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Aerospace Medicine

CADET MEDICAL EVALUATION BOARDS

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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OPR: 10 AMDS/SGPA
(TSgt Catherine A. Cazorla)

Certified by: 10 AMDS/CC
(Col Penny M. Giovanetti)
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This instruction implements AFPD 48-1, *Aerospace Medical Program*, and covers the procedures that govern management of the Cadet Medical Evaluation Board (CMEB) (also referred to as the Board) process, specific to the USAFA. It applies to all Air Force personnel who manage, coordinate, process, review, or approve CMEBs; all Air Officer Commanding (AOC) personnel; all Air Force cadets; and all Air Force Preparatory School cadet candidates.

This instruction requires collecting and maintaining information protected by the Privacy Act of 1974. The authority to collect and maintain records prescribed in this instruction is Title 10 U.S. Code 9331 (Establishment, Superintendent, Faculty). System of records notice, F044 USAFA B, Cadet Hospital/Clinic Records applies.

Chapter 1

BASIS OF THE CADET MEDICAL EVALUATION BOARD PROGRAM

1.1. Authorities:

1.1.1. The Command Surgeon (10 MDG/SG) is the local medical waiver authority (AFI 48-123, *Medical Examination and Standards,* Attachment 9).

1.1.2. The Superintendent (HQ USAFA/CC) is the final approval authority for early departure. This authority may be delegated to the Commandant of Cadets (Commander, 34th Training Wing (34 TRW/CC)).

1.1.3. HQ USAFA/CC is the final approval authority for all uncontested medical disenrollments. In any case, HQ USAFA/CC has the authority to find the member fit for duty.

1.1.4. The Secretary of the Air Force (SECAF) is the final approval authority for all contested medical disenrollments.

1.2. Responsibilities:

1.2.1. The Aerospace Medicine Squadron Commander (10 AMDS/CC) is responsible for the overall management of the CMEB process.

1.2.2. 10 AMDS/CC designates the CMEB program manager. The CMEB program manager is responsible for:

1.2.2.1. Administrative case management of all CMEBs.

1.2.2.2. Counseling cadets regarding the CMEB process.

1.2.2.3. Coordinating congressional inquiries resulting from any aspect of a CMEB.

1.2.2.4. Implementing the procedures and provisions of this instruction.

1.2.3. Cadet Disenrollments, HQ USAFA/JACD, is responsible for processing CMEBs through the personnel system, to include a final determination.

1.2.4. The respective squadron AOC is responsible for acting as a liaison between the cadet and the CMEB process. As such, the squadron AOC will coordinate with the CMEB program manager, their chain of command and, when appropriate, the parents or guardians of the concerned cadet.

1.2.5. The Staff Judge Advocate (HQ USAFA/JA) is responsible for providing legal coordination on all CMEBs.

Chapter 2

CMEB INITIATION AND PROCEEDINGS

2.1. Initiation of a CMEB:

2.1.1. When a health care provider identifies a cadet with a potentially disqualifying diagnosis, he or she determines if there is a CMEB requirement in accordance with AFI 48-123, *Medical Examination and Standards.*

2.1.2. If the identifying provider is not a flight surgeon, the provider will contact the Flight Commander, Flight Medicine to discuss the case and determine CMEB requirement.

2.1.3. Upon determination that a cadet requires a CMEB, the primary care physician submits a medical summary to the program manager.

2.2. Required Counseling and Submission of Additional Medical Information:

2.2.1. Upon receipt of the medical summary, the program manager will:

2.2.1.1. Obtain the cadet's medical records from the Cadet Outpatient Medical Records section and flag the file for CMEB processing by placing a coversheet on the inside, right-hand section.

2.2.1.2. Initiate a case folder on the cadet to be kept with the medical record in the CMEB secure file. An administrative tracking sheet will be included in the folder. All actions taken on the case must be annotated on this tracking sheet.

2.2.1.3. Contact the cadet and the cadet's squadron AOC to schedule a notification briefing. Either the AOC or Military Training Advisor (MTA) will attend this briefing. The notification briefing covers the following:

2.2.1.3.1. The CMEB process, including providing the cadet a hand-out of the process.

2.2.1.3.2. A second medical opinion. If a cadet feels there is cause to submit a second medical opinion, he or she must request an appointment with the 10 AMDS/CC. 10 AMDS/CC will consider the basis for the request and will determine if a second medical opinion will have any added value to the case.

2.2.1.3.3. If 10 AMDS/CC determines that a second medical opinion is warranted, he or she may approve the second medical opinion in a military treatment facility, at no expense to the cadet. The program manager will assist 10 AMDS/CC in arranging the medical appointment and transportation. Transportation must be attempted through the aeromedical evacuation system. Requests for civilian transportation may be submitted in cases of extreme extenuating circumstances. These cases will be determined on a case-by-case basis.

2.2.1.3.4. If 10 AMDS/CC determines that a second medical opinion is not warranted, the cadet may obtain a civilian second medical opinion at their own expense. The cadet has 30 calendar days to submit the second medical opinion.

2.2.1.3.5. The process for contesting CMEBs (refer to paragraph **3.4.**).

2.3. CMEB Proceedings:

2.3.1. The program manager will schedule the CMEB. The Board will consist of a minimum of three physicians. Additional specialists may be invited by the Board. The Board president may designate additional voting members as appropriate. A psychiatrist should be a Board member for any case involving a mental health diagnosis. The attending physician will be present if possible; however, a case will not be tabled due to their absence unless specifically requested by that attending physician.

2.3.2. The program manager will provide a copy of the medical summary and any supporting documents to each physician. Additionally, complete medical records, and mental health records if applicable, will be made available for the Board's review. After discussion, the Board will complete the CMEB Report, to include the following sections:

2.3.2.1. Section 12, listing all disqualifying medical diagnoses.

2.3.2.2. Section 13, determining if early departure is recommended. Early departure should be recommended if the medical diagnosis warrants immediate departure from the base. In medically indicated cases, early departure should be recommended if there are no specific medical or administrative reasons to delay the cadet's departure.

2.3.2.3. Section 14, indicating the medical findings determined by the Board members. Subsection G, Remarks, will be used to add clarification of the medical findings and to indicate any physical limitations of the cadet (i.e., whether or not the cadet can perform normal cadet duties).

2.3.2.4. Section 15, stating names and including signatures from the respective Board members.

2.3.2.5. Section 16, indicating any minority opinions from the Board members. If a minority vote is indicated, the respective physician will attach a minority vote statement to the form. The minority statement should be completed and given to the program manager within 1 duty day from the Board proceedings.

2.4. Basic Cadet CMEBs:

2.4.1. During basic cadet training (BCT), cadets that are identified as having a diagnosis or condition which prevents the successful completion of BCT, but which does not require a waiver for commissioning, are identified to the BCT Medical Director. The BCT Medical Director or 10 AMDS/CC will forward the cadet's medical restrictions to the BCT Commander via electronic mail message or written statement.

2.4.1.1. The BCT Commander will, in turn, forward the medical restrictions along with an administrative recommendation to 34 TRW/CC for determination.

2.4.1.2. 34 TRW/CC will recommend medical turnback or continuation of BCT with restrictions. 34 TRW/CC will send this recommendation via electronic mail message or written statement to 10 AMDS/CC. This electronic mail message or written statement will serve as the official document utilized by HQ USAFA/JACD for processing.

2.4.1.2.1. If 34 TRW/CC recommends medical turnback status, HQ USAFA/JACD will process the case in accordance with Section 4. The program manager will initiate a medical turnback case file and manage the case in accordance with Section 6.

2.4.1.2.2. If 34 TRW/CC recommends continuation of BCT with restrictions, 10 AMDS/CC annotates this in the cadet's medical record and notifies the respective AOC. The cadet may then resume training.

2.4.2. If a basic cadet is identified as having a medically disqualifying condition, a CMEB will be initiated and processed in accordance with Section 2.

2.5. CMEBs for Physical Education Deficiencies:

2.5.1. All cadets who are medically excused from taking the physical fitness test (PFT) and/or the aerobic fitness test (AFT) for two semesters in a row prior to the beginning of the academics of their second year will undergo the CMEB process.

2.5.2. If the CMEB determines that the cadet is medically qualified for commissioning, the case is forwarded through 34 TRW/CC for review and recommendation. If 34 TRW/CC recommends retention, the case is then referred to the Physical Education Review Committee (PERC) for further disposition.

2.5.3. If the CMEB determines the cadet is not medically qualified for commissioning, the case is processed in accordance with Section 2.

Chapter 3

REVIEW PROCESS

3.1. 10 MDG/SG Review:

3.1.1. The program manager will schedule an appointment with the 10 MDG/SG and also provide a complete copy of the CMEB, including the member's medical records and mental health records, if applicable.

3.1.2. 10 MDG/SG will review the case and indicate the following on the CMEB Report:

3.1.2.1. Section 17A, indicate approval or disapproval of the Board findings. If the Board findings are disapproved, 10 MDG/SG will attach a memorandum of explanation to the CMEB.

3.1.2.2. Section 17B, indicate a waiver determination for commissioning purposes only.

3.1.2.3. Section 17C through E, complete to include date, typed name, and signature.

3.1.3. The program manager will contact and inform the respective AOC of the medical findings. The cadet may be notified of the Board findings after the case has been reviewed and approved or disapproved by 10 MDG/SG.

3.2. 34 TRW/CC Review:

3.2.1. The program manager will hand-carry the original CMEB report and supporting documents to the 34 TRW/CC for review and disposition recommendation.

3.2.2. 34 TRW/CC will review the case and indicate the following on the CMEB Report:

3.2.2.1. Sections 18A through F, indicate a recommended disposition on the case:

3.2.2.1.1. Medical disenrollment at the end of the current semester.

3.2.2.1.2. Medical turnback status for a specified amount of time. The recommended return date must correspond with the start of a semester or with the start of summer programs.

3.2.2.1.3. Retain in cadet wing. This recommendation is intended for one of two reasons. First, it is appropriate in those cases where a cadet has undergone CMEB processing and has successfully obtained a waiver for commissioning from 10 MDG/SG, via the CMEB Report, Section 17B. Second, it is appropriate in those cases where 10 MDG/SG has not recommended a waiver for commissioning but 34 TRW/CC recommends that HQ USAFA/CC retain the member.

3.2.2.1.4. Retain in cadet wing, graduate only -- do not commission. This recommendation is intended to be used in accordance with DoD Directive 1322.22, *Service Academies*, paragraph 6d which states "Cadets or midshipmen who become medically disqualified for appointment as a commissioned officer during their senior year, who otherwise would be qualified to complete the course of instruction and to be appointed as a commissioned officer, and who are capable of completing the academy course of instruction with their peers, shall be permitted to complete the academic course of instruction with award of academic credentials determined by the secretary of the military department concerned." (Note: "… becomes medically disqualified…" is determined by HQ USAFA/CC or SEC AF only. It is not determined by iden-

tification of a potentially disqualifying condition by a provider, nor by the medical findings of a CMEB.) A junior officially becomes a senior immediately following the graduation ceremony for the preceding class year.

3.2.2.1.5. Retain cadet in administrative hold pending administrative action.

3.2.2.1.6. Retain cadet in medical hold status. This recommendation is intended for those senior cadets who are identified as having a disqualifying diagnosis but the condition is expected to resolve within 4-6 months after graduation.

3.2.2.2. Section G, indicating if early departure is approved. 34 TRW/CC coordinates approval of early departure through HQ USAFA/CC and then notifies 10 AMDS/CC.

3.2.2.3. Section H through J, complete to include date, name, and signature.

3.3. Notification Procedures:

3.3.1. Once the case is received from 34 TRW/CC, the program manager will inform the respective squadron AOC/MTA of the recommendation. The program manager will then schedule an appointment with the cadet to review the medical findings and disposition recommendation. The Squadron AOC/MTA will attend this briefing. In cases where the recommended disposition is "medical disenrollment," the program manager will ensure a physician is available at the meeting to answer any medical questions.

3.3.2. The program manager ensures the cadet completes Section 19, Member's Acknowledgment, to include the appropriate portions of subsections A through G.

3.4. Procedure for Contesting a CMEB:

3.4.1. If a cadet desires to contest the disposition recommendation, he or she indicates this in Section 19, Subsection B and the program manager completes subsection C, assigning the cadet a suspense date for submission of information contesting the disposition recommendation. The suspense is 5 duty days from date of notification. An extension to this suspense must be coordinated through the program manager.

3.4.2. The case, with the additional documents contesting the disposition recommendation, is submitted to 34 TRW/CC for review. 34 TRW/CC will provide a second recommendation based on the additional information and forward the case back to 10 AMDS/CC. The case is then forwarded to HQ USAFA/JACD for processing. The program manager will notify the cadet of the 34 TRW/CC's final recommendation. It is not necessary to hold the case pending notification of the cadet.

Chapter 4

PROCESSING UNCONTESTED CASES

4.1. Administrative Status of the Cadet:

4.1.1. While the case is being processed, the cadet continues to go to class and remains in their squadron. Exception: If the cadet has a diagnosis which prohibits attending class during processing of the case, he or she may be removed to the administrative squadron. This move will be coordinated by the Squadron AOC through 34 TRW/CC.

4.1.2. If early departure has been approved on the CMEB Report, Section 18G, HQ USAFA/JACD will begin disenrollment and Cadet Personnel (HQ USAFA/DPY) will begin outprocessing the cadet.

4.2. The Administrative Review Process:

4.2.1. The program manager sends the case to HQ USAFA/JACD according to the following guidelines:

4.2.1.1. For medical disenrollment cases, make a copy of the original CMEB case and place it in the inside, left-hand section of the medical record. Forward the original medical record, the original CMEB case, and three copies of the CMEB case to HQ USAFA/JACD. A copy of the entire CMEB package is filed in the CMEB secure file.

4.2.1.2. For medical turnback cases, make a copy of the original CMEB case and place it in the inside, left-hand section of the medical record. Forward the original CMEB case and one copy of the CMEB case to HQ USAFA/JACD. The original medical records are maintained in the program manager's office. A copy of the CMEB case is filed in the CMEB secure file.

4.2.1.3. For retention cases, file the original CMEB case in the inside, left-hand section of the medical record. The original medical record is returned to the Cadet Outpatient Medical Records Section. A copy of the CMEB case is filed in the CMEB secure file.

4.2.2. HQ USAFA/JACD sends the case to HQ USAFA/CC according to the following guidelines:

4.2.2.1. HQ USAFA/JACD coordinates the action with HQ USAFA/JA and HQ USAFA/CV and, for approval, through HQ USAFA/CC. ***NOTE***: If the cadet is facing any type of administrative action such as Academic Review Council (ARC), Military Review Council (MRC), or Honor, it will be noted on the staffing document.

4.2.2.2. The disenrollment/turnback package will consist of the following:

4.2.2.2.1. Two medical disqualification memorandums (for medical disenrollment cases only). The medical disqualification memorandums will be written by HQ USAFA/JACD for HQ USAFA/CCs signature. The first memorandum states medical disqualification and the second memorandum notifies the cadet of the medical disqualification.

4.2.2.2.2. The CMEB case file.

4.2.2.2.3. The cadet's personnel data summary.

4.3. Final determination. The case will be forwarded to HQ USAFA/CC for review and final determination. The case will be returned to HQ USAFA/JACD for final dispatch. HQ USAFA/JACD will notify the cadet, the chain of command, and the program manager of the final determination.

Chapter 5

PROCESSING CONTESTED CASES

5.1. Administrative Status of the Cadet:

5.1.1. Unless medically contraindicated, the cadet continues to go to class and remains in their squadron while the case is being processed. If medically contraindicated, the cadet may be removed to the administrative squadron. This move will be coordinated by the Squadron AOC through 34 TRW/CC.

5.1.2. If early departure has been approved on the CMEB Report, Section 18G, HQ USAFA/JACD will begin outprocessing the cadet.

5.2. The Administrative Review Process:

5.2.1. When a cadet would like to administratively contest the recommendation from 34 TRW/CC, he or she has 5 duty days to submit documents on their behalf. The program manager forwards the CMEB case, along with the additional information submitted by the cadet to contest the disposition recommendation, to HQ USAFA/JACD (reference paragraph **4.2.1.** for guidelines).

5.2.2. HQ USAFA/JACD sends the case to HQ USAFA/CC according to the following guidelines:

5.2.2.1. HQ USAFA/JACD coordinates the action with HQ USAFA/JA, HQ USAFA/CV and, for approval, through HQ USAFA/CC. Note: If the cadet is facing any type of administrative action such as ARC, MRC, or Honor, it will be noted on the staffing document.

5.2.2.1.1. Not used.

5.2.2.1.2. The staffing document will give HQ USAFA/CC four options:

5.2.2.1.2.1. Forward the case to the Academy Board.

5.2.2.1.2.2. Recommend the cadet be medically discharged and forward the case to SECAF.

5.2.2.1.2.3. Place the cadet on medical turnback status and retain the cadet in the cadet wing.

5.2.2.1.2.4. Find the cadet fit for duty and retain.

5.2.2.2. The disenrollment/turnback package will consist of the following:

5.2.2.2.1. Two medical disqualification memorandums. The medical disqualification memorandums will be written by HQ USAFA/JACD for HQ USAFA/CC's signature. The medical disqualification memorandums will be addressed to SECAF for final determination. The first memorandum recommends medical disqualification and the second memorandum notifies the cadet of HQ USAFA/CC's recommendation to SECAF for medical disqualification.

5.2.2.2.2. The CMEB case file.

5.2.2.2.3. The cadet's personnel data summary.

5.2.2.2.4. Documents submitted by the cadet contesting the disposition recommendation.

5.3. Final Determination. The case will be forwarded to the Air Force Personnel Council (AFPC) and then forwarded to SECAF for review and final determination. The case will be returned to HQ USAFA/JACD for final dispatch. HQ USAFA/JACD will notify the cadet, the chain of command, and the program manager of the final determination.

Chapter 6

MANAGEMENT OF CADETS IN MEDICAL TURNBACK STATUS

6.1. Explanation:

6.1.1. Cadets placed on medical turnback status are permitted to leave the Academy in a leave without pay status to allow time for their medical condition to resolve. The cadet is able to obtain medical care at government expense while on medical turnback status.

6.2. Responsibilities:

6.2.1. The program manager will act as a liaison during the medical turnback period and will coordinate all medical care. The program manager will provide the cadet with a Medical Turnback Explanation memorandum upon outprocessing from the USAFA. This memorandum will explain all emergent and routine care to be received during the medical turnback period.

6.2.1.1. The program manager will monitor and request quarterly updates from those cadets who are required to seek medical treatment or therapy during the turnback status. The program manager will notify 10 AMDS/CC when the cadet is not in compliance.

6.2.2. HQ USAFA/JACD will ensure the cadet has signed an undated memorandum of resignation.

6.2.3. HQ USAFA/DPY will:

6.2.3.1.

6.2.3.1.1. Assist the cadet with personnel issues during the medical turnback period.

6.2.3.1.2. Issue the cadet orders placing them in an excess leave status once they depart the USAFA.

6.2.3.1.3. Give the cadet a USAFA Form 91, **Cadet Outgoing Clearance Checklist**. This checklist should be completed within 2 duty days of receipt. The cadet will not be allowed to depart the USAFA without completing the checklist.

6.2.3.1.4. Take the cadet's identification card and re-issue an identification card that will expire the day they are scheduled to return to the USAFA.

6.2.4. The cadet will pay at their own expense for travel home and return to the USAFA. The cadet must also pay at their own expense for shipment of personal belongings.

6.3. Administrative Status of the Cadet. Any cadet placed on medical turnback is entered into an excess leave without pay status.

6.4. Coordination of Medical Care. The program manager will coordinate all medical care during the cadet's medical turnback period. All cadets will be instructed to seek medical care at the closest military medical treatment facility. If no military medical treatment facility is available, the program manager will coordinate civilian care. The cadet must, except in cases of emergent care, contact the program manager for approval. The program manager must coordinate all civilian care with the 10 MDG Health Benefits Advisor.

6.5. Disengagement of Military Medical Care. If a cadet wishes, he or she may choose to disengage military medical care and elect to receive medical care under a parent or guardian's health insurance. In these cases, the cadet will make this request, in writing, to 10 MDG/SG. 10 MDG/SG will review the cadet's request and, if approved, will notify the cadet via memorandum. The cadet must acknowledge the memorandum by signature.

6.6. Medical Evaluation for Return to USAFA:

6.6.1. The program manager should contact the cadet via certified memorandum not less than 90 days prior to the cadet's scheduled return date. The memorandum will specifically ask the cadet to indicate their intention to return to USAFA. It will also inform the cadet that he or she must undergo medical evaluation to determine if he or she is medically qualified to return to USAFA. The cadet has 72 hours from receipt of the memorandum to respond. If the program manager does not receive the response within 7 calendar days, the program manager will notify HQ USAFA/JACD to initiate disenrollment.

6.6.2. If a cadet elects to return, the program manager sends a copy of the signed memorandum to HQ USAFA/JACD for administrative purposes (see paragraph **6.7.**).

6.6.2.1. The program manager will determine the most efficient and cost effective avenue to obtain a medical evaluation. The medical evaluation determines whether or not the cadet is medically cleared to return to USAFA. A followup CMEB may be required at a later date to determine commission qualification. The medical evaluation should be obtained via one of the following options:

6.6.2.1.1. If the cadet is near a military treatment facility, the cadet may obtain an evaluation from that military treatment facility and forward the results to the program manager. The program manager will coordinate the results through 10 AMDS/CC for review and determination.

6.6.2.1.2. If the cadet has been approved for civilian care during the medical turnback period, the cadet may schedule a final medical evaluation with that provider and forward the results to the program manager. The program manager will coordinate the results through 10 AMDS/CC for review and determination.

6.6.2.1.3. If it is not possible for a cadet to obtain a medical evaluation in their local area, then the medical evaluation may be done at USAFA. In these cases, the medical evaluation will be scheduled during the first 3 duty days after the cadet's return to USAFA. The program manager must notify HQ USAFA/DPY when a cadet elects this option. HQ USAFA/DPY will arrange the cadet's schedule to accommodate the medical evaluation.

6.6.2.1.3.1. The program manager will schedule an appointment with a physician in the respective required medical specialty. The physician will provide an evaluation on a SF 600, **Chronological Record of Medical Care**, or a SF 513, **Medical Consultation Sheet**, and forward it to the program manager.

6.6.2.1.3.2. The program manager will forward the SF 600 or SF 513 to a physician. The attending physician will accomplish a medical summary. Both the SF 600 or SF 513 and the medical summary will be forwarded to 10 AMDS/CC for review and determination.

6.6.3. Cadets who do not elect to return are disenrolled through HQ USAFA/JACD.

6.7. Administrative Procedures for Return to the USAFA:

6.7.1. HQ USAFA/JACD will receive a copy of the memorandum with the cadet's intention to return to USAFA from the program manager. This memorandum serves as confirmation that the cadet intends to return. The cadet is also contacted via telephone to confirm return date and to discuss inprocessing.

6.7.2. HQ USAFA/DPY will coordinate the following:

6.7.2.1. Summer Programs, 34th Training Squadron (34 TRS/SPR), if the cadet is returning during Summer Programs.

6.7.2.2. Cadet Scheduling, 34th Logistics Squadron (34 LS/LGPC).

6.7.2.3. Examinations and Records (HQ USAFA/DFRR).

6.7.3. HQ USAFA/DPY will give the cadet an inprocessing checklist upon return to USAFA. The cadet may begin classes pending CMEB process, if appropriate. The cadet will be re-issued an identification card by HQ USAFA/DPY, which will expire when his or her class graduates.

6.8. Disenrollment Procedures for Disqualified Cadets. If a cadet undergoes CMEB processing after a medical turnback period and is recommended for disenrollment, the case will be processed in accordance with Section 4, for uncontested cases, or Section 5, for contested cases.

Chapter 7

PRIOR SERVICE CADETS

7.1. Explanation:

7.1.1. If a prior service cadet is found to have a disqualifying medical condition, the attending provider will initiate a CMEB in accordance with Section 2, to determine commissionability.

7.1.2. If the CMEB determines that the member is not commission qualified, and there is sufficient evidence to believe that the condition began during a prior period of active duty, (preparatory school or other active duty enlisted service), the program manager will process the case in accordance with the current Air Force directives concerning management of active duty medical evaluation boards. The case will ultimately be forwarded to the Physical Evaluation Board (PEB) for determination of disability related to pre-Academy service and/or continued service, if appropriate.

7.2. Administrative Status. Cadets whose cases are sent to the PEB will be entered into an excess leave without pay status pending outcome of the case.

7.3. Preparatory School Cadet Candidates:

7.3.1. When a Preparatory School cadet candidate is identified as having a potentially disqualifying diagnosis, the program manager will process the case in accordance with the current Air Force directives concerning management of active duty medical evaluation boards. Cadet candidates may continue attending class unless medically contraindicated. Once graduated from the Preparatory School, the cadet candidate enters an excess leave without pay status, pending the outcome of the case.

7.3.2. The program manager will notify 10 AMDS/CC of any cadet candidates who are returned to duty by the PEB. 10 AMDS/CC will review each case for commission waiver determination. Cadet candidates who successfully obtain a commission waiver will be medically qualified to matriculate to the Academy. Those cadet candidates who are denied commission waiver will be notified, in writing, by 10 AMDS/CC.

DAVID L. HAMMER, Col, USAF, MC, CFS
Commander, 10th Medical Group

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

United States Code Title 10

DoD Directive 6130.3, *Physical Standards for Appointment, Enlistment, and Induction*

DoD Directive 1322.22, *Service Academies*

AFI 36-2020, *Disenrollment of United States Air Force Academy Cadets*

AFI 37-132, *Air Force Privacy Act Program*

AFI 48-123, *Medical Examination and Standards*

Abbreviations and Acronyms

AFPC—Air Force Personnel Council

AFT—Aerobic Fitness Test

AOC—Air Officer Commanding

ARC—Academic Review Council

BCT—Basic Cadet Training

CMEB—Cadet Medical Evaluation Board

MRC—Military Review Council

PEB—Physical Evaluation Board

PERC—Physical Education Review Committee

PFT—Physical Fitness Test