

# AMSARA

Accession Medical Standards  
Analysis and Research Activity

## 2019 Annual Report

FY 2013-2018 Applicants,  
Accessions and Outcomes



# Accession Medical Standards Analysis & Research Activity 2019 Annual Report

## CONTRIBUTORS

William Washington, MD, MPH  
LTC, MC  
Director, Statistics & Epidemiology Branch

Natalya Weber, MD, MPH  
Health Sciences Officer  
Statistics & Epidemiology Branch

Amanda L. Kelley, MPH  
Program Manager, AMSARA  
Contractor, ManTech Health

Caitlin B. Rushin, MPH  
Principal Public Health Analyst, AMSARA  
Contractor, ManTech Health

Xiaoshu Feng, MD, PhD  
Statistician, AMSARA  
Contractor, ManTech Health

Rhonda Jackson, MPH  
Public Health Analyst, AMSARA  
Contractor, ManTech Health

Thomas Wilkerson, MPH  
Public Health Analyst, AMSARA  
Contractor, ManTech Health

Jessica Murray, MPH  
Public Health Analyst, AMSARA  
Contractor, ManTech Health



Statistics and Epidemiology Branch  
Walter Reed Army Institute of Research  
503 Robert Grant Road, Forest Glen Annex  
Silver Spring, MD 20910  
<http://www.amsara.amedd.army.mil>

**Material has been reviewed by the Walter Reed Army Institute of Research. There is no objection to its publication. The opinions or assertions contained herein are the private views of the authors, and are not to be construed as official, or as reflecting true views of the Department of the Army or the Department of Defense.**



## AMSARA's Mission

In 1995, the Surgeon General of the Army (Research and Development) established AMSARA as a mechanism to provide the DoD with evidenced-based evaluations of accession medical standards. Under the guidance of the Medical and Personnel Executive Steering Committee (MEDPERS) and the Accession Medical Standards Working Group (AMSWG), our AMSARA team issues annual reports and publications to include comprehensive analyses of Service Member accession and attrition data, allowing DoD stakeholders to make informed policy decisions.



### Mission

Execute advanced analytics and epidemiological research to inform DoD policy decisions aimed at optimizing the selection of new recruits and enhancing Warfighter medical readiness.

### Vision

Provide historic perspective, subject matter expertise, and tailored real-time results to DoD leadership for optimizing responsiveness to the ever-changing needs of the Warfighter.

# Table of Contents

Executive Summary .....	2
Definitions.....	7
Data Sources .....	9
Section I-A: Applicants for Enlisted Service - Summary Statistics.....	12
Section I-B: Applicants for Enlisted Service - Accession Medical Waivers .....	27
Section II-A: Accessions and Endpoints – Adverse Attrition.....	30
Section II-B: Accessions and Endpoints - Disability Discharge.....	36
Section II-C: Accessions and Endpoints - EPTS Discharge .....	44
Charter and Supporting Documents.....	48
References.....	53
Acronyms.....	54

# Index of Tables and Figures

<b>Figure 1:</b> Waiver Approval Rate Over Time by Service: 2013-2018 .....	28
<b>Table 1:</b> Interservice Separation Code Categories Included as Adverse Attrition.....	8
<b>Table 2:</b> EPTS Discharge Data Received by AMSARA by Training Site and Year .....	9
<b>Table 3:</b> Disability Categories by VASRD Code.....	11
<b>Table 4:</b> Comparison of Demographic Characteristics and MEPS Screening Results for Applicants for Enlisted Service in the Army, Navy, Marine Corps or Air Force by Component: 2013-2017 vs. 2018 ....	13
<b>Table 5:</b> Disqualifications, Waivers, Accessions and Early Discharge among 2013-2018 Enlisted <u>Active Duty</u> Applicants who were Medically Disqualified at MEPS .....	15
<b>Table 6:</b> Waiver Considerations, Approvals and Accessions among 2013-2018 Enlisted <u>Active Duty</u> Applicants by Demographic Characteristic .....	16
<b>Table 7:</b> Disqualifications, Waivers, Accessions and Early Discharge among 2013-2018 Enlisted <u>Reserve</u> Applicants who were Medically Disqualified at MEPS .....	17
<b>Table 8:</b> Waiver Considerations, Approvals and Accessions among 2013-2018 Enlisted <u>Reserve</u> Applicants by Demographic Characteristic .....	18

<b>Table 9:</b> Disqualifications, Waivers, Accessions and Early Discharge among 2013-2018 Enlisted <u>National Guard</u> Applicants who were Medically Disqualified at MEPS.....	19
<b>Table 10:</b> Waiver Considerations, Approvals and Accessions among 2013-2018 Enlisted <u>National Guard</u> Applicants by Demographic Characteristic .....	20
<b>Table 11:</b> Comparison of Accession and Early Discharge Rates between Permanently Disqualified vs. Fully Qualified Enlisted <u>Active Duty</u> Applicants: 2013-2018.....	21
<b>Table 12:</b> Early Discharge Type among 2013-2018 Permanently Disqualified Enlisted <u>Active Duty</u> Applicants who Accessed .....	22
<b>Table 13:</b> Comparison of Accession and Early Discharge Rates between Permanently Disqualified vs. Fully Qualified Enlisted <u>Reserve</u> Applicants: 2013-2018 .....	22
<b>Table 14:</b> Early Discharge Type among 2013-2018 Permanently Disqualified Enlisted <u>Reserve</u> Applicants who Accessed .....	23
<b>Table 15:</b> Comparison of Accession and Early Discharge Rates between Permanently Disqualified vs. Fully Qualified Enlisted <u>National Guard</u> Applicants: 2013-2018.....	24
<b>Table 16:</b> Early Discharge Type among 2013-2018 Permanently Disqualified Enlisted <u>National Guard</u> Applicants who Accessed .....	24
<b>Table 17:</b> Rates of Accession Approval Type and Early Discharge among Permanently Disqualified 2013-2018 Enlisted <u>Active Duty</u> Applicants who Accessed .....	25
<b>Table 18:</b> Rates of Accession Approval Type and Early Discharge among Permanently Disqualified 2013-2018 Enlisted <u>Reserve</u> Applicants who Accessed .....	26
<b>Table 19:</b> Rates of Accession Approval Type and Early Discharge among Permanently Disqualified 2013-2018 Enlisted <u>National Guard</u> Applicants who Accessed .....	26
<b>Table 20:</b> Number of Waiver Considerations and Approvals for Active Duty and Reserve Component Applicants by Year and Service: 2013-2018.....	28
<b>Table 21:</b> Metrics of Waiver Considerations for Active Duty and Reserve Component Applicants by Service: 2013-2018 .....	29
<b>Table 22:</b> Attrition Rates by Demographic and Pre-accession Characteristics among 2013-2018 Enlisted <u>Active Duty</u> Accessions.....	31
<b>Table 23:</b> Attrition Rates by Demographic and Pre-accession Characteristics among 2013-2018 Enlisted <u>Reserve</u> Accessions.....	33
<b>Table 24:</b> Attrition Rates by Demographic and Pre-accession Characteristics among 2013-2018 Enlisted <u>National Guard</u> Accessions.....	35

<b>Table 25:</b> Rate of Disability Discharge within the First Year of Service among <u>Active Duty</u> Accessions by Year of Accession: 2013-2018.....	36
<b>Table 26:</b> Likelihood of Disability Discharge within the First Year of Service for Application and Accession Characteristics among 2013-2018 <u>Active Duty</u> Accessions.....	37
<b>Table 27:</b> Rate of Disability Discharge within the First Year of Service among <u>Reserve</u> Accessions by Year of Accession: 2013-2018.....	38
<b>Table 28:</b> Likelihood of Disability Discharge within the First Year of Service for Application and Accession Characteristics among 2013-2018 <u>Reserve</u> Accessions.....	38
<b>Table 29:</b> Rate of Disability Discharge within the First Year of Service among <u>National Guard</u> Accessions by Year of Accession: 2013-2018.....	39
<b>Table 30:</b> Likelihood of Disability Discharge within the First Year of Service for Application and Accession Characteristics among 2013-2018 <u>National Guard</u> Accessions.....	40
<b>Table 31:</b> Most Common Diagnosis Categories among Disability Discharges Occurring within the First Year of Service: 2013-2018 Enlisted <u>Army</u> Accessions.....	41
<b>Table 32:</b> Most Common Diagnosis Categories among Disability Discharges Occurring within the First Year of Service: 2013-2018 Enlisted <u>Navy</u> Accessions .....	42
<b>Table 33:</b> Most Common Diagnosis Categories among Disability Discharges Occurring within the First Year of Service: 2013-2018 Enlisted <u>Marine Corps</u> Accessions .....	42
<b>Table 34:</b> Most Common Diagnosis Categories among Disability Discharges Occurring within the First Year of Service: 2013-2018 Enlisted <u>Air Force</u> Accessions.....	43
<b>Table 35:</b> EPTS Discharge Data Received by AMSARA by Component and Year .....	44
<b>Table 36:</b> Most Common Body System Categories among 2013-2018 EPTS Discharges by Service.....	45
<b>Table 37:</b> Most Common Condition Categories among EPTS Discharges from 2013-2018 Enlisted <u>Army</u> Accessions.....	46
<b>Table 38:</b> Most Common Condition Categories among EPTS Discharges from 2013-2018 Enlisted <u>Navy</u> Accessions.....	46
<b>Table 39:</b> Most Common Condition Categories among EPTS Discharges from 2013-2018 Enlisted <u>Marine Corps</u> Accessions .....	47
<b>Table 40:</b> Most Common Condition Categories among EPTS Discharges from 2013-2018 Enlisted <u>Air Force</u> Accessions .....	47

# RESULTS AT A GLANCE

## Applicants

~275,000 applicants were examined at MEPS per year



## Medical Waivers

~65% of disqualified applicants applied for a medical waiver. Overall waiver approval rate was ~70%.



## Overall Discharge

Overall rate of 1<sup>st</sup> year discharge was slightly higher among applicants disqualified at MEPS (14%) than fully qualified applicants (11%).



## Attrition

3-year adverse attrition for active duty was 17%. Most attrition took place in the first year.



## DQs

17% of applicants were medically disqualified. ~80% of DQs were considered permanent, which require a medical waiver for accession.



## Accessions

~140,000 enlisted applicants accessed per year (~72% of enlisted applicants)



## EPTS

EPTS discharges were underreported. Most common reasons for EPTS discharge were psychiatric disorders and orthopedic conditions.



## Disability

Rate of 1<sup>st</sup> year disability discharge for active duty was 18 per 10,000 service members. Most common reasons for disability were joint disorders.



# AMSARA Annual Report 2019

# Executive Summary

---

The Accession Medical Standards Analysis and Research Activity (AMSARA) has provided the Department of Defense (DoD), for the past 23 years, with evaluations of accession medical standards to aid in improving military readiness.

This report is comprised of two distinct sections. **Section I** describes characteristics of the fiscal year (FY) 2013-2018 applicants for enlisted service to any component (active, reserve or National Guard) in the Army, Navy, Marine Corps, or Air Force. Section I-A employs a longitudinal approach to describe the process from application to end of service, stratified by application year, demographic characteristic (e.g., race), and/or disqualification status at the Military Entrance Processing Station (MEPS) examination. Section I-B describes the rate of pre-accession medical waiver considerations over the time period. Comparisons were made both between services and between enlisted components (active, reserve, National Guard). AMSARA may provide service-specific analysis upon request. Definitions for all key variables can be found within the 'Definitions' section (pages 7-8).

Key findings from Section I are as listed:

## **Overall Rates and Demographic Characteristics of Applicants and Accessions (Table 4)**

- In total, there were 1,630,080 applicants for active, reserve, and National Guard from 2013-2018.
  - Approximately 252,000 enlisted applicants were examined for medical fitness at a Military Entrance Processing Station (MEPS) in 2018 from active, reserve, and National Guard, which was similar to the approximately 275,000 per year average from 2013 to 2017.
  - Most applicants in 2018 were white (>65%), high school graduates (>45%), male (>70%), and between the ages of 17 and 20 years old (>65%) in all three components.
    - Demographic distribution for 2018 applicants was generally similar to the distribution of 2013-2017 applicants, with the exception of a slight increase in the rate of female applicants and applicants who had not received a high school diploma.
  - Of the 2018 applicants, approximately 83% were fully medically qualified for service, whereas around 14% received a permanent medical disqualification (PDQ) and 3% received a temporary disqualification.
    - The 2018 distribution for medical status at MEPS was similar to that of the 2013-2017 applicants.
  - Most applicants from 2013 to 2018 (about 72%) accessed.

## **Rates of Waiver Considerations/Approvals, Accession and Early Discharge among Permanently Disqualified Applicants (Tables 5-10)**

- The majority of disqualifications among active duty (86%) and reserve (87%) applicants 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 3 & 5*).
- 68% of active and 61% of reserve component applicants with a permanent disqualification (PDQ) applied for a medical waiver (*Tables 5 & 7*).
- Waiver approval rate for active and reserve component applicants with a PDQ was around 70%. (*Tables 6 & 8*).
  - Waiver approval rates for PDQ applicants in the active and reserve components was generally higher among younger white males with higher education levels and AFQT scores.
- Accession rate for PDQ applicants with an approved waiver was greater than 80% for active duty and reserve components (*Tables 5 & 7*).
- Early discharge rates for PDQ applicants who accessed with an approved waiver ranged from 12% for active duty to 6% for reserve (*Tables 5 & 7*).

### **Rates of Accession and Early Discharge among Permanently Disqualified Applicants versus Fully Qualified Applicants (Tables 11-15)**

- Applicants with a PDQ are markedly less likely to access than their fully qualified counterparts in all three components (~45% vs. ~80%) (Tables 11, 13 & 15).
- The overall rate of early discharge (separation within the first year of service) was slightly higher among PDQ applicants than fully qualified in the active (15% vs 12%) and reserve (7% vs 5%) components (Tables 11 & 13).
  - Adverse attrition accounted for 81%-86% of all early discharges, while EPTS discharge and disability discharge accounted for approximately 15% and 2% of the early discharges, respectively (Tables 12 & 14).
  - Early discharge rates in the reserve component and National Guard may be significantly underestimated due to the high percentage of missing or unknown interservice separation codes (ISC).

### **Accession Approval Type and Early Discharge among Permanently Disqualified Applicants (Tables 17-19)**

- Of accessed PDQ applicants, 78% of active duty and 68% of reserve applicants were granted an accession medical waiver, while 22% of active duty and 32% of reserve applicants accessed through another approval process (Tables 17 & 18).
  - Those who accessed through another approval process had a higher rate of early discharge compared to those granted an accession medical waiver.
- Waiver and loss data are incomplete for the National Guard, therefore all results are underestimates (Table 19).

### **Accession Medical Waivers (Tables 20-21, Figure 1)**

- The number of waiver considerations and approval rates over the time period varied by service (Table 20 & Figure 1).
  - Army: The number of waiver considerations and approval rates remained relatively stable (60%-62%), with a small increase in the proportion of approvals in 2017 (66%).
  - Navy: The number of waiver considerations has steadily increased from 2013 through 2017. The waiver approval rate dropped in 2014 (42%) to a six-year low and has since increased, but the 2018 rate (51%) remains notably lower than 2013 (61%).
  - Marine Corps: The number of waiver considerations fluctuated while the approval rate steadily increased from 36% in 2013 to 62% in 2018.
  - Air Force: The number of waiver considerations have remained relatively consistent since 2016, after nearly doubling from 2015 (4,005) to 2016 (7,045). Waiver approval rates declined since 2013 (60%), and reached a six-year low in 2016 (43%). However, the approval rates have been increasing since 2016.
- The majority of waiver considerations for Army, Marine Corps and Air Force applicants were for only one DQ (Table 21).
  - The Navy had the highest proportion of waiver considerations with no listed DQ (48%). This may be due to the way the data were 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 (e.g. approved or disapproved).

**Section II** describes early discharge, including adverse attrition, disability discharge and EPTS discharge, 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 2013 through 2018. Refer to the Definitions section on pages 7-8 for descriptions of the end of service outcomes. Adverse attrition was described after 70, 365, 730, and 1095 days by demographic characteristics for all three components separately. Due to the rarity of disability discharge and EPTS discharge, rates were not stratified by time period.

Key findings by discharge type are as follows:

#### **Adverse Attrition (Tables 22-24)**

- The three-year attrition rates were approximately 17% and 7% in the active and reserve components, respectively (*Tables 22-23*).
  - More than half of the attrition that occurred during the first three years of service took place by the end of the first year.
- Active component attrition in the first 70 days of service was the highest in the Navy (10%) and lowest in the Air Force (4%) (*Table 22*).
  - By the end of the third year of service, the Air Force had the lowest cumulative percent attrition (12%) while the Army had the highest (21%) (*Table 22*).
- For reserves, cumulative attrition at the end of the three year follow-up was highest in the Marine Corps (15%) and lowest in the Army (<1%) (*Table 23*).
  - Air Force had a large increase in attrition between 0-70 days (0.4%) and 71-365 days (7%) (*Table 23*).
- Attrition rates by demographic characteristics and medical status at MEPS varied by component (*Tables 22-23*).
- Attrition rates for National Guard were underestimated due to a high rate of missing separation codes (*Table 24*).

#### **Disability Discharge in First Year of Service (Tables 25-34)**

- The highest rate of disability discharge in the first year of service was seen in those who accessed in 2013 for active duty component (26 per 10,000 service members), reserve component (12 per 10,000 service members), and National Guard (11 per 10,000 service members) (*Tables 25, 27 & 29*).
  - Overall, disability discharge rates decreased over time during 2013 to 2018.
- Risk of first-year disability discharge by service varied by component.
  - For active duty, risk of disability discharge was highest in the Army (*Table 26*).
  - For reserves, Marines had approximately two and a half times the risk for disability discharge in the first year of service compared to Army accessions (*Table 28*).
  - Air Force National Guard had significantly lower risk of disability discharge than the Army National Guard, although disability discharge were very rare in this population (*Table 30*).
- Demographic and medical characteristics associated with a statistically significant increased risk of disability discharge in the active duty and reserve components included older age at accession and at least some college education (*Tables 26 & 28*).
  - History of any pre-accession permanent medical disqualification was found to be associated with a statistically significant increased risk of any disability discharge in active component (RR=1.38, 95% CI=1.19, 1.60).
  - Females were twice as likely to be disability discharged compared to males for active duty and National Guard, but had similar risk of disability discharge in the reserve.
- For all services, the most common diagnosis categories in first-year disability discharges were related to the musculoskeletal, psychiatric, neurological and digestive body systems (*Tables 31-34*).
  - This is similar to the most common body system categories among all disability discharges, regardless of time in service, per the Disability Evaluation System Analysis and Research FY2018 annual report.
- The most common reason for early disability discharge in all services was impairment, limitation and ankylosis of the joint, spine, skull limbs and extremities, which was seen in 36% (Air Force) to 65% (Army and Marine Corps) of early disability discharges (*Tables 31-34*).

**EPTS Discharge in First 180 days of Service (Tables 35-40)**

- Observed differences in EPTS discharge category frequencies may be due in part to differences in how each service categorizes and reports EPTS discharges. Accordingly, differences across services may reflect procedural differences more than true EPTS rates, and any comparisons across services should be made cautiously. In addition, EPTS data received by AMSARA was incomplete for the years and Services described in this report (*Table 35*).
- From 2013-2018, the largest number of EPTS discharges occurred in the Army (6,952) followed by the Air Force (3,419) (*Table 35*).
  - Data for 2018 were largely unreported with the exception of the Navy.
- The most common reasons for EPTS discharge were due to psychiatric and orthopedic conditions, comprising approximately half of all discharges in all services (*Table 36*).
  - The leading condition category seen in EPTS discharges varied by service. The most common condition category was adjustment disorders for the Army, mood disorders for the Navy, anxiety disorders for the Marine Corps, and other non-traumatic joint disorders for the Air Force (*Tables 37-40*).

Findings in this report should be interpreted with caution because the time period (FY2013-2018) presented include two significant changes: (1) the transition from International Classification of Diseases (ICD) 9<sup>th</sup> Revision to ICD, 10<sup>th</sup> Revision in 2015, and; (2) an update to Department of Defense Instruction (DoDI) 6130.03 in May 2018. Therefore, comparisons between 2018 applicants and prior applicant pools were not presented in this report since results may reflect changes in the disqualification coding structure and/or medical standards rather than actual number/rate of disqualifications within the applicant pools.

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 could 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. 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 (AMSARA)

---

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) to support the efforts of MEDPERS and AMSWG. 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 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; and Dr. Natalya Weber, Contracting Officer Representative.

AMSARA is augmented with contract support through ManTech Health. ManTech staff in 2019 included Amanda Kelley, Program Manager; Caitlin Rushin, Principal Public Health Analyst; Xiaoshu Feng, Statistician; Daniel Gedeon, Public Health Analyst; Miriam Hartig, Public Health Analyst; Rhonda Jackson, Study Coordinator; Jessica Murray, Public Health Analyst; and Thomas Wilkerson, Public Health Analyst.

INTRODUCTION

## Definitions

---

The following definitions for key variables apply throughout this report.

### Study Population:

*Applicant:* An individual who presents to a MEPS for evaluation for acceptance into military service. 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), or warrant officers (as indicated by a pay grade of W01-05), were also excluded.

*Accession:* An individual who has signed his or her oath of enlistment. In this report, the population of ‘accessions’ differs between Section I and Section II. Section I longitudinally follows applicants who applied and received a physical examination between fiscal years 2013 through 2018, so ‘accessions’ refers the population of 2013 through 2018 applicants who subsequently accessed. Section II examines end of service outcomes among service members who accessed between FY 2013 and 2018. Since a physical examination is valid for up to two years, accessed service members may have applied for service prior to 2013.

### Measures:

*Medical disqualification status:* Applicants were considered disqualified per Department of Defense Instruction 6130.03 and are referenced by, for coding purposes only, an International Classification of Diseases, 9<sup>th</sup> or 10<sup>th</sup> revision (ICD-9/10) or other medical failure (OMF) code listed in their US Military Entrance Processing Command Integrated Resource System (USMIRS) application record. The three categories for medical disqualification status among applicants are as follows:

- *Fully Qualified (FQ):* During the medical examination, the applicant was found to be free of contagious diseases, medical conditions, and/or physical defects that may require excessive time lost from duty or separation from military service, and was medically capable of completing required training and initial period of contracted service (DoDI 6130.03).
- *Temporary medical disqualification (TDQ):* Disqualifications that can be remediated, such as surgical meniscal repair within the last 6 months; these individuals may enter the military without a medical waiver after remediation.
- *Permanent medical disqualification (PDQ):* Disqualifications for all medical conditions that do not meet the DoDI 6130.03 medical accession standards through a current diagnosis or a verified past medical history.

For this report, ascertainment of disqualifications and disqualification status was set per the highest sensitivity level. For those individuals with multiple applications, all disqualifications listed on any application were retained. The strictest disqualification status between all applications was retained. For example, if one application had a temporary disqualification status then another application had a permanent disqualification status, the applicant would be assigned as permanently disqualified. This year, a change was made to the accession disqualification status definition reclassifying medically cleared as fully qualified. Service members with a DQ cleared by the Chief Medical Officer after the MEPS physical are now considered fully qualified, instead of disqualified.

*Medical waiver considerations and approvals:* Applicants with a permanent medical disqualification (PDQ) must apply and be approved for an accession medical waiver from the appropriate service medical waiver review authority (SMWRA) in order to enlist in that branch of the military. For this report, waiver considerations and approvals were counted among all permanently disqualified applicants who had ever applied for or been approved for a waiver from any SMWRA.

Outcomes:

*Early Discharge:* Discharge within the first year of service due to one of the following reasons:

- *Adverse Attrition:* A discharge with an interservice separation code (ISC) for one of the following reasons: 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. ISC code categories included as adverse attrition are listed in Table 1.
  - Adverse attrition was based on ISC codes, which are assigned to active duty component separations only. Therefore, early discharge rates for Reserve and National Guard included only those when the service members who were activated at the time of separation and should be considered underestimates.
- *Disability Discharge:* A discharge with a disability evaluation resulting in one of the following dispositions: temporary disability retirement list (TDRL), permanent disability retirement list (PDRL), or separation with severance pay (SWSP). Date of the service member’s first Medical Evaluation Board (MEB) evaluation for those subsequently disability discharges was used to calculate time in service. Due to the rarity of disability discharge, disability discharges related to any condition were included. Therefore, the condition(s) that caused the disability discharge may not be related to the pre-accession disqualification or medical waiver.
- *EPTS Discharge:* A discharge within 180 days of service due to a condition that was verified to have existed before the recruit began service and was not considered “permanently aggravated” by military service after 30 days of service (AR 635-200, Chapter 5-11). Due to the rarity of EPTS discharge, EPTS discharges related to any condition were included. Therefore, the condition(s) that caused the EPTS discharge may not be related to the pre-accession disqualification or medical waiver.

**Table 1:** Interservice Separation Code Categories Included as Adverse Attrition

ISC Code	Description	ISC Code	Description
1002-1008	Early Release	1094	Pregnancy
1016	Unqualified for Active Duty - Other	1095	Underage
1017	Failure to Meet Weight/Body Fat Standards	1096	Conscientious Objector
1022	Dependency or Hardship	1097	Parenthood
1060-1088	Failure to Meet Minimum Behavioral and Performance Criteria	1098	Breach of Contract
1090	Secretarial Authority	1099	Other Separation or Discharge
1091	Erroneous Enlistment or Induction	1101	Dropped from Strength for Desertion
1092	Sole Surviving Family Member	1102	Dropped from Strength for Imprisonment
1093	Marriage		

## 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. For all analyses, data sets were merged at the individual level by Social Security Number (SSN).

AMSARA maintains strict confidentiality of all received data. No external access to the data is allowed, and internal access is limited to a small number of primary analysts on an as-necessary basis. Analysis and research results were provided only at the aggregate level, with no possibility of individual identification.

### *United States Military Entrance Processing Command (USMEPCOM)*

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 USMEPCOM, North Chicago, IL, contain several hundred demographic, medical, and administrative elements on recruit applicants for each applicable component (active duty, reserve, National Guard) of each service (Air Force, Army, Coast Guard, Marine Corps, and Navy). These data also include records on a relatively small number of officer recruit applicants and other non-applicants receiving periodic physical examinations.

The MEPS records provide extensive medical examination information, including date of examination, screening test results, medical qualification status, medical disqualification codes (where relevant), medical disqualifications observed by or reported to physicians, and any waiver requirements. 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.

Discharges for conditions that existed prior to service (EPTS) were also provided by USMEPCOM. USMEPCOM requests a copy of official paperwork on all EPTS discharges from the training sites and records information, including a general medical categorization (20 categories) of the reason(s) for discharge and a judgment regarding why the individual was not rejected for service on the basis of the preexisting condition (i.e., concealment, waiver, or unawareness). The primary limitation of our EPTS discharge data is completeness. Overall, the numbers of records were unstable and underreported over time for most IET sites, so any analyses in this report that includes EPTS discharges should be considered as underestimates (Table 2).

**Table 2: EPTS Discharge Data Received by AMSARA by Training Site and Year**

		Fiscal Year of EPTS Discharge						
Service	Training Site	2013	2014	2015	2016	2017	2018	Total
<b>Army</b>	Fort Benning	820	265	251	887	1,008	0	3,231
	Fort Jackson	0	1	1	0	1,568	3	1,573
	Fort Knox	0	0	0	0	0	0	0
	Fort Leonard Wood	1	0	2	565	670	0	1,238
	Fort Sill	138	201	156	182	226	0	903
<b>Navy</b>	Great Lakes	409	0	0	0	0	869	1,278
<b>Marine Corps</b>	Parris Island	733	557	363	494	520	3	2,670
	San Diego	1	128	5	1	225	0	360
<b>Air Force</b>	Lackland AFB	557	878	521	723	721	0	3,400
<b>Total</b>		2,659	2,030	1,299	2,852	4,938	875	14,653

## ***Defense Manpower Data Center (DMDC)***

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, length of service can be determined for any individual entering and leaving during the time 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 and education; and service information including date of entry, Unit Identification Code (UIC) of initially assigned unit, initially assigned Military Occupation Specialty (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 similar to those found in the gain file, although these data reflect the service member’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 MEPS and gain data for studies of attrition.

Deployment information is also obtained from the DMDC Contingency Tracking System (CTS). The CTS provides data on deployments of military personnel in support of Overseas Contingency Operations (OCO). The variables of primary interest are date of deployment, date of redeployment, and unit identifiers. Variables of secondary interest (e.g. country code, occupation codes, event plan codes) are also received.

## ***U.S Army Recruiting Command (USAREC), Navy Bureau of Medicine and Surgery (BUMED), Navy Recruiting Command (NRC), and Air Education and Training Command (AETC)***

Accession medical waiver data are received from USAREC for the Army, AETC for the Air Force, BUMED for the Marine Corps, and NRC for the Navy. Data are collected on all applicants who were considered for an accession medical waiver, i.e., those who received a permanent medical disqualification at MEPS and sought a medical waiver for that disqualification. Medical waiver determinations are service-specific. Although the specifics of these data vary by service, they generally contain 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 SMWRA.

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

Data on disability discharge considerations are compiled separately for each service at its disability agency. The U.S. Army Physical Disability Agency has provided data on Army disability evaluations during 1995-2018 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 2007-2018. Data from the Secretary of the Navy CORB, including all disability discharge considerations for the Navy and Marine Corps, are available from 2000 to 2018.

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 retirement list, separation with or without benefits, temporary disability retirement list, 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 3, rather than attempting to interpret specific codes.

**Table 3: Disability Categories by VASRD Code**

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	Diseases of 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		

## Section I-A: Applicants for Enlisted Service - Summary

### Statistics

---

Table 4 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 2013 through 2018 applicants are reported separately for each component; 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) or warrant officers (as indicated by a pay grade of W01-05), were excluded. Demographic characteristics (taken at time of application) and accession rates for 2018 applicants were compared to aggregate statistics from the previous five-year period.

#### **Table 4 Primary Findings:**

- Most applicants and accessions in 2018 were white males between the ages of 17 and 20 years old with a high school degree in all three components.
  - The percentage of female applicants and accessions in 2018 was slightly higher than the previous five year aggregate for all components.
  - In 2018, an increase in applicants and accessions without a high school diploma was seen in all components.
- More than 80% of 2018 applicants were medically qualified for service; approximately 14% of applicants received had a permanent medical disqualification (PDQ) at MEPS.

## Section I – Applicants for Enlisted Service

**Table 4:** Comparison of Demographic Characteristics and MEPS Screening Results for Applicants for Enlisted Service in the Army, Navy, Marine Corps or Air Force by Component: 2013-2017 vs. 2018

	ACTIVE DUTY				RESERVE				NATIONAL GUARD			
	2013-2017		2018		2013-2017		2018		2013-2017		2018	
	Applicant %	Accession %										
<b>Sex<sup>1</sup></b>												
Male	80.5	81.9	79.1	80.7	75.7	76.6	73.1	72.9	74.8	75.6	72.3	73.2
Female	19.5	18.1	20.9	19.3	24.3	23.5	26.9	27.1	25.2	24.4	27.7	26.8
<b>Age Group at MEPS<sup>1</sup></b>												
17-20	69.5	72.0	68.9	69.3	66.7	68.6	67.1	70.7	69.2	71.1	72.1	75.2
21-25	23.8	22.7	23.4	24.1	21.4	20.5	20.4	19.9	20.6	19.7	17.3	16.2
>25	6.7	5.3	7.7	6.6	12.0	10.9	12.5	9.4	10.3	9.2	10.6	8.6
<b>Race</b>												
White	72.0	72.7	71.5	72.3	65.4	66.2	67.2	70.2	73.7	75.2	75.0	77.4
Black	18.4	18.6	17.7	18.8	23.7	23.1	23.0	21.8	21.0	20.2	19.6	18.1
Other	9.7	8.8	10.8	8.9	11.0	10.7	9.9	8.0	5.3	4.7	5.4	4.6
<b>Education</b>												
<HS Graduate <sup>2</sup>	10.5	7.5	21.0	12.4	20.9	23.0	26.4	28.2	30.3	33.5	39.2	42.3
HS Diploma	76.4	81.6	66.6	77.2	63.4	62.5	59.8	59.9	57.8	55.4	49.4	47.4
Some College	5.3	5.4	4.8	5.3	6.9	6.7	6.5	6.4	5.4	5.2	5.1	4.9
≥Bachelor's	7.7	5.5	7.5	5.1	8.8	7.9	7.4	5.4	6.5	6.0	6.4	5.5
<b>AFQT Score<sup>1,3</sup></b>												
93-99	6.2	6.5	6.2	6.4	6.1	6.2	6.9	7.2	5.9	6.1	6.4	6.8
65-92	36.9	38.6	35.1	37.0	36.9	38.3	36.6	38.5	32.3	34.0	33.4	35.9
50-64	27.2	28.3	25.0	26.1	25.5	26.1	23.7	24.3	22.4	23.1	21.8	22.9
30-49	25.2	25.3	27.8	29.0	29.3	29.0	29.5	29.7	33.3	33.8	31.9	33.0
11-29	1.1	0.3	2.3	0.8	1.5	0.3	2.3	0.2	5.6	2.9	6.0	1.3
Missing/Unsure	3.4	1.0	3.5	0.5	0.7	0.2	0.9	0.1	0.5	0.2	0.5	0.2
<b>Medical Status</b>												
Fully Qualified	84.1	90.8	83.9	92.7	83.6	90.7	83.3	91.7	81.8	89.9	81.3	89.9
Permanent DQ	14.0	8.9	13.4	6.9	14.2	8.4	13.5	7.2	14.4	8.7	14.2	8.7
Temporary DQ	1.9	0.4	2.7	0.5	2.2	0.9	3.1	1.2	3.8	1.5	4.5	1.5
<b>Total</b>	<b>971,192</b>	<b>739,102</b>	<b>189,679</b>	<b>102,379</b>	<b>169,847</b>	<b>119,111</b>	<b>25,240</b>	<b>14,990</b>	<b>236,768</b>	<b>176,247</b>	<b>37,354</b>	<b>27,584</b>

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

<sup>1</sup> Individuals with missing values for demographic variables are included in the total.

<sup>2</sup> 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.

<sup>3</sup> Individuals scoring in the 10<sup>th</sup> 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.

## Section I – Applicants for Enlisted Service

### **Longitudinal Approach #1: Disqualification to Waiver to Accession and Early Discharge**

In Tables 5-10, applicants 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.

Tables 5, 7, and 9 report the total number of individuals who applied for service between 2013 through 2018 in the active, reserve, and National Guard components, respectively. These tables also show the number and percent of medically disqualified applicants, 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 6, 8, and 10 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 2013 through 2018 applicants combined.

In Tables 5, 7, and 9, 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 Section I refer to military separations occurring 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 were 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 2018. Therefore, a full year of follow-up is only available for those who accessed by the end of 2017. For this reason, no discharge statistics were calculated for 2018 applicants and all discharge estimates may be underestimated for 2016 and 2017 applicants, as the application process can occur up to 2 years before the actual accession takes place. Additionally, accession rates may be underestimated for 2017 and 2018 applicants. Likewise, waiver data may be incomplete for 2017 and 2018 applicants who may not have applied or been approved for a waiver by the time of publication.

### ***ACTIVE DUTY COMPONENT***

#### **Table 5 Primary Findings:**

- Of the 1,160,871 enlisted active component applicants, approximately 16% were medically disqualified for service.
- For 2013-2018, the majority of disqualifications (87%) were permanent, which required an accession medical waiver. This proportion of permanent disqualifications is higher than the proportion for 2012-2017 applicants (78%), according to the FY2018 AMSARA Annual Report.
  - Approximately 68% of permanently disqualified (PDQ) applicants were considered for a medical waiver from the service medical waiver review authority (SMWRA).
- 68% of PDQ applicants were granted an accession medical waiver and, of those, 83% accessed.
- Approximately 12% of PDQ applicants who accessed with an approved medical waiver were discharged within their first year of service.
- Rates of DQs, PDQs, waiver considerations and approvals, accessions and early discharges remained relatively stable over the time period.

## Section I – Applicants for Enlisted Service

**Table 5:** Disqualifications, Waivers, Accessions and Early Discharge among 2013-2018 Enlisted Active Duty Applicants who were Medically Disqualified at MEPS

Application Year	Total Applicants n	Medically Disqualified		PDQ		Considered for a Medical Waiver <sup>1</sup>		Waiver Approved <sup>1</sup>		Accessions <sup>1</sup>		Early Discharge <sup>1,2</sup>	
		n	%	n	%	n	%	n	%	n	%	n	%
2013	203,267	32,047	15.8	28,530	89.0	19,357	67.8	13,259	68.5	11,490	86.7	1,523	13.3
2014	175,777	27,499	15.6	24,655	89.7	17,610	71.4	11,614	66.0	10,088	86.9	1,352	13.4
2015	191,867	30,809	16.1	26,831	87.1	18,646	69.5	12,589	67.5	11,051	87.8	1,504	13.6
2016	195,965	31,205	15.9	27,338	87.6	18,971	69.4	12,969	68.4	11,259	86.8	1,545	13.7
2017	204,316	32,520	15.9	28,442	87.5	19,445	68.4	13,564	69.8	11,386	83.9	1,526	13.4
2018	189,679	30,559	16.1	25,408	83.1	14,843	58.4	9,612	64.8	5,684	59.1	-	-
<b>Total</b>	<b>1,160,871</b>	<b>184,639</b>	<b>15.9</b>	<b>161,204</b>	<b>87.3</b>	<b>108,872</b>	<b>67.5</b>	<b>73,607</b>	<b>67.6</b>	<b>60,958</b>	<b>82.8</b>	<b>7,450</b>	<b>12.2</b>

PDQ: Permanent Disqualification

Statistics reported in each column were derived from the corresponding number of individuals in the preceding column. For example, the percent under 'Applied for a waiver' is derived from the number of applicants who applied for a waiver out of the number of PDQ applicants.

<sup>1</sup> Underestimated for 2017 and 2018 applicants due to incomplete follow-up time.

<sup>2</sup> Includes disability discharge, EPTS discharge and adverse attrition within the first year of service. 2018 rates were not calculated due to insufficient follow-up time.

**Table 6 Primary Findings:**

- For the active duty component, males had a slightly higher rate of waiver considerations, waiver approval, and accession than females.
- The proportion of PDQ applicants increased with increasing age and AFQT score.
  - A similar pattern was seen with AFQT score as increasing AFQT score corresponded to an increased proportion of waiver considerations, waiver approvals and accessions.
  - Conversely, older applicants were less likely to apply for waiver, receive an approved waiver and access.
- Although the rates of receiving a PDQ and applying for a medical waiver were similar by race, white applicants had a higher waiver approval rate (69%) than black (63%) or other race (62%) applicants.
  - White and black applicants accessed with an approved waiver at a similar rate (83-84%), with other race applicants slightly less likely to access (77%).
- There was a shallow U-shaped curve by educational level, with applicants without a high school diploma and applicants with a Bachelor's degree or higher having the highest rate of PDQ.
  - An inverse U-shaped curve was seen for waiver considerations; applicants with lower and higher education levels corresponded to a smaller proportion of waiver considerations than those with a high school diploma or some college.
  - Waiver approval rate increased as educational level increased.
  - Applicants without a high school diploma were much less likely to access (56%) compared with high school graduates and above (>78%).

## Section I – Applicants for Enlisted Service

**Table 6: Waiver Considerations, Approvals and Accessions among 2013-2018 Enlisted Active Duty Applicants by Demographic Characteristic**

	Total Applicants	PDQ Applicants		Waiver				Accession	
				Considered		Approved			
				n	%	n	%		
<b>Sex<sup>1</sup></b>									
Male	931,407	128,781	13.8	88,409	68.7	60,501	68.4	50,720	83.8
Female	229,091	32,334	14.1	20,422	63.2	13,098	64.1	10,238	78.2
<b>Age Group at MEPS<sup>1</sup></b>									
17-20	805,896	105,166	13.0	73,435	69.8	49,918	68.0	41,730	83.6
21-25	274,983	41,659	15.1	27,463	65.9	18,580	67.7	15,335	82.5
>25	79,974	14,377	18.0	7,972	55.4	5,108	64.1	3,892	76.2
<b>Race</b>									
White	834,907	118,729	14.2	80,272	67.6	55,708	69.4	46,380	83.3
Black	211,823	26,252	12.4	17,912	68.2	11,315	63.2	9,516	84.1
Other	114,141	16,223	14.2	10,688	65.9	6,584	61.6	5,062	76.9
<b>Education<sup>1</sup></b>									
<HS Graduate <sup>2</sup>	141,839	22,718	16.0	13,190	58.1	6,057	45.9	3,386	55.9
HS Diploma	868,768	113,322	13.0	82,494	72.8	58,068	70.4	49,862	85.9
Some College	60,880	8,698	14.3	6,313	72.6	4,496	71.2	3,778	84.0
≥Bachelor's	89,384	16,466	18.4	6,875	41.8	4,986	72.5	3,932	78.9
<b>AFQT Score<sup>1,3</sup></b>									
93-99	71,966	10,910	15.2	8,382	76.8	5,922	70.7	4,939	83.4
65-92	424,892	59,630	14.0	43,837	73.5	29,799	68.0	24,903	83.6
50-64	311,402	41,750	13.4	30,095	72.1	20,275	67.4	16,867	83.2
30-49	297,228	38,346	12.9	25,889	67.5	17,283	66.8	14,137	81.8
11-29	15,217	1,937	12.7	541	27.9	288	53.2	94	32.6
Missing	39,891	8,602	21.6	124	1.4	38	30.6	16	42.1
<b>Total</b>	<b>1,160,871</b>	<b>161,204</b>	<b>13.9</b>	<b>108,872</b>	<b>67.5</b>	<b>73,607</b>	<b>67.6</b>	<b>60,958</b>	<b>82.8</b>

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

Statistics reported in each column were derived from the corresponding number of individuals in the preceding column. For PDQ applicants, percentages were derived from total MEPS applicants; waiver considerations were derived from PDQ applicants; waiver approvals were derived from waiver applicants; accessions were derived from waiver approvals. Waiver and accession rates are underestimated for 2016-2017 applicants due to insufficient follow-up time.

<sup>1</sup> Individuals with missing values for demographic variables are included in the total.

<sup>2</sup> 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 were neither a high school graduate nor an alternative high school credential holder; 3) one who is currently attending high school.

<sup>3</sup> Individuals scoring in the 10<sup>th</sup> 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.

## Section I – Applicants for Enlisted Service

### RESERVE COMPONENT

#### Table 7 Primary Findings:

- Rates of medical DQ, PDQ, waiver consideration/approval, accession and early discharge remained relatively stable over time.
  - Rates for 2017 and 2018 applicants should be considered underestimates due to lack of follow-up time.
- Approximately 17% of enlisted reserve component applicants were medically disqualified for service.
  - Most DQs (86%) were due to a permanent disqualification, which require a medical waiver for accession.
- More than half (61%) of PDQ applicants applied for a waiver from the SMWRA.
  - About 70% of waivers for PDQ applicants were approved.
  - 83% of those granted an accession medical waiver accessed.
- Among PDQ reserve applicants who accessed with a medical waiver, approximately 6% were discharged (EPTS discharge, disability discharge, or adverse attrition) within their first year of service.

**Table 7:** Disqualifications, Waivers, Accessions and Early Discharge among 2013-2018 Enlisted Reserve Applicants who were Medically Disqualified at MEPS

Application Year	Total Applicants n	Medically Disqualified		PDQ		Considered for a Medical Waiver <sup>1</sup>		Waiver Approved <sup>1</sup>		Accessions <sup>1</sup>		Early Discharge <sup>1,2</sup>	
		n	%	n	%	n	%	n	%	n	%	n	%
2013	34,913	5,875	16.8	5,146	87.6	3,132	60.9	2,193	70.0	1,762	80.3	129	7.3
2014	33,767	5,515	16.3	4,833	87.6	3,090	63.9	2,099	67.9	1,853	88.3	110	5.9
2015	33,852	5,645	16.7	4,841	85.8	3,027	62.5	2,185	72.2	1,888	86.4	101	5.3
2016	35,477	5,659	16.0	4,857	85.8	3,037	62.5	2,117	69.7	1,804	85.2	130	7.2
2017	31,838	5,204	16.3	4,452	85.5	2,648	59.5	1,899	71.7	1,575	82.9	130	8.3
2018	25,240	4,208	16.7	3,418	81.2	1,726	50.5	1,193	69.1	803	67.3	-	-
<b>Total</b>	<b>195,087</b>	<b>32,106</b>	<b>16.5</b>	<b>27,547</b>	<b>85.8</b>	<b>16,660</b>	<b>60.5</b>	<b>11,686</b>	<b>70.1</b>	<b>9,685</b>	<b>82.9</b>	<b>600</b>	<b>6.2</b>

PDQ: Permanent Disqualification

Statistics reported in each column were derived from the corresponding number of individuals in the preceding column. For example, the percent under 'Applied for a waiver' were derived from the number of applicants who applied for a waiver out of the number of PDQ applicants.

<sup>1</sup> Underestimated for 2017 and 2018 applicants due to incomplete follow-up time.

<sup>2</sup> Includes disability discharge, EPTS discharge and adverse attrition within the first year of service; underestimated due to incomplete follow-up for 2016-2017 applicants. Rates of early discharge for 2018 applicants were not calculated due to insufficient follow-up time.

#### Table 8 Primary Findings:

- Overall, about 14% of enlisted reserve component applicants received a PDQ.
- Increasing age, education and AFQT score all corresponded to an increased proportion of PDQ reserve applicants.
- Of the permanently disqualified applicants, those with a high school diploma were considered for waivers at higher rate than those with a Bachelor's degree (63% vs. 53%); however, the waiver approval rate was similar between the two education groups (71% vs. 73%).
- As AFQT score increased, waiver considerations and approvals increased.
- As age increased, waiver considerations and approvals decreased.

## Section I – Applicants for Enlisted Service

**Table 8:** Waiver Considerations, Approvals and Accessions among 2013-2018 Enlisted Reserve Applicants by Demographic Characteristic

	Total Applicants n	PDQ Applicants n %		Waiver				Accession n %	
				Considered		Approved			
				n	%	N	%		
<b>Sex<sup>1</sup></b>									
Male	146,920	20,752	14.1	12,848	61.9	9,059	70.5	7,565	83.5
Female	48,116	6,784	14.1	3,809	56.1	2,627	69.0	2,120	80.7
<b>Age Group at MEPS<sup>1</sup></b>									
17-20	130,137	17,421	13.4	10,922	62.7	7,776	71.2	6,580	84.6
21-25	41,434	6,148	14.8	3,651	59.4	2,537	69.5	2,062	81.3
>25	23,514	3,978	16.9	2,087	52.5	1,373	65.8	1,043	76.0
<b>Race</b>									
White	127,970	18,472	14.4	11,325	61.3	8,132	71.8	6,802	83.6
Black	45,971	6,029	13.1	3,452	57.3	2,282	66.1	1,900	83.3
Other	21,146	3,046	14.4	1,883	61.8	1,272	67.6	983	77.3
<b>Education</b>									
<HS Graduate <sup>2</sup>	42,122	4,944	11.7	2,974	60.2	1,948	65.5	1,606	82.4
HS Diploma	122,839	17,741	14.4	11,106	62.6	7,867	70.8	6,597	83.9
Some College	13,275	2,024	15.2	1,090	53.9	787	72.2	650	82.6
≥Bachelor's	16,851	2,838	16.8	1,490	52.5	1,084	72.8	832	76.8
<b>AFQT Score<sup>1,3</sup></b>									
93-99	12,166	1,860	15.3	1,169	62.8	874	74.8	698	79.9
65-92	71,878	10,453	14.5	6,504	62.2	4,606	70.8	3,849	83.6
50-64	49,232	6,804	13.8	4,206	61.8	2,917	69.4	2,444	83.8
30-49	57,188	7,682	13.4	4,699	61.2	3,243	69.0	2,672	82.4
11-29	3,136	394	12.6	76	19.3	44	57.9	22	50.0
Missing/Unsure	1,396	344	24.6	6	1.7	2	33.3	0	-
<b>Total</b>	<b>195,087</b>	<b>27,547</b>	<b>14.1</b>	<b>16,660</b>	<b>60.5</b>	<b>11,686</b>	<b>70.1</b>	<b>9,685</b>	<b>82.9</b>

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

Statistics reported in each column were derived from the corresponding number of individuals in the preceding column. For PDQ applicants, percentages were derived from total MEPS applicants; waiver considerations were derived from PDQ applicants; waiver approvals were derived from waiver applicants; accessions were derived from waiver approvals. Waiver and accession rates are underestimated for 2016-2017 applicants due to insufficient follow-up time.

<sup>1</sup> Individuals with missing values for demographic variables are included in the total.

<sup>2</sup> 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 were neither a high school graduate nor an alternative high school credential holder; 3) one who is currently attending high school.

<sup>3</sup> Individuals scoring in the 10<sup>th</sup> 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.

## Section I – Applicants for Enlisted Service

### ***NATIONAL GUARD***

\*NOTE: Waiver data received by AMSARA was incomplete for the National Guard and therefore all calculations involving waiver considerations/approvals should be considered significant underestimates. Inter-separation codes (ISC) in the DMDC records were largely missing for the National Guard, and therefore all early discharges should be considered significant underestimates.

#### **Table 9 Primary Findings:**

- Rates of medical DQ, PDQ, waiver consideration/approval, accession and early discharge remained relatively stable over time.
  - Rates for 2017 and 2018 applicants should be considered underestimates due to lack of follow-up time.
- About 18% of enlisted National Guard applicants were medically disqualified for service.
- Most DQs (79%) were due to permanent, which require a medical waiver for accession, but only 12% of permanently disqualified applicants were considered for a medical waiver from the SMWRA.
  - Less than 40% of waivers were approved and, of those, 73% accessed into the National Guard.
- Among the accessions with a PDQ (and a MEPS medical examination between 2013 and 2018) who were granted a waiver, 10% were discharged (EPTS discharge, disability discharge, or adverse attrition) within their first year of service.

**Table 9:** Disqualifications, Waivers, Accessions and Early Discharge among 2013-2018 Enlisted National Guard Applicants who were Medically Disqualified at MEPS

Application Year	Total Applicants n	Medically Disqualified		PDQ		Considered for a Medical Waiver <sup>1</sup>		Waiver Approved <sup>1</sup>		Accessions <sup>1</sup>		Early Discharge <sup>2</sup>	
		n	%	n	%	n	%	n	%	n	%	n	%
2013	54,246	10,322	19.0	8,239	79.8	1,097	13.3	468	42.7	344	73.5	37	10.8
2014	52,357	9,479	18.1	7,622	80.4	1,080	14.2	433	40.1	329	76.0	46	14.0
2015	46,877	8,617	18.4	6,674	77.5	922	13.8	353	38.3	267	75.6	22	8.2
2016	41,877	7,284	17.4	5,753	79.0	795	13.8	285	35.8	213	74.7	19	8.9
2017	41,411	7,353	17.8	5,861	79.7	659	11.2	240	36.4	163	67.9	12	7.4
2018	37,354	6,990	18.7	5,308	75.9	356	6.7	121	34.0	71	58.7	-	-
<b>Total</b>	<b>274,122</b>	<b>50,045</b>	<b>18.3</b>	<b>39,457</b>	<b>78.8</b>	<b>4,909</b>	<b>12.4</b>	<b>1,900</b>	<b>38.7</b>	<b>1,387</b>	<b>73.0</b>	<b>136</b>	<b>9.8</b>

PDQ: Permanent Disqualification

Statistics reported in each column were derived from the corresponding number of individuals in the preceding column. For example, the percent under 'Applied for a waiver' is derived from the number of applicants who applied for a waiver out of the number of PDQ applicants.

<sup>1</sup> Underestimated for 2017 and 2018 applicants due to incomplete follow-up time.

<sup>2</sup> Includes disability discharge, EPTS discharge and adverse attrition within the first year of service; underestimated due to incomplete follow-up for 2016-2017 applicants. Rates of early discharge for 2018 applicants were not calculated due to insufficient follow-up time.

#### **Table 10 Primary Findings:**

- Overall, about 14% of enlisted National Guard applicants received a PDQ. Higher educational level tended to correspond with an increased rate of PDQs, waiver considerations, and waiver approvals.
- The proportion of males and females permanently disqualified and granted a waiver were similar, but males were more likely to be considered for a waiver and access.
- Applicants of other race had a higher proportion of PDQs while white and black applicants were more likely to access with an approved waiver.

## Section I – Applicants for Enlisted Service

- The rate of applicants with a PDQ increased as AFQT score increased, yet the waiver consideration rate was similar among all AFQT score categories, with the exception of the lowest category (2.5%).
  - There was a U-shaped relationship with waiver approvals, with the highest approval rates in the 93-99 and 11-29 score categories, yet there was an inverse U-shaped relationship with accessions.

**Table 10:** Waiver Considerations, Approvals and Accessions among 2013-2018 Enlisted National Guard Applicants by Demographic Characteristic

	Total Applicants n	PDQ Applicants n %		Waiver				Accession n %	
				Considered		Approved			
				n	%	n	%		
<b>Sex<sup>1</sup></b>									
Male	204,102	29,473	14.4	3,965	13.5	1,520	38.3	1,128	74.2
Female	69,969	9,977	14.3	944	9.5	380	40.3	259	68.2
<b>Age Group at MEPS<sup>1</sup></b>									
17-20	190,756	25,450	13.3	3,191	12.5	1,233	38.6	942	76.4
21-25	55,121	8,692	15.8	1,106	12.7	414	37.4	288	69.6
>25	28,236	5,315	18.8	612	11.5	253	41.3	157	62.1
<b>Race<sup>1</sup></b>									
White	202,470	29,499	14.6	3,623	12.3	1,429	39.4	1,056	73.9
Black	57,046	7,424	13.0	940	12.7	360	38.3	256	71.1
Other	14,606	2,534	17.3	346	13.7	111	32.1	75	67.6
<b>Education</b>									
<HS Graduate <sup>2</sup>	86,352	9,863	11.4	533	5.4	164	30.8	113	68.9
HS Diploma	155,178	23,818	15.3	3,537	14.9	1,369	38.7	1,008	73.6
Some College	14,763	2,532	17.2	436	17.2	175	40.1	134	76.6
≥Bachelor's	17,829	3,244	18.2	403	12.4	192	47.6	132	68.8
<b>AFQT Score<sup>1,3</sup></b>									
93-99	16,227	2,550	15.7	293	11.5	145	49.5	92	63.4
65-92	88,867	13,075	14.7	1,715	13.1	638	37.2	491	77.0
50-64	61,182	8,898	14.5	1,284	14.4	459	35.7	328	71.5
30-49	90,744	12,494	13.8	1,559	12.5	627	40.2	463	73.8
11-29	15,594	2,047	13.1	52	2.5	30	57.7	13	43.3
Missing/Unsure	1,269	382	30.1	6	1.6	1	16.7	0	-
<b>Total</b>	<b>274,122</b>	<b>39,457</b>	<b>14.4</b>	<b>4,909</b>	<b>12.4</b>	<b>1,900</b>	<b>38.7</b>	<b>1,387</b>	<b>73.0</b>

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

Statistics reported in each column were derived from the corresponding number of individuals in the preceding column. For PDQ applicants were derived from total MEPS applicants; waiver considerations were derived from PDQ applicants; waiver approvals were derived from waiver applicants; accessions were derived from waiver approvals. Waiver and accession rates are underestimated for 2016-2017 applicants due to insufficient follow-up time.

<sup>1</sup> Individuals with missing values for demographic variables are included in the total.

<sup>2</sup> 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 were neither a high school graduate nor an alternative high school credential holder; 3) one who is currently attending high school.

<sup>3</sup> Individuals scoring in the 10<sup>th</sup> 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.

## Section I – Applicants for Enlisted Service

### **Longitudinal Approach #2: Accession and Early Discharge of PDQ Applicants versus Fully Qualified Applicants**

Tables 11, 13 and 15 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. No early discharge estimates were calculated for 2018 applicants due to incomplete follow-up time.

Early discharges in the first year of service were further classified as EPTS discharge, disability discharge, or adverse attrition among 2013-2018 permanently disqualified applicants who accessed. Tables 12, 14 and 16 present the number and proportion of early discharges in each discharge category by application year for the active and reserve components and National Guard, respectively.

### ***ACTIVE DUTY COMPONENT***

#### **Tables 11 and 12 Primary Findings:**

- A smaller proportion of PDQ applicants (45%) accessed into the active duty component than fully qualified applicants (78%). From 2013-2017, PDQ applicants had a slightly higher rate of early discharge than fully qualified applicants (15% vs. 12%).
- Most early discharges among accessed PDQ applicants were due to adverse attrition (86%).
  - Overall, among those who accessed with a PDQ, approximately 2% were disability discharged within the first year of service and approximately 13% were EPTS discharged within the first 180 days of service.

**Table 11:** Comparison of Accession and Early Discharge Rates between Permanently Disqualified vs. Fully Qualified Enlisted Active Duty Applicants: 2013-2018

Application Year	Permanent Disqualification						Fully Qualified					
	PDQ Applicants		Accessions <sup>1</sup>		Early Discharge <sup>2</sup>		FQ Applicants		Accessions <sup>1</sup>		Early Discharge <sup>2</sup>	
	n	%	n	%	n	%	n	%	n	%	n	%
2013	28,530	14.3	13,619	47.7	2,066	15.2	171,220	85.7	142,147	83.0	16,124	11.3
2014	24,655	14.3	11,786	47.8	1,879	15.9	148,278	85.7	121,949	82.2	14,188	11.6
2015	26,831	14.3	13,118	48.9	2,094	16.0	161,058	85.7	133,834	83.1	16,431	12.3
2016	27,338	14.2	13,483	49.3	2,066	15.3	164,760	85.8	134,728	81.8	17,402	12.9
2017	28,442	14.2	13,504	47.5	1,938	14.4	171,796	85.8	138,051	80.4	18,499	13.4
2018	25,408	13.8	7,036	27.7	-	-	159,120	86.2	94,855	59.6	-	-
<b>Total</b>	<b>161,204</b>	<b>14.2</b>	<b>72,546</b>	<b>45.0</b>	<b>10,043</b>	<b>15.3</b>	<b>976,232</b>	<b>85.8</b>	<b>765,564</b>	<b>78.4</b>	<b>82,644</b>	<b>12.3</b>

PDQ: Permanent Disqualification; FQ: Fully Qualified

To calculate percentages, applicants were derived from total MEPS applicants; accessions were derived from applicants regardless of waiver status; early discharges were derived from accessions.

<sup>1</sup> Underestimated for 2017 and 2018 applicants due to insufficient follow-up time.

<sup>2</sup> Includes EPTS discharge, disability discharge and adverse attrition within the first year of service; underestimated due to incomplete follow-up for 2016-2017 applicants. Rates of early discharge for 2018 applicants were not calculated due to insufficient follow-up time. The denominator for calculating the rate for total early discharge included 2013-2017 accessions only.

## Section I – Applicants for Enlisted Service

**Table 12:** Early Discharge Type among 2013-2018 Permanently Disqualified Enlisted Active Duty Applicants who Accessed

Application Year	Total Early Discharge <sup>2,3</sup>		EPTS Discharge <sup>3</sup>		Disability Discharge <sup>3</sup>		Adverse Attrition <sup>3</sup>	
	n	%	n	%	n	%	n	%
2013	2,066		249	12.0	55	2.7	1,762	85.3
2014	1,879		176	9.4	40	2.1	1,663	88.5
2015	2,094		271	12.9	32	1.5	1,791	85.5
2016 <sup>1</sup>	2,066		411	19.9	44	2.1	1,611	78.0
2017 <sup>1</sup>	1,938		159	8.2	12	0.6	1,767	91.2
<b>Total</b>	<b>10,043</b>		<b>1,266</b>	<b>12.6</b>	<b>183</b>	<b>1.8</b>	<b>8,594</b>	<b>85.6</b>

PDQ: Permanent Disqualification; EPTS: Existed Prior to Service

<sup>1</sup> Underestimated for 2016-2017 applicants due to insufficient follow-up time.

<sup>2</sup> Among accessions with a PDQ regardless of waiver status; includes EPTS discharge within the first 180 days of service, disability discharge and adverse attrition within the first year of service. There were 513 PDQ applicants with an early discharge with a missing or invalid ISC; these individuals were excluded from this table.

<sup>3</sup> EPTS discharge within 180 days of service. Disability discharge or adverse attrition within the first year of service. Rates derived from total early discharges.

### RESERVE COMPONENT

#### Tables 13 and 14 Primary Findings:

- A smaller proportion of PDQ applicants (40%) accessed into the reserve component than fully qualified applicants (75%).
- Among accessions, those with a PDQ had a slightly higher rate of early discharge than FQ applicants (7% vs. 5%).
- Adverse attrition accounted for 81% of early discharges among 2013-2017 PDQ applicants. EPTS discharge and disability discharge accounted for approximately 17% and 2% of the early discharges, respectively.

**Table 13:** Comparison of Accession and Early Discharge Rates between Permanently Disqualified vs. Fully Qualified Enlisted Reserve Applicants: 2013-2018

Application Year	Permanent Disqualification						Fully Qualified					
	PDQ Applicants		Accessions <sup>2</sup>		Early Discharge <sup>3</sup>		FQ Applicants		Accessions <sup>2</sup>		Early Discharge <sup>3</sup>	
	n	% <sup>1</sup>	n	% <sup>1</sup>	n	% <sup>1</sup>	n	% <sup>1</sup>	n	% <sup>1</sup>	n	% <sup>1</sup>
2013	5,146	15.1	2,010	39.1	153	7.6	29,038	84.9	20,183	69.5	1,085	5.4
2014	4,833	14.6	2,047	42.4	131	6.4	28,252	85.4	21,890	77.5	1,108	5.1
2015	4,841	14.6	2,037	42.1	102	5.0	28,207	85.4	22,050	78.2	888	4.0
2016	4,857	14.0	2,072	42.7	130	6.3	29,818	86.0	23,339	78.3	1,031	4.4
2017	4,452	14.3	1,878	42.2	137	7.3	26,634	85.7	20,511	77.0	1,216	5.9
2018	3,418	14.0	1,073	31.4	-	-	21,032	86.0	13,741	65.3	-	-
<b>Total</b>	<b>27,547</b>	<b>14.5</b>	<b>11,117</b>	<b>40.4</b>	<b>653</b>	<b>6.5</b>	<b>162,981</b>	<b>85.5</b>	<b>121,714</b>	<b>74.7</b>	<b>5,328</b>	<b>4.9</b>

PDQ: Permanent Disqualification; FQ: Fully Qualified

<sup>1</sup> To calculate percentages, applicants were derived from total MEPS applicants; accessions; FQ were derived from applicants regardless of waiver status; early discharges were derived from accessions.

<sup>2</sup> Underestimated for 2016 and 2017 applicants due to insufficient follow-up time.

<sup>3</sup> Includes EPTS discharge within the first 180 days, disability discharge and adverse attrition within the first year of service; underestimated due to insufficient follow-up time for 2016-2017 applicants. The denominator for calculating the rate for total early discharge included 2013-2017 accessions only.

## Section I – Applicants for Enlisted Service

**Table 14:** Early Discharge Type among 2013-2018 Permanently Disqualified Enlisted Reserve Applicants who Accessed

Application Year	Total Early Discharge <sup>2,3</sup>	EPTS Discharge <sup>3</sup>		Disability Discharge <sup>3</sup>		Adverse Attrition <sup>3</sup>	
	n	n	%	n	%	n	%
2013	153	24	15.7	3	2.0	126	82.4
2014	131	20	15.3	4	3.1	107	81.7
2015	102	16	15.7	3	2.9	83	81.4
2016 <sup>1</sup>	130	30	23.1	5	3.8	95	73.1
2017 <sup>1</sup>	137	19	13.9	0	-	118	86.1
<b>Total</b>	<b>653</b>	<b>109</b>	<b>16.7</b>	<b>15</b>	<b>2.3</b>	<b>529</b>	<b>81.0</b>

PDQ: Permanent Disqualification; EPTS: Existed Prior to Service

<sup>1</sup> Underestimated for 2016-2017 applicants due to insufficient follow-up time.

<sup>2</sup> Among accessions with a PDQ regardless of waiver status; includes EPTS discharge within 180 days of service, disability discharge and attrition within the first year of service. There were 1,753 PDQ applicants with an early discharge with a missing or invalid ISC; these individuals were excluded from this table.

<sup>3</sup> EPTS discharge within 180 days of service. Disability discharge or adverse attrition within the first year of service. Rates derived from total early discharges.

### *NATIONAL GUARD*

\*NOTE: Inter-separation codes (ISC) in the DMDC records were largely missing for the National Guard, and therefore all early discharges should be considered significant underestimates.

#### **Tables 15 and 16 Primary Findings:**

- About 45% of PDQ applicants accessed to the National Guard compared to the 82% of accessed FQ applicants.
- Among the accessed 2013-2017 applicants, PDQ applicants experienced early discharge at a similar proportion as FQ applicants (approximately 1%).
- There were only 189 discharges within the first year of service for National Guard applicants who accessed with a PDQ.
  - EPTS discharge accounted for the majority (69%) of total early discharges.
  - Only 12 service members were disability discharged while 46 service members left service due to an adverse attrition.

## Section I – Applicants for Enlisted Service

**Table 15:** Comparison of Accession and Early Discharge Rates between Permanently Disqualified vs. Fully Qualified Enlisted National Guard Applicants: 2013-2018

Application Year	Permanent Disqualification						Fully Qualified					
	PDQ Applicants		Accessions <sup>2</sup>		Early Discharge <sup>3</sup>		FQ Applicants		Accessions <sup>2</sup>		Early Discharge <sup>3</sup>	
	n	% <sup>1</sup>	n	% <sup>1</sup>	n	% <sup>1</sup>	n	% <sup>1</sup>	n	% <sup>1</sup>	n	% <sup>1</sup>
2013	8,239	15.8	3,139	38.1	25	0.8	43,924	84.2	26,831	61.1	216	0.8
2014	7,622	15.1	3,483	45.7	31	0.9	42,878	84.9	37,938	88.5	203	0.5
2015	6,674	14.9	2,970	44.5	40	1.3	38,260	85.1	33,592	87.8	289	0.9
2016	5,753	14.3	2,764	48.0	68	2.5	34,593	85.7	30,236	87.4	643	2.1
2017	5,861	14.7	2,969	50.7	25	0.8	34,058	85.3	29,760	87.4	267	0.9
2018	5,308	14.9	2,394	45.1	-	-	30,364	85.1	24,788	81.6	-	-
<b>Total</b>	<b>39,457</b>	<b>15.0</b>	<b>17,719</b>	<b>44.9</b>	<b>189</b>	<b>1.2</b>	<b>224,077</b>	<b>85.0</b>	<b>183,145</b>	<b>81.7</b>	<b>1,618</b>	<b>1.0</b>

PDQ: Permanent Disqualification; FQ: Fully Qualified

<sup>1</sup> To calculate percentages, applicants were derived from total MEPS applicants; accessions were derived from applicants regardless of waiver status; early discharges were derived from accessions.

<sup>2</sup> Underestimated for 2017 and 2018 applicants due to incomplete follow-up time.

<sup>3</sup> Includes EPTS discharge within the first 180 days of service, disability discharge and adverse attrition within the first year of service; underestimated due to incomplete follow-up for 2016-2017 applicants. Rates of early discharge for 2018 applicants were not calculated due to incomplete follow-up time. The denominator for calculating the rate for total early discharge included 2013-2017 accessions only.

**Table 16:** Early Discharge Type among 2013-2018 Permanently Disqualified Enlisted National Guard Applicants who Accessed

Application Year	Total Early Discharge <sup>2,3</sup>	EPTS Discharge <sup>3</sup>		Disability Discharge <sup>3</sup>		Adverse Attrition <sup>3</sup>	
		n	%	n	%	n	%
2013	25	10	40.0	3	12.0	12	48.0
2014	31	13	41.9	4	12.9	14	45.2
2015	40	29	72.5	2	5.0	9	22.5
2016 <sup>1</sup>	68	60	88.2	1	1.5	7	10.3
2017 <sup>1</sup>	25	19	76.0	2	8.0	4	16.0
<b>Total</b>	<b>189</b>	<b>131</b>	<b>69.3</b>	<b>12</b>	<b>6.3</b>	<b>46</b>	<b>24.3</b>

PDQ: Permanent Disqualification; EPTS: Existed Prior to Service

<sup>1</sup> Underestimated for 2016-2017 applicants due to incomplete follow-up time. Early discharges for 2018 applicants were not calculated due to incomplete follow-up time.

<sup>2</sup> Among accessions with a PDQ regardless of waiver status; Includes EPTS discharge within the first 180 days of service, disability discharge and attrition taking place within the first year of service. There were 2,766 National Guard PDQ applicants with an early discharge with a missing or invalid ISC; these individuals were excluded from this table.

<sup>3</sup> EPTS discharge within 180 days of service. Disability discharge or attrition within the first year of service. Rates derived from total early discharges.

## Section I – Applicants for Enlisted Service

### Longitudinal Approach #3: Pre-Accession Approval Type and Early Discharge among PDQ Applicants

In Tables 17-19, the number and percent of accessions among PDQ applicants who were granted a waiver by the SMWRA, and the number and percent of accessions who received approval through another approval process are presented by application year for the active, reserve and National Guard components, respectively. Waiver applicants and approvals were counted among all permanently disqualified applicants who had ever applied for or been approved for a waiver. Additionally, the rate of early discharge (discharge within the first year of service), which encompasses EPTS discharge, disability discharge, and adverse attrition, was compared between the PDQ accessions with an approved waiver versus PDQ accessions who may have received approval from another approval process.

#### *ACTIVE DUTY COMPONENT*

##### **Table 17 Primary Findings:**

- Of accessed PDQ applicants, 80% of PDQ applicants were granted an accession medical waiver, and approximately 20% accessed through another approval process.
- The rate of early discharge for 2013-2017 PDQ applicants varied depending on their approval type.
  - Those who accessed through another approval process had a higher rate of early discharge compared to those granted an accession medical waiver (23% vs 13%).

**Table 17:** Rates of Accession Approval Type and Early Discharge among Permanently Disqualified 2013-2018 Enlisted Active Duty Applicants who Accessed

Application Year	PDQ Accessions <sup>1</sup> n	Approval Type				Early Discharge <sup>3</sup>			
		Approved Waiver		Other Approval		Approved Waiver		Other Approval	
		n	%	n	%	n	%	n	%
2013	13,619	10,988	80.7	2,631	19.3	1,434	13.1	632	24.0
2014	11,786	9,557	81.1	2,229	18.9	1,293	13.5	586	26.3
2015	13,118	10,534	80.3	2,584	19.7	1,447	13.7	647	25.0
2016	13,483	10,816	80.2	2,667	19.8	1,480	13.7	586	22.0
2017 <sup>2</sup>	13,504	11,015	81.6	2,489	18.4	1,467	13.3	471	18.9
2018 <sup>2</sup>	7,036	5,507	78.3	1,529	21.7	-	-	-	-
<b>Total</b>	<b>72,546</b>	<b>58,417</b>	<b>80.5</b>	<b>14,129</b>	<b>19.5</b>	<b>7,121</b>	<b>13.4</b>	<b>2,922</b>	<b>23.2</b>

PDQ: Permanent Disqualification

<sup>1</sup> Among applicants with a PDQ regardless of waiver status

<sup>2</sup> Underestimated for 2017-2018 applicants due to insufficient follow-up time.

<sup>3</sup> Includes EPTS discharge within 180 days of service or disability discharge or attrition taking place within the first year of service. Percentages were calculated using the number of early discharges divided by the number of specific approval types per year and overall. 2018 accessions were excluded from the calculations. Rates may be underestimated due to incomplete follow-up for 2016-2017 applicants; rates of early discharge for 2018 applicants were not calculated due to insufficient follow-up time.

#### *RESERVE COMPONENT*

##### **Table 18 Primary Findings:**

- Among accessed PDQ reserve applicants, 70% were granted an accession medical waiver and 30% accessed through another approval process.
- The rate of early discharge for 2013-2017 PDQ applicants varied depending on approval type.
  - 9% of PDQ applicants who accessed through another approval process were discharged within one year of service, which is nearly double the one-year discharge rate of those who accessed with an approved medical waiver (5%).

## Section I – Applicants for Enlisted Service

**Table 18:** Rates of Accession Approval Type and Early Discharge among Permanently Disqualified 2013-2018 Enlisted Reserve Applicants who Accessed

Application Year	PDQ Accessions <sup>1</sup> n	Approval Type				Early Discharge <sup>3</sup>			
		Approved Waiver		Other Approval		Approved Waiver		Other Approval	
		n	%	n	%	n	%	n	%
2013	2,010	1,379	68.6	631	31.4	78	5.7	75	11.9
2014	2,047	1,468	71.7	579	28.3	61	4.2	70	12.1
2015	2,037	1,470	72.2	567	27.8	43	2.9	59	10.4
2016	2,072	1,492	72.0	580	28.0	80	5.4	50	8.6
2017 <sup>2</sup>	1,878	1,296	69.0	582	31.0	87	6.7	50	8.6
2018 <sup>2</sup>	1,073	690	64.3	383	35.7	-	-	-	-
<b>Total</b>	<b>11,117</b>	<b>7,795</b>	<b>70.1</b>	<b>3,322</b>	<b>29.9</b>	<b>349</b>	<b>4.5</b>	<b>304</b>	<b>9.2</b>

PDQ: Permanent Disqualification

<sup>1</sup> Among applicants with a PDQ regardless of waiver status

<sup>2</sup> Underestimated for 2017-2018 applicants due to insufficient follow-up time.

<sup>3</sup> Includes EPTS discharge within 180 days of service or disability discharge or adverse attrition taking place within the first year of service. Percentages are calculated using the number of early discharges divided by the number of specific approval types per year and overall. 2018 accessions were excluded from the calculations. Rates may be underestimated due to incomplete follow-up for 2016-2017 applicants; rates of early discharge for 2018 applicants were not calculated due to insufficient follow-up time.

### NATIONAL GUARD

\*NOTE: Waiver data received by AMSARA was incomplete for the National Guard and therefore all calculations involving waiver applicants/approvals should be considered significant underestimates. Inter-separation codes (ISC) in the DMDC records are largely missing for the National Guard, and therefore all early discharges should be considered significant underestimates.

**Table 19 Primary Findings:**

- AMSARA's database had a record for an approved accession medical waiver for approximately 2% of accessed National Guard who were given a PDQ at MEPS.
  - The early discharge rates between those with an approved medical waiver versus another approval were similar (1%).

**Table 19:** Rates of Accession Approval Type and Early Discharge among Permanently Disqualified 2013-2018 Enlisted National Guard Applicants who Accessed

Application Year	PDQ Accessions <sup>1</sup> n	Approval Type				Early Discharge <sup>2</sup>			
		Approved Waiver		Other Approval		Approved Waiver		Other Approval	
		n	%	n	%	n	%	n	%
2013	3,139	80	2.5	3,059	97.5	-	-	25	0.8
2014	3,483	96	2.8	3,387	97.2	1	1.0	30	0.9
2015	2,970	69	2.3	2,901	97.7	3	4.3	37	1.3
2016	2,764	69	2.5	2,695	97.5	-	-	68	2.5
2017 <sup>2</sup>	2,969	66	2.2	2,903	97.8	1	1.5	24	0.8
2018 <sup>2</sup>	2,394	42	1.8	2,352	98.2	-	-	-	-
<b>Total</b>	<b>17,719</b>	<b>422</b>	<b>2.4</b>	<b>17,297</b>	<b>97.6</b>	<b>5</b>	<b>1.2</b>	<b>184</b>	<b>1.1</b>

PDQ: Permanent Disqualification

<sup>1</sup> Among applicants with a PDQ regardless of waiver status

<sup>2</sup> Underestimated for 2017-2018 applicants due to insufficient follow-up time.

<sup>3</sup> Includes EPTS discharge within the first 180 days of service or disability discharge or adverse attrition taking place within the first year of service. Percentages are calculated using the number of early discharges divided by the number of specific approval types per year and overall. 2018 accessions were excluded from the calculations. Rates may be underestimated due to incomplete follow-up for 2016-2017 applicants; rates of early discharge for 2018 applicants were not calculated due to insufficient follow-up time.

### Section I-B: Applicants for Enlisted Service - Accession

#### Medical Waivers

---

Applicants who receive a permanent medical disqualification (PDQ) at the Military Entrance Processing Station (MEPS) may be considered for an accession medical waiver from the service medical waiver review authority (SMWRA) for the service in which the individual is applying. Section 1-B provides descriptive statistics on the spectrum of waiver considerations by each SMWRA.

Tables within this section include all enlisted medical waiver considerations, without regard to application and accession information unless otherwise noted. The number of waiver considerations are reported by service and year, therefore, individuals seeking multiple waiver considerations are counted more than once. No distinction between active and reserve components is made by the SMWRA at the time of waiver consideration; these tables are not stratified by component.

Findings should be interpreted with caution since the time period (FY2011-2018) described within this report included two significant changes: (1) the transition from ICD-9 to ICD-10 coding in October 2015 and; (2) an update to DoDI 6130.03 in May 2018. Therefore, any comparisons between results published in this report versus results published in previous AMSARA Annual Reports may be due to changes in the disqualification coding structure and/or accession medical standards rather than actual number/rate of disqualifications within the applicant pool.

#### **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 2013-2018. Figure 1 shows the waiver approval rate over the time period for each service.

#### ***ACTIVE DUTY AND RESERVE COMPONENTS***

##### **Table 20 and Figure 1 Primary Findings:**

- The number of waiver considerations and approval rates varied by service.
  - Army: The number of waiver considerations and approval rates remained relatively stable (60%-62%), with a small increase in the proportion of approvals in 2017 (66%).
  - Navy: The number of waiver considerations has steadily increased from 2013 through 2017. The waiver approval rate dropped in 2014 (42%) to a six-year low and has since increased, but the 2018 rate (51%) remains notably lower than 2013 (61%).
  - Marine Corps: The number of waiver considerations fluctuated while the approval rate steadily increased from 36% in 2013 to 62% in 2018.
  - Air Force: The number of waiver considerations have remained relatively consistent since 2016, after nearly doubling from 2015 (4,005) to 2016 (7,045). Waiver approval rates declined since 2013 (60%), and reached a six-year low in 2016 (43%). However, the approval rates have been increasing since 2016.

## Section I – Applicants for Enlisted Service

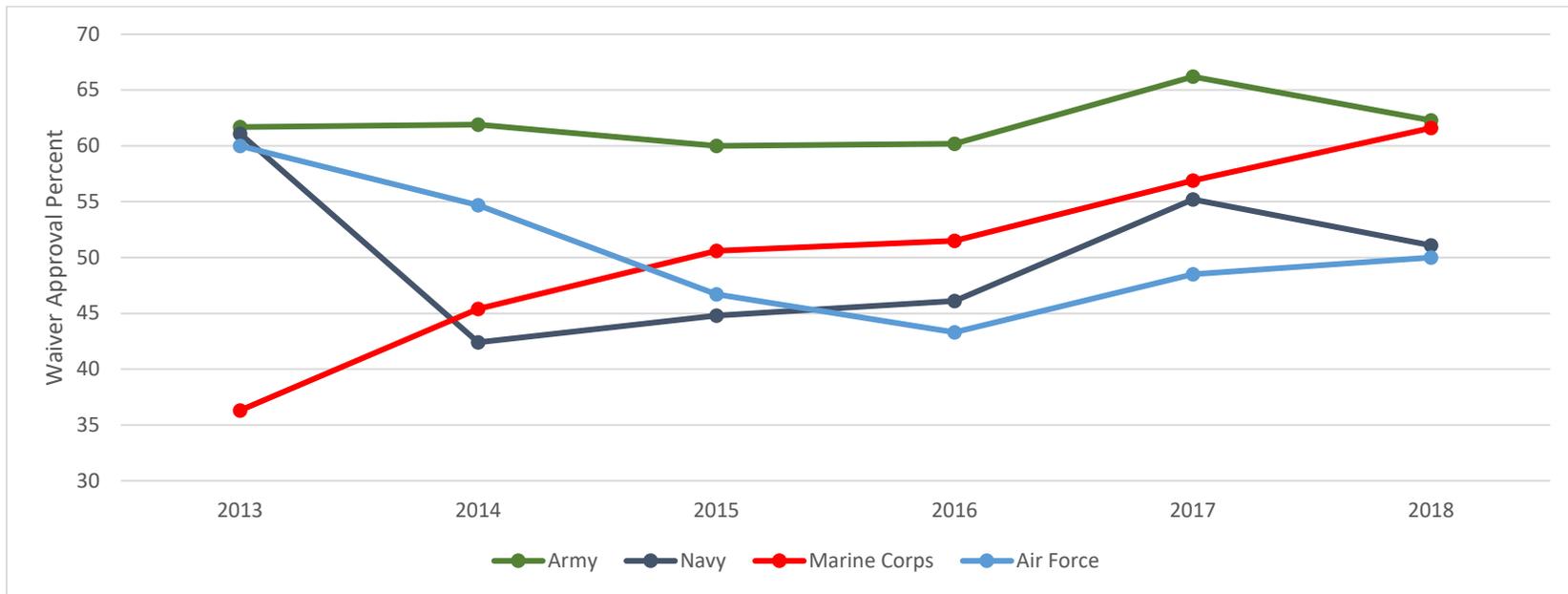
**Table 20:** Number of Waiver Considerations and Approvals for Active Duty and Reserve Component Applicants by Year and Service: 2013-2018

Year	Army			Navy			Marine Corps			Air Force		
	Considered n <sup>1</sup>	Approved n	Approved % <sup>2</sup>	Considered n <sup>1</sup>	Approved n	Approved % <sup>2</sup>	Considered n <sup>1</sup>	Approved n	Approved % <sup>2</sup>	Considered n <sup>1</sup>	Approved n	Approved % <sup>2</sup>
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	11,797	6,514	55.2	5,916	3,368	56.9	7,271	3,528	48.5
2018	11,093	6,908	62.3	11,742	5,998	51.1	7,475	4,605	61.6	7,195	3,598	50.0
<b>Total</b>	<b>81,941</b>	<b>50,834</b>	<b>62.0</b>	<b>60,924</b>	<b>30,425</b>	<b>49.9</b>	<b>36,198</b>	<b>18,496</b>	<b>51.1</b>	<b>32,904</b>	<b>16,283</b>	<b>49.5</b>

<sup>1</sup>Applicants may be counted more than once per year and in multiple services.

<sup>2</sup>Approved percentages represent the proportion of approved waivers (listed as “Approved”) out of the total waivers considered (listed as “Considered”) per service and year of waiver decision.

**Figure 1:** Waiver Approval Rate Over Time by Service: 2013-2018



## Section I – Applicants for Enlisted Service

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.

### Table 21 Primary Findings:

- In general, most disqualified applicants applied for one waiver per service.
- The proportion of DQs per waiver consideration varied by service.
  - The majority of waiver considerations for Army, Marine Corps and Air Force applicants were for only one DQ.
  - The Navy had the highest proportion of waiver considerations with no listed DQ (48%). This may be due to the way the data were 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 (e.g. approved or disapproved).
  - Air Force applicants had the highest percentage of considerations with more than one DQ (29%).

**Table 21:** Metrics of Waiver Considerations for Active Duty and Reserve Component Applicants by Service: 2013-2018

	Army	Navy	Marine Corps	Air Force
<b>All waiver considerations</b>	81,941	60,924	36,198	32,904
<b>Applicants<sup>1</sup></b>	73,543	59,988	29,154	32,189
<b>Average number of considerations per applicant</b>	1.11	1.02	1.24	1.02
<b>Considerations with a single DQ</b>	66,100 (80.7%)	25,869 (42.5%)	27,025 (74.7%)	22,966 (69.8%)
<b>Considerations with multiple DQs</b>	14,825 (18.1%)	5,801 (9.5%)	8,487 (23.4%)	9,538 (29.0%)
<b>Considerations with missing DQs</b>	1,016 (1.2%)	29,254 (48.0%)	686 (1.9%)	400 (1.2%)

<sup>1</sup>All waiver considerations are counted; therefore, applicants may be counted more than once per year and in multiple services.

### Section II-A: Accessions and Endpoints – Adverse Attrition

Section II-A describes adverse attrition among first-time active duty, reserve, and National Guard enlisted accessions into the Army, Navy, Marines, and Air Force from fiscal year (FY) 2013 to 2018. Refer to the ‘Definitions’ section and Table 1 for AMSARA’s definitions for early discharge and adverse attrition. Age, education level, and Armed Forces Qualification Test (AFQT) score were obtained at the time of accession.

#### **Adverse Attrition Rates for All Accessions**

Tables 22-24 display the period-specific and cumulative probability of adverse attrition at 70, 365, 730, and 1,095 days following accession by service, year of accession, specific demographic characteristics, Armed Forces Qualification Test (AFQT) score at application, and pre-accession 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 Defense Manpower Data Center (DMDC) transactions that result in the generation of a loss date but are not considered adverse events (e.g, expiration of term of service). For this report, adverse attrition was based on ISC codes, which are assigned to active duty component separations only. Early discharge rates for Reserve and National Guard were only included when the service member was activated at the time of separation and should, therefore, be considered underestimates.

#### ***ACTIVE DUTY COMPONENT***

##### **Table 22 Primary Findings:**

- Overall attrition rate by three years among enlisted active component accessions was about 17%.
  - More than half of the attrition that occurred during the first three years of service took place by the end of the first year (11%) and around a third of attritions occur in the first 70 days.
- Attrition in the first 70 days of service was the highest for Navy (10%) and lowest for Air Force (4%).
  - By the end of the third year of service, the Air Force had the lowest cumulative percent attrition (11%) while the Army had the highest (21%).
- When examined by year of accession, percent of attrition in the first 70 days of service was lowest among those who accessed in 2013 and increased for each subsequent year’s accessions. Cumulative attrition in the first, second, and third years of service progressively declined as fiscal year increased.
  - Three years of complete follow-up time was not available for all 2016-2018 accessions. Therefore, figures are underestimated for 2016 accessions after two years. Attrition was not calculated after two years for 2017 accessions and is underestimated after one year. Attrition was underestimated for all 2018 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 older than 20 years, although the rate differences were small (1-6% percentage point differences).
- Attrition rates by race were similar within the first year. By the third year, blacks had a slightly higher cumulative attrition percent than whites and other race.
- Those who accessed with at least a bachelor’s degree consistently had the lowest proportion of losses at all points of follow-up.
  - 29% of those who accessed without a high school diploma were lost to attrition within 3 years.
- Attrition by AFQT percentile scores generally followed a similar pattern as education. The proportion of accessions lost at all follow-up points was lowest for the highest percentile score group (93-99), and highest for those that scored between 30 and 49.
- Among attrition in the first year of service by medical DQ status at MEPS, fully qualified accessions had a lower percent attrition than those with history of a permanent or temporary disqualification. However, at two and three years, those with a history of permanent or temporary disqualification had lower percent of attrition than those fully qualified.
  - 25% of those with a pre-accession temporary DQ were lost to attrition within three years; this rate is higher than fully qualified (17%) and history of a permanent DQ (18%) accessions.

ATTRITION

## Section II – Accessions and Endpoints

**Table 22:** Attrition Rates by Demographic and Pre-accession Characteristics among 2013-2018 Enlisted Active Duty Accessions

	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 %
<b>Service</b>													
Army	361,174	16,838	4.7	4.7	26,983	7.5	12.1	17,110	4.7	16.9	15,938	4.4	21.3
Navy	217,875	20,772	9.5	9.5	9,519	4.4	13.9	5,119	2.3	16.3	4,798	2.2	18.5
Marine Corps	183,201	8,833	4.8	4.8	6,068	3.3	8.1	3,993	2.2	10.3	3,710	2.0	12.3
Air Force	167,856	6,223	3.7	3.7	6,033	3.6	7.3	3,516	2.1	9.4	3,024	1.8	11.2
<b>Year of Accession</b>													
2013	165,984	7,973	4.8	4.8	9,213	5.6	10.4	7,315	4.4	14.8	8,576	5.2	19.9
2014	140,032	7,267	5.2	5.2	7,700	5.5	10.7	6,045	4.3	15.0	7,198	5.1	20.1
2015	146,588	7,823	5.3	5.3	8,477	5.8	11.1	6,268	4.3	15.4	7,803	5.3	20.7
2016 <sup>1</sup>	153,207	8,502	5.5	5.5	8,368	5.5	11.0	7,077	4.6	15.6	3,893	2.5	18.2
2017 <sup>1</sup>	158,740	8,976	5.7	5.7	9,569	6.0	11.7	3,033	1.9	13.6	-	-	-
2018 <sup>1</sup>	165,555	12,125	7.3	7.3	5,276	3.2	10.5	-	-	-	-	-	-
<b>Sex<sup>2</sup></b>													
Male	762,259	40,062	5.3	5.3	36,215	4.8	10.0	24,084	3.2	13.2	21,806	2.9	16.0
Female	167,846	12,604	7.5	7.5	12,388	7.4	14.9	5,654	3.4	18.3	5,664	3.4	21.6
<b>Age of Accession<sup>2</sup></b>													
17-20	634,174	36,718	5.8	5.8	35,471	5.6	11.4	21,749	3.4	14.8	19,055	3.0	17.8
21-25	237,586	13,146	5.5	5.5	10,715	4.5	10.0	6,675	2.8	12.9	6,864	2.9	15.7
>25	58,335	2,801	4.8	4.8	2,417	4.1	8.9	1,314	2.3	11.2	1,548	2.7	13.9
<b>Race</b>													
White	674,774	39,350	5.8	5.8	35,237	5.2	11.1	20,296	3.0	14.1	18,542	2.7	16.8
Black	171,536	8,689	5.1	5.1	10,035	5.9	10.9	7,373	4.3	15.2	7,017	4.1	19.3
Other	83,796	4,627	5.5	5.5	3,331	4.0	9.5	2,069	2.5	12.0	1,911	2.3	14.2
<b>Education<sup>2</sup></b>													
<HS Graduate <sup>3</sup>	326	27	8.3	8.3	35	10.7	19.0	12	3.7	22.7	19	5.8	28.5
HS Diploma	843,238	49,039	5.8	5.8	45,287	5.4	11.2	27,654	3.3	14.5	25,260	3.0	17.5
Some College	26,048	1,502	5.8	5.8	1,536	5.9	11.7	989	3.8	15.5	999	3.8	19.3
≥Bachelor's Degree	35,209	1,352	3.8	3.8	1,040	3.0	6.8	701	2.0	8.8	875	2.5	11.3
<b>AFQT Score<sup>2</sup></b>													
93-99	61,113	2,790	4.6	4.6	2,335	3.8	8.4	1,226	2.0	10.4	1,154	1.9	12.3
65-92	359,358	19,086	5.3	5.3	16,146	4.5	9.8	9,590	2.7	12.5	9,026	2.5	15.0
50-64	260,914	15,686	6.0	6.0	14,173	5.4	11.4	8,747	3.4	14.8	8,160	3.1	17.9
30-49	236,208	14,534	6.2	6.2	15,606	6.6	12.8	10,061	4.3	17.0	9,034	3.8	20.8
11-29	2,994	145	4.8	4.8	235	7.8	12.7	98	3.3	16.0	80	2.7	18.6
<b>Medical Status<sup>2</sup></b>													
Fully Qualified	840,084	46,488	5.5	5.5	43,421	5.2	10.7	27,134	3.2	13.9	25,022	3.0	16.9
Permanent DQ	80,664	5,569	6.9	6.9	4,681	5.8	12.7	2,359	2.9	15.6	2,237	2.8	18.4
Temporary DQ	3,621	304	8.4	8.4	301	8.3	16.7	163	4.5	21.2	128	3.5	24.7
<b>Total<sup>1</sup></b>	<b>930,106</b>	<b>52,666</b>	<b>5.7</b>	<b>5.7</b>	<b>48,603</b>	<b>5.2</b>	<b>10.9</b>	<b>29,738</b>	<b>3.2</b>	<b>14.1</b>	<b>27,470</b>	<b>3.0</b>	<b>17.0</b>

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

<sup>1</sup> Attrition is not counted after 730 days for 2016 accessions or 365 days for 2017-2018 accessions and is underestimated for all 2018 accessions due to lack of sufficient follow-up time.

<sup>2</sup> Individuals with missing values for demographic variables are included in the total.

<sup>3</sup> 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; or, 3) one who is attending high school.

## Section II – Accessions and Endpoints

### *RESERVE COMPONENT*

**Table 23 Primary Findings:**

- Overall cumulative attrition by three years among enlisted reserve component accessions was about 7%.
  - Approximately half of the attrition that occurs during the first three years of service takes place by the end of the first year (4%).
  - Due to lack of follow-up time, attrition after 730 days is underestimated for 2016 accessions and not calculated for 2017-2018 accessions. Similarly, attrition after 365 days is underestimated for 2017 accessions and not calculated for 2018 accessions. All attrition estimates that are calculated for 2018 accessions should be considered underestimates.
- Cumulative attrition at the end of the three year follow-up was highest in the Marine Corps (15%) and lowest in the Navy (<1%).
  - Air Force had a large increase in attrition between 0-70 days (<1%) and 71-365 days (7%).
- Cumulative attrition did not vary substantially across accession years, not including the years with insufficient follow-up time.
- Attrition rates were relatively similar between males and females with the exception of the first 70 days where males had a higher rate than females (2% vs. <1%).
- Attrition rates were similar for reserve component accessions in the 17-20 and 21-25 age groups and were consistently lower among reserve component accession over the age of 25.
- Attrition was comparable among black and white enlisted reserve accessions. Accessions within the other race category had the lowest cumulative attrition rate regardless of time in service.
- After the first year in service, attrition is highest for those with a high school diploma leading to an 8% three-year cumulative attrition rate. Accessions with at least a bachelor's degree had the lowest cumulative attrition at end of the three-year follow-up (3%).
- After the first year of service, the cumulative attrition rate shows an inverse relationship with AFQT score where higher scores consistently had lower attrition.
- The attrition rate of those with a history of PDQ at MEPs was higher in all time periods than those who were fully qualified.

## Section II – Accessions and Endpoints

**Table 23:** Attrition Rates by Demographic and Pre-accession Characteristics among 2013-2018 Enlisted Reserve Accessions

	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 %
<b>Service</b>													
Army	76,418	141	0.2	0.2	2,316	3.0	3.2	262	0.3	3.6	14	< 0.1	3.6
Navy	18,581	0	-	-	0	-	-	23	0.1	0.1	19	0.1	0.2
Marine Corps	31,317	1,865	6.0	6.0	774	2.5	8.4	984	3.1	11.6	1,204	3.8	15.4
Air Force	17,252	56	0.3	0.3	1,108	6.4	6.7	564	3.3	10.0	300	1.7	11.8
<b>Year of Accession</b>													
2013	21,296	248	1.2	1.2	735	3.5	4.6	381	1.8	6.4	394	1.9	8.3
2014	24,682	322	1.3	1.3	838	3.4	4.7	371	1.5	6.2	466	1.9	8.1
2015	24,942	284	1.1	1.1	694	2.8	3.9	373	1.5	5.4	465	1.9	7.3
2016 <sup>1</sup>	26,936	245	0.9	0.9	646	2.4	3.3	471	1.7	5.1	212	0.8	5.8
2017 <sup>1</sup>	24,326	359	1.5	1.5	828	3.4	4.9	237	1.0	5.9	-	-	-
2018 <sup>1</sup>	21,386	604	2.8	2.8	457	2.1	5.0	-	-	-	-	-	-
<b>Sex<sup>2</sup></b>													
Male	109,533	1,925	1.8	1.8	2,691	2.5	4.2	1,469	1.3	5.6	1,396	1.3	6.8
Female	34,034	137	0.4	0.4	1,506	4.4	4.8	364	1.1	5.9	141	0.4	6.3
<b>Age at Accession<sup>2</sup></b>													
17-20	93,974	1,333	1.4	1.4	2,859	3.0	4.5	1,316	1.4	5.9	1,132	1.2	7.1
21-25	31,442	552	1.8	1.8	928	3.0	4.7	381	1.2	5.9	335	1.1	7.0
>25	18,145	177	1.0	1.0	409	2.3	3.2	136	0.7	4.0	70	0.4	4.4
<b>Race<sup>2</sup></b>													
White	95,797	1,635	1.7	1.7	2,868	3.0	4.7	1,262	1.3	6.0	1,118	1.2	7.2
Black	32,618	317	1.0	1.0	1,098	3.4	4.3	459	1.4	5.7	334	1.0	6.8
Other	15,153	110	0.7	0.7	232	1.5	2.3	112	0.7	3.0	85	0.6	3.6
<b>Education<sup>2</sup></b>													
<HS Graduate <sup>3</sup>	12,902	4	< 0.1	< 0.1	292	2.3	2.3	105	0.8	3.1	8	0.1	3.2
HS Diploma	109,744	1,877	1.7	1.7	3,503	3.2	4.9	1,632	1.5	6.4	1,468	1.3	7.7
Some College	5,437	39	0.7	0.7	124	2.3	3.0	29	0.5	3.5	23	0.4	4.0
≥Bachelor's Degree	8,677	105	1.2	1.2	80	0.9	2.1	17	0.2	2.3	15	0.2	2.5
<b>AFQT Score<sup>2</sup></b>													
93-99	9,003	99	1.1	1.1	167	1.9	3.0	89	1.0	3.9	60	0.7	4.6
65-92	54,869	772	1.4	1.4	1,265	2.3	3.7	638	1.2	4.9	564	1.0	5.9
50-64	36,798	490	1.3	1.3	1,047	2.8	4.2	520	1.4	5.6	481	1.3	6.9
30-49	41,118	563	1.4	1.4	1,685	4.1	5.5	580	1.4	6.9	429	1.0	7.9
11-29	451	0	-	-	23	5.1	5.1	1	0.2	5.3	2	0.4	5.8
<b>Medical Status</b>													
Fully Qualified	125,357	1,526	1.2	1.2	3,716	3.0	4.2	1,671	1.3	5.5	1,407	1.1	6.6
Permanent DQ	11,523	245	2.1	2.1	380	3.3	5.4	122	1.1	6.5	111	1.0	7.4
Temporary DQ	1,290	6	0.5	0.5	41	3.2	3.6	20	1.6	5.2	11	0.9	6.0
<b>Total<sup>1</sup></b>	<b>143,568</b>	<b>2,062</b>	<b>1.4</b>	<b>1.4</b>	<b>4,198</b>	<b>2.9</b>	<b>4.4</b>	<b>1,833</b>	<b>1.3</b>	<b>5.6</b>	<b>1,537</b>	<b>1.1</b>	<b>6.7</b>

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

<sup>1</sup> Attrition is not counted after 730 days for 2016 accessions or 365 days for 2017-2018 accessions and is underestimated for all 2018 accessions due to lack of sufficient follow-up time.

<sup>2</sup> Individuals with missing values for demographic variables are included in the total.

<sup>3</sup> 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

### *NATIONAL GUARD*

**Table 24 Primary Findings:**

- 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.

## Section II – Accessions and Endpoints

**Table 24:** Attrition Rates by Demographic and Pre-accession Characteristics among 2013-2018 Enlisted National Guard Accessions

	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 %
<b>Service</b>													
Army	185,371	1	< 0.1	< 0.1	3	< 0.1	< 0.1	2	< 0.1	< 0.1	0	-	< 0.1
Air Force	28,372	5	< 0.1	< 0.1	474	1.7	1.7	854	3.0	4.7	358	1.3	6.0
<b>Year of Accession</b>													
2013	28,697	1	< 0.1	< 0.1	85	0.3	0.3	240	0.8	1.1	124	0.4	1.6
2014	43,389	1	< 0.1	< 0.1	124	0.3	0.3	264	0.6	0.9	162	0.4	1.3
2015	38,412	1	< 0.1	< 0.1	126	0.3	0.3	215	0.6	0.9	65	0.2	1.1
2016 <sup>1</sup>	34,105	0	-	-	109	0.3	0.3	117	0.3	0.7	7	< 0.1	0.7
2017 <sup>1</sup>	34,679	2	< 0.1	< 0.1	33	0.1	0.1	20	0.1	0.2	-	-	-
2018 <sup>1</sup>	34,461	1	< 0.1	< 0.1	0	-	-	-	-	-	-	-	-
<b>Sex<sup>2</sup></b>													
Male	161,091	4	< 0.1	< 0.1	313	0.2	0.2	564	0.4	0.5	255	0.2	0.7
Female	52,652	2	< 0.1	< 0.1	164	0.3	0.3	292	0.6	0.9	103	0.2	1.1
<b>Age of Accession<sup>2</sup></b>													
17-20	149,727	3	< 0.1	< 0.1	271	0.2	0.2	487	0.3	0.5	205	0.1	0.6
21-25	42,205	3	< 0.1	< 0.1	128	0.3	0.3	217	0.5	0.8	94	0.2	1.0
>25	21,767	0	-	-	78	0.4	0.4	152	0.7	1.1	59	0.3	1.3
<b>Race</b>													
White	161,226	6	< 0.1	< 0.1	386	0.2	0.2	672	0.4	0.7	253	0.2	0.8
Black	42,095	0	-	-	67	0.2	0.2	140	0.3	0.5	81	0.2	0.7
Other	10,422	0	-	-	24	0.2	0.2	44	0.4	0.6	24	0.2	0.9
<b>Education<sup>2</sup></b>													
<HS Graduate <sup>3</sup>	66,628	0	-	-	10	< 0.1	< 0.1	31	< 0.1	< 0.1	13	< 0.1	< 0.1
HS Diploma	104,107	4	< 0.1	< 0.1	311	0.3	0.3	556	0.5	0.8	251	0.2	1.1
Some College	20,145	1	< 0.1	< 0.1	32	0.2	0.2	67	0.3	0.5	21	0.1	0.6
≥Bachelor's Degree	9,184	0	-	-	4	< 0.1	< 0.1	9	0.1	0.1	1	< 0.1	0.2
<b>AFQT Score<sup>2</sup></b>													
93-99	13,126	0	-	-	32	0.2	0.2	45	0.3	0.6	19	0.1	0.7
65-92	72,439	4	< 0.1	< 0.1	167	0.2	0.2	328	0.5	0.7	107	0.1	0.8
50-64	48,806	2	< 0.1	< 0.1	144	0.3	0.3	228	0.5	0.8	112	0.2	1.0
30-49	71,116	0	-	-	128	0.2	0.2	244	0.3	0.5	116	0.2	0.7
11-29	5,587	0	-	-	0	-	-	1	< 0.1	< 0.1	2	< 0.1	< 0.1
<b>Medical Status<sup>2</sup></b>													
Fully Qualified	184,424	4	< 0.1	< 0.1	411	0.2	0.2	744	0.4	0.6	312	0.2	0.8
Permanent DQ	18,113	1	< 0.1	< 0.1	46	0.3	0.3	82	0.5	0.7	35	0.2	0.9
Temporary DQ	2,985	1	< 0.1	< 0.1	7	0.2	0.3	11	0.4	0.6	4	0.1	0.8
<b>Total<sup>1</sup></b>	<b>213,743</b>	<b>6</b>	<b>&lt; 0.1</b>	<b>&lt; 0.1</b>	<b>477</b>	<b>0.2</b>	<b>0.2</b>	<b>856</b>	<b>0.4</b>	<b>0.6</b>	<b>358</b>	<b>0.2</b>	<b>0.8</b>

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

<sup>1</sup> Attrition is not counted after 730 days for 2016 accessions or 365 days for 2017-2018 accessions and is underestimated for all 2018 accessions due to lack of sufficient follow-up time.

<sup>2</sup> Individuals with missing values for demographic variables are included in the total.

<sup>3</sup> 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.

## Section II-B: Accessions and Endpoints - Disability Discharge

Section II-B describes disability discharges within the first year of military service among enlisted Army, Navy, Marine Corps, and Air Force personnel who accessed during FY 2013 through 2018. AMSARA’s definition of disability discharge is described within the ‘Definitions’ section (pages 7-8). These results include disability discharge for any conditions, regardless of waiver status. Unadjusted relative risks were calculated to compare the likelihood of disability discharge for specific demographic and pre-accession characteristics. 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.

### **Demographic and Service-Related Characteristics of Early Disability Discharges**

Tables 25, 27, and 29 present the number and rate of disability discharges among Army, Navy, Marine Corps and Air Force service members who accessed between 2013 and 2018. Results are shown by year of accession for the active duty (Table 25), reserve (Table 27), and National Guard (Table 29) components.

In Tables 26, 28, and 30, the rate of enlisted accessions who were disability discharged in the first year of service is shown for each demographic characteristic, and the relative risks and 95% confidence intervals for disability discharge are reported for the active, reserve, and National Guard components, respectively. Age, education level, and Armed Forces Qualification Test (AFQT) score were obtained at the time of accession.

### ***ACTIVE DUTY COMPONENT***

#### **Tables 25 and 26 Primary Findings:**

- Service members that accessed in 2013 had the highest rate of disability discharge in the first year of service (26 per 10,000 service members).
  - Rates have generally decreased over time.
- Soldiers had the highest rate of disability discharge (277 per 10,000) and were significantly more likely to be disability discharged in the first year of service than Marines, Sailors and Airmen.
- Females were more than twice as likely to be disability discharged than males.
- The likelihood of disability discharge within the first year of service increased as age at accession increased.
- Being a non-white race showed decreased likelihood of disability discharge.
- Service members with at least some college education were significantly more likely to be disability discharged than high school graduates.
- Service members with history of a permanent medical disqualification at MEPS had a 38% higher likelihood of disability discharge than those who were fully qualified.

**Table 25:** Rate of Disability Discharge within the First Year of Service among Active Duty Accessions by Year of Accession: 2013-2018

Year of accession	Accessed	Discharged within one year of accession	
	n	N	Rate <sup>1</sup>
2013	165,984	428	26
2014	140,032	330	24
2015	146,588	251	17
2016	153,207	279	18
2017	158,740	368	23
2018 <sup>2</sup>	165,555	59	4

<sup>1</sup> Per 10,000 service members

<sup>2</sup> Rates of disability discharge may be underestimated due to insufficient follow-up time.

## Section II – Accessions and Endpoints

**Table 26:** Likelihood of Disability Discharge within the First Year of Service for Application and Accession Characteristics among 2013-2018 Active Duty Accessions

	Accessed n	Disability Discharged n Rate <sup>2</sup>		Crude RR	95% CI
<b>Service</b>					
Army (REF)	361,174	1,001	277	1.00	-
Navy	217,875	137	6	<b>0.23</b>	<b>(0.19 , 0.27)</b>
Marine Corps	183,201	414	23	<b>0.82</b>	<b>(0.73 , 0.91)</b>
Air Force	167,856	163	10	<b>0.35</b>	<b>(0.30 , 0.41)</b>
<b>Sex<sup>1</sup></b>					
Male (REF)	762,259	1,131	15	1.00	-
Female	167,846	584	35	<b>2.35</b>	<b>(2.12 , 2.59)</b>
<b>Age at Accession<sup>1</sup></b>					
17 – 20 (REF)	634,174	1,074	17	1.00	-
21 – 25	237,586	483	20	<b>1.20</b>	<b>(1.08 , 1.33)</b>
> 25	58,335	156	27	<b>1.58</b>	<b>(1.33 , 1.86)</b>
<b>Race</b>					
White (REF)	674,774	1,369	20	1.00	-
Black	171,536	254	15	<b>0.73</b>	<b>(0.64 , 0.83)</b>
Other	83,796	92	11	<b>0.54</b>	<b>(0.44 , 0.67)</b>
<b>Education Level<sup>1</sup></b>					
Below HS graduate <sup>3</sup>	326	1	31	1.71	(0.24 , 12.10)
HS diploma (REF)	843,238	1,514	18	1.00	-
Some college	26,048	84	32	<b>1.80</b>	<b>(1.44 , 2.24)</b>
Bachelor's or higher	35,209	93	26	<b>1.47</b>	<b>(1.19 , 1.81)</b>
<b>AFQT Score<sup>1</sup></b>					
93 – 99 (REF)	61,113	109	18	1.00	-
65 – 92	359,358	690	19	1.08	(0.88 , 1.32)
50 – 64	260,914	469	18	1.01	(0.82 , 1.24)
30 – 49	236,208	442	19	1.05	(0.85 , 1.29)
11 – 29	2,994	4	13	0.75	(0.28 , 2.03)
<b>Medical Status<sup>1</sup></b>					
Fully Qualified (REF)	840,084	1,505	18	1.00	-
Permanent DQ	80,664	200	25	<b>1.38</b>	<b>(1.19 , 1.60)</b>
Temporary DQ	3,621	7	19	1.08	(0.51 , 2.27)
<b>Total</b>	<b>930,106</b>	<b>1,715</b>	<b>18</b>		

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

<sup>1</sup> Individuals with missing values for demographic variables are included in the total.

<sup>2</sup> Per 10,000 service members.

<sup>3</sup> 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.

### RESERVE COMPONENT

#### Tables 27 and 28 Primary Findings:

- Reserves who accessed in 2013 had the highest rate of disability discharge in the first year of service (12 per 10,000 service members).
- Marine Corps reserves were 2.4 times the likelihood of disability discharge than Army reserves.
- Rates and likelihood of disability discharge were generally similar for sex, AFQT score, race and medical status at MEPS.
- Reserves who accessed between the ages of 21 and 25 were significantly more likely to have a disability discharge relative to personnel who accessed between the ages of 17 and 20 years.
- Reserves with some college education were twice as likely to be disability discharged than high school graduates.

## Section II – Accessions and Endpoints

**Table 27:** Rate of Disability Discharge within the First Year of Service among Reserve Accessions by Year of Accession: 2013-2018

Year of accession	Accessed	Discharged within one year of accession	
	n	n	Rate <sup>1</sup>
2013	21,296	25	12
2014	24,682	23	9
2015	24,942	14	6
2016	26,936	29	11
2017	24,326	17	7
2018 <sup>2</sup>	21,386	5	2

<sup>1</sup> Per 10,000 service members

<sup>2</sup> Rates of disability discharge may be underestimated due to insufficient follow-up time.

**Table 28:** Likelihood of Disability Discharge within the First Year of Service for Application and Accession Characteristics among 2013-2018 Reserve Accessions

	Accessed n	Disability Discharged n	Rate <sup>2</sup>	Crude RR	95% CI
<b>Service</b>					
Army (REF)	76,418	54	7	1.00	-
Navy	18,581	3	2	<b>0.23</b>	<b>(0.07 , 0.73)</b>
Marine Corps	31,317	54	17	<b>2.44</b>	<b>(1.67 , 3.56)</b>
Air Force	17,252	2	1	<b>0.16</b>	<b>(0.04 , 0.67)</b>
<b>Sex<sup>1</sup></b>					
Male (REF)	109,533	83	8	1.00	-
Female	34,043	30	9	1.16	(0.77 , 1.77)
<b>Age at Accession<sup>1</sup></b>					
17 – 20 (REF)	93,974	62	7	1.00	-
21 – 25	31,442	38	12	<b>1.83</b>	<b>(1.22 , 2.74)</b>
> 25	18,145	13	7	1.09	(0.60 , 1.97)
<b>Race</b>					
White (REF)	95,797	82	9	1.00	-
Black	32,618	21	6	0.75	(0.47 , 1.21)
Other	15,153	10	7	0.77	(0.40 , 1.49)
<b>Education Level<sup>1</sup></b>					
Below HS graduate <sup>3</sup>	12,902	1	1	<b>0.10</b>	<b>(0.01 , 0.72)</b>
HS diploma (REF)	109,744	85	8	1.00	-
Some college	5,437	9	17	<b>2.14</b>	<b>(1.08 , 4.25)</b>
Bachelor's or higher	8,677	12	14	1.79	(0.98 , 3.27)
<b>AFQT Score<sup>1</sup></b>					
93 – 99 (REF)	9,003	9	10	1.00	-
65 – 92	54,889	51	9	0.93	(0.46 , 1.89)
50 – 64	36,798	22	6	0.60	(0.27 , 1.30)
30 – 49	41,118	31	8	0.75	(0.36 , 1.58)
11 – 29	451	0	-	-	-
<b>Medical Status<sup>1</sup></b>					
Fully Qualified (REF)	125,357	96	8	1.00	-
Permanent DQ	11,523	14	12	1.59	(0.91 , 2.78)
Temporary DQ	1,290	1	8	1.01	(0.14 , 7.25)
<b>Total</b>	<b>143,568</b>	<b>113</b>	<b>8</b>		

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

<sup>1</sup> Individuals with missing values for demographic variables are included in the total.

<sup>2</sup> Per 10,000 service members.

<sup>3</sup> 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.

## Section II – Accessions and Endpoints

### NATIONAL GUARD

#### Tables 29 and 30 Primary Findings:

- Those who accessed in 2013 had the highest rate of disability discharge in the first year of service (11 per 10,000 service members).
  - Rates of disability discharge in the first year of service have generally decreased over time.
- Disability discharge was significantly less likely among Air Guard than Army Guard.
- Females were twice as likely to be disability discharged than males.
- The risk of disability discharge increased as age at accession increased.
  - Enlistees at least 25 years old at accession were 2.6 times as likely to be disability discharged than those aged 17 to 20 years.
- Rates and likelihood of disability discharge were generally similar for education, AFQT score, race and medical status at MEPS.

**Table 29:** Rate of Disability Discharge within the First Year of Service among National Guard Accessions by Year of Accession: 2013-2018

Year of accession	Accessed	Discharged within one year of accession	
	n	n	Rate <sup>1</sup>
2013	28,697	33	11
2014	43,389	31	7
2015	38,412	12	3
2016	34,105	14	4
2017	34,679	17	5
2018 <sup>2</sup>	34,461	0	-

<sup>1</sup> Per 10,000 service members

<sup>2</sup> Rates of disability discharge may be underestimated due to insufficient follow-up time.

## Section II – Accessions and Endpoints

**Table 30:** Likelihood of Disability Discharge within the First Year of Service for Application and Accession Characteristics among 2013-2018 National Guard Accessions

	Accessed n	Disability Discharged n Rate <sup>2</sup>		Crude RR	95% CI
<b>Service</b>					
Army (REF)	185,371	105	6	1.00	-
Air Force	28,372	2	1	<b>0.12</b>	<b>(0.03 , 0.50)</b>
<b>Sex<sup>1</sup></b>					
Male (REF)	161,091	63	4	1.00	-
Female	52,652	44	9	<b>2.14</b>	<b>(1.45 , 3.14)</b>
<b>Age at Accession<sup>1</sup></b>					
17 – 20 (REF)	149,727	58	4	1.00	-
21 – 25	42,205	27	7	<b>1.65</b>	<b>(1.05 , 2.61)</b>
> 25	21,767	22	13	<b>2.61</b>	<b>(1.60 , 4.26)</b>
<b>Race</b>					
White (REF)	161,226	89	6	1.00	-
Black	42,095	16	4	0.69	(0.40 , 1.17)
Other	10,422	2	3	0.35	(0.09 , 1.41)
<b>Education Level<sup>1</sup></b>					
Below HS graduate <sup>3</sup>	66,628	14	3	<b>0.30</b>	<b>(0.17 , 0.52)</b>
HS diploma (REF)	104,107	74	7	1.00	-
Some college	20,145	10	5	0.70	(0.36 , 1.35)
Bachelor's or higher	9,184	6	10	0.92	(0.40 , 2.11)
<b>AFQT Score<sup>1</sup></b>					
93 – 99 (REF)	13,126	6	5	1.00	-
65 – 92	72,439	39	6	1.18	(0.50 , 2.78)
50 – 64	48,806	24	5	1.08	(0.44 , 2.63)
30 – 49	71,116	37	6	1.14	(0.48 , 2.70)
11 – 29	5,587	0	-	-	-
<b>Medical Status<sup>1</sup></b>					
Fully Qualified (REF)	184,424	86	5	1.00	-
Permanent DQ	18,113	11	7	1.30	(0.70 , 2.44)
Temporary DQ	2,985	1	3	0.72	(0.10 , 5.16)
<b>Total</b>	<b>213,743</b>	<b>107</b>	<b>4</b>		

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

<sup>1</sup> Individuals with missing values for demographic variables are included in the total.

<sup>2</sup> Per 10,000 service members

<sup>3</sup> 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.

### **Leading Diagnosis Categories Among Early Disability Discharges**

Tables 31-34 describe the ten leading diagnosis categories, based on the Veterans Affairs Schedule for Rating Disabilities (VASRD) for 2013-2018 enlisted accessions into the Army, Navy, Marine Corps, and Air Force, respectively, who were disability discharged in the first year of service. These tables only include those conditions deemed by the service-specific disability authorities to be unfitting. Due to the large number of specific VASRD codes, specific VASRD codes were combined into clinical meaningful categories. These categories are described in Table 2.

### ***ALL SERVICES AND COMPONENTS***

#### **Tables 31-34 Primary Findings:**

- For all services, the most common diagnosis categories in first-year disability discharges were related to the musculoskeletal, psychiatric, neurological and digestive body systems.
  - This finding is similar to the most common body system categories among all disability discharges, regardless of time in service (Disability Evaluation System Analysis and Research 2018 Annual Report).
- The most common reason for early disability discharge in all services was impairment, limitation and ankylosis of the joint, spine, skull limbs and extremities, which was seen in 36% (Air Force) to 65% (Army and Marine Corps) of early disability discharges.
- The second most common condition seen in first-year disability discharges was prosthetic implants and diseases of the musculoskeletal system for the Army and Marine Corps (9-17%) or affective and nonpsychotic mental disorders for the Navy and Air Force (13-19%).
- Psychiatric disorders comprised the third most common reasons for early disability discharge in the Army (affective and nonpsychotic mental disorders), Marine Corps (schizophrenia and other psychotic disorders) and Air Force (schizophrenia and other psychotic disorders).
  - Diseases of the digestive system was the third most common condition category for the Navy.

**Table 31: Most Common Diagnosis Categories among Disability Discharges Occurring within the First Year of Service: 2013-2018 Enlisted Army Accessions**

Category	2013-2018	
	n	% <sup>1</sup>
Impairment, limitation, ankylosis of joints, spine, skull, limbs, and extremities	802	65.3
Prosthetic implants and diseases of the musculoskeletal system	204	16.6
Affective and nonpsychotic mental disorders	126	10.3
Diseases of the peripheral nerves	57	4.6
Miscellaneous neurological disorders	30	2.4
Muscle injuries	25	2.0
Schizophrenia and other psychotic disorders	25	2.0
Organic diseases of the central nervous system	24	2.0
Diseases of the digestive system	22	1.8
Diseases of the trachea and bronchi	18	1.5
<b>Total first-year disability discharges</b>	<b>1,229</b>	

<sup>1</sup> Represents the proportion of disability discharges due to that specific category out of the total number of first-year disability discharges.

## Section II – Accessions and Endpoints

**Table 32:** Most Common Diagnosis Categories among Disability Discharges Occurring within the First Year of Service: 2013-2018 Enlisted Navy Accessions

Diagnosis category	2013-2018	
	n	% <sup>1</sup>
Impairment, limitation, ankylosis of joints, spine, skull, limbs, and extremities	67	42.4
Affective and nonpsychotic mental disorders	30	19.0
Diseases of the digestive system	14	8.9
Schizophrenia and other psychotic disorders	10	6.3
Prosthetic implants and disease of the musculoskeletal system	9	5.7
Diseases of the peripheral nerves	8	5.1
Convulsive disorders	4	2.5
Miscellaneous neurological disorders	4	2.5
Organic diseases of the central nervous system	4	2.5
Diseases of the endocrine system	3	1.9
<b>Total first-year disability discharges</b>	<b>158</b>	

<sup>1</sup> Represents the proportion of disability discharges due to that specific category out of the total number of first-year disability discharges.

**Table 33:** Most Common Diagnosis Categories among Disability Discharges Occurring within the First Year of Service: 2013-2018 Enlisted Marine Corps Accessions

Diagnosis category	2013-2018	
	n	% <sup>1</sup>
Impairment, limitation, ankylosis of joints, spine, skull, limbs, and extremities	335	65.2
Prosthetic implants and disease of the musculoskeletal system	46	9.0
Schizophrenia and other psychotic disorders	23	4.5
Diseases of the peripheral nerves	22	4.3
Convulsive disorders	21	4.1
Affective and nonpsychotic mental disorders	17	3.3
Diseases of the digestive system	15	2.9
Organic diseases of the central nervous system	13	2.5
Muscle injuries	12	2.3
Diseases of the endocrine system	11	2.1
<b>Total first-year disability discharges</b>	<b>514</b>	

<sup>1</sup> Represents the proportion of disability discharges due to that specific category out of the total number of first-year disability discharges.

## Section II – Accessions and Endpoints

**Table 34:** Most Common Diagnosis Categories among Disability Discharges Occurring within the First Year of Service: 2013-2018 Enlisted Air Force Accessions

Diagnosis category	2013-2018	
	n	% <sup>1</sup>
Impairment, limitation, ankylosis of joints, spine, skull, limbs, and extremities	60	36.1
Affective and nonpsychotic mental disorders	22	13.3
Schizophrenia and other psychotic disorders	19	11.5
Muscle injuries	10	6.0
Diseases of the digestive system	9	5.4
Prosthetic implants and disease of the musculoskeletal system	9	5.4
Convulsive disorders	8	4.8
Diseases of the peripheral nerves	7	4.2
Organic diseases of the central nervous system	6	3.6
Diseases of the heart	5	3.0
<b>Total first-year disability discharges</b>	<b>166</b>	

<sup>1</sup> Represents the proportion of disability discharges due to that specific category out of the total number of first-year disability discharges.

## Section II-C: Accessions and Endpoints - EPTS Discharge

Section II-C describes EPTS discharges within the first 180 days of military service among enlisted Army, Navy, Marine Corps, and Air Force personnel who accessed during FY 2013 through 2018. EPTS discharges were ascertained by the presence of an EPTS discharge record with a discharge year of 2013-2018. AMSARA’s definition of EPTS discharge is described within the ‘Definitions’ section of this report.

Table 35 presents the number of EPTS discharge records received by AMSARA for all services by year and component.

**Table 35 Primary Findings:**

- Observed differences in EPTS discharge category frequencies may be due in part to differences in how each service categorizes and reports EPTS discharges. Accordingly, differences across services may reflect procedural differences more than true EPTS rates, and any comparisons across services should be made cautiously.
- Army reported the largest number of EPTS discharges during the time period followed by the Air Force.
  - 2018 data were largely unreported with the exception of the Navy.

**Table 35: EPTS Discharge Data Received by AMSARA by Component and Year**

Service	Component	Fiscal Year of EPTS Discharge						Total
		2013	2014	2015	2016	2017	2018	
Army	Active	681	295	284	1,053	2,429	-	4,742
	Reserve	29	50	19	129	340	-	567
	National Guard	253	128	110	424	705	3	1,653
Navy	Active	381	-	-	1	2	844	1,228
	Reserve	30	-	1	1	1	29	60
Marine Corps	Active	672	590	335	452	665	3	2,717
	Reserve	91	96	38	48	803	-	353
Air Force	Active	505	764	507	688	674	-	3,138
	Reserve	50	101	16	28	34	-	229
	National Guard	6	13	11	9	13	-	52
<b>Total</b>		<b>2,698</b>	<b>2,037</b>	<b>1,321</b>	<b>2,862</b>	<b>4,942</b>	<b>879</b>	<b>14,379</b>

EPTS DISCHARGE

## Section II – Accessions and Endpoints

### **Leading Condition Categories among EPTS Discharges**

Table 36 describes the ten leading body system categories for conditions diagnosed in EPTS discharges among 2013-2018 enlisted accessions into the Army, Navy, Marine Corps, and Air Force, respectively, who were EPTS discharged in the first 180 days of service.

#### **Table 36 Primary Findings:**

- Psychiatric disorders and orthopedic conditions accounted for approximately half of all EPTS discharges in all services.
  - The most common cause of EPTS discharges in the Army, Navy and Marines Corp were psychiatric disorders followed by orthopedic conditions.
  - Conversely, orthopedic conditions were the most common cause of EPTS discharge in the Air Force followed by psychiatric disorders.

**Table 36:** Most Common Body System Categories among 2013-2018 EPTS Discharges by Service

	<b>Army (n=6,962)</b>	<b>Navy (n=1,288)</b>	<b>Marine Corps (n=3,070)</b>	<b>Air Force (n=3,419)</b>
<b>Body System Category</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
Psychiatric	33.9	44.8	41.4	11.1
Orthopedic	29.0	16.1	18.7	38.1
Chest & lungs	10.7	8.5	6.9	10.4
Other	5.9	9.9	17.1	16.5
Neurology	4.5	8.7	3.6	3.6
Ears	4.0	1.9	3.4	3.5
Eyes	3.8	2.6	2.1	2.5
Genitourinary system	3.1	2.6	2.2	2.9
Abdomen & viscera	2.1	1.2	1.9	4.6
Cardiovascular	1.8	2.6	1.4	2.9
Skin & lymphatic	1.2	1.2	1.5	4.0

<sup>1</sup> Represents the proportion of service members with the specific diagnosis category out of the total number of EPTS discharges.

Tables 37-40 describe the ten leading condition categories based on the primary condition diagnosed in EPTS discharges for each service. These EPTS data have a mixture of ICD-9 and ICD-10 codes among the primary condition codes. To allow for comparisons of these data, AMSARA categorized these condition codes into clinically meaningful categories based on CCS codes.

#### **Tables 37-40 Primary Findings:**

- For all services, the most common condition categories in EPTS discharges were psychiatric disorders and musculoskeletal conditions.
  - Mood, anxiety, and adjustment disorders all appear in the top ten leading conditions among EPTS discharges in the Army, Navy, and Marine Corps.
  - Non-traumatic joint disorders and back disorders were the primary reason for EPTS discharge in 10% of Soldiers and Airmen and in 5% of Sailors and Marines.
  - Asthma appears in the top ten among all services.

## Section II – Accessions and Endpoints

**Table 37:** Most Common Condition Categories among EPTS Discharges from 2013-2018 Enlisted Army Accessions

Condition category	2013-2018	
	n	% <sup>1</sup>
Adjustment disorders	757	10.9
Other non-traumatic joint disorders	747	10.7
Mood disorders	743	10.7
Asthma	602	8.6
Spondylosis; intervertebral disc disorders; other back problems	374	5.4
Anxiety disorders	326	4.7
Hearing loss and other sense organ disorders	246	3.5
Other congenital anomalies	190	2.7
Headache; including migraine	165	2.4
Other eye disorders	154	2.2
<b>Total EPTS discharges</b>	<b>6,962</b>	

<sup>1</sup> Represents the proportion of service members with the specific condition category out of the total number of EPTS discharges within this service.

**Table 38:** Most Common Condition Categories among EPTS Discharges from 2013-2018 Enlisted Navy Accessions

Condition category	2013-2018	
	n	% <sup>1</sup>
Mood disorders	242	18.8
Anxiety disorders	132	10.2
Headache; including migraine	95	7.4
Attention-deficit conduct and disruptive behavior disorders	84	6.5
Asthma	70	5.4
Other non-traumatic joint disorders	58	4.5
Adjustment disorders	43	3.3
Nonspecific chest pain	31	2.4
Other connective tissue disease	29	2.3
Spondylosis; intervertebral disc disorders; other back problems	27	2.1
<b>Total EPTS discharges</b>	<b>1,288</b>	

<sup>1</sup> Represents the proportion of service members with the specific condition category out of the total number of EPTS discharges within this service.

## Section II – Accessions and Endpoints

**Table 39:** Most Common Condition Categories among EPTS Discharges from 2013-2018 Enlisted Marine Corps Accessions

Condition category	2013-2018	
	n	% <sup>1</sup>
Anxiety disorders	221	7.2
Suicide and intentional self-inflicted injury	202	6.6
Other non-traumatic joint disorders	172	5.6
Mood disorders	172	5.6
Asthma	140	4.6
Adjustment disorders	135	4.4
Attention-deficit, conduct, and disruptive behavior disorders	112	3.6
Allergic reactions	108	3.5
Disorders of teeth and jaw	94	3.1
Spondylosis; intervertebral disc disorders; other back problems	89	2.9
<b>Total EPTS discharges</b>	<b>3,070</b>	

<sup>1</sup> Represents the proportion of service members with the specific condition category out of the total number of EPTS discharges within this service.

**Table 40:** Most Common Condition Categories among EPTS Discharges from 2013-2018 Enlisted Air Force Accessions

Condition category	2013-2018	
	n	% <sup>1</sup>
Other non-traumatic joint disorders	347	10.1
Adjustment disorders	276	8.1
Other fractures	178	5.2
Allergic reactions	163	4.8
Other connective tissue disease	150	4.4
Spondylosis; intervertebral disc disorders; other back problems	130	3.8
Iron deficiency and other anemia	129	3.8
Nonspecific chest pain	129	3.8
Other congenital anomalies	118	3.5
Asthma	117	3.4
<b>Total EPTS discharges</b>	<b>3,419</b>	

<sup>1</sup> Represents the proportion of service members with the specific condition category out of the total number of EPTS discharges within this service.

# Charter and Supporting Documents

# CHARTER

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: *Jm* 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



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

**CHARTER  
ACCESSION MEDICAL STANDARDS WORKING GROUP**

**I. ESTABLISHMENT, PURPOSE AND SCOPE**

**A. ESTABLISHMENT**

The Accession Medical Standards Working Group (hereafter referred to as the “AMSWG”) is established under the direction of the Department of Defense (DoD) Medical and Personnel Executive Steering Committee (MEDPERS). The AMSWG shall be co-chaired by a representative from the Deputy Assistant Secretary of Defense, Military Personnel Policy (DASD (MPP)) and the Principal Deputy Assistant Secretary of Defense, Health Affairs (PDASD (HA)). This charter will be reviewed for renewal in three years.

**B. PURPOSE**

To bring together representatives from the Medical and Personnel community for the development, discussion and recommendation of issues pertaining to accession medical standards.

The objective of the AMSWG is to focus on oversight and revision of accession policy standards to ensure:

1. Newly accessed personnel are capable of completing training;
2. Newly accessed personnel will be operationally capable, to include worldwide deployability; and
3. Performance, economy, and efficiency

The primary purposes of the AMSWG are to:

1. Establish proposed military accession medical standards, and develop policy recommendations utilizing evidence-based information provided by analysis and research.
2. Support issuance and periodic updating of Department of Defense Instruction (DoDI) 6130.03, “Medical Standards for Appointment, Enlistment, or Induction in the Military Services.”
3. Identify and review medical issues related to accession.
4. Provide direction in research initiatives for Accession Medical Standards Research Activity (AMSARA).
5. Be advisers on accessions to MEDPERS.

**C. SCOPE OF ACTIVITY**

1. Support issuance and periodic updating of DoDI 6130.03 as required by DoDI 5025.01 using evidence-based clinical information.
2. Identify potential accession medical issues by performing evidence-based assessments of the accession standards.
3. Provide guidance to AMSARA on accession-related research initiatives to include in its epidemiologic and evidence-based research performed in support of medical standards.
4. Receive/respond to taskings from MEDPERS, and make recommendations to MEDPERS regarding accession medical issues as appropriate.
5. Maintain records and minutes of AMSWG meetings.

**II. ORGANIZATION**

- A. The AMSWG will report to the MEDPERS as requested. The AMSWG will convene quarterly, at a minimum, and at the discretion of the Co-Chairpersons. Members will provide ongoing liaison with their respective organizations concerning matters of medical/physical accession policy.
- B. The AMSWG shall be composed of representatives from the following:

Voting Members:

DASD (MPP) – Co-chair

PDASD (HA) – Co-chair

Manpower and Reserve Affairs, Army

Manpower and Reserve Affairs, Navy

Manpower and Reserve Affairs, Air Force

Manpower and Reserve Affairs, Marine Corps

Director of Reserve and Military Personnel, Coast Guard



## References

---

Department of the Army. Army Regulation 635-200 Active duty enlisted administrative separations, [https://armypubs.army.mil/epubs/DR\\_pubs/DR\\_a/pdf/web/AR635-200\\_Web\\_FINAL\\_18JAN2017.pdf](https://armypubs.army.mil/epubs/DR_pubs/DR_a/pdf/web/AR635-200_Web_FINAL_18JAN2017.pdf).

Department of Defense Instruction 6130.03 Medical standards for appointment, enlistment, or induction into the military services, <https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/613003p.pdf>.

Disability Evaluation System Analysis and Research. Disability Evaluation System Analysis and Research 2018 annual report, <https://www.amsara.amedd.army.mil/DESAR.aspx>.

Cover photo from <https://www.defense.gov/observe/photo-gallery>. Photo by Air Force Staff Sgt. Devin Nothstine.

Flat icons for infographic provided by <https://www.flaticon.com/authors/wanicon> and <https://www.flaticon.com/authors/freepik>.

REFERENCES

## Acronyms

---

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

# ACRONYMS



## **Accession Medical Standards Analysis & Research Activity**

Statistics and Epidemiology Branch  
Walter Reed Army Institute of Research  
503 Robert Grant Avenue  
Silver Spring, MD 20910  
<http://www.amsara.amedd.army.mil>