DEFENCE INSTRUCTIONS (ARMY)

Department of Defence (Army Headquarters)
CANBERRA ACT 2600

19 September 1997

The Defence Instruction (Army) listed below is issued by my command pursuant to section 9A of the *Defence Act 1903.*

J.M. SANDERSON
Lieutenant General
Chief of Army

ISSUE NO PERS 18/97

NEW INSTRUCTION

PERS 159-1 *PULHEEMS Employment Standards*

CANCELLATION

MPA volume 1, chapter 14 is cancelled with effect of this Instruction.

Note: Instructions for filing and maintaining DI(A) are contained in DI(G) ADMIN 1-01 (filed as DI(A) ADMIN 1-3).

PULHEEMS EMPLOYMENT STANDARDS

INTRODUCTION

1. The PULHEEMS System of Medical Classification is designed to:

   a. provide a functional assessment of a member's ability to carry out military duties,

   b. assist in expressing the physical and mental attributes appropriate to individual trades and employments,

   c. permit the placement of members in employments for which they are most suited, and

   d. indicate the member's physical and mental suitability for deployment.

2. This Instruction changes the manner in which a member's PULHEEMS Employment Standard (PES) is expressed. In addition, the Annexes to this Instruction reflect technical adjustments to:

   a. the minimum PES for officers and soldiers, and

   b. clinical aspects of the PES system.

AIM

3. The aim of this Instruction is to detail revised policy and procedures for the PULHEEMS System of Medical Classification and its application to employment standards.

GENERAL

Application

4. This Instruction applies to all members of the Australian Army and to accredited members of approved philanthropic organisations.

5. Changes to members' PES will necessarily occur over a transitional period:

   a. those undergoing a medical board from 1 July 1997 are to be assessed using the new system;

   b. those not due to undergo a formal medical board in the period 1 July 1997 to 12 December 1997 will be assigned a PES (provisional) until the time of their next formal assessment, when the PES (provisional) will be confirmed. For most this will require a computer conversion. Only individuals where uncertainty exists as to their PES, or for whom reclassification from a `deployable´ PES to CLASS 3 or 4 is required, will undergo a formal medical review.

Responsibilities

6. The Director-General, Army Health Services (DGAHS) is responsible for Army policy on the PULHEEMS System of Medical Classification. Colonel Health Services Logistic Command (COLHLTH Log Comd) is responsible for the implementation of this policy and the provision of guidance to Medical Officers (MO) in its application.

PULHEEMS CLASSIFICATION

PULHEEMS Qualities

7. The acronym `PULHEEMS´ is derived from the first letters of the qualities assessed when a medical examination is carried out. The PULHEEMS qualities are:

a. **P (Physical Capacity).** This refers to a member's general physical development. It includes a member's potential, with training, to acquire a high-level of physical stamina, and the capacity for hard work. This quality also embraces general health.

b. **U (Upper Limbs).** This refers to the functional use of hands, arms, shoulders and upper spine and in general the member's ability to handle weapons, to lift and to carry. Those disabilities of the upper limbs which affect general physical capacity also affect assessment under `P´.

c. **L (Locomotion).** Locomotion refers to a member's ability to walk, run and lift, and refers specifically to the functional use of the lower limbs, hips, and lower spine. Those disabilities of locomotion which affect general physical capacity also affect assessment under `P´.

d. **H (Hearing).** This records a member's hearing acuity. Diseases of the ear are assessed under `P´.

e. **EE (Eyesight).** This records a member's visual acuity in the right and left eyes in that sequence. Unaided vision is recorded first followed by (when appropriate) vision with spectacles. A member whose unaided vision in both eyes is 6/6 is recorded as `EE´ 1/0 1/0. Diseases of the eyes are assessed under `P´.

f. **M (Mental Capacity).** This quality reflects a member's ability to learn military duties. It is assessed at the Initial Medical Board and may only be varied after specialist medical and psychological assessment.

g. **S (Stability).** This quality reflects a member's psychiatric stability in the military environment. It may only be varied after consultant psychiatric assessment.

PULHEEMS Medical Assessment

8. The standard of medical fitness in each quality is recorded on a scale of degrees from 1 to 8, with the exception of `EE´ which includes a degree of 9. Some degrees are not in use for certain qualities. The medical classification of a member is represented by a PULHEEMS medical assessment or profile (eg 2222 1/0 1/0 22) which indicates a member's degree of medical fitness under each of the PULHEEMS qualities.

Functional Interpretation of Degrees of Qualities

9. The assessment will, in general, conform to the following degrees of fitness which include environmental restrictions. For a more detailed explanation refer to Annex A.

Degree	Functional Capacity	Combat Capacity	Environmental Restrictions
1	Reserved	Reserved	Reserved
2	Satisfactory	Full	Nil
3	Diminished	Restricted	Nil
4	Reserved	Reserved	Reserved
5	Reserved	Reserved	Reserved
6	Reserved	Reserved	Reserved
7	Markedly diminished	Severely restricted	Service in Australia only
8	Medically unfit for any form of service		

10. In addition to the degrees listed above, the degree 0 (zero) may also be used under the qualities of `P´, `U´, `L´ or `S´ to indicate that a member is under medical care and is unfit for duty, but is likely to return to duty within twelve months. `P0´ is used when the patient cannot be fully assessed (eg in a coma). A degree is to be allocated for each quality ie no blanks are to be left in the profile. See also paragraph 7.e. for use of 0 in relation to visual acuity.

Loss of Eyesight, Limbs or Limb Function

11. Members who have lost effective sight in one eye, ie visual acuity worse than 3/60, or who have lost one limb, or its function, may continue to serve if a medical waiver permits a PES of CLASS 3. These members will only be considered for waiver action if they possess special qualifications and can perform adequately in their employment (paragraphs 46-54 refer).

Special Appliances

12. Where a member is required to wear any surgical appliance, excluding spectacles, contact lenses, artificial eyes and dentures, an entry is made on the Form PM 4 - *Unit Medical Record* by an MO and the requirement is to be noted as a restriction on the Form PM 64 - *Notification of Medical Assessment* by a confirming officer with the comment `Special appliance required´. The member may continue to serve if a medical waiver permits a PES of CLASS 3. These members will only be considered for waiver action if they posses special qualifications and can perform adequately in their employment (paragraphs 46-54 refer).

COLOUR PERCEPTION

General

13. The ability to distinguish colours is essential for certain corps and employments. Although total colour blindness is rare, a proportion of the population suffers in varying degrees from defective colour discrimination.

14. Colour perception (CP) is not to be taken into consideration in determining a member's PULHEEMS medical assessment, but must be considered when determining the corps and employment to which a member is allocated.

Colour Perception Classification

15. The Army uses the following CP classification:

a. **CP1 (Colour Perception Normal).** Pass recorded with Pseudoisochromatic Plates.

b. **CP2 (Colour Perception Anomalous).** Failure with Pseudoisochromatic Plates but pass recorded with Farnsworth Lantern. CP2 means that a member can distinguish white, signal red and signal green.

c. **CP3 (Colour Perception Defective).** Failures recorded with both Pseudoisochromatic Plates and Farnsworth Lantern.

Corps/Employment Requirements

16. The minimum CP requirement for each corps and employment is detailed at Annex B (Officers) and Annex C (Soldiers).

Colour Perception Waivers

17. In exceptional circumstances, CP standard can be waived by the member's trade sponsor without reference to the medical services provided that the member is capable of satisfying the appropriate criteria for the granting of the qualification. Any waiver granted remains specific to the individual and to their specific employment. Waivers should be notified as for waivers of medical standards.

Testing and Recording

18. CP is tested during enlistment procedure in accordance with Australian Defence Force Publication (ADFP) 701 - *Recruit Medical Examination Procedures.* CP classification is recorded in each member's:

a. Medical Record,

b. Enlistment File, and

c. Record of Service.

PULHEEMS EMPLOYMENT STANDARDS

Introduction

19. It would be uneconomical in manpower to require the same minimum PULHEEMS medical assessment for combat employment, combat-related employment and other employment outside the Area of Operations. Thus variance between employments and corps is permissible for each PES.

Letter Code

20. The PES is derived from the PULHEEMS medical assessment and is expressed in a letter code using Annex B for officers and Annex C for soldiers. The codes and their meanings are:

a. **CLASS 1 (Medical Standard 1).** Fit for deployment and employment in trade in any operational environment. Most Employment Category Numbers (ECN) require no permanent medical or environmental restrictions to qualify CLASS 1.

b. **CLASS 2 (Medical Standard 2).** Fit for employment and generally fit for deployment subject to a pre-deployment check based on geographic restrictions or access to health support.

c. **CLASS 3 (Medical Standard 3).** Employable but unfit for deployment to the field. Medical and/or environmental restrictions apply. Individuals can only continue to be employed whilst under review (CLASS 3 (R)) or under a temporary waiver (CLASS 3 (W)). During peacetime training, MO may permit individual members to deploy (eg to a base camp supporting an exercise) if they are satisfied that medical requirements can be met.

d. **CLASS 4 (Medical Standard 4).** Member is permanently medically not deployable or employable for current trade/employment category, but may be fit for another ECN.

Restrictions

21. The suffix (R) to a PES indicates that a review of the member's medical classification is required at some time. In addition, one or more restrictions may apply to the PES. The supporting notes on Form PM 64 must amplify the nature of the restriction, which may be:

a. temporal eg review in three months,

b. environmental eg not fit to deploy to malarial zones, and/or

c. clinical eg sedentary duties only.

The assessment might therefore be expressed as: MED 1 (R) - Review in three months.

Application

22. The PES required by a member will vary between corps, employment and type of unit in which a member is required to serve. As such, it is uneconomical to require a member to hold a PES which is higher than that required for the member to carry out military duties.

23. **Officers.** PES for officers are not linked to specific employments in any area, as an officer must normally be capable of carrying out any duty of their corps in any area in which they are fit to serve. The PULHEEMS medical assessment required by officers for each PES is detailed, by corps, at Annex B.

24. **Soldiers.** PES for soldiers are linked to employment. The minimum PULHEEMS medical assessment required by soldiers for each PES is detailed, by employment, at Annex C.

Responsibilities

25. The allocation of a PULHEEMS medical assessment is a medical responsibility and Commanding Officers (CO) are to ensure that all ranks under their command have a current PES. This is particularly important when members change postings, employment or corps.

Allocation of PULHEEMS Employment Standard on Enlistment/Appointment

26. All entrants are to have a PULHEEMS profile ascribed to them by either the examining MO, or in cases where the Initial Medical Board requires confirmation, the confirming authority, in accordance with this Instruction and Annexes B, C and D. This information is to be made available to selection boards for Army Technical and Trade Scheme applicants and officer trainees.

Members of Philanthropic Organisations

27. Accredited members of approved philanthropic organisations may have certain `Act of Grace´ benefits under certain Acts. To establish any physical deterioration resulting from service in special areas and to ensure that the representatives are unlikely to become medical liabilities in such areas, they are to be allocated a PULHEEMS medical assessment and PES upon accreditation.

Changes to PULHEEMS Medical Assessments and PULHEEMS Employment Standard

28. At a Periodical Medical Board the examining MO may change a PULHEEMS profile provided it does not change the PES. If a change in a PULHEEMS medical assessment results in a change in PES, the board is to be designated a Reclassification Medical Board.

29. **Change of Employment or Corps.** Where a change of employment or corps will result in a change to a member's PES, the Directorate of Officer Career Management - Army (DOCM-A), the Soldier Career Management Agency (SCMA) or Army Personnel Agency (APA) is to make the appropriate change and to notify the change in accordance with paragraphs 30-32.

Recording of Assessments and PULHEEMS Employment Standard

30. The initial medical assessment and any subsequent amendment made by a medical board are to be recorded on Form PM 4 and notified, as applicable, on Form PM 64 to:

a. DOCM-A/SCMA (except for General Reserve (GRes) and Inactive Army Reserve (IARes) members not on continuous Full-time Service);

b. APA for GRes and IARes;

c. Australian Defence Force Health Records - Army;

d. the member's unit or training establishment (as applicable);

e. the recruiting unit, in the case of applicants for direct appointment, Royal Military College, and Australian Defence Force Academy; and

f. the appropriate recruiting unit for all GRes applicants.

31. Subsequent changes to a PULHEEMS medical assessment, made by a medical board, are to be notified using Form PM 64.

32. The initial allocation and any subsequent change to a PES is to be promulgated by DOCM-A/SCMA/APA in Routine Orders Part 2.

PULHEEMS STANDARDS FOR ENTRY, RETENTION AND EMPLOYMENT

Entry Standards

33. ADFP 701 details entry standards for new entrants to the Army. In general, all new entrants to the Army must be Class 1, which equates to a PULHEEMS medical assessment of at least: 2222 8/3 8/3 22. Waiver action may apply to Specialist Service Officers and/or entrants with special qualifications. The minimum PES in these circumstances would normally be CLASS 2 in the rank and trade or employment category of enlistment/appointment.

34. **Army Warrant Officer Commissioning Scheme.** The minimum PES for appointment is CLASS 2.

Retention Standards

35. **Recruit Training.** During recruit training the minimum PULHEEMS medical assessment required to be maintained by a recruit is the same as for entry eg 2222 8/3 8/3 22.

36. **Initial Employment Training (IET).** Generally, soldiers undergoing IET should be CLASS 1. However, if a soldier is downgraded but could be CLASS 2 in their prospective employment, the member may continue training with the formal approval of CO SCMA, on advice from the trade sponsor. When considering whether to allow a soldier to continue training, CO SCMA should consider:

a. the needs of the Service,

b. any employment restrictions placed on the soldier which may impede career development, and

c. that retention does not disadvantage other members in the same ECN.

37. When a soldier is reclassified in accordance with paragraph 36 and the employment does not accept soldiers graded as CLASS 2, or CO SCMA does not give approval for the soldier to continue IET, one of the following actions is to occur:

a. the member may be retrained and allotted to another employment, in the same corps, for which the member is suitable; or

b. the member may be retrained and allotted to another employment and transferred to another Corps for which the member is suitable; or

c. if the member does not meet the requirements of paragraph 36.a. or 36.b., the member is to be discharged in accordance with DI(A) PERS 116-5 - *Discharge of Regular Army Soldiers and General Reserve and Ready Reserve Soldiers on Full-Time Service.*

38. **Army Technical and Trade Scheme.** Trainees under this scheme are to be classified medically under the trade for which they are training rather than their current ECN.

39. **Specialist Employments.** The special requirements for parachute, diving and aircrew training are detailed in ADFP 701.

40. **Officer Training.** The normal minimum standard for retention on the training strength of an officer training establishment is CLASS 1. Those Officer Cadet (OCDT)/Staff Cadet (SCDT) who fall to 2 while in training may be retained on the training strength and may be promoted to 2nd Lieutenant/Lieutenant on graduation providing:

a. all prerequisite training standards can be achieved;

b. a waiver has been granted by DOCM-A or the Regional Delegate, in consultation with the Commandant of the training establishment and Head of Corps (HOC); and

c. they can be gainfully and appropriately employed.

41. **During Service.** The following action is to occur when a member falls below the minimum standard for the member's employment or corps:

a. **Soldiers.** When the PES of a soldier falls below the minimum standard for employment the soldier is to be retrained and/or reallocated to another corps or discharged in accordance with DI(A) PERS 116-5.

b. **Officers.** When the PES of an officer falls below the minimum specified in Annex B for their corps, and suitable employment is not available in another corps, the officer's appointment is to be terminated for the reason that they are medically unfit.

42. From 12 December 1997, members will be required to maintain a minimum medical standard for deployability in their rank and trade or employment category. Members assessed as CLASS 3 prior to 12 December 1997 will have their continued service evaluated as advised in DI(A) PERS 135-2 - (to be issued).

Posting Standards

43. Members are to be posted to positions, units and locations in accordance with their PES.

DISCHARGE OF MEMBERS ON MEDICAL GROUNDS

Members Below Standards or Medically Unfit

44. Members who can not satisfy the retention requirements detailed in this Instruction or who have a PES of CLASS 3 or 4 (except CLASS 3(R) and 3(W)) are to:

a. in the case of officers, have their appointments terminated for the reason that they are medically unfit or below medical standards; and

b. in the case of soldiers, be discharged in accordance with DI(A) PERS 116-5.

MEDICAL WAIVERS

Waivers for Serving Members

45. DI(A) PERS 135-2 (to be issued) details the circumstances under which the Chief of Army (CA) will offer waivers to serving members who are classified CLASS 3. Waivers may be granted by CA through the following delegates:

a. CO SCMA for Australian Regular Army (ARA), Regular Army Suplement (RAS), Australian Individual Emergency Force (AIEF) and General Reserve - Special Conditions: Ready Reserve (GRSR) soldiers;

b. DOCM-A for ARA, RAS, AIEF and GRSR officers; and

c. Regional Delegate for GRes and IARes officers and soldiers.

46. Such waivers should only be granted where the member has completed training and is capable of performing most duties required by the employment the member is in or about to enter, and where there is a Service need for the waiver to be granted. When making a decision to grant a waiver the approving authority must consider the following factors:

a. the needs of the Service,

b. the structure and staffing levels of the member's employment, and

c. the member's medical prognosis and future career potential.

Procedure

47. Request for a waiver of medical standards can be initiated by a member, the member's CO or the member's Career Advisor. The request is to include:

a. member's personal particulars,

b. member's employment or intended employment,

c. details of any additional training that would be required if a change of employment is intended,

d. the member's current PES and details of any permanent or temporary medical restrictions,

e. a justification for the grant of a waiver, and

f. unit commander's recommendation.

48. A request for a waiver of medical standards is to be forwarded to the relevant authority detailed in paragraph 46. The authority is to obtain Career Advisor recommendation and medical advice from DGAHS or approved delegate on the long-term prognosis and viability of continued employment. COLHLTH Log Comd is the approved delegate for ARA members, and the regional Director Medical Services (DMS)/Senior Medical Officer (SMO) is the approved delegate for GRes and IARes members.

49. Following the decision, the authority is to promulgate a response to the member's unit, COLHLTH Log Comd and the regional DMS/SMO who, as the confirming authority raises a Form PM 64 notifying the new PULHEEMS profile, PES and any relevant restrictions and distributes as for paragraph 30. The suffix (W) is to be placed after the PES to indicate that a waiver of medical standards is in force. If action has been taken under paragraph 21 as well as under this paragraph, then the individual would have the suffix (RW) placed after the PES.

50. Waivers of medical standards are specific to the individual and are current only for the existing trade and rank, and will be limited to a specific time period. Changes to either trade or rank will usually require further waiver action to be initiated.

51. **Members Undergoing Officer Training.** Waivers for members undergoing officer training are to be determined by the commandant of the training establishment in consultation with DOCM-A or Regional Delegate, and DGAHS or delegate, in accordance with paragraphs 46-51.

Waivers for Applicants for Enlistment/Appointment

52. Waivers for applicants for enlistment or appointment in the Army may be initiated by the applicant, Career Advisor, the applicant's intended unit (where applicable) or the Regional Recruiting Unit. Where the applicant, applicant's intended unit or Career Advisor wishes to seek a waiver, it is to be processed through the appropriate Regional Recruiting Unit.

Procedure

53. All requests for waivers of entry medical standards are to be processed by the authorities listed in paragraph 46 and in accordance with paragraphs 47-53.

Annexes:

A. Functional Interpretation of Degrees of Each Quality

B. Minimum PULHEEMS Employment Standards for Officers - By Corps

C. Minimum PULHEEMS Employment Standards for Soldiers Without Medical Waiver - By Employment Category Number

D. The PULHEEMS System of Medical Classification - Clinical Aspects

Sponsor: DGAHS
HSC-A
OSGADF
Telephone: (06) 266 2280

FUNCTIONAL INTERPRETATION OF DEGREES OF EACH QUALITY

DEGREE	P	U	L	H	EE	M	S
Factors to be considered	Age, build, strength, stamina, physical attributes, general health.	Strength, range of movement and efficiency of arms, shoulder girdle and upper back.	Strength, range of movement and efficiency of feet, legs, pelvic girdle and lower back.	Auditory acuity (hearing).	Visual acuity (eye sight).	Intelligence and the ability to use it.	Psychiatric stability (does not change for simple adjustment, behavioural or personality disorders).
1	Reserved	Reserved	Reserved	Reserved	6/6 6/6	Reserved	Reserved
2	There is no medical impediment to being able to endure the strain and fatigue of field duties; fit for duty anywhere. Not to have any permanent medical restrictions.	There is no medical impediment to being able to handle a weapon, lift loads appropriate to employment, do heavy manual work including pushing, digging, dragging, heaving and climbing.	There is no medical impediment to being able to endure locomotor strain over several days. Capable of being trained to undertake a forced march and being able to fight at the end. Can carry a load appropriate to employment, run, jump, climb, crawl, dig and perform all aborious tasks efficiently.	The hearing thresholds in the worst ear using audiometers calibrated to International Standards Organisation (ISO) standards are: 500hz-35 1000 1000hz-35 2000hz-35 4000hz-50	6/9 6/9	Under Army conditions, is able to assimilate training and successfully perform combat or combat related duties.	Possesses psychiatric stability sufficient to satisfactorily endure the stress of combat and combat related duties.

DEGREE	P	U	L	H	EE	M	S
3	Fit for ordinary work. May not have the capacity because of disability or physique to endure the strain and fatigue of duties in a combat unit.	Must be capable of using a weapon for defensive purposes. To be capable of performing tasks in U2, but to a lesser degree.	Able to endure locomotor strain in the field as for L2 but to a lesser degree. Able to stand for at least 4 hours. Fit for guard duties.	The hearing thresholds in the worst ear using audiometers calibrated to ISO standards are: 500hz-45 1000hz-45 2000hz-45	6/12 6/12	Reserved	Sufficiently fit and stable to endure the stress of combat related duties, although having minimal symptoms, or minor risk of recurrence of an earlier illness.
5	Reserved	Reserved	Reserved	Reserved	6/24 6/24	Reserved	Reserved
6	Reserved	Reserved	Reserved	Reserved	6/36 6/36	Reserved	Reserved
7	Able to perform useful military duties within limits of disabilities. Not likely to break down if suitably employed, which includes time for regular meals and rest. Service outside the Area of Operations only.	Able to perform sedentary and routine work of a lighter type. Includes personnel unable to bear arms on account of physical disability (ankylosis of elbow, etc).	Able to walk 3km a day at own pace, and stand for moderate but not prolonged periods.	The hearing thresholds in the **better** ear using audiometers calibrated to ISO standards are: 500hz-55 1000hz-55 2000hz-55	6/60 6/60	Reserved	Not fit for combat or combat related duties due to psychiatric illness. Has the potential to perform useful military duties outside the Area of Operations.
8	Fails to reach P7.	Fails to reach U7.	Fails to reach L7.	Fails to reach H7.	3/60 3/60	Fails to reach M2.	Fails to reach S7.

Notes:

1. An 8 under either P, U, L, H, M, or S renders the member medically unfit for further service (MUFS).
2. Two or more 7's under P, U, L, or S may be considered by the confirming authority to cause P to become 8 and thus render the member MUFS.

MINIMUM PULHEEMS EMPLOYMENT STANDARD FOR OFFICERS - BY CORPS

			CLASS 1	CLASS 2	CLASS 3	
Serial	**Corps**	**CP**	**PULHEEMS**	**PULHEEMS**	**PULHEEMS**	**NOTES**
(a)	(b)	(c)	(d)	(e)	(f)	(g)
1	General Officers	3	88 33333322	88 37733322	88 37773322	
2	Colonel, Brigadier	3	88 22333322	88 33333322	88 37773322	
3	RAAC	2	55 22322222	55 32332222	88 77773323	8
4	RAA	2	88 22223322	88 32333322	88 77773323	1, 6, 8
5	RAE	2	88 22323322	88 32333322	88 77773323	1, 8
6	RA Sigs	3	88 22323322	88 32333322	88 77773323	1, 8
7	RA Inf	2	88 22223322	88 32333322	88 77773323	1, 7
8	AA Avn	3	88 22323322	88 32333322	88 77773323	1
9	AA Avn - Pilots	2	22 22221122	22 32321122	Nil	2
10	AA Avn - ATC	2	33 22321122	33 32321122	33 33321122	2
11	Aust Int Corps	3	88 22333322	88 33333322	88 77773322	8
12	RAA Ch D	3	88 22333322	88 33333322	88 77773322	
13	RACT	2	88 22333322	88 33333322	88 77773323	
14	RAAMC	3	88 22333322	88 33333322	88 77773323	3, 8
15	RAADC	3	88 22333322	88 33333322	88 77773323	
16	RAAOC	3	88 22333322	88 33333322	88 77773323	4
17	RAEME	2	88 22333322	88 33333322	88 77773323	
18	RAAEC	3	88 22333322	88 33333322	88 77773323	

			MED 1	MED 2	MED 3	
Serial	**Corps**	**CP**	**PULHEEMS**	**PULHEEMS**	**PULHEEMS**	**NOTES**
(a)	(b)	(c)	(d)	(e)	(f)	(g)
19	AAPRS	3	88 22333322	88 32333322	Nil	
20	AACC	3	88 23333322	88 33333322	88 77773323	
21	RAAPC	3	88 22333322	88 33333322	88 77773323	
22	AALC	3	88 22333322	88 33333322	88 77773323	
23	RACMP	3	88 22333322	88 33333322	88 77773322	
24	AA Psych Corps	3	88 22333322	88 33333322	88 77773323	
25	AABC	3	88 22333322	88 33333322	88 73333323	5
26	RAANC	3	88 22333322	88 33333322	88 73373323	3
27	Philanthropic Reps	3	88 22333322	88 33333322	88 77773322	
28	Officer Cadets	3	88 22223322	Nil	Nil	
29	Staff Cadets	3	88 22223322	Nil	Nil	

Notes:

1. Officers above the rank of Captain and those holding the appointment of Quarter Master may be H3 for the PES of CLASS 1.
2. These standards apply only if they are consistent with RAAF aircrew standards.
3. Members of Para Surgical Teams are required to be U2 L2.
4. Ammunition Technical Officers and Officer Commanding (OC) Petroleum platoons and ADE platoons must be CP2.
5. Cannot have restrictions limiting marching/standing.
6. CLASS 2 may only be employed in non-Land Comd Units. CLASS 3 may only be employed in non-Land Comd units with CA waiver.
7. For all positions in Infantry Parachute Units, Commando units and PTS requiring a parachute qualification, the following standards apply:
   a. Basic Parachutist (includes RAPSL, SCSL, PJMSL) 2223 8/3 8/3 22; and
   b. Freefall Parachutist (includes PJMFF, PJISL and PJMIFF) 2223 1/1 1/1 22.
8. All officers posted to Infantry units must be L2.

MINIMUM PULHEEMS EMPLOYMENT STANDARDS FOR SOLDIERS WITHOUT MEDICAL WAIVER - BY EMPLOYMENT CATEGORY NUMBER

ECN	Sponsor	Employment Designation	Abbreviation	Rank Ranges	CP	CLASS 1	CLASS 2	CLASS 3	Note
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
001	DAVN-A	Aircrewman, Observer	AIRCMAN OBSR	CPL-WO2	2	2222 2/1 2/1 22	Nil	Nil	2
002	DIW-A	Analyst, Special Duties	ANALYST SD	CPL-WO1	2	2222 8/3 8/3 22	3332 8/3 8/3 22	7772 8/3 8/3 22	5, 10
003	DIW-A	Analyst Intelligence	ANALYST INT	WO2-WO1	2	2223 8/3 8/3 22	3333 8/3 8/3 22	7777 8/3 8/3 22	5, 10
004	DAVN-A	Aircrew Loadmaster	AIRCMAN LOADMASTER	TPR-WO2	2	2222 2/1 2/1 22	3222 2/1 2/1 22	Nil	
005	DAR	Army Careers Adviser	ACA	CPL-WO1		As per primary ECN			
006	DEME-A	Artificer, Mechanic	ART MECH	SSGT-WO2	2	2233 8/3 8/3 22	3333 8/3 8/3 22	7777 8/3 8/3 23	
007	DEME-A	Artificer, Electronic	ART ELEC	SSGT-WO2	1	2233 8/3 8/3 22	3333 8/3 8/3 22	7777 8/3 8/3 23	
008	DEME-A	Artificer, Avionics	ART AV	SSGT-WO2	1	2233 8/3 8/3 22	3333 8/3 8/3 22	7777 8/3 8/3 23	
009	DEME-A	Artificer, Aircraft	ART ACFT	SSGT-WO2	2	2233 8/3 8/3 22	3333 8/3 8/3 22	7777 8/3 8/3 23	
010	DEME-A	Artificer, Armament	ART ARMT	SSGT-WO1	2	2233 8/3 8/3 22	3333 8/3 8/3 22	7777 8/3 8/3 23	
011	DEME-A	Artificer, Electrical	ART ELEC	SSGT-WO1	1	2233 8/3 8/3 22	3333 8/3 8/3 22	7777 8/3 8/3 23	
013	DEME-A	Artificer, Ground	ART GND	WO1	2	2333 8/3 8/3 22	3333 8/3 8/3 22	7777 8/3 8/3 23	
014	DEME-A	Artificer, Radar	ART RDR	SSGT-WO1	1	2233 8/3 8/3 22	3333 8/3 8/3 22	7777 8/3 8/3 23	
015	DEME-A	Artificer, Telecommunications	ART TELECOM	SSGT-WO1	2	2233 8/3 8/3 22	3333 8/3 8/3 22	7777 8/3 8/3 23	
016	DEME-A	Artificer, Vehicle	ART VEH	WO2-WO1	2	2233 8/3 8/3 22	3333 8/3 8/3 22	7777 8/3 8/3 23	
017	DEME-A	Artificer, Elec Sys (Air)	ART ELEC (AIR) SYS	SSGT-WO1	1	2233 8/3 8/3 22	3333 8/3 8/3 22	7777 8/3 8/3 23	
018	DEME-A	Artificer, Elec Sys (Gnd)	ART ELEC SYS (GND)	SSGT-WO1	1	2233 8/3 8/3 22	3333 8/3 8/3 22	7777 8/3 8/3 23	

ECN	Sponsor	Employment Designation	Abbreviation	Rank Ranges	CP	Med 1	Med 2	Med 3	Note
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
019	DINF-A	Assault Pioneer	ASLT PNR	PTE-SGT	2	2222 8/3 8/3 22	Nil	Nil	
020	DARMD-A	Reconnaissance Scout	RECON SCOUT	TPR-SGT	2	2222 5/2 5/2 22	Nil	Nil	
021	DEME-A	Artificer, Air	ART AIR	WO1	1	2333 8/3 8/3 22	3333 8/3 8/3 22	7777 8/3 8/3 23	
025	DORD-A	Inspector, Foodstuffs	INSPR FOODSTUFFS	SSGT-WO1	2	2233 8/3 8/3 22	3333 8/3 8/3 22	7777 8/3 8/3 23	
026	TRG COMD-A	Asst Instructor	ASST INSTR	LCPL-WO1	2	As per primary ECN	As per primary ECN	As per primary ECN	
028	DORD-A	Assistant, Admin	ASST ADMIN	SGT-WO1	3	As per primary ECN	As per primary ECN	As per primary ECN	
029	DDS-A	Assistant, Dental	ASST DENT	PTE-WO2	3	2223 8/3 8/3 22	3333 8/3 8/3 22	7337 8/3 8/3 23	
031	DGAHS	Assistant, Medical	ASST MED	PTE-WO2	3	2222 8/3 8/3 22	3233 8/3 8/3 22	7337 8/3 8/3 23	
035	DMOV&T-A	Operator, Movements	OP MOV	PTE-WO1	2	2223 8/3 8/3 22	3233 8/3 8/3 22	7777 8/3 8/3 23	
042	DGAHS	Asst Medical Underwater	ASST UW MED	CPL-WO2	2	2222 2/1 2/1 22	Nil	Nil	
060	DENGRS-A	Bricklayer	BRICLAYR	SPR-CPL	2	2223 8/3 8/3 22	3233 8/3 8/3 22	Nil	
072	DENGRS-A	Carpenter	CARP	SPR-CPL	2	2223 8/3 8/3 22	3233 8/3 8/3 22	Nil	
073	DCATR-A	Caterer	CATR	WO2	2	2333 8/3 8/3 22	3333 8/3 8/3 22	7337 8/3 8/3 23	
074	DORD-A	Clerk Administrative	CLK ADMIN	PTE-WO1	3	2223 8/3 8/3 22	3333 8/3 8/3 22	3377 8/3 8/3 23	5
075	DORD-A	Clerk, Technical	CLK TECH	PTE-WO1	3	2223 8/3 8/3 22	3333 8/3 8/3 22	7777 8/3 8/3 23	
076	DPAY-A	Clerk, Pay	CLK PAY	PTE-WO1	3	2223 8/3 8/3 22	3333 8/3 8/3 22	7777 8/3 8/3 23	
079	HQSF	Commando	COMMANDO	PTE-WO1	2	2222 8/3 8/3 22	Nil	Nil	

ECN	Sponsor	Employment Designation	Abbreviation	Rank Ranges	CP	Med 1	Med 2	Med 3	Note
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
083	DAVN-A	Controller, Air Traffic	CON ATC	SGT-WO1	2	2232 3/1 3/1 22	3332 3/1 3/1 22	3372 3/1 3/1 22	
084	DCATR-A	Cook	COOK	PTE-SGT	3	2223 8/3 8/3 22	3333 8/3 8/3 22	7337 8/3 8/3 23	
087	DINF-A	Crew Commander Mechanised	CREW COMD MECH	PTE-WO1	2	ECN	ECN	ECN	
088	DARMD-A	Crewman, Dvr/Sig	CMAN DVR/SIG	TPR	2	2223 5/2 5/2 22	Nil	Nil	
089	DARMD-A	Crewman, Gunner/Sig	CMAN GNR/SIG	TPR	2	2223 5/2 5/2 22	Nil	Nil	
090	DARMD-A	Crew Commander, AFV	CREW COMD AFV	LCPL-SGT	2	2223 5/2 5/2 22	Nil	Nil	
092	DINF-A	Company Mechanised Sergeant	COY MECHANISED SGT	SGT	2	2222 8/3 8/3 22	3233 8/3 8/3 22	Nil	
099	DMOV&T-A	Dispatcher Air	DSPCH AIR	PTE-CPL	2	2222 8/3 8/3 22	3233 8/3 8/3 22	Nil	
101	DENGRS-A	Draughtsman Architectural	DTMN ARCH	SPR-WO2	1	2233 8/3 8/3 22	3333 8/3 8/3 22	7377 8/3 8/3 23	
109	DMOV&T-A	Driver	DVR	PTE-CPL	2	2223 8/3 8/3 22	3233 8/3 8/3 22	7337 8/3 8/3 23	
110	DARMD-A	Driver, AFV	DVR AFV	TPR	2	2223 5/2 5/2 22	Nil	Nil	
112	DARMD-A	Driver, Special Eqpt	DVR SPEC EQUIP	TPR	2	2223 5/2 5/2 22	Nil	Nil	
118	DCATR-A	Dutyman, General Duties	DYMN GD	PTE-SGT	3	2223 8/3 8/3 22	3333 8/3 8/3 22	7337 8/3 8/3 23	
125	DENGRS-A	Electrician	ELEC	SPR-CPL	1	2223 8/3 8/3 22	3233 8/3 8/3 22	Nil	
131	DPSYCH-A	Examiner, Psychological	EXAMINER PSYCH	CPL-WO1	3	2233 8/3 8/3 22	3333 8/3 8/3 22	7777 8/3 8/3 22	
140	DENGR-A	Field Engineer	FD ENGR	SPR-SSGT	2	2222 8/3 8/3 22	3233 8/3 8/3 22	Nil	
141	DENGRS-A	Firefighter	FIFTR	SPR-SGT	2	2222 8/3 8/3 22	Nil	Nil	

ECN	Sponsor	Employment Designation	Abbreviation	Rank Ranges	CP	Med 1	Med 2	Med 3	Note
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
146	DEME-A	Fitter, Armanent	FITT ARMT	CFN-SGT	2	2223 8/3 8/3 22	3333 8/3 8/3 22	3377 8/3 8/3 23	
153	DEME-A	Fitter, Aircraft Structural	ASFITT	CFN-SGT	2	2223 8/3 8/3 22	3223 8/3 8/3 22	3373 8/3 8/3 23	
154	DEME-A	Fitter, Life Support Aircraft	ALSFITT	CFN-SGT	2	2223 8/3 8/3 22	3223 8/3 8/3 22	3373 8/3 8/3 23	
160	DMP-A	Guard, Security	GD SECY	PTE-SGT	2	2223 8/3 8/3 22	3333 8/3 8/3 22	7773 8/3 8/3 22	1,5
162	DARTY-A	Gun Number	GUN NO.	GNR-SGT	2	2222 8/3 8/3 22	3233 8/3 8/3 22	7777 8/3 8/3 23	1,5,16
170	DAVN-A	Handler Aircraft	HNDLR ACFT	TPR-WO2	2	2222 8/3 8/3 22	3232 8/3 8/3 22	Nil	
171	DMOV&T-A	Operator, Terminal	OP TML	PTE-CPL	2	2223 8/3 8/3 22	3233 8/3 8/3 22	Nil	
172	DDS-A	Hygienist, Dental	HYG DEN	PTE-CPL	3	2223 8/3 8/3 22	3333 8/3 8/3 22	7337 8/3 8/3 23	
180	DENGRS-A	Illustrator Reprographic	ILLUS REPRO	PTE-WO1	1	2233 8/3 8/3 22	3333 8/3 8/3 22	7777 8/3 8/3 23	
182	DENGRS-A	Inspector, Fire Services	INSPR FIRE SVCS	WO2-WO1	2	2233 8/3 8/3 22	3233 8/3 8/3 22	7377 8/3 8/3 23	
185	DGAHS	Instructor, Physical Training	INSTR PT	CPL-WO1	3	2223 8/3 8/3 22	Nil	Nil	
186	DAE	Instructor, Educational	INSTR EDUC	PTE-WO2	3	2223 8/3 8/3 22	3333 8/3 8/3 22	3377 8/3 8/3 23	
190	DMP-A	Investigator, Military Police	INVST MP	CPL-WO1	2	2223 8/3 8/3 22	3333 8/3 8/3 22	7773 8/3 8/3 22	
200	DSIGS-A	Lineman Signals	LNMN SIGS	SIG-SGT	1	2223 8/3 8/3 22	Nil	Nil	
203	DIW-A	Linguist, Intelligence	LINGUIST INT	PTE-WO1	2	2222 8/3 8/3 22	3332 8/3 8/3 22	7772 8/3 8/3 22	5,10
217	DENGRS-A	Manager Works	MNGR WKS	WO1	2	2233 8/3 8/3 22	3333 8/3 8/3 22	7377 8/3 8/3 22	
226	DEME-A	Mechanic, Recovery	MECH RECOV	CFN-WO1	2	2223 8/3 8/3 22	3223 8/3 8/3 22	Nil	5,9

ECN	Sponsor	Employment Designation	Abbreviation	Rank Ranges	CP	Med 1	Med 2	Med 3	Note
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
229	DEME-A	Mechanic, Vehicle	MECH VEH	CFN-SGT	2	2223 8/3 8/3 22	3233 8/3 8/3 22	3377 8/3 8/3 23	
235	DEME-A	Metalsmith	METALSMITH	CFN-SGT	2	2223 8/3 8/3 22	3223 8/3 8/3 22	3373 8/3 8/3 23	
236	DARTY-A	Meteorologist Artillery	MET ARTY	GNR-SGT	2	2222 8/3 8/3 22	3233 8/3 8/3 22	7777 8/3 8/3 23	1,5,16
237	DARTY-A	Missile Number	MSL NO.	GNR-SGT	2	2223 8/3 8/3 22	3233 8/3 8/3 22	7777 8/3 8/3 23	1,5,16
238	DINF-A	Mortarman	MORTMN	PTE-SGT	2	2222 8/3 8/3 22	Nil	Nil	3
240	DMUSIC-A	Musician	MUSICIAN	MUSN-WO1	3	2222 8/3 8/3 22	3332 8/3 8/3 23	7333 8/3 8/3 23	5,7
244	DINF-A	Piper, Drummer/Bugler	PIPER/DRUM-BGL	PTE-WO1	2	2223 8/3 8/3 22	Nil	Nil	
245	DINF-A	Drum Major	DRUM MAJOR	SGT-WO1	2	2222 8/3 8/3 22	3233 8/3 8/3 22	Nil	
246	DINF-A	Pipe Major	PIPE MAJOR	SGT-WO1	2	2222 8/3 8/3 22	3233 8/3 8/3 22	Nil	
252	DARTY-A	Operator, CP, Sound Ranging	OP CP SRG	GNR-SGT	2	2222 8/3 8/3 22	3233 8/3 8/3 22	7777 8/3 8/3 23	1,5,16
254	DARTY-A	Operator, CP, Field	OP CP FD	GNR-SGT	2	2222 8/3 8/3 22	3233 8/3 8/3 22	7777 8/3 8/3 23	1,5,16
256	DSIGS-A	Operator, Computer	OP CPTR	SIG-WO1	3	2223 8/3 8/3 22	3333 8/3 8/3 22	7777 8/3 8/3 23	
258	DSIGS-A	Operator, Information Systems	OP INFO SYS	SIG-CPL	3	2222 8/3 8/3 22	3333 8/3 8/3 22	7773 8/3 8/3 22	
263	DIW-A	Operator, Inteligence	OP INT	PTE-SSGT	2	2222 8/3 8/3 22	3333 8/3 8/3 22	7777 8/3 8/3 22	5,10
265	DSIGS-A	Operator, Info Sys and Cypher	OP INFO SYS & CIPH	SIG-SGT	3	2222 8/3 8/3 22	3333 8/3 8/3 22	7773 8/3 8/3 22	5

ECN	Sponsor	Employment Designation	Abbreviation	Rank Ranges	CP	Med 1	Med 2	Med 3	Note
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
266	DSIGS-A	Operator, Radio and Info Sys	OP INFO SYS & RAD	SIG-SGT	3	2222 8/3 8/3 22	3332 8/3 8/3 22	3373 8/3 8/3 22	5
269	DORD-A	Operator, Petroleum	OP PETRL	PTE-WO1	2	2222 8/3 8/3 22	3223 8/3 8/3 22	3377 8/3 8/3 23	6,11
270	DENGRS-A	Operator, Plant	OP PLANT	SPR-CPL	2	2222 8/3 8/3 22	3233 8/3 8/3 22	Nil	
271	DARTY-A	Operator, Radar	OP RDR	GNR-SGT	2	2222 8/3 8/3 22	3233 8/3 8/3 22	7777 8/3 8/3 23	1,5,16
272	DSIGS-A	Operator, Radio	OP RAD	SIG-SGT	3	2222 8/3 8/3 22	Nil	Nil	5
273	DDEWSI-A	Operator, Signals	OP SIG	SIG-SGT	2	2222 8/3 8/3 22	3232 8/3 8/3 22	3372 8/3 8/3 22	5
274	DMOV&T-A	Operator, Specialist Vehicle	OSV	PTE-CPL	2	2223 8/3 8/3 22	3233 8/3 8/3 22	Nil	
280	DORD-A	Operator, Work Study	OP WORK STUDY	WO2-WO1	3	2333 8/3 8/3 22	3333 8/3 8/3 22	7777 8/3 8/3 23	
294	DORD-A	Operator, Supply	OP SUP	PTE-WO1	3	2223 8/3 8/3 22	3333 8/3 8/3 22	3377 8/3 8/3 22	5,6,11
295	DORD-A	Ordnance Liaison	OLWO	WO1	3	2333 8/3 8/3 22	3337 8/3 8/3 22	7777 8/3 8/3 23	
296	DORD-A	Supervisor/Manager Unit Resources	SPV/MNGR UNIT RES	SGT-WO2	3	2223 8/3 8/3 22	3333 8/3 8/3 22	3377 8/3 8/3 22	
297	DORD-A	Supervisor/Manager Combat Supplies	SPV/MNGR COMBAT SUP	SGT-WO2	2	2223 8/3 8/3 22	3333 8/3 8/3 22	3377 8/3 8/3 22	
298	DORD-A	Supervisor/Manager Technical Supplies	SPV/MNGR TECH SUP	SGT-WO2	3	2223 8/3 8/3 22	3333 8/3 8/3 22	3377 8/3 8/3 22	
304	DINF-A	Patrolman, Regional Force	PTLN RF	PTE-SSGT	2	2222 8/3 8/3 22	Nil	Nil	3
308	DENGRS-A	Photographer	PHOTO	PTE-WO2	1	2233 8/3 8/3 22	3333 8/3 8/3 22	7777 8/3 8/3 23	

ECN	Sponsor	Employment Designation	Abbreviation	Rank Ranges	CP	Med 1	Med 2	Med 3	Note
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
312	DAPA	Photographer-PR	PHOTO PR	CPL-WO2	2	2233 8/3 8/3 22	Nil	Nil	
314	DENGRS-A	Plumber and Gasfitter	PLBR & GASFTR	SPR-CPL	2	2223 8/3 8/3 22	3233 8/3 8/3 22	Nil	6
315	DMP-A	Policeman, Military	POLCM MIL	CPL-SGT	2	2223 8/3 8/3 22	3333 8/3 8/3 22	7773 8/3 8/3 22	
322	DGAHS	Technician, Preventive Medicine	TECH PVNT MED	PTE-WO1	2	2223 8/3 8/3 22	3333 8/3 8/3 22	Nil	
323	DINF-A	Patrol Commander	PATROL COMMANDER	SGT-WO2	2	2222 8/3 8/3 22	Nil	Nil	
324	DINF-A	Patrol Master	PATROL MASTER	WO2	2	2222 8/3 8/3 22	3233 8/3 8/3 22	Nil	
331	DORD-A	Quartermaster Storeman/Sergeant	QMS	PTE-WO1	3	2223 8/3 8/3 22	3333 8/3 8/3 22	7777 8/3 8/3 23	5,6
340	DGAHS	Radiographer	RADIOG	CPL-SGT	3	2223 8/3 8/3 22	3233 8/3 8/3 22	Nil	
342	DAPA	Reporter	REPTR	CPL-WO1	3	2233 8/3 8/3 22	Nil	Nil	
343	DINF-A	Rifleman	RFN	PTE-SGT	2	2222 8/3 8/3 22	Nil	Nil	3,4,12
345	DORD-A	Rigger, Parachute	RIG PRCHT	PTE-WO1	2	2222 8/3 8/3 22	3233 8/3 8/3 22	3377 8/3 8/3 23	11
346	DSIGS-A	Rigger, Signals	RIG SIGS	SIG-SSGT	1	2223 8/3 8/3 22	3223 8/3 8/3 22	Nil	
347	TRG COMD-A	Recruit Instructor (1 RTB)	RECRUIT INSTR	CPL-SGT		As per primary ECN	As per primary ECN	As per primary ECN	
350	COMDT LWC	Regimental Sergeant Major	RSM	WO1	3	As per primary ECN	As per primary ECN	As per primary ECN	
351	DHE&AP	RSM of the Army	RSM-A	WO1	3	2222 8/3 8/3 22	3233 8/3 8/3 22	Nil	
352	HQSF	Section Commander Commando	SECT COMD, COMMANDO	SGT	2	2222 8/3 8/3 22	Nil	Nil	

ECN	Sponsor	Employment Designation	Abbreviation	Rank Ranges	CP	Med 1	Med 2	Med 3	Note
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
353	HQSO	Special Air Service Trooper	SAS TPT	TPR-WO1	2	2222 8/3 8/3 22	Nil	Nil	
356	DMOV&T-A	Seaman	SEAMAN	PTE-CPL	1	2222 8/3 8/3 22	Nil	Nil	
358	COMDT LWC	Sergeant Major	SM	WO2-WO1	3	2223 8/3 8/3 22	3233 8/3 8/3 22	Nil	8
361	DARTY-A	Signaller	ARTY SIG	GNR-WO2	2	2222 8/3 8/3 22	3233 8/3 8/3 22	7777 8/3 8/3 23	1,5,16
361	DINF-A	Signaller	SIG	PTE-SGT	2	2222 8/3 8/3 22	Nil	Nil	3,4
363	DCATR-A	Steward	STWD	PTE-CPL	3	2233 8/3 8/3 22	3333 8/3 8/3 22	7337 8/3 8/3 23	13
366	DORD-A	Storeman, Tech, Ordnance	STMN TECH ORD	PTE-WO1	3	2223 8/3 8/3 22	3333 8/3 8/3 22	7337 8/3 8/3 23	
367	DORD-A	Storeman, Vehicles	STMN VEH	PTE-WO1	2	2223 8/3 8/3 22	3333 8/3 8/3 22	7337 8/3 8/3 23	6
370	DMOV&T-A	Supervisor, Aerial Delivery	SPV AER DEL	SGT-WO1	2	2232 8/3 8/3 22	3233 8/3 8/3 22	Nil	5,8,13
371	DCATR-A	Supervisor, Army Messes	SAM	SGT-WO1	3	2333 8/3 8/3 22	3337 8/3 8/3 22	7337 8/3 8/3 23	14
372	DCATR-A	Supervisor, Catering	SPV CATR	WO2-WO1	3	2333 8/3 8/3 22	3333 8/3 8/3 22	7337 8/3 8/3 23	
373	DSIGS-A	Supervisor, Information Systems	SPV INFO SYSTEMS	SSGT-WO1	2	2233 8/3 8/3 22	3333 8/3 8/3 22	7777 8/3 8/3 22	
374	DENGRS-A	Supervisor, Construction	SPV CONST	SGT-WO1	2	2233 8/3 8/3 22	3333 8/3 8/3 22	7377 8/3 8/3 23	
375	DENGRS-A	Supervisor, Electrical	SPV ELEC	SGT-WO1	1	2233 8/3 8/3 22	3333 8/3 8/3 22	7377 8/3 8/3 23	
376	DENGRS-A	Supervisor, Mechanical	SPV MECH RAE	SGT-WO1	2	2233 8/3 8/3 22	3333 8/3 8/3 22	7377 8/3 8/3 23	
377	DENGRS-A	Supervisor Plant,Roads and Airflds	SPV PRA	SGT-WO1	2	2233 8/3 8/3 22	3333 8/3 8/3 22	7377 8/3 8/3 23	

ECN	Sponsor	Employment Designation	Abbreviation	Rank Ranges	CP	Med 1	Med 2	Med 3	Note
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
378	DSIGS-A	Supervisor, Telecomms Tech,	SPV TELECOM TECH	SSGT-WO1	2	2233 8/3 8/3 22	3333 8/3 8/3 22	7777 8/3 8/3 23	
379	DMOV&T-A	Supervisor, Terminal	SPV TML	SGT-WO1	2	2233 8/3 8/3 22	3333 8/3 8/3 22	Nil	5
381	DMOV&T-A	Supervisor, Transport	SPV TPT	SGT-WO1	2	2233 8/3 8/3 22	3333 8/3 8/3 22	Nil	5,8
382	DMOV&T-A	Supervisor, Marine	SPV MARINE	SGT-WO1	2	2233 8/3 8/3 22	3233 8/3 8/3 22	Nil	5,8
383	DEWSI-A	Supervisor, Operator Signals	SPV OP SIGS	SSGT-WO1	3	2232 8/3 8/3 22	3333 8/3 8/3 22	7777 8/3 8/3 22	
385	DENGRS-A	Supervisor Engineering Services	SPV ENGR SVC	SGT-WO2	1	2233 8/3 8/3 22	3333 8/3 8/3 22	7377 8/3 8/3 23	
386	DINF-A	Supervisor, Platoon Infantry Operations	SPV PL INF OPS	SGT	2	2222 8/3 8/3 22	3233 8/3 8/3 22	Nil	
387	DINF-A	Supervisor, Company Operations	SPV, COY OPS	SGT-WO2	2	2222 8/3 8/3 22	3233 8/3 8/3 22	Nil	
388	DINF-A	Sniper	SNIPER	PTE	2	2222 8/3 8/3 22	Nil	Nil	
389	DINF-A	Sniper, Team Leader	SNIPER, TEAM LEADER	LCPL-CPL	2	2222 8/3 8/3 22	Nil	Nil	
390	DINF-A	Sniper, Supervisor	SNIPER SUPERVISOR	SGT	2	2222 8/3 8/3 22	Nil	Nil	
391	DINF-A	Sniper, Master	SNIPER MASTER	WO2	2	2222 8/3 8/3 22	3233 8/3 8/3 22	Nil	
392	DARTY-A	Surveyor, Artillery	SVY ARTY	GNR-SGT	2	2223 8/3 8/3 22	Nil	Nil	
393	DENGRS-A	Surveyor, Engineer	SVY ENGR	SPR-CPL	2	2223 8/1 8/1 22	3233 8/1 8/1 22	Nil	

ECN	Sponsor	Employment Designation	Abbreviation	Rank Ranges	CP	Med 1	Med 2	Med 3	Note
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
395	DENGRS-A	Specialist, Geomatic	SPEC GEO	SSGT-WO1	1	2222 8/3 8/3 22	3233 8/3 8/3 22	7777 8/3 8/3 23	
398	HQSF	Supervisor Commando Platoon Operations	SPV COMMANDO, PL OPS	SGT	2	2222 8/3 8/3 22	Nil	Nil	
399	HQSF	Supervisor Commando Operations	SPV COMMANDO, OPS	WO2	2	2222 8/3 8/3 22	Nil	Nil	
401	DORD-A	Technician, Ammunition	TECH AMMO	CPL-WO1	2	2223 8/1 8/1 22	3333 8/1 8/1 22	3377 8/3 8/3 23	6
402	DENGRS-A	Technician, Explosive Ordnance Disposal	TECH EOD	SGT-WO2	1	2222 2/1 2/1 22	3233 2/1 2/1 22	Nil	
403	DSIGS-A	Technician, Cipher	TECH CIPH	SIG-SGT	2	2223 8/3 8/3 22	3333 8/3 8/3 22	7777 8/3 8/3 22	5
404	DDS-A	Technician, Dental	TECH DEN	CPL-WO2	1	2223 8/3 8/3 22	3333 8/3 8/3 23	3377 8/3 8/3 23	
405	DSIGS-A	Technician, Electronic	TECH ELEC	SIG-SGT	1	2223 8/3 8/3 22	3333 8/3 8/3 22	7773 8/3 8/3 22	5
406	DGAHS	Technician, Laboratory	TECH LAB	PTE-WO2	2	2223 8/3 8/3 22	3333 8/3 8/3 22	7777 8/3 8/3 23	
407	DORD-A	Technician, Petroleum Laboratory	TECH PETRL LAB	CPL-SGT	2	2222 8/3 8/3 22	3223 8/3 8/3 22	Nil	
408	DGAHS	Technician, Operating Theatre	TECH OP THTRE	PTE-WO2	2	2223 8/3 8/3 22	3233 8/3 8/3 22	Nil	
409	DSIGS-A	Operator, Communication System	OP COMM SYS	SIG-SGT	2	2222 8/3 8/3 22	3322 8/3 8/3 22	7773 8/3 8/3 22	5
411	DEME-A	Technician, Aircraft	TECH ACFT	CFN-SGT	2	2223 8/3 8/3 22	3333 8/3 8/3 22	3377 8/3 8/3 23	
412	DEME-A	Technician, Avionics	TECH AV	CFN-SGT	1	2223 8/3 8/3 22	3233 8/3 8/3 22	3373 8/3 8/3 23	5
418	DEME-A	Technician, Electrical	TECH ELEC	CFN-SGT	1	2223 8/3 8/3 22	3333 8/3 8/3 22	3377 8/3 8/3 23	5

ECN	Sponsor	Employment Designation	Abbreviation	Rank Ranges	CP	Med 1	Med 2	Med 3	Note
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
419	DEME-A	Technician, Electronic Radar	TECH ELEC RDR	CFN-SGT	1	2223 8/3 8/3 22	3333 8/3 8/3 22	3377 8/3 8/3 23	
420	DEME-A	Technician, Electronic Telecomm	TECH ELEC TELECOM	CFN-SGT	1	2223 8/3 8/3 22	3333 8/3 8/3 22	3377 8/3 8/3 23	
422	DEME-A	Technician, Electronic Systems	TECH ELEC SYSTEMS	CFN-SGT	1	2223 8/3 8/3 22	3233 8/3 8/3 22	3377 8/3 8/3 23	
423	DENGRS-A	Technician, Geomatic	TECH GEO	SPR-WO1	1	2222 8/3 8/3 22	3233 8/3 8/3 22	7777 8/3 8/3 23	

Relevant Notes:

1. May be H3 CLASS 1 for SGT and above in this ECN.
2. Apply insofar as consistent with aircrew standards for Army pilots.
3. All Inf SGT may be H3 except ECN 353 SAS, rifle pl SGT, pioneer SGT.
4. Fol Inf posns may be H3 CLASS 1: SFMG pls; Rifle coy spt sects; int sects; anti-armour pls; line sects of sig pls; mortarmen.
5. May be L3 CLASS 1 for SGT and above.
6. Any restriction on ability to lift renders soldier BMS for trade.
7. Cannot have restrictions limiting marching/standing.
8. Must be CLASS 1 for employment in Cbt units.
9. SSGT and above can be U3 CLASS 2.
10. May be U3 CLASS 1 for SGT and above.
11. PTE/CPL are to be CLASS 1 or 3; SGT-WO1 may be CLASS 1, 2 or 3.
12. For all positions in Infantry Parachute Units, Commando units and PTS requiring a parachute qualification, the following standards apply:
    a. Basic Parachutist (includes RAPSL, SCSL, PJMSL) 2223 8/3 8/3 22; and
    b. Freefall Parachutist (includes PJMFF, PJISL and PJMIFF) 2223 1/1 1/1 22.

13. All soldiers posted to Infantry units must be L2.

14. All soldiers posted to Infantry units must be U2 L2.

15. For worn rank WO1 CLASS 3 to be 7777 8/3 8/3 23 (ie same as ECN 031 Artificer, Ground).

16. CLASS 2 may only be employed in ECN 026 positions or in non-Land Comd units. CLASS 3 may only be employed in non-Land Comd units with CA waiver.

THE PULHEEMS SYSTEM OF MEDICAL CLASSIFICATION - CLINICAL ASPECTS

INTRODUCTION

1. The role of the Medical Services is the conservation of manpower. Application of the PULHEEMS system of medical classification requires additional emphases from those taught in medical schools. The military MO must be concerned with much more than the patho-physiology of disease and its treatment. Good medicine is, nonetheless, the foundation of military medicine.

2. The special emphases involved in military medicine are:

   a. the prevention of morbidity;

   b. the assessment of a soldier's current and likely intermediate and long-term physical capability and the influence of this on the soldier's employment; and

   c. the assessment of the likelihood of a soldier becoming a medical casualty or requiring ongoing medical support (which might include special investigations, clinical reviews, therapy, appliances or pharmaceutical's).

3. Most of the time these assessments will be made during peacetime. Beware! Short notice contingencies have tested the ADF sufficiently in the past few years to require old lessons, easily forgotten in peacetime, to be relearned.

4. The PULHEEMS profile must reflect the soldier's physical capability in their trade on active service in war.

5. Wartime conditions should be assumed to involve harsh living conditions and limited medical support for chronic conditions, as well as unusual physical and emotional demands.

6. One of the common problems faced is the assessment of soldiers who require continuous medication. This should not be confused with a body of soldiers needing identical medication, such as malaria prophylaxis. In general, if the lack of a medication may rapidly result in morbidity, that soldier's PES should not be CLASS 2 and certainly not CLASS 1.

7. The notes below on the influence of specific medical conditions on PULHEEMS is the policy to be followed remembering that each case has its own particular circumstances. Similarly, the notes are not intended to be encyclopaedic. The conditions mentioned are common or important conditions which may cause prolonged morbidity. MOs should apply the policy wisely, using their own judgment and experience and in the light of current medical opinion. If a member's situation does not fit the policy then waiver action should be considered rather than altering the profile and hence the PES.

MEDICAL HISTORY AND EXAMINATION

8. The medical history and examination procedures to be followed are detailed in ADFP 701, chapter 2.

THE INFLUENCE OF SPECIAL CONDITIONS ON PULHEEMS PROFILES

9. The medical standards for entry into the Army are contained in ADFP 701. These standards are necessarily high. It would, however, be wasteful of manpower and training resources to require all soldiers who have been trained in a trade or skill to remain at this peak of physical potential or else be discharged on medical grounds.

10. MOs involved in the assessment of the fitness of soldiers need to understand the responsibility of their task. Their professional medical opinions (formed by the application of military experience, clinical judgment and, if necessary, specialist advice) determine the future employment, career and financial well-being of soldiers and also affect the capability of the Army as a whole.

11. Policy regarding the influence of certain conditions on the PULHEEMS profile is given in the following paragraphs for the purpose of achieving maximum conformity in the medical assessment of soldiers.

12. The PULHEEMS profile is influenced by factors other than purely medical ones: age, length of service, training, special skills and qualifications must all be considered when assessing a serving soldier, especially when considering whether the soldier is medically fit to continue serving. In assessing a soldier's fitness to continue serving, the question that members of Medical Boards should keep in mind is - Can the soldier still function operationally in their trade and how does the medical condition influence the value of their service to the Army?

13. A report from a soldier's CO/OC regarding the soldier's ability to perform duties is often of great assistance in determining an appropriate PULHEEMS profile.

CARDIOVASCULAR SYSTEM

Hypertension

14. `Labile´ hypertension which is symptomless and uncomplicated need not affect the PULHEEMS profile. Consistent elevation of resting blood pressure above 140/90 mm Hg is abnormal and secondary causes of hypertension should be considered and excluded by investigation when this is appropriate. Treatment may comprise reduction of weight or alcohol intake, dietary advice and drug therapy.

15. Soldiers who have mild hypertension and, therefore, by definition, do not have cardiac, renal or other organ system complications, may be graded P2 whether or not they require regular drug therapy. Moderate hypertension requiring medication for control should be graded P3. Hypertension with cardiac or other complications requires a grading of P7 or P8, depending on specialist advice.

Ischaemic Heart Disease

16. Once ischaemic heart disease is symptomatic, the average mortality is four per cent per year. The two main prognostic factors are the state of the left ventricle and the extent of the coronary artery disease. Soldiers with symptomatic ischaemic heart disease or requiring therapy for angina or heart failure should be graded no higher that P7 and should not deploy on military operations or exercises.

17. Modern cardiological techniques often enable the early and detailed assessment of patients who have had a myocardial infarction. The state of the cardiac electrophysiology and performance can be determined. The severity of the finding may range from damage to a single small vessel to significant multiple vessel disease, from normal electrical stability to spontaneous life-threatening arrhythmia, from normal exercise tolerance to invalidity.

18. The assessment of a soldier who has had a myocardial infarct depends on:

a. the residual cardiac function, and

b. the probability of further ischaemic episodes or of significant complications.

19. An assessment of these factors should be undertaken in the immediate post-infarction period, again no more than three months after the infarct and again at nine months:

a. **The initial assessment.** If it is unlikely that a soldier will become fit for service in their previous or in a useful alternate employment, the soldier should be graded P8. If a functional recovery compatible with useful employment can be anticipated, the soldier should be graded P0 and re-assessed after no more than three months.

b. **Assessment at three months.** If recovery is sufficient for a return to work in useful employment, the soldier should be graded P7 and reviewed after a further six months.

c. **Assessment at nine months.** A thorough assessment of the soldier's cardiac status and likely prognosis should be made. The grading would not be higher than P3.

20. **Coronary artery bypass grafting (CABG).** A return to work may be expected 2-3 months after cardiac surgery; a grading of P7 is appropriate at this stage. After nine months the soldier may be upgraded to P3 if they are completely asymptomatic without any medication (excluding aspirin). The longer term outlook after CABG is clouded by graft occlusion and graft atherosclerosis.

21. **Coronary angioplasty.** After angioplasty, the grading will not be higher than P3. The grading depends on an assessment of the soldier's functional state, being mindful of the severity and extent of the coronary artery disease.

Cardiomegaly

22. Cardiac enlargement of itself is not a reason for discharge from the Army and such cases may be graded P3 or P7 depending on the cause of the cardiomegaly and the soldier's capacity to perform normal duties. It should be remembered that `Athlete's Heart´ is a benign condition which will not require downgrading, however this diagnosis should only be made after cardiological opinion and echocardiography.

Heart Murmurs

23. Not all heart murmurs are sinister. Soldiers with functionally insignificant murmurs, including those with mild mitral valve prolapse, may be graded P2 if restrictions are not required. Antibiotic prophylaxis before surgical or dental procedures needs to be considered for these cases. Full assessment of cardiac murmurs may include special investigations, such as echocardiography.

24. In established valvular disease, the classification will depend on the medical history, the functional capacity of the heart and the need for regular treatment or review. Each case is to be considered on its merits after a specialist's report. Well compensated cases may be graded P3.

Cardiomyopathy

25. Cardiomyopathy for any reason should be graded P7 or P8 after cardiological opinion.

Arrhythmia

26. Soldiers with documented arrhythmia should be graded P7 at the highest even if they are controlled by medication. If the arrhythmia is cured by surgical ablation then the soldier can be graded P2. Soldiers with pacemakers are to be graded no higher than P7.

Valve Replacements

27. Soldiers who have had an artificial valve replacement are to be graded no higher than P7 due to their requirement for anticoagulant monitoring.

Varicose Veins

28. Advanced venous insufficiency with ulceration or severe intractable eczema should be graded P8. Symptomless varicosity may be graded P2. Varicosities giving rise to symptoms should be graded P3 or P7 according to severity; the effect on locomotion may also affect the grading under the L factor.

Peripheral Vascular Disease

29. Any demonstration of peripheral vascular disease should be graded P3 to P7 depending on specialist opinion.

Raynauds Disease

30. Soldiers with Raynaud's Disease should be graded no higher than P7. There also may be a climatic limitation on the soldier's employability.

Hypercholesterolaemia

31. Significant hypercholesterolaemia should be graded no higher than P3. If the hypercholesterolaemia is controlled adequately with diet alone then a grading of P2 is allowable. Continuing use of lipid lowering drugs to maintain a reduction in cholesterol should be graded no higher than P3.

RESPIRATORY SYSTEM

Asthma

32. The definition of asthma is difficult and should not, for the purposes of serving soldiers, include those who develop a non life-threatening wheeze when they have an URTI. Functionally more significant, however, are those who wheeze every time they run; these should be graded no higher than P3. Similarly, those who require regular maintenance therapy, whether that be bronchodilators or steroids, should be graded no higher than P3. More severe cases should be graded P7 or P8. Exposure risks and environmental factors should be considered in these gradings and geographic or environmental restrictions may be necessary.

Hay Fever

33. Mild seasonal hay fever need not affect the PULHEEMS grading. Severe cases should be graded P7.

Sleep Apnoea

34. Sleep apnoea is a complex and sometimes disabling condition in which the airway is obstructed during sleep, usually during the Rapid Eye Movement phase. The condition is manifest by excessive snoring, unrefreshing sleep, morning headache, daytime somnolence, poor short-term memory, irritability and personality change. There are a number of contributing factors. In some patients there is an inherited insensitivity of the respiratory centre, in others an excessive relaxation of palatal or pharyngeal muscles during sleep, in others a short neck which predisposes to airway closure, in others excess pharyngeal fat. During monitoring while asleep (polysomnography), these patients have periods of apnoea and oxygen desaturation although the degree of desaturation does not correlate totally with symptoms. Sleep apnoea may be graded as mild, moderate or severe:

a. mild cases have excessive snoring (and mild oxygen desaturation if monitored) but no daytime symptoms,

b. moderate cases have some daytime symptoms, and

c. severe cases have significant daytime symptoms.

35. Treatment is dependent on the severity of symptoms. In some cases, the avoidance of alcohol or sedative drugs and the loss of weight is all that is needed. Severe cases and some moderate cases require the wearing during sleep of a device that produces continuous positive airway pressure (CPAP) to maintain the patency of the airway. After a period of nocturnal treatment with CPAP, some patients may be weaned off the device, perhaps completely. After successful treatment, patients who no longer need CPAP may be graded as high as P2. More severe cases, even those who obtain relief with CPAP devices, should be graded no higher than P7.

Chronic Bronchitis and Emphysema

36. Severe airflow limitation, with post-bronchodilator Forced Expiratory Volume less than 50 per cent of the predicted value for height and age, should be graded no higher than P7. In mild cases environmental exposure to dust, fumes and/or a refusal to stop smoking should also be taken into account when assessing the grading.

Recurrent Tonsillitis

37. Recurrent tonsillitis in adults can be quite debilitating and require multiple courses of antibiotics. It can be cured by surgery. If tonsillectomy is performed then the member can be graded P2, but if there is recurrent tonsillitis and a refusal to undergo tonsillectomy or it is not possible because of other medical reasons then the member should be graded no higher than P3.

Pulmonary Tuberculosis

38. Because of the variable extent and rate of progress in response to treatment to tuberculosis it is difficult to lay down rigid rules regarding PULHEEMS profiles for this condition. Active tuberculosis should be graded P7. Modern treatment aims for cure after nine months. A guide indicating the type of disease considered suitable for retention and the normal rate of progress is given below:

a. unilateral cases with disease in one lung not requiring resection and leaving no residue after treatment - P3 after one year, P2 after three years;

b. tuberculous pleural effusion without obvious parenchymal disease - P3 after one year, P2 after three years;

c. tuberculous pleural effusion with parenchymal disease - rate of progress and disposal will depend on the parenchymal disease; and

d. severe bilateral disease - P8.

GASTROINTESTINAL SYSTEM

Peptic Ulcer

39. Knowledge of the pathophysiology of peptic ulcer has expanded in the past few years, particularly in regard to the role of Helicobacter. When a definite diagnosis of peptic ulcer has been made, the initial grading is to be P7. Subsequent assessment will depend on the response to treatment and chronicity of symptoms:

a. Soldiers who, in the absence of ulcerogenic drugs, remain free of symptoms for at least a year while on a normal diet and without anti-ulcer medication and who have no evidence of active ulceration may be graded P2. Repeat endoscopy is required before upgrading.

b. Soldiers who have occasional discomfort on normal diet, who are readily controlled by routine self-medication and who maintain normal weight, may be graded P3.

c. Soldiers who need maintenance treatment (antacids, H2 receptor antagonists or proton pump inhibitors) should be graded no higher than P3.

d. The assessment of soldiers who develop a proven peptic ulcer in the first two years of service depends on their response to treatment; those who relapse should be graded P8.

e. Soldiers who have disabling symptoms or complications despite treatment should be graded P8.

f. Soldiers who are rendered asymptomatic, without medication, for a period of one year after surgery for peptic ulcer may be graded P2. Repeat normal endoscopy is required before upgrading.

Hiatus Hernia

40. Symptomatic hiatus hernia should be graded exactly the same as peptic ulcer.

Non-Ulcer Dyspepsia

41. Occasional attacks of symptoms not causing any significant absence from duty need not affect grading. Repeated absences from duty may justify a grading of P7 or even P8. Specialist gastroenterological opinion is essential in these cases.

Irritable Bowel Syndrome

42. When this condition manifests as mild attacks of abdominal pain and diarrhoea not affecting function the PULHEEMS profile need not be affected. However, more frequent episodes warrant downgrading to as low as P7, especially when compounded by significant physical symptoms. The extent of downgrading depends on the severity of symptoms and response to treatment. Subsequent upgrading may be possible if symptoms subside. Specialist gastroenterological opinion is essential in these cases.

Cholecystitis and Cholelithiasis

43. The major clinical significance of gall stones is their role in the causation of acute or chronic cholecystitis. The mainstay of treatment of cholelithiasis is surgery, although medical treatment occasionally has a role for cholesterol stones. After successful treatment of cholecystitis or symptomatic cholelithiasis a soldier may be graded P2. Soldiers with frequent symptoms unrelieved by medical or surgical treatment should be graded P8.

Pancreatitis

44. After one attack of pancreatitis a soldier should be fully investigated. If the causative factor has been removed and no risk factors are present, the soldier can remain P2. If the causative factor (eg excess alcohol consumption, gallstones, hyperlipidaemia, hypercalcaemia etc) is still present then P3 is appropriate, with P8 if recurrent attacks occur.

Intraperitoneal Adhesions

45. Soldiers who have more than one attack of abdominal pain due to bowel obstruction, whether or not requiring surgical intervention, should be graded P7. If after two years there have been no further symptoms and bowel function is apparently normal, upgrading to P2 may be appropriate.

Ulcerative Colitis

46. Ulcerative Colitis is a lifelong disease characterised by flare ups and quiescent periods. Patients usually require long-term prophylactic drug therapy. Soldiers with disease limited to the rectum or recto-sigmoid should be graded P7. If symptoms subside and the disease process is quiescent for two years, upgrading to P3 may be possible, but never higher. Factors for consideration in the assessment include the nature of surveillance required, restriction and requirement for intervention including use of topical agents, the absence of which would be problematic.

47. Soldiers with more extensive or severe disease should be graded P7 or P8, depending on the severity of symptoms and response to treatment.

48. Proctocolectomy, usually with the formation of an ileoanal reservoir, cures the disease and in many people results in relatively normal function. Soldiers with a good functional result may be graded as high as P3, but if bowel frequency is a problem the grading should be P7 or P8.

Crohn's Disease

49. Crohn's Disease is a lifelong disease characterised by flareups and quiescent periods. It causes much more systemic illness, infection, local and widespread side effects, abscesses and a more frequent need for recurrent surgery. It can range from perianal Crohn's to large bowel Crohn's to large bowel and small bowel Crohn's disease. Small bowel disease has a high risk of obstruction and there is a high recurrence rate after surgical resection. Accordingly whilst perianal Crohn's of a mild degree will be controlled on low dose maintenance treatment without indication of other bowel involvement and may be graded as high as P3, all other cases of Crohn's disease, either large bowel, small bowel or combined should be graded P7 or P8.

Coeliac Disease

50. Coeliac Disease is compatible with a perfectly normal healthy life and a fit healthy person provided they maintain a gluten-free diet. However the highest P grading should be P7 as a gluten-free diet is not available in deployment settings.

Colonic Polyps

51. Colonic Polyps are increasingly being found in younger people especially in those with a family history of colon cancer. A patient with hereditary polyposis will require either a total colectomy and ileorectal anastamosis or a restorative proctocolectomy. These patients need regular review as they can develop tumours elsewhere in the gastrointestinal tract. Grading to P3 may be possible depending on the functional result.

52. Soldiers known to have isolated adenomatous polyps could be graded up to P2 provided they are on a surveillance program.

Colorectal Cancer

53. Colorectal cancer is now the most common internal malignancy in Australia and the incidence increases steadily after the age of 40. Rarely it occurs prior to this. Soldiers with this condition should be graded P7 or P8 but can be graded up to P3 if there is no recurrence after two years.

Dietary Intolerance and Allergies

54. Soldiers who cannot tolerate or are allergic to common foodstuffs available in ration packs are unfit for deployments and so should be graded no higher than P7.

Amoebiasis

55. Early relapses are quite common after treatment for amoebiasis. Those who have responded favourably are to be graded P3 for a period of six months and then reassessed; if cure appears complete they maybe upgraded to P2. Those who have recurrent catarrhal symptoms of short duration are to be graded P3 and remain in this category as long as symptoms persist. Those rare cases who have not responded favourably to treatment and suffer severe recurrent symptoms should not be graded higher than P7.

DERMATOLOGICAL SYSTEM

56. Soldiers who have chronic or frequently recurring attacks of skin disease of a serious and incapacitating nature including, for example, eczema, psoriasis or urticaria, and causing major interference with duty should be graded P8. On specialist advice they can be graded as high as P3.

57. Some soldiers have skin conditions which may be severely influenced by specific climates. Such soldiers need an environmental restriction and should be graded depending on their physical capacity.

Contact Dermatitis

58. Contact dermatitis of proven origin will result in a grading no higher that P3 with the added restriction `Not to be exposed to (the responsible agent)´ if the offending allergen cannot be avoided in service conditions.

Beards

59. Soldiers who cannot shave for short periods due to skin conditions can be graded P2 but should be aware that operational requirements might preclude the wearing of beards. Soldiers with pseudofolliculitis are to be graded according to the severity of the condition after dermatological opinion.

GENITOURINARY SYSTEM

Proteinuria and Lowgrade Nephropathy

60. Persistent proteinuria requires full investigation. Grading will depend on the outcome of investigations. Orthostatic proteinuria is considered to be a benign condition. After full investigation, renal conditions, such as a lowgrade nephropathy, which are under regular surveillance, are stable, are not likely to deteriorate quickly, do not require medication or physical restrictions and have no associated renal insufficiency, may not necessarily require downgrading. Factors to be considered in the assessment include the nature of surveillance, physical limitations and risks of dehydration or requirement for intervention.

Renal Insufficiency

61. Any degree of renal insufficiency as indicated by biochemical testing should be regarded as confirming complete loss of any reserve renal function and be fully investigated. Any member with mild to moderate but stable renal insufficiency for any reason should be graded P7.

62. Severe renal disease treated by renal transplant with good kidney function and stable immunosuppressive treatment without evidence of rejection may be graded P7. Severe renal disease amenable only to dialysis treatment (haemodialysis or peritoneal) should be graded P8. Soldiers awaiting transplant and having dialysis short-term can be graded P7.

Loss of One Kidney

63. If the kidney was removed for a condition that is likely to occur in the remaining kidney, the soldier should be graded no higher than P7. If removal was for a cause not likely to affect the remaining kidney and that kidney is functioning well with no evidence of impairment the soldier should not be exposed to the risk of injury to their remaining kidney. Grading up to P3 is appropriate.

Renal Calculus

64. Rigid rules for assessment cannot be laid down. The grading will depend on contributing factors (eg hypercalcaemia), recurrence, whether or not there are recurrent urinary infections, permanent renal damage or other complication. A single occurrence which has resolved satisfactorily by the spontaneous passage of the calculus or by the removal of the calculus at operation need not affect grading. A history of staghorn calculus warrants a grading no higher than P3.

Adrenal Insufficiency

65. Provided this is due to benign disease, replacement steroid therapy on a long-term basis is all that is necessary. A grading no higher than P3 is appropriate.

ENDOCRINE SYSTEM

Thyroid Diseases

66. The grading is dependent on the response to treatment and the need for continuing therapy. The consequences of an interruption in the supply of therapy need to be considered. A soldier who requires daily maintenance therapy should be graded no higher than P3.

67. Moderate enlargement of the thyroid gland without any general symptoms need not necessarily affect the PULHEEMS profile provided thyroid function is normal.

Diabetes Mellitus

68. A soldier with insulin dependent diabetes mellitus should be graded P8. All recruits and trainees are to be graded P8. Waivers may be recommended for a soldier with special qualification or whose services are of particular value, provided that their disease is well stabilised. The grading of those retained will not be higher than P7. Soldiers with non insulin dependent diabetes mellitus requiring oral medications should also be graded P7. Soldiers with non insulin dependent diabetes mellitus who can be controlled by diet alone can be graded up to P3.

NEUROLOGICAL SYSTEM

Epilepsy and Seizure Disorders

69. It may be difficult to diagnose epilepsy after a single seizure. Eye witness accounts are invaluable and all cases of possible epilepsy should have neurological assessment. With few exceptions, proven epilepsy, whether generalised or partial, should be graded P8. Some guidelines to the exceptions are:

a. the soldier's qualifications and service must be of special value to the Army;

b. the soldier must be fully employable in their trade despite the liability to seizures;

c. having been fully advised of all implications, the soldier must desire retention; and

d. the epilepsy must be well controlled by medication.

70. While on medication, the soldier is to be graded no higher than P7, with restrictions appropriate to trade and clinical state. If there are no seizures for three years, the continuing need for medication should be assessed by a physician. If after two years without medication there have been no seizures, a soldier may, with the concurrence of a physician, be upgraded to P2.

Progressive and/or Disabling Diseases

71. These will be graded in accordance with the progress of the disease and the ability of the soldier to give useful service.

Migraines

72. Soldiers with migraine headaches causing functional impairment are to be graded no higher than P3. Soldiers requiring prophylactic medication constantly are to be graded no higher than P7.

Head Injuries

73. Grading will depend on the severity of sequelae. Neuro-psychological assessment may be required as some cases may require downgrading of the M quality after assessment. Uncomplicated recovery permits a grading of P2.

INFECTIOUS DISEASES

Hepatitis B Virus

74. With the introduction of Hepatitis B Virus (HBV) vaccination and the screening of all entrants for hepatitis B surface antigen, the incidence in the Army of HBV carriage and chronic hepatitis related to HBV should decline to almost zero. Army policy is contained in Health Policy Directive (HPD) 213 - *Hepatitis B Virus Infection* and the associated Army Implementing Instruction: except for medical and dental personnel who are forbidden from performing invasive procedures, asymptomatic Hbs Ag carriers can be graded P2 FE with no employment restrictions. All entrants found to be Hbs Ag positive are to be graded P8.

Hepatitis C Virus

75. Knowledge of Hepatitis C Virus (HCV) is still in its infancy. However, 50 per cent of patients with antibody to HCV have evidence of ongoing hepatitis and 20 per cent progress to cirrhosis. Army policy is contained in HPD 217 - *Hepatitis C.* Although the modes of transmission are not fully elucidated, exchange of body fluids may be hazardous.

76. For this reason, soldiers with antibody to HCV, with or without abnormal liver function tests, are not fit for deployment and are to be graded no higher than P7.

Human Immunodeficiency Virus

77. Army policy is contained in HPD 212 - *Documentation, Reporting and Notification of HIV Infection in Members of the ADF.* Human Immunodeficiency Virus positive soldiers are to be graded no higher than P7. Soldiers with Stage III or IV are to be graded P8.

78. **Pulmonary Tuberculosis.** See paragraph 38.

OTHER CONDITIONS AFFECTING ASSESSMENT OF P

Obesity

79. The responsibility for a soldier's appearance is a matter for commanders.

80. Excess body fat with no associated decrement to health, physical fitness or functional capacity is not grounds for downgrading a soldier's medical category. Categorisation requires an assessment of the soldier's capability as a soldier deployed on operations and in a specific trade. The soldier's performance in Basic Fitness Assessment/Combat Fitness Assessment (CFA) and the risk, if deployed, of heat illness, skin diseases and locomotor injury need to be considered in making the medical assessment. Soldiers who are morbidly obese with a Body Mass Index >35 can be downgraded medically as there is a higher correlation of morbid obesity and sudden unpredicted morbidity and/or mortality.

Hernia

81. A soldier who develops a hernia which is likely to be curable by operation should, pending operation, be assessed P7R. Reassessment after operation will be necessary.

Splenectomy

82. The grading of asplenic soldiers depends partly on the reason for the splenectomy. If there was a medical reason for the splenectomy then the medical condition will probably dictate the grading, but it should be no higher than P3. Splenectomy for trauma leads to a grading of P3 because of the risk of malaria becoming fulminant in asplenic individuals. Vaccination against pneumococcus and meningococcus is mandatory and should be repeated every five years. Vaccination against Haemophilus influenzae type b is strongly recommended. If the splenectomy is elective, vaccination should precede surgery by two weeks. Soldiers who have had a splenectomy are to have their medical records annotated `NOT TO SERVE IN A MALARIOUS AREA´.

Chronic Arthritis

83. Chronic arthritis is not, as a rule, compatible with military service but soldiers will be graded according to resultant disability and rate of progression. Soldiers with either seronegative or seropositive polyarthropathies should be graded no higher than P3. Those requiring long-term medication should be graded no higher than P7.

Malignant Disease

84. Some soldiers are not disabled by the development of a malignant disease nor by its treatment. Exceptions to the following guidelines will invariably occur and specialist advice will be required for a definitive assessment. A soldier with a malignant tumour:

a. which has not metastasised and has responded favourably to treatment to the extent that there is no evidence of tumour should not be graded P8 unless the residual direct effect of the tumour or the effect of treatment render the soldier unfit for further service. The requirement for adjunctive chemotherapy need not affect the grading unless such treatment has caused significant adverse effects.

b. which has metastasised and has not favourably responded to therapy or is known to be refractory will be graded no higher than P7. Metastasis in this context includes distant spread or local invasion that renders treatment noncurative. With time the soldier will inevitably become unfit for duty and should then be discharged.

c. who is receiving chemotherapy may be discharged as P8 or retained at P0 or P7 as indicated by the likelihood of cure/remission or return to a reasonable level of functioning.

85. Malignant disease apparently amenable to treatment will be graded P7 with review after appropriate treatment. The need for continuing medical monitoring and therapy may affect the grading.

Gynaecological and Obstetric Conditions

86. Minor temporary disorders will not affect grading. Conditions which are amenable to surgical correction need not affect grading after treatment. The advice of a specialist gynaecologist should be obtained for serious or chronic conditions.

87. As a guide, the grading for member with the following conditions should be no higher than P3:

a. Dysmenorrhoea, if severe and not responding to treatment including oral contraceptives, analgesics or prostaglandin inhibitors and where the member is incapacitated from their normal duties. Nevertheless, mild non-incapacitating dysmenorrhoea is not a cause for downgrading;

b. Laparoscopically diagnosed pelvic inflammatory disease with two or more occurrences within three years requires downgrading to P3 or P7 depending on severity. Single episodes need not affect grading.

c. Endometriosis requiring longer than six months medical treatment or having a history of requiring urgent surgical intervention (eg laparotomy).

88. Pre-invasive disease of the lower genital tract would not normally involve downgrading unless there is not conclusive evidence of resolution. The course of treatment and monitoring in these members may be protracted. Appropriate restrictions on temporary employment location are required during this period.

89. **Pregnancy.** The pregnant servicewoman requires special consideration and access to facilities not deployed into the field by the Australian Army. Personnel policy on the management of pregnant servicewomen is contained in DI(G) PERS 32-1 - *Employment of Women in the Australian Defence Force (ADF).* Upon confirmation of pregnancy, a servicewoman is to be classified as per their current PES with the addition of the suffix (R), and reviewed within three months after confinement (eg CLASS 1 (R)). **They are not to be downgraded for pregnancy alone.** Temporary restrictions may be required for foetal safety and (later) functional incapacity.

OPHTHALMOLOGICAL SYSTEM

Visual Acuity

90. Visual acuity is recorded under the EE quality of the PULHEEMS. The gradings used are in the chart of functional interpretation at Annex A with the exception of the use of 0 or 9. If there is no vision at all in an eye it is to be graded 9/9. If the eye has been removed this is denoted by a per cent under the E. In assessing eye diseases, specialist ophthalmologist opinion will almost invariably be required. The effect of monocular vision on the P quality is described in the following table.

		One Eye	Both Eyes
Lids	trichiasis (severe)	P7	P8
	lagophthalmos (severe)	P3	P8
	blepharitis (chronic, intractable)	P7	P8
Lacrimal apparatus			
	persistent chronic epiphora after operation	P7	P8
Conjunctiva	symblepharon (severe)	P3	P8
Cornea	recurrent keratitis	P3	P8
	corneal Leucomata (severe)	P3	P8
	keratoconus (NB. is always bilateral)	N/A	P8
	corneal irregularities	P3	P8
	corneal graft	P7	P8
	radial keratotomy (see HPD 201)	P7 or P8	
	excimer laser keratotomy	P2 if no side effects	Review refraction after 12 months (see HPD 201)
Lens	aphakia	P3	P7
	disabling opacities	P3	P8
	pseudophakia (intraocular implant)	Up to P2 on specialist advice (1)	Up to P2 on specialist advice (1)
Uveal tract	coloboma	P2	P3
	healed lesions	P2	P3
	iridocyclitis (recurrent)	P3	P7
	choroiditis (recurrent)	P3	P8
Retina	vascular lesions	P7	P8
	detachment (even after repair)	P3	P8
	retinitis pigmentosa	P7	P8

Glaucoma		Up to P3, depending on response to treatment	
	Scotomata and gross limitation of visual field	P3	P8
Idiopathic nystagmus		P3	P8
Neoplasm	As per other malignant disease		
Night blindness		P7	
Monocular Vision (2)	correctable to at least 6/12	Up to P3 (waiver required if either E grading falls below minimum for employment, usually 8/3)	
	Not correctable to at least 6/12	P8	
Myopia and Hypermetropia	spherical correction of not more than 5 dioptres in either axis in either eye	P2	
	spherical correction of up to +/- 8.00 dioptres allowable with waiver only	P8	

Notes:

1. **Intraocular Implant.** Assessment will depend on the surgical procedure performed. A member who has undergone small incision cataract surgery is full fit for service, once healing has occurred, regardless of whether it is unilateral or bilateral. If the surgery involved large incisions, subsequent trauma to the globe(s) may cause rupture, so restrictions are required and an assessment of P7.
2. **Monocular vision may affect ability to use weapons.** The degree of incapacity in this field may depend on whether the soldier is right or left handed and whether vision is lost in the right or left eye. Certain optical equipment requires binocular vision for effective use.

OTORHINOLARYNGEAL SYSTEM

Ears		
Otitis externa	mild occasional	up to P2
	mild recurrent	P3
	severe recurrent	P7
	intractable	P8
Traumatic rupture of the tympanic membrane	healed, perforation closed	up to P2
	dry perforation	up to P7
Suppurative otitis media		
	soundly healed, closed perforation	up to P2
	recurrent unilateral	P7

	recurrent bilateral	P8
Chronic catarrhal otitis media		
	with ventilating tubes	up to P2
Ossicular reconstruction	P7	up to P3
Meniere's disease		P7
Otosclerosis		Determined by degree of hearing loss
Mastoid operations		
	radical	P7
	modified radical(with residual cavity)	up to P3
	modified radical cortical (with cavity closed)	up to P2
Nose		
Catarrhal sinusitis		
	mild recurrent	up to P3
Suppurative sinusitis		
	localised, treated and cured	P2
	localised, quiescent but recurrent	up to P3
	pan-sinusitis	up to P2
	pan-sinusitis, treated surgically and cured	up to P2
Allergic rhinitis	moderate	up to P2
	severe	up to P7
	with polypi	up to P7
Throat		
Chronic laryngitis		up to P3
Benign vocal cord tumours		up to P3
	surgically treated	up to P2

Note:

(1) **Hearing Acuity.** Hearing acuity is recorded under the H quality of the PULHEEMS and the various gradings are described in the chart of functional interpretation.

CONDITIONS AFFECTING THE ASSESSMENT OF U (AND THEREFORE P)

Hands	
	Fixed flexion deformity should be assessed on overall function including grip and dexterity.
	Motor and neurologic deficits should be assessed as above.
Wrists	
	Painless limitation of movement. The grading depends on the degree of limitation. Loss of dorsifexion is more serious than palmar flexion.
	Painful limitation of movement. The grading depends on the underlying pathology and the degree of limitation.
Elbow	
	Slight limitations of movement do not exclude a grading of U2 provided that function is adequate.
	Ankylosis will be assessed on the effect on function but will usually cause a grading U7 or even U8.
Shoulder	
	Recurrent dislocation in fit soldiers should be amenable to operation. After a successful operation with full return of function the soldier should be graded no higher than U3 for twelve months.
	Chronic instability not amenable to surgery or in soldiers who do not choose surgery should be graded no higher than U7. Bilateral chronic instability not amenable to surgery should be graded U8.
	If abduction is limited to shoulder level, U3 is permissible. Greater limitation than this will restrict to U7 or U8.
	For limitation of external rotation <30 degrees consider a grading of U3; for limitation ><30 degrees consider a grading of U3; for limitation >30 degrees consider U7.
Clavicle	
	The pressure of personal equipment may cause pain in malunited fractures but many such cases are symptomless and may be graded U2. Others will require a grading of U3.
	Acromio-clavicular dislocations may heal without any residual symptoms, in which case the grading may be U2. Other cases should be graded to U3 or, seldom, U7. If surgery is required they should remain U3 for twelve months.
	Sterno-clavicular dislocations may cause severe functional impairment and should be assessed carefully.

Upper Limb Amputations	
	Loss of a finger or phalanx, part of the hand or other upper limb deformities should be assessed in relation to the soldier's military employment. Also important is whether the soldier is right or left handed and whether, in spite of the disability, sufficient function remains to handle weapons, tools, instruments and perform useful work. Specialist advice should be obtained on any operative measures or appliances which would improve function. After an upper limb amputation, grading will depend on the degree of residual function with a prosthesis and may be up to U3.
Hands Thumbs	
	The loss of either thumb completely approximates to the loss of a hand and should be assessed as an amputation. Less than complete amputation should be assessed on function.
	Loss of the terminal phalanx of the right thumb in right-handed soldiers with good grip may be graded up to U3. Loss of terminal phalanx of the left thumb in the right-handed soldier may be graded U2.
Fingers	
	Loss of the whole index finger if the rest of the hand is normal will not affect the grading.
	Loss of other single digits with good grip and dexterity will permit a grading of U2.
	Loss of one or more phalanges of more than one finger should be assessed on function and the grading can be up to U2.

CONDITIONS AFFECTING THE ASSESSMENT OF L (AND THEREFORE P)

91. Locomotion is dependent on a wide range of anatomical structures. The functional efficiency of the lower spine, pelvis, hip joints, thighs, knees, legs and feet each enter into the assessment of L and all must be considered when the assessment is made. The P quality may also be affected.

Spondylolysis

92. Spondylolysis is present in six per cent of the population but only one per cent of people with the condition get back pain. Usually the condition is discovered incidentally on a lumbar spine X-ray taken after another injury. Soldiers with spondylolysis who are asymptomatic should not be downgraded.

93. When the condition is present with symptoms thought to be related to the defect, grading will depend on the severity of symptoms and ability of the soldier to give useful service. A grading of P3L3 may be appropriate. Reallocation of trade may be required.

Spondylolisthesis

94. If there is any degree of slip of the vertebral body, regardless of symptoms, the soldier should not be exposed to risk of further injury and a grading no higher than P3L3 would be appropriate. Consideration should be given to whether young soldiers in this situation and with no special qualification should be discharged P8.

Chronic Backache, Prolapsed Intervertral Disc

95. As with other spinal conditions, grading will depend on the response to treatment and the ability to give useful service. Young soldiers with chronic back pain are invariably a medical liability and should be discharged. Any soldier, other than with acute disc lesions, who requires spinal surgery should be looked at carefully to ascertain whether the surgery has the possibility of returning the member back to operational function. If not they should be graded P8 and not be operated on whilst they are in the Army.

Spinal Curvature

96. Moderate degrees of kyphosis, lordosis, or a slight scoliosis will not affect grading provided that free spinal movement which is pain free exists and there is no interference with the ability to carry a full component of field equipment.

97. Limitation of spinal movement with such mild defects as above will be graded P3L3. However, a soldier graded P3 must have the ability to carry a fair load for not less than 10 km or for at least two hours.

98. The grading of those who fail to meet the standard for P3L3 will depend on their capacity to be usefully employed. Those who can give useful service may be graded P3L7; other with severely limited physical capability should be discharged.

Other Spinal Conditions

99. **Ankylosing spondylitis.** The grading will depend on response to treatment and may be up to P3.

100. **Compression fracture.** The grading will depend on residual symptoms and effect on function. When symptoms are absent and there is full spinal mobility grading may be P2; soldiers with symptoms may require grading P3L7.

Feet

101. The functional efficiency of the feet, not their appearance, is the major factor in assessment. However, the ability to wear Army issue footwear is an important factor. Sudden changes in the intensity of physical activity may exceed the body's capacity to adjust and result in foot pain. MO are not to make hasty decisions in soldiers whose medical condition was obviously caused by excessive training intensity.

102. Deformities such as hallux valgus, bunions, claw toes etc may prevent the wearing of issue Army boots and require the provision of specially made footwear not easily replaced under field conditions. Applicants with these conditions are not normally enlisted. However, the training and experience of serving soldiers should not be wasted because of minor foot problems. To remain L2 a soldier must be able to function in standard boots doing operational activities. A member who can perform full duties as long as special footwear is worn, should be graded P3L3 with the restriction `Requires special footwear´. A member with limitations to running and marching, even while wearing special footwear, would normally be graded P3 or P7L7, with the appropriate physical restrictions and specific restriction of `Requires special footwear´.

103. The role of podiatric correction for foot abnormalities is now a recognised part of patient care. Foot orthotics are not prescribed during basic training and recruits must prove that they can survive the rigours of this training without prescription orthotics. Subsequently, however, foot orthotics may be prescribed and their issue is not automatic grounds for downgrading. The grading applicable for orthotics is described below and depends on a soldier's functional assessment as noted here. A soldier is fully functional if they:

a. function fully in a wide variety of footwear while wearing foot orthotics, including standard Army footwear (see paragraph 107);

b. successfully complete the CFA; and

c. are judged to be able to function effectively as combat soldiers without foot orthotics for several weeks, in the event of loss, because of the difficulties and delay in resupply of these items.

Non-prescription Orthotics

104. Non-prescription soft orthotics and simple heat moulded orthotics (eg `off the shelf´, `Formthotics´), which can be used in standard Army footwear, can be used by recruits and serving soldiers with no change to their PULHEEMS profile and hence PES.

Prescription and Rigidly Constructed Orthotics

105. The use of prescription or rigidly constructed orthotics and/or orthotics which can not be used in standard Army footwear will necessitate a review of the soldier's PULHEEMS profile and hence PES.

106. Where the use of prescription and/or rigidly constructed orthotics is required then the following applies:

a. if able to perform unrestricted duties then the soldier is to be graded P3L3, or

b. if not able to perform unrestricted duties despite the orthotics then the soldier is to be graded P3L7 or below this depending on the nature of the restrictions.

Orthotics and Non-standard Footwear

107. When non-standard footwear is required to accommodate orthotics or when non-standard footwear is required for medical reasons (eg to accommodate hammer toes, achilles tendonitis, etc), then the following applies:

a. if able to perform unrestricted duties then the soldier is to be graded P3L3, or

b. if not able to perform unrestricted duties then the soldier is to be graded P3L7 or below this depending on the nature of the restrictions.

Ankles

108. **Acute sprains.** With an adequate rehabilitation program including proprioceptive training many of these cases make a good recovery, although they may require temporary downgrading. Final grading depends on the degree of functional recovery and full recovery generally occurs within three months. Chronic problems extending beyond this period may be suitable for ankle reconstruction.

109. **Ankle reconstruction.** Ankle reconstruction may be required if symptoms of instability fail to resolve and may return the joint to full function. Post-operatively a grading of L7 is appropriate. Grading should be assessed regularly from six months after surgery. With full recovery if the patient is asymptomatic without restriction, or the need for ankle support or orthosis, the member may be graded L2, but only after a minimum of twelve months have elapsed following surgery.

Knees

110. **Anterior knee pain.** Anterior knee pain should be assessed carefully particularly with respect to the member's trade and employment. The syndrome often appears after several years service and usually settles spontaneously with rest but often recurs with the resumption of activity. During the phase when symptoms are present restrictions need to be applied, and activities such as running, squatting and going down hills and stairs curtailed. Temporary or permanent downgrading may be necessary if symptoms recur of persist. Chronic anterior knee pain is difficult to treat. Soldiers with an increased Q angle, supple joints, genu recurvatum, small mobile patellae, long standing anterior knee pain or a previous history of surgery for knee pain should be graded L8.

111. **Meniscal Injuries.** Meniscal Injuries are common and should be graded no higher than L3 until successful surgical treatment has occurred. These conditions sometimes resolve. Following meniscectomy upgrading should be permitted as soon as the member's knee is asymptomatic, and there has been complete recovery of quadriceps muscle function and no effusion is present. Residual crepitus may exist. Following meniscal repair upgrading should not be considered until at least six months has elapsed.

112. **Ligamentous Instability.** Some ligamentous laxity is completely compatible with normal function, and indeed some people have generalised ligamentous laxity. The two knees should be compared. Recurrent swelling of the knee is not normal, however instability may be corrected by surgical treatment, in which case the final assessment will depend on the result. Following reconstruction of the anterior cruciate, grading should be no higher than L7 for twelve months, and L3 for another year during which time the soldier remains susceptible to unpredictable problems, turning and twisting stresses at the knee joint, and should not be considered for parachuting. Permanent downgrading is more appropriate, and upgrading above L3 should only be made on recommendation of an Orthopaedic Surgeon. Posterior cruciate reconstruction should never be graded higher than P3.

113. **Chondral Injuries.** Proven chondral injuries with obvious chondral damage at arthroscopy requiring removing of a loose chondral fragment should be graded L7 permanently, irrespective of symptoms. Minimal chondral injuries (equivalent to Outerbridge classifications of Grades 1 and 2) should be graded no higher than L3 for six months and can be upgraded to L2 if the soldier has become fully functional after six months.

Lower Limb Amputations

114. After lower limb amputations and the fitting of a suitable prosthesis a soldier will be graded according to the residual disability, their qualification, experience, value to the Army and their employability. Depending on the site of amputation, the P factor may be affected; soldiers who are retained in the Army may be graded up to P3.

115. In lower limb amputations, above knee amputations will normally be graded P8 but soldiers with special qualification which make retention desirable are to be referred to SCMA/DOCM-A for possible waiver action. Below knee and foot amputations may be up to L7 as prostheses are not resuppliable in the field.

CONDITIONS AFFECTING THE ASSESSMENT OF M

116. Mental capacity and the ability to learn military subjects are tested during the enlistment process. Occasionally, the M factor may require reassessment after enlistment, most commonly as a result of head injuries. There are no grades of M except M2 and M8. A soldier should be discharged if, despite a suitable recovery period, the neuropsychology assessment is below normal.

CONDITIONS AFFECTING THE ASSESSMENT OF S

117. The initial sections of Form PM 8 - *Report on a Case Referred for Psychiatric/Psychological Examination* provide much useful information in assessing soldiers with psychiatric disorders. This Form should be completed when the patient is first referred to a psychiatrist or psychologist. Completion of the form at regular intervals subsequently is of great value in assessing the soldier's progress.

Grades of S

118. The grades of S available are S2, S3, S7 and S8 as described in the chart of functional interpretation of Qualities at Annex A. S7 is only to be used for up to six months as S7 makes soldiers and officers BMS for continuing service in all ECN and officer categories.

Schizophrenia, Major Mood Disorders, Delusional Disorders and Other Psychoses

119. These will normally be graded S8 apart from an organic psychosis with clearly reversible pathology.

Minor Psychiatric Disorders

120. Those who respond satisfactorily to treatment should be graded S3, otherwise S8. If full recovery is achieved, upgrading to S2 is permissible. Before upgrading these cases should be reviewed, preferably in person, by the Regional consultant. If no Regional consultant is available then the medical file should be reviewed by the Army Office consultant.

121. Cases in which a minor psychiatric disorder complicates a physical disorder are invariably difficult to manage and it is essential that specialist advice be obtained on both physical and psychiatric factors. The specialists concerned are to be provided with copies of all relevant reports when the soldier is referred for a consultation. A young soldier without special qualification and a combination of a minor psychiatric disorder and a physical disability should be discharged medically.

Personality Disorders/Traits

122. Many people are temperamentally unsuited to Army life. In a number of cases this does not become obvious until some time after enlistment. Such cases should not be reclassified on psychiatric grounds. They will not become effective soldiers and should be recommended for administrative discharge. The disposal of soldiers with personality disorders which are not associated with a psychosis, minor psychiatric disorder or physical disability is not the responsibility of the Medical Services.

Substance Abuse and Alcoholism

123. The Medical Services are not responsible for the discharge of a soldier who is judged to indulge in alcohol to such an extent that, although they have not inflicted any permanent physical or psychological damage upon themselves, are incapable of efficient service. These soldiers should be managed administratively as per DI(A) PERS 66-1 - *Alcohol Use and the Management of Alcohol Misuse in the Army.* Alcohol dependence or abuse may be linked to a specific psychiatric disorder in which case the grading will be determined by the underlying disorder.

124. Although preventive medicine should make the circumstance a rarity, a soldier in whom alcohol has caused physical and/or psychological damage which greatly reduces their efficiency is to be discharged P8.

125. Members with any substance abuse problem should be offered appropriate treatment before a decision is made regarding discharge.

Sleepwalking

126. The Medical Officer should interview a soldier who is reported as being a sleepwalker and assess the soldier's mental and physical state and enquire from their unit as to their general adjustment to Army life. If they are well adjusted then no modification of the S quality is indicated. However, some restriction of functional employment may be required which may affect the P quality.

127. In operational situations sleepwalking may endanger a soldier and a whole body of troops. If sleepwalking is recurrent the soldier should be graded no higher than P3 with the restriction: `Only limitation to duties is sleepwalking; must not be employed where this condition may cause danger´. Soldiers still undergoing initial employment training who have recurrent sleepwalking should be discharged.

128. When sleepwalking is associated with neurotic symptoms such as anxiety or night terrors the soldier is to be referred to a psychiatrist.

Eating Disorders

129. Eating disorders such as anorexia nervosa, bulimia, and compulsive eating causing significant obesity are incompatible with Army service and cases should be assessed S8.

Sexual Disorders

130. The disposal of soldiers presenting with illegal sexual behaviours not associated with psychosis, neurosis or physical disability is not the responsibility of the Medical Services. The legality of sexual behaviour is determined by civil laws.

DEFENCE INSTRUCTIONS (ARMY)

Department of Defence (Army Headquarters)
CANBERRA ACT 2600

9 August 2001

The Defence Instruction (Army) listed below is issued by my command pursuant to section 9A of the *Defence Act 1903*.

P.J. COSGROVE
Lieutenant General
Chief of Army

ISSUE NO PERS 4/2001

Amendment

PERS 159–1
AMDT NO 2

PULHEEMS Employment Standards

Remove existing annex C, ISSUE NO PERS 3/98 of 5 JUN 98 (AL1) and replace with attached pages.

Cancellation

Remove existing DI(A) PERS 43–2 ISSUE NO PERS 1/77 of 3 FEB 77 and destroy (information contained in Defence Reference Book 19—*Defence Workplace Relations Manual*).

Note: Instructions for filing and maintaining DI(A) are contained in DI(G) ADMIN 01–1 (filed as DI(A) ADMIN 1–3).

CANCELLED

PULHEEMS EMPLOYMENT STANDARDS

INTRODUCTION

1. The PULHEEMS System of Medical Classification is designed to:

   a. provide a functional assessment of a member's ability to carry out military duties,

   b. assist in expressing the physical and mental attributes appropriate to individual trades and employments,

   c. permit the placement of members in employments for which they are most suited, and

   d. indicate the member's physical and mental suitability for deployment.

2. This Instruction changes the manner in which a member's PULHEEMS Employment Standard (PES) is expressed. In addition, the Annexes to this instruction reflect technical adjustments to:

   a. the minimum PES for officers and soldiers, and

   b. clinical aspects of the PES system.

AIM

3. The aim of this instruction is to detail revised policy and procedures for the PULHEEMS System of Medical Classification and its application to employment standards.

GENERAL

Application

4. This instruction applies to all members of the Australian Army and to accredited members of approved philanthropic organisations.

5. Changes to members' PES will necessarily occur over a transitional period:

   a. those undergoing a medical board from 01 July 1997 are to be assessed using the new system;

   b. those not due to undergo a formal medical board in the period 01 July 1997 to 12 December 1997 will be assigned a PES (provisional) until the time of their next formal assessment, when the PES (provisional) will be confirmed. For most this will require a computer conversion. Only individuals where uncertainty exists as to their PES, or for whom reclassification from a 'deployable' PES to CLASS 3 or 4 is required, will undergo a formal medical review.

Responsibilities

6. The Director-General, Army Health Services (DGAHS) is responsible for Army policy on the PULHEEMS System of Medical Classification. Colonel Health Services Logistic Command (COLHLTH Log Comd) is responsible for the implementation of this policy and the provision of guidance to Medical Officers (MO) in its application.

PULHEEMS CLASSIFICATION

PULHEEMS Qualities

7. The acronym 'PULHEEMS' is derived from the first letters of the qualities assessed when a medical examination is carried out. The PULHEEMS qualities are:

a. **P (Physical Capacity).** This refers to a member's general physical development. It includes a member's potential, with training, to acquire a high-level of physical stamina, and the capacity for hard work. This quality also embraces general health.

b. **U (Upper Limbs).** This refers to the functional use of hands, arms, shoulders and upper spine and in general the member's ability to handle weapons, to lift and to carry. Those disabilities of the upper limbs which affect general physical capacity also affect assessment under 'P'.

c. **L (Locomotion).** Locomotion refers to a member's ability to walk, run and lift, and refers specifically to the functional use of the lower limbs, hips, and lower spine. Those disabilities of locomotion which affect general physical capacity also affect assessment under 'P'.

d. **H (Hearing).** This records a member's hearing acuity. Diseases of the ear are assessed under 'P'.

e. **EE (Eyesight).** This records a member's visual acuity in the right and left eyes in that sequence. Unaided vision is recorded first followed by (when appropriate) vision with spectacles. A member whose unaided vision in both eyes is 6/6 is recorded as 'EE' 1/0 1/0. Diseases of the eyes are assessed under 'P'.

f. **M (Mental Capacity).** This quality reflects a member's ability to learn military duties. It is assessed at the Initial Medical Board and may only be varied after specialist medical and psychological assessment.

g. **S (Stability).** This quality reflects a member's psychiatric stability in the military environment. It may only be varied after consultant psychiatric assessment.

PULHEEMS Medical Assessment

8. The standard of medical fitness in each quality is recorded on a scale of degrees from 1 to 8, with the exception of 'EE' which includes a degree of 9. Some degrees are not in use for certain qualities. The medical classification of a member is represented by a PULHEEMS medical assessment or profile (eg 2222 1/0 1/0 22) which indicates a member's degree of medical fitness under each of the PULHEEMS qualities.

Functional Interpretation of Degrees of Qualities

9. The assessment will, in general, conform to the following degrees of fitness which include environmental restrictions. For a more detailed explanation refer to Annex A.

Degree	Functional Capacity	Combat Capacity	Environmental Restrictions
1	Reserved	Reserved	Reserved
2	Satisfactory	Full	Nil
3	Diminished	Restricted	Nil
4	Reserved	Reserved	Reserved
5	Reserved	Reserved	Reserved
6	Reserved	Reserved	Reserved
7	Markedly diminished	Severely restricted	Service in Australia only
8	Medically unfit for any form of service		

10. In addition to the degrees listed above, the degree 0 (zero) may also be used under the qualities of 'P', 'U', 'L' or 'S' to indicate that a member is under medical care and is unfit for duty, but is likely to return to duty within twelve months. 'P0' is used when the patient cannot be fully assessed (eg in a coma). A degree is to be allocated for each quality ie no blanks are to be left in the profile. *See* also paragraph 7.e. for use of 0 in relation to visual acuity.

Loss of Eyesight, Limbs or Limb Function

11. Members who have lost effective sight in one eye, ie visual acuity worse than 3/60, or who have lost one limb, or its function, may continue to serve if a medical waiver permits a PES of CLASS 3. These members will only be considered for waiver action if they possess special qualifications and can perform adequately in their employment (paragraphs 46.–54 refer).

Special Appliances

12. Where a member is required to wear any surgical appliance, excluding spectacles, contact lenses, artificial eyes and dentures, an entry is made on the Form PM 4—*Unit Medical Record* by an MO and the requirement is to be noted as a restriction on the Form PM 64—*Notification of Medical Assessment* by a confirming officer with the comment 'Special appliance required'. The member may continue to serve if a medical waiver permits a PES of CLASS 3. These members will only be considered for waiver action if they posses special qualifications and can perform adequately in their employment (paragraphs 46.–54 refer).

COLOUR PERCEPTION

General

13. The ability to distinguish colours is essential for certain corps and employments. Although total colour blindness is rare, a proportion of the population suffers in varying degrees from defective colour discrimination.

14. Colour perception (CP) is not to be taken into consideration in determining a member's PULHEEMS medical assessment, but must be considered when determining the corps and employment to which a member is allocated.

Colour Perception Classification

15. The Army uses the following CP classification:

a. **CP1 (Colour Perception Normal).** Pass recorded with Pseudoisochromatic Plates.

b. **CP2 (Colour Perception Anomalous).** Failure with Pseudoisochromatic Plates but pass recorded with Farnsworth Lantern. CP2 means that a member can distinguish white, signal red and signal green.

c. **CP3 (Colour Perception Defective).** Failures recorded with both Pseudoisochromatic Plates and Farnsworth Lantern.

Corps/Employment Requirements

16. The minimum CP requirement for each corps and employment is detailed at Annex B (Officers) and Annex C (Soldiers).

Colour Perception Waivers

17. In exceptional circumstances, CP standard can be waived by the member's trade sponsor without reference to the medical services provided that the member is capable of satisfying the appropriate criteria for the granting of the qualification. Any waiver granted remains specific to the individual and to their specific employment. Waivers should be notified as for waivers of medical standards.

Testing and Recording

18. CP is tested during enlistment procedure in accordance with Australian Defence Force Publication (ADFP) 701—*Recruit Medical Examination Procedures*. CP classification is recorded in each member's:

a. Medical Record,

b. Enlistment File, and

c. Record of Service.

PULHEEMS EMPLOYMENT STANDARDS

Introduction

19. It would be uneconomical in manpower to require the same minimum PULHEEMS medical assessment for combat employment, combat-related employment and other employment outside the Area of Operations. Thus variance between employments and corps is permissible for each PES.

Letter Code

20. The PES is derived from the PULHEEMS medical assessment and is expressed in a letter code using Annex B for officers and Annex C for soldiers. The codes and their meanings are:

a. **CLASS 1 (Medical Standard 1).** Fit for deployment and employment in trade in any operational environment. Most Employment Category Numbers (ECN) require no permanent medical or environmental restrictions to qualify CLASS 1.

b. **CLASS 2 (Medical Standard 2).** Fit for employment and generally fit for deployment subject to a pre-deployment check based on geographic restrictions or access to health support.

c. **CLASS 3 (Medical Standard 3).** Employable but unfit for deployment to the field. Medical and/or environmental restrictions apply. Individuals can only continue to be employed whilst under review (CLASS 3 (R)) or under a temporary waiver (CLASS 3 (W)). During peacetime training, MO may permit individual members to deploy (eg to a base camp supporting an exercise) if they are satisfied that medical requirements can be met.

d. **CLASS 4 (Medical Standard 4).** Member is permanently medically not deployable or employable for current trade/employment category, but may be fit for another ECN.

Restrictions

21. The suffix (R) to a PES indicates that a review of the member's medical classification is required at some time. In addition, one or more restrictions may apply to the PES. The supporting notes on Form PM 64 must amplify the nature of the restriction, which may be:

a. temporal eg review in three months;

b. environmental eg not fit to deploy to malarial zones; and/or

c. clinical eg sedentary duties only.

The assessment might therefore be expressed as: MED 1 (R)—Review in three months.

Application

22. The PES required by a member will vary between corps, employment and type of unit in which a member is required to serve. As such, it is uneconomical to require a member to hold a PES which is higher than that required for the member to carry out military duties.

23. **Officers.** PES for officers are not linked to specific employments in any area, as an officer must normally be capable of carrying out any duty of their corps in any area in which they are fit to serve. The PULHEEMS medical assessment required by officers for each PES is detailed, by corps, at Annex B.

24. **Soldiers.** PES for soldiers are linked to employment. The minimum PULHEEMS medical assessment required by soldiers for each PES is detailed, by employment, at Annex C.

Responsibilities

25. The allocation of a PULHEEMS medical assessment is a medical responsibility and Commanding Officers (CO) are to ensure that all ranks under their command have a current PES. This is particularly important when members change postings, employment or corps.

Allocation of PULHEEMS Employment Standard on Enlistment/Appointment

26. All entrants are to have a PULHEEMS profile ascribed to them by either the examining MO, or in cases where the Initial Medical Board requires confirmation, the confirming authority, in accordance with this Instruction and Annexes B, C and D. This information is to be made available to selection boards for Army Technical and Trade Scheme applicants and officer trainees.

Members of Philanthropic Organisations

27. Accredited members of approved philanthropic organisations may have certain 'Act of Grace' benefits under certain Acts. To establish any physical deterioration resulting from service in special areas and to ensure that the representatives are unlikely to become medical liabilities in such areas, they are to be allocated a PULHEEMS medical assessment and PES upon accreditation.

Changes to PULHEEMS Medical Assessments and PULHEEMS Employment Standard

28. At a Periodical Medical Board the examining MO may change a PULHEEMS profile provided it does not change the PES. If a change in a PULHEEMS medical assessment results in a change in PES, the board is to be designated a Reclassification Medical Board.

29. **Change of Employment or Corps.** Where a change of employment or corps will result in a change to a member's PES, the Directorate of Officer Career Management—Army (DOCM–A), the Soldier Career Management Agency (SCMA) or Army Personnel Agency (APA) is to make the appropriate change and to notify the change in accordance with paragraphs 30.–32.

Recording of Assessments and PULHEEMS Employment Standard

30. The initial medical assessment and any subsequent amendment made by a medical board are to be recorded on Form PM 4 and notified, as applicable, on Form PM 64 to:

a. DOCM–A/SCMA (except for General Reserve (GRes) and Inactive Army Reserve (IARes) members not on continuous Full-time Service);

b. APA for GRes and IARes;

c. Australian Defence Force Health Records—Army; the member's unit or training establishment (as applicable);

d. the recruiting unit, in the case of applicants for direct appointment, Royal Military College, and Australian Defence Force Academy; and

e. the appropriate recruiting unit for all GRes applicants.

31. Subsequent changes to a PULHEEMS medical assessment, made by a medical board, are to be notified using Form PM 64.

32. The initial allocation and any subsequent change to a PES is to be promulgated by DOCM–A/SCMA/APA in Routine Orders Part 2.

PULHEEMS STANDARDS FOR ENTRY, RETENTION AND EMPLOYMENT

Entry Standards

33. ADFP 701 details entry standards for new entrants to the Army. In general, all new entrants to the Army must be Class 1, which equates to a PULHEEMS medical assessment of at least: 2222 8/3 8/3 22. Waiver action may apply to Specialist Service Officers and/or entrants with special qualifications. The minimum PES in these circumstances would normally be CLASS 2 in the rank and trade or employment category of enlistment/appointment.

34. Army Warrant Officer Commissioning Scheme. The minimum PES for appointment is CLASS 2.

Retention Standards

35. **Recruit Training.** During recruit training the minimum PULHEEMS medical assessment required to be maintained by a recruit is the same as for entry eg 2222 8/3 8/3 22.

36. **Initial Employment Training (IET).** Generally, soldiers undergoing IET should be CLASS 1. However, if a soldier is downgraded but could be CLASS 2 in their prospective employment, the member may continue training with the formal approval of CO SCMA, on advice from the trade sponsor. When considering whether to allow a soldier to continue training, CO SCMA should consider:

a. the needs of the Service,

b. any employment restrictions placed on the soldier which may impede career development, and

c. that retention does not disadvantage other members in the same ECN.

37. When a soldier is reclassified in accordance with paragraph 36. and the employment does not accept soldiers graded as CLASS 2, or CO SCMA does not give approval for the soldier to continue IET, one of the following actions is to occur:

a. the member may be retrained and allotted to another employment, in the same corps, for which the member is suitable; or

b. the member may be retrained and allotted to another employment and transferred to another Corps for which the member is suitable; or

c. if the member does not meet the requirements of paragraph 36.a. or 36.b., the member is to be discharged in accordance with DI(A) PERS 116–5—*Discharge of Regular Army Soldiers and General Reserve and Ready Reserve Soldiers on Full-Time Service*.

38. **Army Technical and Trade Scheme.** Trainees under this scheme are to be classified medically under the trade for which they are training rather than their current ECN.

39. **Specialist Employments.** The special requirements for parachute, diving and aircrew training are detailed in ADFP 701.

40. **Officer Training.** The normal minimum standard for retention on the training strength of an officer training establishment is CLASS 1. Those Officer Cadet (OCDT)/Staff Cadet (SCDT) who fall to 2 while in training may be retained on the training strength and may be promoted to 2nd Lieutenant/Lieutenant on graduation providing:

a. all prerequisite training standards can be achieved;

b. a waiver has been granted by DOCM–A or the Regional Delegate, in consultation with the Commandant of the training establishment and Head of Corps (HOC); and

c. they can be gainfully and appropriately employed.

41. **During Service.** The following action is to occur when a member falls below the minimum standard for the member's employment or corps:

a. **Soldiers.** When the PES of a soldier falls below the minimum standard for employment the soldier is to be retrained and/or reallocated to another corps or discharged in accordance with DI(A) PERS 116–5.

b. **Officers.** When the PES of an officer falls below the minimum specified in Annex B for their corps, and suitable employment is not available in another corps, the officer's appointment is to be terminated for the reason that they are medically unfit.

42. From 12 December 1997, members will be required to maintain a minimum medical standard for deployability in their rank and trade or employment category. Members assessed as CLASS 3 prior to 12 December 1997 will have their continued service evaluated as advised in DI(A) PERS 135–2—*Army Individual Readiness Notice*.

Posting Standards

43. Members are to be posted to positions, units and locations in accordance with their PES.

DISCHARGE OF MEMBERS ON MEDICAL GROUNDS

Members Below Standards or Medically Unfit

44. Members who can not satisfy the retention requirements detailed in this instruction or who have a PES of CLASS 3 or 4 (except CLASS 3(R) and 3(W)) are to:

a. in the case of officers, have their appointments terminated for the reason that they are medically unfit or below medical standards; and

b. in the case of soldiers, be discharged in accordance with DI(A) PERS 116–5.

MEDICAL WAIVERS

Waivers for Serving Members

45. DI(A) PERS 135–2—*Army Individual Readiness Notice* details the circumstances under which the Chief of Army (CA) will offer waivers to serving members who are classified CLASS 3. Waivers may be granted by CA through the following delegates:

a. CO SCMA for Australian Regular Army (ARA), Regular Army Suplement (RAS), Australian Individual Emergency Force (AIEF) and General Reserve—Special Conditions: Ready Reserve (GRSR) soldiers;

b. DOCM–A for ARA, RAS, AIEF and GRSR officers; and

c. Regional Delegate for GRes and IARes officers and soldiers.

46. Such waivers should only be granted where the member has completed training and is capable of performing most duties required by the employment the member is in or about to enter, and where there is a Service need for the waiver to be granted. When making a decision to grant a waiver the approving authority must consider the following factors:

a. the needs of the Service,

b. the structure and staffing levels of the member's employment, and

c. the member's medical prognosis and future career potential.

Procedure

47. Request for a waiver of medical standards can be initiated by a member, the member's CO or the member's Career Advisor. The request is to include:

a. member's personal particulars,

b. member's employment or intended employment,

c. details of any additional training that would be required if a change of employment is intended,

d. the member's current PES and details of any permanent or temporary medical restrictions,

e. a justification for the grant of a waiver, and

f. unit commander's recommendation.

48. A request for a waiver of medical standards is to be forwarded to the relevant authority detailed in paragraph 46. The authority is to obtain Career Advisor recommendation and medical advice from DGAHS or approved delegate on the long-term prognosis and viability of continued employment. COLHLTH Log Comd is the approved delegate for ARA members, and the regional Director Medical Services (DMS)/Senior Medical Officer (SMO) is the approved delegate for GRes and IARes members.

49. Following the decision, the authority is to promulgate a response to the member's unit, COLHLTH Log Comd and the regional DMS/SMO who, as the confirming authority raises a Form PM 64 notifying the new PULHEEMS profile, PES and any relevant restrictions and distributes as for paragraph 30. The suffix (W) is to be placed after the PES to indicate that a waiver of medical standards is in force. If action has been taken under paragraph 21 as well as under this paragraph, then the individual would have the suffix (RW) placed after the PES.

50. Waivers of medical standards are specific to the individual and are current only for the existing trade and rank, and will be limited to a specific time period. Changes to either trade or rank will usually require further waiver action to be initiated.

51. **Members Undergoing Officer Training.** Waivers for members undergoing officer training are to be determined by the commandant of the training establishment in consultation with DOCM–A or Regional Delegate, and DGAHS or delegate, in accordance with paragraphs 46.–51.

Waivers for Applicants for Enlistment/Appointment

52. Waivers for applicants for enlistment or appointment in the Army may be initiated by the applicant, Career Advisor, the applicant's intended unit (where applicable) or the Regional Recruiting Unit. Where the applicant, applicant's intended unit or Career Advisor wishes to seek a waiver, it is to be processed through the appropriate Regional Recruiting Unit. Procedure

53. All requests for waivers of entry medical standards are to be processed by the authorities listed in paragraph 46. and in accordance with paragraphs 47.–53.

Annexes:
A. Functional interpretation of degrees of each quality
B. Minimum PULHEEMS Employment Standard for officers by Corps
C. Minimum PULHEEMS Employment Standards for Soldiers without Medical Waiver—by Employment Category Number
D. The PULHEEMS System of Medical Classification—Clinical Aspects

Sponsor: DGAHS, HSC–A, OSGADF
Telephone: (06) 266 2280

FUNCTIONAL INTERPRETATION OF DEGREES OF EACH QUALITY

DEGRE	P	U	L	H	EE	M	S
Factors to be considered	Age, build, strength, stamina, physical attributes, general health.	Strength, range of movement and efficiency of arms, shoulder girdle and upper back.	Strength, range of movement and efficiency of feet, legs, pelvic girdle and lower back.	Auditory acuity (hearing).	Visual acuity (eye sight).	Intelligence and the ability to use it.	Psychiatric stability (does not change for simple adjustment, behavioural or personality disorders).
1	Reserved	Reserved	Reserved	Reserved	6/6 6/6	Reserved	Reserved
2	There is no medical impediment to being able to endure the strain and fatigue of field duties; fit for duty anywhere. Not to have any permanent medical restrictions.	There is no medical impediment to being able to handle a weapon, lift loads appropriate to employment, do heavy manual work including pushing, digging, dragging, heaving and climbing.	There is no medical impediment to being able to endure locomotor strain over several days. Capable of being trained to undertake a forced march and being able to fight at the end. Can carry a load appropriate to employment, run, jump, climb, crawl, dig and perform all aborious tasks efficiently.	The hearing thresholds in the worst ear using audiometers calibrated to International Standards Organisation (ISO) standards are: 500hz–35 1000 1000hz–35 2000hz–35 4000hz–50	6/9 6/9	Under Army conditions, is able to assimilate training and successfully perform combat or combat related duties.	Possesses psychiatric stability sufficient to satisfactorily endure the stress of combat and combat related duties.

DEGRE	P	U	L	H	EE	M	S
3	Fit for ordinary work. May not have the capacity because of disability or physique to endure the strain and fatigue of duties in a combat unit.	Must be capable of using a weapon for defensive purposes. To be capable of performing tasks in U2, but to a lesser degree.	Able to endure locomotor strain in the field as for L2 but to a lesser degree. Able to stand for at least 4 hours. Fit for guard duties.	The hearing thresholds in the worst ear using audiometers calibrated to ISO standards are: 500hz–45 1000hz–45 2000hz–45	6/12 6/12	Reserved	Sufficiently fit and stable to endure the stress of combat related duties, although having minimal symptoms, or minor risk of recurrence of an earlier illness.
5	Reserved	Reserved	Reserved	Reserved	6/24 6/24	Reserved	Reserved
6	Reserved	Reserved	Reserved	Reserved	6/36 6/36	Reserved	Reserved
7	Able to perform useful military duties within limits of disabilities. Not likely to break down if suitably employed, which includes time for regular meals and rest. Service outside the Area of Operations only.	Able to perform sedentary and routine work of a lighter type. Includes personnel unable to bear arms on account of physical disability (ankylosis of elbow, etc).	Able to walk 3km a day at own pace, and stand for moderate but not prolonged periods.	The hearing thresholds in the better ear using audiometers calibrated to ISO standards are: 500hz–55 1000hz–55 2000hz–55	6/60 6/60	Reserved	Not fit for combat or combat related duties due to psychiatric illness. Has the potential to perform useful military duties outside the Area of Operations.
8	Fails to reach P7.	Fails to reach U7.	Fails to reach L7.	Fails to reach H7.	3/60 3/60	Fails to reach M2.	Fails to reach S7.

Notes:

1. An 8 under either P, U, L, H, M, or S renders the member medically unfit for further service (MUFS).

2. Two or more 7's under P, U, L, or S may be considered by the confirming authority to cause P to become 8 and thus render the member MUFS.

MINIMUM PULHEEMS EMPLOYMENT STANDARD FOR OFFICERS BY CORPS

Serial	Corps	CP	Class 1	Class 2	Notes
1	General Officers	3	3333 8/3 8/3 22	3773 8/3 8/3 22	
2	Colonel, Brigadier	3	2233 8/3 8/3 22	3333 8/3 8/3 22	
3	RAAC	2	2232 8/3 8/3 22	3233 8/3 8/3 22	
4	RAA	2	2222 8/3 8/3 22	3233 8/3 8/3 22	1,7
5	RAE	2	2232 8/3 8/3 22	3233 8/3 8/3 22	1,7
6	RA SIGS	3	2232 8/3 8/3 22	3233 8/3 8/3 22	1,7
7	RA INF	2	2222 8/3 8/3 22	3233 8/3 8/3 22	1,6
8	AA AVN	3	2232 8/3 8/3 22	3233 8/3 8/3 22	1
9	AA AVN—Pilots	2	2222 2/1 2/1 22	3232 7/1 7/1 22	2
10	Aust Int Corps	3	2233 8/3 8/3 22	3333 8/3 8/3 22	7
11	RAA Ch D	3	2233 8/3 8/3 22	3333 8/3 8/3 22	
12	RACT	2	2233 8/3 8/3 22	3333 8/3 8/3 22	
13	RAAMC	3	2233 8/3 8/3 22	3333 8/3 8/3 22	3, 7
14	RAADC	3	2233 8/3 8/3 22	3333 8/3 8/3 22	
15	RAAOC	3	2233 8/3 8/3 22	3333 8/3 8/3 22	4
16	RAEME	2	2233 8/3 8/3 22	3333 8/3 8/3 22	
17	RAAEC	3	2233 8/3 8/3 22	3333 8/3 8/3 22	
18	AAPRS	3	2233 8/3 8/3 22	3233 8/3 8/3 22	
19	AACC	3	2333 8/3 8/3 22	3333 8/3 8/3 22	
20	RAAPC	3	2233 8/3 8/3 22	3333 8/3 8/3 22	
21	AALC	3	2233 8/3 8/3 22	3333 8/3 8/3 22	
22	RACMP	3	2233 8/3 8/3 22	3333 8/3 8/3 22	
23	AA Psych Corps	3	2233 8/3 8/3 22	3333 8/3 8/3 22	
24	AABC	3	2233 8/3 8/3 22	3333 8/3 8/3 22	5
25	RAANC	3	2233 8/3 8/3 22	3333 8/3 8/3 22	3
26	Philanthropic Reps	3	2233 8/3 8/3 22	3333 8/3 8/3 22	
27	Officer Cadets	3	2222 8/3 8/3 22	Nil	
28	Staff Cadets	3	2222 8/3 8/3 22	Nil	

Notes:

1. Officers above the rank of Captain and those holding the appointment of Quarter Master may be H3 for the PES of CLASS 1
2. These standards apply only if they are consistent with RAAF aircrew standards.
3. Members of Para Surgical Teams are required to be U2 L2.
4. Ammunition Technical Officers and Officer Commanding Petroleum platoons and ADE platoons must be CP2.
5. Cannot have restrictions limiting marching/standing.
6. For all positions in Infantry Parachute Units, Commando Units and PTS requiring a parachute qualification, the following standards apply:
   a. basic parachutist (includes RAPSL, SCSL, PJMSL) 2223 8/3 8/3 22; and
   b. freefall parachutist (includes PJMFF, PJISL and PJMIFF) 2223 1/1 1/1 22.
7. All officers posted to Infantry Units must be L2.

CANCELLED

MINIMUM PULHEEMS EMPLOYMENT STANDARDS FOR SOLDIERS WITHOUT MEDICAL WAIVER—BY EMPLOYMENT CATEGORY NUMBER

ECN	Sponsor	Employment Designation	Abbreviation	Rank Ranges	CP	CLASS 1	CLASS 2	Note
001	Avn Centre	Aircrewman, Observer	AIRCMAN OBSR	CPL–WO2	2	2222 2/1 2/1 22	3232 2/1 2/1 22	(a)
0021	DINTTC	Linguist Intelligence Special Duties	LING INT SPEC DUTIES (LISD)	PTE–CPL	2	2222 8/3 8/3 22	3333 8/3 8/3 22	
0022	DINTTC	Assistant Supervisor Linguist Intelligence Special Duties	ASST SPVR LING INT SPEC DUTIES (ASLISD)	CPL	2	2222 8/3 8/3 22	3333 8/3 8/3 22	
0023	DINTTC	Supervisor Linguist Intelligence Special Duties	SPVR LING INT SPEC DUTIES (SLISD)	SGT–SSGT	2	2232 8/3 8/3 22	3333 8/3 8/3 22	
0024	DINTTC	Manager Linguist Intelligence Special Duties	MNGR LING INT SPEC DUTIES (MLISD)	SGT–WO1	2	2232 8/3 8/3 22	3333 8/3 8/3 22	
0031	DINTTC	Analyst Intelligence Operations	ANALYST INT OPS (AIO)	PTE–CPL	2	2223 8/3 8/3 22	3333 8/3 8/3 22	
0031	DINTTC	Analyst Intelligence Operations	ANALYST INT OPS (AIO)	SGT	2	2233 8/3 8/3 22	3333 8/3 8/3 22	
0032	DINTTC	Assistant Supervisor Intelligence Operations	ASST SPVR INT OPS (ASIO)	CPL	2	2223 8/3 8/3 22	3333 8/3 8/3 22	
0032	DINTTC	Assistant Supervisor Intelligence Operations	ASST SPVR INT OPS (ASIO)	SGT	2	2233 8/3 8/3 22	3333 8/3 8/3 22	
0033	DINTTC	Supervisor Intelligence Operations	SPVR INT OPS (SIO)	SGT–SSGT	2	2233 8/3 8/3 22	3333 8/3 8/3 22	
0034	DINTTC	Manager Intelligence Operations	MNGR INT OPS (MIO)	SGT–WO1	2	2233 8/3 8/3 22	3333 8/3 8/3 22	
004	Avn Centre	Aircrew Loadmaster	AIRCMAN LOADMASTER	TPR–WO2	2	2222 2/1 2/1 22	3232 2/1 2/1 22	(a), (b)
005	DAR	Army Careers Adviser	ACA	CPL–WO1		As per primary ECN	As per primary ECN	

ECN	Sponsor	Employment Designation	Abbreviation	Rank Ranges	CP	CLASS 1	CLASS 2	Note
006	ALTC	Artificer, Mechanic	ART MECH	SSGT—WO2	2	2233 8/3 8/3 22	3333 8/3 8/3 22	
007	ALTC	Artificer, Electronic	ART ELEC	SSGT–WO2	1	2233 8/3 8/3 22	3333 8/3 8/3 22	
008	ALTC	Artificer, Avionics	ART AV	SSGT–WO2	1	2233 8/3 8/3 22	3333 8/3 8/3 22	
009	ALTC	Artificer, Aircraft	ART ACFT	SSGT–WO2	2	2233 8/3 8/3 22	3333 8/3 8/3 22	
010	ALTC	Artificer, Armament	ART ARMT	SSGT–WO1	2	2233 8/3 8/3 22	3333 8/3 8/3 22	
011	ALTC	Artificer, Electrical	ART ELEC	SSGT–WO1	1	2233 8/3 8/3 22	3333 8/3 8/3 22	
013	ALTC	Artificer, Ground	ART GND	WO1	2	2333 8/3 8/3 22	3333 8/3 8/3 22	
014	ALTC	Artificer, Radar	ART RDR	SSGT–WO1	1	2233 8/3 8/3 22	3333 8/3 8/3 22	
015	ALTC	Artificer, Telecommunications	ART TELECOM	SSGT–WO1	2	2233 8/3 8/3 22	3333 8/3 8/3 22	
016	ALTC	Artificer, Vehicle	ART VEH	WO2–WO1	2	2233 8/3 8/3 22	3333 8/3 8/3 22	
017	ALTC	Artificer, Elec Sys (Air)	ART ELEC (AIR) SYS	SSGT–WO1	1	2233 8/3 8/3 22	3333 8/3 8/3 22	
018	ALTC	Artificer, Elec Sys (Gnd)	ART ELEC SYS (GND)	SSGT–WO1	1	2233 8/3 8/3 22	3333 8/3 8/3 22	
019	ACATC	Assault Pioneer	ASLT PNR	PTE–SGT	2	2222 8/3 8/3 22	3233 8/3 8/3 22	(b), (c)
020	ACATC	Reconnaissance Scout	RECON SCOUT	TPR–SGT	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
021	ALTC	Artificer, Air	ART AIR	WO1	1	2333 8/3 8/3 22	3333 8/3 8/3 22	
026	HQTC–A	Asst Instructor	ASST INSTR	LCPL–WO1	2	As per primary ECN	As per primary ECN	
028	ALTC	Assistant, Admin	ASST ADMIN	SGT–WO1	3	As per primary ECN	As per primary ECN	
029	DHSB	Assistant, Dental	ASST DENT	PTE–WO2	3	2223 8/3 8/3 22	3333 8/3 8/3 22	
031	DHSB	Assistant, Medical	ASST MED	PTE–WO2	3	2222 8/3 8/3 22	3333 8/3 8/3 22	(d), (f)

ECN	Sponsor	Employment Designation	Abbreviation	Rank Ranges	CP	CLASS 1	CLASS 2	Note
0351	ALTC	Operator Movements	OP MOV	PTE–LCPL	2	2223 8/3 8/3 22	3333 8/3 8/3 22	
0352	ALTC	Advanced Operator Movements	ADV OP MOV	PTE–CPL	2	2223 8/3 8/3 22	3333 8/3 8/3 22	
0353	ALTC	Supervisor Operational Movements	SPV OP MOV	CPL–SGT	2	2223 8/3 8/3 22	3333 8/3 8/3 22	
0354	ALTC	Assistant Manager Operational Movements	ASST MNGR OP MOV	SGT	2	2223 8/3 8/3 22	3333 8/3 8/3 22	
0355	ALTC	Manager Operational Movements	MNGR OP MOV	WO2–WO1	2	2223 8/3 8/3 22	3333 8/3 8/3 22	
042	DHSB	Asst Medical Underwater	ASST UW MED	CPL–WO2	2	2222 8/3 8/3 22	2333 8/3 8/3 22	
060	ALTC	Bricklayer	BRICLAYR	SPR–CPL	2	2223 8/3 8/3 22	3233 8/3 8/3 22	
063	ACATC	Crewman ASLAV	CMAN ASLAV	TPR	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
064	ACATC	Crewman M113	CMAN M113	TPR	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
065	ACATC	Crewman Leopard	CMAN LEOPARD	TPR	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
066	ACATC	Crewman Specialist 25 mm Gunner	CMAN SPEC 25 mm GNR	TPR–LCPL	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
067	ACATC	Crewman Specialist 105 mm Gunner	CMAN SPEC 105 mm GNR	TPR–LCPL	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
068	ACATC	Crewman Specialist SEO	CMAN SPEC SEO	TPR–LCPL	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
069	ACATC	Crewman Specialist Dismounted	CMAN SPEC DISMNT	TPR–LCPL	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
070	ACATC	Crewman Specialist AFV Mechanised	CMAN SPEC AFV MECH	TPR–LCPL	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
071	ACATC	Combat Clerk RAE/RA Inf	CBT CLK	SPR–LCPL	2	2223 8/3 8/3 22	3333 8/3 8/3 22	

ECN	Sponsor	Employment Designation	Abbreviation	Rank Ranges	CP	CLASS 1	CLASS 2	Note
0711	ACATC	Advance Combat Clerk RAE/RA Inf	ADV CBT CLK	SPR–CPL	2	2223 8/3 8/3 22	3333 8/3 8/3 22	
0712	ACATC	Supervisor Combat Clerk RAE/RA Inf	SPV CBT CLK	CPL–SSGT	2	2223 8/3 8/3 22	3333 8/3 8/3 22	
0713	ACATC	Manager Combat Clerk RAE/RA Inf	MNGR CBT CLK	SSGT–WO1	2	2233 8/3 8/3 22	3333 8/3 8/3 22	
072	ACATC	Carpenter	CARP	SPR–CPL	2	2223 8/3 8/3 22	3233 8/3 8/3 22	
073	ALTC	Caterer	CATR	WO2	3	2333 8/3 8/3 22	3333 8/3 8/3 22	
0741	ALTC	Clerk, Administrative	CLK ADMIN	PTE–CPL	3	2223 8/3 8/3 22	3333 8/3 8/3 22	
0742	ALTC	Clerk Administrative	CLK ADMIN	SGT–WO1	3	2233 8/3 8/3 22	3333 8/3 8/3 22	
076	ALTC	Clerk, Pay	CLK PAY	PTE–WO1	3	2223 8/3 8/3 22	3333 8/3 8/3 22	
079	HQSO	Commando	COMMANDO	PTE–WO1	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
083	Avn Centre	Controller, Air Traffic	CON ATC	SGT–WO1	2	2232 3/1 3/1 22	3332 3/1 3/1 22	
084	ALTC	Cook	COOK	PTE–SGT	3	2223 8/3 8/3 22	3333 8/3 8/3 22	
087	ACATC	Crew Commander Mechanised	CREW COMD MECH	PTE–WO2	2	2223 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
092	ACATC	Company Mechanised Sergeant	COY MECHANISED SGT	SGT	2	2223 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
093	ACATC	Crewman Commander ASLAV	CMAN COMD ASLAV	TPR–SGT	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
094	ACATC	Crewman Commander M113	CMAN COMD M113	TPR–SGT	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
095	ACATC	Crewman Commander Leopard	CMAN COMD LEOPARD	TPR–SGT	2	2223 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
096	ACATC	Combat Engineer	CBT ENGR	SPR	2	2222 8/3 8/3 22	3233 8/3 8/3 22	
0961	ACATC	Combat Engineer Grade 1	CBT ENGR GDE 1	SPR	2	2222 8/3 8/3 22	3233 8/3 8/3 22	

ECN	Sponsor	Employment Designation	Abbreviation	Rank Ranges	CP	CLASS 1	CLASS 2	Note
0962	ACATC	Combat Engineer Grade 2	CBT ENGR GDE 2	SPR–LCPL	2	2222 8/3 8/3 22	3233 8/3 8/3 22	
0963	ACATC	Combat Engineer Grade 3	CBT ENGR GDE 3	SPR–CPL	2	2222 8/3 8/3 22	3233 8/3 8/3 22	
097	ACATC	Crewman Commander (RAE)	CMAN COMD RAE	SPR–CPL	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
0991	ALTC	Air Despatch Grade 1	AIR DESPATCH GDE1	PTE–LCPL	2	2223 8/3 8/3 22	3233 8/3 8/3 22	
0992	ALTC	Air Despatch Grade 2	AIR DESPATCH GDE2	PTE–LCPL	2	2223 8/3 8/3 22	3233 8/3 8/3 22	
0993	ALTC	Crew Commander Air Despatch	CREW COMD AIR DESPATCH	PTE–CPL	2	2223 8/3 8/3 22	3233 8/3 8/3 22	
0994	ALTC	Supervisor Aerial Delivery	SPV AERIAL DEL	CPL–WO1	2	2233 8/3 8/3 22	3333 8/3 8/3 22	
0995	ALTC	Project Officer Aerial Delivery	PROJ OFFR AERIAL DEL	SGT–WO1	2	2233 8/3 8/3 22	3333 8/3 8/3 22	
0996	ALTC	Chief Aerial Delivery	CHIEF AERIAL DEL	WO1	2	2233 8/3 8/3 22	3333 8/3 8/3 22	
101	ACATC	Draughtsman Architectural	DTMN ARCH	SPR– CPL	1	2233 8/3 8/3 22	3333 8/3 8/3 22	
1091	ALTC	Driver Grade 1	DVR GDE1	PTE–LCPL	2	2223 8/3 8/3 22	3233 8/3 8/3 22	
1092	ALTC	Driver Grade 2	DVR GDE2	PTE–CPL	2	2223 8/3 8/3 22	3233 8/3 8/3 22	
1093	ALTC	Supervisor Transport Section Operations	SPV TPT SECT OPS	PTE–CPL	2	2223 8/3 8/3 22	3233 8/3 8/3 22	
116	ACATC	Driver Engineer	DVR ENGR	SPR–LCPL	2	2223 8/3 8/3 22	3233 8/3 8/3 22	
1161	ACATC	Advanced Driver Engineer	ADV DVR ENGR	SPR–CPL	2	2223 8/3 8/3 22	3233 8/3 8/3 22	
118	ALTC	Dutyman, General Duties	DYMN GD	PTE–SGT	3	2223 8/3 8/3 22	3333 8/3 8/3 22	
122	ACATC	Assistant Supervisor Engineer Platoon Operations	ASST SPV ENGR PL OPS	CPL–SGT	2	2222 8/3 8/3 22	3233 8/3 8/3 22	
123	ACATC	Supervisor Engineer Platoon Operations	SPV ENGR PL OPS	SSGT	2	2222 8/3 8/3 22	3233 8/3 8/3 22	

ECN	Sponsor	Employment Designation	Abbreviation	Rank Ranges	CP	CLASS 1	CLASS 2	Note
124	ACATC	Supervisor Engineer Operations	SPV ENGR OPS	SSGT–WO1	2	2233 8/3 8/3 22	3233 8/3 8/3 22	
125	ACATC	Electrician	ELEC	SPR–CPL	1	2223 8/3 8/3 22	3233 8/3 8/3 22	
131	DFPO	Examiner, Psychological	EXAMINER PSYCH	CPL–WO1	3	2233 8/3 8/3 22	3333 8/3 8/3 22	
132	ACATC	Explosive Detection Dog Handler	EDD HANDLER	SPR	2	2222 8/3 8/3 22	3233 8/3 8/3 22	
1321	ACATC	Explosive Detection Dog Handler Leader	EDD TEAM LDR	SPR–LCPL	2	2222 8/3 8/3 22	3233 8/3 8/3 22	
1322	ACATC	Explosive Detection Dog Instructor	EDD INSTR	CPL–SGT	2	2222 8/3 8/3 22	3233 8/3 8/3 22	
141	ACATC	Firefighter	FIFTR	SPR–SGT	2	2222 8/3 8/3 22	3233 8/3 8/3 22	
146	ALTC	Fitter, Armament	FITT ARMT	CFN–SGT	2	2223 8/3 8/3 22	3333 8/3 8/3 22	
153	AAVNTC	Fitter, Aircraft Structural	ASFITT	CFN–SGT	2	2223 8/3 8/3 22	3333 8/3 8/3 22	
154	AAVNTC	Fitter, Life Support Aircraft	ALSFITT	CFN–SGT	2	2223 8/3 8/3 22	3333 8/3 8/3 22	
160	MPTC	Guard, Security	GD SECY	PTE–SGT	2	2223 8/3 8/3 22	3333 8/3 8/3 22	
1620	ACATC	Gunner Provisional (Part Time Only)	Gunner Provisional	GNR	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
1621	ACATC	Gunner Grade 1	Gunner Grade 1	GNR	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
1622	ACATC	Gunner Grade 2	Gunner Grade 2	GNR	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
1623	ACATC	Gunner Grade 3	Gunner Grade 3	GNR–BDR	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
1624	ACATC	Gun Detachment Commander	Gun Detachment Cmdr	LBDR–BDR	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
1625	ACATC	Supervisor Gun Section (Part-Time Only)	SPVR GUN SECT	BDR–SGT	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)

ECN	Sponsor	Employment Designation	Abbreviation	Rank Ranges	CP	CLASS 1	CLASS 2	Note
170	Avn Centre	Handler Aircraft	HNDLR ACFT	TPR–WO2	2	2222 8/3 8/3 22	3333 8/3 8/3 22	
1711	ALTC	Operator Terminal Grade 1	OP TERMINAL GDE1	PTE	2	2223 8/3 8/3 22	3233 8/3 8/3 22	
1712	ALTC	Operator Terminal Grade 2	OP TERMINAL GDE2	PTE–LCPL	2	2223 8/3 8/3 22	3233 8/3 8/3 22	
1713	ALTC	Advanced Operator Terminal	ADV OP TERMINAL	PTE–CPL	2	2223 8/3 8/3 22	3233 8/3 8/3 22	
1714	ALTC	Second in Command Terminal Troop Operations	2IC TERMINAL TP OPS	CPL	2	2223 8/3 8/3 22	3233 8/3 8/3 22	
1715	ALTC	Supervisor Terminal	SPV TERMINAL	SGT	2	2233 8/3 8/3 22	3333 8/3 8/3 22	
1716	ALTC	Manager Terminal Operations	MNGR TERMINAL OPS	SGT–WO1	2	2233 8/3 8/3 22	3333 8/3 8/3 22	
172	DHSB	Hygienist, Dental	HYG DEN	PTE–CPL	3	2223 8/3 8/3 22	3333 8/3 8/3 22	
180	ACATC	Illustrator Reprographic	ILLUS REPRO	PTE–WO1	1	2233 8/3 8/3 22	3333 8/3 8/3 22	
182	ACATC	Inspector, Fire Services	INSPR FIRE SVCS	WO2–WO1	2	2233 8/3 8/3 22	3233 8/3 8/3 22	
185	DHSB	Instructor, Physical Training	INSTR PT	CPL–SGT	3	2223 8/3 8/3 22	2233 8/3 8/3 22	(d)
185	DHSB	Instructor, Physical Training	INSTR PT	WO2–WO1	3	2223 8/3 8/3 22	2333 8/3 8/3 22	
186	DAE	Instructor, Educational	INSTR EDUC	PTE–WO2	3	2223 8/3 8/3 22	3333 8/3 8/3 22	
1901	MPTC	Investigator, Military Police	INVST MP	CPL–SSGT	2	2223 8/3 8/3 22	3333 8/3 8/3 22	
1902	MPTC	Investigator, Military Police	INVST MP	WO2–WO1	2	2223 8/3 8/3 22	3333 8/3 8/3 22	
2030	DINTTC	Linguist Intelligence	LINGUIST INT	PTE–CPL	2	2222 8/3 8/3 22	3333 8/3 8/3 22	
2031	DINTTC	Linguist Intelligence Grade 1	LING INT1	PTE–CPL	2	2222 8/3 8/3 22	3333 8/3 8/3 22	
2032	DINTTC	Linguist Intelligence Grade 2	LING INT2	SGT–WO1	2	2332 8/3 8/3 22	3333 8/3 8/3 22	
217	ACATC	Manager Works	MNGR WKS	WO1	2	2233 8/3 8/3 22	3333 8/3 8/3 22	

ECN	Sponsor	Employment Designation	Abbreviation	Rank Ranges	CP	CLASS 1	CLASS 2	Note
2181	ALTC	Marine Specialist Grade 1	MARINE SPEC GDE1	PTE–LCPL	1	2223 8/3 8/3 22	2233 8/3 8/3 22	
2182	ALTC	Marine Specialist Grade 2	MARINE SPEC GDE2	PTE–CPL	1	2223 8/3 8/3 22	2233 8/3 8/3 22	
2183	ALTC	Supervisor Marine	SPV MARINE	CPL–WO1	1	2233 8/3 8/3 22	3233 8/3 8/3 22	
226	ALTC	Mechanic, Recovery	MECH RECOV	CFN–WO1	2	2223 8/3 8/3 22	3333 8/3 8/3 22	
229	ALTC	Mechanic, Vehicle	MECH VEH	CFN–SGT	2	2223 8/3 8/3 22	3333 8/3 8/3 22	
235	ALTC	Metalsmith	METALSMITH	CFN–SGT	2	2223 8/3 8/3 22	3333 8/3 8/3 22	
237	ACATC	Missile Number	MSL NO	GNR–SGT	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
238	ACATC	Mortarman	MORTMN	PTE–SGT	2	2223 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
240	DFSM	Musician	MUSICIAN	MUSN–CPL	3	2222 8/3 8/3 22	3333 8/3 8/3 23	(c)
240	DFSM	Musician	MUSICIAN	SGT–WO1	3	2233 8/3 8/3 22	3333 8/3 8/3 23	(c)
244	ACATC	Piper, Drummer/Bugler	PIPER/DRUM-BGL	PTE–SGT	2	2223 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
245	ACATC	Drum Major	DRUM MAJOR	SGT–WO2	2	2223 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
246	ACATC	Pipe Major	PIPE MAJOR	SGT–WO1	2	2223 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
2500	ACATC	Operator Artillery Meteorology (Part-Time Only)	OP ARTY MET	GNR	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
2501	ACATC	Operator Artillery Meteorology and Survey Grade 1	OP AMS GDE 1	GNR	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
2502	ACATC	Operator Artillery Meteorology and Survey Grade 2	OP AMS GDE 2	GNR–LBDR	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
2503	ACATC	Operator Artillery Meteorology and Survey Grade 3	OP AMS GDE 3	LBDR–BDR	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)

ECN	Sponsor	Employment Designation	Abbreviation	Rank Ranges	CP	CLASS 1	CLASS 2	Note
2504	ACATC	Supervisor Operator Artillery Meteorology and Survey Grade 4 (Part-Time Only)	SPVR OPAMS SECT	BDR–SGT	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
2541	ACATC	Operator Command Post Offensive Support Grade 1	OP CP OS 1	GNR	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
2542	ACATC	Operator Command Post Offensive Support Grade 2	OP CP OS 2	GNR–LBDR	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
2543	ACATC	Operator Command Post Offensive Support Grade 3	OP CP OS 3	LBDR–BDR	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
2544	ACATC	Supervisor Command Post (Part-Time Only)	SPVR COMD POST	BDR–SGT	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
256	ACOMMSTC	Command Support Systems	COMD SPY SYS	SIG-CPL	2	2222 8/3 8/3 22	3233 8/3 8/3 22	(e)
256	ACOMMSTC	Command Support Systems	COMD SPY SYS	SGT–WO1	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(e)
2631	DINTTC	Operator Intelligence Grade 1	OP INT GD 1	PTE–CPL	2	2223 8/3 8/3 22	3333 8/3 8/3 22	
2632	DINTTC	Operator Intelligence Grade 2	OP INT GD 2	CPL	2	2223 8/3 8/3 22	3333 8/3 8/3 22	
2633	DINTTC	Assistant Supervisor Operator Intelligence (Part-Time Only)	ASST SPVR OP INT	CPL	2	2223 8/3 8/3 22	3333 8/3 8/3 22	
2634	DINTTC	Supervisor Operator Intelligence (Part-Time Only)	SPVR OP INT	CPL	2	2223 8/3 8/3 22	3333 8/3 8/3 22	
2634	DINTTC	Supervisor Operator Intelligence (Part-Time Only)	SPVR OP INT	SGT	2	2233 8/3 8/3 22	3333 8/3 8/3 22	
2635	DINTTC	Manager Operator Intelligence (Part-Time Only)	MNGR OP INT	SGT–WO1	2	2233 8/3 8/3 22	3333 8/3 8/3 22	
266	ACOMMSTC	Specialist Communications	SPEC COMMS	SIG–CPL	2	2222 8/3 8/3 22	3232 8/3 8/3 22	(e)
266	ACOMMSTC	Specialist Communications	SPEC COMMS	SGT–WO1	2	2222 8/3 8/3 22	3232 8/3 8/3 22	(e)

ECN	Sponsor	Employment Designation	Abbreviation	Rank Ranges	CP	CLASS 1	CLASS 2	Note
269	ALTC	Operator, Petroleum	OP PETRL	PTE–CPL	2	2222 8/3 8/3 22	2233 8/3 8/3 22	(b)
269	ALTC	Operator, Petroleum	OP PETRL	SGT–WO1	2	2222 8/3 8/3 22	3233 8/3 8/3 22	(b)
270	ACATC	Operator, Plant	OP PLANT	SPR–CPL	2	2222 8/3 8/3 22	3233 8/3 8/3 22	
2710	ACATC	Operator Radar Provisional	OP RDR (P)	GNR	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
2711	ACATC	Operator Radar Grade 1	OP RDR 1	GNR	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
2712	ACATC	Operator Radar Grade 2	OP RDR 2	GNR–LBDR	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
2713	ACATC	Operator Radar Grade 3	OP RDR 3	LBDR–BDR	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
2714	ACATC	Supervisor Radar Section (Part-Time Only)	SPVR RDR SECT	BDR–SGT	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
273	ACOMMSTC	Electronic Warfare	EW	SIG–CPL	2	2222 8/3 8/3 22	3232 8/3 8/3 22	(e)
273	ACOMMSTC	Electronic Warfare	EW	SGT–WO1	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(e)
2741	ALTC	Operator Specialist Vehicle Grade 1	OP SPEC VEH GDE1	PTE–LCPL	2	2223 8/3 8/3 22	3233 8/3 8/3 22	
2742	ALTC	Operator Specialist Vehicle Grade 2	OP SPEC VEH GDE2	PTE–CPL	2	2223 8/3 8/3 22	3233 8/3 8/3 22	
280	ALTC	Operator, Work Study	OP WORK STUDY	WO2–WO1	3	2333 8/3 8/3 22	3333 8/3 8/3 22	
294	ALTC	Operator, Supply	OP SUP	PTE–CPL	3	2223 8/3 8/3 22	3333 8/3 8/3 22	(b)
294	ALTC	Operator, Supply	OP SUP	WO1	3	2233 8/3 8/3 22	3333 8/3 8/3 22	
296	ALTC	Supervisor/Manager Unit Resources	SPV/MNGR UNIT RES	SGT–WO2	3	2233 8/3 8/3 22	3333 8/3 8/3 22	
297	ALTC	Supervisor/Manager Combat Supplies	SPV/MNGR CBT SUP	SGT–WO2	3	2233 8/3 8/3 22	3333 8/3 8/3 22	

ECN	Sponsor	Employment Designation	Abbreviation	Rank Ranges	CP	CLASS 1	CLASS 2	Note
298	ALTC	Supervisor/Manager Technical Supplies	SPV/MNGR TECH SUP	SGT–WO2	3	2233 8/3 8/3 22	3333 8/3 8/3 22	
304	ACATC	Patrolman, Regional Force	PTLN RF	PTE–SSGT	2	2223 8/3 8/3 22	3333 8/3 8/3 22	(b) (c)
308	ACATC	Photographer	PHOTO	PTE–WO2	1	2233 8/3 8/3 22	3333 8/3 8/3 22	
312	DPIO	Photographer—PR	PHOTO PR	CPL–WO2	2	2233 8/3 8/3 22	3333 8/3 8/3 22	
314	ACATC	Plumber	PLBR	SPR–CPL	2	2223 8/3 8/3 22	3233 8/3 8/3 22	(b)
3151	MPTC	Policeman, Military	POLCM MIL	CPL–SGT	2	2223 8/3 8/3 22	3333 8/3 8/3 22	
3152	MPTC	Policeman, Military	POLCM MIL	WO2–WO1	2	2223 8/3 8/3 22	3333 8/3 8/3 22	
3221	DHSB	Preventive Medicine Grade 1	Preventive Medicine GDE1	PTE–LCPL	2	2223 8/3 8/3 22	3333 8/3 8/3 22	
3222	DHSB	Preventive Medicine Grade 2	Preventive Medicine GDE2	PTE–CPL	2	2223 8/3 8/3 22	3333 8/3 8/3 22	
3223	DHSB	Supervisor Preventive Medicine	Spv Preventive Medicine	CPL–SSGT	2	2223 8/3 8/3 22	3333 8/3 8/3 22	
3224	DHSB	Manager Preventive Medicine	Mngr Preventive Medicine	WO2–WO1	2	2223 8/3 8/3 22	3333 8/3 8/3 22	
323	ACATC	Patrol Commander	PATROL COMMANDER	SGT–WO2	2	2223 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
324	ACATC	Patrol Master	PATROL MASTER	WO2	2	2223 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
332	ACATC	Combat Storeman	CBT STMN	SPR–LCPL	3	2223 8/3 8/3 22	3333 8/3 8/3 22	
3321	ACATC	Advanced Combat Storeman	ADV CBT STMN	SPR–CPL	3	2223 8/3 8/3 22	3333 8/3 8/3 22	
3322	ACATC	Supervisor Combat Storeman	SPV CBT STMN	CPL–SSGT	3	2223 8/3 8/3 22	3333 8/3 8/3 22	
3323	ACATC	Manager Combat Storeman	MNGR CBT STMN	SSGT–WO1	3	2233 8/3 8/3 22	3333 8/3 8/3 22	

ECN	Sponsor	Employment Designation	Abbreviation	Rank Ranges	CP	CLASS 1	CLASS 2	Note
340	DHSB	Radiographer	RADIOG	CPL–SGT	3	2223 8/3 8/3 22	3333 8/3 8/3 22	
342	DPIO	Reporter	REPTR	CPL–WO1	3	2233 8/3 8/3 22	3333 8/3 8/3 22	
343	ACATC	Rifleman	RFN	PTE–CPL	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
345	ALTC	Rigger, Parachute	RIG PRCHT	PTE–CPL	2	2222 8/3 8/3 22	3223 8/3 8/3 22	
345	ALTC	Rigger, Parachute	RIG PRCHT	SGT–WO1	2	2222 8/3 8/3 22	3223 8/3 8/3 22	
346	ACOMMSTC	Communications Bearer Systems	OP BEARER SYS	SIG–CPL	2	2222 8/3 8/3 22	3233 8/3 8/3 22	(e)
346	ACOMMSTC	Communications Bearer Systems	OP BEARER SYS	SGT–WO2	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(e)
347	HQTC–A	Recruit Instructor (1RTB)	RECRUIT INSTR	CPL–SGT		As per primary ECN	As per primary ECN	
350	COMDT LWC	Regimental Sergeant Major	RSM	WO1		As per primary ECN	As per primary ECN	
351	OCA (COL MS)	RSM of the Army	RSM–A	WO1	3	2222 8/3 8/3 22	3233 8/3 8/3 22	
352	HQSO	Section Commander Commando	SECT COMD, COMMANDO	SGT	2	2222 8/3 8/3 22	2223 8/3 8/3 22	
353	HQSO	Special Air Service Trooper	SAS TP	TPR–WO1	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
3571	ACATC	Assistant Supervisor Offensive Support	A/SPVR OS	BDR	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
3572	ACATC	Supervisor Offensive Support	SPVR OS	SGT	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
3573	ACATC	Assistant Manager Operations Offensive Support	A/MAN OPS OS	SGT	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
3574	ACATC	Manager Operations Offensive Support	MAN OPS OS	WO2–WO1	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)

ECN	Sponsor	Employment Designation	Abbreviation	Rank Ranges	CP	CLASS 1	CLASS 2	Note
358	COMDT LWC	Sergeant Major	SM	WO2–WO1		As per primary ECN	As per primary ECN	
361	ACATC	Signaller	ARTY SIG	GNR–SGT	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
361	ACATC	Signaller	SIG	PTE–SGT	2	2223 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
363	ALTC	Steward	STWD	PTE–CPL	3	2233 8/3 8/3 22	3333 8/3 8/3 22	
371	ALTC	Supervisor, Army Messes	SAM	SGT–WO1	3	2333 8/3 8/3 22	3333 8/3 8/3 22	
372	ALTC	Supervisor, Catering	SPV CATR	WO2–WO1	3	2333 8/3 8/3 22	3333 8/3 8/3 22	
374	ACATC	Supervisor, Construction	SPV CONST	SGT–WO1	2	2233 8/3 8/3 22	3333 8/3 8/3 22	
377	ACATC	Supervisor, Plant, Roads and Airfields	SPV PRA	SGT–WO1	2	2233 8/3 8/3 22	3333 8/3 8/3 22	
3811	ALTC	Road Transport Trade Testing Officer	ROAD TPT TRADE TEST OFFR	CPL	2	2233 8/3 8/3 22	3233 8/3 8/3 22	
3812	ALTC	Second in Command Transport Troop Operations	2IC TPT TP OPS	CPL	2	2233 8/3 8/3 22	3233 8/3 8/3 22	
3813	ALTC	Supervisor Transport Troop Operations	SPV TPT TP OPS	SGT–WO1	2	2233 8/3 8/3 22	3233 8/3 8/3 22	
385	ACATC	Supervisor, Engineering Services	SPV ENGR SVC	SGT–WO2	1	2233 8/3 8/3 22	3333 8/3 8/3 22	
386	ACATC	Supervisor, Platoon Infantry Operations	SPV PL INF OPS	SGT–WO2	2	2223 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
387	ACATC	Supervisor, Company Operations	SPV COY OPS	SGT–WO1	2	2223 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
388	ACATC	Sniper	SNIPER	PTE	2	2222 8/3 8/3 22	2223 8/3 8/3 22	
389	ACATC	Sniper, Team Leader	SNIPER, TEAM LEADER	LCPL–CPL	2	2222 8/3 8/3 22	2223 8/3 8/3 22	

ECN	Sponsor	Employment Designation	Abbreviation	Rank Ranges	CP	CLASS 1	CLASS 2	Note
390	ACATC	Sniper, Supervisor	SNIPER SUPERVISOR	SGT	2	2222 8/3 8/3 22	2333 8/3 8/3 22	
391	ACATC	Sniper, Master	SNIPER MASTER	WO2	2	2222 8/3 8/3 22	2333 8/3 8/3 22	
393	ACATC	Surveyor, Engineer	SVY ENGR	SPR–CPL	2	2223 8/1 8/1 22	3233 8/3 8/3 22	
395	ACATC	Specialist, Geomatic	SPEC GEO	SSG–WO1	1	2222 8/3 8/3 22	3233 8/3 8/3 22	
3960	ACATC	Supervisor Air Defence	SPVR AIR DEF	SGT	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
3970	ACATC	Manager Operations Air Defence	MAN OP AIR DEF	WO2	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
398	HQSO	Supervisor Commando Platoon Operations	SPV COMMANDO, PL OPS	SGT	2	2222 8/3 8/3 22	2223 8/3 8/3 22	
399	HQSO	Supervisor, Commando Operations	SPV COMMANDO, OPS	WO2	2	2222 8/3 8/3 22	2223 8/3 8/3 22	
401	ALTC	Technican, Ammunition	TECH AMMO	CPL–WO1	2	2223 8/1 8/1 22	3333 8/1 8/1 22	(b)
404	DHSB	Technician, Dental	TECH DEN	CPL–WO1	3	2223 8/3 8/3 22	3333 8/3 8/3 22	
405	ACOMMSTC	Telecommunications System	TELE SYS	SIG–CPL	2	2222 8/3 8/3 22	3233 8/3 8/3 22	(e)
405	ACOMMSTC	Telecommunications System	TELE SYS	SGT–WO1	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(e)
406	DHSB	Technician, Laboratory	TECH LAB	PTE–WO2	2	2223 8/3 8/3 22	3333 8/3 8/3 22	
408	DHSB	Technician, Operating Theatre	TECH OP THTRE	PTE–WO2	3	2223 8/3 8/3 22	3333 8/3 8/3 22	
411	AAVNTC	Technician, Aircraft	TECH ACFT	CFN–SGT	2	2223 8/3 8/3 22	3333 8/3 8/3 22	
412	AAVNTC	Technician, Avionics	TECH AV	CFN–SGT	1	2223 8/3 8/3 22	3333 8/3 8/3 22	
416	ACATC	Technician, Printer	TECH PRINT	SPR–WO1	1	2222 8/3 8/3 22	3233 8/3 8/3 22	
417	ACATC	Technician, Photographer	TECH PHOTO	SPR–WO1	1	2222 8/3 8/3 22	3233 8/3 8/3 22	
418	ALTC	Technician, Electrical	TECH ELEC	CFN–SGT	1	2223 8/3 8/3 22	3333 8/3 8/3 22	

ECN	Sponsor	Employment Designation	Abbreviation	Rank Ranges	CP	CLASS 1	CLASS 2	Note
419	ALTC	Technician, Electronic Radar	TECH ELEC RDR	CFN–SGT	1	2223 8/3 8/3 22	3333 8/3 8/3 22	
420	ALTC	Technician, Electronic Telecommunications	TECH ELEC TELECOM	CFN–SGT	1	2223 8/3 8/3 22	3333 8/3 8/3 22	
422	ALTC	Technician, Electronic Systems	TECH ELEC SYSTEMS	CFN–SGT	1	2223 8/3 8/3 22	3333 8/3 8/3 22	
423	ACATC	Technician, Geomatic Grade 1	TECH GEO GDE 1	SPR– LCPL	1	2222 8/3 8/3 22	3233 8/3 8/3 22	
4232	ACATC	Technician, Geomatic Grade 2	TECH GEO GDE 2	SPR–CPL		2223 8/3 8/3 22	3333 8/3 8/3 22	
4233	ACATC	Technician, Geomatic Grade 3	TECH GEO GDE 3	CPL–WO1		2223 8/3 8/3 22	3333 8/3 8/3 22	
424	ACATC	Supervisor Troop Operations ASLAV	SPV TP OPS ASLAV	CPL–WO2	2	2222 8/3 8/3 22	2333 8/3 8/3 22	
425	ACATC	Supervisor Troop Operations M113	SPV TP OPS M113	CPL–WO2	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
426	ACATC	Supervisor Troop Operations Leopard	SPV TP OPS LEOPARD	CPL–WO2	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
427	ACATC	Supervisor Squadron Operations ASLAV	SPV SQN OPS ASLAV	SGT–WO2	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
428	ACATC	Supervisor Squadron Operations M113	SPV SQN OPS M113	SGT–WO2	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
429	ACATC	Supervisor Squadron Operations Leopard	SPV SQN OPS LEOPARD	SGT–WO2	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
4301	ACATC	Assistant Supervisor Locating	A/SPVR LOC	BDR	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
4302	ACATC	Supervisor Locating	SPVR LOC	SGT	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
4303	ACATC	Assistant Manager Operations Locating	A/MAN OPS LOC	SGT	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)
4304	ACATC	Manager Operations Locating	MAN OPS LOC	WO2–WO1	2	2222 8/3 8/3 22	3333 8/3 8/3 22	(b), (c)

ECN	Sponsor	Employment Designation	Abbreviation	Rank Ranges	CP	CLASS 1	CLASS 2	Note
432	ACATC	Technician Explosive Ordnance Reconnaissance	TECH EOR	CPL	1	2222 2/1 2/1 22	3233 2/1 2/1 22	
433	ACATC	Assistant Supervisor Explosive Ordnance Disposal	ASST SPV EOD	CPL	1	2222 2/1 2/1 22	3233 2/1 2/1 22	
434	ACATC	Supervisor Explosive Ordnance Disposal	SPV EOD	SGT–SSGT	1	2222 2/1 2/1 22	3233 2/1 2/1 22	
435	ACATC	Manager Explosive Ordnance Disposal	MNGR EOD	SSGT–WO1	1	2222 2/1 2/1 22	3233 2/1 2/1 22	
802	ACATC	Assistant Supervisor Transport Engineer	ASST SPV TPT ENGR	CPL	2	2223 8/3 8/3 22	3233 8/3 8/3 22	
803	ACATC	Supervisor Transport Engineer	SPV TPT ENGR	SGT	2	2233 8/3 8/3 22	3333 8/3 8/3 22	
804	ACATC	Supervisor Transport Operations Engineer	SPV TPT OPS ENGR	SGT–WO2	2	2233 8/3 8/3 22	3333 8/3 8/3 22	

Notes

(a) Apply in so far as consistent with aircrew standards for Army pilots.

(b) Restrictions on lifting render the soldier BMS for trade.

(c) Cannot have restrictions limiting marching/standing.

(d) CLASS (MEC) 2 soldier must have minimal locomotive restrictions.

(e) Soldiers requiring any of the following restrictions are to be classified MEC 3(R) or MEC 4:

- No lifting over 24 kg or carrying over 30 kg
- No pack
- No digging
- Requirement for direct access to Level 3 medical care
- Time restriction on sitting beyond 2 hrs.

(f) CP3 personnel must be able to pass a trade test and must not be posted to a digital post.

THE PULHEEMS SYSTEM OF MEDICAL CLASSIFICATION—CLINICAL ASPECTS

INTRODUCTION

1. The role of the Medical Services is the conservation of manpower. Application of the PULHEEMS system of medical classification requires additional emphases from those taught in medical schools. The military MO must be concerned with much more than the patho-physiology of disease and its treatment. Good medicine is, nonetheless, the foundation of military medicine.

2. The special emphases involved in military medicine are:

   a. the prevention of morbidity;

   b. the assessment of a soldier's current and likely intermediate and long-term physical capability and the influence of this on the soldier's employment; and

   c. the assessment of the likelihood of a soldier becoming a medical casualty or requiring ongoing medical support (which might include special investigations, clinical reviews, therapy, appliances or pharmaceutical's).

3. Most of the time these assessments will be made during peacetime. Beware! Short notice contingencies have tested the ADF sufficiently in the past few years to require old lessons, easily forgotten in peacetime, to be relearned.

4. The PULHEEMS profile must reflect the soldier's physical capability in their trade on active service in war.

5. Wartime conditions should be assumed to involve harsh living conditions and limited medical support for chronic conditions, as well as unusual physical and emotional demands.

6. One of the common problems faced is the assessment of soldiers who require continuous medication. This should not be confused with a body of soldiers needing identical medication, such as malaria prophylaxis. In general, if the lack of a medication may rapidly result in morbidity, that soldier's PES should not be CLASS 2 and certainly not CLASS 1.

7. The notes below on the influence of specific medical conditions on PULHEEMS is the policy to be followed remembering that each case has its own particular circumstances. Similarly, the notes are not intended to be encyclopaedic. The conditions mentioned are common or important conditions which may cause prolonged morbidity. MOs should apply the policy wisely, using their own judgment and experience and in the light of current medical opinion. If a member's situation does not fit the policy then waiver action should be considered rather than altering the profile and hence the PES.

MEDICAL HISTORY AND EXAMINATION

8. The medical history and examination procedures to be followed are detailed in ADFP 701, chapter 2

THE INFLUENCE OF SPECIAL CONDITIONS ON PULHEEMS PROFILES

9. The medical standards for entry into the Army are contained in ADFP 701. These standards are necessarily high. It would, however, be wasteful of manpower and training resources to require all soldiers who have been trained in a trade or skill to remain at this peak of physical potential or else be discharged on medical grounds.

10. MOs involved in the assessment of the fitness of soldiers need to understand the responsibility of their task. Their professional medical opinions (formed by the application of military experience, clinical judgment and, if necessary, specialist advice) determine the future employment, career and financial well-being of soldiers and also affect the capability of the Army as a whole.

11. Policy regarding the influence of certain conditions on the PULHEEMS profile is given in the following paragraphs for the purpose of achieving maximum conformity in the medical assessment of soldiers.

12. The PULHEEMS profile is influenced by factors other than purely medical ones: age, length of service, training, special skills and qualifications must all be considered when assessing a serving soldier, especially when considering whether the soldier is medically fit to continue serving. In assessing a soldier's fitness to continue serving, the question that members of Medical Boards should keep in mind is—Can the soldier still function operationally in their trade and how does the medical condition influence the value of their service to the Army?

13. A report from a soldier's CO/OC regarding the soldier's ability to perform duties is often of great assistance in determining an appropriate PULHEEMS profile.

CARDIOVASCULAR SYSTEM

Hypertension

14. ‘Labile’ hypertension which is symptomless and uncomplicated need not affect the PULHEEMS profile. Consistent elevation of resting blood pressure above 140/90 mm Hg is abnormal and secondary causes of hypertension should be considered and excluded by investigation when this is appropriate. Treatment may comprise reduction of weight or alcohol intake, dietary advice and drug therapy.

15. Soldiers who have mild hypertension and, therefore, by definition, do not have cardiac, renal or other organ system complications, may be graded P2 whether or not they require regular drug therapy. Moderate hypertension requiring medication for control should be graded P3. Hypertension with cardiac or other complications requires a grading of P7 or P8, depending on specialist advice.

Ischaemic Heart Disease

16. Once ischaemic heart disease is symptomatic, the average mortality is four per cent per year. The two main prognostic factors are the state of the left ventricle and the extent of the coronary artery disease. Soldiers with symptomatic ischaemic heart disease or requiring therapy for angina or heart failure should be graded no higher that P7 and should not deploy on military operations or exercises.

17. Modern cardiological techniques often enable the early and detailed assessment of patients who have had a myocardial infarction. The state of the cardiac electrophysiology and performance can be determined. The severity of the finding may range from damage to a single small vessel to significant multiple vessel disease, from normal electrical stability to spontaneous life-threatening arrhythmia, from normal exercise tolerance to invalidity.

18. The assessment of a soldier who has had a myocardial infarct depends on: the residual cardiac function, and the probability of further ischaemic episodes or of significant complications.

19. An assessment of these factors should be undertaken in the immediate post-infarction period, again no more than three months after the infarct and again at nine months:

a. **The initial assessment.** If it is unlikely that a soldier will become fit for service in their previous or in a useful alternate employment, the soldier should be graded P8. If a functional recovery compatible with useful employment can be anticipated, the soldier should be graded P0 and re-assessed after no more than three months.

b. **Assessment at three months.** If recovery is sufficient for a return to work in useful employment, the soldier should be graded P7 and reviewed after a further six months.

c. **Assessment at nine months.** A thorough assessment of the soldier's cardiac status and likely prognosis should be made. The grading would not be higher than P3.

20. **Coronary artery bypass grafting (CABG).** A return to work may be expected 2–3 months after cardiac surgery; a grading of P7 is appropriate at this stage. After nine months the soldier may be upgraded to P3 if they are completely asymptomatic without any medication (excluding aspirin). The longer term outlook after CABG is clouded by graft occlusion and graft atherosclerosis.

21. **Coronary angioplasty.** After angioplasty, the grading will not be higher than P3. The grading depends on an assessment of the soldier's functional state, being mindful of the severity and extent of the coronary artery disease.

Cardiomegaly

22. Cardiac enlargement of itself is not a reason for discharge from the Army and such cases may be graded P3 or P7 depending on the cause of the cardiomegaly and the soldier's capacity to perform normal duties. It should be remembered that ‘Athlete's Heart’ is a benign condition which will not require downgrading, however this diagnosis should only be made after cardiological opinion and echocardiography.

Heart Murmurs

23. Not all heart murmurs are sinister. Soldiers with functionally insignificant murmurs, including those with mild mitral valve prolapse, may be graded P2 if restrictions are not required. Antibiotic prophylaxis before surgical or dental procedures needs to be considered for these cases. Full assessment of cardiac murmurs may include special investigations, such as echocardiography.

24. In established valvular disease, the classification will depend on the medical history, the functional capacity of the heart and the need for regular treatment or review. Each case is to be considered on its merits after a specialist's report. Well compensated cases may be graded P3.

Cardiomyopathy

25. Cardiomyopathy for any reason should be graded P7 or P8 after cardiological opinion.

Arrhythmia

26. Soldiers with documented arrhythmia should be graded P7 at the highest even if they are controlled by medication. If the arrhythmia is cured by surgical ablation then the soldier can be graded P2. Soldiers with pacemakers are to be graded no higher than P7.

Valve Replacements

27. Soldiers who have had an artificial valve replacement are to be graded no higher than P7 due to their requirement for anticoagulant monitoring.

Varicose Veins

28. Advanced venous insufficiency with ulceration or severe intractable eczema should be graded P8. Symptomless varicosity may be graded P2. Varicosities giving rise to symptoms should be graded P3 or P7 according to severity; the effect on locomotion may also affect the grading under the L factor.

Peripheral Vascular Disease

29. Any demonstration of peripheral vascular disease should be graded P3 to P7 depending on specialist opinion.

Raynauds Disease

30. Soldiers with Raynaud's Disease should be graded no higher than P7. There also may be a climatic limitation on the soldier's employability.

Hypercholesterolaemia

31. Significant hypercholesterolaemia should be graded no higher than P3. If the hypercholesterolaemia is controlled adequately with diet alone then a grading of P2 is allowable. Continuing use of lipid lowering drugs to maintain a reduction in cholesterol should be graded no higher than P3.

RESPIRATORY SYSTEM

Asthma

32. The definition of asthma is difficult and should not, for the purposes of serving soldiers, include those who develop a non life-threatening wheeze when they have an URTI. Functionally more significant, however, are those who wheeze every time they run; these should be graded no higher than P3. Similarly, those who require regular maintenance therapy, whether that be bronchodilators or steroids, should be graded no higher than P3. More severe cases should be graded P7 or P8. Exposure risks and environmental factors should be considered in these gradings and geographic or environmental restrictions may be necessary.

Hay Fever

33. Mild seasonal hay fever need not affect the PULHEEMS grading. Severe cases should be graded P7.

Sleep Apnoea

34. Sleep apnoea is a complex and sometimes disabling condition in which the airway is obstructed during sleep, usually during the Rapid Eye Movement phase. The condition is manifest by excessive snoring, unrefreshing sleep, morning headache, daytime somnolence, poor short-term memory, irritability and personality change. There are a number of contributing factors. In some patients there is an inherited insensitivity of the respiratory centre, in others an excessive relaxation of palatal or pharyngeal muscles during sleep, in others a short neck which predisposes to airway closure, in others excess pharyngeal fat. During monitoring while asleep (polysomnography), these patients have periods of apnoea and oxygen desaturation although the degree of desaturation does not correlate totally with symptoms. Sleep apnoea may be graded as mild, moderate or severe:

a. mild cases have excessive snoring (and mild oxygen desaturation if monitored) but no daytime symptoms,

b. moderate cases have some daytime symptoms, and

c. severe cases have significant daytime symptoms.

35. Treatment is dependent on the severity of symptoms. In some cases, the avoidance of alcohol or sedative drugs and the loss of weight is all that is needed. Severe cases and some moderate cases require the wearing during sleep of a device that produces continuous positive airway pressure (CPAP) to maintain the patency of the airway. After a period of nocturnal treatment with CPAP, some patients may be weaned off the device, perhaps completely. After successful treatment, patients who no longer need CPAP may be graded as high as P2. More severe cases, even those who obtain relief with CPAP devices, should be graded no higher than P7.

Chronic Bronchitis and Emphysema

36. Severe airflow limitation, with post-bronchodilator Forced Expiratory Volume less than 50 per cent of the predicted value for height and age, should be graded no higher than P7. In mild cases environmental exposure to dust, fumes and/or a refusal to stop smoking should also be taken into account when assessing the grading.

Recurrent Tonsillitis

37. Recurrent tonsillitis in adults can be quite debilitating and require multiple courses of antibiotics. It can be cured by surgery. If tonsillectomy is performed then the member can be graded P2, but if there is recurrent tonsillitis and a refusal to undergo tonsillectomy or it is not possible because of other medical reasons then the member should be graded no higher than P3.

Pulmonary Tuberculosis

38. Because of the variable extent and rate of progress in response to treatment to tuberculosis it is difficult to lay down rigid rules regarding PULHEEMS profiles for this condition. Active tuberculosis should be graded P7. Modern treatment aims for cure after nine months. A guide indicating the type of disease considered suitable for retention and the normal rate of progress is given below:

a. unilateral cases with disease in one lung not requiring resection and leaving no residue after treatment—P3 after one year, P2 after three years;

b. tuberculous pleural effusion without obvious parenchymal disease—P3 after one year, P2 after three years;

c. tuberculous pleural effusion with parenchymal disease—rate of progress and disposal will depend on the parenchymal disease; and

d. severe bilateral disease—P8.

GASTROINTESTINAL SYSTEM

Peptic Ulcer

39. Knowledge of the pathophysiology of peptic ulcer has expanded in the past few years, particularly in regard to the role of Helicobacter. When a definite diagnosis of peptic ulcer has been made, the initial grading is to be P7. Subsequent assessment will depend on the response to treatment and chronicity of symptoms:

a. Soldiers who, in the absence of ulcerogenic drugs, remain free of symptoms for at least a year while on a normal diet and without anti-ulcer medication and who have no evidence of active ulceration may be graded P2. Repeat endoscopy is required before upgrading.

b. Soldiers who have occasional discomfort on normal diet, who are readily controlled by routine self-medication and who maintain normal weight, may be graded P3.

c. Soldiers who need maintenance treatment (antacids, H2 receptor antagonists or proton pump inhibitors) should be graded no higher than P3.

d. The assessment of soldiers who develop a proven peptic ulcer in the first two years of service depends on their response to treatment; those who relapse should be graded P8.

e. Soldiers who have disabling symptoms or complications despite treatment should be graded P8.

f. Soldiers who are rendered asymptomatic, without medication, for a period of one year after surgery for peptic ulcer may be graded P2. Repeat normal endoscopy is required before upgrading.

Hiatus Hernia

40. Symptomatic hiatus hernia should be graded exactly the same as peptic ulcer.

Non-Ulcer Dyspepsia

41. Occasional attacks of symptoms not causing any significant absence from duty need not affect grading. Repeated absences from duty may justify a grading of P7 or even P8. Specialist gastroenterological opinion is essential in these cases.

Irritable Bowel Syndrome

42. When this condition manifests as mild attacks of abdominal pain and diarrhoea not affecting function the PULHEEMS profile need not be affected. However, more frequent episodes warrant downgrading to as low as P7, especially when compounded by significant physical symptoms. The extent of downgrading depends on the severity of symptoms and response to treatment. Subsequent upgrading may be possible if symptoms subside. Specialist gastroenterological opinion is essential in these cases.

Cholecystitis and Cholelithiasis

43. The major clinical significance of gall stones is their role in the causation of acute or chronic cholecystitis. The mainstay of treatment of cholelithiasis is surgery, although medical treatment occasionally has a role for cholesterol stones. After successful treatment of cholecystitis or symptomatic cholelithiasis a soldier may be graded P2. Soldiers with frequent symptoms unrelieved by medical or surgical treatment should be graded P8.

Pancreatitis

44. After one attack of pancreatitis a soldier should be fully investigated. If the causative factor has been removed and no risk factors are present, the soldier can remain P2. If the causative factor (eg excess alcohol consumption, gallstones, hyperlipidaemia, hypercalcaemia etc) is still present then P3 is appropriate, with P8 if recurrent attacks occur.

Intraperitoneal Adhesions

45. Soldiers who have more than one attack of abdominal pain due to bowel obstruction, whether or not requiring surgical intervention, should be graded P7. If after two years there have been no further symptoms and bowel function is apparently normal, upgrading to P2 may be appropriate.

Ulcerative Colitis

46. Ulcerative Colitis is a lifelong disease characterised by flare ups and quiescent periods. Patients usually require long-term prophylactic drug therapy. Soldiers with disease limited to the rectum or recto-sigmoid should be graded P7. If symptoms subside and the disease process is quiescent for two years, upgrading to P3 may be possible, but never higher. Factors for consideration in the assessment include the nature of surveillance required, restriction and requirement for intervention including use of topical agents, the absence of which would be problematic.

47. Soldiers with more extensive or severe disease should be graded P7 or P8, depending on the severity of symptoms and response to treatment.

48. Proctocolectomy, usually with the formation of an ileoanal reservoir, cures the disease and in many people results in relatively normal function. Soldiers with a good functional result may be graded as high as P3, but if bowel frequency is a problem the grading should be P7 or P8.

Crohn's Disease

49. Crohn's Disease is a lifelong disease characterised by flareups and quiescent periods. It causes much more systemic illness, infection, local and widespread side effects, abscesses and a more frequent need for recurrent surgery. It can range from perianal Crohn's to large bowel Crohn's to large bowel and small bowel Crohn's disease. Small bowel disease has a high risk of obstruction and there is a high recurrence rate after surgical resection. Accordingly whilst perianal Crohn's of a mild degree will be controlled on low dose maintenance treatment without indication of other bowel involvement and may be graded as high as P3, all other cases of Crohn's disease, either large bowel, small bowel or combined should be graded P7 or P8.

Coeliac Disease

50. Coeliac Disease is compatible with a perfectly normal healthy life and a fit healthy person provided they maintain a gluten-free diet. However the highest P grading should be P7 as a gluten-free diet is not available in deployment settings.

Colonic Polyps

51. Colonic Polyps are increasingly being found in younger people especially in those with a family history of colon cancer. A patient with hereditary polyposis will require either a total colectomy and ileorectal anastamosis or a restorative proctocolectomy. These patients need regular review as they can develop tumours elsewhere in the gastrointestinal tract. Grading to P3 may be possible depending on the functional result.

52. Soldiers known to have isolated adenomatous polyps could be graded up to P2 provided they are on a surveillance program.

Colorectal Cancer

53. Colorectal cancer is now the most common internal malignancy in Australia and the incidence increases steadily after the age of 40. Rarely it occurs prior to this. Soldiers with this condition should be graded P7 or P8 but can be graded up to P3 if there is no recurrence after two years.

Dietary Intolerance and Allergies

54. Soldiers who cannot tolerate or are allergic to common foodstuffs available in ration packs are unfit for deployments and so should be graded no higher than P7.

Amoebiasis

55. Early relapses are quite common after treatment for amoebiasis. Those who have responded favourably are to be graded P3 for a period of six months and then reassessed; if cure appears complete they maybe upgraded to P2. Those who have recurrent catarrhal symptoms of short duration are to be graded P3 and remain in this category as long as symptoms persist. Those rare cases who have not responded favourably to treatment and suffer severe recurrent symptoms should not be graded higher than P7.

DERMATOLOGICAL SYSTEM

56. Soldiers who have chronic or frequently recurring attacks of skin disease of a serious and incapacitating nature including, for example, eczema, psoriasis or urticaria, and causing major interference with duty should be graded P8. On specialist advice they can be graded as high as P3.

57. Some soldiers have skin conditions which may be severely influenced by specific climates. Such soldiers need an environmental restriction and should be graded depending on their physical capacity.

Contact Dermatitis

58. Contact dermatitis of proven origin will result in a grading no higher that P3 with the added restriction ‘Not to be exposed to (the responsible agent)’ if the offending allergen cannot be avoided in service conditions.

Beards

59. Soldiers who cannot shave for short periods due to skin conditions can be graded P2 but should be aware that operational requirements might preclude the wearing of beards. Soldiers with pseudofolliculitis are to be graded according to the severity of the condition after dermatological opinion.

GENITOURINARY SYSTEM

Proteinuria and Lowgrade Nephropathy

60. Persistent proteinuria requires full investigation. Grading will depend on the outcome of investigations. Orthostatic proteinuria is considered to be a benign condition. After full investigation, renal conditions, such as a lowgrade nephropathy, which are under regular surveillance, are stable, are not likely to deteriorate quickly, do not require medication or physical restrictions and have no associated renal insufficiency, may not necessarily require downgrading. Factors to be considered in the assessment include the nature of surveillance, physical limitations and risks of dehydration or requirement for intervention.

Renal Insufficiency

61. Any degree of renal insufficiency as indicated by biochemical testing should be regarded as confirming complete loss of any reserve renal function and be fully investigated. Any member with mild to moderate but stable renal insufficiency for any reason should be graded P7.

62. Severe renal disease treated by renal transplant with good kidney function and stable immunosuppressive treatment without evidence of rejection may be graded P7. Severe renal disease amenable only to dialysis treatment (haemodialysis or peritoneal) should be graded P8. Soldiers awaiting transplant and having dialysis short-term can be graded P7.

Loss of One Kidney

63. If the kidney was removed for a condition that is likely to occur in the remaining kidney, the soldier should be graded no higher than P7. If removal was for a cause not likely to affect the remaining kidney and that kidney is functioning well with no evidence of impairment the soldier should not be exposed to the risk of injury to their remaining kidney. Grading up to P3 is appropriate.

Renal Calculus

64. Rigid rules for assessment cannot be laid down. The grading will depend on contributing factors (eg hypercalcaemia), recurrence, whether or not there are recurrent urinary infections, permanent renal damage or other complication. A single occurrence which has resolved satisfactorily by the spontaneous passage of the calculus or by the removal of the calculus at operation need not affect grading. A history of staghorn calculus warrants a grading no higher than P3.

Adrenal Insufficiency

65. Provided this is due to benign disease, replacement steroid therapy on a long-term basis is all that is necessary. A grading no higher than P3 is appropriate.

ENDOCRINE SYSTEM

Thyroid Diseases

66. The grading is dependent on the response to treatment and the need for continuing therapy. The consequences of an interruption in the supply of therapy need to be considered. A soldier who requires daily maintenance therapy should be graded no higher than P3.

67. Moderate enlargement of the thyroid gland without any general symptoms need not necessarily affect the PULHEEMS profile provided thyroid function is normal.

Diabetes Mellitus

68. A soldier with insulin dependent diabetes mellitus should be graded P8. All recruits and trainees are to be graded P8. Waivers may be recommended for a soldier with special qualification or whose services are of particular value, provided that their disease is well stabilised. The grading of those retained will not be higher than P7. Soldiers with non insulin dependent diabetes mellitus requiring oral medications should also be graded P7. Soldiers with non insulin dependent diabetes mellitus who can be controlled by diet alone can be graded up to P3.

NEUROLOGICAL SYSTEM

Epilepsy and Seizure Disorders

69. It may be difficult to diagnose epilepsy after a single seizure. Eye witness accounts are invaluable and all cases of possible epilepsy should have neurological assessment. With few exceptions, proven epilepsy, whether generalised or partial, should be graded P8. Some guidelines to the exceptions are:

a. the soldier's qualifications and service must be of special value to the Army;

b. the soldier must be fully employable in their trade despite the liability to seizures;

c. having been fully advised of all implications, the soldier must desire retention; and

d. the epilepsy must be well controlled by medication.

70. While on medication, the soldier is to be graded no higher than P7, with restrictions appropriate to trade and clinical state. If there are no seizures for three years, the continuing need for medication should be assessed by a physician. If after two years without medication there have been no seizures, a soldier may, with the concurrence of a physician, be upgraded to P2.

Progressive and/or Disabling Diseases

71. These will be graded in accordance with the progress of the disease and the ability of the soldier to give useful service.

Migraines

72. Soldiers with migraine headaches causing functional impairment are to be graded no higher than P3. Soldiers requiring prophylactic medication constantly are to be graded no higher than P7.

Head Injuries

73. Grading will depend on the severity of sequelae. Neuro-psychological assessment may be required as some cases may require downgrading of the M quality after assessment. Uncomplicated recovery permits a grading of P2.

INFECTIOUS DISEASES

Hepatitis B Virus

74. With the introduction of Hepatitis B Virus (HBV) vaccination and the screening of all entrants for hepatitis B surface antigen, the incidence in the Army of HBV carriage and chronic hepatitis related to HBV should decline to almost zero. Army policy is contained in Health Policy Directive (HPD) 213—*Hepatitis B Virus Infection* and the associated Army Implementing Instruction: except for medical and dental personnel who are forbidden from performing invasive procedures, asymptomatic Hbs Ag carriers can be graded P2 FE with no employment restrictions. All entrants found to be Hbs Ag positive are to be graded P8.

Hepatitis C Virus

75. Knowledge of Hepatitis C Virus (HCV) is still in its infancy. However, 50 per cent of patients with antibody to HCV have evidence of ongoing hepatitis and 20 per cent progress to cirrhosis. Army policy is contained in HPD 217—*Hepatitis C*. Although the modes of transmission are not fully elucidated, exchange of body fluids may be hazardous.

76. For this reason, soldiers with antibody to HCV, with or without abnormal liver function tests, are not fit for deployment and are to be graded no higher than P7.

Human Immunodeficiency Virus

77. Army policy is contained in HPD 212—*Documentation, Reporting and Notification of HIV Infection in Members of the ADF*. Human Immunodeficiency Virus positive soldiers are to be graded no higher than P7. Soldiers with Stage III or IV are to be graded P8.

78. **Pulmonary Tuberculosis.** *See* paragraph 38.

OTHER CONDITIONS AFFECTING ASSESSMENT OF P

Obesity

79. The responsibility for a soldier's appearance is a matter for commanders.

80. Excess body fat with no associated decrement to health, physical fitness or functional capacity is not grounds for downgrading a soldier's medical category. Categorisation requires an assessment of the soldier's capability as a soldier deployed on operations and in a specific trade. The soldier's performance in Basic Fitness Assessment/Combat Fitness Assessment (CFA) and the risk, if deployed, of heat illness, skin diseases and locomotor injury need to be considered in making the medical assessment. Soldiers who are morbidly obese with a Body Mass Index >35 can be downgraded medically as there is a higher correlation of morbid obesity and sudden unpredicted morbidity and/or mortality.

Hernia

81. A soldier who develops a hernia which is likely to be curable by operation should, pending operation, be assessed P7R. Reassessment after operation will be necessary.

Splenectomy

82. The grading of asplenic soldiers depends partly on the reason for the splenectomy. If there was a medical reason for the splenectomy then the medical condition will probably dictate the grading, but it should be no higher than P3. Splenectomy for trauma leads to a grading of P3 because of the risk of malaria becoming fulminant in asplenic individuals. Vaccination against pneumococcus and meningococcus is mandatory and should be repeated every five years. Vaccination against Haemophilus influenzae type b is strongly recommended. If the splenectomy is elective, vaccination should precede surgery by two weeks. Soldiers who have had a splenectomy are to have their medical records annotated ‘NOT TO SERVE IN A MALARIOUS AREA’.

Chronic Arthritis

83. Chronic arthritis is not, as a rule, compatible with military service but soldiers will be graded according to resultant disability and rate of progression. Soldiers with either seronegative or seropositive polyarthropathies should be graded no higher than P3. Those requiring long-term medication should be graded no higher than P7.

Malignant Disease

84. Some soldiers are not disabled by the development of a malignant disease nor by its treatment. Exceptions to the following guidelines will invariably occur and specialist advice will be required for a definitive assessment. A soldier with a malignant tumour:

a. which has not metastasised and has responded favourably to treatment to the extent that there is no evidence of tumour should not be graded P8 unless the residual direct effect of the tumour or the effect of treatment render the soldier unfit for further service. The requirement for adjunctive chemotherapy need not affect the grading unless such treatment has caused significant adverse effects

b. which has metastasised and has not favourably responded to therapy or is known to be refractory will be graded no higher than P7. Metastasis in this context includes distant spread or local invasion that renders treatment noncurative. With time the soldier will inevitably become unfit for duty and should then be discharged.

c. who is receiving chemotherapy may be discharged as P8 or retained at P0 or P7 as indicated by the likelihood of cure/remission or return to a reasonable level of functioning.

85. Malignant disease apparently amenable to treatment will be graded P7 with review after appropriate treatment. The need for continuing medical monitoring and therapy may affect the grading.

Gynaecological and Obstetric Conditions

86. Minor temporary disorders will not affect grading. Conditions which are amenable to surgical correction need not affect grading after treatment. The advice of a specialist gynaecologist should be obtained for serious or chronic conditions.

87. As a guide, the grading for member with the following conditions should be no higher than P3:

a. Dysmenorrhoea, if severe and not responding to treatment including oral contraceptives, analgesics or prostaglandin inhibitors and where the member is incapacitated from their normal duties. Nevertheless, mild non-incapacitating dysmenorrhoea is not a cause for downgrading;

b. Laparoscopically diagnosed pelvic inflammatory disease with two or more occurrences within three years requires downgrading to P3 or P7 depending on severity. Single episodes need not affect grading.

c. Endometriosis requiring longer than six months medical treatment or having a history of requiring urgent surgical intervention (eg laparotomy).

88. Pre-invasive disease of the lower genital tract would not normally involve downgrading unless there is not conclusive evidence of resolution. The course of treatment and monitoring in these members may be protracted. Appropriate restrictions on temporary employment location are required during this period.

89. **Pregnancy.** The pregnant servicewoman requires special consideration and access to facilities not deployed into the field by the Australian Army. Personnel policy on the management of pregnant servicewomen is contained in DI(G) PERS 32–1—*Employment of Women in the Australian Defence Force (ADF)*. Upon confirmation of pregnancy, a servicewoman is to be classified as per their current PES with the addition of the suffix (R), and reviewed within three months after confinement (eg CLASS 1 (R)). **They are not to be downgraded for pregnancy alone.** Temporary restrictions may be required for foetal safety and (later) functional incapacity.

OPHTHALMOLOGICAL SYSTEM

Visual Acuity

90. Visual acuity is recorded under the EE quality of the PULHEEMS. The gradings used are in the chart of functional interpretation at Annex A with the exception of the use of 0 or 9. If there is no vision at all in an eye it is to be graded 9/9. If the eye has been removed this is denoted by a per cent under the E. In assessing eye diseases, specialist ophthalmologist opinion will almost invariably be required. The effect of monocular vision on the P quality is described in the following table.

		One Eye	Both eyes
Lids	trichiasis (severe)	P7	P8
	lagophthalmos (severe)	P3	P8
	blepharitis (chronic, intractable)	P7	P8
Lacrimal apparatus			
	persistent chronic epiphora after operation	P7	P8
Conjunctiva	symblepharon (severe)	P3	P8
Cornea	recurrent keratitis	P3	P8
	corneal Leucomata (severe)	P3	P8
	keratoconus (NB. is always bilateral)	N/A	P8
	corneal irregularities	P3	P8
	corneal graft	P7	P8
	radial keratotomy (*see* HPD 201)	P7 or P8	
	excimer laser keratotomy	P2 if no side effects	Review refraction after 12 months (*see* HPD 201)
Lens	aphakia	P3	P7
	disabling opacities	P3	P8
	pseudophakia (intraocular implant)	Up to P2 on specialist advice (1)	Up to P2 on specialist advice (1)
Uveal tract	coloboma	P2	P3
	healed lesions	P2	P3
	iridocyclitis (recurrent)	P3	P7
	choroiditis (recurrent)	P3	P8
Retina	vascular lesions	P7	P8
	detachment (even after repair)	P3	P8
	retinitis pigmentosa	P7	P8

		One Eye	Both eyes
Glaucoma		Up to P3, depending on response to treatment	
	Scotomata and gross limitation of visual field	P3	P8
Idiopathic nystagmus		P3	P8
Neoplasm	As per other malignant disease		
Night blindness		P7	
Monocular Vision (2)	correctable to at least 6/12	Up to P3 (waiver required if either E grading falls below minimum for employment, usually 8/3)	
	Not correctable to at least 6/12	P8	
Myopia and Hypermetropia	spherical correction of not more than 5 dioptres in either axis in either eye	P2	
	spherical correction of up to +/- 8.00 dioptres allowable with waiver only	P8	

Notes:

1. **Intraocular Implant.** Assessment will depend on the surgical procedure performed. A member who has undergone small incision cataract surgery is full fit for service, once healing has occurred, regardless of whether it is unilateral or bilateral. If the surgery involved large incisions, subsequent trauma to the globe(s) may cause rupture, so restrictions are required and an assessment of P7.

2. **Monocular vision may affect ability to use weapons.** The degree of incapacity in this field may depend on whether the soldier is right or left handed and whether vision is lost in the right or left eye. Certain optical equipment requires binocular vision for effective use.

OTORHINOLARYNGEAL SYSTEM

Ears		
Otitis externa	mild occasional	up to P2
	mild recurrent	P3
	severe recurrent	P7
	intractable	P8
Traumatic rupture of the tympanic membrane	healed, perforation closed	up to P2
	dry perforation	up to P7
Suppurative otitis media		
	soundly healed, closed perforation	up to P2

	recurrent unilateral	P7
	recurrent bilateral	P8
Chronic catarrhal otitis media		
	with ventilating tubes	up to P2
Ossicular reconstruction	P7	up to P3
Meniere's disease		P7
Otosclerosis		Determined by degree of hearing loss
Mastoid operations		
	radical	P7
	modified radical(with residual cavity)	up to P3
	modified radical cortical (with cavity closed)	up to P2
Nose		
Catarrhal sinusitis		
	mild recurrent	up to P3
Suppurative sinusitis		
	localised, treated and cured	P2
	localised, quiescent but recurrent	up to P3
	pan-sinusitis	up to P2
	pan-sinusitis, treated surgically and cured	up to P2
Allergic rhinitis	moderate	up to P2
	severe	up to P7
	with polypi	up to P7
Throat		
Chronic laryngitis		up to P3
Benign vocal cord tumours		up to P3
	surgically treated	up to P2

Note:

(1) **Hearing Acuity.** Hearing acuity is recorded under the H quality of the PULHEEMS and the various gradings are described in the chart of functional interpretation.

CONDITIONS AFFECTING THE ASSESSMENT OF U (AND THEREFORE P)

Hands	
	Fixed flexion deformity should be assessed on overall function including grip and dexterity.
	Motor and neurologic deficits should be assessed as above.
Wrists	
	Painless limitation of movement. The grading depends on the degree of limitation. Loss of dorsifexion is more serious than palmar flexion.
	Painful limitation of movement. The grading depends on the underlying pathology and the degree of limitation.
Elbow	
	Slight limitations of movement do not exclude a grading of U2 provided that function is adequate.
	Ankylosis will be assessed on the effect on function but will usually cause a grading U7 or even U8.
Shoulder	
	Recurrent dislocation in fit soldiers should be amenable to operation. After a successful operation with full return of function the soldier should be graded no higher than U3 for twelve months.
	Chronic instability not amenable to surgery or in soldiers who do not choose surgery should be graded no higher than U7. Bilateral chronic instability not amenable to surgery should be graded U8.
	If abduction is limited to shoulder level, U3 is permissible. Greater limitation than this will restrict to U7 or U8.
	For limitation of external rotation <30 degrees consider a grading of U3; for limitation ><30 degrees consider a grading of U3; for llimitation >30 degrees consider U7.
Clavicle	
	The pressure of personal equipment may cause pain in malunited fractures but many such cases are symptomless and may be graded U2. Others will require a grading of U3.
	Acromio-clavicular dislocations may heal without any residual symptoms, in which case the grading may be U2. Other cases should be graded to U3 or, seldom, U7. If surgery is required they should remain U3 for twelve months.
	Sterno-clavicular dislocations may cause severe functional impairment and should be assessed carefully.

Upper Limb Amputations	
	Loss of a finger or phalanx, part of the hand or other upper limb deformities should be assessed in relation to the soldier's military employment. Also important is whether the soldier is right or left handed and whether, in spite of the disability, sufficient function remains to handle weapons, tools, instruments and perform useful work. Specialist advice should be obtained on any operative measures or appliances which would improve function. After an upper limb amputation, grading will depend on the degree of residual function with a prosthesis and may be up to U3.
Hands Thumbs	
	The loss of either thumb completely approximates to the loss of a hand and should be assessed as an amputation. Less than complete amputation should be assessed on function.
	Loss of the terminal phalanx of the right thumb in right-handed soldiers with good grip may be graded up to U3. Loss of terminal phalanx of the left thumb in the right-handed soldier may be graded U2.
Fingers	
	Loss of the whole index finger if the rest of the hand is normal will not affect the grading.
	Loss of other single digits with good grip and dexterity will permit a grading of U2.
	Loss of one or more phalanges of more than one finger should be assessed on function and the grading can be up to U2.

CONDITIONS AFFECTING THE ASSESSMENT OF L (AND THEREFORE P)

91. Locomotion is dependent on a wide range of anatomical structures. The functional efficiency of the lower spine, pelvis, hip joints, thighs, knees, legs and feet each enter into the assessment of L and all must be considered when the assessment is made. The P quality may also be affected.

Spondylolysis

92. Spondylolysis is present in six per cent of the population but only one per cent of people with the condition get back pain. Usually the condition is discovered incidentally on a lumbar spine X-ray taken after another injury. Soldiers with spondylolysis who are asymptomatic should not be downgraded.

93. When the condition is present with symptoms thought to be related to the defect, grading will depend on the severity of symptoms and ability of the soldier to give useful service. A grading of P3L3 may be appropriate. Reallocation of trade may be required.

Spondylolisthesis

94. If there is any degree of slip of the vertebral body, regardless of symptoms, the soldier should not be exposed to risk of further injury and a grading no higher than P3L3 would be appropriate. Consideration should be given to whether young soldiers in this situation and with no special qualification should be discharged P8.

Chronic Backache, Prolapsed Intervertral Disc

95. As with other spinal conditions, grading will depend on the response to treatment and the ability to give useful service. Young soldiers with chronic back pain are invariably a medical liability and should be discharged. Any soldier, other than with acute disc lesions, who requires spinal surgery should be looked at carefully to ascertain whether the surgery has the possibility of returning the member back to operational function. If not they should be graded P8 and not be operated on whilst they are in the Army.

Spinal Curvature

96. Moderate degrees of kyphosis, lordosis, or a slight scoliosis will not affect grading provided that free spinal movement which is pain free exists and there is no interference with the ability to carry a full component of field equipment.

97. Limitation of spinal movement with such mild defects as above will be graded P3L3. However, a soldier graded P3 must have the ability to carry a fair load for not less than 10 km or for at least two hours.

98. The grading of those who fail to meet the standard for P3L3 will depend on their capacity to be usefully employed. Those who can give useful service may be graded P3L7; other with severely limited physical capability should be discharged.

Other Spinal Conditions

99. **Ankylosing spondylitis.** The grading will depend on response to treatment and may be up to P3.

100. **Compression fracture.** The grading will depend on residual symptoms and effect on function. When symptoms are absent and there is full spinal mobility grading may be P2; soldiers with symptoms may require grading P3L7.

Feet

101. The functional efficiency of the feet, not their appearance, is the major factor in assessment. However, the ability to wear Army issue footwear is an important factor. Sudden changes in the intensity of physical activity may exceed the body's capacity to adjust and result in foot pain. MO are not to make hasty decisions in soldiers whose medical condition was obviously caused by excessive training intensity.

102. Deformities such as hallux valgus, bunions, claw toes etc may prevent the wearing of issue Army boots and require the provision of specially made footwear not easily replaced under field conditions. Applicants with these conditions are not normally enlisted. However, the training and experience of serving soldiers should not be wasted because of minor foot problems. To remain L2 a soldier must be able to function in standard boots doing operational activities. A member who can perform full duties as long as special footwear is worn, should be graded P3L3 with the restriction ‘Requires special footwear’. A member with limitations to running and marching, even while wearing special footwear, would normally be graded P3 or P7L7, with the appropriate physical restrictions and specific restriction of ‘Requires special footwear’.

103. The role of podiatric correction for foot abnormalities is now a recognised part of patient care. Foot orthotics are not prescribed during basic training and recruits must prove that they can survive the rigours of this training without prescription orthotics. Subsequently, however, foot orthotics may be prescribed and their issue is not automatic grounds for downgrading. The grading applicable for orthotics is described below and depends on a soldier’s functional assessment as noted here. A soldier is fully functional if they:

a. function fully in a wide variety of footwear while wearing foot orthotics, including standard Army footwear (*see* paragraph 107.); successfully complete the CFA;

b. and are judged to be able to function effectively as combat soldiers without foot orthotics for several weeks, in the event of loss, because of the difficulties and delay in resupply of these items.

Non-prescription Orthotics

104. Non-prescription soft orthotics and simple heat moulded orthotics (eg ‘off the shelf’, ‘Formthotics’), which can be used in standard Army footwear, can be used by recruits and serving soldiers with no change to their PULHEEMS profile and hence PES.

Prescription and Rigidly Constructed Orthotics

105. The use of prescription or rigidly constructed orthotics and/or orthotics which can not be used in standard Army footwear will necessitate a review of the soldier's PULHEEMS profile and hence PES.

106. Where the use of prescription and/or rigidly constructed orthotics is required then the following applies:

a. if able to perform unrestricted duties then the soldier is to be graded P3L3, or

b. if not able to perform unrestricted duties despite the orthotics then the soldier is to be graded P3L7 or below this depending on the nature of the restrictions.

Orthotics and Non-standard Footwear

107. When non-standard footwear is required to accommodate orthotics or when non-standard footwear is required for medical reasons (eg to accommodate hammer toes, achilles tendonitis, etc), then the following applies:

a. if able to perform unrestricted duties then the soldier is to be graded P3L3, or

b. if not able to perform unrestricted duties then the soldier is to be graded P3L7 or below this depending on the nature of the restrictions.

Ankles

108. **Acute sprains.** With an adequate rehabilitation program including proprioceptive training many of these cases make a good recovery, although they may require temporary downgrading. Final grading depends on the degree of functional recovery and full recovery generally occurs within three months. Chronic problems extending beyond this period may be suitable for ankle reconstruction.

109. **Ankle reconstruction.** Ankle reconstruction may be required if symptoms of instability fail to resolve and may return the joint to full function. Post-operatively a grading of L7 is appropriate. Grading should be assessed regularly from six months after surgery. With full recovery if the patient is asymptomatic without restriction, or the need for ankle support or orthosis, the member may be graded L2, but only after a minimum of twelve months have elapsed following surgery.

Knees

110. **Anterior knee pain.** Anterior knee pain should be assessed carefully particularly with respect to the member's trade and employment. The syndrome often appears after several years service and usually settles spontaneously with rest but often recurs with the resumption of activity. During the phase when symptoms are present restrictions need to be applied, and activities such as running, squatting and going down hills and stairs curtailed. Temporary or permanent downgrading may be necessary if symptoms recur of persist. Chronic anterior knee pain is difficult to treat. Soldiers with an increased Q angle, supple joints, genu recurvatum, small mobile patellae, long standing anterior knee pain or a previous history of surgery for knee pain should be graded L8.

111. **Meniscal Injuries.** Meniscal Injuries are common and should be graded no higher than L3 until successful surgical treatment has occurred. These conditions sometimes resolve. Following meniscectomy upgrading should be permitted as soon as the member's knee is asymptomatic, and there has been complete recovery of quadriceps muscle function and no effusion is present. Residual crepitus may exist. Following meniscal repair upgrading should not be considered until at least six months has elapsed.

112. **Ligamentous Instability.** Some ligamentous laxity is completely compatible with normal function, and indeed some people have generalised ligamentous laxity. The two knees should be compared. Recurrent swelling of the knee is not normal, however instability may be corrected by surgical treatment, in which case the final assessment will depend on the result. Following reconstruction of the anterior cruciate, grading should be no higher than L7 for twelve months, and L3 for another year during which time the soldier remains susceptible to unpredictable problems, turning and twisting stresses at the knee joint, and should not be considered for parachuting. Permanent downgrading is more appropriate, and upgrading above L3 should only be made on recommendation of an Orthopaedic Surgeon. Posterior cruciate reconstruction should never be graded higher than P3.

113. **Chondral Injuries.** Proven chondral injuries with obvious chondral damage at arthroscopy requiring removing of a loose chondral fragment should be graded L7 permanently, irrespective of symptoms. Minimal chondral injuries (equivalent to Outerbridge classifications of Grades 1 and 2) should be graded no higher than L3 for six months and can be upgraded to L2 if the soldier has become fully functional after six months.

Lower Limb Amputations

114. After lower limb amputations and the fitting of a suitable prosthesis a soldier will be graded according to the residual disability, their qualification, experience, value to the Army and their employability. Depending on the site of amputation, the P factor may be affected; soldiers who are retained in the Army may be graded up to P3.

115. In lower limb amputations, above knee amputations will normally be graded P8 but soldiers with special qualification which make retention desirable are to be referred to SCMA/DOCM–A for possible waiver action. Below knee and foot amputations may be up to L7 as prostheses are not resuppliable in the field.

CONDITIONS AFFECTING THE ASSESSMENT OF M

116. Mental capacity and the ability to learn military subjects are tested during the enlistment process. Occasionally, the M factor may require reassessment after enlistment, most commonly as a result of head injuries. There are no grades of M except M2 and M8. A soldier should be discharged if, despite a suitable recovery period, the neuropsychology assessment is below normal.

CONDITIONS AFFECTING THE ASSESSMENT OF S

117. The initial sections of Form PM 8—*Report on a Case Referred for Psychiatric/Psychological Examination* provide much useful information in assessing soldiers with psychiatric disorders. This Form should be completed when the patient is first referred to a psychiatrist or psychologist. Completion of the form at regular intervals subsequently is of great value in assessing the soldier's progress.

Grades of S

118. The grades of S available are S2, S3, S7 and S8 as described in the chart of functional interpretation of Qualities at Annex A. S7 is only to be used for up to six months as S7 makes soldiers and officers BMS for continuing service in all ECN and officer categories.

Schizophrenia, Major Mood Disorders, Delusional Disorders and Other Psychoses

119. These will normally be graded S8 apart from an organic psychosis with clearly reversible pathology.

Minor Psychiatric Disorders

120. Those who respond satisfactorily to treatment should be graded S3, otherwise S8. If full recovery is achieved, upgrading to S2 is permissible. Before upgrading these cases should be reviewed, preferably in person, by the Regional consultant. If no Regional consultant is available then the medical file should be reviewed by the Army Office consultant.

121. Cases in which a minor psychiatric disorder complicates a physical disorder are invariably difficult to manage and it is essential that specialist advice be obtained on both physical and psychiatric factors. The specialists concerned are to be provided with copies of all relevant reports when the soldier is referred for a consultation. A young soldier without special qualification and a combination of a minor psychiatric disorder and a physical disability should be discharged medically.

Personality Disorders/Traits

122. Many people are temperamentally unsuited to Army life. In a number of cases this does not become obvious until some time after enlistment. Such cases should not be reclassified on psychiatric grounds. They will not become effective soldiers and should be recommended for administrative discharge. The disposal of soldiers with personality disorders which are not associated with a psychosis, minor psychiatric disorder or physical disability is not the responsibility of the Medical Services.

Substance Abuse and Alcoholism

123. The Medical Services are not responsible for the discharge of a soldier who is judged to indulge in alcohol to such an extent that, although they have not inflicted any permanent physical or psychological damage upon themselves, are incapable of efficient service. These soldiers should be managed administratively as per DI(A) PERS 66–1—*Alcohol Use and the Management of Alcohol Misuse in the Army*. Alcohol dependence or abuse may be linked to a specific psychiatric disorder in which case the grading will be determined by the underlying disorder.

124. Although preventive medicine should make the circumstance a rarity, a soldier in whom alcohol has caused physical and/or psychological damage which greatly reduces their efficiency is to be discharged P8.

125. Members with any substance abuse problem should be offered appropriate treatment before a decision is made regarding discharge.

Sleepwalking

126. The Medical Officer should interview a soldier who is reported as being a sleepwalker and assess the soldier's mental and physical state and enquire from their unit as to their general adjustment to Army life. If they are well adjusted then no modification of the S quality is indicated. However, some restriction of functional employment may be required which may affect the P quality.

127. In operational situations sleepwalking may endanger a soldier and a whole body of troops. If sleepwalking is recurrent the soldier should be graded no higher than P3 with the restriction: ‘Only limitation to duties is sleepwalking; must not be employed where this condition may cause danger’. Soldiers still undergoing initial employment training who have recurrent sleepwalking should be discharged.

128. When sleepwalking is associated with neurotic symptoms such as anxiety or night terrors the soldier is to be referred to a psychiatrist.

Eating Disorders

129. Eating disorders such as anorexia nervosa, bulimia, and compulsive eating causing significant obesity are incompatible with Army service and cases should be assessed S8.

Sexual Disorders

130. The disposal of soldiers presenting with illegal sexual behaviours not associated with psychosis, neurosis or physical disability is not the responsibility of the Medical Services. The legality of sexual behaviour is determined by civil laws.