Temporal trends by physical exam year are presented to assess whether changes in medical standards affect accession rates among specific subpopulations.

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## Tables 4A-D Key Findings

- Across services and FYs, the majority of applicants were White (range: 60% Navy to 83% Marine Corps), male (range: 72% Air Force to 90% Marine Corps), and applied between ages of 17-20 years old (range: 59% Air Force to 82% Marine Corps).
  - The distribution for gender and age among applicants for all services remained relatively stable, with no more than a 4-percentage point difference over the five-year period.
    - Although small, there was an upward trend in the percentage of applicants and accessions who were female (Army, Marine Corps, Air Force) and older than 25 years (for all services).
- For the Army and Navy, there was an upward trend in the proportion of White applicants, with an accompanying downward trend among applicants of Other Race.
- For all services and FYs, there was a 3-percentage point or less difference among all gender and race when comparing the distribution between applicants and accessions.
- Over the 5-year period, there was an upward trend of individuals applying while still in high school, specifically for the Marine Corps who saw a positive 20-percentage point difference.
  - The increase of younger applicants may be explained by modernization of recruitment outreach to attract applicants[3] and by the Marine Corps marketing campaign aimed at recruiting members of Generation Z[1].
- The proportion of medically qualified (84-87%) and medically disqualified (13-16%) applicants remained stable over the five-year period.
  - Although specific DoDI 6130.03 V1 medical accession standards were updated during the time period, these changes did not appear to change the overall proportion of medically disqualified applicants.

</div>

# ARMY

**TABLE 4A:** DEMOGRAPHIC CHARACTERISTICS AND MEDICAL QUALIFICATION STATUS AMONG APPLICANTS AND ACCESSIONS FOR ENLISTED SERVICE, BY FISCAL YEAR OF APPLICATION: ARMY

| | 2016 | | 2017 | | 2018 | | 2019 | | 2020[1] | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | APP | ACC | APP | ACC | APP | ACC | APP | ACC | APP | ACC |
| | % | % | % | % | % | % | % | % | % | % |
| **Sex** | | | | | | | | | | |
| Male | 78.3 | 78.9 | 78.9 | 79.5 | 77.8 | 78.3 | 76.1 | 77.0 | 75.9 | 77.0 |
| Female | 21.7 | 21.1 | 21.1 | 20.5 | 22.2 | 21.7 | 23.9 | 23.0 | 24.1 | 23.0 |
| **Age Group** | | | | | | | | | | |
| 17-20 | 62.0 | 65.1 | 62.9 | 65.9 | 61.5 | 64.4 | 61.9 | 64.4 | 61.4 | 63.2 |
| 21-25 | 26.0 | 25.2 | 25.8 | 24.6 | 25.8 | 25.2 | 24.9 | 24.2 | 24.6 | 23.8 |
| >25 | 12.0 | 9.7 | 11.3 | 9.5 | 12.7 | 10.4 | 13.1 | 11.4 | 14.0 | 13.0 |
| **Race** | | | | | | | | | | |
| White | 68.8 | 70.2 | 72.2 | 72.6 | 71.3 | 72.2 | 70.4 | 70.9 | 72.0 | 72.5 |
| Black | 23.2 | 23.1 | 21.9 | 21.6 | 21.9 | 21.6 | 23.3 | 22.9 | 21.8 | 21.2 |
| Other | 8.0 | 6.7 | 5.9 | 5.8 | 6.8 | 6.1 | 6.3 | 6.1 | 6.2 | 6.3 |
| **Education** | | | | | | | | | | |
| <HS Graduate | 14.8 | 14.0 | 16.1 | 15.7 | 19.1 | 19.2 | 18.5 | 18.1 | 19.7 | 19.0 |
| HS Diploma | 74.0 | 76.0 | 74.2 | 75.0 | 69.9 | 70.6 | 70.8 | 71.7 | 68.9 | 69.9 |
| Some College | 3.9 | 3.7 | 3.6 | 3.6 | 3.9 | 3.8 | 3.6 | 3.6 | 3.9 | 3.9 |
| ≥Bachelor's | 7.3 | 6.2 | 6.1 | 5.6 | 7.1 | 6.4 | 7.0 | 6.6 | 7.6 | 7.2 |
| **Medical Status** | | | | | | | | | | |
| Medically Qualified | 86.1 | 92.0 | 85.8 | 91.6 | 85.7 | 92.0 | 86.0 | 92.3 | 86.1 | 91.7 |
| Medically Disqualified | 13.9 | 8.0 | 14.2 | 8.4 | 14.3 | 8.0 | 14.0 | 7.7 | 13.9 | 8.3 |
| **Total[2]** | **124,565** | **99,213** | **123,108** | **97,296** | **127,587** | **101,533** | **140,570** | **111,949** | **120,555** | **96,434** |

APP: Applications; ACC: Accessions

1 Since MEPS physical exams are valid for up to two years, accession percentages among FY 2020 applicants may be underestimated due to insufficient follow up time.

2 Service members with missing values for demographic variables included in the total.

# NAVY

**TABLE 4B:** DEMOGRAPHIC CHARACTERISTICS AND MEDICAL QUALIFICATION STATUS AMONG APPLICANTS AND ACCESSIONS FOR ENLISTED SERVICE, BY FISCAL YEAR OF APPLICATION: NAVY

| | 2016 | | 2017 | | 2018 | | 2019 | | 2020[1] | |
|---|---|---|---|---|---|---|---|---|---|---|
| | APP | ACC | APP | ACC | APP | ACC | APP | ACC | APP | ACC |
| | % | % | % | % | % | % | % | % | % | % |
| **Sex** | | | | | | | | | | |
| Male | 73.4 | 75.0 | 74.1 | 75.5 | 72.6 | 73.8 | 73.6 | 75.2 | 74.7 | 76.5 |
| Female | 26.6 | 25.0 | 25.9 | 24.5 | 27.4 | 26.2 | 26.4 | 24.8 | 25.3 | 23.5 |
| **Age Group** | | | | | | | | | | |
| 17-20 | 63.1 | 64.3 | 64.9 | 66.2 | 64.9 | 66.5 | 63.6 | 64.8 | 63.3 | 64.2 |
| 21-25 | 28.2 | 27.7 | 26.7 | 26.3 | 25.8 | 25.2 | 25.9 | 25.7 | 25.7 | 25.4 |
| >25 | 8.7 | 8.0 | 8.4 | 7.5 | 9.2 | 8.3 | 10.5 | 9.6 | 11.0 | 10.4 |
| **Race** | | | | | | | | | | |
| White | 63.4 | 63.2 | 64.3 | 64.1 | 60.1 | 60.0 | 62.5 | 62.7 | 68.5 | 68.7 |
| Black | 19.3 | 18.7 | 18.0 | 17.4 | 19.9 | 19.2 | 21.7 | 21.1 | 20.7 | 20.2 |
| Other | 17.3 | 18.1 | 17.8 | 18.5 | 20.0 | 20.8 | 15.8 | 16.2 | 10.8 | 11.1 |
| **Education** | | | | | | | | | | |
| <HS Graduate | 7.8 | 4.4 | 10.2 | 7.6 | 16.2 | 14.6 | 12.5 | 9.9 | 16.7 | 13.8 |
| HS Diploma | 83.8 | 87.3 | 82.4 | 85.2 | 76.7 | 78.6 | 79.5 | 82.2 | 74.5 | 77.5 |
| Some College | 3.3 | 3.4 | 2.9 | 2.9 | 2.7 | 2.6 | 3.0 | 3.0 | 3.1 | 3.1 |
| ≥Bachelor's | 5.1 | 4.9 | 4.5 | 4.3 | 4.4 | 4.2 | 5.0 | 4.9 | 5.7 | 5.5 |
| **Medical Status** | | | | | | | | | | |
| Medically Qualified | 86.0 | 93.1 | 86.4 | 93.4 | 86.6 | 93.7 | 85.5 | 89.2 | 84.0 | 86.7 |
| Medically Disqualified | 14.0 | 6.9 | 13.6 | 6.6 | 13.4 | 6.3 | 14.5 | 10.8 | 16.0 | 13.3 |
| **Total[2]** | **46,742** | **34,034** | **48,221** | **36,255** | **52,842** | **40,056** | **55,943** | **43,130** | **46,291** | **35,098** |

APP: Applications; ACC: Accessions

1 Since MEPS physical exams are valid for up to two years, accession percentages among FY 2020 applicants may be underestimated due to insufficient follow up time.

2 Service members with missing values for demographic variables included in the total.

# MARINE CORPS

**TABLE 4C:** DEMOGRAPHIC CHARACTERISTICS AND MEDICAL QUALIFICATION STATUS AMONG APPLICANTS AND ACCESSIONS FOR ENLISTED SERVICE, BY FISCAL YEAR OF APPLICATION: MARINE CORPS

| | 2016 | | 2017 | | 2018 | | 2019 | | 2020[1] | |
|---|---|---|---|---|---|---|---|---|---|---|
| | APP | ACC | APP | ACC | APP | ACC | APP | ACC | APP | ACC |
| | % | % | % | % | % | % | % | % | % | % |
| **Sex** | | | | | | | | | | |
| Male | 90.1 | 91.1 | 89.6 | 90.7 | 89.3 | 90.5 | 88.8 | 90.4 | 89.9 | 91.8 |
| Female | 9.9 | 8.9 | 10.4 | 9.3 | 10.7 | 9.5 | 11.2 | 9.6 | 10.1 | 8.2 |
| **Age Group** | | | | | | | | | | |
| 17-20 | 81.3 | 82.3 | 81.7 | 82.5 | 81.3 | 82.2 | 81.9 | 82.6 | 82.0 | 82.6 |
| 21-25 | 16.8 | 16.2 | 16.3 | 15.7 | 16.4 | 15.9 | 15.8 | 15.3 | 15.5 | 15.0 |
| >25 | 1.9 | 1.6 | 2.0 | 1.8 | 2.2 | 2.0 | 2.4 | 2.1 | 2.5 | 2.3 |
| **Race** | | | | | | | | | | |
| White | 82.4 | 83.0 | 83.0 | 83.6 | 82.7 | 83.4 | 81.2 | 82.0 | 81.9 | 82.6 |
| Black | 10.6 | 10.0 | 9.6 | 9.2 | 10.0 | 9.5 | 10.9 | 10.2 | 10.1 | 9.3 |
| Other | 7.0 | 6.9 | 7.3 | 7.2 | 7.3 | 7.2 | 7.9 | 7.9 | 8.1 | 8.0 |
| **Education** | | | | | | | | | | |
| <HS Graduate | 15.6 | 10.8 | 19.7 | 15.9 | 23.0 | 19.6 | 21.2 | 15.0 | 35.8 | 32.6 |
| HS Diploma | 81.1 | 86.0 | 77.3 | 81.1 | 74.0 | 77.2 | 76.1 | 82.2 | 61.7 | 64.8 |
| Some College | 2.2 | 2.2 | 2.0 | 2.1 | 2.2 | 2.3 | 1.9 | 2.0 | 1.8 | 1.8 |
| ≥Bachelor's | 1.1 | 1.0 | 0.9 | 0.9 | 0.9 | 0.9 | 0.8 | 0.8 | 0.7 | 0.7 |
| **Medical Status** | | | | | | | | | | |
| Medically Qualified | 87.0 | 92.9 | 87.1 | 92.7 | 86.2 | 91.5 | 86.0 | 91.6 | 86.5 | 91.4 |
| Medically Disqualified | 13.0 | 7.1 | 12.9 | 7.3 | 13.8 | 8.5 | 14.0 | 8.4 | 13.5 | 8.6 |
| **Total[2]** | **46,816** | **34,916** | **48,507** | **36,589** | **48,715** | **36,005** | **51,091** | **36,309** | **42,377** | **28,826** |

APP: Applications; ACC: Accessions

1 Since MEPS physical exams are valid for up to two years, accession percentages among FY 2020 applicants may be underestimated due to insufficient follow up time.

2 Service members with missing values for demographic variables included in the total.

# AIR FORCE

**TABLE 4D:** DEMOGRAPHIC CHARACTERISTICS AND MEDICAL QUALIFICATION STATUS AMONG APPLICANTS AND ACCESSIONS FOR ENLISTED SERVICE, BY FISCAL YEAR OF APPLICATION: AIR FORCE

| | 2016 | | 2017 | | 2018 | | 2019[1] | | 2020[1] | |
|---|---|---|---|---|---|---|---|---|---|---|
| | APP | ACC | APP | ACC | APP | ACC | APP | ACC | APP | ACC |
| | % | % | % | % | % | % | % | % | % | % |
| **Sex** | | | | | | | | | | |
| Male | 74.0 | 75.2 | 73.8 | 74.9 | 72.3 | 73.7 | 71.7 | 73.0 | 71.8 | 73.2 |
| Female | 26.0 | 24.8 | 26.2 | 25.1 | 27.7 | 26.3 | 28.3 | 27.0 | 28.2 | 26.8 |
| **Age Group** | | | | | | | | | | |
| 17-20 | 60.5 | 62.1 | 60.2 | 62.0 | 59.7 | 61.3 | 59.9 | 61.5 | 58.5 | 59.8 |
| 21-25 | 29.0 | 28.7 | 29.0 | 28.6 | 28.7 | 28.5 | 28.1 | 27.9 | 28.0 | 27.8 |
| >25 | 10.5 | 9.1 | 10.8 | 9.4 | 11.6 | 10.2 | 12.0 | 10.7 | 13.4 | 12.4 |
| **Race** | | | | | | | | | | |
| White | 70.8 | 71.4 | 71.8 | 72.5 | 71.6 | 72.2 | 69.1 | 69.9 | 70.6 | 71.0 |
| Black | 18.7 | 18.1 | 17.8 | 17.2 | 18.2 | 17.6 | 20.2 | 19.3 | 18.0 | 17.3 |
| Other | 10.5 | 10.5 | 10.3 | 10.3 | 10.3 | 10.2 | 10.7 | 10.8 | 11.4 | 11.7 |
| **Education** | | | | | | | | | | |
| <HS Graduate | 11.9 | 11.7 | 13.0 | 13.0 | 14.8 | 14.8 | 15.4 | 15.5 | 16.7 | 16.7 |
| HS Diploma | 71.2 | 72.2 | 70.3 | 71.1 | 67.2 | 68.1 | 66.6 | 67.1 | 63.9 | 64.3 |
| Some College | 8.7 | 9.0 | 8.9 | 9.2 | 9.5 | 9.8 | 10.0 | 10.5 | 11.1 | 11.6 |
| ≥Bachelor's | 8.2 | 7.1 | 7.8 | 6.6 | 8.5 | 7.2 | 8.0 | 6.9 | 8.3 | 7.4 |
| **Medical Status** | | | | | | | | | | |
| Medically Qualified | 86.1 | 92.8 | 85.4 | 91.7 | 84.0 | 91.3 | 84.3 | 91.8 | 84.2 | 91.0 |
| Medically Disqualified | 13.9 | 7.2 | 14.6 | 8.3 | 16.0 | 8.7 | 15.7 | 8.2 | 15.8 | 9.0 |
| **Total[2]** | **44,805** | **36,281** | **46,941** | **38,206** | **47,817** | **38,045** | **51,544** | **40,691** | **39,544** | **30,642** |

APP: Applications; ACC: Accessions

1 Since MEPS physical exams are valid for up to two years, accession percentages among FY 2019 and FY 2020 applicants may be underestimated due to insufficient follow up time.

2 Service members with missing values for demographic variables included in the total.

# 3: Medical Disqualifications

**Tables 5A-D** present the distribution of DoDI 6130.03 V1 disqualification (DQ) categories among all FY 2016-2020 medically disqualified applicants, and the percentage of disqualified applicants who subsequently accessed. For temporal trends **(Figures 2A-D)**, AMSARA chose five (5) specific categories based on DOD-wide patterns in DQ rates over the past 5 years. In particular, the two categories each for the strongest upward or downward linear trends, plus the next category with the strongest trend in either direction were assessed. These five chosen conditions were examined at the service level for both disqualification and accession medical waivers. DQ categories were not mutually exclusive and applicants disqualified under more than one DoDI 6130.03 V1 subsection were counted once within each relevant DoDI subsection.

## Tables 5A-D and Figures 2A-D Key Findings

- Among all disqualified FY 2016-2020 applicants, approximately two out of every three applicants were assigned an Eyes, Vision, or musculoskeletal-related (including Neck, Spine and Sacroiliac Joint Conditions, Upper Extremity Conditions, Lower Extremity Conditions, and Miscellaneous Conditions of the Extremities) disqualification. Approximately 15-20% of DQ applicants were disqualified under Learning, Psychiatric, and Behavioral Disorders.
  - Within the DoDI 6130.03 reference table, there are several overlapping DQ codes between the Eyes and Vision subsections which, in part, could explain their similarly high proportions.
- Accession rates for medically disqualified applicants varied by DQ category and typically ranged from 20% to 55%.
  - The lowest accession rates were seen among applicants disqualified under Hearing for the Army (12.2%), Marine Corps (3.7%) and Air Force (19.4%), although the average prevalence of hearing DQs was rare (≤4%) overall.
- The proportion of applicants disqualified under most DQ categories remained relatively stable over the 5-year period (results not shown), with a few notable exceptions (depicted in **Figures 2A-D)**:
  - Over the five year period, Upper Extremity Conditions and Lower Extremity Conditions had a downward trend in medical DQs while Ears, Hearing, and Abdominal Organs and Gastrointestinal System had an upward trend for all services.
    - In general, all chosen DQ categories for all services have an inflection point around 2018 which may be a result of change to the standards in the 2018 DoDI 6130.03 V1.
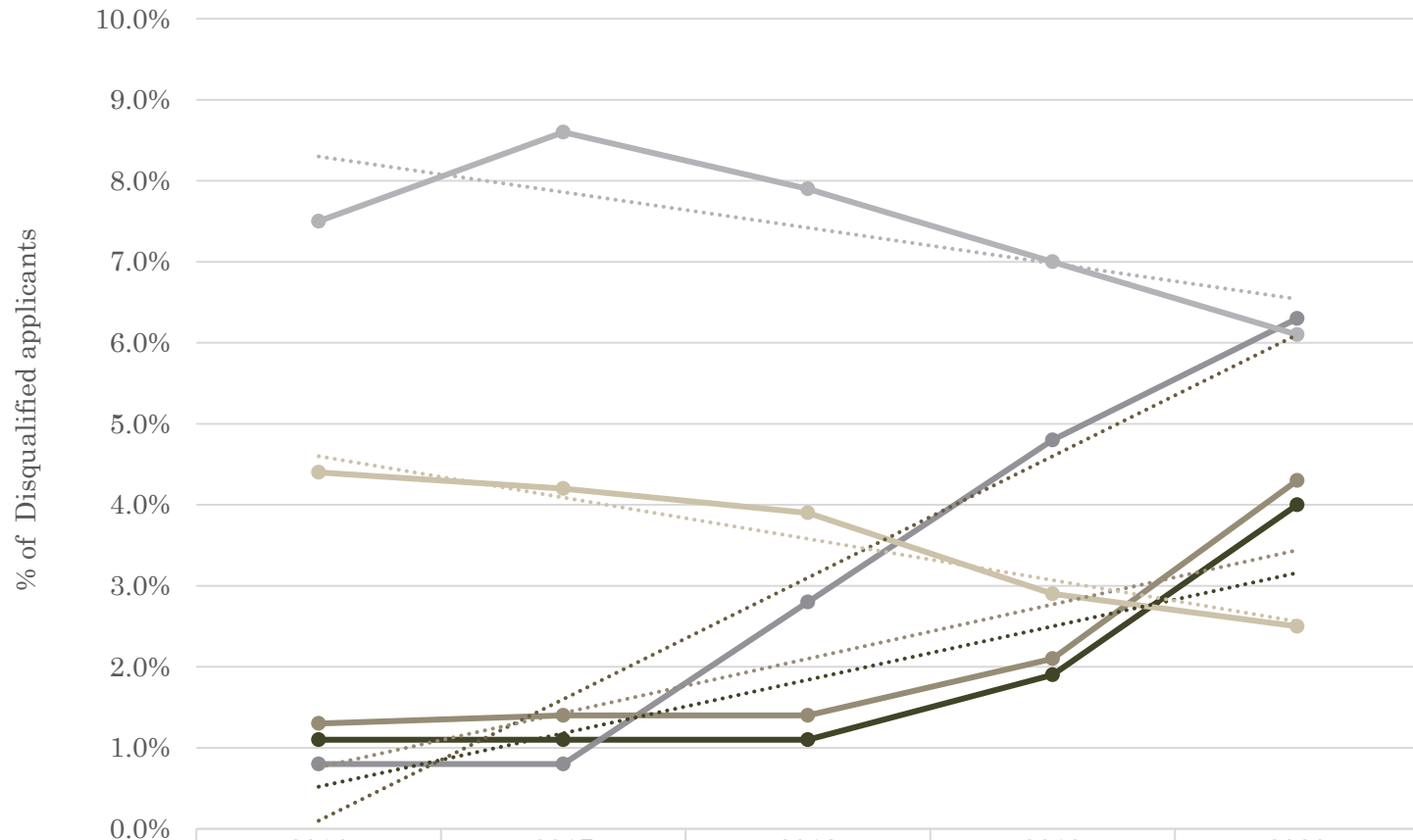
# ARMY

**TABLE 5A:** DISTRIBUTION OF DISQUALIFICATIONS AND DISQUALIFICATION-SPECIFIC ACCESSION RATES AMONG FY 2016-2020 MEDICALLY DISQUALIFIED APPLICANTS: ARMY

| Disqualification Category[1] | Disqualified Applicants | | % who Accessed |
|---|---|---|---|
| | n | % | |
| 2. Head | 135 | 0.2 | 57.0 |
| 3. Eyes | 23,809 | 26.6 | 58.1 |
| 4. Vision | 20,132 | 22.5 | 59.4 |
| 5. Ears | 1,624 | 1.8 | 39.8 |
| 6. Hearing | 2,777 | 3.1 | 12.2 |
| 7. Nose, Sinuses, Mouth, and Larynx | 401 | 0.4 | 47.4 |
| 8. Dental | 1,228 | 1.4 | 24.6 |
| 9. Neck | 121 | 0.1 | 52.1 |
| 10. Lungs, Chest Wall, Pleura, and Mediastinum | 5,027 | 5.6 | 38.9 |
| 11. Heart | 1,600 | 1.8 | 33.1 |
| 12. Abdominal Organs and Gastrointestinal System | 1,863 | 2.1 | 46.4 |
| 13. Female Genital System | 1,517 | 1.7 | 32.8 |
| 14. Male Genital System | 2,097 | 2.3 | 55.2 |
| 15. Urinary System | 2,227 | 2.5 | 45.9 |
| 16. Spine and Sacroiliac Joint Conditions | 3,263 | 3.6 | 46.0 |
| 17. Upper Extremity Conditions | 3,191 | 3.6 | 59.0 |
| 18. Lower Extremity Conditions | 6,647 | 7.4 | 52.6 |
| 19. Miscellaneous Conditions of the Extremities | 11,264 | 12.6 | 60.6 |
| 20. Vascular System | 1,081 | 1.2 | 41.2 |
| 21. Skin and Cellular Tissue Conditions | 6,207 | 6.9 | 44.6 |
| 22. Blood and Blood Forming Conditions | 339 | 0.4 | 33.3 |
| 23. Systemic Conditions | 3,764 | 4.2 | 49.7 |
| 24. Endocrine and Metabolic Conditions | 1,196 | 1.3 | 23.9 |
| 25. Rheumatologic Conditions | 583 | 0.7 | 34.3 |
| 26. Neurologic Conditions | 2,230 | 2.5 | 39.4 |
| 27. Sleep Disorders | 318 | 0.4 | 28.3 |
| 28. Learning, Psychiatric, and Behavioral Disorders | 13,484 | 15.1 | 26.4 |
| 29. Tumors and Malignancies | 284 | 0.3 | 45.1 |
| 30. Miscellaneous Conditions | 2,566 | 2.9 | 41.4 |
| **Total Disqualified Applicants** | **89,483** | | |

1 Disqualification categories were based on subsections listed in the DoDI 6130.03 V1. Disqualification categories are not mutually exclusive; applicants with multiple disqualifications may be counted in more than one subsection.

**FIGURE 2A:** TEMPORAL TREND OF THE PROPORTION OF FY 2016-2020 DISQUALIFIED APPLICANTS WITH SELECTED DISQUALIFICATIONS: ARMY



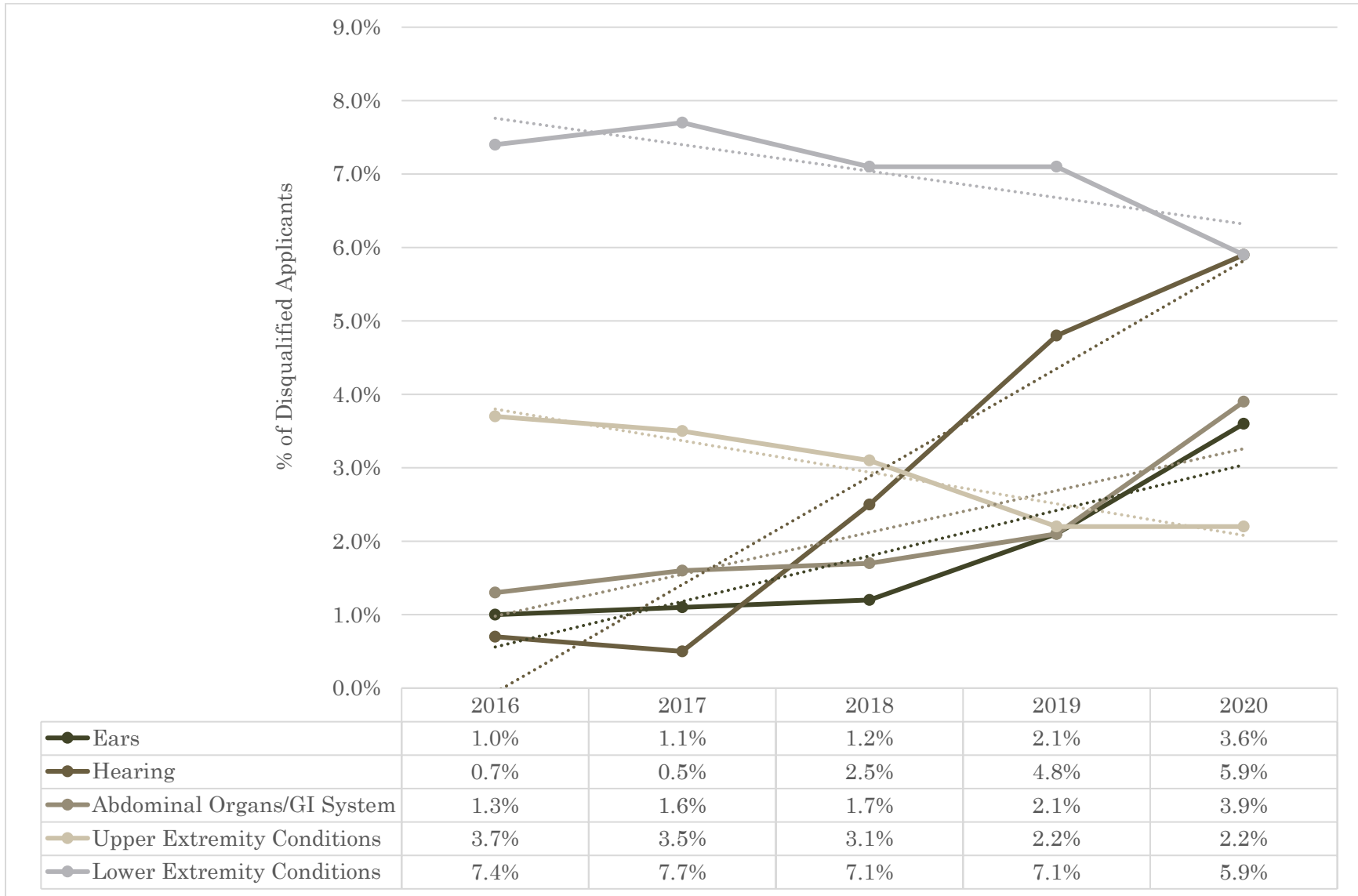| | 2016 | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|---|
| Ears | 1.1% | 1.1% | 1.1% | 1.9% | 4.0% |
| Hearing | 0.8% | 0.8% | 2.8% | 4.8% | 6.3% |
| Abdominal Organs/GI System | 1.3% | 1.4% | 1.4% | 2.1% | 4.3% |
| Upper Extremity Conditions | 4.4% | 4.2% | 3.9% | 2.9% | 2.5% |
| Lower Extremity Conditions | 7.5% | 8.6% | 7.9% | 7.0% | 6.1% |

# NAVY

**TABLE 5B:** DISTRIBUTION OF DISQUALIFICATIONS AND DISQUALIFICATION-SPECIFIC ACCESSION RATES AMONG FY 2016-2020 MEDICALLY DISQUALIFIED APPLICANTS: NAVY

| Disqualification Category[1] | Disqualified Applicants | | % who Accessed |
|---|---|---|---|
| | n | % | |
| 2. Head | 50 | 0.1 | 60.0 |
| 3. Eyes | 9,328 | 26.1 | 56.4 |
| 4. Vision | 7,955 | 22.3 | 57.1 |
| 5. Ears | 660 | 1.8 | 43.5 |
| 6. Hearing | 1,093 | 3.1 | 41.6 |
| 7. Nose, Sinuses, Mouth, and Larynx | 177 | 0.5 | 41.8 |
| 8. Dental | 414 | 1.2 | 37.0 |
| 9. Neck | 44 | 0.1 | 40.9 |
| 10. Lungs, Chest Wall, Pleura, and Mediastinum | 2,425 | 6.8 | 43.1 |
| 11. Heart | 721 | 2.0 | 36.6 |
| 12. Abdominal Organs and Gastrointestinal System | 764 | 2.1 | 44.8 |
| 13. Female Genital System | 607 | 1.7 | 37.1 |
| 14. Male Genital System | 824 | 2.3 | 53.4 |
| 15. Urinary System | 965 | 2.7 | 44.1 |
| 16. Spine and Sacroiliac Joint Conditions | 1,386 | 3.9 | 42.9 |
| 17. Upper Extremity Conditions | 1,037 | 2.9 | 54.7 |
| 18. Lower Extremity Conditions | 2,506 | 7.0 | 49.2 |
| 19. Miscellaneous Conditions of the Extremities | 4,112 | 11.5 | 59.2 |
| 20. Vascular System | 457 | 1.3 | 33.3 |
| 21. Skin and Cellular Tissue Conditions | 2,606 | 7.3 | 40.7 |
| 22. Blood and Blood Forming Conditions | 161 | 0.5 | 30.4 |
| 23. Systemic Conditions | 1,610 | 4.5 | 48.9 |
| 24. Endocrine and Metabolic Conditions | 477 | 1.3 | 25.6 |
| 25. Rheumatologic Conditions | 217 | 0.6 | 26.3 |
| 26. Neurologic Conditions | 971 | 2.7 | 37.4 |
| 27. Sleep Disorders | 117 | 0.3 | 25.6 |
| 28. Learning, Psychiatric, and Behavioral Disorders | 6,013 | 16.8 | 36.8 |
| 29. Tumors and Malignancies | 135 | 0.4 | 47.4 |
| 30. Miscellaneous Conditions | 1,127 | 3.2 | 42.6 |
| **Total Disqualified Applicants** | **35,738** | | |

1 Disqualification categories were based on subsections listed in the DoDI 6130.03 V1. Disqualification categories are not mutually exclusive; applicants with multiple disqualifications may be counted in more than one subsection.

**FIGURE 2B:** TEMPORAL TREND OF THE PROPORTION OF FY 2016-2020 DISQUALIFIED APPLICANTS WITH SELECTED DISQUALIFICATIONS: NAVY



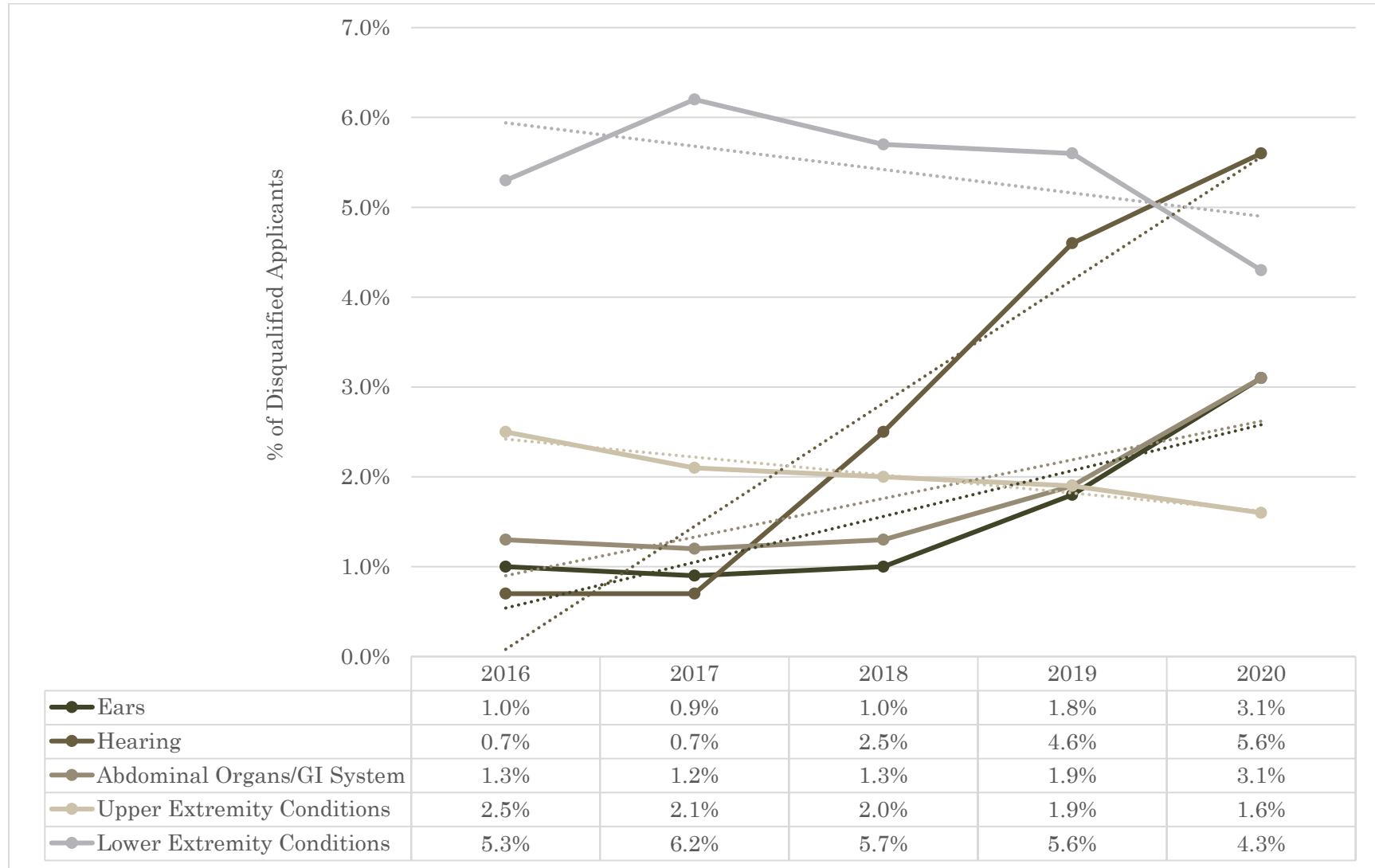| | 2016 | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|---|
| Ears | 1.0% | 1.1% | 1.2% | 2.1% | 3.6% |
| Hearing | 0.7% | 0.5% | 2.5% | 4.8% | 5.9% |
| Abdominal Organs/GI System | 1.3% | 1.6% | 1.7% | 2.1% | 3.9% |
| Upper Extremity Conditions | 3.7% | 3.5% | 3.1% | 2.2% | 2.2% |
| Lower Extremity Conditions | 7.4% | 7.7% | 7.1% | 7.1% | 5.9% |

# MARINE CORPS

**TABLE 5C:** DISTRIBUTION OF DISQUALIFICATIONS AND DISQUALIFICATION-SPECIFIC ACCESSION RATES AMONG FY 2016-2020 MEDICALLY DISQUALIFIED APPLICANTS: MARINE CORPS

| Disqualification Category[1] | Disqualified Applicants | | % who Accessed |
|---|---|---|---|
| | n | % | |
| 2. Head | 62 | 0.2 | 46.8 |
| 3. Eyes | 8,378 | 26.2 | 49.3 |
| 4. Vision | 7,451 | 23.3 | 50.3 |
| 5. Ears | 496 | 1.6 | 30.0 |
| 6. Hearing | 901 | 2.8 | 3.7 |
| 7. Nose, Sinuses, Mouth, and Larynx | 156 | 0.5 | 46.8 |
| 8. Dental | 259 | 0.8 | 18.9 |
| 9. Neck | 46 | 0.1 | 47.8 |
| 10. Lungs, Chest Wall, Pleura, and Mediastinum | 2,134 | 6.7 | 42.5 |
| 11. Heart | 611 | 1.9 | 35.5 |
| 12. Abdominal Organs and Gastrointestinal System | 551 | 1.7 | 39.0 |
| 13. Female Genital System | 222 | 0.7 | 31.1 |
| 14. Male Genital System | 913 | 2.9 | 58.6 |
| 15. Urinary System | 755 | 2.4 | 40.3 |
| 16. Spine and Sacroiliac Joint Conditions | 994 | 3.1 | 39.7 |
| 17. Upper Extremity Conditions | 650 | 2.0 | 30.0 |
| 18. Lower Extremity Conditions | 1,742 | 5.5 | 37.9 |
| 19. Miscellaneous Conditions of the Extremities | 2,813 | 8.8 | 45.0 |
| 20. Vascular System | 231 | 0.7 | 35.5 |
| 21. Skin and Cellular Tissue Conditions | 2,252 | 7.0 | 41.2 |
| 22. Blood and Blood Forming Conditions | 99 | 0.3 | 31.3 |
| 23. Systemic Conditions | 1,166 | 3.6 | 38.5 |
| 24. Endocrine and Metabolic Conditions | 278 | 0.9 | 28.8 |
| 25. Rheumatologic Conditions | 174 | 0.5 | 24.1 |
| 26. Neurologic Conditions | 899 | 2.8 | 36.9 |
| 27. Sleep Disorders | 135 | 0.4 | 25.2 |
| 28. Learning, Psychiatric, and Behavioral Disorders | 6,334 | 19.8 | 36.8 |
| 29. Tumors and Malignancies | 97 | 0.3 | 38.1 |
| 30. Miscellaneous Conditions | 805 | 2.5 | 38.6 |
| **Total Disqualified Applicants** | **31,961** | | |

1 Disqualification categories were based on subsections listed in the DoDI 6130.03 V1. Disqualification categories are not mutually exclusive; applicants with multiple disqualifications may be counted in more than one subsection.

**FIGURE 2C:** TEMPORAL TREND OF THE PROPORTION OF FY 2016-2020 DISQUALIFIED APPLICANTS WITH SELECTED DISQUALIFICATIONS: MARINE CORPS



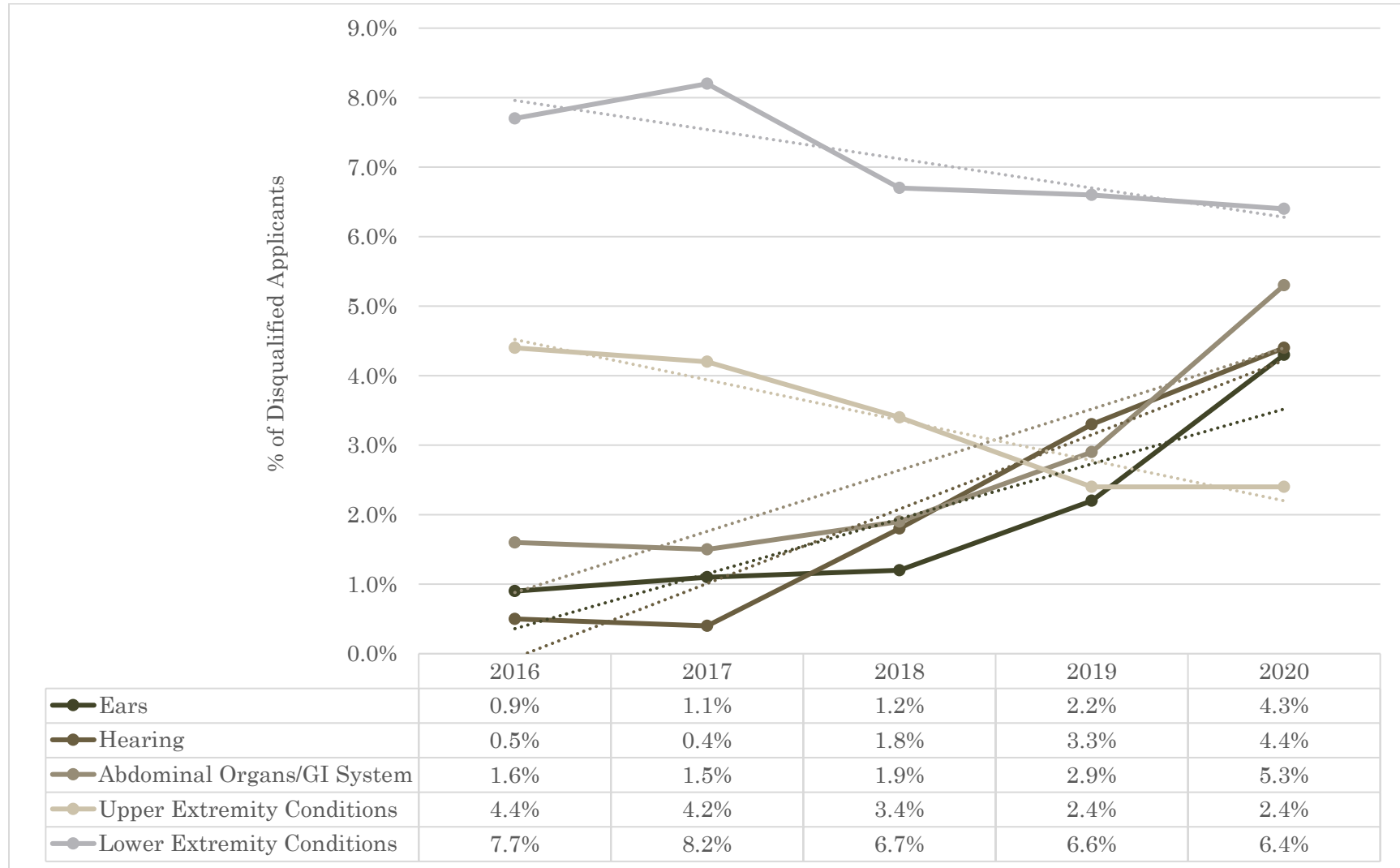| | 2016 | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|---|
| Ears | 1.0% | 0.9% | 1.0% | 1.8% | 3.1% |
| Hearing | 0.7% | 0.7% | 2.5% | 4.6% | 5.6% |
| Abdominal Organs/GI System | 1.3% | 1.2% | 1.3% | 1.9% | 3.1% |
| Upper Extremity Conditions | 2.5% | 2.1% | 2.0% | 1.9% | 1.6% |
| Lower Extremity Conditions | 5.3% | 6.2% | 5.7% | 5.6% | 4.3% |

# AIR FORCE

**TABLE 5D:** DISTRIBUTION OF DISQUALIFICATIONS AND DISQUALIFICATION-SPECIFIC ACCESSION RATES AMONG FY 2016-2020 MEDICALLY DISQUALIFIED APPLICANTS: AIR FORCE

| Disqualification Category[1] | Disqualified Applicants | | % who Accessed |
|---|---|---|---|
| | n | % | |
| 2. Head | 80 | 0.2 | 66.3 |
| 3. Eyes | 7,585 | 21.6 | 50.8 |
| 4. Vision | 6,056 | 17.3 | 51.8 |
| 5. Ears | 670 | 1.9 | 37.8 |
| 6. Hearing | 738 | 2.1 | 19.4 |
| 7. Nose, Sinuses, Mouth, and Larynx | 272 | 0.8 | 35.7 |
| 8. Dental | 265 | 0.8 | 24.9 |
| 9. Neck | 61 | 0.2 | 50.8 |
| 10. Lungs, Chest Wall, Pleura, and Mediastinum | 3,212 | 9.2 | 33.8 |
| 11. Heart | 787 | 2.2 | 36.5 |
| 12. Abdominal Organs and Gastrointestinal System | 917 | 2.6 | 40.9 |
| 13. Female Genital System | 671 | 1.9 | 29.5 |
| 14. Male Genital System | 769 | 2.2 | 49.8 |
| 15. Urinary System | 1,267 | 3.6 | 42.3 |
| 16. Spine and Sacroiliac Joint Conditions | 1,440 | 4.1 | 31.5 |
| 17. Upper Extremity Conditions | 1,161 | 3.3 | 56.1 |
| 18. Lower Extremity Conditions | 2,489 | 7.1 | 46.2 |
| 19. Miscellaneous Conditions of the Extremities | 4,795 | 13.7 | 55.8 |
| 20. Vascular System | 471 | 1.3 | 37.2 |
| 21. Skin and Cellular Tissue Conditions | 2,741 | 7.8 | 30.6 |
| 22. Blood and Blood Forming Conditions | 230 | 0.7 | 29.1 |
| 23. Systemic Conditions | 1,730 | 4.9 | 34.5 |
| 24. Endocrine and Metabolic Conditions | 502 | 1.4 | 22.3 |
| 25. Rheumatologic Conditions | 252 | 0.7 | 23.8 |
| 26. Neurologic Conditions | 1,329 | 3.8 | 40.4 |
| 27. Sleep Disorders | 149 | 0.4 | 16.1 |
| 28. Learning, Psychiatric, and Behavioral Disorders | 5,975 | 17.0 | 39.2 |
| 29. Tumors and Malignancies | 156 | 0.4 | 50.0 |
| 30. Miscellaneous Conditions | 1,064 | 3.0 | 48.7 |
| **Total Disqualified Applicants** | **35,082** | | |

1 Disqualification categories were based on subsections listed in the DoDI 6130.03 V1. Disqualification categories are not mutually exclusive; applicants with multiple disqualifications may be counted in more than one subsection.

|  | 2016 | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|---|
| Ears | 0.9% | 1.1% | 1.2% | 2.2% | 4.3% |
| Hearing | 0.5% | 0.4% | 1.8% | 3.3% | 4.4% |
| Abdominal Organs/GI System | 1.6% | 1.5% | 1.9% | 2.9% | 5.3% |
| Upper Extremity Conditions | 4.4% | 4.2% | 3.4% | 2.4% | 2.4% |
| Lower Extremity Conditions | 7.7% | 8.2% | 6.7% | 6.6% | 6.4% |

Medically disqualified applicants must seek a medical waiver from a SMWRA in order to access into military service. Section 2 describes *waiver considerations* among FY 2016-2020 medically disqualified applicants for enlisted service to the Army, Navy, Marine Corps, or Air Force. For the following analyses, a longitudinal approach was utilized and applicants were followed from their MEPS medical examination to waiver application and SMWRA approval decision. Due to the longitudinal approach, DQs described in this section were those identified during the MEPS exam, while approval determinations were derived from the waiver record. All applicants considered for an accession medical waiver must have been medically disqualified at MEPS between FY 2016-2020 and must have applied for a medical waiver within two years of their MEPS examination. In cases where an applicant sought more than one waiver per SMWRA, waiver decisions and recommendations from the applicant's most recent waiver consideration was evaluated.

## 1: Overall Medical Waiver Considerations and Approval Rates

**Table 6** presents the number of medical waivers sought by FY 2016-2020 medically disqualified applicants and the waiver application rate by SMWRA and year. **Figure 3** provides a temporal trend analysis of the waiver approval rate per SMWRA.

### Table 6 and Figure 3 Key Findings

- The proportion of disqualified applicants who applied for a medical waiver ranged from 47% (Army) to 66% (Navy).
- Over the five-year period, the proportion of waivers that were approved per SMWRA were 69% for the Army, 63% for the Navy, 73% for the Marine Corps, and 61% for the Air Force (results not shown).
  - Over the time period, the approval rates remained relatively stable for the Army, Marine Corps, and Air Force.
  - For the Navy, the approval rate increased from approximately 50% from FY 2016-2018 to approximately 80% in FY 2019-2020.
    - These trends may have also been influenced by a database system change in FY 2019 and/or FY 2019-2020 Navy recruiting goals.

**TABLE 6:** NUMBER OF WAIVER CONSIDERATIONS AND WAIVER APPLICATION RATE OVER TIME, BY SMWRA

| Application FY | Army | | Navy | | Marine Corps | | Air Force | |
|---|---|---|---|---|---|---|---|---|
| | n | Application Rate[1] | n | Application Rate[1] | n | Application Rate[1] | n | Application Rate[1] |
| 2016 | 8,604 | 49.7 | 4,245 | 64.9 | 3,641 | 59.7 | 3,840 | 61.5 |
| 2017 | 8,322 | 47.6 | 4,254 | 64.9 | 3,960 | 63.1 | 4,188 | 60.9 |
| 2018 | 6,926 | 37.9 | 5,164 | 72.7 | 4,535 | 67.5 | 4,488 | 58.8 |
| 2019 | 9,855 | 50.0 | 5,627 | 69.4 | 4,703 | 65.8 | 4,481 | 55.5 |
| 2020[2] | 8,280 | 49.6 | 4,266 | 57.5 | 3,876 | 67.8 | 3,761 | 60.1 |
| **Total Considerations[2]** | **41,987** | **46.9** | **23,556** | **65.9** | **20,715** | **64.8** | **20,758** | **59.2** |

1 Application rates represent the proportion of disqualified applicants who applied for a waiver per service and application FY.

2. Waiver application rates may be underestimated due to limited follow-up time

**FIGURE 3**: TEMPORAL TREND OF WAIVER APPROVAL RATES BY SMWRA, FY 2016-2020
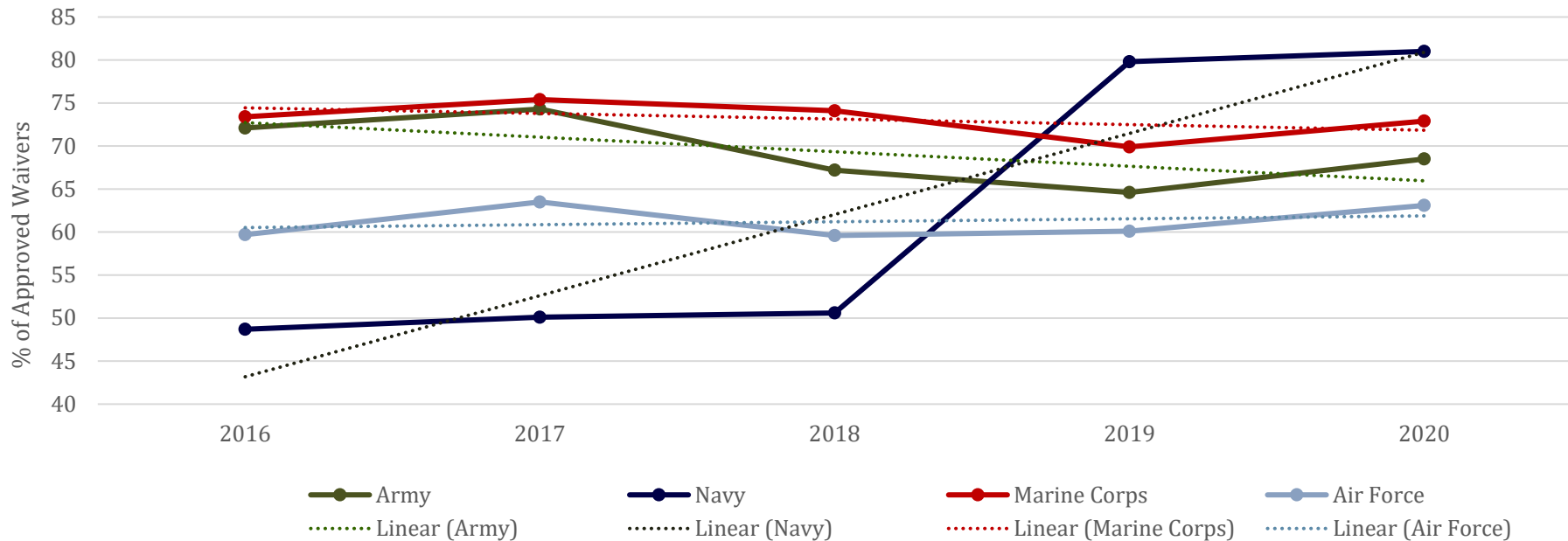
# 2: Medical Waiver Considerations and Approval Rates per Disqualification Category

**Tables 7A-D** present the number and percentage of waivers sought and waiver approval rates per DQ category for each SMWRA. Disqualifications were identified during the MEPS physical exam and categories were based on subsections listed in DoDI 6130.03 V1. Temporal trends for waiver approval rates per SMWRA are presented for the same five (5) specific DQ categories chosen in Section 1.3: Medical Disqualifications of this report **(Figures 4A-D)**.

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### Tables 7A-D and Figures 4A-D Key Findings

- In alignment with the most common DQs at MEPS, the most frequently sought waivers for all services fell under the Eyes, Vision, and Spine and Sacroiliac Joint Conditions subsections.
  - Over half of applicants disqualified for Eyes or Vision (range: 57% Army to 82% Navy) sought a medical waiver, and most (69-80%) were approved.
  - The Army had the highest approval rates for 4 out of the 5 musculoskeletal-related DQs, including Spine and Sacroiliac Joint Conditions (64%), Upper Extremity Conditions (86%), Lower Extremity Conditions (78%), and Miscellaneous Conditions of the Extremities (86%).
    - The highest Neck waiver approval rates were seen among Marines (74%) however the approval rate was also high among Soldiers (73%).
- Rates for Learning, Psychiatric, and Behavioral Disorders waiver applications (range: 35% Army to 60% Navy) and approvals (range: 46% Army to 71% Marine Corps) varied widely among services.
- The Marine Corps had the highest waiver approval rate for 17 of the 29 DQ categories.
- The lowest waiver approval rates were for Hearing (8-62%), Rheumatologic Conditions (29-49%), and Endocrine and Metabolic Conditions (36-59%).
  - Waiver application rates for Hearing were similar across services, but waiver approval rates were higher for the Navy (62%) when compared to the Army (13%), Marine Corps (8%), and Air Force (29%).
- Ear waiver approval rates in FY 2020 were 9 (Marine Corps) to 44 (Navy) percentage points higher than FY 2018 rates.
- Navy waiver approval rates for all five selected DQ categories were notably higher among FY 2019-2020 applicants than in previous years.
- For the Air Force, the chosen DQs with a decreasing DQ rate (Upper and Lower Extremity Conditions) had an increasing waiver approval rate. Inversely, the chosen DQs with an increasing DQ rate (Ears, Hearing, and Abdominal Organs and Gastrointestinal System) had a decreasing waiver approval rate.

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# ARMY

**TABLE 7A:** MEDICAL WAIVER APPLICATION AND WAIVER APPROVAL RATES PER DISQUALIFICATION CATEGORY AMONG FY 2016-2020 MEDICALLY DISQUALIFIED APPLICANTS: ARMY

| Disqualification Category[1] | Applied for Waiver n | % with DQ who sought a Waiver[2] | Waiver Approval Rate[3] |
|---|---|---|---|
| 2. Head | 65 | 48.1 | 86.2 |
| 3. Eyes | 13,536 | 56.9 | 79.2 |
| 4. Vision | 11,500 | 57.1 | 79.6 |
| 5. Ears | 812 | 50.0 | 59.4 |
| 6. Hearing | 1,340 | 48.3 | 12.8 |
| 7. Nose, Sinuses, Mouth, and Larynx | 184 | 45.9 | 67.4 |
| 8. Dental | 365 | 29.7 | 60.3 |
| 9. Neck | 63 | 52.1 | 73.0 |
| 10. Lungs, Chest Wall, Pleura, and Mediastinum | 2,248 | 44.7 | 57.0 |
| 11. Heart | 738 | 46.1 | 49.1 |
| 12. Abdominal Organs and Gastrointestinal System | 881 | 47.3 | 67.9 |
| 13. Female Genital System | 318 | 21.0 | 79.9 |
| 14. Male Genital System | 1,064 | 50.7 | 79.7 |
| 15. Urinary System | 1,069 | 48.0 | 68.5 |
| 16. Spine and Sacroiliac Joint Conditions | 1,674 | 51.3 | 63.7 |
| 17. Upper Extremity Conditions | 1,599 | 50.1 | 86.2 |
| 18. Lower Extremity Conditions | 3,264 | 49.1 | 77.9 |
| 19. Miscellaneous Conditions of the Extremities | 5,738 | 50.9 | 86.3 |
| 20. Vascular System | 508 | 47.0 | 62.8 |
| 21. Skin and Cellular Tissue Conditions | 2,794 | 45.0 | 72.2 |
| 22. Blood and Blood Forming Conditions | 142 | 41.9 | 50.7 |
| 23. Systemic Conditions | 1,671 | 44.4 | 78.5 |
| 24. Endocrine and Metabolic Conditions | 470 | 39.3 | 43.4 |
| 25. Rheumatologic Conditions | 270 | 46.3 | 45.6 |
| 26. Neurologic Conditions | 823 | 36.9 | 64.6 |
| 27. Sleep Disorders | 83 | 26.1 | 37.3 |
| 28. Learning, Psychiatric, and Behavioral Disorders | 4,726 | 35.0 | 46.2 |
| 29. Tumors and Malignancies | 130 | 45.8 | 62.3 |
| 30. Miscellaneous Conditions | 1,046 | 40.8 | 70.6 |

1 Disqualification categories were based on subsections listed in the DoDI 6130.03 V1. Categories are not mutually exclusive, applicants with multiple disqualifications under different DQ categories were counted more than once.
2 Percentages represent the proportion of applicants who sought a medical waiver out of the total disqualified applicants per DQ category.
3 Approval rates represent the proportion of approved waivers of the total waivers considered per DQ category.

**FIGURE 4A:** TEMPORAL TREND OF WAIVER APPROVAL RATES FOR SELECTED DISQUALIFICATIONS AMONG FY 2016-2020 APPLICANTS: ARMY
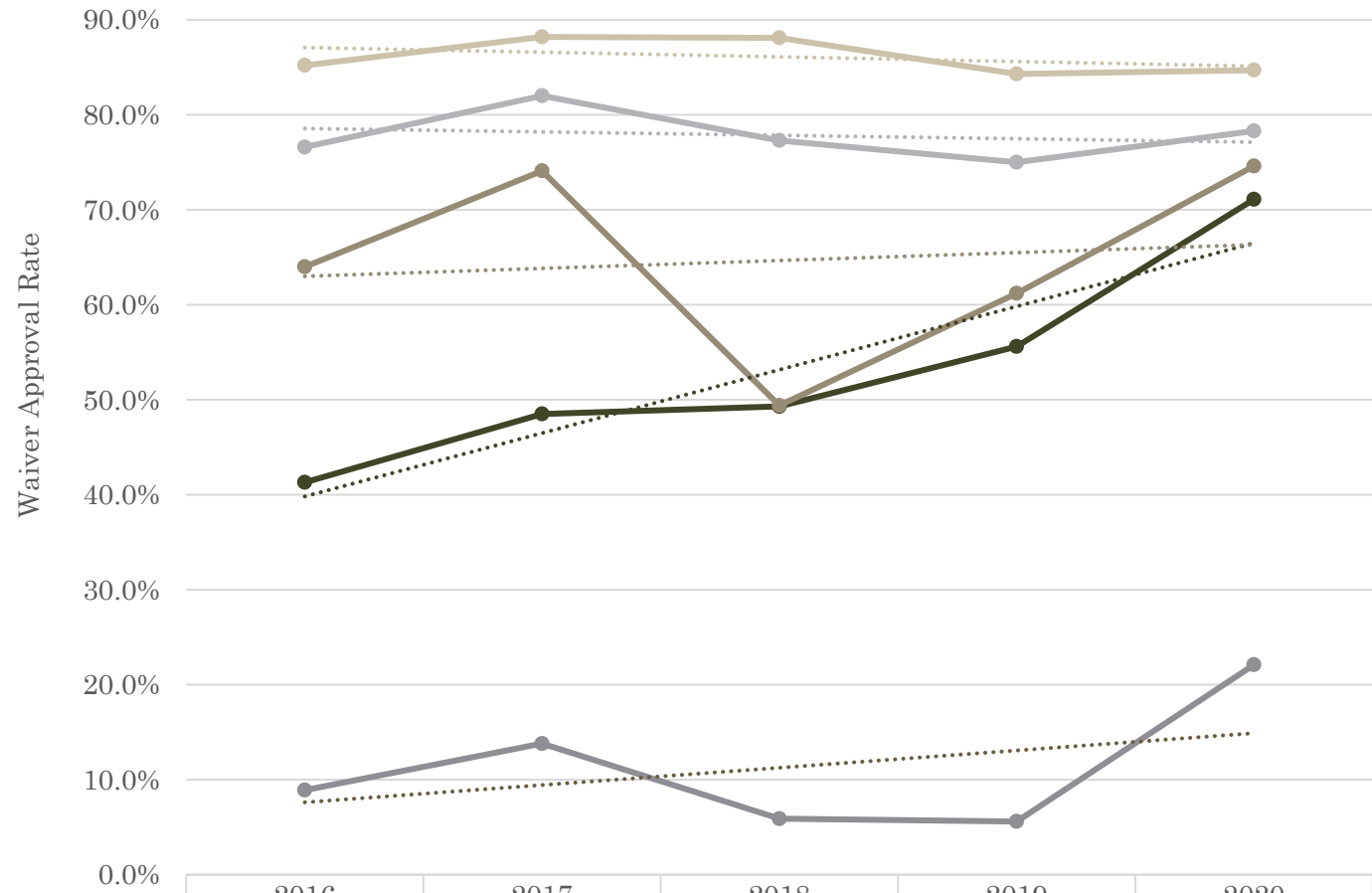


| | 2016 | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|---|
| Ears | 41.3% | 48.5% | 49.3% | 55.6% | 71.1% |
| Hearing | 8.9% | 13.8% | 5.9% | 5.6% | 22.1% |
| Abdominal Organs/GI System | 64.0% | 74.1% | 49.4% | 61.2% | 74.6% |
| Upper Extremity Conditions | 85.2% | 88.2% | 88.1% | 84.3% | 84.7% |
| Lower Extremity Conditions | 76.6% | 82.0% | 77.3% | 75.0% | 78.3% |

# NAVY

**TABLE 7B:** MEDICAL WAIVER APPLICATION AND WAIVER APPROVAL RATES PER DISQUALIFICATION CATEGORY AMONG FY 2016-2020 MEDICALLY DISQUALIFIED APPLICANTS: NAVY

| Disqualification Category[1] | Applied for Waiver n | % with DQ who sought a Waiver[2] | Waiver Approval Rate[3] |
|---|---|---|---|
| 2. Head | 36 | 72.0 | 63.9 |
| 3. Eyes | 7,441 | 79.8 | 74.8 |
| 4. Vision | 6,487 | 81.5 | 76.7 |
| 5. Ears | 379 | 57.4 | 55.4 |
| 6. Hearing | 751 | 68.7 | 62.1 |
| 7. Nose, Sinuses, Mouth, and Larynx | 106 | 59.9 | 52.8 |
| 8. Dental | 190 | 45.9 | 57.4 |
| 9. Neck | 29 | 65.9 | 41.4 |
| 10. Lungs, Chest Wall, Pleura, and Mediastinum | 1,596 | 65.8 | 52.5 |
| 11. Heart | 525 | 72.8 | 46.3 |
| 12. Abdominal Organs and Gastrointestinal System | 449 | 58.8 | 53.5 |
| 13. Female Genital System | 265 | 43.7 | 69.8 |
| 14. Male Genital System | 533 | 64.7 | 63.2 |
| 15. Urinary System | 614 | 63.6 | 52.3 |
| 16. Spine and Sacroiliac Joint Conditions | 950 | 68.5 | 51.3 |
| 17. Upper Extremity Conditions | 631 | 60.8 | 71.9 |
| 18. Lower Extremity Conditions | 1,599 | 63.8 | 63.2 |
| 19. Miscellaneous Conditions of the Extremities | 2,502 | 60.8 | 73.6 |
| 20. Vascular System | 303 | 66.3 | 43.9 |
| 21. Skin and Cellular Tissue Conditions | 1,643 | 63.0 | 53.9 |
| 22. Blood and Blood Forming Conditions | 99 | 61.5 | 47.5 |
| 23. Systemic Conditions | 963 | 59.8 | 65.8 |
| 24. Endocrine and Metabolic Conditions | 316 | 66.2 | 34.5 |
| 25. Rheumatologic Conditions | 149 | 68.7 | 28.9 |
| 26. Neurologic Conditions | 568 | 58.5 | 50.7 |
| 27. Sleep Disorders | 66 | 56.4 | 40.9 |
| 28. Learning, Psychiatric, and Behavioral Disorders | 3,534 | 58.8 | 51.0 |
| 29. Tumors and Malignancies | 80 | 59.3 | 56.3 |
| 30. Miscellaneous Conditions | 650 | 57.7 | 58.6 |

1 Disqualification categories were based on subsections listed in the DoDI 6130.03 V1. Categories are not mutually exclusive, applicants with multiple disqualifications across different DQ categories were counted more than once.
2 Percentages represent the proportion of applicants who sought a medical waiver out of the total disqualified applicants per DQ category.
3 Approval rates represent the proportion of approved waivers of the total waivers considered per DQ category.

**FIGURE 4B:** TEMPORAL TREND OF WAIVER APPROVAL RATES FOR SELECTED DISQUALIFICATIONS AMONG FY 2016-2020 APPLICANTS: NAVY
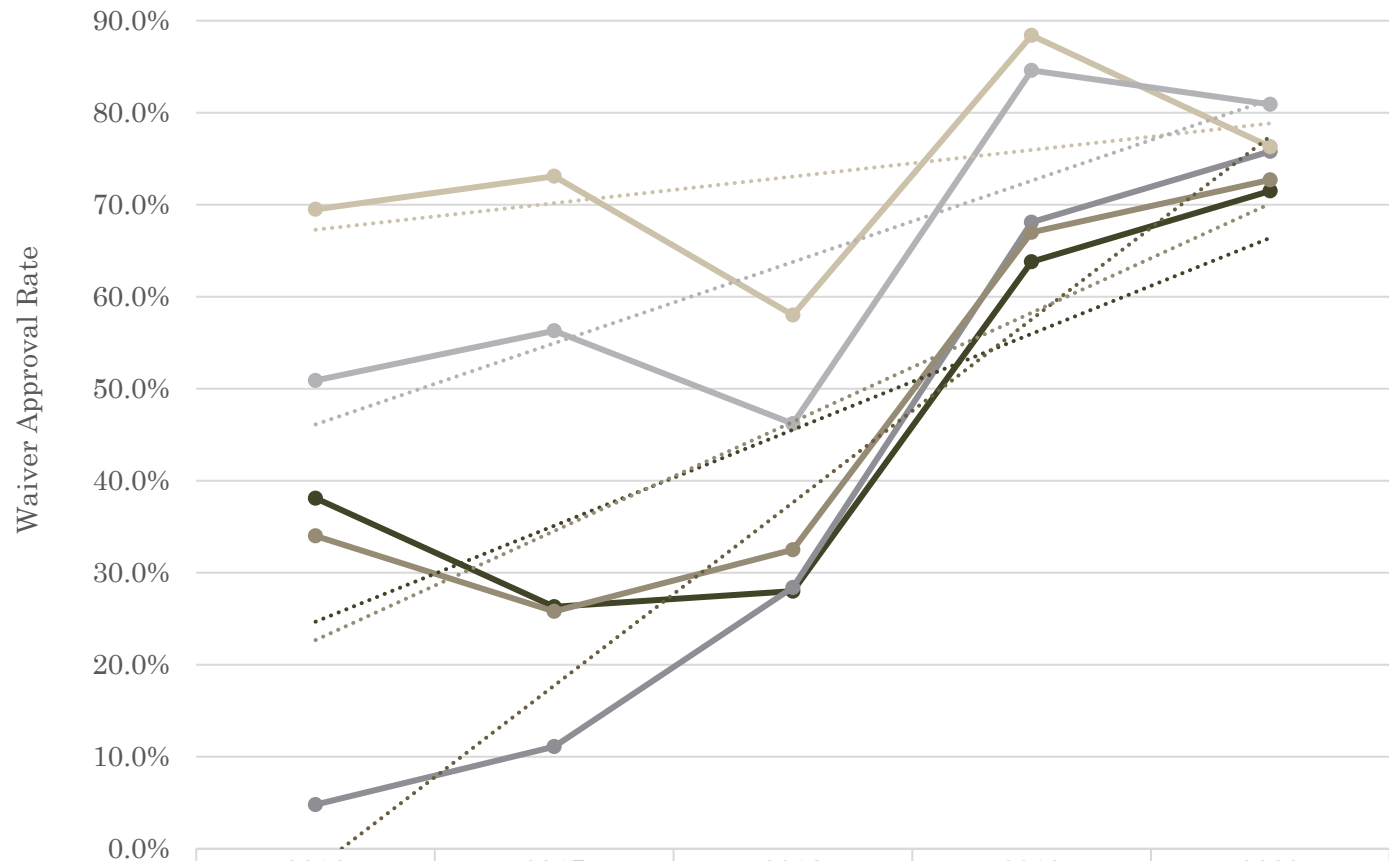


| | 2016 | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|---|
| Ears | 38.1% | 26.3% | 28.0% | 63.8% | 71.5% |
| Hearing | 4.8% | 11.1% | 28.4% | 68.1% | 75.8% |
| Abdominal Organs/GI System | 34.0% | 25.8% | 32.5% | 67.0% | 72.7% |
| Upper Extremity Conditions | 69.5% | 73.1% | 58.0% | 88.4% | 76.3% |
| Lower Extremity Conditions | 50.9% | 56.3% | 46.2% | 84.6% | 80.9% |

# MARINE CORPS

**TABLE 7C:** MEDICAL WAIVER APPLICATION AND WAIVER APPROVAL RATES PER DISQUALIFICATION CATEGORY AMONG FY 2016-2020 MEDICALLY DISQUALIFIED APPLICANTS: MARINE CORPS

| Disqualification Category[1] | Applied for Waiver n | % with DQ who sought a Waiver[2] | Waiver Approval Rate[3] |
|---|---|---|---|
| 2. Head | 44 | 71.0 | 70.5 |
| 3. Eyes | 6,417 | 76.6 | 78.4 |
| 4. Vision | 5,768 | 77.4 | 79.6 |
| 5. Ears | 292 | 58.9 | 59.6 |
| 6. Hearing | 454 | 50.4 | 8.1 |
| 7. Nose, Sinuses, Mouth, and Larynx | 101 | 64.7 | 78.2 |
| 8. Dental | 97 | 37.5 | 49.5 |
| 9. Neck | 31 | 67.4 | 74.2 |
| 10. Lungs, Chest Wall, Pleura, and Mediastinum | 1,431 | 67.1 | 70.4 |
| 11. Heart | 382 | 62.5 | 63.9 |
| 12. Abdominal Organs and Gastrointestinal System | 371 | 67.3 | 67.1 |
| 13. Female Genital System | 106 | 47.7 | 82.1 |
| 14. Male Genital System | 673 | 73.7 | 88.3 |
| 15. Urinary System | 494 | 65.4 | 71.3 |
| 16. Spine and Sacroiliac Joint Conditions | 722 | 72.6 | 61.2 |
| 17. Upper Extremity Conditions | 432 | 66.5 | 50.0 |
| 18. Lower Extremity Conditions | 1,164 | 66.8 | 66.2 |
| 19. Miscellaneous Conditions of the Extremities | 2,082 | 74.0 | 68.4 |
| 20. Vascular System | 149 | 64.5 | 59.7 |
| 21. Skin and Cellular Tissue Conditions | 1,379 | 61.2 | 74.5 |
| 22. Blood and Blood Forming Conditions | 54 | 54.5 | 63.0 |
| 23. Systemic Conditions | 730 | 62.6 | 71.8 |
| 24. Endocrine and Metabolic Conditions | 171 | 61.5 | 58.5 |
| 25. Rheumatologic Conditions | 99 | 56.9 | 48.5 |
| 26. Neurologic Conditions | 526 | 58.5 | 69.8 |
| 27. Sleep Disorders | 58 | 43.0 | 63.8 |
| 28. Learning, Psychiatric, and Behavioral Disorders | 3,644 | 57.5 | 71.4 |
| 29. Tumors and Malignancies | 63 | 64.9 | 65.1 |
| 30. Miscellaneous Conditions | 462 | 57.4 | 73.2 |

1 Disqualification categories were based on subsections listed in the DoDI 6130.03 V1. Categories are not mutually exclusive, applicants with multiple disqualifications across different DQ categories were counted more than once.
2 Percentages represent the proportion of applicants who sought a medical waiver out of the total disqualified applicants per DQ category.
3 Approval rates represent the proportion of approved waivers of the total waivers considered per DQ category.

**FIGURE 4C:** TEMPORAL TREND OF WAIVER APPROVAL RATES FOR SELECTED DISQUALIFICATIONS AMONG FY 2016-2020 APPLICANTS: MARINE CORPS
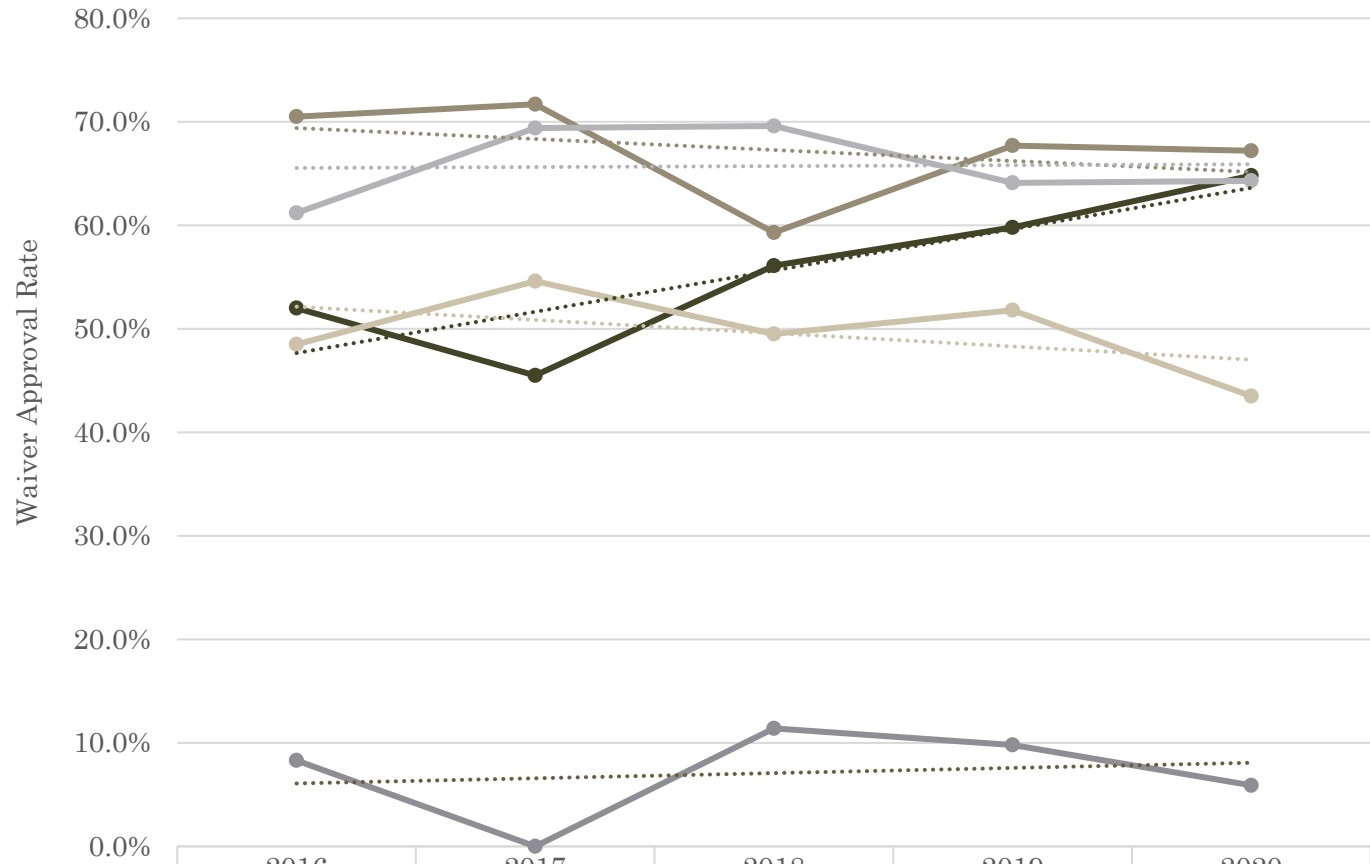
| | 2016 | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|---|
| Ears | 52.0% | 45.5% | 56.1% | 59.8% | 64.8% |
| Hearing | 8.3% | 0.0% | 11.4% | 9.8% | 5.9% |
| Abdominal Organs/GI System | 70.5% | 71.7% | 59.3% | 67.7% | 67.2% |
| Upper Extremity Conditions | 48.5% | 54.6% | 49.5% | 51.8% | 43.5% |
| Lower Extremity Conditions | 61.2% | 69.4% | 69.6% | 64.1% | 64.3% |

# AIR FORCE

**TABLE 7D:** MEDICAL WAIVER APPLICATION AND WAIVER APPROVAL RATES PER DISQUALIFICATION CATEGORY AMONG FY 2016-2020 MEDICALLY DISQUALIFIED APPLICANTS: AIR FORCE

| Disqualification Category[1] | Applied for Waiver n | % with DQ who sought a Waiver[2] | Waiver Approval Rate[3] |
|---|---|---|---|
| 2. Head | 49 | 61.3 | 91.8 |
| 3. Eyes | 5,043 | 66.5 | 68.7 |
| 4. Vision | 4,066 | 67.1 | 69.8 |
| 5. Ears | 390 | 58.2 | 54.4 |
| 6. Hearing | 378 | 51.2 | 28.6 |
| 7. Nose, Sinuses, Mouth, and Larynx | 156 | 57.4 | 49.4 |
| 8. Dental | 119 | 44.9 | 40.3 |
| 9. Neck | 39 | 63.9 | 61.5 |
| 10. Lungs, Chest Wall, Pleura, and Mediastinum | 1,829 | 56.9 | 43.0 |
| 11. Heart | 455 | 57.8 | 53.4 |
| 12. Abdominal Organs and Gastrointestinal System | 540 | 58.9 | 57.8 |
| 13. Female Genital System | 271 | 40.4 | 55.7 |
| 14. Male Genital System | 488 | 63.5 | 67.6 |
| 15. Urinary System | 776 | 61.2 | 58.6 |
| 16. Spine and Sacroiliac Joint Conditions | 871 | 60.5 | 41.7 |
| 17. Upper Extremity Conditions | 692 | 59.6 | 78.0 |
| 18. Lower Extremity Conditions | 1,487 | 59.7 | 64.4 |
| 19. Miscellaneous Conditions of the Extremities | 2,880 | 60.1 | 76.4 |
| 20. Vascular System | 265 | 56.3 | 52.5 |
| 21. Skin and Cellular Tissue Conditions | 1,535 | 56.0 | 40.3 |
| 22. Blood and Blood Forming Conditions | 141 | 61.3 | 39.0 |
| 23. Systemic Conditions | 885 | 51.2 | 52.4 |
| 24. Endocrine and Metabolic Conditions | 242 | 48.2 | 33.5 |
| 25. Rheumatologic Conditions | 133 | 52.8 | 33.1 |
| 26. Neurologic Conditions | 688 | 51.8 | 58.4 |
| 27. Sleep Disorders | 74 | 49.7 | 35.1 |
| 28. Learning, Psychiatric, and Behavioral Disorders | 3,583 | 60.0 | 57.5 |
| 29. Tumors and Malignancies | 87 | 55.8 | 69.0 |
| 30. Miscellaneous Conditions | 623 | 58.6 | 70.1 |

1 Disqualification categories were based on subsections listed in the DoDI 6130.03 V1. Categories are not mutually exclusive, applicants with multiple disqualifications across different DQ categories were counted more than once.
2 Percentages represent the proportion of applicants who sought a medical waiver out of the total disqualified applicants per DQ category.
3 Approval rates represent the proportion of approved waivers of the total waivers considered per DQ category.

**FIGURE 4D:** TEMPORAL TREND OF WAIVER APPROVAL RATES FOR SELECTED DISQUALIFICATIONS AMONG FY 2016-2020 APPLICANTS: AIR FORCE
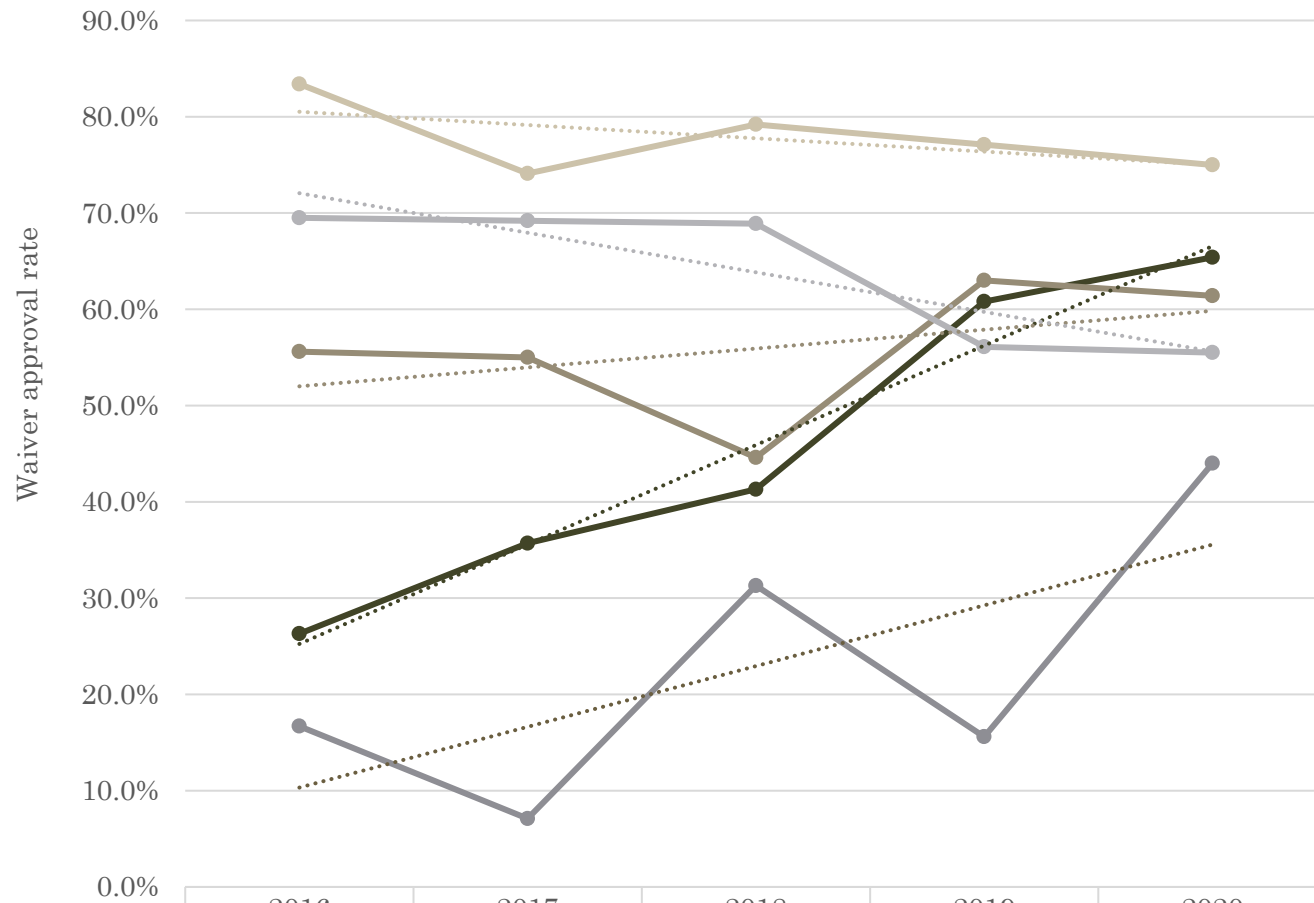


| | 2016 | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|---|
| Ears | 26.3% | 35.7% | 41.3% | 60.8% | 65.4% |
| Hearing | 16.7% | 7.1% | 31.3% | 15.6% | 44.0% |
| Abdominal Organs/GI System | 55.6% | 55.0% | 44.6% | 63.0% | 61.4% |
| Upper Extremity Conditions | 83.4% | 74.1% | 79.2% | 77.1% | 75.0% |
| Lower Extremity Conditions | 69.5% | 69.2% | 68.9% | 56.1% | 55.5% |

# Early Discharge | THREE

Section 3 describes *early discharge* among FY 2016-2020 applicants for enlisted service who accessed into the Army, Navy, Marine Corps, or Air Force, stratified by mutually exclusive discharge type (i.e. adverse attrition, disability discharge, EPTS discharge) and time period to discharge (i.e. 180 days, 1 year, 2-3 years). EPTS data are known to be under-reported, and due to the nature of ISC code assignments, it is likely that some EPTS discharges for which AMSARA did not receive EPTS records are classified as adverse attrition, which can distort the difference in these two discharge categories. Refer to 'Key Terms & Definitions' page in the **Introduction** section for definitions of each early discharge type.

Since this report utilized a longitudinal approach following service members from application to early discharge, the eligible population for this section were all service members with a MEPS physical examination between FY 2016-2020 who accessed and were discharged within AMSARA's definition of early discharge.

Unadjusted and adjusted relative risks were calculated to compare the likelihood of early discharge among medically disqualified/waived accessions for each of the DQ categories compared to medically qualified accessions (unadjusted results not shown). Adjusted models controlled for age at application, race, gender, and service. Rates of early discharge were calculated per 10,000 service members.

# 1: Early Discharge Rates by Medical Disqualification Status

**Tables 8A-E** compare the percentage of early discharge, both overall and by discharge type, over time between medically qualified and disqualified accessions for each service. **Figures 5A-E** present the distribution of early discharge type (adverse attrition, disability discharge, EPTS discharge) among all early discharges per service.

For this report, attrition and disability data were available up to 30 September 2021. Rates of early discharge may be underestimated, as some service members may not have adequate follow-up time. Censoring may result from insufficient follow-up times.

## Table 8A-E and Figures 5A-E Key Findings

- Among FY 2016-2020 applicants who accessed, approximately 12% (Air Force) to 21% (Navy) were separated from military service within the first three years of service.
  - Adverse attrition accounted for 72-91% of all early discharges.
  - Disability and EPTS discharge were rare outcomes; less than 2.5% of all accessions were separated early due to disability or EPTS.
- Generally, the early discharge rate did not widely differ according to medical qualification status (medically disqualified vs. medically qualified).
- The proportion separated early due to adverse attrition, disability discharge or EPTS discharge varied by service. Inter-service variations may be related to service-related exposures (e.g. military occupation specialty, deployment characteristics).
  - Sailors had the highest proportion with an adverse attrition (18%), while Airmen had the lowest (10%).
  - Soldiers had the highest proportion with a disability discharge (1%) or an EPTS discharge (2%).

# DOD

**TABLE 8A**: DISTRIBUTION OF EARLY DISCHARGE TYPE BY APPLICATION FY AND MEDICAL QUALIFICATION STATUS: DOD

| Application FY | Medical Qualification Status | Accession | Early Discharge Type[1] | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | Adverse Attrition | | Disability Discharge | | EPTS Discharge[2] | |
| | | n | n | %[3] | n | %[3] | n | %[3] |
| 2016 | Qualified | 189,111 | 25,712 | 13.6 | 2567 | 1.4 | 3,245 | 1.7 |
| | Disqualified | 15,333 | 2,018 | 13.2 | 240 | 1.6 | 390 | 2.5 |
| 2017 | Qualified | 191,910 | 26,737 | 13.9 | 2844 | 1.5 | 4,615 | 2.4 |
| | Disqualified | 16,436 | 2,254 | 13.7 | 269 | 1.6 | 445 | 2.7 |
| 2018 | Qualified | 198,654 | 27,099 | 13.6 | 2730 | 1.4 | 6,132 | 3.1 |
| | Disqualified | 16,985 | 2,179 | 12.8 | 221 | 1.3 | 536 | 3.2 |
| 2019 | Qualified | 212,382 | 21,775 | 12.1 | 1404 | 0.7 | 2,919 | 1.4 |
| | Disqualified | 19,696 | 2,355 | 12.0 | 79 | 0.4 | 220 | 1.1 |
| 2020 | Qualified | 173,117 | 14,142 | 8.2 | 282 | 0.2 | 675 | 0.4 |
| | Disqualified | 17,883 | 1,585 | 8.9 | 28 | 0.2 | 56 | 0.3 |
| **Total** | | **1,051,508** | **129,856** | **12.3** | **10,664** | **1.0** | **19,233** | **1.8[2]** |

1 Early discharge may be underestimated due to limited follow-up time.
2 FY 2020 data included EPTS discharges through February 2020, and FY 2021 EPTS discharge data was not received by AMSARA at the time of this report, therefore all EPTS discharges are likely underestimated.
3 Percent out of the number of accessions per year and medical qualification status

**FIGURE 5A**: COMPARISON OF THE DISTRIBUTION OF ADVERSE ATTRITION, DISABILITY DISCHARGE AND EPTS DISCHARGE AMONG ALL EARLY DISCHARGES, BY MEDICAL DISQUALIFICATION STATUS: DOD



■ Medically Qualified　　■ Medically Disqualified
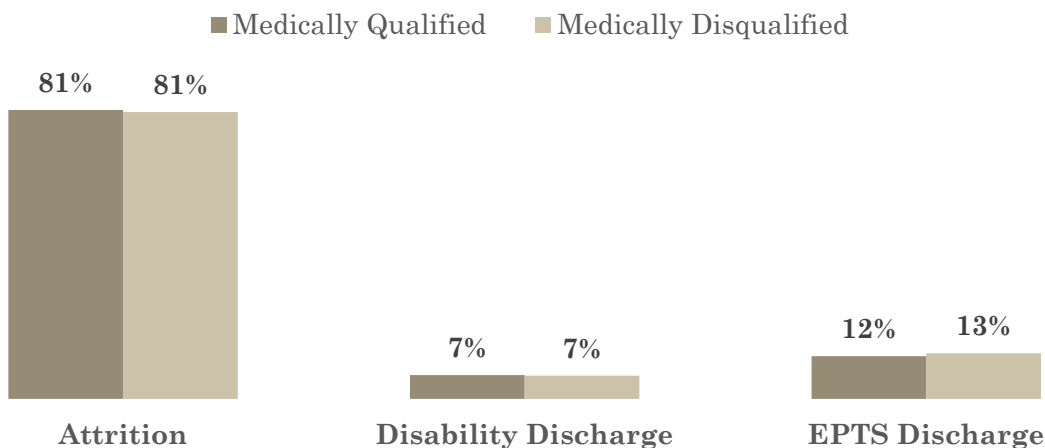
1 Percent out of the total number of early discharges among medically qualified accessions (n=146,878).
2 Percent out of the total number of early discharges among medically disqualified accessions (n=12,875).

# ARMY

**TABLE 8B**: DISTRIBUTION OF EARLY DISCHARGE TYPE BY APPLICATION FY AND MEDICAL QUALIFICATION STATUS: ARMY

| Application FY | Medical Qualification Status | Accession | Early Discharge Type[1] | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | Adverse Attrition | | Disability Discharge | | EPTS Discharge[2] | |
| | | n | n | %[3] | n | %[3] | n | %[3] |
| 2016 | Qualified | 91,299 | 11,685 | 12.8 | 1,548 | 1.7 | 2,033 | 2.2 |
| | Disqualified | 7,914 | 910 | 11.5 | 144 | 1.8 | 257 | 3.2 |
| 2017 | Qualified | 89,105 | 10,983 | 12.3 | 1,672 | 1.9 | 2,580 | 2.9 |
| | Disqualified | 8,191 | 971 | 11.9 | 179 | 2.2 | 271 | 3.3 |
| 2018 | Qualified | 93,443 | 11,155 | 11.9 | 1,679 | 1.8 | 3,185 | 3.4 |
| | Disqualified | 8,090 | 842 | 10.4 | 138 | 1.7 | 273 | 3.4 |
| 2019 | Qualified | 103,314 | 10,208 | 9.9 | 971 | 0.9 | 1,456 | 1.4 |
| | Disqualified | 8,635 | 686 | 7.9 | 56 | 0.6 | 103 | 1.2 |
| 2020 | Qualified | 88,419 | 5,196 | 5.9 | 206 | 0.2 | 375 | 0.4 |
| | Disqualified | 8,015 | 465 | 5.8 | 22 | 0.3 | 33 | 0.4 |
| **Total** | | **506,425** | **53,101** | **10.5** | **6,615** | **1.3** | **10,566** | **2.1[2]** |

1 Early discharge may be underestimated due to limited follow-up time.
2 FY 2020 data included EPTS discharges through February 2020, and FY 2021 EPTS discharge data was not received by AMSARA at the time of this report, therefore all EPTS discharges may be underestimated.
3 Percent out of the number of accessions per year and medical qualification status

**FIGURE 5B**: COMPARISON OF THE DISTRIBUTION OF ADVERSE ATTRITION, DISABILITY DISCHARGE AND EPTS DISCHARGE AMONG ALL EARLY DISCHARGES, BY MEDICAL DISQUALIFICATION STATUS: ARMY



1 Percent out of the total number of early discharges among medically qualified accessions (n=64,932).
2 Percent out of the total number of early discharges among medically disqualified accessions (n=5,350).

# NAVY

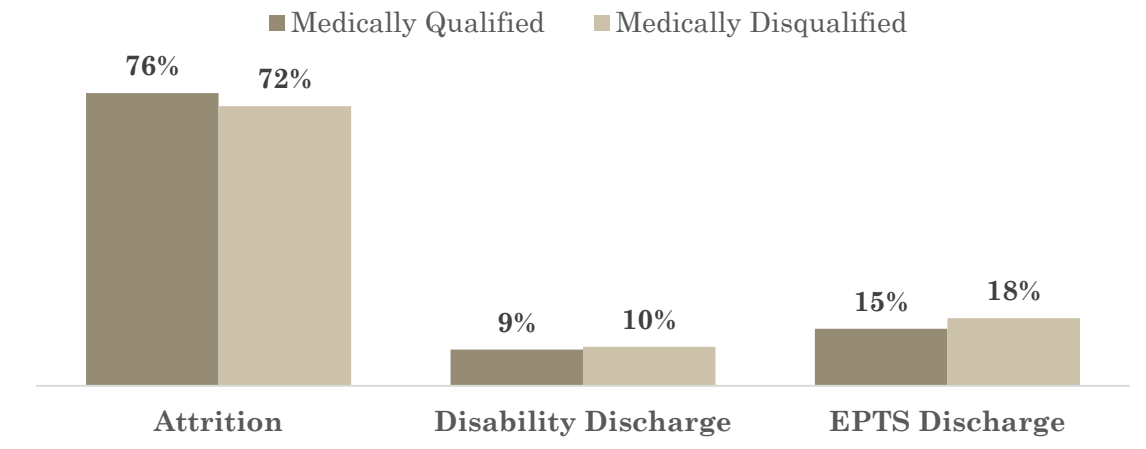**TABLE 8C**: DISTRIBUTION OF EARLY DISCHARGES BY APPLICATION FY AND MEDICAL QUALIFICATION STATUS: NAVY

| Application FY | Medical Qualification Status | Accessed N | Adverse Attrition n | Adverse Attrition %[3] | Disability Discharge n | Disability Discharge %[3] | EPTS Discharge[2] n | EPTS Discharge[2] %[3] |
|---|---|---|---|---|---|---|---|---|
| | | | **Early Discharge Type[1]** | | | | | |
| 2016 | Qualified | 31,701 | 6,003 | 18.9 | 262 | 0.8 | 19 | 0.1 |
| | Disqualified | 2,333 | 513 | 22.0 | 25 | 1.1 | 6 | 0.3 |
| 2017 | Qualified | 33,866 | 6,804 | 20.1 | 314 | 0.9 | 719 | 2.1 |
| | Disqualified | 2389 | 497 | 20.8 | 16 | 0.7 | 61 | 2.6 |
| 2018 | Qualified | 37,525 | 7,458 | 19.9 | 304 | 0.8 | 1,742 | 4.6 |
| | Disqualified | 2531 | 497 | 19.6 | 21 | 0.8 | 118 | 4.7 |
| 2019 | Qualified | 38,477 | 7,432 | 19.3 | 160 | 0.4 | 617 | 1.6 |
| | Disqualified | 4,653 | 920 | 19.8 | 8 | 0.2 | 52 | 1.1 |
| 2020 | Qualified | 30,446 | 3,987 | 13.1 | 36 | 0.1 | - | - |
| | Disqualified | 4,652 | 675 | 14.5 | 4 | 0.1 | - | - |
| **Total** | | **188,573** | **34,786** | **18.4** | **1150** | **0.6** | **3,334** | **1.8**[2] |

1 Early discharge may be underestimated due to limited follow-up time.
2 FY 2020 data included EPTS discharges through February 2020, and FY 2021 EPTS discharge data was not received by AMSARA at the time of this report, therefore all EPTS discharges are likely underestimated.
3 Percent out of the number of accessions per year and medical qualification status

**FIGURE 5C**: COMPARISON OF THE DISTRIBUTION OF ADVERSE ATTRITION, DISABILITY DISCHARGE AND EPTS DISCHARGE AMONG ALL EARLY DISCHARGES, BY MEDICAL DISQUALIFICATION STATUS: NAVY



■ Medically Qualified   ■ Medically Disqualified

| | Attrition | Disability Discharge | EPTS Discharge |
|---|---|---|---|
| Medically Qualified | 88% | 3% | 9% |
| Medically Disqualified | 91% | 2% | 7% |

1 Percent out of the total number of early discharges among medically qualified accessions (n=35,857).
2 Percent out of the total number of early discharges among medically disqualified accessions (n=3,413).

# MARINE CORPS

**TABLE 8D**: DISTRIBUTION OF EARLY DISCHARGES BY APPLICATION FY AND MEDICAL QUALIFICATION STATUS: MARINE CORPS
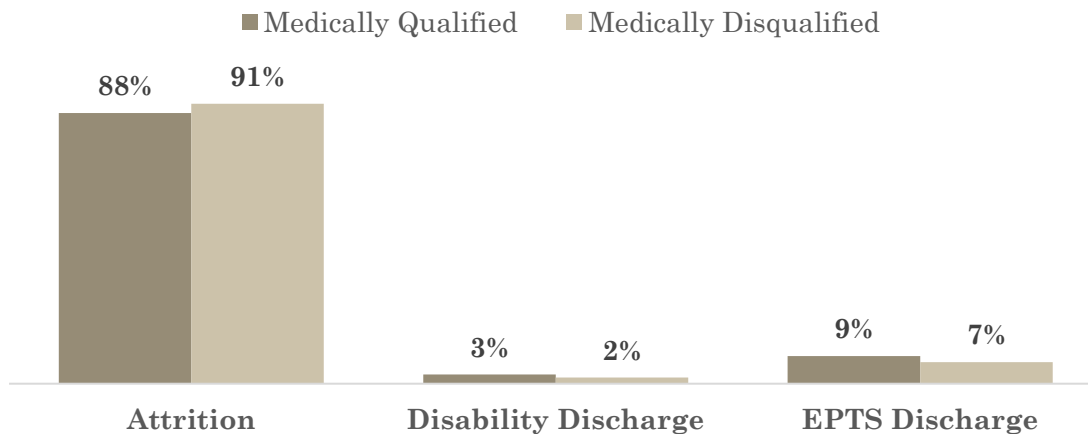
| Application FY | Medical Qualification Status | Accessed n | Early Discharge Type[1] | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | Adverse Attrition | | Disability Discharge | | EPTS Discharge[2] | |
| | | | n | %[3] | n | %[3] | n | %[3] |
| 2016 | Qualified | 32,448 | 4,341 | 13.4 | 512 | 1.6 | 534 | 1.6 |
| | Disqualified | 2,468 | 352 | 14.3 | 50 | 2.0 | 55 | 2.2 |
| 2017 | Qualified | 33,915 | 5,027 | 14.8 | 582 | 1.7 | 647 | 1.9 |
| | Disqualified | 2674 | 462 | 17.3 | 49 | 1.8 | 58 | 2.2 |
| 2018 | Qualified | 32,958 | 4,936 | 15.0 | 464 | 1.4 | 617 | 1.9 |
| | Disqualified | 3047 | 523 | 17.2 | 39 | 1.3 | 68 | 2.2 |
| 2019 | Qualified | 33,246 | 4,570 | 13.7 | 144 | 0.4 | 540 | 1.6 |
| | Disqualified | 3,063 | 448 | 14.6 | 10 | 0.3 | 49 | 1.6 |
| 2020 | Qualified | 26,357 | 2,891 | 11.0 | 25 | 0.1 | 300 | 1.1 |
| | Disqualified | 2,469 | 273 | 11.1 | 2 | 0.1 | 23 | 0.9 |
| **Total** | | **172,645** | **23,823** | **13.8** | **1,877** | **1.1** | **2,891** | **1.7[2]** |

1 Early discharge may be underestimated due to limited follow-up time.
2 FY 2020 data included EPTS discharges through February 2020, and FY 2021 EPTS discharge data was not received by AMSARA at the time of this report, therefore all EPTS discharges are likely underestimated.
3 Percent out of the number of accessions per year and medical qualification status

**FIGURE 5D**: COMPARISON OF THE DISTRIBUTION OF ADVERSE ATTRITION, DISABILITY DISCHARGE AND EPTS DISCHARGE AMONG ALL EARLY DISCHARGES, BY MEDICAL DISQUALIFICATION STATUS: MARINE CORPS



■ Medically Qualified    ■ Medically Disqualified

| | Attrition | Disability Discharge | EPTS Discharge |
|---|---|---|---|
| Medically Qualified | 83% | 7% | 10% |
| Medically Disqualified | 83% | 6% | 10% |

1 Percent out of the total number of early discharges among medically qualified accessions (n=26,130).
2 Percent out of the total number of early discharges among medically disqualified accessions (n=2,461).

# AIR FORCE

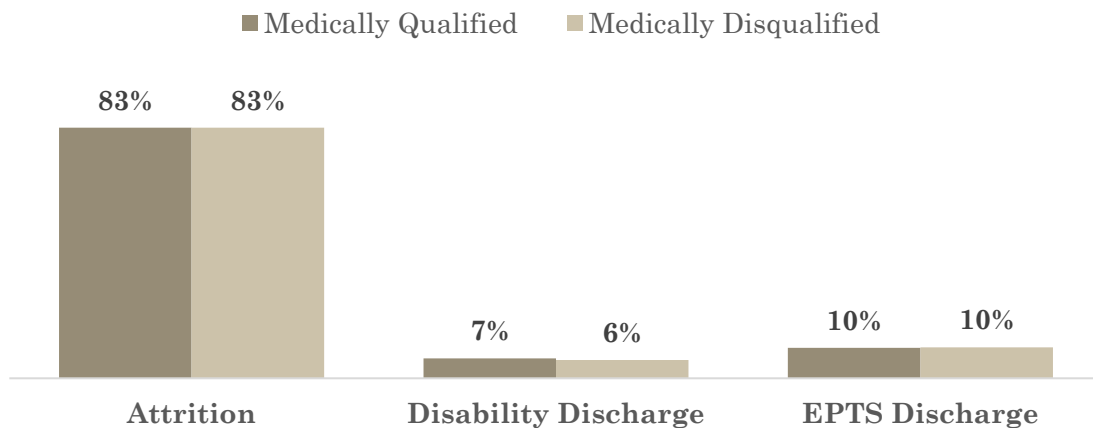**TABLE 8E**: DISTRIBUTION OF EARLY DISCHARGES BY APPLICATION FY AND MEDICAL QUALIFICATION STATUS: AIR FORCE

| Application FY | Medical Qualification Status | Accessed | Early Discharge Type[1] | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | Adverse Attrition | | Disability Discharge | | EPTS Discharge[2] | |
| | | n | n | %[3] | n | %[3] | n | %[3] |
| 2016 | Qualified | 33,663 | 3,683 | 10.9 | 245 | 0.7 | 659 | 2.0 |
| | Disqualified | 2,618 | 243 | 9.3 | 21 | 0.8 | 72 | 2.8 |
| 2017 | Qualified | 35,024 | 3,923 | 11.2 | 276 | 0.8 | 669 | 1.9 |
| | Disqualified | 3,182 | 324 | 10.2 | 25 | 0.8 | 55 | 1.7 |
| 2018 | Qualified | 34,728 | 3,550 | 10.2 | 283 | 0.8 | 588 | 1.7 |
| | Disqualified | 3,317 | 317 | 9.6 | 23 | 0.7 | 77 | 2.3 |
| 2019 | Qualified | 37,345 | 3,565 | 9.5 | 129 | 0.3 | 306 | 0.8 |
| | Disqualified | 3,345 | 301 | 9.0 | 5 | 0.1 | 16 | 0.5 |
| 2020 | Qualified | 27,895 | 2,068 | 7.4 | 15 | 0.1 | - | - |
| | Disqualified | 2,747 | 172 | 6.3 | - | - | - | - |
| **Total** | | **183,865** | **18,146** | **9.9** | **1,022** | **0.6** | **2,442** | **1.3[2]** |

1 Early discharge may be underestimated due to limited follow-up time.
2 FY 2020 data included EPTS discharges through February 2020, and FY 2021 EPTS discharge data was not received by AMSARA at the time of this report, therefore all EPTS discharges may be underestimated.
3 Percent out of the number of accessions per year and medical qualification status.

**FIGURE 5E**: COMPARISON OF THE DISTRIBUTION OF ADVERSE ATTRITION, DISABILITY DISCHARGE AND EPTS DISCHARGE AMONG ALL EARLY DISCHARGES, BY MEDICAL DISQUALIFICATION STATUS: AIR FORCE
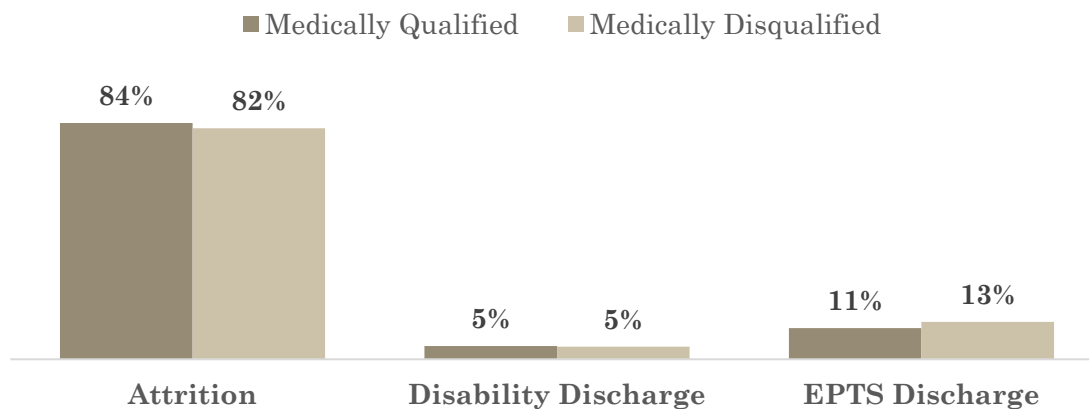


1 Percent out of the total number of early discharges among medically qualified accessions (n=19,959).
2 Percent out of the total number of early discharges among medically disqualified accessions (n=1,651).

# 2: Early Adverse Attrition

**Tables 9A-E** compare the rate of early adverse attrition by time in service between medically qualified and disqualified accessions, for all DOD services combined and for each service individually. **Figures 6A-E** present a visualized comparison of the overall rates of adverse attrition between medically qualified and disqualified accessions by time in service, for all DOD services combined and for each service individually. Time in service was calculated from the first accession date to the last reported separation date for each service member.

For this report, separation data was available up to 30 September 2021.  Rates of adverse attrition may be underestimated, as some service members may not have adequate follow-up time. Censoring may result from insufficient follow-up times.

## Tables 9A-E and Figure 6 Key Findings

- Approximately 12% of all enlisted service members adversely attrited within the first three years of service. Adverse attrition rates were lowest in the Air Force (9-10%) and highest in the Navy (18-19%).
  - More than 60% of all adverse attritions occurred within the first year of service.
- For all services, the average rate of adverse attrition was highest during the first 90 days of service, approximately the time from accession to the end of basic training.
- Early adverse attrition within the first 90 days was highest for the Navy (11-12%), which is nearly four times than the Army (3%).
  - Supplemental analysis indicated that this finding is consistent with overall early attrition in these two services, and not an artifact of how adverse attrition is defined.
- Overall, medically qualified and disqualified service members had similar rates of adverse attrition both overall and during each time period.

# DOD

**TABLE 9A**: COMPARISON OF EARLY ADVERSE ATTRITION RATES[1] BETWEEN MEDICALLY QUALIFIED AND MEDICALLY DISQUALIFIED ACCESSIONS BY TIME IN SERVICE AND APPLICATION YEAR: DOD

| Application FY | Accessed n | 0-90 Days % | 0-90 Days Cumul % | 91-180 Days % | 91-180 Days Cumul % | 181-365 Days % | 181-365 Days Cumul % | 366-730 Days % | 366-730 Days Cumul % | 731-1095 Days % | 731-1095 Days Cumul % |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **MEDICALLY QUALIFIED** | | | | | | | | | | | |
| 2016 | 189,111 | 4.5 | 4.5 | 1.6 | 6.1 | 1.6 | 7.7 | 3.1 | 10.8 | 2.7 | 13.6 |
| 2017 | 191,910 | 4.7 | 4.7 | 1.8 | 6.5 | 1.8 | 8.3 | 3.0 | 11.3 | 2.7 | 13.9 |
| 2018 | 198,654 | 5.1 | 5.1 | 1.8 | 6.9 | 1.6 | 8.5 | 2.8 | 11.3 | 2.3 | 13.6 |
| 2019 | 212,382 | 5.6 | 5.6 | 2.0 | 7.6 | 1.5 | 9.2 | 2.3 | 11.5 | 0.7 | 12.1 |
| 2020 | 173,117 | 4.6 | 4.6 | 1.7 | 6.3 | 1.2 | 7.5 | 0.7 | 8.2 | - | - |
| **Total** | **965,174** | **4.9** | **4.9** | **1.8** | **6.7** | **1.6** | **8.3** | **2.4** | **10.7** | **1.7** | **12.4** |
| **MEDICALLY DISQUALIFIED** | | | | | | | | | | | |
| 2016 | 15,333 | 4.8 | 4.8 | 1.9 | 6.7 | 1.6 | 8.2 | 2.6 | 10.8 | 2.4 | 13.2 |
| 2017 | 16,436 | 5.1 | 5.1 | 1.9 | 7.0 | 1.6 | 8.7 | 2.7 | 11.4 | 2.4 | 13.7 |
| 2018 | 16,985 | 5.3 | 5.3 | 1.7 | 7.0 | 1.4 | 8.4 | 2.6 | 11.0 | 1.8 | 12.8 |
| 2019 | 19,696 | 6.6 | 6.6 | 1.9 | 8.5 | 1.4 | 9.9 | 1.8 | 11.7 | 0.3 | 12.0 |
| 2020 | 17,883 | 5.5 | 5.5 | 2.0 | 7.4 | 1.0 | 8.4 | 0.4 | 8.9 | - | - |
| **Total** | **86,333** | **5.5** | **5.5** | **1.9** | **7.4** | **1.4** | **8.8** | **2.0** | **10.7** | **1.3** | **12.0** |

FY: Fiscal Year; Cumul: Cumulative
1 Rates of attrition may be underestimated due to limited follow-up time.

**FIGURE 6A**: COMPARISON OF THE RATES OF EARLY ADVERSE ATTRITION[1] BETWEEN MEDICALLY QUALIFIED AND DISQUALIFIED ACCESSIONS BY TIME IN SERVICE AND APPLICATION YEAR: DOD



| | 2016 FQ | 2016 DQ | 2017 FQ | 2017 DQ | 2018 FQ | 2018 DQ | 2019 FQ | 2019 DQ | 2020 FQ | 2020 DQ |
|---|---|---|---|---|---|---|---|---|---|---|
| 731-1095 days | 2.7 | 2.4 | 2.7 | 2.4 | 2.3 | 1.8 | 0.7 | 0.3 | | |
| 366-730 days | 3.1 | 2.6 | 3.0 | 2.7 | 2.8 | 2.6 | 2.3 | 1.8 | 0.7 | 0.4 |
| 181-365 days | 1.6 | 1.6 | 1.8 | 1.6 | 1.6 | 1.4 | 1.5 | 1.4 | 1.2 | 1.0 |
| 91-180 days | 1.6 | 1.9 | 1.8 | 1.9 | 1.8 | 1.7 | 2.0 | 1.9 | 1.7 | 2.0 |
| 0-90 days | 4.5 | 4.8 | 4.7 | 5.1 | 5.1 | 5.3 | 5.6 | 6.6 | 4.6 | 5.5 |

1 Rates of attrition may be underestimated due to limited follow-up time.
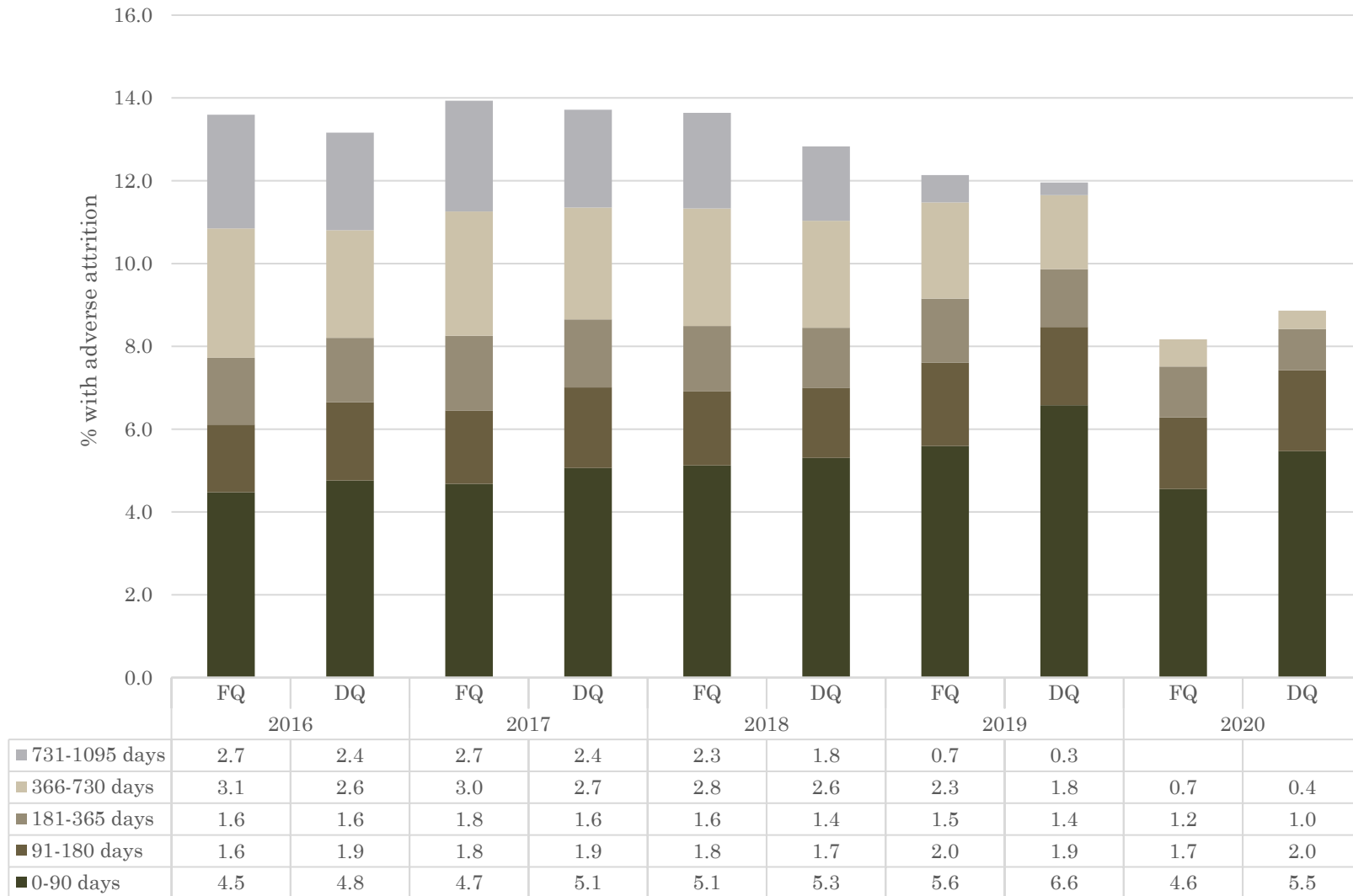
# ARMY

**TABLE 9B**: COMPARISON OF EARLY ADVERSE ATTRITION RATES[1] BETWEEN MEDICALLY QUALIFIED AND MEDICALLY DISQUALIFIED ACCESSIONS BY TIME IN SERVICE AND APPLICATION YEAR: ARMY

| Application FY | Accessed n | Time in Service | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 0-90 Days | | 91-180 Days | | 181-365 Days | | 366-730 Days | | 731-1095 Days | |
| | | % | Cumul % | % | Cumul % | % | Cumul % | % | Cumul % | % | Cumul % |
| **MEDICALLY QUALIFIED** | | | | | | | | | | | |
| 2016 | 91,299 | 3.1 | 3.1 | 1.7 | 4.8 | 1.6 | 6.4 | 3.5 | 9.8 | 3.0 | 12.8 |
| 2017 | 89,105 | 2.2 | 2.2 | 2.0 | 4.2 | 2.1 | 6.3 | 3.4 | 9.7 | 2.6 | 12.3 |
| 2018 | 93,443 | 2.6 | 2.6 | 2.4 | 5.0 | 1.8 | 6.7 | 3.0 | 9.7 | 2.2 | 11.9 |
| 2019 | 103,314 | 3.0 | 3.0 | 2.6 | 5.6 | 1.5 | 7.2 | 2.1 | 9.2 | 0.7[1] | 9.9 |
| 2020 | 88,419 | 2.4 | 2.4 | 1.7 | 4.1 | 1.2 | 5.3 | 0.6 | 5.9 | - | - |
| **Total** | **465,580** | **2.7** | **2.7** | **2.1** | **4.8** | **1.6** | **6.4** | **2.5** | **8.9** | **1.7** | **10.6** |
| **MEDICALLY DISQUALIFIED** | | | | | | | | | | | |
| 2016 | 7,914 | 2.7 | 2.7 | 1.9 | 4.6 | 1.8 | 6.4 | 2.6 | 8.9 | 2.6 | 11.5 |
| 2017 | 8,191 | 2.3 | 2.3 | 2.3 | 4.6 | 1.8 | 6.4 | 3.0 | 9.4 | 2.4 | 11.9 |
| 2018 | 8,090 | 2.7 | 2.7 | 2.3 | 5.0 | 1.5 | 6.5 | 2.2 | 8.7 | 1.7 | 10.4 |
| 2019 | 8,635 | 2.9 | 2.9 | 2.1 | 5.0 | 1.2 | 6.1 | 1.5 | 7.7 | 0.3 | 7.9 |
| 2020 | 8,015 | 2.9 | 2.9 | 1.6 | 4.5 | 1.0 | 5.4 | 0.4 | 5.8 | - | - |
| **Total** | **40,845** | **2.7** | **2.7** | **2.0** | **4.7** | **1.4** | **6.2** | **1.9** | **8.1** | **1.4** | **9.5** |

FY: Fiscal Year; Cumul: Cumulative
1 Rates of attrition may be underestimated due to limited follow-up time.

**FIGURE 6B**: COMPARISON OF THE RATES OF EARLY ADVERSE ATTRITION[1] BETWEEN MEDICALLY QUALIFIED AND DISQUALIFIED ACCESSIONS BY TIME IN SERVICE AND APPLICATION YEAR: ARMY



| | FQ 2016 | DQ 2016 | FQ 2017 | DQ 2017 | FQ 2018 | DQ 2018 | FQ 2019 | DQ 2019 | FQ 2020 | DQ 2020 |
|---|---|---|---|---|---|---|---|---|---|---|
| ■ 731-1095 days | 3.0 | 2.6 | 2.6 | 2.4 | 2.2 | 1.7 | 0.7 | 0.3 | | |
| ■ 366-730 days | 3.5 | 2.6 | 3.4 | 3.0 | 3.0 | 2.2 | 2.1 | 1.5 | 0.6 | 0.4 |
| ■ 181-365 days | 1.6 | 1.8 | 2.1 | 1.8 | 1.8 | 1.5 | 1.5 | 1.2 | 1.2 | 1.0 |
| ■ 91-180 days | 1.7 | 1.9 | 2.0 | 2.3 | 2.4 | 2.3 | 2.6 | 2.1 | 1.7 | 1.6 |
| ■ 0-90 days | 3.1 | 2.7 | 2.2 | 2.3 | 2.6 | 2.7 | 3.0 | 2.9 | 2.4 | 2.9 |

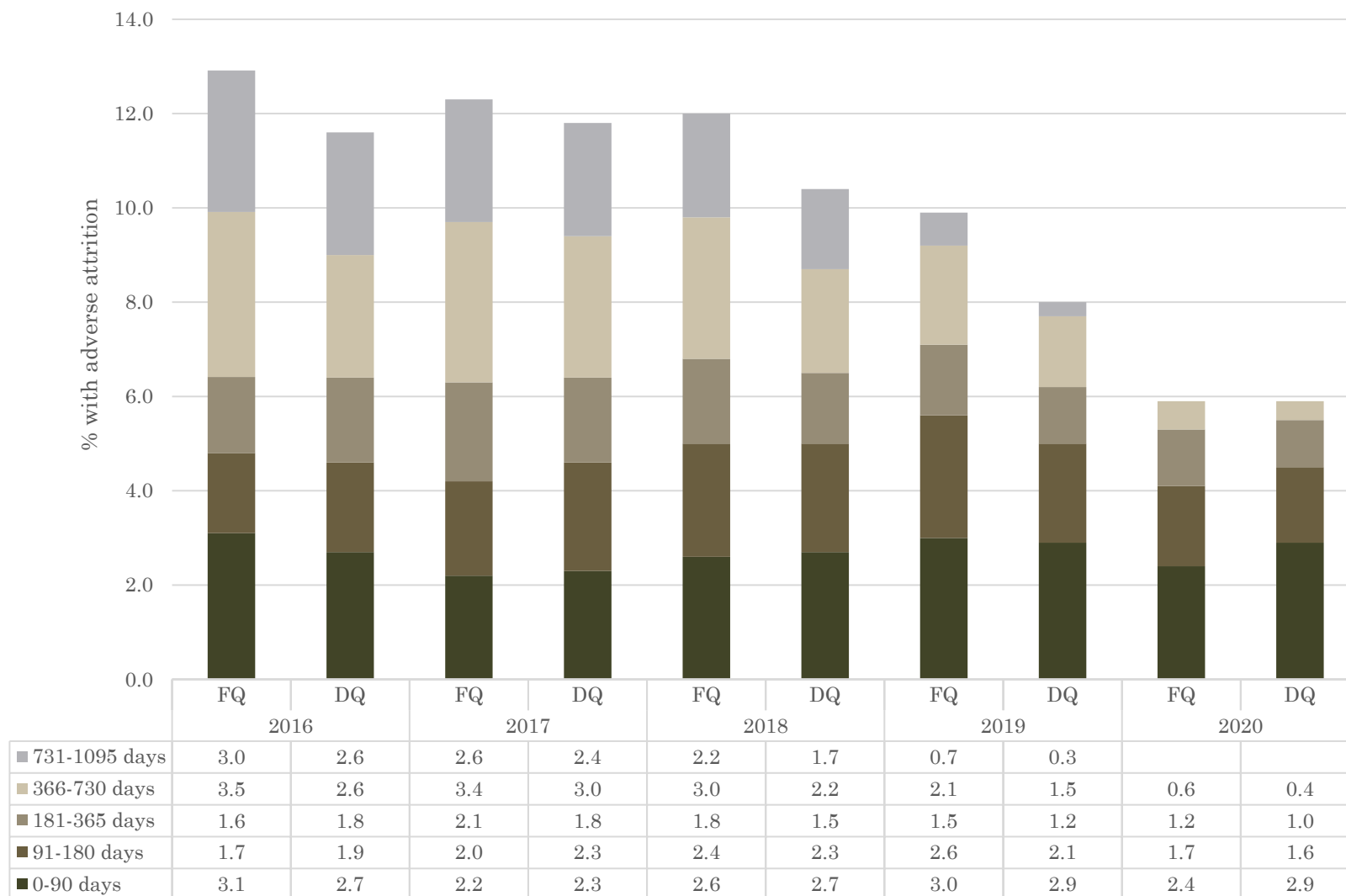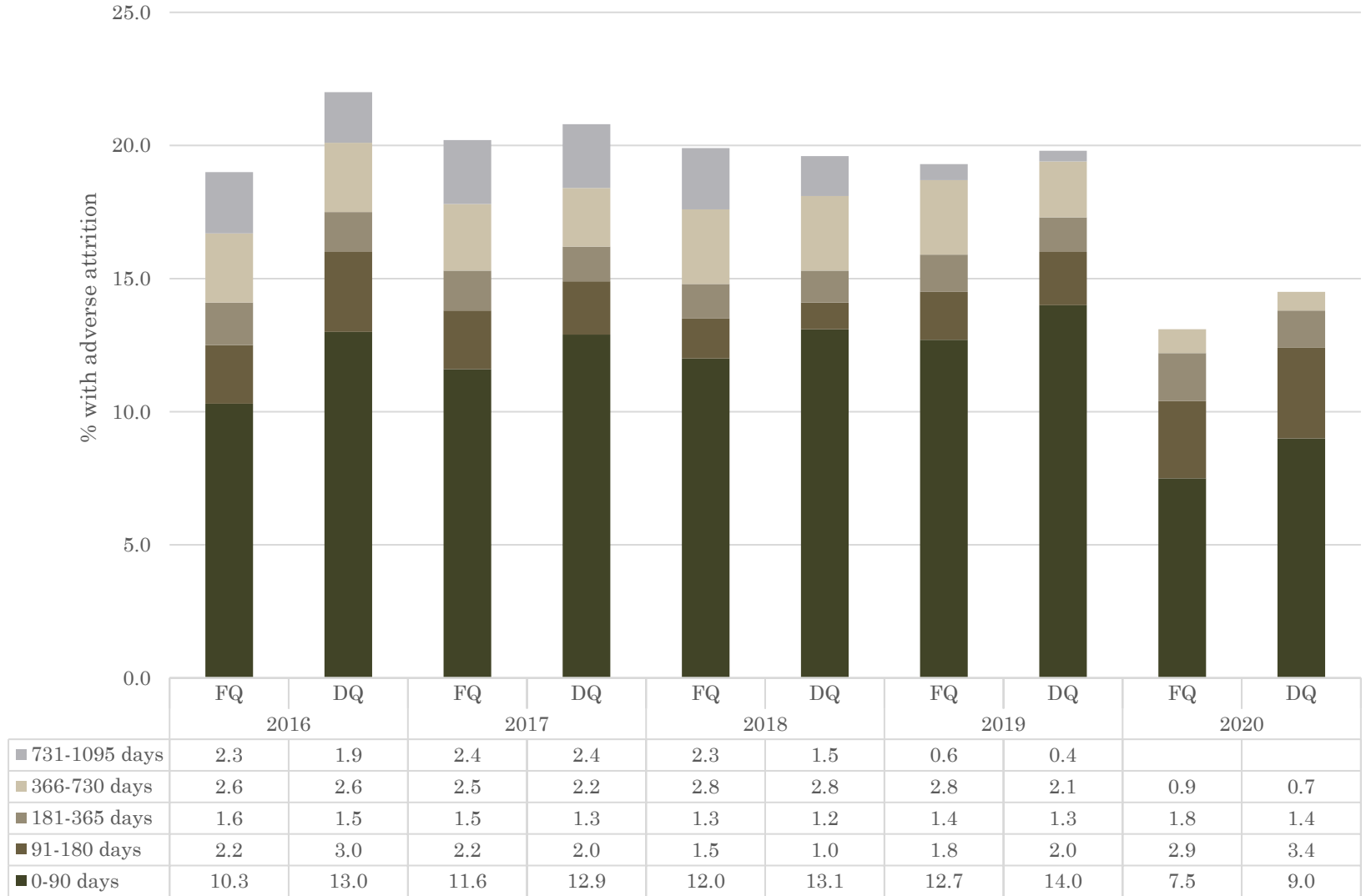1 Rates of attrition may be underestimated due to limited follow-up time.

# NAVY

**TABLE 9C**: COMPARISON OF EARLY ADVERSE ATTRITION RATES[1] BETWEEN MEDICALLY QUALIFIED AND MEDICALLY DISQUALIFIED ACCESSIONS BY TIME IN SERVICE AND APPLICATION YEAR: NAVY

| Application FY | Accessed n | 0-90 Days | | 91-180 Days | | 181-365 Days | | 366-730 Days | | 731-1095 Days | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | % | Cumul % | % | Cumul % | % | Cumul % | % | Cumul % | % | Cumul % |
| **MEDICALLY QUALIFIED** | | | | | | | | | | | |
| 2016 | 31,701 | 10.3 | 10.3 | 2.2 | 12.5 | 1.6 | 14.1 | 2.6 | 16.6 | 2.3 | 18.9 |
| 2017 | 33,866 | 11.6 | 11.6 | 2.2 | 13.7 | 1.5 | 15.2 | 2.5 | 17.7 | 2.4 | 20.1 |
| 2018 | 37,525 | 12.0 | 12.0 | 1.5 | 13.5 | 1.3 | 14.8 | 2.8 | 17.6 | 2.3 | 19.9 |
| 2019 | 38,477 | 12.7 | 12.7 | 1.8 | 14.5 | 1.4 | 16.0 | 2.8 | 18.7 | 0.6 | 19.3 |
| 2020 | 30,446 | 7.5 | 7.5 | 2.9 | 10.4 | 1.8 | 12.2 | 0.9 | 13.1 | - | - |
| **Total** | **172,015** | **11.0** | **11.0** | **2.1** | **13.0** | **1.5** | **14.5** | **2.4** | **16.9** | **1.5** | **18.4** |
| **MEDICALLY DISQUALIFIED** | | | | | | | | | | | |
| 2016 | 2,333 | 13.0 | 13.0 | 3.0 | 16.0 | 1.5 | 17.5 | 2.6 | 20.1 | 1.9 | 22.0 |
| 2017 | 2,389 | 12.9 | 12.9 | 2.0 | 14.9 | 1.3 | 16.2 | 2.2 | 18.4 | 2.4 | 20.8 |
| 2018 | 2,531 | 13.1 | 13.1 | 1.0 | 14.1 | 1.2 | 15.3 | 2.8 | 18.1 | 1.5 | 19.6 |
| 2019 | 4,653 | 14.0 | 14.0 | 2.0 | 16.0 | 1.3 | 17.3 | 2.1 | 19.4 | 0.4 | 19.8 |
| 2020 | 4,652 | 9.0 | 9.0 | 3.4 | 12.4 | 1.4 | 13.8 | 0.7 | 14.5 | - | - |
| **Total** | **16,558** | **12.2** | **12.2** | **2.4** | **14.6** | **1.3** | **15.9** | **1.9** | **17.8** | **0.9** | **18.7** |

FY: Fiscal Year; Cumul: Cumulative
1 Rates of attrition may be underestimated due to limited follow-up time.

**FIGURE 6C**: COMPARISON OF THE RATES OF EARLY ADVERSE ATTRITION[1] BETWEEN MEDICALLY QUALIFIED AND DISQUALIFIED ACCESSIONS BY TIME IN SERVICE AND APPLICATION YEAR: NAVY



| | FQ 2016 | DQ 2016 | FQ 2017 | DQ 2017 | FQ 2018 | DQ 2018 | FQ 2019 | DQ 2019 | FQ 2020 | DQ 2020 |
|---|---|---|---|---|---|---|---|---|---|---|
| ■ 731-1095 days | 2.3 | 1.9 | 2.4 | 2.4 | 2.3 | 1.5 | 0.6 | 0.4 | | |
| ■ 366-730 days | 2.6 | 2.6 | 2.5 | 2.2 | 2.8 | 2.8 | 2.8 | 2.1 | 0.9 | 0.7 |
| ■ 181-365 days | 1.6 | 1.5 | 1.5 | 1.3 | 1.3 | 1.2 | 1.4 | 1.3 | 1.8 | 1.4 |
| ■ 91-180 days | 2.2 | 3.0 | 2.2 | 2.0 | 1.5 | 1.0 | 1.8 | 2.0 | 2.9 | 3.4 |
| ■ 0-90 days | 10.3 | 13.0 | 11.6 | 12.9 | 12.0 | 13.1 | 12.7 | 14.0 | 7.5 | 9.0 |

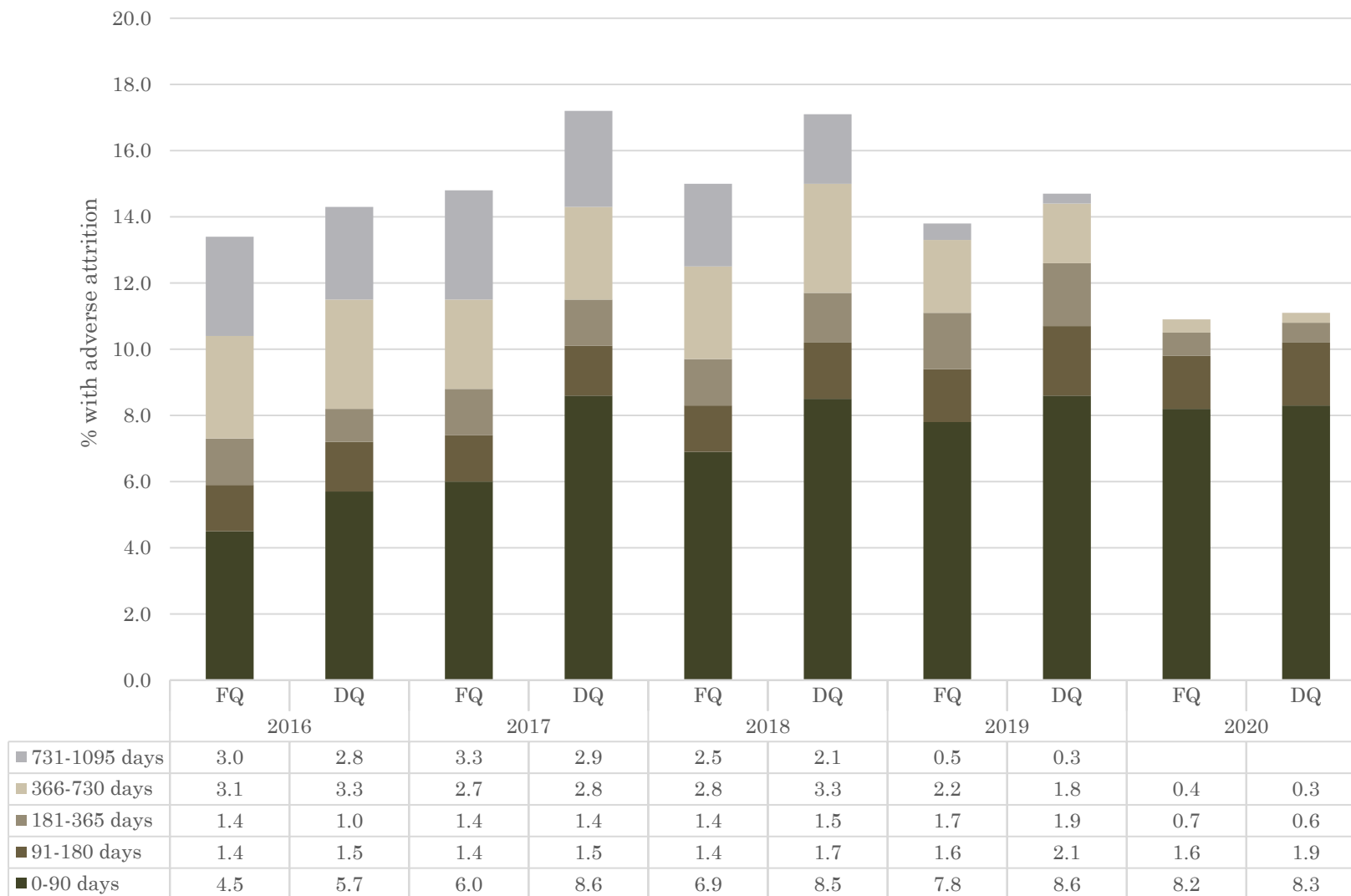1 Rates of attrition may be underestimated due to limited follow-up time.

# MARINE CORPS

**TABLE 9D**: COMPARISON OF EARLY ADVERSE ATTRITION RATES[1] BETWEEN MEDICALLY QUALIFIED AND MEDICALLY DISQUALIFIED ACCESSIONS BY TIME IN SERVICE AND APPLICATION YEAR: MARINE CORPS

| | | Time in Service | | | | | | | | | |
| | | 0-90 Days | | 91-180 Days | | 181-365 Days | | 366-730 Days | | 731-1095 Days | |
| Application FY | Accessed n | % | Cumul % | % | Cumul % | % | Cumul % | % | Cumul % | % | Cumul % |
|---|---|---|---|---|---|---|---|---|---|---|---|
| MEDICALLY QUALIFIED | | | | | | | | | | | |
| 2016 | 32,448 | 4.5 | 4.5 | 1.4 | 5.8 | 1.4 | 7.2 | 3.1 | 10.3 | 3.0 | 13.4 |
| 2017 | 33,915 | 6.0 | 6.0 | 1.4 | 7.4 | 1.4 | 8.8 | 2.7 | 11.5 | 3.3 | 14.8 |
| 2018 | 32,958 | 6.9 | 6.9 | 1.4 | 8.2 | 1.4 | 9.6 | 2.8 | 12.5 | 2.5 | 15.0 |
| 2019 | 33,246 | 7.8 | 7.8 | 1.6 | 9.4 | 1.7 | 11.1 | 2.2 | 13.3 | 0.5 | 13.7 |
| 2020 | 26,357 | 8.2 | 8.2 | 1.6 | 9.8 | 0.7 | 10.5 | 0.4 | 11.0 | - | - |
| **Total** | **158,924** | **6.6** | **6.6** | **1.4** | **8.1** | **1.3** | **9.4** | **2.3** | **11.7** | **1.9** | **13.7** |
| MEDICALLY DISQUALIFIED | | | | | | | | | | | |
| 2016 | 2,468 | 5.7 | 5.7 | 1.5 | 7.3 | 1.0 | 8.2 | 3.3 | 11.5 | 2.8 | 14.3 |
| 2017 | 2,674 | 8.6 | 8.6 | 1.5 | 10.2 | 1.4 | 11.6 | 2.8 | 14.4 | 2.9 | 17.3 |
| 2018 | 3,047 | 8.5 | 8.5 | 1.7 | 10.2 | 1.5 | 11.8 | 3.3 | 15.1 | 2.1 | 17.2 |
| 2019 | 3,063 | 8.6 | 8.6 | 2.1 | 10.7 | 1.9 | 12.6 | 1.8 | 14.3 | 0.3 | 14.6 |
| 2020 | 2,469 | 8.3 | 8.3 | 1.9 | 10.2 | 0.6 | 10.8 | 0.3 | 11.1 | - | - |
| **Total** | **13,721** | **8.0** | **8.0** | **1.8** | **9.8** | **1.3** | **11.1** | **2.3** | **13.4** | **1.6** | **15.0** |

FY: Fiscal Year; Cumul: Cumulative
1 Rates of attrition may be underestimated due to limited follow-up time.

**FIGURE 6D**: COMPARISON OF THE RATES OF EARLY ADVERSE ATTRITION[1] BETWEEN MEDICALLY QUALIFIED AND DISQUALIFIED ACCESSIONS BY TIME IN SERVICE AND APPLICATION YEAR: MARINE CORPS

| | 2016 FQ | 2016 DQ | 2017 FQ | 2017 DQ | 2018 FQ | 2018 DQ | 2019 FQ | 2019 DQ | 2020 FQ | 2020 DQ |
|---|---|---|---|---|---|---|---|---|---|---|
| 731-1095 days | 3.0 | 2.8 | 3.3 | 2.9 | 2.5 | 2.1 | 0.5 | 0.3 | | |
| 366-730 days | 3.1 | 3.3 | 2.7 | 2.8 | 2.8 | 3.3 | 2.2 | 1.8 | 0.4 | 0.3 |
| 181-365 days | 1.4 | 1.0 | 1.4 | 1.4 | 1.4 | 1.5 | 1.7 | 1.9 | 0.7 | 0.6 |
| 91-180 days | 1.4 | 1.5 | 1.4 | 1.5 | 1.4 | 1.7 | 1.6 | 2.1 | 1.6 | 1.9 |
| 0-90 days | 4.5 | 5.7 | 6.0 | 8.6 | 6.9 | 8.5 | 7.8 | 8.6 | 8.2 | 8.3 |

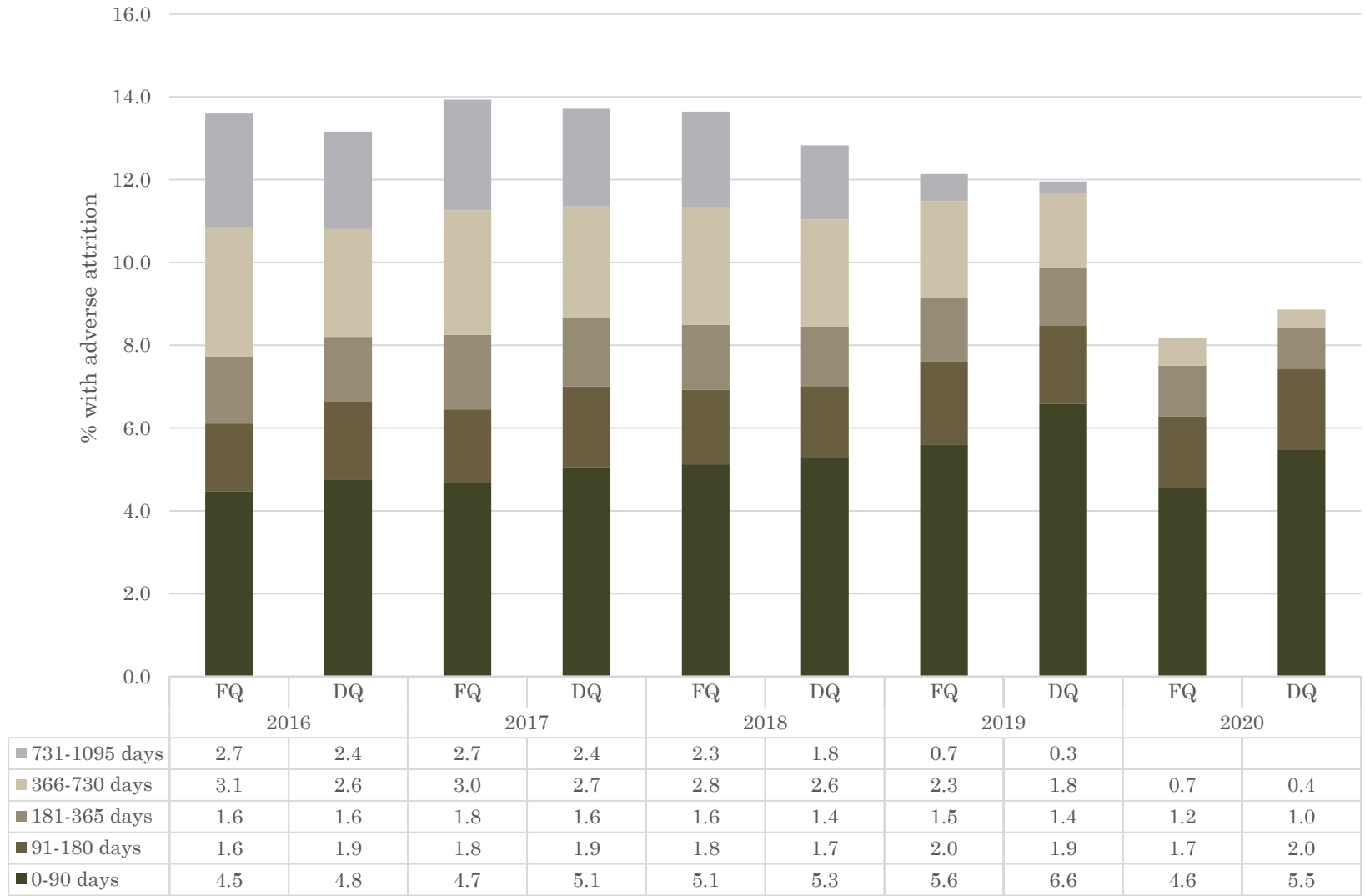1 Rates of attrition may be underestimated due to limited follow-up time.

# AIR FORCE

**TABLE 9E**: COMPARISON OF EARLY ADVERSE ATTRITION RATES[1] BETWEEN MEDICALLY QUALIFIED AND MEDICALLY DISQUALIFIED ACCESSIONS BY TIME IN SERVICE AND APPLICATION YEAR: AIR FORCE

| Application FY | Accessed n | 0-90 Days | | 91-180 Days | | 181-365 Days | | 366-730 Days | | 731-1095 Days | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | % | Cumul % | % | Cumul % | % | Cumul % | % | Cumul % | % | Cumul % |
| MEDICALLY QUALIFIED | | | | | | | | | | | |
| 2016 | 33,663 | 2.8 | 2.8 | 1.2 | 4.0 | 1.9 | 5.9 | 2.7 | 8.6 | 2.3 | 10.9 |
| 2017 | 35,024 | 3.1 | 3.1 | 1.1 | 4.2 | 1.8 | 6.0 | 2.8 | 8.8 | 2.4 | 11.2 |
| 2018 | 34,728 | 2.8 | 2.8 | 1.0 | 3.8 | 1.6 | 5.4 | 2.4 | 7.8 | 2.4 | 10.2 |
| 2019[1] | 37,345 | 3.5 | 3.5 | 0.9 | 4.4 | 1.6 | 6.0 | 2.7 | 8.6 | 0.9 | 9.5 |
| 2020[1] | 27,895 | 4.6 | 4.6 | 0.7 | 5.4 | 1.3 | 6.6 | 0.8 | 7.4 | - | - |
| **Total[1]** | **168,655** | **3.3** | **3.3** | **1.0** | **4.3** | **1.6** | **5.9** | **2.3** | **8.3** | **1.7** | **10.0** |
| MEDICALLY DISQUALIFIED | | | | | | | | | | | |
| 2016 | 2,618 | 2.6 | 2.6 | 1.4 | 4.0 | 1.5 | 5.5 | 2.1 | 7.6 | 1.7 | 9.3 |
| 2017 | 3,182 | 3.2 | 3.2 | 1.4 | 4.6 | 1.7 | 6.3 | 2.2 | 8.5 | 1.7 | 10.2 |
| 2018 | 3,317 | 2.9 | 2.9 | 0.6 | 3.5 | 1.4 | 4.9 | 2.6 | 7.6 | 2.0 | 9.6 |
| 2019[1] | 3,345 | 4.0 | 4.0 | 1.0 | 5.0 | 1.6 | 6.6 | 2.2 | 8.7 | 0.3 | 9.0 |
| 2020[1] | 2,747 | 4.4 | 4.4 | 0.6 | 5.0 | 0.8 | 5.9 | 0.4 | 6.3 | - | - |
| **Total[1]** | **15,209** | **3.4** | **3.4** | **1.0** | **4.4** | **1.4** | **5.8** | **1.9** | **7.8** | **1.1** | **8.9** |

FY: Fiscal Year; Cumul: Cumulative
1 Rates of attrition may be underestimated due to limited follow-up time.

**FIGURE 6E**: COMPARISON OF THE RATES OF EARLY ADVERSE ATTRITION[1] BETWEEN MEDICALLY QUALIFIED AND DISQUALIFIED ACCESSIONS BY TIME IN SERVICE AND APPLICATION YEAR: AIR FORCE



| | FQ 2016 | DQ 2016 | FQ 2017 | DQ 2017 | FQ 2018 | DQ 2018 | FQ 2019 | DQ 2019 | FQ 2020 | DQ 2020 |
|---|---|---|---|---|---|---|---|---|---|---|
| ■ 731-1095 days | 2.7 | 2.4 | 2.7 | 2.4 | 2.3 | 1.8 | 0.7 | 0.3 | | |
| ■ 366-730 days | 3.1 | 2.6 | 3.0 | 2.7 | 2.8 | 2.6 | 2.3 | 1.8 | 0.7 | 0.4 |
| ■ 181-365 days | 1.6 | 1.6 | 1.8 | 1.6 | 1.6 | 1.4 | 1.5 | 1.4 | 1.2 | 1.0 |
| ■ 91-180 days | 1.6 | 1.9 | 1.8 | 1.9 | 1.8 | 1.7 | 2.0 | 1.9 | 1.7 | 2.0 |
| ■ 0-90 days | 4.5 | 4.8 | 4.7 | 5.1 | 5.1 | 5.3 | 5.6 | 6.6 | 4.6 | 5.5 |

1 Rates of attrition may be underestimated due to limited follow-up time.

Table 10 presents the proportion and likelihood of early adverse attrition among medically disqualified service members per DQ category compared to medically qualified service members. Relative risks for medically disqualified service members relative to medically qualified service members and 95% confidence intervals were calculated to assess likelihood of adverse attrition; all models were adjusted for age at application, gender, race, and service.

**Table 10 Key Findings**

- The proportion of medically disqualified service members who adversely attrited within the first three years of service varied by medical DQ category, ranging from about 9% (Female Genital System) to 16% (Rheumatologic Conditions).
  - In comparison, 12.4% of medically qualified service members had an early adverse attrition.
- Overall, there was no statistically significant difference in the likelihood of adverse attrition between medically qualified and medically disqualified service members (RR: 0.97; 95% CI: 0.95, 1.00).
  - The likelihood of adverse attrition did not significantly differ between medically qualified and medically disqualified service members for 18 out of the 29 DQ categories.
- Service members medically disqualified for Eyes (RR: 1.08; 95% CI: 1.04, 1.12), Vision (RR: 1.1; 95% CI: 1.06, 1.14), or Rheumatologic Conditions (RR: 1.47; 95% CI: 1.11, 1.95) were more likely to have an adverse attrition when compared to medically qualified service members.
- Service members medically disqualified for Ears; Lungs, Chest Wall, Pleura, and Mediastinum; Female Genital System; Male Genital System, Upper Extremity Conditions; Lower Extremity Conditions; Miscellaneous Conditions of the Extremities; or Skin and Cellular Tissue Conditions were significantly less likely to have an adverse attrition than medically qualified service members.

**TABLE 10:** LIKELIHOOD OF EARLY ADVERSE ATTRITION[1] AMONG MEDICALLY DISQUALIFIED ACCESSIONS, BY DISQUALIFICATION CATEGORY: DOD

| Disqualification Category[1] | Adverse Attrition among Medically DQ'ed Accessions | | | |
|---|---|---|---|---|
| | n | % | RR$_a$[2] | 95% CI |
| 2. Head | 17 | 9.0 | 0.73 | (0.44, 1.21) |
| 3. Eyes | 3,562 | 13.2 | **1.08** | **(1.04, 1.12)** |
| 4. Vision | 3,143 | 13.4 | **1.10** | **(1.06, 1.14)** |
| 5. Ears | 131 | 9.8 | **0.79** | **(0.66, 0.95)** |
| 6. Hearing | 123 | 12.7 | 0.91 | (0.75, 1.10) |
| 7. Nose, Sinuses, Mouth, and Larynx | 48 | 11.1 | 0.91 | (0.67, 1.23) |
| 8. Dental | 84 | 14.7 | 1.24 | (0.98, 1.56) |
| 9. Neck | 15 | 11.2 | 0.94 | (0.55, 1.61) |
| 10. Lungs, Chest Wall, Pleura, and Mediastinum | 477 | 9.6 | **0.74** | **(0.67, 0.81)** |
| 11. Heart | 147 | 11.3 | 0.90 | (0.76, 1.07) |
| 12. Abdominal Organs and Gastrointestinal System | 190 | 10.6 | 0.88 | (0.76, 1.03) |
| 13. Female Genital System | 85 | 8.6 | **0.67** | **(0.53, 0.84)** |
| 14. Male Genital System | 272 | 10.8 | **0.86** | **(0.76, 0.97)** |
| 15. Urinary System | 244 | 10.7 | 0.89 | (0.77, 1.01) |
| 16. Spine and Sacroiliac Joint Conditions | 342 | 11.6 | 0.94 | (0.84, 1.05) |
| 17. Upper Extremity Conditions | 308 | 9.3 | **0.78** | **(0.69, 0.88)** |
| 18. Lower Extremity Conditions | 728 | 11.1 | **0.91** | **(0.84, 0.98)** |
| 19. Miscellaneous Conditions of the Extremities | 1,257 | 9.5 | **0.78** | **(0.73, 0.82)** |
| 20. Vascular System | 91 | 10.7 | 0.92 | (0.74, 1.15) |
| 21. Skin and Cellular Tissue Conditions | 637 | 11.4 | **0.90** | **(0.83, 0.97)** |
| 22. Blood and Blood Forming Conditions | 27 | 10.4 | 0.84 | (0.56, 1.26) |
| 23. Systemic Conditions | 479 | 12.9 | 1.04 | (0.94, 1.14) |
| 24. Endocrine and Metabolic Conditions | 66 | 11.0 | 0.91 | (0.70, 1.17) |
| 25. Rheumatologic Conditions | 59 | 16.4 | **1.47** | **(1.11, 1.95)** |
| 26. Neurologic Conditions | 230 | 10.9 | 0.88 | (0.77, 1.01) |
| 27. Sleep Disorders | 18 | 10.1 | 0.81 | (0.50, 1.32) |
| 28. Learning, Psychiatric, and Behavioral Disorders | 1,388 | 13.3 | 1.06 | (1.00, 1.12) |
| 29. Tumors and Malignancies | 36 | 11.7 | 0.99 | (0.70, 1.41) |
| 30. Miscellaneous Conditions | 315 | 13.3 | 1.10 | (0.98, 1.24) |
| **Total Disqualified w/ Adverse Attrition**[3] | 10,391 | 12.0 | 0.97 | (0.95, 1.00) |

DQ: Disqualified; RRa: Adjusted Relative Risk; CI: Confidence Interval.

1 Categories are not mutually exclusive, accessions with multiple disqualifications across DQ categories are counted more than once.

2 Adjusted relative risk was adjusted for age at application, gender, race, and service. The comparison group for all models was medically qualified accessions; 12.4% of medically qualified accessions had an early adverse attrition.

# 3: Early Disability Discharge

**Table 11** compares overall rates of early disability discharge between medically qualified and disqualified accessions for all DOD services combined. Due to the rarity of disability, results in this section are presented overall rather by service. **Table 12** and **Figure 7** compare the disability discharge rate between medically qualified and disqualified accessions by time in service. Early disability discharge rates should be considered underestimated among service members due to limited follow-up time.

## Tables 11-12 and Figure 7 Key Findings

- Disability discharge within the first three years of service was a rare outcome, with an overall rate of 97-102 per 10,000 accessions.
  - The disability discharge rate appears to decrease over time, however this is likely due to limited follow-up time, particularly among FY 2019-2020 applicants.
  - Medically disqualified accessions who applied between FY 2016-2017 had higher rates of disability discharge than those medically qualified.
    - Due to their rarity, disability discharges related to any condition were included, so the condition(s) that lead to a disability discharge may not be related to the service member's DQ or medical waiver.
- The disability discharge rate increased with longer time in service.
  - Disability discharge relates to service-connected conditions and/or injuries. Service members with longer time in service may have a higher risk of injury.
- In general, medically qualified and disqualified accessions were disability discharged at a similar rate at each follow-up point.

**TABLE 11**: COMPARISON OF THE RATE OF EARLY DISABILITY DISCHARGE (PER 10,000 SERVICE MEMBERS) BY MEDICAL QUALIFICATION STATUS AND APPLICATION FY: DOD

| | Medically Qualified | | | Medically Disqualified | | |
| | Accessed | Disability Discharged | | Accessed | Disability Discharged | |
| Application FY | n | n | Rate[1] | n | n | Rate[1] |
|---|---|---|---|---|---|---|
| 2016 | 189,111 | 2,567 | 136 | 15,333 | 240 | 157 |
| 2017 | 191,910 | 2,844 | 148 | 16,436 | 269 | 164 |
| 2018 | 198,654 | 2,730 | 137 | 16,985 | 221 | 130 |
| 2019 | 212,382 | 1,404 | 66 | 19,696 | 79 | 40 |
| 2020 | 173,117 | 282 | 16 | 17,883 | 28 | 16 |
| **Total** | **965,174** | **9,827** | **102** | **86,333** | **837** | **97** |

1 Rates of disability discharge may be underestimated due to limited follow-up time.

**TABLE 12**: COMPARISON OF RATES OF EARLY DISABILITY DISCHARGE BETWEEN MEDICALLY QUALIFIED AND MEDICALLY DISQUALIFIED ACCESSIONS BY TIME IN SERVICE AND APPLICATION YEAR: DOD
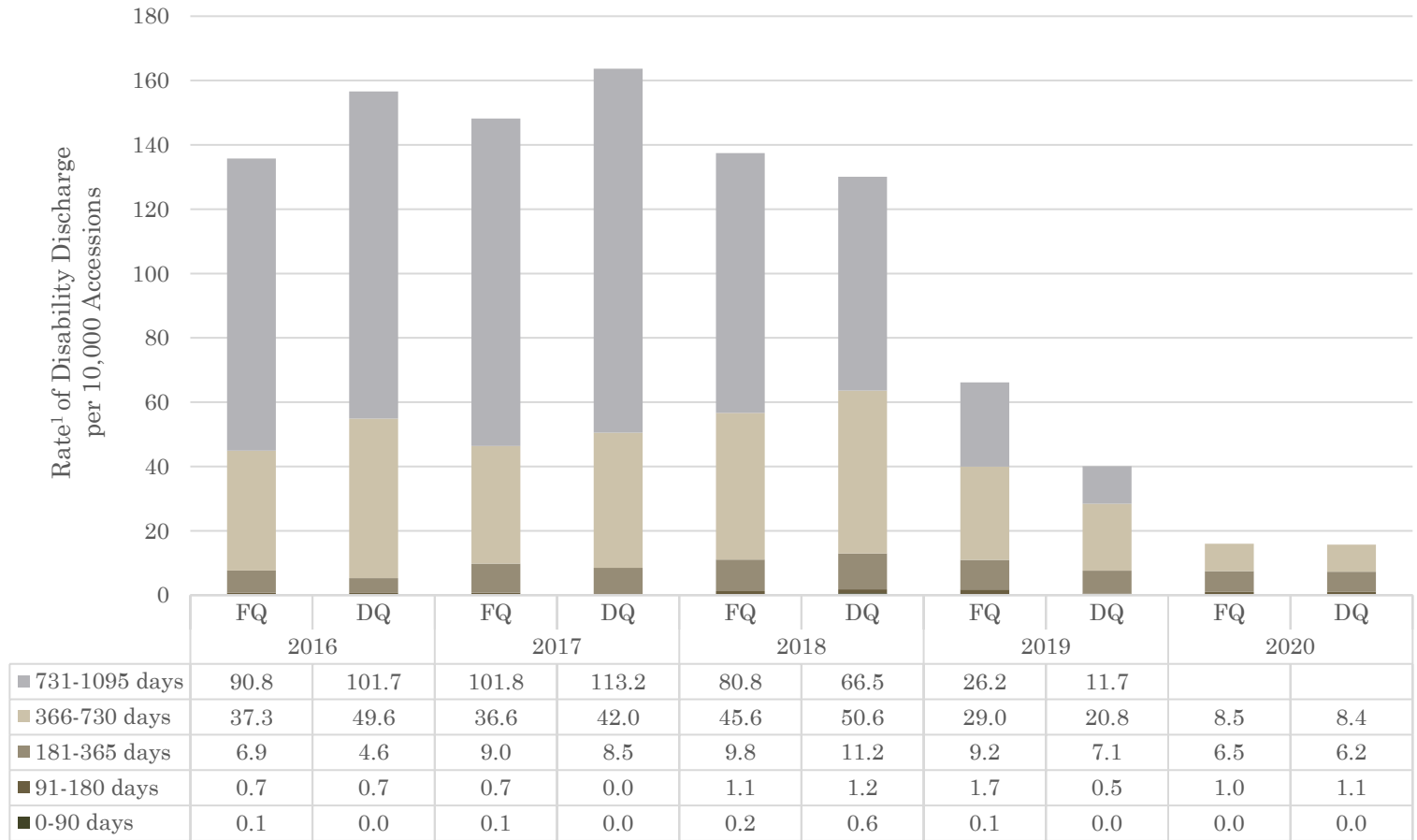
| Application FY | Accessed | 0-90 Days | | 91-180 Days | | 181-365 Days | | 366-730 Days | | 731-1095 Days | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | n | %[1] | Cumul % | %[1] | Cumul % | %[1] | Cumul % | %[1] | Cumul % | %[1] | Cumul % |
| **MEDICALLY QUALIFIED** | | | | | | | | | | | |
| 2016 | 189,111 | 0.001 | 0.001 | 0.01 | 0.01 | 0.07 | 0.08 | 0.37 | 0.45 | 0.91 | 1.36 |
| 2017 | 191,910 | 0.001 | 0.001 | 0.01 | 0.01 | 0.09 | 0.10 | 0.37 | 0.46 | 1.02 | 1.48 |
| 2018 | 198,654 | 0.002 | 0.002 | 0.01 | 0.01 | 0.10 | 0.11 | 0.46 | 0.57 | 0.81 | 1.37 |
| 2019[2] | 212,382 | <0.001 | <0.001 | 0.02 | 0.02 | 0.09 | 0.11 | 0.29 | 0.40 | 0.26 | 0.18 |
| 2020[2] | 173,117 | - | - | 0.01 | 0.01 | 0.06 | 0.08 | 0.08 | 0.16 | - | - |
| **Total**[2] | **965,174** | **0.001** | **0.001** | **0.01** | **0.01** | **0.08** | **0.09** | **0.32** | **0.41** | **0.60** | **1.02** |
| **MEDICALLY DISQUALIFIED** | | | | | | | | | | | |
| 2016 | 15,333 | - | - | 0.01 | 0.01 | 0.05 | 0.05 | 0.50 | 0.55 | 1.02 | 1.57 |
| 2017 | 16,436 | - | - | - | - | 0.09 | 0.09 | 0.42 | 0.50 | 1.13 | 1.64 |
| 2018 | 16,985 | 0.006 | 0.006 | 0.01 | 0.02 | 0.11 | 0.13 | 0.51 | 0.64 | 0.67 | 1.30 |
| 2019[2] | 19,696 | - | - | 0.01 | 0.01 | 0.07 | 0.08 | 0.21 | 0.28 | 0.12 | 0.40 |
| 2020[2] | 17,883 | - | - | 0.01 | 0.01 | 0.07 | 0.01 | 0.08 | 0.16 | - | - |
| **Total**[2] | **86,333** | **0.001** | **0.001** | **0.01** | **0.01** | **0.08** | **0.08** | **0.33** | **0.42** | **0.55** | **0.97** |

FY: Fiscal Year; Cumul: Cumulative
1. Percent out of the number of accessions per year
2. Rates of disability discharge may be underestimated due to limited follow-up time

**FIGURE 7**: COMPARISON OF THE RATE (PER 10,000 ACCESSIONS) OF EARLY DISABILITY DISCHARGE BETWEEN MEDICALLY QUALIFIED AND DISQUALIFIED ACCESSIONS BY TIMING TO DISCHARGE: DOD



| | FQ 2016 | DQ 2016 | FQ 2017 | DQ 2017 | FQ 2018 | DQ 2018 | FQ 2019 | DQ 2019 | FQ 2020 | DQ 2020 |
|---|---|---|---|---|---|---|---|---|---|---|
| ■ 731-1095 days | 90.8 | 101.7 | 101.8 | 113.2 | 80.8 | 66.5 | 26.2 | 11.7 | | |
| ■ 366-730 days | 37.3 | 49.6 | 36.6 | 42.0 | 45.6 | 50.6 | 29.0 | 20.8 | 8.5 | 8.4 |
| ■ 181-365 days | 6.9 | 4.6 | 9.0 | 8.5 | 9.8 | 11.2 | 9.2 | 7.1 | 6.5 | 6.2 |
| ■ 91-180 days | 0.7 | 0.7 | 0.7 | 0.0 | 1.1 | 1.2 | 1.7 | 0.5 | 1.0 | 1.1 |
| ■ 0-90 days | 0.1 | 0.0 | 0.1 | 0.0 | 0.2 | 0.6 | 0.1 | 0.0 | 0.0 | 0.0 |

1. Rates of disability discharge may be underestimated due to limited follow-up time

**Table 13** presents the proportion and likelihood of early disability discharge among medically disqualified service members per DQ category compared to medically qualified service members. Relative risks and 95% confidence intervals were calculated to assess likelihood of early disability discharge; all models were adjusted for age at application, gender, race, and service.

### Table 13 Key Findings

- The proportion of medically disqualified service members disability discharged within the first three years of service varied by medical DQ category, and ranged from 0.0% (Nose, Sinuses, Mouth and Larynx; Sleep Disorders) to 1.6% (Upper Extremity Conditions.
  - In comparison, 1.0% of medically qualified service members were disability discharged within three years.
- Overall, there was no significant difference in the likelihood of early disability discharge between medically qualified and medically disqualified service members (RR: 0.95; 95% CI: 0.88, 1.02).
  - For 23 out of the 29 DQ categories, the likelihood of early disability discharge did not significantly differ between medically qualified and medically disqualified service members.
- Service members medically disqualified for a condition of the extremities were 24%-64% more likely to be disability discharged than medically qualified service members.

**TABLE 13**: LIKELIHOOD OF EARLY DISABILITY DISCHARGE[1] OF SERVICE AMONG MEDICALLY DISQUALIFIED ACCESSIONS, BY DISQUALIFICATION CATEGORY: DOD

| Disqualification Category[1] | Disability Discharge among Medically DQ'ed Accessions | | | |
|---|---|---|---|---|
| | n | % | RR$_a$[2] | 95% CI |
| 2. Head | 2 | 1.1 | 1.20 | (0.30, 4.83) |
| 3. Eyes | 239 | 0.9 | **0.86** | **(0.75, 0.98)** |
| 4. Vision | 202 | 0.9 | **0.84** | **(0.73, 0.97)** |
| 5. Ears | 6 | 0.4 | **0.45** | **(0.20, 0.99)** |
| 6. Hearing | 3 | 0.3 | 0.36 | (0.12, 1.13) |
| 7. Nose, Sinuses, Mouth, and Larynx | 0 | 0.0 | - | - |
| 8. Dental | 4 | 0.7 | 0.65 | (0.24, 1.73) |
| 9. Neck | 2 | 1.5 | 1.41 | (0.35, 5.73) |
| 10. Lungs, Chest Wall, Pleura, and Mediastinum | 37 | 0.7 | 0.77 | (0.56, 1.07) |
| 11. Heart | 7 | 0.5 | 0.55 | (0.26, 1.16) |
| 12. Abdominal Organs and Gastrointestinal System | 10 | 0.6 | **0.53** | **(0.28, 0.99)** |
| 13. Female Genital System | 8 | 0.8 | **0.49** | **(0.24, 0.99)** |
| 14. Male Genital System | 25 | 1.0 | 1.12 | (0.75, 1.66) |
| 15. Urinary System | 17 | 0.7 | 0.71 | (0.44, 1.14) |
| 16. Spine and Sacroiliac Joint Conditions | 27 | 0.9 | 0.84 | (0.58, 1.23) |
| 17. Upper Extremity Conditions | 53 | 1.6 | **1.64** | **(1.25, 2.16)** |
| 18. Lower Extremity Conditions | 91 | 1.4 | **1.34** | **(1.09, 1.65)** |
| 19. Miscellaneous Conditions of the Extremities | 163 | 1.2 | **1.24** | **(1.06, 1.45)** |
| 20. Vascular System | 5 | 0.6 | 0.58 | (0.24, 1.39) |
| 21. Skin and Cellular Tissue Conditions | 58 | 1.0 | 1.01 | (0.78, 1.31) |
| 22. Blood and Blood Forming Conditions | 1 | 0.4 | 0.34 | (0.05, 2.44) |
| 23. Systemic Conditions | 42 | 1.1 | 1.06 | (0.78, 1.44) |
| 24. Endocrine and Metabolic Conditions | 7 | 1.2 | 1.08 | (0.51, 2.27) |
| 25. Rheumatologic Conditions | 4 | 1.1 | 1.03 | (0.38, 2.76) |
| 26. Neurologic Conditions | 15 | 0.7 | 0.74 | (0.45, 1.24) |
| 27. Sleep Disorders | 0 | 0.0 | - | - |
| 28. Learning, Psychiatric, and Behavioral Disorders | 68 | 0.7 | **0.65** | **(0.51, 0.83)** |
| 29. Tumors and Malignancies | 2 | 0.7 | 0.64 | (0.16, 2.58) |
| 30. Miscellaneous Conditions | 28 | 1.2 | 1.17 | (0.80, 1.69) |
| **Total Disqualified w/ Disability Discharge[3]** | 837 | 1.0 | 0.95 | (0.88, 1.02) |

RRa: Adjusted relative risk; CI: Confidence Interval

1 Categories are not mutually exclusive, accessions with multiple disqualifications across different disqualification categories are counted more than once.

2 Relative risks were adjusted for age at application, gender, race, and service.  The comparison group for all models was fully qualified accessions; 0.97% of fully qualified accessions had an early disability discharge.

3 Since disability discharge was a rare outcome, relative risks should be interpreted with caution.

**Table 14** describes concordance between medical DQ and reason for early disability discharge for the leading DQ categories. The ten most common medical DQ categories were mapped to the most clinically relevant Veteran Affairs for Schedule Rating Disabilities (VASRD) body system categories. Systemic Conditions and Miscellaneous Conditions were among the most common medical DQ categories; however, these categories may map to multiple VASRD body system categories and were therefore not included.

## Table 14 Key Findings

- Little concordance was observed between DQ category and early disability discharge.
  - Less than 1.5% of service members were disability discharged for conditions within a similar body system of their medical DQ for the 10 most common DQ categories.
  - The highest concordance was seen among service members with a musculoskeletal DQ. However, this result may be over-estimated because the VASRD body system category does not specify location of the musculoskeletal injury. For example, a service member may have been disqualified for an upper extremity condition but disability discharged due to a lower extremity condition.

**TABLE 14**: CONCORDANCE BETWEEN LEADING DISQUALIFICATION CATEGORIES AND REASON FOR EARLY DISABILITY DISCHARGE: DOD

| Disqualification Category[1] | VASRD Body System | Disqualified Accessions n | Disability Discharged n | Disability Discharged % |
|---|---|---|---|---|
| 3. Eyes | Eyes and Vision | 26,326 | 6 | <0.1 |
| 4. Vision | Eyes and Vision | 22,775 | 3 | <0.1 |
| 10. Lungs, Chest Wall, Pleura, and Mediastinum | Respiratory | 4,767 | 4 | 0.1 |
| 16. Spine and Sacroiliac Joint Conditions | Musculoskeletal | 2,833 | 22 | 0.8 |
| 17. Upper Extremity Conditions | Musculoskeletal | 3,211 | 44 | 1.4 |
| 18. Lower Extremity Conditions | Musculoskeletal | 6,323 | 72 | 1.1 |
| 19. Miscellaneous Conditions of the Extremities | Musculoskeletal | 12,837 | 131 | 1.0 |
| 21. Skin and Cellular Tissue Conditions | Dermatologic | 5,338 | 10 | 0.2 |
| 26. Neurologic Conditions | Neurologic | 2,043 | 3 | 0.2 |
| 28. Learning, Psychiatric and Behavioral Disorders | Psychiatric | 9,964 | 18 | 0.2 |

1 Categories are not mutually exclusive, service members with multiple disqualifications across different DQ categories are counted more than once.

# 4: EPTS Discharge

**Table 15** compares the rate of existed prior to service (EPTS) discharge between medically qualified and disqualified accessions by application fiscal year. Data received by AMSARA for EPTS discharges in prior years is expected to be incomplete and therefore all results should be interpreted with caution. Due to their rarity, EPTS discharges related to any condition were included, therefore, the condition(s) that caused the EPTS discharge may not be related to the pre-accession DQ or medical waiver.

## Table 15 Key Findings

- The rate of EPTS discharge per 10,000 accessions was higher among medically disqualified accessions (191) than those medically qualified (182).
  - In FY 2016-FY 2018, medically disqualified accessions were EPTS discharged at a higher rate than medically qualified accessions. Alternatively, medical qualified accessions had a higher EPTS discharge rate in FY 2019 and FY 2020.
- The rate and number of accessions discharged due to EPTS appears to significantly drop in FY 2020; however, these data were under-reported and should be considered an under-estimate.

**TABLE 15**: COMPARISON OF THE RATE OF EPTS DISCHARGE BETWEEN MEDICALLY QUALIFIED AND DISQUALIFIED ACCESSIONS BY APPLICATION YEAR

| | Medically Qualified | | | Medically Disqualified | | |
| | Accessed | EPTS Discharge | | Accessed | EPTS Discharge | |
| Application FY | n | n | Rate[1] | n | n | Rate[1] |
|---|---|---|---|---|---|---|
| 2016 | 189,111 | 3,245 | 172 | 15,333 | 390 | 254 |
| 2017 | 191,910 | 4,615 | 240 | 16,436 | 445 | 271 |
| 2018 | 198,654 | 6,132 | 309 | 16,985 | 536 | 316 |
| 2019 | 212,382 | 2,919 | 137 | 19,696 | 220 | 112 |
| 2020 | 173,117 | 675 | 39 | 17,883 | 56 | 31 |
| **Total** | **965,174** | **17,586** | **182** | **86,333** | **1,647** | **191** |

1 Rate per 10,000 accessions.

Table 16 presents the proportion and likelihood of EPTS discharge among medically disqualified service members per DQ category compared to medically qualified service members. Relative risks and 95% confidence intervals were calculated to assess likelihood of EPTS discharge; all models were adjusted for age at application, gender, race, and service.



### Table 16 Key Findings

- The proportion of medically disqualified service members with an EPTS discharge varied by medical DQ category, and ranged from about 1% (Hearing, Tumors and Malignancies) to 2.8% (Sleep Disorders).
  - In comparison, 1.8% of medically qualified service members were EPTS discharged.
  - Due to their rarity, EPTS discharges related to any condition were included and the condition(s) that resulted in an EPTS discharge may not be related to the DQ or medical waiver.
- Overall, there was no significant difference in the likelihood of EPTS discharge between medically qualified and medically disqualified service members (RR: 1.04; 95% CI: 0.99, 1.10).
- For 27 out of the 29 DQ categories, the likelihood of EPTS discharge did not significantly differ between medically qualified and medically disqualified service members.
  - EPTS discharge was 21% to 30% more likely to occur among service members medically disqualified under Spine (RR: 1.3; 95% CI: 1.03, 1.64) or Lower Extremity Conditions (RR: 1.21; 95% CI: 1.03, 1.43) than medically qualified service members.

**TABLE 16**: LIKELIHOOD OF EPTS DISCHARGE AMONG MEDICALLY DISQUALIFIED ACCESSIONS, BY DISQUALIFICATION CATEGORY

| Disqualification Category[1] | EPTS Discharge among Medically DQ'ed Accessions | | | |
|---|---|---|---|---|
| | n | % | RR$_a$[2] | 95% CI |
| 2. Head | 3 | 1.6 | 0.94 | (0.30, 2.94) |
| 3. Eyes | 473 | 1.7 | 0.95 | (0.87, 1.04) |
| 4. Vision | 396 | 1.7 | 0.92 | (0.83, 1.02) |
| 5. Ears | 19 | 1.4 | 0.78 | (0.49, 1.23) |
| 6. Hearing | 10 | 1.0 | 0.58 | (0.31, 1.08) |
| 7. Nose, Sinuses, Mouth, and Larynx | 9 | 2.1 | 1.16 | (0.60, 2.24) |
| 8. Dental | 14 | 2.5 | 1.34 | (0.79, 2.28) |
| 9. Neck | 2 | 1.5 | 0.79 | (0.19, 3.18) |
| 10. Lungs, Chest Wall, Pleura, and Mediastinum | 86 | 1.7 | 0.97 | (0.78, 1.20) |
| 11. Heart | 26 | 2.0 | 1.13 | (0.76, 1.66) |
| 12. Abdominal Organs and Gastrointestinal System | 22 | 1.2 | 0.67 | (0.44, 1.01) |
| 13. Female Genital System | 19 | 1.9 | 0.79 | (0.50, 1.25) |
| 14. Male Genital System | 47 | 1.9 | 1.11 | (0.83, 1.48) |
| 15. Urinary System | 37 | 1.6 | 0.88 | (0.63, 1.21) |
| 16. Spine and Sacroiliac Joint Conditions | 72 | 2.4 | **1.30** | **(1.03, 1.64)** |
| 17. Upper Extremities | 70 | 2.1 | 1.17 | (0.93, 1.49) |
| 18. Lower Extremities | 146 | 2.2 | **1.21** | **(1.03, 1.43)** |
| 19. Miscellaneous Conditions of the Extremities | 237 | 1.8 | 0.99 | (0.87, 1.12) |
| 20. Vascular System | 16 | 1.9 | 1.11 | (0.67, 1.82) |
| 21. Skin and Cellular Tissue Conditions | 96 | 1.7 | 0.95 | (0.77, 1.16) |
| 22. Blood and Blood Forming Conditions | 5 | 1.9 | 1.01 | (0.42, 2.46) |
| 23. Systemic Conditions | 65 | 1.8 | 0.94 | (0.74, 1.20) |
| 24. Endocrine and Metabolic Conditions | 9 | 1.5 | 0.81 | (0.42, 1.56) |
| 25. Rheumatologic Conditions | 9 | 2.5 | 1.33 | (0.68, 2.58) |
| 26. Neurologic Conditions | 34 | 1.6 | 0.90 | (0.64, 1.26) |
| 27. Sleep Disorders | 5 | 2.8 | 1.50 | (0.61, 3.64) |
| 28. Learning, Psychiatric, and Behavioral Disorders | 176 | 1.7 | 0.91 | (0.79, 1.06) |
| 29. Tumors and Malignancies | 3 | 1.0 | 0.53 | (0.17, 1.66) |
| 30. Miscellaneous Conditions | 41 | 1.7 | 0.94 | (0.69, 1.29) |
| **Total Disqualified w/ EPTS Discharge[3]** | 1,647 | 1.9 | 1.04 | (0.99, 1.10) |

CI: Confidence Interval

1 Categories are not mutually exclusive, service members with multiple DQs across different DQ categories were counted more than once.

2 Adjusted relative risk, adjusted for age at application, gender, race, and service. The comparison group for all models was fully qualified accession; 1.8% of fully qualified accessions were EPTS discharged.

3 Since EPTS discharge was a rare outcome, relative risks should be interpreted with caution.

EPTS conditions were derived from the service member's separation record and then categorized based on DoDI 6130.03 V1 DQ categories. **Table 17** describes concordance between medical disqualification and reason for EPTS discharge for the ten most common categories.

## Table 17 Key Findings

- Little concordance was observed between DQ category and EPTS discharge.
  - The highest concordance was seen among those disqualified under Spine and Sacroiliac Joint Conditions; 1.6% of these service members were EPTS discharged due to a spine or sacroiliac joint condition.

**TABLE 17**: CONCORDANCE BETWEEN LEADING DISQUALIFICATION CATEGORIES AND REASON FOR EPTS DISCHARGE

| Disqualification and EPTS Category[1] | Disqualified Accessions n | EPTS Discharged in Same DQ Category | |
|---|---|---|---|
| | | n | % |
| 3. Eyes | 27,073 | 41 | 0.2 |
| 18. Lower Extremity Conditions | 6,544 | 48 | 0.7 |
| 10. Lungs, Chest Wall, Pleura, and Mediastinum | 4,992 | 30 | 0.6 |
| 19. Miscellaneous Conditions of the Extremities | 13,210 | 74 | 0.6 |
| 28. Learning, Psychiatric and Behavioral Disorders | 10,453 | 105 | 1.0 |
| 21. Skin and Cellular Tissue Conditions | 5,592 | 11 | 0.2 |
| 16. Spine and Sacroiliac Joint Conditions | 2,943 | 47 | 1.6 |
| 23. Systemic Conditions | 3,701 | 4 | 0.1 |
| 17. Upper Extremity Conditions | 3,296 | 25 | 0.8 |
| 4. Vision | 23,375 | 22 | <0.1 |

1 Categories are not mutually exclusive, service members with multiple disqualifications across different DQ categories are counted more than once.

**Tables 18A-D** display the most common reasons for EPTS discharge among all accessions who applied between FY 2016-2020, regardless of medical DQ status. For consistency, EPTS conditions were derived from the service member's EPTS record and then categorized based on DoDI 6130.03 V1 disqualification categories.

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### Tables 18A-D Key Findings

- In all services, the most common reason for EPTS discharge fell under the Learning, Psychiatric, and Behavioral Disorders subsection (47-58%).
- The Army had the highest proportion of EPTS discharges related to Lungs, Chest Wall, Pleura or Mediastinum (12%) than the other services (3-6%).
- The Air Force had the highest proportion of EPTS discharges for Lower Extremity Conditions (17%) than the other services (7-8%).
- The Navy had the highest proportion of EPTS discharges for Heart (7%) than the other services (2-3%).

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# ARMY

**TABLE 18A**: MOST COMMON REASONS FOR EPTS DISCHARGE: ARMY

| | EPTS Discharged | |
|---|---|---|
| **EPTS Condition Category[1]** | **n** | **%[2]** |
| 28. Learning, Psychiatric, and Behavioral Disorders | 5,003 | 47.3 |
| 10. Lungs, Chest Wall, Pleura, and Mediastinum | 1,296 | 12.3 |
| 18. Lower Extremity Conditions | 893 | 8.5 |
| 19. Miscellaneous Conditions of the Extremities | 732 | 6.9 |
| 16. Spine and Sacroiliac Joint Conditions | 708 | 6.7 |
| 26. Neurologic Conditions | 438 | 4.1 |
| 17. Upper Extremity Conditions | 302 | 2.9 |
| 3. Eyes | 173 | 1.6 |
| 11. Heart | 161 | 1.5 |
| 6. Hearing | 146 | 1.4 |
| **Total EPTS discharges** | 10,566 | |

1 Categories are not mutually exclusive; service members may be counted more than once if EPTS discharged with more than one condition.
2 Represents the proportion of service members with the specific EPTS condition category out of the total number of EPTS discharges.

# NAVY

**TABLE 18B**: MOST COMMON REASONS FOR EPTS DISCHARGE: NAVY

| EPTS Condition Category[1] | EPTS Discharged | |
| --- | --- | --- |
| | n | %[2] |
| 28. Learning, Psychiatric, and Behavioral Disorders | 1,768 | 53.0 |
| 18. Lower Extremities | 270 | 8.1 |
| 19. Miscellaneous Conditions of the Extremities | 235 | 7.0 |
| 11. Heart | 223 | 6.7 |
| 26. Neurologic Conditions | 184 | 5.5 |
| 16. Spine and Sacroiliac Joint Conditions | 110 | 3.3 |
| 10. Lungs, Chest Wall, Pleura, and Mediastinum | 105 | 3.1 |
| 3. Eyes | 81 | 2.4 |
| 17. Upper Extremity Conditions | 78 | 2.3 |
| 23. Systemic Conditions | 59 | 1.8 |
| **Total EPTS discharges** | **3,334** | |

1 Categories are not mutually exclusive; service members may be counted more than once if EPTS discharged with more than one condition.
2 Represents the proportion of service members with the specific EPTS condition category out of the total number of EPTS discharges.

# MARINE CORPS

**TABLE 18C**: MOST COMMON REASONS FOR EPTS DISCHARGE: MARINE CORPS

| EPTS Condition Category[1] | EPTS Discharged | |
| --- | --- | --- |
| | n | %[2] |
| 28. Learning, Psychiatric, and Behavioral Disorders | 1,683 | 58.2 |
| 18. Lower Extremity Conditions | 207 | 7.2 |
| 10. Lungs, Chest Wall, Pleura, and Mediastinum | 159 | 5.5 |
| 19. Miscellaneous Conditions of the Extremities | 150 | 5.2 |
| 16. Spine and Sacroiliac Joint Conditions | 136 | 4.7 |
| 26. Neurologic Conditions | 122 | 4.2 |
| 23. Systemic Conditions | 59 | 2.0 |
| 06. Hearing | 53 | 1.8 |
| 11. Heart | 53 | 1.8 |
| 17. Upper Extremity Conditions | 49 | 1.7 |
| **Total EPTS discharges** | **2,891** | |

1 Categories are not mutually exclusive; service members may be counted more than once if EPTS discharged with more than one condition.
2 Represents the proportion of service members with the specific EPTS condition category out of the total number of EPTS discharges.

# AIR FORCE

**TABLE 18D**: MOST COMMON REASONS FOR EPTS DISCHARGE: AIR FORCE

| EPTS Condition Category[1] | EPTS Discharged | |
|---|---|---|
| | n | %[2] |
| 28. Learning, Psychiatric, and Behavioral Disorders | 1,185 | 48.5 |
| 18. Lower Extremity Conditions | 416 | 17.0 |
| 19. Miscellaneous Conditions of the Extremities | 134 | 5.5 |
| 16. Spine and Sacroiliac Joint Conditions | 90 | 3.7 |
| 10. Lungs, Chest Wall, Pleura, and Mediastinum | 82 | 3.4 |
| 11. Heart | 64 | 2.6 |
| 26. Neurologic Conditions | 62 | 2.5 |
| 21. Skin and Cellular Tissue Conditions | 60 | 2.5 |
| 23. Systemic Conditions | 56 | 2.3 |
| 12. Abdominal Organs and Gastrointestinal System | 55 | 2.3 |
| **Total EPTS discharges** | **2,442** | |

1 Categories are not mutually exclusive; service members may be counted more than once if EPTS discharged with more than one condition.
2 Represents the proportion of service members with the specific EPTS condition category out of the total number of EPTS discharges.

# Data Limitations

1. AMSARA did not receive new FY 2021 applicant data from USMEPCOM at the time of this publication. Therefore, this report only provides additional one year of follow-up time for applicants to capture medical waiver applications and approvals, accessions and early discharges among FY 2016-2020 applicants.

2. Due to the use of both ICD-9 and ICD-10 codes during the time period of this report, AMSARA utilized the General Equivalence Mappings (GEMS) code crosswalk to convert ICD-9 to ICD-10 codes. Due to increased specificity in the ICD-10 coding system compared to that of the ICD-9, single ICD-9 codes may convert to multiple ICD-10 codes. The conversion of ICD-10 into DQ categories based on the DoDI 6130.03 should at least partially mitigate the complications caused by converting ICD-9 codes into multiple ICD-10 codes, as the resulting ICD-10 codes are likely to be within the same DQ category.  Nonetheless, any comparisons between results published in this report versus results published in AMSARA annual reports prior to FY 2020 may be due to changes in the disqualification coding structure and/or accession medical standards rather than actual number/rate of disqualifications within the applicant pool.

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# Acronyms

| | |
|---|---|
| AFQT | Armed Forces Qualification Test |
| AMSARA | Accession Medical Standards Analysis and Research Activity |
| AMSWG | Accession Medical Standards Working Group |
| BMI | Body Mass Index |
| BUMED | Navy Bureau of Medicine and Surgery |
| CCS | Clinical Classifications Software |
| CTS | Contingency Tracking System (DMDC) |
| DMDC | Defense Manpower Data Center |
| DOD | Department of Defense |
| DoDI | Department of Defense Instruction |
| DQ | Disqualification |
| EPTS | Existed Prior to Service |
| FY | Fiscal Year |
| GEMS | General Equivalence Mappings |
| IET | Initial Entry Training |
| ICD-9 | International Classification of Diseases, 9th Revision |
| ICD-10 | International Classification of Diseases, 10th Revision |
| ISC | Interservice Separation Code |
| MEPS | Military Entrance Processing Station |
| MOS | Military Occupation Specialty |
| OCO | Overseas Contingency Operations |
| SSN | Social Security Number |
| SMWRA | Service Medical Waiver Review Authority |
| USAREC | U.S. Army Recruiting Command |
| USMEDCOM | U.S. Medical Command |
| USMEPCOM | U.S. Military Entrance Processing Command |
| USMIRS | U.S. Military Entrance Processing Command Integrated Resource System |
| VASRD | Veterans Administration Schedule for Rating Disabilities |
| WRAIR | Walter Reed Army Institute of Research |

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