STATE OF NEW YORK
DIVISION OF MILITARY AND NAVAL AFFAIRS
NEW YORK NAVAL MILITIA
330 OLD NISKAYUNA ROAD, LATHAM, NEW YORK 12110

NYNMINST 6110.1B

NEW YORK NAVAL MILITIA INSTRUCTION 6110.1B

APRIL 17, 2015

Subj: PHYSICAL AND MEDICAL REQUIREMENTS

Ref: (a) DMNA Regulation 10-1; Naval Militia Regulations
(b) NYNMINST 1001.1A; Administration Manual

Encl: (1) New York Naval Militia Physical and Medical Requirements

1. Purpose. In accordance with references (a) and (b), this instruction promulgates the physical and medical requirements for membership in the New York Naval Militia.

2. Cancellation. This instruction cancels NYNMINST 6110.1A, of 28 FEB 2014.

3. Direction. All New York Naval Militia personnel will adhere to the guidance found in enclosure (1).

Ten Eyck Powell, III

New York Naval Militia Physical and Medical Requirements

1. Policy and Direction. New York Naval Militia (NYNM) members and applicants will follow the guidance in the following areas:

a. The medical requirements of service in the New York Naval Militia are the same as that of the individual's parent federal Reserve component. Arduous physical activity may be required. All members must be able to run/walk one (1) mile in less than 20 minutes and be able to lift or carry up to 40 pounds on a frequent basis

b. Physical Examination Requirements

(1) Selected Reserve and Individual Ready Reserve members of the United States Navy, Marine Corps, or Coast Guard must maintain all physical and health requirements of their parent federal service. Copies of all medical documentation are maintained by the parent service. If a member is physically qualified (PQ) as a Reservist (SELRES/IRR), then no additional documentation is required.

(2) 900-series unit members must have on file a current (within the past 365 days) record of a medical evaluation as delineated in Section (3). Upon completion of the medical evaluation, members must forward a copy of the applicable forms by mail or electronically to NYNM Headquarters to update their service record and database. The NYNM Force Medical Officer will administratively review all submissions for completeness and accuracy, and endorse submissions as indicated. Members who are required to submit medical documentation to NYNM Headquarters will do so at their own expense. Individuals evaluated under the medical requirements of this instruction will be classified as either:

(a) Physically Qualified (PQ). Medical examiners will report those individuals as physically qualified (PQ) who have met the medical requirements of the NYNM, which are the same as the individual's parent federal Reserve component. No individuals will be accepted as being PQ on a provisional basis pending treatment or correction of a disqualifying condition.

(b) Not Physically Qualified (NPQ). Medical examiners will report those individuals as not physically qualified (NPQ) who have not met the medical requirements of the NYNM as the result of a disqualifying condition. The medical examiner must differentiate between permanent NPQ and temporary NPQ status.

(3) Forms for recording a member's medical history (NYNM Form 93)and physical examination (NYNM Form 88) are found in the forms section at the end of this instruction.

(4) The components and frequency of medical evaluations include:

(a) Medical History: All covered examinees (enlistment, appointment, determination of fitness-for-duty, and 900-series unit members) shall complete NYNM Form 93 (Report of Medical History) prior to the medical examination. This form shall be reviewed by the medical examiner for completeness and accuracy. All 900-series unit members are

required to complete NYNM Form 93 on an annual basis and forward a copy by mail or electronically to NYNM Headquarters to update their service record and database.

(b) Physical Examination: A physical examination for enlistment, appointment, determination of fitness-for-duty, and 900-series unit members must be conducted by a licensed physician or other appropriately credentialed healthcare provider at the member's own expense. In some cases, a military medical specialist may conduct the examination as designated by the Commander, NYNM. NYNM Form 88 must be completed, signed, and dated by a licensed or other appropriately credentialed medical examiner. Individuals assessed to be permanently NPQ may request a waiver. All waiver requests must be submitted in writing to the NYNM Force Medical Officer, who will assess the waiver request and forward a written medical opinion to the Commander, NYNM. A waiver may be authorized by the Commander, NYNM in the best interest of the service.

(5). All applicants must submit a completed NYNM Form 88 (Report of Medical Examination) and NYNM Form 93 (Report of Medical History) to NYNM Headquarters either by mail or electronically before affiliation will be considered.

(6). All 900-series unit members are required to submit completed NYNM Forms 88 and 93 to NYNM Headquarters on an annual basis as per Section 1.b.(2).

c. Height and Weight Standards

(1) All persons enlisting or applying for appointment must meet the established standards as set forth in Appendix A.

(2) All members will be evaluated annually under the direction of the Regional Commander.

(3) Failure to meet established standards:

(a). Persons seeking enlistment or appointment who do not meet the established standards will be rejected. Members applying for a professional development course or for promotion who do not meet the established standards will not be considered.

(b). Failure to meet the established standards at any other time an evaluation is required will initiate progressive remedial action:

(1). Upon the first incident of failure, the member will be counseled by the Force Medical Officer (or his/her designated representative) who will set one or more intermediate goals toward meeting the established standards. The member will be given (3) three months to demonstrate significant progressive improvement toward the required goal. If the member is in compliance with the intermediate goal, then continued improvement will be required until the member meets the established standards.

(2). If the member has demonstrated significant improvement but did not achieve the intermediate goal during the first (3) months, the member will be counseled and given an additional (3) months to

achieve the required goal. If the member has not demonstrated significant improvement within the first (3) months, then the member shall be processed for separation.

(3). If, following (6) six months of remedial action, the member has not achieved the established standards; the member will be involuntarily separated from the New York Naval Militia. The member may submit a written request for a weight waiver to the NYNM Force Medical Officer, who will assess the waiver request and forward a written medical opinion to the Commander, NYNM. Final waiver decisions shall be ascertained by the Commander, NYNM.

(4) Weight-to-height standards: Apply to all members. Upon recommendation by the Force Medical Officer, waivers to the weight-to-height standards may be authorized by the Commander, NYNM in the best interest of the service.

d. In the event of mobilization or other State Active Duty assignment, a pre-mobilization screening will be conducted to ensure that a current physical exam record is on file, attesting to the member's ability to perform arduous duty as stated in this instruction.

2. Appendix A to this enclosure is the Weight to Height Table. Appendix B includes the New York Naval Militia Forms for Report of Medical Examination (NYNMFORM 88) and Report of Medical History (NYNMFORM 93).

Weight-to-Height Table

Height is measured in stocking feet without shoes or boots, standing on a flat surface with the chin parallel to the floor. The body should be straight but not rigid, similar to the position of attention. The measurement will be rounded as follows:

If the fraction is less than ½ inch, round down to the next whole number.

If the fraction is more than ½ inch, round up to the next whole number.

Weight is measured and recorded to the nearest pound following these guidelines:
If the fraction is less than ½ pound, round down to the next whole number.
If the fraction is more than ½ pound, round up to the next whole number.

This chart is designed for weight measurements taken in a standard PT uniform (gym shorts and T-shirt; without shoes). Alternatively, measurements may be taken in a utility uniform consisting of blouse, trousers, belt, undershirt, underwear, and socks without boots. In this case, subtract 4½ pounds from the measured weight to calculate the member's equivalent weight.
For members over 80 inches, add 6 pounds per inch for both males and females to calculate table weights. The weight standards are based on a maximum BMI of 30 and are independent of age and gender.

Height (inches)	Maximum Weight (pounds)
55	130
56	135
57	140
58	145
59	150
60	153
61	160
62	165
63	171
64	176
65	182
66	187
67	193
68	199
69	205
70	211
71	217
72	223
73	229
74	235
75	242
76	248
77	255
78	262
79	268
80	275

New York Naval Militia
(NYNM)

REPORT OF MEDICAL EXAM

FOR OFFICIAL USE ONLY
NYNM Form 88
(REV 08/11)

PRIVACY ADVISORY STATEMENT

NEW YORK NAVAL MILITIA

Health and Medical Personal Information

AUTHORITY FOR COLLECTION OF PERSONAL INFORMATION: Personal Privacy Protection Law of New York State; Privacy Act of 1974, 5 U.S. Code, sections 552-522a.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMAITON: The requested information is mandatory for New York Naval Militia (NYNM) members to insure that: (1) medical record information is accurate for the individual member; and (2) to document all active duty medical incidents in view of future rights and benefits. If the requested information is not furnished, the NYNM member will not be considered for assignment for routine or emergency state active duty. If a NYNM member currently serving on routine or emergency state active duty declines to provide the requested information, the NYNM member's assignment to routine or emergency state active duty may be terminated.

ROUTINE USES: This all inclusive Privacy Act Statement will apply to all requests for personal information made by the New York Naval Militia and applicable health care providers, or for medical treatment purposes. It will become part of your New York Naval Militia service record. The intended use is in order to maintain a rapid recall capability, emergency notification, and to facilitate and document your health care.

PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED: The primary use of this information is to identify NYNM members who are physically capable of conducting routine and/or arduous tasks that may arise during the performance of state active duty. This form provides you the advice required by the New York State Personal Privacy Act and the federal Privacy Act of 1974.

THIS FORM IS NOT A CONSENT FORM TO RELEASE PERSONAL INFORMATION PERTAINING TO YOU TO AGENCIES AND ENTITIES OUTSIDE OF THE NEW YORK STATE DIVISION OF MILITARY AND NAVAL AFFAIRS AND THE JOINT FORCES OF THE NEW YORK STATE ORGANIZED MILITIA.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

_____ _____

Signature of NYNM member Date

_____

Printed name and grade/rank of NYNM member

New York Naval Militia (NYNM)	REPORT OF MEDICAL EXAM	FOR OFFICIAL USE ONLY NYNM Form 88

INSTRUCTIONS

The applicant may be participating in strenuous activity, which may include exposure to extreme weather conditions, cold water, fatigue and remote locations. Please, complete the following items and summarize your findings in the section below. By your signature, you have determined that the applicant is fit for full duty in the New York Naval Militia.

Medical examinations recorded on another agency or organizational record of medical examination form, with signature of licensed medical practitioner are acceptable in lieu of this completed form. Attach the completed other agency form to this form, and complete sections 1 and 2 below.

Acceptance criteria for applicants to the New York Naval Militia include the ability to FULLY participate in militia activities. This includes strenuous physical exercise and activities. Defects that are cause for rejection of an applicant for actual enlistment or appointment into the naval service should be identified. Conditions that will or are likely to require treatment, particularly unresolved injuries and recurrent illness must be listed. The history of immunization should be verified to the satisfaction of the medical examiner. A licensed healthcare provider must complete this examination.

1. UNIT INFORMATION

1a. Unit Name	**1b.** NYNM Region

2. PERSONNEL INFORMATION

2a. Last Name	**2b.** First Name	**2c.** MI	**2d.** Blank

2e. Age	**2f.** Date of Birth (DD MMM YY)	**2g.** Sex ☐ X ☐ Male ☐ Female	**2h.** Emergency Contact Person Name and Phone Number

2i. Home Address	**2j.** City	**2k.** State	**2l.** Zip Code + 4

2m. Home Phone	**2n.** Date of Physical Examination (DD MMM YY)	**2o.** Location of Physical Examination

3. CLINICAL EVALUATION

	Normal	Abnormal
3a. Head, Face, Neck, and Scalp	☐	☐
3b. Nose	☐	☐
3c. Sinuses	☐	☐
3d. Ears – General *(Internal and External Canals)*	☐	☐
3e. Ear Drum *(Perforation)*	☐	☐
3f. Eyes- General	☐	☐
3g. Ophthalmoscopic	☐	☐
3h. Pupils *(Equality and Reaction)*	☐	☐
3i. Heart *(Thrust, Size, Rhythm, and Sounds)*	☐	☐
3j. Lungs and Chest	☐	☐
3k. Abdomen and Viscera *(Include Hernia)*	☐	☐
3l. External Genitalia *(Genitourinary)*	☐	☐
3m. Upper Extremities	☐	☐
3n. Lower Extremities	☐	☐
3o. Feet	☐	☐
3p. Spine and other Musculoskeletal	☐	☐

	Normal	Abnormal
3q. Mouth and Throat	☐	☐
3r. Vascular System (*Varicosities, etc.*)	☐	☐
3s. Prostate	☐	☐
t. Testicular	☐	☐
3u. Anus and Rectum	☐	☐
3v. Endocrine System	☐	☐
3w. G-U System	☐	☐
3x. Skin, lymphatics	☐	☐
3y. Neurologic	☐	☐

Notes: (Describe abnormalities in detail. Continue in Section 6 or additional sheets as necessary.)

4. LABORATORY FINDINGS *(as clinically indicated)*

4a. Urinalysis **(1)** Albumin:	**(2)** Sugar:	**4b.** Blood **(1)** Hemoglobin:	**(2)** Hematocrit:

5. MEASUREMENTS AND OTHER FINDINGS

5a. Height inches	**5b.** Weight lbs.	**5c.** Obese ☐ Yes ☐ No	**5d.** Pulse	**5e.** Blood Pressure **(1)** Systolic:	**(2)** Diastolic:

5f. Audiogram (if available, attach audiogram printout)

HZ	500	1000	2000	3000	4000	6000	8000
Right							
Left							

5g. Wears Glasses ☐ Yes ☐ No	**5h. Wears Contacts** ☐ Yes ☐ No	**5j.** Best/Corrected Vision **(1)** Left: 20/	**(2)** Right: 20/

5i. Color Vision

5k. Or valid NYS Driver License Number/Class

5l. Other Findings (if more room is needed, continue on reverse)

NYNM 88 (REV 08/11)

	REPORT OF MEDICAL EXAM	NYNM Form 88 (Reverse)

6. NOTES, REMARKS, AND OTHER FINDINGS (Use additional sheets of paper if needed)

ACCEPTANCE CRITERIA FOR APPLICANTS TO, AND CONTINUED SERVICE IN THE NEW YORK NAVAL MILITIA

A. Acceptance is based upon ability to participate in strenuous physical activity, (which may include exposure to extreme weather conditions, cold water, fatigue and remote locations) and the absence of contagious disease, illness, or history that will or is likely to require medical care or restriction of participation. All members must be able to run/walk one (1) mile in less than 20 minutes and be able to lift or carry up to 40 pounds on a frequent basis.

B. Special attention should be given to orthopedic and cardiovascular conditions or complaints.

C. There is no specific limit for vision. However, applicants who wear glasses or contact lenses but cannot participate in activities that require the removal of glasses (or contacts) should be reviewed on a case-by-case basis.

D. Examining physicians may submit appropriate statements for consideration of acceptance, when the physician is of the opinion that the applicant will not encounter any restriction of participation in the program and that the condition in question does not present an unacceptable risk for aggravation or worsening as the result of participation in the activities of the New York Naval Militia.

7. ENDORSEMENT

It is my professional medical opinion in accordance with the above criteria that the examinee is:

☐ PHYSICALLY QUALIFIED: Fit for full duty in the New York Naval Militia

☐ NOT PHYSICALLY QUALIFIED: **NOT** fit for full duty for reasons stated above in Block 6 (notes)

7a. Name of Physician (Type or Print) or Physician's Stamp	**7b.** Signature	**7c.** Date (DD MMM YY)

NYNM 88 (REV 08/11) Reverse

New York Naval Militia
(NYNM)

REPORT OF MEDICAL HISTORY

FOR OFFICIAL USE ONLY
NYNM Form 93
(REV 08/11)

PRIVACY ADVISORY STATEMENT

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_____ _____

Signature of NYNM member Date

_____

Printed name and grade/rank of NYNM member

New York Naval Militia (NYNM)	REPORT OF MEDICAL HISTORY AUTHORIZATION, CONSENT AND RELEASE	FOR OFFICIAL USE ONLY NYNM Form 93

NOTICE

The information requested below is required to provide the medical examiner an accurate history of illnesses and injuries that may affect the applicant's ability to perform the strenuous physical exercise and exposure to living and working environments that are a part of the New York Naval Militia. Also this information will be provided to medical examiners in case of injury or illness. **If taking medications at time of application, list in Block 6.**

THE INFORMATION YOU PROVIDE MUST BE ACCURATE AND COMPLETE. You are encouraged to consult your private medical provider regarding past illnesses.

1. UNIT INFORMATION

1a. Unit Name	**1b.** NYNM Region

2. PERSONAL INFORMATION

2a. Last Name	**2b.** First Name	**2c.** MI	**2d.** Blank

2e. Age	**2f.** Date of Birth (DD MMM YY)	**2g.** Sex ☐ X ☐ Male ☐ Female	**2h.** Emergency Person Contact Name and Phone Number

2i. Home Address	**2j.** City

2k. State	**2l.** Zip Code + 4	**2m.** Home Phone	**2n.** Date of Physical Examination (DD MMM YY)

3. MEDICAL HISTORY (Mark each item "YES" or "NO" Every item marked YES must be fully explained in block 6: explain treatment to return member to medically fit for duty)

HAVE YOU EVER HAD OR DO YOU NOW HAVE ANY OF THE FOLLOWING CONDITIONS:	**YES**	**NO**		**YES**	**NO**
3a. Tuberculosis or live with someone with tuberculosis	☐	☐	**3m.** Head injury or concussion	☐	☐
3b. Chronic or recurrent abdominal or stomach pain	☐	☐	**3n.** Seizures, convulsions, epilepsy, or fits	☐	☐
3c. Asthma or breathing problems related to exercise, pollen, etc.	☐	☐	**3o.** Car, train, sea, and/or air sickness	☐	☐
3d. Been prescribed or use an inhaler	☐	☐	**3p.** A period of unconsciousness	☐	☐
3e. Loss of vision in either eye	☐	☐	**3q.** Heart trouble or murmur	☐	☐
3f. Loss of hearing or wear a hearing aid	☐	☐	**3r.** Received counseling for emotional or behavior disorder	☐	☐
3g. Impaired use of arms, legs, hands, feet	☐	☐	**3s.** Eating disorder (bulimia, anorexia)	☐	☐
3h. Knee problems	☐	☐	**3t.** Sleepwalking	☐	☐
3i. Broken bones(s) (cracked or fractured)	☐	☐	**3u.** Frequent or severe headaches	☐	☐
3j. Diabetes	☐	☐	**3v.** Been hospitalized *(if yes, why, when, where)*	☐	☐
3k. Anemia (including sickle cell)	☐	☐	**3w.** Any illness or injury not mentioned above *(if yes, explain)*	☐	☐
3l. Dizziness or fainting spells (including after exercise)	☐	☐	**3x.** Advised to avoid certain physical activities *(if yes, explain)*	☐	☐

4. IMMUNIZATION RECORDS

IMMUNIZATIONS	Month/Year Given		Month/Year Given		Month/Year Given
Tetanus	____/____	Mumps	____/____	Tdap	____/____
Diptheria	____/____	Rubella	____/____	Hepatitis A	____/____
Pertussis	____/____	Polio	____/____	Hepatitis B	____/____
Measles	____/____	Chicken Pox	____/____	TB/PPD	____/____
Small Pox	____/	Influenza	____/	Anthrax	____/____

PREVIOUS EDITIONS ARE OBSOLETE

NYNM 93 (REV 08/11)

	REPORT OF MEDICAL HISTORY	NYNM Form 93

5. ALLERGIES (Mark each item "YES" or "NO" Every item marked yes must be fully explained in block 5i)

DO YOU NOW HAVE ANY OF THE FOLLOWING ALLERGIES:	YES	NO		YES	NO
5a. Bee or Wasp Sting	☐	☐	**5e.** Latex	☐	☐
5b. Hay Fever or seasonal allergies	☐	☐	**5f.** Any drug, E-mycin antibiotic, or sulfa allergies, list in Block 5i	☐	☐
5c. Insect Bites	☐	☐	**5g.** Other Allergies, list in Block 6	☐	☐
5d. Iodine/seafood	☐	☐	**5h.** Food allergies, list in Block 6	☐	☐

5i. Describe the allergic reaction and what condition occurs:

6. Remarks (Please include comments as required by Block 3. Also provide any other medical history that you or your physician deems important.)

List all current medications, including over-the-counter medications, vitamins, and supplements;

Social History:

Tobacco Use: Number of packs or dips per day: _____

Alcohol Use: Number of drinks per week (on average): _____

List all current medical restrictions:

Have there been any significant changes in your health since your last medical examination: ☐NO ☐YES. If YES, please describe:

7. AUTHORIZATON AND RELEASE

I certify that to the best of my knowledge the information provided is true and accurate and that I have disclosed all pertinent medical history.

8a. Member Name (Type or Print)	**8b.** Signature	**8c.** Date (DD MMM YY)

NYNM 93 (REV 08/11) PREVIOUS EDITIONS ARE OBSOLETE