

**THE UNITED STATES DEPARTMENT OF INTERIOR  
LAW ENFORCEMENT**

**MEDICAL STANDARDS**

**THESE STANDARDS ARE APPLICABLE TO THE FOLLOWING POSITIONS:**

**NATIONAL PARK SERVICE**

**COMMISSIONED PARK RANGERS (Personnel Series 025)  
CRIMINAL INVESTIGATORS (Personnel Series 1811)  
CORRECTIONAL OFFICERS (Personnel Series 007)**

**U.S. FISH AND WILDLIFE SERVICE**

**SPECIAL AGENT (Personnel Series 1812)**

Under 5 CFR Part 339 Medical Qualifications Determinations, medical standards may be established for positions with duties that are arduous or hazardous in nature. The medical standards described in this section are required because of the arduous and hazardous occupational, functional and environmental requirements of the positions covered by these standards. The medical standards are provided to aid the Agency medical reviewing physician and the Department of Interior officials in determining what medical problems may hinder the individual's ability to satisfactorily perform their full range of essential duties without undue risk to himself/herself or others. They are also to be used to ensure consistency and uniformity in the application of these standards.

**Any disease, condition or impairment, not specifically listed in these medical standards, which interferes with the safe, efficient and expected performance of the essential duties and responsibilities may also constitute grounds for medical disqualification.**

These standards will be guided by the considerations set forth in 5 CFR Part 339, Medical Qualifications Determinations. Listed below are examples of medical conditions and/or physical impairments that may be disqualifying. Individualized assessments will be made on a case-by-case basis to determine an individual's ability to meet the performance related requirements of positions covered by these standards. Final consideration and medical determination may require additional medical information and/or testing that is not routinely required during either the pre-placement or periodic medical examination.

An applicant that is unable to obtain a drivers license for any medical reason will not be considered for these Department of Interior law enforcement positions until such time that the

condition is resolved and a drivers license has been issued. Regardless of the re-issuance of a drivers license the applicant must still meet the medical standards outlined in this document.

These medical standards are intended to serve as a general guideline for the safe placement into and the continued working in hazardous and arduous job positions within the Department of Interior law enforcement. Each of the medical standards listed in this document are subject to the clinical interpretation of the condition by the Agency medical reviewing physician who will incorporate his/her knowledge of the job requirements and environmental conditions in which employees must work.

### **VISION STANDARDS**

Any disease or condition which interferes with a person's vision may be considered disqualifying. Cases will be reviewed on a case-by-case basis.

- 1. Uncorrected distant vision must be equal to or better than 20/100 in each eye. (The use of Soft Contact Lenses [SCL] may be considered a reasonable accommodation for candidates who have been successful SCL wearers for at least one year and who wear SCL on duty at all times.)**
- 2. Binocular distant vision must be correctable to 20/20.**
- 3. Monocular vision is disqualifying.**
- 4. Depth Perception must be equal to or better than 70 seconds of arc.**
- 5. Peripheral Vision must be normal.**
- 6. Color vision must be sufficient to pass the Ishihara 15 plate series color vision test or the Farnsworth D-15 color vision test. X-Chrome lenses are not acceptable as a means for correcting color deficiencies.**
- 7. Orthokeratology is acceptable as long as individuals wear their lenses while on duty at all times and meet the above visual acuity requirements for corrected vision. (Orthokeratology involves the use of special hard contact lenses that "mold" the shape of the cornea to reduce myopia. The individual may wear the lenses for a period of time, then remove them to enjoy a period of good vision without the lenses. The lenses are put back into the eyes 1-3 days later when the individuals vision deteriorates.)**

### **CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:**

Ophthalmologic conditions which are particularly susceptible to environmental exposures such as sunlight, dusts, fumes, various volatile compounds may cause an applicant to be disqualified.

1. **REFRACTIVE SURGICAL PROCEDURES (i.e., Radial Keratotomy, Photorefractive surgery [laser], Keratoplasty, etc.)**  
These operative procedures are considered acceptable provided that the individual's vision meets the above standards post-operatively and the operation occurred **AT LEAST ONE YEAR** before application. The individual must be free of post-operative complications. The results of an eye examination by a board-certified Ophthalmologist will be required to insure that vision is not impeded due to post-operative complications such as infection, glare, and contrast-sensitivity.
2. **CHRONIC CONJUNCTIVITIS**  
Due to the possible visual impairment and/or increased susceptibility to environmental exposures which could interfere with the job performance, this condition may result in a medical disqualification.
3. **PTERYGIUM**  
This condition is generally disqualifying if vision is impaired by the growth.
4. **CORNEAL ABRASIONS**  
Because this condition may interfere with visual acuity it is generally disqualifying. The degree of impairment must be determined by an Ophthalmologist.
5. **CORNEAL DYSTROPHY**  
This condition is generally disqualifying if the individual can not meet the outlined Department of Interior law enforcement vision standards. Varying degrees of this condition could sufficiently impair the visual acuity which may result in a medical disqualification.
6. **CORNEAL SCARS**  
This condition is generally disqualifying if the individual can not meet the Department of Interior law enforcement vision standards. Varying degrees of this condition could sufficiently impair the visual acuity which may result in a medical disqualification.
7. **CORNEAL ULCERS**  
This condition is generally disqualifying since essential duties of the position could further exacerbate the condition, in addition to the condition causing impairments of the visual acuity. This condition must be treated and cleared by an Ophthalmologist before any further consideration is given to the applicant.
8. **KERATITIS**  
Any visual impairment associated with keratitis that is likely to interfere with job performance is generally disqualifying.

9. **KERATOCONUS**  
This condition causes a cone shape to the cornea and results in major changes in the refracting power of the eye which necessitates frequent changes in the eyeglass prescriptions. If the visual acuity is currently corrected to the above standards then the applicant would be considered acceptable.
10. **RETINAL DETACHMENT**  
This condition is generally disqualifying due to the serious visual obstruction.
11. **RETINITIS PIGMENTOSA**
12. **LENS OPACITIES**  
This condition could be considered disqualifying if the individual can not meet the Department of Interior law enforcement vision standards.
13. **GLAUCOMA**  
This condition, if confirmed by an ophthalmologist, is generally disqualifying if there is any impairment of peripheral vision.
14. **NIGHT BLINDNESS**

### **THE HEARING STANDARDS**

Any disease or condition which interferes with the ability to hear may be considered disqualifying. Cases will be reviewed on a case-by-case basis.

1. **In the frequency range from 500 - 2,000 hertz (Hz), the deficit should not exceed 30 decibels in either ear.**
2. **At 3,000 Hz the deficit should not exceed 40 decibels in either ear.**
3. **HEARING AIDS: The use of any hearing aid to comply with the medical standards is unacceptable.**

A pure tone audiogram must be performed in an approved sound proof hearing booth that conforms to the American National Standards Institute (ANSI) standards, without hearing aids. The person must be binaural (have hearing in both ears). A whisper test is not acceptable. Additional testing may be required to render a final medical opinion, including, but not limited to a second audiogram separated by a noise-free period of from 15-40 hours, an Otolaryngologist's examination, testing for speech reception threshold and word discrimination (at a presentation level of 50db), and the Hearing In Noise Test (HINT Study).

**OTOLOGICAL CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:**

1. **MENIERE S DISEASE**
2. **VESTIBULAR NEURONITIS**
3. **VERTIGO & PAROXYSMAL POSITIONAL VERTIGO**
4. **ACOUSTIC NEUROMA**
5. **WEGENER S GRANULOMATOSIS**
6. **OTOSCLEROSIS**

\* Any other disease or defect of the ear which adversely affects hearing or equilibrium and which potentially interferes with the safe and efficient job performance is generally disqualifying.

**HEAD, NOSE, MOUTH, THROAT AND NECK STANDARD**

A general examination of the head and neck should be performed during the physical examination. Attention should be given to any skull deformities, loss of bony substance or any evidence of past surgery. Cases will be reviewed on a case-by-case basis.

**CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:**

1. **MUTISM/ APHONIA (INABILITY TO SPEAK)**
2. **ANOSMIA**
3. **ARTIFICIAL LARYNX OR ESOPHAGEAL SPEECH**
4. **FACIAL DEFORMITIES**
5. **TEMPOROMANDIBULAR JOINT SYNDROME (MODERATE TO SEVERE CASES)**
6. **NASAL POLYPS THAT SIGNIFICANTLY OBSTRUCT BREATHING**
7. **RESTRICTED RANGE OF MOTION IN THE NECK**
8. **NECK MASSES, LYMPHADENOPATHY OR TRACHEOSTOMY**

\* Any other chronic disease or condition which significantly interferes with speech or breathing and bears the potential to render the person suddenly incapacitated is generally disqualifying.

**THE PERIPHERAL VASCULAR SYSTEM STANDARD**

Any condition which significantly interferes with peripheral vascular function may be considered disqualifying. The peripheral vascular system involves the veins and arteries of the legs and arms. Cases will be reviewed on a case-by-case basis.

**CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:**

1. **CHRONIC VENOUS INSUFFICIENCY**
2. **DEEP VEIN THROMBOSIS**
3. **CHRONIC THROMBOPHLEBITIS**

**CARDIOVASCULAR SYSTEM STANDARD**

Any disease or condition which interferes with cardiac function may be considered disqualifying. Cases will be reviewed on a case-by-case basis.

**CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:**

1. **PACEMAKERS or PROSTHETIC VALVES** are generally disqualifying. Any other condition or post-surgical management that requires the use of Coumadin or other anti-coagulants is generally disqualifying.
2. **CORONARY ARTERY DISEASE.**
3. **HYPERTENSION** that requires the use of any medication to stabilize the blood pressure may be disqualifying. Systolic blood pressure exceeding 150 and/or diastolic blood pressure exceeding 90 mm Hg may be disqualifying. Confirmation of hypertension will require at least three (3) serial readings of blood pressure. Serial readings must include at least three (3) blood pressure readings taken on different days and should include readings in both arms in a standing, sitting, and recumbent position. Additional testing may be required to render a final medical opinion, including, but not limited to a maximal, symptom-limited exercise stress EKG, dilated fundoscopic exam of the eye to detect hypertensive retinopathy, and a cardiologist evaluation to determine whether there exists any contraindication for vigorous intensity physical exercise. Individuals on medication will have to demonstrate the absence of orthostatic hypotension with blood pressure measurements in the sitting, standing, and lying positions. Anti-hypertensive medication will be evaluated to ensure that safe and efficient job performance will not be adversely affected.
4. **LEFT BUNDLE BRANCH BLOCK.**
5. **MYOCARDITIS/ ENDOCARDITIS/ PERICARDITIS** (Active or recently resolved cases). A past history of these diseases may require additional testing to determine the current capabilities.
6. History of **MYOCARDIAL INFARCTION.**

7. A history of **CARDIAC SURGERY** (depending on the procedure and when it was performed).
8. **VALVULAR HEART DISEASE** such as mitral valve stenosis, mitral valve regurgitation, aortic stenosis, mitral valve prolapse, etc.
9. **DYSRHYTHMIAS**: such as ventricular tachycardia or fibrillation, Wolff-Parkinson-White syndrome, Paroxysmal Atrial Tachycardia with or without block.
10. **CEREBROVASCULAR ACCIDENT** or **TRANSIENT ISCHEMIC ATTACKS**.
11. **PULMONARY EMBOLISM** (within the past six months or if there is a recurrent history or use of anticoagulants).
12. **ANGINA PECTORIS** or chest pain of unknown etiology.
13. **CARDIOMYOPATHY** from any cause.
14. **CONGESTIVE HEART FAILURE**
15. **MARFAN'S SYNDROME**
16. **CONGENITAL ANOMALIES (case-by-case review of clinical presentation)**

### **CHEST AND RESPIRATORY SYSTEM STANDARD**

Any disease or condition which interferes with respiratory function may be considered disqualifying. Cases will be reviewed on a case-by-case basis.

**CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:**

1. **FORCED VITAL CAPACITY (FVC) AND/OR FORCED EXPIRATORY VOLUME AT ONE SECOND (FEV1) THAT IS LESS THAN 70% OF THE EXPECTED VALUE.**
2. **THE FEV1/FVC RATIO SHOULD NOT REFLECT EVIDENCE OF A SIGNIFICANT OBSTRUCTIVE OR RESTRICTIVE DISORDER.**
3. **ASTHMA** currently controlled on any medication is generally disqualifying. A history of asthma after of the age of 12 years must be considered on a case-by-case basis. A person may be requested to submit to take a Methacholine challenge test, exercise stress treadmill test, or other diagnostic assessment prior to making final recommendations.

4. **ACTIVE PULMONARY TUBERCULOSIS (TB):** A history of confirmed TB that has been treated for longer than 6 months is acceptable provided that documentation supports the treatment history. Additionally, diagnostic studies may be required following the case evaluation. Evidence of significant lung destruction in fully treated cases will be evaluated on a case-by-case basis. Any case of **active TB** would delay medical qualification until a sufficient period of time has passed to render the person non-communicable and documentation must be provided to show evidence of medical regimen compliance.
5. **HISTORY OF CHRONIC BRONCHITIS ASSOCIATED WITH DECREASED PFT RESULTS.**
6. **LUNG ABSCESS**
7. **SPONTANEOUS PNEUMOTHORAX** (if recurrent)
8. **EMPHYSEMA**
9. **SARCOIDOSIS** (if associated with an impaired pulmonary function)
10. **PULMONARY EMBOLISM**
11. **PULMONARY INFARCTION**
12. **TUMORS OF THE LUNG**
13. **PNEUMONECTOMY** ( if FEV1 less than 70%)

\* Respiratory disorders not listed above will be reviewed on a case-by-case basis and may require the evaluation by a Pulmonologist.

### **GASTROINTESTINAL SYSTEM STANDARD**

The gastrointestinal tract (GI) should be considered normal from the mouth to the anus by the examining physician. Any disorder of the GI tract capable of rendering the applicant suddenly incapacitated or incapable of sustaining attention to required tasks, i.e., chronic diarrhea, may be considered disqualifying. Cases will be reviewed on a case-by-case basis.

**CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:**

1. **ACUTE AND CHRONIC ACTIVE HEPATITIS**



2. **CROHN'S DISEASE / ULCERATIVE COLITIS / REGIONAL ENTERITIS or IRRITABLE BOWEL SYNDROME** (Control of these conditions with surgical and/or medication treatments will be reviewed on a case-by-case basis.)
3. **COLOSTOMIES**
4. **ILEITIS** (recurrent or chronic)
5. **CHOLELITHIASIS** (symptomatic or asymptotic)
6. **CHOLECYSTITIS** (chronic or recurring)
7. **DIVERTICULITIS** (symptomatic)
8. **DYSPHAGIA** from any cause. Control/severity/treatment of these conditions will be reviewed on a case-by-case basis.
9. **CIRRHOSIS OF THE LIVER** (depending upon the degree of severity and the etiology)
10. **INTESTINAL OBSTRUCTION** from any cause
11. **PANCREATITIS**
12. **AN UNTREATED INGUINAL, INCISIONAL OR VENTRAL HERNIA.**

The following clinical scenarios and all other gastrointestinal conditions will be considered on a case by case basis:

\* A history of bowel resection is generally disqualifying if there is any evidence of recurrent pain, hemorrhage or any dietary restrictions that might interfere with the performance of the duties and responsibilities.

\* A history of gastric resection is generally disqualifying if there is any evidence (historical or physical) of pain, hemorrhage, fainting episodes or dietary restrictions that might interfere with the performance of the job.

\* A history of a symptomatic hiatal hernia resulting in chest pain, gastrointestinal hemorrhage (occult or massive), or respiratory symptoms. The complication of gastroesophageal reflux controlled on antacids will generally be considered acceptable.

## **GENITOURINARY AND REPRODUCTIVE SYSTEM STANDARD**

In general, any dysfunction of the genitourinary or reproductive system that has the capability of interfering with the required tasks or rendering the person suddenly incapacitated may be considered disqualifying. Any functional disorders rendering the individual incapable of sustained attention to work tasks, i.e., urinary frequency and/or significant discomfort secondary to such disorders, are generally disqualifying. Cases will be reviewed on a case-by-case basis.

**CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:**

1. **POLYCYSTIC KIDNEY DISEASE**
2. **ACUTE or CHRONIC RENAL FAILURE**
3. **NEPHROTIC SYNDROME**
4. **SYMPTOMATIC URINARY CALCULI**
5. **NEUROGENIC BLADDER**
6. **BERGER'S DISEASE**
7. **HISTORY OF RENAL VEIN THROMBOSIS**
8. **UNCORRECTED OBSTRUCTIVE UROPATHIES**
9. **RENAL TOXICITY**

### **THE CONDITION OF PREGNANCY**

A female currently pregnant in her first or second trimester would generally be requested to provide medical documentation from her treating physician in order for the agency to better determine her individual ability to participate in the FLETC training course. A female currently pregnant in her third trimester would generally be requested to postpone the FLETC training course until successful parturition and adequate time for convalescence.

## **ENDOCRINE AND METABOLIC SYSTEMS STANDARD**

Any excess or deficiency in hormonal production can produce metabolic disturbances affecting weight, stress adaptation, energy production, and a variety of symptoms or pathology such as elevated blood pressure, weakness, fatigue and collapse. Any condition affecting normal hormonal/metabolic functioning and response that is likely to adversely affect safe and efficient job performance is generally disqualifying. Cases will be reviewed on a case-by-case basis.

**CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:**

1. **ADRENAL DYSFUNCTION** (In the form of Addison's Disease or Cushing's Syndrome).

2. **THYROID DISEASE** (uncontrolled or associated with complications). Hypothyroidism adequately controlled by hormone replacement may be considered acceptable.
3. **PITUITARY DYSFUNCTION**
4. **INSULIN DEPENDENT DIABETES MELLITUS**
5. **HYPERGLYCEMIA** will require additional tests including but not limited to a glycohemoglobin (or hemoglobin A<sub>1</sub>C), fasting glucose, and a 3 hour glucose tolerance test before a final medical determination.
6. **DIABETES INSIPITUS**

### **MUSCULOSKELETAL SYSTEM STANDARD**

Any condition that adversely impacts on an individuals movement, agility, flexibility, strength, dexterity, coordination or the ability to accelerate, decelerate and change directions efficiently may be considered disqualifying. Cases will be reviewed on a case-by-case basis.

#### **CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:**

1. **ARTHRITIS (ANY ETIOLOGY)** if there is limited joint motion and/or pain.
2. **AMPUTATIONS** of more than one digit if it directly affects the ability to grip and efficiently handle weapons.
3. **AMPUTATIONS OF AN EXTREMITY:** Any loss of an upper or lower extremity. Less than five (5) digits on each hand will be evaluated on a case-by-case basis.
4. **ANKYLOSING SPONDYLITIS.**
5. **SCOLIOSIS**, if the lateral curve is 20 degrees of more
6. **MUSCULAR DYSTROPHY**
7. **LUMBOSACRAL INSTABILITY:** pain or limitations of flexibility and strength causing an inability to stand, bend, stoop, carry heavy objects or sit for long periods of time.
8. **DEGENERATIVE DISK DISEASE**
9. **FIXED LORDOSIS OR KYPHOSIS** which limits mobility and skeletal strength.

10. **FRACTURES** may require orthopedic evaluation to determine whether functional limitations currently exist. A recent fracture with current immobilization (such as casting, bracing, etc.) of a limb that prevents the performance of the full range of law enforcement duties will require documentation from the treating physician that immobilization is no longer required and that no physical limitations are present.
11. **SPINA BIFIDA**
12. **SCIATICA OR OTHER NEUROPATHIES**
13. **CHRONIC LOW BACK PAIN** (by medical history) without demonstrable pathology may be considered disqualifying. Each case will be reviewed in context to the original history of the injury (or whatever the etiology), the response to therapeutic regimes, frequency of recurrence, exacerbating factors, and lengths of disability associated with the recurrences combined with the current clinical presentation. Any other documentation submitted or requested will be considered before a medical opinion is generated.
14. A history of a **CHRONIC SPRAIN OR STRAIN OF THE NECK** limiting mobility or causing recurring cephalgia (headaches) may be disqualifying.
15. Any **PROSTHETIC DEVICE** will be reviewed on a case-by-case basis.
16. Evidence of a **CERVICAL RIB, SUBLUXATION, TORTICOLLIS, SYMPTOMATIC THORACIC OUTLET SYNDROME** or a **BRACHIAL CLEFT CYST**
17. Any evidence of a **CERVICAL NEUROPATHY** including numbness, tingling or loss of motor strength in the upper extremities may be disqualifying.
18. Any medical condition, congenital or acquired, which would interfere with a person's agility, dexterity, the lifting of heavy objects or the ability to perform the full range of law enforcement duties may be disqualifying.
19. A condition may be disqualifying if there is evidence that the general body symmetry may directly interfere with the safe utilization of issued standard and specialty equipment, including but not limited to handguns, shot guns, handcuffs, motor vehicles, etc.

## **HEMATOPOETIC SYSTEM STANDARD**

Any hematopoetic disease or condition which interferes with the expected performance of these jobs is generally disqualifying. Cases will be reviewed on a case-by-case basis.

**CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:**

1. **ANEMIA-- Generally considered as a:  
HEMATOCRIT OF LESS THAN 39% AND A HEMOGLOBIN OF LESS THAN 13.6 gm/dl FOR MALES  
HEMATOCRIT OF LESS THAN 33% AND A HEMOGLOBIN OF 12 gm/dl FOR FEMALES**  
(If anemia does exist but physical performance levels and pulmonary function are normal than this condition may be acceptable.)
2. **INHERITED CLOTTING DISORDERS (ex. HEMOPHILIA)** are generally disqualifying
3. **CHRONIC LYMPHANGITIS**
4. **THROMBOCYTOPENIA OR CLOTTING DISORDER**
5. **SICKLE CELL ANEMIA**
6. **SPLENOMEGALY**

## **CENTRAL AND PERIPHERAL NERVOUS SYSTEMS STANDARD**

Any disease or condition which interferes with the central or peripheral nervous system function may be considered disqualifying. Cases will be reviewed on a case-by-case basis.

1. **Cerebral and cerebellar functions must be normal.**
2. **The peripheral nervous system and all reflexes should be acceptable.**
3. **An individual with a history of seizures currently controlled on medication(s) is generally disqualified. Re-evaluation of an individual is subject to the seizure policy outlined below.**

## **SEIZURE POLICY**

A history of seizures requires an individual to meet the following criteria before further medical consideration:

1. The individual must present the results of an awake and sleeping electroencephalogram (EEG) following an acceptable, non-medicated, seizure-free period of time. The current EEG must be free of epileptiform abnormalities.

An acceptable period of time will be defined by the prevailing scientific standards of medicine, a review of the current medical literature and the opinions of the individual's private Neurologist and, if necessary, a Neurologist selected by the Agency.

2. The medical history and/or documentation regarding the etiology of the seizure disorder must be submitted from the private physician(s), if available.
3. The agency may require a complete neuropsychological evaluation prior to further consideration of an individual.

**CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:**

1. **ATAXIA**
2. **CHOREOATHETOSIS**
3. **EPILEPSY** (See the seizure policy above)
4. **HUNTINGTON'S CHOREA**
5. **MULTIPLE SCLEROSIS**
6. **MUSCULAR DYSTROPHY**
7. **NARCOLEPSY**
8. **NEUROFIBROMATOSIS**
9. **PARKINSON S DISEASE**
10. **CEREBROVASCULAR ACCIDENT (STROKE)**
11. **TRANSIENT ISCHEMIC ATTACKS**
12. **SENSORY DYSFUNCTION** (smell, touch, taste).
13. **MIGRAINE CEPHALGIA**

\* Any neurological disease or disorder that is not listed above shall be reviewed on a case-by-case basis.

**INFECTIOUS DISEASE POLICY**  
**IMMUNE SYSTEM / ALLERGIC DISORDERS STANDARDS**

Any communicable disease which can directly affect the occupational job performance and/or directly threaten the health and safety of others is generally disqualifying. Cases will be reviewed on a case-by-case basis.

**CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:**

1. **HEREDITARY ANGIOEDEMA**
2. **GOODPASTURES' SYNDROME**

3. **AUTOIMMUNE HEMOLYTIC ANEMIA**
4. **VASCULITIS**
5. **HASHIMOTO'S THYROIDITIS**
6. **MYASTHENIA GRAVIS**
7. **SYSTEMIC LUPUS ERYTHEMATOSUS**

**SPECIAL CONCERNS:**

**HIV / AIDS:** In general an applicant that **VOLUNTEERS** information regarding a positive HIV status or AIDS may be considered medically ineligible. The applicant has the opportunity to **voluntarily** submit additional information supporting his/her HIV status at his or her expense in order for the agency to better determine their eligibility.

**HEPATITIS:** A history of chronic or acute active hepatitis B or hepatitis C is generally disqualifying. A finding of unexplained elevated liver enzymes may require additional diagnostic studies before a final medical recommendation is rendered. Additional medical information will be obtained in order for the agency to better determine their eligibility.

**TUBERCULOSIS:** A history of TB that has been appropriately treated for longer than 6 months is acceptable provided that documentation supports the treatment history and the person has a current normal chest x-ray. A person with a positive PPD or Mantoux skin test will be required to have a Chest X-ray and, if indicated, a sputum culture.

**PSYCHIATRIC DISORDERS STANDARD**

Any disorder which affects normal perceptual judgment and safe and acceptable behavior or, if there is evidence of serious mental impairment, is generally disqualifying. Cases will be reviewed on a case-by-case basis.

**SPECIFIC PSYCHIATRIC DISORDERS THAT MAY BE DISQUALIFYING INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING EXAMPLES.** All diagnosis must be consistent with the diagnostic criteria as established by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), or any subsequent revisions. Any psychiatric illness not listed here shall be reviewed on a case-by-case basis.

**AXIS I DISORDERS:**

**DELIRIUM, DEMENTIA, AND AMNESTIC AND OTHER COGNITIVE DISORDERS**

**MAJOR DEPRESSION**

**MANIC-DEPRESSIVE DISORDER (BI-POLAR)**

## **DISSOCIATIVE DISORDERS**

### **KLEPTOMANIA**

**PANIC DISORDER AND OTHER ANXIETY DISORDERS** (depending upon etiology, duration and severity of clinical expression)

### **PATHOLOGICAL GAMBLING**

### **PYROMANIA**

**SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS** (Exceptions may be made in cases of a single episode of schizophrenic reactions associated with an acute illness capable of causing such reaction.)

**SEXUAL AND GENDER IDENTITY DISORDERS** (Areas of concern include: transsexualism, fetishism, pedophilia, sexual sado-masochism, voyeurism and transvestic fetishism)

## **AXIS II DISORDERS**

### **NARCISSISTIC PERSONALITY DISORDER**

### **ANTISOCIAL PERSONALITY DISORDER**

### **DEPENDENT PERSONALITY DISORDER**

### **PARANOID PERSONALITY DISORDER**

### **SCHIZOID PERSONALITY DISORDER**

### **ORGANIC BRAIN SYNDROME**

## **MEDICATION STANDARD**

All medication requirements, including psychotropic medication, will be evaluated to ensure that safe and efficient job performance will not be adversely affected. Cases will be reviewed on a case-by-case basis. Each of the following considerations will enter the medical recommendations:

1. **MEDICATION(S)** (Type and dosage requirements)
2. **POTENTIAL DRUG SIDE EFFECTS**
3. **DRUG-DRUG INTERACTIONS**



4. **ADVERSE DRUG REACTIONS**
5. **DRUG TOXICITY AND ANY MEDICAL COMPLICATIONS ASSOCIATED WITH LONG TERM DRUG USE**
6. **DRUG-ENVIRONMENTAL INTERACTIONS**
7. **DRUG-FOOD INTERACTIONS**
8. **HISTORY OF PATIENT COMPLIANCE**

Medications such as narcotics, sedative hypnotics, barbituates, amphetamines, or any drug with the potential for addiction, that is taken for extended periods of time (usually beyond 10 days) or is prescribed for a persistent or recurring underlying condition would generally be considered disqualifying.

### **SPECIAL SUBJECT: ANABOLIC STEROID USE**

Any person currently using anabolic steroids may be disqualified. Anabolic steroids were legislated a controlled substance on February 27, 1991, and now requires a physician's prescription.

### **ORGAN TRANSPLANTATION AND PROSTHETIC DEVICES STANDARD**

**RENAL TRANSPLANTATION** may be considered disqualifying unless the applicant is not taking immunosuppressive drugs and is medically cleared by the surgeon who performed the operation to participate in strenuous activities. The applicant must be considered by the surgeon to be capable of withstanding blunt trauma to his/her flanks without a significant probability of untoward personal damage.

**OCULAR LENS IMPLANTATION** may be acceptable considering an adequate post surgical recovery period and if the visual acuity meets the medical standards. (See vision standards)

**COCHLEAR IMPLANTATION** is acceptable provided that the applicant meets the hearing standards and can localize sound satisfactorily. (See hearing standards)

**PACEMAKERS or PROSTHETIC VALVES** are generally disqualifying. Any other condition or post-surgical management that requires the use of Coumadin or other anti-coagulants is disqualifying. (See cardiovascular standards)

Other transplantations and prosthetic devices will be considered on a case-by-case basis.

## **THE DERMATOLOGIC STANDARD**

Any disease or condition which may cause the person to be unduly susceptible to injury or disease as a consequence of environmental exposures including the sun may be considered disqualifying. Cases will be reviewed on a case-by-case basis.

**CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:**

1. **ALBINISM**
2. **SKIN CANCER** (examples are Basal Cell carcinoma, Squamous Cell carcinoma, Mycosis fungoides)
3. **CHLORACNE** (This condition should be reviewed on a case-by-case basis for its association with toxic exposures)
4. **KAPOSI'S SARCOMA**
5. **SEVERE CHRONIC DERMATITIS**

## **CANCER STANDARD**

Cases will be reviewed on a case-by-case basis. Further consideration will be given under the following circumstances: (all conditions must be met).

1. The cancer has a high cure rate.
2. The Oncologist declares the individual to be a complete responder with no evidence of active disease.
3. There is no evidence of medication or radiation side effects present.
4. There is no evidence of immune suppression as a result of the treatment.
5. The stage of the cancer is generally regarded as having a good prognosis.

**CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:**

1. **KAPOSI'S SARCOMA**
2. **SMALL CELL (OAT CELL) CARCINOMA OF THE LUNG**
3. **PANCREATIC CANCER**
4. **RENAL CARCINOMA**
5. **METASTATIC OVARIAN CARCINOMA**
6. **LEUKEMIA**
7. **ADRENAL CARCINOMA**
8. **NEOPLASIA OF THE CENTRAL NERVOUS SYSTEM**
9. **HEPATIC CARCINOMA**
10. **MULTIPLE ENDOCRINE NEOPLASIA TYPE 1 & 2**