

AMSARA

Accession Medical Standards
Analysis & Research Activity

Annual Report 2018



Attrition & Morbidity Data for 2017 Accessions



Accession Medical Standards Analysis & Research Activity 2018 Annual Report

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Executive Summary

The Accession Medical Standards Analysis and Research Activity (AMSARA) has completed its twenty-second year of providing the Department of Defense (DoD) with evidence-based evaluations of accession medical standards. AMSARA evaluates medical standards and retention programs to improve military readiness by maximizing both the accession and retention of motivated and capable recruits. This report provides descriptive statistics for fiscal year (FY) 2012-2017 applicants and accessions; the fiscal year runs from October 1 of the prior year to September 30 of the following year. By convention, the annual report is dated for the first complete year after enlistment (FY 2018). Comparisons are made both between services and between enlisted components (active, reserve, National Guard). AMSARA provides service-specific analysis upon request.

This report includes the descriptive statistics AMSARA compiles and publishes annually for historical and reference value, and is divided into two parts. Part I assesses disqualifications, waiver applications and approvals, and one-year early discharges by year and demographics among a single pool of FY 2012-2017 applicants. Key findings from Part I are as listed:

Overall Rates and Demographic Characteristics of Applications and Accessions (Table 1)

- 1,658,966 active, reserve, and National Guard applicants were examined for medical fitness at MEPS between 2012 and 2017
 - Approximately 271,000 applicants were examined in 2017, which is similar to the approximately 278,000 per year average from 2012 to 2016
 - Most applicants in 2017 were white (67%-74%), high school graduates (54%-70%), male (74%-80%), or between the ages of 17 and 20 years old (68%-70%) in all three components
 - Of the 2017 applicants, approximately 80% were fully medically qualified for service, whereas around 15% received a permanent medical disqualification (PDQ) and 6% were temporarily disqualified
 - Most applicants from 2012 to 2017 (about 71%) accessed

Rates of Waiver Applications/Approvals, Accessions and Early Discharge among Permanent Disqualifications (Tables 1-16)

- The majority of disqualifications (77-78%) were due to a condition(s) that does not meet the accession standard through a current diagnosis or a verified past medical history, which, according to Department of Defense Instruction 6130.03, is permanently disqualifying and requires a medical waiver for accession (*Tables 2 and 4*)
- 63% of active and 57% of reserve component applicants with a PDQ applied for a medical waiver between 2012 and 2017 (*Tables 2 and 4*)
- Waiver approval rate was approximately 69% for active component applicants with a PDQ and 71% for reserve component applicants with a PDQ from 2012 to 2017 (*Tables 3 and 5*)
 - Waiver approval rates for PDQ applicants in the active and reserve components were higher among those with higher education levels or AFQT scores
- Accession rate for PDQ applicants with an approved waiver was 80% for active duty and 66% for reserves (*Tables 2 and 4*)
 - Without regard to waiver application/approval status, applicants with a PDQ were less likely to access than their fully qualified counterparts in all three components (*Tables 8, 10 and 12*)
- The overall rate of early discharge (separation within the first year of service) was slightly higher among 2012-2017 applicants who accessed with a PDQ compared to those who were fully qualified in the active (15% vs 12%) and reserve (6% vs 4%) components, regardless of waiver status (*Tables 8 and 10*)
 - The most common reason for early discharge in active (92%) and reserve (91%) components was medical/behavioral attrition, excluding disability discharge and discharge related to a condition that existed prior to service (EPTS) (*Tables 9 and 11*)
 - Early discharge rates in the reserve component and National Guard may be significantly underestimated due to the high prevalence of interservice separation codes (ISC) indicating an unknown reason for discharge

Leading Medical Disqualifications at Application (Tables 17-19)

- Due to the use of both International Classification of Diseases, 9th and 10th revision (ICD-9/10) codes during this time period, AMSARA categorized medical disqualifications into broad categories based on Clinical Classifications Software (CCS) codes in order to examine the leading medical disqualifications for which applicants were disqualified in 2017 compared to aggregate data from the previous five years
- Leading medical disqualifications (temporary or permanent) in 2017
 - Nutritional, endocrine, and metabolic disorders, a category that is mainly comprised of weight-related conditions (i.e. obesity), were the most frequent disqualification (DQ) for all components
 - Vision defects, a category that is mainly comprised of disorders of refraction and accommodation, was the second most frequent category in all components
 - Allergic reactions were the third most common DQ in all components

Accession Medical Waivers (Tables 20-33)

- Approximately 85,000 medical waivers were considered for the Army in 2017 (*Table 20*)
 - Army had the highest rate of waiver approvals (61%)
 - Waiver approvals increased in 2017 for the Army, Marine Corps, and Air Force
- The most frequent DQ category in waiver considerations was vision defects for the Army, Marine Corps, and Air Force in 2017 (*Tables 22, 24, and 25*)
- The waiver approval rate varies substantially by the medical DQ being considered (*e.g.*, 87% for vision defects versus 42% for asthma in Army), by service (*e.g.*, vision defects waiver approval rate is 87% for Army versus 68% for Air Force), and by time period (*e.g.*, other injuries and conditions due to external causes approval rate for the Marines was 62% in 2017 versus 43% for FY2012-2016) (*Tables 26, 28, and 29*)

Part II shows an in-depth examination of all enlisted accessions that initially entered the military between 2012 and 2017. The primary outcome of interest in Part II is early discharge from service. Early discharge is further classified into two separate endpoints: adverse attrition (medical, behavioral, administrative) and disability discharge, which are then described among accessions in each component separately. In this report, all-cause attrition is described after 70, 365, 730, and 1095 days by demographic characteristics for all three components separately. Disability discharge within the first year of service is ascertained by presence of disability evaluation record with a disposition date within one year of the accession date.

Key findings by discharge type are as follows:

All-Cause Attrition (Tables 34-40)

- The majority of attrition during the first 3 years post-accession occurs within the first 365 days of service
 - Overall attrition after 3 years was approximately 17% and 6% in the active and reserve components, respectively (*Tables 35-36*)
 - For accessions with a PDQ, overall attrition after 3 years was approximately 18% for active component and 7% for reserve component (*Tables 38-39*)
- Active component attrition in the first 70 days of service was highest in the Navy (8%), compared to approximately 5% for the Marines, Army, and Air Force (*Table 35*)
 - By the end of 3 years, the Army had the highest percent attrition (21%) and the Marine Corps had the lowest (12 %)
- For reserves, the Marine Corps had the highest and the Army had the lowest cumulative attrition percentages at all follow-up points (*Table 36*)
- Fully qualified accessions had the lowest percent attrition at all points of follow-up in both active and reserve components (*Tables 35 and 36*)

Disability Discharge in First Year of Service (Tables 41-50)

- Disability discharge rates have generally decreased since 2013 (*Tables 41, 43, 45*)
- Most common disability conditions for all services were related to the musculoskeletal system (*Tables 47-50*)
 - Other common conditions were psychiatric and neurologic disorders
 - Conditions at discharge were not compared to pre-accession disqualifications or waivers in this report
- Risk of evaluation for disability discharge in the first year was highest in the Army and Marine Corps for active duty and lowest in the Navy for active duty (*Table 42*)
 - For reserves, Marines had more than four times the risk for disability discharge in the first year of service compared to Army accessions (*Table 44*)
- Characteristics significantly associated with increased risk of disability discharge in all three components include females, older age or having history of a medical disqualification prior to enlistment (*Tables 42, 44, 46*)

AMSARA is committed to further development of evidence-based medical standards to enable the DoD to enlist the highest quality applicants, thereby ensuring a healthy, fit, and lethal force. The following programmatic recommendations are based on over 20 years of research:

1. Various databases must be improved. For example, waiver data do not provide sufficient clinical detail such as severity, duration and prognosis to allow analyses of waiver decision criteria. Similarly, discharge data do not provide medical diagnoses for adverse attrition related to medical reasons and ISC codes are unreliable.
2. Complete records for discharges related to condition existing prior to service (EPTS) from 2014 to 2017 were not available in time to be included in this report. Including more recent EPTS records would further enhance our evaluation of medical accession standards.
3. Rather than study accession medical standards in isolation, medical standards across the continuum of a service member's career, including medical standards for retention and deployment, should be analyzed using evidence-based principles.

Introduction to the Accession Medical Standards Analysis & Research Activity

INTRODUCTION

The Medical-Personnel Executive Steering Committee (MEDPERS) was established by the Under Secretary of Defense (Personnel and Readiness) to integrate the medical and personnel communities to provide policy guidance and establish standards for accession requirements. These standards would stem from evidence-based information provided by analysis and research. The committee is co-chaired by the Deputy Assistant Secretary of Defense (Military Personnel Policy) and the Principal Deputy Assistant Secretary of Defense (Health Affairs) and is comprised of representatives from the Office of the Assistant Secretary of Defense (Health Readiness Policy and Oversight), Office of the Assistant Secretary of Defense (Health Services Policy and Oversight), Office of the Assistant Secretary of Defense (Reserve and Manpower Personnel), Office of the Assistant Secretary of Defense (Civilian Personnel Policy), Offices of the Service Surgeons General, Offices of the Service Deputy Chiefs of Staff for Personnel, and Health and Safety Directorate (Department of Homeland Security, U.S. Coast Guard). The Accession Medical Standards Working Group (AMSWG) is a subordinate working group that reviews accession medical policy issues contained in Department of Defense (DoD) Instruction 6130.03, entitled “Medical Standards for Appointment, Enlistment, or Induction in the Armed Forces.” This group is composed of representatives from each of the offices listed above.

AMSARA (Accession Medical Standards Analysis and Research Activity) was established in 1996 within the Division of Preventive Medicine, renamed the Statistics and Epidemiology Branch in 2018, at the Walter Reed Army Institute of Research (WRAIR). AMSARA supports the efforts of MEDPERS and AMSWG. AMSARA’s mission is to support the development of evidence-based medical standards by guiding the improvement of medical and administrative databases, conducting epidemiologic analyses, and integrating relevant operational, clinical, and economic considerations into policy recommendations. AMSARA has the following seven key objectives:

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

Military and civilian staffing within the WRAIR Center for Enabling Capabilities (CEC) that supported this effort includes COL Philip Smith, CEC Director; LTC William Washington, Director, Statistics and Epidemiology Branch; LTC Jan Maby, Former Division Director; and Dr. Natalya Weber, Contracting Officer Representative.

AMSARA is augmented with contract support through ManTech Health. ManTech staff in 2018 included Amanda Kelley, Program Manager; Caitlin Rushin, Principal Public Health Analyst; Daniel Gedeon, Public Health Analyst; Xiaoshu Feng, Statistician; Jessica Murray, Public Health Analyst; Thomas Wilkerson, Public Health Analyst; Rhonda Jackson, Public Health Analyst; Janice Gary, Senior Task Supervisor; and Dr. David Cowan, Senior Epidemiologist.

Descriptive Statistics for Enlisted Service

The characteristics of the population of applicants for enlisted service in the Army, Navy, Marine Corps, and Air Force in the active, reserve or National Guard components from fiscal year (FY) 2012 through 2017 are described in Part I. Part II describes various early discharge endpoints among the accessed population, which is comprised of all first-time enlisted accessions to any service of the active, reserve or National Guard components during the period from FY 2012 through 2017. Therefore, “Accessions” in Part II may include those who may have applied for service prior to FY 2012, whereas “Accessions” in Part I refer only to accessions taking place among FY 2012 through 2017 applicants. Individuals identified as having prior service in any U.S. military component are excluded from all estimates. Applicants for enlisted service who subsequently accessed as officers (as indicated by a pay grade of O01-06), were also excluded. An *applicant* is defined as an individual who presents to a Military Entrance Processing Station (MEPS) for evaluation for acceptance into military service. An enlistee *accession* is an individual who has signed his or her oath of enlistment.

Except where otherwise noted, the following conventions apply:

- All references to year refer to fiscal year.
- To derive percentages and rates, data sets were merged at the individual level by Social Security Number (SSN).
- Applicants are considered disqualified per Department of Defense Instruction 6130.03 and are referenced by, for coding purposes only, an International Classification of Diseases, 9th or 10th revision (ICD-9/10) or objective medical failure (OMF) code listed in their US Military Entrance Processing Command Integrated Resource System (USMIRS) application record.
- Temporary medical disqualifications are for disqualifications that can be corrected, such as being overweight or recent use of marijuana; these individuals may enter the military without a waiver after correction. Permanent medical disqualifications (PDQ) are for all other conditions that do not meet the accession standard (Department of Defense Instruction 6130.03) through a current diagnosis or a verified past medical history.
- Descriptive statistics are shown separately for each component. Within each component, each applicant is only counted once, but applicants who applied to more than one component may appear in more than one component’s tables.
- In the Summary Statistics for Part I, waiver applicants and approvals were counted among all permanently disqualified applicants who have ever applied for or been approved for a waiver.
- In Part I, “accessions” refer only to applicants who applied for service between 2012 and 2017 and accessed. For example, “accessions” for FY 2017 are summarizing accessions among individuals who applied for service in FY 2017 and later accessed. Notation is made when complete follow-up is not available.
- In Part II, “Accessions” refers to all first-time enlisted accessions to any service between 2012 and 2017.
- In Part I, all discharges within the first year of service that meet AMSARA’s (Accession Medical Standards Analysis and Research Activity) definition for disability discharge or medical/behavioral attrition are counted as early discharge.
 - Disability Discharge: Includes all discharges with a disability evaluation resulting in one of the following dispositions: temporary disability retirement list, permanent disability retirement list, or separation with severance pay.
 - EPTS Discharge: Includes all discharges due to a condition that was verified to have existed before the recruit began service and when complications leading to discharge arose no more than 180 days after the recruit began duty.

- Medical/behavioral Attrition: Defined as any adverse early discharge and includes the following attrition types: early release; medical disqualification, excluding disability discharge or EPTS; dependency or hardship; failure to meet minimum behavioral and performance criteria; dropped from strength for desertion or imprisonment; or other early separations including pregnancy, erroneous enlistment or breach of contract. Loss records with interservice separation codes (ISC) noted in Table 34 were excluded from the adverse attrition tables.
- In Part II, attrition refers only to AMSARA's definition of medical/behavioral attrition (see Table 34). Due to lack of follow-up time, attrition after 730 days is underestimated for 2015 accessions and not calculated for 2016-2017 accessions. Similarly, attrition after 365 days is underestimated for 2016 accessions and not calculated for 2017 accessions. All attrition estimates that are calculated for 2017 accessions should be considered underestimates.
- In Part I, education level and age were obtained at the time of MEPS application because MEPS data are the only source of these variables for applicants. Under the Delayed Entry Program, the application process can occur up to 2 years before the actual accession takes place.
- In Part II, age, education level, and Armed Forces Qualification Test (AFQT) score at time of accession are used.

Part I-A: Applicants for Enlisted Service - Summary Statistics

Table 1 describes the population of applicants who received a medical examination and subsequently accessed into enlisted service in the Army, Navy, Marine Corps, or Air Force within the active and reserve components or National Guard. Descriptive statistics for fiscal years (FY) 2012 through 2017 applicants are reported separately for each component. It is important to note that only the Army and Air Force have a National Guard component. Individuals were counted once in the component and service in which they access. Individuals who did not access were counted once as applicants in the service and component applied to on their most recent date of application. Applicants enlisted in a service who subsequently accessed as officers (as indicated by a pay grade of O01-06), were excluded. Demographic characteristics (taken at time of application) and accession rates for 2017 applicants can be compared to aggregate statistics from the previous five years.

Primary Findings (Table 1):

- Most applicants in 2017 were white (67%-74%), high school graduates (54%-70%), male (74%-80%), and between the ages of 17 and 20 years old (68%-70%) in all three components.
- Approximately 80% of 2017 applicants, in all three components, were fully medically qualified for service, whereas around 15% received a permanent medical disqualification (PDQ) and 6% were temporarily disqualified.
- In 2017, there was an increase in applicants without a high school diploma in all three components compared to the previous five years.
- In the **active duty** component, most demographic characteristics of 2017 applicants and accessions were similar to the previous five year period. Notable changes include:
 - While the proportion of applicants without a high school diploma increased in 2017, the proportion of accessions without a high school diploma decreased from 8% in 2012-2016 to 4% in 2017.
- In the **reserve** component, most demographic characteristics of 2017 applicants and accessions were similar to the previous five year period. Notable changes include:
 - In 2017, there was an increase in applicants without a high school diploma (26%) compared to the previous five years (20%).
 - The percentage accessions who were fully medically qualified for service increased slightly in 2017 (88%) compared to accessions in 2012-2016 (86%).
- In the **National Guard**, most demographic characteristics of 2017 applicants and accessions were similar to the previous five year period. Notable changes include:
 - The percentage of applicants aged 21-25 marginally decreased in 2017 (19%) versus 2012-2016 (21%).

TABLE 1: DEMOGRAPHIC CHARACTERISTICS OF ENLISTED APPLICANTS WHO RECEIVED A MEDICAL EXAMINATION IN FY 2012-2016 VS. 2017 FOR ACTIVE, RESERVE AND NATIONAL GUARD COMPONENTS OF THE MILITARY: ALL SERVICES

	ACTIVE DUTY				RESERVE				NATIONAL GUARD			
	2012-2016		2017		2012-2016		2017		2012-2016		2017	
	Applicants %	Accessions %										
Sex[§]												
Male	80.8	82.1	80.3	81.3	76.1	76.9	74.8	74.6	75.6	76.4	73.6	74.6
Female	19.2	17.9	19.7	18.7	23.9	23.1	25.2	25.4	24.4	23.6	26.4	25.4
Age Group at MEPS[§]												
17-20	69.3	71.5	70.3	70.2	66.4	68.3	67.8	69.8	68.7	70.7	70.2	72.7
21-25	24.0	23.1	22.8	23.5	21.9	21.0	20.3	19.7	21.2	20.2	19.1	18.3
>25	6.6	5.4	6.9	6.3	11.7	10.6	11.9	10.5	10.2	9.1	10.6	9.0
Race[§]												
White	71.6	72.3	73.1	73.1	65.9	66.6	67.1	68.3	74.1	75.7	74.4	76.1
Black	18.4	18.6	16.9	18.5	23.3	22.9	22.9	22.9	20.6	19.8	20.1	19.0
Other	10.0	9.1	10.0	8.4	10.8	10.5	10.1	8.8	5.3	4.5	5.5	4.9
Education[§]												
<HS Senior [†]	0.3	0.2	0.7	0.1	3.1	3.9	3.3	4.6	7.9	8.8	9.0	9.8
HS Senior	10.4	7.5	17.0	4.4	17.1	18.6	22.4	22.7	21.2	23.4	25.8	27.6
HS Diploma	75.8	80.4	70.4	84.9	63.5	62.4	60.7	60.0	58.8	56.4	53.6	51.6
Some College	5.7	5.8	4.8	5.6	7.5	7.3	6.3	6.6	5.9	5.7	5.1	5.0
≥Bachelor's	7.8	6.0	7.1	5.1	8.7	7.8	7.3	6.1	6.2	5.7	6.6	5.9
AFQT Score[‡]												
93-99	6.5	6.7	6.4	6.4	6.1	6.1	6.6	6.7	5.8	6.0	6.5	6.7
65-92	39.0	39.7	37.5	37.6	37.3	38.6	37.5	38.1	32.6	34.3	33.3	35.6
50-64	28.6	29.0	26.8	27.4	25.9	26.3	24.1	24.3	23.1	23.6	21.1	22.4
30-49	24.9	24.4	27.3	27.9	29.1	28.7	29.9	30.9	33.3	33.5	32.0	32.9
11-29	1.0	0.2	1.9	0.6	1.5	0.3	1.9	0.1	5.3	2.6	7.0	2.4
Missing/Unsure	3.4	1.5	3.7	0.9	0.7	0.1	0.8	0.1	0.4	0.2	0.4	0.1
Medical Status												
Fully Qualified	79.7	85.9	80.3	87.6	79.1	86.2	80.4	88.0	76.8	84.7	78.3	85.9
Permanent DQ	16.0	11.0	15.2	9.3	16.2	10.4	14.7	8.4	15.7	9.7	14.3	8.8
Temporary DQ	4.3	3.1	4.6	3.1	4.7	3.4	4.9	3.6	7.5	5.6	7.4	5.2
Total (N)	968,404	740,626	200,280	93,563	171,942	117,733	30,460	18,172	247,302	181,593	40,578	30,469

MEPS: Military Entrance Processing Station; HS: High School; AFQT: Armed Forces Qualification Test; DQ: Disqualification

§ Individuals with missing values for demographic variables are included in the total.

† Encompasses the following: 1) those pursuing completion of the GED or other test-based high school equivalency diploma, vocational school, or secondary school, etc.; 2) those not attending high school and who are neither a high school graduate nor an alternative high school credential holder; 3) one who is attending high school and is not yet a senior.

‡ Individuals scoring in the 10 percentile or lower are prohibited from applying, therefore, the observed accessions most likely reflect data capture errors and are not reported, but are included in the total.

Individuals with a permanent medical disqualification (PDQ) must apply and be approved for an accession medical waiver from the service-specific waiver authority in order to enlist in that branch of the military. In Tables 2-6 applicants with a PDQ are followed from their Military Entrance Processing Station (MEPS) physical exam (the primary point of data collection for all military applicants) through accession and until completion of their first year of service.

The total number of individuals who applied for service between 2012 through 2017 is reported by year for the active, reserve, and National Guard components in Tables 2, 4, and 6, respectively. These tables also show the number and percent of applicants who are medically disqualified, and among the disqualified applicants, the number and percent with a PDQ, requiring a waiver to access. Also reported are the number and percent of permanently disqualified applicants who applied for a waiver, the waiver approval percent, and the accession percentage among those with approved waivers. Tables 3, 5, and 7 provide almost all of the same descriptive statistics for the active, reserve, and National Guard components, respectively, but statistics in these tables are reported by demographic characteristics for all 2012 through 2017 applicants combined.

In Tables 2, 4, and 6, early discharge rates are calculated for applicants who are granted a waiver for a PDQ and subsequently access to the active, reserve, or National Guard components, respectively. All early discharge estimates in Part I refer military separation within the first year of service. All discharges meeting the AMSARA definition for disability discharge, discharges for conditions that existed prior to service (EPTS) or adverse attrition are counted. While the majority of applicants access within one year of their MEPS physical exam, the exam is valid for two years. At the time of publication, data were only available through FY 2017. Therefore, a full year of follow-up is only available for those who accessed by the end of 2016. For this reason, no discharge statistics were calculated for 2017 applicants and all discharge estimates may be underestimated for 2015 and 2016 applicants, as the application process can occur up to 2 years before the actual accession takes place. Additionally, accession rates may be underestimated for 2016 and 2017 applicants. Likewise, waiver data may be incomplete for 2016 and 2017 applicants who may not have applied or been approved for a waiver by the time of publication.

Primary Findings: Active Component (Table 2)

- Of the 1,163,773 enlisted active component applicants, approximately 20% were medically disqualified for service.
- The majority of disqualifications (78%) were permanent, which required a medical waiver for accession.
 - Approximately 63% of permanently disqualified applicants applied for a waiver from the service-specific waiver authority.
- Approximately 69% of PDQ applicants had an approved medical waiver.
- 80% of those granted a medical waiver accessed.
- Among the accessions who were granted a waiver, approximately 13% were discharged within their first year of service.

TABLE 2: DISQUALIFICATIONS, WAIVERS, ACCESSIONS, AND EARLY DISCHARGE AMONG FY 2012-2017 ENLISTED ACTIVE COMPONENT APPLICANTS WHO WERE MEDICALLY DISQUALIFIED: ALL SERVICES*

Application FY	Total Applicants (n)	Medically Disqualified		PDQ		Applied for a Waiver ^{‡§}		Waiver Approved ^{‡§}		Accessions ^{‡§}		Early Discharge ^{‡†}	
		(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)
2012	196,775	37,748	19.2	29,330	77.7	19,530	66.6	13,108	67.1	11,083	84.6	1,488	13.4
2013	202,459	41,823	20.7	33,338	79.7	21,758	65.3	15,306	70.3	12,787	83.5	1,737	13.6
2014	175,550	36,168	20.6	28,834	79.7	19,667	68.2	13,303	67.6	11,043	83.0	1,532	13.9
2015	192,265	38,958	20.3	30,674	78.7	20,344	66.3	13,955	68.6	11,710	83.9	1,602	13.7
2016	196,722	40,472	20.6	31,229	77.2	20,065	64.3	14,067	70.1	11,483	81.6	1,427	12.4
2017	200,002	39,432	19.7	30,278	76.8	13,354	44.1	9,628	72.1	5,358	55.7	-	-
Total	1,163,773	234,601	20.2	183,683	78.3	114,718	62.5	79,367	69.2	63,464	80.0	7,786	13.4

PDQ: Permanent Disqualification

*Statistics reported in each column are derived from the corresponding number of individuals in the preceding column.

‡Underestimated due to missing or incomplete Navy waiver records for FY 2017.

§Underestimated for FY 2015 and 2016 applicants due to incomplete follow-up.

†Includes disability discharge, EPTS discharge and other attrition taking place within the first year of service; underestimated due to unavailable EPTS data (FY 2014-2017), and incomplete follow-up for FY 2015-2016 applicants; FY 2017 applicants excluded.

Primary Findings: Active Component (Table 3)

- Overall, about 16% of the total number of active component applicants.
 - Increasing age and Armed Forces Qualification Test (AFQT) score corresponded to an increased proportion of permanently disqualified applicants.
 - For educational level, the proportion of PDQ applicants ranged from 15% (high school diploma) to 21% (bachelor’s degree or higher).
 - Black applicants (14%) had a slightly lower proportion of PDQs than white applicants (16%) or other non-black race applicants (16%).
- Overall, 63% of those with PDQ applied for a waiver.
 - Increasing AFQT score corresponded to an increased proportion of PDQ applicants applying for a waiver.
 - Males, blacks, and those in the youngest age group (17-20) had the highest proportion of waiver applications.
- Overall, 69% of waivers were approved.
 - Men had a slightly higher approval rate than women (69% vs. 67%).
 - Although black applicants were more likely to apply for a waiver, they had a lower approval rate than white applicants (66% vs. 71%).
 - Applicants without a high school diploma were much less likely to be approved (<49%) compared with high school graduates and above (>71%).
 - Applicants with higher AFQT scores were more likely to be approved.
- Overall, 80% of those with an approved waiver accessed into the military.
 - Men accessed at a higher rate than women (81% vs. 76%).
 - Applicants in the youngest age group (17-20) were more likely to access than those over 25 years old (81% vs. 72%).
 - Applicants without high school a diploma were much less likely to access (<60%) than those with a high school diploma or higher (>75%).

TABLE 3: WAIVER APPLICATIONS, APPROVALS AND ACCESSIONS AMONG FY 2012-2017 ENLISTED ACTIVE COMPONENT APPLICANTS BY DEMOGRAPHICS: ALL SERVICES*

	Total Applicants N	PDQ Applicants N %		Applied for a Waiver				Waiver Approved				Accession N %	
				Yes		No		Yes		No			
				N	%	N	%	N	%	N	%		
Sex[§]													
Male	939,937	147,641	15.7	94,064	63.7	53,577	36.3	65,602	69.7	28,462	30.3	53,032	80.8
Female	223,390	35,941	16.1	20,618	57.4	15,323	42.6	13,759	66.7	6,859	33.3	10,432	75.8
Age Group at MEPS[§]													
17-20	811,694	120,896	14.9	77,156	63.8	43,740	36.2	53,658	69.5	23,498	30.5	43,381	80.8
21-25	276,173	47,460	17.2	29,353	61.8	18,107	38.2	20,281	69.1	9,072	30.9	16,164	79.7
>25	75,879	15,325	20.2	8,208	53.6	7,117	46.4	5,428	66.1	2,780	33.9	3,919	72.2
Race[§]													
White	835,872	135,622	16.2	85,046	62.7	50,576	37.3	60,097	70.7	24,949	29.3	48,372	80.5
Black	211,306	29,418	13.9	18,557	63.1	10,861	36.9	11,155	65.5	6,402	34.5	9,811	80.7
Other	116,595	18,643	16.0	11,115	59.6	7,528	40.4	7,115	64.0	4,000	36.0	5,281	74.2
Education[§]													
<HS Senior [†]	4,392	743	16.9	445	59.9	298	40.1	216	48.5	229	51.5	125	57.9
HS Senior	134,341	23,503	17.5	12,124	51.6	11,379	48.4	5,582	46.0	6,542	54.0	2,910	52.1
HS Diploma	874,395	131,046	15.0	87,410	66.7	43,636	33.3	62,822	71.9	24,588	28.1	52,078	82.9
Some College	64,953	10,763	16.6	7,382	68.6	3,381	31.4	5,328	72.2	2,054	27.8	4,283	80.4
≥Bachelor's	85,692	17,628	20.6	7,357	41.7	10,271	58.3	5,419	73.7	1,938	26.3	4,068	75.1
AFQT Score^{§‡}													
93-99	73,371	12,904	17.6	8,949	69.4	3,955	30.6	6,437	71.9	2,512	28.1	5,248	81.5
65-92	436,648	69,789	16.0	46,830	67.1	22,959	32.9	32,455	69.3	14,375	30.7	26,134	80.5
50-64	319,091	49,094	15.4	32,223	65.6	16,871	34.4	22,209	68.9	10,014	31.1	17,916	80.7
30-49	286,092	41,706	14.6	26,179	62.8	15,527	37.2	17,986	68.7	8,193	31.3	14,072	78.2
11-29	12,758	1,720	13.5	442	25.7	1,278	74.3	246	55.7	196	44.3	77	31.3
Missing/Unsure	35,584	8,447	23.7	92	1.1	8,355	98.9	32	34.8	60	65.2	15	46.9
Total (N)	1,163,773	183,683	15.8	114,718	62.5	68,965	37.5	79,367	69.2	35,351	30.8	63,464	80.0

MEPS: Military Entrance Processing Station; HS: High School; AFQT: Armed Forces Qualification Test; DQ: Disqualification; PDQ: Permanent Disqualification

*PDQ applicants are derived from total MEPS applicants; waiver applications are derived from PDQ applicants; waiver approvals are derived from waiver applicants; accessions are derived from waiver approvals; waiver and accession rates underestimated for FY 2016-2017 applicants due to incomplete follow-up.

§ Individuals with missing values for demographic variables are included in the total.

† Encompasses the following: 1) those pursuing completion of the GED or other test-based high school equivalency diploma, vocational school, or secondary school, etc.; 2) those not attending high school and who are neither a high school graduate nor an alternative high school credential holder; 3) one who is attending high school and is not yet a senior.

‡ Individuals scoring in the 10 percentile or lower are prohibited from applying, therefore, the observed accessions most likely reflect data capture errors and are not reported, but are included in the total.

Primary Findings: Reserve Component (Table 4)

- Approximately 21% of enlisted reserve component applicants were medically disqualified for service.
- Most DQs (77%) were due to a permanent disqualification, which require a medical waiver for accession.
- Almost 57% of PDQ applicants applied for a waiver from the service-specific waiver authority.
- Approximately 71% of waivers for PDQ applicants were approved.
- About 66% of those granted a medical waiver accessed.
- Among the accessions approximately 4% were discharged within their first year of service.

TABLE 4: DISQUALIFICATIONS, WAIVERS, ACCESSIONS, AND EARLY DISCHARGE AMONG FY 2012-2017 ENLISTED RESERVE COMPONENT APPLICANTS WHO WERE MEDICALLY DISQUALIFIED: ALL SERVICES*

Application FY	Total Applicants (n)	Medically Disqualified		PDQ		Applied for a Waiver ^{‡§}		Waiver Approved ^{‡§}		Accessions ^{‡§}		Early Discharge ^{‡†}	
		(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)
2012	34,137	7,072	20.7	5,401	76.4	3,179	58.9	2,132	67.1	1,248	58.5	59	4.7
2013	34,919	7,631	21.9	6,010	78.8	3,520	58.6	2,527	71.8	1,604	63.5	81	5.7
2014	33,761	7,192	21.3	5,638	78.4	3,408	60.4	2,388	70.1	1,689	70.7	73	4.3
2015	33,867	6,960	20.6	5,412	77.8	3,235	59.8	2,355	72.8	1,609	68.3	46	2.7
2016	35,258	7,126	20.2	5,431	76.2	3,167	58.3	2,274	71.8	1,617	71.1	63	3.9
2017	30,460	5,957	19.6	4,466	75.0	1,855	41.5	1,382	74.5	859	62.2	-	-
Total	202,402	41,938	20.7	32,358	77.2	18,364	56.8	13,058	71.1	8,626	66.1	330	4.2

PDQ: Permanent Disqualification

*Statistics reported in each column are derived from the corresponding number of individuals in the preceding column.

‡Underestimated due to missing or incomplete Navy waiver records for FY 2017.

§Underestimated for FY 2015 and 2016 applicants due to incomplete follow-up.

†Includes disability discharge, EPTS discharge and other attrition taking place within the first year of service; underestimated due to unavailable EPTS data (FY 2014-2017), and incomplete follow-up for FY 2015-2016 applicants; FY 2017 applicants were excluded.

Primary Findings: Reserve Component (Table 5)

- Overall, about 16% of total reserve component applicants had a PDQ.
- Increasing age, education and AFQT score all corresponded to an increased proportion of permanently disqualified applicants.
- Of the permanently disqualified applicants, those with the lowest education level applied for waivers at a much higher rate than those with at least some college education (67% vs. 49%), but were approved at a slightly lower rate (71% vs. 74%).
 - 89% of those with the lowest education level who were granted a waiver accessed to the reserve component, whereas 63-65% of those with a high school diploma or higher educational level who received a waiver accessed.
- The accession rates were similar for all AFQT score categories, with the exception of the lowest category (11-29), which was 27% compared to <60% for all other categories.

TABLE 5: WAIVER APPLICATIONS, APPROVALS AND ACCESSIONS AMONG FY 2012-2017 ENLISTED RESERVE COMPONENT APPLICANTS BY DEMOGRAPHICS: ALL SERVICES*

	Total Applicants N	PDQ Applicants N %		Apply for Waiver				Waiver Approved				Accession N %	
				Yes		No		Yes		No			
				N	%	N	%	N	%	N	%		
Sex[§]													
Male	153,563	24,389	15.9	14,249	58.4	10,140	41.6	10,115	71.0	4,134	29.0	6,661	65.9
Female	48,783	7,952	16.3	4,112	51.7	3,840	48.3	2,943	71.6	1,169	28.4	1,965	66.8
Age Group at MEPS[§]													
17-20	134,727	20,547	15.3	12,146	59.1	8,401	40.9	8,707	71.7	3,439	28.3	5,820	66.8
21-25	43,880	7,265	16.6	4,006	55.1	3,259	44.9	2,845	71.0	1,161	29.0	1,821	64.0
>25	23,793	4,546	19.1	2,212	48.7	2,334	51.3	1,506	68.1	706	31.9	985	65.4
Race[§]													
White	133,660	21,909	16.4	12,711	58.0	9,198	42.0	9,175	72.2	3,536	27.8	6,075	66.2
Black	47,078	6,941	14.7	3,621	52.2	3,320	47.8	2,473	68.3	1,148	31.7	1,627	65.8
Other	21,664	3,508	16.2	2,032	57.9	1,476	42.1	1,410	69.4	622	30.6	924	65.5
Education[§]													
<HS Senior [†]	6,402	665	10.4	446	67.1	219	32.9	315	70.6	131	29.4	282	89.5
HS Senior	36,172	4,893	13.5	2,763	56.5	2,130	43.5	1,833	66.3	930	33.7	1,423	77.6
HS Diploma	127,743	20,958	16.4	12,196	58.2	8,762	41.8	8,712	71.4	3,484	28.6	5,517	63.3
Some College	14,879	2,558	17.2	1,336	52.2	1,222	47.8	996	74.6	340	25.4	644	64.7
≥Bachelor's	17,206	3,284	19.1	1,623	49.4	1,661	50.6	1,202	74.1	421	25.9	760	63.2
AFQT Score^{§‡}													
93-99	12,484	2,216	17.8	1,281	57.8	935	42.2	956	74.6	325	25.4	602	63.0
65-92	75,071	12,360	16.5	7,201	58.3	5,159	41.7	5,169	71.8	2,032	28.2	3,483	67.4
50-64	51,534	8,142	15.8	4,697	57.7	3,445	42.3	3,328	70.9	1,369	29.1	2,193	65.9
30-49	58,725	8,845	15.1	5,093	57.6	3,752	42.4	3,550	69.7	1,543	30.3	2,332	65.7
11-29	3,076	412	13.4	82	19.9	330	80.1	52	63.4	30	36.6	14	26.9
Missing/Unsure	1,412	372	26.3	8	2.2	364	97.8	2	25.0	6	75.0	1	50.0
Total (N)	202,402	32,358	16.0	18,364	56.8	13,994	43.2	13,058	71.1	5,306	28.9	8,626	66.1

MEPS: Military Entrance Processing Station; HS: High School; AFQT: Armed Forces Qualification Test; DQ: Disqualification; PDQ: Permanent Disqualification

*PDQ applicants are derived from total MEPS applicants; waiver applications are derived from PDQ applicants; waiver approvals are derived from waiver applicants; accessions are derived from waiver approvals; waiver and accession rates underestimated for FY 2015-2016 applicants due to incomplete follow-up.

§ Individuals with missing values for demographic variables are included in the total.

† Encompasses the following: 1) those pursuing completion of the GED or other test-based high school equivalency diploma, vocational school, or secondary school, etc.; 2) those not attending high school and who are neither a high school graduate nor an alternative high school credential holder; 3) one who is attending high school and is not yet a senior.

‡ Individuals scoring in the 10 percentile or lower are prohibited from applying, therefore, the observed accessions most likely reflect data capture errors and are not reported, but are included in the total.

Primary Findings: National Guard (Table 6) - *NOTE: Waiver data is incomplete for the National Guard and therefore all calculations involving waiver applicants/approvals should be considered significant underestimates.

- Approximately 23% of National Guard applicants were medically disqualified for service.
- Most DQ (68%) were due to permanently disqualifications, which require a medical waiver for accession.
- Only 12% of permanently disqualified applicants applied for a waiver from the service-specific waiver authority.
- Approximately 40% of waivers by applicants with a PDQ were approved and 23% of those who were granted a medical waiver accessed.
- Among the accessions with a PDQ who were granted a waiver, approximately 0.4% were discharged within their first year of service.

TABLE 6: DISQUALIFICATIONS, WAIVERS, ACCESSIONS, AND EARLY DISCHARGE AMONG FY 2012-2017 ENLISTED NATIONAL GUARD APPLICANTS WHO WERE MEDICALLY DISQUALIFIED: ARMY & AIR FORCE *

Application FY	Total Applicants (n)	Medically Disqualified		PDQ		Applied for a Waiver [§]		Waiver Approved [§]		Accessions [§]		Early Discharge [†]	
		(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)
2012	52,092	11,798	22.6	7,832	66.4	1,112	14.2	431	38.8	92	21.3	-	-
2013	54,280	13,333	24.6	9,247	69.4	1,166	12.6	511	43.8	96	18.8	1	1
2014	52,359	12,322	23.5	8,483	68.8	1,125	13.3	448	39.8	109	24.3	1	0.9
2015	46,901	10,764	23.0	7,253	67.4	911	12.6	360	39.5	82	22.8	-	-
2016	41,670	9,253	22.2	6,119	66.1	707	11.6	273	38.6	74	27.1	-	-
2017	40,578	8,797	21.7	5,790	65.8	336	5.8	120	35.7	31	25.8	-	-
Total	287,880	66,267	23.0	44,724	67.5	5,357	12.0	2,143	40.0	484	22.6	2	0.4

PDQ: Permanent Disqualification

*Statistics reported in each column are derived from the corresponding number of individuals in the preceding column.

§Underestimated for FY 2015 and 2016 applicants due to incomplete follow-up.

†Includes disability discharge, EPTS discharge and other attrition taking place within the first year of service; underestimated due to unavailable EPTS data (FY 2014-2017), and incomplete follow-up for FY 2015-2016 applicants. FY 2017 applicants were excluded.

Primary Findings: National Guard (Table 7) - *NOTE: Waiver data is incomplete for the National Guard and therefore all calculations involving waiver applicants/approvals should be considered significant underestimates.

- Overall, about 16% of National Guard applicants received a PDQ.
- There was no difference in the rate at which males and females were permanently disqualified; however, males were more likely to apply for a waiver than females (13% vs. 9%), and males granted a waiver were more likely to access than females (23% vs. 21%).
- Increasing age, education and AFQT score corresponded to an increased proportion of PDQs among National Guard applicants.
- White applicants had a higher proportion of PDQs and were more likely to access with an approved waiver than black applicants.
- Among PDQ applicants, waiver application and approval rates were similar across all age groups.
 - Older applicants (>25 years) had the highest accession rate.
- The waiver approval rate among PDQ applicants was highest among those with higher education levels. However, of the applicants with a PDQ who were granted a waiver, those with the lowest level of education had the highest accession rate.
- There were only 46 waiver application records for PDQ applicants in the lowest AFQT score category (2%). However, those with the lowest scores had the highest waiver approval rates, and among those granted a waiver, the accession rate was highest among the lowest AFQT score category.

TABLE 7: WAIVER APPLICATIONS, APPROVALS AND ACCESSIONS AMONG FY 2012-2017 ENLISTED NATIONAL GUARD APPLICANTS BY DEMOGRAPHICS: ARMY & AIR FORCE*

	Total Applicants	PDQ Applicants		Applied for a Waiver				Waiver Approved				Accession	
				Yes		No		Yes		No			
				N	%	N	%	N	%	N	%		
Sex[§]													
Male	216,868	33,740	15.6	4,389	13.0	29,351	87.0	1,752	39.9	2,637	60.1	403	23.0
Female	70,963	10,978	15.5	967	8.8	10,011	91.2	390	40.3	577	59.7	81	20.8
Age Group at MEPS[§]													
17-20	198,279	28,312	14.3	3,444	12.2	24,868	87.8	1,379	40.0	2,065	60.0	247	17.9
21-25	60,108	10,327	17.2	1,268	12.3	9,059	87.7	492	48.8	776	61.2	148	30.1
>25	29,483	6,085	20.6	645	10.6	5,440	89.4	272	42.2	373	57.8	89	32.7
Race[§]													
White	213,528	33,553	15.7	4,008	11.9	29,545	88.1	1,639	40.9	2,369	59.1	416	25.4
Black	59,076	8,209	13.9	965	11.8	7,244	88.2	372	38.5	593	61.5	54	14.5
Other	15,276	2,962	19.4	384	13.0	2,578	87.0	132	34.4	252	65.6	14	10.6
Education[§]													
<HS Senior [†]	23,064	2,514	10.9	64	2.5	2,450	97.5	25	39.1	39	60.9	15	60.0
HS Senior	62,897	7,889	12.5	496	6.3	7,393	93.7	157	31.7	339	68.3	59	37.6
HS Diploma	167,172	27,570	16.5	3,826	13.9	23,744	86.1	1,525	39.9	2,301	60.1	293	19.2
Some College	16,620	3,088	18.6	525	17.0	2,563	83.0	229	43.6	296	56.4	54	23.6
≥Bachelor's	18,127	3,663	20.2	446	12.2	3,217	87.8	207	46.4	239	53.6	63	30.4
AFQT Score^{§‡}													
93-99	16,828	2,951	17.5	320	10.8	2,631	89.2	148	46.3	172	53.8	35	23.6
65-92	93,612	14,885	15.9	1,894	12.7	12,991	87.3	733	38.7	1,161	61.3	197	26.9
50-64	65,244	10,245	15.7	1,444	14.1	8,801	85.9	547	37.9	897	62.1	113	20.7
30-49	94,845	14,086	14.9	1,648	11.7	12,438	88.3	689	41.8	959	58.2	129	18.7
11-29	15,851	2,133	13.5	46	2.2	2,087	97.8	26	56.5	20	43.5	10	38.5
Missing/Unsure	1,275	410	32.2	5	1.2	405	98.8	-	-	5	100.0	-	-
Total (N)	287,880	44,724	15.5	5,357	12.0	39,367	88.0	2,143	40.0	3,214	60.0	484	22.6

MEPS: Military Entrance Processing Station; HS: High School; AFQT: Armed Forces Qualification Test; DQ: Disqualification; PDQ: Permanent Disqualification

*PDQ applicants are derived from total MEPS applicants; waiver applications are derived from PDQ applicants; waiver approvals are derived from waiver applicants; accessions are derived from waiver approvals; waiver and accession rates underestimated for FY 2015-2016 applicants due to incomplete follow-up.

§ Individuals with missing values for demographic variables are included in the total.

† Encompasses the following: 1) those pursuing completion of the GED or other test-based high school equivalency diploma, vocational school, or secondary school, etc.; 2) those not attending high school and who are neither a high school graduate nor an alternative high school credential holder; 3) one who is attending high school and is not yet a senior.

‡ Individuals scoring in the 10 percentile or lower are prohibited from applying, therefore, the observed accessions most likely reflect data capture errors and are not reported, but are included in the total.

Tables 8, 10 and 12 compare the accession and early discharge rates between permanently disqualified (PDQ) applicants and fully qualified (FQ) applicants for the active, reserve and National Guard components by application year, respectively. Accessions in these tables refer to all accessions among permanently disqualified applicants, regardless of waiver status. Early discharge encompasses EPTS discharge, disability discharge, and other medical/behavioral attrition within the first year of service. No early discharge estimates were calculated for 2017 applicants due to incomplete follow-up time. Similarly, early discharge among 2015 and 2016 applicants were underestimated due to incomplete follow-up time and missing EPTS data from 2014-2017.

Early discharges in the first year of service are further classified as EPTS discharge, disability discharge, other medical/behavioral attrition, or unknown loss among 2012-2017 permanently disqualified applicants who accessed. The number and proportion of early discharges in each discharge category are reported by application year for the active and reserve components and National Guard in Tables 9, 11 and 13, respectively.

Primary Findings: Active Component (Table 8-9)

- Approximately 49% of PDQ applicants accessed to the active component compared to the 77% of FQ applicants who ultimately accessed, regardless of waiver status.
- From 2012-2016, PDQ applicants were slightly higher rate of early discharge than fully qualified applicants (15% vs. 12%).
- Most early discharges among accessed PDQ applicants were due to non-EPTS, non-disability medical/behavioral attrition (92%).
- Overall, among those who accessed with a PDQ, 2% were disability discharged and 6% were EPTS discharged within the first year of service.

TABLE 8: COMPARING RATES OF ACCESSION AND EARLY DISCHARGE AMONG PERMANENTLY DISQUALIFIED AND FULLY QUALIFIED FY 2012-2017 ENLISTED ACTIVE COMPONENT APPLICANTS: ALL SERVICES

Application FY	Permanent Disqualification*						Fully Qualified*					
	PDQ Applicants		Accessions [§]		Early Discharge [†]		FQ Applicants*		Accessions [§]		Early Discharge [†]	
	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)
2012	29,330	14.9	15,086	51.4	2,275	15.1	159,027	80.8	131,763	82.9	14,728	11.2
2013	33,338	16.5	17,703	53.1	2,578	14.6	160,636	79.3	133,901	83.4	14,986	11.2
2014	28,834	16.4	15,269	53.0	2,320	15.2	139,382	79.4	114,741	82.3	13,155	11.5
2015	30,674	16.0	16,245	53.0	2,397	14.8	153,307	79.7	127,095	82.9	15,392	12.1
2016	31,229	15.9	16,153	51.7	2,064	12.8	156,250	79.4	125,143	80.1	14,918	11.9
2017	30,278	15.1	8,664	28.6	-	-	160,570	80.3	81,767	50.9	-	-
Total	183,683	15.8	89,120	48.5	11,634	14.5	929,172	79.8	714,410	76.9	73,179	11.6

PDQ: Permanent Disqualification; FQ: Fully Qualified

*Applicants are derived from total MEPS applicants; accessions are derived from applicants regardless of waiver status; early discharges are derived from accessions.

§Underestimated for FY 2015 and 2016 applicants due to incomplete follow-up.

†Includes EPTS discharge, disability discharge and other attrition taking place within the first year of service; underestimated due to underreported EPTS data in FY2012-2013 and unavailable EPTS data (FY 2014-2017) and incomplete follow-up for FY 2015-2016 applicants. FY 2017 applicants were excluded.

TABLE 9: REASON FOR EARLY DISCHARGE AMONG PERMANENTLY DISQUALIFIED FY 2012-2016 ENLISTED ACTIVE COMPONENT APPLICANTS WHO ACCESSED: ALL SERVICES*

Application FY	Total Early Discharge ^{§††} (n)	EPTS Discharge ^{††}		Disability Discharge [†]		Other Medical/Behavioral Attrition [†]		Loss with Unknown/Invalid ISC ^{†^}	
		(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)
2012	2,275	420	18.5	64	2.8	1,791	78.7	137	0.9
2013	2,578	245	9.5	67	2.6	2,266	87.9	220	1.2
2014	2,320	45	9.1	54	2.3	2,221	95.7	144	0.9
2015	2,397	-	-	33	1.4	2,364	98.6	119	0.7
2016	2,064	1	0.0	14	0.7	2,049	99.3	101	0.6
Total	11,634	711	6.1	232	2.0	10,691	91.9	721	0.9

PDQ: Permanent Disqualification; EPTS: Existed Prior to Service

*Underestimated for FY 2015-2016 applicants due incomplete follow-up; FY 2017 applicants excluded.

§Among accessions with a PDQ regardless of waiver status; Includes EPTS discharge, disability discharge and other attrition taking place within the first year of service.

† Within the first year of service (derived from total early discharges) regardless of whether the condition at discharge was related to the PDQ.

‡Underestimated due to unavailable EPTS data for FY 2014-2016.

Primary Findings: Reserve Component (Table 10-11)

- About 43% of PDQ applicants accessed to the reserve component compared to the 73% of accessed FQ applicants, regardless of waiver status.
- Among accession, those with a PDQ had a slightly higher rate of early discharge than FQ applicants (6% vs. 4%).
- Non-EPTS, non-disability, medical/behavioral attrition accounted for the majority (91%) of early discharges among 2012-2016 PDQ applicants. EPTS discharge and disability discharge accounted for approximately 6% and 3% of the early discharges, respectively.
- In the reserve component, close to 17% of 2012-2016 PDQ applicants with an early discharge had an ISC code that was missing or was coded as unknown or invalid. These 2,098 individuals were not included in the total number of early discharges.

TABLE 10: COMPARING RATES OF ACCESSION AND EARLY DISCHARGE AMONG PERMANENTLY DISQUALIFIED AND FULLY QUALIFIED FY 2012-2017 ENLISTED RESERVE COMPONENT APPLICANTS: ALL SERVICES

Application FY	Permanent Disqualification*					Fully Qualified*						
	PDQ Applicants		Accessions [§]		Early Discharge [†]		FQ Applicants*		Accessions [§]		Early Discharge [†]	
	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)
2012	5,401	15.8	2,029	37.6	108	5.3	27,065	79.3	18,784	69.4	751	4.0
2013	6,010	17.2	2,557	42.5	194	7.6	27,288	78.1	19,008	69.7	995	5.2
2014	5,638	16.7	2,651	47.0	169	6.4	26,569	78.7	20,635	77.7	1,012	4.9
2015	5,412	16.0	2,484	45.9	111	4.5	26,907	79.4	21,042	78.2	793	3.8
2016	5,431	15.4	2,504	46.1	125	5.0	28,132	79.8	21,981	78.1	730	3.3
2017	4,466	14.7	1,532	34.3	-	-	24,503	80.4	15,985	65.2	-	-
Total	32,358	16.0	13,757	42.5	707	5.8	160,464	79.3	117,435	73.2	4,281	4.2

PDQ: Permanent Disqualification; FQ: Fully Qualified

*Applicants are derived from total MEPS applicants; accessions are derived from applicants regardless of waiver status; early discharges are derived from accessions.

§Underestimated for FY 2015 and 2016 applicants due to incomplete follow-up.

†Includes EPTS discharge, disability discharge and other attrition taking place within the first year of service; underestimated due to underreported EPTS data in FY2012-2013 and unavailable EPTS data (FY 2014-2017), and incomplete follow-up for FY 2015-2016 applicants. FY 2017 applicants were excluded.

TABLE 11: REASON FOR EARLY DISCHARGE AMONG PERMANENTLY DISQUALIFIED FY 2012-2016 ENLISTED RESERVE COMPONENT APPLICANTS WHO ACCESSED: ALL SERVICES*

Application FY	Total Early Discharge ^{§††} (n)	EPTS Discharge ^{††}		Disability Discharge [†]		Other Medical/Behavioral Attrition [†]		Loss with Unknown/Invalid ISC ^{†^}	
		(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)
2012	108	11	10.2	2	1.9	95	88.0	319	15.7
2013	194	26	13.4	5	2.6	163	84.0	456	17.8
2014	169	8	4.7	5	3.0	156	92.3	487	18.4
2015	111	-	-	3	2.7	108	97.3	449	18.1
2016	125	-	-	3	2.4	122	97.6	387	15.5
Total	707	45	6.4	18	2.5	644	91.1	2,098	17.2

PDQ: Permanent Disqualification; EPTS: Existed Prior to Service

*Underestimated for FY 2015-2016 applicants due incomplete follow-up; FY 2017 applicants excluded.

§Among accessions with a PDQ regardless of waiver status; Includes EPTS discharge, disability discharge and other attrition taking place within the first year of service.

† Within the first year of service (derived from total early discharges) regardless of whether the condition at discharge was related to the PDQ.

†† Underestimated due to unavailable EPTS data for FY 2014-2016.

^ Includes those with a missing ISC code or with an ISC code of 1000, which denotes unknown or invalid loss.

Primary Findings: National Guard (Table 12-13) - *NOTE: Waiver data is incomplete for the National Guard and therefore all calculations involving waiver applicants/approvals should be considered significant underestimates.

- About 45% of PDQ applicants accessed to the National Guard compared to the 77% of accessed FQ applicants, regardless of waiver status.
- Among accessed FY 2012-2016 applicants, FQ and PDQ applicants experienced early discharge at relatively the same rate.
- There were only 95 discharges counted within the first year of service for National Guard applicants who accessed with a PDQ.
 - Non-EPTS, non-disability medical/behavioral attrition accounted for the majority of early discharges among 2012-2016 PDQ applicants.
 - Only 9 individuals were disability discharged and 34 were EPTS discharged.
 - Over 17% of accessed 2012-2016 PDQ applicants with an early discharge had an ISC code that was missing or coded as unknown or invalid. These 3,018 individuals were not included in the total number of early discharges.

TABLE 12: COMPARING RATES OF ACCESSION AND EARLY DISCHARGE AMONG PERMANENTLY DISQUALIFIED AND FULLY QUALIFIED FY 2012-2017 ENLISTED NATIONAL GUARD APPLICANTS: ARMY & AIR FORCE

Application FY	Permanent Disqualification*						Fully Qualified*					
	PDQ Applicants		Accessions [§]		Early Discharge [†]		FQ Applicants*		Accessions [§]		Early Discharge [†]	
	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)
2012	7,832	15.0	3,056	39	32	1.0	40,294	77.4	33,768	83.8	247	0.7
2013	9,247	17.0	3,770	40.8	26	0.7	40,947	75.4	24,775	60.5	165	0.7
2014	8,483	16.2	4,222	49.8	20	0.5	40,037	76.5	35,430	88.5	130	0.5
2015	7,253	15.5	3,492	48.1	11	0.3	36,137	77.0	31,651	87.6	109	0.3
2016	6,119	14.7	3,119	51.0	6	0.2	32,417	77.8	28,198	87.0	70	0.2
2017	-	-	-	-	-	-	-	-	-	-	-	-
Total	38,934	15.7	17,659	45.4	95	0.5	189,832	76.8	153,822	81.0	721	0.5

PDQ: Permanent Disqualification; FQ: Fully Qualified

*Applicants are derived from total MEPS applicants; accessions are derived from applicants regardless of waiver status; early discharges are derived from accessions.

§Underestimated for FY 2015 and 2016 applicants due to incomplete follow-up.

†Includes EPTS discharge, disability discharge and other attrition taking place within the first year of service; underestimated due to unavailable EPTS data (FY 2014-2017), and incomplete follow-up for FY 2015-2016 applicants. FY 2017 applicants were excluded.

TABLE 13: REASON FOR EARLY DISCHARGE AMONG PERMANENTLY DISQUALIFIED FY 2012-2016 ENLISTED NATIONAL GUARD APPLICANTS WHO ACCESSED: ARMY & AIR FORCE *

Application FY	Total Early Discharge ^{§†‡}	EPTS Discharge ^{†‡}		Disability Discharge [†]		Other Medical/Behavioral Attrition [†]		Loss with Unknown/Invalid ISC ^{†^}	
		(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)
2012	32	24	75.0	1	3.1	7	21.9	503	16.5
2013	26	9	34.6	4	15.4	13	50.0	592	15.7
2014	20	1	5.0	3	15.0	16	80.0	758	18.0
2015	11	-	-	1	9.1	10	90.9	631	18.1
2016	6	-	-	-	-	6	100.0	534	17.1
Total	95	34	35.8	9	9.5	52	54.7	3,018	17.1

PDQ: Permanent Disqualification; EPTS: Existed Prior to Service

*Underestimated for FY 2015-2016 applicants due incomplete follow-up; FY 2017 applicants excluded.

§Among accessions with a PDQ regardless of waiver status; Includes EPTS discharge, disability discharge and other attrition taking place within the first year of service.

† Within the first year of service (derived from total early discharges) regardless of whether the condition at discharge was related to the PDQ.

‡Underestimated due to unavailable EPTS data for FY 2014-2016.

^ Includes those with a missing ISC code or with an ISC code of 1000, which denotes unknown or invalid loss.

In Tables 14-16, the number and percent of accessions among PDQ applicants who were granted a waiver and the number and percent of accessions who received approval from another authority are presented by application year for the active, reserve and National Guard components, respectively. Additionally, the rate of early discharge (discharge within the first year of service), which encompasses EPTS discharge, disability discharge, and other medical/behavioral attrition, is compared between the PDQ accessions with an approved waiver versus PDQ accessions may have received approval from another authority.

Primary Findings: Active Component (Table 14)

- Of accessed PDQ applicants, 71% of PDQ applicants were granted an accession medical waiver, and approximately 29% accessed through another approval process.
- The rate of early discharge for 2012-2016 PDQ applicants varied depending on their approval type.
 - Those who accessed through another approval process had a slightly higher rate of early discharge compared to those granted a waiver for their PDQ (17% vs. 13%).

TABLE 14: WAIVER APPROVALS AND EARLY DISCHARGE AMONG PERMANENTLY DISQUALIFIED FY 2012-2017 ENLISTED ACTIVE COMPONENT APPLICANTS WHO ACCESSED BY WAIVER STATUS: ALL SERVICES

Application FY	PDQ Accessions*§ (n)	Approval Type*				Early Discharge†			
		Approved Waiver‡		Other Approval		Approved Waiver‡		Other Approval	
		(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)
2012	15,086	11,083	73.5	4,003	26.5	1,488	13.4	787	19.7
2013	17,703	12,787	72.2	4,916	27.8	1,737	13.6	841	17.1
2014	15,269	11,043	72.3	4,226	27.7	1,532	13.9	788	18.6
2015	16,245	11,710	72.1	4,535	27.9	1,602	13.7	795	17.5
2016	16,153	11,483	71.1	4,670	28.9	1,427	12.4	637	13.6
2017	8,664	5,358	61.8	3,306	38.2	-	-	-	-
Total	89,120	63,464	71.2	25,656	28.8	7,786	13.4	3,848	17.2

PDQ: Permanent Disqualification

§Among applicants with a PDQ regardless of waiver status

*Underestimated for 2015-2016 applicants due to incomplete follow-up.

‡Underestimated due to missing or incomplete Navy waiver records for FY 2017.

†Includes disability discharge, EPTS discharge and other attrition taking place within the first year of service; underestimated due to unavailable EPTS data (FY 2014-2017) and incomplete follow-up for FY 2015-2016 applicants; FY 2017 applicants excluded.

Primary Findings: Reserve Component (Table 15)

- Among accessed PDQ reserve applicants, 63% were granted an accession medical waiver and 37% accessed through another approval process.
- The rate of early discharge for 2012-2016 PDQ applicants varied depending on approval type.
 - Over 8% of PDQ applicants who accessed through another approval process were discharged within their first year of service, which is more than twice the early discharge rate of those who were granted a medical waiver for their PDQ (4%).

TABLE 15: WAIVER APPROVALS AND EARLY DISCHARGE FOR PERMANENTLY DISQUALIFIED FY 2012-2017 ENLISTED RESERVE COMPONENT APPLICANTS WHO ACCESSED BY WAIVER STATUS: ALL SERVICES

Application FY	PDQ Accessions** (n)	Approval Type*				Early Discharge†			
		Approved Waiver‡		Other Approval		Approved Waiver‡		Other Approval	
		(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)
2012	2,029	1,248	61.5	781	38.5	59	4.7	49	6.3
2013	2,557	1,604	62.7	953	37.3	92	5.7	102	10.7
2014	2,651	1,689	63.7	962	36.3	73	4.3	96	10.0
2015	2,484	1,609	64.8	875	35.2	43	2.7	68	7.8
2016	2,504	1,617	64.6	887	35.4	63	3.9	62	7.0
2017	1,532	859	56.1	673	43.9
Total	13,757	8,626	62.7	5,131	37.3	330	4.2	377	8.5

PDQ: Permanent Disqualification

§ Among applicants with a PDQ regardless of waiver status.

* Underestimated for 2015-2016 applicants due to incomplete follow-up.

‡ Underestimated due to missing or incomplete Navy waiver records FY 2017.

† Includes disability discharge, EPTS discharge and other attrition taking place within the first year of service; underestimated due to unavailable EPTS data (FY 2014-2017) and incomplete follow-up for FY 2015-2016 applicants; FY 2017 applicants excluded.

Primary Findings: National Guard (Table 16) - *NOTE: Waiver data is incomplete for the National Guard and therefore all calculations involving waiver applicants/approvals should be considered significant underestimates.

- Among accessed PDQ National Guard applicants, only 2% had record of an approved accession medical waiver.
 - This is likely due to incomplete National Guard waiver data. Therefore, no conclusions can be made about the rate of early discharge among this population.

TABLE 16: WAIVER APPROVALS AND EARLY DISCHARGE FOR PERMANENTLY DISQUALIFIED FY 2012-2017 ENLISTED NATIONAL GUARD APPLICANTS WHO ACCESSED BY WAIVER STATUS: ARMY & AIR FORCE

Application FY	PDQ Accessions** (n)	Approval Type*				Early Discharge†			
		Approved Waiver		Other Approval		Approved Waiver		Other Approval	
		(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)
2012	3,056	92	3.0	2,962	97.0	-	-	32	1.1
2013	3,770	96	2.5	3,674	97.5	1	1	25	0.7
2014	4,222	109	2.6	4,113	97.4	1	0.9	19	0.5
2015	3,492	82	2.3	3,410	97.7	-	-	11	0.3
2016	3,119	74	2.4	3,045	97.6	-	-	6	0.2
2017	2,692	31	1.2	2,661	98.8	-	-	-	-
Total	20,351	484	2.4	19,867	97.6	2	0.4	93	0.5

PDQ: Permanent Disqualification

§ Among applicants with a PDQ regardless of waiver status

* Underestimated for 2015-2016 applicants due to incomplete follow-up.

† Includes disability discharge, EPTS discharge and other attrition taking place within the first year of service; underestimated due to unavailable EPTS data (FY 2014-2017) and incomplete follow-up for FY 2015-2016 applicants; FY 2017 applicants excluded.

Part I-B: Applicants for Enlisted Service - Disqualifications

The following tables (Tables 17-18) list the most common medical disqualifications (DQ) among enlisted applicants for 2012 to 2016 in aggregate, and separately for 2017 applicants for the active, reserve, and National Guard components, respectively. Within the following tables, the number of DQs for a specific DQ are provided, along with the proportion of disqualified applicants with the specific DQ and the prevalence rate of the DQ per 100,000 applicants. DQs are listed in order of descending frequency according to the number of DQs in 2017. Individuals are only counted once per DQ, but some disqualified individuals may have more than one DQ and will therefore be included in more than one DQ category. Findings are presented for both permanent disqualifications (PDQ), disqualifications which require an accession medical waiver for accession, and temporary disqualifications, those that can be corrected. Please note that DQs are not medical diagnoses; therefore, individuals may have either current or a verified past medical history of the disqualifying condition (DoDI 6130.03).

In previous years, DQs were reported using International Classification of Diseases, 9th revision (ICD-9) codes. United States Military Entrance Processing Command (USMEPCOM) transitioned from ICD-9 to ICD-10 codes effective fiscal year (FY) 2016 (starting 01 Oct 2015). Because Military Entrance Processing Station (MEPS) physical examinations are valid for 2 years, a mixture of ICD-9 and ICD-10 codes is expected to persist in our database through FY 2022. To allow for comparisons over the transition period, AMSARA utilized Clinical Classifications Software (CCS) codes, developed at the Agency for Healthcare Research and Quality (AHRQ). Both ICD-9 and ICD-10 codes can be mapped to the CCS coding scheme, which collapses diagnosis and procedure codes into broad categories. Some CCS categories were adapted to better describe disqualifications in relation to DoDI 6130.03. The Accession Medical Standards Analysis and Research Activity (AMSARA) will continue to report adapted CCS categories in lieu of the mixture of ICD-9 and ICD-10 codes until the full transition has been completed for the sake of simplicity and comprehension.

Primary Findings: Active Component (Table 17)

- Permanent DQs
 - Vision defects were the most common PDQ and the second most common DQ overall in 2017.
 - This category is primarily comprised of disorders of refraction and accommodation.
 - The prevalence rate increased in 2017 (2,700 per 100,000 applicants) compared to applicants in the previous five years (2,493 per 100,000 applicants).
 - DQs for allergic reactions were the second most common PDQ both in 2017 and third most common DQ overall.
 - The most common allergic reactions were anaphylactic shock (unspecified or due to adverse food reaction) and contact dermatitis.
 - The prevalence rate decreased in 2017 (1,073 per 100,000 applicants) compared to applicants in 2012-2016 (1,842 per 100,000 applicants).
 - The third most common PDQ in 2017 was for residual codes, a broad category that primarily included pregnancy, general symptoms and signs, personal/family medical histories, and acquired absence of an organ.
 - The prevalence rate decreased in 2017 compared to the previous five year period.
- Temporary DQs
 - In 2017, the most frequent temporary medical DQ category was for nutritional, endocrine and metabolic disorders, a category made up primarily of weight-related disqualifications (i.e. obesity).
 - Prevalence rates decreased from the previous five years, from 4,157 per 100,000 applicants in 2012-2016 to 3,416 per 100,000 applicants in 2017.
 - Substance use, a category made up primarily of cannabis and amphetamine use, was the second most common temporary DQ. Rates of substance use have decreased in 2017 compared to 2012-2016.

TABLE 17: LEADING MEDICAL DISQUALIFICATIONS OF FIRST-TIME ENLISTED ACTIVE COMPONENT APPLICANTS IN 2012-2016 VS. 2017: ALL SERVICES

Category	2012-2016			2017		
	n	% of DQ apps [‡]	Rate [§]	n	% of DQ apps [‡]	Rate [§]
Other nutritional, endocrine, and metabolic disorders*	40,061	20.5	4,157	6,832	17.3	3,416
Vision defects	24,023	12.3	2,493	5,401	13.7	2,700
Allergic reactions	17,757	9.1	1,842	2,147	5.4	1,073
Residual codes; unclassified	10,238	5.2	1,062	1,881	4.8	940
Hx of attention-deficit conduct and disruptive behavior disorders	1,006	0.5	104	1,637	4.2	818
Substance use*	8,683	4.4	901	1,530	3.9	765
Other non-traumatic joint disorders	7,707	3.9	800	1,490	3.8	745
Other injuries and conditions due to external causes	17,624	9.0	1,829	1,474	3.7	737
Joint disorders and dislocations; trauma-related	11,134	5.7	1,155	1,398	3.5	699
Other ear and sense organ disorders	7,413	3.8	769	1,332	3.4	666
Total applicants at MEPS		963,771			200,002	
Total of disqualified applicants		195,169			39,432	

DQ: Disqualification; MEPS: Military Entrance Processing Station

[‡] Indicates the percentage of medically disqualified MEPS applicants with the specified disqualification.

[§] Indicates the number of individuals with the specified disqualification for every 100,000 applicants screened at MEPS.

*Temporary medical disqualification.

Primary Findings: Reserve Component (Table 18)

- Permanent DQs
 - The most common PDQ and second most common disqualification overall was for vision defects.
 - This category is made up primarily of disorders of refraction and accommodation.
 - Prevalence rate of vision defects increased slightly in 2017 (2,958 per 100,000 applicants) compared to the previous five years (2,770 per 100,000 applicants).
 - Allergic reactions were the second most common PDQ and the third most common DQ overall in 2017.
 - The most common allergic reactions were anaphylactic shock (unspecified or due to adverse food reaction) and contact dermatitis.
 - The rate of allergic reactions decreased in 2017 (1,179 per 100,000 applicants) compared to the previous five year period (2,012 per 100,000 applicants).
- Temporary DQs
 - In 2017, the most frequent temporary medical DQ was for nutritional, endocrine and metabolic disorders, a category made up primarily of weight-related disqualifications (i.e. obesity).
 - The prevalence rate was lower in 2017 (3,936 per 100,000 applicants) compared to the previous five year period (4,865 per 100,000 applicants).
 - Substance use, a category made up primarily of cannabis and amphetamine use, was the second most common temporary DQ in 2017. The rate of substance use was similar in 2017 (689 per 100,000 applicants) compared to the previous five years (688 per 100,000 applicants).

TABLE 18: LEADING MEDICAL DISQUALIFICATIONS OF FIRST-TIME ENLISTED RESERVE COMPONENT APPLICANTS IN 2012-2016 VS. 2017: ALL SERVICES

Category	2012-2016			2017		
	n	% of DQ apps [‡]	Rate [§]	n	% of DQ apps [‡]	Rate [§]
Other nutritional, endocrine, and metabolic disorders*	8,365	23.2	4,865	1,199	20.1	3,936
Vision defects	4,762	13.2	2,770	901	15.1	2,958
Allergic reactions	3,459	9.6	2,012	359	6.0	1,179
Residual codes; unclassified	1,757	4.9	1,022	276	4.6	906
Substance use*	1,183	3.3	688	210	3.5	689
Joint disorders and dislocations; trauma-related	1,753	4.9	1,020	185	3.1	607
Other ear and sense organ disorders	1,296	3.6	754	185	3.1	607
Other injuries and conditions due to external causes	3,289	9.1	1,913	177	3.0	581
Other non-traumatic joint disorders	1,195	3.3	659	166	2.8	545
Other eye disorders	1,230	3.4	715	143	2.4	469
Total applicants at MEPS	171,942			30,460		
Total of disqualified applicants	35,981			5,957		

DQ: Disqualification; MEPS: Military Entrance Processing Station

‡ Indicates the percentage of medically disqualified MEPS applicants with the specified disqualification.

§ Indicates the number of individuals with the specified disqualification for every 100,000 applicants screened at MEPS.

*Temporary medical disqualification.

Primary Findings: National Guard (Table 19)

- Permanent DQs
 - The most common PDQ and second most common disqualification overall in 2017 was for vision defects.
 - This category is made up primarily of disorders of refraction and accommodation.
 - The rate of vision defects increased slightly in 2017 (2,602 per 100,000 applicants) compared to the previous five year period (2,515 per 100,000 applicants).
 - Allergic reactions were the third most common PDQ and second most common DQ in 2017.
 - The most common allergic reactions were anaphylactic shock (unspecified or due to adverse food reaction) and contact dermatitis.
 - The prevalence rate decreased significantly in 2017 (1,208 per 100,000 applicants) compared to the previous five year period (2,077 per 100,000 applicants).
- Temporary DQs
 - In 2017, the most frequent temporary medical disqualification, and overall, was for nutritional, endocrine and metabolic disorders, a category made up primarily of weight-related conditions (i.e., obesity).
 - The rate was slightly lower in 2017 (5,520 per 100,000 applicants) compared to the previous five years (6,182 per 100,000 applicants).
 - Substance use, a category made up primarily of cannabis and amphetamine use, was the second most common temporary DQ in 2017, with a prevalence rate of 685 per 100,000 applicants
 - The rate decreased in 2017 compared to 2012-2016 (930 per 100,000 applicants).

TABLE 19: LEADING MEDICAL DISQUALIFICATIONS OF FIRST-TIME ENLISTED NATIONAL GUARD APPLICANTS IN 2012-2016 VS. 2017: ARMY & AIR FORCE

Category	2012-2016			2017		
	n	% of DQ apps [‡]	Rate [§]	n	% of DQ apps [‡]	Rate [§]
Other nutritional, endocrine, and metabolic disorders*	15,288	26.6	6,182	2,240	25.5	5,520
Vision defects	6,219	10.8	2,515	1,056	12.0	2,602
Allergic reactions	5,136	8.9	2,077	490	5.6	1,208
Other ear and sense organ disorders	2,545	4.4	1,029	379	4.3	934
Residual codes; unclassified	4,574	8.0	1,850	359	4.1	885
Other non-traumatic joint disorders	1,998	3.5	808	335	3.8	826
Joint disorders and dislocations; trauma-related	2,707	4.7	1,095	298	3.4	734
Substance use*	2,301	4.0	930	278	3.2	685
Other injuries and conditions due to external causes	4,945	8.6	2,000	273	3.1	673
Hx of attention-deficit conduct and disruptive behavior disorders	167	0.3	68	220	2.5	542
Total applicants at MEPS	247,302			40,578		
Total of disqualified applicants	57,470			8,797		

DQ: Disqualification; MEPS: Military Entrance Processing Station

‡ Indicates the percentage of medically disqualified MEPS applicants with the specified disqualification.

§ Indicates the number of individuals with the specified disqualification for every 100,000 applicants screened at MEPS.

*Temporary medical disqualification.

Part I-C: Applicants for Enlisted Service - Accession Medical Waivers

Applicants who receive a permanent medical disqualification (PDQ) at the Military Entrance Processing Station (MEPS) may be granted an accession medical waiver from the waiver authority for service in which the individual is applying. Alternatively, disqualifications (DQ) that can be remediated by the applicant, such as being overweight, are considered temporary DQs and do not require an accession medical waiver. This section summarizes all PDQ waiver considerations that occurred between fiscal years (FY) 2012 to 2017. Navy waiver data are incomplete in 2017 so numbers in all tables should be considered underestimates.

Tables 20-29 examine all waiver considerations for waiver applicants, regardless of whether the applicant had a corresponding Defense Manpower Data Center (DMDC) accession record. Because waivers are granted prior to accession by each service, no distinction between active and reserve components is made at the time of waiver application. Some waiver applicants with prior military service, but no prior approved medical waiver may also be included in these tables. Multiple waiver considerations to the same waiver authority most frequently reflect resubmissions for the same DQ, perhaps with additional information. Multiple waiver records are counted in each year and in each service in which they were considered. Individuals applying to multiple waiver authorities may appear more than once. Thus, these tables address the spectrum of waiver applications seen by each waiver authority.

Tables 30-33 examine waiver approvals among the same 2012-2017 applicant cohort examined in previous tables. Therefore, individuals are counted once in each component to which they applied, in the most recent year of waiver consideration for all services combined. Only applicants with a MEPS physical examination record indicating no prior service were included and applicants for enlisted service who subsequently accessed as officers (as indicated by a pay grade of O01-06) were excluded.

Tables 30 and 31 show the number of enlisted applicants who were granted accession medical waivers and their accession rate by year of waiver consideration separately for their accession component (active or reserve). Demographic characteristics of the waived individuals are examined separately for the active and reserve components in Tables 32 and 33 and comparisons can be made between approved waiver applicants in 2017 and those from the previous five year period.

Spectrum of waiver applications seen by each service’s waiver authority:

Table 20 shows the number of active and reserve component waiver considerations and approval percentages by branch of service and year of waiver decision for 2012-2017. Approval percentages represent the proportion of total waivers considered by each service that year, listed in the table as “Consider”, who had a waiver approved, listed in the table as “Approved”, in each service by 2017.

Primary Findings: (Table 20)

- The Army waiver approval rate increased in 2017 (66%) compared to the previous five years (55%-62%).
 - The waiver approval rate increased in 2013 (62%) compared to 2012 (55%) and remained relatively stable from 2013-2016.
- In the Navy, there was a drop in waiver approval rate in 2014 (42%) compared to the previous year (61%). However, since 2014, there has been an increase in waiver approval rates.
 - There was a substantial decrease in the number of waiver considerations and approvals in 2017; missing and incomplete Navy waiver records may explain the decrease in the number of waiver considerations and approvals.
- Marine Corps waiver approvals have steadily increased since 2013, from 36% in 2013 to 57% in 2017.
- Waiver approval rates among Air Force waivers have generally been on the decline since 2013 and reached a low in 2016 (43%); however, there was an increase in approval rate in 2017. The number of waiver considerations in the Air Force nearly doubled from 2015 to 2016, which may explain the relatively lower approval rate.

TABLE 20: ACTIVE AND RESERVE COMPONENT WAIVER CONSIDERATIONS BY YEAR AND SERVICE:* 2012-2017

Year	Army			Navy [‡]			Marine Corps			Air Force		
	Consider (n)	Approved (n)	Approved (%)	Consider (n)	Approved (n)	Approved (%)	Consider (n)	Approved (n)	Approved (%)	Consider (n)	Approved (n)	Approved (%)
2012	14,255	7,853	55.1	6,101	3,503	57.4	5,367	2,119	39.5	4,060	2,281	56.2
2013	15,620	9,640	61.7	7,681	4,694	61.1	5,849	2,125	36.3	3,630	2,179	60.0
2014	15,336	9,491	61.9	9,204	3,898	42.4	4,660	2,115	45.4	3,758	2,054	54.7
2015	11,795	7,082	60.0	10,066	4,509	44.8	5,326	2,694	50.6	4,005	1,871	46.7
2016	14,728	8,864	60.2	10,434	4,812	46.1	6,972	3,589	51.5	7,045	3,053	43.3
2017	13,369	8,849	66.2	3	2	66.7	5,916	3,368	56.9	7,271	3,528	48.8
Total	85,103	51,779	60.8	43,489	21,418	49.2	34,090	16,010	47.0	29,769	14,966	50.3

*Applicants may be counted more than once per year and in multiple services.

[‡]Value undercounted due to missing or incomplete Navy waiver records in FY 2017.

Table 21 describes active and reserve component waiver considerations by service, including the number of considerations per applicant and the frequency with which considerations have multiple disqualification.

Primary Findings: (Table 21)

- The Army had the highest number of waiver considerations and applicants in the period from 2012 to 2017 (85,103 considerations, 75,941 applicants) followed by the Navy (43,489 considerations, 42,979 applicants).
- On average, most waiver applicants did not apply for waivers more than once within a given service.
- Most considerations (56-80%) had a single disqualification, regardless of service.
- The highest percentage of waiver considerations with more than one DQ was found in the Air Force (27%).
- Navy had the highest proportion of waiver applicants with no listed DQ. This may be due to the way the data are reported by the Navy as the waiver authority only assigns DQ codes to individuals who have a complete request and a determination was made on the medical waiver (i.e. approved or disapproved.)

**TABLE 21: ACTIVE AND RESERVE COMPONENT WAIVER CONSIDERATION COUNTS*:
2012-2017**

	Army	Navy**	Marine Corps	Air Force
All waiver considerations	85,103	43,489	34,090	29,769
Individuals	75,941	42,979	26,755	29,209
Average number of considerations per applicant	1.12	1.01	1.27	1.02
Applicants with a single DQ	68,319 (80.3%)	24,285 (55.8%)	25,436 (74.6%)	21,274 (71.5%)
Applicants with multiple DQs	15,700 (18.4%)	6,383 (14.7%)	7,941 (23.3%)	8,012 (26.9%)
Applicants with missing DQs	1,084 (1.3%)	12,821 (29.5%)	713 (2.09%)	483 (1.6%)

*Applicants may be counted more than once per year and in multiple services.

**Value undercounted due to missing or incomplete Navy waiver records in FY 2017.

Tables 22 through 25 show, by service, medical disqualifications for which waivers were most frequently applied, the percent of approved waivers by DQ, and the approval rate for each DQ from 2012-2017. Waiver considerations from the fiscal years 2012 to 2016 are shown in aggregate to facilitate the comparison of waivers in 2017 to previous years. DQs are ranked according to the number of waiver applications in 2017.

Primary Findings: Army (Table 22)

- Vision defects, a category comprised mainly of disorders of refraction and accommodation, remained the most common medical disqualification for which waivers were sought from 2012 to 2017.
 - The percentage of waiver applications, waiver approvals and the waiver approval rate for vision defects were similar in 2017 to the previous five year period.
- Allergies were the second most common waiver applications in 2017 (8%), which was a slight decrease from the previous five year period (11%).
- The third leading waiver application type in 2017 was for current or history of attention-deficit, conduct, and disruptive behavior disorders (6%).
 - The waiver approval rate significantly increased in 2017 (66%) from the previous five year period (49%).

TABLE 22: LEADING DISQUALIFICATIONS CONSIDERED FOR ACTIVE AND RESERVE COMPONENT ACCESSION WAIVERS IN 2012-2016 VS. 2017: ARMY

Category	2012-2016					2017				
	Applied		Approved			Applied		Approved		
	n	% [‡]	n	% [§]	% ^{§§}	n	% [‡]	n	% [§]	% ^{§§}
Vision defects	12,268	17.1	10,647	24.8	86.8	2,525	18.9	2,204	24.9	87.3
Allergic reactions	8,177	11.4	6,625	15.4	81.0	1,011	7.6	839	9.5	83.0
Hx of attention-deficit, conduct, and disruptive behavior disorders	5,128	7.2	2,519	5.9	49.1	764	5.7	505	5.7	66.1
Joint disorders and dislocations; trauma-related	3,768	5.3	2,662	6.2	70.6	718	5.4	556	6.3	77.4
Other ear and sense organ disorders	4,234	5.9	979	2.3	23.1	706	5.3	72	0.8	10.2
Other non-traumatic joint disorders	3,673	5.1	2,615	6.1	71.2	678	5.1	517	5.8	76.3
Other eye disorders	2,932	4.1	1,616	3.8	55.1	594	4.4	333	3.8	56.1
Asthma	2,868	4.0	1,063	2.5	37.1	511	3.8	214	2.4	41.9
Residual codes; unclassified	1,686	2.4	928	2.2	55.0	503	3.8	329	3.7	65.4
Other bone disease and musculoskeletal deformities	1,600	2.2	1,170	2.7	73.1	311	2.3	218	2.5	70.1
Total considerations[¥]	71,734					13,369				
Total approved considerations[¥]	42,930					8,849				

‡Indicates the percentage of waiver applicants for the specified DQ category among total waivers considered.

§Indicates the percentage of approved waiver applicants for the specified DQ category among total approved waivers.

§§ Indicates the percentage of approved waiver applicants among those that applied for a waiver for each specified DQ category

¥This category includes waiver applicants with missing DQ codes.

Primary Findings: Navy (Table 23)

- Navy waiver records were not provided for fiscal year 2017; therefore, could not be reported.
- Vision defects and allergic reactions were the first and second most common medical DQs for which medical waivers were sought for FY 2012-2016.
 - These findings are similar to the other service branches.

TABLE 23: LEADING DISQUALIFICATIONS CONSIDERED FOR ACTIVE AND RESERVE COMPONENT ACCESSION WAIVERS IN 2012-2016 VS. 2017: NAVY

Category	2012-2016					2017*				
	Applied		Approved			Applied		Approved		
	n	%‡	n	%§	%§§	n	%‡	n	%§	%§§
Vision defects	6,458	14.9	4,327	20.2	67.0	-	-	-	-	-
Allergic reactions	4,872	11.2	3,398	15.9	69.7	-	-	-	-	-
Joint disorders and dislocations; trauma-related	1,793	4.1	1,368	6.4	76.3	-	-	-	-	-
Hx of attention-deficit, conduct, and disruptive behaviors	2,023	4.7	758	3.5	37.5	-	-	-	-	-
Other non-traumatic joint disorders	894	2.1	693	3.2	77.5	-	-	-	-	-
Superficial injury; contusion	1,099	2.5	674	3.1	61.3	-	-	-	-	-
Other bone disease and musculoskeletal deformities	720	1.7	461	2.2	64.0	-	-	-	-	-
Other congenital anomalies	1,004	2.3	453	2.1	45.1	-	-	-	-	-
Other eye disorders	1,076	2.5	438	2.0	40.7	-	-	-	-	-
Asthma	1,194	2.7	352	1.6	29.4	-	-	-	-	-
Total considerations¥	43,486									
Total of approved applicants¥	21,416									

‡Indicates the percentage of waiver applicants for the specified DQ category, among total waivers considered.

§Indicates the percentage of approved waiver applicants for the specified DQ category, among total approved waivers.

§§ Indicates the percentage of approved waiver applicants among those that applied for a waiver for each specified DQ category

¥This category includes waiver applicants with missing DQ codes.

* Waiver data were underreported for the Navy for FY 2017 due to missing or incomplete waiver records.

Primary Findings: Marine Corps (Table 24)

- Vision defects, a category comprised mainly of disorders of refraction and accommodation, was the most common medical disqualification in 2017 for which waivers were sought.
 - In 2017, waiver applications (20%) increased notably from 2012-2016 (8%).
- The second most common waiver application for 2017 was for allergic reactions (7%), which was a decrease from 2012-2016 (10%).
- The third most common waiver application for 2017 was for current or history of attention-deficit, conduct, and disruptive behavior disorders.
 - Marine Corps waiver applications increased in 2017 (6%) from the previous five year period (2%).

TABLE 24: LEADING DISQUALIFICATIONS CONSIDERED FOR ACTIVE AND RESERVE COMPONENT ACCESSION WAIVERS IN 2012-2016 VS. 2017: MARINE CORPS

Category	2012-2016					2017				
	Applied		Approved			Applied		Approved		
	n	%‡	n	%§	%§§	n	%‡	n	%§	%§§
Vision defects	2,144	7.6	1,185	9.4	55.3	1,182	20.0	927	27.5	78.4
Allergic reactions	2,783	9.9	1,704	13.5	61.2	423	7.2	267	7.9	63.1
Hx of attention-deficit, conduct, and disruptive behavior disorders	536	1.9	204	1.6	38.1	376	6.4	163	4.8	43.4
Other connective tissue disease	368	1.3	144	1.1	39.1	368	6.2	157	4.7	42.7
Asthma	1,790	6.4	681	5.4	38.0	348	5.9	123	3.7	35.3
Residual codes; unclassified	270	1.0	121	1.0	44.8	313	5.3	107	3.2	34.2
Other eye disorders	380	1.3	194	1.5	51.1	280	4.7	139	4.1	49.6
Other injuries and conditions due to external causes	4,015	14.3	1,713	13.6	42.7	275	4.6	170	5.0	61.8
Joint disorders and dislocations; trauma-related	774	2.7	271	2.1	35.0	248	4.2	108	3.2	43.5
Screening and history of mental health and substance abuse	52	0.2	18	0.1	34.6	228	3.9	145	4.3	63.6
Total considerations[¥]	28,174					5,916				
Total of approved applicants[¥]	12,642					3,368				

‡Indicates the percentage of waiver applicants for the specified DQ category, among total waivers considered.

§Indicates the percentage of approved waiver applicants for the specified DQ category, among total approved waivers.

§§ Indicates the percentage of approved waiver applicants among those that applied for a waiver for each specified DQ category.

¥This category includes waiver applicants with missing DQ codes.

Primary Findings: Air Force (Table 25)

- Vision defects, a category comprised mainly of disorders of refraction and accommodation, remained the most common medical disqualification for which waivers were sought from 2012 to 2017.
 - In 2017, the prevalence of these waiver applications among all waiver applications decreased slightly from 15% to 12% in the previous five year period. The frequency of waiver approvals also decreased in 2017 from 20% to 17%.
- The second most common waiver application in 2017 was allergic reactions (13%), which was similar to the previous five year period (12%).
 - Only 43% of waiver applications were approved in 2017, which is less than the previous five year period (52%).
- The third leading waiver application type in 2017 was for current or verified history of attention-deficit, conduct, and disruptive behavior disorders, which slightly increased in prevalence (10% to 11%), frequency among all approved waivers (9% to 11%), and waiver approval rate (46% to 49%) from the previous five-year period.

TABLE 25: LEADING DISQUALIFICATIONS CONSIDERED FOR ACTIVE AND RESERVE COMPONENT ACCESSION WAIVERS IN 2012-2016 VS. 2017: AIR FORCE

Category	2012-2016					2017				
	Applied		Approved			Applied		Approved		
	n	%‡	n	%§	%§§	n	%‡	n	%§	%§§
Vision defects	3,334	14.8	2,236	19.5	67.1	882	12.1	596	16.9	67.6
Allergic reactions	3,020	13.4	1,570	13.7	52.0	840	11.6	364	10.3	43.3
Hx of attention-deficit, conduct, and disruptive behavior disorders	2,308	10.3	1,070	9.4	46.4	777	10.7	380	10.8	48.9
Asthma	1,520	6.8	450	3.9	29.6	493	6.8	95	2.7	19.3
Joint disorders and dislocations; trauma-related	1,101	4.9	719	6.3	65.3	365	5.0	210	6.0	57.5
Other non-traumatic joint disorders	972	4.3	642	5.6	66.0	319	4.4	169	4.8	53.0
Hx of mood disorders	1,163	5.2	310	2.7	26.7	315	4.3	47	1.3	14.9
Residual codes; unclassified	414	1.8	165	1.4	40.0	256	3.5	136	3.9	53.1
Hx of anxiety disorders	1,111	4.9	379	3.3	34.1	247	3.4	49	1.4	19.8
Hx of intentional self-inflicted injury	146	0.6	45	0.4	30.8	239	3.3	72	2.0	30.1
Total considerations[¥]	22,498					7,271				
Total of approved applicants[¥]	11,438					3,528				

‡Indicates the percentage of waiver applicants for the specified DQ category, among total waivers considered.

§Indicates the percentage of approved waiver applicants for the specified DQ category, among total approved waivers.

§§ Indicates the percentage of approved waiver applicants among those that applied for a waiver for each specified DQ category.

¥This category includes waiver applicants with missing DQ codes.

Tables 26-29 show the ten most frequent DQs for which waivers were granted ranked by the waiver approval percentage in 2017. The same population of considerations was used as in Tables 22-25. Note that all DQs are not mutually exclusive and in individual may appear in the table in more than one DQ category.

Primary Findings: Army (Table 26)

- Waivers for vision-related disorders had the highest proportion of approved applicants overall and from 2012-2017 (87%).
- Allergic reactions were the second most frequently approved disqualification among 2017 waiver applicants.
 - The approval rate for allergic reaction waiver applications in 2017 (83%) was similar to the previous five year period (81%).
- The approval percentage of trauma-related joint disorders and dislocations, the third highest proportion of approved applicants in 2017 (77%), increased from the previous five years (71%).

TABLE 26: DISQUALIFICATION CATEGORIES FOR ACCESSION MEDICAL WAIVERS WITH THE HIGHEST PROPORTION OF APPROVED APPLICATIONS AMONG ACTIVE AND RESERVE COMPONENT ARMY ENLISTEES: 2012-2016 VS. 2017

Category	Total		2012-2016		2017	
	n	%*	n	%*	n	%*
Vision defects	14,793	86.9	12,268	86.8	2,525	87.3
Allergic reactions	9,188	81.2	8,177	81.0	1,011	83.0
Joint disorders and dislocations; trauma-related	4,486	71.7	3,768	70.6	718	77.4
Other non-traumatic joint disorders	4,351	72.0	3,673	71.2	678	76.3
Other acquired deformities	2,304	72.7	1,998	73.0	306	70.6
Other bone disease and musculoskeletal deformities	1,911	72.6	1,600	73.1	311	70.1
Hx of attention-deficit, conduct, and disruptive behavior disorders	5,892	51.3	5,128	49.1	764	66.1
Residual codes; unclassified	2,189	57.4	1,686	55.0	503	65.4
Other eye disorders	3,526	55.3	2,932	55.1	594	56.1
Asthma	3,379	37.8	2,868	37.1	511	41.9

*Indicates the percent of waivers approved among all waivers applied.

Primary Findings: Navy (Table 27)

- Totals could not be calculated as 2017 Navy waiver data was unavailable.
- In FY 2012-2016, other non-traumatic joint disorders had the highest proportion of approved applicants (78%).
- Trauma-related joint disorders and dislocations had the second highest proportion of approved waiver applicants (76%).

TABLE 27: DISQUALIFICATION CATEGORIES FOR ACCESSION MEDICAL WAIVERS WITH THE HIGHEST PROPORTION OF APPROVED APPLICATIONS AMONG ACTIVE AND RESERVE COMPONENT NAVY ENLISTEES: 2012-2016 VS. 2017

Category	Total		2012-2016		2017 ^Y	
	n	%*	n	%*	n	%*
Other non-traumatic joint disorders	894	77.5	894	77.5	-	-
Joint disorders and dislocations; trauma-related	1,793	76.3	1,793	76.3	-	-
Allergic reactions	4,872	69.7	4,872	69.7	-	-
Vision defects	6,458	67.0	6,458	67.0	-	-
Other bone disease and musculoskeletal deformities	720	64.0	720	64.0	-	-
Superficial injury; contusion	1,099	61.3	1,099	61.3	-	-
Other congenital anomalies	1,004	45.1	1,004	45.1	-	-
Other eye disorders	1,076	40.7	1,076	40.7	-	-
Hx of attention-deficit, conduct, and disruptive behaviors	2,023	37.5	2,023	37.5	-	-
Asthma	1,194	29.4	1,194	29.4	-	-

*Indicates the percent of waivers approved among all waivers applied.

^Y Waiver data were underreported for the Navy for FY 2017 due to missing or incomplete waiver records.

Primary Findings: Marine Corps (Table 28)

- Waivers for vision defects had the highest proportion of approved applicants overall (64%) and in 2017 (78%).
 - The proportion of approved waivers for vision defects increased in 2017 (78%) compared to the previous five year period (55%).
- The second most common waiver application in 2017 (63%) and overall (62%) was for allergic reactions.
- Other injuries and conditions due to external causes were the third most common disqualification for which a waiver was granted in 2017.
 - The waiver approval rate increased significantly in 2017 (62%) compared to the previous five year period (43%) and overall (44%).

TABLE 28: DISQUALIFICATION CATEGORIES FOR ACCESSION MEDICAL WAIVERS WITH THE HIGHEST PROPORTION OF APPROVED APPLICATIONS AMONG ACTIVE AND RESERVE COMPONENT MARINE CORPS ENLISTEES: 2012-2016 VS. 2017

Category	Total		2012-2016		2017	
	n	%*	n	%*	n	%*
Vision defects	3,326	63.5	2,144	55.3	1,182	78.4
Allergic reactions	3,206	61.5	2,783	61.2	423	63.1
Other injuries and conditions due to external causes	4,290	43.9	4,015	42.7	275	61.8
Other eye disorders	660	50.5	380	51.1	280	49.6
Other congenital anomalies	754	46.7	604	46.0	150	49.3
Other bone disease and musculoskeletal deformities	1,185	47.8	1,039	47.7	146	48.6
Hx of anxiety disorders	1,500	43.3	1,411	43.1	89	46.1
Joint disorders and dislocations; trauma-related	1,022	37.1	774	35.0	248	43.5
Hx of attention-deficit, conduct, and disruptive behavior disorders	912	40.2	536	38.1	376	43.4
Asthma	2,138	37.6	1,790	38.0	348	35.3

*Indicates the percent of waivers approved among all waivers applied.

Primary Findings: Air Force (Table 29)

- Waivers for vision-related disorders had the highest proportion of approved waiver applications in 2017 (68%), which was similar to the previous five period and overall.
- Trauma-related joint disorders and dislocations were the next most commonly granted waivers (58%) in 2017 – a drop from the previous five year period (65%).
- In 2017, waivers for other congenital anomalies were the third most commonly granted waivers (54%). The approval rate for these types of waivers increased from the previous five years (47%).

TABLE 29: DISQUALIFICATION CATEGORIES FOR THOSE ACCESSION MEDICAL WAIVERS WITH THE HIGHEST PROPORTION OF APPROVED APPLICATIONS AMONG ACTIVE AND RESERVE COMPONENT AIR FORCE ENLISTEES: 2012-2016 VS. 2017

Category	Total		2012-2016		2017	
	n	%*	n	%*	n	%*
Vision defects	4,216	67.2	3,334	67.1	882	67.6
Joint disorders and dislocations; trauma-related	1,466	63.4	1,101	65.3	365	57.5
Other congenital anomalies	745	48.3	608	47.0	137	54.0
Other non-traumatic joint disorders	1,291	62.8	972	66.0	319	53.0
Hx of attention-deficit, conduct, and disruptive behavior disorders	3,085	47.0	2,308	46.4	777	48.9
Allergic reactions	3,860	50.1	3,020	52.0	840	43.3
Other eye disorders	970	41.5	749	42.2	221	39.4
Hx of anxiety disorders	1,358	31.5	1,111	34.1	247	19.8
Asthma	2,013	27.1	1,520	29.6	493	19.3
Hx of mood disorders	1,478	24.2	1,163	26.7	315	14.9

*Indicates the percent of waivers approved among all waivers applied.

Waiver approvals and accessions among first-time enlisted FY 2012-2017 applicants:

Tables 30 and 31 show the number of enlisted applicants that were granted accession medical waivers and their accession rate by year of waiver consideration for all services combined in the active and reserve components, respectively. Because Navy waiver data was incomplete for 2017, reported numbers for 2017 are underestimated. Individuals are counted as accessions only in the component to which they accessed. For example, an enlistee who applied for both active and reserve components, but enlisted into the active component is only considered an active component accession. Among reserve component this individual would only be considered an applicant.

Demographics of the waived population of applicants for the active and reserve components are examined in Tables 32 and 33, respectively. Comparisons can be made between approved waiver applicants in 2017 and those from the previous five year period. Due to missing Navy waiver data, all numbers and percentages may be significantly underestimated.

Primary Findings: Active Component (Table 30)

- 83%-85% of 2012-2106 applicants who were granted waivers subsequently accessed into the active component.
 - The rate of accessions in 2017 was 63%. This is likely an underestimate due to missing and incomplete data records, or a lack of sufficient follow-up time.
- The number of applicants granted a waiver increased in 2013 compared to 2012. In 2013, there were approximately over 4,000 more applicants with approved waivers than 2012. Numbers increased, again, by approximately 4,000 applicants in 2016 from 2015.
 - The number of waiver applicants significantly decreased in 2017; this may be explained by missing or incomplete waiver records.

TABLE 30: ACTIVE COMPONENT ACCESSIONS FOR ENLISTED APPLICANTS WHO RECEIVED A WAIVER IN 2012-2017[†] BY YEAR: ALL SERVICES

Year of waiver consideration	Applicants with waivers granted	Accessions	
		n	%
2012	9,752	8,324	85.4
2013	14,579	12,445	85.4
2014	13,978	11,656	83.4
2015	12,933	11,035	85.3
2016	16,127	13,611	84.4
2017*	12,801	8,026	62.7

[†]Considers accessions among FY 2012-2017 enlisted active component applicants with a MEPS physical examination indicating no prior service and an approved waiver

*Value undercounted due to missing or incomplete Navy waiver records for FY 2017.

Primary Findings: Reserve Component (Table 31)

- The rate of 2012-2017 reserve component applicants granted waivers who subsequently accessed has varied from 63% to 73% during the period between 2012 and 2017. The lowest rate of accessions occurred in 2017, which may be due to missing records or a lack of sufficient follow-up time.
- The accession rate for reserve applicants was consistently lower compared to active component applicants 2012-2016.
 - The accession rate for reserve and active applicants were similar for 2017.

TABLE 31: RESERVE COMPONENT ACCESSIONS FOR ENLISTED APPLICANTS WHO RECEIVED A WAIVER IN 2012-2017[†] BY YEAR: ALL SERVICES

Year of waiver consideration	Applicants with waivers granted	Accessions	
		n	%
2012	1,502	999	66.5
2013	2,192	1,397	63.7
2014	2,400	1,740	72.5
2015	2,093	1,481	70.8
2016	2,514	1,803	71.7
2017 [§]	1,863	1,173	63.0

[†]Considers accessions among FY 2012-2017 enlisted reserve component applicants with a MEPS physical examination indicating no prior service and an approved waiver.

[§]Value undercounted due to missing or incomplete Navy waiver records for FY 2017.

Primary Findings: Active Component (Table 32)

- The majority of applicants who were granted a waiver in 2017 were male (83%), aged 17-20 years (66%), white (78%), or had a high school diploma (78%).
- Individuals who were granted a waiver and subsequently accessed were relatively similar to the overall population of individuals who were granted a waiver with respect to sex, age, race, AFQT score, and disqualification status.
- The percentage of waiver applicants and accessions with AFQT scores in 50th or higher slightly decreased in 2017 compared to the previous five years.

TABLE 32: DEMOGRAPHIC CHARACTERISTICS OF ACTIVE COMPONENT ENLISTED APPLICANTS WHO RECEIVED AN ACCESSION MEDICAL WAIVER COMPARED TO ACTIVE COMPONENT ACCESSIONS 2012-2016 VS. 2017: ALL SERVICES

	2012-2016				2017			
	All waivers		Waiver and Accession		All waivers		Waiver and Accession	
	n	%	n	%	n	%	n	%
Sex*								
Male	56,424	82.6	47,934	83.5	10,812	82.5	6,785	83.0
Female	11,892	17.4	9,451	16.5	2,289	17.5	1,394	17.0
Age at Waiver*								
17 – 20	44,721	65.5	38,137	66.5	8,609	65.7	5,424	64.1
21 – 25	18,721	27.4	15,576	27.1	3,455	26.4	2,304	28.2
> 25	4,879	7.1	3,672	6.4	1,038	7.9	633	7.7
Race*								
White	51,341	75.1	43,520	75.8	10,158	77.5	6,300	77.0
Black	10,323	15.1	8,664	15.1	2,061	15.7	1,396	17.1
Other	6,657	9.7	5,201	9.1	883	6.7	483	5.9
Education Level*								
Below HS senior [§]	152	0.2	118	0.2	74	0.6	18	0.2
HS senior	4,520	6.6	2,849	5.0	1,212	9.3	236	2.9
HS diploma	54,261	79.2	46,850	81.6	10,176	77.7	6,867	84.0
Some college	4,605	6.7	3,827	6.7	830	6.3	565	6.9
Bachelor's and higher	4,783	7.0	3,741	6.5	810	6.2	493	6.0
AFQT Score*								
93-99	5,752	8.4	4,903	8.5	892	6.8	552	6.7
65-92	28,480	41.7	24,024	41.9	5,075	38.7	3,207	39.2
50-64	19,233	28.2	16,259	28.3	3,495	26.7	2,191	26.8
30-49	14,664	21.5	12,131	21.1	3,545	27.1	2,198	26.9
11-29	158	0.2	48	0.1	87	0.7	29	0.4
<11	2	0.0	2	0.0	-	-	-	-
Medical Status*								
Fully Qualified	1,891	2.8	1,714	3.0	403	3.0	394	4.8
Permanent DQ	66,430	97.3	55,671	97.0	12,699	97.0	7,785	95.2
Total	68,321		57,385		13,094		8,179	

HS: High School; AFQT: Armed Forces Qualification Test; DQ: Disqualification

* Individuals with missing values for demographic variables are included in the total.

§ Encompasses the following: 1) those pursuing completion of the GED or other test-based high school equivalency diploma, vocational school, or secondary school, etc.; 2) those not attending high school and who are neither a high school graduate nor an alternative high school credential holder; 3) one who is attending high school and is not yet a senior.

Primary Findings: Reserve Component (Table 33)

- Similar to the active component, the majority of applicants who were granted a waiver were male (78%), aged 17-20 (65%), white (72%), or had a high school diploma (68%).
- The distribution of the demographic characteristics followed a similar between applicants who were granted a waiver and those who later accessed.
- The distribution of all demographic characteristics were similar in 2017 when compared to 2012-2016.
- In 2017, there was an increase in white (72%) and black (21%) applicants who were granted a waiver from the previous five years (70% and 19%, respectively).

TABLE 33: DEMOGRAPHIC CHARACTERISTICS OF RESERVE COMPONENT ENLISTED APPLICANTS WHO RECEIVED AN ACCESSION MEDICAL WAIVER COMPARED TO RESERVE COMPONENT ACCESSIONS 2012-2016 VS. 2017: ALL SERVICES

	2012-2016				2017			
	All waivers		Waiver and Accession		All waivers		Waiver and Accession	
	n	%	n	%	n	%	n	%
Sex*								
Male	8,606	77.4	5,792	77.4	1,553	77.7	911	75.6
Female	2,513	22.6	1,687	22.6	446	22.3	294	24.4
Age at Waiver*								
17 – 20	7,112	64.0	4,918	65.8	1,290	64.5	780	64.7
21 – 25	2,665	24.0	1,672	22.4	484	24.2	285	23.7
> 25	1,342	12.1	889	11.9	225	11.3	140	11.6
Race*								
White	7,759	69.8	5,242	70.1	1,446	72.3	860	71.4
Black	2,065	18.6	1,378	18.4	420	21.0	263	21.8
Other	1,295	11.6	859	11.5	133	6.7	82	6.8
Education Level*								
Below HS senior†	279	2.5	251	3.4	40	2.0	34	2.8
HS senior	1,532	13.8	1,215	16.2	312	15.6	226	18.8
HS diploma	7,414	66.7	4,790	64.0	1,354	67.7	768	63.7
Some college	857	7.7	561	7.5	137	6.9	83	6.9
Bachelor's and higher	1,037	9.3	662	8.9	156	7.8	94	7.8
AFQT Score*								
93-99	799	7.2	511	6.8	150	7.5	88	7.3
65-92	4,441	39.9	3,048	40.8	747	37.4	455	37.8
50-64	2,867	25.8	1,916	25.6	489	24.5	297	24.6
30-49	2,969	26.7	1,991	26.6	600	30.0	362	30.0
11-29	40	0.4	11	0.1	13	0.7	3	0.2
<11	1	0.0	1	0.0
Medical Status*								
Fully Qualified	94	0.8	55	0.7	9	0.5	4	0.3
Permanent DQ	11,025	99.2	7,424	99.3	1,990	99.5	1,201	99.7
Total	11,119		7,479		1,999		1,205	

HS: High School; AFQT: Armed Forces Qualification Test; DQ: Disqualification

* Individuals with missing values for demographic variables are included in the total.

†Encompasses the following: 1) those pursuing completion of the GED or other test-based high school equivalency diploma, vocational school, or secondary school, etc.; 2) those not attending high school and who are neither a high school graduate nor an alternative high school credential holder; 3) one who is attending high school and is not yet a senior.

Part II-A: Accessions and Endpoints - Attrition

Attrition is one of the key outcomes of interest to AMSARA. This section describes attrition among first-time active duty, reserve, and National Guard enlisted accessions into the Army, Navy, Marines, and Air Force from fiscal year (FY) 2012 to 2017. For this report, attrition is defined as any adverse early discharge and includes the following attrition types: early release; medical disqualification, excluding disability discharge or EPTS; dependency or hardship; failure to meet minimum behavioral and performance criteria; dropped from strength for desertion or imprisonment; or other early separations including pregnancy, erroneous enlistment or breach of contract. Loss records with interservice separation codes (ISC) noted in Table 34 were excluded from the adverse attrition tables.

Tables 35-37 display the period-specific and cumulative probability of attrition at 70, 365, 730, and 1,095 days following accession by service, year of accession, specific demographic characteristics, AFQT percentile score at accession, and medical disqualification status for the active and reserve components and National Guard, respectively. Censoring may result from a lack of follow-up time or from certain DMDC (Defense Manpower Data Center) transactions that result in the generation of a loss date but are not considered adverse events.

Tables 38-40 display the period-specific and cumulative probability of attrition at 70, 365, 730, and 1,095 days following accession by service, year of accession, specific demographic characteristics, AFQT percentile score at accession, and medical disqualification status for the active and reserve components and National Guard, respectively, for accessions with a history of a permanent disqualification at MEPS. Similar to Tables 35-37, censoring may result from a lack of follow-up time or from certain DMDC (Defense Manpower Data Center) transactions that result in the generation of a loss date but are not considered adverse events.

TABLE 34: INTERSERVICE SEPARATION CODE LOSS CATEGORIES EXCLUDED FROM ATTRITION

ISC Code	Description	ISC Code	Description
1000	Unknown or Invalid	1033	Death, NS
1001	Expiration of Term of Service	1040	Officer Commissioning Program
1010	Condition Existed Prior to Service (EPTS)	1041	Warrant Officer Program
1011	Disability - Severance Pay	1042	Military Service Academy
1012	Permanent Disability - Retired	1050	Retirement, 20-30 yrs of Service
1013	Temporary Disability - Retired	1051	Retirement, Over 30 yrs of Service
1014	Disability - Non EPTS - No Severance Pay	1052	Retirement, Other Categories
1015	Disability - Title 10 Retirement	1100	Immediate Reenlistment
1030	Death, Battle Casualty	1103	Record Correction
1031	Death, Non-Battle - Disease	1104	Dropped from Strength as MIA/POW
1032	Death, Non-battle - Other	1105	Dropped from Strength, Other

ISC: Interservice Separation Code; MIA: missing in action; POW: prisoner of war

Primary Findings: Active Component (Table 35)

- Overall attrition rate by three years among enlisted active component accessions was 17%.
 - About 2/3 (64%) of the attrition that occurred during the first three years of service takes place by the end of the first year.
 - Around 52% of attritions within the first year occurred in the first 70 days.
- Attrition in the first 70 days of service was the highest in the Navy (8%) and lowest in the Air Force and the Marine Corps (4.5 and 4.6%).
- By the end of the third year of service, the Marine Corps has the lowest cumulative attrition (12%) while the Army has the highest (21%).
- When examined by year of accession, attrition in the first 70 days of service was lowest among those who accessed in 2012 and increased for each subsequent year’s accessions, with the exception of 2017. Cumulative attrition in the first and second years of service was similar across all accession years with complete follow-up.
 - Three years of complete follow-up time was not available for all 2015-2017 accessions. Therefore, figures are underestimated for 2015 accessions after two years. Attrition was not calculated after two years for 2016 accessions and is underestimated after one year. Attrition is underestimated for all 2017 accessions and not calculated after one year.
- The proportion of accessions lost to attrition was higher at all follow-up points for females relative to males and among 17-20 year olds relative to those older than 20 years.
- Whites had the highest percent attrition in the first 70 days (6%) and blacks had the lowest (5%).
 - By the third year, blacks had a slightly higher cumulative attrition percent than whites (18% compared to 17%).
- Those with at least a bachelor’s degree consistently had the lowest proportion of losses among accessions at all points of follow-up.
- Attrition by AFQT percentile scores generally followed a similar pattern to education. The proportion of accessions lost at all follow-up points was lowest for the highest percentile score group (93-99).
- At all points of follow-up by medical status, fully qualified accessions had the lowest percent attrition.

TABLE 35: ATTRITION AMONG FIRST TIME ENLISTED ACTIVE COMPONENT ACCESSIONS IN 2012-2017 BY DAYS SINCE ACCESSION: ALL SERVICES

	Accessed	Attrition (0-70 Days)			Attrition (71-365 Days)			Attrition (366-730 Days)			Attrition (731-1095 Days)		
	n	n	Period (%)	Cumul (%)	n	Period (%)	Cumul (%)	n	Period (%)	Cumul (%)	n	Period (%)	Cumul (%)
Service													
Army	356,142	18,015	5.1	5.1	26,298	7.4	12.4	16,338	4.6	17.0	15,383	4.3	21.3
Navy	215,090	17,295	8.0	8.0	8,649	4.0	12.1	5,321	2.5	14.5	5,007	2.3	16.9
Marine Corps	182,247	8,339	4.6	4.6	5,829	3.2	7.8	3,781	2.1	9.8	3,576	2.0	11.8
Air Force	166,746	7,542	4.5	4.5	6,486	3.9	8.4	3,662	2.2	10.6	3,288	2.0	12.6
FY of Accession													
2012	155,705	7,280	4.7	4.7	7,606	4.9	9.6	6,446	4.1	13.7	8,007	5.1	18.8
2013	165,979	8,001	4.8	4.8	9,216	5.6	10.4	7,315	4.4	14.8	8,576	5.2	19.9
2014	140,028	7,670	5.5	5.5	7,793	5.6	11.0	6,045	4.3	15.4	7,198	5.1	20.5
2015†	146,581	8,777	6.0	6.0	8,711	5.9	11.9	6,294	4.3	16.2	3,473	2.4	18.6
2016†	153,197	10,222	6.7	6.7	9,240	6.0	12.7	3,003	2.0	14.7	-	-	-
2017†	158,735	9,241	5.8	5.8	4,696	3.0	8.8	-	-	-	-	-	-
Sex*													
Male	758,302	38,958	5.1	5.1	35,494	4.7	9.8	23,660	3.1	12.9	21,878	2.9	15.8
Female	161,923	12,233	7.6	7.6	11,768	7.3	14.8	5,443	3.4	18.2	5,376	3.3	21.5
Age of Accession*													
17-20	621,683	35,529	5.7	5.7	34,227	5.5	11.2	21,170	3.4	14.6	18,584	3.0	17.6
21-25	240,659	12,938	5.4	5.4	10,611	4.4	9.8	6,660	2.8	12.6	7,078	2.9	15.5
>25	57,872	2,723	4.7	4.7	2,424	4.2	8.9	1,273	2.2	11.1	1,591	2.7	13.8
Race*													
White	667,550	38,814	5.8	5.8	34,371	5.1	11.0	20,111	3.0	14.0	18,865	2.8	16.8
Black	168,877	8,138	4.8	4.8	9,644	5.7	10.5	6,916	4.1	14.6	6,458	3.8	18.4
Other	83,798	4,239	5.1	5.1	3,247	3.9	8.9	2,076	2.5	11.4	1,931	2.3	13.7
Education*													
<HS Graduate‡	240	15	6.3	6.3	12	5.0	11.3	2	0.8	12.1	3	1.3	13.3
HS Diploma	808,736	46,345	5.7	5.7	42,987	5.3	11.0	26,502	3.3	14.3	24,338	3.0	17.3
Some College	57,953	3,029	5.2	5.2	2,857	4.9	10.2	1,743	3.0	13.2	1,955	3.4	16.5
≥Bachelor's Degree	53,173	1,785	3.4	3.4	1,385	2.6	6.0	856	1.6	7.6	956	1.8	9.4
AFQT Score*													
93-99	61,627	2,702	4.4	4.4	2,281	3.7	8.1	1,299	2.1	10.2	1,226	2.0	12.2
65-92	362,148	18,967	5.2	5.2	16,097	4.4	9.7	9,918	2.7	12.4	9,585	2.6	15.1
50-64	262,559	15,709	6.0	6.0	13,943	5.3	11.3	8,624	3.3	14.6	8,110	3.1	17.7
30-49	222,938	13,384	6.0	6.0	14,702	6.6	12.6	9,199	4.1	16.7	8,268	3.7	20.4
11-29	2,134	97	4.5	4.5	157	7.4	11.9	59	2.8	14.7	58	2.7	17.4
Medical Status													
Fully Qualified	791,755	42,408	5.4	5.4	39,504	5.0	10.3	25,107	3.2	13.5	23,307	2.9	16.5
Permanent DQ	99,145	6,843	6.9	6.9	5,703	5.8	12.7	2,796	2.8	15.5	2,800	2.8	18.3
Temporary DQ	29,325	1,940	6.6	6.6	2,055	7.0	13.6	1,200	4.1	17.7	1,147	3.9	21.6
Total†	920,225	51,191	5.6	5.6	47,262	5.1	10.7	29,103	3.2	13.9	27,254	3.0	16.8

FY: Fiscal Year; HS: High School; AFQT: Armed Forces Qualification Test; DQ: Disqualification; Cumul: Cumulative

† Attrition is not counted after 730 days for 2015 accessions or 365 days for 2016-2017 accessions and is underestimated for all 2017 accessions due to lack of sufficient follow-up time.

*Individuals with missing values for demographic variables are included in the total.

‡Encompasses the following three cases: 1) one who is pursuing completion of the GED or other test based high school equivalency diploma, vocational school, or secondary school, etc.; 2) one who is not attending high school and who is neither a high school graduate nor an alternative high school credential holder; 3) one who is attending high school but is not yet a senior.

Primary Findings: Reserve Component (Table 36)

- Overall cumulative attrition by three years among enlisted reserve component accessions was about 6%.
 - 64% of the attrition that occurs during the first three years of service takes place by the end of the first year (4%).
 - The largest number of attritions occurred between days 71-365.
- Cumulative attrition at all follow-up points was highest in the Marine Corps (15% overall) and lowest in the Army (3.2% overall). Our records showed no attritions for the Navy.
- When examined by year of accession, cumulative attrition did not vary substantially across accession years.
 - Three years of complete follow-up time was not available for all 2015-2017 accessions. Therefore, figures are underestimated for 2015 accessions after two years. Attrition was not calculated after two years for 2016 accessions and is underestimated after one year. Attrition is underestimated for all 2017 accessions and not calculated after one year.
- The proportion of accessions lost was higher for females relative to males after the first 70 days of service, but by the end of the third year of service, males and females have similar cumulative attrition percentages (approximately 6%).
- Cumulative attrition percentages were similar for reserve enlistees in the 17-20 and 21-25 age groups and consistently lowest among reserve enlistees over the age of 25.
- Attrition was comparable among black and white enlisted reserve accessions. Individuals within other race categories had the lowest cumulative attrition percent regardless of time in service.
- After the first year in service, attrition is highest for those with a high school diploma. Those without a high school diploma had the lowest cumulative attrition at all follow-up points, including individuals with at least a bachelor's degree.
- After the first year of service, the cumulative attrition percent essentially shows an inverse relationship with AFQT percentile score where higher scores consistently have the lowest attrition.
- At all points of follow-up by medical status, fully qualified accessions had the lowest percent attrition.

Primary Findings: National Guard (Table 37)

- A relatively small number of personnel met AMSARA criteria for attrition in the first three years of service - less than 1% of the total National Guard population regardless of time period. Therefore no conclusions can be drawn with respect to attrition among National Guard Service members.

TABLE 36: ATTRITION AMONG FIRST TIME ENLISTED RESERVE COMPONENT ACCESSIONS IN 2012-2017 BY DAYS SINCE ACCESSION: ALL SERVICES

	Accessed	Attrition (0-70 Days)			Attrition (71-365 Days)			Attrition (366-730 Days)			Attrition (731-1095 Days)		
	n	n	Period (%)	Cumul (%)	n	Period (%)	Cumul (%)	n	Period (%)	Cumul (%)	n	Period (%)	Cumul (%)
Service													
Army	79,286	112	0.1	0.1	2,188	2.8	2.9	241	0.3	3.2	4	0.0	3.2
Navy	17,489	0	-	-	0	-	-	39	0.2	0.2	40	0.2	0.4
Marine Corps	31,419	1,626	5.2	5.2	749	2.4	7.6	951	3.0	10.6	1,215	3.9	14.5
Air Force	18,194	67	0.4	0.4	1,126	6.2	6.6	510	2.8	9.4	362	2.0	11.3
FY of Accession													
2012	24,327	234	1.0	1.0	728	3.0	4.0	449	1.8	5.8	565	2.3	8.1
2013	21,296	238	1.1	1.1	742	3.5	4.6	380	1.8	6.4	394	1.9	8.2
2014	24,682	353	1.4	1.4	877	3.6	5.0	372	1.5	6.5	464	1.9	8.4
2015†	24,942	307	1.2	1.2	703	2.8	4.0	368	1.5	5.5	198	0.8	6.3
2016‡	26,931	278	1.0	1.0	665	2.5	3.5	172	0.6	4.1	-	-	-
2017‡	24,210	395	1.6	1.6	348	1.4	3.1	-	-	-	-	-	-
Sex*													
Male	112,720	1,678	1.5	1.5	2,631	2.3	3.8	1,387	1.2	5.1	1,468	1.3	6.4
Female	33,667	127	0.4	0.4	1,431	4.3	4.6	354	1.1	5.7	153	0.5	6.1
Age at Accession*													
17-20	95,134	1,167	1.2	1.2	2,738	2.9	4.1	1,225	1.3	5.4	1,169	1.2	6.6
21-25	32,488	481	1.5	1.5	909	2.8	4.3	392	1.2	5.5	371	1.1	6.6
>25	18,761	157	0.8	0.8	415	2.2	3.0	124	0.7	3.7	81	0.4	4.1
Race*													
White	98,299	1,439	1.5	1.5	2,800	2.8	4.3	1,230	1.3	5.6	1,206	1.2	6.8
Black	32,900	273	0.8	0.8	1,050	3.2	4.0	396	1.2	5.2	328	1.0	6.2
Other	15,189	93	0.6	0.6	213	1.4	2.0	115	0.8	2.8	87	0.6	3.3
Education*													
<HS Graduate	5,268	4	0.1	0.1	109	2.1	2.1	41	0.8	2.9	2	0.0	3.0
HS Diploma	117,226	1,503	1.3	1.3	3,390	2.9	4.2	1,503	1.3	5.5	1,457	1.2	6.7
Some College	11,918	103	0.9	0.9	367	3.1	3.9	133	1.1	5.1	117	1.0	6.0
≥Bachelor's Degree	11,965	194	1.6	1.6	197	1.6	3.3	64	0.5	3.8	45	0.4	4.2
AFQT Score*													
93-99	9,122	92	1.0	1.0	143	1.6	2.6	85	0.9	3.5	69	0.8	4.3
65-92	56,235	710	1.3	1.3	1,266	2.3	3.5	621	1.1	4.6	605	1.1	5.7
50-64	37,745	441	1.2	1.2	1,040	2.8	3.9	512	1.4	5.3	489	1.3	6.6
30-49	41,939	448	1.1	1.1	1,578	3.8	4.8	515	1.2	6.1	456	1.1	7.1
11-29	463	0	-	-	27	5.8	5.8	0	-	-	1	0.2	6.0
Medical Status													
Fully Qualified	126,239	1,431	1.1	1.1	3,389	2.7	3.8	1,529	1.2	5.0	1,420	1.1	6.2
Permanent DQ	14,861	308	2.1	2.1	484	3.3	5.3	147	1.0	6.3	129	0.9	7.2
Temporary DQ	5,288	66	1.2	1.2	190	3.6	4.8	65	1.2	6.1	72	1.4	7.4
Total†	146,388	1,805	1.2	1.2	4,063	2.8	4.0	1,741	1.2	5.2	1,621	1.1	6.3

FY: Fiscal Year; HS: High School; AFQT: Armed Forces Qualification Test; DQ: Disqualification; Cumul: Cumulative

† Attrition is not counted after 730 days for 2015 accessions or 365 days for 2016-2017 accessions and is underestimated for all 2017 accessions due to lack of sufficient follow-up time.

*Individuals with missing values for demographic variables are included in the total.

‡Encompasses the following three cases: 1) one who is pursuing completion of the GED or other test based high school equivalency diploma, vocational school, or secondary school, etc.; 2) one who is not attending high school and who is neither a high school graduate nor an alternative high school credential holder; 3) one who is attending high school but is not yet a senior.

TABLE 37: ATTRITION AMONG FIRST TIME ENLISTED NATIONAL GUARD ACCESSIONS IN 2012-2017 BY DAYS SINCE ACCESSION: ARMY & AIR FORCE

	Accessed	Attrition (0-70 Days)			Attrition (71-365 Days)			Attrition (366-730 Days)			Attrition (731-1095 Days)		
	n	n	Period (%)	Cumul (%)	n	Period (%)	Cumul (%)	n	Period (%)	Cumul (%)	n	Period (%)	Cumul (%)
Service													
Army	192,178	2	0.0	0.0	3	0.0	0.0	2	0.0	0.0	0	-	-
Air Force	28,790	5	0.0	0.0	525	1.8	1.8	958	3.3	5.2	440	1.5	6.7
FY of Accession													
2012	42,135	2	0.0	0.0	88	0.2	0.2	199	0.5	0.7	132	0.3	1.0
2013	28,696	1	0.0	0.0	85	0.3	0.3	240	0.8	1.1	124	0.4	1.6
2014	43,387	1	0.0	0.0	124	0.3	0.3	262	0.6	0.9	156	0.4	1.3
2015†	38,411	1	0.0	0.0	126	0.3	0.3	207	0.5	0.9	28	0.1	0.9
2016†	34,096	-	-	-	98	0.3	0.3	52	0.2	0.5	-	-	-
2017†	34,243	2	0.0	0.0	7	0.0	0.0	-	-	-	-	-	-
Sex*													
Male	168,638	4	0.0	0.0	350	0.2	0.2	639	0.4	0.6	320	0.2	0.8
Female	52,330	3	0.0	0.0	178	0.3	0.3	321	0.6	1.0	120	0.2	1.2
Age of Accession*													
17-20	152,504	3	0.0	0.0	300	0.2	0.2	511	0.3	0.5	249	0.2	0.7
21-25	45,430	3	0.0	0.0	139	0.3	0.3	274	0.6	0.9	117	0.3	1.2
>25	23,003	1	0.0	0.0	89	0.4	0.4	175	0.8	1.2	74	0.3	1.5
Race*													
White	167,419	7	0.0	0.0	433	0.3	0.3	760	0.5	0.7	323	0.2	0.9
Black	42,997	0	-	-	70	0.2	0.3	155	0.4	0.6	87	0.2	0.8
Other	10,552	0	-	-	25	0.2	0.2	45	0.4	0.6	30	0.3	0.9
Education*													
<HS Graduate‡	18,315	0	-	-	0	-	-	3	0.0	0.0	1	0.0	0.0
HS Diploma	160,534	5	0.0	0.0	418	0.3	0.3	758	0.5	0.7	364	0.2	1.0
Some College	28,342	1	0.0	0.0	63	0.2	0.2	122	0.4	0.7	47	0.2	0.8
≥Bachelor's Degree	13,613	1	0.0	0.0	46	0.3	0.3	72	0.5	0.9	28	0.2	1.1
AFQT Score*													
93-99	13,562	0	-	-	37	0.3	0.3	51	0.4	0.7	22	0.2	0.9
65-92	76,219	4	0.0	0.0	190	0.2	0.3	376	0.5	0.7	144	0.2	0.9
50-64	51,587	1	0.0	0.0	151	0.3	0.3	246	0.5	0.8	131	0.3	1.0
30-49	73,175	2	0.0	0.0	145	0.2	0.2	275	0.4	0.6	137	0.2	0.8
11-29	5,678	0	-	-	0	-	-	1	0.0	0.0	2	0.0	0.1
Medical Status													
Fully Qualified	187,128	5	0.0	0.0	445	0.2	0.2	797	0.4	0.7	372	0.2	0.9
Permanent DQ	21,528	1	0.0	0.0	53	0.2	0.3	116	0.5	0.8	49	0.2	1.0
Temporary DQ	12,312	1	0.0	0.0	30	0.2	0.3	47	0.4	0.6	19	0.2	0.8
Total‡	220,968	7	0.0	0.0	528	0.2	0.2	960	0.4	0.7	440	0.2	0.9

FY: Fiscal Year; HS: High School; AFQT: Armed Forces Qualification Test; DQ: Disqualification; Cumul: Cumulative

† Attrition is not counted after 730 days for 2015 accessions or 365 days for 2016-2017 accessions and is underestimated for all 2017 accessions due to lack of sufficient follow-up time.

*Individuals with missing values for demographic variables are included in the total.

‡Encompasses the following three cases: 1) one who is pursuing completion of the GED or other test based high school equivalency diploma, vocational school, or secondary school, etc.; 2) one who is not attending high school and who is neither a high school graduate nor an alternative high school credential holder; 3) one who is attending high school but is not yet a senior.

Primary Findings: Active Component (Table 38)

- Overall cumulative attrition by three years among enlisted active component accessions with a permanent disqualification was 18.3%.
 - About 70% of the attrition that occurs during the first three years of service takes place by the end of the first year (12.7%).
- Cumulative attrition at all follow-up points was highest in the Army (22.7% overall) and lowest in the Air Force and Marines (13.4% and 13.6% overall).
- When examined by year of accession, cumulative attrition did not vary substantially across accession years.
 - Three years of complete follow-up time was not available for all 2014-2017 accessions. Therefore, figures are underestimated for 2014 accessions after two years. Attrition was not calculated after two years for 2016 accessions and is underestimated after one year. Attrition is underestimated for all 2017 accessions and not calculated after one year.
- The proportion of accessions lost was higher for females relative to males. Cumulative attrition percentages were consistently higher for females than males across all follow-up points.
- Cumulative attrition percentages decreased slightly with age for active enlistees with permanent disqualifications. The cumulative percentages for age groups 21-25 and over 25 were similar and lower than the 17-20 group.
- Attrition was comparable among black and white enlisted active accessions. Individuals within other race categories had the lowest cumulative attrition percent after 70 days in service.
- After the first year in service, attrition is highest for those with a high school diploma. Those with at least a bachelor's degree had consistently lower percentages of attrition regardless of time in service. Those without a high school diploma had no attritions regardless of time in service, which may be due to the low number of accessions in this group (22).
- After 70 days of service, the cumulative attrition percent essentially shows an inverse relationship with AFQT percentile score where higher scores consistently have the lowest attrition. At year three, cumulative attrition percentages for the two lowest score groups (11-29 and 30-49) were similar.

TABLE 38: ATTRITION AMONG FIRST TIME ENLISTED ACTIVE COMPONENT ACCESSIONS WITH A PERMANENT DISQUALIFICATION IN 2012-2017 BY DAYS SINCE ACCESSION: ALL SERVICES

	Accessed n	Attrition (0-70 Days)			Attrition (71-365 Days)			Attrition (366-730 Days)			Attrition (731-1095 Days)		
		n	Period (%)	Cumul (%)	n	Period (%)	Cumul (%)	n	Period (%)	Cumul (%)	n	Period (%)	Cumul (%)
Service													
Army	39,847	2,455	6.2	6.2	3,253	8.2	14.3	1,655	4.2	18.5	1,673	4.2	22.7
Navy	20,892	2,075	9.9	9.9	920	4.4	14.3	440	2.1	16.4	462	2.2	18.7
Marine	21,988	1,444	6.6	6.6	831	3.8	10.3	380	1.7	12.1	346	1.6	13.6
Air Force	16,418	869	5.3	5.3	699	4.3	9.6	321	2.0	11.5	319	1.9	13.4
FY of Accession													
2012	14,246	882	6.2	6.2	805	5.7	11.8	517	3.6	15.5	726	5.1	20.6
2013	17,628	1,115	6.3	6.3	1,115	6.3	12.7	719	4.1	16.7	914	5.2	21.9
2014†	16,398	1,166	7.1	7.1	1,039	6.3	13.4	634	3.9	17.3	792	4.8	22.1
2015†	15,997	1,224	7.7	7.7	1,050	6.6	14.2	618	3.9	18.1	368	2.3	20.4
2016†	16,866	1,356	8.0	8.0	1,105	6.6	14.6	308	1.8	16.4	0	-	-
2017†	18,010	1,100	6.1	6.1	589	3.3	9.4	0	-	-	0	-	-
Sex*													
Male	82,468	5,349	6.5	6.5	4,304	5.2	11.7	2,259	2.7	14.4	2,241	2.7	17.2
Female	16,677	1,494	9.0	9.0	1,399	8.4	17.3	537	3.2	20.6	559	3.4	23.9
Age at Accession													
17-20	62,275	4,584	7.4	7.4	3,934	6.3	13.7	1,920	3.1	16.8	1,739	2.8	19.6
21-25	29,178	1,809	6.2	6.2	1,411	4.8	11.0	730	2.5	13.5	857	2.9	16.5
>25	7,691	449	5.8	5.8	358	4.7	10.5	146	1.9	12.4	204	2.7	15.0
Race*													
White	76,312	5,446	7.1	7.1	4,302	5.6	12.8	2,065	2.7	15.5	2,073	2.7	18.2
Black	14,715	896	6.1	6.1	1,020	6.9	13.0	542	3.7	16.7	541	3.7	20.4
Other	8,118	501	6.2	6.2	381	4.7	10.9	189	2.3	13.2	186	2.3	15.5
Education*													
< HS Graduate	22	0	-	-	0	-	-	0	-	-	0	-	-
HS Diploma	84,690	6,088	7.2	7.2	5,123	6.0	13.2	2,516	3.0	16.2	2,438	2.9	19.1
Some College	6,832	474	6.9	6.9	367	5.4	12.3	179	2.6	14.9	235	3.4	18.4
≥Bachelor Degree	7,581	279	3.7	3.7	209	2.8	6.4	101	1.3	7.8	127	1.7	9.4
AFQT Score													
93-99	7,934	387	4.9	4.9	328	4.1	9.0	138	1.7	10.8	160	2.0	12.8
65-92	40,479	2,637	6.5	6.5	2,042	5.0	11.6	993	2.5	14.0	1,052	2.6	16.6
50-64	27,825	2,040	7.3	7.3	1,640	5.9	13.2	815	2.9	16.2	823	3.0	19.1
30-49	21,250	1,721	8.1	8.1	1,668	7.8	15.9	849	4.0	19.9	762	3.6	23.5
11-29	107	6	5.6	5.6	15	14.0	19.6	1	0.9	20.6	3	2.8	23.4
Total†	99,145	6,843	6.9	6.9	5,703	5.8	12.7	2,796	2.8	15.5	2,800	2.8	18.3

FY: Fiscal Year; HS: High School; AFQT: Armed Forces Qualification Test; DQ: Disqualification; Cumul: Cumulative

† Attrition is not counted after 730 days for 2015 accessions or 365 days for 2016-2017 accessions and is underestimated for all 2017 accessions due to lack of sufficient follow-up time.

*Individuals with missing values for demographic variables are included in the total.

‡Encompasses the following three cases: 1) one who is pursuing completion of the GED or other test based high school equivalency diploma, vocational school, or secondary school, etc.; 2) one who is not attending high school and who is neither a high school graduate nor an alternative high school credential holder; 3) one who is attending high school but is not yet a senior.

Primary Findings: Reserve Component (Table 39)

- Overall cumulative attrition by three years among enlisted reserve component accessions with a permanent disqualification was about 7.2%.
 - Almost 75% of the attrition that occurs during the first three years of service takes place by the end of the first year (5.3%).
- Cumulative attrition at all follow-up points was highest in the Marine Corps (15.6% overall) and lowest in the Army (3.8% overall). There were no attritions for Navy.
- When examined by year of accession, cumulative attrition did not vary substantially across accession years.
 - Three years of complete follow-up time was not available for all 2014-2017 accessions. Therefore, figures are underestimated for 2014 accessions after two years. Attrition was not calculated after two years for 2016 accessions and is underestimated after one year. Attrition is underestimated for all 2017 accessions and not calculated after one year.
- The proportion of accessions lost was lower for females relative to males after the first 70 days of service, but by the end of the third year of service, males and females have similar cumulative attrition percentages of about 7.0%.
- Cumulative attrition percentages were similar for reserve enlistees in the 17-20 and 21-25 age groups and consistently lowest among reserve enlistees over the age of 25.
- Attrition was comparable among black and white enlisted reserve accessions. Individuals within other race categories had the lowest cumulative attrition percent regardless of time in service.
- After the first 70 days in service, attrition is highest for those with a high school diploma. Those without a high school diploma had the lowest cumulative attrition at 70 days, and one-year follow-up points. At two years in service, attrition was similar to those with at least a bachelor's degree.
- After the first year of service, the cumulative attrition percent essentially shows an inverse relationship with AFQT percentile score where higher scores consistently have the lowest attrition.

TABLE 39: ATTRITION AMONG FIRST TIME ENLISTED RESERVE COMPONENT ACCESSIONS WITH A PERMANENT DISQUALIFICATION IN 2012-2017 BY DAYS SINCE ACCESSION: ALL SERVICES

	Accessed n	Attrition (0-70 Days)			Attrition (71-365 Days)			Attrition (366-730 Days)			Attrition (731-1095 Days)		
		n	Period (%)	Cumul (%)	n	Period (%)	Cumul (%)	n	Period (%)	Cumul (%)	n	Period (%)	Cumul (%)
Service													
Army	8,017	18	0.2	0.2	262	3.3	3.5	23	0.3	3.8	1	0.0	3.8
Navy	1,612	0	-	-	0	-	-	2	0.1	0.1	3	0.2	0.3
Marine	3,722	277	7.4	7.4	125	3.4	10.8	74	2.0	12.8	103	2.8	15.6
Air Force	1,510	13	0.9	0.9	97	6.4	7.3	48	3.2	10.5	22	1.5	11.9
FY of Accession													
2012	2,265	41	1.8	1.8	88	3.9	5.7	34	1.5	7.2	30	1.3	8.5
2013	2,170	32	1.5	1.5	99	4.6	6.0	40	1.8	7.9	31	1.4	9.3
2014†	2,767	65	2.3	2.3	109	3.9	6.3	31	1.1	7.4	54	2.0	9.4
2015†	2,389	51	2.1	2.1	66	2.8	4.9	29	1.2	6.1	14	0.6	6.7
2016†	2,771	48	1.7	1.7	79	2.9	4.6	13	0.5	5.1	-	-	-
2017†	2,499	71	2.8	2.8	43	1.7	4.6	-	-	-	-	-	-
Sex*													
Male	11,425	285	2.5	2.5	315	2.8	5.3	112	1.0	6.2	112	1.0	7.2
Female	3,436	23	0.7	0.7	169	4.9	5.6	35	1.0	6.6	17	0.5	7.1
Age at Accession													
17-20	9,130	192	2.1	2.1	326	3.6	5.7	97	1.1	6.7	94	1.0	7.8
21-25	3,534	89	2.5	2.5	107	3.0	5.5	37	1.0	6.6	28	0.8	7.4
>25	2,197	27	1.2	1.2	51	2.3	3.6	13	0.6	4.1	7	0.3	4.5
Race*													
White	10,497	247	2.4	2.4	361	3.4	5.8	99	0.9	6.7	94	0.9	7.6
Black	2,858	49	1.7	1.7	98	3.4	5.1	41	1.4	6.6	28	1.0	7.6
Other	1,506	12	0.8	0.8	25	1.7	2.5	7	0.5	2.9	7	0.5	3.4
Education*													
< HS Graduate	351	1	0.3	0.3	11	3.1	3.4	2	0.6	4.0	0	-	-
HS Diploma	11,670	253	2.2	2.2	402	3.4	5.6	129	1.1	6.7	115	1.0	7.7
Some College	1,337	21	1.6	1.6	53	4.0	5.5	9	0.7	6.2	8	0.6	6.8
≥Bachelor Degree	1,502	33	2.2	2.2	18	1.2	3.4	7	0.5	3.9	6	0.4	4.3
AFQT Score													
93-99	1,083	18	1.7	1.7	19	1.8	3.4	12	1.1	4.5	9	0.8	5.4
65-92	6,054	128	2.1	2.1	156	2.6	4.7	46	0.8	5.5	52	0.9	6.3
50-64	3,725	79	2.1	2.1	124	3.3	5.4	37	1.0	6.4	35	0.9	7.4
30-49	3,847	64	1.7	1.7	179	4.7	6.3	50	1.3	7.6	33	0.9	8.5
11-29	27	0	-	-	4	14.8	14.8	0	-	-	0	-	-
Total†	14,861	308	2.1	2.1	484	3.3	5.3	147	1.0	6.3	129	0.9	7.2

FY: Fiscal Year; HS: High School; AFQT: Armed Forces Qualification Test; DQ: Disqualification; Cumul: Cumulative

† Attrition is not counted after 730 days for 2015 accessions or 365 days for 2016-2017 accessions and is underestimated for all 2017 accessions due to lack of sufficient follow-up time.

*Individuals with missing values for demographic variables are included in the total.

‡Encompasses the following three cases: 1) one who is pursuing completion of the GED or other test based high school equivalency diploma, vocational school, or secondary school, etc.; 2) one who is not attending high school and who is neither a high school graduate nor an alternative high school credential holder; 3) one who is attending high school but is not yet a senior.

Primary Findings: National Guard Component (Table 40)

- A relatively small number of personnel met AMSARA criteria for attrition in the first three years of service - less than 1% of the total National Guard population regardless of time period. Therefore, no conclusions can be drawn with respect to attrition among National Guard with a permanent disqualification.

TABLE 40: ATTRITION AMONG FIRST TIME ENLISTED NATIONAL GUARD COMPONENT ACCESSIONS WITH A PERMANENT DISQUALIFICATION IN 2012-2017 BY DAYS SINCE ACCESSION: ARMY & AIR FORCE

	Accessed n	Attrition (0-70 Days)			Attrition (71-365 Days)			Attrition (366-730 Days)			Attrition (731-1095 Days)		
		n	Period (%)	Cumul (%)	n	Period (%)	Cumul (%)	n	Period (%)	Cumul (%)	n	Period (%)	Cumul (%)
Service													
Army	18,389	0	-	-	0	-	-	0	-	-	0	-	-
Air Force	3,139	1	0.0	0.0	53	1.7	1.7	116	3.7	5.4	49	1.6	7.0
FY of Accession													
2012	3,506	0	-	-	7	0.2	0.2	18	0.5	0.7	12	0.3	1.0
2013	2,991	1	0.0	0.0	11	0.4	0.4	33	1.1	1.5	16	0.5	2.0
2014†	4,625	0	-	-	14	0.3	0.3	39	0.8	1.1	18	0.4	1.5
2015†	3,736	0	-	-	13	0.3	0.3	21	0.6	0.9	3	0.1	1.0
2016†	3,241	0	-	-	8	0.2	0.2	5	0.2	0.4	-	-	-
2017†	3,429	0	-	-	0	-	-	-	-	-	-	-	-
Sex*													
Male	16,466	0	-	-	33	0.2	0.2	80	0.5	0.7	34	0.2	0.9
Female	5,062	1	0.0	0.0	20	0.4	0.4	36	0.7	1.1	15	0.3	1.4
Age at Accession													
17-20	13,414	0	-	-	30	0.2	0.2	50	0.4	0.6	27	0.2	0.8
21-25	5,117	1	0.0	0.0	12	0.2	0.3	36	0.7	1.0	11	0.2	1.2
>25	2,997	0	-	-	11	0.4	0.4	30	1.0	1.4	11	0.4	1.8
Race*													
White	17,217	1	0.0	0.0	45	0.3	0.3	91	0.5	0.8	40	0.2	1.0
Black	3,296	0	-	-	6	0.2	0.2	18	0.5	0.7	6	0.2	0.9
Other	1,015	0	-	-	2	0.2	0.2	7	0.7	0.9	3	0.3	1.2
Education*													
< HS Senior	1,256	0	-	-	0	-	-	0	-	-	0	-	-
HS Diploma	15,249	0	-	-	40	0.3	0.3	89	0.6	0.9	37	0.2	1.1
Some College	3,180	0	-	-	6	0.2	0.2	16	0.5	0.7	8	0.3	1.0
≥Bachelor Degree	1,811	1	0.1	0.1	7	0.4	0.4	10	0.6	1.0	4	0.2	1.2
AFQT Score													
93-99	1,598	0	-	-	2	0.1	0.1	3	0.2	0.3	5	0.3	0.6
65-92	7,900	1	0.0	0.0	22	0.3	0.3	47	0.6	0.9	18	0.2	1.1
50-64	5,058	0	-	-	16	0.3	0.3	35	0.7	0.7	8	0.2	1.0
30-49	6,518	0	-	-	13	0.2	0.2	30	0.5	0.7	18	0.3	1.0
11-29	362	0	-	-	0	-	-	0	-	-	0	-	-
Total†	21,528	1	0.0	0.0	53	0.2	0.3	116	0.5	0.8	49	0.2	1.0

FY: Fiscal Year; HS: High School; AFQT: Armed Forces Qualification Test; DQ: Disqualification; Cumul: Cumulative

† Attrition is not counted after 730 days for 2015 accessions or 365 days for 2016-2017 accessions and is underestimated for all 2017 accessions due to lack of sufficient follow-up time.

*Individuals with missing values for demographic variables are included in the total.

‡Encompasses the following three cases: 1) one who is pursuing completion of the GED or other test based high school equivalency diploma, vocational school, or secondary school, etc.; 2) one who is not attending high school and who is neither a high school graduate nor an alternative high school credential holder; 3) one who is attending high school but is not yet a senior.

Part II-B: Accessions and Endpoints - Disability Discharge

Tables 41 through 50 describe disability discharges within the first year of military service among enlisted Army, Navy, Marine Corps, and Air Force personnel who accessed during fiscal year (FY) 2012 through 2017. Disability discharges were ascertained by the presence of a disability evaluation record which resulted in one of the following dispositions: temporary disability retirement list, permanent disability retirement list, or separation with severance pay. Relative risks are used to compare the likelihood of having a disability discharge by demographic characteristics. The baseline group chosen for each comparison depends on the factor being considered. For factors with some inherent order (e.g. age group which ranges from younger to older) it is first or last group in that order as appropriate. Otherwise, the baseline group is generally the largest group. Disability discharge was counted in the component to which the individual accessed for the first-time, even if the discharge was from a different component.

Tables 41, 43, and 45 present the number of disability discharges reported among individuals that enlisted in the Army, Navy, Marine Corps and Air Force during 2012 through 2017. Results are shown by year of accession for the active, reserve, and National Guard components, respectively.

In Tables 42, 44, and 46, the percentage of enlisted accessions who are disability discharged in the first year of service is shown for demographic characteristics, and the relative risks and 95% confidence intervals for disability discharge are reported for the active, reserve, and National Guard components, respectively.

Primary Findings: Active Component (Tables 41-42)

- Among active component enlistees, the highest rate of disability discharges (29 per 10,000) occurred in 2013.
- Rates of disability discharge in the first year of service have been inconsistent, but have generally decreased over time, which is likely due to less follow-up time.
- Those in the Navy had the lowest likelihood of disability discharge relative to the Army.
- Females were nearly three times more likely to be disability discharged than males.
- Risk of disability discharge increased significantly with increasing age.
- Being a non-white race showed decreased risk of disability discharge.
- Personnel with some college education were 39% more likely to be disability discharged compared to individuals with a high school diploma.
- Those with any type of medical disqualification prior to accession were at significantly higher risk of disability discharge in the first year of service relative to those who were fully qualified.

TABLE 41: DISABILITY DISCHARGES WITHIN THE FIRST YEAR OF SERVICE AMONG 2012-2017 ACTIVE COMPONENT ACCESSIONS: ALL SERVICES

Year of accession	Accessed (n)	Discharged within one year of accession	
		n	Rate§§
2012	155,705	385	25
2013	165,979	480	29
2014	140,028	376	27
2015	146,581	260	18
2016	153,197	145	9
2017*	158,735	28	2

*The rate of disability evaluation is underestimated due to missing or incomplete Army disability records for FY 2017.

§§Per 10,000 service members

TABLE 42: DISABILITY DISCHARGES WITHIN THE FIRST YEAR OF SERVICE AMONG 2012-2017 ACTIVE COMPONENT ACCESSIONS BY DEMOGRAPHICS: ALL SERVICES

	Accessions n	Disability Discharged n	Rate ^{§§}	Crude RR	95% CI
Service					
Army (REF)	356,142	838	30	1.00	-
Navy	215,090	152	7	0.30	(0.25 , 0.36)
Marine Corps	182,247	427	24	1.00	(0.89 , 1.12)
Air Force	166,746	257	19	0.66	(0.57 , 0.75)
Sex[§]					
Male (REF)	758,302	1,083	17	1.00	-
Female	161,923	591	44	2.56	(2.31 , 2.83)
Age at Accession[*]					
17 – 20 (REF)	621,683	1,058	20	1.00	-
21 – 25	240,659	466	23	1.14	(1.02 , 1.27)
> 25	57,872	150	32	1.92	(1.64 , 2.24)
Race[§]					
White (REF)	667,550	1,348	24	1.00	-
Black	168,877	246	17	0.72	(0.63 , 0.83)
Other	83,798	80	11	0.47	(0.38 , 0.59)
Education Level[§]					
Below HS graduate [†]	240	0	-	-	-
HS diploma (REF)	808,736	1,440	21	1.00	-
Some college	57,953	143	29	1.39	(1.17 , 1.65)
Bachelor's or higher	53,173	91	20	0.96	(0.78 , 1.19)
AFQT Score[§]					
93 – 99 (REF)	61,627	112	20	1.00	-
65 – 92	362,148	705	23	1.07	(0.88 , 1.31)
50 – 64	262,559	473	22	0.99	(0.81 , 1.22)
30 – 49	222,938	379	21	0.94	(0.76 , 1.15)
11 – 29	2,134	2	11	0.52	(0.13 , 2.09)
Medical Status					
Fully Qualified (REF)	791,755	1,356	20	1.00	-
Temporary DQ	29,325	70	33	1.39	(1.10 , 1.77)
Permanent DQ	99,145	248	28	1.46	(1.28 , 1.67)
Total	920,225	1,674	22		

RR: Relative Risk; CI: Confidence Interval; HS: High School; AFQT: Armed Forces Qualification Test; DQ: Disqualification, REF: Referent Group

§ Individuals with missing values for demographic variables are included in the total.

§§ Per 10,000 service members

* The rate of disability evaluation is underestimated due to missing or incomplete Army disability records for FY 2017.

Primary Findings: Reserve Component (Tables 43-44)

- The highest rates of disability discharges (14 per 10,000 service members) occurred in 2013.
- Relative to the Army, disability discharge was significantly more likely among enlistees from the Marine Corps.
 - The risk of discharge among Marines was four times that of the risk in the Army.
- Males and females had a similar rate of disability discharge.
- Reserve personnel who accessed between the ages of 21 and 25 were 62% more likely to have a disability discharge relative to personnel who accessed between the ages of 17 and 20 years.
- Those who accessed with history of a permanent disqualification had over double the risk of disability discharge than those who were fully qualified.

TABLE 43: DISABILITY DISCHARGES WITHIN THE FIRST YEAR OF SERVICE AMONG 2012-2017 RESERVE COMPONENT ACCESSIONS BY DEMOGRAPHICS: ALL SERVICES

Year of accession	Accessed	Discharged within one year of accession	
	n	n	Rate§§
2012	24,327	20	8
2013	21,296	30	14
2014	24,682	29	12
2015	24,942	17	7
2016	26,931	18	7
2017*	24,210	2	1

*The rate of disability evaluation is underestimated due to missing or incomplete Army disability records for FY 2017.

§§ Per 10,000 service members

TABLE 44: DISABILITY DISCHARGES WITHIN THE FIRST YEAR OF SERVICE AMONG 2012-2017 RESERVE COMPONENT ACCESSIONS BY DEMOGRAPHICS: ALL SERVICES

	Accessions n	Disability Discharged n	Rate**	Crude RR	95% CI
Service					
Army (REF)	79,286	40	8	1.00	-
Navy	17,489	4	2	0.45	(0.16 , 1.27)
Marine Corps	31,419	64	43	4.04	(2.72 , 5.99)
Air Force	18,194	8	19	0.87	(0.41 , 1.87)
Sex§					
Male (REF)	112,720	88	8	1.00	-
Female	33,667	28	13	1.07	(0.70 , 1.70)
Age at Accession*					
17 – 20 (REF)	95,134	67	9	1.00	-
21 – 25	32,488	37	11	1.62	(1.08 , 2.42)
> 25	18,761	12	9	0.91	(0.49 , 1.68)
Race§					
White (REF)	98,299	89	11	1.00	-
Black	32,900	19	8	0.64	(0.39 , 1.05)
Other	15,189	8	5	0.58	(0.28 , 1.20)
Education Level§					
Below HS graduate	5,268	0	-	-	-
HS diploma (REF)	117,226	94	10	1.00	-
Some college	11,918	12	14	1.26	(0.69 , 2.29)
Bachelor's or higher	11,965	10	8	1.04	(0.54 , 2.00)
AFQT Score§					
93 – 99 (REF)	9,122	7	9	1.00	-
65 – 92	56,235	53	11	1.23	(0.56 , 2.70)
50 – 64	37,745	29	8	1.00	(0.44 , 2.29)
30 – 49	41,939	27	9	0.84	(0.37 , 1.93)
11 – 29	463	-	-	0.00	-
Medical Status					
Fully Qualified (REF)	126,239	90	9	1.00	-
Temporary DQ	5,288	2	10	0.53	(0.13 , 2.15)
Permanent DQ	14,861	24	15	2.27	(1.44 , 3.55)
Total	146,388	16	10		

RR: Relative Risk; CI: Confidence Interval; HS: High School; AFQT: Armed Forces Qualification Test; DQ: Disqualification; Referent Group

* Individuals with missing values for demographic variables are included in the total.

** Per 10,000 service members

Primary Findings: National Guard (Tables 45-46)

- The highest rates of disability discharges (13 per 10,000 service members) occurred in 2013.
- Rates of disability discharges have been inconsistent over the time period.
- Disability discharge was significantly less likely among enlistees from the Air Force.
- Females were twice more likely to be disability discharged compared to males.
- Enlistees at least 25 years old at accession were almost 4 times more likely to have a disability discharge.
- Risk of disability discharge was 58% more likely among enlistees with an AFQT score in the 50th to 64th percentile than the 93rd-99th percentile.

TABLE 45: DISABILITY DISCHARGES WITHIN THE FIRST YEAR OF SERVICE AMONG 2012-2017 NATIONAL GUARD ACCESSIONS BY DEMOGRAPHICS: ARMY & AIR FORCE

Year of accession	Accessed	Discharged within one year of accession	
	n	n	Rate**
2012	42,135	24	6
2013	28,696	36	13
2014	43,387	37	9
2015	38,411	12	3
2016	34,096	2	1
2017*	-	-	-

*The rate of disability evaluation is underestimated due to missing or incomplete Army disability records for FY 2017.

**Per 10,000 service members

TABLE 46: DISABILITY DISCHARGES WITHIN THE FIRST YEAR OF SERVICE AMONG 2012-2017 NATIONAL GUARD ACCESSIONS BY DEMOGRAPHICS: ARMY & AIR FORCE

	Accessions n	Disability Discharged n Rate**		Crude RR	95% CI
Service					
Army (REF)	192,178	107	8	1.00	-
Air Force	28,790	4	2	0.25	(0.09 , 0.68)
Sex[§]					
Male (REF)	168,638	67	5	1.00	-
Female	52,330	44	14	2.12	(1.45 , 3.10)
Age at Accession[§]					
17 – 20 (REF)	152,504	53	5	1.00	-
21 – 25	45,430	28	9	1.77	(1.12 , 2.80)
> 25	23,003	30	19	3.75	(2.40 , 5.87)
Race[§]					
White (REF)	167,419	86	7	1.00	-
Black	42,997	22	8	1.00	(0.62 , 1.59)
Other	10,552	3	5	0.55	(0.18 , 1.75)
Education Level[*]					
Below HS graduate [†]	18,315	1	2	0.10	(0.01 , 0.69)
HS diploma (REF)	160,534	91	7	1.00	-
Some college	28,342	12	9	0.75	(0.41 , 1.36)
Bachelor's or higher	13,613	7	8	0.91	(0.42 , 1.96)
AFQT Score[§]					
93 – 99 (REF)	13,562	5	6	1.00	-
65 – 92	76,219	41	5	1.46	(0.58 , 3.69)
50 – 64	51,587	30	6	1.58	(0.61 , 4.07)
30 – 49	73,175	34	5	1.26	(0.49 , 3.22)
11 – 29	5,678	1	2	0.48	(0.06 , 4.09)
Medical Status					
Fully Qualified (REF)	187,128	91	5	1.00	-
Temporary DQ	12,312	9	7	1.50	(0.76 , 2.98)
Permanent DQ	21,528	11	5	1.05	(0.56 , 1.96)
Total	220,968	111	7		

RR: Relative Risk; CI: Confidence Interval; HS: High School; AFQT: Armed Forces Qualification Test; DQ: Disqualification; Referent Group

* Individuals with missing values for demographic variables are included in the total.

** Per 10,000 service members

† Encompasses the following: 1) those pursuing completion of the GED or other test-based high school equivalency diploma, vocational school, or secondary school, etc.; 2) those not attending high school and who are neither a high school graduate nor an alternative high school credential holder; 3) one who is attending high school and is not yet a senior.

In Tables 47-50, the top ten leading diagnoses, based on the Veterans Affairs Schedule for Rating Disabilities (VASRD), for enlisted personnel who accessed from 2012 to 2017 and had a disability discharge within the first year of service are shown regardless of component for the Army, Navy, Marine Corps, and Air Force, respectively.

Primary Findings: All Services (Tables 47-50)

- The majority of disability discharged Army enlistees were diagnosed with conditions falling into two musculoskeletal categories: impairment, limitation and ankylosis of the joint, spine, skull, limbs and extremities (64%); and prosthetic implants and diseases of the musculoskeletal system (25%).
- Only 8% of Army disability discharges were for the third most common condition category: affective and non-psychotic mental disorders.
- Among Navy enlistees, the leading disability diagnosis was impairment, limitation and ankylosis of the joint, spine, skull, limbs and extremities (35%) followed by affective and non-psychotic mental disorders (20%).
- Approximately 11% of disability discharges in the Navy were related to the third leading disability category: prosthetic implants and disease of the musculoskeletal system.
- The largest diagnosis category among Marine Corps was impairment, limitation and ankylosis of the joints, spine, skull, limbs and extremities (61%). Prosthetic implants and diseases of the musculoskeletal system was the second leading category (12%), followed by diseases of the peripheral nerves (6%).
- In the Air Force, the most common reasons for disability discharge were similar to the other three services: impairment, limitation and ankylosis of the joints, spine, skull, limbs and extremities (36%) followed by prosthetic implants and diseases of the musculoskeletal system (15%).
- The third leading cause of disability in the first year of Air Force service was affective and non-psychotic mental disorders (12%).

TABLE 47: DIAGNOSIS CATEGORIES FOR DISABILITY DISCHARGES IN THE FIRST YEAR OF SERVICE AMONG FIRST-TIME ENLISTED 2012-2017 ACCESSIONS: ARMY

Diagnosis category	2012-2017**	
	Count	%*
Impairment, limitation, ankylosis of joints, spine, skull, limbs, and extremities	867	64.27
Prosthetic implants and disease of the musculoskeletal system	343	25.43
Affective and nonpsychotic mental disorders	102	7.56
Diseases of the peripheral nerves	64	4.74
Miscellaneous neurological disorders	28	2.08
Organic diseases of the central nervous system	27	2.00
Diseases of the digestive system	23	1.70
Diseases of the endocrine system	23	1.70
Muscle injuries	22	1.63
Schizophrenia and other psychotic disorders	20	1.48
Total individuals	1,349	

*Represents the proportion of individuals evaluated for disability who were evaluated for each disability type.

** The rate of disability evaluation is underestimated due to missing or incomplete Army disability records for FY 2017.

TABLE 48: DIAGNOSIS CATEGORIES FOR DISABILITY DISCHARGES IN THE FIRST YEAR OF SERVICE AMONG FIRST-TIME ENLISTED 2012-2017 ACCESSIONS: NAVY

Diagnosis category	2012-2017	
	Count	%*
Impairment, limitation, ankylosis of joints, spine, skull, limbs, and extremities	62	35.03
Affective and nonpsychotic mental disorders	36	20.34
Prosthetic implants and disease of the musculoskeletal system	19	10.73
Diseases of the digestive system	14	7.91
Diseases of the peripheral nerves	11	6.21
Convulsive disorders	10	5.65
Schizophrenia and other psychotic disorders	10	5.65
Diseases of the heart	6	3.39
Organic diseases of the central nervous system	6	3.39
Diseases of the endocrine system	4	2.26
Total individuals	177	

*Represents the proportion of individuals evaluated for disability who were evaluated for each disability type.

TABLE 49: DIAGNOSIS CATEGORIES FOR DISABILITY DISCHARGES IN THE FIRST YEAR OF SERVICE AMONG FIRST-TIME ENLISTED 2012-2017 ACCESSIONS: MARINE CORPS

Diagnosis category	2012-2017	
	Count	%*
Impairment, limitation, ankylosis of joints, spine, skull, limbs, and extremities	354	61.14
Prosthetic implants and disease of the musculoskeletal system	68	11.74
Diseases of the peripheral nerves	37	6.39
Convulsive disorders	25	4.32
Schizophrenia and other psychotic disorders	24	4.15
Diseases of the digestive system	19	3.28
Affective and nonpsychotic mental disorders	18	3.11
Organic diseases of the central nervous system	17	2.94
Diseases of the endocrine system	14	2.42
Muscle injuries	13	2.25
Total individuals	579	

*Represents the proportion of individuals evaluated for disability who were evaluated for each disability type.

TABLE 50: DIAGNOSIS CATEGORIES FOR DISABILITY DISCHARGES IN THE FIRST YEAR OF SERVICE AMONG FIRST-TIME ENLISTED 2012-2017 ACCESSIONS: AIR FORCE

Diagnosis category	2012-2017	
	Count	%*
Impairment, limitation, ankylosis of joints, spine, skull, limbs, and extremities	129	35.54
Prosthetic implants and disease of the musculoskeletal system	54	14.88
Affective and nonpsychotic mental disorders	42	11.57
Schizophrenia and other psychotic disorders	33	9.09
Diseases of the trachea and bronchi	26	7.16
Convulsive disorders	17	4.68
Muscle injuries	17	4.68
Diseases of the digestive system	15	4.13
Diseases of the peripheral nerves	14	3.86
Miscellaneous neurological disorders	11	3.03
Total individuals	363	

*Represents the proportion of individuals evaluated for disability who were evaluated for each disability type.

Data Sources

The Accession Medical Standards Analysis and Research Activity (AMSARA) requests and receives data from various sources, most of which are the primary collection agencies for the data they provide to AMSARA. Because data are seldom collected with the goal of epidemiologic research, AMSARA coordinates with the appropriate points of contact to ensure that the following major data sources needed for AMSARA studies are in an appropriate form for epidemiologic work.

As mentioned under “Charter and Supporting Documents,” AMSARA maintains strict confidentiality of all data it receives. No external access to the data is allowed, and internal access is limited to a small number of primary analysts on an as-necessary basis. Analysis and research results are provided only at the aggregate level, with no possibility of individual identification.

MEPS

AMSARA receives data on all applicants who undergo an accession medical examination at any of the 65 Military Entrance Processing Stations (MEPS) sites. These data, provided by US Military Entrance Processing Command (USMEPCOM), North Chicago, IL, contain several hundred demographic, medical, and administrative elements on recruit applicants for each applicable branch (regular enlisted, reserve, National Guard) of each service (Air Force, Army, Coast Guard, Marines, and Navy). These data also include records on a relatively small number of officer recruit applicants and other non-applicants receiving periodic physical examinations.

The MEPS records provide extensive medical examination information, including date of examination, medical qualification status, medical disqualification codes (where relevant), medical disqualifications observed by or reported to physicians, and any waiver requirements. Medical disqualifications among applicants fall into two categories, temporary (disqualification that can be remediated, e.g., being overweight) or permanent (disqualification that remains with the applicant, e.g., history of asthma). For those applicants with a permanent disqualification, an accession medical waiver from a service-specific waiver authority is required for the applicant to be eligible for accession into the service (see “Waiver”). Results of some specific tests are also extracted from the MEPS records including those for hearing/vision, alcohol/drug use, and measurements of height, weight, and blood pressure.

Gain and Loss Files

The Defense Manpower Data Center (DMDC) provides data on individuals entering military service (gain or accession) and on individuals exiting military service (loss or discharge). Gain and loss data, which are AMSARA’s primary sources of information about who is, or has been, in the military, include when an individual began duty and when or if an individual exited the military. From this information the length of service can be determined for any individual entering and leaving during the periods studied.

Gain data include approximately 50 variables. Of these, AMSARA has identified 25 of primary interest: personal identifiers (e.g., name and SSN) for linking with other data; demographics such as age, education, and Armed Forces Qualification Test (AFQT) score at the time of accession; and service information including date of entry, Unit Identification Code (UIC) of initially assigned unit, initially assigned Military Occupation Specialty code (MOS), and Initial Entry Training (IET) site. These data are combined with MEPS data to determine accession percentages among applicants by demographic and other variables. Also, as mentioned under “MEPS,” these linked data are used in epidemiologic investigations related to the military’s accession medical standards.

Loss data also include approximately 50 variables, many of which are the same as those found in the gain file, although they reflect the individual's status at the time of loss rather than at the time of gain. The variables of primary interest to AMSARA are personal identifiers for linking with other data, the loss date for computing length of service, the UIC and MOS for grouping service members by occupation, and the Inter-service Separation Code (ISC) as a secondary source of the reason for leaving the military. These data serve as the primary source of information on all-cause attrition from the service and are linked with the MEPS and gain data for studies of attrition.

Accession Medical Waiver

AMSARA receives records on all active and reserve component recruits who were considered for an accession medical waiver, i.e., those who received a permanent medical disqualification at the MEPS (see "MEPS") and sought a waiver for that disqualification. Each service is responsible for making waiver decisions about its applicants. Data on these waiver considerations are generated and provided to AMSARA by each service waiver authority. Although the specifics of these data vary by service, they generally contain identifiers (e.g., name and SSN) for linking with other data and information about the waiver consideration including the medical disqualification(s) for which an individual was seeking a waiver and the final decision of the waiver authority.

Air Force

Air Education and Training Command (Randolph Air Force Base, TX) transmits, upon request, data on active and reserve component officer and enlisted accession medical waivers. These data include SSN, name, action (e.g., approved, disapproved, other), and date of waiver consideration. In addition, ICD-9 codes are used to define the medically disqualification(s) for which the waiver is being considered.

Army

The U.S. Army Recruiting Command (USAREC, Fort Knox, KY) has provided annual accession medical waiver data since January 1997. Each data record contains name, SSN, action (e.g., approved, disapproved, other), and date of waiver consideration. In addition, ICD-9/10 codes are used to define the medically disqualification(s) for which the waiver is being considered.

Marine Corps

The Marine Corps Recruiting Command (MCRC, Quantico, VA) provides, on request, medical waiver data for enlisted personnel. Data include name, SSN, date of waiver consideration, and recommended action (e.g., approved, disapproved, other). In addition, the subset of ICD-9 codes listed in DoD Instruction (DoDI) 6130.03 is used to indicate the medically disqualification(s) for which the waiver is being considered.

Navy

The Office of the Commander, U.S. Navy Recruiting Command (NRC, Millington, TN) provides accession medical waiver data on applicants for enlisted service in the Navy since May 2000. Medically disqualifications reported within the Navy waiver data file are recorded using in-house codes indicating which section of the DoDI 6130.03 is the basis for disqualification and waiver.

EPTS Discharges

Discharges for conditions that existed prior to service (EPTS) medical conditions are of vital interest to AMSARA. A discharge for a medical condition can be classified as an EPTS discharge if the condition was verified to have existed before the recruit began service and if the complications leading to discharge arose no more than 180 days after the recruit began duty. USMEPCOM requests a copy of official paperwork on all EPTS discharges and records certain information about each. This information includes a general medical categorization (20 categories) of the reason(s) for discharge and a judgment on each discharge regarding why (i.e., concealment, waiver, or unawareness) the person was not rejected for service on the basis of the preexisting condition. Beginning in August 1996, EPTS paperwork was regularly forwarded by USMEPCOM to AMSARA for additional data extraction, including more specific coding of medical conditions leading to discharge. The primary limitation of our historical EPTS discharge data is completeness. Table 51 summarizes the numbers of records provided to AMSARA across 2010-2014, which are the most recent data received by AMSARA at the time the analyses were completed. Overall, the numbers of records were unstable and underreported over time for most IET sites, so any analyses in this report which includes EPTS discharges should be considered as underestimates.

USMEPCOM transmitted EPTS data for years 2008-2018 to AMSARA in February 2019. These new data will be incorporated into the FY2019 AMSARA annual report.

TABLE 51: EPTS DISCHARGE DATA REPORTED TO USMEPCOM BY TRAINING SITE AND YEAR †

Service	Training Site	Fiscal Year of EPTS Discharge					Total
		2010	2012	2012	2013	2014	
Army	Fort Benning	520	866	885	781	227	3,279
	Fort Jackson	606	838	1	5	3	1,453
	Fort Knox	286	138	0	0	0	424
	Fort Leonard Wood	804	873	240	2	0	1,919
	Fort Sill	185	299	133	150	182	949
Navy	Great Lakes	1,530	1,504	1,863	399	3	5,299
Marine Corps	Parris Island	772	861	653	745	517	3,548
	San Diego	0	0	0	0	128	128
Air Force	Lackland AFB	680	655	409	602	738	3,084
Coast Guard	Cape May	165	220	131	88	115	719
Total		5,548	6,254	4,315	2,772	1,913	20,802

Disability Discharges in the First Year of Service

Data on disability discharge considerations are compiled separately for each service at its disability agency. The U.S. Army Physical Disability Agency has provided data on Army disability evaluations during 1995-2016 and continues to provide these data. The Air Force Personnel Center has provided data on the first evaluation for all individuals who received a final disposition of separation or retirement (i.e. fit dispositions, retained on the temporary disability retirement list not included) for the first time during the period of 1995–2010, but only provides data on all evaluations from the period of 2007-2017. Data from the Secretary of the Navy, Council of Review Boards, including all disability discharge considerations for the Navy and Marine Corps, are available from 2000 to 2017.

All disability agencies provide information on all disability cases considered, including personal identifiers (e.g., name and SSN), program (e.g., regular enlisted, academy, or officer), date of consideration, and disposition (e.g., permanent disability, separation with or without benefits, temporary disability, or return to duty as fit). For individuals receiving a disability discharge, medical condition codes and degree of disability (rating) are also included. The medical condition(s) involved in each case are described using the condition codes of the Veterans Affairs Schedule for Rating Disabilities (VASRD). This set is less comprehensive than the ICD-9/10 codes. In some cases the disabling condition has no associated code, so the code most closely resembling the true condition is used. AMSARA therefore only uses broad categories of disability condition codes, defined in Table 52, rather than attempting to interpret specific codes.

TABLE 52: VASRD CODE GROUPINGS

VASRD code	Conditions encompassed	VASRD code	Conditions encompassed
5000 - 5099	Prosthetic Implants and diseases of the musculoskeletal system	7300 - 7399	Diseases of the digestive system
5100 - 5199	Amputation or anatomical loss of upper and lower extremities	7500 - 7599	Diseases of the genitourinary system
5200 - 5299	Impairment, limitation, ankylosis of joints, spine, skull, limbs, and extremities	7600 - 7699	Gynecological conditions and disorders of the breast
5300 - 5399	Muscle injuries	7700 - 7799	The hemic and lymphatic systems
6000 - 6099	Diseases of the Eye or loss of vision	7800 - 7899	Diseases of the skin
6200 - 6269	Diseases of the Ear	7900 - 7999	Diseases of the endocrine system
6270 - 6279	Diseases of other sense organs (smell and taste)	8000 - 8099	Organic Diseases of the Central Nervous System
6280 - 6299	Other and unspecified disorders of the sensory organs	8100 - 8199	Miscellaneous neurological disorders
6300 - 6399	Infectious diseases, immune disorders, and nutritional deficiencies	8200 - 8499	Diseases of the cranial nerves
6500 - 6599	Diseases of the nose and throat	8500 - 8799	Diseases of the peripheral nerves
6600 - 6699	Diseases of the trachea and bronchi	8900 - 8999	Convulsive disorders
6700 - 6799	Tuberculosis	9200 - 9299	Schizophrenia and other psychotic disorders
6800 - 6899	Diseases of the respiratory system	9300 - 9399	Organic psychotic disorders
7000 - 7099	Diseases of the heart	9400 - 9599	Affective and nonpsychotic mental disorders
7100 - 7199	Diseases of the arteries and veins	9900 - 9999	Dental and oral conditions
7200 - 7299	Injury to the mouth, lips, tongue, and esophagus		

Charter and Supporting Documents

CHARTER & DOCUMENTS

HA Control #: NONE
Due Date: NONE

February 28, 1995

ASSISTANT SECRETARY OF DEFENSE
(HEALTH AFFAIRS)
EXECUTIVE SUMMARY/COVER BRIEF

MEMORANDUM FOR THE ASSISTANT SECRETARY OF DEFENSE
(HEALTH AFFAIRS)

THROUGH: *ym* Dr. Sue Bailey, DASD (CS)
FROM: Action Officer, Colonel Ed Miller
SUBJECT: Accession Medical Standards Analysis and Research
Activity (AMSARA)

PURPOSE: SIGNATURE--on request that the Assistant Surgeon
General of the Army (Research and Development)
establish an Accession Medical Standards Analysis
and Research Activity (AMSARA).

DISCUSSION:

The Accessions Medical Standards Working Group which met over the summer sponsored through MFIM funding completed a functional economic analysis of the medical accessions examination process. One of the critical recommendations made by the Group was to establish a research activity to provide the Medical Accessions Standards Council (also recommended) with an evidence-based analysis of DoD accessions medical standards. The memorandum tasks the Army with the responsibility of establishing the activity resourced under the Defense Health Program. This has already been staffed with the Assistant Surgeon General of the Army (Research and Development)

RECOMMENDATION:
Sign tasking memorandum to Army Surgeon General.

COORDINATION:
✓ Mr. Conte, PDUSD(P&R) _____
Mr. Maddy, HB&P: See attached memo
✓ Mr. Richards, EO: _____
Dr. Martin, PDASD: _____

CHARTER AND SUPPORTING DOCUMENTS



HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20307-1200

DEC 08 1995

MEMORANDUM FOR SURGEON GENERAL OF THE ARMY

SUBJECT: Military Medical Standards Analysis and Evaluation Data Set

The personnel community has asked OASD/HA to develop a fact based accessions policy to minimize medical attrition, quantitate risk in medical waivers, and to defend accession decisions when challenged.

The offices of Clinical Services and Military Personnel Policy have worked closely with epidemiologists at Walter Reed Army Institute of Research on the concept of a Military Medical Standard Analysis and Evaluation Data Set (MMSABDS) to apply quantitative analysis to a longitudinal data base.

The Army Center for Health Promotion and Preventive Medicine (CHPPM) maintains a data base of personnel, hospitalization, deployment and separation information for all Services. I would like WRAIR, in coordination with CHPPM, to serve as consultants to the Accession Medical Standard Steering Committee, modify and maintain the data base, and coordinate field research to answer specific questions germane to accession policy.

Therefore, I request that, by the end of December 1995, a proposal be submitted through you from WRAIR, outlining the consultant role and modifications needed to the data base. This should include funding requirements.

Edward D. Martin /sr

Stephen C. Joseph, M.D., M.P.H.

cc:
Commander WRAIR

DEPARTMENT OF DEFENSE
ACCESSION MEDICAL STANDARDS
STEERING COMMITTEE

CHARTER

I. ESTABLISHMENT, PURPOSE AND SCOPE

A. ESTABLISHMENT

The Under Secretary of Defense (Personnel and Readiness) establishes a Department of Defense Accession Medical Standards Steering Committee (hereafter referred to as the "Committee".) The Committee shall operate under the joint guidance of the Assistant Secretaries of Defense (Force Management Policy and Health Affairs [FMP & HA].)

B. PURPOSE

The Committee's main objective is to ensure the appropriate use of military members with regard to medical/physical characteristics, assuring a cost-efficient force of healthy members in military service capable of completing initial training and maintaining worldwide deployability. The primary purposes of the Committee are: (1) integrating the medical and personnel communities in providing policy guidance and establishing standards for accession medical/physical requirements, and (2) establishing accession medical standards and policy based on evidence-based information provided by analysis and research.

C. SCOPE OF ACTIVITY

1. The Committee's responsibility involves:

- a. Providing policy oversight and guidance to the accession medical/physical standards setting process.
 - b. Directing research and studies necessary to produce evidenced-based accession standards making the best use of resources.
 - c. Ensuring medical and personnel coordination when formulating accession policy changes.
 - d. Overseeing the common application of the accession medical standards as outlined in DoD Directive 6130.3, "Physical Standards for Appointment, Enlistment, and Induction."
-

e. Interfacing with other relevant Department of Defense and Department of Transportation organizations.

f. Recommending promulgation of new DoD directives as well as revisions to existing directives.

g. Recommending legislative proposals concerning accession medical/physical processing.

h. Reviewing, analyzing, formulating and implementing policy concerning the accession physical examination.

i. Issuing policy letters or memoranda providing interpretation of provisions of DoD directives.

j. Resolving conflicts of application of accession medical/physical standards and policies among the Military Services and other authorized agents.

k. Maintaining records and minutes of Committee meetings.

II. ORGANIZATION

A. The Committee will be co-chaired by the Deputy Assistant Secretary of Defense (Military Personnel Policy) and the Deputy Assistant Secretary of Defense (Clinical Services). This will facilitate tasking the Deputy Chiefs of Staff for Personnel and the Surgeons General to assign staffers to relevant working groups, and to ensure DCS/Personnel and Surgeon General personal involvement with the various issues. The Committee will convene semiannually, at a minimum, and at the discretion of the Chairpersons.

B. Committee members are appointed by the Under Secretary of Defense (Personnel and Readiness) and provide ongoing liaison with their respective organizations concerning matters of medical/physical accession policy.

C. The Committee shall be composed of representatives from the following:

Office of the Assistant Secretary of Defense (Force Management Policy)

Office of the Assistant Secretary of Defense (Health Affairs)

Office of the Assistant Secretary of Defense (Reserve Affairs)

Office of Service Surgeons General

Office of Service Deputy Chiefs of Staff for Personnel, and Chief of Personnel and Training, HQ U.S. Coast Guard.

e. Interfacing with other relevant Department of Defense and Department of Transportation organizations.

f. Recommending promulgation of new DoD directives as well as revisions to existing directives.

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Office of Service Surgeons General

Office of Service Deputy Chiefs of Staff for Personnel, and Chief of Personnel and Training, HQ U.S. Coast Guard.

D. Representatives from the Office of the Assistant Secretary of Defense (Force Management Policy) and the Office of the Assistant Secretary of Defense (Health Affairs) shall serve as executive secretaries for the Committee, and maintain a working group, composed of representatives from each of the offices mentioned above, to receive and review issues pertinent to accession policy.

E. The Commander, U.S. Military Entrance Processing Command, and the Director, DoD Medical Examination Review Board shall serve as advisors to the Committee.

F. The Committee may invite consultants (i.e., training, recruiting, epidemiology) at the discretion of the Chairpersons.

Approved: JAN 16 1996
Date



EDWIN DORN

Frequently Used Acronyms

AFQT	Armed Forces Qualification Test
AMSARA	Accession Medical Standards Analysis and Research Activity
AMSWG	Accession Medical Standards Working Group
BMI	Body Mass Index
BUMED	Navy Bureau of Medicine and Surgery
CCS	Clinical Classifications Software
DMDC	Defense Manpower Data Center
DoD	Department of Defense
DQ	Disqualification
EPTS	Existed Prior to Service
FY	Fiscal Year
IET	Initial Entry Training
ICD-9	<i>International Classification of Diseases, 9th Revision</i>
ICD-10	<i>International Classification of Diseases, 10th Revision</i>
ISC	Interservice Separation Code
MEPS	Military Entrance Processing Station
MOS	Military Occupation Specialty
OMF	Other Medical Failure
PDQ	Permanent Disqualification
SSN	Social Security Number
USAREC	U.S. Army Recruiting Command
USMEDCOM	U.S. Medical Command
USMEPCOM	U.S. Military Entrance Processing Command
VASRD	Veterans Administration Schedule for Rating Disabilities
WRAIR	Walter Reed Army Institute of Research



Accession Medical Standards Analysis & Research Activity

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Walter Reed Army Institute of Research
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