

<b>U.S. NAVAL SEA CADET CORPS</b> <b>U.S. NAVY LEAGUE CADET CORPS</b>	<h1 style="margin: 0;">REPORT OF MEDICAL EXAM</h1>	FOR OFFICIAL USE ONLY
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**INSTRUCTIONS**

Acceptance criteria for applicants the Naval Sea Cadet Corps/Navy League Cadet Corps (NSCC/NLCC) are listed on the reverse side. The standard for acceptance into the NSCC/NLCC is the ability to FULLY participate in training activities. This includes strenuous physical exercise and activities such as orientation in fighting shipboard fires in often hot and humid environments. Defects that are cause for rejection of an applicant for actual enlistment into the naval service should be identified. If the standards for enlistment are not available, the examiner should list any condition(s) that could interfere with full, unrestricted, participation in the NSCC/NLCC. Conditions that will or are likely to require treatment particularly unresolved injuries and recurrent illness must be listed. The history of immunization should be verified to the satisfaction of the medical examiner. A licensed medical provider must complete this examination.

**1. UNIT INFORMATION**

<b>1a. Unit Name</b>	<b>1b. Region</b>
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**2. PERSONNEL INFORMATION**

<b>2a. Last Name</b>	<b>2b. First Name</b>	<b>2c. MI</b>	<b>2d. Social Security Number</b>
<b>2e. Age</b>	<b>2f. Date of Birth (DD MMM YY)</b>	<b>2g. Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>2h. Parent/Guardian Name (cadets only)</b>
<b>2i. Home Address</b>	<b>2j. City</b>	<b>2k. State</b>	<b>2l. Zip Code + 4</b>
<b>2m. Home Phone</b>	<b>2n. Date of Physical Examination (DD MMM YY)</b>	<b>2o. Location of Physical Examination</b>	

**4. CLINICAL EVALUATION**

	Normal	Abnormal	NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment)
<b>4a. Head, Face, Neck, and Scalp</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4b. Nose</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4c. Sinuses</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4d. Ears – General (Internal and External Canals)</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4e. Drum (Perforation)</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4f. Eyes- General</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4g. Ophthalmoscopic</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4h. Pupils (Equality and Reaction)</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4i. Heart (Thrust, Size, Rhythm, and Sounds)</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4j. Lungs and Chest</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4k. Abdomen and Viscera (Include Hernia)</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4l. External Genitalia (Genitourinary)</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4m. Upper Extremities</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4n. Lower Extremities</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4o. Feet</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4p. Spine and other Musculoskeletal</b>	<input type="checkbox"/>	<input type="checkbox"/>	

**5. LABORATORY FINDINGS (only required for those with a history of urinary tract infections or anemia, enter N/A if tests were not administered)**

<b>5a. Urinalysis</b> (1) Albumin: _____ (2) Sugar: _____	<b>5b. Blood</b> (1) Hemoglobin: _____ (2) Hematocrit: _____
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**6. MEASUREMENTS AND OTHER FINDINGS**

<b>6a. Height</b> inches	<b>6b. Weight</b> lbs.	<b>6c. Obese</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>6d. Pulse</b>	<b>6e. Blood Pressure</b> (1) Systolic: _____ (2) Diastolic: _____
<b>6f. Audiogram (if available)</b>			<b>6g. Wears Glasses</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>6h. Wears Contacts</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>500</b>	<b>1000</b>	<b>2000</b>	<b>3000</b>	<b>4000</b>
<b>6000</b>	<b>6i. Uncorrected Vision</b> (1) Left: 20/ _____ (2) Right: 20/ _____			
<b>Right</b>	<b>6k. Color Vision</b>			
<b>Left</b>				

**6l. Other Findings (if more room is needed, continue on reverse)**

## REPORT OF MEDICAL EXAM

7. NOTES, REMARKS, AND OTHER FINDINGS (Use additional sheets of paper if needed)

### 8. ADDITIONAL GUIDANCE FOR MEDICAL CARE PROVIDERS IN DETERMINING MEDICAL QUALIFICATION FOR NSCC/NLCC ENROLLMENT

#### 8a. MEDICAL QUALIFICATIONS AND REQUIREMENTS FOR ACCEPTANCE INTO AND CONTINUATION IN THE NSCC/NLCC

- Generally, acceptance is based upon the ability to participate in strenuous physical activity and the absence of contagious disease, illness, or history that will or is likely to require medical care or restriction of participation during training exercises, particularly during "away from home" one, two week or longer training evolutions. A sports type physical is required to make this determination. The physical examination is to be conducted by a physician or authorized/certified physician's assistant or nurse practitioner, military or civilian.
- Routine immunizations are required, plus Menactra vaccine for Meningitis.
- Special attention should be given to the absence of orthopedic and cardiovascular conditions/complaints and/or any other conditions that would preclude full participation.
- While there is no specific limit for vision, there must be vision in both eyes. However, applicants who wear glasses or contact lenses but cannot participate in activities that require the removal of glasses (or contacts) should be reviewed on a case by case basis.
- When a marginal medical condition exists, examining medical care providers may submit appropriate statements for consideration of acceptance when the provider is of the opinion that the applicant will not encounter any restriction of participation in the program and that the condition in question does not present an unacceptable risk for aggravation or worsening as a result of participation in the activities of the program. Statements are subject to review via the chain of command with the NSCC Executive Director having the final decision authority.
- Adult applicants must be in good health commensurate with their age group and be free from any ailment or condition that would prevent them from satisfactorily performing their primary duty of supervising youth.

#### 8b. PROGRAM MEDICAL DISQUALIFIERS. DO NOT ENROLL CADETS WITH THESE MEDICAL CONCERNS.

- Cadets with history of seizure or convulsion disorder requiring medication.
- Cadets currently having asthma in any form (vs. an allergy)
- Cadets with symptomatic or recurrent orthopedic injuries or conditions.
- Type 1 and Type II diabetic patients.
- Hypersensitivity to foods, i.e., you eat, you need immediate medical attention.
- Insect bites or stings beyond "average person sensitivity" requiring immediate on scene medical attention.
- Head injuries having resulted in residual impairment.
- History of recurrent loss of consciousness.
- History of debilitating motion sickness.
- Sleepwalking.

Where a medical condition exists and a question arises if it is a disqualifying condition, the MEPS standards for entering the armed forces shall be referred to via the local Navy Recruiter. If the condition is disqualifying for entry into the armed services, it is disqualifying for participation in the NLCC and NSCC except as might be provided for in this manual immediately below under exceptions or special conditions.

#### 8c. EXCEPTIONS OR SPECIAL CONSIDERATIONS

Cadets entering the program with any exceptions as noted below must understand that participation is a privilege and that they may be restricted in the trainings they can attend due to medical resource and personnel limitations as determined by the COTC of the training event. Additionally, participation may also depend on a parent joining the NSCC and being present as an escort for the training event. The same applies to cadets who might develop these conditions after enrolling.

- Child will outgrow the medical condition. If the medical condition is not clearly disqualifying, clearly understood and easily managed, and considered by the medical care provider to be a condition that the child will outgrow so that upon reaching the age of 17 or 18, the condition no longer exists and the young adult at that age would meet qualification for military service, then enrollment may be considered, understanding the cadet may not be eligible to participate in all training opportunities. However, any of these conditions subject to being "outgrown" must still not restrict general program participation in any way, except for certain trainings with special restrictions as established by COTC's for their training. Questionable conditions should be referred up the chain of command.
- Common allergy medications to include non-sedating antihistamines (Claritin, Allegra, Zyrtec, etc.) and nasal steroid sprays (Flonase, Rhinocort, etc).
- Oral contraceptives (birth control pills)
- Acne medication
- Medication for bedwetting (if controlled)
- Antibiotics and antifungals if not contagious
- Asthma. May have a history of asthma as long as not currently requiring any asthma inhaled medications, and not having taken any inhaled steroid medication for the last 2 years, with physician statement stating the expectation that further medication for asthma will not be needed.
- Inhalers for occasional respiratory infection (not steroid inhaler for asthma) or occasional relief from allergies, as long as not a daily dependency.
- ADHD medication. Cadet must be well controlled and dependency cannot be severe.
- History of mild childhood depression, but only with medical care provider certification of expectation that cadet can now fully perform in the NSCC without any restriction or any further expectation of depression episodes.

### 9. ENDORSEMENT

It is my professional medical opinion in accordance with the above criteria that the examinee is:  Qualified to participate in the Naval Sea Cadet Corps  
 **NOT** qualified for reasons stated above in Block 7 (notes)

9a. Name of Medical Provider (Type or Print) or Medical Provider Stamp

9b. Signature

9c. Date (DD MMM YY)