



DEPARTMENT OF THE NAVY  
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OPNAVINST 6420.1A  
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OPNAV INSTRUCTION 6420.1A

From: Chief of Naval Operations

Subj: PHYSICAL REQUIREMENTS FOR NON-SUBMARINE PERSONNEL  
EMBARKED ON SUBMARINES

Ref: (a) NAVMED P-117

Encl: (1) Physical Qualification for all Non-Submarine  
Personnel Embarking on Submarines

1. Purpose. To provide physical requirements for non-submarine personnel embarked on submarines, including non-submarine military personnel, civilians, governmental and contractor employees, and military dependents. It is the intent of these physical requirements to preclude the embarkation of personnel on submarines that are at an increased risk of becoming medical liabilities. Embarkation is defined as the boarding of a submarine for purposes of a voyage away from shore.

2. Cancellation. OPNAVINST 6420.1.

3. Discussion. The basic physical standards for submarine personnel are specified in reference (a). Since these standards have been formulated for career submarine personnel, exceptions are warranted in the case of individuals being embarked for limited periods of time and for the performance of specific duties. In general, consideration must be given to the period of embarkation, the mission importance for each trip, and the specific attributes and skills an individual may contribute to that mission. Less stringent requirements can be tolerated for short duration cruises where return to port or rapid evacuation is feasible. Questionable or controversial medical conditions should be interpreted as risks and the individual should not be embarked.

4. Action. The following requirements must be met for cruises of the duration indicated:

a. Cruises in Local Waters for Short Periods of Time Where There is No Risk to Operational Missions

(1) Non-submarine personnel in this category are embarked on submarines for cruises of short duration. Examples include demonstration and or familiarization cruises. Departures concerned with builder's trials and tests of submarine equipment are short duration but require special consideration given the high cost and degree of coordination engendered in these events.

(2) Personnel are required to complete OPNAV 6420/1 Submarine Embarkation Medical Information prior to embarking. Review of OPNAV 6420/1 should be performed in conjunction with a health record review. A submarine independent duty corpsman (SUBIDC) or an undersea medical officer (UMO) may perform the health record review using enclosure (1) as a reference. Enclosure (1) outlines basic conditions that preclude embarkation. When the SUBIDC or UMO does not have access to non-Department of Defense medical records, prospective emarkees shall be initially screened by their primary care manager or civilian physician using enclosure (1) as a reference. Prospective emarkees are also asked to provide release authority per the Health Insurance Portability and Accountability Act so the SUBIDC or UMO can consult with the primary care manager or civilian physician.

(3) An UMO shall make the final recommendation concerning the individual's fitness for embarkation.

(4) If the UMO determines that an individual requires further evaluation to certify suitability for embarkation, a consultation may be requested. Civilian personnel or their employers will be responsible for obtaining the required medical consultation and forwarding it to the screening UMO in a timely manner.

b. Cruises of Long Duration or Forward Deployed. All individuals are required to have:

(1) A physical exam within 12 months of the anticipated embarkation date certifying that they meet the requirements of enclosure (1).

(2) An interview and review of their health record.

(3) An UMO shall make the final recommendation concerning the individual's fitness for embarkation. Completion of OPNAV 6420/1 is required within 1 month of scheduled embarkation.

(4) A health record review by the SUBIDC upon embarkation.

(5) Commands which routinely send personnel to augment submarine missions shall liaise directly with the local supporting UMO to ensure that all potential augmentees meet review examination requirements on a scheduled basis. The local medical officer will provide point of contact information upon request.

(6) Naval special warfare units which routinely deploy on submarines will have their attached UMO complete OPNAV 6420/1 for all embarking personnel and forward to the receiving SUBIDC.

5. Responsibility. The responsibility for ensuring that each individual to be embarked on submarines for extended periods has received an appropriate physical examination rests with the command issuing the travel orders. Military non-submarine and civilian employees of the government should be examined by the command to which the individual is attached prior to commencement of travel to embarkation location. Other civilian or non-governmental personnel should be examined by their company designated physician or, if that is not appropriate, by their personal physician prior to reporting for embarkation. The examination shall utilize enclosure (1), and phone consultation with the local immediate superior in command UMO as applicable.

6. Exceptions. Commanding officers (COs) are the final approval authority and retain ultimate authority over the decision for an individual to embark. Where controversy exists between the UMOs recommendation and the necessities of mission requirement, the cognizant UMO is required to personally brief

the CO on inherent risks, including the rationale for their recommendation. It is not anticipated that this situation will be a common occurrence, nor is it intended to put the CO in a position of making clinical decisions. The UMO is required to make recommendations that balance sound medical judgment with operational requirements. The most conservative solution does not necessarily serve the Navy's needs. The ability of the UMO to make such determinations will rest on their training, experience, and thoughtful analysis. When difficult decisions are encountered, it is expected that opinion of the type commander medical officer and or Bureau of Medicine and Surgery head of Undersea Medicine will be sought.

7. Records Management. Records created as a result of this instruction, regardless of media and format, shall be managed per Secretary of the Navy (SECNAV) Manual 5210.1 of January 2012.

8. Forms. OPNAV 6420/1 Submarine Embarkation Medical Information is available for download from Naval Forms OnLine at <http://navalforms.daps.dla.mil/web/public/home>.



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PHYSICAL QUALIFICATIONS FOR ALL NON-SUBMARINE PERSONNEL  
EMBARKING IN SUBMARINES

1. Individuals planning embarkation on submarines must be informed that only limited medical facilities are available on these ships. Even minor chronic conditions that require continuous treatment cannot be allowed. All non-submarine personnel embarking on submarines must be informed of the examinations required and the following physical qualifications that must be met. Definitive medical care can be hours to days away.

a. Psychiatric. The psychological fitness of embarking personnel must be carefully evaluated. Disqualifying conditions include, but are not limited to: (1) Any evidence of tendencies which might prevent satisfactory adjustment to submarine life, to include claustrophobia, difficulties in interpersonal relations, lack of adaptability, and personality disorders, (2) any history of depression, psychosis, paranoia, neurosis, or other psychiatric disorders, (3) any history of chemical or alcohol dependency not in remission for 2 years. For cruises of long duration or forward deployment, a psychological assessment shall be conducted by a psychiatrist, clinical psychologist, or an UMO. If a psychiatrist, clinical psychologist, or an UMO is not available, the examining physician should make the determination in conjunction with a phone consultation with an UMO. This portion must be completed only at the time of initial examination.

b. Vision. Individuals embarked with unaided visual acuity of 20/70 or worse in either eye must have at least two pairs of eyeglasses or contact lenses with the proper correction. A history of refractive corneal surgery shall be disqualifying unless 3 months have elapsed since the surgical procedure and there are no persistent visual defects or problems. Any history of glaucoma or deteriorating visional conditions such as macular degeneration is disqualifying.

c. Nose and Throat. Obstructed breathing due to nasal septal deviation, nasal polyps, chronic sinusitis or hypertrophic tonsils shall be disqualifying.

d. Ears. Acute or chronic disease of the inner, middle or external ear; a history of chronic inability to equalize

pressure manifested by repeated aural barotraumas; or persistent pain secondary to minute pressure variations such as in an aircraft or tunnel, shall be disqualifying. Auditory acuity shall be sufficient to permit the understanding of ordinary conversational speech. The use of a hearing aid is permissible.

e. Teeth. Individuals shall have adequate masticatory function for ingestion of the ordinary diet, and be in one of the following dental classes:

(1) Class I. Individuals requiring no dental treatment.

(2) Class II. Individuals requiring routine but not early treatment of conditions, such as:

(a) Moderate calculus.

(b) Prosthetic cases.

(c) Caries - not excessive or advanced.

(d) Periodontal diseases - not extensive or advanced.

f. Respiratory System. Disqualifying conditions include, but are not limited to: (1) any evidence of potentially active chronic inflammatory disease including tuberculosis, sarcoidosis, histoplasmosis, coccidioidomycosis, bronchiectasis, or abscess, (2) confirmed history of bronchial asthma after age 12, (3) symptomatic chronic obstructive pulmonary disease, or (4) a history of pneumothorax within 2 years of the date of the examination, or any history of spontaneous pneumothorax.

g. Cardiovascular System. Disqualifying conditions include, but are not limited to: (1) supraventricular or ventricular arrhythmia except of the sinus type, or other significant disturbance of heart or vascular system, (2) a history of angina, (see below) or previous myocardial infarction, and (3) uncontrolled or inadequately controlled hypertension, to include those individuals with associated heart or kidney disease, or (4) implanted pacers or defibrillators are generally disqualifying.

h. Gastrointestinal and Urinary Systems. Disqualifying conditions include, but are not limited to: (1) individuals with a history of disease such as severe colitis, irritable bowel syndrome, peptic ulcer disease, recurrent or chronic pancreatitis, or chronic diarrhea unless they have been asymptomatic and on an unrestricted diet during the past 2 years, (2) a history of gastrointestinal tract perforation or hemorrhage until the cause has been discovered, corrected, and they have been asymptomatic for a period of 2 years, (3) a history of splenectomy unless secondary to traumatic injury with appropriate immunizations, or (4) a history of nephrolithiasis or urolithiasis.

i. Skin. Any acute or chronic skin disease other than mild localized acne is disqualifying. In particular, a history of recurrent skin infections (e.g., methicillin-resistant staphylococcus aureus (MRSA)) is disqualifying.

j. Skeletal and Extremities. Disqualifying conditions include, but are not limited to: (1) any disease of bone, joint, or muscle which limits mobility required on board, (2) chronic symptomatic low back pain, (3) presence of prostheses, casts, or splints.

k. Endocrine Disorders. Any poorly controlled endocrine disorder requiring constant treatment shall disqualify. All forms of diabetes mellitus, unless type 2 under optimal control with no history of associated symptomatic events over the past year, shall disqualify.

l. Rheumatologic Conditions. Any significant rheumatologic condition that has not been in remission for 2 years is disqualifying. Use of immunosuppressants or immunomodulators is disqualifying.

m. Neurologic Conditions. Any history of cerebrovascular incident, including stroke or transient ischemic attacks (TIAs) is disqualifying. Any history of significant neurologic deficits, movement disorders, or neuromuscular diseases is disqualifying. If submarine riders have a history of seizure disorder, they should be seizure free for a 5-year period.

n. Infectious Diseases. Any active infectious disease process is disqualifying.

o. Medication. Individuals who are taking any prescribed medications shall have this information documented for review by an UMO prior to embarkation. Riders who require prescribed narcotic medications are disqualified.

p. Miscellaneous. Pregnancy is disqualifying. Any recent surgery shall be disqualifying unless specifically addressed and cleared by the performing surgeon. All diseases and conditions, including any immune-compromised conditions, which require frequent medical attention or tend to physically incapacitate the individual, shall preclude embarkation. In questionable cases, the examining medical office is advised to consult with the medical department representative of the submarine concerned or any undersea medical officer for guidance.