Accession Medical Standards Analysis and Research Activity

2021 Annual Report

Medical Disqualifications, Medical Waivers, Accessions and Outcomes
FY 2016-2020 Military Applicants
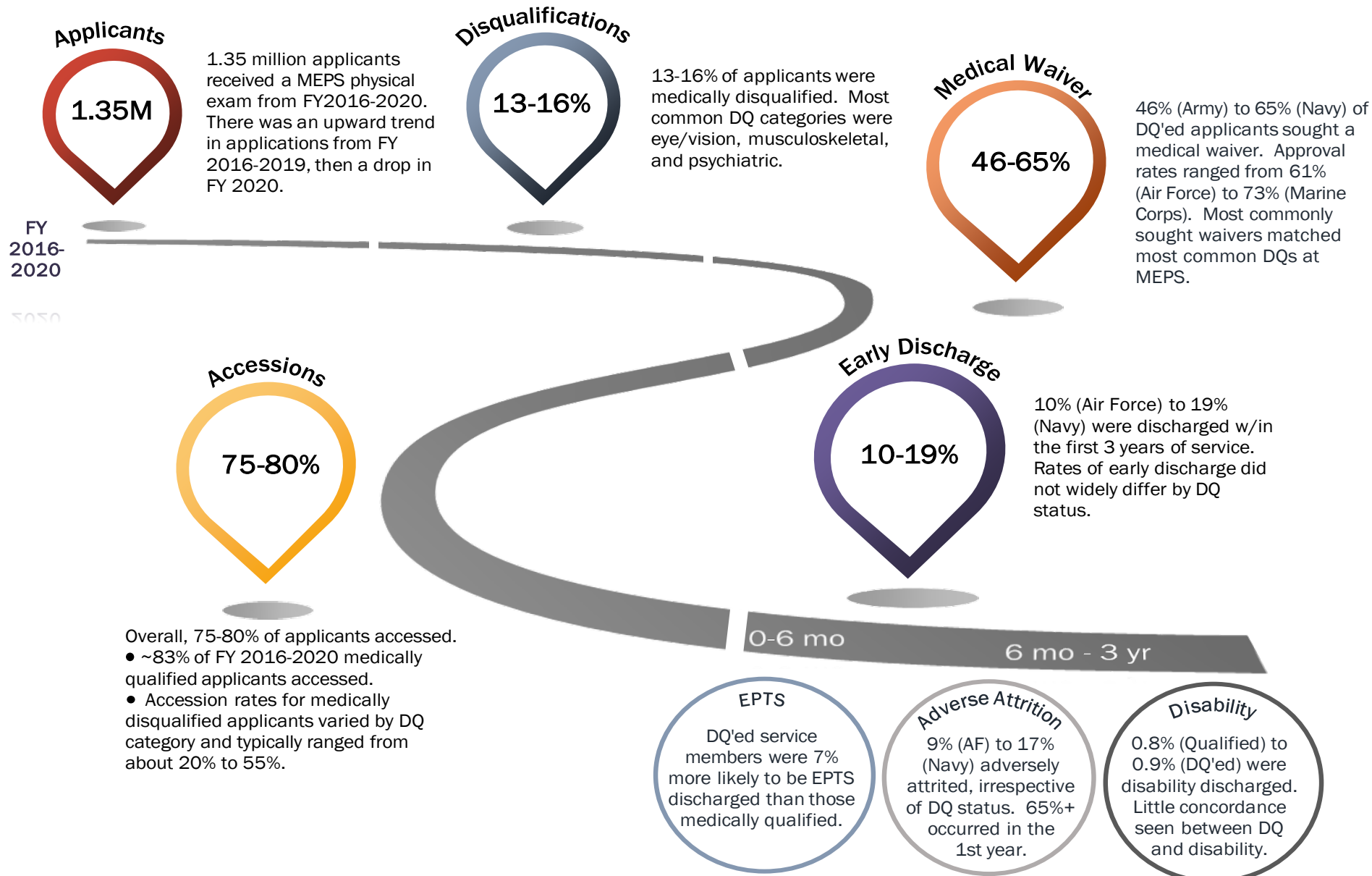
Report Introduction

26 Years

For the past 26 years, AMSARA has supported the mission of the Accession Medical Standards Working Group. Leveraging longitudinal data from pre-enlistment application to end of service, this report describes:

➢ the overall health of recruits based on medical disqualifications (DQs) and accession medical waivers
➢ time periods with the highest rate of early separation by DQ status, and,
➢ predictive models estimating medical risk factors for early separation, including adverse attrition, disability discharge, and discharge due to conditions that existed prior to service (EPTS).

More Info

https://www.wrair.army.mil/collaborate/amsara

Applicants
1.35M

1.35 million applicants received a MEPS physical exam from FY2016-2020. There was an upward trend in applications from FY 2016-2019, then a drop in FY 2020.

FY 2016-2020

Disqualifications
13-16%

13-16% of applicants were medically disqualified. Most common DQ categories were eye/vision, musculoskeletal, and psychiatric.

Medical Waiver
46-65%

46% (Army) to 65% (Navy) of DQ'ed applicants sought a medical waiver. Approval rates ranged from 61% (Air Force) to 73% (Marine Corps). Most commonly sought waivers matched most common DQs at MEPS.

Accessions
75-80%

Overall, 75-80% of applicants accessed.
● ~83% of FY 2016-2020 medically qualified applicants accessed.
● Accession rates for medically disqualified applicants varied by DQ category and typically ranged from about 20% to 55%.

Early Discharge
10-19%

10% (Air Force) to 19% (Navy) were discharged w/in the first 3 years of service. Rates of early discharge did not widely differ by DQ status.

0-6 mo

6 mo - 3 yr

EPTS
DQ'ed service members were 7% more likely to be EPTS discharged than those medically qualified.

Adverse Attrition
9% (AF) to 17% (Navy) adversely attrited, irrespective of DQ status. 65%+ occurred in the 1st year.

Disability
0.8% (Qualified) to 0.9% (DQ'ed) were disability discharged. Little concordance seen between DQ and disability.

EXECUTIVE SUMMARY

In 1995, the Surgeon General of the Army (Research and Development) established the Accession Medical Standards Analysis and Research Activity (AMSARA), at the request of Assistant Secretary of Defense (Health Affairs), 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, briefings, and publications to include comprehensive analyses of service member accession and attrition data, allowing DOD stakeholders to make informed policy decisions.

The objective of this report is to describe medical disqualifications at MEPS and medical waivers among a cohort of military applicants, assess end of service outcomes, evaluate the impact of accession medical standards changes, and provide data visualizations for easier translations from data point to decision.

This report is divided into three distinct sections. Section 1 describes pre-accession characteristics of military applicants and accessions. Section 2 describes medical waiver considerations and approval rates, both overall and by disqualification (DQ) category. Section 3 compares rates of early discharge (adverse attrition, existing prior to service discharge, disability discharge) between medically disqualified and medically qualified applicants.

Key findings are as follows:

KEY FINDINGS

Section 1: Applicants and Accessions

Overall Application and Accession Metrics

- From FY 2016 through FY 2020, approximately 1.35 million applicants received a physical examination at a Military Entrance Processing Station (MEPS).
  - Most applicants were White, male, and/or between the ages of 17-20 years.
  - The demographic distribution remained relatively stable over the five-year period, except for a small increase in those applying while still in high school or were White.
- The overall rate of accession varied by service ranging from 75% among Navy and Marine Corps applicants to about 80% among Army and Air Force applicants.

Rates and Trends of Medical DQs

- Approximately 13-16% of all applicants were medically disqualified.
- The most common reasons for DQ were eye/vision disorders, musculoskeletal conditions (including spine, extremities, neck), and psychiatric disorders.
- Accession rates for medically disqualified applicants varied by DQ category and typically ranged from 20% to 57%.
- Although the proportion of applicants disqualified under most DQ categories remained relatively stable over the five-year period, there were a few notable exceptions which may be a result of updates to the DoDI 6130.03 in FY 2018.
  - There was an upward trend in the proportion of applicants disqualified under the Ears, Hearing, or Urinary System subsections.

Section 2: Medical Waiver Considerations

Overall Medical Waiver Consideration and Approval Metrics

- Around 8,000 Army applicants were considered for a medical waiver per year, while the Navy, Marine Corps and Air Force Service Medical Waiver Review Authorities (SMWRA) each considered roughly 4,000 medical waivers annually.
  - The proportion of disqualified applicants who sought a medical waiver ranged from 46% (Army) to 65% (Navy).
- Overall, waiver approval rates ranged from 61% (Air Force) to 73% (Marine Corps).

Medical Waiver Considerations and Approvals by DQ Category

- Similar to the most common DQs at MEPS, the most commonly sought waivers fell under the eye, vision, musculoskeletal, and psychiatric categories.
- Waiver consideration and approval rates varied widely by service and DQ category.

Section 3: Early Discharge

Overall Early Discharge Metrics

- Approximately 10% (Air Force) to 19% (Navy) of service members who applied between FY 2016-2020 were discharged from the military within the first three years of service.
- Medically qualified and disqualified service members appear to have similar rates of early discharge related to adverse attrition and disability discharge.
- Adverse attrition accounted for 74% (Army) to 92% (Navy) of all early discharges.

Adverse Attrition

- Approximately 11% of both medically qualified and disqualified service members adversely attrited within the first three years of service.
  - The Navy had the highest rate of adverse attrition (17%), while the Air Force had the lowest rate (8-9%).
- For all services, the rate of adverse attrition was highest during the first 90 days of service, approximately the time from accession to the end of basic training.
- There was no significant difference in the likelihood of adverse attrition between those medically qualified and those disqualified under 16 of the 29 DQ categories.
  - Service members disqualified under Eyes, Vision, Rheumatologic Conditions, or Miscellaneous Conditions were 7-50% more likely to adversely attrite.

Disability Discharge

- Disability discharge within the first three years of service was a rare outcome, with an overall rate of 83-86 per 10,000 accessions.
- Overall, there was no significant difference in the likelihood of disability discharge between medically qualified and disqualified service members.
- Service members medically disqualified for a condition of the extremities (upper, lower, miscellaneous) were 30-57% more likely to be disability discharged.
- Little to no concordance was observed between DQ category and reason for disability discharge (<0.9%).

EPTS Discharge

- The rate of EPTS discharge per 10,000 service members was higher among medically disqualified accessions (185) than those medically qualified (172).
- Medically disqualified service members were 7% more likely to be EPTS discharged.
  - Service members disqualified under Spine and Sacroiliac Joint Conditions, Upper Extremity Conditions, or Lower Extremity Conditions were 25-44% more likely to be EPTS discharged than medically qualified service members.
- Little concordance was observed between DQ category and EPTS discharge category (<1.6%).
- The most common reasons for EPTS discharge were psychiatric disorders.

Contributors

Natalya Weber, MD, MPH
Health Science Officer
Contracting Officer Representative
Statistics and Epidemiology Branch

Amanda Kelley, MPH
Program Manager
Contractor, ManTech Health

Caitlin Rushin, MPH
Deputy Program Manager
Contractor, ManTech Health

Jessica Murray, MPH
Public Health Analyst
Contractor, ManTech Health

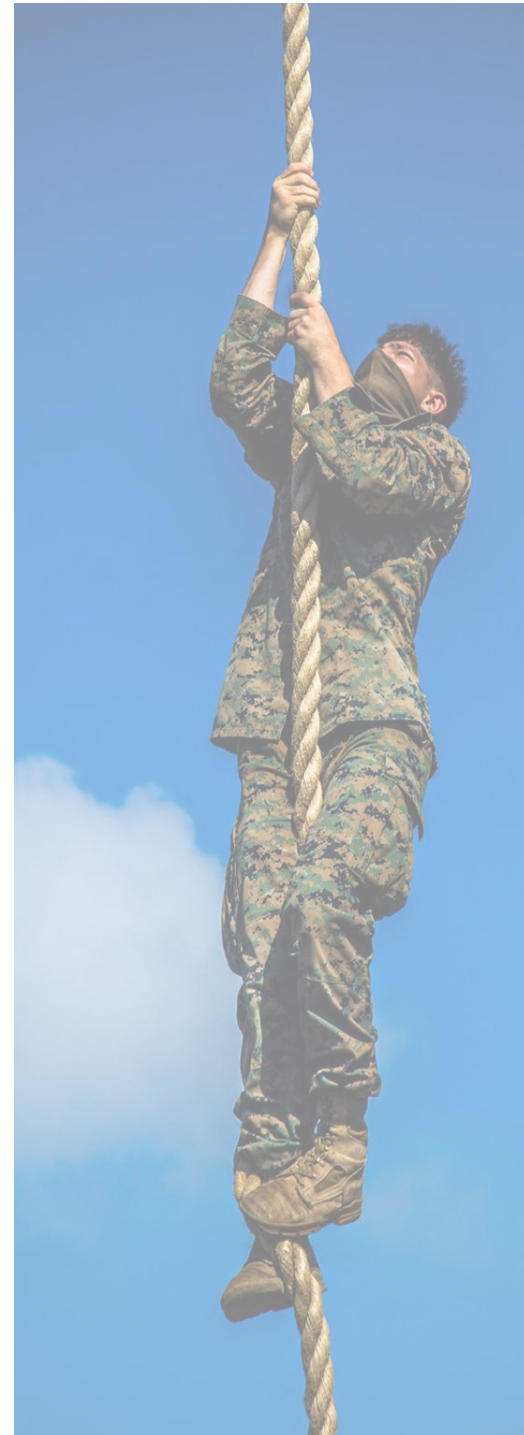Darrah Edwards, MPH
Public Health Analyst
Contractor, ManTech Health

Wilson Koech, Ph.D.
Lead Epidemiologist
Contractor, ManTech Health

Mission and Vision

Mission

Execute advanced analytics and epidemiological research for evaluating accession medical standards and their changes to promote, inform, and support evidence-based DOD policy decisions aimed at optimizing the selection of new recruits and enhancing service member medical readiness.

Vision

Provide historic perspective, experience, expertise, and tailored real-time evidence-based analytical research support to the DOD leadership for optimizing accession policies, medical readiness, and responsiveness to the ever-changing needs of service members and the DOD.

Objectives

Provide analytic and research support to:

- Improve service member health, readiness, and resilience
- Optimize recruitment, retention, and deployment
- Reduce medical attrition and disability

Contents

Introduction

Since 1995, the Accession Medical Standards Analysis and Research Activity (AMSARA) has supported the efforts of the Medical and Personnel Executive Steering Committee (MEDPERS) and Accession Medical Standards Working Group (AMSWG). 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 medical standards for accessions, stemming from evidence-based information provided by analysis and research. The committee is co-chaired by the Deputy Assistant Secretary of Defense (DASD)-Military Personnel Policy and the DASD-Health Services Policy & Oversight and is comprised of representatives from the Office of the Assistant Secretary of Defense (OASD)-Health Readiness Policy and Oversight, OASD-Health Services Policy and Oversight, OASD-Reserve and Manpower Personnel, OASD-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 AMSWG is a subordinate working group which reviews accession medical policy issues contained in Department of Defense (DOD) Instruction 6130.03 Volume 1[1], entitled "Medical Standards for Appointment, Enlistment, or Induction into the Military Services." This group is composed of representatives from each of the offices listed above.

Military and civilian staffing within the Walter Reed Army Institute of Research (WRAIR) Center for Enabling Capabilities (CEC) which supported this effort included COL Philip Smith, CEC Director; LTC William Washington, Director, Statistics and Epidemiology Branch; and Dr. Natalya Weber, Contracting Officer Representative for AMSARA IDIQ contract. AMSARA is augmented with contract support through ManTech Health. ManTech staff who contributed to this report included Amanda Kelley, Caitlin Rushin, Xiaoshu Feng, Timothy Powers, Wilson Koech, Rhonda Jackson, Reema Singh, Daniel Gedeon, Katherine Garcia-Rosales, Jessica Murray, Thomas Wilkerson, Raneem Hawari and Darrah Edwards.

AMSARA's Key Objectives

1. Evaluate impact and research priorities for military medical standards and screening procedures by quantifying burden associated with various medical conditions and service-related outcomes, including medical DQs for enlistment, accession medical waivers, discharges due to conditions existing prior to service or disability, early 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 separations from military service including attrition, existed prior to service discharges and disability discharges.
4. Identify non-medical factors that influence medical 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 disqualification type, severity, and other condition-specific factors influencing waiver approval.
7. Validate service-specific medical waiver policies in terms of morbidity, attrition, disability, and deployment.

Report Overview

The focus of this report is to describe characteristics of military applicants and accessions, particularly medical disqualifications and waivers, and generate comparisons of end of service outcomes between medically qualified and disqualified applicants.

> ### REPORT OVERVIEW
>
> **Section 1** describes demographic, medical and service-related characteristics and accession information for all *individuals who received a MEPS physical exam between FY 2016-2020* for enlisted service to the Army, Navy, Marine Corps, or Air Force. Within Section 1, accession rates and pre-accession characteristics are compared between medically qualified and disqualified applicants.
>
> **Section 2** describes the *accession medical waivers* sought by those FY 2016-2020 applicants who were considered medically disqualified at the time of their most recent application to service.
>
> **Section 3** includes analyses of various *early discharge* endpoints among the accessed population described above. A longitudinal approach is employed to describe the process from application to early discharge, by discharge type (e.g. adverse attrition), time in service (70, 365, 730, and 1095+ days), demographic characteristic (e.g. race), disqualification status from the MEPS examination, or unfitting condition type (where applicable).

AMSARA made two significant changes to this year's report. Previous analytics have found that, on average, approximately 40% of disqualification codes were not found in the Department of Defense Instruction (DoDI) 6130.03 Volume 1 Reference Table. For this year's report, AMSARA mapped these codes into the most relevant DoDI 6130.03 Volume 1 (DoDI 6130.03) subsections. This change may alter the reported number of disqualifications and waivers per subsection, when compared to the FY2019 AMSARA annual report. To better evaluate end of service outcomes, AMSARA also refined its definition of adverse attrition to include only those inter-separation codes (ISC) relevant in evaluating accession medical standards. Life events (e.g. parenthood) and administrative separations (e.g. sole surviving family members) were excluded as an adverse attrition. Due to these changes and the transactional nature of the data, caution should be taken when comparing results to previous AMSARA annual reports.

Key Terms & Definitions

Unless otherwise noted, these terms and definitions are for the purpose of this report.

Accession: Applicants who received a MEPS physical exam during FY 2016-2020 and subsequently signed an oath of enlistment. Since a physical exam is valid for up to two years, the rate of accession among FY 2019 and FY 2020 applicants may be underestimated due to a lack of sufficient follow-up time. Accessions with either no record of a MEPS physical examination or with a physical examination date that occurred after accession (e.g. applicants with prior service) were excluded.

Applicant: An individual who has commenced processing for enlistment in any of the military services between FY 2016-2020. Individuals who applied to more than one service were counted once per service. Individuals identified as having prior service in any U.S. military component were excluded from all analyses. Individuals who applied for enlisted service and subsequently accessed as officers or warrant officers (as indicated by a pay grade of O1-O6 or W1-W5) were excluded from accession and end of service outcomes.

Application: An applicant's request to enlist in a specific service. For this report, all applications were based on the fiscal year and results of the applicant's most recently completed MEPS physical exam.

Disqualification (DQ): Current or verified past medical history of a condition which does not meet the physical and medical standards for accession into military service (DoDI 6130.03). Medical DQs per DoDI 6130.03 are referenced using International Classification of Diseases, 9th or 10th revision (ICD-9/10) codes.

- Medical DQs assigned during the MEPS physical exam may be later cleared by the MEPS Chief Medical Officer (CMO). Cleared medical DQs were excluded from this report.
- Other types of DQs not listed within the DoDI 6130.03 may be identified at MEPS, such as unmet height and weight standards or positive alcohol or drug test results. These DQs were also excluded from this report.

> Results within this report should be interpreted with caution as applicants may have also had administrative DQs (e.g. prior arrests) which caused them to be ineligible for accession. Also, the reason for early discharge may not have been related to the medical DQ (e.g. misconduct).

Disqualification Category: Disqualifications were categorized according to subsections listed in DoDI 6130.03 (e.g. upper extremities). The DOD transitioned from the use of ICD-9 codes for disqualifications to ICD-10 codes in FY 2015. To allow for comparisons over this transition period, AMSARA utilized the Center for Medicare and Medicaid's (CMS) General Equivalence Mapping System (GEMS) to convert ICD-9 codes into ICD-10 codes, which were then referenced to the DoDI 6130.03 subsections. In cases where the ICD code assigned was not specifically listed in the DoDI 6130.03 reference table, the code was assigned to the most clinically meaningful subsection.

Early Discharge: Separation from service within the first three years. Early discharge was further classified into three separate endpoints: adverse attrition, disability discharge, and existing prior to service (EPTS) discharge.

1. **Adverse Attrition**: A discharge within 3 years of service with an inter-service separation code (ISC) for one of the following reasons: unqualified for active duty, failure to meet minimum behavioral and performance criteria, erroneous enlistment or induction; underage, or other early administrative separations, such as breach of contract. ISC code categories included as adverse attrition are listed in Table 1.
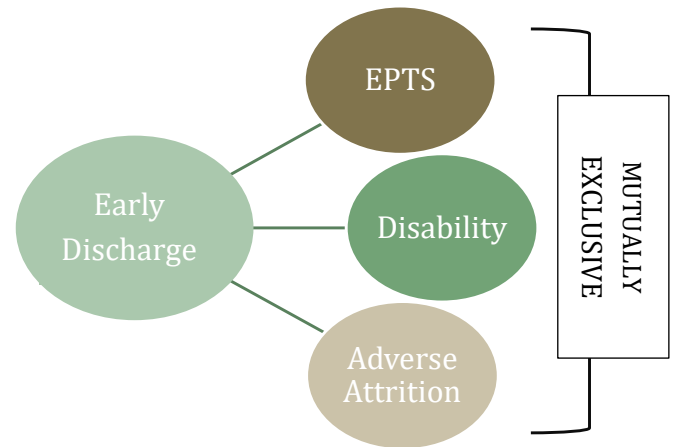
Adverse attrition rates may be underestimated for Reserve and National Guard due to incompleteness of separation data.

TABLE 1: INTER-SERVICE SEPARATION CODE CATEGORIES INCLUDED AS ADVERSE ATTRITION

ISC Code	Description	ISC Code	Description
1016	Unqualified for Active Duty - Other	1096	Conscientious Objector
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
1095	Underage	1102	Dropped from Strength for Imprisonment

2. **Disability Discharge**: A discharge within 3 years of service due to 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), regardless of ISC at separation. Date of the service member's most recent disability disposition was used to calculate time in service. Due to their rarity, 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. Previous AMSARA annual reports described service members evaluated for disability discharge during the first year of service; therefore, results may be different than previously reported.

3. **EPTS Discharge**: A discharge within 180 days of service due to a condition which was verified to have existed prior to service and which was not permanently aggravated by military service (DoDI 1332.18, AR 635-200 Chapter 5-10, MCO 1900.16 Chapter 2). Service members were categorized as EPTS upon presence of an EPTS record, regardless of the ISC

code assigned at separation. Due to their rarity, 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. Data received by AMSARA for EPTS discharges is incomplete due to the lack of a common data collection system and non-specific DMDC ISC code for EPTS; therefore, all results should be interpreted with caution (see Table 2).

Medical Qualification Status: Qualification decision based on the presence or absence of a medical disqualification listed in DoDI 6130.03 found during the MEPS medical review. Medical disqualification status was determined prior to the medical waiver determination.

The two categories for medical disqualification status among applicants are as follows:

1. **Medically Qualified**: An applicant in accordance to requirements listed in the DoDI 6130.03, Volume 1. Because this report focuses on medical standards listed in DoDI 6130.03, any applicants with only administrative disqualifications (e.g., unmet weight standards) were initialized as medically qualified.

> Medically qualified status was also assigned to applicants with a DQ cleared by the Chief Medical Officer after the MEPS physical exam, in the absence of any other medical DQ.

2. **Medically Disqualified**: An applicant considered medically disqualified per DoDI 6130.03 and were referenced by an International Classification of Diseases, 9th or 10th revision (ICD-9/10) code listed in their US Military Entrance Processing Command Integrated Resource System (USMIRS) application record. Medically disqualified applicants may access after receiving an approved medical waiver.

Medical Waiver: Applicants who did not meet accession medical standards per DoDI 6130.03 may submit a formal request to a Service Medical Waiver Review Authority (SMWRA) for consideration of suitability for military service. For this report, waiver considerations and approvals were counted among all medically disqualified applicants who had ever applied or been approved for a waiver from any SMWRA.

Physical Examination: Medical assessment performed at MEPS where applicants are evaluated for their qualifications to enter the military. This assessment includes a physical examination and interview, medical history review, height/weight measurements, hearing and vision examinations, urine and blood screenings, muscle group and joint maneuvers, and other qualification tests, such as the Armed Forces Qualification Test.

Data Sources

AMSARA requests and receives data from various sources, most of which are the primary collection agencies for the data. 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 are 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 examination date, screening test results, medical qualification status, and medical disqualifications observed by or reported to physicians (where relevant). 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.

USMEPCOM also provided data on EPTS discharges. USMEPCOM requests a copy of official paperwork on all EPTS discharges from the training sites and records information, including a general medical categorization of the reason(s) for discharge and a judgment regarding why the individual was not rejected for service based on the pre-existing condition (i.e., concealment, waiver, or unawareness). The primary limitation of our EPTS discharge data is completeness; all analyses on EPTS discharges should be considered as underestimates (Table 2).

TABLE 2: EPTS DISCHARGE DATA RECEIVED BY AMSARA BY TRAINING SITE AND YEAR

Training Site	Fiscal Year of EPTS Discharge					
	2016	2017	2018	2019[1]	2020[2]	Total
Fort Benning	889	1,008	710	57	-	**2,664**
Fort Jackson	0	1,570	2,737	557	-	**4,864**
Fort Leonard Wood	565	670	1,144	355	-	**2,734**
Fort Sill	182	226	457	198	-	**1,063**
Great Lakes	2	0	1,902	661	-	**2,565**
Parris Island	499	522	632	282	-	**1,935**
San Diego	1	225	57	12	-	**295**
Lackland AFB	725	723	791	375	-	**2,614**
Cape May	3	0	1	0	-	**4**
Total	**2,866**	**4,944**	**8,431**	**2,497**	**-**	**18,738**

1 FY2019 data included EPTS discharges through February 2019 and should be considered an underestimate
2 FY2020 data was not received by AMSARA as of the time of this report.

Defense Manpower Data Center (DMDC)

DMDC provides information on service members at military service entry (gain or accession), military service exit (loss or separation), and deployment. For this report, AMSARA utilized the following accession variables: SSN for linking with other data; demographic characteristics such as age and education; and service information including date of entry and initially assigned Military Occupation Specialty (MOS). These data were combined with MEPS data to determine accession percentages among applicants by demographic and other variables. Loss data utilized for this report included SSN for linking with other datasets, loss date for computing length of service, and 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 early attrition for reasons other than EPTS discharge and disability discharge.

DMDC also provides data on deployments of military personnel in support of Overseas Contingency Operations (OCO). The variables of primary interest are SSN for linking with other datasets, deployment start and end dates, and country codes.

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 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 SSN for linking with other data, and information about the waiver consideration including the dates, 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 the service specific disability agency. The U.S. Army Physical Disability Agency has provided data on all Army disability evaluations since 1995. The Secretary of the Navy CORB has provided data on all disability discharge evaluations for the Navy and Marine Corps since 2000. From 2007-2017, the Air Force Personnel Center (AFPC) provided data on all Air Force PEB evaluations, excluding re-evaluations while on the temporary disability retirement list (TDRL). Beginning in 2018, AMSARA began receiving all Air Force disability evaluations, including TDRL re-evaluations.

All disability agencies provide the following information: SSN for linking with other data, service and component, dates of evaluation and final disposition, and disposition (e.g. permanent disability retirement list, separation with or without benefits, TDRL, or return to duty as fit). For service members 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 Veterans Affairs Schedule for Rating Disabilities (VASRD). The conditions listed in the VASRD are less specific than the ICD-9/10. In some cases, the true disabling condition has no associated VASRD code, so the code most closely resembling the true condition is assigned. AMSARA therefore reports disabling conditions using broad body system categories based on the VASRD (Table 3).

TABLE 3: DISABILITY CATEGORIES BY VASRD CODE

VASRD code	Body System Category
5000-5399	Musculoskeletal
6000-6099	Eyes and Vision
6200-6299, except 6275 and 6276	Ears and Hearing
6275-6276	Other Sensory
6300-6354, except 6313-6315	Infectious Disease and Immune Disorders
6313-6315, 7900-7999	Endocrine and Nutritional Deficiencies
6502-6899	Respiratory
7000-7199	Cardiovascular
7200-7399	Digestive
7500-7599	Genitourinary
7610-7699	Gynecological and Disorders of the Breast
7700-7799	Hemic/Lymphatic
7800-7899	Dermatologic
8000-8999	Neurological
9201-9599	Psychiatric
9900-9999	Dental and Oral

Section 1 describes demographic, medical and service-related characteristics for all FY 2016-2020 applicants and accessions for enlisted service to the Army, Navy, Marine Corps, or Air Force.

1: Surveillance Population

Figure 1 illustrates the surveillance population by service and MEPS physical exam year.   Over the five-year period, approximately 1.35 million individuals received a MEPS medical exam. Approximately 4% of these individuals applied to more than one service; these individuals were counted for all services he or she sought entry, resulting in a total surveillance population of approximately 1.4 million applications.

Figure 1 Key Findings

- Over the five-year period, approximately 1.35 million individuals applied for enlisted service and received a MEPs medical exam.
- There was an upward trend in applications for all services from FY 2016-2019, then a decrease in FY 2020. This may be due to the coronavirus (COVID-19) pandemic.
- The rate of accession varied by service and ranged from approximately 75% among Navy and Marine Corps applicants to 80% among Army and Air Force applicants.
  - Since MEPS physical exam results are valid for up to two years, the accession rate among FY 2019 and, particularly, FY 2020 applicants should be considered underestimates.

FIGURE 1: DESCRIPTION OF THE SURVEILLANCE POPULATION BY SERVICE AND FISCAL YEAR OF APPLICATION: FY 2016-2020[1]
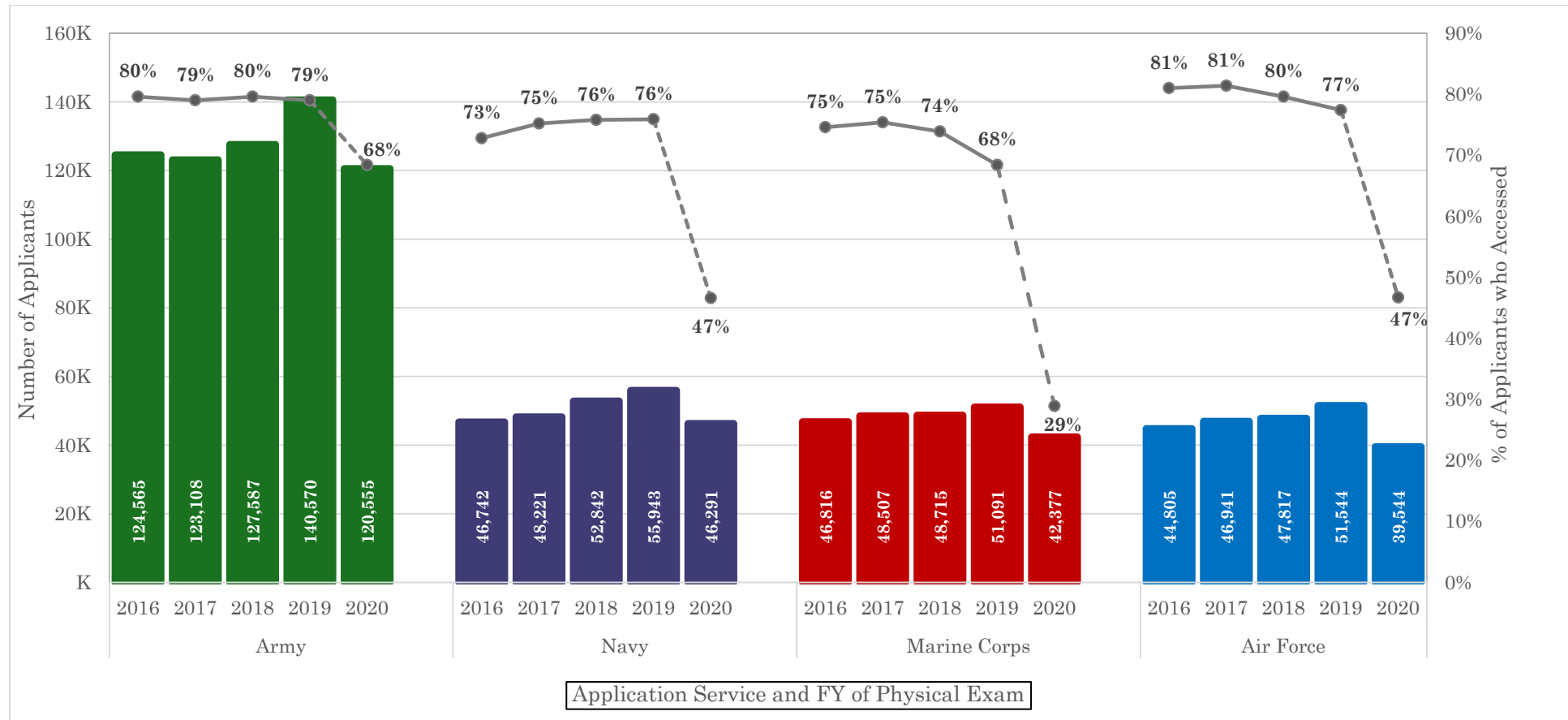
1 Since MEPS physical exams are valid for up to two years, accession percentages among FY2019 and FY2020 applicants may be underestimated due to insufficient follow up time.

2: Demographic Characteristics and Medical Disqualification Status among Applicants and Accessions

Tables 4A-D describe the demographic characteristics for all applicants seeking entry into enlisted military service during FY 2016-2020 and proportion of those applicants who accessed, by service. Temporal trends by physical exam year are presented to assess whether changes in medical standards affect accession rates among specific subpopulations.

Tables 4A-D Key Findings

- Across services and FYs, the majority of applicants were White (range: 60% Navy to 83% Marine Corps), male (range: 72% Air Force to 90% Marine Corps), and applied between ages of 17-20 years old (range: 59% Air Force to 82% Marine Corps).
  - The distribution for gender and age among applicants for all services remained relatively stable, with no more than a 4-percentage point difference over the five-year period.
    - Although the percentage point difference over time was small, there appears to be a slight upward trend in the percentage of applicants and accessions who were female (Army, Air Force) and older than 25 years (all services).
- For the Army and Navy, there appears to be an upward trend in the proportion of White applicants, with an accompanying downward trend among Other Race applicants.
- For all services and FYs there was a 3-percentage point or less difference among all gender, race, and age categories when comparing the distribution between applicants and accessions.
- Over the 5-year period, there appears to be an upward trend of individuals applying while still in high school.
  - The increase of younger applicants may be explained by modernization of recruitment outreach to attract applicants.[2]
  - There were large differences between the proportion of applicants and accessions who had not received a high school diploma for FY 2020 Navy and Marine Corps applicants. This difference may be partially accounted for by the Delayed Entry Program, whereby individuals may apply for military service while still in high school and then access after graduation.
- The proportion of medically qualified (84-87%) and medically disqualified (13-16%) applicants remained stable over the five-year period.
  - Although specific DoDI 6130.03 medical accession standards where updated during the time period, these changes did not appear to change the overall proportion of medically disqualified applicants.

ARMY

TABLE 4A: DEMOGRAPHIC CHARACTERISTICS AND MEDICAL QUALIFICATION STATUS AMONG APPLICANTS AND ACCESSIONS FOR ENLISTED SERVICE, BY FISCAL YEAR OF APPLICATION: ARMY

	2016		2017		2018		2019[1]		2020[1]	
	APP	ACC	APP	ACC	APP	ACC	APP	ACC	APP	ACC
	%	%	%	%	%	%	%	%	%	%
Sex										
Male	78.3	78.9	78.9	79.5	77.8	78.3	76.1	76.9	75.9	76.3
Female	21.7	21.1	21.1	20.5	22.2	21.7	23.9	23.1	24.1	23.7
Age Group										
17-20	62.0	65.1	62.9	65.9	61.5	64.4	61.9	64.4	61.4	63.6
21-25	26.0	25.2	25.8	24.6	25.8	25.2	24.9	24.3	24.6	23.7
>25	12.0	9.7	11.3	9.5	12.7	10.4	13.1	11.4	14.0	12.8
Race										
White	68.8	70.2	72.2	72.6	71.3	72.2	70.4	71.0	72.0	72.3
Black	23.2	23.1	21.9	21.6	21.9	21.6	23.3	22.9	21.8	21.5
Other	8.0	6.7	5.9	5.8	6.8	6.1	6.3	6.1	6.2	6.2
Education										
<HS Graduate	14.8	14.0	16.1	15.7	19.1	19.2	18.5	18.2	19.7	17.8
HS Diploma	74.0	76.0	74.2	75.0	69.9	70.6	70.8	71.6	68.9	71.3
Some College	3.9	3.7	3.6	3.6	3.9	3.8	3.6	3.6	3.9	4.0
≥Bachelor's	7.3	6.2	6.1	5.6	7.1	6.4	7.0	6.6	7.6	6.9
Medical Status										
Medically Qualified	86.1	92.0	85.8	91.6	85.7	92.0	86.0	92.5	86.1	92.9
Medically Disqualified	13.9	8.0	14.2	8.4	14.3	8.0	14.0	7.5	13.9	7.1
Total[2]	**124,565**	**99,213**	**123,108**	**97,296**	**127,587**	**101,531**	**140,570**	**111,039**	**120,555**	**82,484**

APP: Applications; ACC: Accessions

1 Since MEPS physical exams are valid for up to two years, accession percentages among FY 2019 and FY 2020 applicants may be underestimated due to insufficient follow up time.

2 Service members with missing values for demographic variables included in the total.

NAVY

TABLE 4B: DEMOGRAPHIC CHARACTERISTICS AND MEDICAL QUALIFICATION STATUS AMONG APPLICANTS AND ACCESSIONS FOR ENLISTED SERVICE, BY FISCAL YEAR OF APPLICATION: NAVY

	2016 APP	2016 ACC	2017 APP	2017 ACC	2018 APP	2018 ACC	2019[1] APP	2019[1] ACC	2020[1] APP	2020[1] ACC
	%	%	%	%	%	%	%	%	%	%
Sex										
Male	73.4	75.0	74.1	75.5	72.6	73.8	73.6	75.2	74.7	76.0
Female	26.6	25.0	25.9	24.5	27.4	26.2	26.4	24.8	25.3	24.0
Age Group										
17-20	63.1	64.3	64.9	66.2	64.9	66.5	63.6	64.7	63.3	63.1
21-25	28.2	27.7	26.7	26.3	25.8	25.2	25.9	25.7	25.7	26.3
>25	8.7	8.0	8.4	7.5	9.2	8.3	10.5	9.5	11.0	10.6
Race										
White	63.4	63.2	64.3	64.1	60.1	60.0	62.5	62.6	68.5	67.6
Black	19.3	18.7	18.0	17.4	19.9	19.2	21.7	21.1	20.7	21.4
Other	17.3	18.1	17.8	18.5	20.0	20.8	15.8	16.3	10.8	11.0
Education										
<HS Graduate	7.8	4.4	10.2	7.6	16.2	14.6	12.5	9.8	16.7	7.1
HS Diploma	83.8	87.3	82.4	85.2	76.7	78.6	79.5	82.3	74.5	84.7
Some College	3.3	3.4	2.9	2.9	2.7	2.6	3.0	3.0	3.1	3.1
≥Bachelor's	5.1	4.9	4.5	4.3	4.4	4.2	5.0	4.9	5.7	5.1
Medical Status										
Medically Qualified	86.0	93.1	86.4	93.4	86.6	93.7	85.5	89.5	84.0	88.1
Medically Disqualified	14.0	6.9	13.6	6.6	13.4	6.3	14.5	10.5	16.0	11.9
Total[2]	**46,742**	**34,034**	**48,221**	**36,255**	**52,842**	**40,056**	**55,943**	**42,459**	**46,291**	**21,561**

APP: Applications; ACC: Accessions

1 Since MEPS physical exams are valid for up to two years, accession percentages among FY 2019 and FY 2020 applicants may be underestimated due to insufficient follow up time.

2 Service members with missing values for demographic variables included in the total.

MARINE CORPS

TABLE 4C: DEMOGRAPHIC CHARACTERISTICS AND MEDICAL QUALIFICATION STATUS AMONG APPLICANTS AND ACCESSIONS FOR ENLISTED SERVICE, BY FISCAL YEAR OF APPLICATION: MARINE CORPS

	2016		2017		2018		2019[1]		2020[1]	
	APP	ACC	APP	ACC	APP	ACC	APP	ACC	APP	ACC
	%	%	%	%	%	%	%	%	%	%
Sex										
Male	90.1	91.1	89.6	90.7	89.3	90.5	88.8	90.7	89.9	94.6
Female	9.9	8.9	10.4	9.3	10.7	9.5	11.2	9.3	10.1	5.4
Age Group										
17-20	81.3	82.3	81.7	82.5	81.3	82.2	81.9	82.3	82.0	77.4
21-25	16.8	16.2	16.3	15.7	16.4	15.9	15.8	15.6	15.5	19.6
>25	1.9	1.6	2.0	1.8	2.2	2.0	2.4	2.1	2.5	3.0
Race										
White	82.4	83.0	83.0	83.6	82.7	83.4	81.2	82.0	81.9	81.7
Black	10.6	10.0	9.6	9.2	10.0	9.5	10.9	10.2	10.1	10.2
Other	7.0	6.9	7.3	7.2	7.3	7.2	7.9	7.8	8.1	8.2
Education										
<HS Graduate	15.6	10.8	19.7	15.9	23.0	19.6	21.2	13.6	35.8	8.6
HS Diploma	81.1	86.0	77.3	81.1	74.0	77.2	76.1	83.6	61.7	87.7
Some College	2.2	2.2	2.0	2.1	2.2	2.3	1.9	2.0	1.8	2.7
≥Bachelor's	1.1	1.0	0.9	0.9	0.9	0.9	0.8	0.8	0.7	0.9
Medical Status										
Medically Qualified	87.0	92.9	87.1	92.7	86.2	91.5	86.0	91.9	86.5	92.8
Medically Disqualified	13.0	7.1	12.9	7.3	13.8	8.5	14.0	8.1	13.5	7.2
Total[2]	**46,816**	**34,916**	**48,507**	**36,589**	**48,715**	**36,005**	**51,091**	**34,938**	**42,377**	**12,254**

APP: Applications; ACC: Accessions

1 Since MEPS physical exams are valid for up to two years, accession percentages among FY 2019 and FY 2020 applicants may be underestimated due to insufficient follow up time.

2 Service members with missing values for demographic variables included in the total.

AIR FORCE

TABLE 4D: DEMOGRAPHIC CHARACTERISTICS AND MEDICAL QUALIFICATION STATUS AMONG APPLICANTS AND ACCESSIONS FOR ENLISTED SERVICE, BY FISCAL YEAR OF APPLICATION: AIR FORCE

	2016		2017		2018		2019[1]		2020[1]	
	APP	ACC	APP	ACC	APP	ACC	APP	ACC	APP	ACC
	%	%	%	%	%	%	%	%	%	%
Sex										
Male	74.0	75.2	73.8	74.9	72.3	73.7	71.7	73.1	71.8	73.3
Female	26.0	24.8	26.2	25.1	27.7	26.3	28.3	26.9	28.2	26.7
Age Group										
17-20	60.5	62.1	60.2	62.0	59.7	61.3	59.9	61.4	58.5	57.7
21-25	29.0	28.7	29.0	28.6	28.7	28.5	28.1	28.0	28.0	29.0
>25	10.5	9.1	10.8	9.4	11.6	10.2	12.0	10.6	13.4	13.4
Race										
White	70.8	71.4	71.8	72.5	71.6	72.2	69.1	69.9	70.6	71.5
Black	18.7	18.1	17.8	17.2	18.2	17.6	20.2	19.3	18.0	17.1
Other	10.5	10.5	10.3	10.3	10.3	10.2	10.7	10.8	11.4	11.5
Education										
<HS Graduate	11.9	11.7	13.0	13.0	14.8	14.8	15.4	15.1	16.7	14.1
HS Diploma	71.2	72.2	70.3	71.1	67.2	68.1	66.6	67.6	63.9	66.4
Some College	8.7	9.0	8.9	9.2	9.5	9.8	10.0	10.6	11.1	12.2
≥Bachelor's	8.2	7.1	7.8	6.6	8.5	7.2	8.0	6.6	8.3	7.4
Medical Status										
Medically Qualified	86.1	92.8	85.4	91.7	84.0	91.3	84.3	92.1	84.2	93.7
Medically Disqualified	13.9	7.2	14.6	8.3	16.0	8.7	15.7	7.9	15.8	6.3
Total[2]	**44,805**	**36,281**	**46,941**	**38,206**	**47,817**	**38,045**	**51,544**	**39,871**	**39,544**	**18,454**

APP: Applications; ACC: Accessions

1 Since MEPS physical exams are valid for up to two years, accession percentages among FY 2019 and FY 2020 applicants may be underestimated due to insufficient follow up time.

2 Service members with missing values for demographic variables included in the total.

3: Medical Disqualifications

Tables 5A-D present the distribution of DoDI 6130.03 disqualification (DQ) categories among all FY 2016-2020 medically disqualified applicants, and the percentage of disqualified applicants who subsequently accessed. For each service, AMSARA chose five (5) specific DQ categories to assess temporal trends, based on either significant updates to the medical standard in 2018 and/or a notable change in the direction/strength of the trend line **(Figures 2A-D)**. DQ categories were not mutually exclusive and applicants disqualified under more than one DoDI 6130.03 subsection were counted once within each relevant DoDI subsection.

> ## Tables 5A-D and Figures 2A-D Key Findings
>
> - Among all disqualified FY 2016-2020 applicants, approximately one out of every four were medically disqualified under Eyes, Vision, or under one of the five musculoskeletal-related sections (including Neck, Spine and Sacroiliac Joint Conditions, Upper Extremity Conditions, Lower Extremity Conditions, and Miscellaneous Conditions of the Extremities). Approximately 15-20% of disqualified applicants were disqualified under Learning, Psychiatric, and Behavioral Disorders.
>   - Within the DoDI 6130.03 reference table, there are several overlapping DQ codes between the Eyes and Vision subsections which, in part, could explain their similarly high proportions.
> - Accession rates for medically disqualified applicants varied by DQ category and ranged from 20% to 57%.
>   - The lowest accession rates were seen among applicants disqualified for Hearing for the Army (9.8%), Marine Corps (2.1%) and Air Force (12.6%), although the prevalence of hearing DQs was rare (≤3%) overall.
> - The proportion of applicants disqualified under most DQ categories remained relatively stable over the 5-year period (results not shown), with a few notable exceptions (depicted in **Figures 2A-D**):
>   - The proportion disqualified under Ears or Hearing appears to increase over time among applicants to all services, which may be a result of changes to these standards in the 2018 DoDI 6130.03.
>   - The proportion with Urinary System DQs nearly doubled when comparing the FY 2016-2019 rates to the FY 2020 rate for the Army and Navy.
>   - The proportion disqualified under Spine and Sacroiliac Joint Conditions or Miscellaneous Conditions of the Extremities appears to gradually increase over time for all services.

ARMY

TABLE 5A: DISTRIBUTION OF DISQUALIFICATIONS AND DISQUALIFICATION-SPECIFIC ACCESSION RATES AMONG FY 2016-2020 MEDICALLY DISQUALIFIED APPLICANTS: ARMY

Disqualification Category[1]	Disqualified Applicants		% who Accessed
	n	%	
2. Head	135	0.2	54.1
3. Eyes	23,809	26.6	54.9
4. Vision	20,132	22.5	56.4
5. Ears	1,624	1.8	32.2
6. Hearing	2,777	3.1	9.8
7. Nose, Sinuses, Mouth, and Larynx	401	0.4	43.6
8. Dental	1,228	1.4	21.7
9. Neck	121	0.1	51.2
10. Lungs, Chest Wall, Pleura, and Mediastinum	5,027	5.6	35.0
11. Heart	1,600	1.8	30.4
12. Abdominal Organs and Gastrointestinal System	1,863	2.1	39.1
13. Female Genital System	1,517	1.7	29.2
14. Male Genital System	2,097	2.3	51.9
15. Urinary System	2,227	2.5	40.5
16. Spine and Sacroiliac Joint Conditions	3,263	3.6	42.0
17. Upper Extremity Conditions	3,191	3.6	57.2
18. Lower Extremity Conditions	6,647	7.4	50.2
19. Miscellaneous Conditions of the Extremities	11,264	12.6	56.5
20. Vascular System	1,081	1.2	37.7
21. Skin and Cellular Tissue Conditions	6,207	6.9	41.3
22. Blood and Blood Forming Conditions	339	0.4	31.3
23. Systemic Conditions	3,764	4.2	46.7
24. Endocrine and Metabolic Conditions	1,196	1.3	22.0
25. Rheumatologic Conditions	583	0.7	33.6
26. Neurologic Conditions	2,230	2.5	36.1
27. Sleep Disorders	318	0.4	27.4
28. Learning, Psychiatric, and Behavioral Disorders	13,484	15.1	24.5
29. Tumors and Malignancies	284	0.3	39.8
30. Miscellaneous Conditions	2,566	2.9	38.7
Total Disqualified Applicants	**89,483**		

1 Disqualification categories were based on subsections listed in the DoDI 6130.03. Disqualification categories are not mutually exclusive; applicants with multiple disqualifications may be counted in more than one subsection.

FIGURE 2A: TEMPORAL TREND OF THE PROPORTION OF FY 2016-2020 DISQUALIFIED APPLICANTS WITH SELECTED DISQUALIFICATIONS: ARMY

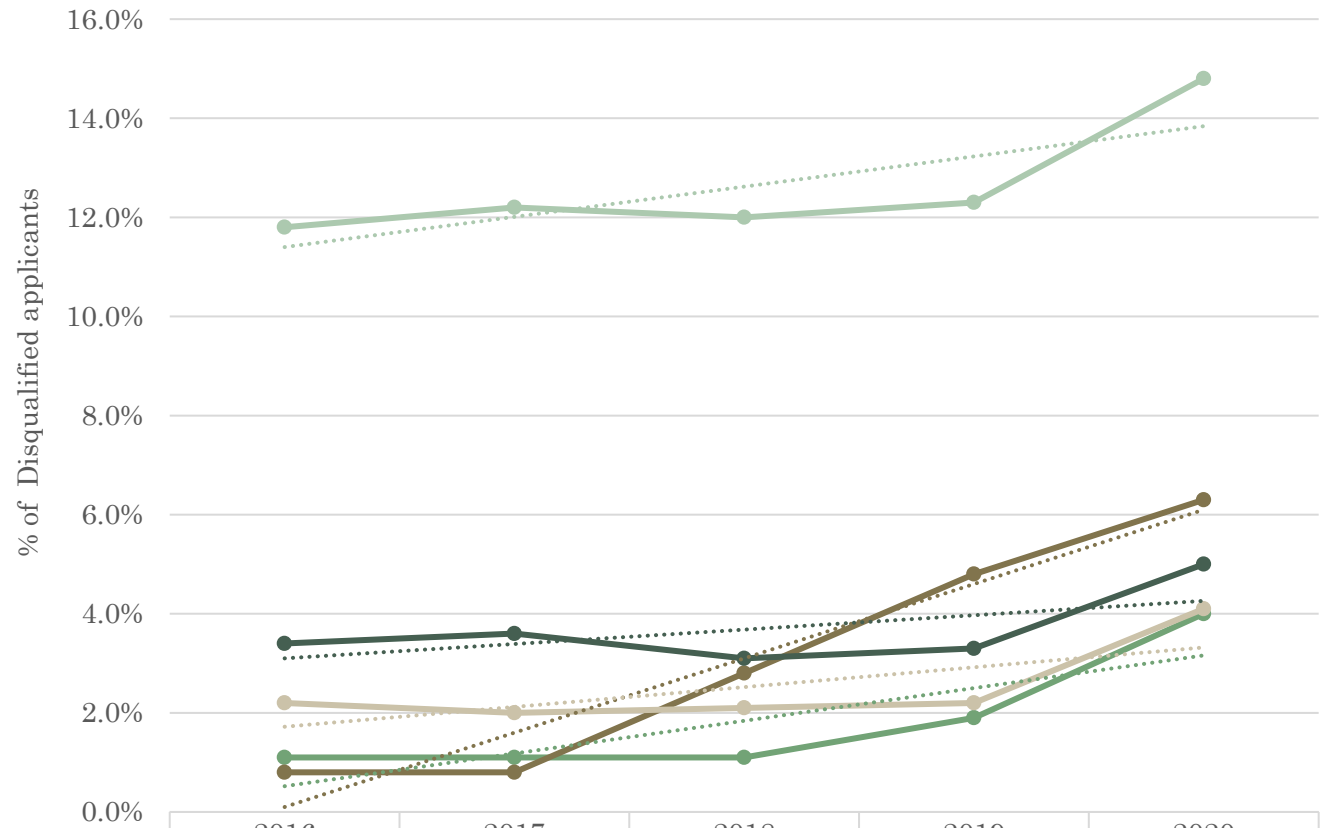|	2016	2017	2018	2019	2020
Ears	1.1%	1.1%	1.1%	1.9%	4.0%
Hearing	0.8%	0.8%	2.8%	4.8%	6.3%
Urinary System	2.2%	2.0%	2.1%	2.2%	4.1%
Spine and Sacroiliac Joint Conditions	3.4%	3.6%	3.1%	3.3%	5.0%
Miscellaneous Conditions of the Extremities	11.8%	12.2%	12.0%	12.3%	14.8%

NAVY

TABLE 5B: DISTRIBUTION OF DISQUALIFICATIONS AND DISQUALIFICATION-SPECIFIC ACCESSION RATES AMONG FY 2016-2020 MEDICALLY DISQUALIFIED APPLICANTS: NAVY

Disqualification Category[1]	Disqualified Applicants		% who Accessed
	n	%	
2. Head	50	0.1	46.0
3. Eyes	9,328	26.1	49.4
4. Vision	7,955	22.3	50.3
5. Ears	660	1.8	29.8
6. Hearing	1,093	3.1	30.2
7. Nose, Sinuses, Mouth, and Larynx	177	0.5	35.0
8. Dental	414	1.2	28.5
9. Neck	44	0.1	34.1
10. Lungs, Chest Wall, Pleura, and Mediastinum	2,425	6.8	34.8
11. Heart	721	2.0	30.4
12. Abdominal Organs and Gastrointestinal System	764	2.1	31.7
13. Female Genital System	607	1.7	30.3
14. Male Genital System	824	2.3	45.5
15. Urinary System	965	2.7	33.6
16. Spine and Sacroiliac Joint Conditions	1,386	3.9	32.8
17. Upper Extremity Conditions	1,037	2.9	49.6
18. Lower Extremity Conditions	2,506	7.0	44.1
19. Miscellaneous Conditions of the Extremities	4,112	11.5	50.5
20. Vascular System	457	1.3	28.7
21. Skin and Cellular Tissue Conditions	2,606	7.3	33.9
22. Blood and Blood Forming Conditions	161	0.5	26.1
23. Systemic Conditions	1,610	4.5	44.3
24. Endocrine and Metabolic Conditions	477	1.3	21.0
25. Rheumatologic Conditions	217	0.6	24.4
26. Neurologic Conditions	971	2.7	30.4
27. Sleep Disorders	117	0.3	21.4
28. Learning, Psychiatric, and Behavioral Disorders	6,013	16.8	29.4
29. Tumors and Malignancies	135	0.4	40.0
30. Miscellaneous Conditions	1,127	3.2	38.2
Total Disqualified Applicants	**35,738**		

1 Disqualification categories were based on subsections listed in the DoDI 6130.03. Disqualification categories are not mutually exclusive; applicants with multiple disqualifications may be counted in more than one subsection.

FIGURE 2B: TEMPORAL TREND OF THE PROPORTION OF FY 2016-2020 DISQUALIFIED APPLICANTS WITH SELECTED DISQUALIFICATIONS: NAVY

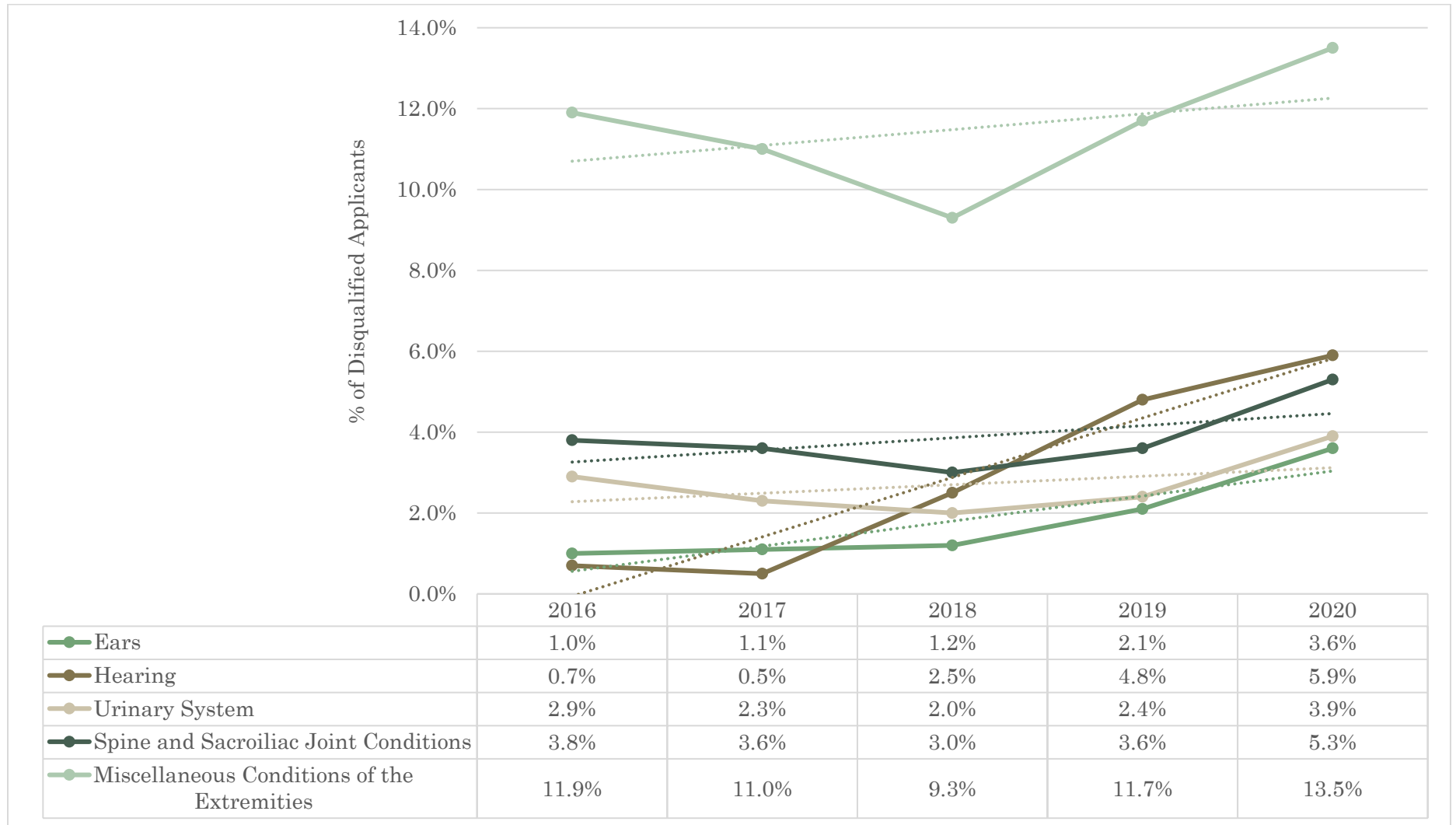|	2016	2017	2018	2019	2020
Ears	1.0%	1.1%	1.2%	2.1%	3.6%
Hearing	0.7%	0.5%	2.5%	4.8%	5.9%
Urinary System	2.9%	2.3%	2.0%	2.4%	3.9%
Spine and Sacroiliac Joint Conditions	3.8%	3.6%	3.0%	3.6%	5.3%
Miscellaneous Conditions of the Extremities	11.9%	11.0%	9.3%	11.7%	13.5%

MARINE CORPS

TABLE 5C: DISTRIBUTION OF DISQUALIFICATIONS AND DISQUALIFICATION-SPECIFIC ACCESSION RATES AMONG FY 2016-2020 MEDICALLY DISQUALIFIED APPLICANTS: MARINE CORPS

Disqualification Category[1]	Disqualified Applicants		% who Accessed
	n	%	
2. Head	62	0.2	37.1
3. Eyes	8,378	26.2	41.8
4. Vision	7,451	23.3	42.7
5. Ears	496	1.6	20.4
6. Hearing	901	2.8	2.1
7. Nose, Sinuses, Mouth, and Larynx	156	0.5	43.6
8. Dental	259	0.8	13.9
9. Neck	46	0.1	47.8
10. Lungs, Chest Wall, Pleura, and Mediastinum	2,134	6.7	36.6
11. Heart	611	1.9	30.9
12. Abdominal Organs and Gastrointestinal System	551	1.7	29.4
13. Female Genital System	222	0.7	20.3
14. Male Genital System	913	2.9	52.9
15. Urinary System	755	2.4	33.0
16. Spine and Sacroiliac Joint Conditions	994	3.1	34.4
17. Upper Extremity Conditions	650	2.0	26.9
18. Lower Extremity Conditions	1,742	5.5	33.2
19. Miscellaneous Conditions of the Extremities	2,813	8.8	39.0
20. Vascular System	231	0.7	31.2
21. Skin and Cellular Tissue Conditions	2,252	7.0	34.0
22. Blood and Blood Forming Conditions	99	0.3	26.3
23. Systemic Conditions	1,166	3.6	33.4
24. Endocrine and Metabolic Conditions	278	0.9	23.0
25. Rheumatologic Conditions	174	0.5	23.0
26. Neurologic Conditions	899	2.8	30.4
27. Sleep Disorders	135	0.4	20.7
28. Learning, Psychiatric, and Behavioral Disorders	6,334	19.8	32.2
29. Tumors and Malignancies	97	0.3	29.9
30. Miscellaneous Conditions	805	2.5	34.9
Total Disqualified Applicants	**31,961**		

1 Disqualification categories were based on subsections listed in the DoDI 6130.03. Disqualification categories are not mutually exclusive; applicants with multiple disqualifications may be counted in more than one subsection.

FIGURE 2C: TEMPORAL TREND OF THE PROPORTION OF FY 2016-2020 DISQUALIFIED APPLICANTS WITH SELECTED DISQUALIFICATIONS: MARINE CORPS
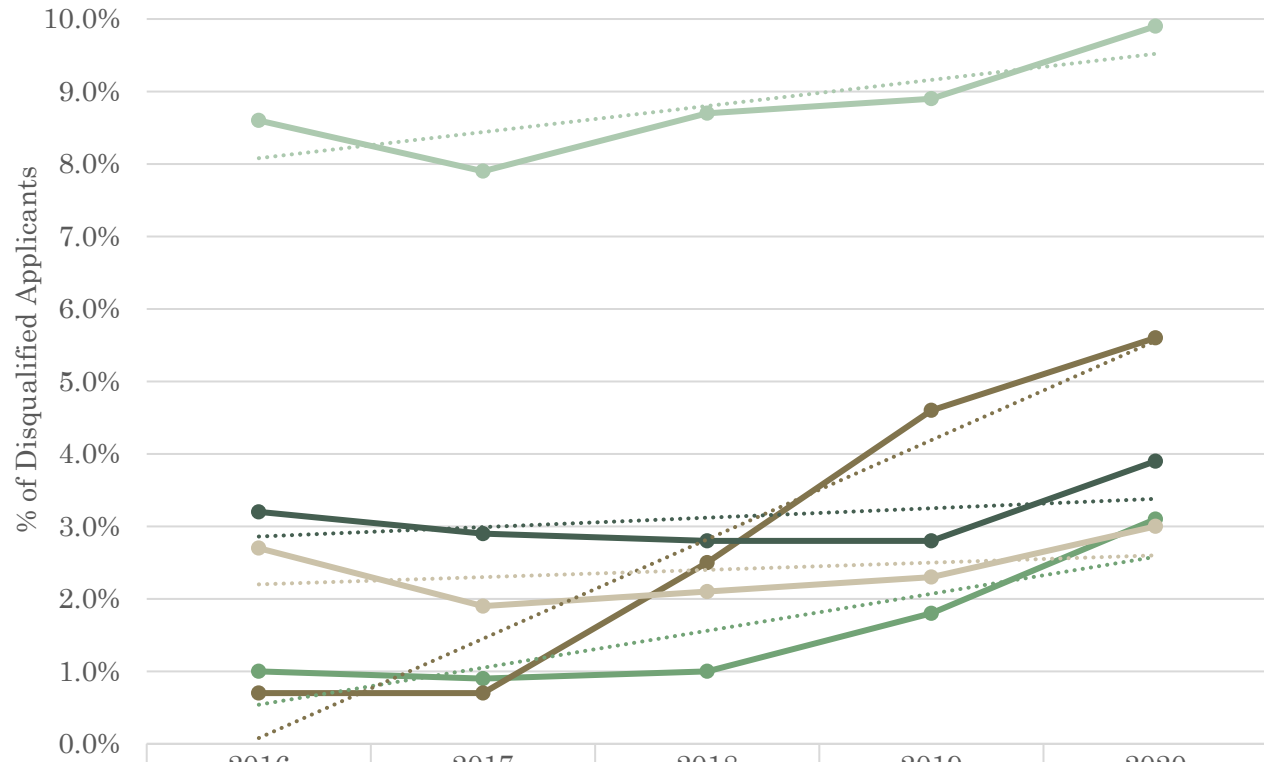

	2016	2017	2018	2019	2020
Ears	1.0%	0.9%	1.0%	1.8%	3.1%
Hearing	0.7%	0.7%	2.5%	4.6%	5.6%
Urinary System	2.7%	1.9%	2.1%	2.3%	3.0%
Spine and Sacroiliac Joint Conditions	3.2%	2.9%	2.8%	2.8%	3.9%
Miscellaneous Conditions of the Extremities	8.6%	7.9%	8.7%	8.9%	9.9%

AIR FORCE

TABLE 5D: DISTRIBUTION OF DISQUALIFICATIONS AND DISQUALIFICATION-SPECIFIC ACCESSION RATES AMONG FY 2016-2020 MEDICALLY DISQUALIFIED APPLICANTS: AIR FORCE

Disqualification Category[1]	Disqualified Applicants		% who Accessed
	n	%	
2. Head	80	0.2	48.8
3. Eyes	7,585	21.6	44.1
4. Vision	6,056	17.3	45.3
5. Ears	670	1.9	24.0
6. Hearing	738	2.1	12.6
7. Nose, Sinuses, Mouth, and Larynx	272	0.8	31.3
8. Dental	265	0.8	21.9
9. Neck	61	0.2	49.2
10. Lungs, Chest Wall, Pleura, and Mediastinum	3,212	9.2	28.3
11. Heart	787	2.2	30.7
12. Abdominal Organs and Gastrointestinal System	917	2.6	29.7
13. Female Genital System	671	1.9	22.8
14. Male Genital System	769	2.2	46.2
15. Urinary System	1,267	3.6	33.4
16. Spine and Sacroiliac Joint Conditions	1,440	4.1	23.8
17. Upper Extremity Conditions	1,161	3.3	51.8
18. Lower Extremity Conditions	2,489	7.1	42.6
19. Miscellaneous Conditions of the Extremities	4,795	13.7	48.6
20. Vascular System	471	1.3	33.1
21. Skin and Cellular Tissue Conditions	2,741	7.8	26.7
22. Blood and Blood Forming Conditions	230	0.7	24.8
23. Systemic Conditions	1,730	4.9	29.9
24. Endocrine and Metabolic Conditions	502	1.4	17.9
25. Rheumatologic Conditions	252	0.7	22.2
26. Neurologic Conditions	1,329	3.8	35.1
27. Sleep Disorders	149	0.4	14.1
28. Learning, Psychiatric, and Behavioral Disorders	5,975	17.0	34.3
29. Tumors and Malignancies	156	0.4	41.0
30. Miscellaneous Conditions	1,064	3.0	42.3
Total Disqualified Applicants	**35,082**		

1 Disqualification categories were based on subsections listed in the DoDI 6130.03. Disqualification categories are not mutually exclusive; applicants with multiple disqualifications may be counted in more than one subsection.

FIGURE 2D: TEMPORAL TREND OF THE PROPORTION OF FY 2016-2020 DISQUALIFIED APPLICANTS WITH SELECTED DISQUALIFICATIONS: AIR FORCE
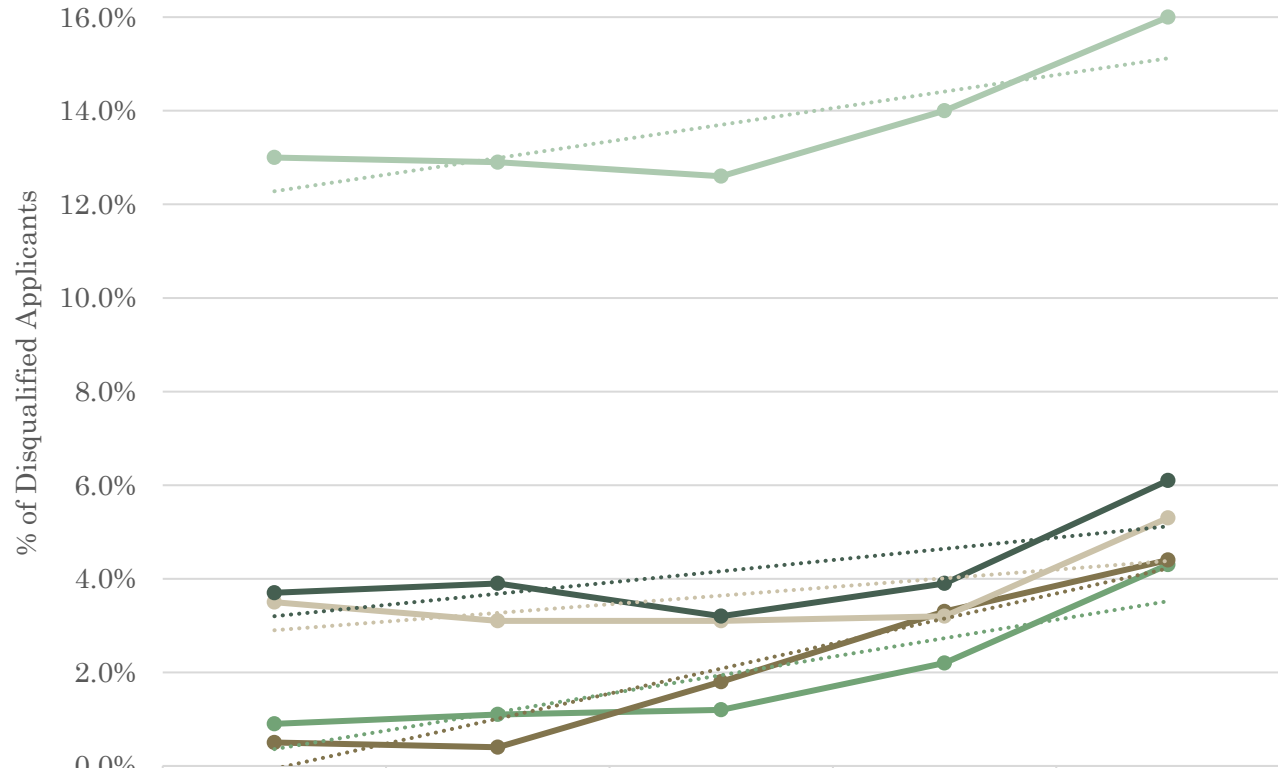
	2016	2017	2018	2019	2020
Ears	0.9%	1.1%	1.2%	2.2%	4.3%
Hearing	0.5%	0.4%	1.8%	3.3%	4.4%
Urinary System	3.5%	3.1%	3.1%	3.2%	5.3%
Spine and Sacroiliac Joint Conditions	3.7%	3.9%	3.2%	3.9%	6.1%
Miscellaneous Conditions of the Extremities	13.0%	12.9%	12.6%	14.0%	16.0%

Medically disqualified applicants must seek a medical waiver from a SMWRA in order to access into military service. Section 2 describes *waiver considerations* among FY 2016-2020 medically disqualified applicants for enlisted service to the Army, Navy, Marine Corps, or Air Force. For the following analyses, a longitudinal approach was utilized and applicants were followed from their MEPS medical examination to waiver application and SMWRA approval decision. Due to the longitudinal approach, disqualifications described in this section were those identified during the MEPS exam, while approval determinations were derived from the waiver record. All applicants considered for an accession medical waiver must have been medically disqualified at MEPS between FY 2016-2020 and must have applied for a medical waiver within two years of their MEPS examination. In cases where an applicant sought more than one waiver per SMWRA, waiver decisions and recommendations from the applicant's most recent waiver consideration was evaluated.

1: Overall Medical Waiver Considerations and Approval Rates

Table 6 presents the number of medical waivers sought by FY 2016-2020 medically disqualified applicants and the overall approval rate by SMWRA and year. **Figure 3** provides a year-over-year trend analysis of the waiver approval rate per SMWRA.

Table 6 and Figure 3 Key Findings

- The proportion of disqualified applicants who applied for a waiver ranged from 46% (Army) to 65% (Navy).
- Overall, the five-year waiver approval rate ranged from 61% (Air Force) to 73% (Marine Corps).
  - Over the time period, the approval rates remained relatively stable for the Army and Air Force, while the Marine Corps approval rate appears to be trending downward.
  - For the Navy, the approval rate increased from approximately 50% from FY 2016-2018 to 80% in FYs 2019 and 2020.
    - These trends may have also been influenced by a database system change in 2019 and/or 2019-2020 Navy recruiting goals.

TABLE 6: NUMBER OF WAIVER CONSIDERATIONS AND WAIVER APPLICATION RATE, BY FY OF APPLICATION AND SMWRA

Application FY	Army		Navy		Marine Corps		Air Force	
	n	Application Rate[1]	n	Application Rate[1]	n	Application Rate[1]	n	Application Rate[1]
2016	8,583	49.6	4,236	64.8	3,635	59.6	3,830	61.3
2017	8,280	47.4	4,241	64.7	3,945	62.9	4,183	60.8
2018	6,863	37.6	5,146	72.4	4,519	67.3	4,469	58.5
2019[2]	9,731	49.4	5,579	68.8	4,634	64.8	4,386	54.3
2020[2]	7,239	43.3	3,835	51.7	3,275	57.3	2,766	44.2
Total Considerations	**40,696**	**45.5**	**23,037**	**64.5**	**20,008**	**62.6**	**19,634**	**56.0**

1 Application rates represent the proportion of disqualified applicants who applied for a waiver per service and application FY.
2. Waiver application rates may be underestimated due to limited follow-up time

FIGURE 3: TEMPORAL TREND OF WAIVER APPROVAL RATES BY SMWRA, FY 2016-2020
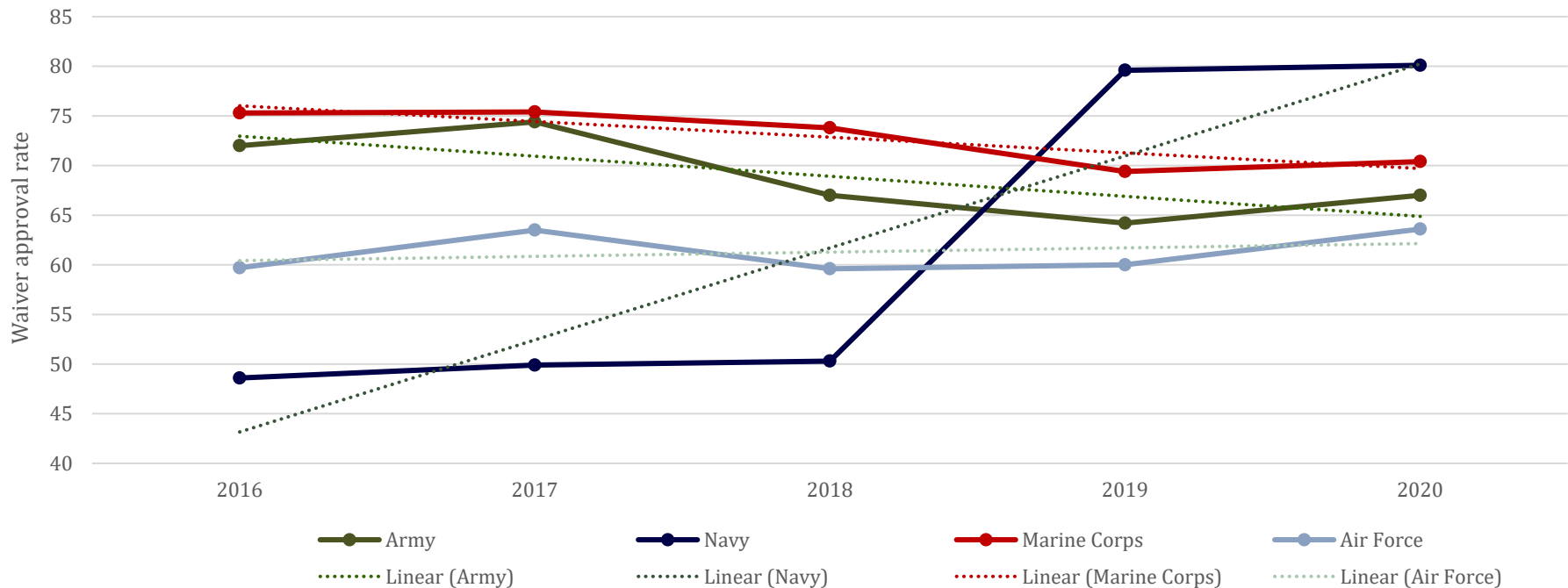
2: Medical Waiver Considerations and Approval Rates per Disqualification Category

Tables 7A-D present the number of waivers sought and waiver approval rates per disqualification category for each SMWRA. Disqualifications were identified during the MEPS physical exam and categories were based on subsections listed in the 2018 DoDI 6130.03. Temporal trends for waiver approval rates per SMWRA are presented for five (5) specific DQ categories chosen by AMSARA based on either a significant update to the medical standard in 2018 or a notable change in the trend direction/strength of the approval rate trend line **(Figures 4A-D)**.

Tables 7A-D and Figures 4A-D Key Findings

- In alignment with the most common DQs at MEPS, the most frequently sought waivers fell under the Eyes, Vision, Miscellaneous Conditions of the Extremities, and Learning, Behavioral and Psychiatric Disorders (Psychiatric) subsections.
  - Over half of applicants disqualified for Eyes or Vision (range: 55% Army to 80% Navy) sought a medical waiver, and most (69-80%) were approved.
  - The Army had the highest approval ratings for all 5 musculoskeletal-related subsections, including Neck (73%), Spine and Sacroiliac Joint Conditions (63%), Upper Extremity Conditions (87%), Lower Extremity Conditions (78%), and Miscellaneous Conditions of the Extremities (86%).
  - Rates of Psychiatric waiver applications (range: 33% Army to 57% Navy) and approvals (range: 45% Army to 71% Marine Corps) varied widely among services.
- The Marine Corps had the highest approval rate for 16 of the 30 DQ categories, while both the Navy and Air Force had the lowest approval rates for 13 categories.
- The lowest approval rates were for Hearing waivers for the Army (11%), Marine Corps (8%) and Air Force (27%), and for Rheumatologic Conditions (28%) waivers in the Navy.
- The waiver approval rates for Ears were 19 to 38 percentage points higher when comparing FY 2018 rates to FY 2019 and FY 2020 rates for the Navy and Air Force. In the Army, Ear waiver approval rates steadily rose before sharply increasing from FY 2019 (53%) to FY 2020 (66%).
- Waiver approval rates for Spine and Sacroiliac Joint Conditions appear to be trending upward for the Navy and Air Force, while the Marine Corps approval rates have declined since FY 2018.
- Urinary System waiver approval rates varied by service and year, ranging from 34% to 81%.
- Navy waiver approval rates for all five selected DQ categories were notably higher among FY 2019-2020 applicants than in previous years.

ARMY

TABLE 7A: MEDICAL WAIVER APPLICATION AND WAIVER APPROVAL RATES PER DISQUALIFICATION CATEGORY AMONG FY 2016-2020 MEDICALLY DISQUALIFIED APPLICANTS: ARMY

Disqualification Category[1]	Applied for Waiver n	% with DQ who sought a Waiver[2]	Waiver Approval Rate[3]
2. Head	59	43.7	84.7
3. Eyes	13,182	55.4	78.9
4. Vision	11,221	55.7	79.5
5. Ears	766	47.2	55.9
6. Hearing	1,285	46.3	11.3
7. Nose, Sinuses, Mouth, and Larynx	174	43.4	67.2
8. Dental	348	28.3	59.2
9. Neck	63	52.1	73.0
10. Lungs, Chest Wall, Pleura, and Mediastinum	2,121	42.2	55.2
11. Heart	693	43.3	48.1
12. Abdominal Organs and Gastrointestinal System	822	44.1	65.8
13. Female Genital System	292	19.2	78.8
14. Male Genital System	1,020	48.6	79.3
15. Urinary System	1,014	45.5	67.1
16. Spine and Sacroiliac Joint Conditions	1,607	49.2	62.6
17. Upper Extremity Conditions	1,558	48.8	86.5
18. Lower Extremity Conditions	3,168	47.7	77.6
19. Miscellaneous Conditions of the Extremities	5,542	49.2	85.9
20. Vascular System	488	45.1	62.3
21. Skin and Cellular Tissue Conditions	2,677	43.1	71.9
22. Blood and Blood Forming Conditions	139	41.0	50.4
23. Systemic Conditions	1,629	43.3	78.5
24. Endocrine and Metabolic Conditions	447	37.4	41.2
25. Rheumatologic Conditions	264	45.3	46.2
26. Neurologic Conditions	774	34.7	63.8
27. Sleep Disorders	77	24.2	35.1
28. Learning, Psychiatric, and Behavioral Disorders	4,510	33.4	45.1
29. Tumors and Malignancies	125	44.0	61.6
30. Miscellaneous Conditions	1,022	39.8	69.8
Total Applied for Waiver	**40,696**		
Total Disqualified Applicants	**89,483**		

1 Disqualification categories were based on subsections listed in the DoDI 6130.03. Categories are not mutually exclusive, applicants with multiple disqualifications under different DQ categories were counted more than once.
2 Percentages represent the proportion of applicants who sought a medical waiver out of the total disqualified applicants per DQ category.
3 Approval rates represent the proportion of approved waivers of the total waivers considered per DQ category.

FIGURE 4A: TEMPORAL TREND OF WAIVER APPROVAL RATES FOR SELECTED DISQUALIFICATIONS AMONG FY 2016-2020 APPLICANTS WHO APPLIED FOR A WAIVER: ARMY
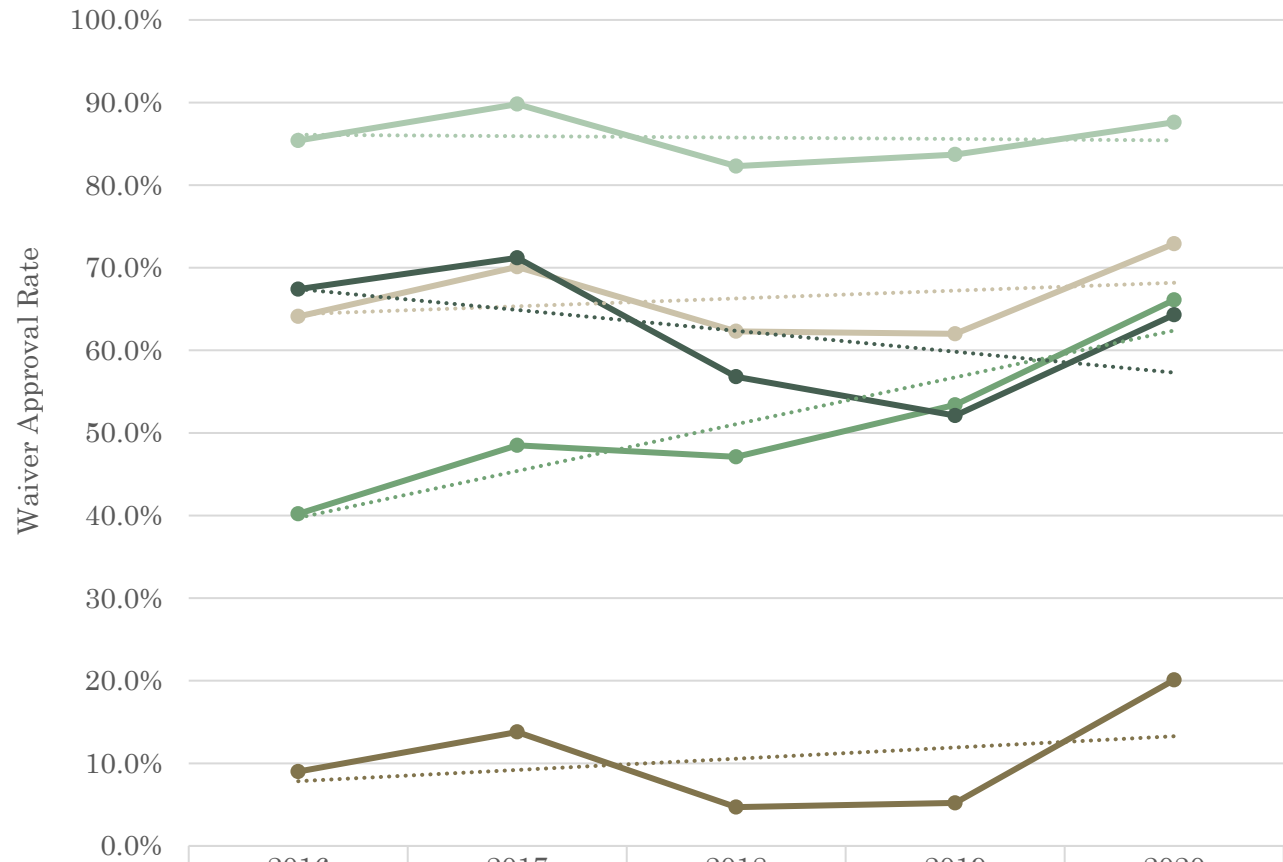
	2016	2017	2018	2019	2020
Ears	40.2%	48.5%	47.1%	53.4%	66.1%
Hearing	9.0%	13.8%	4.7%	5.2%	20.1%
Urinary System	64.1%	70.1%	62.3%	62.0%	72.9%
Spine and Sacroiliac Joint Conditions	67.4%	71.2%	56.8%	52.1%	64.3%
Miscellaneous Conditions of the Extremities	85.4%	89.8%	82.3%	83.7%	87.6%

NAVY

TABLE 7B: MEDICAL WAIVER APPLICATION AND WAIVER APPROVAL RATES PER DISQUALIFICATION CATEGORY AMONG FY 2016-2020 MEDICALLY DISQUALIFIED APPLICANTS: NAVY

Disqualification Category[1]	Applied for Waiver n	% with DQ who sought a Waiver[2]	Waiver Approval Rate[3]
2. Head	30	60.0	63.3
3. Eyes	7,294	78.2	74.4
4. Vision	6,364	80.0	76.4
5. Ears	357	54.1	54.3
6. Hearing	722	66.1	60.2
7. Nose, Sinuses, Mouth, and Larynx	100	56.5	52.0
8. Dental	184	44.4	55.4
9. Neck	28	63.6	39.3
10. Lungs, Chest Wall, Pleura, and Mediastinum	1,545	63.7	50.7
11. Heart	514	71.3	45.7
12. Abdominal Organs and Gastrointestinal System	419	54.8	52.0
13. Female Genital System	256	42.2	69.1
14. Male Genital System	511	62.0	62.0
15. Urinary System	589	61.0	50.8
16. Spine and Sacroiliac Joint Conditions	924	66.7	50.0
17. Upper Extremity Conditions	622	60.0	72.0
18. Lower Extremity Conditions	1,568	62.6	62.4
19. Miscellaneous Conditions of the Extremities	2,434	59.2	73.0
20. Vascular System	299	65.4	43.5
21. Skin and Cellular Tissue Conditions	1,605	61.6	53.1
22. Blood and Blood Forming Conditions	96	59.6	46.9
23. Systemic Conditions	932	57.9	65.9
24. Endocrine and Metabolic Conditions	298	62.5	32.6
25. Rheumatologic Conditions	146	67.3	28.1
26. Neurologic Conditions	544	56.0	49.6
27. Sleep Disorders	64	54.7	40.6
28. Learning, Psychiatric, and Behavioral Disorders	3,425	57.0	49.8
29. Tumors and Malignancies	77	57.0	54.5
30. Miscellaneous Conditions	637	56.5	58.2
Total Applied for Waiver	**23,037**		
Total Disqualified Applicants	**35,738**		

1 Disqualification categories were based on subsections listed in the DoDI 6130.03. Categories are not mutually exclusive, applicants with multiple disqualifications across different DQ categories were counted more than once.
2 Percentages represent the proportion of applicants who sought a medical waiver out of the total disqualified applicants per DQ category.
3 Approval rates represent the proportion of approved waivers of the total waivers considered per DQ category.

FIGURE 4B: TEMPORAL TREND OF WAIVER APPROVAL RATES FOR SELECTED DISQUALIFICATIONS AMONG FY 2016-2020 APPLICANTS WHO APPLIED FOR A WAIVER: NAVY
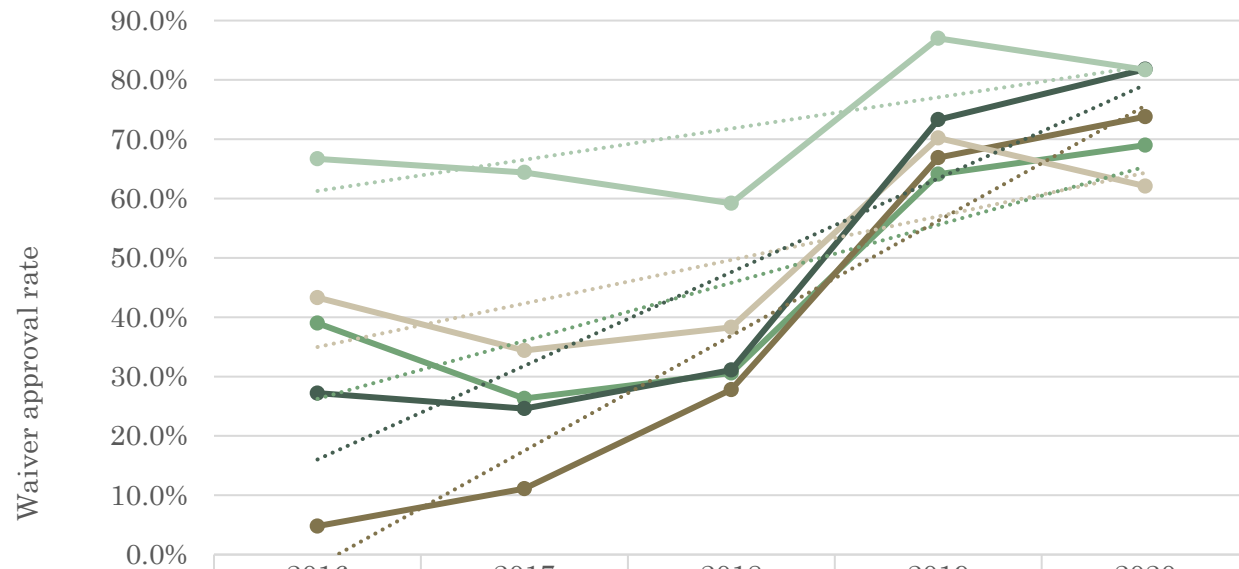
	2016	2017	2018	2019	2020
Ears	39.0%	26.3%	30.6%	64.1%	69.0%
Hearing	4.8%	11.1%	27.8%	66.9%	73.8%
Urinary System	43.3%	34.4%	38.3%	70.2%	62.1%
Spine and Sacroiliac Joint Conditions	27.2%	24.6%	31.1%	73.3%	81.8%
Miscellaneous Conditions of the Extremities	66.7%	64.4%	59.2%	87.0%	81.7%

MARINE CORPS

TABLE 7C: MEDICAL WAIVER APPLICATION AND WAIVER APPROVAL RATES PER DISQUALIFICATION CATEGORY AMONG FY 2016-2020 MEDICALLY DISQUALIFIED APPLICANTS: MARINE CORPS

Disqualification Category[1]	Applied for Waiver n	% with DQ who sought a Waiver[2]	Waiver Approval Rate[3]
2. Head	43	69.4	69.8
3. Eyes	6,219	74.2	78.1
4. Vision	5,592	75.1	79.3
5. Ears	270	54.4	58.1
6. Hearing	425	47.2	7.5
7. Nose, Sinuses, Mouth, and Larynx	99	63.5	77.8
8. Dental	93	35.9	46.2
9. Neck	31	67.4	71.0
10. Lungs, Chest Wall, Pleura, and Mediastinum	1,367	64.1	69.4
11. Heart	369	60.4	62.6
12. Abdominal Organs and Gastrointestinal System	349	63.3	66.5
13. Female Genital System	96	43.2	80.2
14. Male Genital System	650	71.2	88.2
15. Urinary System	467	61.9	70.7
16. Spine and Sacroiliac Joint Conditions	695	69.9	60.6
17. Upper Extremity Conditions	424	65.2	50.2
18. Lower Extremity Conditions	1,128	64.8	65.3
19. Miscellaneous Conditions of the Extremities	2,021	71.8	68.3
20. Vascular System	145	62.8	58.6
21. Skin and Cellular Tissue Conditions	1,318	58.5	73.7
22. Blood and Blood Forming Conditions	49	49.5	61.2
23. Systemic Conditions	705	60.5	70.9
24. Endocrine and Metabolic Conditions	158	56.8	57.6
25. Rheumatologic Conditions	95	54.6	46.3
26. Neurologic Conditions	502	55.8	69.1
27. Sleep Disorders	55	40.7	61.8
28. Learning, Psychiatric, and Behavioral Disorders	3,471	54.8	70.5
29. Tumors and Malignancies	57	58.8	63.2
30. Miscellaneous Conditions	454	56.4	72.9
Total Applied for Waiver	**20,008**		
Total Disqualified Applicants	**31,961**		

1 Disqualification categories were based on subsections listed in the DoDI 6130.03. Categories are not mutually exclusive, applicants with multiple disqualifications across different DQ categories were counted more than once.
2 Percentages represent the proportion of applicants who sought a medical waiver out of the total disqualified applicants per DQ category.
3 Approval rates represent the proportion of approved waivers of the total waivers considered per DQ category.

FIGURE 4C: TEMPORAL TREND OF WAIVER APPROVAL RATES FOR SELECTED DISQUALIFICATIONS AMONG FY 2016-2020 APPLICANTS WHO APPLIED FOR A WAIVER: MARINE CORPS
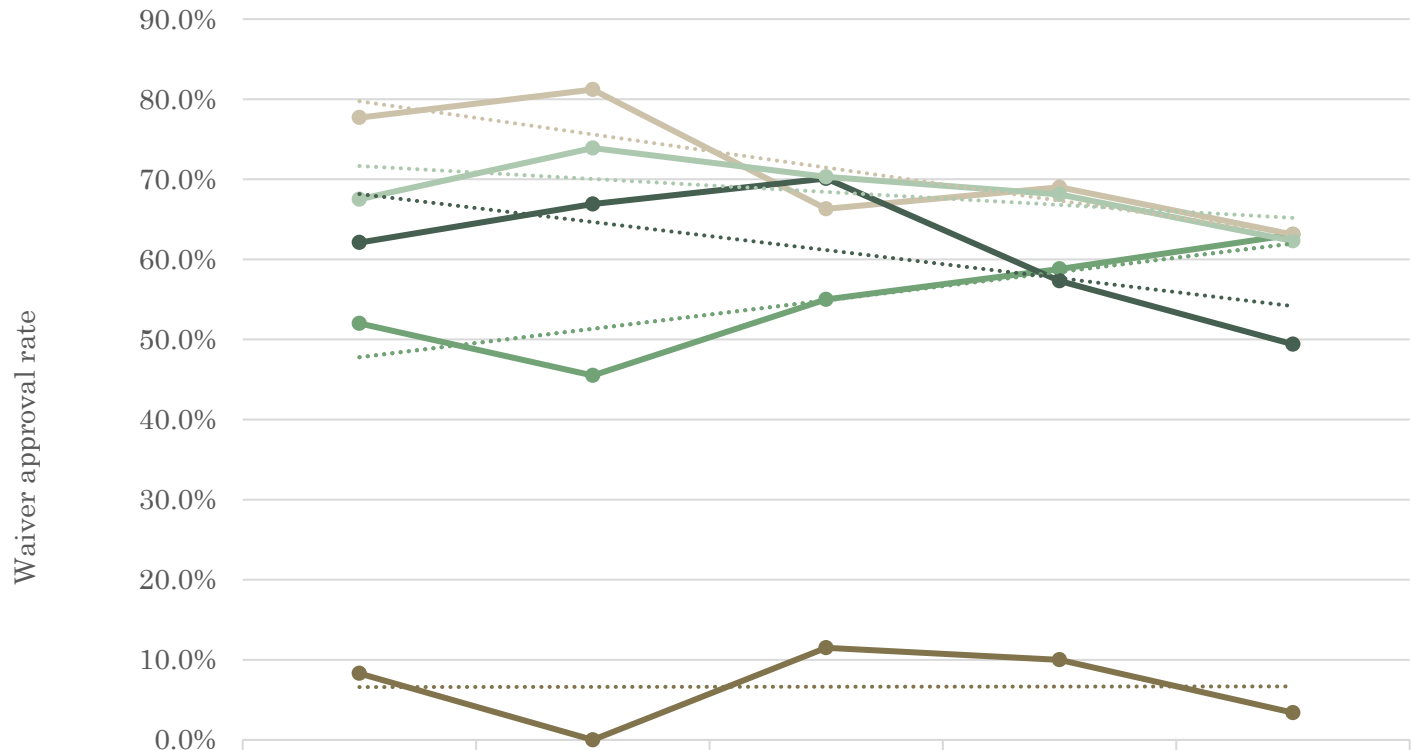
	2016	2017	2018	2019	2020
Ears	52.0%	45.5%	55.0%	58.8%	63.1%
Hearing	8.3%	0.0%	11.5%	10.0%	3.4%
Urinary System	77.7%	81.2%	66.3%	69.0%	63.1%
Spine and Sacroiliac Joint Conditions	62.1%	66.9%	70.1%	57.3%	49.4%
Miscellaneous Conditions of the Extremities	67.5%	73.9%	70.3%	68.1%	62.3%

AIR FORCE

TABLE 7D: MEDICAL WAIVER APPLICATION AND WAIVER APPROVAL RATES PER DISQUALIFICATION CATEGORY AMONG FY 2016-2020 MEDICALLY DISQUALIFIED APPLICANTS: AIR FORCE

Disqualification Category[1]	Applied for Waiver n	% with DQ who sought a Waiver[2]	Waiver Approval Rate[3]
2. Head	43	53.8	93.0
3. Eyes	4,802	63.3	68.7
4. Vision	3,896	64.3	69.9
5. Ears	338	50.4	52.4
6. Hearing	349	47.3	27.2
7. Nose, Sinuses, Mouth, and Larynx	147	54.0	49.0
8. Dental	111	41.9	41.4
9. Neck	38	62.3	63.2
10. Lungs, Chest Wall, Pleura, and Mediastinum	1,664	51.8	42.1
11. Heart	422	53.6	53.3
12. Abdominal Organs and Gastrointestinal System	468	51.0	57.7
13. Female Genital System	231	34.4	56.7
14. Male Genital System	465	60.5	68.2
15. Urinary System	693	54.7	57.3
16. Spine and Sacroiliac Joint Conditions	798	55.4	39.7
17. Upper Extremity Conditions	670	57.7	77.9
18. Lower Extremity Conditions	1,418	57.0	64.6
19. Miscellaneous Conditions of the Extremities	2,711	56.5	76.5
20. Vascular System	240	51.0	53.8
21. Skin and Cellular Tissue Conditions	1,440	52.5	39.9
22. Blood and Blood Forming Conditions	129	56.1	36.4
23. Systemic Conditions	813	47.0	53.1
24. Endocrine and Metabolic Conditions	222	44.2	30.6
25. Rheumatologic Conditions	127	50.4	33.1
26. Neurologic Conditions	636	47.9	58.2
27. Sleep Disorders	69	46.3	31.9
28. Learning, Psychiatric, and Behavioral Disorders	3,341	55.9	57.3
29. Tumors and Malignancies	82	52.6	68.3
30. Miscellaneous Conditions	595	55.9	69.7
Total Applied for Waiver	**19,634**		
Total Disqualified Applicants	**35,082**		

1 Disqualification categories were based on subsections listed in the DoDI 6130.03. Categories are not mutually exclusive, applicants with multiple disqualifications across different DQ categories were counted more than once.
2 Percentages represent the proportion of applicants who sought a medical waiver out of the total disqualified applicants per DQ category.
3 Approval rates represent the proportion of approved waivers of the total waivers considered per DQ category.

FIGURE 4D: TEMPORAL TREND OF WAIVER APPROVAL RATES FOR SELECTED DISQUALIFICATIONS AMONG FY 2016-2020 APPLICANTS WHO APPLIED FOR A WAIVER: AIR FORCE
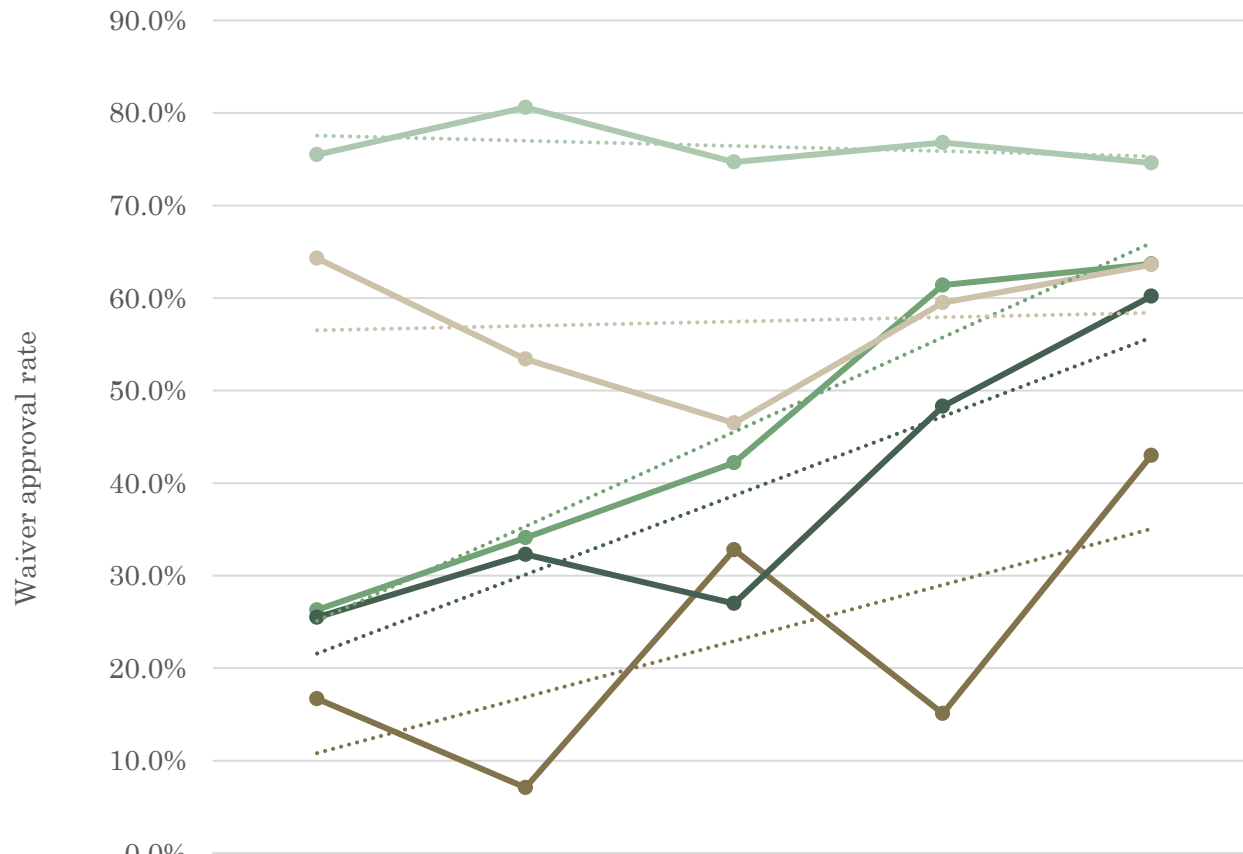
	2016	2017	2018	2019	2020
Ears	26.3%	34.1%	42.2%	61.4%	63.7%
Hearing	16.7%	7.1%	32.8%	15.1%	43.0%
Urinary System	64.3%	53.4%	46.5%	59.5%	63.6%
Spine and Sacroiliac Joint Conditions	25.5%	32.3%	27.0%	48.3%	60.2%
Miscellaneous Conditions of the Extremities	75.5%	80.6%	74.7%	76.8%	74.6%

Early Discharge | THREE

Section 3 describes *early discharge* among FY 2016-2020 applicants for enlisted service who accessed into the Army, Navy, Marine Corps, or Air Force, stratified by discharge type (i.e. adverse attrition, disability discharge, EPTS discharge) and time period to discharge (i.e. 180 days, 1 year, 2-3 years). Refer to 'Key Terms & Definitions' page in the **Introduction** section for definitions of each early discharge type.

Since this report utilized a longitudinal approach, following service members from application to early discharge, the eligible population for this section were all service members with a MEPS physical examination between FY 2016-2020 who accessed and were discharged within three years of their first accession date. Comparisons to attrition and disability rates in previously published AMSARA annual reports should be made with caution since AMSARA refined the definition of adverse attrition, which may lower the rates of adverse attrition both overall and within each time period.

Unadjusted and adjusted relative risks were calculated to compare the likelihood of early discharge among medically disqualified/waived accessions for each of the disqualification categories compared to medically qualified accessions (unadjusted results not shown). Adjusted models controlled for age at application, race, gender, and service. Rates of early discharge were calculated per 10,000 service members. Rates of early discharge may be underestimated, as some service members may not have adequate follow-up time. Censoring may result from insufficient follow-up times.

1: Early Discharge Rates by Medical Disqualification Status

Tables 8A-E compare the percentage of early discharge, both overall and by discharge type, over time between medically qualified and disqualified accessions for each service. **Figures 5A-E** present the distribution of early discharge type (adverse attrition, disability discharge, EPTS discharge) among all early discharges per service.

> For this report, separation data was available up to 30 September 2020. Due to limited follow-up time, rates of early discharge should be considered underestimated, especially among FY 2019-2020 applicants.

Table 8A-E and Figures 5A-E Key Findings

- Among FY 2016-2020 applicants who accessed, approximately 10% (Air Force) to 19% (Navy) were discharged from military service within the first three years of service.
    - Adverse attrition accounted for 74-92% of all early discharges.
    - Disability and EPTS discharge were rare outcomes; less than 2% of all accessions were separated early due to disability or EPTS.
- Generally, the rate of early discharge did not widely differ according to medical qualification status (medically disqualified vs. medically qualified).
- The proportion separated early due to adverse attrition, disability discharge or EPTS discharge varied by service. Inter-service variations may be related to service-related exposures (e.g. military occupation specialty, deployment characteristics).
    - Sailors had the highest proportion with an adverse attrition (17%), while Airmen had the lowest (9%).
    - Soldiers and Marines had the highest proportion with a disability discharge (1.0%).
    - Soldiers had the highest percentage with an EPTS discharge (2%).

DOD

TABLE 8A: DISTRIBUTION OF EARLY DISCHARGE TYPE BY APPLICATION FY AND MEDICAL QUALIFICATION STATUS: DOD

| Application FY | Medical Qualification Status | Accession | Early Discharge Type[1] | | | | | |
| | | | Adverse Attrition | | Disability Discharge | | EPTS Discharge[2] | |
		n	n	%[3]	n	%[3]	n	%[3]
2016	Qualified	189,111	25,828	13.7	2,865	1.5	3,245	1.7
	Disqualified	15,333	2,022	13.2	276	1.8	390	2.5
2017	Qualified	191,910	26,322	13.7	2,783	1.5	4,557	2.4
	Disqualified	16,436	2,201	13.4	257	1.6	436	2.7
2018	Qualified	198,652	24,141	12.2	1,505	0.8	5,477	2.8
	Disqualified	16,985	1,991	11.7	120	0.7	413	2.4
2019	Qualified	209,488	21,959	10.5	372	0.2	311	0.1
	Disqualified	18,818	1,966	10.4	18	0.1	10	0.1
2020	Qualified	124,258	5,308	4.3	16	0.0	-	-
	Disqualified	10,495	483	4.6	1	0.0	-	-
Overall		**991,487**	**112,221**	**11.3**	**8,213**	**0.8**	**14,839**	**1.5**[2]

1 Early discharge may be underestimated due to limited follow-up time.
2 FY 2019 data included EPTS discharges through February 2019, and FY 2020 EPTS discharge data was not received by AMSARA at the time of this report, therefore all EPTS discharges may be underestimated.
3 Percent out of the number of accessions per year and medical qualification status

FIGURE 5A: COMPARISON OF THE DISTRIBUTION OF ADVERSE ATTRITION, DISABILITY DISCHARGE AND EPTS DISCHARGE AMONG ALL EARLY DISCHARGES, BY MEDICAL DISQUALIFICATION STATUS: DOD
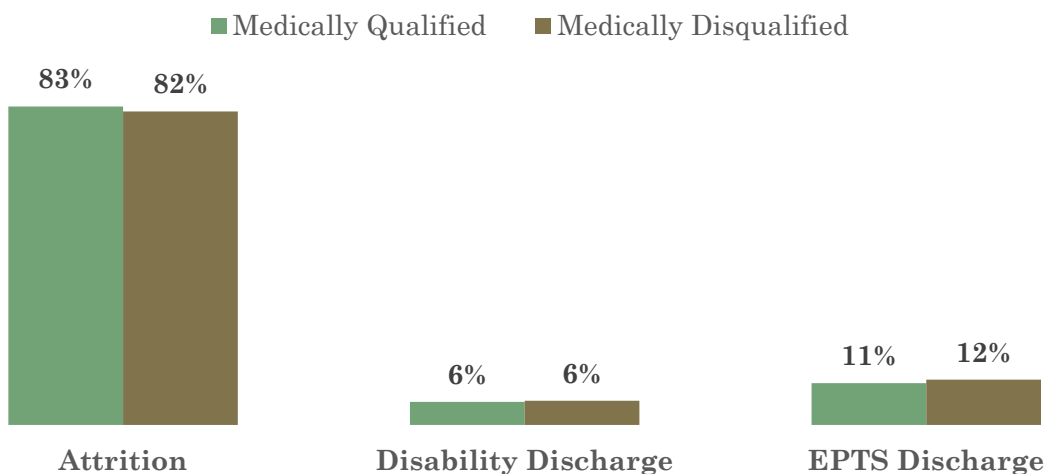
1 Percent out of the total number of early discharges among medically qualified accessions (n=124,689).
2 Percent out of the total number of early discharges among medically disqualified accessions (n=10,584)

ARMY

TABLE 8B: DISTRIBUTION OF EARLY DISCHARGE TYPE BY APPLICATION FY AND MEDICAL QUALIFICATION STATUS: ARMY

Application FY	Medical Qualification Status	Accession	Early Discharge Type[1]					
			Adverse Attrition		Disability Discharge		EPTS Discharge[2]	
		n	n	%[3]	n	%[3]	n	%[3]
2016	Qualified	91,299	11,770	12.9	1,764	1.9	2,033	2.2
	Disqualified	7,914	911	11.5	168	2.1	257	3.2
2017	Qualified	89,105	10,904	12.2	1,664	1.9	2,552	2.9
	Disqualified	8,191	953	11.6	169	2.1	265	3.2
2018	Qualified	93,441	10,015	10.7	956	1.0	3,006	3.2
	Disqualified	8,090	756	9.3	82	1.0	238	2.9
2019	Qualified	102,662	8,814	8.6	217	0.2	171	0.2
	Disqualified	8,377	601	7.2	9	0.1	2	0.0
2020	Qualified	76,607	2,279	3.0	7	0.0	-	-
	Disqualified	5,877	162	2.8	1	0.0	-	-
Total		**491,563**	**47,165**	**9.6**	**5,037**	**1.0**	**8,524**	**1.7**[2]

1 Early discharge may be underestimated due to limited follow-up time.
2 FY 2019 data included EPTS discharges through February 2019, and FY 2020 EPTS discharge data was not received by AMSARA at the time of this report, therefore all EPTS discharges may be underestimated.
3 Percent out of the number of accessions per year and medical qualification status

FIGURE 5B: COMPARISON OF THE DISTRIBUTION OF ADVERSE ATTRITION, DISABILITY DISCHARGE AND EPTS DISCHARGE AMONG ALL EARLY DISCHARGES, BY MEDICAL DISQUALIFICATION STATUS: ARMY

1 Percent out of the total number of early discharges among medically qualified accessions (n=56,152).
2 Percent out of the total number of early discharges among medically disqualified accessions (n=4,574).

NAVY

TABLE 8C: DISTRIBUTION OF EARLY DISCHARGES BY APPLICATION FY AND MEDICAL QUALIFICATION STATUS: NAVY

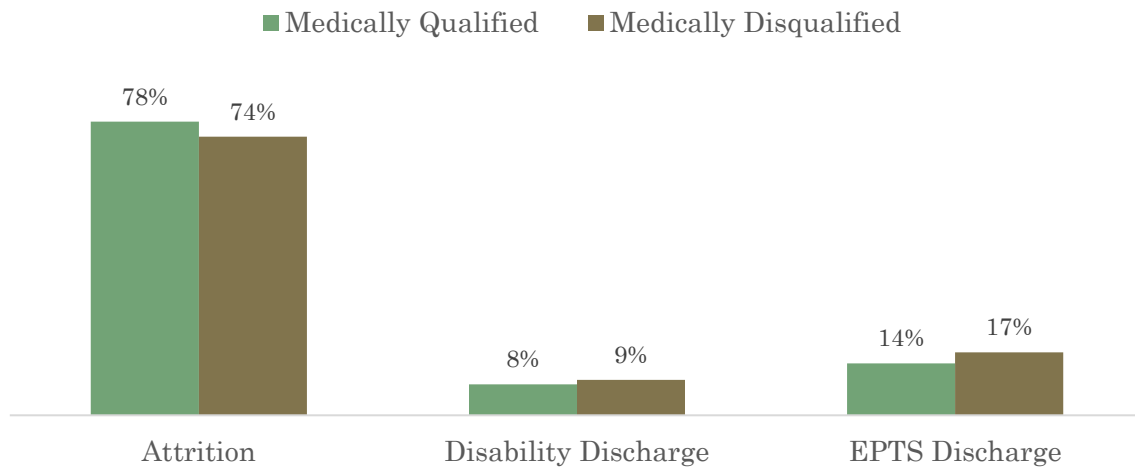| Application FY	Medical Qualification Status	Accessed N	Early Discharge Type[1]					
			Adverse Attrition		Disability Discharge		EPTS Discharge[2]	
			n	%[3]	n	%[3]	n	%[3]
2016	Qualified	31,701	6,020	19.0	281	0.9	19	0.1
	Disqualified	2,333	514	22.0	27	1.2	6	0.3
2017	Qualified	33,866	6,700	19.8	288	0.9	703	2.1
	Disqualified	2389	482	20.2	14	0.6	61	2.6
2018	Qualified	37,525	6,884	18.3	151	0.4	1,539	4.1
	Disqualified	2531	476	18.8	9	0.4	87	3.4
2019	Qualified	38,001	6,537	17.2	64	0.2	90	0.2
	Disqualified	4458	766	17.2	4	0.1	5	0.1
2020	Qualified	18,985	1,260	6.6	9	0.0	-	-
	Disqualified	2,576	211	8.2	-	-	-	-
Total		**174,365**	**29,850**	**17.1**	**847**	**0.5**	**2,510**	**1.4[2]**

1 Early discharge may be underestimated due to limited follow-up time.
2 FY 2019 data included EPTS discharges through February 2019, and FY 2020 EPTS discharge data was not received by AMSARA at the time of this report, therefore all EPTS discharges may be underestimated.
3 Percent out of the number of accessions per year and medical qualification status

FIGURE 5C: COMPARISON OF THE DISTRIBUTION OF ADVERSE ATTRITION, DISABILITY DISCHARGE AND EPTS DISCHARGE AMONG ALL EARLY DISCHARGES, BY MEDICAL DISQUALIFICATION STATUS: NAVY

■ Medically Qualified   ■ Medically Disqualified

Attrition: 90%, 92%
Disability Discharge: 3%, 2%
EPTS Discharge: 8%, 6%
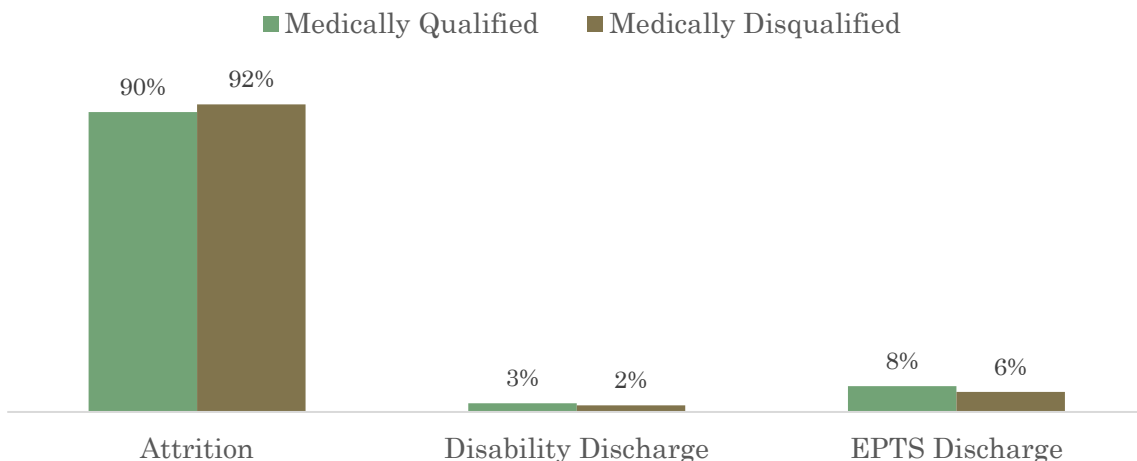
1 Percent out of the total number of early discharges among medically qualified accessions (n=30,545).
2 Percent out of the total number of early discharges among medically disqualified accessions (n=2,662).

MARINE CORPS

TABLE 8D: DISTRIBUTION OF EARLY DISCHARGES BY APPLICATION FY AND MEDICAL QUALIFICATION STATUS: MARINE CORPS

Application FY	Medical Qualification Status	Accessed	Early Discharge Type[1]					
			Adverse Attrition		Disability Discharge		EPTS Discharge[2]	
		n	n	%[3]	n	%[3]	n	%[3]
2016	Qualified	32,448	4,354	13.4	556	1.7	534	1.6
	Disqualified	2,468	353	14.3	58	2.4	55	2.2
2017	Qualified	33,915	4,868	14.4	550	1.6	641	1.9
	Disqualified	2674	447	16.7	47	1.8	57	2.1
2018	Qualified	32,958	4,325	13.1	266	0.8	455	1.4
	Disqualified	3047	484	15.9	21	0.7	46	1.5
2019	Qualified	32,100	4,071	12.7	64	0.2	43	0.1
	Disqualified	2,838	388	13.7	3	0.1	3	0.1
2020	Qualified	11,369	1,079	9.5	-	-	-	-
	Disqualified	885	76	8.6	-	-	-	-
Total		**154,702**	**20,445**	**13.2**	**1,565**	**1.0**	**1,834**	**1.2[2]**

1 Early discharge may be underestimated due to limited follow-up time.
2 FY 2019 data included EPTS discharges through February 2019, and FY 2020 EPTS discharge data was not received by AMSARA at the time of this report, therefore all EPTS discharges may be underestimated.
3 Percent out of the number of accessions per year and medical qualification status

FIGURE 5D: COMPARISON OF THE DISTRIBUTION OF ADVERSE ATTRITION, DISABILITY DISCHARGE AND EPTS DISCHARGE AMONG ALL EARLY DISCHARGES, BY MEDICAL DISQUALIFICATION STATUS: MARINE CORPS

1 Percent out of the total number of early discharges among medically qualified accessions (n=21,806).
2 Percent out of the total number of early discharges among medically disqualified accessions (n=2,038).

AIR FORCE

TABLE 8E: DISTRIBUTION OF EARLY DISCHARGES BY APPLICATION FY AND MEDICAL QUALIFICATION STATUS: AIR FORCE
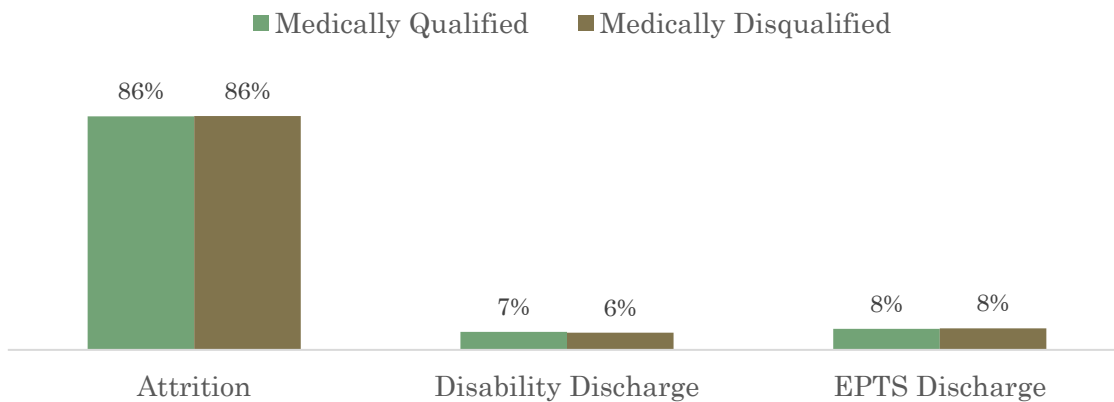
Application FY	Medical Qualification Status	Accessed	Early Discharge Type[1]					
			Adverse Attrition		Disability Discharge		EPTS Discharge[2]	
		n	n	%[3]	n	%[3]	n	%[3]
2016	Qualified	33,663	3,684	10.9	264	0.8	659	2.0
	Disqualified	2,618	244	9.3	23	0.9	72	2.8
2017	Qualified	35,024	3,850	11.0	281	0.8	661	1.9
	Disqualified	3,182	319	10.0	27	0.8	53	1.7
2018	Qualified	34,728	2,917	8.4	132	0.4	477	1.4
	Disqualified	3,317	275	8.3	8	0.2	42	1.3
2019	Qualified	36,725	2,537	6.9	27	0.1	7	0.0
	Disqualified	3,145	211	6.7	2	0.1	-	-
2020	Qualified	17,297	690	4.0	-	-	-	-
	Disqualified	1,157	34	2.9	-	-	-	-
Total		**170,857**	**14,761**	**8.6**	**764**	**0.4**	**1,971**	**1.2[2]**

1 Early discharge may be underestimated due to limited follow-up time.
2 FY 2019 data included EPTS discharges through February 2019, and FY 2020 EPTS discharge data was not received by AMSARA at the time of this report, therefore all EPTS discharges may be underestimated.
3 Percent out of the number of accessions per year and medical qualification status.

FIGURE 5E: COMPARISON OF THE DISTRIBUTION OF ADVERSE ATTRITION, DISABILITY DISCHARGE AND EPTS DISCHARGE AMONG ALL EARLY DISCHARGES, BY MEDICAL DISQUALIFICATION STATUS: AIR FORCE

■ Medically Qualified ■ Medically Disqualified

	Attrition	Disability Discharge	EPTS Discharge
Medically Qualified	85%	4%	11%
Medically Disqualified	83%	5%	13%
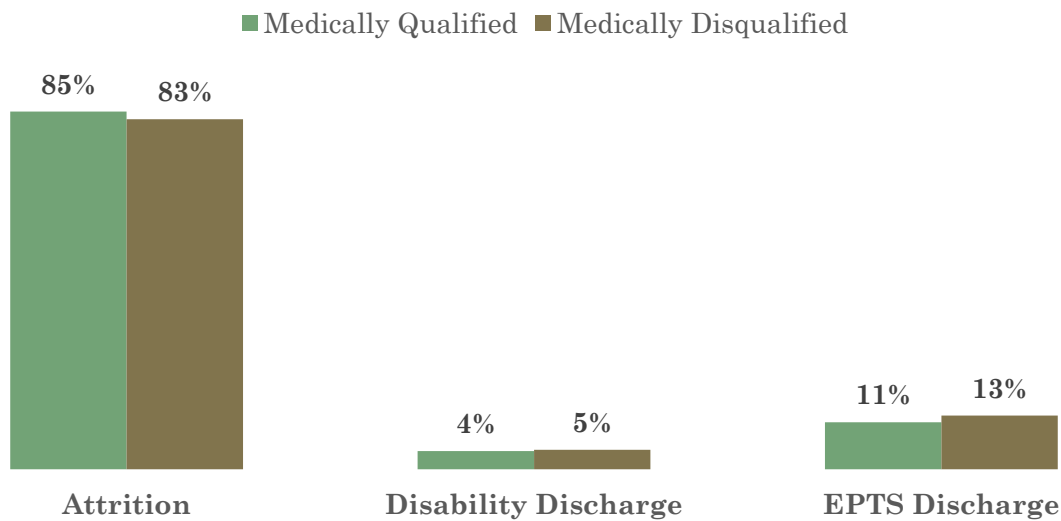
1 Percent out of the total number of early discharges among medically qualified accessions (n=16,186).
2 Percent out of the total number of early discharges among medically disqualified accessions (n=1310).

2: Adverse Attrition

Tables 9A-E compare the rate of adverse attrition by time in service between medically qualified and disqualified accessions, for all DOD services combined and for each service individually. **Figures 6-10** present visualized comparisons of the overall rates of adverse attrition between medically qualified and disqualified accessions by time in service, for the DOD and for each service. Time in service was calculated from the first accession date to the last reported separation date for each service member.

For this report, separation data was available up to 30 September 2020. Due to limited follow-up time, adverse attrition rates should be considered underestimated, especially among FY 2019-2020 applicants.

Tables 9A-E and Figures 6-10 Key Findings

- Approximately 11% of all enlisted service members adversely attrited within the first three years of service. Adverse attrition rates were lowest in the Air Force (8-9%) and highest in the Navy (17%).
  - More than 65% of all adverse attritions occurred within the first year of service.
- For all services, the rate of adverse attrition was highest during the first 90 days of service, approximately the time from application to the end of basic training.
  - The rate of adverse attrition within the first 90 days was highest among Sailors (12-13%) and lowest among Soldiers and Airmen (about 3-4%).
- Overall, medically qualified and disqualified service members had similar rates of adverse attrition both overall and during each time period.

DOD

TABLE 9A: COMPARISON OF ADVERSE ATTRITION RATES BETWEEN MEDICALLY QUALIFIED AND MEDICALLY DISQUALIFIED ACCESSIONS BY TIME IN SERVICE AND APPLICATION FY: DOD

Application FY	Accessed n	0-90 Days %	0-90 Days Cumul %	91-180 Days %	91-180 Days Cumul %	181-365 Days %	181-365 Days Cumul %	366-730 Days %	366-730 Days Cumul %	731-1095 Days %	731-1095 Days Cumul %
MEDICALLY QUALIFIED											
2016	189,111	4.5	4.5	1.6	6.2	1.6	7.8	3.1	10.9	2.7	13.7
2017	191,910	4.7	4.7	1.8	6.5	1.8	8.3	3.0	11.3	2.4	13.7
2018	198,652	5.4	5.4	1.9	7.3	1.6	8.9	2.6	11.4	0.7[1]	12.2[1]
2019	209,488	6.5	6.5	2.0	8.5	1.4	9.8	0.7[1]	10.5[1]	-	-
2020[1]	124,258	3.3	3.3	0.8	4.1	0.2	4.3	-	-	-	-
Total[1]	**913,419**	**5.0**	**5.0**	**1.7**	**6.7**	**1.4**	**8.1**	**2.0**	**10.1**	**1.2**	**11.3**
MEDICALLY DISQUALIFIED											
2016	15,333	4.8	4.8	1.9	6.7	1.6	8.2	2.6	10.9	2.3	13.2
2017	16,436	5.1	5.1	2.0	7.1	1.7	8.7	2.7	11.4	2.0	13.4
2018	16,985	5.9	5.9	1.8	7.7	1.4	9.2	2.1	11.3	0.5[1]	11.7[1]
2019	18,818	7.3	7.3	1.7	9.0	1.2	10.2	0.3[1]	10.4[1]	-	-
2020[1]	10,495	3.8	3.8	0.6	4.4	0.2	4.6	-	-	-	-
Total[1]	**78,067**	**5.6**	**5.6**	**1.7**	**7.2**	**1.3**	**8.5**	**1.6**	**10.1**	**1.0**	**11.1**

FY: Fiscal Year; Cumul: Cumulative

1 Rates of attrition may be underestimated due to limited follow-up time.

FIGURE 6: COMPARISON OF THE RATES OF ADVERSE ATTRITION BETWEEN MEDICALLY QUALIFIED AND DISQUALIFIED ACCESSIONS BY TIME IN SERVICE AND APPLICATION FY: DOD

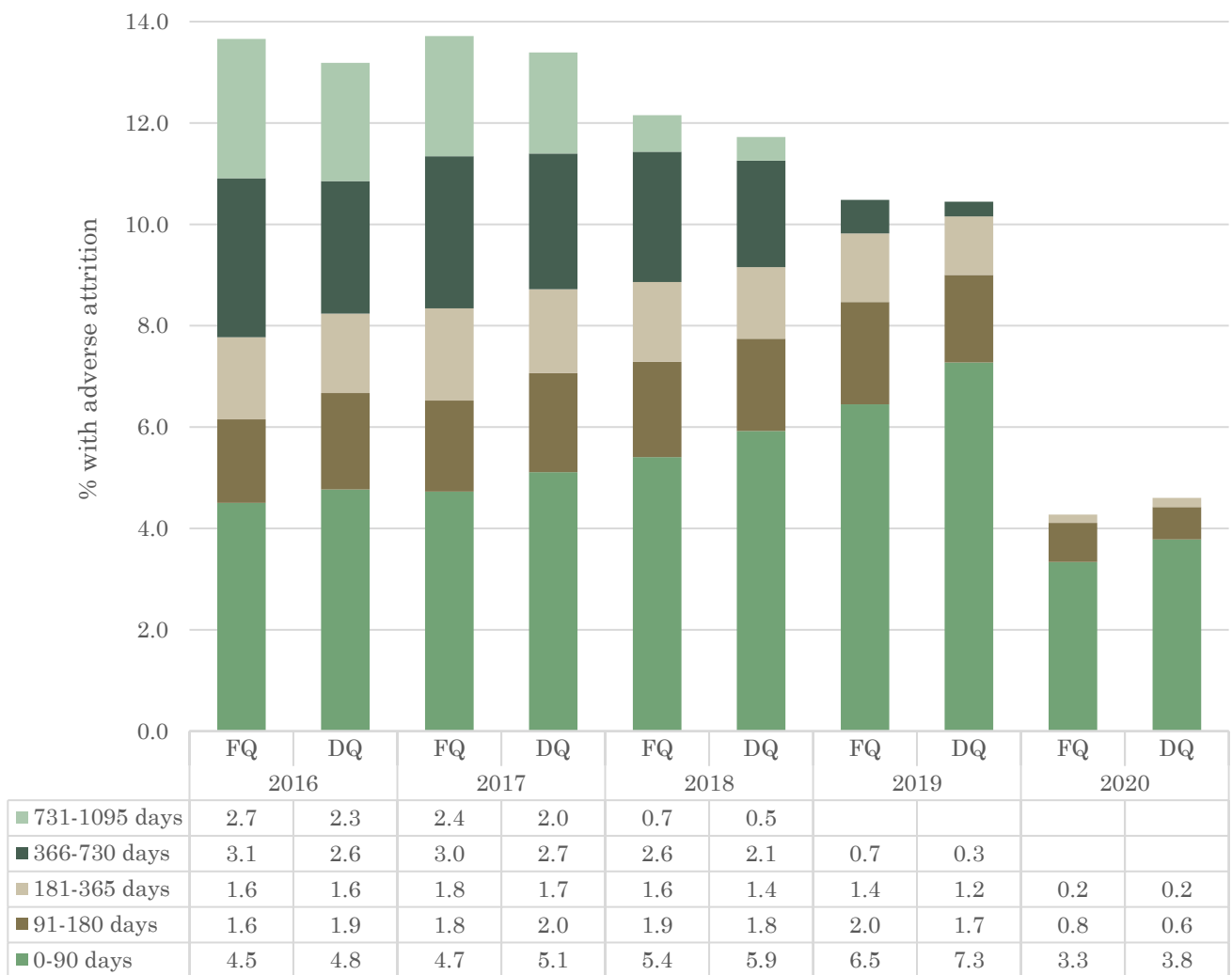|	2016 FQ	2016 DQ	2017 FQ	2017 DQ	2018 FQ	2018 DQ	2019 FQ	2019 DQ	2020 FQ	2020 DQ
731-1095 days	2.7	2.3	2.4	2.0	0.7	0.5				
366-730 days	3.1	2.6	3.0	2.7	2.6	2.1	0.7	0.3		
181-365 days	1.6	1.6	1.8	1.7	1.6	1.4	1.4	1.2	0.2	0.2
91-180 days	1.6	1.9	1.8	2.0	1.9	1.8	2.0	1.7	0.8	0.6
0-90 days	4.5	4.8	4.7	5.1	5.4	5.9	6.5	7.3	3.3	3.8

ARMY

TABLE 9B: COMPARISON OF ADVERSE ATTRITION RATES BETWEEN MEDICALLY QUALIFIED AND MEDICALLY DISQUALIFIED ACCESSIONS BY TIME IN SERVICE AND APPLICATION FY: ARMY

Application FY	Accessed n	Time in Service									
		0-90 Days		91-180 Days		181-365 Days		366-730 Days		731-1095 Days	
		%	Cumul %	%	Cumul %	%	Cumul %	%	Cumul %	%	Cumul %
MEDICALLY QUALIFIED											
2016	91,299	3.1	3.1	1.7	4.8	1.6	6.4	3.5	9.9	3.0	12.9
2017	89,105	2.2	2.2	2.1	4.3	2.1	6.4	3.4	9.8	2.5	12.2
2018	93,441	2.7	2.7	2.5	5.2	1.8	7.0	2.8	9.8	0.9[1]	10.7[1]
2019	102,662	3.6	3.6	2.8	6.4	1.5	7.8	0.7[1]	8.6[1]	-	-
2020[1]	76,607	1.9	1.9	0.9	2.8	0.2	3.0	-	-	-	-
Total[1]	**453,114**	**2.8**	**2.8**	**2.0**	**4.8**	**1.5**	**6.3**	**2.1**	**8.4**	**1.3**	**9.7**
MEDICALLY DISQUALIFIED											
2016	7,914	2.8	2.8	1.9	4.6	1.8	6.4	2.6	9.0	2.6	11.5
2017	8,191	2.4	2.4	2.3	4.7	1.8	6.5	3.0	9.5	2.1	11.6
2018	8,090	2.9	2.9	2.4	5.3	1.4	6.8	2.0	8.8	0.6[1]	9.3[1]
2019	8,377	3.5	3.5	2.2	5.7	1.1	6.9	0.3[1]	7.2[1]	-	-
2020[1]	5,877	2.0	2.0	0.6	2.6	0.2	2.8	-	-	-	-
Total[1]	**38,449**	**2.8**	**2.8**	**2.0**	**4.7**	**1.3**	**6.0**	**1.7**	**7.7**	**1.1**	**8.8**

FY: Fiscal Year; Cumul: Cumulative
1 Rates of attrition may be underestimated due to limited follow-up time.

FIGURE 7: COMPARISON OF THE RATES OF ADVERSE ATTRITION BETWEEN MEDICALLY QUALIFIED AND DISQUALIFIED ACCESSIONS BY TIME IN SERVICE AND APPLICATION FY: ARMY

	2016		2017		2018		2019		2020	
	FQ	DQ	FQ	DQ	FQ	DQ	FQ	DQ	FQ	DQ
731-1095 days	3.0	2.6	2.5	2.1	0.9	0.6				
366-730 days	3.5	2.6	3.4	3.0	2.8	2.0	0.7	0.3		
181-365 days	1.6	1.8	2.1	1.8	1.8	1.4	1.5	1.1	0.2	0.2
91-180 days	1.7	1.9	2.1	2.3	2.5	2.4	2.8	2.2	0.9	0.6
0-90 days	3.1	2.8	2.2	2.4	2.7	2.9	3.6	3.5	1.9	2.0

1 Rates of attrition for FY 2019 and FY 2020 applicants may be underestimated due to limited follow-up time.
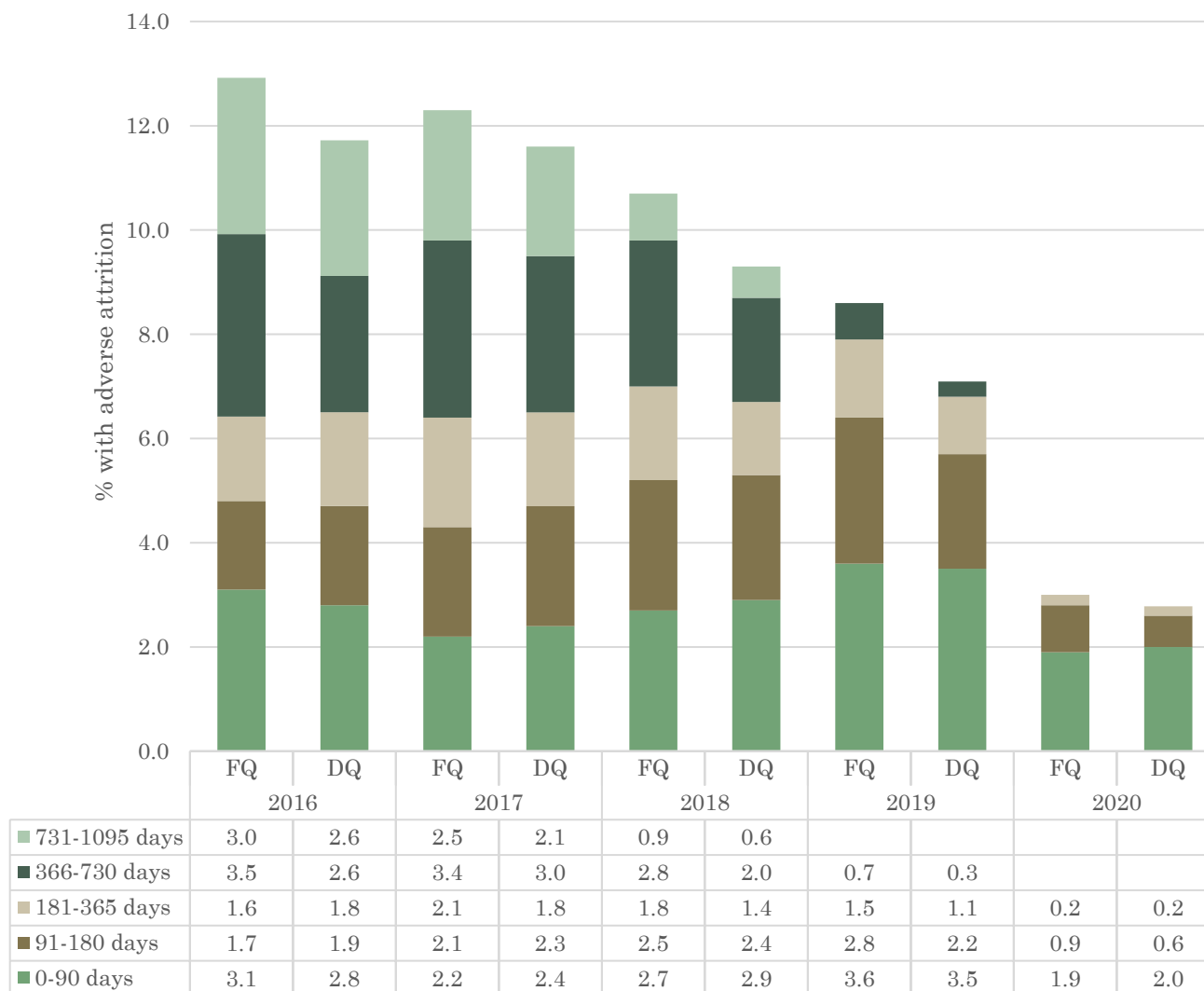
NAVY

TABLE 9C: COMPARISON OF ADVERSE ATTRITION RATES BETWEEN MEDICALLY QUALIFIED AND MEDICALLY DISQUALIFIED ACCESSIONS BY TIME IN SERVICE AND APPLICATION FY: NAVY

Application FY	Accessed n	Time in Service									
		0-90 Days		91-180 Days		181-365 Days		366-730 Days		731-1095 Days	
		%	Cumul %	%	Cumul %	%	Cumul %	%	Cumul %	%	Cumul %
MEDICALLY QUALIFIED											
2016	31,701	10.3	10.3	2.2	12.5	1.6	14.1	2.6	16.7	2.3	19.0
2017	33,866	11.6	11.6	2.2	13.8	1.5	15.3	2.5	17.8	2.0	19.8
2018	37,525	12.5	12.5	1.6	14.1	1.2	15.3	2.5	17.8	0.6[1]	18.3[1]
2019	38,001	14.0	14.0	1.5	15.5	1.1	16.6	0.6[1]	17.2[1]	-	-
2020[1]	18,985	5.9	5.9	0.6	6.5	0.1	6.6	-	-	-	-
Total[1]	**160,078**	**11.5**	**11.5**	**1.7**	**13.2**	**1.2**	**14.3**	**1.8**	**16.1**	**1.0**	**17.1**
MEDICALLY DISQUALIFIED											
2016	2,333	13.0	13.0	3.0	16.0	1.5	17.5	2.6	20.1	1.9	22.0
2017	2,389	12.9	12.9	2.0	14.9	1.3	16.3	2.2	18.5	1.7	20.2
2018	2,531	14.3	14.3	1.1	15.4	1.1	16.6	2.0	18.5	0.3[1]	18.8[1]
2019	4,458	14.8	14.8	1.3	16.1	0.9	17.0	0.2[1]	17.2[1]	-	-
2020[1]	2,576	7.0	7.0	1.0	8.0	0.2	8.2	-	-	-	-
Total[1]	**14,287**	**12.7**	**12.7**	**1.6**	**14.3**	**1.0**	**15.3**	**1.2**	**16.5**	**0.6**	**17.1**

FY: Fiscal Year; Cumul: Cumulative
1 Rates of attrition may be underestimated due to limited follow-up time.

FIGURE 8: COMPARISON OF THE RATES OF ADVERSE ATTRITION BETWEEN MEDICALLY QUALIFIED AND DISQUALIFIED ACCESSIONS BY TIME IN SERVICE AND APPLICATION FY: NAVY

	2016 FQ	2016 DQ	2017 FQ	2017 DQ	2018 FQ	2018 DQ	2019 FQ	2019 DQ	2020 FQ	2020 DQ
■ 731-1095 days	2.3	1.9	2.0	1.7	0.6	0.3				
■ 366-730 days	2.6	2.6	2.5	2.2	2.5	2.0	0.6	0.2		
■ 181-365 days	1.6	1.5	1.5	1.3	1.2	1.1	1.1	0.9	0.1	0.2
■ 91-180 days	2.2	3.0	2.2	2.0	1.6	1.1	1.5	1.3	0.6	1.0
■ 0-90 days	10.3	13.0	11.6	12.9	12.5	14.3	14.0	14.8	5.9	7.0

1 Rates of attrition for FY 2019 and FY 2020 applicants may be underestimated due to limited follow-up time.
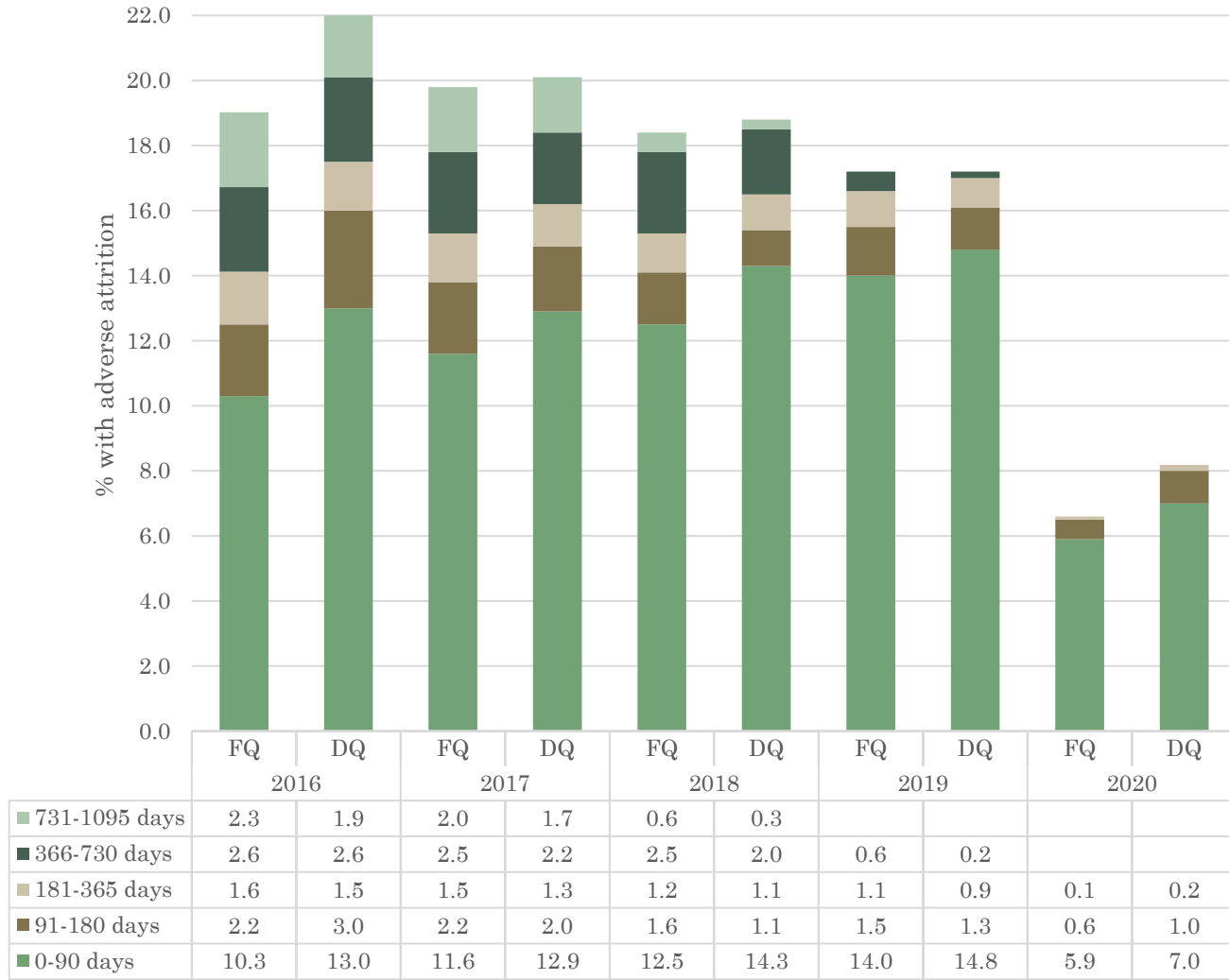
MARINE CORPS

TABLE 9D: COMPARISON OF ADVERSE ATTRITION RATES BETWEEN MEDICALLY QUALIFIED AND MEDICALLY DISQUALIFIED ACCESSIONS BY TIME IN SERVICE AND APPLICATION FY: MARINE CORPS

| Application FY | Accessed | Time in Service | | | | | | | | | |
| | | 0-90 Days | | 91-180 Days | | 181-365 Days | | 366-730 Days | | 731-1095 Days | |
	n	%	Cumul %	%	Cumul %	%	Cumul %	%	Cumul %	%	Cumul %
MEDICALLY QUALIFIED											
2016	32,448	4.5	4.5	1.4	5.9	1.4	7.2	3.1	10.4	3.0	13.4
2017	33,915	6.1	6.1	1.4	7.5	1.4	8.9	2.7	11.6	2.7	14.4
2018	32,958	7.4	7.4	1.4	8.8	1.4	10.2	2.3	12.5	0.6[1]	13.1[1]
2019	32,100	9.2	9.2	1.5	10.7	1.4	12.1	0.6[1]	12.7[1]	-	-
2020[1]	11,369	8.5	8.5	0.9	9.4	0.1	9.5	-	-	-	-
Total[1]	**142,790**	**6.9**	**6.9**	**1.4**	**8.3**	**1.3**	**9.6**	**2.0**	**11.6**	**1.5**	**13.1**
MEDICALLY DISQUALIFIED											
2016	2,468	5.7	5.7	1.5	7.3	1.0	8.3	3.3	11.5	2.8	14.3
2017	2,674	8.7	8.7	1.5	10.2	1.4	11.6	2.7	14.4	2.4	16.7
2018	3,047	9.3	9.3	1.9	11.2	1.5	12.7	2.6	15.3	0.6[1]	15.9[1]
2019	2,838	9.8	9.8	1.9	11.7	1.6	13.3	0.4[1]	13.7[1]	-	-
2020[1]	885	7.9	7.9	0.5	8.4	0.2	8.6	-	-	-	-
Total[1]	**11,912**	**8.4**	**8.4**	**1.6**	**10.1**	**1.3**	**11.4**	**2.0**	**13.4**	**1.2**	**14.7**

FY: Fiscal Year; Cumul: Cumulative

1 Rates of attrition may be underestimated due to limited follow-up time.

FIGURE 9: COMPARISON OF THE RATES OF ADVERSE ATTRITION BETWEEN MEDICALLY QUALIFIED AND DISQUALIFIED ACCESSIONS BY TIME IN SERVICE AND APPLICATION FY: MARINE CORPS

	FQ	DQ	FQ	DQ	FQ	DQ	FQ	DQ	FQ	DQ
	2016		2017		2018		2019		2020	
■ 731-1095 days	3.0	2.8	2.7	2.4	0.6	0.6				
■ 366-730 days	3.1	3.3	2.7	2.7	2.3	2.6	0.6	0.4		
■ 181-365 days	1.4	1.0	1.4	1.4	1.4	1.5	1.4	1.6	0.1	0.2
■ 91-180 days	1.4	1.5	1.4	1.5	1.4	1.9	1.5	1.9	0.9	0.5
■ 0-90 days	4.5	5.7	6.1	8.7	7.4	9.3	9.2	9.8	8.5	7.9

1 Rates of attrition for F2019 and FY 2020 applicants may be underestimated due to limited follow-up time.
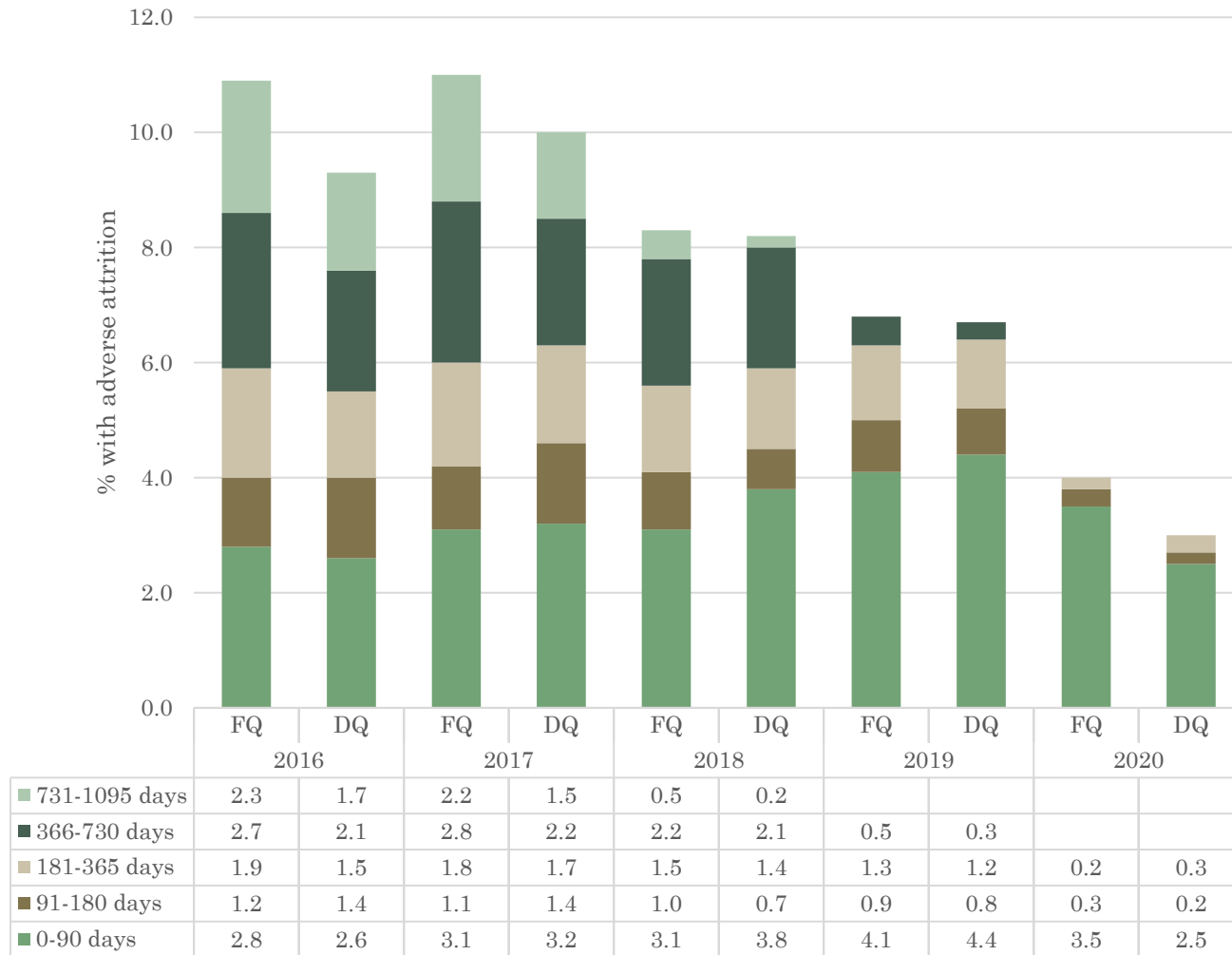
AIR FORCE

TABLE 9E: COMPARISON OF ADVERSE ATTRITION RATES BETWEEN MEDICALLY QUALIFIED AND MEDICALLY DISQUALIFIED ACCESSIONS BY TIME IN SERVICE AND APPLICATION FY: AIR FORCE

| Application FY | Accessed | Time in Service | | | | | | | | | |
| | | 0-90 Days | | 91-180 Days | | 181-365 Days | | 366-730 Days | | 731-1095 Days | |
	n	%	Cumul %	%	Cumul %	%	Cumul %	%	Cumul %	%	Cumul %
MEDICALLY QUALIFIED											
2016	33,663	2.8	2.8	1.2	4.0	1.9	5.9	2.7	8.6	2.3	10.9
2017	35,024	3.1	3.1	1.1	4.2	1.8	6.0	2.8	8.8	2.2	11.0
2018	34,728	3.1	3.1	1.0	4.1	1.5	5.7	2.2	7.9	0.5[1]	8.4[1]
2019	36,725	4.1	4.1	0.9	5.0	1.3	6.4	0.5[1]	6.9[1]	-	-
2020[1]	17,297	3.5	3.5	0.3	3.8	0.2	4.0	-	-	-	-
Total[1]	**157,437**	**3.3**	**3.3**	**1.0**	**4.3**	**1.5**	**5.8**	**1.8**	**7.6**	**1.1**	**8.7**
MEDICALLY DISQUALIFIED											
2016	2,618	2.6	2.6	1.4	4.0	1.5	5.5	2.1	7.6	1.7	9.3
2017	3,182	3.2	3.2	1.4	4.7	1.7	6.3	2.2	8.5	1.5	10.0
2018	3,317	3.8	3.8	0.7	4.6	1.4	6.0	2.1	8.0	0.2[1]	8.3[1]
2019	3,145	4.4	4.4	0.8	5.2	1.2	6.5	0.3[1]	6.7[1]	-	-
2020[1]	1,157	2.5	2.5	0.2	2.7	0.3	2.9	-	-	-	-
Total[1]	**13,419**	**3.5**	**3.5**	**1.0**	**4.5**	**1.4**	**5.8**	**1.5**	**7.3**	**0.7**	**8.1**

FY: Fiscal Year; Cumul: Cumulative
1 Rates of attrition may be underestimated due to limited follow-up time.

	2016		2017		2018		2019		2020	
	FQ	DQ	FQ	DQ	FQ	DQ	FQ	DQ	FQ	DQ
■ 731-1095 days	2.3	1.7	2.2	1.5	0.5	0.2				
■ 366-730 days	2.7	2.1	2.8	2.2	2.2	2.1	0.5	0.3		
■ 181-365 days	1.9	1.5	1.8	1.7	1.5	1.4	1.3	1.2	0.2	0.3
■ 91-180 days	1.2	1.4	1.1	1.4	1.0	0.7	0.9	0.8	0.3	0.2
■ 0-90 days	2.8	2.6	3.1	3.2	3.1	3.8	4.1	4.4	3.5	2.5

1 Rates of attrition for FY 2019 and FY 2020 applicants may be underestimated due to limited follow-up time.

Table 10 presents the proportion and likelihood of adverse attrition among medically disqualified service members per disqualification category compared to medically qualified service members. Relative risks and 95% confidence intervals were calculated to assess likelihood of adverse attrition; all relative risks were adjusted for age at application, gender, race, and service.

Table 10 Key Findings

- The proportion of medically disqualified service members who adversely attrited within the first three years of service varied by medical disqualification category, ranging from about 7% (Female Genital System) to 15% (Rheumatologic Conditions).
  - In comparison, 11.3% of medically qualified service members had an early adverse attrition.
- Overall, there was no significant difference in the likelihood of adverse attrition between medically qualified and medically disqualified service members (RR: 0.98; 95% CI: 0.96, 1.01).
  - The likelihood of adverse attrition did not significantly differ between medically qualified and medically disqualified service members for 16 out of the 29 disqualification categories.
- Service members medically disqualified for Eyes (RR: 1.07; 95% CI: 1.03, 1.11), Vision (RR: 1.08; 95% CI: 1.04, 1.13), Rheumatologic Conditions (RR: 1.50; 95% CI: 1.12, 2.01), or Miscellaneous Conditions (RR: 1.15; 95% CI: 1.01, 1.31) were more likely to have an adverse attrition when compared to medically qualified service members.
- Service members medically disqualified under Ears; Hearing; Lungs, Chest Wall, Pleura and Mediastinum; Abdominal Organs and Gastrointestinal System; Female Genital System; Male Genital System; Upper Extremity Conditions; Miscellaneous Conditions of the Extremities; or Skin and Cellular Tissue Conditions were significantly less likely to have an adverse attrition than medically qualified service members.

TABLE 10: LIKELIHOOD OF ADVERSE ATTRITION WITHIN THE FIRST THREE YEARS OF SERVICE AMONG MEDICALLY DISQUALIFIED ACCESSIONS, BY DISQUALIFICATION CATEGORY

Disqualification Category[1]	Adverse Attrition among Medically DQ'ed Accessions		RRa[2]	95% CI
	n	%		
2. Head	15	9.5	0.86	(0.51,1.47)
3. Eyes	2,926	11.9	**1.07**	**(1.03,1.11)**
4. Vision	2,583	12.1	**1.08**	**(1.04,1.13)**
5. Ears	76	7.7	**0.68**	**(0.53,0.85)**
6. Hearing	70	9.8	**0.75**	**(0.59,0.97)**
7. Nose, Sinuses, Mouth, and Larynx	42	10.8	0.98	(0.71,1.35)
8. Dental	63	13.2	1.21	(0.93,1.59)
9. Neck	14	10.9	1.00	(0.57,1.74)
10. Lungs, Chest Wall, Pleura, and Mediastinum	367	8.5	**0.72**	**(0.65,0.80)**
11. Heart	112	9.9	0.85	(0.70,1.03)
12. Abdominal Organs and Gastrointestinal System	124	8.8	**0.80**	**(0.66,0.96)**
13. Female Genital System	59	7.2	**0.59**	**(0.45,0.77)**
14. Male Genital System	225	9.8	**0.85**	**(0.74,0.98)**
15. Urinary System	183	9.6	0.87	(0.75,1.02)
16. Spine and Sacroiliac Joint Conditions	271	10.8	0.96	(0.84,1.09)
17. Upper Extremity Conditions	271	8.7	**0.80**	**(0.71,0.91)**
18. Lower Extremity Conditions	650	10.7	0.96	(0.89,1.05)
19. Miscellaneous Conditions of the Extremities	1,034	8.7	**0.78**	**(0.73,0.83)**
20. Vascular System	65	8.5	0.80	(0.62,1.03)
21. Skin and Cellular Tissue Conditions	515	10.4	**0.90**	**(0.82,0.99)**
22. Blood and Blood Forming Conditions	21	9.1	0.81	(0.51,1.27)
23. Systemic Conditions	413	12.2	1.07	(0.97,1.19)
24. Endocrine and Metabolic Conditions	60	11.6	1.07	(0.82,1.40)
25. Rheumatologic Conditions	53	15.4	**1.50**	**(1.12,2.01)**
26. Neurologic Conditions	178	9.7	0.86	(0.73,1.00)
27. Sleep Disorders	15	9.3	0.82	(0.48,1.40)
28. Learning, Psychiatric, and Behavioral Disorders	1,091	11.9	1.03	(0.97,1.10)
29. Tumors and Malignancies	28	10.8	0.99	(0.67,1.47)
30. Miscellaneous Conditions	273	12.7	**1.15**	**(1.01,1.31)**
Total Disqualified w/ Adverse Attrition	8,663	11.1	0.98	(0.96,1.01)

DQ: Disqualified; RRa: Adjusted Relative Risk; CI: Confidence Interval.

1 Categories are not mutually exclusive, accessions with multiple disqualifications across disqualification categories are counted more than once.

2 Adjusted relative risk was adjusted for age at application, gender, race, and service. The comparison group for all models was medically qualified accessions; 11.3% of medically qualified accessions had an early adverse attrition.

3: Disability Discharge

Table 11 compares overall rates of disability discharge in the first three years of service between medically qualified and disqualified accessions for all DOD services combined. **Table 12** and **Figure 11** compare the disability discharge rate between medically qualified and disqualified accessions by time in service. Due to the rarity of the disability outcome, results in this section are presented overall rather by service. Early disability discharge rates should be considered underestimated among service members who applied between FY 2018-2020 due to limited follow-up time.

Tables 11-12 and Figure 11 Key Findings

- Disability discharge within the first three years of service was a rare outcome, with an overall rate of 83-86 per 10,000 accessions.
  - The rate of disability discharge appears to decrease over time, however this is likely due to limited follow-up time among FY 2018-2020 applicants.
  - Medically disqualified accessions who applied between FY 2016-2017 had higher rates of disability discharge than those medically qualified.
    - Due to their rarity, disability discharges related to any condition were included, so the condition(s) that lead to a disability discharge may not be related to the service member's DQ or medical waiver.
- The disability discharge rate increased with longer time in service.
  - Disability discharge relates to service-connected conditions and/or injuries. Accessions who are in service longer may be more at risk of injury.
- Medically qualified and disqualified accessions were disability discharged at a similar rate at each follow-up point.

TABLE 11: COMPARISON OF THE RATE OF EARLY DISABILITY DISCHARGE (PER 10,000 SERVICE MEMBERS), BY MEDICAL QUALIFICATION STATUS AND APPLICATION FY: DOD

	Medically Qualified			Medically Disqualified		
	Accessed	Disability Discharged		Accessed	Disability Discharged	
Application FY	n	n	Rate[1]	n	n	Rate[1]
2016	189,111	2,865	151	15,333	276	180
2017	191,910	2,783	145	16,436	257	156
2018[1]	198,652	1,505	76	16,985	120	71
2019[1]	209,488	372	18	18,818	18	10
2020[1]	124,258	16	1	10,495	1	1
Total	**913,419**	**7,541**	**83**	**78,067**	**672**	**86**

1 Rates of disability discharge, particularly among FY 2018-2020 applicants, may be underestimated due to limited follow-up time.

TABLE 12: COMPARISON OF EARLY DISABILITY DISCHARGE RATES BETWEEN MEDICALLY QUALIFIED AND MEDICALLY DISQUALIFIED ACCESSIONS BY TIME IN SERVICE AND APPLICATION YEAR: DOD

	Accessed	0-90 Days		91-180 Days		181-365 Days		366-730 Days		731-1095 Days	
Application FY	**n**	**%[1]**	**Cumul %**	**%[1]**	**Cumul %**	**%[1]**	**Cumul %**	**%[1]**	**Cumul %**	**%[1]**	**Cumul %**
MEDICALLY QUALIFIED											
2016	189,111	0.001	0.001	0.01	0.01	0.07	0.08	0.42	0.50	1.02	1.51
2017	191,910	0.001	0.001	0.01	0.01	0.10	0.11	0.41	0.52	0.93	1.45
2018	198,652	0.002	0.002	0.01	0.01	0.10	0.12	0.42	0.53	0.22[2]	0.76[2]
2019	209,488	<0.001	<0.001	0.02	0.02	0.08	0.10	0.08[2]	0.18[2]	-	-
2020[2]	124,258	-	-	0.01	0.01	0.01	0.01	-	-	-	-
Total[2]	**913,419**	**0.001**	**0.001**	**0.01**	**0.01**	**0.08**	**0.09**	**0.28**	**0.37**	**0.46**	**0.83**
MEDICALLY DISQUALIFIED											
2016	15,333	-	-	0.01	0.01	0.07	0.07	0.57	0.65	1.15	1.80
2017	16,436	-	-	-	-	0.09	0.09	0.47	0.55	1.01	1.56
2018	16,985	0.006	0.006	0.01	0.02	0.12	0.14	0.41	0.55	0.16[2]	0.71[2]
2019	18,818	-	-	0.01	0.01	0.05	0.05	0.04[2]	0.10[2]	-	-
2020[2]	10,495	-	-	-	-	0.01	0.01	-	-	-	-
Total[2]	**78,067**	**0.001**	**0.001**	**0.01**	**0.01**	**0.07**	**0.08**	**0.31**	**0.39**	**0.47**	**0.86**

FY: Fiscal Year; Cumul: Cumulative
1. Percent out of the number of accessions per year
2. Rates of disability discharge may be underestimated due to limited follow-up time

FIGURE 11: COMPARISON OF THE RATE (PER 10,000 ACCESSIONS) OF EARLY DISABILITY DISCHARGE BETWEEN MEDICALLY QUALIFIED AND DISQUALIFIED ACCESSIONS BY APPLICATION FY AND TIMING TO DISCHARGE: DOD
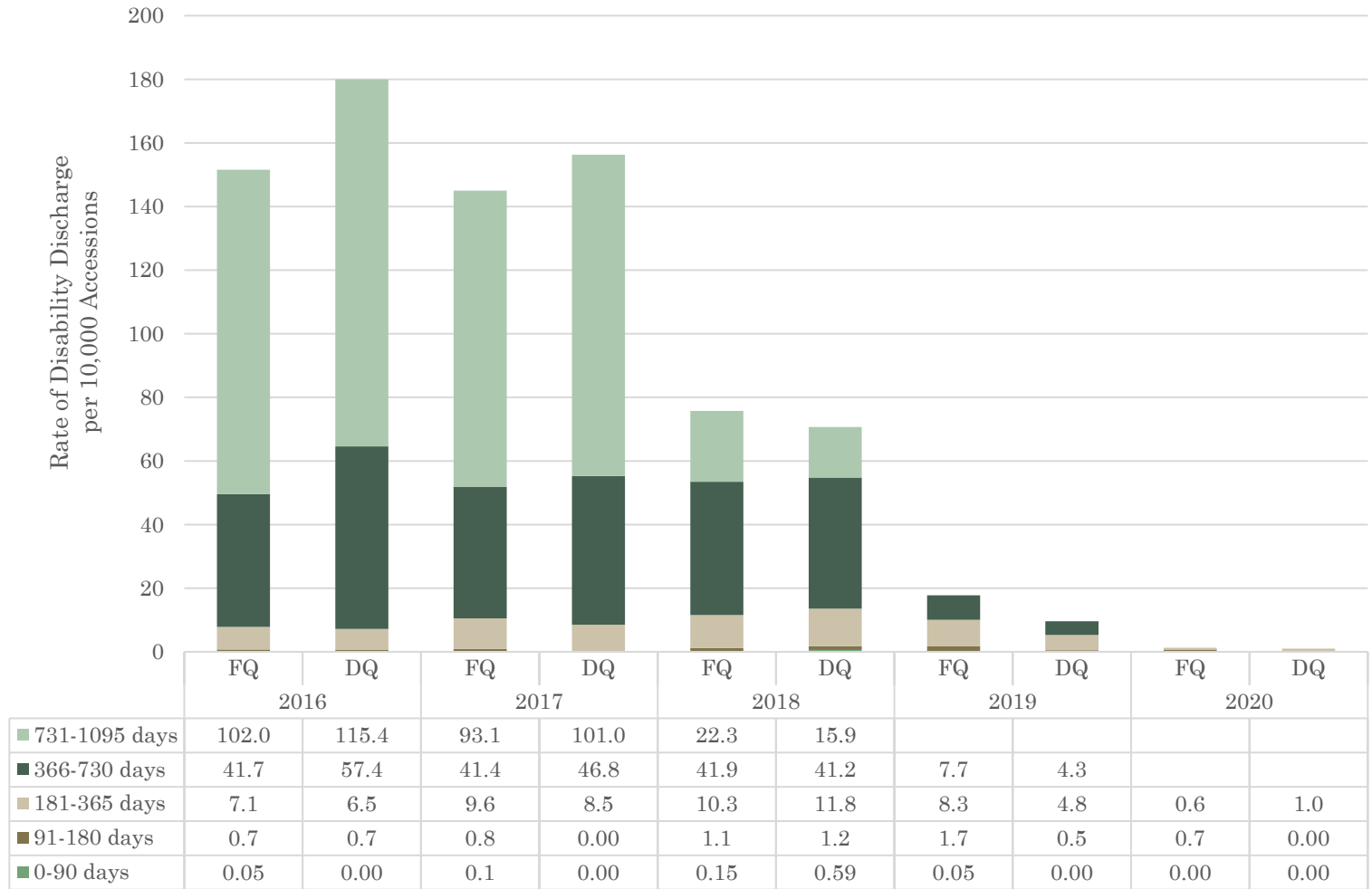

	FQ 2016	DQ 2016	FQ 2017	DQ 2017	FQ 2018	DQ 2018	FQ 2019	DQ 2019	FQ 2020	DQ 2020
731-1095 days	102.0	115.4	93.1	101.0	22.3	15.9				
366-730 days	41.7	57.4	41.4	46.8	41.9	41.2	7.7	4.3		
181-365 days	7.1	6.5	9.6	8.5	10.3	11.8	8.3	4.8	0.6	1.0
91-180 days	0.7	0.7	0.8	0.00	1.1	1.2	1.7	0.5	0.7	0.00
0-90 days	0.05	0.00	0.1	0.00	0.15	0.59	0.05	0.00	0.00	0.00

Table 13 presents the proportion and likelihood of early disability discharge among medically disqualified service members per disqualification category compared to medically qualified service members. Relative risks and 95% confidence intervals were calculated to assess likelihood of early disability discharge; all relative risks were adjusted for age at application, gender, race, and service.

Table 13 Key Findings

- The proportion of medically disqualified service members who were disability discharged within the first three years of service varied by medical disqualification category, and ranged from about 0.1% (Hearing) to 2.3% (Neck).
  - In comparison, 0.83% of medically qualified service members were disability discharged within 3 years.
- Overall, there was no significant difference in the likelihood of early disability discharge between medically qualified and medically disqualified service members (RR: 1.04; 95% CI: 0.96, 1.12).
  - For 26 out of the 29 disqualification categories, the likelihood of early disability discharge did not significantly differ between medically qualified and medically disqualified service members.
- Service members medically disqualified for a condition of the extremities were 30-57% more likely to be disability discharged than medically qualified service members.

TABLE 13: LIKELIHOOD OF DISABILITY DISCHARGE WITHIN THE FIRST THREE YEARS OF SERVICE AMONG MEDICALLY DISQUALIFIED ACCESSIONS, BY DISQUALIFICATION CATEGORY: DOD

Disqualification Category[1]	Disability Discharge among Medically DQ'ed Accessions		RR_a[2]	95% CI
	n	%		
2. Head	2	1.3	1.73	(0.43,6.99)
3. Eyes	179	0.7	0.88	(0.75,1.02)
4. Vision	152	0.7	0.86	(0.73,1.01)
5. Ears	7	0.7	0.87	(0.41,1.84)
6. Hearing	1	0.1	0.20	(0.03,1.44)
7. Nose, Sinuses, Mouth, and Larynx	0	-	-	-
8. Dental	2	0.4	0.48	(0.12,1.92)
9. Neck	3	2.3	2.72	(0.86,8.58)
10. Lungs, Chest Wall, Pleura, and Mediastinum	33	0.8	0.98	(0.70,1.39)
11. Heart	6	0.5	0.66	(0.30,1.48)
12. Abdominal Organs and Gastrointestinal System	9	0.6	0.75	(0.39,1.44)
13. Female Genital System	8	1.0	0.74	(0.37,1.48)
14. Male Genital System	17	0.7	1.02	(0.63,1.64)
15. Urinary System	13	0.7	0.79	(0.46,1.37)
16. Spine and Sacroiliac Joint Conditions	22	0.9	0.98	(0.64,1.49)
17. Upper Extremity Conditions	38	1.2	**1.57**	**(1.14,2.16)**
18. Lower Extremity Conditions	70	1.2	**1.39**	**(1.09,1.76)**
19. Miscellaneous Conditions of the Extremities	123	1.0	**1.30**	**(1.09,1.55)**
20. Vascular System	3	0.4	0.49	(0.16,1.53)
21. Skin and Cellular Tissue Conditions	50	1.0	1.21	(0.92,1.61)
22. Blood and Blood Forming Conditions	1	0.4	0.48	(0.07,3.39)
23. Systemic Conditions	30	0.9	1.03	(0.72,1.47)
24. Endocrine and Metabolic Conditions	6	1.2	1.32	(0.59,2.95)
25. Rheumatologic Conditions	2	0.6	0.66	(0.17,2.67)
26. Neurologic Conditions	14	0.8	0.98	(0.58,1.65)
27. Sleep Disorders	0	-	-	-
28. Learning, Psychiatric, and Behavioral Disorders	67	0.7	0.89	(0.70,1.13)
29. Tumors and Malignancies	2	0.8	0.94	(0.23,3.78)
30. Miscellaneous Conditions	25	1.2	1.42	(0.96,2.11)
Total Disqualified w/ Disability Discharge[3]	672	0.9	1.04	(0.96,1.12)

RRa: Adjusted relative risk; CI: Confidence Interval

1 Categories are not mutually exclusive, accessions with multiple disqualifications across different disqualification categories are counted more than once.

2 Relative risks were adjusted for age at application, gender, race, and service. The comparison group for all models was fully qualified accessions; 0.83% of fully qualified accessions had an early disability discharge.

3 Since disability discharge was a rare outcome, relative risks should be interpreted with caution.

Table 14 describes concordance between medical disqualifications and reason for disability discharge for the leading disqualification categories. The ten most common medical DQ categories were mapped to the most clinically relevant Veteran Affairs for Schedule Rating Disabilities (VASRD) body system categories. 23. Systemic Conditions and 30. Miscellaneous conditions were among the most common medical disqualifications; however, these DQ categories may map to multiple VASRD body system categories and were therefore not included.

Table 14 Key Findings

- Little concordance was observed between disqualification category and reason for early disability discharge.
  - Less than 1% of service members were disability discharged for conditions within a similar body system of their medical disqualification for the 10 most common disqualification categories.
  - The highest concordance was seen among those disqualified for a musculoskeletal condition. This result may be over-estimated because the VASRD body system category does not specify location of the musculoskeletal injury. For example, a service member may have been disqualified for an upper extremity condition but disability discharged due to a lower extremity condition.

TABLE 14: CONCORDANCE BETWEEN LEADING DISQUALIFICATION CATEGORIES AND REASON FOR EARLY DISABILITY DISCHARGE

Disqualification Category[1]	VASRD Body System	Disqualified Accessions n	Disability Discharged	
			n	%
3. Eyes	Eyes and Vision	23,852	2	0.01
4. Vision	Eyes and Vision	20,723	1	0.01
10. Lungs, Chest Wall, Pleura, and Mediastinum	Respiratory	4,092	3	0.07
16. Spine and Sacroiliac Joint Conditions	Musculoskeletal	2,404	16	0.67
17. Upper Extremity Conditions	Musculoskeletal	3,036	31	1.02
18. Lower Extremity Conditions	Musculoskeletal	5,874	52	0.89
19. Miscellaneous Conditions of the Extremities	Musculoskeletal	11,528	91	0.79
21. Skin and Cellular Tissue Conditions	Dermatologic	4,714	1	0.02
26. Neurologic Conditions	Neurologic	1,771	1	0.06
28. Learning, Psychiatric and Behavioral Disorders	Psychiatric	8,727	16	0.18

1 Categories are not mutually exclusive, service members with multiple disqualifications across different DQ categories are counted more than once.

4: EPTS Discharge

Table 15 compares the rate of existed prior to service (EPTS) discharge between medically qualified and disqualified accessions by application fiscal year. Data received by AMSARA for EPTS discharges is incomplete and therefore all results should be interpreted with caution. Due to their rarity, 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 15 Key Findings

- The rate of EPTS discharge per 10,000 accessions was higher among medically disqualified accessions (185) than those medically qualified (172).
  - In FY 2016 and FY 2017, medically disqualified accessions were EPTS discharged at a higher rate than medically qualified accessions. Alternatively, medical qualified accessions had a higher EPTS discharge rate in FY 2018 and FY 2019.
- The rate and number of accessions discharged due to EPTS appears to significantly drop in FY 2019; however, these data were under-reported and should be considered an under-estimate.

TABLE 15: COMPARISON OF THE RATE OF EPTS DISCHARGE BETWEEN MEDICALLY QUALIFIED AND DISQUALIFIED ACCESSIONS BY APPLICATION YEAR: DOD

| | Medically Qualified | | | Medically Disqualified | | |
| | Accessed | EPTS Discharge | | Accessed | EPTS Discharge | |
Application FY	n	n	Rate[1]	n	n	Rate[1]
2016	189,111	3,245	172	15,333	390	254
2017	191,910	4,557	237	16,436	436	265
2018	198,652	5,477	276	16,985	413	243
2019[2]	209,488	311	15	18,818	10	5
Total	**789,161**	**13,590**	**172**	**67,572**	**1,249**	**185**

1 Rate per 10,000 accessions.
2 FY 2019 data included EPTS discharges through February 2019 and should be considered an underestimate.
3 FY2020 data was not received by AMSARA as of the time of this report.

Table 16 presents the proportion and likelihood of EPTS discharge among medically disqualified service members per disqualification category compared to medically qualified service members. Relative risks and 95% confidence intervals were calculated to assess likelihood of EPTS discharge; all relative risks were adjusted for age at application, gender, race, and service. Due to their rarity, 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 16 Key Findings

- The proportion of medically disqualified service members who were discharged due to EPTS varied by medical disqualification category, and ranged from about 0.7% (Hearing) to 3.1% (Sleep Disorders).
  - In comparison, 1.7% of medically qualified service members were EPTS discharged.
- Overall, EPTS discharge was 7% more likely to occur among medically disqualified service members than medically qualified service members (RR: 1.07; 95% CI: 1.01, 1.14).
- For 25 out of the 29 disqualification categories, the likelihood of EPTS discharge did not significantly differ between medically qualified and medically disqualified service members.
  - EPTS discharge was 25% to 44% more likely to occur among service members medically disqualified under Spine (RR: 1.44; 95% CI: 1.10, 1.88), Upper Extremity Conditions (RR: 1.33; 95% CI: 1.03, 1.71), or Lower Extremity Conditions (RR: 1.25; 95% CI: 1.04, 1.50) than medically qualified service members.
  - Service members medically disqualified under Vision were significantly less likely to be EPTS discharged than medically qualified service members (RR: 0.86; 95% CI: 0.76, 0.97).

TABLE 16: LIKELIHOOD OF EPTS DISCHARGE AMONG MEDICALLY DISQUALIFIED ACCESSIONS VS. MEDICALLY QUALIFIED ACCESSIONS, BY DISQUALIFICATION CATEGORY: DOD

Disqualification Category[1]	EPTS Discharge among Medically DQ'ed Accessions		RR_a[2]	95% CI
	n	%		
2. Head	3	1.9	1.35	(0.43,4.22)
3. Eyes	331	1.3	0.90	(0.80,1.00)
4. Vision	276	1.3	**0.86**	**(0.76,0.97)**
5. Ears	12	1.2	0.80	(0.45,1.42)
6. Hearing	5	0.7	0.47	(0.20,1.14)
7. Nose, Sinuses, Mouth, and Larynx	8	2.1	1.40	(0.70,2.83)
8. Dental	10	2.1	1.41	(0.75,2.63)
9. Neck	2	1.6	1.00	(0.25,4.04)
10. Lungs, Chest Wall, Pleura, and Mediastinum	64	1.5	1.03	(0.80,1.32)
11. Heart	21	1.8	1.27	(0.82,1.96)
12. Abdominal Organs and Gastrointestinal System	14	1.0	0.65	(0.39,1.11)
13. Female Genital System	14	1.7	0.87	(0.51,1.48)
14. Male Genital System	41	1.8	1.30	(0.95,1.77)
15. Urinary System	23	1.2	0.79	(0.53,1.20)
16. Spine and Sacroiliac Joint Conditions	56	2.2	**1.44**	**(1.10,1.88)**
17. Upper Extremity Conditions	62	2.0	**1.33**	**(1.03,1.71)**
18. Lower Extremity Conditions	115	1.9	**1.25**	**(1.04,1.50)**
19. Miscellaneous Conditions of the Extremities	188	1.6	1.06	(0.91,1.22)
20. Vascular System	14	1.8	1.33	(0.78,2.26)
21. Skin and Cellular Tissue Conditions	73	1.5	1.00	(0.79,1.26)
22. Blood and Blood Forming Conditions	5	2.2	1.41	(0.58,3.43)
23. Systemic Conditions	48	1.4	0.93	(0.70,1.24)
24. Endocrine and Metabolic Conditions	8	1.5	1.02	(0.51,2.05)
25. Rheumatologic Conditions	9	2.6	1.69	(0.87,3.29)
26. Neurologic Conditions	28	1.5	1.03	(0.71,1.49)
27. Sleep Disorders	5	3.1	2.03	(0.83,4.96)
28. Learning, Psychiatric, and Behavioral Disorders	130	1.4	0.95	(0.80,1.14)
29. Tumors and Malignancies	3	1.2	0.77	(0.25,2.40)
30. Miscellaneous Conditions	35	1.6	1.09	(0.78,1.52)
Total Disqualified w/ EPTS Discharge[3]	1,249	1.6	**1.07**	**(1.01,1.14)**

CI: Confidence Interval
1 Categories are not mutually exclusive, service members with multiple DQs across different DQ categories were counted more than once.
2 Adjusted relative risk, adjusted for age at application, gender, race, and service. The comparison group for all models was fully qualified accession; 1.7% of fully qualified accessions were EPTS discharged.
3 Since EPTS discharge was a rare outcome, relative risks should be interpreted with caution.

Table 17 describes concordance between medical disqualifications and reason for EPTS discharge for the ten most common disqualification categories. EPTS conditions were derived from the service member's separation record and then categorized based on DoDI 6130.03 disqualification categories.

<div style="border:1px solid #888; background:#c9bba4; padding:1em;">

Table 17 Key Findings

- Little concordance was observed between disqualification category and reason for EPTS discharge.
  - The highest concordance was seen among those disqualified under Spine and Sacroiliac Joint Conditions; 1.6% of these Service members were EPTS discharged due to a spine or sacroiliac joint condition.

</div>

TABLE 17: CONCORDANCE BETWEEN LEADING DISQUALIFICATION CATEGORIES AND REASON FOR EPTS DISCHARGE: DOD

Disqualification and EPTS Category[1]	Disqualified Accessions	EPTS Discharged	
	n	N	%
3. Eyes	24,527	33	0.13
18. Lower Extremity Conditions	6,078	40	0.66
10. Lungs, Chest Wall, Pleura, and Mediastinum	4,294	27	0.63
19. Miscellaneous Conditions of the Extremities	11,868	65	0.55
28. Learning, Psychiatric and Behavioral Disorders	9,162	77	0.84
21. Skin and Cellular Tissue Conditions	4,944	11	0.22
16. Spine and Sacroiliac Joint Conditions	2,507	40	1.60
23. Systemic Conditions	3,378	3	0.09
17. Upper Extremity Conditions	3,114	25	0.80
4. Vision	21,283	16	0.08

1 Categories are not mutually exclusive, service members with multiple disqualifications across different DQ categories are counted more than once.

Tables 18A-D display the most common reasons for EPTS discharge among all accessions who applied between FY 2016-2018, regardless of medical disqualification status. For consistency, EPTS conditions were derived from the service member's separation record and then categorized based on DoDI 6130.03 disqualification categories.

Tables 18A-D Key Findings

- In all services, the most common reason for EPTS discharge fell under the Learning, Psychiatric, and Behavioral Disorders subsection (46-55%).
- The Army had the highest proportion of EPTS discharges related to Lungs, Chest Wall, Pleura or Mediastinum (13%) than the other services (3-6%).
- The Air Force had the highest proportion of EPTS discharges for Lower Extremity Conditions (19%) than the other services (7-9%).
- The Navy had the highest proportion of EPTS discharges for Heart (6%) than the other services (2-3%).

ARMY

TABLE 18A: MOST COMMON REASONS FOR EPTS DISCHARGE: ARMY

EPTS Condition Category[1]	EPTS Discharged	
	n	%[2]
28. Learning, Psychiatric, and Behavioral Disorders	3,877	45.5
10. Lungs, Chest Wall, Pleura, and Mediastinum	1,099	12.9
18. Lower Extremity Conditions	751	8.8
16. Spine and Sacroiliac Joint Conditions	609	7.1
19. Miscellaneous Conditions of the Extremities	555	6.5
26. Neurologic Conditions	364	4.3
17. Upper Extremity Conditions	264	3.1
3. Eyes	142	1.7
11. Heart	124	1.5
6. Hearing	105	1.2
Total EPTS discharges	**8,524**	

1 Categories are not mutually exclusive; service members may be counted more than once if EPTS discharged with more than one condition.
2 Represents the proportion of service members with the specific EPTS condition category out of the total number of EPTS discharges.

NAVY

TABLE 18B: MOST COMMON REASONS FOR EPTS DISCHARGE: NAVY

EPTS Condition Category[1]	EPTS Discharged n	%[2]
28. Learning, Psychiatric, and Behavioral Disorders	1,358	54.1
19. Miscellaneous Conditions of the Extremities	178	7.1
18. Lower Extremity Conditions	176	7.0
11. Heart	159	6.3
26. Neurologic Conditions	141	5.6
16. Spine and Sacroiliac Joint Conditions	86	3.4
10. Lungs, Chest Wall, Pleura, and Mediastinum	77	3.1
3. Eyes	59	2.4
17. Upper Extremity Conditions	43	1.7
23. Systemic Conditions	41	1.6
Total EPTS discharges	**2,510**	

1 Categories are not mutually exclusive; service members may be counted more than once if EPTS discharged with more than one condition.
2 Represents the proportion of service members with the specific EPTS condition category out of the total number of EPTS discharges.

MARINE CORPS

TABLE 18C: MOST COMMON REASONS FOR EPTS DISCHARGE: MARINE CORPS

EPTS Condition Category[1]	EPTS Discharged n	%[2]
28. Learning, Psychiatric, and Behavioral Disorders	1,010	55.1
18. Lower Extremity Conditions	135	7.4
10. Lungs, Chest Wall, Pleura, and Mediastinum	101	5.5
16. Spine and Sacroiliac Joint Conditions	100	5.5
19. Miscellaneous Conditions of the Extremities	96	5.2
26. Neurologic Conditions	75	4.1
23. Systemic Conditions	44	2.4
11. Heart	32	1.7
17. Upper Extremity Conditions	30	1.6
06. Hearing	27	1.5
Total EPTS discharges	**1,834**	

1 Categories are not mutually exclusive; service members may be counted more than once if EPTS discharged with more than one condition.
2 Represents the proportion of service members with the specific EPTS condition category out of the total number of EPTS discharges.

AIR FORCE

TABLE 18D: MOST COMMON REASONS FOR EPTS DISCHARGE: AIR FORCE

EPTS Condition Category[1]	EPTS Discharged	
	n	%[2]
28. Learning, Psychiatric, and Behavioral Disorders	906	46.0
18. Lower Extremity Conditions	369	18.7
19. Miscellaneous Conditions of the Extremities	99	5.0
16. Spine and Sacroiliac Joint Conditions	78	4.0
10. Lungs, Chest Wall, Pleura, and Mediastinum	72	3.7
26. Neurologic Conditions	56	2.8
11. Heart	55	2.8
21. Skin and Cellular Tissue Conditions	54	2.7
23. Systemic Conditions	43	2.2
12. Abdominal Organs and Gastrointestinal System	42	2.1
Total EPTS discharges	**1,971**	

1 Categories are not mutually exclusive; service members may be counted more than once if EPTS discharged with more than one condition.
2 Represents the proportion of service members with the specific EPTS condition category out of the total number of EPTS discharges.

Data Limitations

Due to several changes in the population and methods, caution should be taken when comparing these results to results in previous AMSARA annual reports.

1. In previous AMSARA annual reports, the follow-up period ended on the date of the service member's first separation. AMSARA lengthened the follow-up period for both accessions and separations to account for the transactional nature of the accession and separation databases. Service members with an accession record immediately following a separation date were not considered separated from service, regardless of assigned inter-separation code (ISC). This change may lead to a decrease in rates of early separation.

2. Due to the use of both ICD-9 and ICD-10 codes during the time period of this report, AMSARA utilized the General Equivalence Mappings (GEMS) code crosswalk to convert ICD-9 to ICD-10 codes. Due to increased specificity in the ICD-10 coding system compared to that of the ICD-9, single ICD-9 codes may convert to multiple ICD-10 codes. The conversion of ICD-10 codes into DQ categories based on the DoDI 6130.03 should at least partially mitigate the complications caused by converting ICD-9 codes into multiple ICD-10 codes, as the resulting ICD-10 codes are likely to be within the same DQ category. 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.

References

Publications:

1. Department of Defense. (2020). Department of Defense Instruction (DoDI) 6130.03 Volume 1: Medical standards for military service: appointment, enlistment, or induction.
2. Army Public Affairs. Digital technology helping Army exceed 2020 recruitment goals. Online: https://www.army.mil/article/232940/digital_technology_helping_army_exceed_2020_recruitment_goals. Published February 21, 2020.
3. Washington W, Weber N, Kelley A, et. al. Disability Evaluation System Analysis and Research (DESAR) 2020 Annual Report. Silver Spring, MD: Walter Reed Army Institute of Research.

Pictures:

Bolin Jr, B. (2021). Testing the Metal [Photograph]. U.S. Dept of Defense: Online. VIRIN 210615-M-UR958-0025. https://www.dvidshub.net/image/6693941/testing-metal

Caputo, V. (2019). Butmir Salute [Photograph]. U.S. Dept of Defense: Online. VIRIN 191111-F-AM292-2037C. https://www.defense.gov/Multimedia/Photos/igphoto/2002208879/

Cox, T. (2021). Can we get a lift? Nevada Army Guard Chinook provides airlift support to 152nd Security Forces Squadron [Photograph]. VIRIN 210622-Z-FJ772-1111. https://www.dvidshub.net/image/6704538/can-we-get-lift-nevada-army-guard-chinook-provides-airlift-support-152nd-security-forces-squadron

Ewing, C. (2019). Casualty Eval [Photograph]. U.S. Dept of Defense: Online. VIRIN VIRIN 191007-A-SS108-754. https://www.defense.gov/Multimedia/Photos/igphoto/2002192521/

Gibson, G. (2021). USS Ronald Regan (CVN 76) Flight Operations [Photograph]. U.S. Dept of Defense: Online. VIRIN 210622-N-DW158-1007. https://www.dvidshub.net/image/6704213/uss-ronald-reagan-cvn-76-flight-operations

Gosun, U. (2020). U.S. Marines participate in a live-fire squad attack range during exercise Fuji Viper 21.1 [Photograph]. VIRIN 201210-M-TU214-2096. https://www.dvidshub.net/image/6460725/us-marines-participate-live-fire-squad-attack-range-during-exercise-fuji-viper-211

Hackbarth, E. (2021). Best Warrior competitors conduct Army Combat Fitness Test [Photograph]. U.S. Dept of Defense: Online. VIRIN 210621-A-NN634-1105. https://www.dvidshub.net/image/6701300/best-warrior-competitors-conduct-army-combat-fitness-test

Kindred, G. (2021). Manny's March [Photograph]. U.S. Dept of Defense: Online. VIRIN 211212-M-CI314-1125. https://www.defense.gov/Multimedia/Photos/igphoto/2002912101/.

Lynn, D. (2021). Soaring Eagles [Photograph]. U.S. Dept of Defense: Online. VIRIN 210611-F-BD983-0093T. https://www.defense.gov/Multimedia/Photos/igphoto/2002742530/

Newton, E. (2018). NRC Transforms Medical Waivers Process [Photograph]. U.S. Dept of Defense: Online. VIRIN 210118-N-FS414-1582. https://www.dvidshub.net/image/6596949/nrc-transforms-medical-waivers-process

Raptor Brigade Soldier and NCO Compete at I Corps Best Warrior Competition [Photograph]. U.S. Dept of Defense: Online. VIRIN 210608-A-OT530-0099. https://www.dvidshub.net/image/6697973/raptor-brigade-soldier-and-nco-compete-corps-best-warrior-competition

Scott, N. (2021). Graduation Ceremony [Photograph]. U.S. Dept of Defense: Online. VIRIN 210722-N-PK218-1011C. https://www.defense.gov/Multimedia/Photos/igphoto/2002810152/

Stephens, L. (2021). Army Birthday Run [Photograph]. U.S. Dept of Defense: Online. VIRIN 210614-A-DO439-101M. https://www.defense.gov/Multimedia/Photos/igphoto/2002741448/

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
GEMS	General Equivalence Mappings
IET	Initial Entry Training
ICD-9	International Classification of Diseases, 9th Revision
ICD-10	International Classification of Diseases, 10th Revision
ISC	Interservice Separation Code
MEPS	Military Entrance Processing Station
MOS	Military Occupation Specialty
OCO	Overseas Contingency Operations
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

Accession Medical Standards Analysis and Research Activity

Medical Standards Analytics and Research
Statistics and Epidemiology Branch
Center for Enabling Capabilities
Walter Reed Army Institute of Research
503 Robert Grant Avenue
Silver Spring, MD 20910

https://wrair.health.mil/collaborate/amsara

https://wrair.health.mil/collaborate/amsara/knowledge-products