DEPARTMENT OF THE NAVY
UNITED STATES NAVAL ACADEMY
121 BLAKE ROAD
ANNAPOLIS, MARYLAND 21402-1300

USNAINST 6150.1A
1/COMDT
9 Oct 2026

USNA INSTRUCTION 6150.1A

From: Superintendent, U.S. Naval Academy

Subj: MIDSHIPMEN MEDICAL POLICIES IN SUPPORT OF INDUCTION, RETENTION AT THE U.S. NAVAL ACADEMY, AND COMMISSIONING DECISIONS

Ref: See enclosure (1)

Encl: (1) References
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1. Purpose. To set U.S. Naval Academy (USNA) policy and procedures, per references (a) through (t), regarding medical evaluations as they pertain to appointment to, induction in, and retention at USNA, as well as commissioning of midshipmen.

2. Cancellation. USNAINST 6150.1.

3. Scope and Applicability. This instruction applies to USNA faculty and staff, Navy Medicine Readiness and Training Command (NMRTC) personnel, midshipmen attending USNA, and midshipman candidates seeking induction.

4. Policy. It is Department of War (DoW) policy to maximize the lethality and readiness of the joint force, and the ability to deploy is a crucial component of naval service. Per reference (a), it is not within the mission of the Department of the Navy (DON) to retain members on active duty when it is unlikely the member will return to full military duty. In this context, all personnel charged with evaluating and processing midshipmen medical cases will do so in accordance with DoW/DON policy and the USNA's mission to commission officers into the Navy and Marine Corps who are ready to lead Sailors and Marines on Day 1. The Commander's intent is to: (1) return midshipmen

to full duty as soon as safely practicable and (2) to identify midshipmen who are unable to fulfill their duties, complete the USNA program, and/or commission as soon as practicable, and thereafter process those individuals for medical or administrative separation. Per reference (b), the primary military purpose of medical examinations is to ensure that service members are: (1) physically capable of performing assigned and prospective duties without unnecessary risk of injury and without assignment limitations; and (2) not likely to incur a physical disability as a result of military service.

a. Medical Standards. Reference (c) establishes the medical standards for: (1) Applicants to the Naval Academy; (2) Midshipmen enrolled at the Naval Academy seeking retention in the program; and (3) Applicants for appointment as commissioned officers (i.e. pre-commissioning standards). Reference (c) lists the past and/or current medical conditions that are disqualifying. Because the medical standards for induction and retention as a midshipman are the same as those for commissioning (under reference (c)), these standards will be used when considering Induction Day (I-Day) appointment waivers as well as in retention decisions for midshipmen diagnosed with disqualifying conditions while enrolled at the Naval Academy.

b. USNA Applicants. Per reference (b), medical examinations for USNA applicants are the exclusive responsibility of the Department of Defense Medical Examination Review Board (DoDMERB). Per reference (c), it is DoW policy to ensure that individuals considered for appointment are: (1) Free of medical conditions or physical defects that may reasonably be expected to require excessive time lost from duty for necessary treatment or hospitalization or may result in separation from the Military Service for medical unfitness; (2) Medically capable of satisfactorily completing required training and initial period of contracted service; (3) Medically adaptable to the military environment without geographical area limitations; and (4) Medically capable of performing duties without aggravating existing physical defects or medical conditions.

(1) Applicant Disclosures. Per Section 4.2 of reference (c), applicants for appointment or induction to the Naval Academy will fully disclose all medical history, and submit (or authorize the DoDMERB to request) all relevant medical documentation. Information provided by an applicant constitutes an official statement. Likewise, candidates are required to update USNA regarding any change in medical status between the date the DoDMERB physical was conducted and I-Day.

(2) Admissions Medical Waivers. Per reference (c), applicants who do not meet the physical and medical standards can be considered for a medical waiver based on an assessment of admissibility to USNA or one of its preparatory programs. Per reference (b), the Superintendent has the authority to grant medical waivers for midshipman candidates, and the Admissions Medical Officer (AMO) serves as the Service Medical Review Authority (SMRA). The SMRA will review the waiver package of candidates being considered for a medical waiver using, at a minimum, the most recent complete physical examination, pertinent past medical records, documentation regarding current and past limitations of activity associated with the condition, and any laboratory testing, and will make a recommendation(s) concerning waiver(s).
The Superintendent has the authority to render a decision to grant or deny waivers. The Dean of Admissions has also been delegated waiver authority.

(a) Appeals. Per reference (b), USNA Admissions personnel representing the Superintendent may request an appeal of physical standards in cases where a "waiver not recommended" disposition on a waiver request for an applicant has been issued by the AMO.

Appeal requests that come through other entities (Congressional inquiries, the applicant, friends or family members of the applicant, etc.) will be routed through USNA Admissions. The first level of appeal will be a reconsideration of the case by a different medical reviewer than the person who did the initial review. In cases in which the AMO is unable to identify a second reviewer, a second review may be sought from the appropriate Specialty Leader or Bureau of Medicine and Surgery (BUMED) Medical Readiness (BUMED-M34). If the second reviewer makes a "waiver recommended" determination, the decision will be routed back to the Admissions staff via the SMRA. If the second reviewer makes a "waiver not recommended" determination, and Dean of Admissions or the Superintendent desires to appeal the second determination, the case will be forwarded, with any amplifying comments from the SMRA, to BUMED Deputy Chief, Readiness & Health. The BUMED Deputy Chief, Readiness & Health will make the final medical waiver recommendation determination. This recommendation will be routed back to USNA for final decision.

(b) Admissions Medical Waiver letters. Final decisions granting a request for a medical waiver will be communicated in writing to midshipman candidates by the USNA AMO utilizing enclosure (2).

(c) Revoking Medical Waivers. Midshipmen who enter USNA with a medical waiver may be separated within 180 days without referral to the Disability Evaluation System (DES), per reference (b), Chapter 18, and reference (d). Midshipmen granted a medical waiver who are subsequently determined to be unfit for service due to that condition are not entitled to disability separation/retired pay unless their military service is determined to have aggravated the condition or if they have served eight years of active service. In such cases, the Brigade Medical Officer (BMO) will refer the case to Chief, Bureau of Medicine and Surgery (CHBUMED) for determination prior to the Superintendent revoking the waiver and discharging the midshipman.

(3) I-Day. On I-Day, candidates will be provided a final opportunity to disclose medical information during the I-Day medical examination. Prior to this station, midshipman candidates will be counseled during a "Moment of Truth" regarding the requirement to disclose all relevant medical information (see enclosure (3)). Following the medical station but prior to taking the oath of office, each midshipman candidate will sign a NAVPERS 1070/613 Administrative Remarks attesting that the candidate has no medical or other disqualifying information that has not previously been disclosed (see enclosure (4)). The executed NAVPERS 1070/613's will be maintained in the midshipman's Company Officer (CO) file. Disqualifying medical issues revealed during the I-Day medical examination will automatically generate a waiver request to the Superintendent, via the AMO, Plebe Summer Officer in Charge, and Commandant, utilizing the same request/response procedures outlined above.

(4) Conditions Prior to Service. Per reference (e), a midshipman is presumed to have been in sound physical and mental condition upon becoming a service member, except for medical defects and physical disabilities noted and recorded at the time of entrance (e.g. admissions waiver). Applicants who fail to disclose relevant medical information to DoDMERB, fail to inform USNA of changes in medical status prior to induction, or deliberately conceal medical issues are subject to possible fines, penalties, and imprisonments pursuant to 18 U.S.C. Section 1001. If the applicant is appointed as a midshipman to USNA based upon a false statement, he or she can be disciplined for violation of the Uniform Code of Military Justice (UCMJ) Article 104a, Fraudulent Appointment, via the USNA Conduct System under reference (f). In addition, he or she may be processed for

administrative separation via either the Conduct System, Academic Board procedures per references (g) and (h), or via an administrative package up to the Assistant Secretary of the Navy for Manpower and Reserve Affairs (ASN M&RA). Should faculty/staff and/or Brigade Medical Unit (BMU) personnel become aware of one or more significant, prior-to-service medical condition(s) that was/were not disclosed during the applicant stage, such facts will be notated in the midshipman's medical record and the individual receiving such information will notify the chain of command, pursuant to the Command Exception to the Health Insurance Portability and Accountability (HIPAA) Privacy Rule outlined in references (i) and (j). For detailed information regarding medical disclosures in support of the USNA mission, please see enclosure (5). USNA may subsequently convene a dual-purpose investigation including an inquiry into the alleged fraudulent induction, as well as line of duty investigation (LODI) per reference (k), to determine whether the midshipman's medical condition existed prior to service. The dual-purpose investigation may be used for administrative and/or disciplinary action. If the midshipman is subsequently retained, but is later referred to DES, such investigation will be provided to the Physical Evaluation Board (PEB) in consideration of DES eligibility and Veterans Affairs ratings determination.

c. Midshipman Treatment and Recovery Periods

(1) Treatment of Midshipmen Injuries and Illnesses. There are numerous methods in which BMU can facilitate midshipmen medical recovery through standardized procedures, to include recommending that a midshipman be placed Sick in Quarters (SIQ), on Light Duty, on Convalescent Leave, and/or on Midshipmen Limited Duty (MIDN LIMDU). MIDN LIMDU is aligned with, but distinct from, Limited Duty under reference (l). Figure 1 below outlines the categories of medically-restricted status available to facilitate recovery and return midshipmen to full duty as soon as practicable. Reference (m), Midshipmen Regulations Manual (MIDREGS) contains the rules regarding midshipmen medical care at USNA, to include: SIQ and Light Duty procedures; exceptions to uniform policy; elevator use; elective surgeries; hospitalization; use of outside medical providers, etc.

(2) Class Absences. Per references (m) and (n), midshipmen are expected to attend all scheduled classes in person unless they have permission to miss class. Of note, per Section 2.1 of reference (m), the Table of Priorities, midshipmen are only excused form class for emergency medical treatment; scheduled medical and dental appointments outside USNA or at USNA with outside specialists; or scheduled pre-commissioning/commissioning physicals.

Scheduled appointments at BMU (non-emergency medical treatment) with USNA providers are not an acceptable excuse for class absence and midshipmen will be marked as having an unauthorized absence in such cases, unless approved by the CO or Senior Enlisted Leader (SEL), in advance of the class absence.

(3) SIQ and Light Duty. Per references (b) and (o), a health care provider may recommend a midshipman be placed SIQ if there is full anticipation that the member will return to a medically unrestricted duty status at the conclusion of the SIQ period, which should usually not exceed 72 hours. Per references (b) and (p), "Light duty" is a period when the midshipman may continue attending class, but during the period the midshipman is excused from the performance of certain aspects of military duties, as specifically outlined in the USNA 6150/1 USNA Medical Excusal Recommendation form. Midshipmen may only be placed on light duty for new conditions when it is

expected that the member will be able to return to medically unrestricted duty status at the end of the light duty period, which will normally not exceed 30 days (maximum of 90 days, including convalescent leave). Excessive consecutive periods of light duty for the same condition are not authorized, and following 90 days, the midshipman will be referred to a Preservation Review Board (PRB). SIQ/Light Duty Coordination/Approval. The recommendation to place a midshipman on SIQ or Light Duty requires chain of command approval prior to it going into effect. A provider recommending that a midshipman be placed SIQ or in a light duty status will complete a BMU Medical Excuse Authorization utilizing enclosure (6), clearly annotating the limitation(s) imposed upon the midshipman's performance of duties, as well as the expiration date. The provider will ensure that there is documentation of a recommendation for SIQ or light duty in the midshipman's health record and that copies are provided to the midshipman to deliver to his or her CO for approval. The CO/SEL will retain a copy of the chit and will track SIQ/Light Duty expirations to maintain medical accountability for their midshipmen. BMU providers and the USNA chain of command will maintain close liaison regarding midshipmen who are placed on light duty in order to optimize recovery while minimizing time away from training (to include academics, physical education, military training, etc.).

(4) Convalescent Leave. Per references (b) and (q), healthcare providers may recommend a midshipman be placed in convalescent leave status following significant medical treatment and/or a period of inpatient hospitalization for a period of up to 30 days. The decision to place a member on convalescent leave requires concurrence of the midshipman's chain of command. For convalescent leave at a location other than Bancroft Hall, the approval authority is:

(a) Less than seven (7) days: Battalion Officer Approval.

(b) Seven (7) or more days: Deputy Commandant Approval.

Note: Per reference (q), convalescent leave should be limited to the minimum amounts required to enable recuperation. Convalescent leave should not delay processing of medical boards or administrative disposition of the member, to include processing for administrative separation.

(5) Resolving BMU/Chain of Command Conflicts. In the event of a conflict between BMU's SIQ/Convalescent Leave/Light Duty recommendation and the chain of command's willingness to grant such status (e.g. suspicion of malingering, perceived excessive SIQ, or multiple Light Duty chits for conditions that do not appear to be "new"), the matter should be elevated to the BMO and Deputy Commandant level in order to ensure appropriate patient care while enabling USNA's mission. Per reference (b), the Superintendent bears overall and final responsibility for the well-being of the midshipman; BMU must ensure that appropriate information is conveyed that allows the chain of command to carry out this responsibility in medical matters.

(6) MIDN LIMDU. Per references (b) and (l), a midshipman may be placed on a documented period of medically restricted duty as a result of illness, injury, or disease, as recommended by a PRB. MIDN LIMDU is a period when the midshipman reports to their work space, but during the period the member is excused from the performance of *certain* aspects of military duties as defined in their individual MIDN LIMDU write-up. MIDN LIMDU is similar to light duty but lasts longer, and midshipmen may need to be disenrolled from academic classes during this time period. Per reference (l), "Periods of LIMDU will be condition-based, meaning the length of the LIMDU period will correspond with the treatment provider's estimated timeframe for

the midshipman to recover and return to medically unrestricted duty." MIDN LIMDU periods will not extend beyond a total of 12 consecutive months. For MIDN LIMDU midshipmen guidelines, see enclosure (7).

Figure 1 - Categories of "Medically Restricted Duty" Status

Type	Duration	Purpose	Limitations	Circumstances	How	PRB Referral
Sick in Quarters	Should normally not exceed 72 hours (note: common exception: SIQ for COVID/Influenza = up to 5 days)	Medically directed self-treatment	Relieved of all MIDN duties; member is in Bancroft Hall room, with possible options for meals and/or class.	Expectation that the MIDN will return to a medically unrestricted duty status at the conclusion of the SIQ period.	MIDN delivers BMU Medical Excuse Authorization to CO for approval.	Not required
Light Duty	30-day periods for a "new condition" (90-day max, inclusive of any convalescent leave). No consecutive periods for same condition.	To evaluate the effect that an illness, injury, or disease process has on the member's ability to be in a medically unrestricted duty status.	MIDN continues attending class, but may be excused from certain MIDN duties (e.g. PRT)	Expectation that the MIDN will be able to return to medically unrestricted duty status at the end of the light duty period	MIDN delivers BMU Medical Excuse Authorization to CO for approval.	Not required if returned to medically unrestricted duty at the end of LD period. If not, refer to PRB
Midshipmen Limited Duty (MIDN LIMDU)	2 periods, *conditions-based* (i.e. not auto 6 months); 12 months max	Period of medically restricted duty as a result of illness, injury, or disease.	MIDN may need to be disenrolled from class and transferred to MHU	Medical condition is temporary and the provider expects the MIDN to return to duty in the specified period of time.	Provider or BMO refers MIDN to PRB. PRB recommends MIDN LIMDU (or other recommendation) to Superintendent for approval.	Only available as the result of the recommendation by a PRB

Convalescent Leave	Not to exceed 30 days	Recover after significant medical treatment or period of hospitalization	Member is relieved of all military duties and is in a leave status until the expiration of the leave period.	Following significant medical treatment and/or a period of inpatient hospitalization	CO may approve <7 days inside BH BO may approve <7 days outside BH DepDant may approve >7 days outside BH	Not required

d. Retention Decisions and Medical Separation Processing. Per reference (r), to sustain high performance standards at USNA, midshipmen who are unable to successfully complete the program will be identified quickly. Per reference (a), if a midshipman's physical or mental fitness to continue naval service or commission is questionable, he or she will be promptly referred to the DES.

(1) PRB. Consistent with references (e) and (d), midshipmen are required to be referred to the PRB no later than one (1) year from diagnosis when the midshipman has medical condition(s) that:

(a) Prevents reasonable performance of midshipman duties;

(b) Poses a risk to the midshipman or others, or

(c) Imposes unreasonable requirements on the chain of command to maintain and/or protect the midshipman.

Note: For a detailed description of the referral criteria, composition, and procedures of the PRB, see enclosure (8).

(2) DES Processing. Per reference (e), the DES consists of: (1) Medical evaluation to include the Medical Evaluation Board (MEB), impartial medical reviews, and rebuttal; and (2) Disability evaluation to include the PEB and appellate review, counseling, case management, and final disposition. For USNA midshipmen, the DES additionally includes referral to BUMED for a recommendation for or against a waiver of commissioning standards, which typically occurs first. For a detailed explanation of the midshipmen DES process, see enclosure (9).

(a) Disenrollment. Midshipmen referred to the DES will normally be disenrolled from class upon receipt of the BUMED letter. If the BUMED letter is received after the six-week grade deadline, then a midshipman *may* be permitted to complete the current semester upon approval of the Commandant and Provost, in consideration of all the circumstances.

(b) Midshipmen Holding Unit (MHU). Once a midshipman who is being processed via the DES is disenrolled from academic classes, he or she will be transferred to the MHU. While in

the MHU, midshipmen's primary responsibility is to complete all required DES paperwork and appointments. Midshipmen in the MHU may be assigned temporary duties as long as they do not impede the DES process. For detailed information regarding the MHU, see enclosure (10).

(c) Administrative Leave Pending DES. Following DES processing at USNA (i.e. once a midshipman's case is referred to the PEB), midshipmen may be placed on administrative leave pending the final disposition of the case. By this instruction, the Superintendent delegates authority to the Commandant of Midshipmen to place midshipmen who have been referred to DES on administrative leave.

1. Prior to commencing administrative leave, all midshipmen must obtain a separation physical and receive a letter of instruction from the BMO regarding access to care and obligations to provide monthly medical updates to the NMRTC Annapolis team while in a leave status. Midshipmen must fully complete the check-out process and provide up-to-date contact information, including phone number, personal email address, and permanent address to the Midshipmen Personnel Office.

2. While in an administrative leave status, midshipmen remain administratively assigned to USNA, and subject to the UCMJ. Midshipmen will maintain regular contact (at least once per month) with the LIMDU Coordinator, Physical Evaluation Board Liaison Officer (PEBLO), and MHU chain of command. Failure to maintain contact or follow instructions pertaining to DES appointments, etc. will result in a midshipman's administrative leave being canceled and ordered to immediately return to USNA at his or her expense.

(d) Graduate Non-Commission (GNC). See enclosure (11).

(e) Recoupment. Per reference (r), midshipmen separated for being medically disqualified from further Military Service will be separated and will not be obligated for further military service or for reimbursing education costs. Persons separated for reasons in addition to being medically disqualified from further military service may be obligated for reimbursing education costs at the discretion of the Secretary of the Navy.

e. Non-DES Separations

(1) Voluntary Resignation (VR). Per reference (s), in situations in which a midshipman does not meet eligibility requirements for referral to a MEB, he or she may choose to submit a VR request. If the midshipman has pending honor or conduct charges, he or she would submit a Qualified Resignation. Midshipmen submitting VR's may request re-admission to USNA via the Academic Board, pursuant to reference (h), if they meet medical, physical, and age qualifications. This option permits midshipmen to go home for a year, outside of Navy purview, and reapply for admission once his or her condition has stabilized and he or she can meet medical standards.

(2) Conditions not amounting to a Disability (CnD). See enclosure (12).

(3) Misconduct Cases. Per reference (d), members being processed for any type of involuntary administrative separation and who are referred into the DES may continue to be processed for determination of fitness for continued naval service. If the local Separation Authority

believes the member should not enter the DES because they are being involuntarily administratively processed under provisions that authorize a characterization of service of other than honorable conditions (i.e. Midshipman Discharge Board), the DES case must be referred to the Superintendent for a final determination of referral into the DES or disapproval. Once referred into the DES, these members will continue to be processed in the DES unless the Superintendent disapproves such continuation. Mental Health Dual Processing. For midshipmen who have been diagnosed with Post-Traumatic Stress Disorder (PTSD) or Traumatic Brain Injury (TBI), an appropriately privileged military health care provider will be consulted for a medical opinion as to whether the ratable medical condition that caused the referral into the DES contributed to a basis for which the member is being separated. In such cases, the separation authority is ASN(M&RA). For a detailed explanation of procedures involving mental health cases, see enclosure (13).

f. Receipt of HIPAA Information. Per reference (j), covered medical entities (including BMU personnel) must ensure appropriate command authorities (commanders or other persons designated by such commander to receive (Protected Health Information (PHI)) are provided health information concerning military personnel necessary to ensure the proper execution of the military mission. By this instruction, the Superintendent designates the following individuals as appropriate command authorities: Chief of Staff, Commandant, Deputy Commandant, Battalion Officers, COs, SELs, Staff Judge Advocates, Midshipman Personnel Officer, USNA LIMDU Coordinator. Of note, this section applies to persons to whom medical personnel may make initial disclosure of PHI. USNA personnel listed are authorized to share such information with other individuals who have a demonstrated need to know in the performance of their duties, per the Privacy Act and references (i), (j), and (t). For a detailed explanation of procedures for safeguarding midshipmen medical information, see enclosure (5).

5. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the DON Assistant for Administration, Directives and Records Management Division portal page at https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact your local record custodian or the USNA Records Manager.

6. Review and Effective Date. Per OPNAVINST 5215.17A, the Deputy Commandant of Midshipmen, in coordination with the Brigade Medical Officer will review this instruction annually on the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction.

7. Forms. NAVPERS 1070/613 Administrative Remarks will be provided to the midshipmen candidates on I-day by I-day staff prior to taking the oath of office and placed in the company officer's file. USNA 6150/1 Medical Excusal Recommendation can be obtained form the USNA Official forms website located at https://www.usna.edu/AdminSupport/FormsProgram/USNAOfficialFormsList.php and submitted as descried per paragraph 4c(3) and Figure 1.

M. J. BORGSCHULTE

Releasability and distribution:
This instruction is cleared for public release and is available electronically only via the USNA Issuance Website, https://www.usna.edu/AdminSupport/Inst/.

REFERENCES

(a) SECNAVINST 1850.4F
(b) NAVMED P-117, Chapters 15 and 18
(c) DoDI 6130.03-Volume 1
(d) SECNAV M-1850.1
(e) DoDI 1332.18
(f) COMDTMIDNINST 1610.2P CH-1
(g) COMDTMIDNINST 1600.2K
(h) USNAINST 5420.24G
(i) DoDI 6025.18
(j) DoDM 6025.18
(k) JAGINST 5800.7G CH-2
(l) MILPERSMAN 1300-1400
(m) COMDTMIDNINST 5400.7B
(n) USNAISNT 1531.61
(o) MILPERSMAN 1050-190
(p) USNAINST 1531.49C
(q) MILPERSMAN 1050-180
(r) DoDI 1322.22
(s) COMDTMIDNINST 1920.1H
(t) SECNAVINST 5211.5F

MEDICAL WAIVER APPROVAL LETTER TEMPLATE

6100
Candidate #
[Date]

AM Ready
121 Sign Me Up Rd
Annapolis, MD 21402

Dear AM,

1. The purpose of this letter is to inform you that you have been granted a medical waiver for admission to the U.S. Naval Academy (USNA) and the conditions associated with that waiver. During the Department of Defense Medical Examination Review Board medical review, your record was flagged due one or more disqualifying medical conditions, specifically: [INSERT MEDICAL CONDITION].

2. This letter is not an offer of appointment, but does provide you with medical clearance to be considered for an offer of appointment to USNA or preparatory program. If admitted, you should expect to receive a commission in the Unrestricted Line as an officer in the Navy or Marine Corps upon graduation. Department of Defense policy also requires us to advise you that should your waivered condition impact your ability to perform your duties as a midshipman or should you be determined non-commissionable, you may be separated from USNA. You may not be entitled to disability separation or retired pay unless you have the prerequisite time in service or if military service permanently aggravated the condition.

3. Lastly, the USNA staff is totally committed to supporting you and your continued health to ensure your success as a midshipman. Best wishes as you pursue the opportunity of a future career leading Sailors and Marines in our Navy and Marine Corps.

I. M. AMO
Admissions Medical Officer

FRAUDULENT INDUCTION NOTICE SCRIPT

****** Notice Regarding Fraudulent Appointment ******

Your pending appointment and induction, are based on the information you previously provided in your admissions paperwork. Furthermore, you have a continuing obligation to update any change in medical status that may have happened since your U.S. Naval Academy applicant medical screening. Those applicants who do not meet the medical standards may be considered for a medical waiver.

You are advised that the information you provide to the Naval Academy constitutes an official statement pursuant to Section 1001 of Title 18, U.S. Code. Those applicants inducted today who misrepresent or deliberately conceal relevant medical information can be tried by court-martial or be administratively separated and receive a less than honorable discharge for violation of Article 104a of the Uniformed Code of Military Justice.

Though rare, some applicants are advised by family, friends, and other advisors to withhold medical or disqualifying information prior to their appointment. You must realize the that YOU are responsible for your actions, and will be held accountable, regardless of the advice you receive.

Momentarily, you will meet with a member of the Brigade Medical Unit staff. During this meeting, you will have the opportunity to disclose any information that has not been provided, or any changed medical status/conditions.

Following this station, you will be required to make the following attestation, in writing:

"I _____, hereby swear (or affirm) that I have no medical or other disqualifying information that has not previously been disclosed."

INDUCTION DAY - AFFIRMATION OF DISCLOSURE

ADMINISTRATIVE REMARKS
NAVPERS 1070/613 (REV. 08-2012) PREVIOUS EDITIONS ARE OBSOLETE SUPPORTING DIRECTIVE MILPERSMAN 1070-320

SHIP OR STATION:
U.S. Naval Academy

SUBJECT:
ATTESTATION REGARDING REPORTABLE CONDITIONS

☐ PERMANENT ☒ TEMPORARY

AUTHORITY (IF PERMANENT):
DoD Instruction 6130.03; DoD Instruction 1304.26

Per DoD Instruction 6130.03, it is DoD policy to ensure that individuals considered for appointment into the Military Services are free of medical conditions or physical defects that may require excessive time lost from duty or may result in separation for medical unfitness; and are medically capable of completing required training. Those applicants who do not meet the physical and medical standards may be considered for a medical waiver. Under the procedures of DoDI 6130.03, applicants must fully disclose all medical history and submit all medical documentation related to medical history as requested to the Department of Defense (DoD) Medical Examination Review Board (DoDMERB). Following your application process, you have a continuing obligation to update the Naval Academy regarding any change in medical status.

Per DoD Instruction 1304.26, applicants being appointed into the Military Service Academies must be screened for drug use (to include illegal drugs, other illicit substances, and pharmaceutical medications), drug abuse, and alcohol abuse. Current or history of alcohol dependence, drug dependence, alcohol abuse, or other drug abuse may be a medically disqualifying condition based on the appointment and induction standards set forth in DoD Instruction 1304.26 and 10 U.S.C. 978.

Failure to disclose medical conditions, or medical changes, prior to induction may constitute deliberate concealment under Article 104a of the UCMJ and be punished via disciplinary or administrative processes.

Your admissions decision and pending appointment, are based on: 1) The information you provided in your admissions paperwork, to include the information on your DoDMERB form(s) and associated medical screening; 2) Any additional/changed information you provide to Brigade Medical Unit (BMU) personnel on Induction Day.

By signing below, you acknowledge that information provided to the Naval Academy constitutes an official statement, and that any persons making false statements could face fines, penalties, and imprisonments pursuant to Section 1001 of Title 18, U.S.C. Those applicants selected for appointment based on misrepresentations or deliberate concealments can be tried by court-martial or be administratively separated and receive a less than honorable discharge for violation of Article 104a of the Uniformed Code of Military Justice (UCMJ).

Though rare, some applicants are advised by family, friends, and other advisors to withhold medical or disqualifying information prior to their appointment. You must realize the that you are responsible for your actions, and will be held accountable, regardless of the advice you receive. In order to gain a legal appointment, you must inform the military of possible disqualifying factors (e.g., medical, mental health, drug abuse), and apply for a waiver, if applicable.

I _____, hereby swear (or affirm) that I have no medical, mental health, or other disqualifying information (e.g., drug use) that has not previously been disclosed.

Signature: _____ Date: _____

Printed Name: _____

ENTERED AND VERIFIED IN ELECTRONIC SERVICE RECORD:

VERIFYING OFFICIAL RANK OR GRADE/TITLE:	DATE:	SIGNATURE OF VERIFYING OFFICIAL:

NAME (LAST, FIRST, MIDDLE):	SOCIAL SECURITY NUMBER:	BRANCH AND CLASS:

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PRIVACY SENSITIVE

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MEDICAL DISCLOSURES AND PROTECTION OF MIDSHIPMEN MEDICAL INFORMATION

1. Public Law 104-191, the HIPAA, permits PHI of midshipmen to be disclosed under special circumstances. Commonly referred to as the Military Command Exception, covered entities such as military treatment facilities may disclose the PHI of midshipmen to command authorities for authorized activities. These activities include fitness for duty determinations, fitness to perform a particular assignment, or other activities necessary for the military mission. PHI disclosed to military command authorities, while no longer subject to HIPAA, remains protected under Public Law 104-191.

2. Per reference (i), section 1.2., it is DoW policy that: a. DoW covered entities (which includes all Navy health care personnel) must, as authorized by and consistent with the procedures pursuant to reference (j), ensure the availability to appropriate command authorities of health information concerning military personnel necessary to ensure the proper execution of the military mission. In doing so, DoW covered entities and business associates must follow the policies regarding mandatory and prohibited releases of PHI pursuant to DoDI 6490.08 to dispel stigma associated with seeking mental health services, substance misuse education services, or both.

3. Permitted Disclosures. Per reference (j), subject to certain terms and conditions, DoW covered entities may use or disclose PHI without the individual's authorization or opportunity to object in the following situations (amongst others): for law enforcement purposes (under certain circumstances), and for specialized government functions, including certain activities relating to Military Services' personnel (i.e. the Military Command Exception).

a. Crime on Premises. Per reference (j), a DoW covered entity may disclose to a law enforcement official PHI that the DoW covered entity believes in good faith constitutes evidence of criminal conduct that occurred on the premises of the DoW covered entity. The following violations of the UCMJ may apply in the context of medical care: Article 83, Malingering, Article 104a Fraudulent Appointment, and Article 107, False Official Statement.

b. Military Command Exception. Per reference (j), a DoW covered entity may use and disclose the PHI of midshipmen for activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission. Exceptions pertaining to disclosures to command authorities of PHI involving Service members seeking mental health services and substance abuse education services are outlined below. In the event of a disagreement between a commander and a DoW covered entity (including an affiliated health care provider) concerning disclosure of PHI, the DoW covered entity will, before making its determination, seek the advice of the cognizant legal advisor or command counsel, or the cognizant HIPAA privacy officer, or both, as appropriate. The PHI of a midshipman who is a Service member may be used or disclosed to:

(1) Determine the midshipman's fitness for duty, including but not limited to the midshipman's compliance with standards and all other activities carried out under the authority of DoDD 1308.1, DoDI 1332.18, DoDI 5210.42, and similar requirements.

(2) Determine the midshipman's fitness to perform any particular mission, assignment, order, or duty, including compliance with any actions required as a precondition to performance of such mission, assignment, order, or duty.

(3) Inform a commander that one of the notification standards pertaining to the delivery of mental health services as defined in DoDI 6490.08 is applicable as provided below.

(4) Carry out activities under the authority of DoDD 6490.02E.

(5) Report on casualties in any military operation or activity in accordance with applicable military regulations or procedures.

(6) Carry out any other activity necessary for the proper execution of the Military Service mission.

c. Appropriate Military Command Authorities. For purposes of Paragraph 4.4.k.(1)(a), appropriate military command authorities are: All commanders who exercise authority over an individual who is a Service member, or other person designated by such a commander to receive PHI in order to carry out an activity under the commander's authority. The Superintendent designates the following personnel to receive PHI in order to carry out the USNA mission:

(1) The Officer/SEL members of a midshipman's chain of command, whose duties require access to such information. Of note, BMU/NHCA disclosure of PHI regarding mental health care will be limited to Battalion Officer and above. However, once the information is received by USNA personnel, such personnel may share information, but only as necessary in the performance of duties, with members of the Officer/SEL chain of command (e.g. for completion of NMAs, to ensure accountability and deconfliction with regard to the midshipman, and for recommendations as to fitness for duty and aptitude for commissioning). Such information will be protected in accordance with the Privacy Act.

(2) USNA Faculty and Staff representatives, to the extent necessary in the performance of their duties (e.g. administrative or legal processing, aptitude determinations, etc.). Such information will be protected in accordance with the Privacy Act.

(3) Midshipmen generally do not have a need to know regarding the medical information of other midshipmen (e.g. Detailers during Plebe summer). CO and SEL do not have authority to disclose such information to midshipmen, absent exceptional circumstances (e.g. an emergency situation, an issue that occurs in the performance of watchstanding duties and disclosure is necessary to facilitate proper medical care, such information is voluntarily disclosed by the midshipman, etc.). In all other cases, such disclosures will be routed to the Deputy Commandant for determination.

d. Mental Health Information. Per DoDI 6490.08, there is a presumption that a DoW covered entity may not notify a command authority when a midshipman obtains mental health services,

substance abuse education services, or both. Command notification is prohibited unless the presumption is overcome by one of the notification standards listed in enclosure (2) of DoDI 6490.08.

e. If the presumption against disclosure is overcome, a DoW covered entity is to notify the commander as outlined in DoDI 6490.08. If a DoW covered entity determines that one of the notification standards applies, the DoW covered entity must notify the commander personally or another person specifically designated by the commander for this purpose. The Superintendent designates Officers in the midshipman's chain of command, at the level of Battalion Officer or above, for this purpose. The DoW covered entity must disclose the minimum amount of information necessary to satisfy the purpose of the disclosure. In general, this will consist of the diagnosis, the treatment, impact on duty or mission, recommended duty restrictions, the prognosis, and ways the commander can support or assist the midshipman's treatment.

BRIGADE MEDICAL UNIT - MEDICAL EXCUSE AUTHORIZATION

CUI (when filled) **USNAINST 6150.1**

USNA MEDICAL EXCUSAL RECOMMENDATION

Privacy Act Statement
AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 8458, Midshipmen: qualifications for admission; 10 U.S.C. 8463, Midshipmen: discharge for deficiency; DoDI 1322.22, Service Academies; and N01531-1.
PRINCIPAL PURPOSE: This form is used to inform the midshipman and midshipman's chain of command of the impact the midshipman's current medical condition has on training and normal midshipman activities.
ROUTINE USES: This document will be used by medical personnel responsible for treating Midshipmen to make recommendations to the USNA Chain of Command regarding a Midshipman's ability to participate in military and non-military evolutions and training.
DISCLOSURE: Voluntary; however, failure to provide the required information may preclude authorized excusal from activities.

BMU:410-293-1758 **Dental:** 410-293-3901 **Opto:** 410-293-1790 **Ortho/Sports/Podiatry:** 410-293-1748 [illegible]: 410-293-7905

SECTION I. MIDSHIPMAN INFORMATION

1. LAST NAME:	2. FIRST NAME:	3. MIDDLE INITIAL:	4. DATE:

5. COMPANY:	6. ALPHA:	7. DOD ID:	8. CO/SEL NAME *(Rank Last Name)*:

SECTION II. DISPOSITION

9. CHECK THE APPROPRIATE DISPOSITION BELOW:

- ☐ Return to Training
- ☐ Move to Isolation
- ☐ Light Duty Until
- ☐ Sick-In-Q[illegible] the be[illegible]ptions until:
- ☐ Class[illegible]ion
- ☐ [illegible]ay go to [illegible]g Hall for Meals

10. DIAGNOSIS [illegible]. LIGHT DUTY EX[illegible]IRES:

SECTI[illegible] RECOMME[illegible]TIONS

12. RECOMMEND MIDN BE EXCUSED FROM THE FOLLOWIN[illegible]

- ☐ All Other Activities Except Class
- ☐ 4/C Chopping
- ☐ Running
- ☐ Jumping
- ☐ Swimming
- ☐ Formation:
- ☐ [illegible]Watch
- ☐ D[illegible]hin[illegible]/Parade
- ☐ Upper B[illegible]ercises
- ☐ [illegible]wer Body Exercises
- ☐ Combat/Contact/Collision Sport
- ☐ Lifting more than
- ☐ Standing longer than
- ☐ Other (Specify):

13. RECOMMEND MIDN MAY [illegible]ER[illegible]M OR HAVE OPTI[illegible]N TO:

- ☐ Running ◯ unrestricted ◯ [illegible]own pace
- ☐ S[illegible] ◯ unrestricted ◯ a[illegible]n[illegible]ace/endurance
- ☐ Cycling ◯ unrestricted ◯ at [illegible]n pace/endurance
- ☐ Non-Impact Aerobic Exercises
- ☐ Use elevator
- ☐ Ice
- ☐ Elevate
- ☐ Use of cot/rack on floor
- ☐ Other (Specify):

14. R[illegible]OMMEND UNIFORM/GRO[illegible]MING MODIFICATIONS:

- ☐ Camouflage Utilit[illegible]
- ☐ Blue and Golds
- ☐ Soft/Tennis Shoes
- ☐ No shave
- ☐ Protective eyewear/sunglasses
- ☐ Orthopedic shoe/boot/brace
- ☐ Splint/cast/sling
- ☐ No cover
- ☐ Other:

15. ADDITIONAL [illegible]OMMENTS:

SECTION IV. SIGNATURES AND ACKNOWLEDGEMENTS

16. PROVIDER NAME (*Rank Last Name*):	17. PROVIDER SIGNATURE:	18. PROVIDER STAMP:	19. DATE:

Midshipman Acknowledgement. By signing block 21 below, I certify that I fully understand my medical/dental condition and the recommended course of treatment. I understand that I should return immediately, no matter what the expiration date of this chit, to the Medical or Dental Clinic if I worsen in any way, or if my condition fails to improve. I will comply with those medical and dental requirements established in the COMDTMIDNINST 5400.8(series) Midshipman Regulations Manual (MIDREGS).

20. MIDSHIPMAN NAME (*Last Name, First Name*):	21. MIDSHPMAN SIGNATURE:	22. DATE:

USNA 6150/1 (6-23) CUI (when filled) Controlled by: DON Controlled by: USNA BMO CUI: PRVCY, HLTH, STUD Adobe LC ES4

SAMPLE

MIDSHIPMEN LIMITED DUTY PROCEDURES AND GUIDANCE

1. This section applies to those cases in which a PRB has recommended, and the Superintendent has approved, MIDN LIMDU status.

2. Disenrollment and MHU. Midshipmen in this status are disenrolled from academic classes and transferred to the MHU (see enclosure (10)).

3. Timeframe. MIDN LIMDU status will be granted based on the recommendation of the treating provider and BMO, but in all cases will be conditions-based and no longer than necessary. MIDN LIMDU may not exceed 12 months, or else the midshipman will be referred to the DES.

4. Treatment. Midshipmen in this status will undergo local treatment at either BMU, Walter Reed, another local military treatment facility, or will be referred out to a civilian provider.

5. Once recovered, the midshipman will rejoin the Brigade. He or she will normally be turned back a class year, or, if able based on course matrix, remain on course to graduate with his or her graduating class, or (with permission from the Superintendent) be designated a delayed graduate. Midshipmen placed on LIMDU during their Plebe Year will normally be required to repeat Plebe Summer the following year, unless the Superintendent grants an exception to policy.

6. LIMDU midshipmen will normally reside in MHU spaces. In exceptional circumstances in which a midshipman cannot reasonably recover in a barracks environment (e.g. cancer patients), USNA will seek alternate accommodations for the midshipman to reside in quarters onboard Naval Support Activity (NSA) Bethesda or NSA Annapolis. In such cases, LIMDU midshipmen will remain administratively assigned to MHU.

7. LIMDU midshipmen remain subject to midshipmen rules and class privileges per with reference (m) (MIDREGS). They will continue to receive pay and allowances. LIMDU midshipmen will continue performing midshipmen duties, unless specifically limited by their LIMDU instructions. This includes musters, drill, training (including mandatory physical training sessions), PRTs, and mandatory events (e.g. meals, Forrestal lectures, Superintendent or Commandant's Call, etc.).

8. LIMDU midshipman will be assigned temporary duties to work at a department within Commandant's Cost Center (e.g. Operations, Supply, Admin, etc.), during working hours, while not attending medical appointments.

9. Should specific waivers of privileges due to exceptional circumstances be deemed necessary due to, for example, the nature of the injury/condition or the frequency or location of treatment (e.g. driving/parking privileges on the Yard), such requests will be endorsed by the MHU CO/SEL, and routed for approval by the Deputy Commandant.

10. LIMDU midshipman will be evaluated on an ongoing basis and returned to full duties as soon as the condition warrants, regardless of whether the full LIMDU period has run. One month prior to the end of a midshipman's LIMDU period, BMU will assess the midshipman and recommend either:

a. return to full duty;

b. a second period of LIMDU (not to exceed 12 months total LIMDU);

c. referral to DES;

d. separation for a condition not amounting to a disability.

11. LIMDU Administrative Leave (formerly "Medical Leave of Absence"). Should the above options to reside in Bancroft Hall, or in a local military housing option, be inadequate given the midshipman's condition, then the case will be considered by the PRB for potential recommendation of LIMDU administrative leave. If the PRB recommends it, the Superintendent may approve a midshipman to take administrative leave while in LIMDU status at his or her home of record per 10 U.S.C. § 702 and MILPERSMAN 1050-230. Approval for LIMDU Administrative Leave will be in writing.

a. Last Resort. The purpose of LIMDU is so medical can continue to closely evaluate a member's medical progress, with an eye toward returning the member to full duty as soon as practicable. Placing midshipmen on administrative leave hinders this close evaluation, and presents accountability issues for the chain of command. Therefore, this option should be considered a last resort, and only in cases in which the midshipman has high aptitude for commissioning but for the injury/disease.

b. Eligibility. Administrative leave is not appropriate for midshipmen pending adjudications for conduct or honor. If a midshipman was recently adjudicated, any awarded sanctions (restriction, probation, remediation, loss of privileges, etc.) will be deferred and re-commence upon the midshipman's return. Likewise, administrative leave should not be utilized as a mechanism to delay Aptitude or Academic Board proceedings. If a midshipman is on Academic probation or pending an Ac Board, such proceedings will take place prior to a midshipman commencing LIMDU administrative leave. As noted in this instruction, inability to take a PRT is a factor toward a midshipman's inability to perform the duties of his or her rank, therefore such midshipmen should be considered by a PRB for potential referral to DES.

c. BMO Recommendation. Finally, as part of his or her recommendation to the PRB for administrative leave, the BMO will comment on whether the midshipman's condition is disqualifying under reference (c), the likeliness that BUMED will grant a waiver of commissioning, and the midshipman's prognosis for recovery.

d. If approved, LIMDU midshipmen on administrative leave will remain administratively assigned to MHU. Midshipmen on administrative leave will muster telephonically weekly with MHU leadership, and will conduct monthly (at a minimum) telehealth appointments with BMU.

Should a midshipman fail to maintain contact with his or her chain of command, or BMU, he or she will be recalled from administrative leave immediately and return to USNA at his or her own expense.

e. Requirements Prior to Commencing Temporary Limited Duty (TLD) Administrative Leave. Prior to departing USNA on administrative leave, midshipmen will:

(1) LOI. Receive an LOI from BMU that includes care instructions for medical treatment during administrative leave, the requirement to forward all medical records obtained at civilian providers to BMU, and the requirement to attend monthly telehealth appointments with the BMO for regular review.

(2) Check Out Procedures. Midshipmen departing USNA on TLD administrative leave will be required to complete a check out sheet with MIDPERS, including exit interview questionnaires, and a check out medical physical. Should a midshipman decide during administrative leave not to return to USNA, all paperwork required will have been completed in advance to avoid returning a midshipman who desires to submit a voluntary resignation.

f. One month prior to the end of the LIMDU/administrative leave period, BMO will evaluate the midshipman and make a recommendation to the Superintendent as to whether the midshipman should rejoin the Brigade, or be referred to the DES.

PRESERVATION REVIEW BOARD

1. The purpose of the Preservation Review Board (PRB) is to facilitate the early identification of "at risk" midshipmen and create effective and holistic risk management plans to mitigate adverse outcomes and improve individual and force readiness. This will happen as soon as possible when a midshipman is referred by a PRB stakeholder. Figure 2 shows the PRB process flow.

2. Intent. The intent of the PRB is to review the human factors that may affect an individual midshipman's performance. Examples include: medical conditions and qualifications, psychological and emotional stressors, interpersonal relationships, financial challenges, academic or physical performance trends, and training and motivational factors, among others. PRBs are convened to provide the Commandant and Superintendent with a holistic perspective of the well-being of personnel, factors that may negatively impact their well-being and impede their performance, and individualized risk mitigation plans when appropriate. The PRB is an interprofessional and interdisciplinary body in order to afford a holistic view of the challenges faced by an individual midshipman.

3. Concept of Operations

a. Referrals to the PRB will be based on the criteria outlined in paragraph 5 below, or other indications that the midshipman may be "at risk." There is no exact formula to determine an "at risk" midshipman, and such determination will be made based on the severity of each case at the discretion of the PRB stakeholder and in consultation with the chain of command. The key intent is that stakeholders recognize and intervene early when stressors and risky behaviors first develop in order to interrupt the chain of events that can lead to an adverse outcome. All PRB stakeholders may refer a midshipman, when he or she determines referral criteria are met.

b. PRB stakeholders will comply with obligations under references (i), (j), and (t) to ensure privacy and confidentiality of each midshipman. Issues related to sexual assault will not be discussed during a PRB. These cases are managed through the Sexual Assault Case Management Group. However, a midshipman who is a sexual assault victim, who is unable to perform the duties of a midshipman, may be referred to the PRB, however the sexual assault aspect of his or her case, to the extent it is relevant to the issues raised at PRB and to the extent that it is *not* restricted, may be discussed with the Commandant and Superintendent separately by the stakeholder maintaining that information.

c. Midshipmen being discussed will not normally be present at a PRB, but may be called before the PRB when deemed appropriate by the Deputy Commandant.

d. Midshipmen chain of command will not be present at a PRB to maintain the privacy of the midshipman whose case is being discussed. If a midshipman has relevant information to share with the PRB, the Deputy Commandant may permit the midshipman to present it to the PRB and then will be excused.

e. Following discussion and deliberation, the PRB will propose a recommendation or act. The approval authorities and administrative requirements for each proposed recommendation/action will vary and are outlined in paragraph 6 below. For those actions taken by the PRB that do not require further approval, the Commandant will be notified. In the case of MIDN LIMDU outside the local area, the recommendation will be routed via the Commandant to the Superintendent, who retains approval authority as such action. In addition, for MIDN LIMDU that will result in a midshipman being rolled back to a subsequent class year and/or delayed graduation, the Superintendent will be notified by the Commandant.

4. Responsibilities

a. Deputy Commandant. Serves as the Chair of the PRB. If unavailable, the Deputy Commandant may delegate this responsibility to a senior member of the Commandant's Staff.

b. As chair, convenes PRBs and ensures timely and adequate resources are available to assist the PRB.

c. Aptitude Officer. Responsible for sending notices of PRBs with names and company numbers of those midshipmen who will be discussed. Responsible for keeping minutes of matters discussed and action items that result from PRBs.

d. PRB Members. The following are sitting members of a PRB. The absence of one or more of the below members will not preclude the holding of a PRB, but the missing member(s) will be back-briefed (to include receiving a copy of the minutes) as soon as practicable to afford them the opportunity to express any concerns regarding the recommendation(s) of the board.

(1) Deputy Commandant (Chair)

(2) Brigade Master Chief

(3) Midshipman's Battalion Officer

(4) Midshipman's CO

(5) Midshipman's SEL

(6) Brigade Medical Officer or designated representative

(7) Commandant's Staff Judge Advocate or designated representative

(8) Assistant Provost for Academic Affairs or designated representative

e. Subject Matter Experts. The following individuals may present information before the PRB but will not stay for PRB discussions/deliberations.

(1) Midshipmen Personnel (MIDPERS)

(2) Drug and Alcohol Program Advisor (DAPA)

(3) Midshipmen Development Center (MDC)

(4) Diversity Officer

(5) Physical Education

(6) Coach or Officer Representative

(7) Command Managed Equal Opportunity (CMEO)

(8) Chaplain

(9) Medical Providers who are caring for a given Midshipman

5. Administration and Logistics

a. PRB will be held on an as needed basis.

b. Information generated from the PRB is for the Commandant's use and for the purpose of midshipmen preservation and risk mitigation.

6. PRB Referral Criteria. Midshipman will be referred to a PRB no later than one (1) year from date of diagnosis when the midshipman: (a) is unable to reasonably perform the duties of a midshipman; (b) Poses a risk to themselves or others; or (c) imposes unreasonable requirements on USNA leadership to maintain and protect the individual.

a. Reasonable performance of duties. The following is a non-exhaustive list of examples in which a midshipman is unable to perform duties vis-a-vis the USNA mission areas:

(1) Misconduct. A midshipman is unable to comply with MIDREGs or has observed aptitude, honor, or conduct issues (of note, PRB is not a substitute for accountability under the Conduct, Honor, or Aptitude Programs; PRB referral is appropriate in cases in which a medical condition appears relevant to the other observed issues).

(2) Academic Absences. A midshipman will be referred to a PRB if he or she has missed forty (40) or more classes in a single semester, regardless of whether such absence was excused. However, the chain of command or Academics may refer a midshipmen earlier than 40 absences if, in the opinion of that stakeholder, a PRB is appropriate.

(3) Physical Fitness Test. Consistent with OPNAVINST 6110.1L, midshipmen with two consecutive Physical Readiness Test (PRT) medical waivers, regardless of circumstance, or three in the most recent four year period, will be referred to a PRB. Of note, a midshipman who has not passed a PRT prior to 2-for-7 will trigger automatic referral to an Academic Board.

(4) Common Military Tasks. An individual who cannot perform the common military tasks required of midshipmen, for example: unable to stand watch, drill, participate in military training, or participate in extracurricular activities.

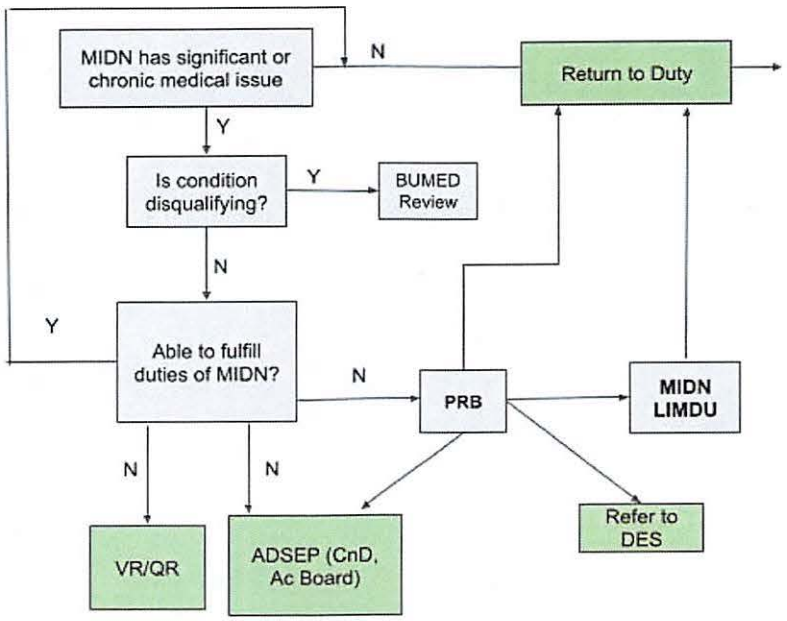
(5) Deployability. Consistent with reference (a) and DoDI 1332.45, midshipmen who are considered non-deployable for more than 12 consecutive months will be referred to a PRB to document the issue. Per OPNAVINST 1300.20A, medical providers will make deployability assessments, even if assigned to non-operational duty, during all healthcare encounters. The history of such assessments will be made available to the PRB in consideration of the midshipman's case.

(6) Failure to Meet Commissioning Standards. Per ASN(M&RA) Memo dtd 10 Oct 18, the inability to meet commissioning standards is evidence of a midshipman's inability to perform the duties of his/her office, grade, rank or rating. Medical will refer cases in which a midshipman is disqualified from commissioning to a PRB, regardless of treatment and prognosis.

b. Cases Involving Risk. A midshipman who expresses suicidal ideations will be referred to a PRB, regardless of the medical treatment protocol or prognosis. Such referral ensures proper risk mitigation by all stakeholders and monitoring for future developments.

c. Unreasonable Requirements. USNA midshipmen are expected to reside in Bancroft Hall. When the Bancroft Hall environment is not conducive to the health and safety of a midshipman, either as self-identified or as identified by medical or chain of command, such case will be referred to a PRB. Other cases in which a midshipman requires continuous supervision and/or requires frequent emergency medical care visits, such cases will be referred to a PRB.

Figure 2 - PRB Process



7. PRB Recommendations/Action. The PRB will evaluate the case and make one of the following recommendations:

a. Return to Duty. The PRB can choose to maintain the midshipman on the PRB docket to monitor progress and review at a later date. The Deputy Commandant has authority to approve a Return to Duty recommendation as chair of the PRB. The PRB will notify the Commandant of this action.

b. Letter of Instruction (LOI). The PRB can issue a LOI to the midshipman, signed by the Deputy Commandant, with specific instructions for improvement in the performance of midshipman duties (see enclosure (14)). The Deputy Commandant has authority to approve a LOI recommendation as chair of the PRB. The PRB will notify the Commandant of this action.

c. MIDN LIMDU status (see enclosure (7)). The Commandant has authority to approve a MIDN LIMDU recommendation if the midshipman will reside in Bancroft Hall or at an installation in the local area. However, if such approval is anticipated to trigger delayed graduation/commissioning, or else result in a midshipman being rolled back to the next class, the Commandant will seek approval from the Superintendent. For MIDN LIMDU executed outside of the local area (e.g. home of record), the Superintendent retains approval authority for LIMDU Administrative Leave (see enclosure (7)). In such cases, the PRB will forward a Decision Memo to the Superintendent, via the Commandant, with the recommendation to place a midshipman on MIDN LIMDU and the location/plan for treatment and reintegration.

d. Refer to the DES. Of note, such a recommendation will trigger referral to a MEB and/or a BUMED disqualification referral by BMU. Of note, if BMO concurs with this recommendation, no further approval is required and BMO will execute DES referral procedures as outlined in enclosure (9). The PRB will notify the Commandant of this action.

e. Referral to a Brigade Aptitude Board or Company Aptitude Board. The Deputy Commandant has authority to approve aptitude board referral as chair of the PRB and per reference (g). The PRB will notify the Commandant of this action.

g. Administrative Separation for Conditions Not Amounting to a Disability (CnD). Should the PRB recommend CnD separation, the recommendation will be routed to the BMO for review and action. Of note, final separation authority is either the Superintendent or ASN (M&RA), and requires processing per enclosure (12).

MIDSHIPMEN DES PROCESSING (BUMED REVIEW, MEB AND PEB PROCESS)

1. DES Eligibility. Per references (e), (d), and 10 U.S.C. 1217, USNA midshipmen are eligible for the DES for disabilities "incurred or aggravated during military service." Midshipmen are ineligible when the midshipman has a condition that existed prior to service (and was not aggravated by service) or conditions that do not constitute a physical disability (i.e. CnD). In cases in which BMU providers or the chain of command suspects that a midshipman's condition existed prior to service, a LODI shall be conducted and accompany the midshipman's DES package to the PEB.

2. DES Referral Criteria. Per references (e) and (d), when the course of further recovery is relatively predictable or within one year of diagnosis, whichever is sooner, the BMO will refer eligible midshipmen into the DES who meet the criteria.

3. BUMED Review and Appeal Process. When a midshipman has a medical condition that does not meet commissioning standards per reference (c), or the PRB has determined that the condition interferes with performance of duties, the case will be referred by the BMO to BUMED Qualifications and Standards Branch per reference (b). Figure 3 depicts the process.

a. BUMED Referral. BMU transmits a midshipman's case to BUMED via the WebWaive system. This referral will include a narrative summary (NARSUM) of their illness(es) and care to date. A NARSUM listing a behavioral health diagnosis must contain a thorough behavioral health evaluation and include the signature of at least one psychiatrist or psychologist with a doctorate degree.

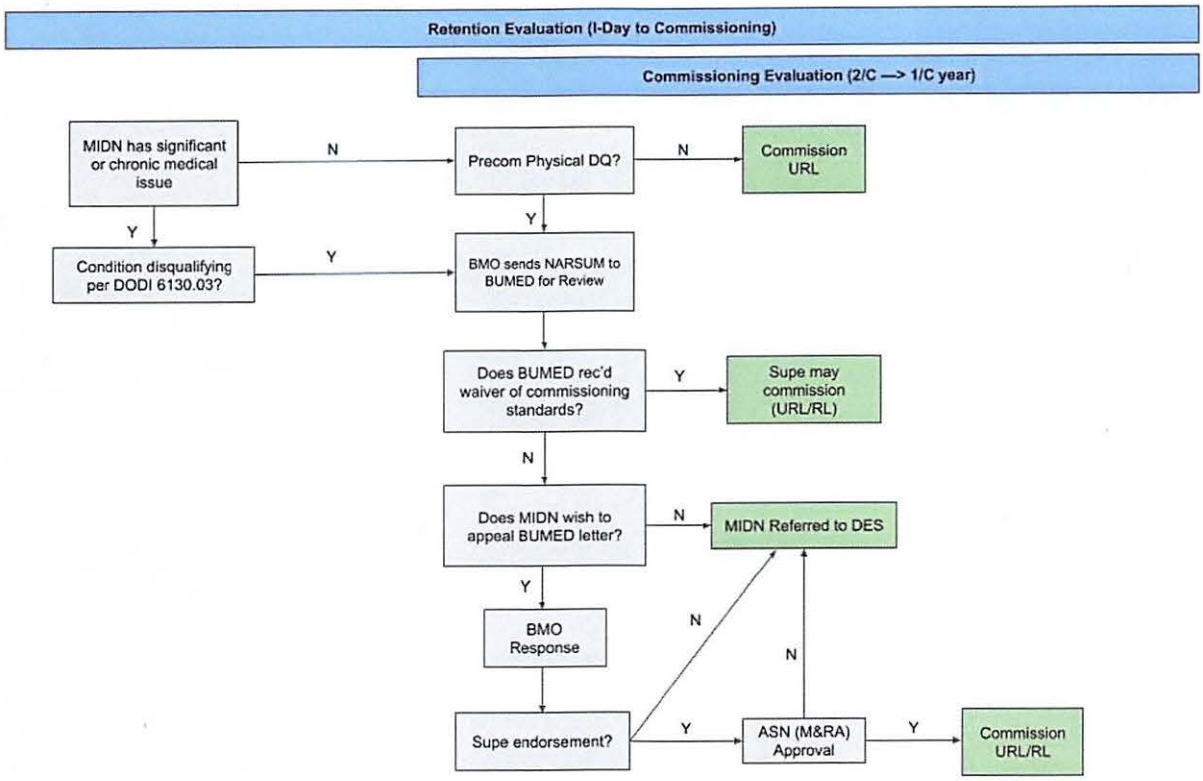
b. Due to the unique nuances associated with midshipmen that differ from the Fleet, only providers who are assigned to the NMRTC Annapolis' BMU will refer midshipmen cases to BUMED. If providers assigned to other facilities believe that a referral to BUMED is appropriate, they will communicate this assessment to the BMO.

c. At the conclusion of its case review, the CHBUMED will provide a written determination to the Superintendent regarding whether or not the midshipman meets reference (c) commissioning standards and if not, whether a waiver to those commissioning standards is recommended. Such correspondence will be routed via the BMO. Per ASN(M&RA) Memo dtd 18 Jul 19,

(1) If BUMED recommends a waiver, the Superintendent may grant a waiver and commission the individual if he or she determines that the waived physical standard will not "detrimentally impact the midshipman's ability to perform in his or her line community."

(2) If BUMED recommends against a waiver, the waiver authority is ASN (M&RA). However, the Superintendent may request a waiver contrary to BUMED's recommendation for ASN (M&RA)'s waiver authority consideration. The Superintendent may appeal BUMED's recommendation to ASN (M&RA), either on his or her own accord, or at the request of the midshipman.

Figure 3 - BUMED Commissioning Waiver Process



d. Midshipman Appeal. Upon receipt of the BUMED letter, the BMO will provide a copy of the letter and the NARSUM to the midshipman and notify him or her of the right to request that the Superintendent appeal BUMED's recommendation. The midshipman will have five working days to submit matters, after which BMO will provide a response, and the package will be routed to the Superintendent.

(1) If the midshipman does not desire to appeal, the case is referred to the DES, per procedures outlined below.

(2) If the midshipman does wish to appeal, he or she routes a request to the Superintendent, via the BMO. BMO provides a written response for the Superintendent to consider on the matter of appealing to ASN (M&RA).

e. Superintendent Decision. If the Superintendent denies a midshipman's request, then the case is referred to the DES, per procedures outlined below. If the Superintendent approves the request, he or she will route a request to ASN (M&RA) requesting commission over the recommendation of BUMED.

f. ASN (M&RA) Determination. If ASN (M&RA) approves the request, the midshipman will be commissioned over the recommendation of BUMED. If ASN (M&RA) denies the request, then the case is referred to the DES, per procedures outlined below.

4. MEB and Command Review Process. A MEB is an administrative board by which the Convening Authority (NMRTC Annapolis CO or designee) or higher authority obtains an informed clinical opinion regarding the ratable medical condition(s) of a midshipman and how the condition(s) impact(s) the midshipman's ability to reasonably perform the duties. The deliberations of an MEB will result in a document of findings known as the Medical Evaluation Board Report (MEBR), consisting of a NARSUM (signed by the health provider); Non-Medical Assessment (NMA); full (current) service treatment record, and any rebuttals, surrebuttals, personal impact statements, or Impartial Medical Reviews; and VA Compensation and Pension (C&P) Examinations or equivalent (Integrated Disability Evaluation System (IDES) only).

a. Referral to MEB. Once the case has met final disposition through the BUMED process, the BMO will refer the midshipman's case to the NMRTC Annapolis MEB using an Electronic Medical Evaluation Board Report (EMEBR) in the Limited Duty Sailor and Marine Readiness Tracker (LIMDU SMART) system.

b. USNA Action

(1) NMA. For each midshipman referred to the DES, the Commandant is responsible for completing a NMA, which is an assessment of the midshipman's ability to perform their duties and summarizes the midshipman's limitations from the perspective of the chain of command per references (a) and (e). The USNA LIMDU Coordinator will assemble the NMA, with input from the midshipman's chain of command, and will route for the Commandant's approval within 15 calendar days of notification. Following signature, the LIMDU Coordinator will return the signed NMA to the PEBLO.

(2) Choice of DES. There are two DES processing options: IDES and the Legacy Disability Evaluation System (LDES). The IDES process includes additional steps and produces a combined DoW and Veterans Affairs (VA) disability rating determinations. LDES is a process by which the DoW alone determines whether referred midshipmen are fit for continued military service and determines appropriate disability rating for those determined unfit who are separated. DON policy defaults to IDES processing. However, LDES may be requested by the midshipman (within 10 business days of referral), or may be directed by the Superintendent. Per ASN (M&RA) Memo dtd 20 Mar 20, midshipmen are considered to be Initial Entry Training service members. As such, the Superintendent may exercise discretion to direct midshipmen into the LDES if he or she finds that there is a compelling and individualized reason to do so (e.g. the midshipman's condition can be readily adjudicated through LDES, USNA lacks sufficient berthing to accommodate the midshipman for prolonged periods without negatively impacting the mission; or the midshipman's presence would be disruptive to the mission of USNA). By this instruction, the Superintendent delegates the authority to direct LDES processing to the Commandant of Midshipmen. The Commandant will make this decision on a case-by-case basis, weighing the interests of the individual midshipman as well as the interests of the Navy in expeditiously processing the case, and will annotate the decision in the NAVMED 1850/2 Initial Entry Training Legacy Disability Evaluation System Enrollment that is prepared and routed for Superintendent signature by the PEBLO.

c. PEBLO Counseling and MEB Rebuttals. Once the EMEBR is completed and prior to submitting it to the Convening Authority, the PEBLO from NHCA will meet with the midshipman and provide the EMEBR (which includes the NARSUM as well as the DoW Disability Handbook for review. The midshipman will have five business days, commencing the day after the midshipman receives the EMEBR, to submit a rebuttal. An additional three business days will be granted upon request to speak with legal counsel.

(1) PEBLO Duties. Per reference (d), the PEBLO: (a) Explains the DES process in detail, including the differences between IDES and LDES, and explains the MEB Report, the Non-Medical Assessment, Impartial Medical Reviews, boards, rebuttals, Personal Impact Statements, and appeals, and provides an overview of the VA claims process to the midshipman; (b) Explains statutory rights and DoW/DON requirements, but will not provide legal advice; (c) Explains DES results to the midshipman and provides an election of options form; (d) Refers the midshipman to the appropriate Government DES counsel for mandatory initial counseling and advice throughout the DES process; (d) Constructs the case file; (e) Obtains the LOD investigation and determination with all supporting documentation, when required, from USNA; (f) Ensures the midshipman is scheduled for all general and disability examinations required for the case and monitors the completion of examinations, resolving scheduling issues as needed. The PEBLO's responsibility continues until the midshipman is discharged from the Navy. The PEBLO should know the midshipman's unique issues, ensure transparency and clarity throughout the DES process, and serve as a liaison between the midshipman and medical providers and case managers, the PEB, and the Command.

d. Surrebuttal. Upon receipt of the midshipman's rebuttal, if any, the BMO will have five business days, commencing the day after the rebuttal is received, to submit a surrebuttal to the PEBLO.

e. Convening Authority (CA) Action. Per Chapter 18 of reference (b), the Commanding Officer of NMRTC Annapolis is the CA, and may delegate, in writing, signatory responsibility.

(1) The CA must review and approve or disapprove the findings of the MEB. If the CA disagrees with the MEB report recommendation, he or she will direct further evaluation of the midshipman's medical condition. If the condition resolves during the suspension of the report, then the CA, by recommendation of the BMO, will direct the withdrawal of the MEBR from the DES system and the BMO will initiate a new request to BUMED for a commissioning recommendation, including an addendum that updates the original Narrative Summary.

(2) If the CA agrees with the findings of the MEB the package is processed by the PEBLO and forwarded to the PEB. Such packages will include, if applicable, any LODI conducted by USNA.

f. DON PEB. Per ASN(M&RA) Memo dtd 10 Oct 18, in cases in which BUMED has recommended against a waiver of medical commissioning standards (and a waiver has not subsequently been granted by ASN (M&RA), such determination is binding on the PEB to find the member unfit for continued service.

g. PERS Action. Following PEB determination of fitness and disability rating, a midshipman's case is transferred to Navy Personnel Command (PERS 832). PERS 832 will send out the Permanent Disability Retirement (PDRL) or Temporary Disability Retirement (TDRL) Authorization message with the findings of the PEB, and the detachment date of the midshipman.

h. MIDPERS Action. Upon receipt of the PERS 832 message, MIDPERS will generate a DD 214 Certificate of Release or Discharge from Active Duty for the member based on the service closeout date provided on the PRDL/TDRL to work final pay and accounting.

MHU

1. MHU is established as a separate administrative unit within Bancroft Hall for midshipmen in a LIMDU status, those pending DES processing at USNA, or other exceptional cases, at the discretion of the Commandant. It can be established and dissolved as needed based on need.

2. MHU is located in Sixth Wing but can be relocated if necessary.

3. The MHU chain of command is a CO and SEL that are collaterally assigned from a Company within Fifth Battalion. Fifth Battalion Officer will serve as the Battalion Officer for MHU personnel and will report to the Deputy Commandant and Commandant as per other existing instructions.

4. MHU midshipmen are subject to MIDREGs, to include class privileges and liberty regulations. MHU midshipmen will be held accountable under the Conduct and Honor Systems as other members of the Brigade.

5. MHU midshipmen will attend daily musters and TAPS at the discretion of the MHU CO/SEL and based on recommendations from the BMO. Default policies are per MIDREGS, but may be adjusted on a case-by-case basis.

6. In general, MHU midshipmen will be assigned to work temporary duty inside of the Commandant's Cost Center, and will report daily to their work centers. Work center supervisors ensure MHU midshipmen are able to attend all medical appointments.

7. MHU CO/SEL will work with BMU and Facilities to adjust MHU to accommodate medical situations (e.g. lighting, Bancroft Hall bells, etc.).

8. MHU CO/SEL will maintain close coordination with BMU, Naval Health Clinic Annapolis (NHCA) Patient Administration, and the USNA LIMDU Coordinator to expeditiously process midshipmen DES cases.

GRADUATE NON-COMMISSION

1. GNC Eligibility. Per reference (r), midshipmen who become medically disqualified for appointment as a commissioned officer during their senior year, who otherwise would be qualified to complete the course of instruction and be appointed as a commissioned officer, and who are capable of completing the academic course of instruction with their peers, may be permitted by the to complete the academic course of instruction with award of an academic credential.

a. "Senior year" is defined as the first day of academic classes of a midshipman's 1/C year, or, in a midshipman's seventh (7th) full semester, whichever is later. Of note, the fact that a midshipman is "frocked" to 1/C following the graduation ceremony at the end of his or her 2/C year, does not bestow rights or eligibility with regard to GNC requests.

b. "Become medically disqualified" means the earliest of the following dates:

(1) Date of BUMED letter recommending against a commissioning waiver;

(2) Date referred to a PRB for that condition; or

(3) More than one year from the initial date of medical annotation of unsuitability for commissioning, unless the condition remits during that timeframe.

c. Midshipmen who received a disqualifying diagnosis prior to the start of academic classes during 2/C year or fifth full semester, whichever is later, will normally not be permitted to GNC for that same condition, absent an exception to policy by the Superintendent.

d. Requests from midshipmen who do not meet eligibility criteria will not be forwarded to the Superintendent.

e. Chronic Conditions. Midshipmen with chronic injuries or conditions that are disqualifying under reference (c), or for whom the likelihood of BUMED commissioning waiver is low, will be counseled by the chain of command and/or their healthcare provider(s) regarding the eligibility requirements for GNC, once that condition is identified and prior to the end of 2/C year. No later than 1 March of 2/C year, the BMO or designee will conduct a review of 2/C Midshipmen for whom a BUMED Commissioning Waiver likelihood is low, or who meet the DES referral criteria, and will immediately seek a BUMED determination. In all but exceptional circumstances, midshipmen will enter the 1/C academic year fit for full duty and able to perform all duties of a midshipman.

2. GNC Requests. Those midshipmen who meet eligibility requirements may submit a GNC request to the Superintendent via the Commandant, utilizing enclosure (15). The Superintendent retains discretion on whether or not to approve such request, and will base his or her decision on the "whole person concept," reviewing a midshipman's entire academic, physical, and honor, conduct and aptitude record.

In addition, midshipmen whose conditions existed prior to service, and who failed to disclose such conditions prior to induction (i.e. fraudulent appointment cases) will not be permitted to GNC for the concealed conditions.

3. Graduation Requirements. Those midshipmen requesting GNC must still, per reference (p), achieve required standards of performance in military performance, honor, conduct, and physical education (to include passing the PRT), in order to graduate and receive a degree.

4. 1/C Limited Duty. Per reference (r), USNA can place 1/C Midshipmen who are not medically qualified for commissioning on limited duty for up to one year to meet medical commissioning requirements. For midshipmen who are recovering and whose commissioning standards could be met with more time for observation, BMU will recommend limited duty. If approved, these midshipmen will be delayed graduates and remain at USNA, residing in MHU assigned TDY within the Commandant's Cost Center. Such option will be considered in all GNC cases so that the Navy may evaluate the ability to commission these individuals.

5. Declining Appointment. Per reference (p), any 1/C Midshipman declining to accept an appointment as a commissioned officer may be transferred to the respective Reserve Component in an enlisted status and ordered to active duty for four years. Of note, if BUMED recommends a waiver of commissioning standards, and a 1/C Midshipmen refuses to seek one, may be considered to have declined appointment and may be subject to enlisted service commitment or else subject to recoupment.

DISENROLLMENT PROCEDURES ON THE BASIS OF A CONDITION NOT AMOUNTING TO DISABILITY

1. SECNAVINST 1531.4B states that a midshipman may be subject to disenrollment on the basis of a CnD that interferes with the assignment to or performance of duty and that is not specifically listed as compensable under the Veterans Affairs Schedule for Rating Disabilities (VASRD).

2. Separately, midshipmen with conditions that prevent the reasonable performance of duty and are listed as compensable under the VASRD will be referred to the DES. In situations where the midshipman has both types of conditions, referral to the DES is required.

3. ASN(M&RA) retains final separation authority for a midshipman who has incurred a service obligation or owes recoupment.

4. Second and First Class Midshipmen processed for disenrollment on a basis of a CnD are subject to the requirement to reimburse the government for the cost of their advanced education, unless otherwise waived by the appropriate authority.

5. Upon separation for a CnD, the characterization of service will be Honorable unless a General (under honorable conditions) is warranted.

6. Procedures to disenroll midshipmen on the basis of a CnD at the USNA will be as follows:

a. CnD Diagnosis & Referral to Command

(1) An authorized Mental Health Provider (MHP) or BMU provider will confirm a diagnosis of a CnD.

(2) The provider will ensure the diagnosis meets applicable criteria outlined in the most current Diagnostic and Statistical Manual of Mental Disorders, as published by The American Psychiatric Association.

(3) The provider makes the conclusion that the disorder does not constitute a disability, yet is so severe that the service member's ability to function effectively in the military environment is significantly impaired.

(4) The provider's recommendation for administrative separation on the basis of a CnD will then be endorsed by a BUMED-appointed Medical Evaluation Board (MEB) Convening Authority, using the processes set forth in the Manual of the Medical Department (MANMED), NAVMED P-117, SECNAVINST 1920.6D, and MILPERSMAN 1900-120.

(5) Within five (5) days of final approval by the MEB, the initiating provider must submit the administrative separation CnD recommendation letter and supporting documentation to the Commandant, via the Commandant's Legal Advisor. The recommendation must also specify whether the medical provider assesses the midshipman's condition either warrants a

reasonable time to overcome the deficiency or whether the condition precludes the member from overcoming deficiencies. Supporting documentation should include all relevant information necessary to support the diagnosis. This will consist of the diagnosis, treatment, impact on duty or mission, recommended duty restrictions, prognosis, and ways the commander can support or assist the midshipman's treatment.

b. Action by Command Upon Receipt of CnD Administrative Separation Recommendation

(1) If the MEB's administrative separation CnD recommendation letter states that a period of remediation is medically advised, the Commandant's legal advisor will prepare the administrative remarks counseling form notifying the midshipman about performance deficiencies related to the medical condition and medical resources (if applicable) that may assist in the member's retention. A period of two weeks is considered a reasonable amount of time to correct most performance deficiencies and to show the midshipman is able to overcome the medical condition and the resulting negative impact on performance. In order to make the period of remediation worthwhile, both the midshipman's active duty chain of command and medical providers should provide input as to specific corrections and improvements the midshipman needs to undertake in the performance of duties.

(a) If the midshipman corrects the deficiencies and is able to show the condition is not so severe that the midshipman's ability to function effectively in the military environment is significantly impaired, the referring provider may provide a letter of support disagreeing with the MEB' s administrative separation recommendation letter. However, the MEB's recommendation for administration separation on the basis of a CnD must still be forwarded to the Superintendent as the Separation Authority. The recommendation package should incorporate endorsements by the midshipman and/or the Commandant, noting the extent to which the midshipman has been able to correct the deficiencies.

(b) If the midshipman is unable to comply or is unable to correct the deficiencies within a reasonable amount of time, the Commandant's legal advisor will prepare the administrative separation (disenrollment) notification letter to be routed to the Superintendent for decision.

(2) If the MEB's administrative separation CnD recommendation letter states that a period of remediation is not medically advised, the Commandant's legal advisor will prepare the administrative separation (disenrollment) notification letter. The notification letter and supporting MEB documentation will be routed to the Superintendent for decision as to whether to initiate separation on the basis of a CnD.

c. Action by the Superintendent

(1) For all midshipmen, the Superintendent will serve as the Initiating Authority for CnD separations. This authority cannot be delegated.

(2) If the Superintendent concurs with the MEB's recommendation, the Superintendent will sign as the Initiating Authority on the administrative separation (disenrollment) notification letter. Alternatively, if the Superintendent disagrees with the MEB's recommendation to separate, she can disapprove the MEB's recommendation and retain the midshipman.

(3) Upon receipt of the notification letter, the midshipman will receive five (5) business days to consult with counsel and to submit a written statement to the Superintendent.

(4) After the expiration of five (5) business days from the notification date, the Superintendent may approve the disenrollment of Fourth and Third Class Midshipmen who do not have a service obligation. Alternatively, for all classes of midshipmen, the Superintendent may decide that the CnD is not so severe as to significantly impair the midshipman's ability to function effectively in the military environment, and retain the midshipman.

(5) Per SECNAVINST 1531.4B, if the midshipman has a service obligation, or is subject to recoupment (i.e. Second and First Class Midshipmen) the Separation Authority is ASN(M&RA).

CnD ADMINISTRATIVE COUNSELING TEMPLATE

DD MMM YYYY

From: USNA Chain of Command
To: MIDN XYZ

Subj: ADMINISTRATIVE COUNSELING IN SUPPORT OF DISENROLLMENT FOR A CONDITION NOT AMOUNTING TO A DISABILITY

1. You are hereby being counseled regarding your medical condition. You were diagnosed with (explain briefly the circumstances). Your present medical condition is not considered a physical disability; however, it may be a disqualifying factor in determining your suitability for further naval service.

2. You are being afforded any and all medical assistance as required by your medical condition. You will adhere to any and all of the recommendations of your attending physician and or medical board.

3. Further assistance is available through:
   a._____SEL,
   b._____CO,
   c._____BATTO,
   d._____CHAPLAIN, and
   e. The Midshipmen Development Center.

4. This counseling is made to afford you an opportunity to undertake the recommended corrective action. Any failure to adhere to the guidelines cited above will make you eligible for administrative separation processing.

_____
(Member's Signature)

_____
(Witness ' s Signature)

CnD ADMINISTRATIVE SEPARATION PROCESSING NOTICE TEMPLATE

DD MMM YYYY

From: Superintendent, U.S. Naval Academy
To: Midshipman X

Subj: Administrative Separation Processing Notice

Ref: (a) USNAINST 6150.1A
(b) SECNAVINST 1531.4B
(c) CND ltr dtd 1 Apr 25

1. Per references (a) through (c), you are being notified that you are being processed for administrative separation based on being diagnosed with a condition not amounting to a disability.

2. Your characterization of service will be Honorable unless a General (under honorable conditions) is warranted.

3. If your separation is approved, it will result in administrative discharge from the U.S. Navy, with the ASN (M&RA) retaining final separation authority if the midshipman has incurred a service obligation.

4. You are entitled to the below rights:

a. To consult with qualified counsel. You may consult with civilian counsel retained at your own expense. [ELECT_____ OR WAIVE_____]

b. To submit a written statement for consideration by the Separation Authority. Written statements are to be submitted within five (5) business days from notification.
[ELECT_____ OR WAIVE_____]

c. To obtain copies of documents that will be forwarded to the separation authority supporting the basis for proposed separation. [ELECT_____ OR WAIVE_____]

5. Second and First Class Midshipmen processed for disenrollment on a basis of condition not amounting to a disability are subject to the requirement to reimburse the government for the cost of their education, unless otherwise waived by the appropriate authority.

Command Certification:

Issuing Authority (Superintendent) Name	Date

Member Certification:

I acknowledge receipt of this notice.

Midshipman Name	Midshipman Signature	Date

(If member elects time to consult with counsel):
My response to this notice is complete.

Midshipman Name	Midshipman Signature	Date

PROCESSING MEDICAL CASES INVOLVING MENTAL HEALTH CONDITIONS

1. Per DoDI 6490.08, it is DoW policy to remove the stigma around seeking mental health care and substance abuse education services. The use of mental health services is considered, whenever possible, to be comparable to the use of other medical and health services. This extends to policy directed at ensuring fitness for duty, returning injured or ill service members to full duty status after appropriate treatment, and managing medical conditions that may endanger the service member, others, or mission accomplishment.

2. Mental Health Referrals. Per DoDI 6490.08, enclosure (3), the responsibility for determining whether or not referral for Mental Health Evaluation (MHE) should be made rests with the midshipman's commander or supervisor at the time of the referral.

a. Non-Emergency MHE. When a commander or supervisor, in good faith, believes that a midshipman may require a non-emergency MHE, he or she will:

(1) Advise the midshipman that there is no stigma associated with obtaining mental health services.

(2) Refer the midshipman to MDC or BMU, providing both name and contact information.

(3) Tell the midshipman the date, time, and place of the scheduled MHE.

b. Emergency MHE. When a commander or supervisor refers a midshipman for an emergency MHE owing to concern about potential or imminent danger to self or others, the following principles should be observed:

(1) Safety. When a midshipman is exhibiting dangerous behavior, the first priority of the commander or supervisor is to ensure that precautions are taken to protect the safety of the midshipman and others, pending arrangements for and transportation of the midshipman to the location of the emergency evaluation. For midshipmen transferred to Anne Arundel Medical Center or Walter Reed National Military Medical Center due to mental health concerns, the midshipman will be escorted to the outside medical facility by a commissioned officer or SEL and not by another midshipman.

(2) Communication. The commander or supervisor will report to the MHP circumstances and observations regarding the midshipman that led to the emergency referral either prior to or while the midshipman is en route to emergency evaluation.

3. Promoting Mental Health Care. Commanders or supervisors may make informal, non-mandatory recommendations for midshipman under their authority to seek care from an MHP when circumstances do not require a command directed evaluation (CDE) based on safety or mission concerns. Under such circumstances, the commander or supervisor will inform the midshipman that he or she is providing a recommendation for voluntary self-referral and not ordering the care.

a. Commanders and supervisors will demonstrate leadership and direct involvement in development of a culture of total well-being of midshipman by providing consistent and ongoing messaging and support for the benefits and value of seeking mental health care and voluntarily-sought substance abuse education.

b. Commanders and supervisors may educate midshipman with respect to additional options for assistance, including confidential counseling from the MDC, Military OneSource resources, consultation from chaplains, and options for obtaining assistance with financial, legal, or educational issues.

c. Commanders and supervisors will not substitute alternative approaches to CDE when there is significant concern regarding a Service member's safety or performance of duty or concern for the safety of others.

4. Relationship Between Mental Health Care and USNA Mission. The goal of the above is, and should always be, to provide necessary medical care in order to return midshipmen to full duty in furtherance of the USNA mission. Should a midshipman receive a diagnosis that is disqualifying under reference (c), NMRTC-A providers will process the case in the same manner as non-mental health conditions. If there is a condition that will interfere with the performance of duties and requires light duty for longer than 30 days (90 day extension possible), the midshipman will be referred to a PRB for recommendation as to MIDN LIMDU, DES, or CnD.

5. Hospitalization for Psychiatric Evaluation and Treatment. Pursuant to a referral, only a psychiatrist, or, when a psychiatrist is not available, a physician or another MHP with admitting privileges may admit a Service member for an inpatient MHE. Following any hospitalization for mental health reasons, the BMO will provide a recommendation to the Commandant regarding continued fitness for duty and actions recommended to assist with the continued treatment plan; to include referral of the midshipman to a PRB for processing through the DES or administrative separation of the midshipman for personality disorder or unsuitability for continued military service

PRESERVATION REVIEW BOARD LETTER OF INSTRUCTION TEMPLATE

6100
Date

From: Deputy Commandant of Midshipmen, U.S. Naval Academy
To: Midshipman 3/C _____

Subj: LETTER OF INSTRUCTION

Ref: (a) USNAINST 6150.1A
(b) Preservation Review Board of _____
(c) DoW Instruction 6130.03, Volume 1
(d) SECNAV M-1850.1

1. Per reference (a), reference (b) was initiated to evaluate your medical issues that are impacting your performance as a midshipman at the U.S. Naval Academy (USNA). After a thorough review, your are hereby issued this Letter of Instruction (LOI).

2. Reference (b) noted several deficiencies in your performance related to your medical condition(s). Specifically, [INSERT A DESCRIPTION OF DEFICIENCIES].

3. Per references (a), (c), and (d), midshipman may be separated from the Naval Academy if, due to a medical condition, he or she is unable to reasonably perform the duties of a midshipman, poses a risk to themselves or other, or imposes unreasonable requirements on USNA leadership to maintain and protect the individual.

4. This letter is non-punitive and is addressed to you as a corrective measure. You are directed to take immediate corrective action regarding your behavior. Your chain of command is here to support you in your recovery and/or management of your condition, and your development as a midshipman. In addition, there are numerous medical and non-medical resources available to assist you in your retention at the Naval Academy, including:

a. Brigade Medical Unit (BMU)

b. Midshipmen Development Center (MDC)

c. USNA Chaplains

d. Academic Advisor

Subj: LETTER OF INSTRUCTION

5. You will be provided a period not to exceed __ [30-60] days to correct your deficiency/deficiencies, at which time the PRB will re-evaluate your case and make a recommendation to the Commandant. Should you have any questions or concerns, please communicate those with your chain of command, the Brigade Medical Officer, or the Aptitude Officer, _____, who can be reached at 410-293-XXXX.

I. M. DEPUTY

GRADUATE NON-COMMISSION REQUEST TEMPLATE

Date

From: Midshipman 1/C XXXXXX, U.S. Navy
To: Superintendent, U.S. Naval Academy
Via: (1) Commandant of Midshipmen
(2) Deputy Commandant of Midshipmen
(3) Battalion Officer
(4) Company Officer

Subj: GRADUATE NOT COMMISSION REQUEST ICO MIDN 1/C XXXXXXX, USN

Ref: (a) Chief, Bureau of Medicine and Surgery ltr of _____
(b) USNAINST 6150.1A
(c) DoDI 1322.22 dtd 24 Sep 15
(d) USNAINST 1531.49C
(e) DIRATHINST 6100.1A

Encl: (1) Medical Evaluation Board Report of _____ [Note: this is the NARSUM]
(2) MIDS Data Summary ICO MIDN XXXXXX
(3) _____

1. Per reference (a), the Chief, Bureau of Medicine and Surgery (BUMED) has determined that I do not meet the established physical standards due to my diagnosis of _____. Enclosure (1) includes a narrative summary of the condition that has medically disqualified me from commissioning.

2. Per reference (a), BUMED does not recommend a waiver of physical standards.

3. Per references (b) and (c), I respectfully request your approval to permit me to graduate non-commission (GNC). Enclosure(s) (2) – (X) are provided to assist your review.

4. [Insert personal statement for consideration to the Superintendent, including performance in the moral (i.e. conduct/honor history), mental, and physical missions while at the Academy, and any notable achievements]

5. Should my request be approved, I acknowledge my responsibility to fulfill my remaining graduation requirements at the U.S. Naval Academy. Specifically, I must complete at least 137 semester hours and maintain a 2.0 cumulative quality point rating as outlined in reference (d). Unless separately waived or modified by the Superintendent, I must complete the 1/C Physical Education curriculum and pass the Physical Fitness Assessment each semester, including both a Body Composition Assessment and Physical Readiness Test, as outlined in reference (e).

6. Thank you for your time and consideration.

I. M. JONES