



COMBINED JOINT TASK FORCE OPERATION INHERENT RESOLVE

Public Affairs Office
Credentialing and Visit Process

Visit Request Process

In order to request a visit, you must contact the Public Affairs media operations section via email at CJTF-OIRMEDIA@MAIL.MIL no less than 45 days prior to your planned trip. This will allow for planning and your visa application.

To receive Combined Joint Task Force- Operation Inherence Resolve (CJTF-OIR) credentials, you must send the CJTF-OIR Public Affairs media operations section the following:

- completed CJTF media visit application
- a valid passport
- company I.D
- a letter (on company letterhead) from your news organization, verifying your status with the organization and providing a commitment of the intent to publish/air your resulting news story
- a memo from the Iraqi Embassy that permits camera equipment to be brought into Iraq (Iraq visits only)
- signed CJTF OIR Media Ground Rules
- CJTF Media Hold Harmless agreement
- links to your last three published stories

Required Forms (use either .docx or .pdf)

Please return the CJTF-OIR media visit application, ground rules, and hold harmless agreement in a timely manner for your request be processed. Incomplete requests will not be processed.

Approval Notification

CJTF-OIR Public Affairs will notify you if your request is approved and will keep you updated on the status of your visit. Please note your visit does not exist until you receive notice of approval.

Media representatives traveling to Iraq who interact with Coalition troops without being approved by the CJTF-OIR Public Affairs section may have restricted access to Coalition facilities and personnel. Failure to comply will result in a temporary or permanent ban from visiting the CJTF-OIR Area of Responsibility.

[CJTF-OIR Website](#) | [CJTF-OIR Twitter](#) | [CJTF-OIR Facebook](#) | [CJTF-OIR Imagery](#)

Email | CJTF-OIRmedia@mail.mil | Phone +1.813.529.4636 | Kuwait 00.965.221.6340 and 430-5193#
Mailing Address | CJTF-OIR Public Affairs | APO AE 09306



COMBINED JOINT TASK FORCE OPERATION INHERENT RESOLVE

Public Affairs Office
Credentialing and Visit Process

Steps after Approval Notification

Once approved to visit by CJTF-OIR Public Affairs, you are responsible for your own visa and logistical requirements such as lodging, security, transportation, food, clothing, equipment, etc.

You are responsible for your commercial transportation in to country and onward transportation. You will be provided with a PA point of contact for the unit you are visiting.

Travel Information

Obtain visa from Iraqi Embassy

Some helpful links:

US Visa: <https://iq.usembassy.gov/visas>

UK Visa: <https://www.gov.uk/world/organisations/british-embassy-baghdad>

Ensure you have the required items for intra-theater travel

- Passport (s), visa
- Other government issued ID
- Memo to bring in camera equipment
- Body armor and helmet - you **must** bring your own, but note that some countries may have restrictions on travelling with military equipment. Plan accordingly.
- Protective eyewear
- Sturdy, closed-toe footwear and culturally-appropriate clothing (do not wear military pattern clothing, as this identifies you as a member of a military organization)
- Adequate medical, travel and equipment insurance
- Check with your health care provider to ensure that you arrive with the correct immunizations.
- Please plan for your personal security needs appropriately. Many journalists choose to hire private security.

Traveling to Kuwait

If the visit is approved, it may be possible to visit the Coalition's headquarters for interviews, but note that filming on base will be limited. There are no training locations in Kuwait. However, there are Air Force installations which may also be visited. Coordinate must be done separately through AFCENT Public Affairs (afcent.pa@afcent.af.mil).

[CJTF-OIR Website](#) | [CJTF-OIR Twitter](#) | [CJTF-OIR Facebook](#) | [CJTF-OIR Imagery](#)

Email | CJTF-OIRmedia@mail.mil | Phone +1.813.529.4636 | Kuwait 00.965.221.6340 and 430-5193#

Mailing Address | CJTF-OIR Public Affairs | APO AE 09306



COMBINED JOINT TASK FORCE OPERATION INHERENT RESOLVE

Public Affairs Office
Credentialing and Visit Process

You will need to fly to the Kuwait City International Airport: <http://www.kuwait-airport.com.kw>.

Depending on your transportation arrangements, you will either proceed in accordance with your self-support plan, or stand by for the CJTF-OIR Public Affairs team to pick you up at a pre-determined time and location. If using the latter option, please advise us in advance of your baggage load so that we can accommodate you appropriately with transportation.

After your arrival, the CJTF-OIR Public Affairs section will assist you with your credentialing and in-brief process. This will include processing your documents and issuing a badge if required, and providing you an in-person brief on the media ground rules.

Traveling to Iraq

We encourage you to fly via commercial means to Bagdad International Airport and arrange your onward transportation from there.

Military Air Travel to Iraq from Kuwait is possible but exceedingly rare, and is arranged in advance on a case-by-case basis. Furthermore, media representatives will only be able to travel on a stand-by basis, and can be removed from a flight if higher priorities arise.

Should Military Air travel be approved, a CJTF-OIR PAO will advise you concerning your transportation arrangements from your hotel to the military airport, and an Invitational Travel Order (ITO) will be provided to you. The ITO authorizes military travel (on stand-by).

Depending on mission requirements, you will be escorted from the military airport in Kuwait by a representative from the CJTF-OIR Public Affairs section, or you will fly with your crew (if applicable) solo.

The flight will arrive at The Baghdad Diplomatic Support Center (BDSC), where an Embassy pass is required.

[CJTF-OIR Website](#) | [CJTF-OIR Twitter](#) | [CJTF-OIR Facebook](#) | [CJTF-OIR Imagery](#)

Email | CJTF-OIRmedia@mail.mil | Phone +1.813.529.4636 | Kuwait 00.965.221.6340 and 430-5193#
Mailing Address | CJTF-OIR Public Affairs | APO AE 09306



COMBINED JOINT TASK FORCE OPERATION INHERENT RESOLVE

Public Affairs Office
Credentialing and Visit Process

Travel to Syria

Please note that travel to Syria is mission dependent and can change with little to no notice.

If already in Syria, CJTF-OIR Public Affairs will coordinate for an escort once you arrive to the military installation.

If you're traveling as an embed with the Coalition or as part of a media pool organized by the Coalition, we will coordinate transportation from Iraq via Military Air.

Conclusion

We thank you for your journalistic contribution in telling the Combined Joint Task Force-Operation Inherent Resolve story. We look forward to working with you, and seeing your final product. Do not hesitate to ask us for further information or clarification at any stage of your visit planning process.

[CJTF-OIR Website](#) | [CJTF-OIR Twitter](#) | [CJTF-OIR Facebook](#) | [CJTF-OIR Imagery](#)

Email | CJTF-OIRmedia@mail.mil | Phone +1.813.529.4636 | Kuwait 00.965.221.6340 and 430-5193#
Mailing Address | CJTF-OIR Public Affairs | APO AE 09306



COMBINED JOINT TASK FORCE OPERATION INHERENT RESOLVE

Public Affairs Office
Media Visit Application

Welcome to the Combined Joint Task Force – Operation Inherent Resolve (CJTF-OIR)
Please fill out all information below and return electronically within 48 hours so that we can facilitate your visit process quickly and efficiently.

PERSONAL DATA

Surname:		Given Name:	
Agency:			
E-mail:		Phone #:	
Alt. E-Mail:		In-Country Phone #:	
Date of Birth:	Weight (imperial):	Blood Type:	
Passport #:	Expiration:	Country:	
Current Location:			
Name(s) Of Other Personnel / Crew Traveling With You and positions			

MEDICAL SCREENING (please list any "yes" answers)

Are you allergic to any medications?	
To your knowledge, do you have any heart conditions?	
Do you have any disabilities that prohibit you from running?	
Are there any other medical conditions that may be of concern during your visit?	

MEDICAL SCREENING (please list any "yes" answers)

Are you allergic to any medications?	
To your knowledge, do you have any heart conditions?	
Do you have any disabilities that prohibit you from running?	
Are there any other medical conditions that may be of concern during your visit?	

[CJTF-OIR Website](#) | [CJTF-OIR Twitter](#) | [CJTF-OIR Facebook](#) | [CJTF-OIR Imagery](#)

Email | CJTF-OIRmedia@mail.mil | Phone +1.813.529.4636 | Kuwait 00.965.221.6340 and 430-5193#

Mailing Address | CJTF-OIR Public Affairs | APO AE 09306



**COMBINED JOINT TASK FORCE
OPERATION INHERENT RESOLVE**

Public Affairs Office
Media Visit Application

<i>In the event of an emergency, death or declared missing, please list next of kin or other person(s) you would like for us to contact on your behalf for</i>	
<i>First Contact</i>	
Name:	Relationship:
Address:	
Phone Number:	Email Address:
<i>Second Contact</i>	
Name:	Relationship:
Address:	
Phone Number:	E-mail Address:

<i>MANAGER'S INFORMATION</i>			
Name			
Title			
Address			
Email		Phone Number	

Form continues on next page.



COMBINED JOINT TASK FORCE OPERATION INHERENT RESOLVE

Public Affairs Office
Media Visit Application

VISIT INFORMATION		
Estimated Arrival Date in Theater of Operations:		
Requested start date:		Requested End date:
What geographic location(s) or unit(s) are you requesting to visit? (If multiple locations are requested, prioritize based on importance for your story, assignment, or project. Talk with CJTF-OIR staff for requested start dates for each location)		
Location/Unit 1	Location/Unit 2	Location/Unit 3
Print, broadcast, photographer, or other		
Areas covered by you/your agency		
Date and location of last embed or visit (if applicable)		
How many travel bags do you intend to bring? Please include weight, length, width and height of baggage (imperial measurements) for the purpose of planning for ground and air transportation. (We recommend you only bring what you can carry)		
I understand that I MUST bring my own body armor, Kevlar helmet, closed toe shoes and protective eyewear; these items are required ; and they will not be provided by coalition forces.		
Provide THREE actual samples of your work. (THIS IS REQUIRED)		
Weblinks of Articles:		

Form continues on next page.

[CJTF-OIR Website](#) | [CJTF-OIR Twitter](#) | [CJTF-OIR Facebook](#) | [CJTF-OIR Imagery](#)

Email | CJTF-OIRmedia@mail.mil | Phone +1.813.529.4636 | Kuwait 00.965.221.6340 and 430-5193#
Mailing Address | CJTF-OIR Public Affairs | APO AE 09306



**COMBINED JOINT TASK FORCE
OPERATION INHERENT RESOLVE**

Public Affairs Office
Media Visit Application

Please provide a brief but detailed purpose of why you are requesting a visit, your story angle(s) and the intent of your coverage. (THIS IS REQUIRED)
THIS IS YOUR STORY PITCH TO THE REQUESTED UNIT:

[CJTF-OIR Website](#) | [CJTF-OIR Twitter](#) | [CJTF-OIR Facebook](#) | [CJTF-OIR Imagery](#)

Email | CJTF-OIRmedia@mail.mil | Phone +1.813.529.4636 | Kuwait 00.965.221.6340 and 430-5193#

Mailing Address | CJTF-OIR Public Affairs | APO AE 09306



DEPARTMENT OF DEFENSE
COMBINED JOINT TASK FORCE – OPERATION INHERENT RESOLVE
CAMP ARIJAN, KUWAIT
AO AE 09308

IZPA

09 February 2019

MEMORANDUM FOR Visiting Media to CJTF-OIR Area of Operations

SUBJECT: CJTF-OIR Media Ground Rules

1. Ground Rules. For the safety and security of Coalition forces, media visitors and embarked/embedded media, all media will adhere to established ground rules. Ground rules will be agreed to in advance and signed by media prior to visits, embarks and embeds in Kuwait and Iraq. Violation of the ground rules may result in the immediate termination of your embed/military transit/visit. These ground rules recognize the right of the media to cover military operations, while simultaneously protecting the interests of CJTF-OIR. The public affairs representative/escort will also explain the regional sensitivities that media are requested to respect when reporting.

a. All interviews will be on the record unless otherwise agreed prior to the interview.

Background interviews MUST be pre-approved by the CJTF-OIR Public Affairs Director. All interviews with Coalition personnel must be approved by the respective nation, and should be arranged in advance.

b. Media personnel will follow the orders and guidance from the on-scene commander and public affairs representative.

c. At coalition tactical or field locations and encampments, a public affairs escort or designated unit PA representative may be required for non-embedded journalists because of security, safety, and mission requirements. When escorted, media must remain with military escorts until released and will follow instructions regarding their activities.

d. Media will not carry personal weapons.

e. Media will not photograph special operations forces personnel or their equipment.

f. Embargoes may be imposed to protect operational security. Embargoes will only be used for operational security and will be lifted as soon as the operational security issue has cleared.

g. NMRs who witness the deaths and injuries of coalition service members will not disclose – through video, photos, written or verbal description – the identities of the individuals until the military service branch has made appropriate notification to the next of kin. Service members will not prohibit news media representatives from viewing or

filming casualties. Casualty photographs showing a recognizable face, nametag, or other identifying feature or item will not be used. Names of casualties whose next of kin have been notified can be verified through the PAO.

h. Light discipline restrictions will be followed. Visible light sources, including flash or television lights or flash cameras, will not be used when operating with forces at night unless specifically approved by the on-scene tactical commander.

i. The following categories of information are not releasable since their publication or broadcast could jeopardize operations and endanger lives:

(1) For coalition units, specific numerical information on troop strength, equipment or critical supplies (e.g. artillery, tanks, radars, trucks, water, etc.).

(2) Information regarding future operations, current operations or strikes, including postponed or cancelled operations.

(3) Information regarding security precautions at military installations or encampments (except those which are visible or readily apparent). Images which shows the degree of security in the military installations, especially radio and satellite antennas, are now allowed.

(4) Photography that shows level of security at military installations or encampments, especially aerial and satellite photography that reveals the name or specific location of military units or installations or landmarks that can be used for indirect fire targeting (e.g. water tower).

(5) Information on intelligence collection activities including targets, methods and results.

(6) Information on special operations units, unless otherwise directed by PAO staff.

(7) Information on effectiveness of enemy electronic warfare, enemy camouflage and cover, deception, targeting, direct and indirect fire, intelligence collection, or security measures.

(8) Details of rules of engagement or force protection.

(9) Extra precautions in reporting will be required at the commencement of missions to maximize operational surprise. Live broadcast from airfields, on the ground or afloat, are prohibited until the safe return of the initial strike package, or until authorized by the unit commander and flight line security officer

(10) Information on in-progress operations, unless authorized for release by the on-scene tactical commander. During an operation, specific information on friendly force troop movements, tactical deployments, and dispositions that would jeopardize operational security or lives is strictly prohibited.

(11) Information on missing or downed aircraft or missing vessels while search and rescue and recovery operations are planned or underway.

(12) Information on special operations units, unique operations methodology or tactics. General terms such as “low” or “fast” may be used.

(13) Additional guidelines the PAO determines necessary to protect tactical security.

j. Regulations on what is releasable regarding ISF/KSF and other local forces in the CJOA can differ. Media can contact the respective Ministries of Defense for more information. If in doubt, contact CJTF-OIR PAO for further coordination.

k. Media visits to medical care facilities must be approved by the medical facility commander and attending physician, and must not interfere with medical treatment. Such visits will be in accordance with applicable regulations, standard operating procedures, operations orders and instructions by attending physicians. Service or medical facility personnel must escort media at all times. Patient welfare, patient privacy, and next of kin/family considerations are the governing concerns with respect to news media coverage of wounded, injured, and ill personnel.

l. Media will not possess pornographic materials or possess or consume illegal drugs or alcoholic beverages while working with coalition forces or transiting via military transport.

2. If you agree to the above listed ground rules, please fill out the following statement of understanding and sign.

IRPA
SUBJECT: CJTF-OIR Media Ground Rules

I, _____, an employee of _____,
have read the aforementioned media ground rules and agree, with my signature, to
abide by them. I also understand that violation of these ground rules is cause for the
revocation of my media credentials with CJTF-OIR, and immediate dismissal from the
area of operations.

SIGNATURE

DATE

PRINTED NAME, AFFILIATE AND PHONE NUMBER

WITNESS SIGNATURE

DATE

WITNESS PRINTED NAME AND ORGANIZATION

EMPLOYER SIGNATURE AND OFFICIAL MARK (if available) DATE

EMPLOYER PRINTED NAME, AFFILIATE, AND PHONE NUMBER

**Combined Joint Task Force – Operation Inherent Resolve (CJTF-OIR) Public Affairs Office
(PAO) RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT AND
AGREEMENT NOT TO SUE**

1. The United States of America, acting by and through the Department of Defense (hereinafter DoD), believes it to be mutually beneficial to both the Government and news media organizations to place selected news media organization employees with selected military units for the purpose of providing news media coverage before, during, and after military operations. The placement of media employees with military units is referred to in this Agreement as embedding or the embedding process and will require media employees to live, travel, eat, sleep, and conduct all professional and personal activities with the military unit to which the media employees are embedded.

2. Definitions.

a. The term Government means the United States Government, including its departments, subdivisions, agencies, instrumentalities, officers, employees (including military and civilian personnel), servants, contractors, volunteers and agents.

b. The term media organization means the media employee's employer, a registered U.S. or foreign profit or not-for-profit organization, its successors, and assigns.

c. The term media employee means an employee or agent of a media organization, his or her guardians, executors, administrators, heirs, and assigns.

3. Media organizations and media employees understand and agree that the embedding process may expose media employees to the same risks and hazards as those to which the military members of military units are exposed, as well as common and uncommon hazards of military living. Media organizations and media employees fully understand and acknowledge the following:

a. The embedding process will expose media employees to all hazards of a military environment, including but not limited to: the extreme and unpredictable hazards of war, combat operations, and combat support operations. The military environment, particularly in a deployed combat zone, is inherently dangerous and may result in death or personal injury of media employees or damage to personal property.

b. The embedding process may include strenuous and inherently dangerous activities, including transportation in, and close proximity to: military tactical vehicles, aircraft, watercraft, and other Government (and Government contracted) vehicles. The embedding process may involve substantial risk of serious injury or death as the result of the media employee's own actions or inaction, the actions or inactions of others including agents, contractors, officers, service members, and employees of the Government; the conditions of the Government facility and the natural environment; the known or unknown condition of any Government-furnished equipment; and the inherent dangers of war, combat operations, and combat support operations.

c. The embedding process requires media employees to be in overall good physical health and condition. All persons must abide by United States Central Command (USCENTCOM) medical standards for DoD personnel entering the theater of operations (Enclosure 1). Persons who are not in overall good physical health and condition, as prescribed by a physician, should not participate in the embedding process. Media employees should consult their physicians prior to embedding to confirm qualification. Persons with a history of heart or lung disease or

**Combined Joint Task Force – Operation Inherent Resolve (CJTF-OIR) Public Affairs Office
(PAO) RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT AND
AGREEMENT NOT TO SUE**

conditions, or coronary disease, or other chronic or pervasive diseases or conditions may not participate. Likewise, pregnant women may not participate. Anyone suffering from any injuries, conditions, ailments, or pre-existing conditions that could be affected by the embedding process may not participate.

d. As part of the embedding process, the Government recommends media employees receive polio, anthrax and smallpox vaccinations, provided it is done at no cost to the Government. These vaccinations are voluntary and are not a prerequisite for participating in the embedding process. Media organizations and media employees agree, for those media employees choosing to receive the polio, anthrax, and smallpox vaccinations, that this Release, Indemnification, and Hold Harmless Agreement and Agreement Not to Sue specifically includes all risks and hazards associated with the polio, smallpox, and anthrax vaccinations, including any negative reactions, adverse effects, including the media employee's illness, infirmity, or death.

e. In accordance with United States Army policy (Enclosure 2), in the event that an embedded journalist dies while in theater, he/she is authorized mortuary affairs on a reimbursable basis upon a specific request from the Department of State.

4. With a full and knowing understanding of the express and inherent dangers in the embedding process, the media employee, as well as the media organization, **VOLUNTARILY, WILLINGLY, AND KNOWINGLY** agree to:

a. Participate in the embedding process and to follow the direction and orders of the Government related to such participation. The media employee further agrees to follow Government regulations. The media employee acknowledges that failure to follow any direction, order, regulation, or ground rule may result in the termination of the media employee's participation in the embedding process and may also cause the employee's media organization to forfeit the privilege of sponsoring media for CJTF-OIR press credentials in the future.

b. **ASSUME ANY AND ALL RISKS**, known and unknown, in any way associated with the embedding process, war, combat operations, and combat support operations.

c. **RELEASE, INDEMNIFY, AND HOLD HARMLESS** the Government from and against any claims, demands, actions, suits, causes of action, liens, rights, subrogated or contribution interests, debts, liabilities, judgments, costs, and reasonable attorney's fees, arising out of, claimed on account of, or in any manner predicated upon the media employee's participation in the embedding process, including any loss or damage to property or the personal injury or death of any person which may occur as a result of the media employee's participation in the embedding process, even where that loss, damage, personal injury, or death is caused or contributed to, in any manner, by the Government. The media employee and media organization make such covenant in consideration of being permitted to participate in the embedding process.

d. Grant **EXPRESS, VOLUNTARY, and KNOWING** consent to the rendering of all emergency medical or dental treatment that may, in the professional judgment of a Government medical or dental officer, become necessary while participating in the embedding process. Transportation to a definitive Government or commercial care facility may be required as an adjunct to authorized emergency medical or dental care. Persons receiving Government medical

_____Initial

**Combined Joint Task Force – Operation Inherent Resolve (CJTF-OIR) Public Affairs Office
(PAO) RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT AND
AGREEMENT NOT TO SUE**

or dental care who are not otherwise eligible to receive such care shall be obligated to reimburse the Government.

e. The Government may terminate the embedding process at **ANY TIME** and for **ANY REASON**, as the Government determines appropriate in its sole discretion.

5. This Release, Indemnification, and Hold Harmless Agreement and Agreement Not to Sue shall be interpreted according to federal law. It is to be construed as broadly and inclusively as is permitted by relevant federal law. If any portion of this document is held invalid as a matter of law by a court of competent jurisdiction, the remaining sections shall continue in full force and effect.

6. I have read the aforementioned RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT AND AGREEMENT NOT TO SUE and agree to abide by them. I also understand that violation may result in suspension or revocation of my CJTF-OIR media credentials and expulsion from CJTF-OIR operational areas and installations. I further understand that if I violate these terms, the media organization I am representing may be held accountable for my actions, which could include forfeiting the privilege of sponsoring media for CJTF-OIR press credentials in the future.

SIGNATURE

DATE

PRINTED NAME AND JOB TITLE

AFFILIATE AND PHONE NUMBER

7. In my capacity as an authorized representative, I understand and agree that I, and the business, company or enterprise that I represent, will indemnify, defend, and hold harmless and release, acquit and forever discharge the CJTF-OIR Forces and the Government of any liability for any injuries I may suffer or any damage to any equipment that may occur as a result of my presence in the CJTF-OIR theater of operations.

SIGNATURE

DATE

PRINTED NAME AND JOB TITLE

AFFILIATE AND PHONE NUMBER

Enclosure

1. USCENTCOM MOD 14 TAB A TO USCENTCOM INDIVIDUAL PROTECTION AND INDIVIDUAL UNIT DEPLOYMENT POLICY, 3 OCT 19.

MOD14-TAB A: AMPLIFICATION OF THE MINIMAL STANDARDS OF FITNESS FOR DEPLOYMENT TO THE CENTCOM AOR; TO ACCOMPANY MOD FOURTEEN TO USCENTCOM INDIVIDUAL PROTECTION AND INDIVIDUAL/UNIT DEPLOYMENT POLICY

1. General. This TAB A accompanies MOD FOURTEEN, Section 15.C. and provides amplification of the minimal standards of fitness for deployment to the CENTCOM area of responsibility (AOR). Individuals possessing a disqualifying medical condition must obtain an exception to policy in the form of a medical waiver prior to being medically cleared for deployment. The list of deployment-limiting conditions is not comprehensive; there are many other conditions that may result in denial of medical clearance for deployment based upon the totality of individual medical conditions and the medical capabilities present at that individual's deployed location. "Medical conditions" as used here also include those health conditions usually referred to as dental and behavioral health.

- A. Uniformed Service Members must meet Service standards of fitness according to Service regulations and policies, in addition to the guidance in the parent MOD 14. See MOD FOURTEEN REF E, F, G, H, I, JJ.
- B. DoD civilian personnel with disqualifying medical conditions could still possibly deploy based upon an individualized medical assessment and approved medical waiver from the appropriate CENTCOM waiver authority. All personnel must be able to perform the duties of their position.
- C. DoD Contract personnel will be evaluated for fitness according to DoDI 3020.41 (REF J).
- D. The final authority of who may deploy to the CENTCOM AOR rests with the CENTCOM Surgeon and/or the Service Component Surgeons' waiver authority, not the individual's medical evaluating entity, deploying platform, or Commander.
- E. Regardless of underlying diagnosis, waivers for disqualifying medical conditions will be considered only if all the following general conditions are met:
 - 1. The condition is not of such a nature or duration that an unexpected worsening or physical trauma is likely to have a grave medical outcome or negative impact on mission execution.
 - 2. The condition is stable and reasonably anticipated not to worsen during the deployment in light of the physical, physiological, psychological, and nutritional effects of assigned duties and location.
 - 3. The condition does not require frequent clinical visits (more than quarterly), ancillary tests, or significant physical limitations, and does not constitute an increased risk of illness, injury, or infection.
 - 4. There is no anticipated need for routine evacuation out of theater for continuing diagnostics or evaluations.
 - 5. Any required, ongoing health care or medications anticipated to be needed for the duration of the deployment are available to the applicant in theater within the Military Health System or equivalent. Medication must have no special handling, storage, or other requirements (e.g., refrigeration, cold chain, or electrical power requirements). Medication must be well tolerated within harsh environmental conditions (e.g. heat or

cold stress, sunlight) and should not cause significant side effects in the setting of moderate dehydration.

6. Individuals must be able to perform all essential functions of their position in the deployed environment, with or without reasonable accommodation, without causing undue hardship. In evaluating undue hardship, the nature of the accommodation and workplace environment must be considered. Further, the member's medical condition must not pose a significant risk of substantial harm to the member or others taking into account the condition of the relevant deployed environment, with particular consideration of areas of armed conflict in the AOR. See REF I.
7. The medical condition does not prevent the wear of personal protective equipment, including protective mask, ballistic helmet, body armor, and chemical/biological protective garments.
8. The medical condition does not prohibit required theater immunizations or medications.
9. The medical condition is not anticipated to significantly impair duty performance during the duration of the deployment.
10. The diagnosis, management, and/or treatment of medical conditions does not place an unreasonable burden on deployed medical assets, operational assets, or complicate the evaluation of other reasonably-anticipated illnesses or injuries.

2. Evaluating providers must consider that in addition to the individual's assigned duties, severe environmental conditions, extremes of temperature, high physiologic demands (water, mineral, salt, and heat management), poor air quality (especially particulates), limited dietary options, sleep deprivation/disruption, and emotional stress may all impact the individual's health. If maintaining an individual's health requires avoidance of these extremes or conditions, they should not deploy.

3. Evaluation of functional capacity to determine fitness in conditions of physiologic demand is encouraged for conditions which may impair normal functionality. The evaluating provider should pay special attention to any conditions which may present a hazard to the individual or others and/or preclude performing functional requirements in the deployed setting. Also, the type, amount, suitability, and availability of medications in the theater environment must be considered as potential limitations. Pre-deployment processing centers may vary in medical examination/screening procedures; individuals should contact their respective mobilization site for availability of a processing checklist.

4. The guidance in this document should not be construed as authorizing use of defense health program or military health system resources for health evaluations unless otherwise authorized. Generally, Defense Health Agency and Military Health System resources are not authorized for the purpose of pre-deployment or travel medicine evaluations for contractor employees IAW REF J. Local command, legal, contracting and resource management authorities should be consulted for questions on this matter.

5. Shipboard operations which are not anticipated to involve operations ashore are exempt from the deployment-limiting medical conditions listed below and will generally follow Service specific guidance. However, sovereign laws of some nations within the CENTCOM AOR may prohibit entry of individuals with certain medical conditions. Contingency plans for emergency evacuation of individuals with diagnoses that could result in or complicate medical care in theater following evacuation should be coordinated with and approved by the CENTCOM Surgeon prior to entering the AOR.

6. Per general guidance from MOD FOURTEEN, section 15.C:

A. All personnel (uniformed service members, government civilian employees, volunteers, and DoD contractor employees) deploying to theater must meet medical, dental, and behavioral health fitness standards for deployment and possess a current Periodic Health Assessment (PHA) or physical. Fitness specifically includes the ability to accomplish tasks and duties unique to a particular operation and the ability to tolerate environmental and operational conditions of the deployed location.

B. The existence of a chronic medical condition may not necessarily require a waiver to deploy. Personnel with existing conditions, **other than those outlined in this document**, may deploy if either:

1. An approved medical waiver, IAW Section 15.C.3, is documented in the medical record.

OR

2. The conditions in Para. 1.D.1-1.D.10 are met. To determine stability and assess need for further care, for most conditions 60 days is considered a reasonable timeframe, subject to the examining provider's judgment. The exception to this is noted in paragraph 7.G. Behavioral health Conditions.

7. Documented medical conditions precluding medical clearance. A list of all possible diagnoses and their severity that may cause an individual to be non-deployable would be too expansive. *The medical evaluator must carefully consider whether the climate, altitude, nature of available food and housing, availability of medical, behavioral health, dental, surgical, and laboratory services, or whether other environmental and operational factors may be hazardous to the deploying person's health.* The following list of conditions should not be considered exhaustive. Other conditions may render an individual medically non-deployable (see paragraph 6). Medical clearance to deploy with any of the following documented medical conditions may be granted, except where otherwise noted, IAW MOD FOURTEEN, Section 15.C. If an individual is found deployed with a pre-existing non-deployable condition and without a waiver for that condition, a waiver request to remain deployed should be submitted to the respective Component Surgeon. If the waiver request is denied, the individual will be redeployed out of the CENTCOM AOR. **Individuals with the following conditions and/or therapeutic interventions will not deploy without an approved waiver:**

A. Specific Medical Conditions / Restrictions:

1. Asthma or other respiratory conditions that have a Forced Expiratory Volume-1 \leq 50% of predicted, that have required hospitalization or emergency room visit in the past 12 months, or that require daily systemic (not inhaled) steroids. Mild intermittent asthma does not require waiver.
2. Seizure disorder, either within the last year or currently on anticonvulsant medication for prior seizure disorder/activity. Persons on a stable anticonvulsant regimen, who have been seizure-free for one year, may be considered for waiver.
3. Diabetes mellitus, type 1 or 2, on pharmacotherapy or with HgA₁C > 7.0.
 - a. Type 1 diabetes or insulin-requiring type 2 diabetes.
 - b. Type 2 diabetes, on oral agents only, with no change in medication within the last 60 days and HgA₁C \leq 7.0 does not require a waiver if a calculated 10-year coronary heart disease risk percentage (see paragraph 7.B.7) is less than 15%.

If the calculated 10-year risk is 15% or greater, further evaluation is required prior to waiver submission. See 7.B.7.

c. Newly diagnosed diabetics will require demonstrated stability, either on oral medications or with lifestyle changes, before a waiver will be considered.

Confirmation of complete initial diabetic evaluation (eye exam, foot exam, nutrition counseling, etc.) is required.

4. History of heat stroke or rhabdomyolysis. Those without multiple episodes, persistent sequelae or organ damage, or episodes within the preceding 24 months may be considered for waiver. Waiver should include circumstances of the event(s), and functional assessment of current ability to perform rigorous duties in an environment similar to the deployed location.

5. Meniere's disease or other vertiginous/motion sickness disorder, unless well controlled on medications available in theater.

6. Recurrent syncope for any reason. Waiver request should include the etiology and diagnosis of the condition.

7. History of stinging insect allergy causing generalized symptoms, IAW Ref JJ.

a. Local swelling, itching, or redness contiguous with the sting site and exhibiting no signs of anaphylaxis or systemic reaction do not require waiver. Generalized cutaneous-only reactions that occurred prior to the 16th birthday also do not require waiver.

b. Severe systemic and anaphylactic reactions, as well as cutaneous reactions – defined as generalized rash or swelling in locations not contiguous with sting site - occurring after the 16th birthday, should be referred to an allergist for testing.

c. Negative testing results indicate no further therapeutic action is required, however a waiver should still be submitted for review.

8. Endocrine conditions requiring replacement or adjustment therapies must be stable, require no laboratory monitoring or specialty consultation, and require only routine follow-up, which must be available in the deployed location or by specific arrangement.

Hormonal preparations must be within clinically appropriate dose and effect parameters, have no special storage requirements, and not produce side effects which interfere with the normal performance of duties or require additional medications to manage.

9. Any musculoskeletal condition that significantly impairs performance of duties or activities of daily living in a deployed environment. If there are concerns, an official functional capacity exam (FCE) should be performed and results included with the waiver request.

10. Migraine headache, when frequent or severe enough to disrupt normal performance of duties. Waiver submission should note history, frequency, severity, and functional impact of headaches, with or without treatment, success of abortive therapies, as well previous and current treatment regimens. Neurology evaluation and endorsement encouraged.

11. Nephrolithiasis, requiring clinical evaluation or intervention in the preceding 12 months, or with most recent imaging showing multiple stones or a single stone >5mm in size, or a history of more than two episodes in a 12 month period in the last 3 years.

12. Pregnancy.

13. Obstructive sleep apnea (OSA). Should be diagnosed with polysomnography (PSG), with a minimum of 2 hours of total sleep time. Individuals previously diagnosed with OSA do not require updated or repeat PSG unless clinically indicated (i.e. significant change in body habitus, corrective surgery or return of OSA symptoms). The condition must not be severe enough to pose a safety risk should PAP therapy be unavailable for a

significant length of time. For moderate and severe OSA, a compliance report demonstrating at least 4 hours of use per night for greater than 70% of nights over a 30-day period must be documented. Individuals treated with an oral appliance require documentation that OSA is controlled with its use. Complex OSA, central sleep apnea, or OSA that requires advanced modes of ventilation such as adaptive servo-ventilation (ASV) or average volume assured pressure support (AVAPS) is generally non-deployable. Individuals using PAP therapy should deploy with a machine that has rechargeable battery back-up and sufficient supplies (air filters, tubing and interfaces/masks) for the duration of the deployment. Waivers are required as follows:

a. Asymptomatic mild OSA (diagnostic AHI and RDI < 15/hr): Deployable with or without treatment (PAP or otherwise). **No waiver required.**

b. Moderate to severe OSA (diagnostic AHI or RDI ≥15/hr), as well as symptomatic OSA (i.e. excessive daytime sleepiness) of any severity, require waiver as follows: Those individuals with confirmed compliance and reliable access to compatible power sources, as well as an absence of complex apnea, central apnea, need for advanced ventilation modes (as defined above), or additional disqualifying conditions do not require a waiver. If any of these factors are not adequately addressed, waiver is required.

14. History of clinically diagnosed traumatic brain injury (mTBI/TBI) of any severity, including mild. Waiver may not be required, but pre-deployment evaluation, which may include both neurological and psychological components, is required per ref X.

a. Individuals who have a history of a single mild Traumatic Brain Injury may deploy once released by a medical provider after 24-hours symptom free.

b. Individuals who have sustained a second mTBI within a 12-month period, may deploy after seven days symptom free and release by a medical provider.

c. Individuals who have had three clinically diagnosed TBIs (of any severity, including mild) must have neurological and psychological evaluation completed prior to deployability determination.

15. BMI > 40 with or without any significant comorbidity. Military personnel do not require waiver for BMI, but are subject to Service body fat guidelines and policy. Individuals must be able to wear appropriate work uniforms and PPE. Morbid obesity can generally not be supported. A BMI calculator is located at <http://www.nhlbi.nih.gov/guidelines/obesity/BMI/bmicalc.htm>

16. Asplenia, either actual or functional secondary to other medical condition. Waiver request should include verification of immunization against encapsulated bacterial pathogens (pneumococcus, meningococcus, Haemophilus influenza).

17. Gout, with two or more flares in the preceding year.

18. Multiple Sclerosis. Waiver requests should address stability of condition, current limitations, increased vulnerability to heat injury, and possible requirement for medication waiver.

19. Any medical condition (except OSA-see 13 above) that requires durable medical equipment or appliances (e.g., nebulizers, catheters, spinal cord stimulators), or that requires periodic evaluation/treatment by medical specialists not readily available at any theater location.

20. Conditions requiring service animals or comfort animals. Does not apply to Military Working Dogs/Contract Working Dogs (see MOD 14, section 15.C.1.G.). Animals deployed to support behavioral health operations must deploy from CONUS as part of an official program with full logistic support and uniformed handlers.

B. Cardiovascular Conditions:

1. Symptomatic coronary artery disease.
2. Myocardial infarction within one year of deployment.
3. Coronary artery bypass graft, coronary artery angioplasty, carotid endarterectomy, other arterial stenting, or aneurysm repair within one year of deployment.
4. Cardiac dysrhythmias or arrhythmias, either symptomatic or requiring medication, electro-physiologic control, or automatic implantable cardiac defibrillator or other implantable cardiac devices.
5. Heart failure or history of heart failure.
6. Blood pressure and lipids should be considered and treated in the context of overall cardiac risk, for which a waiver may be required (see B. 7). Isolated hypertension or lipids do not require separate waiver except in the following circumstances:
 - a. Hypertensive urgency or emergency within previous 90 days.
 - b. 3 day average SBP > 140, DBP > 90.
 - c. Total Cholesterol >300, or Triglycerides >1000.
7. Civilian personnel who are 50 years of age or older must have a 10-year CHD risk percentage calculated (online calculator is available at <http://tools.acc.org/ASCVD-Risk-Estimator/>). If the individual's calculated 10-year CHD risk is 15% or greater, the individual should be referred for further cardiology work-up and evaluation, to include some form of functional assessment (i.e. graded exercise stress test with a myocardial perfusion scintigraphy (SPECT scan) or stress echocardiography as determined by the evaluating cardiologist). Results of the evaluation and testing, along with the evaluating cardiologist's recommendation regarding suitability for deployment, should be included in the waiver request.

C. Infectious Disease:

1. Confirmed Blood-borne diseases (Hepatitis B, Hepatitis C, HIV) which may be transmitted to others in a deployed environment. Waiver requests for persons testing positive for a blood borne disease, including positive antigens and viral load positive members, should include a full test panel for the disease, including all antigens, antibodies, viral load, and appropriate tests for affected organ systems.
2. Confirmed HIV infection is disqualifying for deployment, IAW References I and S, Service specific policies, and agreements with host nations. Note that some nations within the CENTCOM AOR have legal prohibitions against entering their country(ies) with this diagnosis.
3. Latent tuberculosis infection (LTBI). Individuals who are newly diagnosed with LTBI by either TST or IGRA testing will be evaluated per Service specific protocols and will have documented LTBI evaluation and counseling for consideration of treatment. Lack of treatment for LTBI is not a contraindication for deployment into the CENTCOM AOR and no waivers are required for a diagnosis of LTBI if appropriate Service specified evaluation and counseling, as noted above, is completed.
4. History of active tuberculosis (TB). Must have documented completion of full treatment course prior to deployment. Those currently on treatment for TB disease may not deploy.
5. A CENTCOM waiver cannot override host or transit nation infectious disease or immunization restrictions. Active duty must comply with status of forces agreements; civilian deployers should contact the nation's embassy for up-to-date information.

D. Eye, Ear, Nose, Throat, Dental Conditions:

1. Vision loss. Best corrected visual acuity which does not meet minimum occupational requirements to safely perform duties. Bilateral blindness or visual acuity that is unsafe for the combat environment per the examining provider.
2. Refractive eye surgery. Personnel who have had laser refractive surgery must have a satisfactory period for post-surgical recovery before deployment. There is a large degree of patient variability which prevents establishing a set timeframe for full recovery. The attending ophthalmologist or optometrist will determine when recovery is complete.
 - a. Personnel are non-deployable while still using ophthalmic steroid drops post-procedure.
 - b. Personnel are non-deployable for three months following uncomplicated photorefractive keratectomy (PRK) or laser epithelial keratomileusis (LASEK), or one month for laser-assisted in situ keratomileusis (LASIK) unless a waiver is granted.
 - c. Waiver request should include clearance from treating ophthalmologist or optometrist.
3. Hearing loss. Service members must meet all Service-specific requirements or have completed a medical board and found fit for duty do not require a waiver. Individuals with sufficient unaided hearing to perform duties safely, hear and wake up to emergency alarms unaided, and hear instructions in the absence of visual cues such as lip reading do not require waiver. If ability to perform duties is in question, Speech Recognition In Noise Test (SPRINT) or equivalent testing should be included to verify this ability.
4. Tracheostomy or aphonia.
5. Patients without a dental exam within 12 months of deployment, or those who are likely to require evaluation or treatment during the period of deployment for oral conditions that are likely to result in a dental emergency. Individuals being evaluated by a non-DoD civilian dentist should use a DD Form 2813, or equivalent, as proof of dental examination.
6. Orthodontics requiring follow-up or adjustment while deployed. Those with wires in neutral force and are cleared by the treating orthodontist do not require waiver.

E. Cancer:

1. Cancer for which the individual is receiving continuing treatment or which requires any subspecialist examination and/or laboratory/imaging testing during the anticipated duration of the deployment.
2. Precancerous lesions that have not been treated and/or evaluated and that require treatment/evaluation during the anticipated duration of the deployment.
3. Cancers which have not been in complete remission for at least a year, excluding non-melanoma skin cancers.

F. GASTROINTESTINAL SYSTEM:

1. Inflammatory bowel disease, including, but not limited to: Crohn's disease; ulcerative colitis; ulcerative proctitis; regional enteritis; granulomatous enteritis.
2. Chronic hepatitis with impairment of liver function.

3. The presence of any ostomy (gastrointestinal or urinary).

G. Surgery:

1. Any medical condition that requires surgery or for which surgery has been performed, to include cosmetic, bariatric, and reconstructive procedures, and the patient requires ongoing treatment, rehabilitation or additional surgery/revision.
2. Individuals who have had surgery requiring follow up during the deployment period or who have not been cleared/released by their surgeon (excludes minor procedures).
3. Individuals who have had surgery (open or laparoscopic) within 6 weeks of deployment.
4. Special dietary and hygienic requirements resulting from surgery cannot be reliably accommodated and may be independently disqualifying.

H. Behavioral Health Conditions: Diagnostic criteria and treatment plans should adhere to Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) and current professional standards of care. Waiver submission should include information on applicant condition, including history and baseline symptoms of known disorders, severity of symptoms with and without treatment, and likelihood to recur or deteriorate in theater if exposed to operational activity. See reference KK. Waiver required for all conditions listed below (list is not inclusive).

1. Psychotic and bipolar-spectrum disorders are strictly disqualifying.
2. Any DSM 5-diagnosed behavioral health disorder, to include personality disorders, with residual symptoms, or medication side effects, which impair social and/or occupational performance.
3. Any behavioral health condition that poses a substantial risk for deterioration and/or recurrence of impairing symptoms in the deployed environment.
4. Any behavioral health condition that requires periodic (beyond quarterly) counselling or therapy.
5. Chronic insomnia that requires regular or long-term use of sedative hypnotics / amnestics, benzodiazepines, and/or antipsychotics. PRN, or as needed, use of medication for this diagnosis must clarify frequency of actual use.
6. Anxiety disorders requiring use of benzodiazepines for management, or featuring symptoms of panic or phobia.
7. Post-Traumatic Stress Disorder, when causing impairment or not completely treated, or when therapy includes use of benzodiazepines without additional anxiety diagnosis. Waiver submission should note if condition is combat-related, and, if so, comment on impact that return to the operational environment could have on applicant well-being and performance.
8. Gender dysphoria, when distressing enough to require treatment. Transgender without history of, or current requirement for, transition, and not associated with significant gender dysphoria is not disqualifying and does not require waiver. Underlying behavioral health, endocrine, and/or surgical issues (as applicable) should be stable and resolved, and all Service requirements must be met, to include the involvement of, and clearance by, Service Central Coordination Cell if transition is required. See Ref LL. Transitioning personnel's treatment course should be complete, preferably with DEERS

marker change, and an adequate Real Life Experience (RLE) period should have occurred to ensure stability. Due to complex needs, those requiring or actively undergoing gender transition are generally disqualified until the process, including all necessary follow-up and stabilization, is completed.

9. Bulimia and anorexia nervosa.

10. Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD). Evaluation and diagnosis should be appropriate per DSM 5 criteria, particularly if Class II stimulants are used for treatment. Specific clinical features or objective testing results should be included in waiver application for stimulant use. Dosages for medications should likewise be appropriate per DoHHS-CMS standards (ref MM), and justified by clinical presentation. Uncomplicated ADD/ADHD stable (treated with 0-1 non-controlled substance medication) for greater than 3 months without social or occupational impact do not require a waiver. Substantiated cases not meeting those criteria but with appropriate dosing may be adjudicated at the Service Component level, provided additional BH conditions or diagnoses requiring waiver are not present.

11. Behavioral health related hospitalization or self-mutilation within the last 12 months.

12. Suicidal Ideation or Suicide Attempt with the last 12 months.

13. Substance use causing social or occupational disruption or impairment, including referral to or enrollment in a substance abuse program (inpatient, service specific substance abuse program or outpatient) within the last 12 months, measured from time of discharge / completion of the program, or time of incident/referral if program enrollment not indicated by evaluation.

a. A post-treatment period of demonstrated stability is required, the length of which will depend on individual patient factors.

b. Substance use disorders (SUD), not in remission and/or actively enrolled in Service Specific substance abuse programs are not eligible for waiver.

c. SUD requiring regular use of reversal agents or antagonists (Naloxone, Suboxone, Methadone) cannot be supported. Single-dose issuances of Naloxone are not intrinsically disqualifying, but require clarification of underlying SUD issues.

d. Alcohol use disorder requiring pharmacotherapy for maintenance (Disulfiram, Naltrexone, Acamprosate) cannot be supported.

e. Alcohol use disorders requiring random testing or other monitoring are disqualifying.

14. Use of antipsychotics or anticonvulsants for stabilization of DSM IV or DSM-5 diagnoses.

15. Use of 3 or more psychotropics (e.g. antidepressants, anticonvulsants, antipsychotics, benzodiazepines) for stabilization or any psychotropics which require a psychiatrist or other specialist to manage.

16. Behavioral health disorders without demonstrated clinical stability of least 3 months, as defined by (1) no significant recent deterioration in clinical condition, (2) no significant impairment in work or interpersonal functioning, (3) no significant risk of sudden incapacitation should condition relapse or recur, (4) no morbid, suicidal, or homicidal ideation, intent or plan, and (5) likely to impact immediate family. Recent changes in treatment regimen, including discontinuation, should be explained and support clinical stability as above.

17. Behavioral health disorders newly diagnosed during deployment do not immediately require a waiver or redeployment. Disorders deemed treatable, stable, and having no

impairment of performance or safety by a credentialed mental health provider do not require a waiver to remain in theater.

- a. Exceptions include diagnoses featuring bipolar, psychotic, or suicidal features. These individuals should be redeployed at soonest opportunity via medical evacuation with appropriate escorts and per TRANSCOM guidelines.
- b. Diagnoses requiring the prescription of CSA-scheduled controlled substances will require an approved waiver to obtain routine refills of medication.

I. Medications – Recently discontinued medications are considered to have had valid clinical indications, and should include verification of control of underlying conditions and reason for cessation. Medications included as “PRN”, or as needed, must include a description of typical use. Although not exhaustive, use of any of the following medications (specific medication or class of medication) is disqualifying for deployment, unless a waiver is granted:

1. Any medication which, if lost, misplaced, stolen, or destroyed, would result in significant worsening or grave outcome for the affected individual before the medication could be reasonably replaced.
2. Any medication requiring periodic laboratory monitoring, titrated dosing, or special handling/storage requirements, or which has documented side effects, when used alone or in combination with other required therapy, which are significantly impairing, or which impose an undue risk to the individual or operational objectives.
3. Blood modifiers:
 - a. Therapeutic Anticoagulants: warfarin (Coumadin), rivaroxaban (Xarelto), apixaban (Eliquis).
 - b. Platelet Aggregation Inhibitors or Reducing Agents: clopidogrel (Plavix), anagrelide (Agrylin), Dabigatran (Pradaxa), Aggrenox, Ticlid (Ticlopidine), Prasugrel (Effient), Pentoxifylline (Trental), Cilostazol (Pletal), Ticagrelor (Brilinta). Note: Aspirin use in theater is to be limited to individuals who have been advised to continue use by their healthcare provider for medical reasons; such use must be documented in the medical record.
 - c. Hematopoietics: filgrastim (Neupogen), sargramostim (Leukine), erythropoietin (Epogen, Procrit).
 - d. Antihemophilics: Factor VIII, Factor IX, Factor Xa.
4. Antineoplastics (oncologic or non-oncologic use): e.g., antimetabolites (methotrexate, hydroxyurea, mercaptopurine, etc.), alkylators (cyclophosphamide, melphalan, chlorambucil, etc.), antiestrogens (tamoxifen, etc.), aromatase inhibitors (anastrozole, exemestane, etc.), medroxyprogesterone (except use for contraception), interferons, etoposide, bicalutamide, bexarotene, oral tretinoin (Vesanoid).
5. Immunosuppressants: e.g., chronic systemic steroids.
6. Biologic Response Modifiers (immunomodulators): e.g., abatacept (Orencia), adalimumab (Humira), anakinra (Kineret), etanercept (Enbrel), infliximab (Remicade), leflunomide (Arava), azathioprine (Imuran), etc.
7. Antiretrovirals used for Pre-Exposure Prophylaxis (PrEP): e.g. tenofovir disoproxil fumarate/emtricitabine (Truvada)
8. Any CSA Schedule I-V controlled substance, including but not limited to the following:
 - a. Benzodiazepines: lorazepam (Ativan), alprazolam (Xanax), diazepam (Valium), flurazepam (Dalmane), clonazepam (Klonopin), etc.

- b.** Stimulants: methylphenidate (Ritalin, Concerta), amphetamine/dextroamphetamine (Adderall), dextroamphetamine (Dexedrine), dexmethylphenidate (Focalin XR), lisdexamfetamine (Vyvanse), modafinil (Provigil), armodafinil (Nuvigil), etc.
- c.** Sedative Hypnotics/Amnestics: zolpidem (Ambien, Ambien CR), eszopiclone (Lunesta), zaleplon (Sonata), estazolam (Prosom), triazolam (Halcion), temazepam (Restoril), etc. Note: single pill-count issuances for operational transition do not require a waiver.
- d.** Narcotics/narcotic combinations: oxycodone (Oxycontin, Percocet, Roxicet), hydrocodone (Lortab, Norco, Vicodin), hydromorphone (Dilaudid), meperidine (Demerol), tramadol (Ultram), etc.
- e.** Cannabinoids: marijuana, tetrahydrocannabinol (THC), dronabinol (Marinol), cannabidiol (CBD oil), etc. Note that possession or use may be a criminal offense in the CENTCOM AOR.
- f.** Anorexiant: phendimetrazine (Adipost), phentermine (Zantryl, Adipex-P), etc.
- g.** Androgens and Anabolic Steroids: testosterone (Axiron, AndroGel, Fortesta, Testim), oxymetholone (Anadrol-50), methyltestosterone (Methitest), etc. Preparations used in accordance with standards outlined in 7.A.8 above do not require separate waiver.
- 9.** Antipsychotics, including atypical antipsychotics: haloperidol (Haldol), fluphenazine (Prolixin), quetiapine (Seroquel), aripiprazole (Abilify), lurasidone (Latuda), ziprasidone (Geodon), olanzapine (Zyprexa), etc.
- 10.** Antimanic (bipolar) agents: e.g., lithium.
- 11.** Anticonvulsants, used for seizure control or behavioral health diagnoses.
 - a.** Anticonvulsants (except those listed below) which are used for *non-behavioral health* diagnoses, such as migraine, chronic pain, neuropathic pain, and post-herpetic neuralgia, are not intrinsically deployment-limiting as long as treated conditions meet the criteria set forth in this document and accompanying MOD FOURTEEN. No waiver required. Exceptions include:
 - b.** Valproic acid (Depakote, Depakote ER, Depacon, divalproex, etc.).
 - c.** Carbamazepine (Tegretol, Tegretol XR, etc.).
 - d.** Lamotrigine (Lamictal)
- 12.** Dopamine agonists: Ropinirole (Requip), pramipexole (Mirapex), etc.
- 13.** Botulinum toxin (Botox): Current or recent use to control severe pain.
- 14.** Insulin and exenatide (Byetta).
- 15.** Injectable medications of any type, excluding epinephrine (Epipen), medroxyprogesterone acetate (Depo-Provera), and testosterone cypionate (for Low T/hypogonadism), though underlying allergy may require separate waiver.

8. CONTACTS FOR WAIVERS (See also MOD 14, Para. 15.C.3.C.)

- A. CENTCOM.** CENCOM.MACDILL.CENCOM-HQ.MBX.CCSG-WAIVER@MAIL.MIL; CML: 813.529.0361; DSN: 312.529.0361
- B. AFCENT.** SG.SHAW@AFCENT.AF.MIL; CML: 803.717.7101; DSN: 313.717.7101
- C. ARCENT.** USARMY.SHAW.USARCENT.MBX.SURG-WAIVER@MAIL.MIL; CML: 803.885.7946; DSN: 312.889.7946
- D. MARCENT.** COMUSMARCENTFORCESURGEON@USMC.MIL; CML: 813.827.7175; DSN: 312.651.7175

E. NAVCENT. CUSNC.MEDWAIVERS@ME.NAVY.MIL; CML: 011.973.1785.4558; DSN: 318.439.4558

F. SOCCENT. SOCCENT.SG@SOCOM.MIL; CML: 813.828.7351; DSN: 312.968.7351