

# **Navy Recruit Medical In Processing Update: Optometry Accession Standards, Waivers and Interesting Cases**

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**4 June 2021**

**1200 – 1300 (ET)**



***“Medically Ready Force...Ready Medical Force”***

CAPT Todd Lauby, OD, MBA, FAAO, FACHE, DipACLM  
Specialty Leader for Navy Optometry  
NMRTC Great Lakes Det Red Rover  
Lovell Federal Health Care Center  
North Chicago, IL

# CAPT Todd Lauby, O.D.



CAPT Lauby is an Aerospace Optometrist and currently serves as the Navy Specialty Leader for Optometry to the Chief, Bureau of Medicine and Surgery. He received his Doctor of Optometry degree from The Ohio State University and is a Fellow of the American Academy of Optometry, a Fellow of the American College of Healthcare Executives, a Diplomate of the American College of Lifestyle Medicine, and adjunct faculty at the Illinois College of Optometry. He is currently a member of the following boards/working groups: MHS Optical Fabrication Advisory Board, DHA Refractive Surgery Board, DHA Vision Center of Excellence Functional Stakeholders, Armed Forces Optometric Society Section Chiefs, and the Medical Service Corps Professional Review Board.

# Disclosures



- Dr. Todd Lauby has no relevant financial or non-financial relationships to disclose relating to the content of this activity.
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# Learning Objectives



At the conclusion of this activity, participants will be able to:

1. Summarize the purpose and mission of Optometry services in Navy recruit medical in-processing.
2. Describe the complexity and scope of ocular and visual disorders that recruits present with at boot camp.
3. Identify current updates to vision accession standards including keratoconus policy.

# 1523 Optometry—RTC Great Lakes



- Navy's only boot camp
- Up to 400 recruits/day
- 42,700 recruits last FY
- Waiver recommendations
  - ☐ Safety
  - ☐ Deploy ability
  - ☐ Occupational requirements
- Same day spectacle fabrication
  - ☐ Over 20,000 pairs/year

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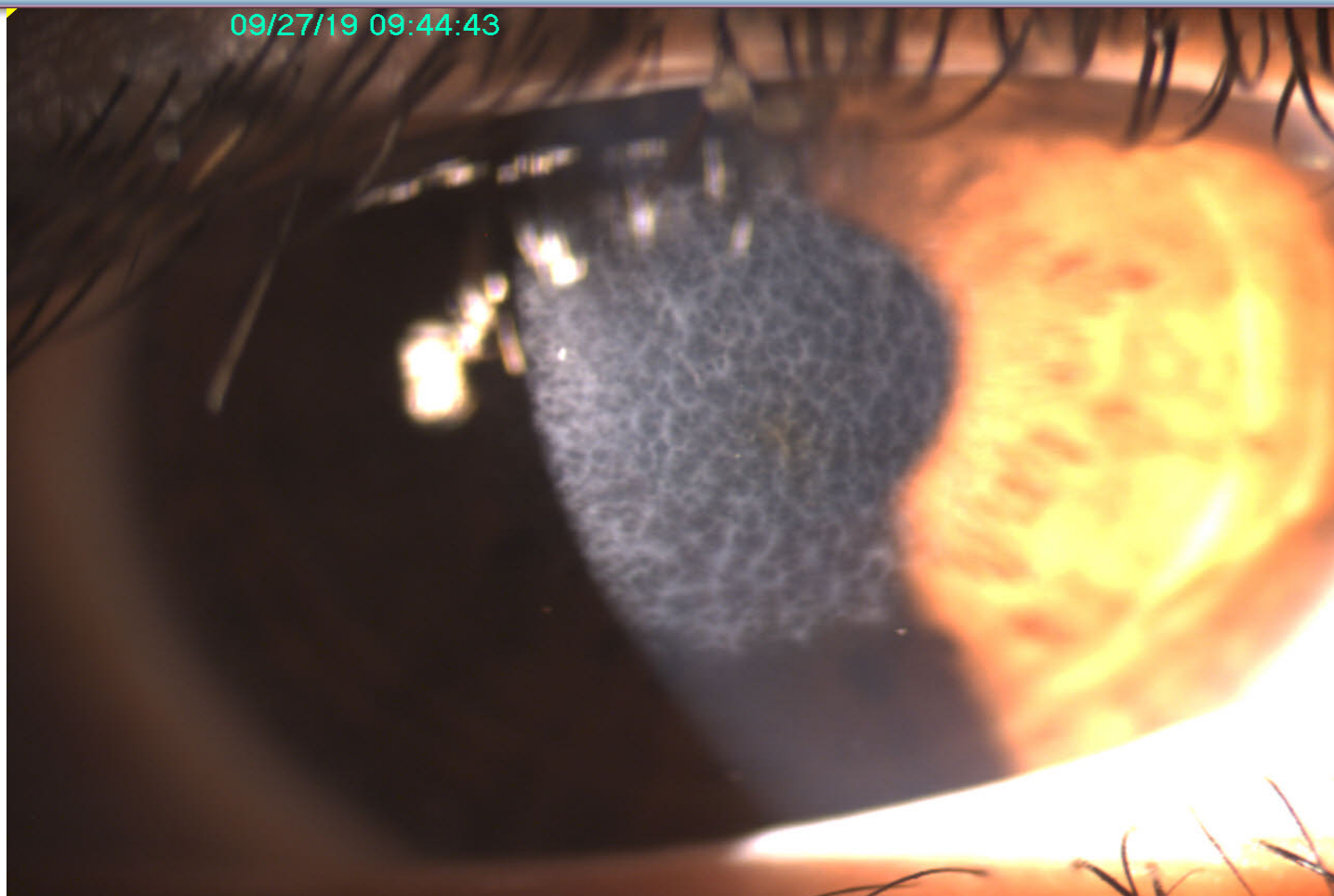
# Don't Believe the Hype



- 20 yo male: air traffic controller
- Hx: wore glasses since age 12; denies any eye trauma or surgery
- VAsc 20/200 OD, 20/30 OS; removed CL OD
- MR: -3.50 sph 20/20 OD, -0.50-0.50x026 20/20 OS

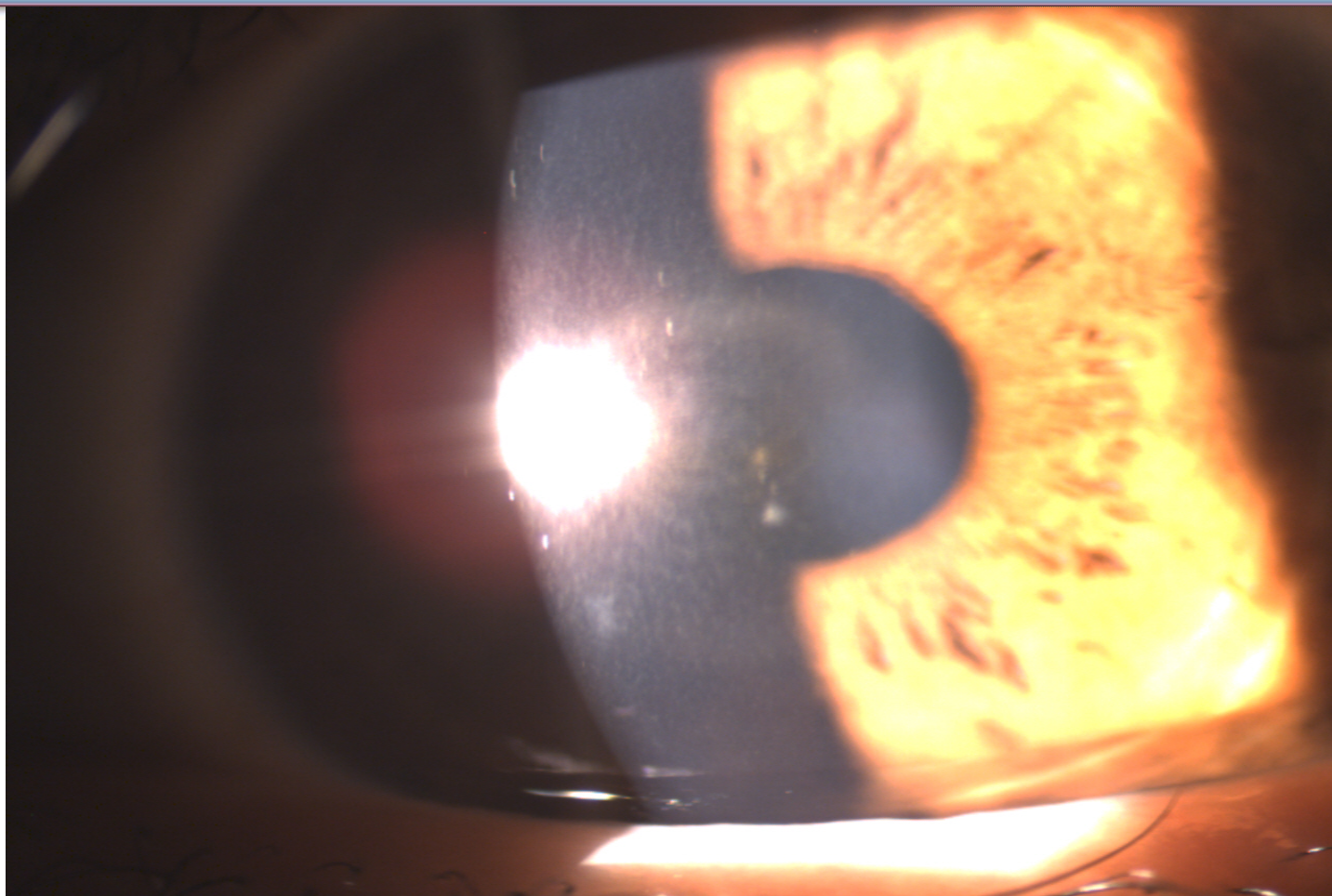
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# Imaging



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# Imaging



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## OCULUS - PENTACAM 4 Maps Refractive

1.21r43

Last Name:  
First Name:  
ID:  
Date of Birth:  
Exam Date:  
Exam Info:

**Cornea Front**

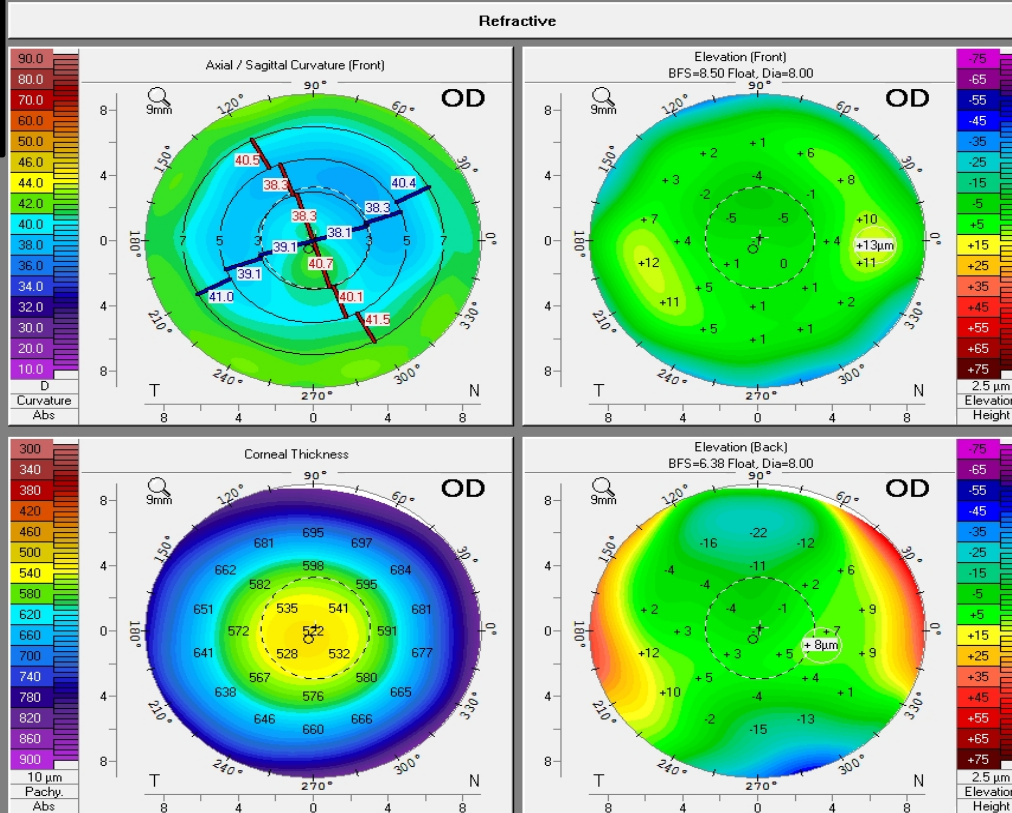
Rf: 8.70 mm K1: 38.8 D  
Rs: 8.50 mm K2: 39.7 D  
Rm: 8.60 mm Km: 39.2 D  
QS: OK Axis: (steep) 103.3° Astig: 0.9 D  
Q-val: (6mm) 0.76 Rper: 8.15 mm Rmin: 7.85 mm

**Cornea Back**

Rf: 6.51 mm K1: -6.1 D  
Rs: 6.27 mm K2: -6.4 D  
Rm: 6.39 mm Km: -6.3 D  
QS: OK Axis: (steep) 96.3° Astig: 0.2 D  
Q-val: (6mm) -0.03 Rper: 6.48 mm Rmin: 6.00 mm

**Pachy:** x[mm] y[mm]  
Pupil Center: + 523 µm +0.06 +0.09  
Pachy Apex: - 522 µm 0.00 0.00  
Thinnest Locat.: O 521 µm -0.13 -0.26  
K Max. (Front): 43.0 D -1.83 +4.32

**Cornea Volume:** 65.2 mm³ Ø Cornea: 12.1 mm  
**Chamber Volume:** 202 mm³ Angle: 44.4°  
**A. C. Depth (Ext.):** 3.91 mm Pupil Dia: 3.00 mm  
Enter IOP IOP(Sum): Lens Th:



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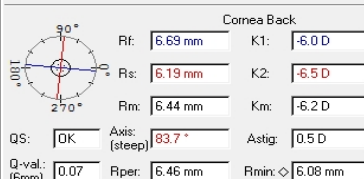
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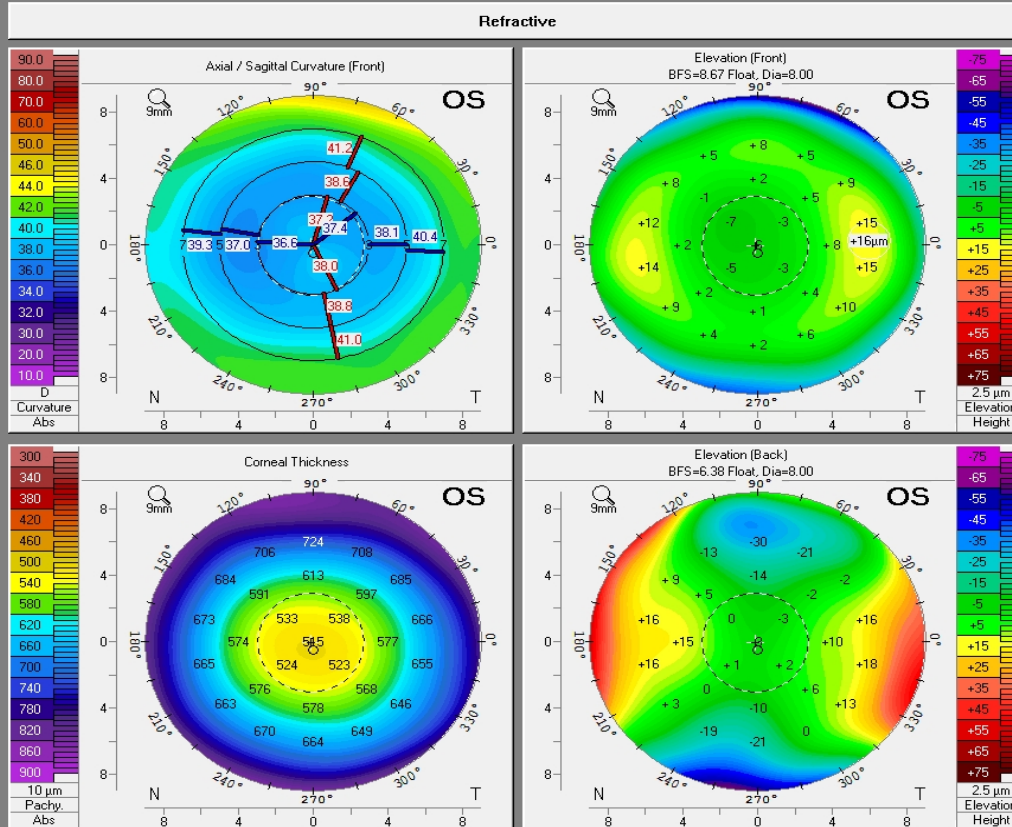
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First Name:  
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Date of Birth:  
Exam Date:  
Exam Info:



Pupil Center:	+	514 μm	x[mm]	-0.06	y[mm]	-0.03
Pachy Apex:	-	515 μm		0.00		0.00
Thinnest Locat.:	○	513 μm		0.00		-0.26
K Max: (Front):	•	46.1 D		+1.06		+4.55
Cornea Volume:		66.0 mm <sup>3</sup>	Ø Cornea:	12.2 mm		
Chamber Volume:		204 mm <sup>3</sup>	Angle:	46.3°		
A. C. Depth (Ext.):		3.95 mm	Pupil Dia:	2.89 mm		
Enter IOP	IOP(Sum):		Lens Th.:			



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# Federal law



- “Federal law provides severe penalties (up to 5 years confinement or \$10,000 fine, or both) to anyone making a false statement. If you are selected for enlistment based on a false statement, you may be subject to prosecution under the UCMJ or to an administrative separation proceedings for discharge, and could receive a less than honorable discharge.”

*DD Form 2807-1*

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# Waiver



- Remembered he had refractive surgery last year in Brazil
- Unable to retrieve any pre/post-op records; recalls -7D OU
- Waiver recommended for corneal scarring s/p complicated PRK
- Reclassification from flight status

# No Previous Eyecare



- 25 yo male: undesignated seaman
- No complaints; first eye exam
- VAsc 20/60 OD, 20/50 OS
- MR: -3.00-4.00x025 20/20 OD; pl-2.50x175 20/20 OS
- Cover test: 5pd XP @ D, 12pd ILXT @ N

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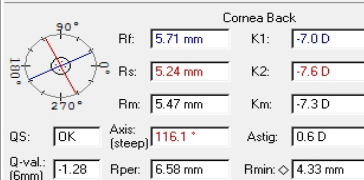
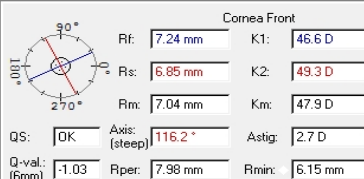
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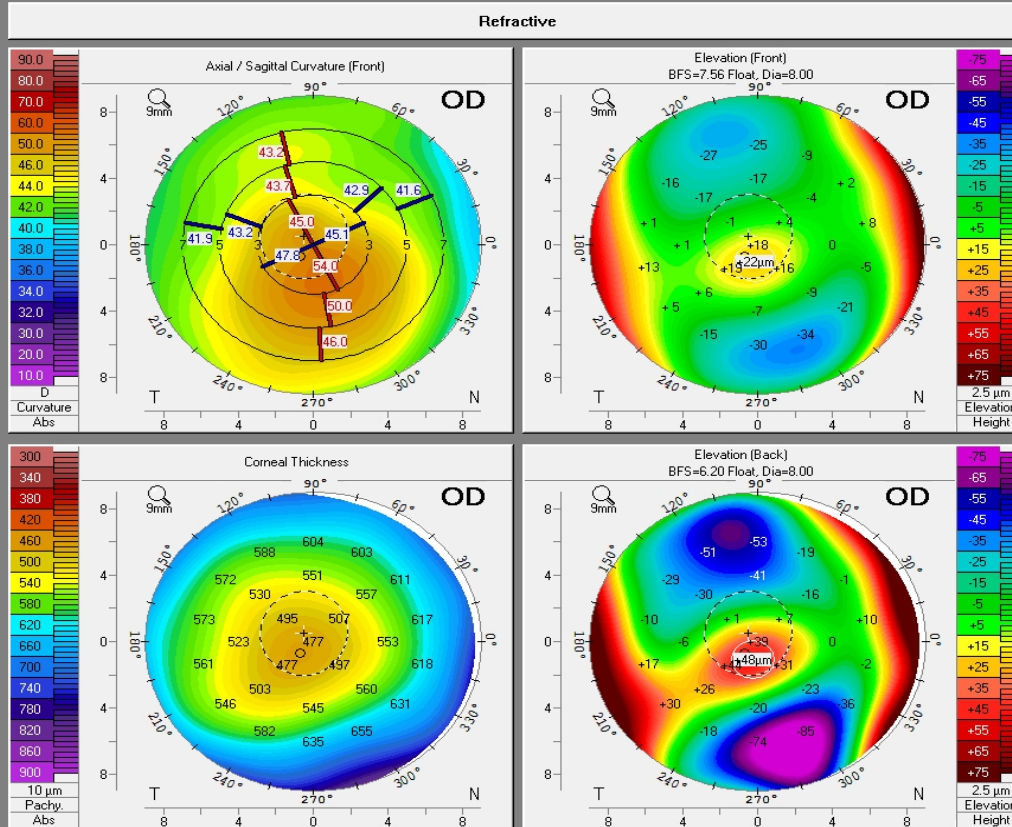
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1.21/43

Last Name:  
First Name:  
ID:  
Date of Birth:  
Exam Date:  
Exam Info:



Pupil Center:	+ 480 µm	x[mm] -0.26	y[mm] +0.25
Pachy Apex:	- 477 µm	0.00	0.00
Thinnest Locat.:	○ 473 µm	-0.34	-0.34
K Max (Front):	● 54.9 D	+0.34	-0.95
Cornea Volume:	58.6 mm <sup>3</sup>	Ø Cornea:	11.7 mm
Chamber Volume:	172 mm <sup>3</sup>	Angle:	42.0°
A. C. Depth (Ext.):	3.72 mm	Pupil Dia:	2.43 mm
Enter IOP	IOP(Sum):	Lens Th.:	



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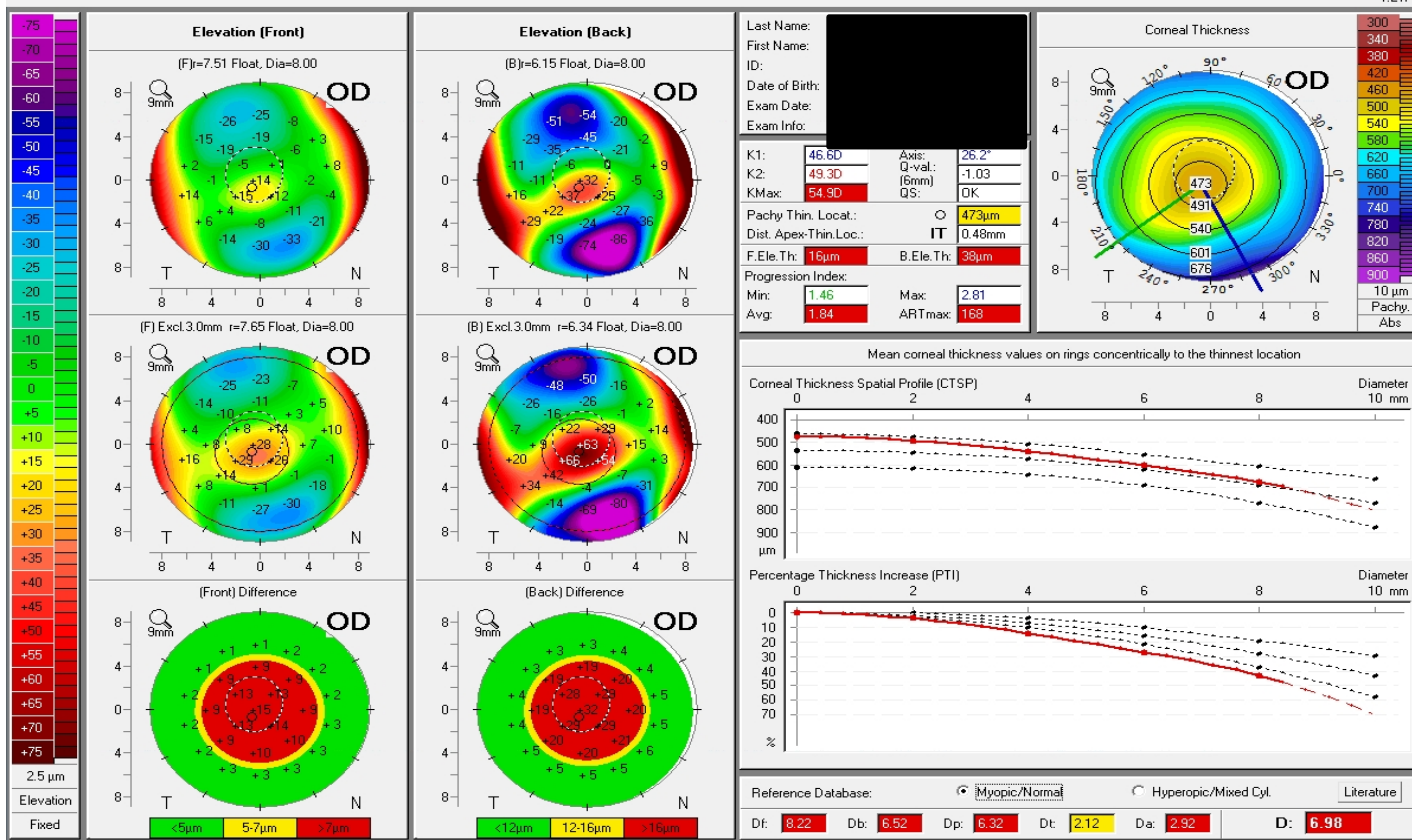
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## OCULUS - PENTACAM Belin / Ambrósio Enhanced Ectasia

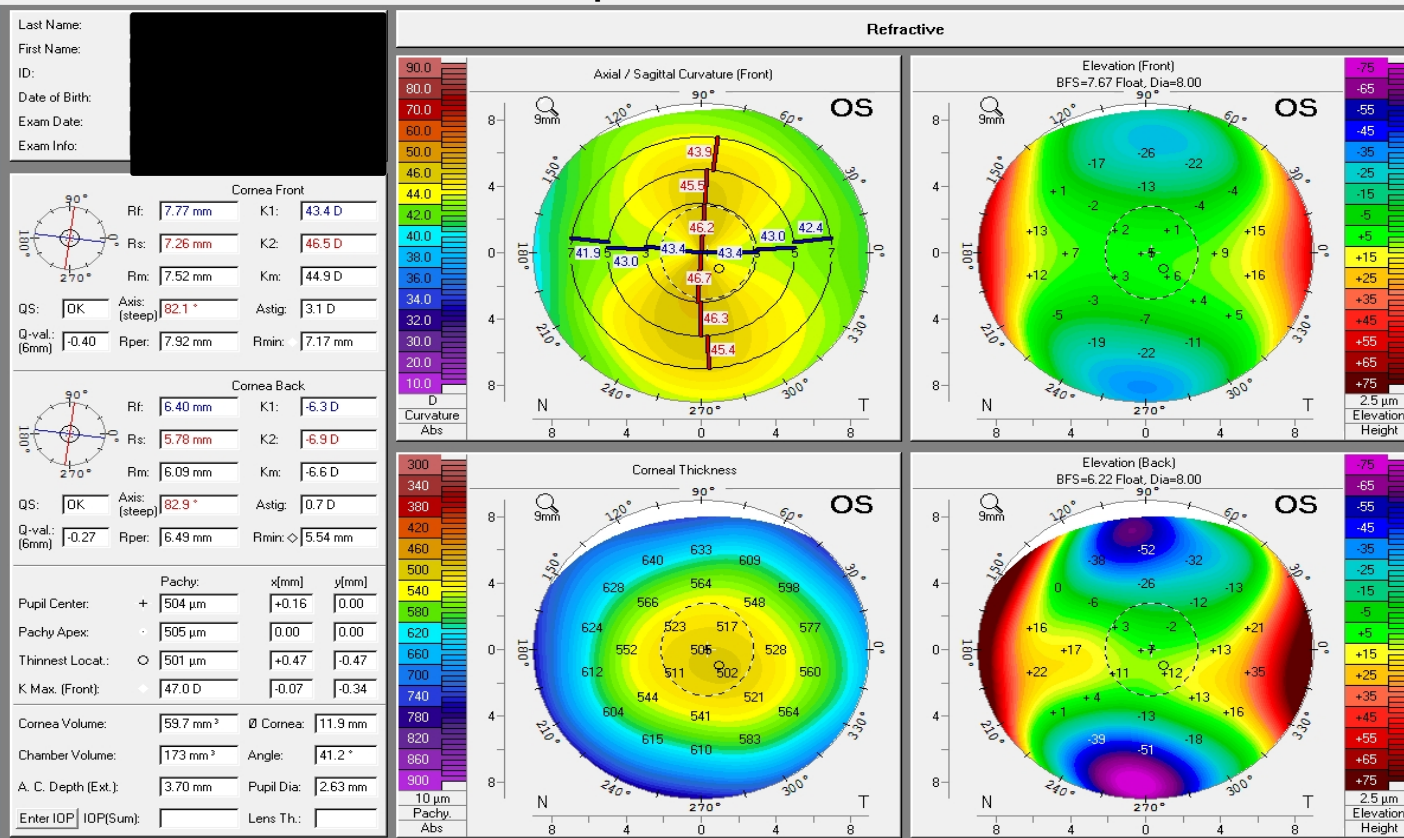
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## OCULUS - PENTACAM 4 Maps Refractive

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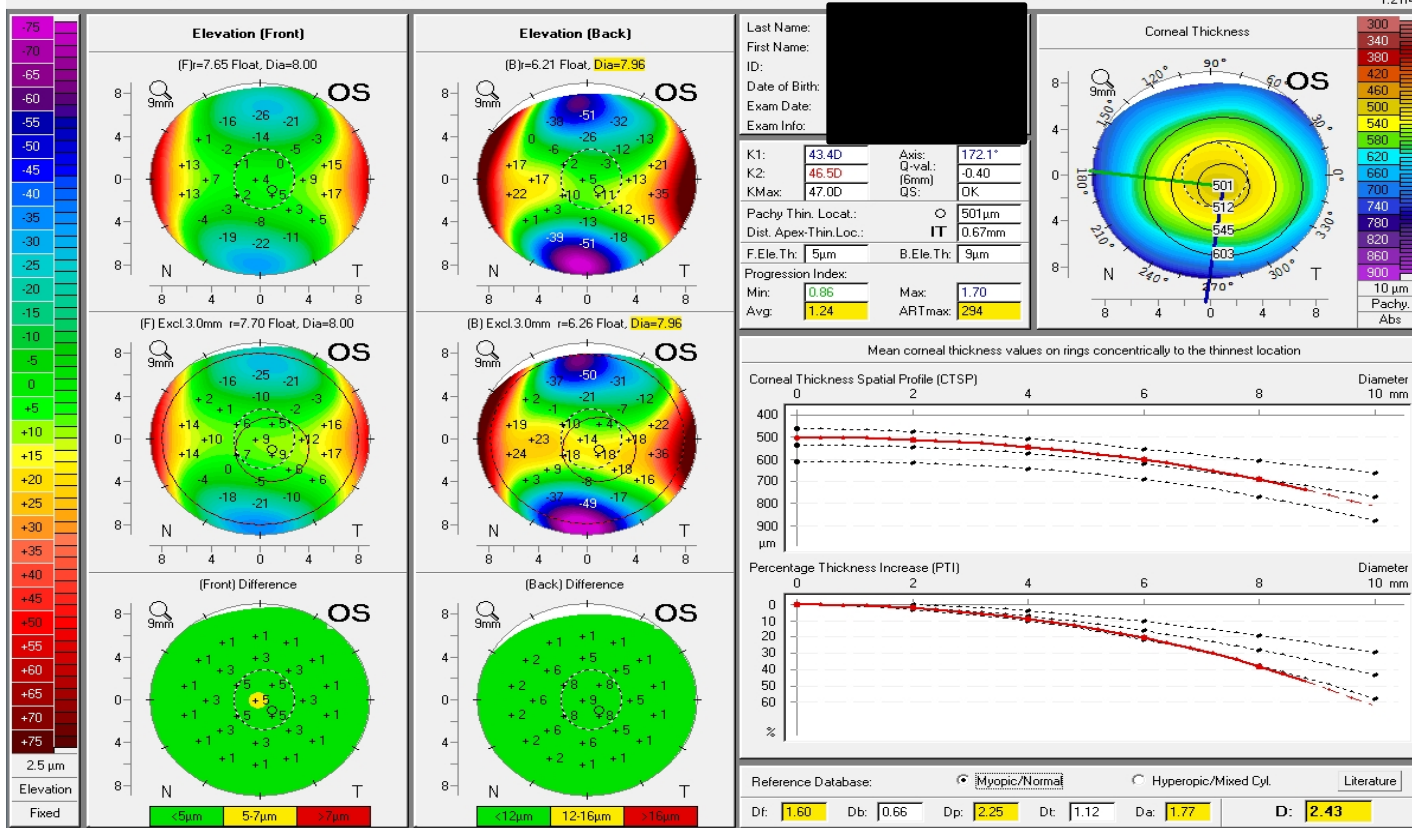
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# Waiver



- Forme Fruste or Subclinical Keratoconus
  - ☐ BCVA w/ spectacles 20/20
  - ☐ No clinical signs via slit lamp
- WR for irregular astigmatism exceeding 3D OD and strabismus
- Expect to see a lot more keratoconus in the fleet!

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# Waiver Approved



- 27 yo male: logistics specialist
- c/o double vision/blur cc, worse sc. Glasses x 2 yrs; balance lens OS.
- BCVA: 20/40 OD, 20/600 OS
- (+)scissor reflex, Fleischer ring, Munson sign, central corneal scarring/thinning
- Approved waiver from CNRC for keratoconus



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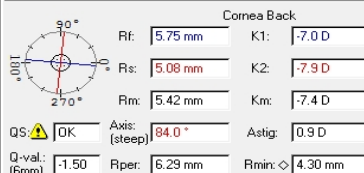
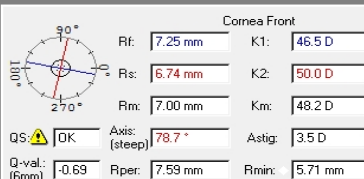
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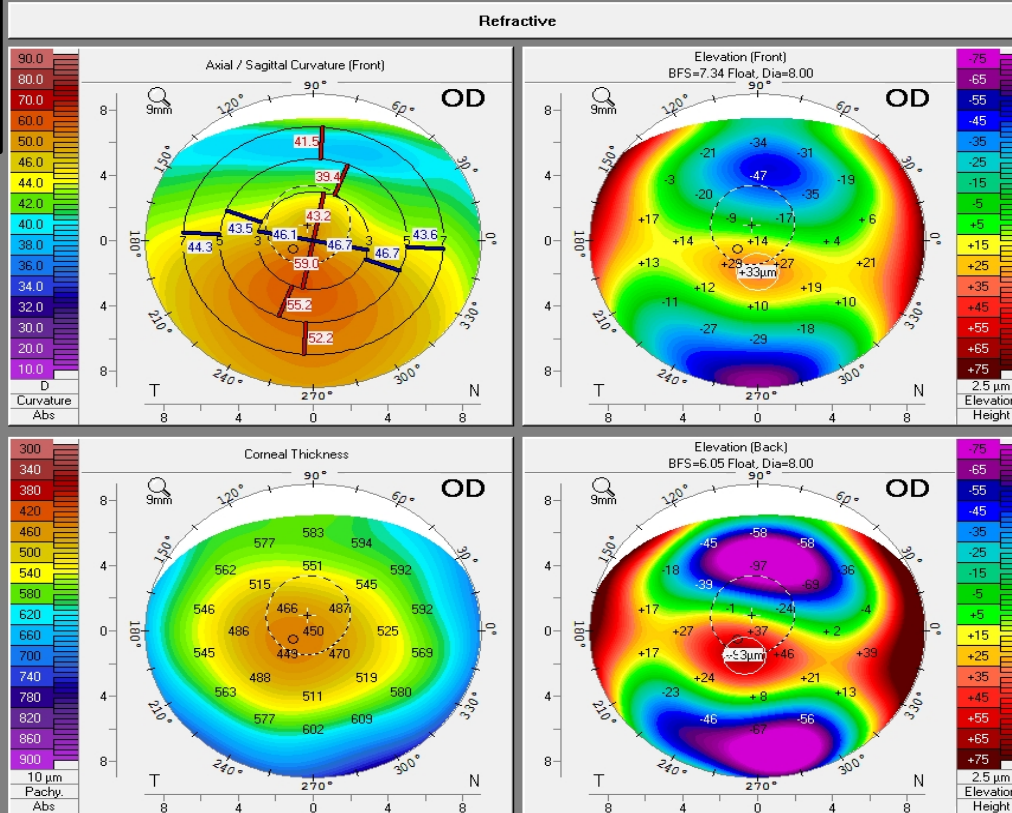
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First Name:  
ID:  
Date of Birth:  
Exam Date:  
Exam Info:



Pupil Center: + 460  $\mu$ m x(mm) -0.15 y(mm) +0.49  
 Pachy Apex: - 450  $\mu$ m 0.00 0.00  
 Thinnest Locat.: 445  $\mu$ m -0.54 -0.24  
 K Max. (Front): 59.1 D -0.24 -1.25  
 Cornea Volume: 57.8 mm<sup>3</sup>  $\emptyset$  Cornea: 12.5 mm  
 Chamber Volume: 197 mm<sup>3</sup> Angle: 35.6°  
 A. C. Depth (Ext.): 4.08 mm Pupil Dia: 2.34 mm  
 Enter IOP: IOP(Sum): Lens Th.:



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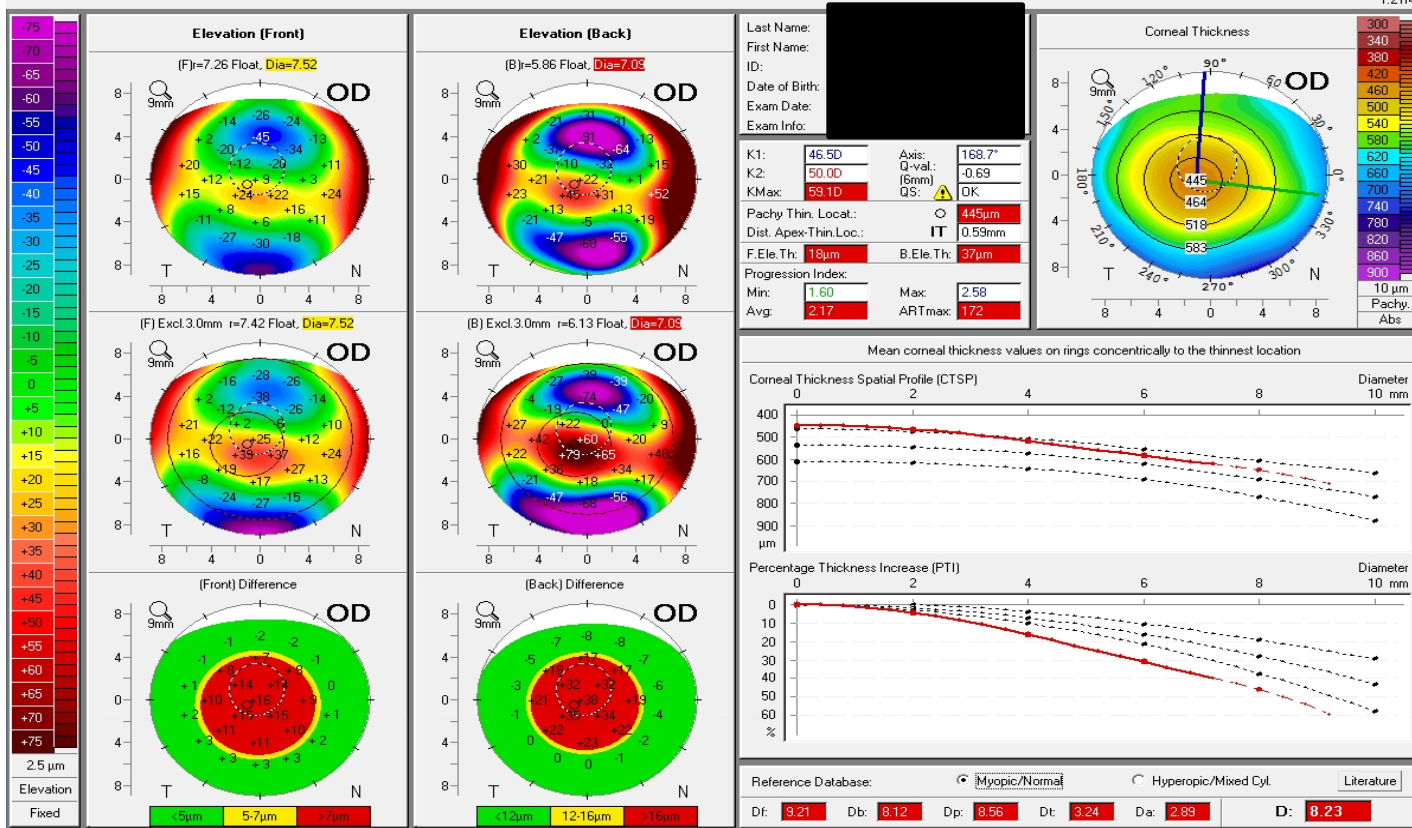
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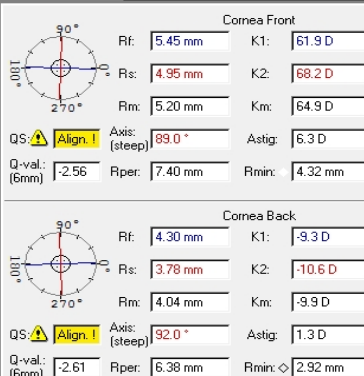
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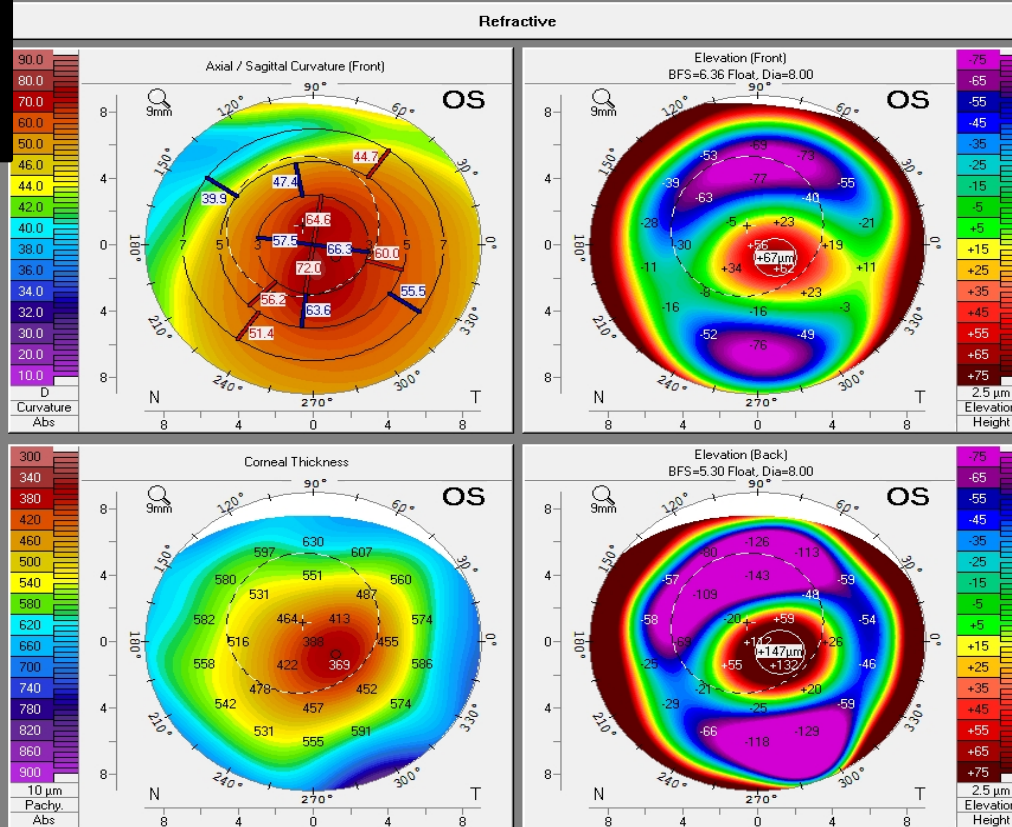
1.21/43

Last Name:  
First Name:  
ID:  
Date of Birth:  
Exam Date:  
Exam Info:



Pupil Center: + 434 μm x[mm] -0.30 y[mm] +0.56  
Pachy Apex: - 388 μm 0.00 0.00  
Thinnest Locat.: 363 μm +0.59 -0.40  
K Max (Front): 78.2 D +0.07 -0.40

Cornea Volume: 53.8 mm<sup>3</sup> Ø Cornea:   
Chamber Volume: 203 mm<sup>3</sup> Angle: 33.6°  
A. C. Depth (Ext.): 4.29 mm Pupil Dia: 4.14 mm  
Enter IOP IOP(Sum): Lens Th:



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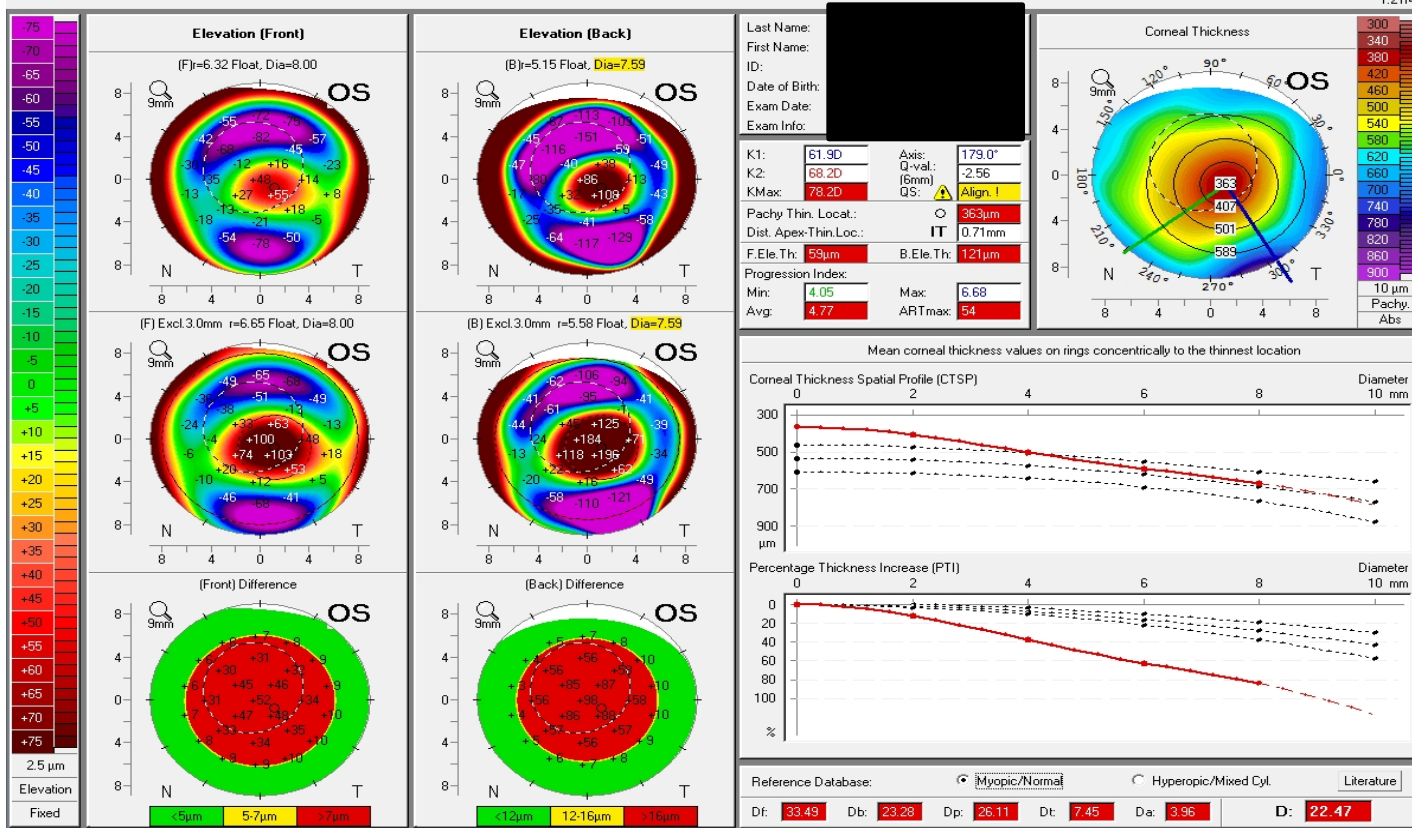
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# Waiver



- Waiver did not address low vision OS
- Pentacam 6 mos prior--Kmax: 49.1 to 59.1 OD, 65.9 to 78.2 OS
- WNR for unstable keratoconus and category 3 visual impairment
- Entry level medical separation (ELMS)

# 20/40—Good Enough?



- 22 yo male: advanced electronics field
- BCVA 20/20 OD, 20/40 OS. NI on subjective auto-refraction.
- c/o blur OS x 1 week (prior to boot camp); no F/F; no hx of trauma
- CVF: restricted superior-nasally OS



# Analysis

## Central 24-2 Threshold Test

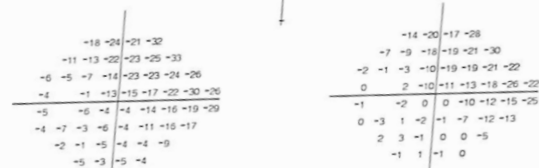
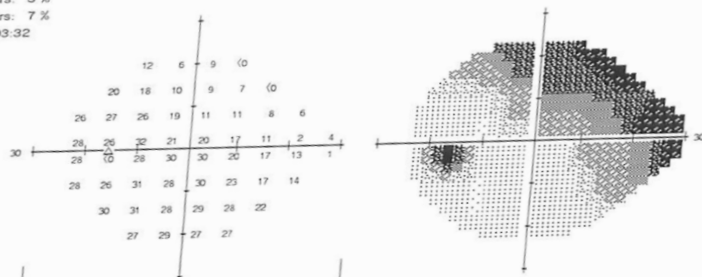
Fixation Monitor: Gaze/Blind Spot  
Fixation Target: Central  
Fixation Losses: 0/11  
False POS Errors: 3 %  
False NEG Errors: 7 %  
Test Duration: 03:32

Stimulus: III, White  
Background: 31.5 ASB  
Strategy: SITA-Fast

Pupil Diameter: 4.8 mm  
Visual Acuity:  
RX: DS -2.25 DC X 9

Date: 03-11-2020  
Time: 11:15 AM  
Age: 22

Fovea: OFF



GHT  
Outside normal limits

VFI 69%  
MD -13.05 dB P < 0.5%  
PSD 9.39 dB P < 0.5%

NHC GREAT LAKES BHC 1523

■ < 5%  
■ < 2%  
■ < 1%  
■ < 0.5%

## Single Field Analysis

Eye: Right

## Central 24-2 Threshold Test

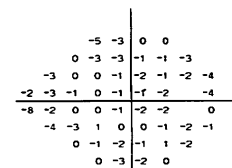
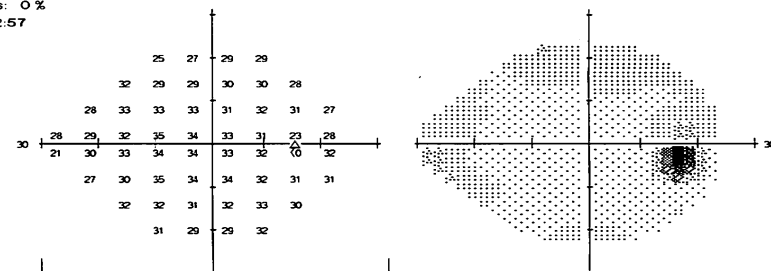
Fixation Monitor: Gaze/Blind Spot  
Fixation Target: Central  
Fixation Losses: 0/11  
False POS Errors: 2 %  
False NEG Errors: 0 %  
Test Duration: 02:57

Stimulus: III, White  
Background: 31.5 ASB  
Strategy: SITA-Fast

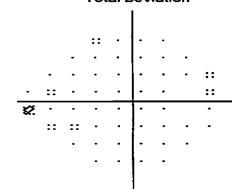
Pupil Diameter: 5.9 mm  
Visual Acuity:  
RX: +0.00 DS -3.00 DC X 176

Date: 03-11-2020  
Time: 11:11 AM  
Age: 22

Fovea: OFF



Total Deviation



■ < 5%  
■ < 2%  
■ < 1%  
■ < 0.5%

GHT  
Within normal limits

VFI 99%  
MD -1.38 dB P < 10%  
PSD 1.55 dB

NHC GREAT LAKES BHC 1523

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# Imaging



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# Referral



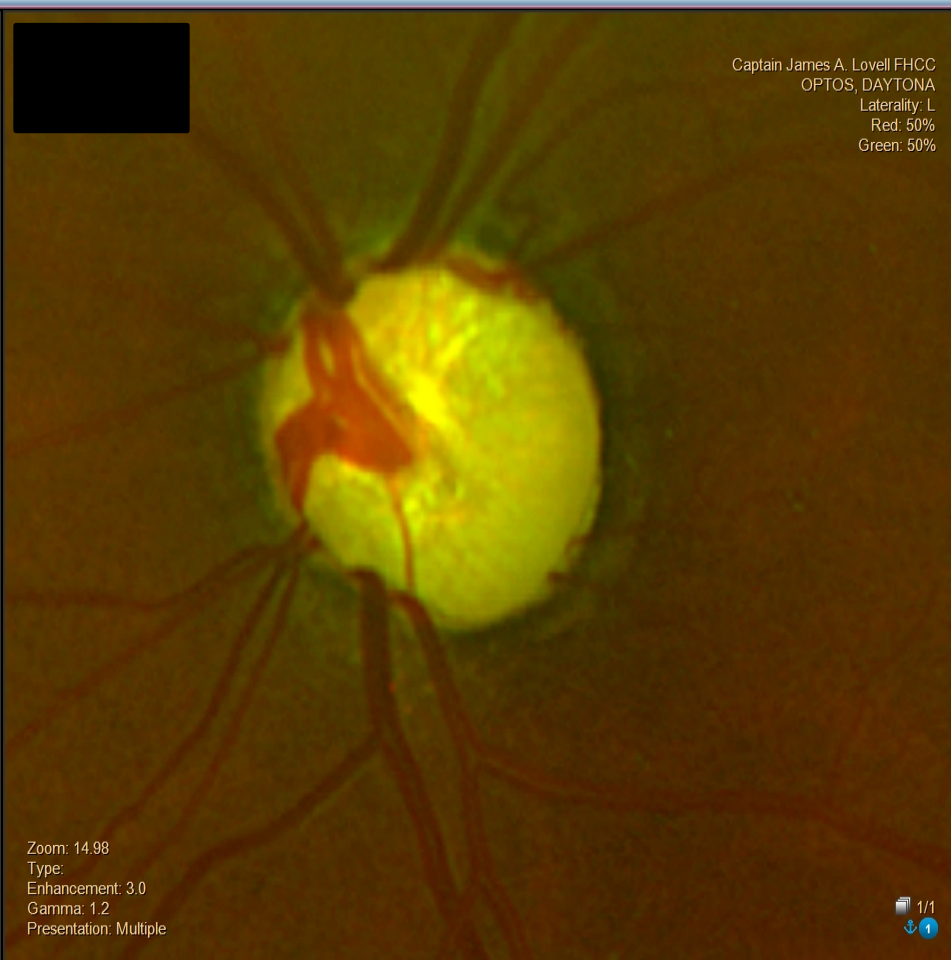
- Same day referral to retinal surgeon
- Laser prophylaxis for multiple holes OD, scleral buckle for RRD OS
- 2 weeks later has PPV w/ gas tamponade OS
- ELMS when cleared to fly

## 20/20 at MEPS



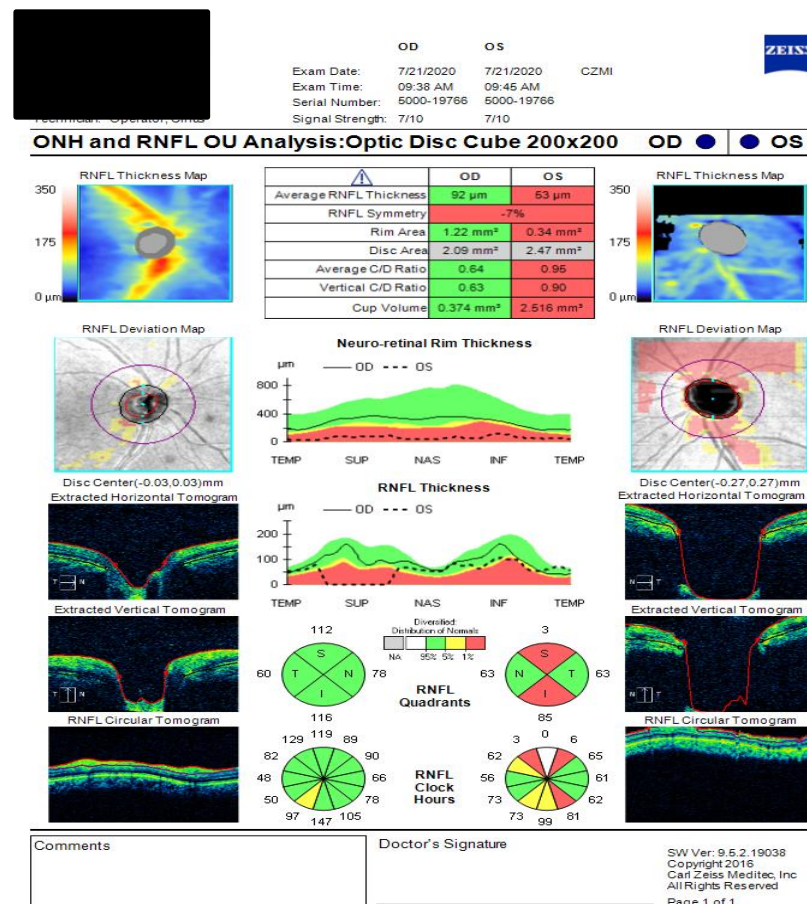
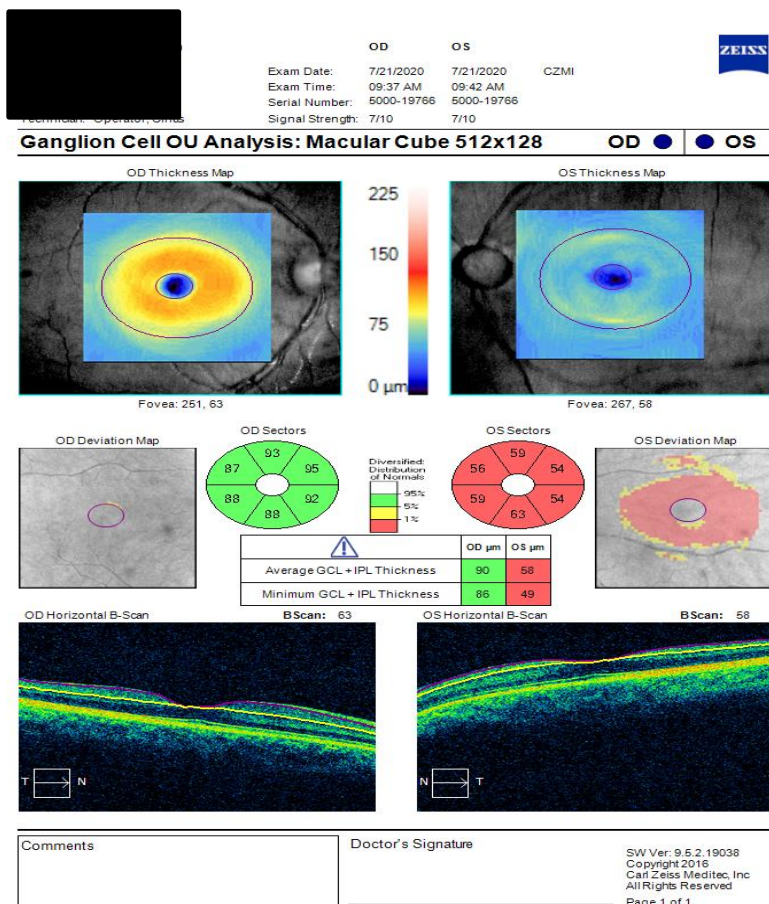
- 24 yobm logistics specialist
- c/o decreased vision OS x 3 weeks (noticed when covered eye during ROM). At MEPS 20/20 OD/OS (9 months prior). Negative P/FHx.
- BCVA 20/20 OD, HM OS
- 2+ RAPD OS
- IOP: 27 OD, 38 OS
- Gonioscopy: open angles/no recession

# Imaging



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# Analysis



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# Consult



- Ophthalmology consult
- Normal MRI brain/orbits
- Dx: Juvenile Open Angle Glaucoma
- Started latanoprost, Cosopt, brimonidine, Diamox
- ELMS



# What's the underlying cause?



- 19 yo male culinary specialist submarine
- BCVA at MEPS Consult: 20/40 OD, 20/50 OS
- Nml corneal topography and DFE
- Ophthalmologist's dx: decreased vision OU
- CNRC waiver approved for low vision
- Recruit reports vision has progressively worsened and symptomatic glare w/ night driving
- Low astigmatism, no amblyogenic factors

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# Imaging



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# 24-2



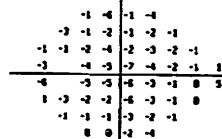
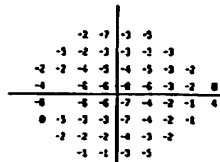
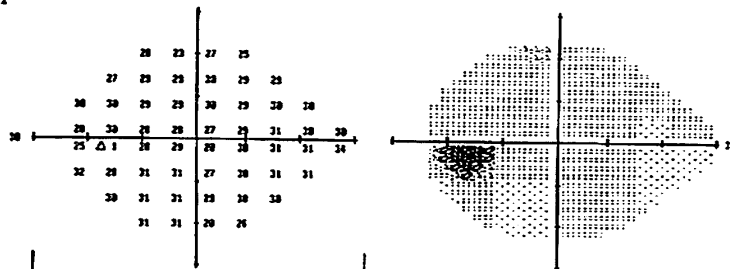
## SINGLE FIELD ANALYSIS

POSITION KONITER: CAZE/ELSD SPOT  
 POSITION TARGET: CENTRAL  
 POSITION LOSSES: 2/11  
 FALSE POS ERRORS: 0 X  
 FALSE NEG ERRORS: 4 X  
 TEST QUESTION: 03114  
 FINDER: OFF

STIMULUS: EYE: WHITE  
 BACKGROUND: 31.5 ASD  
 STRATEGY: S11D-FAST

POPUL. BUREAU: 4.5 IN  
 VESSEL ACQUITY:  
 EX: DS DC X

DATE: 01-05-2020  
 TIME: 0124 AM  
 AGE: 19



OUT  
 OUTSIDE NORMAL LIMITS

MD -3.61 DB P < 1%  
 PSD 2.16 DB P < 5%

TOTAL DEVIATION

PATTERN DEVIATION



MD -4.5X  
 MD -4.5X  
 MD -4.5X  
 MD -0.5X

ENC GREAT LAKES ENC 1123

## SINGLE FIELD ANALYSIS

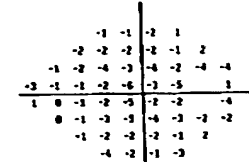
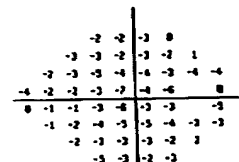
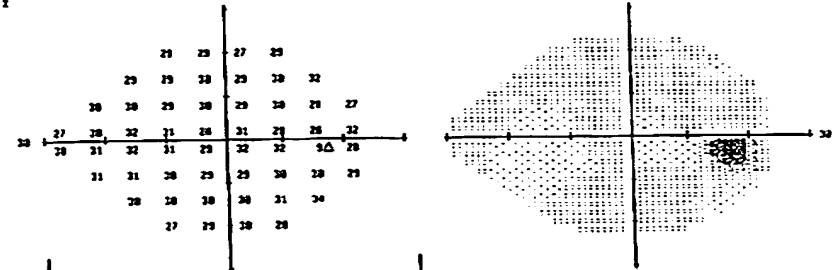
EYE: RIGHT

POSITION KONITER: CAZE/ELSD SPOT  
 POSITION TARGET: CENTRAL  
 POSITION LOSSES: 3/10 X  
 FALSE POS ERRORS: 5 X  
 FALSE NEG ERRORS: 0 X  
 TEST QUESTION: 03104  
 FINDER: OFF

STIMULUS: EYE: WHITE  
 BACKGROUND: 31.5 ASD  
 STRATEGY: S11D-FAST

POPUL. BUREAU: 5.4 IN  
 VESSEL ACQUITY:  
 EX: DS -1.25 DC X 1.77

DATE: 01-05-2020  
 TIME: 0132 AM  
 AGE: 19



\*\*\* LSA TEST RELIABILITY \*\*\*

OUT  
 WITHIN NORMAL LIMITS

MD -2.96 DB P < 1%  
 PSD 1.73 DB P < 10%

TOTAL DEVIATION

PATTERN DEVIATION



MD -4.5X  
 MD -4.5X  
 MD -4.5X  
 MD -0.5X

ENC GREAT LAKES ENC 1123



# 10-2



## SINGLE FIELD ANALYSIS

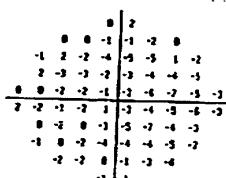
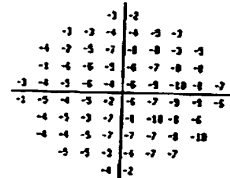
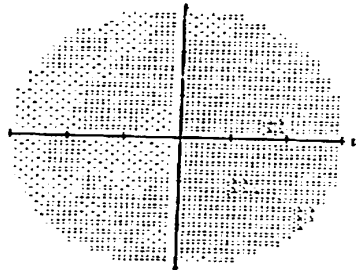
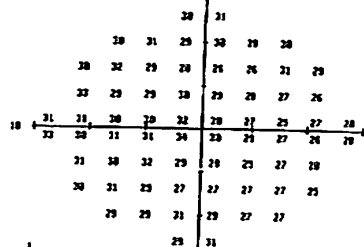
FIXATION MONITOR: GAZE/BLIND SPOT  
 FIXATION TARGET: CENTRAL  
 FIXATION LOSSES: 3/17  
 FALSE POS ERRORS: 2 X  
 FALSE NEG ERRORS: 2 X  
 TEST DURATION: 00:10

STIMULUS: III- WHITE  
 BACKGROUND: 31.5 DEG  
 STRATEGY: SETA-STANDARD

POPUL. DIAMETER: 4.0 MM  
 VISUAL ACUITY:  
 DE: DS DC X

DATE: 03-09-2020  
 TIME: 9:00 AM  
 AGE: 17

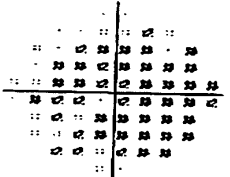
FOVEA: OFF



NO -5.01 DB P < 1%  
 PSD 2.20 DB P < 1%

RETIL. DEVIATION

PATTERN DEVIATION



11 < 1%  
 12 < 1%  
 13 < 1%

ENC. GREAT LINES ENC 1520

## SINGLE FIELD ANALYSIS

EYE: RIGHT

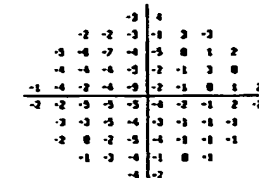
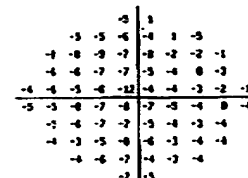
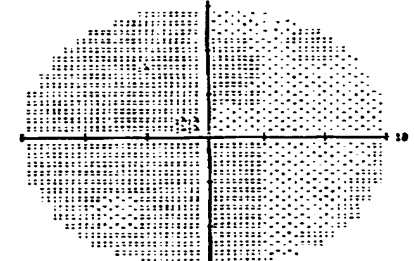
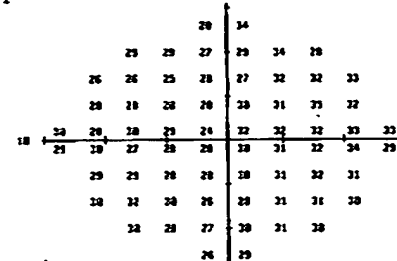
FIXATION MONITOR: GAZE/BLIND SPOT  
 FIXATION TARGET: CENTRAL  
 FIXATION LOSSES: 3/16  
 FALSE POS ERRORS: 4 X  
 FALSE NEG ERRORS: 1 X  
 TEST DURATION: 00:10

STIMULUS: III- WHITE  
 BACKGROUND: 31.5 DEG  
 STRATEGY: SETA-STANDARD

POPUL. DIAMETER: 6.2 MM  
 VISUAL ACUITY:  
 DE: OS -1.25 DC X 177

DATE: 03-09-2020  
 TIME: 8:15 AM  
 AGE: 19

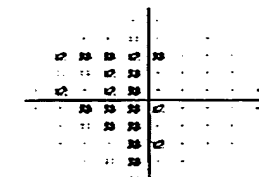
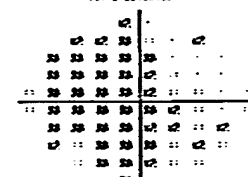
FOVEA: OFF



NO -4.00 DB P < 1%  
 PSD 2.40 DB P < 1%

RETIL. DEVIATION

PATTERN DEVIATION



11 < 1%  
 12 < 1%  
 13 < 1%

ENC. GREAT LINES ENC 1521

"Medically Ready Force...Ready Medical Force"

# FAF



Captain James A. Lovell FHCC  
OPTOS, DAYTONA  
Laterality: R

Captain James A. Lovell FHCC  
OPTOS, DAYTONA  
Laterality: L



1/1  
↓

Zoom: 2.00  
Type:  
Presentation: Multiple



1/1  
↓

***"Medically Ready Force...Ready Medical Force"***

# Revisit the history



- Adopted
- Overweight
- Born with 6 digits on both hands/feet
- Bardet-Biedl Syndrome
  - ☐ Polydactyly
  - ☐ Truncal obesity
  - ☐ Retinal dystrophy
  - ☐ Progressive loss of vision by early adulthood

***“Medically Ready Force...Ready Medical Force”***

# Consult



- Retinal specialist consult/FANG
- Dx: macular pattern dystrophy
- Recommended mfERG and genetic testing
- WNR for likely progressive retinal dystrophy, reduced BCVA, and central scotomas bilaterally
- ELMS

# DoDI 6130.03—May 2018



- DVA/NVA correctable with spectacles to at least 20/40 in each eye
- Currently using MANMED Article 15-35 enlisted standards for waivers:
  - 20/40 in one eye, 20/70 in other eye
  - 20/30 in one eye, 20/100 in other eye
  - 20/20 in one eye, 20/400 in other eye
- DVA/NVA correctable with spectacles to at least 20/20 in each eye is still the MANMED standard for officers.

***“Medically Ready Force...Ready Medical Force”***

# MANMED Future Updates



- Low amounts of strabismus (asymptomatic) will not be disqualifying
  - ☐ Same as DoDMERB standards
  - ☐ Most common waiver
  
- Adding CCVT to Special Operations Duty (15-105)
  - ☐ Same as aviation
  - ☐ NSW/diving community already adapted these standards
  
- Adding CCVT as an alternate to PIP for general duty standards
  - ☐ Comparable to FALANT passing mild color deficient

***“Medically Ready Force...Ready Medical Force”***



# DoD Joint Policy for Keratoconus/CXL—June 2020



- Definition criteria for corneal ectasia/KCN suspect:
  - ☐ Myopic progression of 1D or more/year (MR)
  - ☐ Astigmatism progression of 0.5D or more/year (MR)
  - ☐ More than two changes in contact lens fit in past 6 months
  - ☐ Corneal findings of Fleischer's ring, Vogt's striae, apical thinning/protrusion
  - ☐ Irregular corneal topography/tomography
- Until diagnosis of KCN is confirmed, code as Irregular Astigmatism

# DoD Joint Policy for Keratoconus/CXL—June 2020



## ■ Accession standards

- ☐ Demonstrate stability for 2 years\* (If s/p CXL, stable for 12 months)
  - No increase in Kmax by more than 1D
  - No increase in cylinder by more than 1D (manifest refraction)
  - No more than 0.5D myopic shift (manifest refraction)
- ☐ Meet vision requirements with spectacles (no CL use for 1 month prior)
- ☐ Post-CXL CCT must be >400um and Kmax must be <55D

\*CNRC is currently waiving this requirement.

***“Medically Ready Force...Ready Medical Force”***

# DoD Joint Policy for Keratoconus/CXL—June 2020



## ■ Retention standards

- ☐ Undergo CXL if medically recommended
- ☐ Retention decided on case-by-case basis by surgeon with primary criteria being able to perform their duties
- ☐ MEB only required if unable to meet vision standards and interferes with mission, performance, deployment

## ■ Deployment

- ☐ Non-deployable for minimum of 6 months s/p CXL

***“Medically Ready Force...Ready Medical Force”***

# Key Takeaways



- Vision/ocular accession standards ensure the safety of the sailor, their shipmates, and the ship (aircraft, etc.).
- The number of recruits reporting to boot camp with visual disorders and ocular disease has increased with current recruiting waivers.
- Navy Optometrists are instrumental in ensuring sailors are safe to train, meet occupational and deployment requirements, and have optimal visual performance to meet the mission—providing the sight to fight.
- “Vision readiness *is* mission readiness.”

# References



DOD Instruction 6130.03 Vol. 1. (2018). Medical Standards for Appointment, Enlistment or Induction into the Military Services.

<https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/613003p.pdf>

DOD Joint Policy for Corneal Ectasia/Keratoconus and Cross-linking (2020). Keratoconus Working Group; Military Refractive Safety and Standards Symposium.

Manual of the Medical Department (NAVMED P-117) Chapter 15. (2015). Physical Examinations and Standards for Enlistment,

Commission and Special Duty. [https://www.med.navy.mil/directives/Documents/NAVMED%20P-](https://www.med.navy.mil/directives/Documents/NAVMED%20P-117%20%28MANMED%29/Chapter%2015%20Medical%20Examinations%20%28incorporates%20Changes%20126%2C%20135-138%2C%20140%2C%20145%2C%20150-152%2C%20154-156%2C%20160%2C%20164%2C%20and%20165%29.pdf)

[117%20%28MANMED%29/Chapter%2015%20Medical%20Examinations%20%28incorporates%20Changes%20126%2C%20135-138%2C%20140%2C%20145%2C%20150-152%2C%20154-156%2C%20160%2C%20164%2C%20and%20165%29.pdf](https://www.med.navy.mil/directives/Documents/NAVMED%20P-117%20%28MANMED%29/Chapter%2015%20Medical%20Examinations%20%28incorporates%20Changes%20126%2C%20135-138%2C%20140%2C%20145%2C%20150-152%2C%20154-156%2C%20160%2C%20164%2C%20and%20165%29.pdf)

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1. Go to URL <https://www.dhaj7-cepo.com/>
2. Search for your course using the **Catalog**, **Calendar**, or **Find a course** search tool.
3. Click on the REGISTER/TAKE COURSE tab.
  - a. If you have previously used the CEPO CMS, click login.
  - b. If you have not previously used the CEPO CMS click register to create a new account.
4. Follow the onscreen prompts to complete the post-activity assessments:
  - a. Read the Accreditation Statement
  - b. Complete the Evaluation
  - c. Take the Posttest
5. After completing the posttest at 80% or above, your certificate will be available for print or download.
6. You can return to the site at any time in the future to print your certificate and transcripts at <https://www.dhaj7-cepo.com/>
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