

NOAA Corps Medical Considerations & Physical Fitness Guidance

The NOAA Corps is a physically challenging career. All applicants are required to undergo a medical examination. The only sure way to determine your medical fitness is to apply to the NOAA Corps and begin the medical exam screening process. We cannot make medical assessments over the phone or via email. This Guidance serves as a tool to assist you and your doctor in anticipating if you meet the basic physical requirements for admission into the NOAA Corps.

Maximum Allowable Body Fat Percentage (MABF). Applicants who exceed both *Maximum Screening Weight* **and** *MABF* are considered non-compliant and may be declared medically unqualified for commission in the NOAA Corps.

See enclosure (1) of the COMDTINST M1020.8H for full weight screening chart. Examples of maximum weight regardless of age and gender for a given height are: 60" max 141_{lbs}, 65" max 165_{lbs}, 70" max 191_{lbs}, 75" max 220_{lbs}.

Body fat is measured if applicant is not within weight standards:

AGE for MABF	Percent Body Fat (Men)	Percent Body Fat (Women)
Less than 30 y/o	24%	32%
Less than 40 y/o	26%	34%
40 y/o or Greater	28%	36%

To review the methods for body fat measurement, please refer to the Coast Guard COMDTINST M1020.8H.

NOAA Commissioned Corps medical standards mirror those of the U.S. Coast Guard. For a full explanation of the policies and procedures used to determine whether an applicant meets medical standards, please refer to the Coast Guard Medical Manual, COMDTINST M6000.1F, Chapter 3, Section D.

Below is a list of conditions that you may want to discuss with your doctor that can affect your commissioning process:

Color Vision: Color perception deficiency.

Dental: History of TMJ. Lack of sufficient teeth, natural or artificial, in functional occlusion to ensure satisfactory incision and mastication. Current orthodontic appliances for continued treatment.

Ears and Hearing: Current perforation of the tympanic membrane or history of surgery to correct perforation during the preceding 180 days.

Current hearing threshold level in either ear greater than that described below does not meet the standard: (1) Pure tone at 500, 1000, and 2000 cycles per second for each ear of not more than 30 decibels (dB) on the average with no individual level greater than 35 dB at those frequencies.

(2) Pure tone level not more than 45 dB at 3000 cycles per second or 55 dB at 4000 cycles per second for each ear.

Endocrine System and Metabolism: History of goiter (persistent) hyperthyroidism, thyroiditis, hyperparathyroidism, hypoparathyroidism, or diabetes mellitus.

Extremities: All anomalies in the number, the form, the proportion and the movements of the extremities that produce noticeable deformity or interfere with function. Torn cartilage, unstable ACL or PCL, or surgical correction of any ligaments if unstable or symptomatic. Chronic knee pain syndrome. Flatfoot when accompanied by symptoms. Use of rigid, prescribed orthotics. Any surgical procedure on any joint during the past six months.

Eyes and Vision: Current distant visual acuity of any degree that does not correct with spectacle lenses to at least one of the following 20/40 in one eye and 20/70 in the other eye, or 20/30 in one eye and 20/100 in the other eye, or current near visual acuity of any degree that does not correct to 20/40 in the better eye, or current refractive error [(hyperopia (367.0), myopia (367.1), astigmatism (367.2x)] in excess of -8.00 or +8.00 diopters spherical equivalent, or astigmatism in excess of 3.00 diopters.

Genitourinary System: Horseshoe kidney or absence of one kidney. Atrophy or absence of both testicles. Undescended testicle. Active or difficult to treat genital herpes (even if asymptomatic). Bilateral kidney stones or single kidney stone within one year of the exam.

Head, Scalp, Face and Neck: Abnormalities which interfere with wearing equipment.

Heart and Vascular System: History of hypertension. Valvular, septal, congenital or other defects.

Lungs and Chest: History of pneumothorax within the past year if due to simple trauma or surgery, or a history within the past three years if spontaneous. Asthma, including reactive airway disease, exercise-induced bronchospasm or asthmatic bronchitis, reliably diagnosed and symptomatic after the 13th birthday. Reliable diagnostic criteria may include any of the following elements: Substantiated history of cough, wheeze, chest tightness and/or shortness of breath, which persists or recurs over a prolonged period of time, generally more than 12 months.

Nervous System: Diagnosed seizure disorder since the age of five. Medications to control epilepsy within five years of the examination. Any chronic pain syndrome. Any history of recurrent headaches or frequent or severe headaches within the past three years.

Nose and Sinuses: Malformations or deformities that interfere with speech or breathing. Chronic rhinitis or sinusitis inadequately controlled, any history of anaphylaxis to stinging insects, or systemic allergic reactions to food or food additives.

Psychiatric and Personality Disorders: Psychotic episodes. Character and behavior disorders. History of depression requiring meds, outpatient treatment or hospitalization. Bedwetting/sleepwalking/eating disorders past the age of 12. Attention deficit, hyperactivity disorder or learning disability such as dyslexia, which interferes with perceptual or academic skills past the age of 12. Use of medications to reduce symptoms of ADD or ADHD within the previous 12 months.

Skin: Eczema or atopic dermatitis after the age of 8. Contact dermatitis or allergy to rubber. History of psoriasis. Current diseases of sebaceous glands to include severe acne, if extensive involvement of the neck, shoulders, chest or back is present or shall be aggravated by or interfere with the proper wearing of military equipment are disqualifying. Applicants under treatment with systemic retinoids, including, but not limited to isotretinoin (Accutane(r)), are disqualified until 8 weeks after completion.

Spine and other Musculoskeletal: Scoliosis, kyphosis, or lordosis likely to impair normal function. Herniated disc or history of operation for this condition. History of chronic or recurrent low back pain. Fusion of the spine.