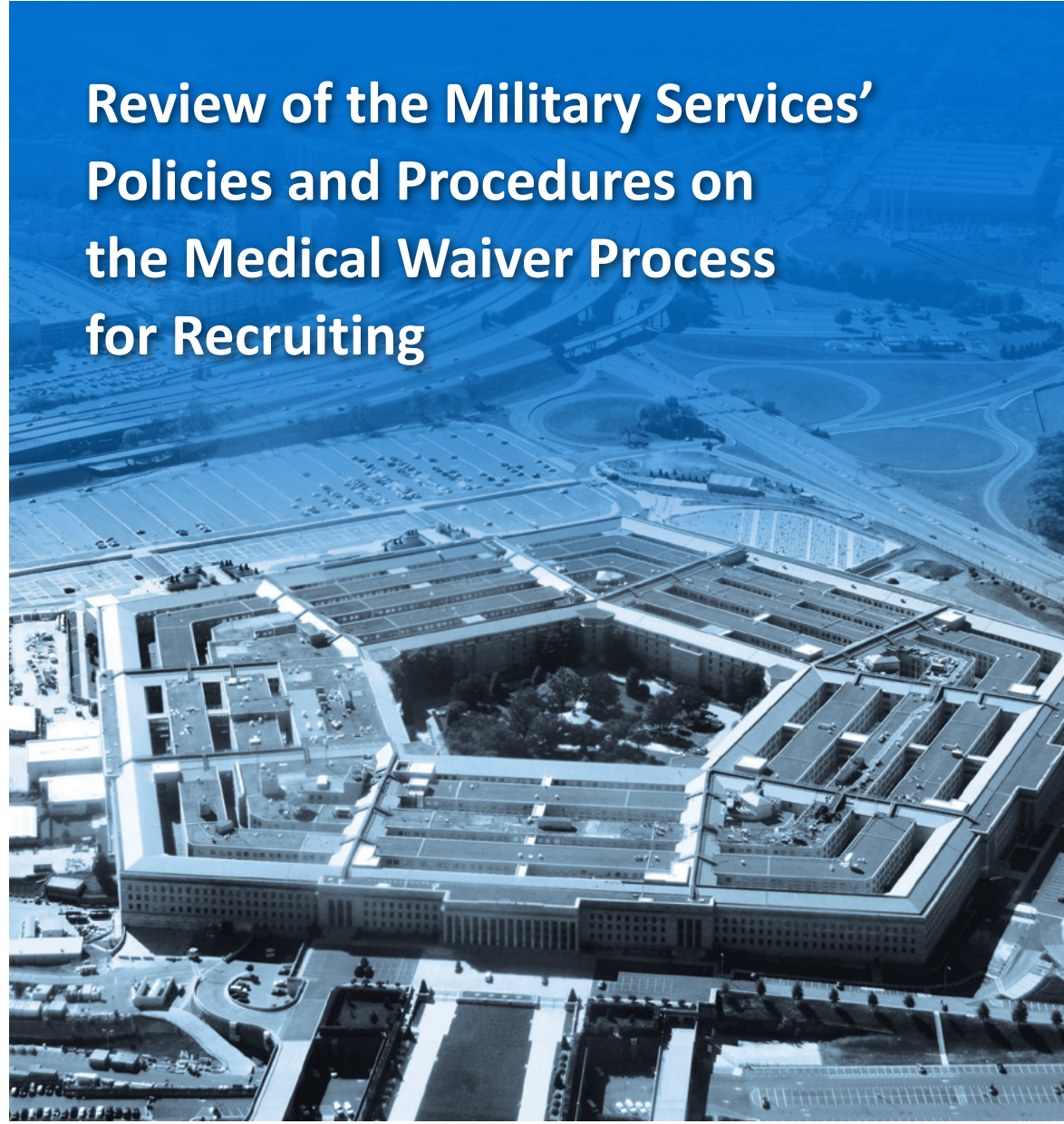




INSPECTOR GENERAL

U.S. Department of Defense

MAY 17, 2023



Review of the Military Services' Policies and Procedures on the Medical Waiver Process for Recruiting

INTEGRITY ★ INDEPENDENCE ★ EXCELLENCE





**INSPECTOR GENERAL
DEPARTMENT OF DEFENSE
4800 MARK CENTER DRIVE
ALEXANDRIA, VIRGINIA 22350-1500**

May 17, 2023

**MEMORANDUM FOR UNDER SECRETARY OF DEFENSE FOR PERSONNEL
AND READINESS**

**ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS)
COMMANDER, U.S. MILITARY ENTRANCE PROCESSING COMMAND
AUDITOR GENERAL, DEPARTMENT OF THE ARMY
AUDITOR GENERAL, DEPARTMENT OF THE NAVY
AUDITOR GENERAL, DEPARTMENT OF THE AIR FORCE**

**SUBJECT: Review of the Military Services' Policies and Procedures on the Medical Waiver
Process for Recruiting (Report No. DODIG-2023-072)**

This final report provides the results of the DoD Office of Inspector General's review. We previously provided copies of the draft report and requested written comments on the recommendations. We considered management's comments on the draft report when preparing the final report. These comments are included in the report.

The Army, Navy, Air Force, and U.S. Military Entrance Processing Command agreed to address the recommendations in this report. Therefore, we consider the recommendations resolved and open. As described in the Recommendations, Management Comments, and Our Response section of this report, we will close the recommendations when you provide documentation showing that all agreed-upon actions to implement the recommendations are completed. Therefore, please provide us within 90 days your response concerning specific actions in process or completed on the recommendations. Send your response to either followup@dodig.mil if unclassified or rfunet@dodig.smil.mil if classified SECRET.

Although the Marine Corps agreed to the recommendation in this report, comments from the Commanding General of the Marine Corps Recruiting Command did not fully address the recommendation; therefore, that recommendation is unresolved. DoD Instruction 7650.03 requires that recommendations be resolved promptly. Therefore, please provide us within 30 days your response concerning specific actions in process or alternative corrective actions proposed on the recommendations. Send your response to either followup@dodig.mil if unclassified or rfunet@dodig.smil.mil if classified SECRET.

If you have any questions or would like to meet to discuss the review, please contact me at [REDACTED]. We appreciate the cooperation and assistance received during the review.

FOR THE INSPECTOR GENERAL:

A handwritten signature in cursive script, reading "Theresa S. Hull", is positioned above the printed name.

Theresa S. Hull
Deputy Inspector General for Diversity and
Inclusion and Extremism in the Military

Recommendations Table

Management	Recommendations Unresolved	Recommendations Resolved	Recommendations Closed
Commanding General, U.S. Army Recruiting Command		1	
Commander, Navy Recruiting Command		2	
Commander, Air Force Recruiting Service		3	
Commanding General, Marine Corps Recruiting Command	4		
Commander, U.S. Military Entrance Processing Command		5, 6.a., 6.b.	

Note: The following categories are used to describe agency management’s comments to individual recommendations.

- **Unresolved** – Management has not agreed to implement the recommendation or has not proposed actions that will address the recommendation.
- **Resolved** – Management agreed to implement the recommendation or has proposed actions that will address the underlying finding that generated the recommendation.
- **Closed** – DoD OIG verified that the agreed upon corrective actions were implemented.

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Introduction

Objective

The objective of this review was to determine the extent to which the Services consistently applied the medical waiver process for recruitment.

Scope and Methodology

The scope of our review was active duty enlisted applicants from FY 2021 through FY 2022 that the U.S. Military Entrance Processing Command (USMEPCOM) permanently disqualified for the Army, Navy, Air Force, and Marine Corps due to a medical condition. Our scope did not include the Space Force, National Guard, Reserve Components, or officer applicants.¹ We limited the scope of our review to determine the consistent application of the medical waiver processes within each individual Service and did not make comparisons between the Services.

We reviewed criteria and guidance from USMEPCOM and the Services related to medical qualifications and processing of medical waivers for active duty enlisted applicants. We also interviewed personnel from the Office of the Assistant Secretary of Defense (Manpower and Reserve Affairs), Office of the Assistant Secretary of Defense (Health Affairs), USMEPCOM, U.S. Army Recruiting Command (USAREC), U.S. Army Medical Command, Navy Recruiting Command (NRC), Navy Bureau of Medicine and Surgery (BUMED), Air Force Recruiting Service, and Marine Corps Recruiting Command (MCRC). We interviewed the personnel from these organizations to determine each organization's roles and responsibilities, as well as policies and procedures related to the processing of medical waivers for active duty enlisted applicants.

We conducted this review with integrity, objectivity, and independence, as required by the Council of the Inspectors General on Integrity and Efficiency "Quality Standards for Federal Offices of Inspector General," August 2012.

Background

The Under Secretary of Defense for Personnel and Readiness has overall responsibility for the DoD Diversity and Inclusion Management Program. DoD Instruction (DoDI) 1020.05 states that the Program "promotes an inclusive culture that enables differences among personnel to improve DoD business

¹ Our review did not include the Space Force because the Space Force is the newest Military Service and did not report recruiting challenges that would warrant review of their waiver processes. In addition, we did not include the National Guard, Reserve Components, and officers because the reported recruiting challenges were associated with meeting active duty enlistment goals.

practices, readiness, and lethality, and supports an individual's ability to contribute to the mission.”² On December 17, 2020, the Acting Secretary of Defense issued a memorandum stating, “Diversity and inclusion in the Department are moral imperatives—to ensure every member of the Total Force is treated with dignity and respect. Mission readiness and efficacy at strategic and tactical levels are increased when every member of the team is valued and afforded an opportunity to contribute to the effective defense of the Nation.”³

During a September 2022 Senate subcommittee hearing on military recruiting and retention efforts, the Army, Navy, Air Force, and Marine Corps expressed concerns about the strength of their recruiting operations and prospects for success in 2023. The subcommittee challenged the Services to think creatively to address these concerns.⁴ The Army Deputy Chief of Staff, G-1 stated that physical and medical qualifications are among the top disqualifiers for service. Therefore, it is vital that the Services understand and address potential barriers to enlistment related to the medical waiver process.

Applicants seeking to enlist in the Services must meet qualification standards that include a physical examination and a review of the applicant's medical records by USMEPCOM. USMEPCOM's mission is to determine the physical, mental, and moral qualification of new Service members. From FY 2016 through FY 2020, USMEPCOM personnel conducted physical examinations for approximately 1.35 million applicants for enlisted service at a Military Entrance Processing Station (MEPS). USMEPCOM operates 65 of these stations across the United States.⁵

During the medical review process, USMEPCOM personnel medically disqualified approximately 13 to 16 percent of all applicants from FY 2016 through FY 2020 for not meeting physical and medical standards as outlined in DoDI 6130.03, volume 1.⁶ Applicants with disqualifying medical conditions must seek a medical waiver if they still wish to join the Services. According to DoDI 6130.03, a medical waiver is a formal request to consider an applicant's suitability for service despite a current or past medical condition that does not meet the medical standards for military service.

² DoDI 1020.05, “DoD Diversity and Inclusion Management Program,” September 9, 2020.

³ Acting Secretary of Defense Memorandum, “Actions to Improve Racial and Ethnic Diversity and Inclusion in the U.S. Military,” December 17, 2020.

⁴ U.S. Senate Committee on Armed Services, Subcommittee on Personnel, “Hearing to Receive Testimony on the Status of Military Recruiting and Retention Efforts Across the Department of Defense,” September 21, 2022.

⁵ The Accession Medical Standards Analysis and Research Activity team issues an annual report that includes a comprehensive analysis of Service member accession and attrition data. According to U.S. Army Medical Research and Development Command personnel, USMEPCOM did not provide the FY 2021 and FY 2022 data until October 2022, so the data will not be published until the FY 2023 report. Therefore, we included the most recent data available from the FY 2022 report. Enlisted applicants exclude officers.

⁶ DoDI 6130.03, “Medical Standards for Military Service: Appointment, Enlistment, or Induction,” volume 1, June 6, 2022.

From FY 2021 through FY 2022, the Services processed 54,206 medical waiver requests, approved 41,946 (77 percent) requests, and denied 12,242 (23 percent) requests from active duty enlisted applicants.⁷ Table 1 shows the total number of medical waivers that were processed, approved, and denied by each of the Services.⁸

Table 1. Medical Waivers Processed, Approved, and Denied for Active Duty Enlisted Applicants from FY 2021 Through FY 2022, by Service

Military Service	Number of Medical Waivers		
	Processed	Approved	Denied
Army	18,788	12,972 (69%)	5,816 (31%)
Navy	17,538	14,696 (84%)	2,842 (16%)
Air Force	9,756*	6,323 (65%)	3,415 (35%)
Marine Corps	8,124	7,955 (98%)	169 (2%)
Total	54,206	41,946 (77%)	12,242 (23%)

*The Air Force removed duplicate entries from its data; therefore, the number of medical waivers approved and denied does not total the number of medical waivers processed.

Source: The DoD OIG.

Per the scope of our review, we also requested the number of active duty enlisted applicants that MEPS permanently disqualified from October 1, 2020, through September 30, 2022. However, USMEPCOM personnel stated that due to system limitations they could not provide the data for only active duty enlisted applicants, excluding officer, National Guard, and Reserve Component applicants. Therefore, we could not determine whether differences existed between the number of active duty enlisted applicants permanently disqualified by USMEPCOM and the number of active duty enlisted medical waivers processed by the Services.

Medical Processing and Waiver Authority for Active Duty Enlisted Applicants

DoDI 6130.03, volume 1, establishes medical screening policy and procedures that identify medical conditions that may permanently disqualify an applicant from military service. However, DoDI 6130.03, volume 1, also states that it is DoD policy to “allow applicants who do not meet the physical and medical standards ... to

⁷ Active duty applicants exclude National Guard and Reserve applicants.

⁸ Although we noted the variances between the Services’ medical waiver approval and denial rates, we did not make any comparisons of or conduct further inquiry or analysis regarding these rate variances because this was outside the scope of our review. We may consider reviewing the variances between the Services in future DoD OIG oversight work.

be considered for a medical waiver.” Each Service’s waiver authority reviews the permanently disqualified applicant’s physical and medical information and approves or denies the medical waiver based on the mission of the Services and the retainability and deployability of the applicant.⁹ The service waiver authority will make medical waiver determinations based on all available information on the medical issue or condition.

U.S. Military Entrance Processing Command Roles and Responsibilities

According to USMEPCOM, the medical review process for an active duty enlisted applicant begins when the service recruiter assists the applicant in completing Department of Defense Form (DD Form) 2807-2, “Accessions Medical History Report.”¹⁰ The DD Form 2807-2 instructs the applicant to indicate certain current or past medical conditions. USMEPCOM Regulation (UMR) 40-1 states that the applicant’s packet is simple or complex depending on the medical conditions listed by the applicant.¹¹ The recruiter submits the form to the service liaison who uploads it into the USMEPCOM Integrated Resource System. Then, a USMEPCOM human resource assistant creates the applicant’s health record and uploads the form into the Military Health System (MHS) GENESIS. MHS GENESIS is a new, electronic health record system that provides a single health record for Service members.

Applicants with a simple packet are generally scheduled within 48 hours for a MEPS medical examination. However, for complex packets, MEPS medical technicians use the Joint Health Information Exchange (HIE) to search the applicant’s medical history. In MHS GENESIS, the HIE enables MEPS personnel to access health care information from participating DoD, Federal, and private sector medical personnel.¹² The MEPS medical technicians review MHS GENESIS to identify potentially disqualifying medical conditions. If MEPS personnel determine additional medical information is needed for a disqualifying medical condition,

⁹ Retainability is the likelihood that an applicant will complete required training and an initial period of contracted service in the Military. Deployability is the ability of an applicant to travel to an operational area and successfully execute the mission without geographical limitations. We developed these definitions based on information contained in DoDI 6130.03, volume 1 and the interviews held with personnel from the Services during the review.

¹⁰ The DD Form 2807-2 assists recruiters in the medical pre-screening of applicants. Each individual requiring medical processing in accordance with DoD Instruction 6130.03, “Medical Standards for Appointment, Enlistment, or Induction in the Military Services,” completes the form to facilitate accurate medical processing of individuals applying for service in the Military.

¹¹ UMR 40-1, “Medical Services Medical Qualification Program,” December 15, 2020.

¹² According to USMEPCOM personnel, MHS GENESIS is connected to approximately 70 percent of the civilian HIE networks across the country; however, the information shared between these networks is variable. For example, the medical history obtained may include a prescription or a single doctor’s note, rather than the applicant’s entire medical history. A USMEPCOM official stated that the thoroughness of the HIE varies depending on the applicant’s location. For example, in major cities like Los Angeles, California it is common for the HIE to contain 100 percent of the applicant’s medical history.

then a request is made to the applicant to provide additional information. Once MEPS medical personnel determine they have sufficient information to make a qualification decision, the applicant is scheduled for a MEPS medical examination.

Medical personnel perform an exam of the applicant and review the applicant's medical history and medical conditions. If the applicant has a simple packet, MEPS medical personnel review the HIE medical documentation for the first time during the examination. For both simple and complex packets, MEPS medical personnel determine whether the applicant is qualified, disqualified, needs more medical documentation, or needs a specialty medical consultation. If MEPS medical personnel determine that the applicant is permanently disqualified because of a medical condition, a service liaison must submit a medical waiver request for further consideration by the service waiver authority.

Finding

The Services Could Improve the Medical Waiver Process by Tracking Data

The Services’ processes to review and approve medical waivers were similar. However, the Services’ processes did not include tracking whether active duty enlisted applicants who were permanently disqualified requested a waiver, or were encouraged to pursue one; nor did the Services track the reason a waiver was not requested. This occurred because the Services had no requirement to track this data. By tracking the reasons for not processing a medical waiver, the Services could better understand barriers to entering military service, inform change to recruiting processes, and improve outcomes for active duty enlisted applicants.

The Military Services Used Similar Processes for Reviewing and Approving Waivers

Based on our discussions with personnel from USMEPCOM and the Services, we concluded that the Services used similar processes for reviewing and approving medical waivers. Additionally, some Services identified best practices or implemented new programs to improve the waiver review process and enable processing in a more timely manner. Table 2 shows a comparison of the Services’ medical waiver processes for active duty enlisted applicants.¹³

Table 2. Medical Waiver Processing of Active Duty Enlisted Applicants

Military Service	Number of Waiver Reviewers	Average Waiver Review Time	Decision Guides*	How Applicants Are Notified of Waiver Denial
Army	12	1 to 2 days	Yes	Recruiter
Navy	9	1 day	Yes	Liaison Officer/ Recruiter
Air Force	10	8 to 9 days	Yes	Recruiter
Marine Corps (BUMED)	8	1 to 2 days	Yes	Recruiter

*Decision guides contain information used by each service waiver authority to make determinations on applicant medical suitability for military service.

Source: The DoD OIG.

¹³ Although we noted the variance between the Services’ average waiver review time, we did not make any comparisons of or conduct further inquiry or analysis regarding these review time variances because this was outside the scope of our review. We may consider reviewing the variances between the Services in future DoD OIG oversight work.

Army

The USAREC Command Surgeon's Office is the Army waiver authority. According to Command Surgeon's Office personnel, when MEPS personnel permanently disqualify an Army applicant due to a medical condition, the Army liaisons initiate waiver requests through the Recruiter Zone system. Command Surgeon's Office medical personnel review the applicant's medical documentation and determine whether the applicant is qualified or disqualified, or whether more information is needed. When the Command Surgeon's Office makes a decision, the waiver request is routed to the USAREC Operation Center, which communicates the status of the waiver by e-mail to the recruiting unit for action. If the Command Surgeon's Office denies the applicant's waiver, the recruiter notifies the applicant.

During our review, we identified an Army best practice to improve the Army medical waiver process. Recognizing the need for medical documentation early in the enlistment process, the Command Surgeon's Office initiated an Army prescreen process. The Command Surgeon's Office dedicated five medical personnel to search MHS GENESIS early in the enlistment process for undisclosed medical conditions and documentation that the Army waiver authority will need to make a decision. The goal of the Army prescreen process is to expedite the Command Surgeon's Office review of medical waivers.

Navy

The NRC Accessions Medical Waivers Division is the Navy waiver authority. According to NRC personnel, when MEPS personnel permanently disqualify a Navy applicant due to a medical condition, Navy liaisons and recruiters submit a waiver request through the WebWave system. An Accessions Medical Waiver Division primary reviewer screens the waiver request and identifies the medical conditions for review. A final reviewer then evaluates the applicant's medical documentation and determines whether the applicant is qualified or disqualified, or whether more information is needed. If the Accessions Medical Waiver Division denies an applicant's waiver, the NRC sends a letter to the applicant that lists the disqualifying medical condition and what criteria the applicant failed to meet. A Navy liaison officer or recruiter then contacts the applicant to explain the denial.

During our review, we identified a Navy best practice to improve the Navy medical waiver process. The NRC Enlisted Personnel Recruiting Manual establishes 36 medical conditions that the NRC Accessions Medical Waivers Division will not waive for Navy service.¹⁴ Therefore, applicants who are permanently disqualified by a MEPS for one or more of these 36 medical conditions are not considered for a waiver, reducing the number of waivers needing review by the Accessions Medical Waivers Division.

¹⁴ Navy Recruiting Command Instruction 1130.8M, "Navy Recruiting Manual Enlisted," July 20, 2022. Each Service's waiver authority grants medical waivers based on the mission of the Service and the retainability and deployability of the applicant. The Navy has determined that these 36 conditions do not meet the Navy requirements for enlistment.

Air Force

The Air Force Recruiting Service Accession Medical Waiver Division is the Air Force waiver authority. According to Air Force Recruiting Service personnel, when MEPS personnel permanently disqualify an Air Force applicant due to a medical condition, the Air Force liaison generates a waiver request and transfers it to the Air Force Medical Standards Office through the Air Force Recruiting Information Support System–Legacy system. The Air Force Medical Standards Office ensures the completeness of the waiver request and transfers it to the Air Force Accession Medical Waiver Division. The Accession Medical Waiver Division reviews the applicant’s medical documentation and determines whether the applicant will be granted a waiver. If the Accession Medical Waiver Division needs additional information, it requests the information before making a determination. When the Accession Medical Waiver Division makes a decision, it routes the request through the Air Force Recruiting Information Support System–Legacy system to the recruiter for further action. If the applicant’s waiver is denied, the recruiter contacts the applicant to explain the denial.

Marine Corps

The MCRC is the Marine Corps waiver authority. According to MCRC personnel, when MEPS personnel permanently disqualify a Marine Corps applicant due to a medical condition, the Marine Corps recruiter asks whether the applicant wishes to proceed with the waiver process. If the applicant wishes to continue, the recruiter creates a waiver request and sends it to the applicable Marine Corps district, which forwards it to the MCRC for review. The MCRC reviews the waiver request to ensure that it is complete and forwards the waiver request through the WebWave system to BUMED, which conducts all MCRC medical waiver reviews for the MCRC. A BUMED primary reviewer ensures that the waiver request is in order before transferring it to the secondary reviewer. The secondary reviewer evaluates the applicant’s medical documentation and makes a recommendation to the MCRC on whether the applicant should be granted a waiver. The MCRC can grant or deny the waiver based on the BUMED recommendation. If the applicant’s waiver is denied, the recruiter contacts the applicant to explain the denial.

The Services Need to Improve Tracking to Increase Opportunities for Enlistment During the Medical Waiver Process

The Services could not readily provide all of the requested data for active duty enlisted applicants that MEPS permanently disqualified. We requested from each Service a list of all applicants from October 1, 2020, through September 30, 2022,

who received a permanent disqualification for a medical condition listed in DoDI 6130.03, volume 1. Specifically, for each permanently disqualified applicant we requested whether:

- a waiver was recommended or requested, and the reason a waiver was not recommended or requested;
- the waiver was approved; and
- the recruit is still an active duty member of the Service after receiving a medical waiver.

However, the Services did not track whether active duty enlisted applicants who were permanently disqualified requested a waiver, or were encouraged to pursue one; nor did the Services track the reason a waiver was not requested.

- USAREC personnel stated that they do not track applicants permanently disqualified at MEPS who did not request a medical waiver, nor do they document the reason for not seeking a waiver. According to USAREC personnel, the Army is trying to gather information on how many individuals withdrew from the Army accessions process due to extended medical waiver time frames. USAREC personnel stated that understanding why individuals withdrew from the Army accessions process can be challenging because recruiters do not always communicate to USAREC when an applicant has decided not to pursue joining the Army and the reason for that decision. Additionally, we could not determine whether the data provided by the Army included applicants who did not seek a waiver.
- NRC personnel stated that a single system to extract the data we requested does not exist. Also, the Navy's data did not include applicants who did not seek a waiver. However, NRC personnel stated that the enlisted recruiting manual lists 36 conditions that the NRC will not waive. If USMEPCOM disqualifies an applicant for 1 of those 36 conditions, the NRC would not process a waiver request for the applicant and would not track those individuals.
- Air Force Recruiting Service personnel stated that the Air Force liaison might not submit a medical waiver for all applicants disqualified by MEPS because the applicants may not wish to continue the accession process. Additionally, the data provided by the Air Force did not include applicants who did not seek a waiver, because the Air Force does not track those individuals.
- MCRC personnel stated that medical waiver requests are based on the medically disqualified applicant's desire to move forward with the additional steps required for waiver consideration. However, BUMED personnel stated that in the past, their office received inquiries for

applicants whom BUMED never reviewed for medical waivers, which indicates that the MCRC did not submit the medical waivers to BUMED. Additionally, the data provided by the Marine Corps did not include applicants who did not seek a waiver, because the Marine Corps does not track those individuals.

The Services are not required to track whether a waiver was recommended or requested in addition to the reason a waiver was not requested for applicants. However, the length of time it takes USMEPCOM and the Services to review applicant medical information, as well as other processing requirements, affect whether an applicant remains in the accession pipeline. Understanding these barriers to entering military service is integral to inclusion. If an applicant was unable to obtain a waiver from one Service, the applicant can apply to and seek a waiver from a different Service. Although the applicant can decide to apply to more than one Service, the Services should track and analyze the barriers related to the medical waiver process to maximize opportunities for enlistment across the Services. Understanding these reasons better could help the Services improve the applicant experience and increase recruiting numbers at a time when the Services face recruiting challenges.

Observations

We made additional observations related to the medical review process for active duty enlisted applicants during our review. We are providing these observations to assist DoD leadership in improving the Services' ability to process medical waivers for recruitment. We identified challenges within two main areas: Guidance and MHS GENESIS system operability.

Reported Guidance Challenges

USMEPCOM did not update their policies and procedures consistently for medical processing to reflect the use of MHS GENESIS and HIE. Implementing MHS GENESIS resulted in an electronic process, meaning the recruiter and applicant no longer provide paper medical documentation before the applicant goes to a MEPS. USMEPCOM updated the USMEPCOM Supporting Medical Documentation Review Program Standard Operating Procedure on December 19, 2022, to include language on MHS GENESIS. However, USMEPCOM did not update UMR 40-1 to include policies and procedures related to MHS GENESIS. For example, UMR 40-1 states that MEPS will not accept any applicant's DD Form 2807-2 that is missing required signatures or supporting medical documentation. According to USMEPCOM personnel, HIE information is now obtained at MEPS for the applicant, and no supporting documentation is required when the applicant submits the DD Form 2807-2.

Reported MHS GENESIS System Operability Challenges

All of the Services agreed that MHS GENESIS has been advantageous for accessing applicant medical history that an applicant might not have disclosed. However, the Services also discussed challenges associated with access to those medical records within MHS GENESIS. Because of these challenges, USAREC, the Air Force Recruiting Service, and BUMED experienced delays in medical waiver processing times ranging from 9 to 40 days. The Services overcame the extended review times by reassigning personnel and prioritizing active duty, enlisted waiver reviews. The Services collectively identified the following challenges.

- The medical history in the HIE is often incomplete or contains insufficient information to make a waiver determination, requiring the service waiver authorities to request additional documentation and delaying the medical waiver review.
- USMEPCOM replaced the DD Form 2808, used to document the applicant's medical history and examination, with a clinical note in MHS GENESIS. Some of the Services stated that the information in the DD Form 2808 was easy to identify and personnel consistently knew where to look for information needed to make waiver determinations. The Services also stated that the documentation in MHS GENESIS is not in a user-friendly format and lacks a standard naming convention that allows users to easily identify, sort, and request documents needed to make waiver determinations.

To address the reported system operability challenges of the Services, USMEPCOM officials stated that they developed a MEPS workflow that allows easier access to the applicant's medical information in MHS GENESIS. For example, the MEPS workflow provides an additional menu next to the standard MHS GENESIS menu and provides easily accessible links for key medical information such as vision, hearing, and DD Form 2807-2 notes. A USMEPCOM official stated that they demonstrated the MEPS workflow to training personnel, recruiters, and Service liaisons at a recent Air Force conference.

In addition, the Services also discussed challenges associated with the timing of requesting specialty medical consultations. Before the DoD implemented MHS GENESIS, USMEPCOM often requested specialty medical consultations to gather additional medical information for the Services before permanently disqualifying an applicant. With the implementation of MHS GENESIS, USMEPCOM stopped requesting many specialty medical consultations, enabling the Services to submit waiver application packages faster. However, this added an extra step to the waiver process for instances where the Service waiver authority reviewed the

medical waiver and needed more information. The Service waiver authority had to send the waiver package back to USMEPCOM to request a specialty consultation, which extended the medical waiver review process for the applicant.

To address the issue of specialty consultations, USMEPCOM personnel stated that USMEPCOM surveyed the Services for input on the top 50 medical conditions that required a consultation. USMEPCOM asked the Services to indicate the medical conditions for which they would request a specialty consultation, the type of specialty consultation required, and whether they wanted MEPS providers to order those specialty consultations before the Service liaison processes waiver requests.

Management Comments on the Background and Our Response

The Under Secretary of Defense for Personnel and Readiness provided comments for clarity on the report content in the background related to waiver authority responsibilities, the process for screening an applicant, and the process for creating an applicant file. We considered the comments and made appropriate changes to the 'Medical Processing and Waiver Authority for Active Duty Enlisted Applicants' and 'U.S. Military Entrance Processing Command Roles and Responsibilities' sections of the Background.

Recommendations, Management Comments, and Our Response

Recommendation 1

We recommend that the Commanding General of the U.S. Army Recruiting Command establish a tracking mechanism to capture data on applicants medically disqualified by the U.S. Military Entrance Processing Command to ensure that potentially eligible applicants are provided a choice of whether to proceed with a medical waiver request, and document the reasons a waiver was not requested to inform change to recruiting processes.

U.S. Army Recruiting Command Comments

The Commanding General, U.S. Army Recruiting Command, agreed with the recommendation and stated that the U.S. Army Recruiting Command would implement processes to track the recommended applicant data beginning in FY 2024.

Our Response

Comments from the Commanding General addressed the specifics of the recommendation; therefore, the recommendation is resolved but will remain open. We will close the recommendation once we verify that the new tracking processes have been implemented. We request that the U.S. Army Recruiting Command provide the DoD OIG with documentation showing the new processes for tracking the recommended applicant data.

U.S. Army Training and Doctrine Command Comments

Although not required to comment, the Deputy Commanding General/Chief of Staff, U.S. Army Training and Doctrine Command agreed with the recommendation and stated that the U.S. Army Recruiting Command will provide a corrective action plan no later than November 10, 2023. The Deputy Commanding General also requested a DoD-level review of the entire medical waiver process to include the availability of consultations because the U.S. Army Recruiting Command's analysis of the complete medical waiver processing time shows it could take up to 70 days or longer for the necessary consultations required to determine a waiver.

Our Response

We appreciate the Deputy Commanding General's concurrence on the recommendation and request for further review of the entire medical waiver process. Reviewing the availability of consultations was outside the scope of this review; however, we may consider reviewing other areas of the medical waiver process, including the availability of consultations, in future DoD OIG oversight work.

Recommendation 2

We recommend that the Commander of the Navy Recruiting Command establish a tracking mechanism to capture data on applicants medically disqualified by the U.S. Military Entrance Processing Command to ensure that potentially eligible applicants are provided a choice of whether to proceed with a medical waiver request, and document the reasons a waiver was not requested to inform change to recruiting processes.

Navy Recruiting Command Comments

The Executive Director, Navy Recruiting Command, responding for the Commander, Navy Recruiting Command, agreed with the recommendation and stated that the Navy Recruiting Command would determine whether existing code within the PRIDEMOD II (applicant tracking system) could be repurposed by 4th quarter of FY 2023.

Our Response

Comments from the Executive Director addressed the specifics of the recommendation; therefore, the recommendation is resolved but will remain open. We will close the recommendation once we verify that the new tracking field has been added to the applicant tracking system. We request that the Navy Recruiting Command provide the DoD OIG with a screenshot of the applicant tracking system showing the new tracking field.

Recommendation 3

We recommend that the Commander of the Air Force Recruiting Service establish a tracking mechanism to capture data on applicants medically disqualified by the U.S. Military Entrance Processing Command to ensure that potentially eligible applicants are provided a choice of whether to proceed with a medical waiver request, and document the reasons a waiver was not requested to inform change to recruiting processes across the Services.

Air Force Recruiting Service Comments

The Deputy Commander, Air Force Recruiting Service, replying for the Commander, Air Force Recruiting Service, agreed with the recommendation and stated that the Air Force Recruiting Service would initiate a change to the recruiting information system. The goal would be to create a field where recruiters will document if a disqualified applicant chooses not to proceed with a waiver and the reasoning why not. The Deputy Commander stated the changes should be implemented within 4 to 6 months.

Our Response

Comments from the Deputy Commander addressed the specifics of the recommendation; therefore, the recommendation is resolved but will remain open. We will close the recommendation once we verify that the new tracking field has been added to the recruiting information system. We request that the Air Force Recruiting Service provide the DoD OIG with a screenshot of the new tracking field within the system.

Recommendation 4

We recommend that the Commanding General of the Marine Corps Recruiting Command establish a tracking mechanism to capture data on applicants medically disqualified by the U.S. Military Entrance Processing Command to ensure that potentially eligible applicants are provided a choice of whether to proceed with a medical waiver request, and document the reasons a waiver was not requested to inform change to recruiting processes.

Marine Corps Recruiting Command Comments

The Commanding General, Marine Corps Recruiting Command, agreed with the recommendation and stated that the Marine Corps Recruiting Command will continue to encourage applicants to move forward in the enlistment process and has no reason to discourage applicants. However, they stated that establishing a tracking mechanism for applicants cannot be implemented in the current recruiting information system. The Commanding General stated that engineering those accommodations into future systems is a possibility. Also, the Marine Corps Recruiting Command will continue to encourage the DoD medical standard working groups to evaluate medical qualification standards and remove barriers so that more applicants are medically eligible for military service.

Our Response

Comments from the Commanding General partially addressed the recommendation; therefore, the recommendation is unresolved. We appreciate the Marine Corps Recruiting Command's encouragement for the DoD medical standards working groups to remove barriers so that more applicants are medically eligible for military service, and for applicants to move forward in the enlistment process through evaluation of a medical waiver. However, as stated in the report, the Marine Corps does not track those individuals that do not move forward with a waiver and does not document the reason why a waiver was not requested. We understand the stated recruiting information system limitations; however, the Marine Corps Recruiting Command needs to develop an alternate tracking method to ensure applicants are given the choice to proceed with a medical waiver request and document the reason a waiver was not requested. Tracking this information will help the Marine Corps identify barriers in the medical waiver process. Therefore, we request that the Commanding General provide comments on the final report within 30 days. Those comments should describe the specific actions that the Marine Corps Recruiting Command will take to develop a tracking method to ensure applicants are given the choice to proceed with a medical waiver request and document the reason a waiver was not requested.

Recommendation 5

We recommend that the Commander of the U.S. Military Entrance Processing Command update U.S. Military Entrance Processing Command Regulation 40-1 to incorporate changes to policy and procedure due to the implementation of the Military Health System GENESIS.

U.S. Military Entrance Processing Command Comments

The Commander, U.S. Military Entrance Processing Command, agreed with the recommendation and stated that the U.S. Military Entrance Processing Command Regulation 40-1 is in review and incorporates changes to the application medical accession process as a result of implementing MHS GENESIS. Supplemental guidance is currently available for the Military Entrance Processing Stations and for the information of Service recruiting commands and medical waiver authorities. The updated version of the supplemental guidance, “Applicant Medical Evaluation Standard Operating Procedures,” will be effective May 15, 2023.

Our Response

Comments from the Commander addressed the specifics of the recommendation; therefore, the recommendation is resolved but will remain open. We will close the recommendation once we verify that U.S. Military Entrance Processing Command Regulation 40-1 incorporates changes to the application medical accession process as a result of MHS GENESIS. We request that the U.S. Military Entrance Processing Command provide the DoD OIG with U.S. Military Entrance Processing Command Regulation 40-1 when it issues the update.

Recommendation 6

We recommend that the Commander of the U.S. Military Entrance Processing Command:

- a. Disseminate the Military Entrance Processing Station Workflow to all of the Service recruiting commands and medical waiver authorities.**
- b. Develop and implement a plan to conduct training on use of the Military Entrance Processing Station Workflow with the Service recruiters, liaisons, medical technicians, and waiver authorities as appropriate.**

U.S. Military Entrance Processing Command Comments

The Commander, U.S. Military Entrance Processing Command, agreed with the recommendation and stated that the U.S. Military Entrance Processing Command shared the MEPS workflow with the Service recruiting commands and medical waiver authorities during multiple biweekly and monthly meetings, conferences, and working groups. The U.S. Military Entrance Processing Command held the most recent conference with all Service recruiting commanders from March 28, 2023, to March 30, 2023. In addition, the U.S. Military Entrance Processing Command has scheduled, or made efforts to schedule training, with the Services after it issues the “Applicant Medical Evaluation Standard Operating Procedures” on May 15, 2023.

Our Response

Comments from the Commander addressed the specifics of the recommendations; therefore, the recommendations are resolved but will remain open. We will close the recommendations once the U.S. Military Entrance Processing Command provides the DoD OIG with the Recruiting Commanders/Operations Conference roster and documentation used to demonstrate the MEPS workflow. In addition, to close the recommendation the U.S. Military Entrance Processing Command should provide the full MEPS workflow training schedule or documentation of the coordinated plan for the training to the Service recruiting commands and medical waiver authorities.

Management Comments

U.S. Army Recruiting Command



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY RECRUITING COMMAND AND FORT KNOX
1307 THIRD AVENUE
FORT KNOX, KENTUCKY 40121-2725

RCCG (614-100a1)

20 April 2023

*MRS 26 Apr 23
Concur w/ Comment.*

MEMORANDUM THRU Headquarters, Training and Doctrine Command (TRADOC),
Fort Eustis, VA 23604

FOR Office of the Inspector General, Department of Defense, 4800 Mark Center Dr,
Alexandria, VA 22350-1500

SUBJECT: Response to DODIG Draft Report: Review of the Military Services' Policies
and Procedures on the Medical Waiver Process for Recruiting (Project No. D2023-
D0DIEM-0005.000)

1. DODIG released the draft report on 27 March 2023 and requested responses of Concur or Non-Concur regarding proposed recommendations. Concur requires description of a corrective action plan. Non-Concur requires comments as well as proposed alternative corrective actions.
2. TRADOC and USAREC acknowledge that responses to this review will be attached to the final report.
3. Recommendations

a. **Recommendation1:** We recommend that the Commanding General of the U.S. Army Recruiting Command establish a tracking mechanism to capture data on applicants medically disqualified by the U.S. Military Entrance Processing Command to ensure that potentially eligible applicants are provided a choice of whether to proceed with a medical waiver request and document the reasons a waiver was not requested to inform change to recruiting processes.

(1) Concur / Non-Concur

(2) Comments (optional): Concur with recommendation 1, USAREC will put processes in place to tracking this data beginning in FY24.

4. The point of contact for this memorandum is [REDACTED]

Encl
Stakeholder Comments Spreadsheet

JOHNNY K. DAVIS
Major General
Commanding General

U.S. Army Training and Doctrine Command



DEPARTMENT OF THE ARMY
 HEADQUARTERS, UNITED STATES ARMY TRAINING AND DOCTRINE COMMAND
 950 JEFFERSON AVENUE
 FORT EUSTIS, VIRGINIA 23604-5700

ATIG (614-100a1)

1 May 2023

MEMORANDUM FOR Office of the Inspector General, Department of Defense, 4800 Mark Center Drive, Alexandria, VA 22350-1500

SUBJECT: Response to DODIG Draft Report: Review of the Military Services' Policies and Procedures on the Medical Waiver Process for Recruiting (Project No. D2023-DODIEM-0005.000)

1. DODIG released the draft report on 27 March 2023, and requested responses of Concur or Non-Concur regarding proposed recommendations.
2. TRADOC acknowledges that responses to this review will be attached to the final report.
3. Recommendations:

Recommendation 1: We recommend that the Commanding General of the U.S. Army Recruiting Command (USAREC), establish a tracking mechanism to capture data on applicants medically disqualified by the U.S. Military Entrance Processing Command to ensure that potentially eligible applicants are provided a choice of whether to proceed with a medical waiver request and document the reasons a waiver was not requested to inform change to recruiting processes.

a. Concur with recommendation 1. USAREC will provide a corrective action plan no later than 10 November 2023.

b. Comment: TRADOC requests a DoD-level review of the entire medical process to include the availability of consults currently provided by the Logistics Health Incorporated contract. USAREC's analysis of the complete medical processing time indicates it could take up to 70 days or longer (depending on the complexity), for the necessary consults or additional documentation required to determine a waiver.

4. The point of contact for this memorandum is [REDACTED]

MARIA R. GERVAIS
 Lieutenant General, U.S. Army
 Deputy Commanding General/
 Chief of Staff

Navy Recruiting Command



DEPARTMENT OF THE NAVY
NAVY RECRUITING COMMAND
5722 INTEGRITY DR.
MILLINGTON, TN 38054-5057

5740
Ser 00ED/828
13 Apr 23

From: Commander, Navy Recruiting Command
To: Department of Defense, Office of the Inspector General

Subj: PROPOSED REPORT OF REVIEW OF THE MILITARY SERVICES'
POLICIES AND PROCEDURES ON THE MEDICAL WAIVER PROCESS FOR
MILITARY RECRUITING (PROJECT NO. D20203-DODIEM-0005.000)

Ref: (a) DoDIG Review of the Military Services' Policies and Procedures on the
Medical Waiver Process for Recruiting (Project No. D2023-DODIEM-0005.000)
(b) Accession Medical Standards Analysis and Research Activity 2020 Annual Report

Encl: (1) IG Form 5200.01-2, Request for Security Markings Review (sep cover)
(2) Spreadsheet for Stakeholder Comments (sep cover)
(3) Service Medical Waiver Review Authority Division Hierarchy

1. Per reference (a), enclosures (1) and (2) are forwarded as requested. Following a review of reference (a), Navy Recruiting Command (NAVCRUITCOM) provides the following response to its assigned recommendation. Comments for clarification and/or amplifying information of annotated statements contained within the draft report are provided in enclosures (2) and (3).

a. Recommendation two (reference (a), page 12), "We recommend that the Commander of the Navy Recruiting Command establish a tracking mechanism to capture data on applicants medically disqualified by the U.S. Military Entrance Processing Command to ensure that potentially eligible applicants are provided a choice of whether to proceed with a medical waiver request, and document the reasons a waiver was not requested to inform change to recruiting processes."

(1) NAVCRUITCOM concurs with recommendation 2.

(2) NAVCRUITCOM is investigating the feasibility of adding disposition codes for applicants who require medical waivers, regardless of waiver approval/disapproval decision, with the PRIDEMOD II (applicant tracking system) developer. Initial indications are that, by repurposing existing code, it is possible and could be implemented by the 4th quarter of fiscal year 2023.

2. The POC for this matter is [REDACTED]


K. D. SULLIVAN
Executive Director

Copy to:
NETC IG (w/ref (a))
BUPERS IG (w/ref (a))

Air Force Recruiting Service



DEPARTMENT OF THE AIR FORCE
WASHINGTON, DC

OFFICE OF THE ASSISTANT SECRETARY

10 May 2023

MEMORANDUM FOR DEPARTMENT OF DEFENSE INSPECTOR GENERAL

FROM: HQ Air Force Recruiting Service
550 D St West, Suite 1
JBSA-Randolph, TX 78148

SUBJECT: Air Force Response to DoD Office of Inspector General Draft Report, "Review of the Military Services' Policies and Procedures on the Medical Waiver Process for Recruiting" (Project No. D2023-D0DIEM-0005.000)

1. This is the Department of the Air Force response to the DoDIG Draft Report, "Review of the Military Services' Policies and Procedures on the Medical Waiver Process for Recruiting" (Project No. D2023-D0DIEM-0005.000). The Air Force Recruiting Service (AFRS) concurs with the report as written and welcomes the opportunity to further refine and improve the Medical Waiver Process for new accessions.

2. AFRS in coordination with AETC will correct issues identified in this report that pertain to Air Force accessions, and develop and implement a corrective action plan outlined in the following recommendations:

RECOMMENDATION 3: The DoDIG recommends that "the Commander of the Air Force Recruiting Service establish a tracking mechanism to capture data on applicants medically disqualified by the U.S. Military Entrance Processing Command to ensure that potentially eligible applicants are provided a choice of whether to proceed with a medical waiver request and document the reason a waiver was not requested to inform change to recruiting processes across the services.

AIR FORCE RESPONSE: AFRS concurs with this recommendation and will begin actions to implement the suggested change. We will initiate a System Change Request to our recruiting information system to create a field where recruiters will document all actions following a medical disqualification. Instructions will be updated in our Standard Operating Procedures Guidance to require recruiters to document if a disqualified applicant chooses not to proceed with a waiver and the reasoning why not. These changes should be implemented within 4-6 months to allow for system changes to be completed.

3. The AFRS point of contact is [REDACTED]

LISA M. CRAIG
Brigadier General, USAF
Deputy Commander

Marine Corps Recruiting Command

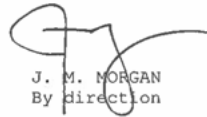


UNITED STATES MARINE CORPS
MARINE CORPS RECRUITING COMMAND
3280 RUSSELL ROAD
QUANTICO, VA 22134-5103

1100
CG
17 Apr 2023

From: Commanding General
To: Department of Defense, Office of the Inspector General
Subj: REVIEW OF DODIG DRAFT REPORT PROJECT NO. D2023-DODIEM-0005.000
Encl: (1) Copy of MCRC response on recommendation

1. The draft report was reviewed with the approved ammended response attached.



J. M. MORGAN
By direction

Marine Corps Recruiting Command (cont'd)

**DODIG DRAFT REPORT DATED MARCH 27, 2023
PROJECT NO. D2023-D0DIEM-0005.000**

**“REVIEW OF THE MILITARY SERVICES’ POLICIES AND PROCEDURES ON THE
MEDICAL WAIVER PROCESS FOR RECRUITING”**

**UNITED STATES MARINE CORPS COMMENTS
TO THE DODIG RECOMMENDATION**

RECOMMENDATION 4: DODIG recommends that the Commanding General of the Marine Corps Recruiting Command establish a tracking mechanism to capture data on applicants medically disqualified by the U.S. Military Entrance Processing Command to ensure that potentially eligible applicants are provided a choice of whether to proceed with a medical waiver request, and document the reasons a waiver was not requested to inform change to recruiting processes.

USMC RESPONSE: Concur with the recommendation to inform change to the recruiting process. We welcomed the opportunity to provide an overview of the medical waiver process utilized by Marine Corps Recruiting Command (MCRC) to the inspection team. As stated in the report, applicants that are found medically disqualified by the MEPS are evaluated for a waiver. The report also confirms a medical waiver is forwarded on Marine Corps applicants that desire to move forward in the enlistment process. We will continue to encourage applicants to take that step and have no reason to discouraging them from taking that action. Establishing a tracking mechanism on applicants as recommended cannot be implemented in our current recruiting information support system. Potentially, accommodations can be engineered into future systems. In the meantime, we will continue to encourage the chartered DoD medical standard working groups to evaluate medical qualification standards and policies to remove barriers so that more applicants, who desire to serve, are medically eligible for military service.

Prepared by: J. M. Morgan, Col, USMC, Chief of Staff, MCRC
Approved by: W.J. Bowers, MajGen, USMC, Commanding General, MCRC

U.S. Military Entrance Processing Command



DEPARTMENT OF DEFENSE
HEADQUARTERS, UNITED STATES MILITARY ENTRANCE PROCESSING COMMAND
2834 GREEN BAY ROAD
NORTH CHICAGO, ILLINOIS 60064-3091

APR 17 2023

MEDC-IR

MEMORANDUM FOR DIRECTOR, STRATEGIC OUTREACH AND REPORTING,
DIVERSITY AND INCLUSION AND EXTREMISM IN THE
MILITARY, OFFICE OF THE INSPECTOR GENERAL

SUBJECT: U.S. Military Entrance Processing Command (USMEPCOM) Response to the
Review of the Military Services' Policies and Procedures on the Medical Waiver
Process for Recruiting (Project No. D2023-D0DIEM-0005.000)

The response to Project No. D2023-D0DIEM-0005.000 regarding recommendations for 5
and 6 in the draft report is below:

DoD OIG Recommendation 5: We recommend that the Commander of the U.S. Military
Entrance Processing Command update U.S. Military Entrance Processing Command Regulation
40-1 to incorporate changes to policy and procedure due to the implementation of the Military
Health System GENESIS.

USMEPCOM Response: Concur with Recommendation 5. USMEPCOM Regulation
(UMR) 40-1 is in review and update currently to incorporate changes to the applicant medical
accession process that have been instituted with the rollout of MHS GENESIS. In the interim,
USMEPCOM has published formal supplemental guidance outlining applicant medical
processing utilizing MHS GENESIS for its Military Entrance Processing Stations (MEPS) and
for the information of Service recruiting commands and medical waiver authorities. The current
version of this supplemental guidance *Medical Processing Guidance: MHS GENESIS*, has been
in place since MHS GENESIS rollout on March 10, 2022. Update 6 of this guidance has been in
effect since May 9, 2022. The updated version of this supplemental guidance *Applicant Medical
Evaluation Standard Operating Procedures (AMESOP)* is in review and set to become effective
May 15, 2023.

DoD OIG Recommendation 6: We recommend the Commander of the U.S. Military
Entrance Processing Command:

- a. Disseminate the Military Entrance Processing Station Workflow to all of the Service
recruiting commands and medical waiver authorities.
- b. Develop and implement a plan to conduct training on use of the Military Entrance
Processing Station Workflow with the Service recruiters, liaisons, medical technicians, and
waiver authorities as appropriate.

USMEPCOM Response – 6a: Concur with Recommendation 6a. MEPS workflow has
been disseminated to Service recruiting commands and medical waiver authorities several times
since *Medical Processing Guidance: MHS GENESIS* was released to include:

U.S. Military Entrance Processing Command (cont'd)

- Multiple biweekly and monthly USMEPCOM/recruiting partner working groups
- The Defense Accession Data Systems Integration Working Group (DADSIWG) comprised of representatives of Service recruiting partners from August 30-September 2, 2022.
- Multiple engagements with Army recruiting leadership and waiver authorities in discussions of the rollout of the Army prescreen pilot from October 2022 to the present.
- The Air Force Medical Process Improvement Conference from December 5-12, 2022 with an audience of medical waiver authorities from all Services as well as the Air Force recruiting leadership.
- The Defense Accession Data Systems Integration Working Group (DADSIWG) comprised of representatives of Service recruiting partners from March 28-31, 2023.
- The Recruiting Commanders/Operations Conference comprised of O6 recruiting commanders across all the Services from March 28-30, 2023.

USMEPCOM Response – 6b: Concur with Recommendation 6b with the following change: develop and **offer the Services** a plan to conduct training on the use of MEPS workflow with the Service recruiters, liaisons, medical technicians, and waiver authorities as appropriate when the AMESOP is released on May 15, 2023. Specifically, Service level training has been scheduled with:

- The United States Coast Guard recruiting and medical waiver authorities on May 22-25, 2023,
- The Army National Guard recruiting and medical waiver authorities, date pending,
- The Navy and Marines recruiting and medical waiver authorities have so far declined formal training events but efforts are ongoing for further engagement with them,

The point of contact for this response is [REDACTED]



Megan B. Stallings
COL, USA
Commanding

Office of the Under Secretary of Defense (Personnel and Readiness)



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

APR 28 2023

MEMORANDUM FOR INSPECTOR GENERAL OF THE DEPARTMENT OF DEFENSE

SUBJECT: Comments on Department of Defense Inspector General Report, "Review of the Military Services' Policies and Procedures on the Medical Waiver Process for Recruiting" (Project No. D2023-DODIEM-0005.000)

I request consideration and incorporation of my office's comments (attached) on the subject report. I concur with comments on recommendations 5 and 6. The Military Departments will be in the best position to provide comments on recommendations 1-4. If you should have any questions, please contact my action officer, [REDACTED]

A handwritten signature in black ink, appearing to read "Gilbert R. Cisneros, Jr.", written in a cursive style.

Gilbert R. Cisneros, Jr.

Attachment:
As stated

Acronyms and Abbreviations

BUMED	U.S. Navy Bureau of Medicine and Surgery
DD Form	Department of Defense Form
DoDI	Department of Defense Instruction
HIE	Health Information Exchange
MCRC	Marine Corps Recruiting Command
MEPS	Military Entrance Processing Station
MHS GENESIS	Military Health System GENESIS
NRC	Navy Recruiting Command
UMR	USMEPCOM Regulation
USAREC	U.S. Army Recruiting Command
USMEPCOM	U.S. Military Entrance Processing Command



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U.S. DEPARTMENT OF DEFENSE

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For more information about DoD OIG reports or activities, please contact us:

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